

# OUTBREAK RESPONSE AND COMMUNICATION GUIDE



**PREVENT**

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# INTRODUCTION

**E**ffective risk management and outbreak response are based on the receipt of timely information and informed yet rapid decision making. Stress, chaos and confusion will often exist in an outbreak situation, and this can place an extreme level of pressure on an individual and their ability to make rational, effective and timely decisions. That is why a team approach is often useful in crises.

This Guide will help you think through elements essential to communicating about a disease that could strike your country or region. Being prepared – and planning -- for this event is the most important thing you can do. However, because outbreaks are unpredictable, they often catch us before we are fully prepared to respond to them. Therefore, this guide is intended to be used in situations where officials have not yet had a chance to plan or prepare for potential outbreaks. *For a more complete guide that includes the crucial element of crisis communication planning, please refer to the AFENET Risk Communication Planning and Action Guide.*

Because each situation is unique, it is important to keep in mind that this Guide is not a complete, step-by-step manual. However, the Guide will hopefully provide information and suggestions to ensure an effective response to outbreaks in your area. This information can increase your organization's confidence in its ability to manage this risk in an appropriate manner when necessary.

Whatever the situation, members of your emergency response team must be honest, candid and flexible; they must combine a sense of urgency with sensitivity and a large measure of common sense. They must demonstrate that your organization is caring, competent and responsible. Doing so will go a long way toward comforting your various constituencies, preventing rumors, and protecting the reputation of your office and staff.

# MOBILIZE RISK COMMUNICATION TEAM AND SUPPORT

**TIMEFRAME:** *Within the first day following an outbreak.*

Following is a chart listing the types of expertise (and individuals) that your Communications Officer (or your internal Risk Communication Team, if you have established one) will need access to as part of your emergency response. To augment the expertise of these individuals, you also will need to identify and communicate with members of international organizations that are already at the forefront of activities to control the spread of diseases. Ideally, your organization should identify these individuals prior to an outbreak.

Expertise/Type of Individual	Sample Responsibilities	Potential National Counterpart	Potential International Partners
Communication (internal and external sources)	Media, press and community relations	Ministry of Information and National Guidance, Office of the President	U.S. Government Press and Public Affairs offices
Education or health officer for NGO relations, others	NGO relations, facilitating platforms for community-based communications and social mobilization, providing input/research on messages and materials	Ministry of Health, Department of Health Education and Promotion	WHO, USAID, UN, other donors, NGO network officials
Human health (epidemiologist, health officer)	Human outbreak analysis, treatment advice	Ministry of Health	Centers for Disease Control and Prevention
Veterinary officer (DVM, USDA officer)	Veterinary medicine, advice	Ministry of Agriculture/ Animal Health	USDA
Country and private Sector capability (economic/policy official)	Interface with host government and private sector, advise on agriculture and animal and human health regulations	Office of the President, business executive officers, Ministry of Agriculture, Ministry of Public Health	Centers for Disease Control and Prevention, USDA
Budget Resources (finance officer)	Budget and purchasing	Ministry of Finance	U.S. Government, donor governments and organizations (UN FAO)
Government relations	Interface with host government	Office of President	
Evacuation/ Triage (procurement officer)	Evacuation, equipment and other procurement of supplies		
Logistics (Assistant to Risk Management Team Leader)	Logistical and other support		

Issues that should be clarified among all of these Team members include:

1. Lines of authority for making decisions about:

- Actions
- Emergency regulations
- Financial obligations
- Communications to the public

2. The individual who makes the final decisions (has “sign-off”) for the above matters, and how authority is delegated in the absence of this individual.

## RESPONDING TO THE MEDIA

***A key individual to identify at the beginning will be your organization’s spokesperson. To provide consistency and avoid media confusion about whom to contact, you should appoint one program spokesperson. This person should be at a senior level and should not have to focus on other duties during the outbreak. Be sure to have a range of other experts you can call upon to handle specific subjects – such as animal and human health officials. Staff should be reminded that all inquiries from media or other agencies should be forwarded to the approved spokesperson.***

# CONDUCT A RAPID ASSESSMENT OF THE SITUATION

**TIMEFRAME:** *Within the 1 - 2 days following an outbreak.*

This is essentially an analysis of the situation at hand. The team should first ask itself, “What do we know?” While gathering the information for your quick assessment, staff should also begin discussing the components of your Communication Plan of Action (See Step 4).

The following table outlines issues that should be addressed as part of this assessment, and examples of questions that can be asked. You can also consult with the Rapid Assessment Checklist in Appendix C.

## RAPID SITUATIONAL ANALYSIS

Types of Issues to be Considered	Types of Questions to be Asked
<p><b>The number and type of disease outbreaks for both humans and animals</b></p>	<ul style="list-style-type: none"> <li>• Have any humans been reported as ill?</li> <li>• Have animals died or been reported as ill? What type of animals?</li> <li>• Where have they been reported and by whom?</li> </ul>
<p><b>What is being said publicly, and through which channels is the information being disseminated</b></p>	<ul style="list-style-type: none"> <li>• Are there rumors being circulated that contain erroneous information?</li> <li>• Have there been news reports of outbreaks and what have they reported? How are people learning about the outbreak?</li> <li>• Has the Government already said anything (or not said anything)?</li> <li>• What media channels have been used (e.g., TV, radio, hotline, newspapers)?</li> </ul>



<p><b>The information that other organizations may have</b></p>	<ul style="list-style-type: none"> <li>• Have the NGOs in your area received updates or other notifications on the outbreak?</li> <li>• Have NGOs communicated with their constituents about the outbreak yet?</li> <li>• What have they seen and heard from people in the community or from other sources?</li> </ul>
<p><b>The policies in place at your organization</b></p>	<ul style="list-style-type: none"> <li>• Does your organization have any procedures in place that will affect the way you respond to this outbreak?</li> <li>• Do you have to obtain approval from the local or national government to undertake any actions?</li> <li>• Does your government have existing evacuation or quarantine plans and, if so, in what situations should they be put into effect?</li> </ul>
<p><b>The Government's position</b></p>	<ul style="list-style-type: none"> <li>• What do they know?</li> <li>• Are they doing anything in response?</li> <li>• Have they asked for assistance or given other instructions on how to proceed?</li> <li>• What are their policies on addressing the disease (if any)?</li> <li>• Are there existing government committees on vaccination or on animal health on the state level that can be accessed?</li> </ul>
<p><b>Communication capacity - both human and technological</b></p>	<ul style="list-style-type: none"> <li>• Do you have enough people to carry out intended activities?</li> <li>• Do you have sufficient communication tools such as mobile telephones or a telephone information hotline?</li> <li>• Can you tap into the Government's communication resources?</li> <li>• Are you ready to begin dialogue with members of the media?</li> <li>• Do you have existing platforms and mechanisms that can be used to roll out communication activities?</li> </ul>

***Keep in mind that, if possible, you should validate and record all sources of information if there is any doubt whatsoever as to its legitimacy. If any level of doubt exists, corroborate the information with other sources.***

# DETERMINE YOUR IMMEDIATE RESPONSE AND MAKE ASSIGNMENTS

**TIMEFRAME:** *Within the three days following an outbreak.*

Based on the rapid assessment, your internal Risk Management Team or decision-makers can then decide on emergency actions you should and are able to pursue.

For example, if cases of the disease have been reported but not confirmed, it will be important to find out if a team of health officials have been dispatched to the site of the outbreak to confirm that it is the disease. Your human or veterinary health officer could visit NGOs or other health officials in the region (or in the government) to get a status report and offer support.

Part of this Immediate Response is the Communication Plan of Action, which is outlined in **Step 4**.

# DEVELOP A COMMUNICATION PLAN OF ACTION

**TIMEFRAME:** *Within the 3 - 5 days following an outbreak.*

A Communication Plan of Action has essentially three main desired outcomes:

1. Determining what types of information will be disseminated;
2. Determining who will deliver that information (e.g., a spokesperson); and
3. Deciding how to follow up on these activities.

Following are steps to guide you through the process of undertaking communication tasks.

## PLAN OF ACTION DEVELOPMENT PROCESS

GOALS	CONSIDERATIONS
<b>Identify and Obtain Consensus on Communication Goals</b>	<p>Goals can include messages and activities:</p> <ul style="list-style-type: none"> <li>• to prevent human transmission</li> <li>• to encourage the reporting of all suspected cases</li> <li>• to educate the public on the importance of procedures to control the spread of the disease</li> </ul>
<b>Identify Target Audiences</b>	<p>It is important to identify the types of organizations or individuals that will need to receive information on an outbreak. These audiences can include:</p> <ul style="list-style-type: none"> <li>• agricultural health officials</li> <li>• government information officers</li> <li>• Ministry of Health officials</li> <li>• community leaders (faith-based groups, women's unions, child welfare officials)</li> <li>• human and veterinary health officials</li> <li>• the media and journalists</li> <li>• the general public.</li> </ul> <p>It will also be important to keep open the lines of communication for overall guidance, as well as with other international organizations you may have worked with in your region (e.g., FAO, WHO). These organizations have addressed outbreaks in many other areas of the world, and will be a helpful source of information and guidance.</p>

<p><b>Identify Priority Channels of Communication</b></p>	<p>Once you identify your target audiences, the next step is to determine the best ways to reach them. Each audience may have a different channel through which to reach them. This can include an emergency telephone information hotline that people can call to obtain up-to-date information; community-based communications (community meetings, house visits, etc.); loudspeaker announcements, radio or television announcements, websites, SMS networks, etc.</p> <p>Community organizations that can be engaged to help deliver messages include religious groups, women’s union members, or other community health workers.</p>
<p><b>Decide on the Messages to be Conveyed</b></p>	<p>You will need to decide which types of emergency messages you would like to communicate to various audiences. Regardless of messages, it is important to keep communications consistent and clear. If your messages are too complicated, they could lead to misinformation or confusion among your audiences.</p>
<p><b>Determine the Materials to be Distributed</b></p>	<p>You will need to disseminate materials to your various audiences to provide information and guidance, as well as to motivate and reassure them. These materials can include press releases, fact sheets, educational flyers and brochures with contact information.</p>

## Important Points to Keep in Mind for All Communications

1. Be calm when talking to the media or the public.
2. Don’t over reassure.
3. Acknowledge uncertainty.
4. Share dilemmas.
5. Acknowledge opinion diversity.
6. Acknowledge fear and other emotions.
7. Do not ridicule the public’s emotions or beliefs.
8. Tell people what to expect.
9. Offer people things to do.
10. Apologize for errors.
11. Don’t lie or tell half-truths – Aim for total candor and transparency. If you don’t know the answer, don’t say you do.

Also important to note is that each type of media will be looking at the situation from a slightly different angle. Television and radio reporters will have different needs and deadlines than newspaper and magazine reporters, and regional or national journalists will treat the situation differently from international reporters. It is important that your spokesperson understands the different requirements these media have and can anticipate and provide the appropriate information.

# MONITOR DEVELOPMENTS AND PREPARE FOR LONGER- TERM STRATEGY DEVELOPMENT

**TIMEFRAME:** *Two weeks following outbreak, or after the initial phase of crisis/emergency response is completed.*

Once most of the immediate, emergency tasks have been completed — usually over the first week or two following an outbreak — it will be important to look back on what you accomplished and whether it was successful in meeting your communication goals.

It is important to reflect on your activities with your internal Crisis Team and identify any lessons learned. These lessons will form the basis of what your agency decides to do over the long term to help prevent and control the spread of the disease.

Moreover, when you are not in an emergency or crisis situation, you may have time to plan a process so that you are prepared for additional outbreaks or unexpected developments.

Steps in this process can include:

- Formally identify a crisis committee to set longer-term strategic priorities and oversee the execution of activities.
- Hold planning discussions.
- Set strategic priorities.
- Assign roles and set a schedule for action.
- Revise your communication strategy, if necessary.

## Ongoing Follow-Up

Once the immediate “emergency” has passed, follow-up activities should continue. Among these are determining how often you want to provide situational updates to your audiences/constituencies. You may also want to maintain contact with journalists who have covered the story to provide updates and nurture the relationship for future events.

# APPENDICES







# APPENDIX A – WORLD HEALTH ORGANIZATION ASSESSMENT TOOL FOR INTERNAL MEDIA CAPABILITIES

The following list is taken from “Effective Media Communication during Public Health Emergencies -- A WHO Field Guide” (2005).

1. The organization should have a written plan and documented procedures for interacting with the media during an emergency.
2. The organization should have the following plans in place:
  - an agency staff member and at least one alternate assigned the role and responsibilities of a public information officer in an emergency;
  - a written document that clearly identifies lines of authority and responsibilities for the public information officer and the media communication team during an emergency;
  - a work plan and relief scheduling plan for a media communication team to maintain 24-hour-a-day operations, two to three work shifts a day, for several days, weeks or possibly months.
3. The organization should have the following procedures in place:
  - procedures for verification of the accuracy of messages;
  - procedures for clearance of information released to the media, partners and the public;
  - procedures for coordinating with partner organizations to ensure message timeliness, accuracy and consistency; and
  - procedures for liaison between the organization and an emergency operations centre (EOC).
4. The organization should have information kits for reporters prepared in advance that include contact information directories, informational materials, policies, checklists and manuals.
5. The organization should have the following media procedures in place:
  - procedures for routing all media calls to the public information officer during an emergency;
  - procedures for responding to routine media requests for information;

- procedures for triaging media enquiries if requests for information exceed the capacity of the agency;
  - procedures for when, where and how to hold a news conference;
  - procedures for releasing media advisories, news releases and fact-sheets;
  - procedures for monitoring news coverage (for example, to determine messages needed, misinformation to be corrected, and levels of media interest and concern); and
  - procedures for creating situation reports.
6. The organization should have a plan for communicating directly to the public and key stakeholders, including a plan to:
- set up and staff a specialized telephone information service (or “hotline”) for the public, reporters, clinicians or other key stakeholders during an emergency;
  - set up specialized web sites;
  - monitor news coverage for content, accuracy, placement;
  - monitor public concerns to determine the messages needed;
  - monitor misinformation that needs to be corrected;
  - monitor levels of public concern;
  - monitor levels of employee interest and concern;
  - ensure the accuracy, timeliness, regular updating and relevance of web site information;
  - monitor information on other web sites; and
  - publicize organization contact information.
7. The organization should have a plan for coordinating communications with partner organizations, including a plan to:
- respond to requests and enquiries from partners and special interest groups;
  - hold briefings for and with partner organizations;
  - translate situation reports, health alerts and meeting notes into information appropriate for partners;
  - log calls from legislators and special interest groups; and

- set up dedicated communication lines for key partners (for example, police, elected officials, fire departments and hospitals).
8. The organization should have a directory of 24 hours a day, 7 days a week contact information for media personnel and public information officers from partner organizations. This should include text, phone, email, and fax contact information. Check it on a regular basis to see it is accurate.
  9. The organization should have plans for holding community meetings, small group briefings and other face-to-face meetings as appropriate.
  10. The organization should periodically assess the media-relations training needs of its own staff and participate with other organizations to assess the media-relations training needs of its partners.
  11. The organization should have a designated lead spokesperson (plus back up) for various emergency scenarios.



## **APPENDIX B - COMMON QUESTIONS ASKED BY REPORTERS DURING A CRISIS**

Following is a list of the most common questions asked by journalists in a crisis/ emergency situation. It is helpful to anticipate some of these questions (if applicable to your situation) and form answers to them well in advance of an outbreak.

1. What is your name and title?
2. How do you spell and pronounce your name?
3. What are your job responsibilities? Who do you work for?
4. Can you tell us what happened? Were you there? How do you know what you are telling us?
5. When did it happen?
6. Where did it happen?
7. Who was harmed?
8. How many people were harmed?
9. Are those that were harmed getting help?
10. How are those who were harmed getting help?
11. Is the situation under control?
12. How certain are you that the situation is under control?
13. Is there any immediate danger?
14. What is being done in response to what happened?
15. Who is in charge?
16. What can we expect next?
17. What are you advising people to do? What can people do to protect themselves and their families - now and in the future - from harm?
18. How long will it be before the situation returns to normal?
19. What help has been requested or offered from others?
20. What responses have you received?
21. Can you be specific about the types of harm that occurred?
22. What are the names, ages and hometowns of those that were harmed?
23. Can we talk to them?
24. How much damage occurred?
25. What other damage may have occurred?
26. How certain are you about the damage?
27. How much damage do you expect?
28. What are you doing now?
29. Who else is involved in the response?
30. Why did this happen?

31. What was the cause?
32. Did you have any forewarning that this might happen?
33. Why wasn't this prevented from happening? Could this have been avoided?
34. How could this have been avoided?
35. What else can go wrong?
36. If you are not sure of the cause, what is your best guess?
37. Who caused this to happen?
38. Who is to blame?
39. Do you think those involved handled the situation well enough? What more could or should those who handled the situation have done?
40. When did your response to this begin?
41. When were you notified that something had happened?
42. Did you and other organizations disclose information promptly? Have you and other organizations been transparent?
43. Who is conducting the investigation? Will the outcome be reported to the public?
44. What are you going to do after the investigation?
45. What have you found out so far?
46. Why was more not done to prevent this from happening?
47. What is your personal opinion?
48. What are you telling your own family?
49. Are all those involved in agreement?
50. Are people over-reacting?
51. Which laws are applicable?
52. Has anyone broken the law?
53. How certain are you about whether laws have been broken?
54. Has anyone made mistakes?
55. How certain are you that mistakes have not been made?
56. Have you told us everything you know?
57. What are you not telling us?
58. What effects will this have on the people involved?
59. What precautionary measures were taken?
60. Do you accept responsibility for what happened?
61. Has this ever happened before?
62. Can this happen elsewhere?
63. What is the worst-case scenario?
64. What lessons were learned?

65. What can be done now to prevent this from happening again? What steps need to be taken to avoid a similar event?
66. What would you like to say to those who have been harmed and to their families?
67. Is there any continuing danger?
68. Are people out of danger? Are people safe?
69. Will there be inconvenience to employees or to the public? What can people do to help?
70. How much will all this cost?
71. Are you able and willing to pay the costs?
72. Who else will pay the costs?
73. When will we find out more?
74. What steps need to be taken to avoid a similar event? Have these steps already been taken? If not, why not?
75. Why should we trust you?
76. What does this all mean?





## **APPENDIX C – OUTBREAK RAPID RISK ASSESSMENT GUIDE**

This guide is designed to lead you through the steps your Communication Task Force members will need to follow as they quickly determine the scope and scale of an outbreak.

It is likely that the information you currently have is from unverified field sources, initial news reports, unofficial statements, rumor, statements made from government sources, and any combination of the above.

The very first action you must undertake, as quickly as possible, is to contact and convene your Communication Task Force. Especially if you are the official spokesperson for your government, your first public statement must address the current “knowledge” that is circulating amid the community and in the media, so that you can verify, dispel, or confirm that facts and establish your plan of action.

The Rapid Risk Assessment is designed to quickly answer key questions you need to know in order to implement a response plan and communicate effectively with the public. Each member of the Communication Task Force will be responsible for investigating and reporting back on the Rapid Risk Assessment questions germane to their area of expertise.

Basic questions you should answer (more detailed questions are provided in the checklist on page C3):

- What actually has happened, and verify the source(s) of this information
- Where it is happening
  - If there are animal die-offs, what species and how many have died
  - If there is human illness, what are the demographics and locations of victims
- What is the potential threat (worst case scenario?)
- Whether and when will the disease be confirmed by lab testing
- What information is circulating in the media and amongst the community
- Whether the National Response Team has been mobilized and do they know what you know, and vice-versa
- Who needs to be notified

From a communications perspective, rapid assessment enables you to confidently proceed to allaying anxiety at the community level and to providing basic information on protective measures to prevent further spread.

## Preparing for the Rapid Assessment

Following are some steps in the preparation of a rapid outbreak assessment:

- Identify qualified local team members in advance, (e.g., an epidemiologist, clinician/entomologist, virologist, and veterinarian) skilled in assessing disease outbreaks;
- Put in place advance provisions for obtaining rapid outside specialist support if qualified personnel are not locally available;
- Identify channels and means for rapid communication between peripheral areas and sub-national/central levels (e.g., satellite telephone, facsimile);
- Create a plan to communicate with the press, including assigning spokespersons and media contacts

## Conducting the Rapid Assessment

**Note:** The following checklist operates under the assumption that an outbreak has already been recognized (detected, investigated, early signals reported) and verified. Illness and symptoms may not actually be from the actual disease. In this period of heightened sensitivity to the outbreak, people may quickly jump to this conclusion, however. The same may occur with people reporting symptoms similar to those of the disease.

## RAPID ASSESSMENT CHECKLIST

<p><b>Basic Information - Animals (if applicable)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Where has the outbreak been reported? Has it been confirmed?</li> <li><input type="checkbox"/> How widespread has the outbreak been?</li> <li><input type="checkbox"/> What types of animals have been affected?</li> <li><input type="checkbox"/> How have the animals been affected (# ill, # dead)?</li> <li><input type="checkbox"/> What signs did the affected animals exhibit?</li> <li><input type="checkbox"/> How does it appear to have been transmitted?</li> <li><input type="checkbox"/> What does the geographical distribution look like and does it appear to be spreading?</li> <li><input type="checkbox"/> If so, in which direction?</li> <li><input type="checkbox"/> What are the trends?</li> </ul>
<p><b>Basic Information - Humans</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> How many human cases have been reported?</li> <li><input type="checkbox"/> Where?</li> <li><input type="checkbox"/> What were their ages and genders?</li> <li><input type="checkbox"/> How do they appear to have become infected?</li> <li><input type="checkbox"/> What is their current status or severity of illness?</li> <li><input type="checkbox"/> What were their symptoms?</li> <li><input type="checkbox"/> What treatments did they receive and what was their response to treatment?</li> </ul>
<p><b>Actions</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Who is in charge?</li> <li><input type="checkbox"/> Who has the authority to make final decisions on behalf of the government?</li> <li><input type="checkbox"/> What is being done by various national and local government agencies to address and control the outbreak?</li> <li><input type="checkbox"/> Is it adequate?</li> <li><input type="checkbox"/> Have any officials visited the outbreak site?</li> <li><input type="checkbox"/> Are there plans for a site visit - if so, when?</li> <li><input type="checkbox"/> Have any officials already instructed people on what they can do? If so, what have they told people?</li> <li><input type="checkbox"/> Have the media reported the outbreak? If so, which media, and what are they saying?</li> <li><input type="checkbox"/> What organizations are working in the area?</li> <li><input type="checkbox"/> How can they be mobilized for information?</li> </ul>

## RAPID ASSESSMENT CHECKLIST (*continued*)

<b>Communication Response Capacity</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Who is providing official updates on the situation, and who is the main contact?</li><li><input type="checkbox"/> How can I best maintain contact with this person or organization?</li><li><input type="checkbox"/> Who is making decisions on what information is being released?</li><li><input type="checkbox"/> Who is releasing information?</li><li><input type="checkbox"/> What do the media know? Are they covering the story or just learning about it?</li><li><input type="checkbox"/> What media reaches that community or region?</li><li><input type="checkbox"/> Have any media activities or training taken place in the area on disease response?</li><li><input type="checkbox"/> Are private industry/corporations responding?</li><li><input type="checkbox"/> How often/when will updates be provided?</li><li><input type="checkbox"/> Who is responsible for which tasks/decisions?</li><li><input type="checkbox"/> Have any links been established with key community members (e.g., for allaying panic, health education and improved case-detection)?</li><li><input type="checkbox"/> Do information materials exist (e.g., PSAs, guides for vaccination, what a family or health provider should do to protect themselves)?</li><li><input type="checkbox"/> Are they in the correct languages and at appropriate literacy levels?</li><li><input type="checkbox"/> How will these materials and information be distributed?</li></ul>
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\* This chart is based on information from the WHO/EHA Emergency Health Training Programme for Africa, 1999.

## APPENDIX D – SIX INGREDIENTS FOR A SUCCESSFUL INTERVIEW

The media are important during the first days of an outbreak. They are the fastest and sometimes the only way to reach the public and the affected community.

**Six ingredients for a successful interaction with the press are as follows.**

- 1. Do your homework.** Before going into an interview learn as much as you can about your interviewer and the audiences you are going to reach. Being familiar with their interview style and what they write about will better help you prepare for the interview.
- 2. Have a purpose.** Go into any media interview with a clear message to deliver. If you do not have a clear, concise message (three points or fewer messages) you do not have a reason to do the interview.
- 3. Focus on the key messages.** Make no more than three points, whether information or action related. Use simple language at the primary school level. It is okay to repeat the messages - repetition is a good learning tool.
- 4. Stick to what you know.** It is easy in a conversation to draw conclusions or answer hypothetical questions, but that can contribute to misinformation and rumors. Answer what you know and what you do not, say I don't know and I'll find out and get back to you.
- 5. Do not go "off the record."** In a crisis such an outbreak, everything you and your officials say to the media carries high value and therefore has deep implications. This means that the press is listening to everything you say. Choose your words wisely.
- 6. Project confidence and manage expectations.** You are the expert and need to show confidence while managing expectations so audiences are not panicked nor uninformed.

### Interview Traps and Pitfalls

- Get your key message out first, clearly and distinctly.
- Listen to what the reporter asks and reframe questions that seem loaded or bias.
- Use your own words and language. Do not let a reporter put words in your mouth or lead you into an answer you do not mean.

- Do not assume the reporter's facts are correct. Say, "I have not heard that."
- If the reporter leaves a microphone in your face, do not keep speaking if you have already answered the question. Ask, "Do you have another question?"
- Anticipate questions. Use the most common questions and prepare your answers in advance.
- Do not assign blame and do not remove yourself from responsibility. In this situation you are the leader and the authority.
- Avoid saying, "No comment." All information (except for classified information) should be shared as it becomes known. If you do not know the answer to a question, explain the steps you will take to obtain the answer.
- If you do not have the authority to speak on a particular topic or issue, say so and suggest who might be a better source. Then move on to the next question.

## APPENDIX E - GUIDE TO PLANNING A PRESS CONFERENCE

Press conferences take careful preparation to be successful. Decide to call a press conference based on consideration and consultation with your Communication Task Force. Good reasons to hold a press conference include:

- There is a sudden or surprising outbreak, people are sick and the public is clamoring to know who is in charge and what is going on.
- You have an urgent message or actions to deliver to the public.
- You have promised to update the public on a regular basis.
- You have new news to share.

**Press conferences should be held on a regular basis.** Keep in mind when you are scheduling a press conference or news briefing the deadlines and news cycles of the media and accommodate them accordingly. Hold a press briefing on a regular basis. Even if you do not have anything new to report, that does not mean that reporters and other stakeholders do not have new questions. You can also hold interviews outside of a group setting (press conference) if local media prefer that option. Make sure that you convey to journalists that this is an option for them if they choose to take advantage of it.

When you decide to have a press conference, **you should pre-determine who will attend to represent your organization, agree upon the subjects to be discussed, and determine who will address the various issues.** Assembling your team of subject-specific experts will be important. However, have other experts on hand – not at the conference but waiting on-site – in case the reporters have questions that these other individuals would need to answer.

In advance, **prepare a press release or news bulletin to distribute to the media at the event**, and also post it promptly on the web if that is an option. When preparing for the press conference or drafting a release or bulletin, be sure to check and re-check names, facts, and contact information. You should have a registration form so that members of the press can sign in. This will help you know where to look for media coverage, as well as provide information you can add to an ongoing database of media contacts.

Prior to the press conference, make sure to check equipment such as microphones, electrical plugs and outlets, and satellite feeds. If possible, have a “dress rehearsal” to make sure everything is functioning properly and that people know their roles. Do not go before the media unprepared.

As a communication official you are always on the record - whether in a formal press conference setting or in your office. “Edit yourself” even when talking among staff and friends and families.





