

RISK COMMUNICATION PLANNING AND ACTION GUIDE



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PREVENT

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The importance of risk management and communication has been highlighted repeatedly over the past few decades in a variety of public health situations. From the outbreak of severe acute respiratory syndrome (SARS) in Asia and North America in 2003, to the release of anthrax in the U.S. in September 2001, to the H1N1 pandemic influenza in 2009, history has shown that a lack of planning can make managing an emergency or disease outbreak stressful, and make chaotic situations even more difficult than they have to be. Indeed, because of the high levels of unknowns and confusion that will often exist in any outbreak situation -- and the extreme level of pressure that can be placed on an individual and their ability to make rational, effective and timely decisions -- risk management to be successful and effective needs to be planned and every situation anticipated.

Risk communication requires early planning, establishment of process and procedure, and a well-trained team in place from different sectors and different levels of responsibility.

In this Guide, a team-based approach is applied to the scenario of a disease outbreak, leading you through the steps necessary to: 1) plan and develop a communication response, and 2) to implement the plan. It will provide you with practical direction on how to effectively communicate correct information and what to do during the pre-outbreak, outbreak and post-outbreak periods. Many of these skills can also be applied to other risk and emergency situations.

HOW TO USE THE GUIDE

This Guide is separated into two parts: **Part I - Risk Communication Planning** and **Part 2 - Taking Action and Communicating Effectively During an Outbreak.**

Part 1, Risk Communication Planning, explains how to establish a Communication Task Force, and discusses the roles and responsibilities of each Task Force member and their importance to your organization or the community during an outbreak. It also discusses what you should consider when anticipating an outbreak and the kinds of partners and alliances you should form to prevent and control further outbreaks and to respond to the situation.

Part 2, Taking Action and Communicating Effectively during an Outbreak, provides practical examples and lessons for communicators from the field of risk management science. At the conclusion of Part 2, we anticipate that you will be familiar with the steps and actions necessary to communicate effectively with the media and your community using methods developed over years of experience.

This Guide is designed to be used in the active development of procedures and protocols for using communication in responding to an outbreak. It is not a textbook to be read, but a series of exercises and checklists that can guide you in your approach. Because each situation is unique, your approach will need to be adapted to suit your particular organization and outbreak situation. Moreover, the Communication Plan that you develop will be a living document and must be constantly referred to and refreshed as your control and containment strategy evolves, and more importantly, as the situation changes.

Although not required, it is suggested that you and your team work with a trained Risk Communication facilitator, who is trained in planning and communication. A facilitator will greatly increase the efficiency with which you work through this Guide as you develop your plan and communication skills.

RISK

COMMUNICATION PLANNING

Before an outbreak even occurs, there are certain preparations that can be undertaken to ensure that things go smoothly if an outbreak is detected in your region. These generally fall in the following categories:

- Forming a Communication Task Force
- Gathering Information Resources
- Identifying Partners and Alliances
- Working with the Community

FORMING A COMMUNICATION TASK FORCE

Outbreaks require a complex government response at the central (national), regional (provincial/state) and local (district, city, community) levels. Each governmental agency, private sector, and civil society – a whole of society approach – needs to communicate effectively with each other, their stakeholders, the media, and the general public. Planning in advance is the best way to mitigate problems during the response and recovery phase.

As part of convening a Communication Task Force, it is important to determine whether your country or locality has an existing Preparedness Work Group or Communication Subcommittee. If these bodies exist, your Communication Task Force will likely be working closely with them in devising your organization's communications strategy and activities.

It is also important to ensure that your Communication Task Force fits into the overarching national plan on outbreaks (if one exists). Many governments have already created a National Outbreak Plan that details a specific chain of command to approve and authorize decisions and action. The National Plan can originate in the Prime Minister or President's office, or in the governor or mayor's office. Another issue to research is whether your country or region has developed a national approach to emergency preparedness or outbreak response. This type of plan is useful, particularly because it can serve as a

reference book for national human health or veterinary services, as well as provide guidance on international collaboration.

Representatives who hold authority within their respective agencies must be part of the larger outbreak command team. Your organization or agency's communication task force should ideally include representatives from each of the participating agencies -- including officials in agriculture, health, trade, and the office of the president -- or individuals who will be responsible for accessing these representatives. Also representatives from the private sector and civil society should be represented.

Task force members should hold sufficient security clearance to ensure that they have access to the most accurate and current information. To minimize confusion during the outbreak, it is best to identify the agencies that are responsible for reporting particular statistics that you will need, and ensure there is agreement to share these figures with the Communication Task Force in advance.

Issues that should be clarified among all of these Communication Task Force members include:

- Lines of authority for making decisions:
 - Actions
 - Emergency or outbreak regulations
 - Financial obligations and commitments
 - Policies and procedures - regulations
 - Equipment and resources
 - Communications to the public
- Which individual makes the final decisions (has "sign-off") for the above matters. This does not mean he/she will be an authority on all of these, but rather that he/she will receive expert input and information in order to make an informed and responsible decision. If that person is not available, the Task Force must agree on how and to whom that decision-making authority is delegated.
- Location

The Communication Task Force ideally should be located wherever the central "command center" is located, such as the capital city. This ensures centrality

and reduces duplication of resources and information. Oftentimes there are two centers of information – one at the central command and another at the site of the outbreak. Make sure that media are aware that they can obtain accurate and up-to-the-minute information at either of these locations, and assign a contact person at each. This makes it easier for them to report the story, and discourages them from seeking non-official sources of information. If possible, facilities should be provided to the media that include waiting rooms with telephones and Internet capability, desks and restrooms. Also plan for how to disseminate information in the event that there is an electrical or technology failure that would impair internet access or mobile phones.

A key individual to identify at the beginning will be your organization's decision-maker. It may be the organization's chief medical officer or an executive director. This person may also be the spokesperson, but does not have to be. In addition, you should appoint a separate contact person who will handle all inquiries to (and appearances by) the program spokesperson(s). The contact person will be responsible for coordinating media inquiries, and ensuring that questions are answered by the most qualified individuals. The Communication Officer will serve as the official contact person. He/she can delegate the actual task to a second (or deputy) communication officer. Both of these people must be trained to talk to and work with the media.

The primary spokesperson should be at a senior level and ideally should not have to focus on other duties during the outbreak. Individuals who are selected to serve as spokespersons should receive training in communication and public health issues. 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 contact person/Communication Officer.

The World Health Organization's Field Guide for *Effective Media Communication during Public Health Emergencies* provides an Assessment Tool for gauging internal media relations capabilities. A copy of this Tool is provided in *Appendix A*. After the Task Force members are assigned and understand their roles and responsibilities; it is helpful to have a mock outbreak scenario before an actual "crisis" occurs so that each member is oriented to their role and can anticipate potential problems and obstacles.

GATHERING INFORMATION RESOURCES

There are many sources of information that your organization can consult to obtain up-to-date information on developments on outbreaks. These include USAID, CDC, WHO, FAO, PAHO, USDA, OIE and many other international agencies and NGOs. Perhaps even more important is obtaining information on your local government's policies on a potential outbreak.

For example, many national governments have developed a national outbreak plan. National plans also provide contact information for technical experts on animal or human health, epidemiology and surveillance, emergency response, and media relations. Even if your country's national plan has not been implemented, the plan document itself will still be helpful as a resource.

PREPARING MATERIALS

Public health communication professionals and field epidemiologist are familiar with the public health issues and seasonal outbreaks that can happen in their country or region. Even though they are and can be serious viruses and diseases, such as Ebola, Marburg, polio, cholera, dengue or malaria, materials – talking points, backgrounders and fact sheets, can be prepared and be ready for dissemination. When the outbreak occurs the information can be updated and refined to fit the specific situation. These materials should be posted on web sites as well as distributed to community health facilities and clinics for ready access. There will be outbreaks of viruses or illnesses that are unknown or are new to a community however anticipating what can be planned for is important to do. Critical time can be spent on writing and research when having those materials developed, tested, and approved beforehand is a time-saver and also allows spokespeople, health providers and the media to become familiar with the public health issue.

Formulating answers to FAQs, or at least determining where you can obtain information to enable the answering of those questions will help you provide comprehensive and presumably more publicly satisfying responses.

You will need to tailor your messages and the media channels through which they are disseminated based on the audience. Personal visits and discussions with local communities and business leaders are preferred, radio and television messages can usually reach this audience as well. Radio and TV messages should perhaps be broadcast at times of the day when most in the community

are likely to be listening to the radio (or watching television), such as early in the morning or when news or weather reports are being aired. New or social media should be utilized, such as SMS, texting, and even Facebook and YouTube.

IDENTIFYING PARTNERS AND ALLIANCES

Anticipating what organizations and individuals you will need to properly manage an outbreak and fostering those alliances early on will save you valuable time searching for the right people in the heat of the crisis. Forming a coalition of influential stakeholders will help both in planning and preparation for outbreaks, but also in implementing activities and disseminating messages during the actual emergency. It is recommended that each person on your Communication Task Force be given responsibility for serving as a liaison between the task force and the various partner organizations, officials and experts. There should also be an alliance or coalition liaison or coordinator.

Government Partners

The local, regional or national government is an obvious starting point for establishing contact. Because some outbreaks affect animals directly, the Ministry or Department of Agriculture will be an important coordinating agency, as will the department of wildlife or animal health, if one exists. Because the threat of transmission from animals to humans also exists, the Ministry of Health must also actively participate. The Ministry of Information/Culture would be another logical addition to the team, as would the Ministry of Foreign Affairs and the Ministry of Finance/Trade/Commerce. The Ministry of Foreign Affairs is important because diseases that transcend national boundaries and have the potential to affect geographic neighbors. Ministries of Information are important conduit to government or state media and also may be helpful in quick approval of materials and information. Ensuring cooperation and information exchange between neighboring countries will increase the likelihood of success of any disease control activities. Moreover, because of the increasing amount of cross-border media, the populations in neighboring nations may have similar concerns and desire for answers.

Ideally, the office of the mayor, governor (or other internal government office) should be included – as should the office of the President or Prime Minister. Having support from these groups and individuals will facilitate planning and implementation of any plan.

Donor Organizations

In the event that an outbreak occurs and clusters of humans begin to get sick from human-to-human transmission, the likely recommended containment plan is to reduce further exposure to the disease. All these potential factors require a thorough assessment of the legal environment to determine what statutes, laws, or powers must be invoked to coordinate and facilitate a timely and legal response. In some cases, this command team might include country representatives of international organizations who are global stakeholders in disease control (i.e., USAID, FAO, OIE, WHO).

International Nongovernmental Organizations

Many of the international relief agencies and development agencies will want to offer support during this outbreak. These organizations can be extremely helpful and often have the resources at the local level that can facilitate message and materials distribution. Building alliances with these partners early on and assigning clearly defined responsibilities and jurisdictions will greatly add to an organized and efficient response.

Private/Civil Society/Religious Groups

Alliances should also be considered with local NGOs, community groups and unions, labor groups, political organizations and schools/universities that can help to disseminate messages, as well as actively participate in control activities. For example, basic information on good hygiene practices promoted in schools could go a long way in helping to control the spread of an outbreak. In more remote areas, local NGOs and other community groups may be the best way to gain access to (and the confidence of) a population that has little contact with – or trust in -- outside government officials.

Depending upon the situation at hand, other partners to be considered include law enforcement, fire departments, hospitals, emergency medical services, professional crisis management organizations, public works departments, and military and intelligence agencies. In particular, military operations might be useful for transportation if outbreak areas are inaccessible to “normal” civilian vehicles, or if there are ongoing security issues (as in the case of civil unrest). Police can also assist with security, as well as with enforcement of quarantine. It might be useful to consult with police representatives as part of your communication approach, as they can serve as conduits for dissemination of disease control messages.

Educating police and other civil servants on basic outbreak prevention and control activities (e.g., hygiene, personal protective equipment) would thus be useful to them and to the population they serve.

Finally, in many cultures and regions, religious groups play a large role not only in disseminating information, but also in helping to convince people to undertake preventive or other measures. It is thus imperative to reach out to churches, temples, and other religious or para-religious organizations to gain their input and buy-in.

Businesses

Private sector organizations and business could lend a hand in providing resources, equipment, or relevant expertise. For example, corporate donations of personal protective equipment (gloves, masks, boots); cleaning supplies (soap, disinfectants, antiseptics); or medical equipment would be useful in the case of an outbreak. In areas where there are no departments of public works, private sector organizations might be called upon to assist with earth-moving or disinfectant-spraying equipment. In addition, private companies and businesses have much to lose and will be a critical link to communicate correct information to their employees.

Media

Forging a partnership with media organizations and journalists early on will help to make communications run smoothly if an outbreak occurs. It is recommended that you begin compiling a list of possible media contacts in advance so that you can get your messages and information out as quickly as possible. *(Please refer to the section “Working with the Media” for more suggestions on this.)*

WORKING WITH THE COMMUNITY

Your greatest asset in control and surveillance programs is the local community. Engaging them early on and informing them of your plans and especially what they can expect to have happen, will serve you well in terms of getting local support and compliance if an outbreak occurs.

WORKING WITH THE MEDIA

The more you prepare in advance to work with the media, the better your results will be. We strongly urge you to build relationships early on with reporters and editors so that when an outbreak occurs, they know to come to you first as well as to check for accuracy and validate facts.

Part of this preparatory work includes assessing the needs of the various types of media – traditional and new media (e.g., print, broadcast, Internet, phone platforms) and their constraints. The most effective media outlets to reach your particular target audiences should be identified.

Some media constraints might be a lack of resources or expertise in the area of infectious disease, stringent deadlines, or overly-rigid oversight from government agencies that might limit their ability to report on a story the way they would like. Examples of media needs are elaborated upon in *What the Media Wants*. Media needs can also be ascertained by delving into an established list of common questions asked by the media in the case of an outbreak. Reviewing questions in advance and thinking through some potential responses will help to formulate messages, as well as make interviews and other speaking engagements run more smoothly.

It should be noted that tapping into the mass news media (newspapers and radio and television stations) should only be one part of a larger communication strategy during an outbreak. Other media outlets that can be tapped into include newsletters, web sites, smart phones, and traditional and folk media (such as storytelling).

TAKING ACTION AND EFFECTIVELY COMMUNICATING DURING AN OUTBREAK

CONDUCT A RAPID ASSESSMENT

Before making any decisions in a crisis situation, a *Rapid Assessment* must be conducted. This is essentially a quick analysis of the situation at hand based on existing data and documents (epidemiological and other), field reports, risk assessments, surveillance data, media messages and anecdotal reports. The team should ask itself, “What do we know about our particular situation?” (See *Rapid Assessment Guide in Appendix C for more guidance.*)

While gathering the information for the quick assessment, staff should also begin planning the components of a Communication Plan of Action. 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.

Ideally, the rapid assessment should take 24 hours, as your stakeholders will likely be clamoring for information. During an outbreak situation, it is critical to communicate your action plan and information as quickly as possible. Oftentimes the public judges the success of your overall operation by the success and timeliness of your communications.

Following is a Rapid Assessment Checklist that you can use as a guide. Additional considerations that are unique to your organization or situation can be added.

RAPID ASSESSMENT CHECKLIST

BASIC INFORMATION – ANIMALS

Where has the outbreak been confirmed? How widespread has the outbreak been? How does it appear to have been transmitted? What does the geographical distribution look like and does it appear to be spreading? If so, in which direction? What are the trends?

BASIC INFORMATION – HUMANS

Have any cases been reported? If so, how many people were affected, where, their ages and genders, how do they appear to have become infected, what is their current status or severity of illness, what were their symptoms, what treatments did they receive, and what was their response to treatment?

ACTIONS

Who is in charge? Who has the authority to make final decisions on behalf of the government? What is being done by various national and local government agencies to address and control the outbreak? Is it adequate (assessment)? Have any officials visited the site? Are there plans for a site visit – if so, when? Have any officials already instructed people on what they can do? If so, what have they told people? Have the media reported the outbreak? If so, which media, and what are they saying? What organizations are working in the area? How can they be mobilized for information?

COMMUNICATION

RESPONSE CAPACITY

Who is providing official updates on the situation – Who is the main contact? How can I best maintain contact with this person or organization? Who is making decisions on what information is being released? Who is releasing information? What do the media know? Are they covering the story or just learning about it? What media reaches that community or region?

Have any media activities or training taken place in the area on outbreak response? Are private industry/ corporations responding? How often/ when will updates be provided? Who is responsible for which tasks/decisions? Have any links been established with key community members (e.g. for allaying panic, health education and improved case-detection)? Do information materials exist (e.g., PSAs, what a family or health provider should do to protect their family)? Are they in the correct languages? How will these materials and information be distributed? Is there funding?

**OUTSTANDING NEEDS
AND QUESTIONS**

What steps have local health officials taken to organize outbreak response? Is there a plan of action, standardized reporting procedures, trained staff? Are public health care workers equipped to use personal protective equipment and other materials such as disinfectants? Are there trained vaccinators? Stocks of vaccine? Are there treatments available? What are they? Do medical, nursing and laboratory personnel need further training on case-detection and safe patient management?

**OUTSTANDING NEEDS
AND QUESTIONS**

Are external resources - WHO, FAO, CDC, MOH - needed to contain the outbreak? If so, which resources are still needed (drugs, personal protective equipment, disinfectants, soap, manpower, expert/technical assistance, logistics, funding, communication equipment)? How much will this cost? What resources exist (e.g., funding, manpower, equipment)? Has assistance been requested from outside organizations or other communities/governments? What are the best-case, worst-case and most-likely scenarios? Is there any sense for how this outbreak will be resolved? Who are potential partners? Who or what organizations can help and who can you depend on?

DETERMINE IMMEDIATE RESPONSE AND MAKE ASSIGNMENTS

Based on the rapid assessment, your internal Communication Task Force or decision-makers can then decide on emergency actions you should and are able to pursue. For example, if cases have been reported but not confirmed, it will be important to find out if a team of public health officials have been dispatched to the site of the outbreak to confirm that it is, indeed, an outbreak. Your public health officer could visit NGOs or other public 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 follows.

DEVELOP A COMMUNICATION PLAN OF ACTION

A written Communication Plan of Action should ultimately be endorsed by senior management in advance, and has essentially three main desired outcomes:

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

Following are steps to guide you through the process of undertaking communications tasks in an outbreak situation. This table allows for your Task Force to fill in your specific goals, target audiences, messages, and chosen communication tools and channels.

COMMUNICATION PLAN OF ACTION – DEVELOPMENT PROCESS

GOALS	CONSIDERATIONS	YOUR INPUT
IDENTIFY AND OBTAIN CONSENSUS ON COMMUNICATION GOALS	Goals can include messages and activities conveying desired actions such as: <ul style="list-style-type: none"> Preventing transmission of the disease Required reporting of all suspected cases 	List your task force/ organization goals here.
IDENTIFY AND OBTAIN CONSENSUS ON COMMUNICATION GOALS	Goals can include messages and activities conveying desired actions such as: <ul style="list-style-type: none"> Preventing transmission of the disease Required reporting of all suspected cases 	<i>List your task force/ organization goals here.</i>
IDENTIFY TARGET AUDIENCES	It is important to identify the types of organizations or individuals that will need to receive information on an outbreak. These audiences can include: <ul style="list-style-type: none"> Ministry of Health officials Private sector organizations including trade associations and vendors Government information officers Health officials, health workers and volunteers Community leaders (faith-based groups, women’s unions, child welfare officials) The media and journalists The general public. 	<i>List your task force/ organization’s target audiences here.</i>

GOALS	CONSIDERATIONS	YOUR INPUT
IDENTIFY PRIORITY	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.	List your task force/ organization's priority communications channels here.
IDENTIFY PRIORITY CHANNELS OF COMMUNICATION	<ul style="list-style-type: none"> ▪ an emergency telephone information hotline that people can call to obtain up-to-date information ▪ community-based communications community meetings, house visits, etc.) - (not to be used when social distancing part of the prevention) ▪ loudspeaker announcements ▪ radio or television announcements, PSAs SMS and Texting for communication updates <p>Community organizations that can be engaged to help deliver messages include religious groups, women's union members, private sector, or other community health workers.</p>	List your task force/ organization's priority communications channels here.

GOALS	CONSIDERATIONS	YOUR INPUT
IDENTIFY INTERNATIONAL RESOURCES	It will also be important to keep open the lines of communication with international organizations you may have worked with in your region (e.g., USAID, FAO, WHO, CDC, MOH). These organizations have addressed outbreaks in many other areas of the world, and will be a helpful source of information and guidance.	<i>List relevant International resources for your task force/ organization here.</i>
DECIDE ON THE MESSAGES TO BE CONVEYED	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 culturally relevant, consistent and clear. If your messages are too complicated, they could lead to misinformation or confusion among your audiences.	<i>List your task force/ organization's messages here</i>
DETERMINE THE MATERIALS TO BE DISTRIBUTED	You will need to disseminate materials to your various audiences to provide information and guidance, as well as to motivate and reassure them. Information would include what to do if sick; what do to if there are deaths. Some of these materials can include press releases or media advisories, fact sheets, educational flyers, and brochures with contact information.	<i>List your task force/ organization's products/materials to be distributed here.</i>

COMMUNICATE EFFECTIVELY DURING THE OUTBREAK

What the Public Expects

In any kind of serious crisis, people experience increased levels of stress and anxiety. People are fearful for their safety and the well-being of their loved ones, in addition to having concern for their material possessions. Because emotions are heightened and people are stressed, they receive information differently, process information differently, and act on information differently than during the normal course of events.

You should be aware that the typical ways in which you communicate with your community may not be effective during and after it suffers a crisis. Risk communication researchers have recommended that:

- You should have no more than 3 key messages
- Your message should take no longer than 10 seconds to communicate
- Your message should not be longer than 30 words.

Make sure you project empathy and honesty from the beginning.

Important Points to Keep in Mind for Emergency Risk Communications

- Identify yourself and your credentials, as well as anyone else who speaks to the media or to the public at large.
- Tell people what they can do to protect themselves or improve the situation.
- Repeat your key messages.
- Be consistent in the messages you convey.
- Frame your actions in the positive.
- Ensure timely release of information.
- Treat the public (and the media) as intelligent adults. Do not “talk down.”
- Dispel rumors as quickly as possible with facts and statistics.
- Do not speculate – if you do not know the answer, say so, but indicate you will find out and do report back.
- Acknowledge uncertainty. Do not be afraid to say you do not know.

Experts have estimated that what you say and how you act and appear in the first nine to 30 seconds will determine whether your audience will trust you.

In your initial communications, identify members of the Communications Task Force and the overall national/local emergency response team, as well as their roles and responsibilities. This will avoid public power struggles, as well as reassure people that action is being taken.

It is important to note that the public includes everyone in an outbreak situation, including governmental and non-governmental officials, the media, infected individuals and their families, physicians, nurses, veterinarians, hospital personnel, health agency employees, emergency response personnel and the public at large.

What the Media Expects

During an outbreak the media is one of your partners. They will be your most efficient resource for distributing messages to your community and for gathering information. They need correct and complete information in a timely manner. They want access to those making decisions and to those in authority. They expect information released by a government or civil society to be factual and current. If it is not, they will not trust you or your organization as a credible source of information. Once that trust is lost it will be difficult to recapture.

The media often has rigid deadlines and news cycles, and those will dictate when you respond or report out information. Therefore, be aware of what the deadlines are for a report or a news outlet and conduct your press briefings or issue a statement to accommodate their schedule. If you are not sensitive to that, they will look for other sources which may be unauthorized or making incorrect statements that will contribute to rumors and misinformation.

You may meet the press without new information to report -- for example, to discuss how the disease was introduced into a community. This would be an appropriate time to make available one of the health or emergency experts to provide background information on the disease; steps being taken by the government or donors to respond to the outbreak; or the timeline for more information being made available.

Prepare news bulletins or press releases that can be distributed electronically via the web or in hard copy form. If you have access to photos or images to accompany these releases that would also be welcomed. Make sure they are high-quality and can be reproduced in various media. Make available contact information for updates, including a web site, email address, and mobile phones.

It will not be possible to satisfy all the desires of the press during an outbreak situation, but knowing in advance what they want, and managing those expectations will help you immensely because it shows you understand and respect them. Among the needs of reporters are:

- Equal access to information that is accurate and evidence-based
- Honest answers to questions, rapid correction of information that turns out to be incorrect or misleading, and acknowledging when answers are not available (and when they might be available).
- Timely release of information
- A regular schedule of updates and news conferences
- Access to technical experts on epidemiology, biology, veterinary science, and vaccinology.

For additional guidance on media preparation, refer to Appendix D -- Ingredients for a Successful Interview and Appendix E – Guide to Press Conferences.

Message Development

The basis of any disease message that can be used by your organization can be prepared in advance, relying on the latest body of evidence from the scientific community. One of the roles of your scientific authorities is to help explain and interpret the technical language into layman's terms. As new knowledge is released, the messages can be modified if necessary. Messages should be constructed for the general public, people at the highest risk of infection, and for stakeholders. An essential component of deciding on messages is to consider the concerns and needs of the various stakeholders or audiences you are trying to reach. A clear and concise message or response can be developed in response to each of these stakeholder concerns – some of which were previously addressed in "What the Public Expects." Other concerns might involve livestock, personal safety and health, family health, finances and family/community livelihood, and legal/regulatory issues.

For all messages that are developed, it is important to be sensitive to cultural/

ethnic norms in your target audience. For example, depending on your location in the world, there are different cultural meanings for words, signs, symbols and images. There are also different cultural standards for what topics are considered inappropriate or humorous. Thus, any messages developed should take into account local norms and values, as well as languages and dialects.

Your First Communication to the Media/Stakeholders

First and foremost, it will be important that the public knows that you are aware of the outbreak and that there is a system in place to respond. Your first official message during an outbreak should contain following elements. (*Adapted from CDC's Crisis and Emergency Risk Communication by Leaders for Leaders*).

1. Recognition of the severity of the outbreak/situation.
2. What you know about the outbreak/situation.
3. Confirmed facts and action steps. Tell people what actions they can take to minimize risks to their family and animals (e.g., practice good hygiene, social distancing,).
4. What the process is for addressing the outbreak.
5. Schedule of updates and other timelines.

Where to go for regularly updated information on the situation. Have your web site, hotlines, or email addresses operating and state the contact information in briefings and also on all printed materials.

Other pointers to keep in mind to reach the public through working with the media are:

- During an infectious disease outbreak keep your message short, simple and focused. Do not overload your audiences with too much information - only enough for them to absorb and act on. Your communications should contain only two to three distinct messages.
- Most of the information about the disease will originate from scientific/technical experts and sources. It is important to translate this technical information into laymen's terms so it can be understood by all audiences.

- Repeating correct information and telling people what you want them to do is important. The more people are exposed to information the more likely they are to remember it and actually adapt the desired behaviors. Providing information both orally and in writing will also increase the chances that the public will retain it.
- Messages that describe or demonstrate what not to do are less effective at changing behavior than messages that model the desired behaviors.

Examples of positive messages related to an influenza outbreak, for example, are “If you are showing signs of the flu, stay home from work or school, avoid public gatherings, and get bed rest and drink plenty of fluids.” It is better to model what you *want* people to do, not what you *do not want* them to not do. It is important to note, however, that there are exceptions to this in certain cultures, where some people have been found to ignore positive messages but will pay attention if there is a strong “don’t” statement.

Within two weeks following an outbreak, or after the initial phase of emergency response is completed, your organization will want to take a step back and consider how things have progressed thus far and what long-term changes or additional actions should be undertaken. 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 Communication Task Force and identify any lessons learned. These lessons will form the basis of what your organization decides to do over the long term to help prevent and control the spread of the disease.

Even if you have planned for an outbreak, infectious diseases are notoriously unpredictable, and the situation may not have unfolded in an expected way in your region.

Among the issues to evaluate is how effective your message delivery and reach was, whether the media coverage was adequate and correct and what types of public responses you received to your messages. For example, did the target audience understand and act upon what was communicated to them? Have the media stories been fair and accurate? Your organization might want to explore obtaining technical assistance for evaluation of your communication plan and outbreak response activities.

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 – WHO 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:
 - 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 24hour a day operations, two to three work shifts a day, for several days, weeks or possibly months.
3. The organization should have the following 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 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 later in this document):

- 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.

What is Needed for Rapid Assessment	What Constrains Rapid Assessment
<ul style="list-style-type: none"> ▪ Clear lines of authority and reporting ▪ Partnerships ▪ Division of responsibilities and agreed procedures ▪ Maps ▪ Access to data and other information from a variety of government/health/ communication officials ▪ Communication channels and systems ▪ Qualified personnel ▪ Guarantee of follow-up in relief or other assessments 	<ul style="list-style-type: none"> ▪ Time ▪ Political considerations ▪ Cost and sustainability ▪ Human skills and knowledge ▪ Institutional capacities ▪ Accessibility ▪ Socio-cultural aspects ▪ Logistics and communication

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. This chart is based on information from the WHO/EHA Emergency Health Training Programme for Africa, 1999.

The questions below provide a way to devise answers and communication strategies to address four basic issues that stakeholders are usually interested in:

1. What is the nature of the outbreak?
2. What are the symptoms I should be watching for?
3. How is the disease spread and how can I prevent it from spreading?
4. Where can I get more information?

RAPID ASSESSMENT CHECKLIST

BASIC INFORMATION – ANIMALS (IF APPLICABLE)

Where has the outbreak been reported? Has it been confirmed? How widespread has the outbreak been? What types of animals have been affected? How have the animals been affected (# ill, # dead)? What signs did the affected animals exhibit? How does it appear to have been transmitted? What does the geographical distribution look like and does it appear to be spreading? If so, in which direction? What are the trends?

BASIC INFORMATION – HUMANS

What human cases have been reported? If so, how many people were affected, where, their ages and genders, how do they appear to have become infected, what is their current status or severity of illness, what were their symptoms, what treatments did they receive, and what was their response to treatment?

ACTIONS

Who is in charge? Who has the authority to make final decisions on behalf of the government? What is being done by various national and local government agencies to address and control the outbreak? Is it adequate (assessment)? Have any officials visited the site? Are there plans for a site visit – if so, when? Have any officials already instructed people on what they can do? If so, what have they told people? Have the media reported the outbreak? If so, which media, and what are they saying? What organizations are working in the area? How can they be mobilized for information?

**COMMUNICATION
RESPONSE CAPACITY**

Who is providing official updates on the situation - Who is the main contact? How can I best maintain contact with this person or organization? Who is making decisions on what information is being released? Who is releasing information? What do the media know? Are they covering the story or just learning about it? What media reaches that community or region? Have any media activities or training taken place in the area on disease response? Are private industry/corporations responding? How often/when will updates be provided? Who is responsible for which tasks/ decisions? Have any links been established with key community members (e.g. for allaying panic, health education and improved case-detection)? Do information materials exist (e.g., PSAs, guides for vaccination, what a family or health provider should do to protect their family)? Are they in the correct languages and at appropriate literacy levels? How will these materials and information be distributed?

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.

