

Illustrative Crisis Communications Plan

In 2005, India saw one of the country's most severe outbreaks of Japanese encephalitis (JE), a mosquito-borne illness that occurs in Asia and the Western Pacific. More than 6,500 cases and close to 1,700 deaths were reported—the majority of them children. Widespread coverage of the outbreak—including photos of dying children— in local, national, and international media led to a public outcry.

The government of India rapidly launched a national JE vaccination campaign and PATH, an international health nonprofit organization, was asked to provide technical assistance. A few weeks into the campaign, news broke of severe adverse reactions and even deaths among some children receiving the vaccine. The vaccine had an excellent safety record, so most technical experts felt that the deaths did not result from the vaccine, but rather from another cause among this very vulnerable population.

Local and national media ran speculative stories questioning the vaccine's safety. The communications and management team gathered to determine the best approach to dealing with the situation. Weighing their options, they considered a formal institutional response that could have helped get accurate information out to the public and set PATH up as a reliable source for future media inquiries. But given that the investigation into the deaths had not yet concluded, PATH initially decided not to respond directly, but to help the government of India respond appropriately.

However, when a national television network decided to film a panel discussion on the issue, PATH's lead technical officer in India recommended to the U.S.-based program director that PATH should participate despite the initial strategic decision not to engage. This example highlights the importance of being flexible and the need to account for specific country considerations in developing and adapting a communications strategy.

The following year, PATH helped the government of India develop its communications strategy with an emphasis on the lessons learned from 2006. They encouraged early engagement with the media and placed a greater emphasis on the buy-in of local officials. For example, one district health minister brought his son for vaccination at a launch event, illustrating his confidence in the program.

Finally, they revised their internal Q&A, including the results of an investigation into the deaths, which found no relation between the vaccine and the deaths. If reporters brought the issue up again, spokespersons now had clear messages to use to correct the false accusations and instead communicate positive messages about the campaign.

(See below for a copy of the full crisis communications plan for the Japanese encephalitis project.)

Japanese Encephalitis (JE) Project Crisis Communications Plan

Overview

This plan describes the process by which PATH will address any inaccurate and/or potentially negative press coverage or other misperceptions associated with activities conducted under the PATH JE project. This plan is specific to activities related to the Government of India's (GOI) 2009 JE vaccination campaigns.

A communication crisis is a situation that threatens the integrity or reputation of the partners or partnership, usually brought on by adverse or negative attention from community members or the media. This includes any rumor, adverse event, legal dispute, accident, or manmade disaster attributed (rightly or wrongly) to the project or partners. It can also include situations where, in the eyes of the media or general public, the partnership did not react in an appropriate manner.

Routine activities

The communications associate for the JE project monitors daily media coverage addressing JE disease and vaccines, keeping a related log and copies of media clips. This monitoring is particularly acute and intensified following outreach to media generated by PATH or GOI regarding the 2009 Indian campaigns.

Process for preparation and response following concerning media report or crisis situation

- Upon learning of an inaccurate or concerning news media report, the communications associate forwards a copy of the article with relevant questions to the Management Team. The senior communications officer from PATH External Relations is copied on this e-mail.
- The management team responds to the communications associate with their initial read of the situation and appropriate plan of action (or inaction).
- The communications associate summarizes the team's reactions and proposed strategy and e-mails this summary, along with a link to the associated media report, to the PATH Senior Management Group and Strategic Program Leader. The involvement of the SMG is to keep leadership aware of the report, as well as the team's plan for response.
- The communications associate works with the management team to prepare a holding statement and/or internal Q&A. (Example of holding statement: "On [date], at [health center], the death of a [#] year old child who had been given JE vaccine was recorded. This incident is under investigation. Additional details will be provided as they become available.")
- The team's plan, holding statement, and Q&A documents are shared with primary partners (to be identified case-by-case), which may include Ministry of Health officials, funders, and others. These documents are shared via e-mail, but the management team may also contact partners via telephone when appropriate.
- A primary spokesperson is assigned to respond to media inquiries, and technical experts identified as potential media contacts are notified via e-mail or telephone.
- Note: A designated spokesperson should be forthright in dealing with media questions. There are, however, some questions he or she cannot answer, including those related to financial estimates of damage, insurance coverage, causal speculation, allocation of blame, or anything "off the record."
- The communications associate provides regular updates to SMG and broader PATH team.
- When the situation is resolved, all related parties are asked to debrief and document lessons learned.

Relevant team members

I. Communications team

The primary role of this team is to help assess the potential for a situation becoming a communications crisis. The team routinely monitors media coverage and provides initial notification of a potentially concerning or inaccurate report. Communications team members also assist in drafting and collecting technically accurate and up-to-date materials in response to the situation.

Senior communications associate, JE project

Senior communications officer, External Relations

Media relations officer, External Relations

II. Management team

The management team is responsible for providing initial reactions to the inaccurate or concerning news report and for developing an appropriate plan of action. (It must be noted that sometimes the appropriate plan will call for no response from PATH.) The management team is also responsible for notifying relevant partners and funders and designating appropriate spokesperson(s), either internal or external, depending

upon the particular situation.

JE project director

JE project deputy director

Senior program manager, India

Country office director, India

Country partners – to be contacted as needed by management team representative

Assistant Commissioner, Immunization

Ministry of Health & Family Welfare

III. PATH Senior Management Group and Strategic Program Director

Involvement of the PATH Senior Management Group (SMG) and the Strategic Program Director is to ensure that leaders are aware of potentially harmful reports about PATH and PATH activities. Following notification according to the process outlined above, SMG should be regularly updated on the team's plan for response. If no response is warranted, SMG should also be notified of this approach. Senior management may also provide input on decisions that could affect the overall organization.

IV. Other staff and partners to keep informed

Additional senior members of the JE project team and PATH External Relations may be notified throughout the process, as determined by the management team.

JE project vaccine development advisor	
JE project administrator	
JE project health policy and economics officer	

Notifying the project funder

The JE project director or a member of the PATH Senior Management Group (whomever is most appropriate in a given situation) will keep the responsible program officer of the project funder informed. As noted in the process above, the funder should be contacted after initial reactions and the planned response are summarized.

Key JE project partners

Representatives from partner organizations, including but not limited to national governments or Ministries of Health, may need to be notified if a situation requires specific clarification and it falls within their area of expertise or capacity to respond. Internal documents may also be shared with external partners at the discretion of the JE project director, in order to prepare for potential contact by journalists.

External statement or response

When appropriate, as determined by the JE project director, a response to or statement regarding negative press coverage may be drafted and posted to the following online forums:

Forum	URL	Instructions
ProMED	www.promedmail.org	Submit post to [e-mail here], include full name, affiliation, and country.
TechNet	www.technet21.org	
Other listservers TBD		

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