

Crisis communications plan template



How to use this document

This document provides guidance on the essential elements of an immunization communications plan, with special emphasis on elements that relate to crisis communication.

Developing an immunization communications and crisis communications plan allows you to build and maintain trust in vaccines and demand for vaccination and prepare for vaccine safety events and crises.



How was this document developed?

This document is part of a WHO series of supporting documents concerning events that could erode confidence in vaccination. Such events can be related to vaccine safety, adverse events following immunization, changes in the vaccination programme, negative public debate, outbreaks or pandemics.

All documents were developed based on scientific evidence, laboratory research and fieldwork within psychology, social and behavioural science and communication and lessons learnt in countries. For an introduction to the theoretical background and evidence, refer to the WHO publication *Vaccination and trust*, available here: www.euro.who.int/vaccinetrust.

The supporting documents are intended for use by national

- ministries of health
- centers for disease control
- immunization programmes
- regulatory authority institutions.



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Below is some guidance on the essential elements of an immunization communications plan, with special emphasis on elements that relate to crisis communication. Developing a communications plan, including a crisis communications plan, is vital in:

- building and maintaining demand for vaccination,
- building and maintaining public trust in vaccines and the authorities delivering them,
- creating population resilience against vaccine safety scares,
- preparing the population for changes in the vaccination schedule, such as the introduction of a new vaccine, e.g. a pandemic influenza vaccine,
- ensuring an immediate and efficient communications response to any vaccine safety event.

Stakeholders involved in developing the plan

A communications plan should always be developed with the engagement of all the stakeholders who will take part in implementing it. You should not leave it solely to an external consultant or to one person in the team. The following stakeholders should be part of the process.

It is recommended to start the process with a one-day workshop to discuss issues and challenges and set the course for the plan.

Developing the plan



Managers and staff, including senior-level communications people from the immunization programme, the Ministry of Health, the Institute of Public Health, the Institute of Public Information and/or other ministries or institutions involved in communications for immunization.

Reviewing, & providing feedback to the plan



Ministries, institutions, key stakeholders
All those involved in communications for immunization or in responding to vaccine-related crises. For example, the National Immunization Technical Advisory Group (NITAG), other key experts, the Ministry of Social Affairs, the Health Board, the State Agency of Medicines, the Health Insurance Fund, the Society of Infectious Diseases, the Society of Family Doctors, the hospital sector and the national emergency/crisis response team.

Endorsing the plan

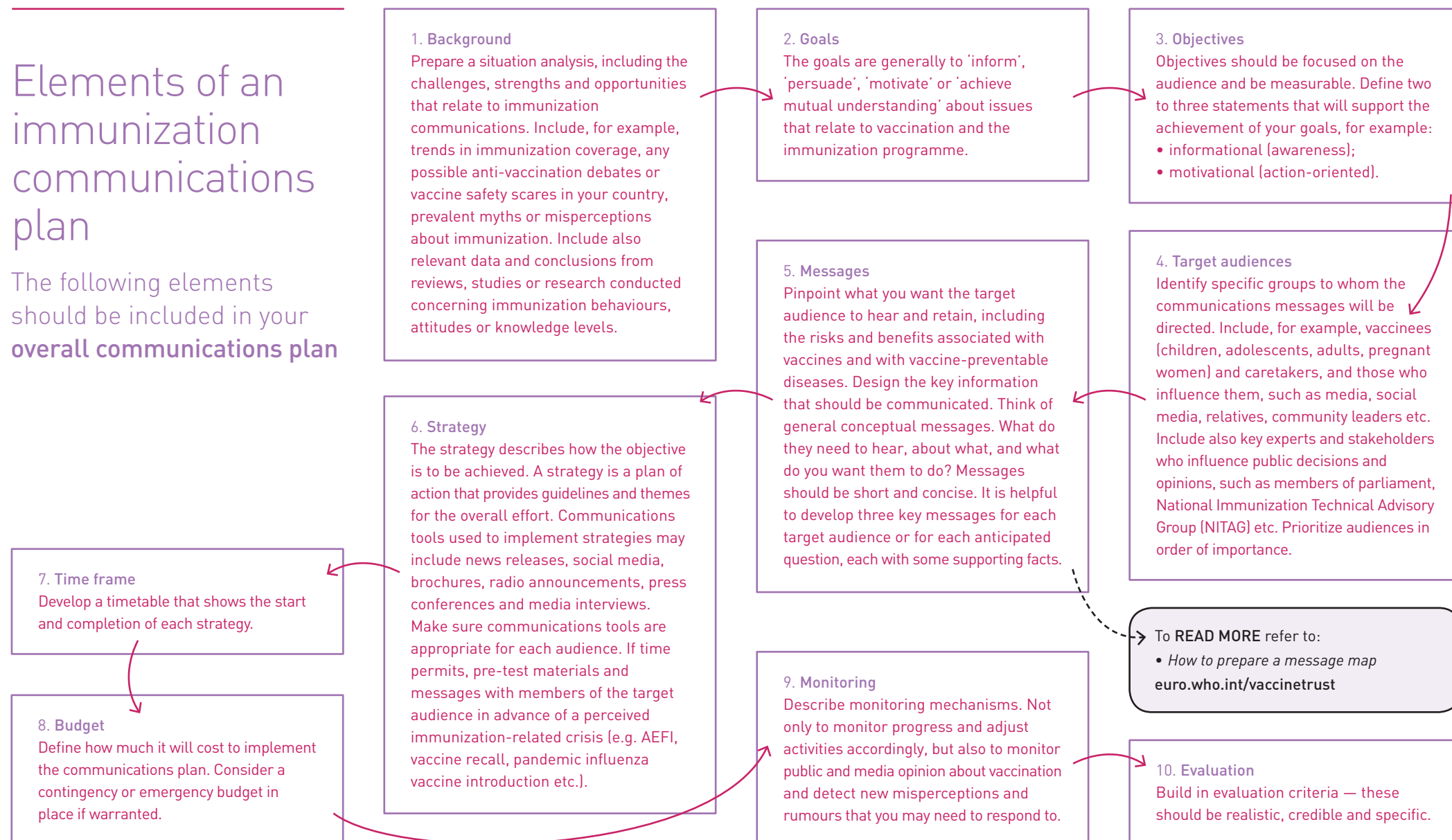


Senior management
Such as directors and senior managers.

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Elements of an immunization communications plan

The following elements should be included in your **overall communications plan**



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Special considerations in crisis communications planning.

Crisis requires extraordinary communications. Time is an issue, stakeholders are involved, and efficient communications can make the difference between mitigation or escalation of the crisis. Building on the overall communications plan, a set of special considerations in relation to crisis communications need to be prepared; either as part of the communications plan or as an annex:

1. Contingencies

Consider worst-case scenarios (e.g. severe AEFI) and develop response strategies. The plan must be flexible enough to accommodate different scenarios. Define:

- preventive actions to alleviate impact or prevent the scenario from taking place. E.g. i) monitoring public opinion and responding to new misperceptions or events, ii) establishing relations with the media and key stakeholders and building their knowledge on immunization and diseases.
- mitigating activities; i.e. first step actions to be taken to prevent a situation from escalating if the scenario does occur.

To **READ MORE** refer to:
• *Checklist for preparedness*
euro.who.int/vaccinetrust

2. First step actions

Define communications actions that can be taken within a few hours of the event. Take into account national, regional and local levels. Preparations may include:

- holding statements and key messages,
- list of frequently asked questions with answers and key facts (e.g. on vaccine safety and vaccine-preventable diseases),
- list of third party experts who would be effective information sources for the media (e.g. NITAG members),
- media contact lists and call log,
- list of the key stakeholders you need to keep informed,
- list of immediate information channels to all stakeholders (e.g. web, social media, e-mails, press release),
- vaccine reaction background rates.

To **READ MORE** refer to:
• *Stakeholder management*
• *Background rates*
euro.who.int/vaccinetrust

8. Contacts

Prepare and continuously update lists with

- media contact information (national and local), including after-hours news desks,
- members of crisis response teams after-hours contact numbers,
- other relevant stakeholders.

3. Holding statements

Prepare statements that can be used for initial media encounters in most types of vaccine crisis. E.g. "We are committing all available resources to the investigation of this unfortunate incidence and doing our utmost to know the reasons behind it as soon as possible", "Our deepest sympathy goes to those affected", "We have implemented our crisis response plan", "We will keep you informed and provide regular information via our website www.xxxxx and daily press briefings at the Ministry of Health".

6. Information sharing

Define how information will be shared with key stakeholders, media and the public. Consider different routes to reach different audiences (e.g. face-to-face, announcements, web). Define mechanisms to ensure media inquiries are addressed as appropriate. Consider the media's needs i.e. deadlines, and ease of obtaining information. Ensure all media outlets have access to updated information and methods to get answers (e.g. post press conference transcripts online, provide toll-free call-in lines).

7. Monitoring public opinion

Include guidance on monitoring public response (e.g. via social media and/or a hotline) to ensure an immediate response if warranted to any development, event or misperception.

4. Decision-making and information release authority

Make sure that your plan has a signed endorsement from senior management, such as directors and senior managers. Define information approval mechanisms during crisis (who releases what, when, how) and procedures for information verification and expedited clearance.

5. Roles and responsibilities

Define clear roles and responsibilities during a crisis. Include guidance on coordination and collaboration between stakeholders representing different ministries and institutes and with different areas of expertise (e.g. paediatricians, epidemiologists and communicators). Include a designated spokesperson (to whom everybody else refers journalists), how activities are coordinated, and who liaises with key internal and external stakeholders.

To **READ MORE** refer to:
• *How to prepare a message map*
• *Four critical elements in the ongoing work to build and maintain confidence*
• *Four immediate steps when responding to an event that may erode trust*
• *Template Terms of Reference (TOR). Vaccine communication working group*
• *Stakeholder management*
• *How to monitor public opinion*
euro.who.int/vaccinetrust