



nOPV2 Introduction

Crisis Communications Planning Toolkit

Introduction: Before You Begin

This document is designed as a practical planning tool to help communications teams in nOPV2 rollout countries anticipate, assess, and respond to crises that could arise as part of rollout of the vaccine.

Contents:

- nOPV2 Crisis Communications: Getting Started
- Crisis Communications Lifecycle
- Crisis Communications Planning and Preparation
- Crisis Communications Assessment and Response
- Evaluation Assessment

nOPV2 Crisis Communications: Getting Started

Required Crisis Preparation Steps

Step 1

Review the nOPV2 Vaccine Related Event Response Plan

The VRE Response plan, required under EUL, contains everything you need to know about vaccine safety monitoring and protocols and should be taken into consideration at each step of crisis planning.

Link: [Here](#)

Step 2

Review the nOPV2 Crisis Communication Planning Template

The nOPV2 Crisis Communications Planning Template is a checklist of required aspects of an nOPV2 crisis communications plan.

Link: [here](#)

Step 3

Use the nOPV2 Introduction Crisis Communications Planning Toolkit to develop your crisis communications plan

The nOPV2 Introduction Crisis Communications Planning Toolkit (this document) contains practical planning tools to help you and your team develop an nOPV2 crisis communications plan and fulfill specific elements of the nOPV2 Crisis Communications Planning Template.

You are here!

Step 4

Review your crisis communications plan

After completing step 3, revisit the VRE Response Plan and nOPV2 Crisis Communication Planning Template. Make sure you completed all the necessary steps and key elements are reflected in your crisis communications plan.

Please refer to the glossary of terms in Appendix (slide 30) as needed.

What Is a Crisis?

Crises occur as a culmination of specific, separate issues that when taken together, can limit the ability to achieve the overall objective.

Issues can include unfavorable attributes of a product, landscape factors that could impact how a product or message is received, an audience's pre-existing understanding of a product or message, and other factors.

When many potential issues are anticipated, it is important to plan for how they could work together to culminate into a crisis.

nOPV2 Rollout Objective

Vaccinate children with nOPV2 to achieve 95% coverage.

nOPV2 Issues Map

The below issues map summarizes several potential issues that could arise in nOPV2 rollout. This map is based on your specific local landscape.



Polio Landscape

- Multiple polio vaccine campaigns
- Presence of CVDPV
- CVDPV outbreak at campaign onset
- Disproportionate focus on CVDPV after declaration of Africa wild polio virus free
- “New”, “genetically modified” vaccine
- Campaign quality
- COVID-19 vaccine mistrust spillover



Rumors and Misinformation

- Online rumors and misinformation
- Negative or inaccurate local or regional media



Vaccine Safety

- Potential for VREs



Global Health Landscape

- COVID-19
- COVID-19 vaccine
- Re-start of other vaccine campaigns



Regulatory

- One of the vaccines distributed under EUL

When nOPV2 Issues Become Crises

Crises occur as a culmination of specific, separate issues that when taken together, can limit the ability to achieve the overall objective. In the case of rolling out nOPV2, the overall objective is to vaccinate children with nOPV2.

nOPV2 Potential Issues

- Polio landscape
- Rumors and misinformation
- Vaccine safety
- Global health landscape
- Regulatory



Any one or set of the issues at the left may contribute to the most likely crises listed at the right.

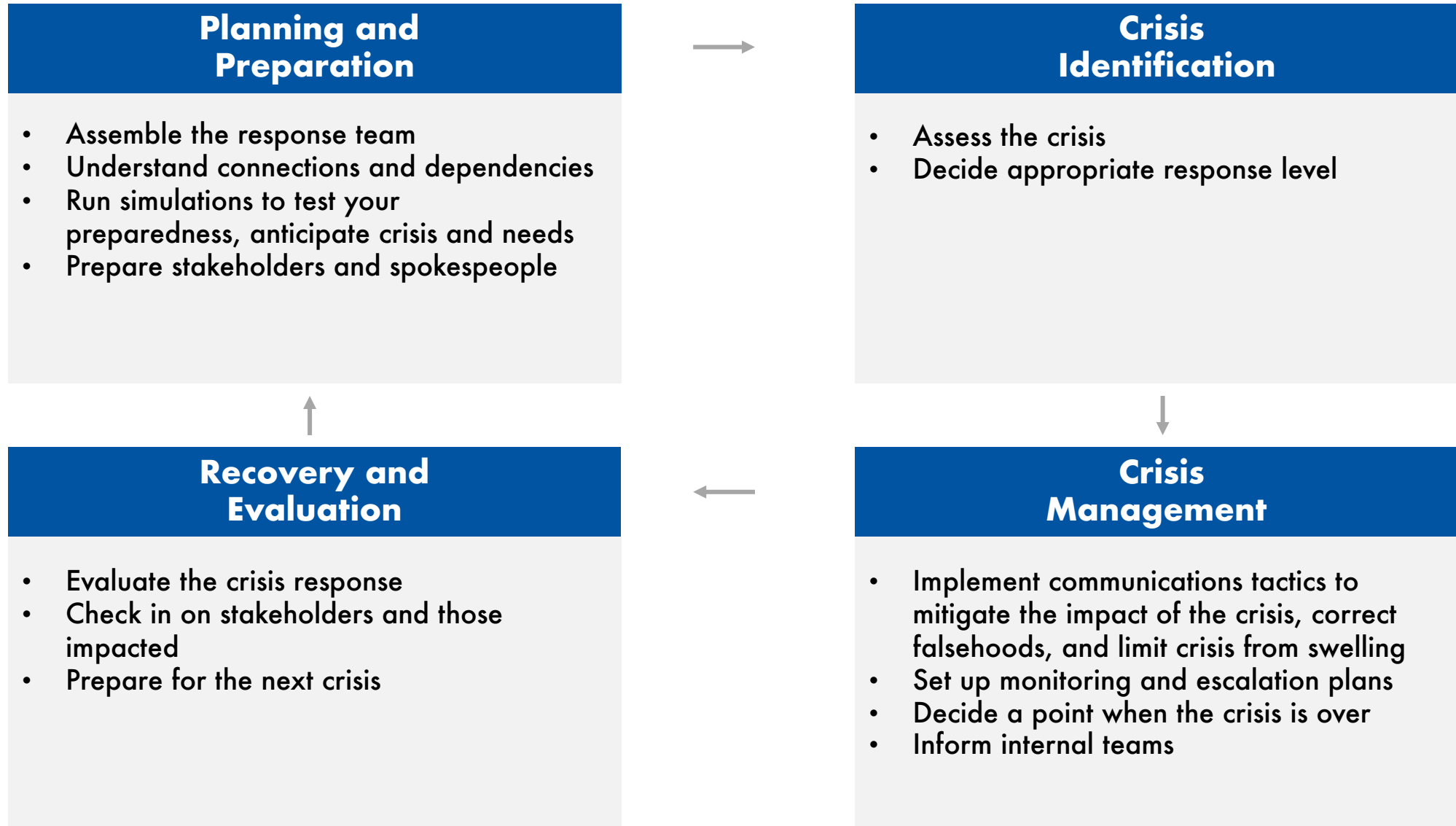
nOPV2 Potential Crises

- Widespread misinformation
- Vaccine refusals
- Loss of trust in nOPV2, polio vaccination overall
- Harassment of healthcare workers
- Outbreaks not controlled
- Politicization of the problem, where polio program becomes hostage of political efforts

Use this toolkit to anticipate, assess, and respond to crises that could arise as part of rollout of nOPV2.

Crisis Communications Lifecycle

Crisis Communications Lifecycle



Crisis Communications Planning and Preparation

Crisis Communications Planning and Preparation

It is important to put systems in place to address crises well before they arise. Use the following slides to guide development of four core aspects of crisis planning and management preparation, including:

1. **Crisis anticipation:** What crises do you think are most feasible in your country?
2. **Crisis response team:** Who will be responsible for responding to the crisis?
3. **Audience, channel, and materials mapping:** What messaging and other materials do you have ready to support a crisis response? How will you share them?
4. **Stakeholders:** What spokespeople and stakeholders will you engage to mitigate the crisis?

1. Crisis Anticipation

Crisis planning starts with thinking through likely scenarios that you may need to address in nOPV2 rollout. Use this worksheet to develop a sample crisis scenario. This scenario should be a culmination of different issues that you anticipate in your country or community based on current knowledge of the global immunization landscape, polio, stakeholders in the conversation, and other factors.

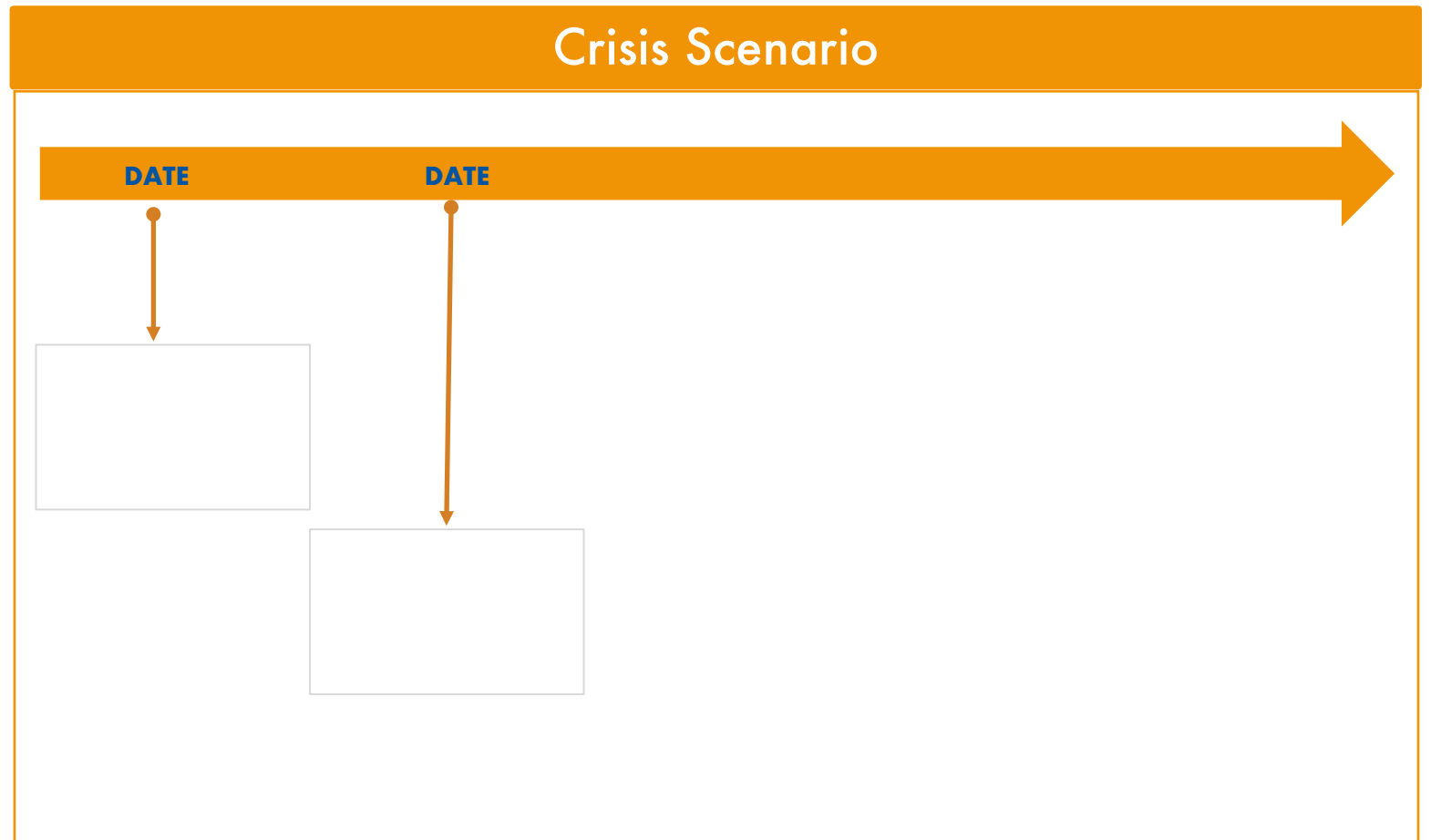
Issues Map

List anticipated issues. Be as specific as possible.

Example: Misinformation about the nOPV2 vaccine being shared on Facebook groups in XX communities

- 1.
- 2.
- 3.
- 4.

Crisis Scenario



2. Crisis response team

Use this worksheet to define your Crisis Response and RACI (Responsible, Accountable, Consulted, Informed) teams. The crisis response team should represent the individuals across organizations and stakeholders that will be responsible for responding in a crisis. The RACI team should include all surrounding stakeholders who will have a role in addressing and/or reporting on the crisis.

Crisis Response Team			
The crisis response team is the core group of decision makers and implementers who will need to respond to a crisis.			
Name	Role	Email	Phone Number
Person A	(e.g.) Communications & Crisis Response Lead	PersonA@email.com	123-456

RACI			
Who is Responsible, Accountable, Consulted, and Informed about any issue or crisis.			
Responsible	Accountable	Consulted	Informed

Considerations:

- This team should be assembled based on the likely issues identified.
- Be sure to include EOC contacts.
- Be sure to include Vaccine Safety Focal Points in your team.
- This team should include representatives from Ministries of Health as appropriate.
- Consider adding "as needed" experts to address specific issues.
- Determine who are the key decision makers in this group.
- Set up a What's App group with all members.

Considerations:

- Decide ahead of time who is ultimately responsible for the outcome of the response. Use this chart to identify others who may need to be pulled into the crisis response team.
- Be sure to include global contacts here.
- Discuss the need for separate RACIs on individual issues (e.g. do you need to add additional members if there is a negative regional media article vs. A low impact VRE).

4. Stakeholders

Using this worksheet, develop a list of stakeholders that you'll tap into to share accurate messages about nOPV2 and mitigate crises. This list should include key media contacts, as well as external advocates. External advocates should include community influencers (religious leaders, etc.), subject matter experts (e.g. vaccine safety colleagues), health providers and FLW trainers. It should also include regional and global contacts for use in escalated crisis scenarios.

Media Contacts				
What media has the most influence? Who are the media contacts that may write about nOPV2 or CVDPV in your country?				
Name	Role	Email	Phone Number	Pre-Launch Meeting Check In Conducted?

- Checklist for preparation**
- ✓ Pre-meetings to review messaging and risks
 - ✓ Pre-meeting to ensure media relationship is developed

Influencers						
Who are the influencers that may be engaged to share accurate messages about nOPV2?						
Faith Leaders	Community Influencers	Social Influencers	Government	NGOs/Other	Regional	Global

- Checklist for preparation**
- ✓ Note which stakeholder is an expert on what issue (use the scenarios you have created to assess what issues you need credible voices on, such as COVID-19, hesitancy, etc.).
 - ✓ Pre-meetings to review messaging and risks
 - ✓ Media training
 - ✓ Video or statements to address likely crisis



Simulation

To test your preparedness, we recommend using the tools you've created using the previous pages to do a simulated crisis response using a likely scenario in your country.

An example scenario that can be tailored to your country is available in the Appendix.

Crisis Identification & Response Tools

Crisis Identification and Response Tools

Assessment worksheets and response protocols are meant to be used in real-time to respond to a crisis scenario.

As soon as a potential issue is identified*, assemble the core crisis team (SLIDE 14) for an all hands call. On that call review a completed draft assessment (see slides following) and review recommended protocol based on that assessment's outcome.

There are four assessments. Use the assessment that best fits your situation, each of these situations includes harm or potential harm to people, property, and reputation:

- Loss of trust in the vaccine campaign
- Increase in vaccine refusals
- Harassment of health workers
- Negative local/regional media (published or pending)



If the issue at hand includes a vaccine-related death of any kind (rumored or true), lethal side effect, violent attack, or reputational risk to GPEI partner, or vaccine pause or recall this is an automatic high-risk protocol scenario. Please proceed directly to the **high risk** protocol on slide 28. Step 0 action is required now.



Use the assessment worksheets in real-time to triage the issue at hand. Select the crisis assessment and work through the questions provided to reach a candid assessment of the level of response needed.



Assessment worksheet may not account for all crises. Please use your judgement, and the knowledge of your crisis team and technical experts, in arriving at a final evaluation and protocol selection.

**Issue identification is first time any one person learns of a risk to the success of the vaccine program, however small it may seem.*

Crisis Assessment Key Indicators

There are five indicators that determine the level of response protocol best suited to diffuse a crisis. Review the assessments in the following slides to arrive at a determination.

Crisis Communications Assessment Indicators

Indicator	Definition
Risk to campaign success	The ability to safely deliver nOPV2 or other vaccines is at risk
Reach and scope	The number of people reached or impacted by the potential crisis
Likelihood of spread or escalation	The likelihood that potential crisis will spread to reach other communities or grow in scale
Response capacity	The ability to respond to the potential crisis using existing structures (i.e. communications protocols, messaging, etc.)
Community and government confidence	The community and/or government are at risk of losing confidence in nOPV2 or polio vaccination overall

Crisis Assessment Worksheet: Loss of Trust in the Vaccine Campaign

	Risk to campaign success			Reach and scope			Likelihood of spread or escalation			Response capacity			Community and government confidence		
<p>Core Question</p> <p><i>Use this question to evaluate the gravity of the current crisis.</i></p>	Is this loss of trust indicative of a wider threat to the success of the campaign?			Is this loss of trust confined to one community?			Is the loss of trust likely to grow or reach new communities?			Do we have the materials and channels to address waning trust quickly?			Are key local- and country-level stakeholders still expressing support and confidence in the campaign?		
	No	It could be, if not contained	Yes	Yes	No, some reached	No, many reached	No	Yes, some	Yes, many	Yes	Some	No	Yes	Some, not all	No
<p>Assessment Questions</p> <p><i>Use these questions to guide your thinking about the core question; consider talking through these questions on the initial crisis team call.</i></p>	<ul style="list-style-type: none"> Is the loss of trust in line with past campaigns? Are caregivers citing rumors as the reason for mistrust? Do FLW indicate waning trust is manageable with current messaging? 			<ul style="list-style-type: none"> Are you seeing uptick in loss of trust in surrounding communities? Are there conditions in close communities that make it likely loss of trust will take hold? Is there a localized one-off issue behind the loss of trust? Or a broader issue or fact that is country wide-or global? 			<ul style="list-style-type: none"> Are there rumors online that may be connected to this uptick in loss of trust? Are those online rumors increasing in engagement? Are there community-level mechanisms or happenings that would lead to increasing loss of trust? Is there any media interest (confirmed or potential) in this issue? 			<ul style="list-style-type: none"> Do we have the materials and channels to address the root of the trust issue? Do we have credible, prepared stakeholders to handle this issue? Do we have the ability to move quickly on this issue if needed? 			<ul style="list-style-type: none"> Do we maintain strong relationships with the key decision makers and authorities (including donors)? Are the stakeholders supportive of any communications? Are there other environmental factors at play that may quickly turn advocates into non-advocates around this issue? 		

**Consider the number of yellow, orange, and red indicators to determine what protocol to use.
 Consider external factors and unique community needs to tailor your protocol choice.
 Ensure VRE Response Plan is referenced for all vaccine safety issues or crises.**

Crisis Assessment Worksheet: Increase In Vaccine Refusals

	Risk to campaign success			Reach and scope			Likelihood of spread or escalation			Response capacity			Community and government confidence		
<p>Core Question</p> <p>Use this question to evaluate the gravity of the current crisis.</p>	Is this uptick in vaccine refusals indicative of a larger threat to the campaign?			Is this increase confined to one community?			Is the increase likely to continue to grow or reach new communities?			Do we have the materials and channels to address the refusals?			Are key local- and country-level stakeholders still expressing support and confidence in the campaign?		
	No	It could be, if not contained	Yes	Yes	No, some reached	No, many reached	No	Yes	Yes, quickly	Yes	Some	No	Yes		
<p>Assessment Questions</p> <p>Use these questions to guide your thinking about the core question; consider talking through these questions on the initial crisis team call.</p>	<ul style="list-style-type: none"> Is the number of refusals in line with past campaigns? <ul style="list-style-type: none"> If so, are refusals coming from the same group, or is it a new trend? Are refusals documented around a particular issue? Is that issue difficult or complex to refute? 			<ul style="list-style-type: none"> Are you seeing uptick in similar refusals in other communities? Are there conditions in close communities that make it likely refusals will increase there? Is there a specific reason for the refusals that is unique to the community? 			<ul style="list-style-type: none"> Are there rumors online that may be connected to this uptick in refusals? Are those online rumors increasing in engagement? Are there community-level mechanisms or happenings that would lead to increasing refusals? Is there media coverage of refusals? Was it fair and balanced? Or sensationalist? Was (is) there opportunity to shape the piece? 			<ul style="list-style-type: none"> Are our materials tailored to the specific issue at hand? Do we have credible stakeholders ready to go that will resonate with the target audiences? Do we have the ability to monitor for growing rumors online or otherwise? Do FLWs indicate refusals are manageable with current materials? 			<ul style="list-style-type: none"> Do we maintain strong relationships with the key decision makers and authorities (including donors)? Are the stakeholders supportive of any communications? Are there other environmental factors at play that may quickly turn advocates into non-advocates around this issue? Are their rumors that may make a stakeholder unpopular if they work with us? 		

Consider the number of yellow, orange, and red indicators to determine what protocol to use.
 Consider external factors and unique community needs to tailor your protocol choice.
 Ensure VRE Response Plan is referenced for all vaccine safety issues or crises.

Crisis Assessment Worksheet: Harassment of Health Workers

	Risk to campaign success			Reach and scope			Likelihood of spread or escalation			Response capacity			Community and government confidence		
Core Question	Is this violent incident specifically tied to polio or immunization?			Is the violent incident contained to one community, at one point in time?			Is there indication that harassment will reoccur or occur elsewhere?			Do we have the materials and channels to address the stated cause of the harassment?			Are key local- and country-level stakeholders still expressing support and confidence in the campaign?		
Use this question to evaluate the gravity of the current crisis.	No	It could be, if not contained	Yes	Yes	No, some reached	No, many reached	No	Yes	Yes, quickly	Yes	Some	No	Yes	Some, not all	No
Assessment Questions	<ul style="list-style-type: none"> Are caregivers and/or FLWs citing nOPV2 as the reason for the harassment? Is harassment documented around a particular issue? Is that issue difficult of complex to refute? 			<ul style="list-style-type: none"> Was the incident contained and short lived or prolonged (over days)? Was the harassment the act of one person or a group of people? Are there similar conditions in close communities that make it likely harassment will increase there? Was the incident particularly emotional or salient? Are there photographs or first hand accounts of the incident circulating in media or on social media? 			<ul style="list-style-type: none"> Are there rumors online that may be connected to this harassment? Are those online rumors increasing in engagement? Are there AEFIs or other VREs cited as reason for the harassment? Are there community-level mechanisms or happenings that would lead to further harassment? Is there media coverage of the harassment? Was it fair and balanced? Or sensationalist? Is there opportunity to shape the piece or future coverage? 			<ul style="list-style-type: none"> Are our materials tailored to the specific issue at hand? Do we have ways to provide support to the workers impacted? Do we have credible stakeholders ready to go that will resonate with the target audiences? Do we have the ability to monitor for additional incidents? Do FLW indicate fear about their roles? Are you hearing any FLWs refuse to continue the program? 			<ul style="list-style-type: none"> Do we maintain strong relationships with the key decision makers and authorities (including donors)? Are the stakeholders supportive of any communications? Are there other environmental factors at play that may quickly turn advocates into non-advocates around this issue? Are there rumors that may make a stakeholder unpopular if they work with us to push proactive vaccine communications? 		
Use these questions to guide your thinking about the core question; consider talking through these questions on the initial crisis team call.															

Consider the number of yellow, orange, and red indicators to determine what protocol to use.
 Consider external factors and unique community needs to tailor your protocol choice.
 Ensure VRE Response Plan is referenced for all vaccine safety issues or crises. .

Crisis Assessment Worksheet: Negative Local/Regional Media (published or pending)

	Risk to campaign success			Reach and scope			Likelihood of spread or escalation			Response capacity			Community and government confidence		
<p>Core Question</p> <p>Use this question to evaluate the gravity of the current crisis.</p>	Is this anticipated or confirmed media a catalyst for continued negative attention of the campaign?			Does the media cover one issue localized to a particular community?			Is this media piece likely to gain traction online or incite additional media coverage?			Do we have the materials, contacts, and channels to address the negative article?			Are key local and country level stakeholders still expressing support and confidence in the campaign?		
	No	It could be, if not contained	Yes	Yes	No, some communities	No, many communities	No	Maybe	Yes	Yes	Some	No	Yes	Some, not all	No
<p>Assessment Questions</p> <p>Use these questions to guide your thinking about the core question; consider talking through these questions on the initial crisis team call.</p>	<ul style="list-style-type: none"> Is this coverage aligned with the level of past campaigns? Does this article play into existing rumors or misinformation? Does this article bring into question other issues? Does the article mention nOPV2 and/or CVDPV2 specifically? Or just polio? 			<ul style="list-style-type: none"> Is this a community, regional, or country level outlet? Are the issues covered specific to one community or experience? Are their reasons to believe that the issue covered is happening in other places? 			<ul style="list-style-type: none"> Is the media article emotional, sensationalist, or calling for vaccine refusals? Does this media article feed into and strengthen online rumors? Is this media outlet well read and respected? Is the reporter respected and well known? Was the partnership quoted? 			<ul style="list-style-type: none"> Are we prepared to reach out to the reporter? Are we in a position to get positive, balanced content out into the market quickly? Do we have credible stakeholders ready to go for media interviews if needed? Do we have the ability to monitor for growing rumors or engagement on article online? 			<ul style="list-style-type: none"> Do we maintain strong relationships with the key decision makers and authorities (including donors)? Are the stakeholders supportive of any communications? Are there other environmental factors at play that may quickly turn advocates into non-advocates around this issue? Does this article make it difficult for stakeholders to publicly support the campaign in the future? 		

Consider the number of yellow, orange, and red indicators to determine what protocol to use.
 Consider external factors and unique community needs to tailor your protocol choice.
 Ensure VRE Response Plan is referenced for all vaccine safety issues or crises.

Key Crisis Response Considerations

As you review the appropriate protocol with your team, please consider the following questions in finalizing how to respond.

- Will proactive communications draw more attention to the issue? Is that attention helpful or harmful?
- Have we included the expertise and perspectives of issue experts (e.g. vaccine safety focal points, GPEI representatives) in assessing the situation?
- What happens if we do nothing?
- What happens if we wait a few days to respond?
- Are there other facts or events that you should wait for the outcome on before deciding? Is there additional expertise to be sought?
- What is the risk-benefit of waiting any time at all?

Protocol Definitions and Matrix

A protocol is a framework of a response to a crisis. These protocols are designed to provide structure and uniformity in the response under complex and in time pressured environments.

Indicator	LOW RISK	MEDIUM RISK	HIGH RISK
Risk to campaign success	<ul style="list-style-type: none"> Low risk to vaccination campaign success 	<ul style="list-style-type: none"> Potential to negatively impact campaign success 	<ul style="list-style-type: none"> Campaign success impacted
Reach and scope of issue(s)	<ul style="list-style-type: none"> Limited in reach or scope 	<ul style="list-style-type: none"> Moderate in reach or scope 	<ul style="list-style-type: none"> Wide or cross-country in reach or scope
Likelihood of issue spread or escalation	<ul style="list-style-type: none"> Unlikely to spread in community or online 	<ul style="list-style-type: none"> Spreading in community and/or online 	<ul style="list-style-type: none"> Spreading rapidly in community and online
Response capacity	<ul style="list-style-type: none"> Strong messaging and capacity in place Credible stakeholders ready to deliver messaging 	<ul style="list-style-type: none"> Limited existing messages and resources to manage crisis Limited or questionable stakeholder engagement ready to deliver messaging 	<ul style="list-style-type: none"> Limited existing messages and capacity exceeded
Community and government confidence	<ul style="list-style-type: none"> Remaining confidence of government/other leaders and community at large 	<ul style="list-style-type: none"> Questionable confidence levels of community and government/other leaders 	<ul style="list-style-type: none"> Outward displays of lack of confidence by government or other leaders

Reminder:

If the issue at hand includes any of the below, it is an automatic high-risk scenario:

- Vaccine-related death of any kind (rumored or true)
- Lethal side effect
- Violent attack
- Global reputational risk to GPEI partner
- Vaccine pause or recall
- Uncontrolled outbreak due to vaccine failure

These crises, and any negative global media with country implications, will be managed globally to locally and additional guidance will be issued.

Crisis Management: Low Risk Situation, Sub-National

Yellow protocol manages a country-only, low-risk issue and takes a prepare and monitor approach. No proactive immediate communications are included in this protocol. Time windows included indicate number of hours since crisis is brought to your attention.

Step 1 Assemble and Decide 15 hours	<ul style="list-style-type: none">• Assess the team: Assess whether the assembled team is fit for the issue at hand. If no, amend team rapidly.• Pull existing resources: Pull all relevant messaging on the issue and advocates who may be fit for advocacy on this issue. Pull into assets template (slide 12).• Bring team together: Hold call within 24 hours of issue identification to review your work on the assessment to fact check and include different perspectives.• Assess response options: Review this assessment to determine next steps and what information is needed now. Decide on a point when this issue escalates and you move to an orange protocol.
Step 2 Report and Prepare 24 hours	<ul style="list-style-type: none">• Report VREs and vaccine safety issues: Ensure any vaccine safety issues are reported via guidance here. [Link]• Brief spokespeople and stakeholders: Select and brief spokespeople and relevant stakeholders (refer to slide 16).• Prepare messages: Prepare specific key messages on the issue for reactive use if needed.• Brief FLWs: Determine if 1: 1 or updated FLW communications are needed.• Prepare materials: Review the press release templates and social media language in case situation escalates.• Activate monitoring: Activate online monitoring and response protocols to ensure insights are being gathered on this specific issue [link to Social Media Online Monitoring and Response Protocol].
Step 3 Monitor 36 hours	<ul style="list-style-type: none">• Team debrief to assess response: Hold a crisis team call to evaluate the situation again and determine if any spokespeople or proactive communications should be activated. If not, determine what event or trigger would warrant communications.<ul style="list-style-type: none">• If yes, activate spokespeople and communications channels. Reevaluate their success in 12-24 hours.• If no, move to Step 4.
Step 4 Ongoing Monitoring Ongoing	<ul style="list-style-type: none">• Ongoing monitoring: A crisis situation is never over, for our purposes. There are ongoing and persistent threats to the success of this campaign. Update media monitoring and social media monitoring for the specific issue to quickly be informed of any reprise of the issue.• Monitor and evaluate: Monitor for additional coverage, escalation, or de-escalation. Note any new voices in the conversation. Use the assessment again if escalation or new issues emerge.

Crisis Management Protocol: Medium Risk Situation, Sub-National and Escalating

Orange protocol manages a country-only, low-risk issue and takes a prepare and monitor approach. No proactive immediate communications are included in this protocol. Time windows included indicate number of hours since crisis is brought to your attention.

Step 1 Assemble and Decide 3 hours	<ul style="list-style-type: none">• Assess the team: Assess whether the assembled team is fit for the issue at hand. If no, amend team rapidly.• Pull existing resources: Pull all relevant messaging on the issue and advocates who may be fit for advocacy on this issue. Pull into assets template (slide 16)• Bring team together: Hold call to review your work on the assessment to fact check and include different perspectives.• Assess response options: Review this assessment to determine next steps and what information is needed now. Decide on a point when this issue escalates, and you move to a red protocol.
Step 2 Report and Prepare 16 hours	<ul style="list-style-type: none">• Report VREs and vaccine safety issues: Ensure any vaccine safety issues are reported via guidance here. [Link].• Brief spokespeople and stakeholders: Select and brief spokespeople and relevant stakeholders (refer to slide 16).• Prepare messages: Prepare specific key messages on the issue for reactive use if needed.• Brief FLWs: Determine if 1:1 or updated FLW communications are needed.• Prepare materials: Review the press release templates and social media language; revise and prepare to distribute.• Activate monitoring: Activate online monitoring and response protocols [link to Social Media Online Monitoring and Response Protocol].
Step 3 Step 3: Respond 24 hours	<ul style="list-style-type: none">• Team debrief: Hold a crisis team call to review the timing and channels of communication position the partnership as Correct and Credible first and foremost.• Alert regional partners: Alert regional partners of final communications response plan and attach materials. Request support, if needed.• Issue materials: Issue press release, statement, and/or social media content.• Activate stakeholders: Activate appropriate stakeholders on social media and in 1:1 forums.• Monitor and evaluate: Monitor for additional coverage, escalation, or de-escalation. Note any new voices into the conversation. Use the assessment again if escalation or new issues emerge.
Step 4 Ongoing Monitoring, Response Ongoing	<ul style="list-style-type: none">• Ongoing monitoring: A crisis situation is never over, for our purposes. There are ongoing and persistent threats to the success of this campaign. Set up media monitoring and social media monitoring for the specific issue to quickly be informed of any reprise of the issue.• Monitor and evaluate: Monitor for additional coverage, escalation, or de-escalation. Note any new voices into the conversation. Use the assessment again if escalation or new issues emerge.

Crisis Management: High Risk Situation, Country-Level or Multi-Country

Red protocol manages a country- or multi-country level crisis that has a high likelihood of impacting more countries, the overall reputation of the campaign and its partners, or involves high-visibility, highly emotional issues. Issues that automatically warrant a red response are listed on page 26. This protocol recommends proactive communications and a high degree of stakeholder engagement.

Step 0	Alert Upon issue identification	<ul style="list-style-type: none">• Alert team: Alert crisis team and GPEI partners of issue and note all hands call in next 3 hours.• Report VREs and vaccine safety issues: Ensure any vaccine safety issues are reported via guidance here. [Link]
Step 1	Step 1: Assemble and Decide 3 hours	<ul style="list-style-type: none">• Assess the team: Assess whether the assembled team is fit for the issue at hand. If no, amend team rapidly. Include all GPEI contacts in all communications.• Pull existing resources: Pull all relevant messaging on the issue and advocates who may be fit for advocacy on this issue. Pull into assets template (slide 16). If possible, pull a one-page fact sheet on the issue at hand.• Assess response options: Review this protocol to determine next steps, determine what information is needed now.• Activate monitoring: Activate online monitoring and response protocols [link to Social Media Online Monitoring and Response Protocol].
Step 2	Report and Prepare 8 hours	<ul style="list-style-type: none">• Brief spokespeople and stakeholders: Select and brief spokespeople and relevant stakeholders (refer to slide 16).• Prepare messages: Prepare specific key messages on the issue, including messages for FLWs or community leaders.• Prepare materials: Prepare press release, social media content, and reactive statements that address the crisis.• Assemble team: Hold a crisis team call to review communications timing at global, local, and review any new facts.<ul style="list-style-type: none">• Assuming no new material facts, move to step 3.
Step 3	Step 3: Respond 12-24 hours (time zone dependent)	<ul style="list-style-type: none">• Issue communications tactics: Issue communications tactics with timing that prioritizes Credible and Correct communications. Press release, social media content, holding statement, community outreach.• Alert regional and global partners: Alert partners of final communications response plan and attach materials. Request support, if needed.• Facilitate 1:1 stakeholder calls: Call relevant stakeholders for 1:1 confidence building communications, consider use of high-level donors/stakeholders as supports on those calls.
Step 4	Ongoing Monitoring, Response Ongoing	<ul style="list-style-type: none">• Ongoing monitoring: A crisis situation is never over, for our purposes. There are ongoing and persistent threats to the success of this campaign. Set up or refine media monitoring and social media monitoring for the specific issue to quickly be informed of any reprise of the issue [link to Social Media Online Monitoring and Response Protocol].• Monitor and evaluate: Monitor for additional coverage, escalation, or de-escalation. Note any new voices into the conversation. Use the assessment again if escalation or new issues emerge.

Recovery Evaluation

Ongoing Communications Assessment

Convene the team for a crisis management recap session. During the session, review how your process worked so you can be better prepared for crisis management in the future. Prior to the meeting, have your team list three things that went well, and three things that could be improved. Discuss at the meeting, and align on next steps.

Successes

Example: timely internal communication at onset

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Areas of Improvement

Example: global-to-country feedback loop, execution timing, etc.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Next Steps

Example: revise protocol to consider XXX, build materials for use in XXX, sustain monitoring on issue, etc.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.



Thank You



Appendix A

Glossary of Terms

Glossary

Vaccine-related events (VRE) are “events related to vaccines that can negatively affect a vaccination program.” The types of VRE are: an adverse event following immunization (AEFI), a new study or experimental data related to vaccines or immunization, a press report or local rumor about vaccines, a vaccine recall, or a replacement/temporary suspension of a vaccine (World Health Organization Regional Office for Europe, 2013).

AEFI are any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavorable or unintended sign, abnormal laboratory finding, symptom or disease (World Health Organization, 2018). Adverse Events of Special Interest (AESI) are a subset of AEFI that typically fall under one of the following categories: 1. proven association with immunization in general; 2. proven association with a vaccine platform and/or adjuvant relevant vaccine development in particular; 3. theoretical concern based on immunopathogenesis; 4. theoretical concern related to viral replication during wild type disease; and 5. theoretical concern because it has been demonstrated in an animal model with one or more candidate vaccine platforms.

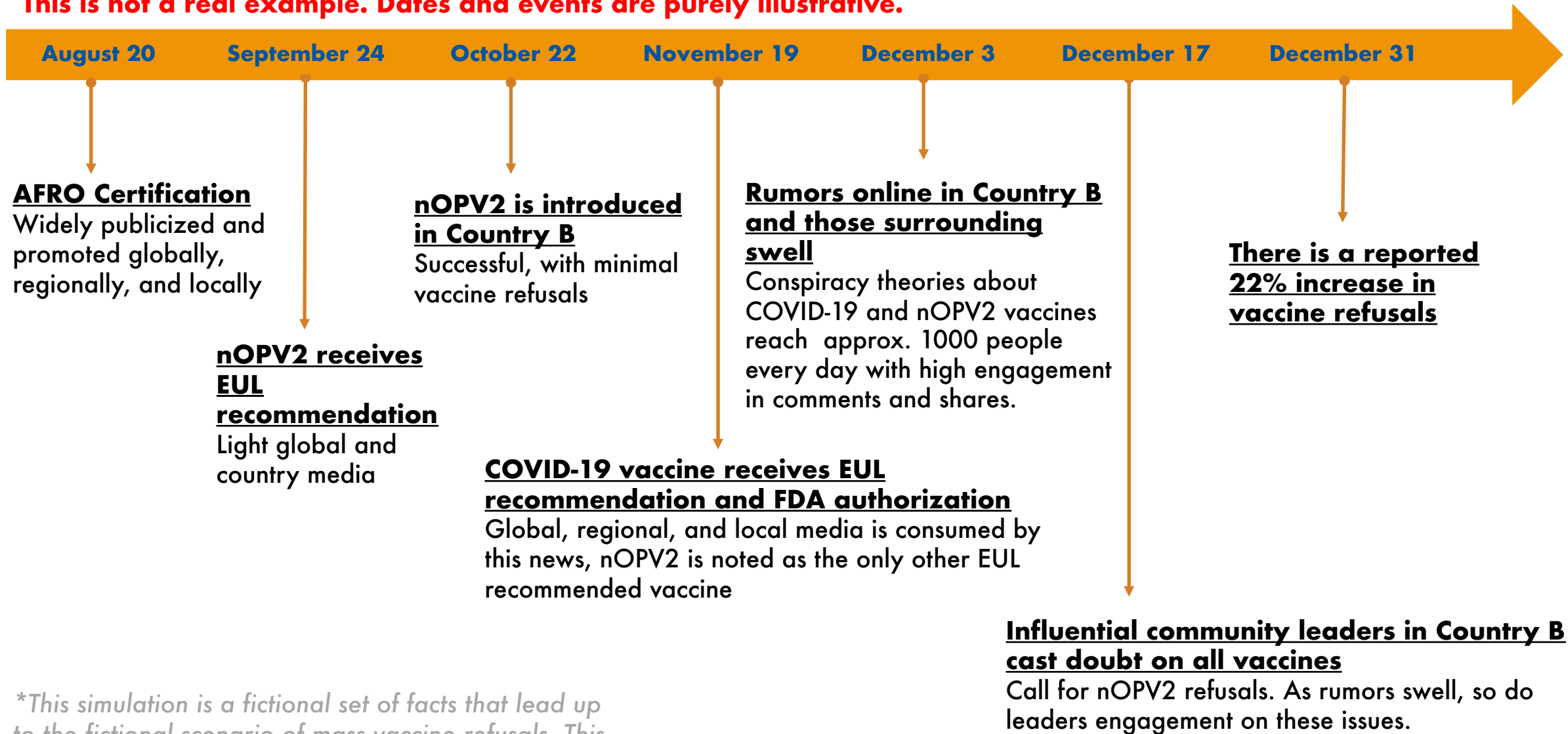


Appendix B

Example Crisis Situation

Crisis Anticipation Example: Vaccine Refusals*

This is not a real example. Dates and events are purely illustrative.



**This simulation is a fictional set of facts that lead up to the fictional scenario of mass vaccine refusals. This simulation is for crisis planning purposes only.*