FIELD AID 4
MEDIA APPROACHES
AND ACTIONS
About this Field Aid

This field aid is intended to help programmers and communicators effectively engage the media in support of vaccination promotion efforts. It is designed to be modified and adapted to specific country and community needs.

Overview

The media has an important role to play in the promotion of measles and rubella vaccination initiatives as it can have a major influence on how the public views vaccines. Local and national media can be invaluable in increasing public understanding of, and demand for, vaccination. The media can also be a useful tool for managing high profile adverse events following immunization (AEFI) as well as addressing public concerns about the safety and efficacy of vaccines. Conversely, not engaging the media effectively or not creating a sufficiently trusting relationship with the media can make vaccination promotion more difficult.

This field aid covers how to effectively engage mass media throughout the vaccination program, as well as how to engage specifically during times of crisis.
**OBJECTIVE:**

Ensure that national, subnational, and local media organizations provide the public with vaccination information that is factual, timely, and encourages the uptake of measles and rubella vaccination and other vaccination services.

**Six Media Engagement Actions**

There are six key activities to media engagement: conducting an analysis of the media landscape, developing a media kit, spokesperson trainings, briefing key media entities, maintaining media support, and monitoring and engaging in the event of damaging content.

A breakdown of each of the six steps follows.

- **Conducting a media landscape analysis**
- **Developing a media kit**
- **Spokesperson trainings**
- **Briefing key media entities**
- **Maintaining media support**
- **Monitoring and engaging in the event of damaging content**
Conducting a media landscape analysis

Each level—national, subnational, and district—should conduct a comprehensive review of its media landscape. The goal is to identify mass media entities to engage with at each level. Be sure to review all types of media, including:

- TV and radio programs and stations
- Newspapers, both online and printed
- Magazine, both online and printed
- News websites and blogs
- High profile social media accounts.

The output of the landscape analysis should include the types of media available (include both positive and negative sources, so both can be monitored), geographical reach, prime time slots, the audience segments they reach, their credibility, and the topics they typically cover. Pay special attention to outlets that connect with traditionally hard-to-reach populations and be sure to include minority community voices and publications in your analysis. In order to determine each media entity’s audience segment, consult the media entity itself (most media entities have data that details their reach) as well as self-reported media consumption from KAP or other studies. It’s important to note if any entities specifically cover or focus on health topics as well as the tone of their previous vaccination coverage.

Developing a media kit

Alongside the landscape analysis, the national level team should also assemble a comprehensive media kit that can be adapted at the sub-national level and updated by all when new developments occur. The media kit should contain attractive materials with simple messages that provide key data, background information, and a specific call to action for vaccination in each context.

The material should be designed to communicate the key information you want to get across, and respond to common questions or concerns that have been identified through the media landscape analysis and fed in through community engagement feedback. It should include information on vaccination in general as well as measles and rubella vaccination specifically. It should also explain why vaccination in the second year of life is necessary, benefits, and details on when and how vaccines will be offered. The media kit should include all possible information on any known and upcoming events like child health days and introductions of new measles and rubella doses.

Once the media kit is complete, it should be shared with the subnational and district levels so that they can adapt the materials and messages to their contexts.
Media kits should include:

- **FAQs and factsheets** that contain information about vaccination, measles, rubella, the vaccines themselves, their expected side effects, and replies to any common queries that come up at press events or community meetings in addition to general details about the vaccination program. Also include a list of outside experts unaffiliated with your work who journalists can talk to for a story. Specific information about vaccination in the second year of life should also be included.

- **Photos, PSAs, and videos** that positively and accurately portray measles and rubella vaccination activities so the media can use them when reporting on measles and rubella related news. It is important to align visuals with the objectives of the vaccination program. For example, if migrant communities are the most vulnerable and most commonly under-immunized, you may wish to direct communication materials at this group. You will also want to include non-produced video content like high quality b-roll of a vaccination session or an engagement activity and make sure that any photos display proper technique. Published photos or aired PSAs that show migrant children being immunized will be effective.

- **An activity calendar** that contains important vaccination dates and key measles and rubella vaccination campaign events. Note that well-publicized campaign start dates announced by the media have shown to be a successful strategy. In many countries this is used to promote the change to a 2-dose schedule as well as create public awareness of, and demand for, the change.

- **Contact information for spokespeople** who media agencies can reach out to with questions or interview requests. The national level should specify only one spokesperson to respond to the media in times of crisis. The national level should help subnational and district levels identify regional contacts as well. There may be other spokespeople identified for specific issues: for example, UNICEF may wish to speak about the benefits of vaccination for children’s health and development, whereas WHO may wish to speak about vaccine safety and the vaccination schedule. Paediatric or other medical institutions may be identified to speak when objective third-party voices are needed, for example in response to AEFI crises. It is important to be very clear who speaks when, and who has the ultimate authority to speak on behalf of the national program.

- **Key measles and rubella vaccination messages** that are aligned with other communication messages and strategies. Messages should be short, simple statements that communicate only the essential information. They should be free of jargon and be able to be used as “sound bites” by the media. A few sample phrases that work well in the media have been included on the next page.
“Measles is a dangerous, highly contagious disease that can kill children.”

“Measles is a disease caused by a germ (the measles virus). The signs include fever and runny nose, red eyes or a cough, followed by a red, blotchy rash over the whole body.”

“Children with measles must be taken to the health center immediately. If not treated, a child with measles can develop problems such as pneumonia, eye infections, ear infections, sores or thrush in mouth and other complications, sometimes leading to death.”

“The only way to prevent measles is by giving the measles vaccine. All children should have at least two doses of the measles vaccine. The first dose is given when the child is 9 months old or soon afterwards. For additional protection against measles, a second dose has been introduced for all children aged 15-18 months or older. Children over 18 months should still be brought in to get either dose of the vaccine.

“The measles vaccine is safe and is used in all countries in the world.”

“It is important that your child receives two doses of the measles vaccine, and is vaccinated on time against all diseases in the schedule.”

“A child with a mild fever may be vaccinated with the measles vaccine.”

“Measles vaccinations may cause mild and short-term reactions such as fever and rash, which do not cause long term problems.”

“The risk of complications from natural measles infection and disease is much higher than the risk of mild reactions after vaccination.”

“Receiving two injections on the same day will not cause any extra side effects and will, in fact, save you an additional trip to the health center.”

“Take your child aged 15 - 18 months to the nearest health center for the second dose vaccination against measles.”

Spokesperson trainings

Once spokespeople have been identified and media kits have been developed, it is important to hold a training session for all spokespeople to ensure they understand their role, the role of others who may speak to the media, how to use the materials in the kit, and general guidelines about engaging with the media. All spokespeople should know the protocol for fielding calls from journalists directly. It is also advisable to hold a practical training session for spokespeople to equip them with skills on how to handle difficult questions, how to respond to AEFIs with empathy and concern, and how to get the desired messages across effectively.
In order to hold an effective meeting:

- **Ensure that meeting attendees have everything they need to participate effectively.**
  
  This can include sharing the media kit before the meeting begins so they have time to read through it and come prepared with questions.

- **Encourage active involvement.**
  
  If some meeting attendees are not participating, ask them questions to see if they have any thoughts or questions to try to solicit their involvement.

- **Create an agenda and stick to it.**
  
  The best way to structure a meeting is to open by thanking everyone for coming, as well as recognizing and thanking the people who organized the meeting. You will want to schedule the most important topics to be covered during the middle of the meeting. End the meeting by summarizing what took place to get everyone on the same page. Be sure to leave room for questions, thoughts, and comments at the end.

- **Keep records.** If possible, designate a note taker who can record what happened during the meeting. Also make sure all attendees sign in and leave their contact information, which should be used to update the master contact list.

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**Briefing key media entities**

The next step is organizing briefings, workshops, or group events for the media. These events should be held at both national and sub-national levels to walk media stakeholders through the key elements of the media kit and emphasize key messages. The events should also be used to inform the media about the actions they should take when reporting on measles and rubella and confirm that you have the correct contact information for all partners.

Briefings for the media can be structured around different campaign milestones to help facilitate appropriate coverage.

**Possible milestones and opportunities include:**

- Prior to and during campaign launch
- Prior to and after the measles and rubella SIA national or sub-national campaigns
- During measles and rubella SIA campaigns, especially in hard-to-reach areas
- After a significant evaluation has been conducted
- Prior to the introduction of a new vaccine

Workshops and group events can also be structured outside of campaign milestones to establish a stronger relationship with media partners and to improve the quality of their coverage related to measles and rubella vaccination.

**Example workshops and group events include:**

- Media orientations on measles and rubella vaccination programming, challenges, and opportunities
- Workshop on role of media in changing norms and behaviours for vaccination
- Workshop on accurately reporting research and statistics
Improving the Media’s Measles and Rubella Knowledge

Journalists don’t always have the knowledge and expertise to properly report on vaccination. When working with journalists who are unfamiliar with vaccination, consider adding a Media Health Literacy training option to your media engagement activities. These sessions teach journalists about the science of vaccines, outbreaks, the basics of the immune system, and children’s health.

This training can serve several purposes: fostering greater partnerships with media, creating a chance for well-respected partners to train journalists, and increasing the quality of reporting on immunization-related topics for your measles and rubella vaccination campaign and beyond.

Maintaining media support

Use periodic check-ins that highlight campaign achievements to establish and maintain a clear communication channel with media partners. Frequent contact with the media strengthens personal relationships with these key partners and maintains ongoing support for vaccination efforts. In order to sustain the media’s support, it is important to continue to periodically share information about the impact that measles and rubella vaccination is having in reducing the disease burden. Check-ins are also a good time to provide media partners with updated activity calendars as necessary. Overall, it helps to build a rapport with the media to encourage them to positively and regularly report on vaccination in order to raise awareness.

Specific types of check-ins include:

- Sharing a newsletter or human interest stories from the field that can be used to generate story ideas
- Sharing the latest data following a campaign or vaccination event
- Inviting journalists to join vaccination activities in the field
- Inviting select journalists to exclusive meetings or other usually closed-door events
- Holding a press conference or round-table on a specific topic or event.

When organizing and facilitating these events or meetings, refer to the tips for holding effective meetings listed above.

Monitoring and engaging in the event of damaging content

If misleading or damaging content about vaccinations or the program is published, follow these steps:

- Immediately engage with the media organization that produced the content.
- Request a correction through discussions with the journalist and editor and work to improve their understanding of measles and rubella vaccination. If they are unwilling or unable to correct the content, you can reach out to another media stakeholder that has a similar reach and request accurate coverage through a story that corrects the faulty coverage.

- Engage other media stakeholders to notify them about the misleading content as soon as possible. Provide them with accurate information to prevent the inaccurate content from spreading. Consider using high profile spokespeople who are unaffiliated with the program in this effort. Examples include respected paediatric and medical associations or a religious leader who can respond with authority and distance from the issue.

- Follow risk communication procedures. When addressing media content that is damaging but true, collect as much information about the situation as you can and share it with the media because journalists want and need information about these events. Familiarize yourself with the event as much as possible, but rely most on direct information from the field. Always be prepared to meet or speak with reporters in order to get the most exposure possible.
ENGAGING THE MEDIA DURING A CRISIS

When engaging the media during a crisis, there are both specific actions you can take as well as general guidelines to follow as you navigate the situation.

Specific Actions
When high profile AEFI or other critical events arise, there are five specific actions you should take to engage the media. These include: learning and confirming what actually happened, conducting a situation assessment, consulting your existing crisis plan, engaging relevant media stakeholders if appropriate, and monitoring the situation.

A breakdown of each of these five steps follows.

- Learn and confirm
- Situation assessment
- Consult your crisis plan
- Engage relevant media stakeholders if appropriate
- Monitor the situation
The first thing you need to do is find out exactly what happened before you speak to the media. Investigate what has been claimed to have happened. People will want to know the facts, so it is important that you have the correct information before you begin communication. Some questions to consider answering are:

- Who was affected?
- Where did the event occur?
- What actually happened?
- Who broke the news of the event?

It’s important to note that this process may take time, so issuing a holding statement can be helpful until the facts are known. Consider using WHO EURO’s resources on communication responses to vaccine safety events to guide your work.

Situation assessment
Once you confirm and understand the AEFI, you will need to decide whether or not to communicate. Whether real or perceived, any AEFI can become a crisis situation if it is not handled correctly. When judging the need to communicate, consider the impact of the event. Will it attract public attention and affect the public’s trust in the measles and rubella vaccination program?

Regardless of the event, the first step is to understand whether the event has low, medium, or high impact. Low-impact events may not require a response (possibly a very local response), but medium- and high-impact ones will require a form of response.

Consult your crisis plan
This will help you to determine next actions and key messages. Remember to always take a community engagement approach as outlined in the Field Aid on Community Engagement.

If the crisis is at the subnational level, consult the national level for further guidance. If the event happened at the district level, consult the subnational level for further guidance. When communicating with other levels about the event, it is important to know whether or not the event is isolated or part of a

When determining the impact of an event, consider the following:

<table>
<thead>
<tr>
<th>Low Impact</th>
<th>Medium Impact</th>
<th>High Impact</th>
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</thead>
<tbody>
<tr>
<td>- Event is not serious or dramatic</td>
<td>- Event is serious</td>
<td>- Event receives significant media attention</td>
</tr>
<tr>
<td>- Event is serious but not relevant to the audience</td>
<td>- Event is relevant to audience</td>
<td>- Event includes serious reactions</td>
</tr>
<tr>
<td>- Reporting of the event comes from a source with low credibility</td>
<td>- Event will likely be covered by the media</td>
<td>- Event has unknown causes</td>
</tr>
<tr>
<td>- Event has received little to no public attention</td>
<td>- Event has received some public attention</td>
<td>- Reactions are dreaded, memorable, or dramatic</td>
</tr>
<tr>
<td>- Story is not believable</td>
<td>- Story is plausible and may trigger emotional fears</td>
<td>- Event is related to a new vaccine</td>
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<tr>
<td></td>
<td></td>
<td>- Reporting of the event comes from a source with high credibility and influence</td>
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<tr>
<td></td>
<td></td>
<td>- Story taps into emotional fears</td>
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Note: It is important to monitor low-impact events as they may escalate to medium or high-impact events if they are picked up by a key audience channel. Be flexible and ready to take action.
broader series of events.

The basic elements of a crisis plan can include:

- AEFI committees that meet at the different levels to discuss crisis action plans
- The identification of a well-respected spokesperson at all levels
- Media channels specifically identified for crisis responses
- Designating specific roles to program partners in the event of a crisis

Engage relevant media stakeholders if appropriate

If you need to engage media stakeholders, determine with each level—national, subnational, and district—which outlets should be engaged directly. It is best to avoid escalating local events to the national level if possible. When you engage the media, direct them to the appropriate materials in the media kit. Provide them with key messages that are aligned with AEFI surveillance responses if one has been initiated and update them on the current status of the situation. It is critical that all of the information provided to each outlet is consistent.

Monitor the situation

Monitor relevant media stakeholders and act upon misleading or incorrect information as necessary. Update media stakeholders as new information becomes available.

Evaluate your response. Using the Field Aid on Communication Monitoring and Evaluation to guide you, evaluate what worked, what didn’t work, and create recommendations for updating crisis response messaging in the future.

General Guidelines

As you move through the specific steps outlined above or as you handle other critical vaccination events, these are general guidelines that you should keep in mind as you communicate and engage the media:

- Keep communication lines with affected communities open. Simply issuing statements from a podium or posting a press release online is not enough. Reach out to community leaders or other influential people to keep them informed and address any concerns they may have.
- Express concern and empathy during an AEFI or other critical event.
- If in doubt, communicate. If you are not sure about what to do, err on the side of more communication. It is better to communicate too much than too little.
- Be honest about what you don’t know. In the early stages of a crisis event, you will likely not have all of the information and details that you need. It is best to let the public and the media know that you do not currently have all of the necessary information, but that you are working to get more information. Let them know when you expect to get more information and provide updates accordingly.
- Be flexible and ready for action. Events can seem to have a low impact initially but then suddenly change to medium-impact or high-impact situations. For example, a local crisis can suddenly attract national attention. Be prepared to act in the event that a crisis evolves.
- Be proactive. Communicate about the value of vaccines and the measles and rubella vaccination plan through positive media placements to counterbalance the negative media. This also helps to reduce the credibility and importance of negative reports, especially if the negative report includes anecdotes or unsupported claims.
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