Risk Communications on Malaria Vaccination:

A Guide

Version: 6 November 2023

World Health Organization

Table of contents

ACKNOWLEDGEMENTS

This guide was developed collaboratively with contributions by representatives of the following organizations: Gavi the Vaccine Alliance; International Federation of the Red Cross (IFRC); Johns Hopkins Center for Communication Programs (CCP); JSI Ghana; PATH; Public Health Institute; US Centers for Disease Control; United Nations Children's Fund (UNICEF); United States Agency for International Development (USAID); United States President's Initiative for Malaria (PMI); University of Sydney, Australia; University of Toronto, Canada; and World Health Organization (WHO).

The contents of this document do not necessarily reflect the views and opinions of the U.S. Agency for International Development (USAID) or the United States Government.

ACRONYMS AND ABBREVIATIONS

ACSM	Advocacy, Communications, Social Mobilization
AEFI	Adverse events following immunization
BeSD	Behavioural and social drivers (of vaccination)
CHW	Community health workers
CSO	Civil society organization
EPI	Essential Programme on Immunization
IEC	Information, Education and Communication
IRS	Indoor residual spraying
ITN	Insecticide-treated bed nets
MVIP	Malaria Vaccine Implementation Programme
NMCP	National Malaria Control Programme
PMC	Perennial malaria chemoprevention
SMC	Seasonal malaria chemoprevention
SOP	Standard operating procedure
WHO	World Health Organization

Objective and target audience

Developing a risk communication plan prior to vaccine introduction is good practice. **The purpose of this document is to provide guidance for immunization and programme managers, health promotion officers, and community and other implementing partners about malaria vaccine risk communication plans.** It includes the key elements of a plan, communication preparedness and response considerations, and tools to use in risk scenarios.

Real or perceived vaccine-related issues can pose risks for the acceptance and uptake of a new vaccine or immunization programme if they are not identified and addressed promptly and appropriately. Potential risks can include rumours, misinformation, misconceptions and adverse events following immunization (AEFIs) that raise community concerns. Developing and implementing a risk communication plan, including the use of social and community listening tools to identify, track and address issues promptly, can improve the mitigation response to potential risks that may arise.

Communications from trusted sources of information can serve to maintain or increase public trust and confidence in a vaccine or immunization programme. Health workers and opinion leaders should be equipped with the means (e.g., effective messages, skills and competencies) and tools to address questions and gaps in information, reassure caregivers and other community members throughout vaccine introduction, and build trust in the vaccine. A risk communication plan is intended to lessen public anxiety regarding new vaccines, including the malaria vaccine, and to promote confidence in the value of immunization.

This document is a complementary publication to other related materials:

- Promoting Demand for Malaria Vaccination: A Planning Guide *(1)*
- The Malaria Vaccine Introduction Guide *(2)*
- Health worker training modules *(3)*

The Demand Planning Guide offers important background information on malaria vaccines and demand-related interventions to achieve high uptake of malaria vaccines. Please read the Planning Guide before reading this document.

Elements of a risk communication plan

Introduction and background: The first step is to describe the general context for malaria vaccination. This includes the national malaria burden, how the vaccine fits within the country's national immunization and malaria control strategies to prevent malaria in children, and key communications considerations. Some key messages to include:

- As with any new vaccine, it is essential to build trust for malaria immunization.
- The malaria vaccine should be provided as part of a comprehensive malaria control strategy; the highest impact is achieved when the vaccine is used as part of a package of malaria prevention and control measures, including insecticide-treated nets (ITNs).
- The malaria vaccine is safe and effective. The vaccine substantially reduces child illness and deaths from malaria.
- The four-dose vaccine schedule requires new vaccination visits to health facilities by caregivers and children.

- The high demand for the malaria vaccine is an opportunity to bring children back to health clinics to catch up on any missed vaccines and child health interventions, such as growth monitoring, vitamin A and deworming.
- Innovative strategies (such as distributions of ITNs or other services at vaccination clinics) are likely to be needed to bring children back for the fourth vaccine dose, which is administered during the second year of a child's life.

Overall aim: The aim of a risk communications plan is to support and facilitate the acceptance of the malaria vaccine within communities. This can be achieved by:

1) ensuring relationship building and ongoing engagement with identified audiences, government spokespersons, media, and other relevant stakeholders about malaria, vaccines in general, and the malaria vaccine as part of a package of recommended prevention and control interventions;
2) by building the capacity of national and community influencers and trusted messengers at all levels of the health system to manage risk communication with stakeholders across geographies; and,
3) by mitigating the effects of vaccine- and immunization-related issues and risks.

Specific objectives: The following objectives may be considered for a malaria vaccine-related risk communications plan:

- Promote knowledge of malaria as a primary cause of death among children under age five and as a preventable and treatable disease.
- Build understanding of the benefits of the malaria vaccine to reduce child illness and deaths from malaria and explain the value of using a combination of recommended measures (such as ITNs) to increase impact.
- Motivate and support parents or caregivers to bring eligible children to child immunization clinics for the malaria vaccine and complete the 4-dose schedule for the best protection.
- Emphasize that the vaccine is safe and well tolerated.
- Explain common AEFIs and what to do in case of AEFIs.
- Explain the need to continue to seek prompt care for fever, which is a symptom of malaria.
- Identify, address and monitor public perceptions, questions, concerns, rumours, and misinformation about the malaria vaccine or other vaccines.
- Build vaccine acceptance among actors trusted by communities, including health workers, caregivers, and key community leaders. Foster their support and build champions for the vaccine who could be deployed, should issues arise.

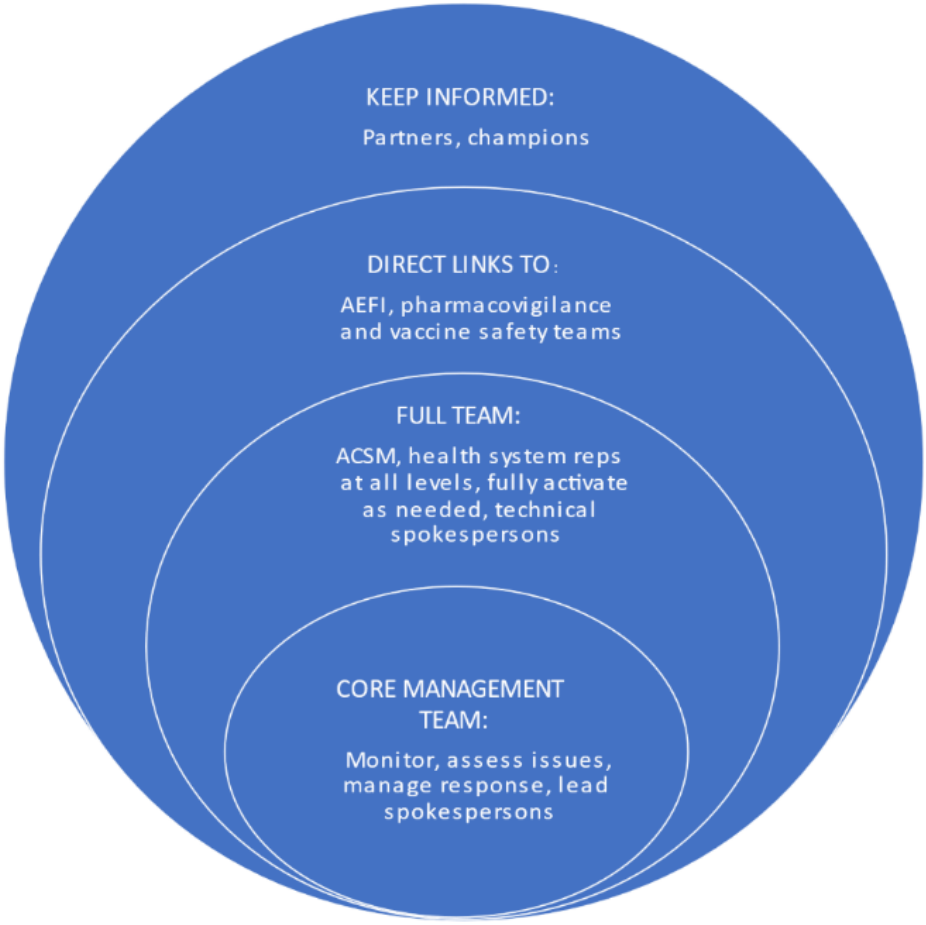
Risk communication planning: a step-by-step guide

Identify a team:

- Establish a **core management team** to lead the development and implementation of a risk communication plan. The core team meets regularly and can convene promptly to assess issues or manage a risk communication response. Core management team members would likely act as lead spokespersons, if needed. The core management team updates the **full team** on a regular basis or activates other members to engage in response or act as technical spokespersons, if necessary.

- The **risk communication team** should include representatives of all levels of the health system and immunization and malaria programmes.
- Roles and responsibilities should be defined for each team member (see Figure 1).
- Develop clear standard operating procedures (SOPs) for the **full team** that guide processes, identify lines of communication between members, ensure that team members understand what to do in the event of a developing situation, and identify responsibilities for different members at each level.
- Establish direct **links with the Ministry of Health's AEFI and pharmacovigilance teams, and other technical specialists as needed and appropriate**, who can be engaged when needed.
- Ensure SOPs identify when to **inform key partners and national and community champions** of any issue that arises, and when it is appropriate to communicate with internal and external audiences.

Figure 1: Risk communication team



Gather data on attitudes and practices related to immunization and malaria:
A strong understanding of the behavioural and social drivers of vaccination will help guide the communications activities and messaging.

An overview of lessons from communities that have already introduced the vaccine, including the malaria vaccine pilot countries (Ghana, Kenya, and Malawi), could also help guide decisions. For example, qualitative findings from the phased roll out in malaria vaccine pilot countries showed high acceptance of malaria vaccination and increasing trust in the vaccine over time. Findings also showed that parents and caregivers overwhelmingly believed the vaccine reduced the frequency and severity of malaria cases among children. Some parents and caregivers were less motivated to bring their children for the 4th dose of vaccine as the prevalence of malaria cases decreased, or they believed a vaccinated child over one year of age would not get sick or would be strong enough to survive malaria. This finding emphasizes the importance of explaining to parents and caregivers that children remain highly susceptible to malaria until about age five and should complete all 4 doses of the vaccine. This would help support optimal health impact and would help build trust in the vaccine.

For additional information about improving the quality of a risk communication plan, see the planning guide promoting demand for malaria vaccination planning guide.

Prepare key messages:
Key messages about the malaria vaccine should provide accurate information and facts for spokespersons to convey, and for press releases and informational materials. Key messages should be tailored to target audiences and be tested and adapted for the local language and context, as some approaches that work well in one setting might not be as effective in another due to different beliefs and communication norms. Consider the following:

- Malaria is a primary cause of illness and death among children under age five. Nearly half a million African children die from malaria each year, or one child died of malaria every minute (in 2021).
- Malaria is preventable. Use all WHO-recommended measures, including the malaria vaccine, to prevent malaria in children.
- Malaria can be treated. Fever is a common early symptom of malaria. Take your child with a fever to the nearest health facility for testing and appropriate treatment.
- The malaria vaccine substantially reduces severe malaria illness and child deaths.
- Four doses of the vaccine provide the best protection.
- As vaccinated children can still get sick with malaria, they should continue to sleep under ITNs all night, and use other recommended malaria prevention and control measures.
- The malaria vaccine is safe and well tolerated. Commonly reported AEFIs include fever and pain, redness and swelling at the injection site.
- An uncommon AEFI is febrile convulsions during the 7 days following vaccination. Report to the nearest health facility if your child has any of these signs.

For more about the malaria vaccine, see:

- WHO website Q&A on RTS,S malaria vaccine *(3)*
- WHO infographic: RTS,S malaria vaccine *(4)*
- WHO Position paper on malaria vaccine, updated in March 2022 *(5)*.

Identify audiences:
Define target audiences and determine specific information needs for each group. Target groups may include: facility-based and community health workers; parents and caregivers of children up to age five; traditional, religious, and other community and opinion leaders; national and subnational health authorities; political leaders; community health volunteers; professional organizations; local influencers; and, celebrities and media.

Build and maintain relationships with key individuals, associations, and organizations: Map stakeholders from the malaria prevention and control, immunization and other sectors and identify opportunities to engage with them prior to and during vaccine introduction and immunization. Cultivate relationships with these external actors who have the potential to champion the vaccine programme. Similarly, create a list of media (TV, radio, print media and digital platforms) and keep them updated on progress with the malaria situation and malaria vaccination.

Maintain key messages and other informational tools and train spokespeople: Prepare and maintain key messages for each audience group and templates for tools, such as one-pagers with frequently asked questions (FAQs) and position statements. Messages should be based on the objectives of the risk communication plan, including the need to build trust and promote demand for the vaccine through the 4-dose schedule. Identify one or two main spokespeople and back-up spokespeople at all levels of the health system and train them to deliver the messages. The aim is to achieve a consistent and coherent flow of information to target audiences. Develop a SOP with step-by-step guidance as to what to do in case of rumours and misinformation/disinformation or AEFIs.

Emphasize the roles of vaccinators, supervisors and community health workers: Key among these roles is communicating messages on potential AEFIs and what to expect after vaccination. Parents and caregivers need to hear that common AEFIs include fever and pain and swelling at the injection site. They should also be advised to report to the nearest health facility if a child has fever or any other signs. At the same time, vaccinators and community health workers must emphasize that the vaccine is safe and reduces the frequency and severity of malaria episodes.

The reporting of rumours and adverse events by vaccinators or health workers in the community is another important step in addressing vaccine-related risks. Vaccinators should alert supervisors of any community or media concerns regarding the vaccine so that supervisors can communicate this information to relevant immunization and health programme managers. Use messages that reassure the community about the vaccine's safety and which stress the need to take children to a health facility if adverse event symptoms persist. All media requests for information should be referred to identified spokespeople. For example, supervisors should not speak to the media regarding cases of adverse events. Their role is to refer any media query to the district spokesperson.

Monitor media and develop a system for social listening: Media monitoring and social listening— analyzing online and offline community conversations to better respond to information gaps—can provide insights into audience information needs, help the vaccine programme track public perceptions of the vaccine, correct inaccuracies, note information gaps and evaluate the effectiveness of messages and media sensitization. If possible, consider building on any existing media monitoring and social listening mechanisms. For additional information, see the section ***Monitoring, evaluation and learning*** in the Planning Guide on Promoting Demand for Malaria Vaccination.(1)

Develop and work through response plans for multiple scenarios: Rumours, media reports, adverse events (rightly or wrongly attributed to the vaccine), accidents and child deaths in communities that could have a range of causes can present potential risks to a vaccination program if not responded to promptly and effectively. An important preparedness step for the risk communication team includes developing scenarios around these kinds of events and working out the appropriate communication responses in advance (including action

plans with tactics, tools and information channels to deliver messages to key audiences). Taking such a preparatory step could reduce the likelihood of overreacting or responding inadequately when a situation does arise. Any communication response to a vaccine-related event should correspond to the potential risks the event poses. As seen in the following tables, defining the level of risk as low, medium or high will help determine the appropriate response. For example, an issue or event that is deemed to be of low impact may just require monitoring, while one that is deemed to be of high impact would call for an urgent, comprehensive communication response to alleviate public anxiety.

Communications responses to mitigate risk

Below are some criteria to assess the level of issues and events that may occur and types of communication responses that would be required.

Low-impact events

Vaccine-related event	Of low impact when…
Vaccine reaction	• The reaction is **not serious** or dramatic. • The reaction is serious, but **not relevant** to the public (e.g., it occurred in another country or vaccine not in the program).
New study	• The research has **low credibility.** • The research is unlikely to receive **public attention.**
Media report or rumour	• The story receives little/**no public attention.** • The story does not play upon emotions and/or **fears.** • The story is n**ot believable.**
Response needed Most issues related to the vaccine do not require a public response. A rumour in a local area that receives little to no media attention may simply require monitoring and dialogue with community leaders. Overreacting to such a situation can unsettle the public and do harm. The response should be to intensify community engagement activities to build public trust in vaccination. Specifically, there should be: • Analysis of the situation (gathering of information). • Ongoing monitoring of the situation. • Updating of the communication plan that might include a check on key messages to ensure potential concerns are addressed, or localized information-sharing (door-to-door) in areas where a rumour is circulating. • In the case of AEFIs, an effective monitoring reporting system. • Strong links with media and partners.	

Medium-impact events

Vaccine-related event	Of medium impact when…

Vaccine reaction	• **Real or perceived serious reaction** in my country. • Serious reaction with some relevance to public (e.g. in another country with a **vaccine used in the malaria vaccine programme**). • Anticipated **media** attention. • Reaction is among **children.**
New study	• Research receives some **public attention.**
Media report or rumour	• Story receives some public attention. • Story triggers some **emotional fears.** • Story is **plausible.**

Response needed

An event with the potential for medium-level impact requires precautionary actions to keep it from escalating. The event may have attracted some media attention and have the potential for increased publicity. The response should be passive and precautionary and may include the following:

- Gathering information and analyzing the situation.
- Convening the core management or full risk communication team to assess.
- Preparing a holding statement in case stakeholders or the media ask questions.
- Monitoring the situation.
- Possibly communicating directly to a few selected target groups.

Possible scenario:

A rumour about vaccines causing illness has been detected in one of the vaccinating areas. There is one post about this on a social media platform.

In this scenario, ongoing monitoring and social listening will be important. Ensure that facility supervisors have key messages, should concerns arise. District-level spokespersons should also be prepared to provide reassurances to community leaders.

High-impact events

Vaccine-related event	Of high impact when…
Vaccine reaction	• Actual **media attention.** • Serious reaction(s) with **unknown cause.** • Reaction that is dreaded, memorable or **dramatic.** • Serious reaction(s) with a **new vaccine.**
New study	• The research receives significant **public attention.** • The source has high **credibility** or influence. • The research is **relevant** (e.g., mass campaign, new vaccine).
Media report or rumour	• The story receives significant public attention and generates emotion. • The source has high readership/viewership. • The source is credible and influential.

Response Needed

A high-impact event may already be receiving widespread media attention and may have real potential to compromise confidence in the vaccine. In this scenario, a prompt, comprehensive response that alleviates public anxiety will be needed. The response could include:

- Issuing a holding statement (see template in annex) to reassure the public while the team gathers information, disseminating the statement on multiple communications channels (media, website, link on social media platform).
- Gathering information to determine the source and cause of the issue, who is involved, which groups may be affected, and the issue's reach.
- Providing a public response (a public statement or press conference) that emphasizes close coordination and collaboration among relevant stakeholders and that demonstrates a unified response to instill public confidence.
- Paying special attention to vulnerable populations who may be disproportionately affected by the event or have specific concerns.
- Engaging key opinion leaders in the communication response, tailoring key messages to address the unique needs of some populations.
- Continued monitoring of the situation even after the issue has been addressed.

Possible scenario

A well-known religious figure starts making false claims about the vaccine. The claims get traction on social media, and there are interviews with the press. Other religious leaders echo concerns and threaten to organize a press conference with a parliamentarian.

In this scenario, the risk communications team should immediately develop a holding statement, with key inputs from malaria vaccine and immunization specialists, while information is gathered on where these claims have appeared and to ascertain the extent of the problem. Deploy national-level spokespeople. Prepare them to address the issue on national radio/TV talk shows. Determine whether there should be a press release or press conference. Post information about the vaccine on social media sites. Continue monitoring of the situation.

References

1. Promoting Demand for Malaria Vaccination: A Planning Guide. Geneva: World Health Organization; 2023 (https://www.technet-21.org/en/topics/programme-management/malaria-vaccine, accessed 6 November 2023)

2. Guide for introducing a malaria vaccine into national immunization programmes. Geneva: World Health Organization; 2023 (https://www.technet-21.org/en/topics/programme-management/malaria-vaccine, accessed 6 November 2023)

3. Malaria vaccine training modules (https://www.technet-21.org/en/topics/programme-management/malaria-vaccine, accessed 6 November 2023)

4. RTS,S malaria vaccine. In WHO Home/Newsroom/Questions and Answers [website]. Geneva: World Health Organization; 2023 (https://www.who.int/news-room/questions-and-answers/item/q-a-on-rts-s-malaria-vaccine, accessed 6 November 2023)

5. The RTS,S Malaria Vaccine. Geneva: World Health Organization; 2023 (https://cdn.who.int/media/docs/default-source/immunization/mvip/infographic_rtss-malaria-vaccine_english_april-2023.pdf, accessed 6 November 2023)

6. World Health Organization. Malaria vaccine: WHO position paper – March 2022. Wkly Epidemiol Rec. 2022; 97 (09): 60-78 (https://www.who.int/publications/i/item/who-wer9709-61-80, accessed 6 November 2023)

7. Vaccine safety events: managing the communications response: a guide for Ministry of Health EPI managers and health promotion units. Geneva: World Health Organization; 2013 (https://iris.who.int/handle/10665/339860, accessed 6 November 2023)

Annexes

Annex A: Steps to risk communication planning

Risk communication can be broken into three phases:

- Preparedness or pre-event phase,
- Response phase (during the event), and
- Post-event phase.

The chart below outlines activities for each phase.

Steps to implementing the communications plan and timeline to action	
Pre-event phase	• Gather data on attitudes and practices related to malaria and immunization from communities. • Develop a data-driven plan. • Establish a risk communication team and small core management team. • Design and launch a community, media and social media monitoring system or build on an existing system. • Identify spokespersons at all levels of the Ministry of Health. • Ensure that all spokespersons are trained to address stakeholders, with one or two people and their backups who are trained spokespeople. Refer media to trained spokespersons. • Identify and assign all tasks in the event of a response. • Identify and engage key individuals, associations, and organizations, including media, and engage them prior to and during vaccine rollout. • Prepare materials (Q&As, fact sheets, etc.). • Distribute the communication plan to relevant individuals. • Develop scenarios about common issues, such as the spread of rumours, that could occur with new vaccine introduction, and work through appropriate communication responses based on the potential seriousness of the situation or the estimated level of threat to the vaccine programme. • Prepare a list of those in the Ministry of Health and among partners to be informed—and how they should be informed—if a situation escalates.
Response phase when an issue or event develops	• Gather information about the event or issue. • Analyze the situation, assessing whether the issue poses a low, medium or high risk to the vaccine programme. *If low risk:* • Continue to monitor the situation. • Update communication plan as needed. • In the case of AEFIs, check whether effective monitoring and reporting systems are in place. • Continue to maintain strong links with key individuals, organizations, partners, and media. *If medium risk:* • Gather information and analyze the situation.

	• Convene the core management or full risk communication team. • Prepare a holding statement to assist in responding to questions. • Monitor the situation. • Possibly communicate directly with a few selected target groups. *If high risk:* **Immediately** • Identify what has happened and verify the report. • Gather information to determine the source and cause of the issue, who is involved, which groups may be affected, and the issue's reach. • Prepare a holding statement. • Convene the communication management team. • Develop a plan for how and when to communicate with key audiences. • Monitor media and social media and send reports to partners. **Within 4 hours:** • Continue to gather information to determine the cause. • Select the spokesperson (and back-up). • Prepare materials as necessary and for specific audiences as needed (issue Q&A, key messages, and other informational materials). • Identify delivery mechanisms for each major audience (e.g., radio, newspaper, television, social, etc.). **Within 8 hours:** • Consider a press release. • Consider a press conference. • Prepare key spokespersons. **Ongoing:** • Provide updates to key stakeholders and the media. • Meet daily with the communication team until the situation is resolved. • Provide stakeholders with interim updates until an outcome is available. • Monitor the media throughout.
Post-event phase	• Evaluate the overall response. • Conduct a media analysis to identify use of key messages and facts, information gaps or misrepresentation in media reporting, and describe lessons learned. • Continue to monitor media and social channels. • Provide updates to the media about the vaccine programme. • Revise your risk communication plan with lessons learned.

Annex B: Potential scenarios

A. Insufficient vaccine supply (stock outs)

Impact	Type of issue or event	Response needed
Low impact	• A health facility runs out of vaccine for a short period, a situation that causes little or no disruption.	Ongoing monitoring; ensure the following are in place: • Communication strategy and plan. • Effective monitoring and reporting system. • Strong links with media and partners.
Medium impact	• Higher than expected demand causes vaccine shortages at multiple health facilities.	Precautionary action • Prepare for concerns and interest that may arise. • Communicate directly with a few selected target groups. • Continue to monitor the situation.
High impact	• Shortages of several childhood vaccines is a problem at facilities in the country. • Negative reports appear on national media, reflecting outrage in communities and among politicians. There is extensive conversation on social media.	Comprehensive action • Urgent response. • Time issue may be critical. • Communicate to the public and several target groups.

B. AEFIs

Impact	Type of event	Response needed
Low impact	• Low-level AEFIs (swelling, low-grade fevers) occur at some health facilities. Caregivers and community members are discussing the issue and questions are raised during community engagement	Ongoing monitoring • Vaccinators and their supervisors should respond to caregivers' concerns, using key messages. • Ensure the following are in place: risk communication plan, effective AEFI monitoring and reporting system, and strong links with media and partners.
Medium impact	• One clinic reports multiple AEFIs. • There is an uncommon AEFI (fever with convulsions) in a child, which generates community concerns.	Precautionary action • Continue to monitor the situation. • Prepare for any concerns or interest that may arise. • Communicate to a few selected target groups.
High impact	• A child death occurs near the time of vaccination. Even though there is no immediate evidence that this	Comprehensive action • Urgent response. • Time issue may be critical.

	is vaccine related, links are made to the malaria vaccine in national media reports and social media discussions.	• Develop and issue holding statement while the event is investigated. • Communicate to the public (to the community and nationally) and to several target groups.

C. Rumours

Impact	Type of crisis	Response needed
Low impact	• Rumours circulate among caregivers in one community about vaccination being linked to illness.	Ongoing monitoring; ensure the following are in place: • Communication plan. • Effective monitoring and reporting system. • Strong links with media and partners.
Medium impact	• Negative media story on immunization or malaria vaccine receives some public attention and triggers fear in communities. • Or, a rumour about malaria vaccine (or vaccines in general) causing illness or death spreads in the country.	Precautionary action • Continue to monitor the situation. • Prepare for any concerns or interest that may arise. • Communicate to a few selected target groups.
High impact	• A rumour that the malaria vaccine causes serious illness (or a death) is picked up by national media and causes high concern in communities. An anti-vaccination campaign is spreading on social media.	Comprehensive action • Urgent response • Time issue may be critical • Communicate to the public and to several target groups.

Annex C: Sample statements

Components of a holding statement

A holding statement has the following key components:

- Recognition of the issue.
- Confirmation of basic details.
- Location of the occurrence or geographical area(s) affected.
- An expression of compassion (if appropriate).
- Assurances that everything is being done to investigate and address the situation promptly.
- Assurance of ongoing updates.
- A contact for more information, with contact information.

Sample holding statement

(For use as you gather information and determine the nature of the response.)

Date: XXX

Contact: XXX

Heading: Initial statement on (*vaccination-related issue or event*) in (*specific location*)

The Ministry of Health has been informed that (*nature of incident or event*). According to the information received at this time, the (*event*) occurred at (*specify time and location*) and affected (*describe the affected population*).

Reports indicate that (*provide any confirmed details on the incident or event*) and (*describe short-term measures being taken to contain the situation*) are being undertaken to protect (*the community affected*).

The Ministry of Health is working (*with other organizations, as appropriate*) to investigate the (*situation*) and will provide full details once the investigation is complete.

(*If appropriate, provide an expression of concern/sympathy for what has happened and reaffirm the commitment to providing a full statement once investigations are completed*).

The Ministry is doing everything we can to address the situation.

Sample press release for AEFI

(*Press release title*)

(LOCATION, DATE) – The Ministry of Health has learned that (*incident/situation*) occurred at (*time and location*) and affected (*affected population*).

An investigation into the (*situation*) has concluded that (*describe the conclusion of the investigation*). Evidence gathered by the Ministry showed that (*provide some more detail on the conclusion of the investigation, including causes or reasons that led to the incident/situation/event*).

Following the investigation, the Ministry of Health (*other organization*) has (*briefly describe some corrective actions or recommendations that can or have been taken to address the situation and to avoid its recurrence*).

"(*Quote from spokesperson about the situation*)," said (*name and title of designated spokesperson*).

The (*wellbeing/safety*) of (*affected group*) is of the utmost importance, and the Ministry of Health (*other organizations*) is committed to ensuring (*statement of commitment*).

(*Use key malaria vaccine messages to reinforce disease risk and benefits of vaccination, e.g., The malaria vaccine is a WHO-recommended malaria prevention intervention that substantially reduces child illness and deaths from malaria.*)

For more information, please contact:

XXXX XXXX

Annex D: Checklist for an escalating situation

The following points could help guide the communications response to an escalating situation.

- Activate the risk communication team including representatives of the Ministry of Health (MoH) communication focal points and representatives of the MoH Advocacy, Communication, and Social Mobilization (ACSM) working group, AEFI or pharmacovigilance committee, national immunization and malaria programmes, all levels of the health system, and relevant implementing partners and stakeholders. (A core management team from the MoH and other key ACSM partners may manage the response as a subset of the full team).
- When a risk situation escalates, assign someone to pull the relevant risk communication plan and read it. It must be integrated into any response at national and community levels.
- In a situation that requires a public response, determine what technical information is necessary to communicate fully. Determine where additional technical information can be found (including from pharmacovigilance or AEFI committees or implementing partners).
- Build a list of who needs to be notified and identify who will notify them. If appropriate, notify them.
- Assign someone to monitor media (social media and online conversations or group chats especially) in real time to inform the communication response. Determine how often the communication leads need to be updated by the media monitoring person.
- Identify key spokespersons and bring them into the conversations as early as possible. The more they understand the full story, the better they will be able to navigate interviews.
- Determine how frequently the core management team will meet once the initial actions are determined and organize those meetings.
- Determine how frequently the broader risk communication team will be updated or meet to discuss issues and actions and set it in a calendar.
- Determine how, and how often, to share information with internal and external stakeholders, whether via email or a standing briefing by teleconference, and frequency of distribution.
- Assign someone to be the information officer (the person who will prepare situation updates with key facts, observations and how the situation is evolving).