

# A Media Handbook for HIV Vaccine Trials for Africa



UNAIDS Best Practice Collection  
**KEY MATERIAL**

## Acknowledgements

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A number of fictitious people and organizations are used for illustrative purposes within the text. Any reference to actual persons or organizations is purely coincidental.

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# A Media Handbook for HIV Vaccine Trials for Africa



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

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# Section 1 – Introduction: the public perception about vaccine trials

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## Why a media handbook?

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This handbook aims to equip scientists especially with ideas, skills, and knowledge on how to relate to the media and thereby reach both the general public and some specific groups. The handbook is not a communication strategy and does not address all aspects of communication and audiences that must be included in effective communication about vaccine trials.

Many vaccine development and vaccine trials in humans have to be carried out with the expressed support and cooperation of national governments.<sup>1</sup> Such cooperation usually manifests itself through regulations and monitoring by organizations such as the Food and Drug Administration (FDA) in the USA or equivalent national institutions. Consequently, there is a necessary collaboration between government and medicine (science) in the interests of public health. Ordinarily, that would be a good thing. But, ironically, in many countries, this is a collaboration between two ‘institutions’ whose popularity and public confidence have dwindled over the years, and their support for HIV vaccine trials does not readily translate into public confidence in those trials.

Indeed, studies have shown a decline in public confidence in government, medicine and several other major institutions. For instance, over the last 30 years in the United States, Canada, Britain, Italy, Spain, Belgium, the Netherlands, Norway, Sweden, Ireland and Japan, studies have shown that public confidence dropped ‘61 per cent to 30 per cent for universities, 55 per cent to 21 per cent for major companies, 73 per cent to 29 per cent for medicine, 29 per cent to 14 per cent for journalism’.<sup>2</sup>

The public may have good reason to be critical about vaccines and vaccine trials. This is because even the best scientists in the world cannot absolutely rule out the possibility of long-term risks associated with vaccines and human trials, although these are designed to minimise all possible risks. On the other hand scientists can prove the efficacy of any vaccines developed for humans only if they are tried in humans. Yet history is replete with instances of unsavoury consequences and fatalities from such trials, which remain in the collective memory. In the worst cases, some volunteers have been known to develop the condition which the vaccines administered on them were intended to prevent, especially when inactivated or live-attenuated vaccines were used.<sup>3</sup>

The challenge for scientists is, therefore, to develop workable strategies to generate support, understanding and goodwill as they develop useful partnerships with the media, community-based organizations, politicians, social activists, key policy makers and the

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<sup>1</sup> The World Health Organization, for instance, has maintained that the decision to embark on Phase III vaccine trials must be made by the national authorities of the host country. (See J. Moore, R. Anderson, *Nature*, 372, 313, 1994.)

<sup>2</sup> Joseph Nye, Jr., Philip Zelikow and David King, (Eds.), *Why People Don't Trust Government*, Harvard University Press, 1997, pp.1-20.

<sup>3</sup> For example, because the virus that was used to develop polio vaccine was not made adequately inactive, some volunteers participating in the initial trials actually developed clinical polio. However, strict quality control of vaccines today ensures their safety.

general population. The principal objective of this practical handbook is to enhance the capacity of scientists involved in HIV vaccine trials to develop useful collaboration with the media, and through it, with the other relevant groups.

In breezy, conversational language, this handbook equips scientists, communities, communications collaborating staff and others who work on HIV vaccine development and human trials, with the skills to construct a milieu which will educate the media adequately and promote public goodwill and support. This book is based on literature review, interviews and discussions with professionals who must deal with the media to communicate serious issues to the general public on a daily basis. UNAIDS specialists in communication and vaccine development initiated and commented on the handbook and guided the process of developing it. It has been reviewed by scientists, community organizers and communication specialists.

## **How to use this handbook**

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This handbook can be used as a reference document for information, planning, design, and implementation of media strategies for HIV vaccine trials. It is also useful as a guide for scientists, researchers and communications personnel working in HIV vaccine trials who want to improve communication with journalists, communication professionals, and the community in order to convey a clear and unambiguous message concerning issues related to HIV vaccine development.

Each section of the handbook provides information on key issues related to HIV vaccine trials. While the handbook is intended to be used as a whole, it has been divided into sections so that users can refer to each section according to their needs. Further, some sections of the handbook reinforce ideas and skills in other sections.

This handbook is a resource for organizations and individuals working in the development of HIV vaccines world-wide and is intended for use by:

- scientists and researchers conducting or about to conduct HIV vaccine trials;
- communications professionals working for teams coordinating HIV vaccine trials;
- ministries and departments of health;
- policy makers working in HIV/AIDS programmes;
- organizations and individuals working in HIV vaccine trials;
- media and communication professionals with an interest in HIV vaccine trials;
- community and opinion leaders involve in HIV vaccine trials;
- NGOs and groups working in HIV prevention, care and support.

## **Communication in relation to vaccine trials**

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Whenever we are faced with a dangerous virus for which there is no immediate cure, the general population is immediately at the mercy of medical researchers and scientists to whom they look for hope and news about possible cures. Every word that comes out of the mouth of such researchers becomes very important: it can mean hope or panic.

Therefore it is important that those who work in the area of public health, in

particular, those who work on HIV vaccine development and vaccine trials, are equipped with the necessary skills to communicate their work in a manner that will promote support, goodwill and understanding in the general population.

The way to do this is to predicate every action and statement on the *safety of the vaccine* relative to *the human beings* who will use it. Often, good policies lose public support because policy makers fail to convey that they have put the interest of human beings first.

An illustration with a true example follows:

The popular Mayor of New York, Rudy Giuliani, announced measures to make pedestrians cross streets only at designated crosswalks or zebra crossings. *“I want to ensure that vehicles move safely and unhindered,”* he said. That was a good public policy explained wrongly. As the Mayor eventually found out, New Yorkers were not particularly interested in vehicles moving faster and unhindered; they want pedestrians to be able to walk and cross the streets without being knocked down by vehicles. A better response from the Mayor would have been *“I want to save lives. These measures will help save the lives of pedestrians”*.

Such stories are not limited to places like New York. One Christmas Day, the mayor of a rapidly growing industrial town in Eastern Africa had plans to improve the town’s congested public hospital which often lacked essential drugs. His Christmas Day message to the patients included the statement: *“I promise you will soon hear no more complaints about the mortuary because the council has allocated money to build a more spacious one with improved refrigeration and embalming services. This will be followed by measures to acquire enough essential drugs and beds. I promise that no patient will sleep on the floor or share beds.”*

Even though there had been much public outcry about the mortuary, what could have been good news turned out to be a disaster for the mayor. The media headlines read, *‘Mayor Promises Patients Comfort After Death.’* Humour columnists and cartoonists took over. The mayor was depicted as cruel and insensitive and was finally voted out of office.

Always bear in mind that *how* you package information matters a great deal. The information you provide should be tailored according to the type of audience, the time and place. In dealing with the media, be careful to stress the particular issues you would wish them to focus on.

Therefore, while vaccine trials are desirable because their ultimate goal is to stop dangerous viruses, this alone is not sufficient for the construction of useful media support and public goodwill. The key to effective communication is to lay emphasis, not on the efficacy of the vaccine against the virus, but on its usefulness and safety to humans. Media interest in vaccine trials will ultimately centre on these twin elements: Is it useful to humans? Is it safe? We discuss this further in the next section.

## Section 2 - The mission of the media

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Journalists perceive themselves as the watchdogs of society, checking the powerful and the privileged against abuse, deceit and disinformation. This is why the media is universally referred to as the 'fourth estate of the realm'.

With regard to science and, in particular, vaccine trials, the quest of the media is simple: *will the vaccine help or hurt society and volunteers? Is there full disclosure of the facts about the vaccine and the trial? Is there informed consent?*<sup>4</sup>

These are the subtexts of most questions that will be asked. They will sometimes be tough, hostile and quasi-scientific, not only from journalists, but also from environmental and human rights activists, who are perceived as acting solely in the interests of society.<sup>5</sup> If these organizations are understanding and cooperative, the job of communicating about the vaccine trial is half-way done. If they are not properly educated about vaccine development/trials, such organizations can destabilize even the best-intentioned vaccine trials.

Every question becomes larger than life and every one of them is important. But the most critical ones are those that directly challenge the various claims likely to be made by members of the vaccine team - *"It appears to be safe"*. *"It is made from a natural ingredient"*. *"It is made from a genetically engineered virus which cannot harm humans"*. *"It has no serious side effects"* and so on.

The pursuit of answers to such questions, or the exposure of inadequate answers to them, is the cornerstone of the media's watchdog mission. What the media want is to *challenge, disprove* or *validate* these claims using data, information and research reports at their disposal. It is therefore important to become the media's ally in this respect, supplying vital information about the vaccine and offering research and corroborative assistance every step of the way.

### Two 'golden rules'

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There are two 'golden rules' important to communicating about vaccine trials effectively and attaining appropriate media support, partnership and sustainable goodwill.

**First rule:** *Know as much as possible* about the vaccine and the trial process –

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<sup>4</sup> The process by which a participant in research (including vaccine trials) voluntarily agrees to participate in a trial after being informed of the nature of the trial, potential risk/benefits, responsibilities and rights.

<sup>5</sup> Of course they don't always act in the interest of the society. In the United States, the oldest civil rights organization, the 'American Civil Liberties Union, took \$500 000 from the tobacco industry to promote cigarette smoking as a 'civil right' in spite of the warnings of the Surgeon General on the danger of smoking. There are more examples of such duplicitous relationships: The Center for Science in the Public Interest (CSPI) is a member of the Safe Food Coalition which successfully fought to prevent the United States Congress and the Food and Drug Administration from labelling milk from rBGH-injected cows; the founder of Mothers Against Drunk Driving (MADD), Candy Lightner, later worked for the American Beverage Institute which worked to defeat many MADD measures, especially the tough blood alcohol tests. (See John Stauder, Sheldon Rampton, *Toxic Sludge Is Good For You: Lies, Damn Lies and the Public Relations Industry* Common Courage Press, 1995, pp. 65-70.).

what is it made from? Is it made from a live-attenuated virus? What part of the virus goes into making the vaccine? How does it work? How safe is it? Is there a possibility of a Cutter Incident?<sup>6</sup> How many volunteers are involved in the vaccine trial? etc.

**Second rule:** Make sure *every* person in your team, especially support workers such as laboratory attendants, information officers and community liaison workers, has adequate knowledge of the vaccine and the trial protocols. Journalists often target these people for information which they sometimes, inadvertently, volunteer. Wrong or misleading information will be catastrophic; it will also have the 'stamp of authority' having come from 'sources close to the vaccine team'. For this reason, let media briefings and requests for press interviews be handled by designated persons only.

Journalists tend to suspect that there is always unethical conduct in the production of medicines and vaccines. Being credible, transparent and sincere helps avert situations in which journalists seem to have 'inside' information from 'other sources'.

An example involved a local pharmaceutical firm in a certain African country. The firm indulged in unethical activities that included manufacturing and distributing a mixture of water, sugar and dyes sold as multivitamin formulations. The owners of the firm insulted the journalist who went to investigate rumours that the firm lacked active ingredients in its vitamin formulations. However, the journalist was able to obtain information from one of the biochemists working with the firm. The informant complained that apart from being underpaid, he was expected to cover up for the firm and he added that the firm owners would have used him as a scapegoat if the truth finally emerged. He therefore felt that he had a lot to lose if he did not tell the truth about the matter.

If, for example, power cuts common in poor nations result in the candidate vaccine becoming 'spoilt', then there is need to take urgent appropriate measures, reassure the public and lay out the facts.

How catastrophic can inadequate product information on the part of your workers be? Consider another example of an international beauty and cosmetics chain.

The owner of the business had successfully associated herself with popular social causes such as the environment, animal rights and human rights. She had also convinced the international media that her business used only 'natural' ingredients which she bought from third world indigenous suppliers. One journalist set out to prove her wrong.

In 1994, the journalist published stories in a business magazine which disputed her claims. The journalist found out that the business actually used outdated, off-the-shelf product formulas filled with non-renewable petrochemicals, animal-tested ingredients and products containing formaldehyde.<sup>7</sup>

He then took advantage of inadequate product information at the firm. According to the journalist, *"the very first thing I did was contact the company's public relations department in New York. They were not used to people asking real questions. They were quite shocked when I asked if there was some kind of outside auditing procedure that verified their claims; they looked at me like I was a man from Mars. They promised they'd send me many, many documents to verify their claims. Instead, within the next*

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<sup>6</sup> The Cutter Incident refers to a case where the inadequate inactivation of the polio vaccine resulted in actual clinical polio.

<sup>7</sup> Cited in John Stauder, Sheldon Rampton, *Toxic Sludge Is Good for You: Lies, Damn Lies and the Public Relations Industry*, Common Courage Press, 1995, p.74.

*two or three weeks I received libel threats from their lawyers in New York and London... The point that has to be made about various attempts to refute the story is that in more than 20 pages they wrote to our subscribers and editorial board, the company was not able to refute one statement of fact...*” (Emphasis ours.)

Most journalists who take an interest in vaccine work and trials are likely to be like this one – driven by an almost messianic instinct to protect society from harm arising from claims made by scientists with respect to the vaccine. Many of them are already aware that scientists would rather talk to fellow scientists than have to explain difficult concepts such as *anti-retroviral therapy*, *perinatal transmission* and *post-exposure prophylaxis* to lay people. They also know that journalists don't rate highly on the scientists' admiration list. Yet scientists who work on vaccines need to forge a useful partnership with the media.

In the next section, therefore, we will familiarise the scientist with the character and idiosyncrasies of journalists. What makes journalists tick? Why are some stories 'killed' and others 'used'? We start by offering general information on the structure of various media organizations.

## Section 3 – The structure of media organizations

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The pattern of media ownership and financial viability may have a direct relationship to the quality and quantity of coverage of HIV/AIDS and vaccine trials.

In an ideal media situation, there would be an HIV/AIDS reporter/writer or a science reporter with a professional interest in covering vaccine development/trial stories. That is the case with many developed countries where most news media are privately owned and financially independent.

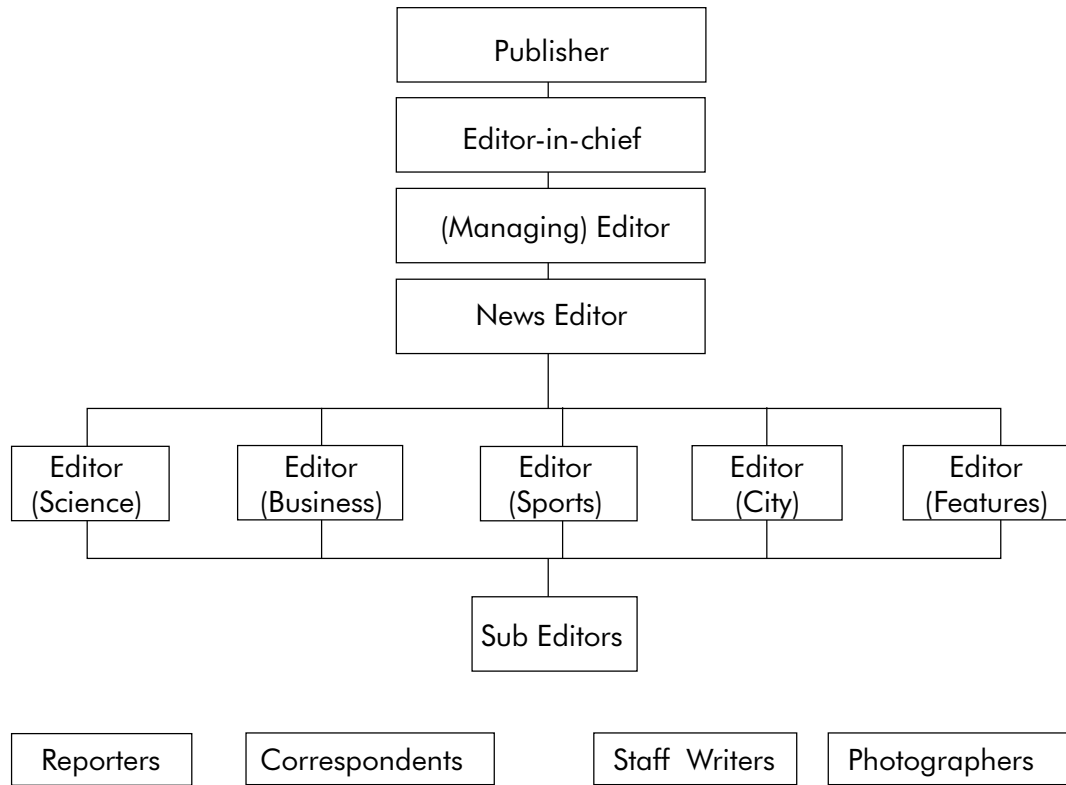
But in developing countries of Africa, Asia, Eastern Europe and Latin America, many media organizations are not only controlled by government (which frequently interferes in editorial policy), many are unable to afford the luxury of a dedicated HIV/AIDS writer or science reporter. Consequently, you may find that the reporter who writes on vaccine trials also covers sports, education, crime, and business from time to time.

Regardless of the pattern of ownership or the staffing situation, the vaccine team should reach out to the reporter/writer in the manner specified later in this section.

Generally, whether in a news agency, television or radio station, newspaper or magazine, the structure is similar and a typical day is identical in content. There are several departments in every media organization – administration, engineering, commercial/advertising, editorial. For the purpose of your communication campaign, the editorial may be the only important department because it is this department that is directly responsible for what is read, heard or seen on the media. It is the department whose

partnership is important for the successful construction of public goodwill and support for the vaccine trial. It is therefore useful that you have a sense of the structure of each media organization. Here we offer a general picture of a typical newspaper/news agency, news magazine, radio station and television station.

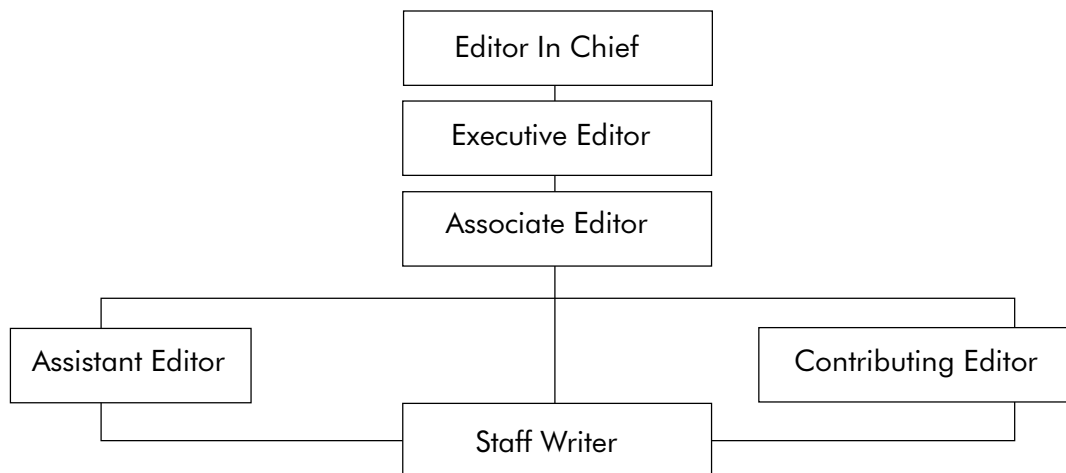
**Structure of a Typical Newspaper/News Agency**



Note

Your primary targets here are editors, reporters, correspondents, staff writers and photographers. They are the people you are most likely to meet routinely. Target them through periodic, personalized correspondence – letters, information materials addressed to specific reporters/editors by name; invitations to guided tours; routine media briefings – i.e. a press forum where the sole intention is to clarify issues and provide adequate information on critical issues; media breakfasts/dinners social gatherings which are used to convey key information to the media by way of after dinner statements/addresses. The science editor, features editor and the news editor should be targeted through routine guided tours/video screenings of your VNR and media breakfasts/dinners.

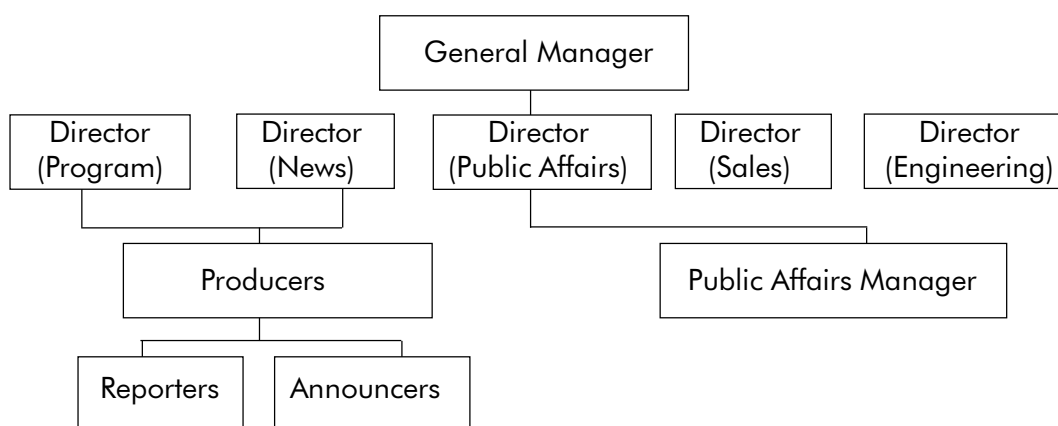
### Structure of a Typical Small Magazine



**Note**

The staff writer is the immediate target-partner because she/he combines the function of a reporter with that of a feature writer. This means that she/he can break the news about a vaccine trial by providing hard, objective facts and also write subjective accounts of the significance of the vaccine trial based on his/her understanding of the issues and the interpretation she/he gives to them. Cultivate him/her through personalized correspondence, invitations to guided tours, routine media briefings and media breakfasts/dinners. Target editors and others above the level of staff writers through special guided tours/video screenings and media breakfasts/dinners.

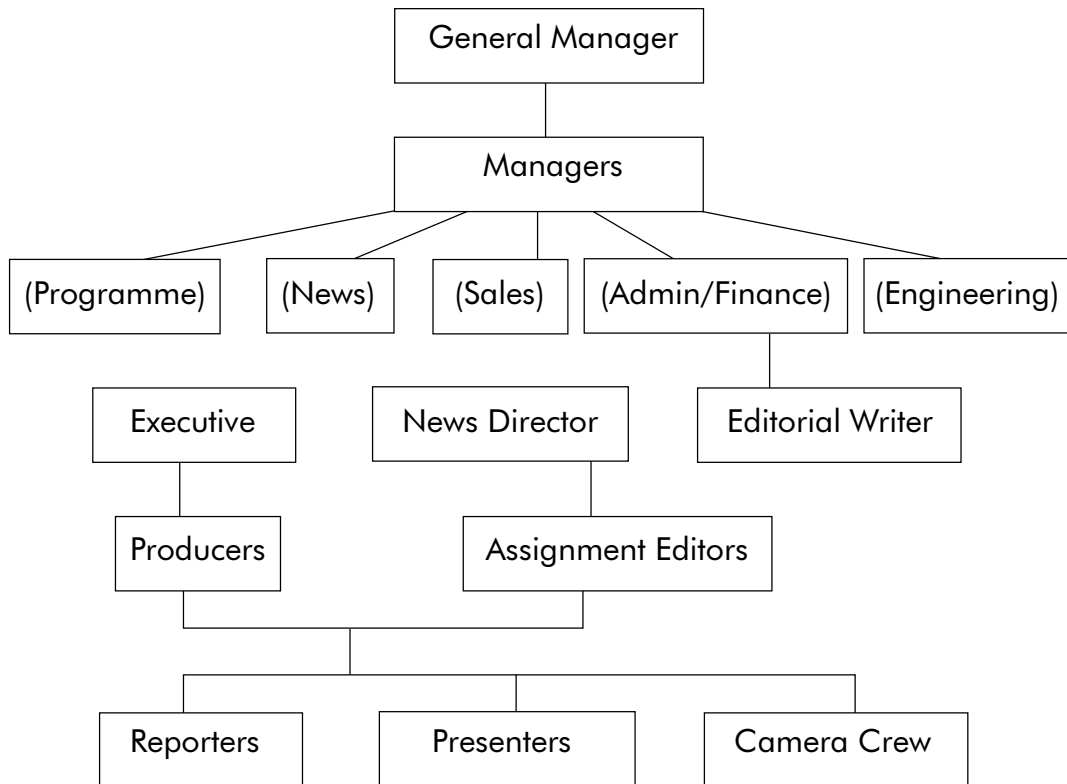
### Structure of a Typical Radio Station



**Note**

Reporters and producers will be the most visible to you. Target them as you would staff writers in a magazine. Also target the public affairs director/manager, news director and programme director as you would editors in a newspaper/news agency.

### Structure of a Typical Television Station



Note

Again, your primary targets here are the reporters, camera crew, presenters of popular talk-shows and producers. Cultivate them as you would the staff writers at a magazine and target the other higher-level personnel, especially executive producers and assignment editors, through media tours and media breakfasts/dinners.

## Section 4 – A day in the life of a journalist

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In most news organizations, the editorial meeting is the most crucial activity of the day's business. It is usually a round table format with only two items on the table: copies of yesterday's news bulletin (or newspaper, videotape or audio cassette as the case may be) and the assignment register (the book in which the day's assignments are listed and in which invitation notices to news conferences are listed and kept. It is at this meeting that oversights, mistakes and errors in yesterday's newscasts or publications are discussed.

This meeting is critical to your communications efforts: this is where reporters are assigned to cover the news of the day. Fortunately, several media organizations have at least one science/health reporter, so you may already have a well-trained science writer who has an interest in vaccine work. If not, you should still work with whoever routinely covers science and HIV/AIDS stories – even if such reporters cover other 'beats',<sup>8</sup> too. Your task is to make these writers see the value in your work, that is, why it is important to society. The science reporter/writer is your first ally; if you lose her/him, your chances of getting your message across, and developing public goodwill, become more difficult.

## Section 5 – Identifying your public and partners

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The thought of 'vaccine trials' immediately evokes and provokes many behaviours and fears, largely irrational (though well intentioned) and mostly baseless, in the wider society. But beyond the fears of the general public, there may also be cynicism and distrust amongst media professionals whose opinions are germane to the success of the trial. Thus, the objectives in identifying the target public should be:

- ❑ to educate the general public, and in particular the media, on the facts about vaccines – their development, trial protocols, safety, risk factors, etc.;
- ❑ to achieve local and international public support for the vaccine trials;
- ❑ to create a favourable and supportive environment for the trials amongst key players and groups;
- ❑ to ensure sustenance of public support and goodwill throughout the trial and post-trial;
- ❑ to remove any wrong and misleading notions about the vaccine and the trials.

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<sup>8</sup> 'Beats' is how journalists describe their routine work. Accordingly, the HIV/AIDS writer is on the science beat; the reporter who covers soccer, baseball and swimming is on the sports beat.

With these in mind, the following groups can be identified as primary targets in communicating about vaccine trials.

## **The media, editorialists and opinion-shapers**

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In all likelihood, the vaccine trials will be localized, i.e. carried out in a specific country, or across several targeted countries, amongst a particular target-group or sub-group and over a specific period of time. Therefore, as in politics, *all communication should reflect the information needs of the local public*. Crisis will most probably start locally, so begin your efforts locally.

Develop a Contact List of local science reporters/writers and editors. Check in the local newspapers and magazines for the names of these reporters/editors. Look also on the letters page and take note of letters pertaining to vaccine trials. The writers are important. They are usually the barometer for measuring what the average person on the street feels about vaccines and vaccine trials. You should also take note of the names of the editorial writers, columnists and presenters of popular talk shows on radio and television.

## **The scientific community**

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This should include scientists and researchers working on HIV/AIDS, vaccine development and vaccine trials. Also target professional bodies in the health sector, science faculty members in local universities and accredited research institutes/centres, especially professors who push alternatives to vaccine treatment or who have written or made adverse remarks on any aspect of the vaccine and the trial protocol.

Use the Internet to search for and enlist the cooperation of international organizations such as the National Institute of Allergy and Infectious Diseases (NIAID), the International Association of Physicians in AIDS Care (IAPAC), the AIDS Vaccine Advocacy Coalition (AVAC), International AIDS Vaccine Initiative (IAVI), the World Health Organization (WHO) and the Joint UN Programme on HIV/AIDS (UNAIDS). Do an Internet search of keywords such as 'vaccine trials', 'vaccine development', 'HIV/AIDS vaccine', to obtain reliable accounts of the work of such organizations locally and internationally. If you have no access to the Internet, contact local offices of the organizations or obtain the contact information for these organizations from foreign embassies and initiate your contact by mail.

## **HIV/AIDS organizations**

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Whilst a handful of UN agencies and governmental organizations are working in HIV/AIDS, most of these are non-governmental, and were set up by people whose work may directly impact on vaccine development and human trials. They are usually adventurous/activist in nature and have little patience for the bureaucracy and red tape surrounding vaccine development and trials. Make no mistake about it: chances of successful vaccine trials diminish if you do not have the support of these organizations. You can obtain the names of such groups from the ministry of health or the national AIDS control programme. You can also search keywords such as '*AIDS support groups*' or '*AIDS activists*' on the Internet.

Again, if you have no access to the Internet, local foreign embassies and donor agencies will assist you in getting contact information.

## **Women's groups**

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Women's advocacy groups are usually very active in most developing countries. Such groups include professional women's groups (e.g. accountants, nurses, lawyers, doctors), political and religious associations, trade groups and national federations. You also need to look out for support groups formed by women living with HIV/AIDS or mothers of people living with HIV/AIDS. Target the leadership of such groups and include key members on your Contact List.

## **Student groups**

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Student groups are traditionally radical and activist in the pursuit of their own watchdog role. If, due to inadequate education, a vaccine trial is perceived to be harmful to society, protest demonstrations can usually start from university campuses and spill over quickly into wider society. In many cases student leaders enjoy communal support and confidence which can be appropriately tapped by the vaccine team.

## **Human Rights organizations**

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The leaders of various local human/civil rights organizations can be very important and useful allies. Any miscommunication from them, regarding the vaccine trial, will prove disastrous.

## **Vaccine trial workers (primary and secondary)**

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The primary workers are the technical personnel who work directly on vaccine trial – in vaccine development, trial protocols, research – while the secondary workers include everybody else who provides supportive services to the team (e.g. security officials, communication workers, ethicists, clerical workers, administrators). No matter who else is included (or excluded) from the Contact List, these often overlooked, essential people are the dependable, committed, foot soldiers in communicating information on vaccine trial and in constructing goodwill. As David Tedone says, these people 'make up a publicity team ready to spread the word to family, friends, acquaintances and other organizations'.<sup>9</sup> Therefore they should be fully conversant with all the work, views and official positions of the vaccine team(s).

Note that while it is useful for every person in your team to have adequate information about the vaccine and the trial, it is *not* desirable (nor is it recommended) that every person doubles as the spokesperson of the team. Select a key, knowledgeable member in your team whose responsibility will be, among others, routinely to contact the

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<sup>9</sup> David Tedone, *Practical Publicity: How to Boost Any Cause*, The Harvard Common Press, Massachusetts (1983), p. 21.

media, offer support, carry out briefings, and answer questions rapidly and accurately. Then instruct your staff cheerfully to direct all media questions to the designated person. This designated person may be your PR specialist, or just a natural, good speaker who makes him/herself understood, and is likeable.

## **Religious organizations**

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In many societies, religious leaders have a unique influence on the thinking of communities on various issues, including health. If these leaders have advance information on an impending vaccine trial and express support for it, the work of the vaccine team becomes easier. The challenge is for a designated member of the team to make the initial contact with key leaders and fully disclose the facts about the vaccine trials, stressing the potential benefits for the larger society and its safety to the volunteers in the community.

## **Traditional authorities**

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In many developing countries, traditional institutions play a key role in shaping consent and cooperation in the community. In many rural areas, for instance, the only available authority figures may be local chiefs who exercise moderating influence in the community. These traditional leaders must be contacted well in advance and fully briefed about the vaccine trial. Find out in advance the language<sup>10</sup> that the leaders are comfortable with and make adequate arrangement to have a mature, competent and local interpreter<sup>11</sup> to assist in communicating with these leaders.

## **Community-based organizations (CBOs)**

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Community-based organizations are essential in preparing the ground for vaccine trials due to their strong grass-roots appeal. Attempts should be made to explain the vaccine development, the trial process and the potential of the vaccine to key leaders of CBOs in a manner that inspires their collaboration.

## **Policy makers**

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In most countries the success of vaccine development depends on the full understanding/cooperation of those who are charged with advising government on health and science matters. Many of these officials are found at the ministry of health, the parliament or equivalent institutions. Because they are primarily charged with advising government on health policy, any negative reaction to vaccine preparedness and trials will impede the necessary government approval which is needed before a trial begins.

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<sup>10</sup> Note that while the leaders may be fluent in the English language, they may be more comfortable with a different local language for reasons of idiomatic relevance or because certain local words/expressions may lose their meanings, depth and poignancy in the English language.

<sup>11</sup> It is better to use an interpreter who is known locally and who enjoys the confidence of the local chiefs.

Conversely, the proper tone for social acceptance may be set if, propelled by positive advice and guided by sound science, government makes a policy statement on impending vaccine development/trial, focussing on its potential and safety and urging public support and cooperation for it.

Partnership with policy makers will prove essential in a situation where an influential, well-trained scientist/researcher is disseminating falsehoods and/or misleading remarks about HIV/AIDS, vaccine development and trials.

Government, through regulatory bodies, is usually able to offer credible counterpoints as well as redirect the erring scientist.<sup>12</sup>

The list above is not exhaustive and may be adapted to suit the particular situation. It is important that your Contact List defines which organizations are of primary and which of secondary importance, especially given your (often limited) available resources.

## Section 6 – Reaching your public

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In reaching any of the groups identified in Section 5, you must keep in mind that your objectives go beyond publicity; what you want is sustainable goodwill, inspired by a clear understanding of the facts about the vaccine trials. Publicity usually comes with goodwill, but goodwill may not come with publicity. In fact, under some circumstances, less publicity may be better.

There are dozens of acceptable ways of reaching your targets, but not all are effective for vaccine trials. However, you should still follow a three-phase strategy:

- *Establish a public identity* through news conferences, interviews, press releases, video news releases, direct mail or e-mail bulletins.
- *Create an on-going discussion* through speakers forums (TV, radio), talk shows (TV, radio), town meetings, Internet-based newsgroups, routine media briefing/ breakfast with media executives and,
- *Put in place appropriate contingency plans* to respond to crises as and when they occur.

Your primary tool is the Contact List. Make certain you compile a good, effective and up-to-date list. Also, make sure you keep in contact with the people on the Contact List.

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<sup>12</sup> For instance, regulatory bodies can provide the facts about HIV/AIDS vaccine trials and point out the errors/mistakes of the scientist in question. Where the action of the scientist creates panic in the population, government agencies can apply the relevant local laws against disturbance of public peace.

## The Contact List

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Again, make this as simple as possible. Draw a few rows and columns on a sheet of white typing paper and write in the following headings: Partners/Address/Organization; Circulation (if publication); Edition;<sup>13</sup> Deadlines;<sup>14</sup> Telephone; Fax; Mobile phone; E-mail and Supervising Officer. (You may need to cultivate the support of the supervisor, especially when you are not getting the cooperation of the reporter.) A typical Contact List is shown below:

### A Typical Contact List

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<b>Partners Organization Address</b>	Maria Fernandez, Daily Globe, 222 Koinange Street, Nairobi, Kenya	Peter Samba, Vaccine News, 343 Anchor Street, Lagos, Nigeria	Bill Capitall, The Courier, 10 Court Ave, Washington DC 20001, USA
<b>Circulation</b>	55,000	1.5 million	220 000
<b>Edition</b>	Daily	Friday, Weekly, Tuesday,	Daily
<b>Deadline</b>	5p.m.	12.00 p.m.	4 p.m.
<b>Telephone</b>	254-2-555	234-5678	202-000-9995
<b>Fax</b>	254-2-5556	234-7676	202-000-9996
<b>Mobile phone</b>	254-2-5557	234-0997	202-000-9910
<b>e-Mail</b>	fernandez@hotmail.com	psam@vacinnews.com.ng	bill@the-courier.com
<b>Supervisor</b>	Jack Newton	Kunle Jacobs	Ro Davies

(All data here have been made up for illustration purposes. Note that your list may contain more or fewer columns/rows. The important thing is to make it useful for you.)

We now briefly discuss some of these strategies, starting with probably the most important: the news conference. This will be the first opportunity you have to present your case on vaccine trials to the wider society. If handled carefully, this conference may set the stage for eventual success. But, if something goes wrong (and is not ably and appropriately arrested and corrected), you may be witnessing the beginning of a crisis.

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<sup>13</sup> This refers to the day of the week when a new edition hits the news-stand and whether it is a daily, weekly, monthly or quarterly publication.

<sup>14</sup> This is the time by which stories must be submitted to the publication to ensure possible use.

## Section 7 – A Press Conference

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### A. Organizing a press conference

#### Choosing a day

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The first task in organizing a press conference is choosing the right and appropriate day for the conference. This is not as simple as it seems. Take care not to choose a busy news day (e.g. Is the Pope visiting? Is there a World Conference on Children taking place in your area? Are World leaders meeting in your area to avert a looming World War?). If your conference falls on a news day, many of your targeted reporters will be busy and even if you are lucky enough to get hold of them, their reports may end up buried somewhere in the pages, if they are published at all. Remember, just because something appears important to you, this does not mean it is important to the press.

Frequently, what is important news is a function of the reporter's subjective consideration. Nothing demonstrates this better than an exchange between Matt Lauer, co-host of the American morning television programme, *Today*, and the well-known US interviewer, Larry King, host of *Larry King Live*, a programme that is seen worldwide in dozens of countries.<sup>15</sup>

LAUER: If you had the choice of an interview with Saddam Hussein and Monica Lewinsky, whom would you choose?<sup>16</sup>

LARRY KING: Monica Lewinsky. Without a doubt.

LAUER (incredulous): You will shun a subject whose action may affect the whole world for one whose action would affect only one person?

LARRY KING: Yes. Look how every network [television] which sent crews to Iraq are back [home in the United States]. Just because of Monica Lewinsky.

The lesson here is that while you may assume that a particular vaccine serves humanity and ought to command some media attention in its own right, the vaccine may actually go unnoticed if adequate care is not given to seemingly mundane things such as the scheduling of conferences.

Watch out for major sporting events (especially football) that may divert media attention and result in rescheduling or cancellation of your press conference.

Generally, try not to schedule your conference on a Monday or a Friday, unless there is a compelling reason to do so. These days are usually slow days – and reporters are usually too mentally detached from their work routine: they are either just returning from a weekend, or looking forward to one.

Where possible, schedule your conference in the mornings – not earlier than 8 a.m. and not later than 11 a.m.<sup>17</sup> The practical reason for this is that your conference

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<sup>15</sup> Today is the most successful morning programme in the United States, ranked number 1 for 144 consecutive weeks. Larry King appeared on the show on 10 March 1998 to promote his new book, *Future Talk*.

<sup>16</sup> This interview took place at a time of international concern about imminent war with Saddam Hussein, the President of Iraq, over arms inspection and the investigation of the President of the United States over an alleged sexual encounter with a former White House intern, Monica Lewinsky.


might get a mention on the 12 o'clock radio or television news. If there was a crisis during your conference, you would still have ample time for damage control on the subsequent evening news bulletins.

## Writing a press release

Next, write your press release. The key is to make it short, interesting and compelling. Let it contain all the journalistic elements: the four Ws and one H, i.e. *what, where, why, who* and *how*. Below is a typical press release. We have made up the name of an Institute, complete with an official logo. Notice the words FOR IMMEDIATE RELEASE and CONTACT which must be followed by the name of one or two people and telephone numbers. These people must not only be fully informed about your work, they must also be available at all times to answer questions from inquiring reporters.

Media organizations receive hundreds of press releases every day, so only the most compelling have the chance of being read and used. Don't just announce an upcoming event; let the editor have a glimpse of the event. That way, your event not only finds its way into the assignment book, an editor actually assigns a reporter to 'follow up'. This is media-speak for 'Cover the event'. Send out the press releases at least two weeks in advance and address them to named persons, using your Contact List. On the next page is an excerpt from a press release issued by UNAIDS.

### A Typical Press Release



**Institute for Vaccine Trials**  
1234 Rue de Palaise, City, Country

FOR IMMEDIATE RELEASE  
March 10, 1999

CONTACT:  
Dr Alan Medicus (555-1212)

**PRESS RELEASE**

**UNAIDS SUPPORTS DECISION BY THAI GOVERNMENT TO  
MOVE AHEAD WITH LARGE-SCALE HUMAN TESTING OF  
AIDS VACCINE**

The Joint United Nations Programme on HIV/AIDS (UNAIDS) today in Geneva expressed support for the decision by Thailand's Ministry of Public Health to authorize large-scale human testing of AIDSVAX, an experimental AIDS vaccine. This is the first such trial in the developing world.

UNAIDS Executive Director, Dr Peter Piot, said the trial signified 'an important early step toward the development of a safe and effective vaccine against HIV'. He said the trial would provide important information that could help understand how this and other AIDS vaccines may work and how to improve their efficacy in future.

*con't*

<sup>17</sup> These are not hard and fast rules. For example, there are 'breakfast meetings' – news conferences which can be held as early as 7 a.m.; there are 'Noon briefings' at 12 noon: and many conferences in the evenings.

Many vaccine experts agree that in order to accelerate AIDS vaccine development, different types of vaccine must be tested in parallel. These multi-trials will need to be conducted in developed and developing countries to test the efficacy against different HIV strains in different populations worldwide.

AIDSVAX vaccine was developed by VaxGen, Inc. of Brisbane, California, which began a large-scale trial in the United States last June. The vaccine to be tested in Thailand will differ from the product tested in the US, to match the different strains of HIV that exist in Thailand. The Thai trial will involve 2500 volunteers who are at higher risk of HIV infection because of injecting drug use, while the US trial involves 5 000 volunteers primarily at risk through sexual transmission.

AIDSVAX is one of a number of experimental AIDS vaccines, or vaccine candidates, which have been tested in small clinical trials in the US, Thailand and other countries. But having been found to be safe and to stimulate an immune response, AIDSVAX is the first vaccine candidate to proceed to large-scale human testing, known as 'Phase III', or efficacy, trials. Such large-scale testing is the only way to know if a vaccine is effective in protecting against HIV infection.

The first results from the AIDSVAX trials are expected in 2-3 years.

Thai scientists, national authorities and public health experts have been working with the international research community to define the conditions under which to undertake HIV vaccine research for the benefit of Thai people. UNAIDS and the World Health Organization (WHO), a UNAIDS co-sponsor, have collaborated actively with Thailand in this process since the first National AIDS Vaccine Plan was approved in 1993.

*Note - this is not an authentic document, it is provided for illustrative purposes only.*

## **Preparing a Video News Release (VNR)**

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Television is a powerful channel that transmits voice and pictures simultaneously and enters people's rooms on a daily basis. You should have an expert communications team make a short video news release (VNR) to be targeted specifically at television stations.

A VNR is like a press release; the difference is that in a VNR, the message is on videotape, not a piece of paper. This gives a VNR an added advantage: in the hands of an expert, lighting, music, special effects and editing can all help to create the appropriate mood and evoke emotion that promotes public support.

Your VNR should clearly introduce the vaccine, the team behind it, its potential, its safety and, more importantly, testimonies from experts, volunteers (including physician-volunteers) and members of their families.

Be sure to make your VNRs in a format that your target television stations use – many use half inch tapes; others one inch tapes. If you are unsure, record your VNRs in beta sp. The point is to use a broadcast-quality tape since the stations may run a few seconds from your tape a few days before your press conference.

It is also advisable to make a few dozen copies in VHS, the common video system that you can pick up at any video store. While you send the more expensive broadcast-quality tapes to television stations, send the VHS to target-persons on your Contact List. Most people have access to a video cassette recorder and would be able to hear and see your vaccine stories before they read about it in news publications.

## **Preparing a media kit**

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The members of the media will probably have one hour or less to spare for your all-important conference. Most reporters will have two or more assignments to cover on the same day, with only a few minutes travel time in between. So be ready for them. Prepare a media kit. This will be one of the most important communication tools at your disposal.

## **The media kit**

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The kit is usually a two-pocket cardboard folder you can get at any stationery store. In it put the following:

In the left flap pocket:

- a biographical note on the principal vaccine trial workers. Mention their academic background – degrees, post-doctoral diplomas, what schools they attended, how long they have been engaged in medical (vaccine) research, etc.;
- a fact sheet (see sample next page) outlining proven facts about vaccine trials.

In the right flap pocket:

- background information on the vaccine and the trial protocols;
- endorsement statements from government (usually a speech by the ranking public official in charge of health or science);
- copies of press statements (usually a prepared speech addressing salient issues about the vaccine trial);
- relevant photographs (black and white prints are preferable) and slides.

## A typical Fact Sheet

For additional information, please contact VaxGen at <http://www.vaxgen.com> or write VaxGen at 1000 Marina Boulevard, Brisbane, California 94005. Tel: 650-624-1000

### **FACTS about AIDSVAX VACCINE TRIALS**

**FACT:** AIDSVAX is a candidate vaccine developed by VaxGen of Brisbane, California, which began a large-scale trial in the United States in June 1998.

**FACT:** AIDSVAX is a preparation of gp120, the HIV envelope protein that binds to the surface of T-cells.

**FACT:** Injecting AIDSVAX into the body stimulates the production of antibodies that, in any future exposure to HIV, would hopefully prevent infection.

**FACT:** Phase I/II trials of AIDSVAX in Thailand and the United States have shown that it is safe for use in humans as the synthetic gp120 is incapable of causing HIV infection in inoculated people.

**FACT:** AIDSVAX, in Phase I/II trials has been shown to induce strong immune response in over 99 per cent of the recipients.

**FACT:** AIDSVAX will be tried on 2500 volunteers, in Thailand. A similar trial is taking place in over 40 clinical sites in the United States and Canada among 5000 HIV-negative volunteers.

**FACT:** There are two types of AIDSVAX vaccine – AIDSVAX B/B and B/E. The B/E type is the one being tested in Thailand and it induces antibody to HIV subtypes common to South Asia, Southeast Asia and countries of the Pacific rim. The B/B type is tested in North America and it induces antibody to HIV subtypes that are found in the Americas, Europe, the Caribbean and Australia.

*SAMPLE FACT SHEET: Note that, for additional details, it is important to have a contact like the one listed at the top of the fact sheet.*

*Note - this is not an authentic document, it is provided for illustrative purposes only.*

## B. Getting ready for the media

### The day before your conference

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The day before the conference is as important as the conference day itself. Have someone call every reporter, columnist, writer on your Contact List and remind them about tomorrow's conference, tactfully stressing its importance and 'dropping' a few names of guests, if any, who *will* be (not merely expected) at the conference. Reporters are perhaps the only people who are not turned off by name-dropping; in fact it makes your event a must-go. So, if the Minister of Health, the Regional Director of the World Health Organization, the Executive Director of UNAIDS, the head of the team that developed the vaccine, or the leader of the Vaccine Team at UNAIDS are coming, don't hesitate to let the reporter know. In fact, ask if they would be interested in an exclusive interview with any of your guests. Journalists love exclusives – the chances are they will be knocking down your doors to line up for the interviews.

*Although there is no section of this handbook devoted exclusively to interviews with the media, how to prepare for and conduct them, all the issues raised and discussed in Sections 7B and 7C are relevant and useful on the subject. Also, see Appendix 4 on pertinent questions and how to answer them.*

Your contact person should ask if the media kit and the VNR he or she sent some days ago were received. It is possible that a new reporter has been assigned to cover the conference or that more than one 'Desk' (e.g. the Science Desk, the City Desk) may be interested in the event. Let the reporter know that you will have an extra copy waiting at the Conference venue. Your contact person should remember to give her/his name and a phone number.

Lastly, go over your notes – fact sheets, press statements etc. Put yourself in the position of a reporter who has deep, even misguided, suspicion of vaccines and the use of humans for vaccine trial. What kind of questions would you ask? We will spend some time on likely questions and scenarios in the next section. Tomorrow is very important: any mistakes will be disastrous. Prepare and go to bed on time.

### The day of your conference

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If you have followed the steps in this handbook, you should have a room full of journalists, photographers and camera crews covering your event. They are all there! Just for vaccine trials! To cover your conference! Don't panic! You and your team have considerable knowledge about vaccines and vaccine trials (or all these people wouldn't be here with camera crews and note pads). So, don't be afraid to use your advantages. Take control without being domineering.

You should expect all sorts of questions – friendly and hostile; rude and unreasonable; even accusatory. The rule of thumb is never react to negativity with negativity. Focus on the objectives of your conference. Regard hostile questions as a call for help; a wish for information. However, there are some things you must *never* do.

## Some “Don’ts”

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- Don’t bore your audience with a long statement (especially when you are giving them copies of the same statement). The rule is KISS – keep it short and simple. Give more time for questions and answers.
- Don’t hesitate to tell an erring questioner, firmly and unequivocally, *“No, that is wrong, sir”*. Then follow with *“Here are the facts ...”* Take care not to say *“You are wrong”*; your goal is not to make the reporter feel ignorant (even if you think she or he is). Instead, use ‘that’, so that the reporter feels that you are really talking about the opinion or remark, not the person. Alternatively, you could say: *“You may not have all the facts, sir”* or *“You may have the wrong impression about this issue; here are the facts, corroborated by third party independent sources ...”*
- Don’t be evasive, hostile, snide or ambiguous in your answer – the journalists will think you are trying to hide something. That’s when someone will say *“Doctor, what are you trying to hide? This is a pretty direct question.”*

(You will find more ‘Don’ts’ and ‘Dos’ in Survival strategies, Section 7C below.)

## Understanding questions

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Questions generally have five basic objectives.

- They get attention: for example, *“Please tell us, if this vaccine is so fantastic, why would you not try it on your wife?”*
- They get information: for example, *“Whose idea was this trial, anyway?”*
- They give information: for example, the question *“Me?”* may mean, *“I don’t deserve your kindness”*, or *“Why would you pick me, a poor HIV positive, uninsured citizen for this trial?”*
- They get you thinking: for example, *“Have you ever thought of excluding children below ten years old from this trial?”*
- They bring to conclusion: for example, *“Do I have your word that every detail about this vaccine has been disclosed?”*

## Good answers

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There are no hard and fast rules about ‘wrong and ‘better’ answers, as most will depend on the context of the situation. But generally there are three easy steps that help you ascertain if a response is wrong or if there is a better answer:

1. Is the answer defensive? For example, *“Look, there are often mild complications whenever we carry out human trials ...”* (See *Nightmare Question 1, Section 7 C.*)
2. Does the answer address the subtext of the question, i.e. *“Is this vaccine safe?”*. Notice the vacillating tone in the *Wrong answer* in *Nightmare Question 3, Section 7 C.*, and contrast it with the calm authority in the *Better answer*.
3. Does the answer elicit a negative reaction from the questioner? Does he/she repeat the question? Can you hear murmuring in the audience? Are members of the audience nodding in affirmation/support of the questioner?

## Bad answers

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Bad answers are usually:

1. **Indefinite/Imprecise** These answers rely on technicalities and concept definitions.

Consider the following:

**Q:** *“Can you assure us that this vaccine is perfectly safe?”*

**Indefinite/Imprecise answer:** *“Well, it depends on what you mean by safety. Do you mean ‘safe’ as in ‘It won’t kill you’ or safe as in ‘It won’t cause ulcers’?”*

2. **Incomplete** This is when you deliberately divide a question into many parts and provide an answer only to the part that you find comfortable. You are responding truthfully but not completely.

Consider the following:

**Q:** *“Will this vaccine cause nausea?”*

**Incomplete answer** *“This vaccine is not known to cause nausea, although some volunteers may experience mild headaches.”*

This may be a factual response, but you also happen to know that the vaccine has ten other side effects. But since nobody asked you specifically about them, you are not talking. The problem with this sort of response is that the media will eventually find out about this and will see you as deceitful.

3. **Dodging:** This is where you change/modify the question and then respond with your own answer. Sometimes, you go into a long, windy, seemingly relevant response that, along the way changes the focus of the initial question.

Consider the following:

**Q:** *“If you knew this vaccine not to be the best candidate vaccine, why would you approve its testing in this country?”*

**Dodging answer:** *“I thought you might ask that question and I came fully prepared to answer it. But before I do that, let me give you a brief background to the preparedness stage in this country – what went into many critical decisions and why our country is blazing a trail in science. First, is there anyone here who has had the benefit of chatting with Robert Gallo? You see, Gallo was my friend and I always say ...”* (Of course, you continue with many statistics on HIV/AIDS, etc. At the end you ask a mirror/close-ended question):<sup>18</sup> *“Won’t you all agree with me that we need to save the lives of our citizens?”*

## C. Nightmare Scenarios

### Nightmare question 1

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*REPORTER: Are there any side effects, immediate or latent, to this vaccine you are testing on humans?*

*YOU: (WRONG ANSWER): Look, there are often mild complications whenever we carry out human trials. In this case, we do not envisage any side effects, and all our research supports this.*

*YOU: (BETTER ANSWER): No. Absolutely not. This vaccine has been thoroughly tested in ten of the top research institutes in the world and found to be completely safe in humans. This trial is about how effective the vaccine would be. There has never been a doubt about its safety.*

### Nightmare question 2

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*REPORTER: If you had children, would you volunteer them for this vaccine trial? Would your wife volunteer?*

*YOU: (WRONG ANSWER): I have children and since this whole trial is voluntary, it would not be up to me to volunteer anybody to participate.*

*YOU: (BETTER ANSWER): It may interest you, sir, to know that 14 of my colleagues and I have volunteered for this trial. I am confident about the safety of this vaccine and, yes, I would volunteer my children.*

### Nightmare question 3

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*REPORTER: Isn't it true that you really don't know that this vaccine would work or that it would not harm anyone?*

*YOU: (WRONG ANSWER): If we knew for sure, we wouldn't be calling this a trial, would we? What we do know is that this vaccine is not known to be harmful to humans.*

*YOU: (BETTER ANSWER): We know the following for sure: the vaccine is absolutely safe for humans and it has the potential of preventing against this deadly virus. What we are trying to verify by this trial is, therefore, the degree of effectiveness of the vaccine; not its safety.*

### Nightmare question 4

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*REPORTER: Are people really not simply being used as hapless guinea pigs?*

*YOU: (WRONG ANSWER): I resent the implication of that question. Members of my team have worked to develop this trial protocols with a sense of ethics and professionalism. We are not in the business of using humans as guinea pigs; all we do is help humans.*

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<sup>18</sup> See Appendix 4 for classifications of questions under 'Questions that will cause you anxiety'.

*YOU: (BETTER ANSWER): Absolutely not. As you know, this vaccine has also been successfully tried in primates. Unfortunately, vaccines developed for humans have to be tried and tested in humans, regardless of how successful they have been in animal testing. What we have made sure of, however, is the safety of this vaccine to humans.*

## Survival strategies

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Note that in all the ‘nightmare questions’, the journalist is only trying to understand how safe the vaccine is: Will it kill someone? Will it infect someone? etc. She or he does not want lectures on the degree of infectivity or the probability of side effects. It is more useful and efficient to address the reporter’s real concern by underscoring the safety of the vaccine trial and its usefulness to humans.

## More “Don’ts”

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- ❑ Don’t hesitate to say “I don’t understand your question”. When you say this, always restate (i.e. paraphrase) the question in a manner that you can answer. But be careful here because journalists are familiar with this PR trick – “If you don’t know the answer, change the question”. Let them feel that you are trying to be helpful and completely forthcoming, not trying to be evasive.
- ❑ Don’t hesitate to say “I don’t know” if you really don’t have an answer to a question. But, add wherever possible: “I shall find the information that you require and let you have it within the hour” or “You may contact Dr XYZ who has the full information, and here is the contact number...”. Journalists like that and they know they can believe every other thing you have said because if you did not know something, you would admit it! If you say “I don’t know”, remember to turn to your colleagues – someone may have the answer. If nobody does, tell the reporter you’ll get an answer for him/her within the hour. Then make certain to call!
- ❑ Try not to sweat when you answer questions and don’t make a habit of dabbing sweat off your forehead when you present your address. Photographers will snap away when a speaker starts sweating or dabbing off the sweat. That’s how they get the damaging file photographs that they use if anything should go wrong with the vaccine trial or with any of your team members. Besides, a sweaty speaker does not exactly look good on television.
- ❑ The facts about vaccines and vaccine trials can stand on their own. Don’t be too pushy – remember, you are not selling anything; you are informing people about a useful product that has a lot of potential.
- ❑ Someone may ask you a rude and irrelevant question. Don’t get angry. Listen attentively and you will probably find that the person is scared of the damage he or she thinks your vaccine and the trial would do. Allay these fears with understanding. Offer to meet after the conference to address any other concerns, and do so, if the invitation is accepted. This reporter may become to be one of your most ardent supporters.
- ❑ Don’t retaliate to a rude/hostile question. It’s a sign of loss of control. Remember, you are on your own ground and you have the answers.

## A list of "Dos"

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From the above list of 'don'ts', we can see that it is important to:

- ❑ Be completely honest.
- ❑ Communicate, persuade, but never sound preachy.
- ❑ Be enthusiastic and confident – let everyone see that you really enjoy telling them about this wonderful vaccine that may save millions of people.
- ❑ Use slides to support your address. Let the slides show the serious work that went into the vaccine development, the rigorous screening in the selection of volunteers, the smiling, hopeful volunteers, etc.
- ❑ Tell only the truth (as established by research) about the vaccine and the trials.
- ❑ Be specific with numbers and percentages: journalists and many other people find approximations distasteful when it concerns human life. For instance, don't say "About 2807 people will be tested" or "More than 2800 people will receive the vaccine". Instead, state the number categorically and precisely: is it 2807 or 2800?

## D. Crisis Scenario

As has been demonstrated, many of the nightmare questions can be addressed easily by simply going to the root of the journalist's concern, or watchdog objective. *Stress the safety of the vaccine and emphasize the reliability of the trial protocols.* The potentially more dangerous crisis will usually arise from questions from a highly trained and well-informed scientist (or top science writer). Consider the scenario below which describes such a situation. This is what we have called the 'conscientious objector' crisis.

### The 'conscientious objector' crisis

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Your all-important press conference is in progress. A man steps to the microphone and says:

*"I am William Chokey<sup>19</sup> and I thank you for the good work you and your highly qualified team are doing.<sup>20</sup> But I have serious concern about the safety, which you have talked about, of live attenuated vaccines in humans. And I am supported in my concern by work done at the Aro Cancer Institute, Lagos AIDS Research Center, and the Koinange Army Institute of Research,<sup>21</sup> which have reported signs of immune suppression in monkeys. For instance, Dr Park,<sup>22</sup> since 1995, has found that such vaccines could cause AIDS in*

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<sup>19</sup> We have created the 'Dr William Chokey' character for illustration purposes. Let us assume that 'Chokey' is known to you and your team as one of the leading researchers in virology. He has doctorate degrees from Harvard and has done postdoctoral work in vaccine at Oxford.

<sup>20</sup> This is where you should be extremely alert. Obviously, this man is not standing up to say how wonderful you have been or how your team is the best thing since sliced bread. Usually, this kind of 'battering' is the prelude to a catastrophic critical statement.

<sup>21</sup> Aro Cancer Institute, Lagos AIDS Research Center and the Koinange Army Institute of Research are all fictitious.

<sup>22</sup> Dr Park is fictitious.

*new born monkeys. So should we not all agree with Remi<sup>23</sup> and Waterman<sup>24</sup> who have publicly declared the use of live attenuated vaccines in humans very premature?"*

Note that 'Dr Chokey' has demonstrated deep knowledge of his subject and he has mentioned actual studies and reputable researchers in the subject area. Take notice of the countenance of the journalists, writers and scientists present as Chokey speaks and you may see many faces light up! Journalists have smelled a headline in the speaker and you can bet that William Chokey is going to be interviewed after your conference. You must handle this situation carefully.

## Strategy

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- Acknowledge William Chokey and recognise his credentials. Then, carefully tell him how wrong he is by stating the facts at your disposal.
- Qualify, clarify and delineate the remarks credited to the researchers Chokey mentions for authority.
- Stress the safety of the current vaccine and the reliability of the trial, citing scientists who have examined the vaccine worldwide.
- Offer to make available to Dr Chokey relevant data and research supporting your position which may offer him a fresh insight into the work of your team.

## Sample response

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"Thank you, Bill.<sup>25</sup> I am very familiar with Bill's work and I must say we are blessed to have him working on vaccine development.<sup>26</sup> The studies that Dr Chokey<sup>27</sup> mentions are correct, but they are not definitive. In fact, I am sure Dr Chokey is familiar with the work of Ron Peterson of the Harvard Medical School, as well as other research teams, which has shown that live attenuated SIV vaccines could prove impressive in monkeys.<sup>28</sup>"

Thereafter, proceed to differentiate your particular vaccine and state why safety in humans is a primary consideration of your team. For instance, you could say *"But this is a different kind of vaccine. This vaccine was made from a virus that affects only birds and has never been known to affect humans."*

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<sup>23</sup> Remi is fictitious.

<sup>24</sup> Waterman is fictitious.

<sup>25</sup> This sets an informal tone. It is important to be casual: you are talking to a colleague!

<sup>26</sup> This is important so that the media will not interpret your response as defensive and unnecessarily antagonistic.

<sup>27</sup> Notice the transition from a casual acknowledgement to a more formal one. It says to the audience "Now, let's talk science"!

<sup>28</sup> Here, you have neutralised, or watered down, the sting of 'Dr Chokey's' remarks by offering research work that came to a different conclusion.

## Section 8 – What if something goes wrong during the trial?

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The Press conference is not the only time when a crisis may occur. Indeed, you may find that many such crisis situations will occur during the vaccine trial. In the following section, we anticipate some worst case scenarios and suggest communication strategies for solving them.

### The scorned volunteer crisis

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Vaccine trial is in the seventeenth week in 40 healthy (i.e. HIV-negative) volunteers. Two days later, during a routine test, one of the volunteers tests positive for HIV. She is the wife of an influential newspaper editor. The volunteer and her husband now claim that she had been somehow infected with the HIV virus during the trial since pre-trial screening had shown that she was HIV negative. They threaten to go to court and to the press.

**Note:** This is an extremely dangerous scenario because it calls into question your entire screening process: if it was reliable, how did you miss a pre-existing viral condition? And if your screening process is defective, why should we rely on the vaccine trial? And was she infected by the vaccine? This problem requires a maximum level of attention and intervention.

**Objective:** To keep the trial on track, minimize damage that may be done by negative publicity, and reassert the safety and potential of the vaccine.

### Strategy:

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- Issue a press statement targeted at key people on your Contact List, informing them about discovery during a routine examination. State also that in spite of the absolute reliability of your pre-screening process, you have re-tested the rest of the volunteers and found them to retain their pre-trial status. State also that volunteers who refrain from risky behaviours cannot be infected by the vaccine under any circumstance.
- Restate carefully and clearly that it is virtually impossible for any volunteer to be infected during trial because the candidate vaccine is developed from a synthetic material (of course, this must be absolutely true!).
- Depending on the trial protocols, remove the affected patient from the pool of volunteers and explain to her that only HIV-negative persons could benefit from the trial. Also offer her free counselling and medical treatment and remind her she has a right to absolute confidentiality regarding her present status.
- Invite your key contacts and show them your five-minute video news release showing the rigorous steps the vaccine and the trials have gone through, the track record of your team members and written testimony from participating volunteers. Take some questions and state that all your tests have shown the patient's case to be a pre-existent condition which escaped pre-trial screening. Neglect to mention

her name, but remind everyone that it is for reasons like this that we have ‘false positives’ and ‘false negatives’.

- Give the media names and contact information of dozens of scientists worldwide who have examined the vaccine and trial protocols and would vouch for their safety and reliability.
- Arrange a session with all the volunteers and renowned third-party scientists who will vouch for the safety of the vaccine and the trials in volunteers who are not engaging in risky behaviours. *(The value of this is that you have allayed some of the fears they may have, while suggesting the real possibility that the lone infected volunteer may have engaged in risky behaviour and contracted HIV that way.)*

## The mass hysteria crisis

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*The ‘scorned volunteer’ in the previous scenario begins to appear on local television talk-shows speaking, teary eyed, about how she was used as a guinea pig by the trial team and then infected with HIV. She begins to express serious concern about the safety of the other volunteers.*

**Note:** This crisis has the potential for derailing the trial and replacing sound science with sheer emotion. The last thing you want is hysteria in the general population.

**Objective:** To discourage further media appearance/bookings and to make sure there are no follow-up negative stories.

### Strategies:

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- Arrange for sympathetic third-party respected scientists and researchers to endorse the vaccine and the trial process aggressively and definitively.
- Send a video news release to key media showing some of the volunteers speaking positively about the trial and suggesting that the lone patient probably had a pre-existing condition which escaped detection during screening. Also re-emphasise that the trial is absolutely safe for volunteers who refrain from risky behaviours. *(Value: Television stations are likely to run excerpts from the VNR ‘for balance’ whenever they show the lone patient.)*
- Issue a two-paragraph statement to the media stating your team was still bound to keep the status of the lone volunteer confidential even in the face of *“the present efforts to cause unfounded panic about a vaccine that has huge potential for humankind”*. Then give the names and contact information of ‘third-party’ sympathetic scientists, ethicists and respected members of the public and urge the media to contact them. *(Value: Your team immediately looks ethical and professional while depicting the lone volunteer as vengeful.)*
- Have an attorney write a friendly letter to the lady urging her to honour the agreements she signed with respect to the trial, in particular, to respect the privacy of the other volunteers since there may be legal implications which your team has no power to stop.
- Begin a television advertising campaign highlighting the safety of the vaccine and the reliability of the trial protocol. Ads should also show endorsement from renowned scientists as well as volunteers and members of their families.

## The whistle-blower crisis

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One of your team members, a highly trained and well-respected scientist, breaks ranks with the team due to an irreconcilable disagreement over trial protocol. He resigns and joins a non-governmental organization called (let us say for illustrative purposes only) the *Society for Transparency in Human Medical Testing*. You have reliable intelligence that he will become national spokesman for the organization and has been booked to begin television appearances to campaign against vaccine trials and state the possibility of some serious side effects.

**Note:** This ‘Whistle-blower’ crisis requires a high level of intervention.

**Objective:** Stop or minimise this scientist’s media appearances and the ‘weight of authenticity’ which may be associated with his appearance.

### Strategy:

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- Designated persons begin to contact key television stations and offer a pre-emptive account “*supported by years of research and the endorsement of reputable scientists worldwide*”. Give the names and contact information of third-party key scientists who disagree with the ‘whistle-blower’ and who are prepared to appear face-to-face should the stations choose to proceed with their interview plans with the whistle-blower.
- Indicate to the television stations that in the interest of balance, you are willing to have a senior member of your team appear on television with the whistle-blower to clarify issues and answer important questions.
- Have an attorney write a reminder letter to the scientist on the issue of ethics, confidentiality and defamation/libel. The attorney should also hint at the possibility of a complaint to the Academy of Sciences and other professional organizations the scientist may belong to.
- Begin a media campaign on the safety of the vaccine and the reliability of the trial.
- Focus on key issues, including benefits, support, etc. of the trials.

## The Visual Association Crisis

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On the day vaccine trials are scheduled to begin, you wake up to see a 30-second advertisement on television. It is sponsored by an NGO opposed to human testing and the present protocols of vaccine trials. Here is what you see on television:

*The ravages of HIV/AIDS are depicted in a montage of gloomy faces and newspaper clips selected worldwide. Just then, we see a black and white still photograph of a dishevelled middle-aged man, coming out of a beer parlour. His picture freezes as his name comes on the screen: ‘Dr William Gordon’;<sup>29</sup> HIV vaccine team member’ In the back, we hear the ominous ticking of the clock.*

Just then, a person’s voice is heard:

(Voice over): “Vaccine trials are serious. Let us be careful in whose hands we trust the health of humanity.”

*Then, we see a woman (as she says): “I am Mrs Gordon and Dr Gordon was my husband.”*

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<sup>29</sup> This is a fictional character.

**Note:** The trouble is Dr Gordon is a highly visible member of your team. Note that nothing evil has been expressly said about him or about the vaccine or the trials. And the photograph shown may be several years old, taken on an occasion when Dr Gordon went for a drink ‘with the guys’. All that does not matter. The intention of this advertisement is falsely, baselessly and unfairly to associate the vaccine and the trials with drunkenness.<sup>30</sup> It suggests, without saying so, that HIV/AIDS are too serious to be put in the hands of people like Dr Gordon. It employs visual tactics – the drab black and white photo, the background of a beer parlour; it uses fear<sup>31</sup> (gloomy faces of HIV/AIDS victims) and ‘testimony’ – by a scorned ex-wife.

Notice that no evidence is provided; indeed none is required for this kind of campaign to be effective. This is because as Kathleen Hall Jamieson says, much of what we see in this fast-paced world is ‘peripherally processed’<sup>32</sup> and ‘we are influenced by things that don’t go through evidence testing’.

**Objective:** To stop the negative campaign, and to reassert the safety and reliability of the vaccine and the trials in order to separate Dr Gordon from the vaccine and the trials.

### Strategy:

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- Team begins to contact key television stations, editors, journalists and columnists to hint that the vaccine and the trial are the targets of a well-funded, orchestrated negative and politically motivated campaign and urging them to demand hard evidence from the sponsors of the campaign or pull it off the air.
- Send a full curriculum vitae of team members, especially Dr Gordon’s, showing scientific work, international awards, research interest, doctoral and post-doctoral degrees/work in relevant (to vaccine, virus, etc.) areas.
- Give the media names and contact information of world-renowned scientists who will vouch for the integrity and qualifications of team members and the safety of the vaccine and the trials.
- Depending on how important Dr Gordon is to the trials, either (a) arrange for his voluntary resignation or his cross posting to a less visible research area or:
- Begin an *“I know Dr Gordon”* television campaign showing respected scientists, science journalists, students etc. attesting to Dr Gordon’s intellectual worth and moral goodness. End the ad with a greying, older scientist saying, “Dr Gordon was my student. One of the world’s best in virology. And if you’ve won as many scholarly awards as Dr Gordon, you’d have reason to clink champagne glasses too.” *(The value of this is that you have used the premise of the initial negative campaign to your advantage, suggesting that “It is OK for a genius like Dr Gordon to celebrate, especially when his good work is rewarded by his peers.” At the same time, you have effectively offered ‘evidence’ of Dr Gordon’s intellectual soundness; evidence that is stronger than that offered by a scorned partner!)*

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<sup>30</sup> The effect would be the same if the campaign had ‘associated’ the vaccine or/and the trial with a failed, even catastrophic, similar trial such as the Tuskegee Experiment in the United States during which black men and women who had naturally acquired syphilis were never told they had syphilis nor given access to penicillin. The vehicle remains the same: fear, hysteria and a false association.

<sup>31</sup> For more on how fear conditions reality, See ‘Our Fears Shape Our Perception of “The Facts”’, in Kathleen Hall Jamieson, *Dirty Politics: Deception, Distraction and Democracy*, Oxford University Press, 1992, pp.33-42.

<sup>32</sup> Jamieson describes this as cognitive processing that is ‘less conscious and more accepting of the visual cues’. (See Kathleen Hall Jamieson, p.60.)

## Section 9 – Conclusion

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The key to success in communicating HIV vaccine trials and constructing media support and public goodwill is to understand the dynamic nature of the key elements involved: human beings who have feelings; who are scared of the unknown; who are capable of deceiving and telling lies to vaccine workers.

Therefore, strategies and programmes have to be reviewed, tested and changed as necessary. Some situations will require a combination of steps/programmes to be effective. Some will require maximum intervention while for others, cautious and deliberate silence will suffice. It is important that workers do not escalate a crisis situation by misreading the level of required intervention: the *right* level is needed at all times for desired results. How do you know what level of intervention is required? There are no hard and fast rules, but paying close attention to the crisis situation will often help. For instance, if you are dealing with a 'conscientious objector' type, capable of derailing the vaccine trial, you may need a maximum level of intervention, whereas a 'visual association' crisis may require only medium intervention.

It may take the assistance of professional communication experts, working in partnership with vaccine trial workers to identify and clarify situations correctly and construct the right intervention programs.

Often some crisis situations will warrant a review or a total change of intervention approach. The team should be flexible enough to accommodate such a review or change without endangering a trial.

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## Appendix 1: Communications and vaccine trials in Thailand<sup>33</sup>

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The communications challenge posed by the Thailand example is how to carry out a successful trial in an environment characterised by inadequate media reporting (and mis-reporting<sup>34</sup>), a general public that passively receives information about HIV/AIDS and public officials mishandling key communication issues. Thailand offers us a classic lesson in how *not* to prepare for a vaccine trial.

Things appeared to have gone wrong right from the beginning. Advance news<sup>35</sup> - about the trials was filtered to the general public and transparency was sacrificed.

Health officials clearly took advantage of the lack of interest of the public and the short attention span of the Thai media. In 1995, the Director of the Thai Red Cross Society's AIDS Programme, Dr Praphan Phanuphak, confessed that he had agreed to a trial of the GP-120 vaccine, not because he thought it was the ideal candidate, but only to gauge the public reaction to trials in Thailand. That confession came years later and provoked no reactions from the media and neither Dr Phanuphak nor his organization has suffered any tangible public rebuke. Indeed, he is already working on another trial based on a combination drug treatment.

This obvious abuse of public confidence is likely to undercut subsequent goodwill. The average Thai would quite correctly wonder: "If they lied about GP-120, are they also lying about, say, ALVAC?"

The general public first learned about the US Army's plan to conduct a large-scale vaccine trial from a report in *The Economist* based on an interview with an American. *The Economist* quotes the interview as saying: '*Thai Army recruits would make a good trial group. Following up on them, and army discipline being what it is, they are unlikely to object. Since Thai recruits get infected at a relatively high rate, a trial that gave a vaccine to one group and a placebo to another, and then gave all concerned the same sort of counselling, check-ups and treatment, should be able to produce answers fairly quickly*'.<sup>36</sup>

With such a background, it is no surprise that the Thai media, already marginally interested and ill-equipped in HIV/AIDS<sup>37</sup>, became hostile, coming out with scary headlines such as '*Thai Army recruits to be guinea pigs for the US Army*' and asking '*Why not conduct the trials on US subjects in the US?*'.

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<sup>33</sup> This section has benefited from Nusara Thaitawat's report for UNAIDS, 'Reaction to AIDS Vaccine Development in Thailand through the Media' (15 January 1999).

<sup>34</sup> Chumpon Apisuk of Nam Chiwit, an advocacy group for PLAs in Thailand, believes that most Thai reporters do not have the appropriate education and background to report and educate the public effectively about HIV/AIDS vaccine development. (Interview with Nusara Thaitawat on 27 November 1998).

<sup>35</sup> Reports say that the Thai Army had foreknowledge of the trial six months before the news broke to the general public.

<sup>36</sup> A Thai translation of a story in *The Economist* of 21 September 1991. Cited in report by Nusara Thaitawat.

<sup>37</sup> Nusara Thaitawat reports that the largest circulating daily, *Thai Rath*, (1 million copies) published less than 40 articles, analysis, commentaries and opinions in the past eight years; Matichon (circulation 300,000) published 60 items.

By 1993/94, following stories published by *The Bangkok Post* and *The Nation* based on interviews with HIV/AIDS victims, a new openness developed. HIV/AIDS got closer to the psyche of the average Thai and the media's interest increased.

The Thai media began to monitor development on HIV/AIDS in the western world and accused the local Ministry of Public Health of not taking seriously the problems of HIV/AIDS in Thailand, as well as intentional blocking of several vaccines available in foreign countries.

Although the Ministry of Health and the Reporters' Association of Thailand conducted seminars to educate journalists and editors on HIV/AIDS, sensational stories such as '*AIDS carried in flood water*' still appeared in major newspapers.

The global economic crisis, which has hit Thailand, has adversely affected the media. Advertising revenue is on the decline; news publications are folding up and, by one estimate, 3600 media professionals have been put out of work.<sup>38</sup> It is therefore to be expected that lesser attention would be paid to coverage of HIV/AIDS vaccine development and vaccine trials.

## Alternative Communications Strategy

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While it is difficult to plan a strategy without being familiar with the Thai terrain or having firsthand knowledge of many key social/cultural elements, more success could have been achieved by adopting the following measures:

- Identify the key partners/public and involve them in relevant pre-trial communications plans. Carefully explain the process of the vaccine development, the trial protocols, risks and potential benefits, stressing safety;
- Arrange a series of press conferences at which key political leaders and members of community-based organizations are conspicuously present. Have one or two representatives deliver a short address.
- Encourage (fund, if necessary) the CBOs to hold grass-roots meetings at which further possible questions should be answered by a member of the vaccine team. The team member should explain why the vaccine is safe and why the risk of intercurrent infections is minimal.
- Use television, radio, banners, fliers, etc. to reach the masses in the hinterland;
- Use video news releases (VNRs) and regular press releases about the vaccine to target key media executives;
- Hold routine media seminars/training for key journalists, editors, columnists, etc.;
- Assemble a ready rapid-response team to counter negative and erroneous reports with hard scientific (easily understandable) facts.
- Get ready to change/switch strategy midstream if circumstances change.

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<sup>38</sup> Figures from the Reporters' Association of Thailand. Cited in Nusara Thaitawat, *ibid*.

## Appendix 2: Communication issues in vaccine trials in Uganda<sup>39</sup>

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A particular characteristic of vaccine trials in Uganda is the abundance of willing volunteers in spite of an inadequate communications plan at the initial stage of preparedness. Volunteers were easily recruited from three cohorts: the army; a tuberculosis preventive study group at Old Mulago Hospital; and postnatal clinics at Old Mulago.

Although they knew very little about the vaccine, thousands of Ugandans indicated their willingness to volunteer for vaccine trials. About 95% of 4600 soldiers in a survey and 2000 students in the war-torn northern part of Uganda said they were willing to try the vaccine. The reason for this appears to be the realisation of the ravages of HIV/AIDS in Uganda.<sup>40</sup>

But in spite of this public enthusiasm, Ugandans were still uneasy about safety issues and wondered aloud whether Ugandans were not simply being used as guinea pigs. Underscoring this point, a bishop of the Anglican Church warned that the church would resist HIV vaccine trials if safety measures were not guaranteed to volunteers.

This cynicism was further fueled by the confusion which characterised media reporting on HIV/AIDS and vaccine trials.<sup>41</sup> In reporting that roundly confused the public, many journalists exhibited a lack of knowledge of key terms and concepts in vaccine development. Journalists confused 'drugs' with 'candidate vaccine'. Reports say almost all Ugandan news publications have referred to ALVAC which is being tried in Uganda as a 'vaccine' rather than a 'candidate vaccine', thus leading the public to wonder, in confusion, why ALVAC is not being administered on HIV-positive persons rather than HIV-negative volunteers.

There are many more questions: *"When will scientists know that ALVAC is efficacious?" "And if ALVAC works will it be available to Ugandans who really need them?" "Who will pay for it?" "How will Africa benefit?"*

There are no easy answers, but proactive, open policy by the Ugandan government on HIV/AIDS has already resulted in the most advanced HIV/AIDS laboratory on the African continent. Government has launched the guidelines for medical research involving humans while the scientific committee has satisfactorily answered questions raised by the ethical committee.

The success of vaccine trials in Uganda will depend greatly on a sound communications plan to educate the media about key issues in vaccine trial. Such education should assist in informing the general public and sustaining its goodwill and understanding when/if the present desperation-induced interest/support for vaccine trials dwindles.

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<sup>39</sup> This section benefits from a UNAIDS report by Ann Akia Fieldler.

<sup>40</sup> The New Vision of 14 March 1994 quoted a doctor working with the Uganda Virus Research Institute as saying that people in the Rakai district badly hit by AIDS were desperate enough to try anything.

<sup>41</sup> On 11 September 1996, *The New Vision* reported that experts had certified a candidate vaccine as being safe. But in the same story, the publication says the first phase of the trials was the evaluation of its safety! (Cited in Ann Akia Fieldler's report for UNAIDS.)

## Appendix 3: Communications and vaccine trials preparation in Kenya

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Kenya may serve as an example of a country where inclusion of appropriate communication strategies seems to have had an immediate, positive impact after a stormy start that could have easily stalled the HIV vaccine development project.

The local researchers involved in the project, now known as the Kenya AIDS Vaccine Initiative (KAVI), have included advocacy as one of their top priorities and are working closely with the mass media, NGOs, policy makers, religious groups, biomedical professionals and other interested groups.

The project was subjected to intense public criticism at the beginning of 1999, forcing Kenya's director of medical services to write a letter to the leading dailies refuting widely published claims that he had accepted the use of Kenyans as guinea pigs in a potentially dangerous HIV vaccine project.

However, things have dramatically changed. The inclusion of a team of locally based mass communication consultants to coordinate advocacy has led to a major improvement in the quality and quantity of information on this vaccine project. There has been no hostile reaction from the national and regional media that now carry educational and informative stories about the project.

A measure of the success of the communication strategy is the support given to the project by the *National Mirror*, an influential publication owned by the Catholic Media Trust. The headline of an article in the March 2000 issue was '*AIDS Vaccine Trial Won't Make You HIV Positive*'. The significance of the publication's support is based on the fact that Kenya's polio immunisation drive was almost derailed when a top member of the Catholic clergy made negative statements questioning the safety of the polio vaccines. It took a combined effort by the Kenya Medical Association and the Ministry of Health to reassure the public that the vaccine was safe and not designed to make children grow into sterile adults in order to curb population growth.

The vaccine development project was put to another test when six members of a group of sero-negative commercial sex workers, assumed to be immune to HIV, suddenly tested positive. Remarkably, there was no major expression of hostility from the public despite the fact that the development of the candidate vaccine was based on the sex workers' apparent immunity to HIV. This was at least an indication that a sober environment was being created and the public had realised such setbacks should not hinder vaccine development efforts.

Thus the challenge is increasingly towards strengthening the technical and scientific aspects of the HIV Vaccine Trial project, spearheaded by local researchers at the University of Nairobi and their counterparts at Oxford University in the United Kingdom.

## Appendix 4: Questions that may cause you anxieties

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1. **Close-out questions** (the opposite of open-ended questions): These are questions which can only be answered in a manner preconceived by the questioner.

Example: *“If you were convinced that this vaccine would cause cancer in HIV negative volunteers, you would not be testing it in my country, would you?”* Obviously, there is only one answer to this: that which the questioner expects from you.

2. **Loaded questions:** These are questions which may get you in trouble no matter how you answer them.

Example: *“Are you telling us that this vaccine trial is the only hope we have to stay alive?”*

3. **Heated questions:** The questioner in this case is simply looking for a fight. Example: *“Professor, having spent the whole evening telling us how good this vaccine will be, do you mind telling us how many of our citizens will be killed during the trial?”*

4. **Trick questions:** These are questions that sound reasonable on the surface but can be judgemental and close-ended.

Example: *“What are you going to do with the mess that this trial has created? Who will help the volunteers get insurance? Who will send their children to school if they die in the trial? Who will give them access to the vaccine if it succeeds? Or do you plan to use them only to test the efficacy and abandon them once the vaccine works?”*

5. **Mirror questions:** These are questions that are most likely to come from professional colleagues, science writers, activists and people who have done substantial reading on HIV/AIDS, vaccine development and vaccine trials. Such questions are likely to begin with either a subjective or an objective statement followed by an implicit invitation to agree with the conclusion of the questioner.

Example: *“You and I know that the ALVAC vaccine did not perform ... in trials carried out on 40 volunteers in England. Won't you agree with me that we ought to exclude ... “*

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together seven UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its seven cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners – governmental and NGO, business, scientific and lay – to share knowledge, skills and best practice across boundaries.

Vaccine trials are a vital component in the continuing development of scientific responses to the HIV epidemic. Successful vaccine trials require the support, understanding and goodwill of many different organisations and individuals. This practical handbook has been written to enhance the capacity of scientists involved with HIV vaccine trials to develop useful collaboration with the media, and through them, other relevant groups and members of the public.



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