

Guide for making an overview of COVID-19 infodemic and health misinformation response

1. Aim of the overview of the COVID-19 infodemic response experience

The COVID-19 pandemic has challenged health systems and societies across the world on an unprecedented scale. The pandemic has been accompanied by an infodemic – an overabundance of information, including misinformation, which is making it difficult for people to receive reliable information, and take actions to protect their health and their communities from the disease. The pandemic has had significant economic and health impacts on countries, with variable effects.

Rapid amplification and dissemination of information and misinformation online, in a time when people are more socially distanced than ever before and relying on their phones to connect to the world, is adding a new concerning dimension to the infodemic. If people act on false health information they hear or see (online and offline), it can impact their health, and if enough people do not follow health guidance, this can elongate this pandemic. Until a vaccine or vaccines are widely available to the public and widely accepted by the public, we continue to be at risk of both the infodemic and the pandemic. Moreover, health systems will likely need to respond to future concurrent infodemics, which will impact delivery of health services and programme implementation.

Health authorities and governments have during 2020 responded to the infodemic based on their local needs, capacities and context. The purpose of this exercise is to capture the ways countries and parts of their health system have responded to the infodemic and related policies and interventions.

Poster submissions are invited from professionals working in infodemic response, as contributions to the WHO whole-of-society conference, November-December 2020. Some posters will be invited to submit a video recording of the poster for the conference.

The country posters aim to learn:

- what governments and health authorities have done to manage rumors, misinformation, and harmful impact of infodemic on health of communities and individuals
- what kinds of tools and approaches have countries used to design interventions with real-time monitoring and feedback on the state and impact of the infodemic on people's motivations, decisions to pursue self-protective or healthy behaviors, as well as reasons they do not
- what countries needed to adapt in existing routine and emergency response
- how this was done
- what kinds of skillsets are used to support infodemic response, and
- where in the health system and government infodemic response efforts are located, and what linkages exists between them

2. General instructions

- It is recommended that you complete this overview together with relevant staff in your country.

- Posters summarizing infodemic management response should be submitted by professionals working in units who work in policy analysis and response to the infodemic and health mis/disinformation:
 - located in health authorities (for example, Ministry of Health, COVID-19 response task force, Institute of Public Health, Institute of Health Research) – these may be involved in online/offline social listening, health promotion and behavior change, risk communication, health information research and analysis, digital health and analytics, health information systems security, to name a few
 - located in other parts of government (for example, Prime Minister’s office, inter-sectoral task force to respond to disinformation, directorate for information society or ICT, ministry of interior, ministry of information, disaster response agency) – these may be involved in broader anti-misinformation/disinformation efforts and formulation of policies, including in health
 - **More than one unit from the same country can respond and submit a video poster.** WHO would like to hear from units that are involved in policy analysis, analytics, research and response to the infodemic and health misinformation. In some countries, efforts are located in different organizational units, and in others ad hoc teams or individuals have been tasked with this work.
 - To make the video poster overview, the powerpoint template that has been provided to you should be filled in. It is recommended first, that you prepare a written overview based on the detailed guidance below, and then summarize this in the powerpoint template. *Please note that the information in the template should be limited (bullet points).*
 - You may not be able to find all the information you need to analyse your country’s infodemic management activities and to fill in the template. If that is the case, try to analyse the reasons why: for example, not all parts of the infodemic response are well documented, documentation is not publicly available, or you do not have a good overview of the key stakeholders/actors that you could approach for more information. The results of this analysis may lead to additional insights into aspects of your country’s infodemic management activities that could be improved.
 - Please send the following to the WHO secretariat no later than **Friday, 20 November 2020 21:00 Geneva, Switzerland time** to infodemicmanagement@who.int:
 - The completed PowerPoint presentation with 5 slides in requested template.
 - Please also send any detailed written overview (if you have made one).
 - The WHO secretariat will review the submitted video posters and prepare a thematic analysis for the WHO whole-of-society conference in November-December 2020. As a follow up, the WHO secretariat may invite you to record a video poster presentation for the conference.
- 3. Detailed guidance for collecting the information to be summarized in the PowerPoint template**

The information is aimed at helping you to gain a better understanding of the way your national information management response and activities work, and can be used to reflect on the key changes, lessons and recommendations going forward.

Slide 1

Coordination, resourcing and strategy

The elements in Red should be added as a summary to the powerpoint slide. Describe the way the coordination and resourcing of infodemic management are organized in your country. Consider topics such as the following:

Strategy

- Is there a national infodemic management strategy? If yes, what is its status?
 - Is it a formal/legal document?
 - Is it well recognized?
 - Is it being implemented?
 - Is it evaluated regularly?
 - Any other comments.
- Is infodemic management and misinformation measurement referenced in other strategic documents:
 - communications piece of risk communication and community engagement (RCCE) strategy for outbreak response?
 - digital transformation strategy?
- Are there a policy and legal mechanisms related to the right of access to health information
- Are there a policy and legal mechanisms aimed at curbing the spread of misinformation

Coordination

- Who decides how infodemic is managed and how health misinformation is addressed in your country, and how this is determined?
 - Does the government play a (leading) role in this?
 - Which other stakeholders/ministries are involved?
 - Is it a transparent process?
 - How are priorities for new developments/improvements being set?
 - Any other comments.
- Is there an intersectoral taskforce for addressing disinformation and health misinformation exists, chaired by Prime Minister/President or deputized to Ministry of Health?
- Is there an infodemic management representative in the national taskforce or RCCE working group?
- Are infodemic management functions integrated across programme or response areas or across ministries?

Resourcing

- Is there a dedicated budget line for infodemic management activities?

- Is there a dedicated person/unit at Ministry of Health or Institute of Public Health/CDC for tracking and addressing misinformation?

Add a short summary of the key elements to the template.

Working relationships across society

List the main partnerships and working relationships that Ministry of Health or other sectors are using in your country for infodemic response, for example:

- Ministry of Health has existing relationships with factchecking organizations and technology companies on health infodemic related issues. Examples:
 - Fact-checking health-related claims and debunking, countering and correcting false claims
 - Partnership with social media platforms in promotion of messages and removal of false claims
- Ministry of Health fosters active relationships with stakeholders across whole of society, including media, journalists and civil society, that can amplify messages within their constituencies and help codevelop messaging and strategies. For example, this can be part of following:
 - Evidence synthesis and science communication
 - Development and tailoring messages for different populations, utilizing appropriate communications mediums and channels
 - Risk and crisis communication aimed at the public
 - Engagement activities with communities
 - Participatory/community feedback mechanisms for community-led response
 - Engagement with influencers (online and offline) to amplify messages

Integrated measurement, research and data analysis

Measurement and research

- In your infodemic management activities, are specific indicator sets used for monitoring health misinformation and its impacts? Indicator sets can be either generic (trying to cover the entire population) or more topical (focusing on vulnerable groups or type of narrative or by a classification of health claims). Examples of measures include:
 - Measurement of information seeking by population and vulnerable groups
 - Measurement of exposure to misinformation and its effect on behavior
 - Measurement of individual's self-efficacy to respond to misinformation
- Standard Operating Procedures (SOPs) exist on how to track conversation narratives and address information voids and misinformation, using an agreed taxonomy.
- Indicators for tracking narratives and misinformation and how it affects target and vulnerable populations are defined and regularly tracked.
- Questions related to infodemic management are integrated into ongoing knowledge, attitudes and practices (KAP) surveys and other methods of measuring knowledge, attitudes and practices

- Tools used for social listening (online and offline) and analysis are customized for the local social listening needs. Some examples include:
 - Rumor tracking
 - Media or social media monitoring
 - Event-based digital surveillance of infodemic and misinformation
 - Infodemic research in unnetworked, marginalised, vulnerable or at-risk groups

Data analysis

- Multi-disciplinary research design, analysis and triangulation of diverse data sources to feed into intervention design, such as
 - Analysis of disinformation and cyber attack campaigns and organized countering
 - Analysis of media misinformation cycle and systematic countering of misinformation
 - analysis of health information seeking behaviors (e.g. hotline, website, app, chatbot use)
 - Use of social network analysis and characterization of circulating narratives, "super spreaders" and information environment
- Identify gaps in the data and indicators.
- Is it possible to link different analytical outputs at the narrative or other taxonomy level in your country? If yes, how (for example, through a shared taxonomy of narratives, or an agreed model of change for infodemic response)?
- What are the main characteristics of the data sources used in your country. Consider issues such as:
 - Accessibility
 - Data quality
 - Cost
 - Length of time between collection and availability of data
 - Limitations of the source of data

List data sources and research methods that are being used in your country for the generation of infodemic management insights.

Please list the indicators and analytical methods used in your country for monitoring of the infodemic.

Evidence-based interventions and implementation research

- Specific interventions have been developed to address the infodemic and to curb harm from misinformation based on insights and are actively evaluated and adapted
- There is a tailored infodemic management strategy for communities that are vulnerable and at risk.
- There is evidence of subnational use of infodemic management tools and principles
- There are interventions (beyond messaging) for target audiences and context that encourage appropriate health behaviors. Some techniques include:

- UX (user experience) and human-centered design (HCD) principles are used in intervention design
- Pretesting of messages for acceptability among target populations and dissemination of so tested messages
- Evidence-based optimizing of messages and channels for maximum engagement
- Use of social marketing and design techniques
- Use of technology tools to disseminate messages (chatbots, SMS, apps, etc), and to deliver infodemic management interventions
- Use of techniques for inoculation against misinformation
- Measurement integrated into standard reporting processes into health system

Add a short summary of the key elements to the template.

Reporting and integration into decision-making

Reporting

- Insights from social listening or infodemic response activities are triangulated with other socio-behavioral and epidemiological data to inform programme and policy design.
- Social listening, infodemic preparedness and response activities are conducted on a daily basis.
- **List the main (regular) infodemic reporting activities in your country.** Infodemic insights and reports can be produced by different stakeholders (such as Ministries of Health, public health institutes, digital health units, universities, or a combination of these) and can be in different formats (rapid daily reports of social listening, paper reports, web-based reports, factsheets, policy briefs, or a combination of these).
- Describe the main characteristics of these health-reporting activities, including issues such as the following.
 - Who produces the report and for whom? Who has commissioned the report?
 - Is it a regular activity?
 - Which topics are covered by the activity/ report?
 - Are the contents of the report used? If so, by whom and how?

Integration into policy-making and intervention design

- How is the information generated used for policy or intervention design? **List the main (regular) knowledge translation activities and mechanisms in your country**, for example:
 - Regular coordination between the Ministry of Health and knowledge-generating institutes (such as institute of public health, academic institutes)
 - platforms or networks for researchers/public health experts and policy-makers to discuss matters such as joint agenda-setting/formulation of research questions, and joint evaluation of the usefulness of research outputs for policy-making;
 - research programmes on knowledge translation and/or evidence-informed policy-making;
 - links with international organizations/partners that are engaged in knowledge translation (such as WHO, UNICEF, IFRC, and other international partners).

Slide 2

- Tell us a story of change that you experienced during 2020
 - What did infodemic management and response look like before the COVID-19 infodemic in your country?
 - What has changed in infodemic management and health misinformation response since start of COVID-19?

Slide 3

- Insert a graphic, figure or illustration here
- Tell us a visual story of infodemic management or show an example from an activity in your country

Slide 4

- What are the lessons learned from the experience of infodemic and infodemic response in COVID-19?
- What advice would you give to other countries developing their own infodemic response plans?

Slide 5

- What are your plans for future infodemic management work in your country?

4. Appendix:

Background

The COVID-19 pandemic has challenged health systems and societies across the world on an unprecedented scale. The pandemic has been accompanied by an infodemic – an overabundance of information, including misinformation, which is making it difficult for people to receive reliable information, and take actions to protect their health and their communities from the disease. The pandemic has had significant economic and health impacts on countries, with variable effects.

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Health authorities and governments have during 2020 responded to the infodemic based on their local needs, capacities and context. The purpose of this case experience collection of posters is to capture the ways countries and parts of their health system have responded to the infodemic and related policies and interventions.

The analysis aim to learn:

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- where in the health system and government infodemic response efforts are located, and what linkages exists between them

Who should submit posters?

Professionals working in units who work in policy analysis and response to the infodemic and health mis/disinformation:

- located in health authorities (for example, Ministry of Health, COVID-19 response task force, Institute of Public Health, Institute of Health Research) – these may be involved in online/offline social listening, health promotion and behavior change, risk communication, health information research and analysis, digital health and analytics, health information systems security, to name a few

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Can more than one unit from health authorities or government respond to the survey?

Yes, WHO would like to hear from units that are involved in policy analysis, analytics, research and response to the infodemic and health misinformation. In some countries, efforts are located in different organizational units, and in others ad hoc teams or individuals have been tasked with this work.

How will this information be used?

Preliminary analysis of the poster submissions will be presented at the upcoming WHO whole-of-society conference on infodemic management, as an input into discussion on health authorities' main challenges and possible tactical solutions we can take to take effective infodemic management actions.

A summary report will be published in early 2021.

Please contact Tina Purnat at infodemicmanagement@who.int with questions.