Infodemic management aims to ensure that people have the right information at the right time in the right format, so that they are informed and empowered to adopt behavioural changes during epidemics to protect their health and the health of their loved ones and communities.
AN OVERVIEW OF INFODEMIC MANAGEMENT DURING COVID-19

January 2020–May 2021
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>iv</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>v</td>
</tr>
<tr>
<td>Preface</td>
<td>vi</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Listen to concerns</td>
<td>4</td>
</tr>
<tr>
<td>Communicate risk and distil science</td>
<td>8</td>
</tr>
<tr>
<td>Promote resilience to misinformation</td>
<td>12</td>
</tr>
<tr>
<td>Engage and empower communities</td>
<td>16</td>
</tr>
<tr>
<td>High-level events</td>
<td>21</td>
</tr>
<tr>
<td>Regional and country approaches</td>
<td>25</td>
</tr>
<tr>
<td>The way forward</td>
<td>32</td>
</tr>
<tr>
<td>Infodemic management archive</td>
<td>36</td>
</tr>
</tbody>
</table>

**AN OVERVIEW OF INFODEMIC MANAGEMENT DURING COVID-19**

January 2020–May 2021 | iii
Foreword

Now, in an age when social media platforms have increased our interconnectedness and enabled people to gather beyond geographically bound communities, we have encountered a watershed moment that is determining the way people in every corner of the world think and act.

A hundred years after the Spanish flu, the COVID-19 crisis has shown that large-scale epidemics and pandemics do not belong to the past. With over 100 million confirmed cases and more than 2 million deaths reported to the World Health Organization (WHO) by February 2021, the COVID-19 pandemic is the most important public health scourge of the 21st century. Like earlier epidemics and pandemics, this current crisis is accompanied by uncertainty, skepticism, distrust and fear, creating a fertile ground for infodemics.

With fake news spreading faster than the virus itself and being as dangerous, in February 2020, the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus, stated that: “We are not just fighting an epidemic; we are fighting an infodemic.”

An infodemic is a tsunami of information – some accurate, some not – which spreads alongside a disease outbreak. With the speed of technology and the “plugged in” nature of our world, the COVID-19 infodemic cannot be eliminated, though it can be managed. Infodemic management calls for new approaches that help people benefit from the influx of information about epidemics and pandemics, while reducing the tendency for people to get lost in the noise. With 60% of the global population having access to the Internet, particular attention must be given to developing interventions both online and offline, which take into consideration the interrelated conversations between the physical and digital worlds.

With this in mind, we must leverage digital channels to deliver information while we also navigate the challenges that can perpetuate infodemics offline. To lessen the detrimental health impacts and socioeconomic repercussions of misinformation/disinformation, we must train people in every country and community on how to encounter infodemics and overcome them with messaging and interventions that can help individuals make positive health choices.

We must come together as a society to better prepare for and respond to these types of health emergencies. For risk communication and infodemic management, this requires the development of the following key elements in the immediate future:

• a fit-for-purpose approach to address online and offline communication challenges that impact public health;

• advancing the scientific discipline of infodemiology to understand and quantify the impact of infodemics on all facets of society (e.g. family life, religion, sociology, etc.), which would further inform evidence-based recommendations to manage them;

• new tools to practise infodemic management, such as:
  - enhanced social listening platforms to better understand and meet the concerns and information needs of individuals and communities;
  - improved health, media and digital literacy to reduce vulnerability to infodemics; and
  - collaboration across stakeholder groups (health authorities, the private sector, academia, civil society and the media) to issue effective infodemic responses.

Ultimately, effective infodemic management can protect the health of people and their communities by providing the right information at the right time and in the right format, so that they can make informed decisions and take appropriate actions during epidemics and pandemics. It also protects social cohesiveness by mitigating the social divides arising from conflicting information.

Since the dawn of civilization, the exchange of information has been fundamental to the advancement of society. With the emergence of new technologies, information flows through additional channels of communication, further filtering into people’s lives.

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The infodemic management and risk communication and community engagement of the COVID-19 response pillar was led by Dr Sylvie Briand, Director of the Global Infectious Hazard Preparedness department and Tim Nguyen, the Unit Head of the High Impact Events Preparedness unit.

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Illustrations by Sam Bradd | Design and layout by Vivian Lee
Preface

This overview summarizes the work done on infodemic management and risk communication and community engagement since early 2020 into the first quarter of 2021.

WHO’s COVID-19 response operations encompassed close collaboration between United Nations (UN) agencies, strategic partners and the WHO information network for epidemics to engage and empower communities.

This overview is intended for WHO headquarters, regional and country offices, the WHO information network for epidemics (EPI-WIN), the UN common system, and strategic partners and donors. It captures the evolution of risk communication and community engagement in managing the infodemic, i.e. how it impacts behaviour change and epidemic risk mitigation.
Introduction

Infodemic management during COVID-19

The world witnessed coronavirus disease (COVID-19) sweep the globe in 2020. People in every country had to shift their lives around in unimaginable ways.

COVID-19 has not been easy on anyone and its impacts continue. Family members are sick. Loved ones are dying. Routines are disrupted. Economies are suffering from instability. Everyone wants some semblance of “normalcy”.

The coronavirus is revealing more and more of itself to us every day. As knowledge grows, it becomes easier to coexist with COVID-19 and, hopefully, ultimately defeat it.

However, living in the age of information is a double-edged sword. On the one hand, people are tethered to their digital devices and can access updates on the virus 24 hours a day. On the other hand, this can be overwhelming, and makes the world critically vulnerable to damage from the influx of toxic disinformation, innocent misinformation and outdated versions of the truth.

The detrimental influence of misinformation on entire communities during this pandemic is clear. While the virus itself physically invades and threatens our health, the COVID-19 infodemic erodes the very social cohesion that sustains health systems and institutions that support well-being. Addressing infodemics like this is a new, but centrally important, challenge in responding to all disease outbreaks.

The brute force of the COVID-19 infodemic cannot be ignored. In tandem with the virus, it has the power to harm anyone in its way, especially those who are strapped for resources. Or those who lack basic health, digital and media literacy. Or those who are oppressed by injustice and inequity.

That is why in early 2020, WHO advanced the field of infodemiology and the practice of infodemic management, so that together with partners and stakeholders, every tool in the toolbox can be deployed to control this public health crisis.

In the midst of difficult circumstances, collaborators from all backgrounds, countries and disciplines faced infodemic challenges head on. They found ways to brainstorm and problem-solve across the virtual world. Through those collaborations, a spirit of unity shaped an infodemic management community of practice – a diverse group of people who built an arsenal of resources dedicated to understanding, quantifying, monitoring and mitigating the harm caused by infodemics.
This network is building the necessary infrastructure that will support communities to rebound from COVID-19 and future pandemics. It extends from pop culture graphic interchange formats (GIFs) intended to halt the spread of harmful misinformation, to publicly available social listening platforms that identify community concerns, to wide-reaching education courses that help journalists avoid the traps of infodemics and communicate science-based guidance more clearly.

This practice has now become a pillar of a comprehensive emergency response that will prepare the world to better manage infodemics in future. Credit in large measure goes to the individuals and institutional champions who invested the brain power, funding and energy into WHO’s infodemic management vision and playbook.

Infodemic management model in action

No epidemic can be overcome without the meaningful engagement of the communities it affects. Communities are traditionally defined as either a physical or social collection of individuals who share values, information or activities. As countries have responded to the COVID-19 pandemic with unprecedented public health and social measures, there has been a rising awareness of the need to consider more holistically “the person at risk of infection” in the context of their various “communities”. These communities include where they live and work, what faith they follow, their interests as consumers or travellers, the political movement they support and the activities they are involved in. Understanding the risks associated with different communities makes it possible to define prevention strategies tailored to those communities.

This is why infodemic management is driven by the use of evidence-based information and anchored in the principles of community involvement. Both are critical for establishing and maintaining trust, the cornerstone of social cohesion and a successful epidemic response.

The infodemic management design and implementation model (Fig. 1) supports multilevel, evidence-based interventions that are aimed at changing people’s behaviours.

The next four sections will provide context to the infodemic management activities that WHO established throughout 2020, which are being further optimized and scaled up for future application during health emergencies:

• Listen to concerns
• Communicate risk and distil science
• Promote resilience to misinformation
• Engage and empower communities

As the infodemic reaches all corners of the earth, so do the activities that will blunt its harmful impacts. In partnership with those who occupy the highest seats of power to the individuals who hold the trust of the communities where they live, infodemic management has a role as part of a comprehensive emergency response strategy. We must continue to nurture its growth so that the practice is adopted as a mainstream approach to achieving resilience.
Infodemic management is driven by the use of evidence-based information and anchored in the principles of community involvement.
Infodemic management recognizes the importance of listening to individuals and communities – online and offline – to have a better understanding of their evolving concerns and information needs.

During previous epidemics, infodemic management has been suboptimal due to several obstacles, primarily linked to the way in which communities are listened to, informed, engaged and empowered. With COVID-19, the overarching people-centred and community-led approaches championed widely have resulted in increased trust and social cohesion, and reduced the negative impacts of the virus.

Online social listening requires new open-sourced tools that can track and analyse public conversations on social media, blogs and news commentaries, and can disaggregate data by categories such as the complaints people are making or questions people are asking. It must also discern the sentiment, perspectives, practices and attitudes of the population; for example, what people say about transmission, what they think about masks or what questions they have about treatment.

When health authorities and policy-makers understand what topics are catching people’s attention and where there are information voids, they can respond in real time with high-quality, evidence-based information and recommend interventions.

WHO has identified social media and listening projects on traditional media as important ways to gauge concerns and perceptions in settings where non-digital communication routes predominate. Real-time impact measurement is necessary to ensure that communication interventions are effective and to adjust messaging when appropriate. Data are required to report on information demands and to describe information flows. Tools include tracking of exposure to traditional and Internet-based information, and engagement and amplification of evidence-based information within regional and international populations. Early “horizon scanning” (e.g. from listening projects, tracking online search terms, and reading social media and website content) can identify topics of concern, providing opportunities to immunize populations with knowledge before misinformation is transmitted. Charting trends on infodemic dashboards can help to evaluate whether corrective messaging to shift infodemic responses has succeeded.

The social listening pillar of infodemic management is still in its infancy. There are many important questions that remain to be answered, such as how behaviour shapes action, how overwhelming amounts of information affect health-seeking behaviour and how to judge the relative success of policy interventions aimed at strengthening resilience to misinformation. In 2021, WHO is working to further implement a framework for an evidence-based, quantifiable understanding of the global COVID-19 conversation.
Since March 2020, the WHO infodemic management pillar has expanded its toolbox to better understand social media data and share these data with countries on a weekly basis. In turn, countries can better understand their citizens and provide them with the information they request.

Since early in the response, WHO has produced and distributed weekly digital listening reports, which reached policy-makers, health authorities, field staff and partners who lead and support infodemic management activities. The reports give them weekly intelligence on 39 COVID-19 categories that indicate infodemic challenges they may be tasked to address.

There are a few key indicators to be studied and dealt with in the data. For instance, if country authorities are able to leverage public social media posts to see the emotions people are expressing such as fear, anxiety, denial, anger or acceptance, it provides insight into how to respond effectively. Also, by observing what narratives are emerging and the velocity at which they are spreading, the data can help country authorities realize how citizens may be impacted and can inform what messaging authorities need to distribute to lessen that impact.

When authorities have a better survey of the questions people are asking on social media, it becomes easier to pinpoint where there is a lack of trusted sources to answer those questions and authorities can work quickly to deliver the information needed before conspiracy theories and misinformation dominate these channels.
WHO Early AI-supported Response with Social listening

This is a powerful platform for gathering online and offline data sources for rapid analysis. The WHO Early AI-supported Response with Social listening (EARS) tool summarizes information that people share publicly online and parses it into categories on COVID-19 using the public health social listening taxonomy. EARS can enable faster detection of emerging sources of confusion and identify critical information gaps to better focus community engagement efforts. This improves access to timely and credible health information for all. EARS is an open-access dashboard currently being piloted in 20 countries to track content in four languages, with the potential for being expanded globally. Contact us today about working together to achieve our mission of global health and prosperity.

In order to meet the community needs and answer their concerns in a timely manner, EARS is leading the way in social listening to better understand changing public opinions, questions, complaints and narratives beyond media mentions or brand reputation.

In order to analyse millions of opinions every month, EARS is powered by text analytics technology. Natural language processing (NLP) and machine learning (ML) is used to structure opinions into categories and intents, so that actionable insights can be produced based on how public conversations are evolving every day. For cross-country comparability, the sample is normalized by showing narratives as a proportion of the conversation per country.
Examples of visual social ecosystem maps

In addition to digital listening, mapping communication ecosystems in a visual way clearly shows how information is spreading and offers a great analysis of social networks. In 2020, WHO analysed social networks with a collaborator to visualize how the digital information ecosystem is structured for healthcare worker conversations about COVID-19 in test countries. This kind of network mapping is helpful for health authorities to better understand if their messaging is getting caught in echo chambers, if communities are polarized about health measures, and identify potential influencers who can help extend the reach of health messaging to more marginalized communities.

All of this work is critical to a robust digital approach to understanding and responding to infodemics at the country and community levels.

*Graphika map of the COVID-19 vaccine conversation, December 2020*

This map captured the vaccine conversation on a global scale in December 2020. It was seeded on general vaccine hashtags such as: #Covid19vaccine, #Pfizervaccine and #Moderna.
Communicate risk and distil science

Communicating the latest science in a concise and understandable way is one of several COVID-19 response interventions to ensure that people have the right information at the right time in the right format. WHO accomplishes this with weekly COVID-19 updates that are shared with WHO country representatives and other internal and external stakeholders who use them for meetings with government officials, partners, communities and the general public. Science itself is constantly evolving and, as new technologies like diagnostics, vaccines and treatments are developed, it triggers uncertainty regarding their expected effectiveness or validity. Presenting the latest evidence-based science and guidance updates in a clear and usable format helps build and maintain trust during disease outbreaks beyond COVID-19.

It is crucial to develop effective communication about risk in a timely manner and distil the science, including the interactive exchange of information between public health experts and the public about health risks and behaviours. The amplification of risk communication messages through appropriate channels is an essential step to ensuring a two-way dialogue between the various trusted sources (health authorities, media, experts, civil society) involved in the response.

Emergency risk communication and community engagement have long been recognized as critical components of the public health response to a disease outbreak. This includes the interactive exchange of information between experts and the public about health risks and behaviours. Infodemic management is a framework that uses the same principles. It is a countermeasure as important as surveillance, laboratory progress or contact-tracing, which facilitates the systematic use of evidence-based analysis and interventions to manage the infodemic and mitigate the harmful effects of misinformation and disinformation.

Managing the infodemic in the physical world is possible with many time-tested activities, tools and approaches. Fewer strategies and tools have been broadly applied to manage it in the digital world. The COVID-19 pandemic has revealed that infodemics are challenging phenomena that require collaboration and coordinated interventions, both online and offline.

Interpreting new science, research findings, technology and evolving epidemiological information, as well as the means by which information is curated and presented, are key components of building trust and managing infodemics effectively. Trust in evidence-based messages is best maintained if they are actively promoted in digestible formats on multiple platforms that individuals already use.

WHO’s Information Network for Epidemics (EPI-WIN), the infodemic management outreach channel initiative, develops relationships with communities for a holistic, data-driven approach to effective public health messaging and studies how information influences behaviours. Establishing two-way discussion channels with stakeholders and influencers in these community groups may provide leverage for carefully tailored transmission of public health messaging while also creating opportunities to listen to concerns, learn about information needs and share best practices.

Through established communities of practice, high-level dialogues, information-sharing, technical briefings and public webinars, WHO is working with communities to support national governments to achieve joint goals and mitigate the negative effects of epidemics. These communities, in turn, inform the response by sharing their insights in dynamic two-way communications enriched by experience, trust and a shared commitment to health equity for all.

In March 2020, WHO published the interim guidance on risk communication and community engagement aimed at the countries and communities needing to address the gaps in their response in order to break the chain of transmission of the virus, change behaviour and mitigate epidemic risk in the interest of public health.
COVID-19 updates

WHO has researched and distilled science from trusted sources, producing over 60 COVID-19 updates to date, which are timely, accurate and contain clear information on a wide range of COVID-19-related topics. These include reducing transmission, testing strategies, immunity, vaccines, variants of severe acute respiratory syndrome coronavirus (SARS-CoV-2), influenza, breastfeeding, reopening of schools, public health and social measures. These have been made available to WHO offices, strategic partners, affected communities and the general public. More recently, the COVID-19 updates were being translated into French and Spanish. These updates are available on the EPI-WIN site.

See all COVID-19 EPI-WIN updates

EPI-WIN technical webinars

Since the beginning of the pandemic, WHO EPI-WIN has engaged communities and convened over 100 COVID-19-related technical webinars, making available expert panelists to more than 60,000 participants from 149 countries and territories. The target audience ranges from youth, employers and employees; representatives of faith-based organizations, trade unions and associations, risk communication and community engagement practitioners, health and care workers, the travel sector, food and agriculture; those responsible for mass gatherings and sports events. Topics such as reopening of schools and cross-cutting communities have also been discussed.

One of the valuable services has been to give communities direct access to WHO experts — providing a platform to ask questions, improve their understanding and empower them to communicate, convey and cascade scientifically accurate information within their communities.

See all technical webinars
Timely health information tailored for specific audiences

Risk communication videos and animations

Risk communication messaging comprised distilled evidence-based science through a series of videos and animations over the course of 2020. The short social media videos, typically between 30 seconds to 2 minutes or less, have been posted on the WHO official YouTube channel and official social media platforms.

Throughout the summer of 2020, WHO’s popular 30-second animation on “The evolution of science and our role in preventing the spread of COVID-19” was aired by four TV channels as a pro bono public service announcement (PSA). Between the BBC, FRANCE24, CNN and EURONEWS, the video was aired thousands of times from June through August. Broadcasting this video was not a signal from reporters that they wanted to merely share the news with viewers; it was also an indicator that they were committed to helping society understand the news they were hearing as it evolved. In 2020, media professionals teamed up with WHO to discuss what their role must be throughout this pandemic and going forward to improve society’s health literacy skills. The power of mass media is such that society should be less vulnerable to the harm caused by infodemics.

See all COVID-19 videos
COVID-19 posters and infographics

Effective communication during emergency situations helps to prevent disease, disability and death. WHO worked throughout 2020 – and continues to do so in 2021 – to make the science behind COVID-19 more visual and easier to understand and share. By creating a number of posters, concepts like diagnostics, transmissibility, how the pandemic started and public health measures were broken into bite-size pieces of information with visuals to accompany these. This format makes the topics less overwhelming and facilitates commitment to memory.

WHO's risk communication products were launched as early as January 2020. They include a series of e-poster infographics, which provide accurate and easy-to-understand advice and information from trusted sources on the COVID-19 response.

The infographic poster images are published on the WHO website and social media platforms, and provide visual images to inform the general public on how to reduce COVID-19 transmission.

See more e-poster resources
Promote resilience to misinformation

The impact of misinformation and disinformation has been observed in local settings during many epidemics prior to the COVID-19 pandemic. For instance, during the 2016 yellow fever outbreak in Angola, rumours circulated stating that one cannot drink beer for seven days after vaccination. This was incorrect and led to a decrease in vaccination, especially in young male populations. Similarly, during the 2014 Ebola outbreak in West Africa, there was a rumour that organs were being harvested at Ebola treatment centres (See Powerpoint presentation). As a consequence, people avoided treatment centres and were therefore unable to receive early supportive care, which could have saved lives.

Every epidemic generates fear fuelled by uncertainty. Yet uncertainty is the very nature of science, as research is designed to address questions to which the answers are not yet known. Communicating uncertainty is as important as communicating proven research, as it is key to building trust between experts and the public. Globally, in many instances, a lack of communication about uncertainty has created space for speculation and misinformation to fill information voids, which has resulted in mistrust in governments, public health authorities and science.

The COVID-19 infodemic has highlighted new sensitivity to false information. Means to address this aspect involve adopting short-term measures such as providing high-quality health information and guidance in a timely manner and amplifying its spread through traditional communication channels and community leaders. Evidence and facts are used to debunk misinformation and disinformation that could have a negative health impact on people and communities while respecting freedom of expression. Long-term approaches include improving the health, media and digital literacy of individuals and their communities to overcome cognitive barriers in perceiving information and enable them to adopt healthy behaviours.

Managing the infodemic has positive impacts on many spheres of society as it enables the development and maintenance of trust in science, institutions, experts, health authorities and governments. It also promotes resilience to misinformation and disinformation through social inoculation strategies, such as the improvement of health, media and digital literacy. In turn, these trust- and resilience-building processes promote the adoption of healthy behaviours and sustainable practices when facing infodemics.

What we have learned from the COVID-19 infodemic is clear. Both innocent circulation of misinformation and malicious disinformation campaigns have triggered actions across the globe that put them at a higher risk of spreading the coronavirus and making them more liable to harming their health. For example, although formal statistics about methanol intoxication and mortality are not easily accessible, unofficial reports in Iran indicated that by May 2020 that some ~500 patients had died, and of the survivors, some 60 had developed complete blindness (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7239215/). Presumably, they falsely believed that methanol could be a “cure” for COVID-19.

Infodemics spread rapidly online and offline, and across borders. They influence the way we behave and the health choices we make. These choices have a real-life impact on our health and well-being, the health and well-being of others, the well-being of our health systems, our economies and ultimately the resilience of society.
Being resilient to misinformation requires an understanding of how information flows, including the motivations behind its spread and impact on behaviours.

Questions and answers (Q&As)

The COVID-19-related Q&As have been continuously updated so that the latest science is available to the public. WHO, as a trusted source, can address pandemic concerns and provide tailored responses to frequently asked questions about specific COVID-19-related topics.

See all COVID-19 Q&As

Mythbusters

In immediate response to the growing problem of misinformation and disinformation, WHO launched the Mythbuster campaign on 27 January 2020. This comprises, to date, a series of 55 infographics and videos that facilitate the use of evidence-based analysis and interventions to mitigate the harmful effects of infodemics during epidemics and pandemics and protect public health and communities.

See all Mythbusters

Photo by Reezky Pradata on Unsplash
Online tools for fact-checking COVID-19 information

As part of an effort to identify best practices for tackling the COVID-19 infodemic, WHO supported the launch and is continuously updating a COVID-19 fact-checking hub where both formal and grass-roots fact-checkers from around the world can contribute to the fact-checking data and use it to detect where there are gaps that they can bolster.

This dataset is an international repository of 200 active COVID-19 fact-checking groups that verify COVID-19-related claims in more than 40 languages. Knowing in which languages facts are being checked helps policy-makers observe gaps in communities that need fact-checking support.

Another way to view facts and misinformation is through the COVIDGlobal Misinformation Dashboard, which offers a visual pivot table of over 8000 debunked COVID-19 claims based on the date a claim was made, what language was used to make the claim, where the claim originated and other data fields that offer insight into infodemic outbreaks.

Prior to the dataset and dashboard, people would have to go separately to each COVID-19 fact-checker’s website. Now claims are streamlined onto one interface. They are translated, receive a standardized rating according to one spectrum of truthfulness (a fact-finding tool) and made searchable.

The COVID19misinfo.org tools are continuously optimized to serve policy-makers around the world – particularly in low- and middle-income countries – and it is partnerships like these that ensure that stakeholders from every sector and with every skillset team up to share knowledge and arrive at solutions to combat the crisis caused by COVID-19 misinformation.
“How to” series

Through a series of five “how to” videos and infographics, WHO details step-by-step instructions on how to mitigate risk, how to prevent transmission and how to wear a mask safely, among others.

See the video

Dos and don’ts series

Similar to the “how to” series, WHO has shared more explicit step-by-step guidance through a series of eight posters on what to do and what not to do to clear up confusion about common safety protocols.
Engage and empower communities

Understanding the difference between infodemic management and risk communications and community engagement (RCCE) is like looking at two sides of the same coin. The principles are the same, but with RCCE, the community is at the core of the work. With infodemic management, evidence and information lead the way. Both are equally important for mitigating the harmful effects of misinformation and disinformation, and for building and maintaining trust, which is the bedrock of social cohesion and a successful pandemic response.

Infodemic management aims to ensure that people have the right information at the right time in the right format, so that they are informed and empowered to adopt behavioural practices during epidemics to protect their health, that of their loved ones and their communities.

WHO defines risk communication as the exchange of information, advice and opinions between experts, community leaders or officials and the people at risk, in order to facilitate understanding and adoption of protective behaviours. Core principles of RCCE include trust, transparency, epidemic preparedness plans, coordination with responders, public communication, methods for addressing uncertainty and managing misinformation.

Community engagement, including involving, consulting, informing, as well as engaging and collaborating with diverse communities across different cultures and geographies (e.g. the World of Work, health-care workers, faith-based communities, youth), and leveraging their experiences and perspectives is a best practice in driving the uptake of positive health interventions. We should strive to work to build two-way communication where communities have ownership in pandemic preparedness and response from start to finish.

Community empowerment, through enabling communities to develop and implement their own solutions, is key to making a lasting impact. Communities need to own their role in addressing the infodemic. Infodemic management pushes towards shared leadership and decision-making as well as community-led solutions in emergency response. For example, the WHO COVID-19 Design Lab engaged youth to co-develop solutions.

The countries that have best mitigated the public health and socioeconomic impact of the COVID-19 infodemic have been those that mounted an inclusive, whole-of-society approach emphasizing unity, equity and solidarity. For coordinated aspects of emergency humanitarian work, formal partnerships were established and UN interagency dialogues on disinformation and data transparency were also hosted virtually by UNESCO and WHO.
The infodemic response is about building partnerships and evidence-based solutions. It is about delivering the tools and capacity to communities to blunt the impact of misinformation. It is about increasing access to information, supporting journalists to cover the subject with expertise, safety and professional freedom. It is about improving media and information literacy that can empower individuals and communities to be more resilient and resistant to misinformation.

WHO initiatives are focused on understanding information needs, concerns and gaps; identifying and amplifying community-owned solutions; and co-developing guidance and messages with youth leaders, community leaders, faith leaders, scientists, journalists, policy-makers, employer and employee representatives, and those of technology companies, nongovernmental organizations (NGOs) and health authorities to support equitable health and well-being for all. Actively establishing dialogues with key sectors of society has allowed WHO to foster Communities of Practice (CoPs), in which ideas are bidirectionally exchanged and mutually agreed agendas are set. In-depth interviews and focus group discussions among key partner network groups and the populations they serve are crucial to assess the underlying sentiments and ongoing behaviour of those who post and receive information.

Innovative aspects combine expert presentations with interactive discussion, so that the views of non-traditional groups are directly conveyed to policy-makers. Large event organizers became prominent when considering postponement of global events such as the Tokyo 2020 Olympics.

Partnerships in action: the WHO information network for epidemics

Redesigning the information ecosystem and leveraging trusted channels of information exchange are necessary for accommodating the social processes that engage and empower communities to have ownership of decision-making. To help achieve this, WHO has established influential partnerships in action, seeking to empower key leaders across society to interact with their communities via established chains of trust.

Groups established earlier were those in the health, food and agriculture, and travel and tourism sectors. WHO activated internal networks to reach existing associations and industry leads that could easily amplify tailored information to constituents. New networks were forged as needs became apparent. Experience indicated that faith-based organizations (FBOs) were crucial providers of health care, education and psychosocial support to large populations in many countries. Nearly 40% of the world’s population are in paid employment, making employers and workers a priority amplifier to emphasize workplace safety.
Employers and workers
(World of Work)

Of the world’s population of around 8 billion, over 3 billion are in paid employment. National and international trade unions represent the rights and welfare of workers not only in relation to employment but also often in relation to their families and communities. They are regarded as trusted sources of information and advice by their members. WHO’s engagement with employer and employee representatives has allowed many concerns to be raised around issues that could impact on the effectiveness of public health policies and interventions aimed at containing the COVID-19 epidemic.

Due to the COVID-19 pandemic, employers and workers alike have experienced enormous upheaval, with forced shutdowns, disintegration of customer bases, loss of income and force majeure adaptation to an entirely new way of working while trying to safeguard health and play their part in the fight against the pandemic.

The World of Work (WoW) global partner dialogue on 15 December 2020 engaged large and small businesses, labour unions, international employer organizations and ministries of health, in addition to UN agencies, to gain consensus on actions to protect health and further health crisis preparedness, sustainability and social responsibility.

WHO’s workplace guidance spanned promoting and allowing regular teleworking, implementing good hygiene (handwashing and the use of masks), disinfecting the workplace to complying with local travel and other restrictions.

See all Workplace tiles

Faith-based organizations and faith leaders

FBOs and faith leaders can play a major role in amplifying trusted sources of information, changing behaviour to reduce transmission and saving lives related to epidemics. As trusted community interlocutors, faith actors play an important role in mobilizing community-led action to protect, care for and advocate for marginalized or vulnerable people; sharing critical, accurate and tailored health information; and providing spiritual care, guidance and support during times of crisis and uncertainty.

Because faith leaders have a long-term trusted presence and are integrated into their communities through service and compassionate networks, they are often able to reach the most vulnerable among us with assistance and health information. The “faith systems”, including faith leaders, FBOs, faith congregations and faith-inspired service delivery organizations, are providing critical resources during the COVID-19 pandemic response, delivering medical and social care, enhancing vaccine preparedness and delivery, and advocating for equity of access to evidence-based information and vaccines.

WHO co-developed the Interim guidance for practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19.
Adolescents and youth

WHO is keenly aware how important meaningful youth engagement is to the COVID-19 pandemic. Young people have an important role to play in the COVID-19 pandemic, both in terms of helping to reduce transmission and in engaging in the response. As the world implements extensive public health and social measures to slow virus transmission, the challenges young people face are significant, such as the disruption to their education, employment, mental well-being and general life. The long-term social and economic consequences of this pandemic will shape the future world they live and work in. Despite the challenging circumstances they face, young people around the world continue to show their resilience and commitment to contribute to the COVID-19 response, in their local communities and beyond.


To better understand how young adults are engaging with COVID-19 information and technology during the pandemic, an international study was conducted, “How Gen Z and millennials get information on the COVID-19 pandemic”, covering approximately 23,500 respondents aged 18–40 years in 24 countries across five continents. To learn more, take a look at the breakdown of all the data on this Interactive Dashboard, read our feature story or download the Key Insights document.

On International Youth Day, 12 August 2020, WHO and UNESCO recognized the young people around the world demonstrating their resilience, collective action and creativity in responding to the COVID-19 pandemic.
Launched in June 2020, the Collective Service partnership brought together the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Children’s Fund (UNICEF) and WHO. The Collective Service partnership leverages active support from the Global Outbreak Alert and Response Network (GOARN) and key stakeholders from the public health and humanitarian sectors with an unprecedented need to elevate the role RCCE plays in breaking the chains of transmission and mitigating the impact of the COVID-19 pandemic. The goal is to ensure that multiple stakeholder groups within communities work collectively to increase trust and social cohesion to decrease COVID-19 transmission. Collaborators like the institutions above and many others who are working with WHO bring the science behind infodemiology to life and lead the change in creating essential guidance and resources that communities can use to protect themselves from the damage caused by infodemics.

The RCCE efforts for COVID-19 and other concurrent epidemics worldwide must be coordinated and supported by a system that strengthens best practices, facilitates partnerships, increases efficiency, and provides systematic and quality support to governments and partners in their work to adopt community-centred approaches.

Collective Service newsletters

The Collective Service partnership also launched its weekly newsletters in October 2020. These aim to provide valuable insights and updates on RCCE research, guidance, tools and exciting initiatives from around the globe.

See all newsletters
High-level events

Creating the science

WHO has convened experts from a wide variety of disciplines to advance infodemiology, the scientific discipline that will enable us to understand the nuances of infodemics and develop 21st century tools and interventions to better manage them.

WHO INFODEMIC MANAGEMENT CONFERENCE

How infodemics affect the world and how they can be managed

29 June–21 July 2020

WHO held its first global infodemiology conference, a forum focused on shaping the scientific discipline of infodemiology and establishing a community of practice and research agenda. The advancement of infodemiology called for the development of the public health research agenda to list priorities in epidemic response that can rapidly increase our capacity to tackle infodemics.

Forty-nine priority research questions that need an answer were identified, including the following:

- How do overwhelming amounts of information affect behaviour in emergencies and what interventions are effective in addressing it?
- How does online behaviour affect offline action?
- How does the infodemic affect cognition and influence the seeking of health services?
- How does the role of policy interventions successfully address and mitigate health misinformation?
- How does the infodemic affect closed networks and vulnerable populations?

Joint Call for Papers: special issues on infodemiology

The scale of the infodemic and complexity of the response make this a topic of high importance for public health and government response. Several scientific journals are furthering global research to advance the science of infodemiology. The contributions published will allow for a broad framing of scientific evidence and knowledge from past and current experiences in managing infodemics in health emergencies.

See all infodemic-themed journal special issues
Bringing together the whole of society

The infodemic challenges society’s goals for human development and calls for a whole-of-society response to engage with communities in the production, verification and dissemination of information that leads to healthy behaviours during epidemics and pandemics. The countries that have responded best have been those that have taken an inclusive, whole-of-government, whole-of-society approach to the response, emphasizing unity, equity and solidarity. Emphasizing that everyone has a role to play in addressing the infodemic.

It is important to build partnerships around evidence-based answers and interventions; and deliver tools, training and support for communities to blunt the impact of misinformation through collective action. Increase access to information, supporting journalists so they can cover their subjects with expertise, in safety and with professional freedom. And finally, improve media and information literacy to empower individuals and communities.

United Nations family

During the COVID-19 pandemic, WHO has worked closely with the UN family, among other engaged communities, to solidify the foundation on which infodemic management is built, including understanding concerns, co-developing messages, extending the reach of health information and responding to the information needs of the public.

Radio outreach: WHO and the United Nations Educational, Social and Cultural Organization (UNESCO) have leveraged more than 2500 radio stations in 128 countries globally, in 20+ languages, to provide public health information and combat misinformation and disinformation, especially for those in remote areas in Africa, Latin America and Asia.

World of Work dialogue

15 December 2020

The COVID-19 pandemic has significantly impacted employers, workers and the public. This public plenary brought together leaders and employer/employee representatives in a gesture of solidarity: to acknowledge the impact of the COVID-19 pandemic on the sector, to share insights on how to respond and to urge key stakeholders to place health at the centre of preparedness planning for 2021.
WHO INFODEMIC MANAGEMENT CONFERENCE

Managing the COVID-19 infodemic
7, 8 April 2020

WHO held an ad-hoc online consultation on managing the COVID-19 infodemic. The aim of this consultation was to crowdsource ideas for fighting the infodemic from an interdisciplinary group of experts.

Infodemic management needs to be mainstreamed into national epidemiological preparedness and response plans because flattening the infodemic curve will help us to flatten the epidemic curve.

WHO hosted its third Virtual Global Infodemic Management Conference, where six different stakeholder groups held dialogues, workshops, webinars, contributed to podcasts and developed scientific posters. Stakeholders included scientists and researchers, country health authorities, technology companies and social media platforms, civil society and NGOs, media professionals and journalists, and UN agencies and multilateral organizations.

Participants from each group affirmed their commitment to actions that would enable individuals and communities to mitigate the impact of and develop resilience to the COVID-19 infodemic.

600 ideas generated
50 global actions

As part of the public closing session, WHO launched a Call for Action, a global movement to promote access to health misinformation and mitigate harm among online and offline communities.

Full Call for Action

Download the publication

Watch the conference
Infodemic manager training around the world

November 2020

WHO rolled out its first training in infodemic management. This covered a spectrum of infodemic management skills for applying interventions and practice to promote resilience of individuals and communities to the infodemic.

In November 2020, 278 participants from 78 countries, representative of the six WHO regions, participated in the rigorous course and successfully completed the training. The interactive training included learning about tools for monitoring rumours, fact-checking and verification, as well as how to respond effectively and test interventions to slow down/counter the spread of misinformation. The trainees put their skills to the test with a simulation project where they were tasked to manage an infodemic outbreak in the fictitious Kingdom of Elnor. Participants collaborated in teams to optimize resources and build useful tools to quantify infodemic impact and to combat it across multiple communication channels, one of which was through a repository of pop culture-inspired infodemic management GIFs that have been published and are available for use by the public. The WHO roster of vetted infodemic managers has been made available to support countries’ infodemic management needs to respond to health misinformation.

The second infodemic manager training is scheduled to be rolled out in June 2021 in English and French to 250 participants from 100 countries.
Infodemic management is not a plan that can be delegated from the top down. It must be led by people working together, listening to the experience and everyday impact of infodemics. They are better placed to understand the reasons for why they occur, be they cultural, geographical, religious, societal or a combination thereof. Constant feedback from grassroots communities, influencer networks and local leaders triggers national response programmes and protocols that support problem-solving during infodemics, and thereby inform global stakeholders about how to adapt the protocols to better serve the communities with the shared goal of how to break the chain of transmission and help in saving precious lives.

Managing the response to the infodemic of COVID-19 has greatly benefitted from the Formidable Officers of Risk Communication and Community Engagement (FORCCE) network, which was already in place under Pandemic Influenza Preparedness in 2019 to strengthen the International Health Regulations (IHR) (2005) preparedness function. This established network has proven to be instrumental in responding to the infodemic of COVID-19, which enabled a coordinated RCCE regional COVID-19 response from the onset, as early as January 2020. Weekly meetings on RCCE held throughout 2020 provided a platform to listen to regional/country concerns, share best practices, tailor risk communication messaging while making available products and tools such as the transmission package, behavioural insights survey tools and building the regional capacity for a coordinated strategic, timely risk communication response, ensuring consistency across the Organization.

In the early days of the COVID-19 pandemic, Member States and every region and level of WHO quickly recognized the importance of a response to the infodemic. From there, infodemic management swiftly transitioned from an idea on paper to a commitment and a concrete action plan that could reach every corner of the globe. In the 73rd World Health Assembly, Member States requested the WHO Secretariat to support countries in their relevant national response plans to COVID-19, including the need to counter misinformation and disinformation, among other aspects (WHA resolution 73.1 dated 19 May 2020).

Soon thereafter, each WHO region took ownership of its own infodemic management roll-out, while staying aligned with updates on the practice at the global level. Across the three levels of the Organization, WHO has been addressing the challenges of managing the infodemic and developing solutions for countries. Several UN agencies have joined in to tackle this growing challenge in responding to COVID-19, looking to WHO leadership on how to respond to health misinformation and disinformation. The following is a spotlight on some of the activities that took place at the regional and country levels.
African Region

The WHO African Region launched a regional alliance in December 2020, the Africa Infodemic Response Alliance (AIRA), to coordinate actions and pool resources in combating misinformation around the COVID-19 pandemic and other health emergencies in Africa. The alliance is the first initiative of its kind and brings together 13 international and regional organizations and fact-checking groups with expertise in data and behavioural science, epidemiology, research, digital health and communications to detect, disrupt and counter damaging misinformation on public health issues in Africa.

The Alliance members are Africa CDC, the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Verified initiative, UNICEF, UNESCO and United Nations Global Pulse. Participating and supporting bodies include Africa Check, Agence France-Presse Fact Check, PesaCheck, Dubawa and Meedan.

www.afro.who.int
Eastern Mediterranean Region

This Region has developed in-house a dashboard for daily monitoring of the COVID-19 situation and public health and social measures. The resulting data and knowledge about the progression of the pandemic have been instrumental in informing decisions concerning communications to the public. While epidemiological data are critical, behavioural data – especially where related to the roll-out of vaccines – are just as critical for effective management of the largest and most complex vaccination campaign the world has ever seen.

Therefore, a regional knowledge, attitudes and practices (KAP) survey in the 22 countries of the Region has been launched jointly with UNICEF to gauge the level of KAP among communities in relation to COVID-19 and the COVID-19 vaccine.

While there are examples of ad-hoc social listening analyses to inform RCCE messaging and interventions, there is no harmonized and regular approach to continuously track communities’ perceptions in the Eastern Mediterranean Region. A new initiative has thus been launched to understand current practices and challenges to systematically listening to communities and responding to their feedback, providing support to country offices and partners, and discussing and agreeing on a joint way forward. This social listening mapping and analysis project is led by WHO in coordination with all stakeholders and partners, including UNICEF Middle East and North Africa (MENA), IFRC MENA and the RCCE Interagency Working Group.

www.emro.who.int
European Region

In 2020, the WHO European Region developed a number of key initiatives to respond to the infodemic. Building on its long experience, expertise and in-country capacity for RCCE, the Region further enhanced initiatives around social listening, data collection and analysis, and managing rumours, misinformation and disinformation. Key examples include collecting and analysing rumours and poll data, and providing accurate information via the joint WHO/UNICEF regional HealthBuddy+ chatbot project (translated into 19 languages); monitoring public knowledge, risk perceptions, behaviours and trust via the rapid, flexible and cost-effective Behavioural Insights tool (rolled out in 27 countries), and piloting new social listening tools and services, like CrowdTangle dashboards, for the Region and country offices. In addition, the Regional Office has engaged with Global Shapers, a group of 2000 young influencers to track rumours and exchange evidence-based messages. The work in 2020 laid the foundation for the infodemic management project, which the European Region will implement in 2021, with a further focus on the health evidence and data on the scope and scale of the infodemic in Europe, as well as scaling up tools, guidance and expertise at the country level.

www.euro.who.int
This Region has joined alliances with other organizations such as the inter-programmatic collaboration to launch a series of factsheets and podcasts to understand the infodemic and misinformation in the fight against COVID-19. Additionally, it has convened strategic dialogue with women leaders to digitally transform the health sector. The WHO regional Department of Evidence and Intelligence for Action in Health, in conjunction with its collaborating centres, is planning to develop projects associated with the infodemic in terms of behaviour, feelings and opinions about COVID-19 among people and health institutions in the Americas.

www.paho.org/en
South-East Asia Region

Since February 2020, this Region has been using a combination of automated and manual scanning to conduct digital intelligence of rumours and misinformation around COVID-19 in 10 countries and 10 languages, in partnership with a social media monitoring agency. Starting in July 2020, the South-East Asia Region has been using the WHO EPI-WIN digital monitoring protocol to also monitor public perceptions and concerns around COVID-19.

Using an artificial intelligence (AI)-powered tool, over 30 million conversations on COVID-19 were scanned for rumours by automated analysis. Of these, over 400,000 were manually analysed for rumours and misinformation. Over 3000 were identified as rumours or misinformation and logged in a rumour repository so the Region could respond to the rumours.

To address rumours and fake news, the Region partnered with Twitter, WhatsApp and Facebook to highlight facts from the Region on COVID-19. The Regional Office has reached out to independent fact-checkers who debunk fake news through their networks, and this office has also developed a “Fact or Fiction” section on its COVID-19 webpage to address Region- and country-specific rumours. Relevant misinformation is reported to the country offices at the national level and to headquarters, so that it can be shared globally on the Mythbusters page. Meanwhile, risk communications messages and GIFs have been translated into some or all 11 languages of the Region to ensure local relevance.

www.who.int/southeastasia
Western Pacific Region

Through the provision of technical advice, the Western Pacific Region has produced a series of short guides and a 13-part webinar series. WHO worked with countries to advance key capacities and systems such as the use of social media for risk communication, the integration of risk communication and risk assessment, and listening and feedback loops.

By the end of 2020, all countries in the Region prioritized for risk communication support had established listening mechanisms to better understand community beliefs and behaviours, along with capturing any rumours and misinformation that might be circulating. These listening mechanisms included automated tools for social media monitoring (as in Viet Nam), surveys (Papua New Guinea) and the use of hotlines in new ways to capture community feedback (Mongolia). The findings gathered through these mechanisms are being used to strengthen communications and inform the broader response.

The Region also initiated the Asia Pacific Working Group on COVID-19 RCCE, which spans two WHO regions – the South-East Asia and Western Pacific regions. This has brought together 33 regional partner organizations and 228 national counterparts throughout 2020 under the joint leadership of WHO, the United Nations Office for Coordination of Humanitarian Affairs (OCHA) and UNICEF. This group has worked together to coordinate messaging and deliver tools useful to countries across Asia Pacific and beyond, such as an interagency perception survey and guidance on how to include vulnerable and marginalized people in COVID-19 RCCE.

www.wpro.who.int

The COVID-19 risk communication package for healthcare facilities. The development of this guide was led by UN Women and Translators without Borders on behalf of the RCCE Working Group on COVID-19 Preparedness and Response in Asia and the Pacific, co-chaired by WHO, IFRC and OCHA.
The way forward

In 2021, WHO looks ahead with hope, but also with the reality that a new year does not mean that all of our problems have been solved. In 2021, applying determination and our learnings from the past year, we are more prepared to go head-to-head with the infodemic challenges we will inevitably face throughout 2021.

We have learned from 2020, that there are frequent misconceptions about infodemic management: the first is that it is only about fighting misinformation and disinformation. Although this is an important aspect during the COVID-19 pandemic, infodemic management is more than that. It works closely with the RCCE response and the two disciplines support each other to help inform populations. The second misconception is that infodemic management applies to only virtual communication on social media. Infodemic management encompasses the virtual space, but also entails implementing a set of actions in the physical world. The physical and digital worlds coexist and are interdependent as people and communities move between them in sometimes unpredictable ways.

The emerging multidisciplinary field of “infodemiology” aspires to provide evidence based recommendations. It combines applied mathematics with behavioural, communication and data sciences to scientifically study the volume, velocity and impact of information flows. For example, infodemic curves (e.g. describing hashtag use on Internet-based platforms or reporting from listening projects on traditional media) can be charted alongside conventional disease incidence and mortality curves. Individuals within populations can be divided into those who propagate rumours and those who may be influenced by them.
Infodemic – a new WHO health topic

In 2020, WHO approved “infodemic” as an official health topic. The birth of infodemic as a new health topic is indeed a strategic milestone. Rarely are new fields of study unearthed and deemed so essential that they are added to this glossary. This new addition only reinforces the fact that infodemics are permanent. They are not only a component of the emergency response that WHO must survey and manage, but equally importantly, they should also be considered as a part of preparedness between responses. WHO’s infodemic health topic webpage is currently under development and will cross-cut with other topics to show the range of its potential impact beyond and between emergency situations. Infodemiology is a new science and people’s vulnerability to manipulation during infodemics is not completely understood. The goal is to help webpage visitors have a resource to start growing their awareness and educate themselves so that they recognize when they may be vulnerable to the consequences of infodemics.

Further interdisciplinary research is needed to better characterize the causes, dissemination mechanisms and consequences of infodemics. With more research, WHO will be able to shift from reactively issuing corrective messages towards building collaborating centres of excellence that are stacked with resources to help prepare for infodemics in advance.

In 2021, WHO continues to work with partners from all walks of society to strengthen the scientific discipline of infodemiology and find innovative ways of managing infodemics through digital and physical channels.

While initially Member States were requested to report on RCCE and infodemic progress indicators, more data are needed to better model behavioural science and establish the benchmark on how to monitor and quantify infodemic management and its impact on disease transmission through an epidemic lens.

The Johns Hopkins Center for Communications Program (CCP) has collaborated with WHO to build dashboards that present data from a global knowledge, attitudes and practices (KAP) survey around COVID-19. The survey was circulated on Facebook and more than 1.5 million people in 67 countries chose to participate. Researchers from the Massachusetts Institute of Technology (MIT) collected the data and Johns Hopkins CCP analysed and shared the data on easy-to-use dashboards.

With support from the UN Global Pulse and their radio analysis tool, WHO has been able to learn what kind of discourse is happening on COVID-19 over radio, one of the most popular means of accessing and sharing information in low- and middle-income countries. Through these analyses, the tool has identified rumours circulating in real time in Uganda about foods, herbs, chemicals and traditional witchcraft that people mistakenly thought could cure COVID-19.

By helping country authorities conduct infodemic monitoring through the radio, they can turn around and use the same channels to disseminate accurate, evidence-based information about COVID prevention and treatment.

To help manage infodemic activity that thrives via text messaging, WHO has teamed up with the International Communications Union (ITU) and UNICEF to help telecommunications companies text people directly with critical health information. This ensures that billions of people who are not able to access the Internet for reliable information can still get what they need to make informed decisions about their health.
Infodemic management tools

Infectious disease epidemics will continue to occur, necessitating resilient multisectoral platforms for infodemic management, which are sustained between outbreaks and embedded as core pillars of every response.

Since the early days of the COVID-19 pandemic, WHO’s infodemic management team has worked to develop analytical approaches, including the use of AI to help identify rising narratives that are catching people’s attention in online conversations. As part of that work, WHO built the platform called EARS, or the Early AI-supported Response with Social listening tool, which allows health decision-makers to view a real-time analysis of narratives taking place in public online forums in multiple countries and languages.

This effort helps health authorities better understand what information people are seeking so that they can meet that need. EARS in 2021 intends to run an analysis on 39 narratives in 20 countries in French, English, Spanish and Portuguese. It has also been important to try to identify the so-called “information void” where there is a lack of credible information to feed into conversations and answer people’s questions.

WHO is taking forward a public research agenda with partners on infodemic management by supporting the development and launch of the first COVID-19 Infodemic Observatory, an interactive platform that facilitates the reading and interpretation of infodemic descriptors. It is working to better understand the impact of an infodemic on a global scale. These tools put emphasis both into the creation and dissemination of authoritative health information, debunking harmful misinformation, as well as “prebunking” and building the resilience of individuals and communities. Based on AI techniques, data science and network science, the Observatory aims to provide a unique lens on the current status of misinformation and disinformation diffusing in Twitter.

WHO’s Epidemic and Pandemic Information for Communities Platform is in the pilot phase, and will be a state-of-the-art digital communication platform to facilitate knowledge generation, information-sharing and communication during epidemics and other high-impact public health events. This community-centred approach aims to enhance access to the necessary information available for decision-making, to improve the resilience of organizations and safeguard the welfare of individuals. At the same time, it will leverage trusted channels to disseminate valuable tailored advice and guidance on staying safe during high-impact public health events.
Infodemic management encompasses both the virtual and physical worlds which coexist and are interdependent as people and communities move between them in sometimes unpredictable ways.
Infodemic management archive
January 2020–May 2021

Animations

We can all help stop COVID-19 from spreading
How to properly fit your mask
Confused about when to wear a mask?
Healthcare workers are at risk
Preventing COVID-19 in your workplace or while teleworking
The evolution of science and our role in preventing the spread of COVID-19
Three factors help you make safer choices during COVID-19
COVID-19, cold and flu
Combined precautions
Sanitizer routine
Who wears what mask, when and where? (obsolete)
7 steps to prevent the spread of the virus
Sanitizer routine
Preventing COVID-19 and long-term effects
Getting through self-isolation
Checkmate COVID-19
Different tests for COVID-19

Animated GIFs

Series of 20 infodemic management GIFs for public use

Call for Action

Call for action from institutions and individuals to commit to infodemic management
Call for papers on infodemic management

COVID-19 weekly operational updates

Immunizing the Public Against Misinformation
Joint call for papers on infodemiology
Infodemic Management
Infodemic management promoting healthy behaviours in the time of COVID-19 and mitigating harm from misinformation and disinformation WHO
Side event (UNGA) on Infodemic Management
The 1st WHO Infodemic Management training programme
1st WHO design lab
WHO partners with academia to build an open source COVID-19 fact checking hub
UNGA side event on responding to the “Infodemic” sharing best practice
Youth COVID Survey
Infodemic management – responding to and combating an infodemic with science-based interventions
10 steps to community readiness: what countries should do to prepare communities
New COVID-19 risk assessment quiz increases motivation to change behaviour
COVID-19 infodemic management course: risk communication and community engagement (RCCE) challenges

2nd WHO training in infodemic management: open call for applicants
Building capacity and empowering populations to address the COVID-19 infodemic
WHO EPI-WIN Youth Networks working in community-led mental health interventions and advocating for better national and international policy
One size does not fit all: ensuring behavioural messages resonate with the intended audience

COVID-19 Q&As

Coronavirus disease (COVID-19)
Mask
Food business
Food consumers
Food safety authority
Dexamethasone
Workplace
Advice for public
School reopening
Homecare
Food safety authority
Small gathering
Ventilation and air conditioning
Ventilation and air conditioning in health facilities
Ventilation and air conditioning in public spaces and buildings
Travel
COVID-19 situation reports
No. 11 EPI-WIN launched 31 Jan; Focus: R&D Blueprint
No. 13 Risk comm’s and community engagement
No. 15 EPI-WIN and business sector
No. 35 Stigma and risk communications
No. 45 Infodemics
No. 51 Risk comm’s guidance, older adults and underlying conditions
No. 56 Partner coordination (RCCE)
No. 58 RCCE action plan
No. 65 Infodemic management
No. 72 Public health and social measures
No. 73 Routes of transmission
No. 79 Partner coordination
No. 80 Faith community
No. 86 Infodemic definition
No. 91 Updated strategy (RCCE)
No. 93 Infodemic management
No. 98 Partner coordination (RCCE)
No. 100 Social media listening and infodemic
No. 105 Partner coordination (RCCE)
No. 107 Youth contributions
No. 109 Smallpox eradication
No. 114 Schools
No. 121 Infodemic management and social science evidence
No. 128 Using social media listening to get ahead of the infodemic
No. 135 Returning to work
No. 140 Update on partner coordination (RCCE)
No. 143 Masks
No. 148 Stakeholders survey
No. 155 Sporting events (incl risk assessment tools)
No. 162 RCCE
No. 169 Infodemiology, science behind infodemic management

COVID-19 EPI-WIN updates
No. 1 General information on the virus and the outbreak
No. 2 General information on the virus and the outbreak
No. 3 General information on the virus and the outbreak
No. 4 General information on the virus and the outbreak
No. 5 General information on the virus and the outbreak
No. 6 Guidance and advice for airport workers and cabin crew
No. 7 Characteristics of COVID-19 compared to other major virus
No. 8 Export-related communication
No. 9 Protecting health workers; mass gatherings in the context of COVID-19
No. 10 Transmission of COVID-19 and risk communication
No. 11 Frequently asked questions and the impact of stigma
No. 12 Protecting health workers
No. 13 Current transmission hotspots and prevention measures
No. 14 Water, sanitation, hygiene and waste management for COVID-19
No. 15 Transmission scenario and social stigma
No. 16 Home care guidance
No. 17 Health systems preparation to face increase in demand for care
No. 18 Case management and severity profile of COVID-19
No. 19 Ibuprofen and chloroquine; age distribution in the USA
No. 20 How COVID-19 spreads
No. 21 COVID-19 transmission questions
No. 22 The solidarity trial
No. 23 Diagnostics and testing
No. 24 Immunity and clinical manifestations
No. 25 Protecting the vulnerable
No. 26 Safe return to schools
No. 27 Contact tracing and inflammatory syndrome
No. 28 What we know about COVID-19
No. 29 Surveillance strategies for COVID-19 human infection
No. 30 Use of masks
No. 31 Epidemiology and clinical management of COVID-19
No. 32 Criteria for releasing COVID-19 patients from isolation
No. 33 The latest on COVID-19 transmission and the current global situation
No. 34 What we know about the COVID-19 immune response
No. 35 Young people and COVID-19
No. 36 Long-term effects of COVID-19
No. 37 Vaccine development
No. 38 Breastfeeding and newborn care in the context of COVID-19
No. 39 COVID-19 transmission in schools
No. 40 COVID-19 and influenza
No. 41 COVID-19 pandemic
No. 42 COVID-19 and mink
No. 43 Infodemic management and COVID-19 pandemic
No. 44 How to select, implement and adjust public health and social measures
No. 45 COVID-19 vaccine development
No. 46 Testing strategies for COVID-19
No. 47 SARS-CoV-2 virus mutations & variants
No. 48 The allocation of COVID-19 vaccines
No. 49 Immune response to SARS-CoV-2 & viral infections
No. 50 10 steps to community readiness
No. 51 Pandemic overview, where are we now?
No. 52 COVID-19 vaccines and immune response
No. 53 COVID-19 vaccination and travel
No. 54 Clinical long-term effects of COVID-19
No. 55 COVID-19 guidelines development progress
No. 56 Safe Ramadan practices during COVID-19
No. 57 COVID-19 vaccine safety monitoring
No. 58 The role of health workers in the uptake of COVID-19 vaccines
No. 59 COVID-19 therapeutics

AN OVERVIEW OF INFODEMIC MANAGEMENT DURING COVID-19 | January 2020–May 2021 | 37
Infodemic management reports

1st WHO infodemiology conference
WHO ad-hoc technical consultation on managing the COVID-19 infodemic
3rd WHO infodemic management conference
1st infodemic manager training
75th UNGA side event
World-of-Work (WoW) global partner dialogue

Infodemic management tools

COVID Global Misinformation Dashboard
Framework and 50 Key Actions

Interim guidelines

RCCE readiness and response – interim guidance
A guide to preventing and addressing social stigma associated with COVID-19
Getting your workplace ready for COVID-19
Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19: interim guidance
Overview of public health and social measures in the context of COVID-19: interim guidance
WHO public health research agenda for managing infodemics
10 steps to community readiness: What countries should do to prepare communities for a COVID-19 vaccine, treatment or new test
Preventing and mitigating COVID-19 at work, Policy Brief, 19 May 2021

Media interviews

23 Jan: CNN, TV, USA, Sylvie Briand
4 Feb: Radio Classique Paris, radio, France, Sylvie Briand
5 Feb: SwissInfo, website, Switzerland, Sylvie Briand
6 Feb: Nouvel Observateur, magazine, France, Sylvie Briand
6 Feb: UN Medical Directors, United Nations, Sylvie Briand
12 Feb: RTS, TV, Switzerland, Sylvie Briand
14 Feb: Bloomberg News, website, USA, Sylvie Briand
26 Feb: L’Express, newspaper, France, Sylvie Briand
28 Feb: Nouvel Observateur, newspaper, France, Sylvie Briand
4 Mar: BFMTV, TV, France, Sylvie Briand
4 Mar: RTS, TV, Switzerland, Rosamund Lewis
6 Mar: Le Monde, newspaper, France, Sylvie Briand
8 Mar: RTL, radio, France, Sylvie Briand
10 Mar: Le Figar0, newspaper, France, Rosamund Lewis
18 Mar: Le Monde, newspaper, France, Sylvie Briand
19 Mar: RTS, TV, Switzerland, Sylvie Briand
7 Apr: Journal of communication in healthcare: strategies, media, and engagement in global health, UK, Sylvie Briand
9 Apr: Le Monde, newspaper, France, Sylvie Briand
14 Apr: RMC Sport (Radio Monte-Carlo), radio, Sylvie Briand
20 Apr: CNBC, TV, USA, Sylvie Briand
23 Apr: OECD, IGO, Sylvie Briand
27 Apr: La Liberte, newspaper, Switzerland, Sylvie Briand
1 May: France Info TV, TV, France, Sylvie Briand
1 May: SiriusXM radio world business hour, radio, Rosamund Lewis
3 May: RAI News, TV, Italy, Sylvie Briand
5 May: Journalism in a pandemic: Covering COVID-19 now and in the future - Sylvie Briand/Janet Kincade
8 May: Cine ONU (United Nations Information Service Geneva), United Nations, Switzerland, Sylvie Briand
11 May: Emission Le Québec maintenat, Radio FM 98.5 , radio, Canada, Rosamund Lewis
12 May: ABC Australia, TV, Australia, Sylvie Briand
12 May: RTS Info, radio, Switzerland, Sylvie Briand
12 May: AFP, newspaper, France, Sylvie Briand
14 May: TV-Globo Brazil, TV, Brazil, Rosamund Lewis
15 May: Agencia Efe Spain, Spain, Sylvie Briand
18 May: La Liberte, Switzerland, Sylvie Briand
21 May: Channel 4 News, TV, UK, Rosamund Lewis
28 May: Radio France, radio, France, Rosamund Lewis
4 June: BFMTV, Sylvie Briand
5 June: Egora, Sylvie Briand
11 June: Interview forum RTS, radio, Sylvie Briand
15 June: Normal life picture, Sylvie Briand
16 June: RTS Club diplomatique de Genève, radio, Switzerland, Sylvie Briand
19 June: France 2, TV, France, Sylvie Briand
21 June: France Info, Sylvie Briand
21 June: Jacobs Media, Sylvie Briand
22 June: RTS, Sylvie Briand
22 June: Bloomberg, Sylvie Briand
22 June: Radio FM 98.5 Montreal Canada, Canada, Rosamund Lewis
23 June: WFSJ webinar science journalists, Sylvie Briand
24 June: European Broadcasting Union, Sylvie Briand
2 Jul: ONU Info Geneve, Podcast, Switzerland, Sylvie Briand
15 Jul: Heidi News, Switzerland, Sylvie Briand
7 Jul: JIR Groupe Média Ile de la Réunion, Sylvie Briand
7 Jul: Independent French journalist, France, Sylvie Briand
8 Jul: BBC World Service/Business Daily + Risk, Sylvie Briand
13 Jul: Earth Institute Live, webinar, Tim Nguyen
14 Jul: 98.5 FM Montreal, radio, Canada, Rosamund Lewis
17 Jul: Heidi New Geneva website, Switzerland, Sylvie Briand
19 Jul: RTS Television, TV, Rosamund Lewis
24 Jul: Discussion with Al Jazeera on public information products (not an interview), N/A, Rosamund Lewis
24 Jul: SHW/UN MD, Rosamund Lewis
4 Aug: French channel “Public Sensat”, Sylvie Briand
12 Aug: Facebook live Q&A, Sylvie Briand
14 Aug: with Karl Moore of the CEO Series, CJAD radio, Rosamund Lewis
10 Aug: Migros Magazine, by phone, Sylvie Briand
27 Aug: RTS, La 1ère, TV, Switzerland, Rosamund Lewis
27 Aug: Forbes - Honesty and clarity are key to fighting a pandemic of misinformation, Rosamund Lewis
2 Sept: Les Affaires - L’OMS s’attaque a la desinformation, media interview and blog/article, Rosamund Lewis
8 Sept: Se vacciner contre la grippe pour alléger le système de santé? ” RTS, France culture, Sylvie Briand
18 Sept: “La recrudescence de l’épidémie de COVID-19” BFMTV , BFMTV, Sylvie Briand
18 Sept: Al Jazeera today - WHO interview on misinformation, Al Jazeera today, Sylvie Briand
19 Sept: LCI with Amélie Carrouet on Covid-19 strategy, LCI, Rosamund Lewis
19 Sept: RD1 MATIN Week-End, Radio Canada, Rosamund Lewis
20 Sept: RTS on Covid-19 strategy, RTS, Sylvie Briand
23 Sept: France info on Covid-19 strategy, France info, Sylvie Briand
24 Nov: Discussion on Infodemic in media, Festival de la communication santé, Sylvie Briand
25 Nov: The COVID-19 impact on media freedom across the globe, DW Akademie, Sylvie Briand
27 Nov: Global equitable access to the COVID-19 Vaccine, Humanitarian Congress Tokyo 2020, Sylvie Briand
1 Dec: La Méditerranée du Future Acte IV, 1720-2020: De la peste au Covid, 300 ans de résistance aux pandémies en Méditerranée, Sylvie Briand
2 Dec: Vaccine, RAI Italy, Sylvie Briand
5 Dec: Antigenic tests and dealing with vaccines, LCI, Sylvie Briand
7 Dec: COVID-19, France Inter Radio, Sylvie Briand
9 Dec: Infodemic, NPG Global Health and Development, Sylvie Briand
10 Dec: COVID-19 vaccines, BFMTV, Sylvie Briand
10 Dec: COVID-19, LCI, Sylvie Briand
10 Dec: COVID-19, follow up to primates meeting, Anglican Health and Community Network, Sylvie Briand
11 Dec: COVID-19, LCI, Sylvie Briand
12 Dec: COVID-19, LCI, Sylvie Briand
13 Dec: COVID-19, BFMTV, Sylvie Briand
14 Dec: COVID-19, LCI, Sylvie Briand
16 Dec: Mask, COVID and 3rd wave, Sylvie Briand
18 Dec: Think tank cercles des économistes - Cycle de conférences “Santé ou économie”, Sylvie Briand
19 Dec: COVID-19, BFMTV, Sylvie Briand
20 Dec: COVID-19, France info radio, Sylvie Briand
21 Dec: COVID-19, BFMTV, Sylvie Briand
22 Dec: COVID-19 and vaccine, LCI, Sylvie Briand
23 Dec: COVID-19 and vaccine, BFMTV, Sylvie Briand
27 Dec: COVID-19 and vaccine, BFMTV, Sylvie Briand
28 Dec: COVID-19 and vaccine, Europe 1 radio, Sylvie Briand
28 Dec: COVID-19 and vaccine, Radio classique, Sylvie Briand
30 Dec: 98.5 FM Normandie PM, Montreal, Canada, Rosamund Lewis
1 Jan: COVID-19 and vaccines, MEDI1 TV Afrique, Maroc, Sylvie Briand
4 Jan: COVID-19 and vaccines, BFMTV, Sylvie Briand
6 Jan: COVID-19 and vaccines, LCI TV, Sylvie Briand
6 Jan: COVID-19 and vaccines, France Info TV, Sylvie Briand
6 Jan: COVID-19 and vaccines, France Info Radio, Sylvie Briand
7 Jan: COVID-19 and vaccines, Radio Classique, Sylvie Briand
11 Jan: 1st death a year ago, WHO China visit, propagation ends this summer? Sylvie Briand
11 Jan: WHO mission in China, BFMTV, Sylvie Briand
12 Jan: La fabrique du mensonge – on Fake news, France 5, Sylvie Briand
15 Jan : COVID-19 variants, RMC radio, Sylvie Briand
17 Jan: RD1 matin week-end with Caroline Lacroix, RD1 TV, Rosamund Lewis
19 Jan: Magazine challenge (for an article), Sylvie Briand
20 Jan: COVID-19, “7 Jours BFMTV, Sylvie Briand
27 Jan: COVID-19, RTS, Sylvie Briand
27 Jan: EPI-WIN webinar, Sylvie Briand
28 Jan: COVID-19 and vaccine, France Info, Sylvie Briand
30 Jan: COVID-19 and lockdown, BFMTV, Sylvie Briand
2 Feb: COVID-19, France Info, Sylvie Briand
9 Feb: COVID-19 pandemic (an article), Mariane, Sylvie Briand
11 Feb: COVID-19 vaccines, Club Suisse de la presse, Sylvie Briand
14 Feb: COVID-19, France Info TV, Sylvie Briand
14 Feb: Living with COVID-19, for how long? BFMTV, Sylvie Briand
17 Feb: Pre-record interview on the zero COVID strategy promed in some countries, TVS, Sylvie Briand
19 Feb: The global picture of the COVID-19 pandemic, Dartmouth-hitchcock Medical Center’s department of Medicine’s Grand Rounds, Sylvie Briand
6 Mar: COVID-19 variants, RTS, Sylvie Briand
7 Mar: Un an plus tard, une retrospective, Emission ICI Matin, Radio Canada, Rosamund Lewis
10 Mar : Vaccines and youth, vaccination strategy, LCI TV, Sylvie Briand
11 Mar: Overview of the COVID-19 pandemic, key-note speech, Kennedy’s global healthcare conference, Rosamund Lewis
13 Mar: French situation and regional lockdown; vaccination, LCI TV, Sylvie Briand
15 Mar: France on vaccines and current issues, Journal L’Obs, Sylvie Briand
18 Mar: COVID-19 updates, RAI, Sylvie Briand
30 Mar: : Lessons from this 1st year of crisis and infodemic, Le Quotidien du médecin papage, Sylvie Briand
30 Mar: COVD-19 and vaccines, France Info Radio, Sylvie Briand
30 Mar: WHO report from China visit, Moracan TV, Sylvie Briand
5 Apr: Reveal (award winning radio show and podcast), Sylvie Briand
10 Apr: COVID-19 vaccines, Sylvie Briand
11 Apr: COVID-19 and vaccination, LCI matinal weekend, Sylvie Briand
13 Apr: COVID-19 and vaccinations, LCI TV, Sylvie Briand
19 Apr: Exploring questions about what the acceptable level of infection, Nature, Sylvie Briand
20 Apr: Indian variant, BFMTV, Sylvie Briand
24 Apr: Indian variant, Radio Canada, Rosamund Lewis
Hand dryers
Garlic

5G mobile networks
Tiles

Updated-Hydroxychloroquine mythbuster

Coronavirus mythbusters: Spraying and introducing bleach into your body WON’T protect you
Updated-Hydroxychloroquine mythbuster

Mythbusters

Videos

5G mobile networks DO NOT spread COVID-19
Coronavirus mythbusters: Ultra-violet (UV) lamps and COVID-19
Coronavirus mythbusters: Spraying and introducing bleach into your body WON’T protect you

Tiles

5G mobile networks
Alcohol
Antibiotics
Bleach
Cold weather, snow
Dexamethasone
Drugs
Garlic
Hand dryers
Holding your breath
Hot and humid climates
Hot baths
Hot peppers
Houseflies
Hydroxychloroquine
Masks, CO2 intoxication
Masks, exercise
Medicines

Methanol, ethanol
Misinformation
Mosquitoes
Older people, younger people
Pneumonia vaccines
Recovery
Reduce risk of infection
Saline
Shoes
Sunny and hot weather
Supplements
Swimming
Thermal scanners
Ultra-violet (UV) lamps
Viruses, bacteria, antibiotics
Young people can get COVID-19 (obsolete)
Can the smoke and gas from fireworks and firecrackers prevent the new coronavirus? (obsolete)
COVID-19 is caused by a virus, not by bacteria (obsolete)
Vitamin (obsolete)
Water (obsolete)
Pets and animals (obsolete)
Package from China (obsolete)
Mouth wash (obsolete)
Put oil in nose (obsolete)
Package (obsolete)
Ventilations (obsolete)
Can COVID-19 be spread through coins and banknotes?
How to clean your hands (obsolete)
How should I wash and dry clothes, towels and bed linen, if no one in my household is sick?
How can I grocery shop safely in the time of COVID-19?
How should I wash fruit and vegetables in the context of COVID-19?
Is wearing rubber gloves while out in public effective in preventing the new coronavirus infections?
How should I greet another person to avoid catching the new coronavirus? Should I avoid shaking hands because of new coronavirus? (obsolete)

Public guidance

ePosters

Preventative measures and masks – How to put on and take off a mask (obsolete)
Preventative measures and masks – When to use a mask (obsolete)

Masks for children
Coping with stress – adults
Coping with stress – children
Home care – for caregivers
Home care – all members in household
Home care – ill people
Older adults and underlying conditions – at high risk
Older adults and underlying conditions
Older adults and underlying conditions - protective measures
Older adults and underlying conditions - seek for medical help
Older adults and underlying conditions – mild symptoms
Stay healthy while traveling (obsolete)
Stay healthy while traveling (obsolete)
Stay healthy while traveling (obsolete)
Stay healthy while traveling (obsolete)
Stay healthy while traveling (obsolete)
Discharge from isolation (obsolete)
Reduce the risk of infection (obsolete)
Reduce the risk of infection (obsolete)Handwashing – how
Handwashing – when
Protect others (obsolete)
Protect others from getting sick (obsolete)
Shopping in wet markets in China and South-East Asia (obsolete)
Shopping in wet markets in China and South-East Asia (obsolete)
Shopping in wet markets in China and South-East Asia (obsolete)
COVID-19 symptoms
COVID-19 screening strategies for health workers
Symptom screening process for COVID-19
When to test health workers for COVID-19 in acute and long-term care facilities
Return to work criteria for health workers post quarantine or infection
Manage COVID-19 cases in healthcare workers
Transmission 5 scenarios
No. 1 Travel and Tourism Information Session
No. 2 Large multinationals
No. 3 EPI-WIN Food and Agriculture Sector
No. 4 Travel and tourism
No. 5 Travel and tourism
No. 6 Health care workers
No. 7 Travel and tourism
No. 8 Food and agriculture sector
No. 9 Travel and tourism
No. 10 COVID-19 and mental health
No. 11 COVID-19 WHO and faith-based organizations
No. 12 Travel and tourism
No. 13 Major sporting events
No. 14 Meeting with Global Unions in Geneva
No. 15 Health sector and COVID-19
No. 16 Travel and tourism
No. 17 FBOs and faith leaders
No. 18 COVID-19 and large events
No. 19 COVID-19 health sector
No. 20 Employers and employees
No. 21 Travel and tourism
No. 22 COVID-19 mass gatherings
No. 23 WHO COVID-19 Faith Based Organizations
No. 24 COVID-19 and health sector
No. 25 COVID 19 and health sector
No. 26 COVID 19 and health sector
No. 27 Faith-based organizations
No. 28 Travel and tourism
No. 29 Employers and workers
No. 30 Large events
No. 31 WHO-WONCA-AfroPHC
No. 32 COVID-19 & health sector
No. 33 Faith-based organizations and faith leaders
No. 34 Mass gatherings
No. 35 Food industry
No. 36 WHO-WONCA-AfroPHC
No. 37 Food and agriculture
No. 38 COVID-19 health sector
No. 39 Ad-hoc consultation on the infodemic (7-8 April 2020)
No. 40 Palliative care in the time of COVID-19
No. 41 Mass gatherings
No. 42 Health sector
No. 43 Employers and workers
No. 44 Hospitals
No. 45 Maritime sector
No. 46 COVID-19 testing and diagnostics
No. 47 COVID-19 safe return to work
No. 48 COVID-19 and Schools
No. 49 ‘Immunity passports’ in the context of COVID-19
No. 50 COVID-19 and youth
No. 51 40th Anniversary of Smallpox Eradication
No. 52 Schools and COVID-19
No. 53 Contact tracing
No. 54 ‘Restarting’ in the context of COVID-19
No. 55 COVID-19 and the health of seafarers (AM)
No. 56 COVID-19 and the health of seafarers (PM)
No. 57 Returning to work in the context of COVID-19
No. 58 Vaccines - the science
No. 59 AI & social listening to inform policy
No. 60 COVID-19 and face masks - guidance, behavioral insights and social science
No. 61 Sports events and COVID-19: from lockdown to a new start
No. 62 Livestream of infodemic conference outcomes
No. 63 COVID-19 and influenza surveillance
No. 64 Managing uncertainty through RCCE and coordination
No. 65 Cultural events and COVID-19
No. 66 The role of young people in ‘infodemic management’
No. 67 Listening to community feedback: a discussion on how to better close the loop and inform action
No. 68 International Youth Day
No. 69 Emergency medical team in Europe, saving lives during COVID-19
No. 70 COVID-19 - global guidance for school reopening
No. 71 COVID-19 - global guidance for school reopening
No. 72 The many faces of Stigma during COVID
No. 73 UNGA side event on Infodemic Management
No. 74 Influencing risk perceptions about COVID-19
No. 75 Role of FBOs in collaboration with MoH and WHO during COVID-19 - a focus on Sri Lanka
No. 76 Empathy and emotions: navigating digital wellbeing and grief during COVID-19
No. 77 Good participatory practices for COVID-19 research and response
No. 78 Social participation: synergies between systems strengthening and emergency response
No. 79 Best practices and lessons learned from an inter-agency perception survey in Asia Pacific
No. 80 What must not go unspoken: gender based violence during COVID-19 - the Risk Communication and Community Engagement response
No. 81 Capturing hearts & minds with facts and figures: Where is the evidence for community engagement?
No. 82 Mass gathering plenary event
No. 83 SARS-CoV-2 mutations and variants
No. 84 SARS-CoV-2 immune response and viral infections
No. 85 10 steps to community response
No. 86 Countering health misinformation with #iamhere
No. 87 A year into the COVID-19 pandemic, where are we now?
No. 88 COVID-19 vaccine update
Videos

‘How to’ series
- How to wear a fabric mask?
- How to wear a fabric mask safely?
- How to wear a medical mask?
- How to protect yourself from infodemic
- How to break the chains of transmission
- How to make fabric mask
- When and how children should wear a mask

Dos and Don’ts series
- Fabric mask: don’ts
- Fabric mask: do’s

Transmission
- What can people do to protect themselves and others from getting the new coronavirus? (obsolete)
- Why is it recommended to avoid close contact with anyone who has fever and cough?
- How is the new coronavirus affecting people who get it?
- How is COVID-19 spread and how do you protect yourself against it?
- COVID-19 – Basic measures to protect yourself and everyone else
- When and how to wear medical masks to protect against the new coronavirus?
- Can masks protect against the new coronavirus infection?
- What can you do to fight stigma associated with COVID-19?
- Materials for fabric masks
- The three-layer fabric mask
WE CAN:

TAKE ACTION

EMPOWER COMMUNITIES

REACH OUT TO NEW COMMUNITIES

CONNECT WITH VALUES