

# WHO PUBLIC HEALTH RESEARCH AGENDA FOR MANAGING INFODEMICS



World Health  
Organization

infodemic  
MANAGEMENT



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## List of acronyms and abbreviations

Africa CDC	Africa Centres for Disease Control and Prevention
China CDC	China Centre for Disease Control
COVID-19	coronavirus disease 2019
ECDC	European Centre for Disease Prevention and Control
EPI-WIN	WHO Information Network for Epidemics
GAVI	The Vaccines Alliance
HIV	human immunodeficiency virus
ICFJ	International Centre for Foreign Journalists
MAFINDO	Masyarakat Anti Fitnah Indonesia (Indonesian Anti-Defamation Society)
UN	United Nations
UNICEF	UN International Children's Emergency Fund
US CDC	US Centers for Disease Control and Prevention
USAID	US Agency for International Development
WHO	World Health Organization



## Note to the reader

This report condenses discussions according to the subjects addressed, rather than attempting to provide a chronological summary. The summaries of the discussions and group work address the themes emerging from wide-ranging discussions among all speakers, and do not necessarily imply consensus unless otherwise stated.

Summaries of the presentations and of points made in discussion are presented as the opinions expressed; no judgement is implied as to their veracity or otherwise.



## Foreword by Sylvie Briand

*Director of the WHO Department of Global Infectious Hazard Preparedness*

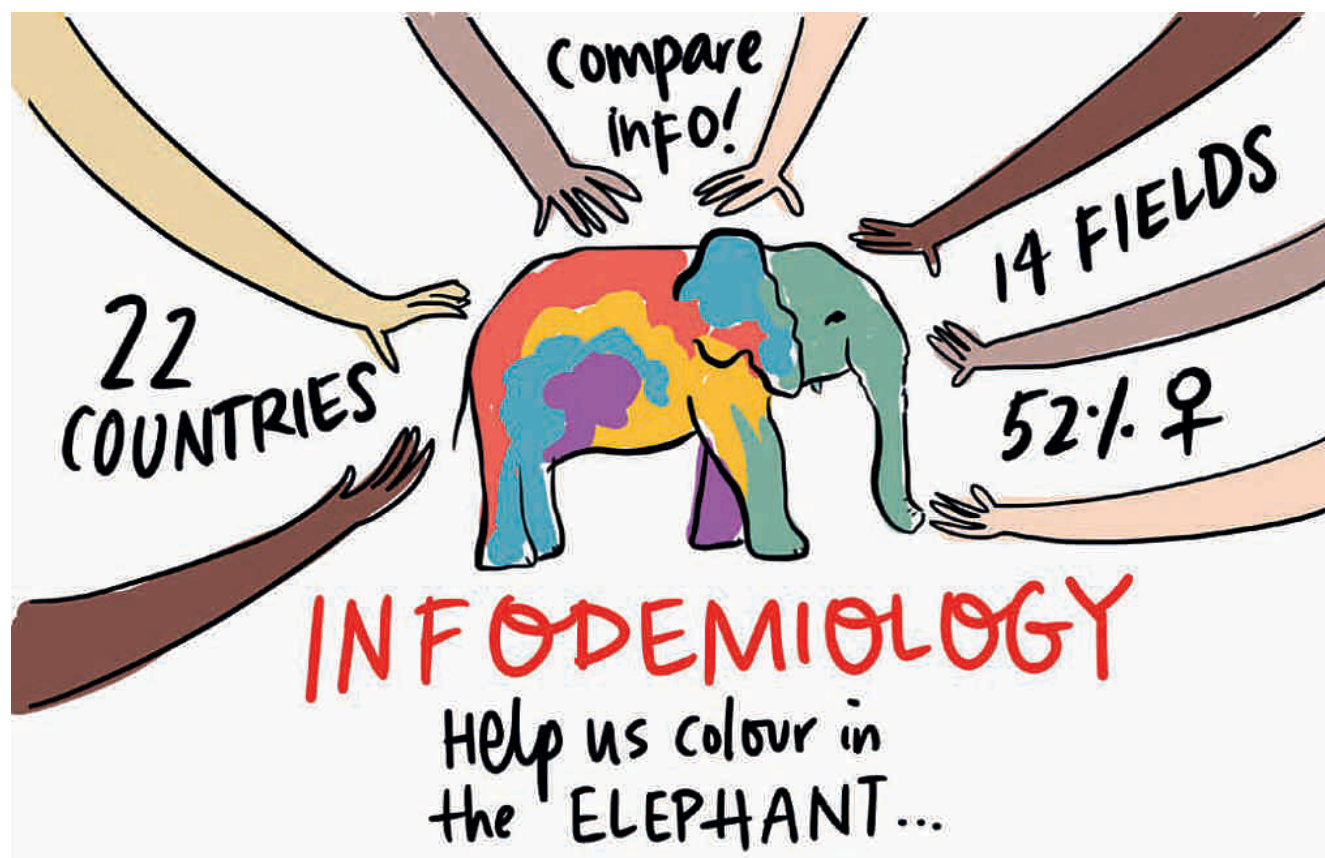
The COVID-19 pandemic has affected all of us both professionally and personally, causing anxiety and stress to many. This conference was a constructive opportunity to respond and shape the science of managing the infodemic in an extremely practical way. We all connected, listened, and collaborated in new ways that we couldn't have imagined seven months ago. Holding an entirely "virtual" WHO scientific conference over three weeks with more than 100 participants was a first for many of us.

It was a necessary response, though; never before has there been a more urgent need for a coordinated, evidence-based approach to mitigating the harm caused by an infodemic and the spread of health misinformation. COVID-19 misinformation is harming communities and individuals.

Thanks to the diversity of perspectives, disciplines and geography we were able to draw upon through this innovative sprint format, we have begun to build a global research agenda in this area, and to promote further opportunities for collaboration. Experiencing this conference has highlighted for me that we all have a stake in infodemic management; this isn't just a responsibility for WHO or health authorities, but also for academics, researchers, the media and civil society and others.

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Help us colour in the elephant...



We ask for everyone's help to operationalize the research framework produced by this meeting, and to help find more opportunities to continue these interdisciplinary conversations and start rolling out research. We invite everyone to join us on this journey, as we build and fuel a vibrant community of research and practice.

This is only the beginning; the field is maturing fast. In April, we started with an infodemic management framework to lay the groundwork, and over the summer we developed the research discipline. Two more things must be done in the coming months: firstly, the development of the competency framework to underpin the new profession of "infodemic manager;" and secondly, work to build capacity in countries to prepare and respond to infodemics in health emergencies.

There is an old Indian proverb about several blind men who are touching different parts of an elephant. One holds the tail and thinks the elephant must resemble a pole. Another touches the ear and thinks it must be like a palm leaf. Another holds a leg and imagines a beast like a tree trunk. If they don't speak with one another, none of these men can perceive the whole picture.

The participants in this conference and of the research agenda development helped us draw the elephant, fill it in and colour it, and the world will reap the rewards of advancing the field of infodemiology to generate insights that will help us see the end of COVID-19.

# Executive summary

**“We’re not just fighting an epidemic; we’re fighting an infodemic.”**

*WHO Director-General Tedros Adhanom Ghebreyesus, 15 February 2020*

An “infodemic” is an overabundance of information – some accurate and some not – that occurs during an epidemic. It spreads between humans in a similar manner to an epidemic, via digital and physical information systems. It makes it hard for people to find trustworthy sources and reliable guidance when they need it.

An infodemic is propagated by the fundamentally interconnected ways in which information is disseminated and consumed: through social media platforms, online and through other channels. In the context of the COVID-19 pandemic, it is exacerbated by the global scale of the emergency.

During epidemics, more so than in normal times, people need accurate information so that they can adapt their behaviour and protect themselves, their families and their communities against infection. Infodemics affect citizens in every country and addressing them is a new and centrally important challenge in responding to disease outbreaks.

The current COVID-19 infodemic, given its scale and profile, is an important opportunity to find and adapt new preparedness and response tools.

## **Infodemiology: an emerging transdisciplinary scientific field**

In April 2020, the WHO Information Network for Epidemics (EPI-WIN) held an online global consultation that produced a WHO framework for managing the COVID-19 infodemic along with 50 action points, one of which was to hold the first WHO infodemiology conference. This conference subsequently took place in June and July 2020. It was a transdisciplinary scientific consultation that gathered infodemic insights and approaches from as wide a range of relevant fields as possible.

Along with strengthening the foundations of the infodemiology discipline, the broader aims of this conference were to link this scientific discipline to infodemic management interventions and to improve understanding of the multidisciplinary nature of infodemic management; identify current examples and tools to understand, measure and control infodemics; build a public health research agenda to direct focus and investment in this emerging field; and establish a community of practice and research to prepare the ground for sustainable, long-term practices for responding to infodemics.

## **Responding to COVID-19: a new way of working**

Held in the context of the pandemic of COVID-19, the conference was necessarily a digital affair and required a considerable degree of creativity to execute. The methodology of the meeting, which was spread over June and July 2020, was an innovation in itself. As COVID-19 accelerates changes in ways of working across borders, WHO and its partners sought to make a virtue of necessity and experiment with the possibilities of remote meetings. Discussions took place over eight meeting days spanning the course of four weeks. An invitation-only scientific conference was bookended by public opening and closing plenaries that drew

astonishing viewing figures for a scientific meeting: there were over 11 000 connections to the first public plenary and significantly more to the closing session. A livestream on the Reuters YouTube channel had over 17 000 views alone.

Participants in the scientific conference were split into four teams. Each team met four times for two-hour “sprint sessions” of intense discussion on one of four topics, led by dedicated topic masters. By the end of the process, each team had covered each topic – a total of 32 hours of expert discussion. The topics were:

1. How to measure and monitor digital and physical information environments
2. How information originates and spreads
3. How information affects and impacts individuals and populations
4. What interventions work to protect and mitigate the impact of mis- and disinformation.

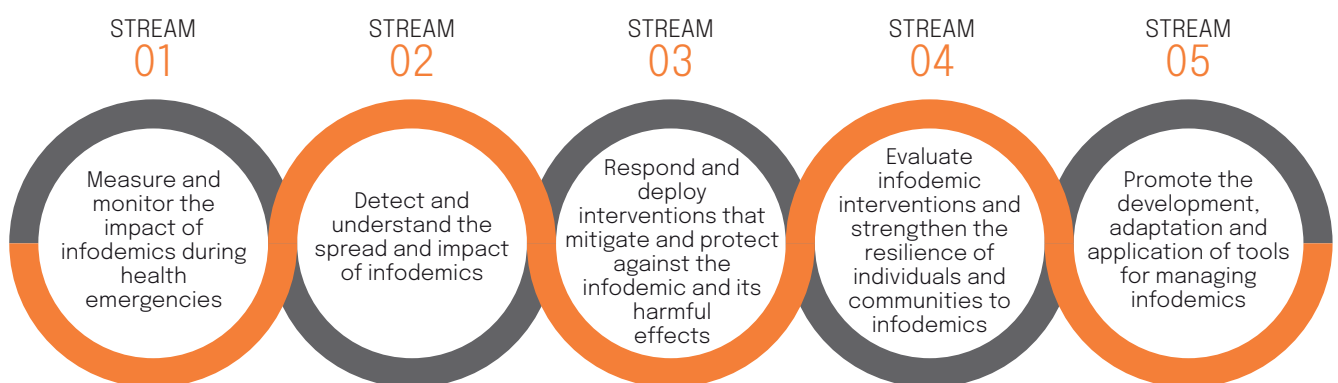
### **A public health research agenda for infodemic management**

By the meeting on 16 July, a draft research and practice agenda had emerged from these discussions, designed to strengthen work in five areas (Annex 1):

1. Measuring and monitoring the impact of infodemics during health emergencies
2. Detecting and understanding the spread and impact of infodemics
3. Responding and deploying interventions that protect against the infodemic and mitigate its harmful effects
4. Evaluating infodemic interventions and strengthening resilience of individuals and communities to infodemics
5. Promoting the development, adaptation and application of tools for managing infodemics.

Following the plenary of 16 July, the conference participants and additional reviewers proceeded through a research question prioritization exercise through October 2020.

The agenda, containing concrete, prioritized research questions, was the principal outcome of this conference. A further output of this meeting, an infodemiology glossary, has been established and will be handed over to the community of research and practice to develop and maintain to standardize the language and create the basis for this new field.



### **Stream 1: Measure and monitor the impact of infodemics during health emergencies**

- 1.1. Standardize taxonomies and classifications
- 1.2. Develop new metrics to measure and quantify infodemics
- 1.3. Analyse and triangulate data from multiple sources
- 1.4. Improve evaluation approaches for infodemic interventions.

### **Stream 2: Detect and understand the spread and impact of infodemics**

- 2.1. Understand how information originates, evolves and spreads on different platforms and channels
- 2.2. Assess the role of actors, influencers, platforms and channels
- 2.3. Understand how misinformation affects behaviour in different populations
- 2.4. Develop regulatory and ethical principles to mitigate the spread and propagation of harmful health information.

### **Stream 3: Respond and deploy interventions that protect against the infodemic and mitigate its harmful effects**

- 3.1. Design a behavioural change model applicable to infodemic management
- 3.2. Intervention design for different levels of action to mitigate the infodemics.

### **Stream 4: Evaluate infodemic interventions and strengthen the resilience of individuals and communities to infodemics**

- 4.1. Develop interventions that address individual, community, cultural and societal factors affecting trust and resilience to misinformation
- 4.2. Understand and learn from the way misinformation has affected behaviour among different populations and in different contexts for specific infodemics
- 4.3. Identify factors associated with successful infodemic management by health authorities, the media, civil society, the private sector and other stakeholders.

### **Stream 5: Promote the development, adaptation and application of tools for managing infodemics**

- 5.1. Use implementation research evidence in programme improvement and policy development
- 5.2. Promote evidence-based interventions and approaches between countries
- 5.3. Improve effectiveness and response times to the infodemic during acute health events.

# Introduction

## Background

An “infodemic” is an overabundance of information – some accurate and some not – that occurs during an epidemic. Early use of the term was in 2003, blending the words information and epidemic<sup>1</sup>, following previous information epidemic discussions<sup>2</sup>. An infodemic spreads between humans in a similar manner to an epidemic, via digital and physical information systems. It makes it hard for people to find trustworthy sources and reliable guidance when they need it.

It is propagated by the fundamentally interconnected ways that information is disseminated and consumed; through social media platforms, online and through other channels. In the context of the COVID-19 pandemic, it is exacerbated by the global scale of the emergency.

During epidemics, more so than in normal times, people need accurate information so that they can adapt their behaviour and protect themselves, their families and their communities against infection. Infodemics affect citizens in every country, and addressing them is a new and centrally important challenge in responding to disease outbreaks.

The current COVID-19 infodemic, given its scale and profile, is an important opportunity to find and adapt new preparedness and response tools.

In response to the pressing demand for timely, trustworthy information about COVID-19 and subsequent epi- and pandemics, the World Health Organization (WHO) established the Information Network for Epidemics (EPI-WIN) to serve as a network uniting technical and social media teams within WHO. EPI-WIN disseminates and amplifies evidence-based information about COVID-19, and tracks and responds to misinformation, myths and rumours.

On 7 and 8 April 2020, EPI-WIN held an online global consultation on managing the COVID-19 infodemic, with the aim of gathering information, evidence, ideas and comments from a wide range of technical experts and other stakeholders. The objective of this exercise was to gather input for a draft infodemic response framework, with the secondary aim of catalysing a new community of practice on infodemic management and beginning to define its work. This meeting produced a WHO framework for managing the COVID-19 infodemic and 50 action points<sup>3</sup>. One of those action points was to hold the first WHO infodemiology conference.

This conference was subsequently held in June and July 2020, with a research question prioritization exercise through October 2020. It was a transdisciplinary scientific consultation that gathered infodemic insights and approaches from as wide a range of relevant fields as

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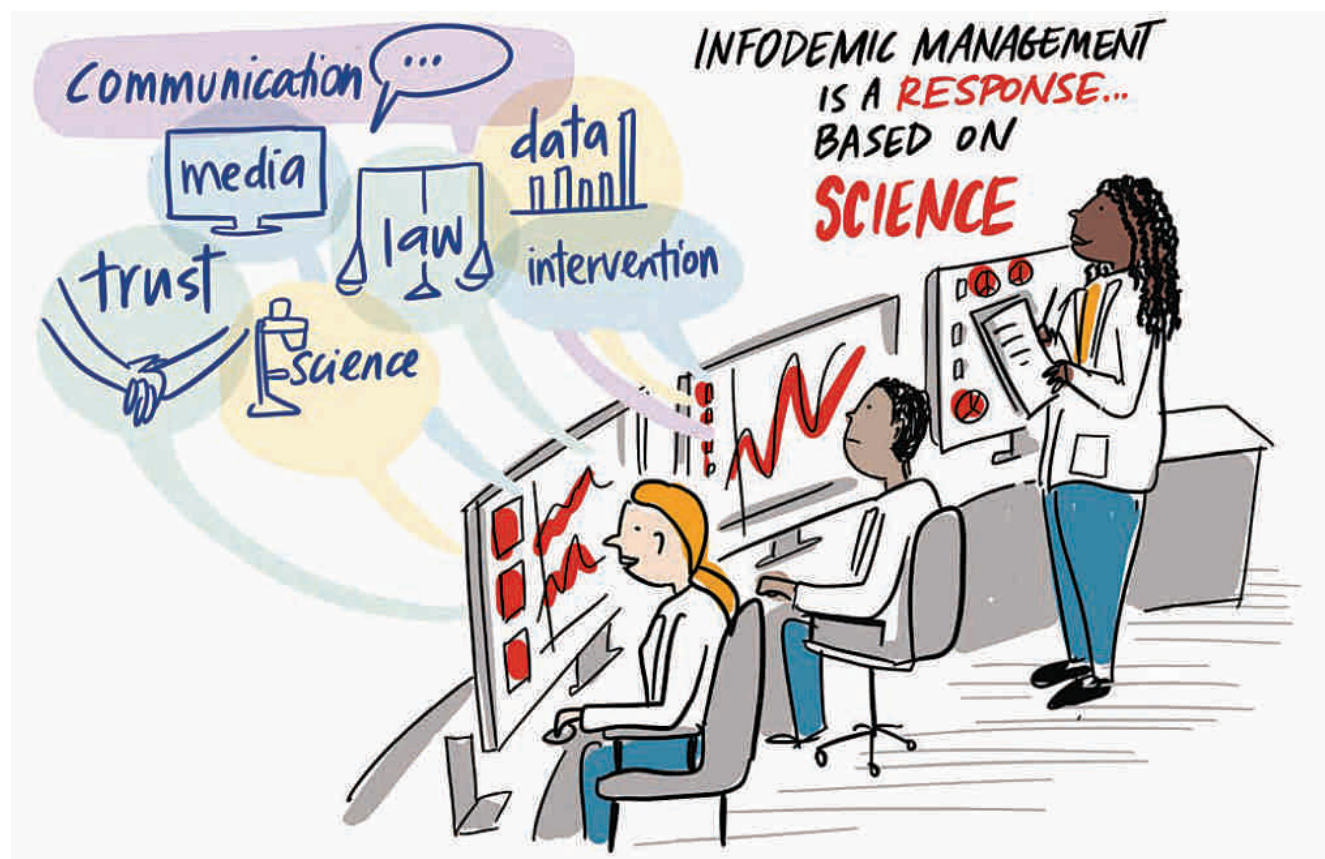
1 Rothkopf DJ. When the Buzz Bites Back. The Washington Post. 11 May 2003 (<https://www.washingtonpost.com/archive/opinions/2003/05/11/when-the-buzz-bites-back/bc8cd84f-cab6-4648-bf58-0277261af6cd/>), accessed 20 January 2021).

2 Coiera E. Information epidemics, economics, and immunity on the internet: We still know so little about the effect of information on public health. BMJ 1998;317:1469.

3 WHO ad-hoc online consultation on managing the COVID-19 infodemic [web page]. Geneva: World Health Organization; 2020 (<https://www.who.int/teams/risk-communication/infodemic-management/who-ad-hoc-online-consultation-on-managing-the-covid-19-infodemic>, accessed 20 January 2021).



possible. Along with strengthening the foundations of an evolving infodemiology<sup>4</sup> discipline, the broader aims of this conference were to improve understanding of the multidisciplinary nature of infodemic management; identify current examples and tools to understand, measure and control infodemics; build a public health research agenda to direct focus and investment in this emerging field; and establish a community of practice and research, preparing the ground for sustainable, long-term practices. From the working groups and plenary discussions, a framework for a public health research agenda was produced, followed by a research question prioritization exercise over the following eight weeks.



## Problem statement

In public health terms, too much information is a far better situation than a lack of information and scientific evidence. Systematic tools exist for capturing, assessing and synthesizing large amounts of scientific evidence but are applied within the scientific community. However, most parts of the population are confronted with too much information – beyond scientific evidence – which does not necessarily have positive aspects. For example, too much information makes it difficult for people to filter through it for what would be useful and relevant to them. Too much information can also engender a feeling of disorientation, which may induce people to lose heart, lose the perception that they have any control over what happens to them, or paralyse them from action. This then becomes not an only an issue of

4 Eysenbach G. Infodemiology and Infoveillance: Framework for an Emerging Set of Public Health Informatics Methods to Analyze Search, Communication and Publication Behavior on the Internet. J Med Internet Res 2009;11(1):e11.



(poor) information management and communication but rather an inherent problem of too much good information that needs more research attention on the way it affects behaviour.

Information, misinformation and public health are intertwined by nature, and WHO has dealt with issues around the intersection of misinformation, trust, and demand for health services since its founding.

As the world changes, so too do emergency response strategies; WHO has evolved its risk communication and community engagement approach during every major global outbreak, from smallpox to HIV/AIDS to H1N1 to Ebola to Zika.

Misinformation nowadays is highly sophisticated and deliberately designed to prey on the vulnerable. Just as the tactics for health education, social mobilization and public communication that helped eradicate smallpox over 40 years ago have evolved, so have the tactics used by purveyors of misinformation. Misinformation is increasingly sophisticated, hard to track and emotive, and can imperil public trust in health authorities and service delivery<sup>5</sup>. It can be used as a wedge to encourage polarization, stigmatize groups of people, and encourage “treatments” and behaviours that harm health.

Misinformation and distrust can be a particularly toxic mix that causes people to reject health interventions such as vaccines – as in the case of polio<sup>6</sup>; disregard health guidance, as has been seen with Ebola<sup>7</sup>; or try out unproven and dangerous therapies like ingesting methanol to prevent COVID-19<sup>8</sup>. They can also spur stigma and violence.

Individuals and communities that have been historically marginalized have weaker access to health services and weaker social linkages, which can make it difficult to reach them with services during health emergencies. In addition, these communities may have different trust profiles in health workers and the health system, and low trust and confidence can affect uptake and adherence to public health advice and interventions<sup>9</sup>.

This conference and other such recent meetings may have been among the first opportunities for many people working towards the goal to hear about the expertise and activities of others, and to frame the entirety of this activity within the problems of epidemic response and public health.

There is a need for standards in the science of managing an infodemic, even – perhaps particularly – around such basic issues as the consistent use of terminology. Coordinated and

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5 Islam S, Sarkar T, Khan SH, Kamal A-HM, Hasan SMM, Kabir A, et al. COVID-19-Related Infodemic and Its Impact on Public Health: A Global Social Media Analysis. *Am J Trop Med Hyg* 103(4) 2020 1621–1629; and Wang Y, McKee M, Torbica A, Stuckler D. Systematic Literature Review on the Spread of Health-related Misinformation on Social Media, *Social Science and Medicine* 2019; 240:112552.

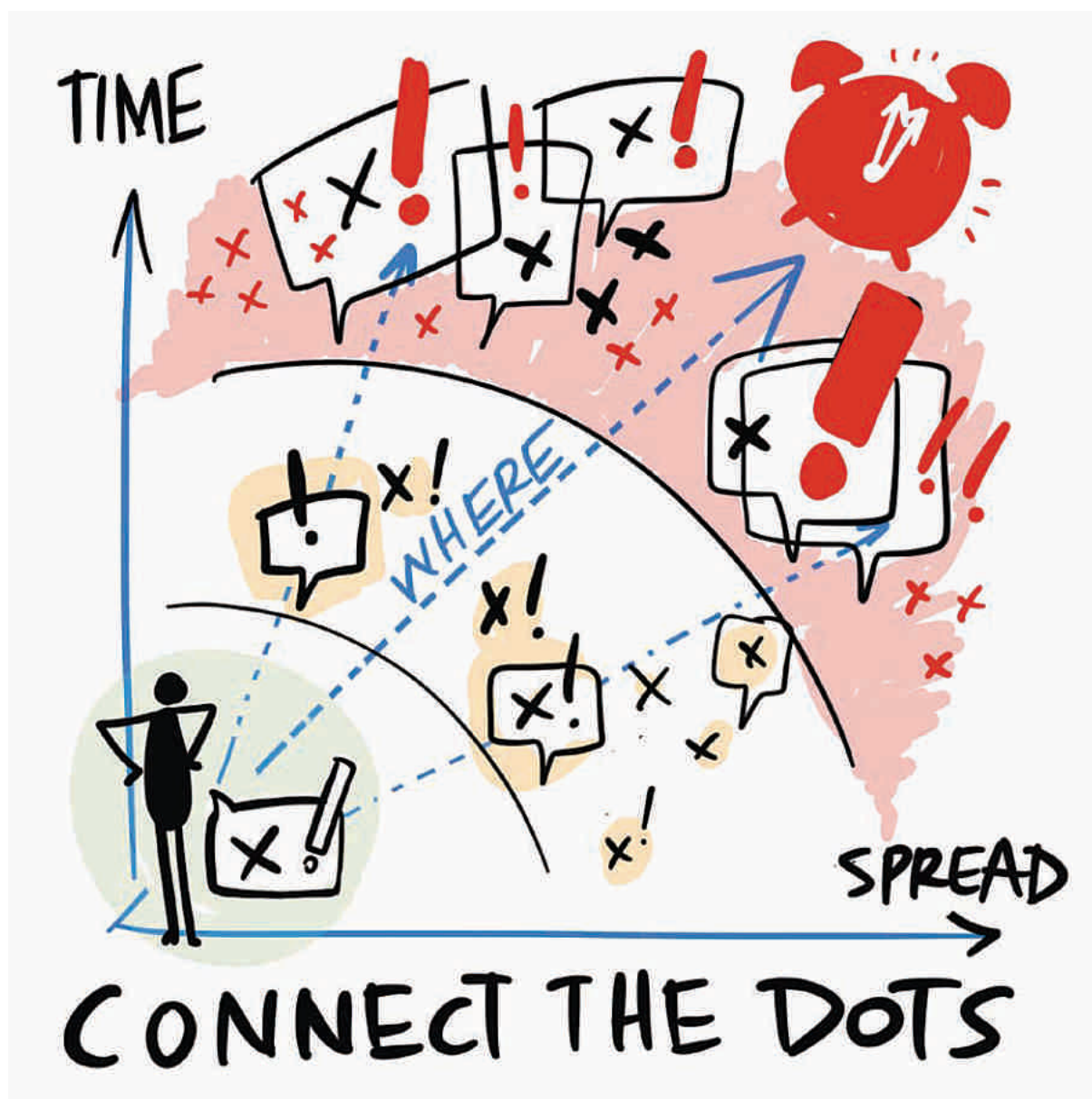
6 Toole MJ. So close: remaining challenges to eradicating polio. *BMC Med* 14, 43 (2016). doi:10.1186/s12916-016-0594-6

7 Chandler C, Fairhead J, Kelly A, Leach M, Martineau F, Mokuwa E, et al. Ebola: limitations of correcting misinformation. *Lancet*. 2014;385:1275–1277; and Vinck P, Pham PN, Bindu KK, Bedford J, Nilles EJ. Institutional trust and misinformation in the response to the 2018–19 Ebola outbreak in North Kivu, DR Congo: a population-based survey. *Lancet Infectious Diseases*. 2019;19: 529–536.

8 Hassanian-Moghaddam H, Zamani N, Kolahi AA, McDonald R, Hovda KE. Double trouble: methanol outbreak in the wake of the COVID-19 pandemic in Iran—a cross-sectional assessment. *Crit Care* 2020;24: 402. doi:10.1186/s13054-020-03140-w 2020

9 Jaiswal J, LoSchiavo C, Perlman DC. Disinformation, misinformation and inequality-driven mistrust in the time of covid-19: lessons unlearned from AIDS denialism. *AIDS and Behavior*. 2020;24:2776–2780

integrated methods are required to manage the flow of information, and common taxonomies are needed to classify and compare the way infodemics manifest in specific places and to implement strategies to maximize public health impact. To fill these gaps, it will be necessary to build on existing scientific frameworks to define the new cross-disciplinary fields needed for the science of managing infodemics.



This field will work to measure and understand the flow of health-related information around the world, clarifying where it comes from, how it propagates, who it harms and how to prevent this harm, what interventions are successful, and what makes them successful in context.

The desired outcome is to reorient existing knowledge and expertise towards strategies that result in positive health-seeking or self-protective behaviours in individuals and communities, empowering them to stand resilient to misinformation. Infodemiology can provide the crucially necessary multidisciplinary expertise and coordination to achieve this goal.

A public health research agenda for managing infodemics will provide input into research and decision-making by global health partners, research policy-makers and academia, to best prioritize efforts to generate the evidence to support an effective infodemic response.

# Approach to research agenda development

The research agenda was developed during a virtual meeting, followed by an asynchronous research question prioritization exercise. The virtual meeting consisted of eight working days spread out over four weeks<sup>10</sup>. These were made up of:

- a public preconference meeting;
- a scientific conference, consisting of opening and closing plenary meetings either side of four separate “topic sprint” days; and
- a final public meeting to present the meeting outcomes<sup>11</sup>.

After the meeting, a process took place to gather and rank research questions based on the research agenda created during the meeting.

## Preconference

The public preconference was held on 29 June. Reflecting the urgent interest in this topic, over 11 000 members of the public tuned in to live streams on Zoom and on YouTube – record-breaking attendance for a WHO meeting. While the meeting was happening, a series of polls and questions were held in real time, with 738 participants.

Seven speakers from different backgrounds spoke at the preconference, painting a picture of how the COVID-19 infodemic is entangled with many different disciplines and areas of expertise. It was an unusual insight into a range of expert experiences, and an eye-opening overview of potential interventions and approaches for managing infodemics.

## Scientific conference and topic sprints

The scientific conference that followed ran from 30 June to 16 July and comprised the opening plenary session, four days of “topic sprints,” and a closing plenary session. It was open to invited participants, who attended from all around the world, representing 20 professional disciplines, 19 time zones, over 35 countries, all WHO regions, and several different professional sectors. The 110 participants were supported by 49 organizers and speakers from all WHO regions. Throughout these working sessions, there was a total of 32 hours of discussion time, with 18 hours of plenary and meetings per participant, representing a combined work time of 3062 workhours.

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<sup>10</sup> More detail on the conference proceedings is available in the annexes to this report.

<sup>11</sup> Recordings, illustrations and related resources for these meetings are available through the following links.

Preconference: <https://www.who.int/teams/risk-communication/infodemic-management/pre-conference-1st-who-infodemiology-conference>

Conference: <https://www.who.int/teams/risk-communication/infodemic-management/1st-who-infodemiology-conference>

Post-conference: <https://www.who.int/teams/risk-communication/infodemic-management/post-conference-1st-who-infodemiology-conference>



# conspiracies, Rumors, and Falsehoods: the truth about why the infodemic is so dangerous

clare Wardle, FirstDraft

## 5 TRENDS

- 1 closed messaging apps: we can't monitor it
- 2 impostor content - we believe logos
- 3 misinformation + hate speech intersect
- 4 Videos, memes are getting more influential as they look more professional
- 5 conspiracy theories are moving into the MAINSTREAM

MEDIA LITERACY is A  
25+ YEAR SHIFT:

it needs  
to BE  
**EMBARASSING**  
to share  
MISINFORMATION

STOP SHAMING  
PEOPLE WHO  
SHARE MISINFO

WE MUST  
UNDERSTAND  
**WHY WE SHARE**  
CONSPIRACIES -

- it gives us control
- We share info that EMOTIONALLY moves us

stop  
'muting'  
our  
Uncles!

HOW?

- don't say YOU'RE WRONG...
- empathize 1st
- language of US/WE
- focus on tactics
- how conspiracies are used to divide us...

EXPLAIN MISINFORMATION  
TECHNIQUES

- FAKE CONTENT
- MANIPULATED INFO
- FALSE CONTEXT

DON'T PUT  
MISINFO IN  
HEADLINES -  
like questions

not about  
removing  
encryption or  
privacy - needs to  
be EDUCATION

LEAD WITH  
FACTS, DON'T  
LIST MYTHS

BE HONEST!

USE  
INOCULATION  
THEORY -

debunk the  
TECHNIQUE,  
eg fake experts

HELP  
EACH OTHER

TELL PEOPLE WHY  
OTHERS CREATE MYTHS:

- ① money
- ② political power
- ③ social + identity reasons

## Opening plenary

The opening plenary took place on 30 June. It consisted of four scientific keynote talks from experts in the disciplines of physics, media studies, digital media and behavioural science, followed by a roundtable talk that used the science of epidemiology as a framing device to kickstart the infodemiology discussions.

## Topic sprints

The topic sprints happened on 1, 7, 9 and 14 July. Participants were divided into four teams (red, yellow, green and blue) that stayed together throughout this part of the conference. On each sprint day, each team met for an intensive two-hour discussion on one of four topics, rotating on subsequent days so that each team had covered each topic by the end of 14 July. Each topic discussion was led by fixed “topic masters,” who were able, as time went on, to inform their moderation approaches with insights from previous sessions, ensuring that participants’ contributions could be gathered and cross-referenced in as organic a fashion as possible.

There were four working topics:

1. How to measure and monitor digital and physical information environments
2. How information originates and spreads
3. How information affects and impacts individuals and populations
4. What interventions work to mitigate the impact of mis- and disinformation.

Throughout all of this, the organizing team was monitoring the discussions and using them to supplement an initial core draft of the infodemiology glossary. This was either edited directly by participants (with confirmation of those edits by the organizing team) or by the organizing team based on participants’ discussions, reports of those discussions, and – when suitable and possible – additional literature reviews. The glossary will be handed over to take forward for maintenance by the community of research and practice, which is a recommendation from the conference.

## Closing session and conclusions

On 16 July, the scientific participants reconvened, and the topic masters presented their conclusions and a series of next steps.

This way of working – imposed by COVID-19 but embraced as an opportunity to innovate in the way that international technical meetings are held – resulted in a draft public health research agenda for managing infodemics, a working draft of an infodemiology glossary, and the beginnings of a community of research and practice for this new field.

Conference outcomes were discussed by five technical partners: the US Centers for Disease Control and Prevention (US CDC), the US Agency for International Development (USAID), the Sabin Vaccine Institute, GAVI, the Vaccine Alliance and the Bill & Melinda Gates Foundation.

To end the conference, organizers presented a list of possible actions that participants – and others – could take in the short term to further work on infodemiology in the context of COVID-19, and to remain engaged in this new field. These included co-authoring publications following the meeting, small grants and fellowship opportunities, and participation in a range of related events and conferences including regular EPI-WIN webinars<sup>12</sup>.

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12 See EPI-WIN webinars [web page]. Geneva: World Health Organization; 2020 (<https://www.who.int/teams/risk-communication/epi-win-webinars>, accessed 20 January 2021).

Beyond these, several major action points emerged for the longer term.

### **Joint call for papers on infodemic management**

Five scientific journals – *Big Data & Society*; *Health Security*; the *International Journal of Intelligence, Security and Public Affairs*; the *Pan American Journal of Public Health*; and the *Eastern Mediterranean Health Journal* – have come together in a call for papers on infodemiology and the topics of the research agenda<sup>13</sup>.

### **Establishing a community of research and practice**

A community of research and practice will be built to foster connections, build repositories of tools and resources, and track implementation of the agenda. Please see Annex 1 for more detail.

### **Developing the infodemic management profession and related training and education programmes**

The work of the infodemiology research and practice community will allow the development of a competencies framework for an infodemic management skillset, which will be followed by the development of related online training tools<sup>14</sup>.

### **Post-conference public webinar to report the outcomes**

The conference closed with another public meeting at which these outcomes were presented to the wider world, with over 20 000 views on the web stream. Another huge audience was told about the conclusions of the scientific conference and the next steps in infodemiology and linked with a range of opportunities for those with a more proactive interest to follow up.

### **Gathering and prioritizing research questions**

Expert discussion during the conference resulted in the creation of five streams for the research agenda. To focus research and prioritize investment, experts who participated in the conference and additional subject matter experts took part in a follow-up exercise after the conference to indicate specific research questions that would further current understanding of, and response to, infodemics.

Each research question was expected to be relevant to the topic, to be answerable in the short or medium term, ideally to be applicable in the short or medium term, and to be focused in scope (i.e. an answer to the question could be provided in a single academic paper).

Over 160 such questions were gathered. These were submitted back to the whole expert group

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<sup>13</sup> See Joint call for papers – Special issues on Infodemiology [web page]. Geneva: World Health Organization; 2020 (<https://www.who.int/news-room/articles-detail/joint-call-for-papers-special-issues-on-infodemiology>, accessed 20 January 2021).

<sup>14</sup> See Call for applicants for 1st WHO training in infodemic management [web page]. Geneva: World Health Organization; 2020 (<https://www.who.int/news-room/articles-detail/call-for-applicants-for-1st-who-training-in-infodemic-management>, accessed 20 January 2021).



in order to rank and select a number of the most relevant research questions, as chosen for feasibility and expected impact.

The resulting public health research agenda for infodemic management (see Annex 1) will be maintained on the WHO website as a living document and its implementation and priorities will be reviewed and adjusted on a regular basis.

In addition to the prioritized public health research agenda, other research questions that were not identified as a high priority in the short term will also be published on the WHO website alongside the agenda. These can be used to map gaps in the topic.

## **A new approach to virtual meetings**

Beyond the outcomes presented in the closing sessions, this intense process generated a real team spirit. When surveyed on how they hope to continue engaging in the area of infodemiology, 84% of participants intended to collaborate with other conference participants on future work; 89% said they would take part in related training or conference opportunities; 78% planned to take part in an infodemiology community of research; and 70% said they would conduct infodemic-related research themselves.

As an evaluation exercise, and looking forward to follow-ups in the future, the organizing team gathered suggestions on how this approach to meetings could be improved. These included the use of visual prompts and human-centred design techniques to focus the discussion and/or changes to facilitation approaches to help prioritize the focus and structure of discussions. One issue, both a benefit and a complication of such diverse groupings of professionals, was the temptation to explore a wide range of avenues of thought, but time was necessarily limited.

Consensus by the end of the conference was that this approach was refreshing: it gave all the participants an opportunity to understand different views and sensitivities and around a very complex problem. Fundamentally, it established a forum for collective intelligence that brought together people from different walks of professional life to create a new layer of reason, initially establishing and building a transdisciplinary space to manage infodemiology, then building greater capacity to interact and reflect as the conference progressed and mutual understanding grew between participants. The work of the glossary project was – and will be – key to this; a multidisciplinary space requires the establishment of a common language.

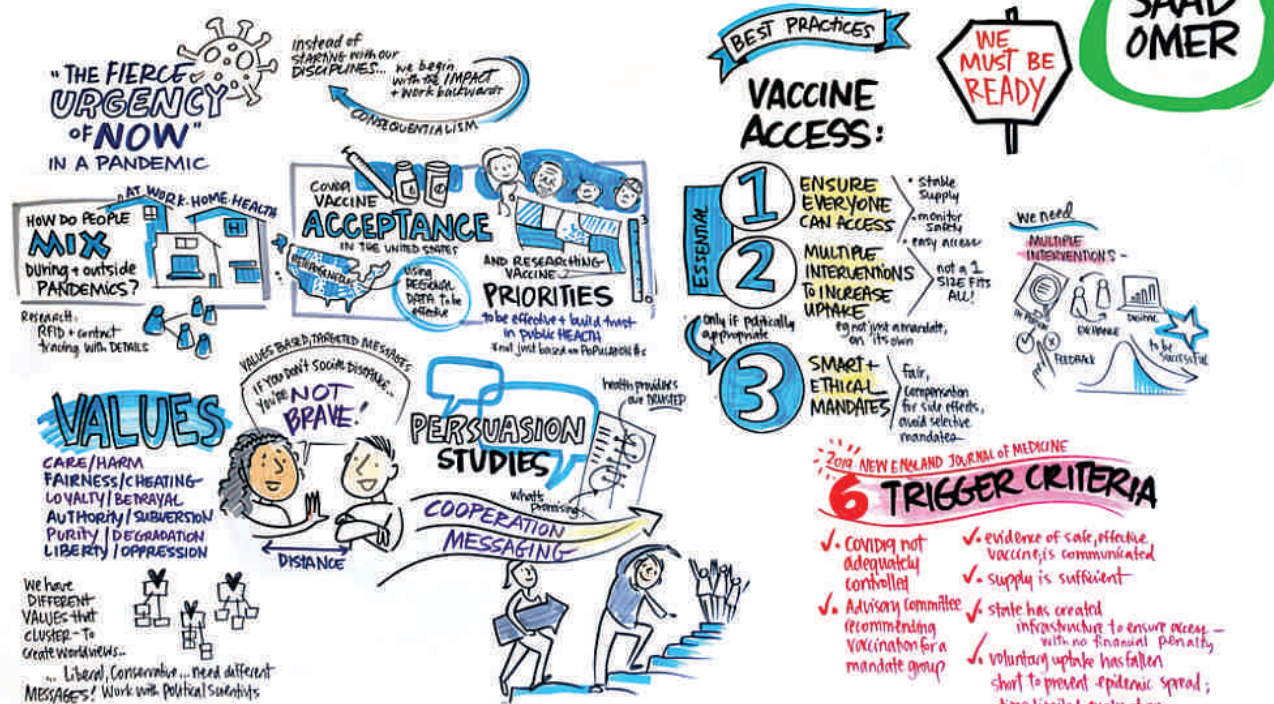
Achieving synthesis of all this input will be a difficult and probably ongoing task, but the meeting showed that it can be done. Over the course of this conference, a common framework for progress emerged, as did a clear understanding of the value of working in this way. This novel approach to international technical discussion, while imposed by circumstance, has ended up a milestone of sorts: it is possible, with a lead time of less than a month, to create an environment for a truly global, interdisciplinary, cross-sectoral, collaborative emergency response to a scientific problem.

# Discussion themes feeding into the research agenda formation

Over the course of the conference, the discussions built up progressively, sharing a wealth of experience, benefits and challenges, clarifying the initially amorphous topics at hand, and ultimately achieving a high degree of consensus. The mission is clear: take the research framework and other conclusions of the meeting, along with the framework for action from the April 2020 infodemic management meeting, and implement the actions and commitments they contain.

**We care about addressing the harms of infodemics because they impact health behaviours, and the reasons why mis- and disinformation are spread are complex.** We must take good care not to reduce the complexity of why misinformation is perpetuated by framing infodemiology as just a battle against misinformation. Mis- and disinformation are major and growing challenges, certainly, but a holistic view also includes an understanding of how we can manage and address these while also reinforcing and accelerating health-enhancing behaviours and generating information to help people make informed decisions and access essential health services in the long term – way beyond the current crisis.

## RESEARCHING THE INFODEMIC



First WHO Infodemiology conference, scientific conference, 30 June 2020

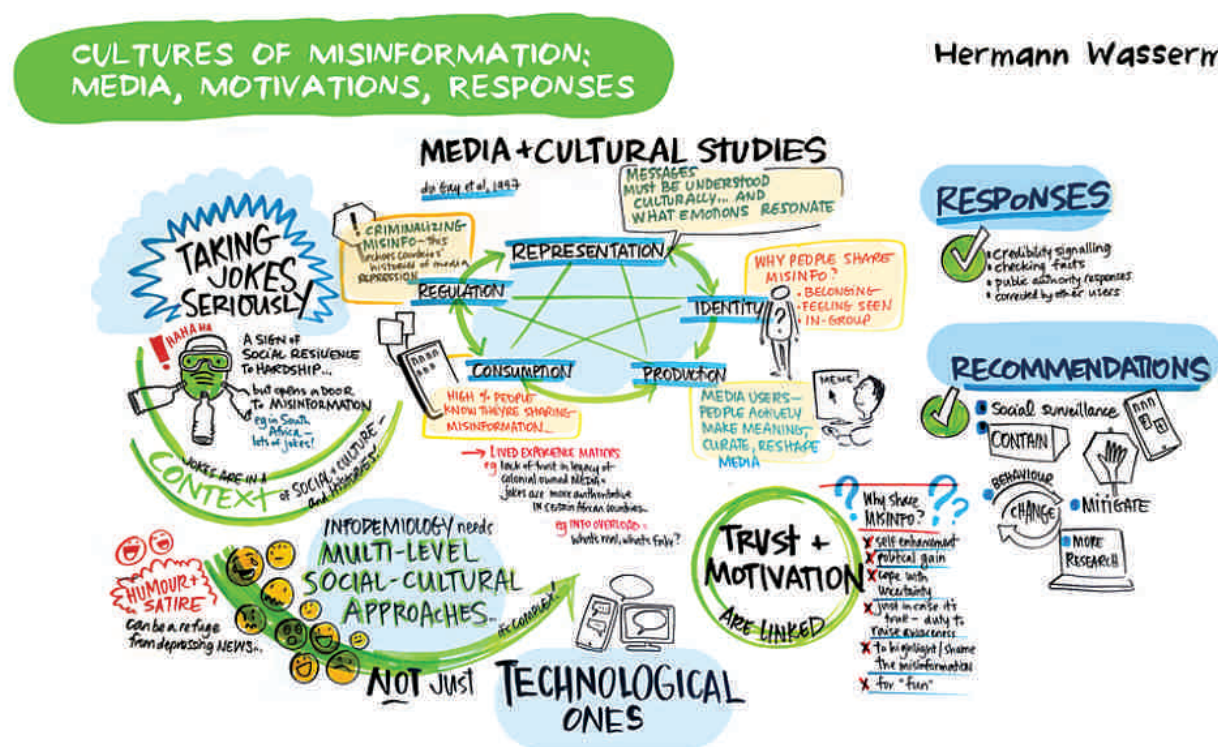
LIVE GRAPHIC RECORDING | Drawing Change

**The challenge of a novel pandemic pathogen twinned with an infodemic has not been seen on this scale before, and it demands action-oriented research to inform health programming.** The infodemic is a complex issue, in which much more is unknown and evolving than is known. The new research agenda should strengthen scientific understanding of how infodemics impact populations and their health, but also serve as a basis for action and



learning for future action, strengthened through cross-sectoral pilot projects and continuous after-action reviews to build capacity. In addition, a taxonomy of language and ideas is needed to underpin the research effort. Post-COVID-19, our focus will need to shift to strengthening longer-term capacities and advocating for the inclusion of new tools and indicators.

Coordination, connection and integration across disciplines and sectors were persistent themes, and a collegial approach will be essential in order to mitigate the effects of COVID-19 and ensure preparation for future crises. **Developing the field of infodemic management will necessitate a huge level of transdisciplinary synthesis: an interdisciplinary approach on one hand, but at the same time also the creation of a brand new discipline, with different contributions from different fields.** Research will also need to be cross-cultural: infodemics are not globally uniform, and different sociocultural contexts give information completely different implications. For example, satire and humour vary across cultures, and misinformation can be created through cultural misunderstandings.



First WHO Infodemiology conference, scientific conference, 30 June 2020

LIVE GRAPHIC RECORDING | Drawing Change  
Sam Bradd

**As the new field develops, we will need “to build the plane while we fly it,” applying insights from implementation to the evidence base.** The issue of connecting practice and research is not trivial. The community built on the back of this meeting must be, and must remain, a community of practice and research that prioritizes questions that inform operations and improve practice today. This means that practice must lead, foregrounding the needs of people in the field and on the ground. The major partners involved in this effort should approach the effort with humility, understanding that sometimes they will lead but at other times should follow, playing always to strengths and comparative advantages.

**Maintaining high standards of ethics and transparency helps build credibility and public trust in health programme responses.** Measuring the digital and physical information

environments requires ethical strategies for managing user-generated data. Handling social media data, for example, requires a number of stewardship processes related to all aspects of data management including collection, storage, analysis, publishing and reuse. Unlike laboratory data, social media data are generated by users and curated by platforms, and researchers must negotiate the expectations of both to meet high ethical standards for data management. Stewardship is not – and cannot be – a one-size-fits-all framework; the need for (and definition of) privacy varies between users, uses and data types.

**Outbreaks of pathogens and misinformation are ultimately local.** The relationships between global and local needs will need to be mapped carefully, thinking through the ways in which social trust and cohesion are built outside of crises, using sustained efforts to build that trust as inoculation against the infodemic elements of future crises. A central toolkit of resources is needed that can be delivered to local communities in relevant, meaningful ways. Communities must be identified by their levels of risk and their differing needs for information, working with different groups – young people, faith-based organizations, refugees and displaced people, the business sector, etc. – to understand how existing groups are affected by infodemics, what their information needs are, and how they can play a role in disseminating accurate information and amplifying correct messages. The science that WHO produces should be translated into products that are meaningful and actionable for different groups based on people's contexts and capacities.

## Conference outcome: a public health research agenda for infodemic management

Health authorities need to identify and apply the necessary capacity to manage infodemics. This is a programmatic and process issue. Once that capacity is in place, authorities need to adapt, develop, validate and implement tools for infodemic management during acute public health events in ways that are appropriate for their countries and contexts.

For that to be possible, infodemiology must provide a scientific foundation.

As the draft research agenda that emerges from this meeting is refined and consolidated, a number of cross-cutting principles must be rigorously applied to all of its elements in order to reduce the possibility of unintended harm. These principles are:

- Ethical conduct
- Empowerment, through the framing of access to reliable health information as a right
- Prioritizing community-centred and context-appropriate action that promotes resilience to misinformation
- A focus on interventions that can be implemented rapidly in response to acute health events
- Ongoing efforts to strengthen health systems and build trust.

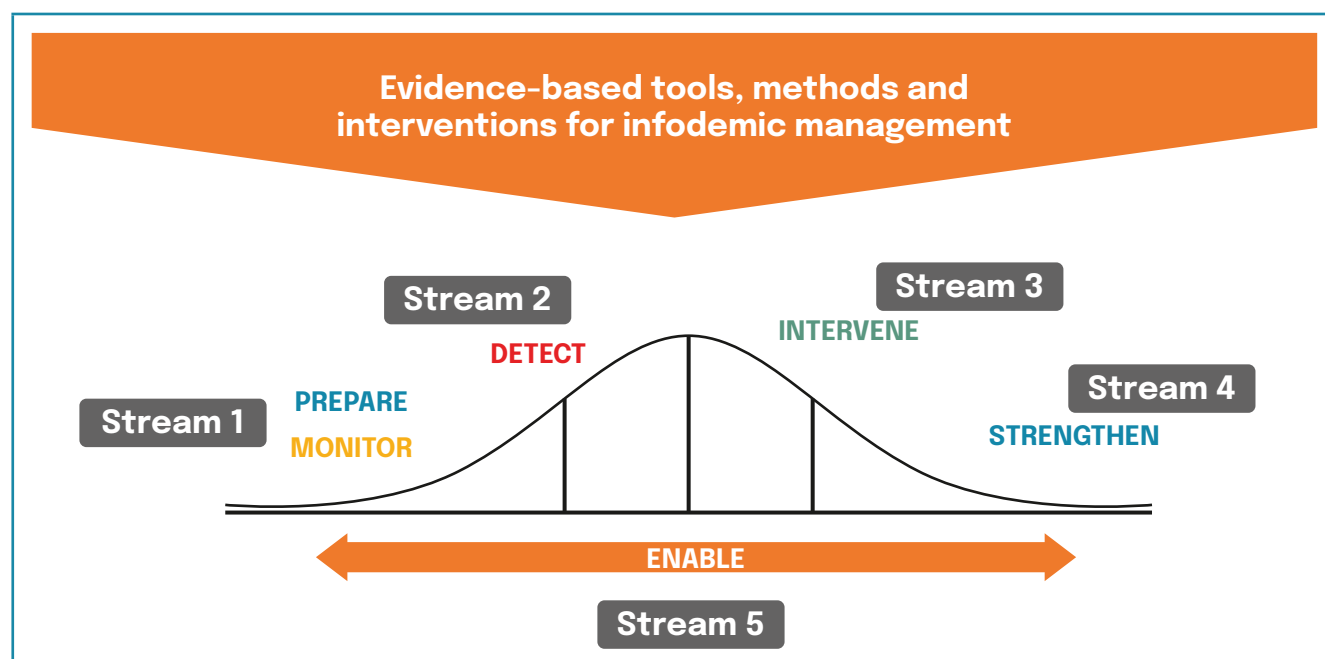


Across all of the different types of input and discussion throughout the conference, a range of distinct points emerged that will need to be factored into the new field.

- **The computational dimension** will be key. An ability to tap into huge amounts and flows of data will make a critical difference, enabling reactions in real time and closing feedback loops; but it will entail some bias, and this will have to be countered.
- **The behavioural dimension** of infodemiology, an exciting space and a current frontier for policy design in general, is central to this new field.
- **The cognitive and emotional dimensions** of infodemiology interact with behavioural concerns, and the points of view of cognitive and social neuroscience may be especially important.
- **The sociocultural dimension** of infodemiology is complicated and hard conclusions are sometimes difficult to find, but tools like social network analyses and anthropological studies are clearly helpful.
- **The communications dimension** is crucial. While we have a certain understanding of what is required, it must be acknowledged that we are yet to establish the necessary expertise and evidence of impact, and new approaches are needed.

Based on these needs and the discussions throughout the conference, a draft framework for a research agenda (see Annex 1) emerged based on five comparative workstreams geared to the different phases in the epi curve of an infodemic. They map onto phases of an epidemic curve, and address the evidence needed for an infodemic response, analogous to an epidemic response.

Research agenda streams supporting tools, methods and interventions during phases of epidemic response along the epidemic curve of an outbreak.





### **Stream 1: Measure and monitor the impact of infodemics during health emergencies**

*Standardized metrics and tools are needed to track the evolution of infodemics among individuals, communities, societies and health systems, in both the digital and the physical information environments. This requires multidisciplinary approaches, methods and tools, including those from the fields of artificial intelligence and natural language processing, and the use of structured and unstructured data (including but not limited to “big data” approaches and ethnographic data).*

Infodemics do not only propagate in the digital world; they occur both online and offline and can be very harmful to vulnerable unnetworked populations as well. Information flows or behaves differently depending on what kind of network it is in. Standardized metrics and tools can help recognize tipping points for when detailed investigations need to take place.

It is also important to recognize situations where information is absent, because this is where misinformation can gain more traction. Damaging misinformation can manifest especially well in the absence of accurate, credible information from sources that individuals and communities trust. Promoting accurate, actionable information must therefore be seen as a process, not an end state.

### **Stream 2: Detect and understand the spread and impact of infodemics**

*A common approach is needed to understand how information and misinformation is spread and how it affects online and offline behaviour in different populations.*

Averaging data at national or regional level is not helpful when trying to understand how an infodemic impacts communities and individuals. Communities need not be defined only by physical boundaries. They can also consist of geographically disparate people with shared values, goals or motivations. Information and misinformation are usually shared peer to peer, and every infodemic is in this sense local. A localized contextual understanding of the infodemic is critical for the development of interventions, whether those contexts are geographical or otherwise in nature.

We currently do not know how a person’s digital behaviour reflects their offline behaviour. We also have a difficult time tracking misinformation through platforms, and figuring out what and how much of this channel-hopping is relevant to track and understand. Analysis is driven by the data that are available, which creates an abundance of information on some topics and blind spots on others.

### **Stream 3: Respond and deploy interventions that protect against the infodemic and mitigate its harmful effects**

*An evidence base is needed to identify interventions that are effective in different contexts and for different types of acute health events.*

No epidemiologist uses hunches and anecdotes to drive decision-making that can affect population health. We need to start measuring what we are doing and understanding what works and what does not, and for which populations and types of misinformation. Implementation thinking must be factored into all of our infodemic management activities, otherwise we risk doing harm by detaching research from what health authorities need in order to respond.

#### **Stream 4: Evaluate infodemic interventions and strengthen the resilience of individuals and communities to infodemics**

*Common evaluation frames are needed to improve the development of interventions and programmatic responses to infodemics.*

The only way we can flatten the epi curve is for people to change their individual behaviour. This includes accepting the uptake of a COVID-19 vaccine. It is not sufficient simply to provide more and more information and hope that this changes behaviour. People will often interpret information based on their culture, past experiences and environment. Empathy is therefore needed to develop interventions based on the needs of individuals and communities – and ideally developed in collaboration with them. Top-down communication approaches will not be sufficient. We need individuals and influencers who are trusted and who represent values that communities accept and listen to. That takes time and consistent engagement. Building these relationships cannot happen in the midst of an outbreak, or at least not as effectively.

#### **Stream 5: Promote the development, adaptation and application of tools for the management of infodemics**

*There is a need to enhance the transferability of lessons and evidence-based interventions between contexts, countries and infodemics.*

Although every country has experienced some degree of the infodemic related to COVID-19, this conference made obvious the need for a multidisciplinary approach to address infodemics in specific contexts. Readiness assessment tools are needed to allow strategic oversight of local capacities and environments so that tools and interventions can be adapted accordingly. Different communities display variations in levels of literacy and education, relationships with technology and patterns in using it, levels of internet penetration and cost of access, and the ability to assess information critically. We cannot therefore copy the same intervention into different countries and hope that it will always work in the same way.

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### **Framework of the public health research agenda for infodemic management**

#### **Stream 1: Measure and monitor the impact of infodemics during health emergencies**

- 1.1. Standardize taxonomies and classifications
- 1.2. Develop new metrics to measure and quantify infodemics
- 1.3. Analyse and triangulate data from multiple sources
- 1.4. Improve evaluation approaches for infodemic interventions.

#### **Stream 2: Detect and understand the spread and impact of infodemics**

- 2.1. Understand how information originates, evolves and spreads on different platforms and channels
- 2.2. Assess the role of actors, influencers, platforms and channels
- 2.3. Understand how misinformation affects behaviour in different populations
- 2.4. Develop regulatory and ethical principles to mitigate the spread and propagation of harmful health information.

### **Stream 3: Respond and deploy interventions that protect against the infodemic and mitigate its harmful effects**

- 3.1 Design a behavioural change model applicable to infodemic management
- 3.2. Intervention design for different levels of action to mitigate the infodemics.

### **Stream 4: Evaluate infodemic interventions and strengthen the resilience of individuals and communities to infodemics**

- 4.1. Develop interventions that address individual, community, cultural and societal factors affecting trust and resilience to misinformation
- 4.2. Understand and learn from the way misinformation has affected behaviour among different populations and in different contexts for specific infodemics
- 4.3. Identify factors associated with successful infodemic management by health authorities, the media, civil society, the private sector and other stakeholders.

### **Stream 5: Promote the development, adaptation and application of tools for managing infodemics**

- 5.1. Use implementation research evidence in programme improvement and policy development
- 5.2. Promote evidence-based interventions and approaches between countries
- 5.3. Improve effectiveness and response times to the infodemic during acute health events.

We can use workstream 2 as an example of how this research agenda might be applied in research and practice. Area 2.1 is work to “understand how information originates, evolves and spreads on different platforms and channels.” Questions to consider in this regard might include how the sharing of misinformation is encouraged by factors in the information environment, information tools, and platform design; how misinformation evolves when it crosses borders or platforms; why some misinformation remains confined to particular platforms or communities, while other misinformation crosses platforms/channels/community boundaries; and when and how rumours become misinformation. Types of approaches and research questions might include synthesis, the development of an evidence base, and implementation and programmatic evaluation.

The next steps will be to develop reviews of evidence in each of the five workstreams; to develop a community of research and practice to foster connections, build repositories of tools and resources, and track implementation of the agenda; and – finally and crucially – to build a competencies framework for an infodemiology skillset and develop related online training tools.

## Next steps

The public health research agenda for infodemic management can be used by WHO, partners, research agencies and academia as a reference in identifying key research and evidence gaps to underpin infodemic management interventions and their evaluation. As such, the agenda is a list of research priorities that can frame the work of the community of research and practice, evidence synthesis reviews in each of the five streams, tracking of the agenda's implementation, and development of repositories of tools, resources, and training curricula and frameworks.

WHO will work with collaborators to conduct reviews annually to identify which research questions are being addressed to further evidence synthesis in the five research streams and therefore to track the research agenda implementation. As the agenda is implemented, WHO will propose additional processes for further revision or the addition of research questions to continue working with the research and practitioner community to drive the research agenda.



# Annex 1: Public health research agenda for infodemic management

The conference resulted in the creation of a research agenda with five streams. To focus research and prioritize investment, experts were further consulted in two phases after the conference so that they could submit and prioritize specific research questions to refine the agenda and further the understanding of infodemics and infodemic management<sup>15</sup>. The main target audience for these research questions is researchers and practitioners. They will also be of interest to public health experts, NGOs, the media and other stakeholders.

In the first phase, experts were contacted in a follow-up survey after the conference and asked to submit three to five research questions each. They were asked to devise questions that were relevant to the topic, answerable in the short or medium term, ideally capable of producing knowledge that could be put to use in the short or medium term, and focused in scope (i.e. an answer to the research question could be provided in a single academic paper). Experts were asked to focus on scientific feasibility and expected public health benefit.

To improve the reach beyond the pool of conference participants, each expert could invite up to two additional experts, based on their expertise and the value of their potential contribution. To maximize transparency in the categorization, experts could themselves choose under which subcategory to submit a research question. To identify potential gaps in the overall research agenda, the survey included open-ended questions.

At the end of the first phase, over 160 research questions had been submitted, distributed across all five research streams and all 19 subcategories. The output of this phase was a list of research questions on infodemic management.

In the second phase, the 160 submitted questions were reviewed and combined to identify repetition and suggestions that that were not formulated as research questions were eliminated. This resulted in a final list of 65 questions. Experts were asked in a separate survey to rank the 65 research questions based on two dimensions. The following methodology was used for the prioritization by asking about the public health impact of each proposed research question: could this research lead individuals or communities to take healthy actions or help to understand why and how they don't take healthy actions? Research questions that could lead to meaningful change or adaptation of behaviours would be considered more impactful. Experts were asked to rate this question on a 5-point Likert scale (1 = very low impact, 2 = minor impact, 3 = moderate impact, 4 = high impact, 5 = very high impact). Feasibility was assessed by answering the question: can you think of a research project that would answer this specific question in about # months? The faster the research project could be initiated and generate results was considered to be more feasible and useful for the COVID-19 pandemic response. Experts were asked to rate this question on a 5-point Likert scale (1 = 3 months, 2 = 6 months, 3 = 12 months, 4 = 18 months, 5 = 24+ months). A research question was considered to be high priority when scored above 3 on impact and under 3 on feasibility.

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15 A systematic approach for undertaking a research priority-setting exercise: guidance for WHO staff. Geneva: World Health Organization; 2020. (<https://apps.who.int/iris/handle/10665/334408>, accessed 20 January 2021).

The questions to rank were more or less evenly distributed, with at least 10 questions included for ranking in each of the five research streams. Due to potential survey fatigue, and to avoid systematic absence in the rankings (i.e. due to respondents ranking only the first few questions within each stream), the order of the research questions to rank was randomized within each research stream.

The resulting public health research agenda for infodemic management will be maintained on the WHO website as a living document and its implementation and priorities will be reviewed and adjusted on a regular basis.

In addition to the prioritized public health research agenda, other research questions that were not identified as a high priority in the short term will also be published on the WHO website alongside the agenda. These can be used to map gaps on the topic.

The five research streams are listed below. For each stream, three top research questions were identified, resulting in a list of 15 top priority research questions for the public health research agenda for infodemic management. Further, we listed for each subcategory a second tier of important research questions, totalling 50 questions.

Top three prioritized research questions overall across all five streams:

1. What are the ways to score health-related misinformation in regards to its potential for harm (to people's health, unhealthy behaviours, social cohesion, mistrust in health service delivery, mistrust in government, mistrust in communities, mistrust in the media, etc.)?
2. How do different types of health misinformation affect online and offline behaviour and what are some of the measures that can help to forecast the impact of health misinformation types on behaviour?
3. What would a readiness assessment look like for infodemic preparedness for a new COVID-19 health intervention?

## **Research stream 1: Measure and monitor the impact of infodemics during health emergencies**

*Standardized metrics and tools are needed to track the evolution of infodemics in the digital-physical information environment, between individuals, communities, society and the health system, using multidisciplinary approaches, including methods and approaches from artificial intelligence, natural language processing, and using structured and unstructured data (big data, ethnographic data, and similar).*

Top three questions within this stream:

- What are the ways to score health-related misinformation in regards to its potential for harm (to people's health, unhealthy behaviours, social cohesion, mistrust in health service delivery, mistrust in government, mistrust in communities, mistrust in the media, etc.)?

- How do the infodemic curve and measures of spread and impact change over time during the phases of a disease outbreak?
- What are the potential indicators or their proxies for measuring trust, resilience, behaviour change, exposure to misinformation, susceptibility to misinformation, social cohesion, depth of community engagement, and similar?

### **1.1 Standardize taxonomies and classifications**

- What are the classes of health-related misinformation and disinformation that can be used for standardized research analysis?
- What reference datasets and algorithms are needed to establish standardized measures of an infodemic?
- How can we compare infodemics and the way they manifest in different countries to detect and understand patterns?

### **1.2 Develop new metrics to measure and quantify infodemics**

- What are the ways to score health-related misinformation in regards to its potential for harm (to people's health, unhealthy behaviours, social cohesion, mistrust in health service delivery, mistrust in government, mistrust in communities, mistrust in the media, etc.)?
- What social network analysis principles are most relevant to generating rapid insights for use in routine and acute emergencies to inform the public health response?
- What attributes contribute to high self-efficacy in individuals to identify and address misinformation effectively?
- What methods from computational science, digital analytics and other fields are applicable to infodemic monitoring?

### **1.3 Analyse and triangulate data from multiple sources**

- How are the epidemic curve and infodemic impacts related?
- How do the infodemic curve and measures of spread and impact change over time during the phases of a disease outbreak?
- What standards, methods and approaches can be used to co-analyse different data types from disparate data sources related to use in infodemic management?

### **1.4 Improve evaluation approaches for infodemic interventions**

- What are the potential indicators or their proxies for measuring trust, resilience, behaviour change, exposure to misinformation, susceptibility to misinformation, social cohesion, depth of community engagement, and similar?
- What role does participatory evaluation play in infodemic intervention implementation?

## Research stream 2: Detect and understand the spread and impact of infodemics

*A common approach is needed to understand how an overabundance of information and misinformation is spread and how it affects online and offline behaviour in different populations.*

Top three questions within this stream:

- How does misinformation mutate, adapt or get remixed between infodemics and within infodemics?
- What are the strategies used to reduce misinformation's potential harmfulness in closed networks (online and offline)?
- How do different types of health misinformation affect online and offline behaviour and what are some of the measures that could help to forecast the impact of health misinformation types on behaviour?

### 2.1 Understand how information originates, evolves and spreads on different platforms and channels

- What are the attributes and drivers within the information environment, communication tools, and platform design that encourage the sharing of misinformation?
- How does misinformation mutate, adapt or get remixed between infodemics and within infodemics?
- What are the elements for classifying content for its potential for amplification and organic spread online?
- What are the attributes that promote faster spread of misinformation across platforms/channels/community boundaries?

### 2.2 Assess the role of actors (influencers), platforms and channels

- What are strategies that could be used on online communication platforms to reduce the spread of misinformation online?
- What are the best practices for engaging with influencers to address misinformation with unique and tailored content that has high potential to be amplified further?
- What are the strategies used to reduce misinformation's potential harmfulness in closed networks (online and offline)?
- What role do advocates, fence-sitters, lurkers/observers and opponents of accurate information play in the spread of misinformation?
- How do analysis and intervention options differ between health disinformation and health misinformation?

### 2.3 Understand how misinformation affects behaviour in different populations

- How does misinformation spread and affect marginalized, vulnerable and at-risk populations?

- How can health-related concerns be used or weaponized to target specific groups of people with disinformation and threaten health security and social cohesion?
- How do different types of health misinformation affect online and offline behaviour and what are some of the measures that can help to forecast the impact of health misinformation types on behaviour?

## **2.4 Develop regulatory and ethical principles to mitigate the spread and propagation of harmful health information**

- What policies or policy tools are available to health authorities that balance the need between propagating accurate information, curbing misinformation, and ensuring human rights of access to information?

## **Research stream 3: Respond and deploy interventions that protect against the infodemic and mitigate its harmful effects**

*An evidence base is needed to identify interventions that are effective in different contexts, populations, cultures, and for different types of acute health events.*

Top three questions within this stream:

- What behavioural or process models can inform the development of an infodemic strategy and measure its impact at individual, community, platform or society levels?
- What are promising interventions at the societal/community/individual/health systems level to address and mitigate health misinformation?
- What types of participatory or human-centred design approaches can be used to produce more tailored and more effective infodemic management interventions?

### **3.1 Design a behavioural change model applicable to infodemic management**

- What behavioural or process models can inform the development of an infodemic strategy and measure its impact at individual, community, platform or society level?

### **3.2 Intervention design for different levels of action to mitigate the infodemics**

- What are promising interventions at the societal/community/individual/health systems level to address and mitigate health misinformation?
- What types of participatory or human-centred design approaches can be used to produce more tailored and more effective infodemic management interventions?
- What types of infodemic management interventions are most appropriate to deploy rapidly in acute health events or emergencies?
- What are the attributes of interventions that are effective across different contexts, populations, cultures, and for different types of acute health events?

- What are the considerations for designing infodemic management interventions when balancing promoting access to accurate health information and protecting freedom of expression?

## **Research stream 4: Evaluate infodemic interventions and strengthen the resilience of individuals and communities to infodemics**

*Common evaluation frames are needed to improve intervention development and a programmatic response to infodemics.*

Top three questions within this stream:

- How might we define and measure the gradient of community engagement, trust and empowerment at individual and community level as they relate to infodemic management and reduction of harm from health misinformation?
- What are the socio-behavioural and mental heuristics that need to be considered when developing an intervention at individual and community level?
- What are the “best-buy interventions” to be used by different types of actors in society, to maximize the impact on the infodemic at lower marginal cost?

### **4.1 Development of interventions that address individual, community, cultural and societal factors affecting trust and resilience to misinformation**

- How might we define and measure resilience to misinformation at individual and community level?
- How might we define and measure the gradient of community engagement, trust and empowerment at individual and community level as they relate to infodemic management and reduction of harm from health misinformation?
- What are the socio-behavioural and mental heuristics that need to be considered when developing an intervention at individual and community level?
- What role does social inoculation play in developing resilience to misinformation in the context of an infodemic?
- What principles from social marketing can be leveraged to build demand for accurate health information at individual and community level?

### **4.2 Understand and learn from how misinformation has affected behaviour in different populations and contexts for specific infodemics**

- What are the lessons learned from infectious diseases such as Ebola, Zika, and polio on how to effectively combat misinformation at community level that also apply to COVID-19?
- What are the lessons learned on information environments and misinformation spread related to noncommunicable diseases and risk factors such as cancer and smoking?

### **4.3 Identify factors associated with successful infodemic management by health authorities, the media, civil society, the private sector and other stakeholders**

- What are the roles, responsibilities, and possible spheres of influence on the infodemic by different types of actors in society?
- What are the “best-buy interventions” to be used by different types of actors in society, to maximize the impact on the infodemic at lower marginal cost?
- What are the factors of success for collaboration between health authorities and fact-checking organizations/media, civil society, and the private sector?

### **Research stream 5: Promote the development, adaptation and application of tools for managing infodemics**

*There is a need to enhance transferability of lessons learned and evidence-based interventions between contexts, countries and infodemics.*

Top three questions within this stream:

- What considerations should be included in the assessment of risk, harms and opportunities during the design and implementation of research and infodemic management interventions?
- What would a readiness assessment look like for infodemic preparedness for a new COVID-19 health intervention?
- What recommendations can be made to update the International Health Regulations to incorporate infodemic management more strongly as a core capacity in Member States?

### **5.1 Using implementation research evidence in programme improvement and policy development**

- What considerations should be included in the assessment of risk, harms and opportunities during the design and implementation of research and infodemic management interventions?
- How can we ensure that infodemic management research and interventions are not misused for non-public health purposes?
- How can we ensure that infodemic management research and interventions do not cause unintended harm or are misused to purposefully cause harm?

### **5.2 Promote evidence-based interventions and approaches between countries**

- What would a readiness assessment look like for infodemic preparedness for a new COVID-19 health intervention?
- What types of infodemic management interventions are more transferrable across countries, populations and health events.



### **5.3 Improve response times and the effectiveness of responses to infodemics during acute health events**

- What standardized capacities should health authorities have to address an infodemic concurrent with a disease outbreak?
- What would a severity grading look like for rating infodemic threats and potential appropriate response options?
- What recommendations can be made to update the International Health Regulations to incorporate infodemic management more strongly as a core capacity in Member States?

### **Other questions that were considered in the prioritization exercise**

- How can artificial intelligence and machine learning help in exploiting multi-source or other data?
- How can metrics provide evidence of impact at multiple levels (institutional, societal and community, individual attitudes, individual behaviour)?
- How can measurement and evaluation frameworks employed by communicators be applied for measuring and monitoring the spread of misinformation in epidemics?
- What would a taxonomy for mis-/disinformation and rumours look like for different public health emergencies and based on previous experience?
- What are the distinctive and objective indicators that characterize an infodemic? What datasets can be used?
- What are the lessons learned from past infodemics that can be applied to this one?
- Which are the predominant themes around which information/misinformation spread the fastest during outbreaks?
- How is the concept of infodemic understood by epistemic communities – local authorities and policy-makers, researchers, clinicians, media? Especially in low- and middle-income countries.
- What is the measurable threshold after which an outbreak of dis-/misinformation becomes an infodemic at the policy level? How can it be measured?
- How can what constitutes harmful health information be characterized clearly and systematically, i.e. information with harmful consequences?
- How can the impact of COVID-19-related misinformation be monitored in low- and middle-income countries? Which media should be looked at, using what tools?
- Which populations are more susceptible and exposed to infodemics?
- What are the pathways and influences through which rumours and misinformation reach those who are not digitally connected?
- How do national and regional contexts related to the determinants of health impact the uptake of health information or disinformation?
- How to measure the link between the spread of online health misinformation and negative behavioural outcomes (from a health perspective)?
- How should the available data be used for infodemic surveillance and early alert?



- What measurement and evaluation tools can be developed for offline information flows? What would a holistic whole-of-communication evaluation system (online and offline) for infodemic management look like? How can different interventions be evaluated?
- How can automated methods involving machine learning and artificial intelligence be used for pattern recognition and alerting?
- How do rumours spread across countries in a region?
- To what extent does misinformation relating to specific therapeutics result in adverse health impacts?
- How to assess which misinformation is most important to address, i.e. which misinformation is more likely to adversely impact individual health behaviour?
- What type of information contributes to an infodemic? Are there any differences between human-generated and machine-generated content?
- What are possible sources from which to gather evidence in a timely manner?
- What are the most feasible applications of artificial intelligence (and machine/reinforcement learning techniques) to detect the origins and transmission vectors of mis/disinformation on selected social media platforms?
- What are the relationships between individual characteristics (e.g. socioeconomic, trust in institutions, etc.), information consumption patterns and health-related behaviour?
- What measurable factors should be used to determine the threshold for deciding if an intervention's benefits and cost-effectiveness outweigh any potential harm and unintended amplification?
- What post-event analysis methodology/framework can be applied to understand and track how the infodemic originated and spread?
- To what extent do people change their behaviour based on misinformation?
- How does misinformation from different platforms, media, or channels foster behaviour change?
- What are the linkages of misinformation with drivers for behaviour and social change?
- What existing vulnerabilities (international, national, local) and narratives can be exploited by malicious actors in disinformation campaigns in the context of epidemics?
- How does media literacy mediate the adverse health impacts of misinformation? What are the policy implications?
- How can automated, anonymized methodologies (e.g. machine learning) help to overcome the privacy risks associated with infodemic surveillance?
- What kind of change in online information sharing can limit the spread of harmful health information? What is the most effective way to prevent the spread of harmful health information when regulating in different contexts?
- How can media literacy campaigns be designed to be more responsive to specific social settings?
- How should health systems prepare for prevention, monitoring, early warning and risk assessment of an infodemic?
- To what extent are migrant populations (immigrants, refugees, asylum seekers, labour migrants, international students), in particular those irregular migrants within a country, affected by infodemics? To what extent do infodemics permeate within the ecosystems of how migrant communities access information on public health measures?

- How can health system assets be used to counter the impact of dissemination of misinformation/disinformation on different public health programmes?
- How can community expertise and community organizations be harnessed to develop contextually relevant interventions?
- Which models, theories or methodologies can infodemic management research borrow from health literacy research?
- How can techniques such as “nudge” messaging or random mixing of narratives from opposing camps help to overcome the escalation or entrenchment of harmful belief systems, as seen in existing social media “filter bubbles”?
- How are infodemics associated with the mode of information accessed, understood and spread among different age groups?
- What are the best forms of public engagement for alerting citizens to the psychological influence of harmful online messaging and supporting critical evaluation?
- How can a set of common requirements for public health agencies, health care providers and related institutions be built to support a more effective response to misinformation during pandemics?
- Does access to universal health coverage act as a lever for greater trust in public health institutions? Does it act as a means of infodemic resilience?
- How do pandemic conspiracy theories spread in different cultures and geopolitical settings?
- What are the long-term effects of interventions against misinformation on the behaviour of individuals and communities?
- How can health organizations and communicators (e.g. chief medical officers) strengthen their credibility?
- What policy interventions are relevant to infodemic management? Why?
- What are the effects of interventions to identify, prioritize, reduce the spread, and mitigate the misinformation consequences?
- What knowledge, skills and tools contribute to strengthen the resilience of individuals and ‘inoculate’ them against misinformation and disinformation? How can public health organizations, the media and the education sector contribute to strengthen that resilience?
- How is individual behaviour affected by changing information content or transmission mode?
- What would be examples of diffusion of health information of various gradients of quality and harmful impacts that can be used to build a knowledge base for infodemic management training of health and communication professionals?
- How can infodemic management be better coordinated between different levels of government, and what is the comparative advantage at each level?
- To what extent have Member States included strategies on addressing/managing the impact of misinformation during a pandemic within their national pandemic preparedness and response plans?
- How can a real-time data collection tool be developed to improve the effectiveness and timeliness of response to infodemics?
- Which actors should be considered as the “initiator” for building infodemiology capacity in a country (i.e. academia, Ministry of Health)? Why?

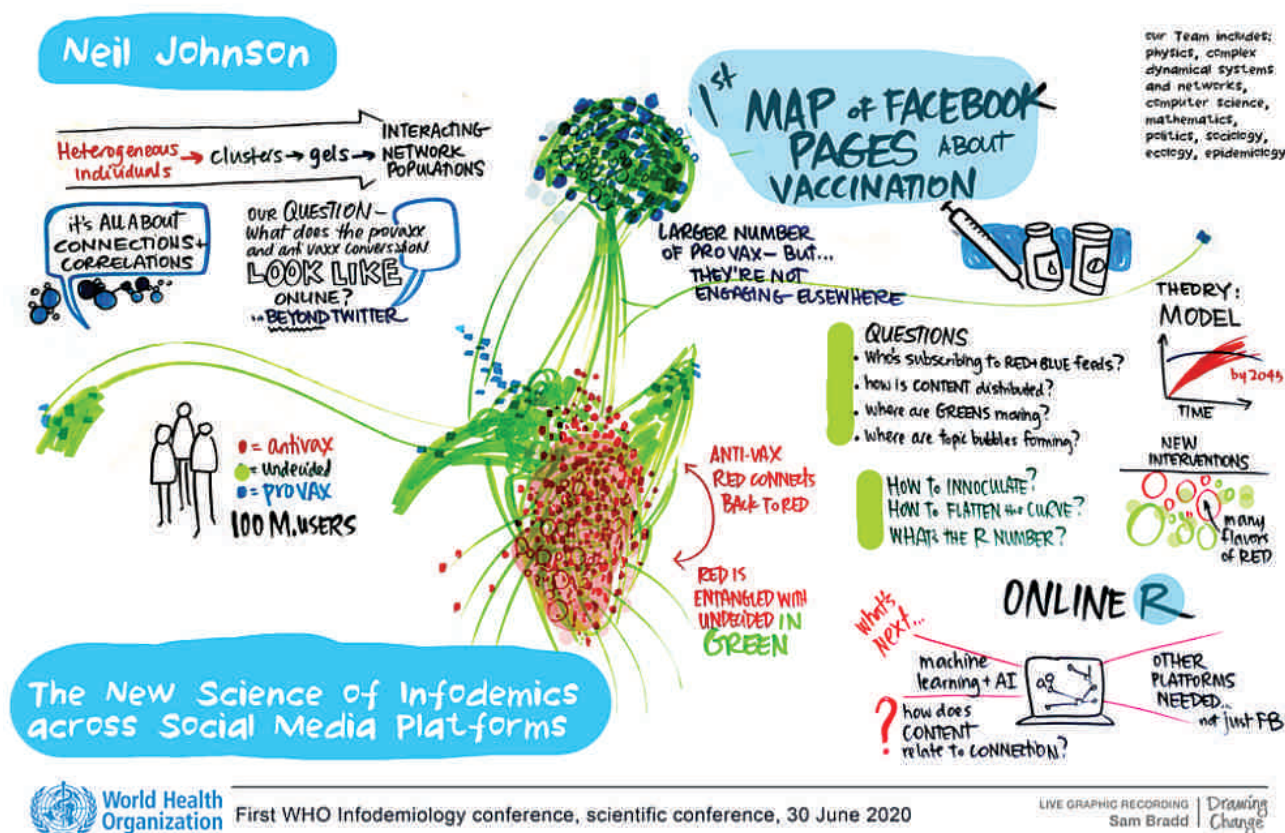
- What rapid alert/indications and warning system on infodemics should be in place? What organizations should take part in it?
- How can interventions be designed to be more responsive to specific geographical factors (including sociocultural, political and historical)?
- How and with which tools can the extent and the threat of infodemics be measured within and across borders, with reliable and validated instruments?
- Which Member States are comparable regarding their information structure and information behaviour?
- How can innovative techniques such as crowdsourcing and artificial intelligence pattern-detection methods be harnessed to identify the early warning signs of infodemics?
- How can schools and higher education institutions be further empowered in addressing critical thinking and knowledge of scientific thinking?
- What can be learned from a comprehensive meta-analysis of research focused on aspects relevant to infodemic management?
- What is the estimated impact of misinformation on policy, with examples?

## Annex 2: Summary of discussions in working groups

### Topic 1: How to measure and monitor digital and physical information environments

Topic leaders: **Neil Johnson**, George Washington University, USA; **Anatoliy Gruz**, Ryerson University, Canada

Supported by: **Elisabeth Wilhelm**, US CDC; **Tina Purnat**, WHO; **Dylan Johnson Restrepo**, Volunteer



Four major themes emerged in discussion of this topic.

**The possibility of reproducible patterns and cross-disciplinary metrics for a science of infodemiology.** It is difficult to produce generalizable or comparable results from social media data because: (a) access to full datasets from social media is rare; (b) these datasets do not represent the engagement of all populations anyway; and (c) metrics vary from platform to platform.

Mathematical modelling, like epidemiological modelling, does not necessarily take human behaviour into account, which can limit its efficacy for predicting future human behaviour and impact on an outbreak. But modelling can help develop hypotheses for how information/infection flows and how networks might respond; and interventions can be designed to test them.

There are limits to applying epidemiological techniques as a way to monitor and measure spread, especially if we assume that the units we are working with are pieces of information and not pathogens: in biology, pathogens infect opportunistically; they do not have an agenda. Disentangling the differences between rumours, misinformation and disinformation requires a common taxonomy to classify information and label it as more or less harmful. Such an approach could inform identification of “tipping points,” or points at which action needs to be taken to address more harmful misinformation and offer more tailored and effective responses.

**The need for a balance between a system-level understanding which washes over details, and a case-study understanding which captures details but may miss the bigger picture.** There is an ocean of social and behavioural and health data available to us, but it is necessary to determine more clearly which data sources and types of analyses would improve an infodemic response. It remains difficult to determine what degree of detail is needed to understand the infodemic while still balancing the privacy and ethical concerns of users whose data are being collected and analysed. In the midst of a pandemic, speed is of the essence, and balancing rapid data collection and analysis methods with a desire for rigour may mean prioritizing specific kinds of data for short-term operational use versus longer-term use and longitudinal trend analysis. Understanding diffusion of information through certain networks – for example, encrypted networks and fully offline communities – will require other data collection approaches.

**The issue of COVID-19 vaccines and upcoming vaccine candidates, and what is and will be said on social media.** Long before the first COVID-19 vaccine was available to the public, related anti-vaccine misinformation had begun to circulate. In order for the pandemic to end, a vaccine or some other treatment will be needed, in addition to individual behaviour change, to stop the spread. People should seek out vaccination and demand for it needs to be high. Misinformation, online and elsewhere, that seeks to undermine trust in governments, health authorities, health staff and vaccines, endangers vaccine acceptance and will prolong or worsen the pandemic. Identifying promising approaches to address this aspect of the infodemic is an urgent task, but a one-size-fits-all solution is unlikely to work. There are multiple vaccine candidates and more are in the pipeline with varying safety and efficacy profiles. Some populations will initially be prioritized to receive the vaccine, and it will become a politicized issue – indeed, in some countries it already is. Social listening can be used to understand public sentiment towards the vaccine; to analyse how online groups that may have been previously spreading anti-vaccine views around routine immunization are repurposed to focus on the COVID-19 vaccine; to identify influencers; and to identify behavioural or social interventions that can promote the spread of accurate information about the COVID-19 vaccine development and implementation process.

**The extent to which offline behaviour is influenced by online behaviour and vice versa.** There is limited research on how exposure to information or misinformation affects behaviour, because behavioural processes can be complex. In the midst of a crisis, people may use cognitive shortcuts: that is to say, when under pressure, people may rely on the first or loudest information they hear and may become less adept at processing more complex information. When misinformation is easy to spread, this can create a harmful mixture. Anecdotal evidence suggests that people can exhibit negative health behaviours because of misinformation they heard during the COVID-19 outbreak, but responding properly will require better measures of the way knowledge connects to intent and behaviour, both online and offline. For example, does increased exposure to misinformation make it more likely that someone will exhibit



behaviours detrimental to their health? Further research is needed, as are consolidated and validated indicators that predict behaviours, or which serve as proxies for specific behaviours.

### Research recommendations:

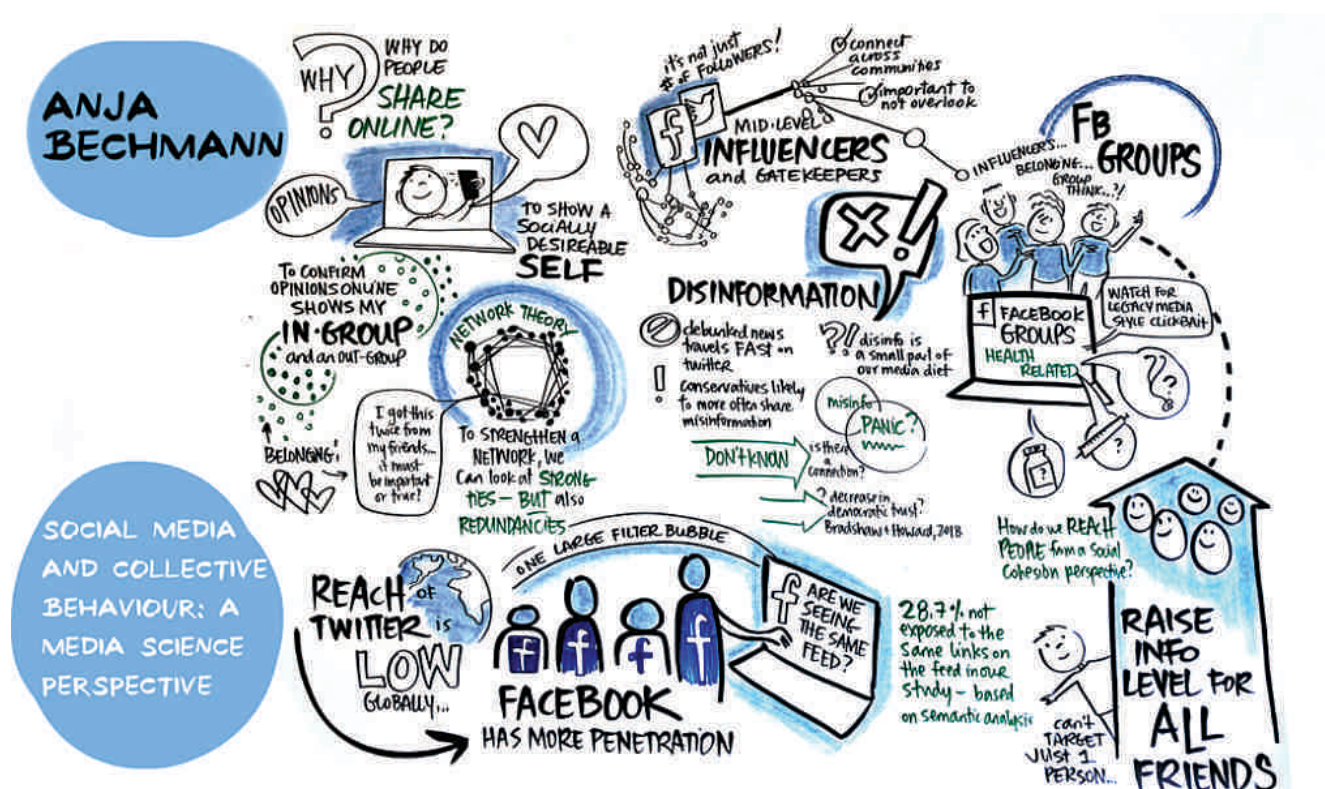
1. There is a need to categorize the spread of information and misinformation through an information taxonomy organized by content, audience, etc.
2. There is an urgent need to establish how best to prepare for the online infodemic concerning future COVID-19 vaccines
3. We all need to engage immediately across disciplines, and not return to work as usual in our own fields and silos.

## Topic 2: How information originates and spreads

Topic leaders: **Anis Azlan**, Universiti Kebangsaan Malaysia, Malaysia; **Masato Kajimoto**, University of Hong Kong, China

Supported by: **Atsu Ishizumi**, US CDC; **Saad Uakkas**, Volunteer

**Diagnostics.** “Diagnostics” in this context refers to the processes through which we characterize mis- and disinformation. This includes the identification of its features and dimensionality, and how these can be categorized with reference to the agents involved and the harmful effects that result from exposure to mis- and disinformation. It is also important to acknowledge that the characteristics of this information can mutate and merge rapidly, and thus may be difficult to classify.



**Tracking.** Discussions emphasized the importance of tracking the trajectories of infodemics through surveillance and other interdisciplinary methods. Mapping exposure and consumption patterns may allow us to predict how different types of mis- and disinformation can spread. Tracking of online (and other) information does raise concerns about data availability, the ethics of data collection, and privacy. Policy, control and governance in an infodemic response will have implications for freedom of expression, and these issues need to be considered from the start.

**Human factors.** There is a need to deepen our understanding of different human factors that make individuals and communities more susceptible to mis- and disinformation – for example, individual motivations, emotions, trust, social norms, values and beliefs. Better understanding of these factors may allow us to identify the individuals and communities that are not only more vulnerable in terms of acting harmfully on the basis of the information they receive, but which may also be more likely to spread bad information to others. Identifying these groups can help us to understand the underlying factors influencing the creation and spread of mis- and disinformation, and plan better interventions.

**Measurement.** It will be necessary to design measuring methods and instruments to assess the velocity and volume of infodemic spread; detect exposure; predict the type and scale of impact; and evaluate other identifiable characteristics of each outbreak of harmful information. This will facilitate triage and the allocation of resources for response.

**Concerns.** Responses and countermeasures must be grounded in methodologically solid findings – although, given the time pressure of the current infodemic, the feasibility of devising effective measuring systems in a short period of time has been questioned. Participants also raised a range of concerns around the practicality of several of the approaches discussed given the complexity of infodemics, the timescale of the response, and the diversity of contexts in which research must be conducted – for example, the complexity of building simulation models of infodemics supplemented by ethnographic fieldwork.

### **Research recommendations:**

1. Infodemiology researchers should consider prioritizing a number of small-scale action research projects that would have pragmatic implications in the field. Such research could involve trials in at-risk communities designed to find effective ways to track spread and analyse human factors. Collaboration between academic researchers and practitioners on the ground will be essential in order to design and conduct practical, useful, action-based research.
2. Drawing on the insights gained from this action research, experimental intervention strategies can be designed, with controls. The goals of this phase would include measuring factors that contribute to behavioural and environmental changes. This type of research is experimental in nature, because infodemics are so highly contextual on so many levels – for example, capacity-building training among frontline health care workers as a form of intervention strategy could be effective in one community but not in another.
3. Finally, echoing the recommendations that emerged from Topic 1, participants suggested establishing an international interdisciplinary taskforce to create a taxonomy of infodemiology beyond the glossary work. This project would set out to catalogue every aspect of different strains of information, agents, actors, impacts and any other infodemic-relevant criteria as completely as possible, potentially with case studies of real events.

### Topic 3: How information affects and impacts individuals and populations

Topic masters: **Julienne Anoko**, WHO; **Judit Bayer**, Budapest Business School, Hungary

Supported by: **Margaux Mathis**, WHO; **Vicky Houssiere**, WHO

**Communication.** The reception of information content and subsequent behaviours affected by that information are the product of social constructs influenced by social structures (friends, family, formal and informal influencers, etc.), age, gender, history, education, personality, political polarization and other factors.

- Science journalists have important roles to play in bridging the gaps between scientists, science and the general public, and thereby building resilience against bad information.
- Counter-communication interventions should be designed and implemented in the form of easily accessible information, along with other cultural products such as fiction and drama, which can model conflict situations and bring about values and positive behaviour patterns.
- The ambiguous role of social media companies was discussed extensively. Without strong incentives, social media platforms tend to be uninterested in self-regulation, because sensational content generates income. Incentives should be designed, and implemented through regulatory policy, to make companies interested in taking social responsibility and fighting infodemics within their means, and particularly by prioritizing corrective action, ensuring transparency, and implementing other best practices.
- Education is also crucial in fighting infodemics. Curricula should be bolstered to foster slow thinking, the development of scepticism and critical thinking, and the ability to recognize trustworthy sources (i.e. information literacy). Beyond these skills, basic knowledge of scientific rules should be taught to everyone, to prepare them to recognize true and false scientific arguments.
- Governments can use legislation to shape the information environment and to protect the population from misleading and deceptive communications. This research agenda is needed to better understand the information ecosystem and how information (good and bad) spreads and how it affects people's behaviour, and how the impact of any policy action (legislation) can be measured. The implementation of the research agenda will provide a basis for development of evidence to inform such policies and to evaluate their impacts.

**Community.** Trust is a key element in building resilient communities: there is a need to establish and maintain trustworthy information sources. Research is required to identify the best such sources and ensure easy and equal access to them, and to increase understanding of how people navigate through information and recognize their own trusted sources.

- Discussions also highlighted the urgent need to empower communities to build their own resilience to bad information. Interventions should be constructed in partnership with those communities, which would be possible through greater efforts to understand the contexts in which infodemics occur and spread. Community engagement goes along with building self-efficacy and self-capability within those communities, which can be achieved through practice. Community engagement should focus on the middle ground – not the shrill voices at the extremes of the big arguments, but the majority of “silent lurkers” who may not yet have formed strong opinions.
- Along with individuals, communities and states, market actors should be regarded as factors in infodemics; they can be active vectors or targets of campaigns and are influential members of communities.

**Research.** To facilitate collaborative, effective research in this area, some concepts and terms need to be more clearly defined and/or better and more commonly understood. These include “social networks,” “social media platforms,” “social listening,” “group identities/context,” “community engagement,” “empowerment,” “self-efficacy,” “self-capability,” “preparedness,” “trusted sources and channels of information,” “inclusiveness,” “dynamics,” “behavioural change” and “language issues.” Whatever the methods used, important principles for infodemic management should include the use of bottom-up approaches grounded in people’s lived realities; the use of innovative and creative approaches; precautionary principles; ethics; and investment to fund and build capabilities and expertise.

- To boost scientific cooperation, a shared database should be built from the references of existing research, connecting relevant disciplines including communication sciences, social science, behavioural and cognitive psychology, data science and others. This should include a repository of relevant surveys conducted in different countries.
- Measuring people’s vulnerability and resilience to infodemics could be done in a number of ways. We already know that susceptibility and levels of resistance to debunking are influenced by cognitive factors and worldview. Possible approaches and tools to add detail to that basic understanding include: surveys; social listening; after-action reviews; compiling lessons and benchmarks; the use of the integrated evaluation framework devised by AMEC (the international association for the measurement and value of communication) to quantify the real-world effects of communications work; observational studies; focus groups; interviews; diary-keeping; and deliberative workshops. Quantitative and qualitative information surveillance methods should be used over time to deepen understanding of macro, micro and local nuances.

#### **Research recommendations:**

1. Develop an inclusive and sustainable model of science communication
2. Explore and test the capabilities and levels of understanding of individuals using a comparative approach based on social groups, in order to help design appropriate communication methods
3. Design research to understand the contexts in which infodemics originate and spread.

## **Topic 4. What interventions work to protect against mis- and disinformation?**

*Topic masters: **Emily Vraga**, University of Minnesota; **Sara Rubinelli**, University of Lucerne*  
*Supported by: **Aybuke Koyuncu**, US CDC; **Jamie Guth**, WHO*

The vast amount of uncertainty around a new phenomenon such as COVID-19 results in information voids that provide opportunities for mis- and disinformation to spread and seed distrust in public institutions. Proactive sharing of high-quality information can help to build public trust and encourage sustained partnerships with information platforms.

Infodemic management is needed as part of an operating structure that is in place and tested before crisis situations develop. Having established teams in many relevant organizations will facilitate a coordinated – rather than piecemeal – response to misinformation.

While participants highlighted many relevant theories from different fields including brand, risk, and health communication, a more practical understanding is needed of how these theories apply to infodemiology given the unique demands and constraints of the field.



Any intervention in a democratic society has to consider issues and sensitivities around freedom of speech and should avoid censorship. Recognition of the possible unanticipated consequences of interventions, including the potential for them to be co-opted, is essential.

### **Research recommendations:**

1. **Test critical thinking and literacy theory (e.g. around health literacy, information literacy, digital literacy and news literacy) as interventions to address infodemics**

Health literacy is a major topic in health communication research and practice. It includes critical literacy as the ability to evaluate and apply health information and is considered a major asset in managing an infodemic. Likewise, information, news, digital, and media literacy all speak to the necessary ability to distinguish high- from low-quality information, especially online. Although research into each type of literacy has developed in isolation, questions remain on how to empower populations to think critically, what normative models of thinking are most appropriate for an infodemic, who is responsible for building literacy, and how literacy efforts can be integrated into existing societal systems (e.g. school education) and adapted to reach populations outside of traditional education settings.

2. **Identify priority populations based on key vulnerabilities**

Population studies should be carried out to identify the specific individuals and groups at the greatest risk of accepting misinformation and then spreading it. This should include studying people's perceptions, beliefs and knowledge, and the barriers and facilitators for access to and evaluation of credible health information. Research should consider how information vulnerabilities align with disease vulnerabilities.

3. **Develop a shared public rubric for characterizing misinformation (including examples), in order to identify appropriate interventions and when and how to deploy them**

This rubric could include different types of misinformation (e.g. the seven types of misinformation presented by Claire Wardle in the 29 June preconference); the sources of misinformation; the intent of those creating or sharing misinformation; the degree of inaccuracy (based on the level of expert consensus and scientific evidence that exists); the impact of the misinformation on attitudes and/or behaviours; the likely audiences; the virality of the misinformation; and/or the alignment of mis- and disinformation with politics. This rubric would be populated with specific examples of misinformation in each domain and aligned with interventions based on best practices shown to be effective for that type of misinformation.

4. **Develop a shared “living systematic review” for interventions measured in terms of their effectiveness on a set range of criteria, strength of evidence, generalizability, and likely contexts for application**

Interventions across disciplines should be collected, with a rubric describing the outcomes against which the intervention has been tested, its generalizability or application to specific populations, the contexts in which it has been tested, its feasibility and costs, and the level of confidence in the findings. Special attention should be paid to determining the consistent metrics appropriate to evaluate the success of an intervention, to aid the prioritization of efforts, but there is broad consensus that no one intervention will be successful and a toolkit of different approaches is likely to be needed. This living systematic review should be aligned with the misinformation rubric to identify gaps where good evidence-based research does not exist, in order to address particular types of misinformation.



## Annex 3: Conference programme<sup>16</sup>

### Programme – preconference (public)

Day 0 – Monday, 29 June 2020, 13:00–17:30 Geneva time

- Introduction – **Sylvie Briand, WHO**
- Headline keynote talk – **David Nabarro, WHO COVID-19 Special Envoy & Imperial College Institute of Global Health Innovation, UK**
- Battling a pandemic in a fact-resistant world: epidemiology, public health, and the COVID-19 infodemic – **Saad Omer, Yale University, USA**
- A new digital reality: how fake news and misinformation are derailing the largest vaccination effort in history – a case study of polio programme – **Rustam Haydarov, UNICEF**
- “Gotong Royong”: Blunting the impact of multiple infodemics via a whole-of-society approach – **Harry Sufehmi, MAFINDO, Indonesia**
- Conspiracies, rumours and falsehoods: the truth about why the infodemic is so dangerous – **Claire Wardle, FirstDraft News, UK**
- When fact-checking, media and misinformation collide in Africa – **Catherine Gicheru, ICFJ Knight Fellow, Kenya**
- Viral (p)articles: a network mapping approach to infodemiology – Camille Francois, Berkman-Klein Center for Internet & Society, Harvard University, USA
- Working together to manage infodemics – **Tim Nguyen, WHO**

### Programme – scientific conference (closed session)

Day 1 – Tuesday, 30 June 2020, 12:00 – 17:40 Geneva time

Closed session – plenary

- Welcome – **Sylvie Briand, WHO**
- Introduction and moderation by conference co-chairs – **Neville Calleja, Ministry for Health, Malta, and Viroj Tangcharoensathien, Ministry of Health, Thailand**
- Discussion: epidemiology and its linkages to the new scientific discipline of infodemiology – **Rosamund Lewis, WHO; Dimitri Prybylski, US CDC, USA; Akhona Tshangela, Africa CDC; Lei Zhou, Chinese CDC, China; Laura Espinosa, ECDC**
- Researching the COVID-19 infodemic in the digital era – **Saad Omer, Yale University, USA**
- Social media & collective behaviour: a media science perspective – **Anja Bechmann, Aarhus University, Denmark**
- The new science of infodemics across social media platforms – **Neil Johnson, George Washington University, USA**
- Cultures of misinformation: media, motivations, responses – **Herman Wasserman, University of Cape Town, South Africa**

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<sup>16</sup> Full programme available in a conference brochure at: <https://www.who.int/teams/risk-communication/infodemic-management/1st-who-infodemiology-conference>, accessed 20 January 2021.

- **Break-out discussion: discussion in teams expanded with keynote speakers and observers** – *Break-out group moderators:* Elisabeth Wilhelm, US CDC, USA; Tina Purnat, WHO; Margaux Mathis, WHO; Stefano Burzo, WHO

**Days 2,3,4,5 – 1, 7, 9, 14 July 2020**

**Closed working sessions**

**Participants work in their assigned team.**

**Rotating discussion of each team through four set topics.**

**Topic 1: How can the digital-physical information environment be measured and monitored?**

***Using data triangulation, real-time surveillance and monitoring and metrics development***

Topic masters:

- Neil Johnson, George Washington University, USA
- Anatoliy Gruz, Ryerson University, Canada

Support to topic masters:

- Marcelo D'Agostino, Pan American Health Organization/WHO Regional Office for the Americas
- Dylan Johnson Restrepo, Volunteer

**Topic 2: How does information originate and spread?**

***Information environment, how low-quality information develops into harmful narratives, and how misinformation propagates***

Topic masters:

- Anis Azlan, Universiti Kebangsaan Malaysia, Malaysia
- Masato Kajimoto, University of Hong Kong, China

Support to topic masters:

- Atsu Ishizumi, US CDC, USA
- Saad Uakkas, Volunteer

**Topic 3: How does information affect and impact individuals and populations?**

***Understanding the risk factors, impact on population & societies' behaviour and action, building and maintaining trust, and resilience to misinformation***

Topic masters:

- Julienne Anoko, WHO
- Judit Bayer, Budapest Business School, Hungary

Support to topic masters:

- Margaux Mathis, WHO
- Vicky Houssiere, WHO

**Topic 4: What interventions work to protect and mitigate?**

***Improving intervention design and building the evidence-based response toolkit***

Topic masters:

- Emily Vraga, University of Minnesota
- Sara Rubinelli, University of Lucerne

Support to topic masters:

- Aybuke Koyuncu, US CDC, USA
- Jamie Guth, WHO

### Team coordination

- Coach – red team: Tom Trewinnard, WHO
- Coach – blue team: Daniel Hougendobler, WHO
- Coach – green team: Brian Yau, WHO
- Coach – yellow team: Neetu Abad, US CDC, USA

### Glossary curation

- Stefano Burzo, WHO
- Patricia Ndumbi Ngamala, WHO

## Day 6 – Thursday, 16 July 2020

### Closed session – plenary

- Introduction and moderation by conference co-chairs – **Neville Calleja, Ministry for Health, Malta, and Viroj Tangcharoensathien, Ministry of Health, Thailand**
- Report back from Topic 2 – **Anis Azlan, Universiti Kebangsaan Malaysia, Malaysia; Masato Kajimoto, University of Hong Kong, China**
- Report back from Topic 3 – **Julienne Ngoundoung Anoko, WHO; Judit Bayer, Budapest Business School, Hungary**
- Report back from Topic 1 – **Neil Johnson, George Washington University, USA; Anatoliy Gruz, Ryerson University, Canada**
- Report back from Topic 4 – **Emily Vraga, University of Minnesota; Sara Rubinelli, University of Lucerne**
- Presentation of the public health research agenda for managing infodemics – **Tina Purnat, WHO**
- Report back on infodemiology glossary – **Stefano Burzo, WHO; Patricia Ndumbi Ngamala, WHO**
- Reflections from coaches – **Tom Trewinnard, WHO; Daniel Hougendobler, WHO; Brian Yau, WHO; Neetu Abad, US CDC, USA**
- Reflections by technical partners, moderator: **Tim Nguyen, WHO – Dimitri Prybylski, US CDC, USA; Anton Schneider, USAID; Meaghan Charlton, Sabin Institute; Susan Mackay, GAVI; Danielle Pedi, Bill & Melinda Gates Foundation**
- Next steps – **Tim Nguyen, WHO**
- Remarks by chairs – **Neville Calleja, Ministry for Health, Malta; Viroj Tangcharoensathien, Ministry of Health, Thailand**
- Closing remarks – **Sylvie Briand, WHO**

**Day 7 – Public webinar, Tuesday, 21 July 2020, 15:00–16:30 Geneva time**  
**Round-table on the outcomes of the conference**

Host: Sarah Hess, WHO

Speakers: Stefano Burzo, WHO; Margaux Mathis, WHO; Brian Yau, WHO; Elisabeth Wilhelm, US CDC; Emily Vraga, University of Minnesota, US; Pier Luigi Sacco, IULM University, Italy; Lisa Talia Moretti, University of London, UK; Meaghan E. Charlton, Sabin Vaccine Institute, USA.

## Annex 4: list of participants in the scientific conference

\*Denotes a member of the core organizing team



### Participants

Neetu Abad\*  
Behavioural Scientist  
Global Immunization Division  
Centers for Disease Control  
and Prevention  
USA

Naglaa Ahmed  
Public health consultant  
Epidemiologist, STOP  
programme graduate  
Egypt

Kwame Amponsa-Achiano  
Programme Manager  
Ministry of Health  
Ghana

Arina Anis Azlan\*  
Lecturer  
Centre for Communication  
and Digital Society, Faculty of  
Social Sciences & Humanities  
Universiti Kebangsaan  
Malaysia  
Malaysia

Ruben Arcos  
Professor  
Department of  
Communication Sciences  
and Sociology  
Rey Juan Carlos University  
Spain

James Ayodele  
Principal Communication  
Officer  
Africa Centres for Disease  
Control and Prevention  
Ethiopia



Judith Bayer* Associate Professor Department for Communication Studies Budapest Business School of Applied Sciences Hungary	Anja Bechmann Professor School of Communication and Culture – Media Studies Aarhus University Denmark	David Broniatowski Associate Professor School of Engineering and Applied Science George Washington University USA
Ian Brooks Research Scientist School of Information Sciences University of Illinois USA	Lucie Bucci Senior manager, Immunize Canada University of Montreal Canada	Neville Calleja* Director Directorate for Health Information and Research Ministry for Health Malta
Elinor Carmi Postdoctorate Research Associate in Digital Culture & Society Department of Communication and Media University of Liverpool United Kingdom	Damon Centola Professor of Communication, Sociology and Engineering Annenberg School for Communication, the School of Arts and Sciences, and the School of Engineering and Applied Sciences University of Pennsylvania USA	Orana Chandrasiri Researcher International Health Policy Programme Ministry of Public Health Thailand
Ying Cui Chinese Center for Disease Control and Prevention China	Katharine Dommett Senior Lecturer in the Public Understanding of Politics Department of Politics and International Relations University of Sheffield United Kingdom	Joan Donovan Research Director Shorenstein Center on Media, Politics and Public Policy Harvard Kennedy School – John F. Kennedy School of Government USA
Eve Dube Researcher Social Sciences and Humanities Network Québec National Institute of Public Health Canada	Adam Dunn Head of Discipline and Associate Professor in the Discipline of Biomedical Informatics and Digital Health School of Medical Sciences University of Sydney Australia	Ullrich Ecker Professor of Psychological Science Faculty of Science, School of Psychological Science University of Western Australia Australia

Laura Espinosa Scientific Officer Epidemic Intelligence European Centre for Disease Prevention and Control Sweden	Camille Francois Berkman-Klein Center for Internet & Society, Harvard University USA	Fu Gao Director-General Chinese Center for Disease Control and Prevention China
Anat Gesser-Edelsburg Professor and Head of Health Promotion Programme School of Public Health University of Haifa Israel	Nina Gobat Senior Researcher Nuffield Department of Primary Care Health Sciences University of Oxford United Kingdom	Alfred Gomez Public health consultant Epidemiologist, STOP programme graduate
Kacper Gradon University of Warsaw Poland	Anatoliy Gruzd* Associate Professor, Director, Social Media Lab Ted Rogers School of Management Ryerson University Canada	Aliaksandr Herasimenka Political communication scholar and a postdoctoral researcher Oxford Internet Institute - Computational Propaganda Project University of Oxford United Kingdom
Beverly Ho OIC-Director IV Health Promotion and Communication Service Department of Health - Government of the Philippines Philippines	Edda Humprecht Senior Research and Teaching Associate Department of Communication and Media Research University of Zurich Switzerland	Cherstyn Hurley Immunisation publications manager Public Health England United Kingdom
Santi Indra Astuti Communication Studies Faculty Bandung Islamic University (Universitas Islam Bandung) Indonesia	Atsu Ishizumi* CDC/ORISE Fellow Demand for Immunization Team Centers for Disease Control and Prevention USA	Yaling Jin Assistant Researcher Chinese Center for Disease Control and Prevention China
Neil Johnson* Professor Department of Physics, Columbian College of Arts and Sciences George Washington University USA	Masato Kajimoto Associate Professor of Practice Journalism and Media Studies Centre University of Hong Kong China	Aybukey Koyuncu* PHI/CDC Global Health Fellowship Programme Centers for Disease Control and Prevention USA

Shibani Kulkarni* CDC/ORISE Evaluation Fellow Global Immunization Division Centers for Disease Control and Prevention USA	Hao Li Chinese Center for Disease Control and Prevention China	Mark MacCarthy Senior Fellow and Adjunct Professor Communication, Culture and Technology Programme Georgetown University USA
Dominic Maddumba Executive Assistant Office of the Secretary Department of Health – Government of the Philippines Philippines	Philip Mai Director of Business and Communications and Researcher, Social Media Lab Ted Rogers School of Management Ryerson University Canada	David Nabarro Chair of Global Health and co-Director of the Institute of Global Health Innovation (IGHI) Imperial College London United Kingdom
Mariam Nauh Research Associate Center of Complex Engineering Systems (CCES) King Abdulaziz City for Science & Technology Kingdom of Saudi Arabia	Orkan Okan Research Associate Faculty of Educational Science University of Bielefeld Germany	Saad Omer Director Yale Institute for Global Health Yale University USA
Claudia Pagliari Senior Lecturer in Primary Care and Informatics / Programme Co-Director (MSc Global eHealth) Usher Institute – Global Health Academy University of Edinburgh United Kingdom	Kisoo Park Professor Institute for Occupational & Environmental Health Korea University College of Medicine South Korea	Palak Patel* Centers for Disease Control and Prevention USA
Dimitri Prybylski* Team Lead Demand for Immunization Team Centers for Disease Control and Prevention USA	Junaid Qadir Professor Electrical Engineering Department Information Technology University of the Punjab Pakistan	Atonu Rabbani Associate Professor James P Grant School of Public Health BRAC University Bangladesh

Emily Rempel Knowledge Translation Lead British Columbia Centre for Disease Control Canada	Hana Rohan Assistant Professor in Social Sciences UK Public Health Rapid Support Team London School of Hygiene and Tropical Medicine United Kingdom	Sara Rubinelli* Professor in Health Sciences with a focus in health communication Department of Health Sciences and Medicine University of Lucerne Switzerland
Pier Luigi Sacco Professor Department of Humanities Studies IULM University Italy	Marietje Schaake International Policy Director Cyber Policy Center, Freeman Spogli Institute for International Studies Stanford university USA	Tara Kirk Sell Senior Scholar, Assistant Professor Center for Health Security, Bloomberg School of Public Health Johns Hopkins University USA
Kenji Shibuya Director Institute for Population Health King's College London United Kingdom	Kai Shu Assistant Professor Department of Computer Science Illinois Institute of Technology USA	Briony Swire-Thompson Associate Research Scientist Harvard Institute for Quantitative Social Sciences Northeastern University USA
Lisa Talia Moretti Digital Sociologist and Head of user research Institute of Management Studies Goldsmiths University of London United Kingdom	Mike Tamir Lecturer School of Information University of California Berkeley USA	Viroj Tangcharoensathien* Senior Adviser International Health Policy Programme Ministry of Public Health Thailand
Naveen Thacker Director Deep Children Hospital and Research Center Kutch, Gurajat, and International Pediatric Association India	Akhona Tshangela Programme manager Mortality Surveillance Africa Centres for Disease Control and Prevention Ethiopia	Shannon Turner Executive Director Public Health Association of British Columbia Canada
Heidi Tworek Assistant Professor Department of History University of British Columbia Canada	Emily Vraga* Associate Professor Hubbard School of Journalism And Mass Communication University of Minnesota USA	Herman Wasserman* Professor of Media Studies and Director of the Centre for Film and Media Studies University of Cape Town South Africa

Robyn Whittaker  
Honorary Associate  
Professor and Programme  
Co-Lead, eHealth/mHealth  
National Institute for Health  
Innovation  
University of Auckland  
New Zealand

Elisabeth Wilhelm\*  
Health Communications  
Specialist  
Demand for Immunization  
team, Global Immunization  
Division  
Centers for Disease Control  
and Prevention  
USA

Andrea Würz  
Expert Behaviour Change and  
Risk Communication  
European Centre for Disease  
Prevention and Control  
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Lei Zhou  
Senior Researcher, Chief  
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Infectious Disease  
Public Health Emergency  
Center  
Chinese Center for Disease  
Control and Prevention  
China

Ying Zhou  
Chinese Center for Disease  
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## Observers

Juliet Bedford  
Anthrologica  
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Multilayer Networks  
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Center for Information  
Technology  
Fondazione Bruno Kessler  
Italy

Stéphane Duguin  
Chief Executive Officer  
CyberPeace Institute  
Switzerland

Bruce Gellin  
President  
Global Immunization  
Sabin Institute  
USA

Catherine Gicheru  
ICFJ Knight Fellow  
Kenya

Aino Huxley  
Publications Editor  
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Countering Hybrid Threats  
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Advocacy for the Polio  
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USA

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GAVI

Erin Mcaweeney  
Graphika Inc.  
USA



Danielle Pedi Senior Programme Officer Water, Sanitation and Hygiene Bill & Melinda Gates Foundation USA	Anton Schneider Senior SBC Advisor Bureau for Global Health, Office of Infectious Disease United States Agency for International Development (USAID) USA	Melanie Smith Cyber Intelligence Analyst Graphika Inc. USA
Harry Sufehmi Founder Mafindo Indonesia	Olivia Tulloch Anthrologica United Kingdom	Claire Wardle Co-Founder and Director Firstdraft United Kingdom
Sonia Whitehead Head of Research BBC Media Action United Kingdom	Harry Wilson Chief Product Officer CitiBeats Spain	Tim Zecchin Managing Director Media Measurement United Kingdom

## United Nations organizations

Guy Berger Director for Freedom of Expression and Media Development United Nations Educational, Scientific and Cultural Organisation (UNESCO)	Carla Daher Global Emergency Specialist Community Engagement and Accountability to Affected Populations United Nations Children's Fund (UNICEF)	Stewart Davies Humanitarian Affairs Officer United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
Katie Drew Innovation Officer (Communicating with Communities) The UN Refugee Agency (UNHCR)	Niamh Hanafin Senior Advisor Information Integrity United Nations Development Fund (UNDP)	Rustam Haydarov Global Polio Eradication Programme United Nations Children's Fund (UNICEF)
Miguel Luengo-Oroz Chief Data Scientist UN Global Pulse	Carlos Navarro Colorado Principal Advisor Public Health in Emergency UNICEF	Angus Thompson Senior Social Scientist: Demand for Immunization United Nations Children's Fund (UNICEF)
Kolitha Prabash Wickramage Global Health Research and Epidemiology Coordinator Migration Health Division International Organization for Migration	Fatou Wurie Emergency Specialist U-Report United Nations Children's Fund (UNICEF)	

## Other International organizations

Vitalba Crivello	Sabrina Spieleder
Policy Analyst	Information and
European Science Media Hub	Communication Officer
(STOA)	Strategic Communications
European Parliament	Division
Belgium	European Union External
	Action
	Belgium

## World Health Organization

### Regional Office for Africa

Halim Abdallah	Julienne Anoko*	Tom Trewinnard*
Deputy Communications	Risk communication &	Consultant
Focal Point	community engagement/	COVID-19 Response, WHO
COVID-19 Response, WHO	Social Sciences Officer	Health Emergencies
Health Emergencies	Emergency Preparedness	Programme
Programme		

### Regional Office for the Americas / Pan American Health Organization

Marcelo D'Agostino\*  
Senior Advisor  
Information Systems for  
Health, Evidence and  
Intelligence for Action in  
Health

### Regional Office for Eastern Mediterranean

Tamer El-Maghraby	Beste Sultan Gülgün	Arash Rashidian
Information Officer	Technical Officer	Director
Infectious Hazard Prevention	(Communications)	Science, Information and
and Preparedness,	Country Health Emergency	Dissemination Division
Emergency Preparedness	Preparedness & IHR, Eastern	
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	Office	

### Regional Office for Europe

Olga Fradkina*	Clayton Hamilton
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## Regional Office for South-East Asia

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Technical Officer, Risk  
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WHO Health Emergencies  
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## Regional Office for Western Pacific

Leilia Dore  
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## Headquarters

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<p>Daniel Hougendobler*</p> <p>Project Officer</p> <p>Pandemic Influenza Preparedness, Emergency Preparedness</p>	<p>Vicky Houssiere*</p> <p>Consultant</p> <p>High Impact Events Preparedness, Global Infectious Hazards Preparedness, Emergency Preparedness</p>	<p>Aleksandra Kuzmanovic</p> <p>Social Media Officer</p> <p>Department of Communications</p>
<p>Rosamund Lewis*</p> <p>Medical Officer</p> <p>Emerging Diseases and Zoonoses</p>	<p>Jianfang Liu*</p> <p>Web Producer</p> <p>High Impact Events Preparedness, Global Infectious Hazards Preparedness, Emergency Preparedness</p>	<p>Abdi Mahamud</p> <p>Incident Manager</p> <p>Strategic Health Operations</p>
<p>Jaouad Mahjour</p> <p>Assistant Director-General</p> <p>Emergency Preparedness</p>	<p>Margaux Mathis*</p> <p>Technical Officer</p> <p>Epidemic Forecasting and Analysis, Global Infectious Hazards Preparedness, Emergency Preparedness</p>	<p>Lisa Menning</p> <p>Technical Officer</p> <p>Essential Programme on Immunization</p>
<p>Thomas Moran</p> <p>Consultant</p> <p>High Impact Events Preparedness, Global Infectious Hazards Preparedness, Emergency Preparedness</p>	<p>Patricia Ndumbi Ngamala*</p> <p>Technical Officer</p> <p>Digital Health Technologies, Digital Health and Innovation, Science Division</p>	<p>Tim Nguyen*</p> <p>Unit Head</p> <p>High Impact Events Preparedness, Global Infectious Hazards Preparedness, Emergency Preparedness</p>
<p>Andrew Pattison</p> <p>Technical Officer</p> <p>Department of Communications</p>	<p>Jonathan Polonsky</p> <p>Epidemiologist</p> <p>Health Emergency Information and Risk Assessment, WHO Health Emergencies Programme</p>	<p>Tina Purnat*</p> <p>Technical Officer</p> <p>Digital Health Technologies, Digital Health and Innovation, Science Division</p>
<p>Romana Rauf*</p> <p>Programme Management Officer</p> <p>Infectious Hazard Prevention and Preparedness, Emergency Preparedness</p>	<p>Isabelle Sahinovic</p> <p>Technical Officer</p> <p>Pharmacovigilance, Regulation and Safety</p>	<p>Sameera Suri</p> <p>GOARN Secretariat, Emergency Response</p>
<p>Brian Yau*</p> <p>Consultant (Vaccine Safety)</p> <p>Pharmacovigilance, Regulation and Safety</p>		

## **Volunteers**

Dylan Johnson Restrepo\*  
USA

Saad Uakkas\*  
Morocco

## **Rapporteur**

Mark Nunn

## **Illustrator**

Sam Bradd

## **Interpreters**

Cleila Antonel

Katryona Kryzhanovska

Marisa Martinez

Tazara Spafford



## Annex 5: Summary of the review of declarations of interest by participants

Final number of participating experts: 106 (non-WHO) experts

Final number of experts with disclosed interests: 27

The Global Infectious Hazard Preparedness department, within the WHO Health Emergencies Programme, organized a closed scientific conference on infodemiology, the science behind managing epidemics, from 30 June to 16 July 2020. The overall aim of the conference was to take stock of relevant research and effective practices and define public health research needs in order to advance this field. Some 106 experts from various areas of expertise have been invited to attend and submit a declaration of interest (DOI) form.

Three experts did not submit a DOI: Kisoo Park, Alfred Gomez and Robyn Whittaker. The three participated in the opening and closing plenaries and did not attend the working sessions. It was determined that without declaring interests, Kisoo Park, Alfred Gomez and Robyn Whittaker would not be able to participate in the formulation of recommendations or advice. This was implemented accordingly during the research agenda prioritization exercise.

On review of the completed DOIs, 27 experts declared interests. Most of them were assessed as non-significant by the WHO Secretariat. The following five experts declared interests that required further consideration:

- Anja Bechmann: she received about 46 000 dollars from the Carlsberg Foundation for a research project about online hostility. Dr Bechmann is co-PI for the project.
  - It was determined that this interest did not present a conflict in respect of the meeting and Anja Bechmann could participate as an expert.
- Camille Francois and Melanie Smith: they both hold stock options for the company they work for (Graphika). Graphika receives funding from private entities.
  - It was determined that Camille Francois and Melanie Smith could participate as observers during the meeting but would not be able to participate in the formulation of recommendations or advice.
- Claire Wardle: she is the co-founder of a company (FirstDraft) which receives significant funding from Google and Facebook.
  - It was determined that Claire Wardle could participate as an observer during the meeting but would not be able to participate in the formulation of recommendations or advice.
- Tim Zecchin: he is the managing director and shareholder of a social media research business (Media measurement) supplying services to WHO. The consultation could benefit his business:
  - It was determined that Tim Zecchin could participate as an observer during the meeting but would not be able to participate in the formulation of recommendations or advice.

- Marietje Schaake: she is the President of the Cyberpeace Institute and international policy director at Stanford University's Cyber Policy Center and provides consulting services in the area of cyber policy and governance. The consultation could benefit her business.
- Maritje Schaake submitted the DOI with delay. It was determined that Marietje Schaake could participate as an observer during the meeting but would not be able to participate in the formulation of recommendations or advice. This was implemented accordingly during the research agenda prioritization exercise.

In summary, these experts were only allowed to attend and participate on the opening and closing days of the conference where general presentations and the outcomes of the group discussions were presented. They did not take part in the group work nor the formulation of it outcomes, nor in the research question collection nor prioritization process.

**Global Infectious Hazards Preparedness (GIH) Department**

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Geneva, Switzerland

