WHO policy brief: COVID-19 infodemic management

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World Health Organization

Key points

- Train health workers, who are often the most trusted source of health information, to better identify and address health misinformation.
- Tailor health, information and digital literacy initiatives to specific populations, and seek to debunk misinformation before it is widely disseminated through digital media and other channels.
- Strive to develop high-quality, accessible health information in different digital formats designed for reuse, remixing and sharing and for rapid digital spread through social networks.
- Establish an infodemic workforce for rapid infodemic insights generation and response, if necessary, by training staff to fulfil these functions; and ensure this function is clearly linked to and aligned with risk communications and community engagement efforts.

Introduction

More than 2.5 years since the first COVID-19 cases were reported, the pandemic remains an acute global emergency. At the present time, there continue to be millions of people infected each week with SARS-CoV-2, and in the first eight months of 2022, more than one million people were reported to have died from COVID-19 ([WHO COVID-19 Dashboard](#)). With access to and appropriate use of existing life-saving tools, COVID-19 can become a manageable disease with significantly reduced morbidity and mortality. Lives and livelihoods can be saved, but there is still work to be done.

The World Health Organization (WHO) recognizes the challenges countries face for maintaining their COVID-19 response while addressing competing public health challenges, conflicts, climate change and economic crises. WHO continues to support countries in adjusting COVID-19 strategies to reflect successes to date and leverage what has been learned through national responses.

To assist national and global efforts to end the COVID-19 emergency worldwide, WHO updated the COVID-19 ([Global Preparedness, Readiness and Response plan)](#) in 2022 and outlined two strategic objectives. First, reduce the circulation of SARS-CoV-2 by protecting individuals, especially vulnerable individuals at risk of severe disease or occupational exposure to the virus. This action will reduce pressure on the virus to evolve and the probability that future variants will emerge and will reduce the burden on health systems. Second, prevent, diagnose and treat COVID-19 to reduce mortality, morbidity and long-term sequelae. WHO's plan further looks ahead to research, development and equitable access to effective countermeasures and essential supplies.

Recognizing that countries are in different situations with regards to COVID-19 due to a number of factors including differences in population level immunity; public trust; access to and use of COVID-19 diagnostics, therapeutics, vaccines, personal protective equipment; and challenges from other health/non-health emergencies, WHO has produced a package of six short policy briefs. These briefs aim to help countries update policies to focus on critical aspects of managing the acute and long-term threats of COVID-19 while consolidating the foundation for a stronger public health infrastructure (Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience).

The policy briefs outline essential actions that national and sub-national policy makers can implement for the following: COVID-19 testing, clinical management of COVID-19, reaching COVID-19 vaccination targets, maintaining infection prevention and control measures for COVID-19 in health care facilities, building trust through risk communication and community engagement and managing the COVID-19 infodemic. This policy brief focuses on infodemic management in the context of COVID-19 (link to the six policy briefs).

Purpose of this document

This (and the other five COVID-19 policy briefs) provides a brief overview of the key actions advised to Member States based on recommendations published in WHO COVID-19 technical guidance. It also articulates the need for sustained financing and a trained, protected and respected workforce to maintain these life-saving actions in the context of competing health and non-health emergencies. It additionally recognizes the need to strengthen the acute and longer-term response for COVID-19 in relation to other pressing public health issues.

Essential actions for Member States to consider in updating COVID-19 policies

Infodemic management uses tools and techniques to reduce and mitigate harm from health misinformation. The COVID-19 infodemic is characterized by an overabundance of information – including inaccurate or outdated information – shared digitally, person-to-person and through other media and channels *(1,2,3,4)*. Global interconnectivity and digitization allow these types of information to travel further and faster than ever before, reaching populations with information that is often not credible, timely or relevant. This infodemic can cause confusion, mistrust in health authorities and harm to health *(1,2,3,4)*.

In the modern digital information environment, broadcasting and disseminating health information is insufficient to reach or convince everyone to adhere to public health recommendations, even in emergencies, such as when high adherence is required to stop an outbreak or prevent morbidity and mortality (4). Without a more effective health authority-led infodemic management strategy, the majority of people may find it difficult to distinguish between accurate and inaccurate information and choose to follow health guidance accordingly. In the absence of an infodemic management strategy, people may distrust the government and its emergency response and seek non-evidence-based diagnostics or treatments. They also may stigmatize people seeking health care or health workers or promote violence against them *(1,4,7,9)*.

1. Train health workers to better identify and address health misinformation

Expand pre-service, in-service and continuing education training to include evidence-based techniques on listening to patient concerns and addressing them and misinformation management techniques. It will be important to provide updated job aids and other tools and resources addressing misinformation narratives and addressing frequently asked questions *(1,3, 11,12,13,14,15)*.

Staff including community health workers, health promotion workers, social workers and others with related positions should receive training on how to address confusion and health misinformation online and offline in places where they interact with community members through existing health programmes using existing capacities *(1,3, 11,12,13,14,15)*. Additionally, relevant staff should be trained in techniques and approaches for monitoring infodemic-related indicators *(5,6,8,9,10)*.

2. Tailor health, information and digital literacy initiatives

Many different types of communities are susceptible to the effects of health misinformation. Vulnerable groups (e.g. migrants, minority communities, hard-to-reach populations) are especially at risk due to limited access to credible, accurate information sources. This can diminish access to and uptake of health care, which may already be limited. It is important to identify vulnerable communities that are particularly affected by health misinformation and identify appropriate strategies to support resilience. Key community-based infodemic management strategies include building community resilience regarding health misinformation through peer-to-peer approaches and leveraging local social networks (online and offline) where communities are empowered to track and address misinformation themselves within their own community spaces *(1,5,6,8,9,10)*.

Misinformation thrives where people cannot easily find accurate health information from sources they trust. Such information voids are preventable, and if they are detected early on, they can be quickly filled with credible health information tailored to a specific population. This is the most effective prevention strategy to reduce the impact of health misinformation during an emergency (*1,5,6,8,9,10*).

Narratives, perceptions and motivations in communities evolve quickly. Delayed responses can be ineffective and can even backfire by eroding trust in the government and its emergency response. To avoid this pitfall it is vital to rapidly identify sources of confusion and find out how people are searching for health information and how to meet their information needs effectively. As narratives in the community shift, evidence can be used to make a course correction in communications and emergency response programming *(1,5,6,8,9,10)*.

One helpful approach is to develop a decision tree to guide infodemic monitoring and decisions on when and how to act. *Prebunking* – which means teaching people to recognize media manipulation by exposing misinformation techniques and pre-emptively describing possible misinformation before it is widely disseminated and people are exposed to it in everyday life – has been recognized as a crucial technique *(1,3, 11,12,13,14,15)*.

People can be educated about how to recognize misinformation and media manipulation techniques. This can be done using digital strategies such as SMS-based prebunking courses, next-generation chatbots that mimic natural human conversation and game-based learning through apps, among others *(1,3, 11,12,13,14,15)*.

Journalists and professional fact checkers are key to ensure accurate health information is shared. They may have the ability to rebut health claims that are false.

3. Strive to develop high-quality, accessible health information in different digital formats

Web sites of the national or local public health authorities and social media presences should be reviewed and strengthened to make health content easier to find with search engines and other internet technologies. Establish a web page that can be referenced by fact-checking organizations, social media platforms and media. This page can correct any health misinformation, and material should be regularly refreshed with new and updated content. Outdated health guidance and information that could cause confusion and fuel misinformation should be removed *(1,3, 11,12,13,14,15)*.

The types of internet access available to different groups should be considered. This includes people with low-bandwidth connections and people with disabilities. Web sites should be adapted to local cultures and translated to reach multilingual audiences. Content should be adapted to mobile devices, which are used by the majority of people across the world to search for health information *(1,3, 11,12,13,14,15)*.

Health information travels further when people adapt and use it on their own rather than promoting health authority messaging, which may not be trusted in some communities. This can be encouraged by disseminating health information in formats designed for reuse, remixing and sharing and meant for digital

spread through social networks. When accurate, high quality-content that can be repurposed is not available, inaccurate, stigmatizing or potentially harmful content may take its place *(1,3, 11,12,13,14,15)*.

Broaden partnerships with new types of communities online and offline to foster a healthier information environment where accurate health information is plentiful and misinformation is hard to find and share. Examples include professional networks, dating social networks and interest-based social networks *(1,3, 11,12,13,14,15)*.

The education, telecommunications, food and medicine and consumer protection sectors can be partners in infodemic management. For example, in education, health, digital and information literacy can be built into curricula. In food and medicines safety, programmes providing access to credible health information can be strengthened. The private sector can be called on to link to government public health sites or other credible websites or posts and content related to the emergency or health topic *(1,7)*.

4. Establish an infodemic workforce for rapid infodemic insights generation and response

Some public health authorities do not yet have designated infodemic management teams, although many are already responding to COVID-19 misinformation. As a start, it is helpful to map existing staff skills, resources and capacity to do this work and lessons learned in addressing health misinformation during the COVID-19 response.

As a second step, infodemic management needs – including budget, staffing and capacity building for emergency preparedness and use in routine health programming – can be defined. A human resource management action plan, based on a competency framework can be used to implement the strategy.

As a third step, train and establish an infodemic insights team that can be flexibly deployed for emergencies and address health misinformation in other public health contexts. Define the role of an infodemic insights team within the emergency response structure. Develop standard operating procedures for rapid infodemic insights. Ensure infodemic management is clearly linked to and aligned with risk communications and community engagement efforts.

Conclusions

Strengthening infodemic management is a vital strategy for addressing the ongoing COVID-19 pandemic. In future, monitoring and assessing the impact of infodemic management will be critical to determining its effectiveness and sustainability.

Plans for updating

WHO will continue to monitor the situation closely for any changes that may affect this policy brief. WHO will issue necessary updates as evidence becomes available and is reviewed.

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