

[View this email in your browser](#)

infodemic
MANAGEMENT



World Health
Organization



Infodemic Management News Flash

Friday, 27 November 2020 | Issue #5

Feature Video

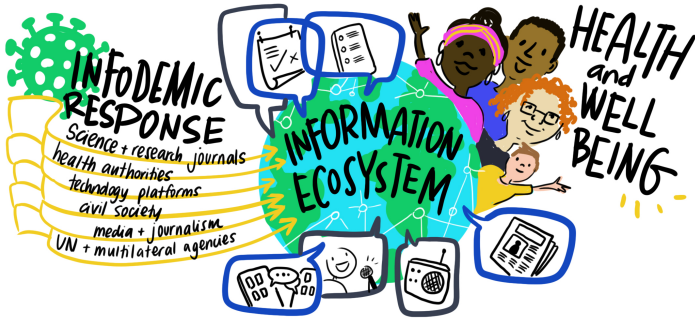
The Guardian has run a number of adverts over the years, including [this golden oldie](#) from 1986, to reinforce their commitment to reporting on the "whole picture."

Like with news reporting, whole-picture perspective is key to understanding and responding to infodemics. When you're an average community member on the receiving end of unclear or inaccurate information about a disease outbreak, you have one perspective. If you're a health expert who understands the science of a pandemic and communicates the technicalities, you have another perspective.

Maybe you're somewhere in the middle. Whether you're mandated by your job or you're simply an active community member taking it upon yourself to help control the spread of misinformation and the impact of an infodemic, it's critically important that you put on your investigator hat and start looking into all the perspectives you need to consider to map an effective response. Having that intel is the first step in understanding the disconnect and determining what tools to deploy to quash misinformation and drive adoption of protective behaviors.

For now, enjoy this little flashback. While many 80s practices like acid-washing denim and hair crimping died with the decade, some are simply timeless.

Upcoming Events



30 November 2020:

There is a rising infodemic hampering an effective public health response that can only be addressed by responsibly leveraging technology, innovation, and multilateral collaboration. This webinar will discuss ongoing efforts to halt the spread of mis- and disinformation from the perspective of policy implementation as well as development of the technological solutions which can inform operational response. [Register and attend!](#)

A UNDP Oslo Governance Centre Virtual Roundtable

No Silver Bullet: Using data to develop context-sensitive solutions to disinformation

Experiences from UNDP Chile and UNDP Lebanon



OPENING REMARKS

Haoliang Xu, Assistant Administrator & Director BPPS UNDP
Marte Ziolkowski, State Secretary, Ministry of Foreign Affairs of Norway

MODERATED BY: Niamh Hanafin, Senior Advisor Information Integrity
UNDP Oslo Governance Centre

Date: 3 December 2020
Time: 3:30-5:00 PM CET

PANELISTS



CHARLOTTE BREWAS
Dep. Director & Head
of Gov. Open
Societies & Anti-
Corruption, UK FCO



JOAN DONOVAN
Research Director
Shorenstein Center
on Media, Politics &
Public Policy



BENTE KALSNES
Assoc. Prof. Dep. of
Communication
Kristiania University
College



HELGE SJOEBERG
News Director NIK
& Chair of Statistik
College

3 December 2020:

UNDP is hosting a virtual roundtable called "No Silver Bullet: Using Data to Develop Context-Sensitive Solutions to Disinformation" where the panel will analyze and discuss the findings from their participation in the Disinformation Mapping Programme, which aims to understand what's motivating disinformation and how it's being produced and disseminated across different socio-political contexts. The panel will identify ways to create a healthier and public-interest-focused internet – and by extension – a more constructive and democratic information ecosystem. [Register and attend!](#)

-Two panels in discussion with health authorities-

Promoting integration of infodemic management response

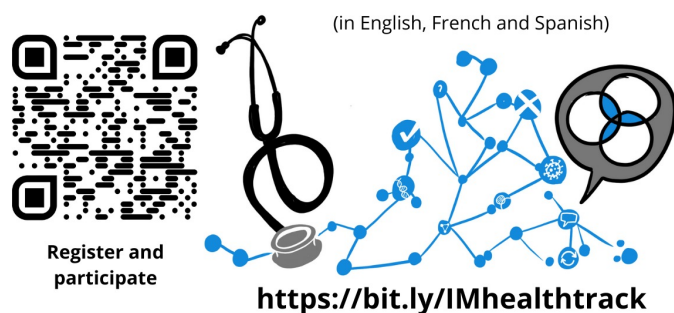
3 December 2020

19:00-20:30 Geneva

Health authorities and innovative collaborations across society to combat the infodemic

4 December 2020

16:00-17:30 Geneva



3 December 2020:

As part of the consultation leading up to the 3rd Infodemic Conference, WHO in partnership with Malta's Ministry of Health, the ECDC, the Finnish Institute for Health and Welfare, the University of Auckland and health ministers from Niger, Philippines and Canada are convening to help establish effective ways to integrate infodemic response as part of an overall emergency response. [Register and attend!](#)

4 December 2020:

Another session leading up to the 3rd Infodemic Conference will bring together the US CDC, Africa Infodemic Response Alliance, International Fact-Checking Network, British Columbia CDC and Bandung Islamic University faculty to explore how better to listen to constituents to hear their needs and concerns about misinformation and COVID-19, so authorities can respond in meaningful ways. [Register and attend!](#)



Time for
communica[c]tion

7&8
December
2020

#europcom



8 December 2020:

The ongoing COVID-19 pandemic has clearly highlighted the key role of communication in enabling government action and prompting public response. EuroPCom 2020 - Time for Communica[c]tion will look at the opportunities and challenges in communication around three key themes: **Citizens**, **Green** and **Digital**. Communication experts from different sectors will help members of the EuroPCom community reflect on key questions, including: How should these initiatives be adapted to the new situation? How to communicate about them on the ground, so that priorities are not shifting? How do we ensure relevant and effective involvement of citizens? What impact does communication have on action? **Register and attend!**

Opportunities for Action

Have a COVID-19 question for your reporting? Help is at hand.



MEEDAN

ask our experts at
learnaboutcovid19.org

Tune into Learnaboutcovid19.org for accessible, deadline friendly

COVID-19 information.

This project is supported by the Google News Initiative, Facebook Journalism Project, Swedish International Development Agency, Robert Wood Johnson Foundation, Omidyar Network and led by Meedan and the Digital Health Lab.

This project is run by a global team of public health experts offering relevant COVID-19 insights for journalists, fact-checkers, and community information leaders.

The goal is to support efforts to inform communities by making important and topical COVID-19 information accessible and deadline-friendly to newsrooms, freelance journalists, fact-checking organizations, and communicators around the world in the languages important for you and your audiences.



World Health Organization

Submit a paper to WHO. Deadline is 31 December 2020.

As part of WHO's efforts to scale up the use of behavioural and social sciences, the *Bulletin* will publish a special issue on Behavioural and Social Sciences for Health in late 2021.

The call for papers was published in the October 2020 issue and can be accessed [here](#).



Nominate your digital public good software and data.

[The Digital Public Goods Alliance](#) is a network of partners from different sectors who contribute to the identification, support, scale-up, and proper use of [digital public goods](#), and the software, data, content and [algorithms](#) that drive them, in order to advance humanity.

They are now working to apply these standards to projects in order to identify digital public goods and test the submission process. [Please nominate prospective digital public goods.](#)



Take UNESCO's self-assessment to test your literacy about COVID-19 disinformation.

[UNESCO launched a new tool](#) that offers a fun way to test your level of literacy about the scourge of COVID-19 disinformation. It enables you to learn more about how society is

That's a claim!

Thinking critically about health claims

BEWARE

Too good to be true
"100% effective!"

Most claims that a treatment will make you 100% better or that it works for everyone turn out to be wrong.

BEWARE

Too good to be true
"100% safe!"

People often think about the benefits of treatments and ignore possible harms. But few treatments that work are 100% safe.

BEWARE

Too good to be true
"100% certain!"

We can rarely, if ever, be 100% certain about the effects of treatments.

BEWARE

Faulty logic:
"Treatment needed!"

People who are sick often get better without a treatment. Sometimes a treatment does not help and may even make things worse.

BEWARE

Faulty logic:
"No comparison needed!"

Unless a treatment is compared to something else, it is not possible to know what would happen without it.

THINK FAIR

Unfair comparison:
"It works like this!"

Treatments that should work in theory often do not work in practice.

THINK FAIR

Unfair comparison:
"No comparison groups"

Look out for treatment comparisons where the comparison groups were not alike.

THINK FAIR

Unfair comparison:
"Old is better!"

Just because a treatment has been used for a long time or by many people, it does not mean that it is better or safer than other treatments.

THINK FAIR

Unfair comparison:
"New is better!"

Just because a treatment is new, expensive, or brand-named does not mean that it is better or safer than other treatments.

THINK FAIR

Unfair comparison:
"Disimilar expectations"

Look out for treatment comparisons where people knew which treatment they received and knowing that could have changed how they felt or behaved.

THINK FAIR

Unfair comparison:
"Disimilar measurement"

Look out for treatment comparisons where what happened was measured differently in the comparison groups.

THINK FAIR

Unfair comparison:
"Lots of missing people"

Look out for treatment comparisons where what happened was not measured in lots of people.

THINK FAIR

Unfair comparison:
"Few people or events"

Look out for treatment effects that are based on small studies with few people.

THINK FAIR

Unfair comparison:
"No evidence"

Look out for a "lack of evidence" being described as evidence of "no difference".

THINK FAIR

Unfair comparison:
"Unreliable summary"

Look out for summaries of studies comparing treatments that were not done carefully.

THINK FAIR

Unfair comparison:
"Tricky description"

Look out for treatment effects that are described just using words.

THINK FAIR

Unfair comparison:
"Tricky description"

Look out for treatment effects that are based on small studies with few people.

THINK FAIR

Unfair comparison:
"Tricky description"

Look out for a "lack of evidence" being described as evidence of "no difference".

THINK FAIR

Unfair comparison:
"Tricky description"

Look out for a "lack of evidence" being described as evidence of "no difference".

BEWARE

Faulty logic:
"A study shows!"

If one treatment comparison (study) shows that people who got one treatment did better or worse than people who got something else, it does not mean that is the final answer.

BEWARE

Faulty logic:
"As associated with!"

Just because using a treatment is linked (associated) with people getting better or worse, that doesn't mean that the treatment made them better or worse.

BEWARE

Faulty logic:
"Old is better!"

Just because a treatment has been used for a long time or by many people, it does not mean that it is better or safer than other treatments.

BEWARE

Faulty logic:
"New is better!"

Just because a treatment is new, expensive, or brand-named does not mean that it is better or safer than other treatments.

BEWARE

Faulty logic:
"More is better!"

Taking more of a treatment often increases harms without increasing how much it helps.

BEWARE

Faulty logic:
"As advertised!"

Someone with an interest in getting people to use a treatment, such as making money, may exaggerate benefits and ignore possible harmful effects.

BEWARE

Faulty logic:
"It worked for me!"

If someone got better after using a treatment it does not necessarily mean that the treatment made them better.

BEWARE

Faulty logic:
"Recommended by experts!"

Just because a treatment claim is made by an expert or authority, you cannot be sure that it is trustworthy.

BEWARE of claims that have a bad basis

Many claims about the effects of treatments are not trustworthy. Often this is because the reason (the basis) for the claim is not trustworthy. You should be careful when you hear claims that are:

- Too good to be true
- Based on faulty logic
- Based on trust alone

THINK 'FAIR' - and check the evidence from treatment comparisons

Evidence from comparisons of treatments can fool you. You should think carefully about the evidence that is used to support claims about the effects of treatments. Look out for:

- Unfair comparisons of treatments
- Uncareful summaries of comparisons
- How treatment effects are described

TAKE CARE - and make good choices

Good treatment choices depend on thinking carefully about what to do. Think carefully about:

- What your problem is and what your options are
- Whether the evidence is relevant to your problem and options
- Whether the advantages are better than the disadvantages

Introduction

What do you do when you burn your finger? Some people say "Cow poo will cure your burn." They say that because when they had a burn, they used cow poo and their burn got better. That was their personal experience. But it is possible that their burn would have got better without cow poo?

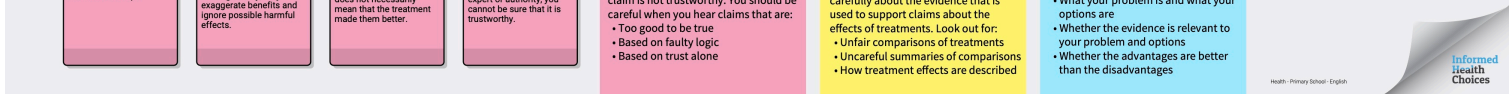
There are lots of claims like this about what is good for our health. A **claim** is something someone says that can be right or wrong.

A **treatment** is something you do for your health—for example, taking a medicine, exercising, or even putting your finger in cow poo. A treatment **effect** is something a treatment makes happen—like making you feel better or worse, making you stronger, or curing a burn.

People make lots of claims about treatment effects. How can we tell which claims are right or wrong? To do this, you need to look at what supports their claim - its **basis**. For example, someone's personal experience is not a good basis for a claim about what is good for your health. This is because we don't know what would have happened if that person had done something else.

To know if a treatment (like putting cow poo on a burn) causes an effect (like a burn getting better), the treatment has to be **compared** to something else (like not putting cow poo on a burn). That way we can see what would happen if people did something else. Researchers compare a treatment given to people in one group with something else given to people in another group. Those comparisons provide **evidence** - facts to support a conclusion about whether a claim about treatment effects is right or wrong. For those comparisons to be **fair**, the only important difference between the groups should be the treatments they receive.

www.thatsclaim.org/health-primary-school

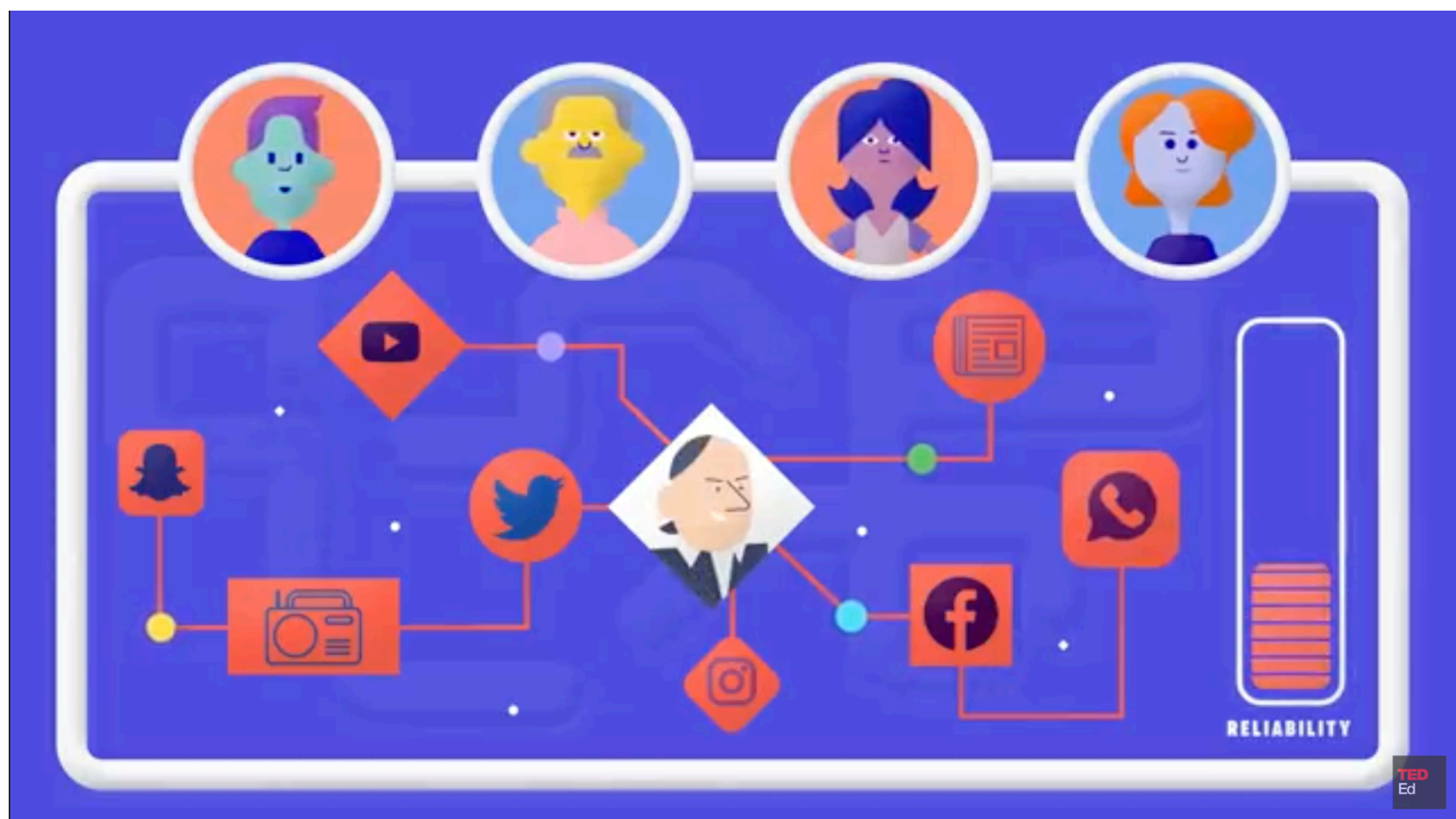


Think critically about health claims with this learning tool for primary school kids.

[Thatsaclaim.org](https://thatsaclaim.org) is an international, multidisciplinary group with decades of shared experience in health research, medicine, public health, design, education, communication and journalism. They developed the Informed Health Choices (IHC) Key Concepts as the first step in a research project with the aim of helping people make informed health choices. The website includes 28 of the IHC Key Concepts that can be used and understood by primary school children. The IHC Key Concepts are the starting point for developing learning resources. This website is one such resource.



Check out Germany's new COVID-19 campaign.
It's clever, to the point and quite funny. [Watch it here.](#)



Try to spot a troll by thinking like one.
[Explore the strategies](#) employed by trolls and learn how disinformation campaigns are launched— and how to stop them.



Check out this TED talk.

Infodemic management partner and training leader, Claire Wardle, presented at [TED](#) one year ago about disinformation and how you can help transform the internet into a place of trust. Even though this talk happened pre-COVID, it's certainly relevant to infodemic managers today.

Recent Events



23 Nov 2020 to 24 Nov 2020 Virtual Singapore

**Science in the
Newsroom Global
Summit 2020**

Timing: 07:00 & 12:00 GMT | 08:00 & 13:00 CET | 15:00 & 20:00 Singapore/Hong Kong Time

[24 November 2020](#): The Science in the Newsroom Global Summit 2020 contributed to WHO's infodemic management consultation media track with a session called, "Countering Misinformation: How you can Make a Difference."



Department of Evidence and Intelligence for Action in Health



Inter-American Development Bank
Social Protection and Health Division

Webinar series
Information Systems and Digital Health
Share – Listen – Act

Strategic dialogue with Women Leaders in digital transformation of the health sector

12 WOMEN

1 QUESTION Why now?

1 GOAL #All-together!

 <p>Digital Transformation in the Americas <i>Cristina Pombo, IDB</i></p>	 <p>Digital contact tracing <i>Patricia Ndumbi, Digital Health, WHO</i></p>
 <p>Strategic Networking for Digital Health <i>Lauren Wall, MPH Co-chair, Global Digital Health Network</i></p>	 <p>Telehealth and Primary Health Care <i>Celeste Savignano, Ministry of Health, Argentina</i></p>
 <p>Digital Health and Nursing <i>Janine Sommer, Hospital Italiano, Buenos Aires</i></p>	 <p>Information Systems for Health Systems Strengthening <i>Leah Richards, PAHO/WHO</i></p>
 <p>Digital Health and the disconnected <i>Carol Hullin, Swinburne University of Technology</i></p>	 <p>Crowdsourcing for Digital Health <i>Theresa Bernarda, Guelph University</i></p>

Moderation



Myrna C. Marti



Jennifer Nelson



Tuesday
24 NOVEMBER 2020



09:00 am
10:30 am WDC



LANGUAGE
English & Spanish with translation

As part of the tech track consultation leading up to the 3rd Infodemic Management Conference, PAHO, WHO and IDB hosted a "Strategic Dialogue with 12 Women Leaders in Digital Transformation of the Health Sector." In this session, 12 dynamic women discussed everything from digital human dignity to digital health and nursing, to information systems and strengthening health systems, and of course why we should care about infodemic management in digital health now. [Read this event highlight](#) on why infodemic management in digital health matters."



23 November 2020:

The Science in the Newsroom Global Summit 2020 contributed to WHO's infodemic management consultation with a session called "Into the Future: Getting Science Right for Future Health Crises" which addressed how scientists are forecasting future pandemics and public health emergencies as the climate warms and diseases spread more frequently from animal to human. Panelists discussed how media is an important player in any response and needs to prepare now to avoid amplifying crises and how to manage infodemics. [Watch the recording here.](#)



23 November 2020:

While community engagement is now more accepted as a component of outbreak responses, the art and science of it vary greatly in practice, and there is a lack of rigorous monitoring and evaluation generally. To explore solutions to this dilemma, WHO hosted a webinar called, "Capturing hearts & minds with facts and figures: Where is the evidence for community engagement?"

Panelists reviewed evidence from community engagement approaches and models used in past epidemics, along with insights from implementers on how context affects everything! [Watch the recording!](#)

23 November 2020

This one-hour webinar on Managing Infodemics and Conspiracy Theories explores key elements that

nurture false and misleading information, connections between COVID-19 and climate change conspiracy theories, and how lessons learned in addressing COVID-19 can strengthen public health communications around climate change. The presentation also considers findings from the growing field of research on misinformation that can help us save lives and ensure the livability of the planet. [To view the webinar, create an account here.](#)

The banner features a cluster of colorful speech bubbles on the left. The largest bubble is dark blue and contains the text "#MMS20". Other bubbles in yellow, red, and light blue are partially visible behind it. To the right of the bubbles, the title "MISINFORMATION IN MEDICINE SUMMIT" is written in a bold, dark blue, sans-serif font. Below the title, the dates "20-21 November 2020" are displayed in white text on a red rectangular background. At the bottom of the banner, a white rounded rectangle contains the text "Convened by DataLEADS, the summit is hosted by the Google News Initiative as a part of the APAC Trusted Media Summit 2020" in a dark blue font.

#MMS20

**MISINFORMATION
IN MEDICINE SUMMIT**

20-21 November 2020

Convened by DataLEADS, the summit is hosted by the
Google News Initiative as a part of the APAC Trusted Media Summit 2020

20 November 2020:

As part of the dialogues leading up to the 3rd Infodemic Management Conference, the Misinformation in Medicine Summit hosted one of the tech track sessions called, "What Solutions do Digital Technologies and Platforms Bring in Responding to Mis-/Disinformation During the Pandemic?" where panelists discussed the role that tech companies and tech partnership must play to combat medical misinformation. They also hosted one of the science

track sessions called, "Science and its role in Responding to the Infodemic" where journalists, medical professionals and policy experts deconstructed the COVID-19 infodemic and solutions to tackle medical misinformation.



19 November 2020:

Part of infodemic management involves recognizing marginalized groups and understanding the concerns of those who are vulnerable to the impacts of an infodemic. This webinar covers gender-based violence during COVID-19 and the risk communications and community engagement response necessary to address it. [Watch the recording!](#)




13 November 2020

The COVID-19 pandemic has been accompanied by a swirl of disinformation and misinformation that is sowing confusion and mistrust about potentially life-saving personal and policy choices. This "disinfodemic" and efforts to counter it

have raised challenges to the right to freedom of expression and access to information. WHO spoke on this panel to explore what role different actors play in countering disinformation, and how their work and actions can be strengthened. [Watch the recording!](#)

What We're Reading

If you're feeling overwhelmed by the abundance of new research being published on infodemic management, it just means you're human. We've selected a few interesting articles that may give you deeper insight into the science and the tools behind infodemic management.




World Health Organization

HEALTH
EMERGENCIES
programme

Infodemic Management

WHO Partners with Academia to Build an Open-Source COVID-19 Fact-Checking Hub



FACTS ABOUT
COVID-19
FACT-CHECKERS

As COVID-19 outbreaks spike around the globe, [misinformation](#) about it perpetuates across the digital world.

This COVID-19 *infodemic* is triggering confusion, fear, xenophobia, poor observance of proven public health measures and distrust in health experts. It has resulted in physical harm, like in Iran when more than 700 people died after ingesting toxic methanol erroneously thinking it could cure COVID-19.

To help manage the infodemic, WHO is partnering with Ryerson University's [Social Media Lab](#) and the International Federation of Medical Students Associations ([IFMSA](#)) to develop open-source [COVID-19 misinformation fact-checking tools](#).

These tools help policymakers understand the misinformation that poses a threat to health systems at a local level, so they can prepare an infodemic response before the situation spirals out of control.

Our [COVID-19 Fact-checkers Dataset](#) is an international repository of more than 200 active COVID-19 fact-checking groups that verify COVID-19 related claims in over 40 languages. Knowing which languages facts are being checked helps policymakers see gaps so they can identify communities that need fact-checking support.

Our COVIDGlobal Misinformation Dashboard offers a visual pivot table of over 3,000 debunked COVID-19 claims based on the date a claim was made, what language the claim was made, where the claim originated, and other data fields that offer insight on infodemic outbreaks.

Prior to this dashboard, people would have to go to each individual COVID-19 fact-checker's website to see the latest debunked claims. Now claims are streamlined into one interface. They are translated, receive a standardized rating and are made searchable.

The COVID19misinfo.org tools are continuously optimized to serve policymakers around the world, and partnerships like these that ensure stakeholders from every sector and skillset are teaming up to share knowledge and build solutions to combat the crisis caused by COVID-19 misinformation.

8

[Facts about COVID-19 Fact-Checkers](#)

20 November 2020

Check out page 8 of this WHO Weekly Operational Update to see a story about our fact-checking partnership with Ryerson University and the International Federation of Medical Students Associations.

THE LANCET

[Evidence synthesis communities in low-income and middle-income countries and the COVID-19 response](#)

14 November 2020

COVID-19 and its related impacts

are likely to be felt for many years to come. For global evidence synthesis initiatives to benefit from low-income and middle-income country (LMIC) expertise and be relevant to LMIC settings, it is important to recognise the conceptual and practical challenges that this pandemic presents to their evidence synthesis organisations.

[Novel Approach to Support Rapid Data Collection, Management, and Visualization During the COVID-19 Outbreak Response in the World Health Organization African Region: Development of a Data Summarization and Visualization Tool](#)

14 October 2020

The COVID-19 pandemic has created unprecedented challenges to the systematic and timely sharing of COVID-19 field data collection and management. The World Health Organization (WHO) is working with health partners on the rollout and implementation of a robust electronic field data collection platform. The delay in the deployment and rollout of this electronic platform in the WHO African Region, as a consequence of the application of

large-scale public health and social measures including movement restrictions and geographical area quarantine, left a gap between data collection and management. This lead to the need to develop interim data management solutions to accurately monitor the evolution of the pandemic and support the deployment of appropriate public health interventions.

In anticipation of the implementation of a prioritized tool for field data collection, the DSV tool was deployed in 18 member states for COVID-19 outbreak data management. This article highlights preliminary findings and lessons learned from the DSV tool deployment in the WHO African Region.

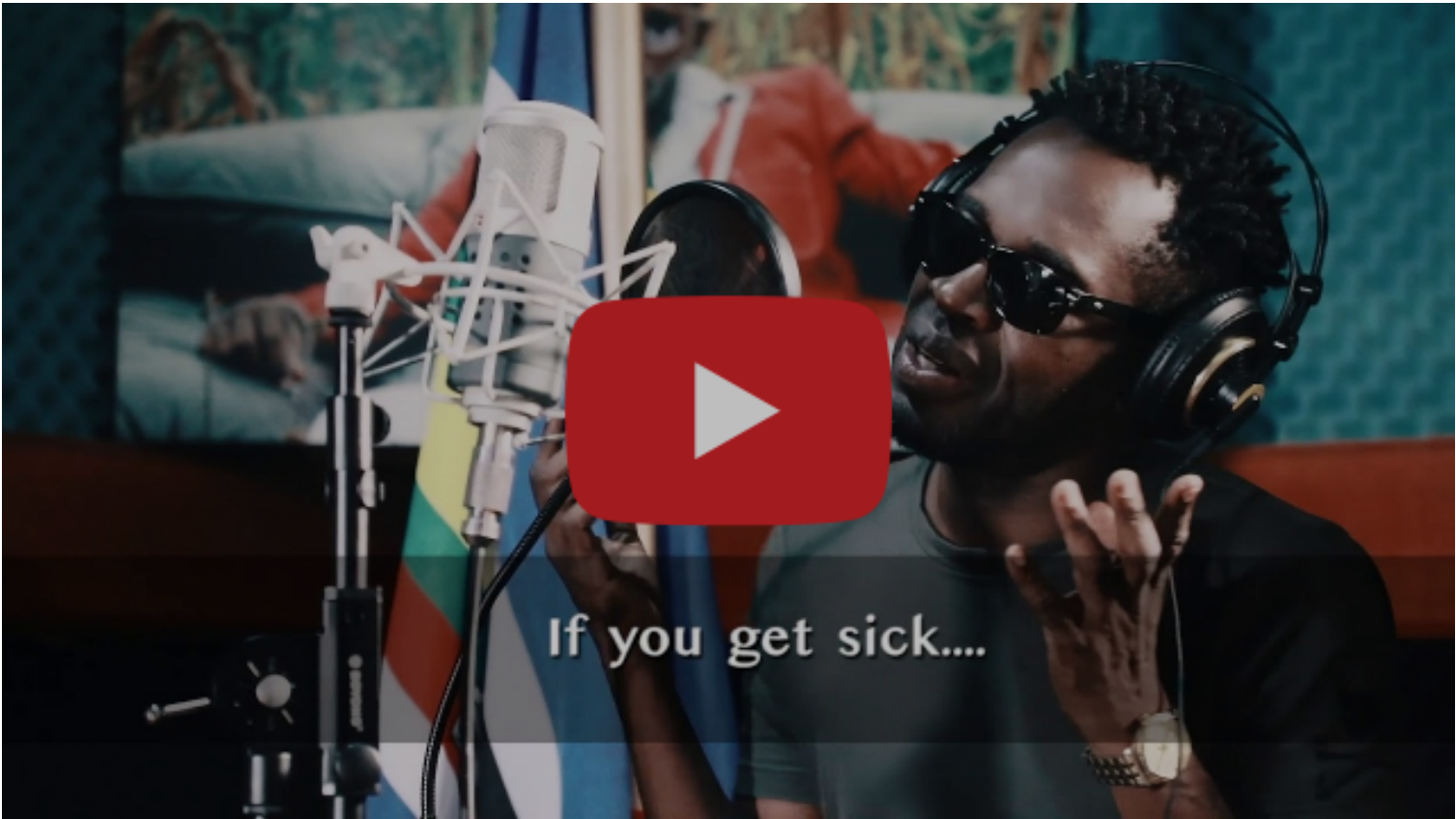
Music Corner

Need a little inspiration while you work? Or maybe some new beats to motivate you on a jog? [Check out this playlist](#) of local tunes curated by the WHO infodemic manager trainees. This is WHO's very first infodemic manager training, and over the past four weeks, the trainees have been hard at work learning the principles of infodemic management, networking, bonding and collaborating on both mock and real infodemic scenarios to test their skills. They're even having fun along the way. Here are a

few of our faves from the playlist.







Mundo Em Alerta (Corona Virus) · Rey Fagulha



Corona Virus Alert by BOBI WINE & NUBIAN LI Ugandan Music 2020 HD



You  / VenusMovies  / Venusentertainment  / Venusmovies  / +Venusmovies

Chaiyya Chaiyya Full Video Song | Dil Se | Shahrukh Khan, Malaika Arora Khan |
Sukhwinder Singh



Mohamed Ramadan - Corona Virus



Руслана - Знаю Я (official music video)

Fun With Numbers

3,808

If you're getting acquainted with the [COVIDGeo Misinformation Dashboard](#) we've developed in collaboration with Ryerson University, you'll see that from 22 January 2020 to now the network of fact-checking partners has tracked, visualized and fact-checked 3,808 coronavirus claims that have popped up in different geographical locations around the world. These fact-checkers are looking at details like the date a claim was made, what language the claim was made, where the claim originated, and other data fields that offer insight on infodemic outbreaks.

Prior to this partnership, you would have had to go to each individual COVID-19 fact-

checker's website to see the latest debunked claims. That's way too much clicking!

Now claims are streamlined into one interface. They are translated, receive a standardized rating and are made searchable. Drop this one-stop-shop for COVID-19 claims in your bookmarks and let it be a resource to you in your infodemic management efforts.

About the News Flash

An infodemic is an overabundance of information—some accurate, some not—that spreads alongside a disease outbreak. Infodemics are nothing new, but in the digital age, they spread in real time and create a breeding ground for uncertainty.

Uncertainty fuels skepticism and distrust, which is perfect environment for fear, anxiety, finger-pointing, stigma, violent aggression and dismissal of proven public health measures. To manage an infodemic, we need to understand what contributes to it. So that's why we're sending you these updates. In each issue of the WHO's Infodemic Management News Flash we'll share the latest work happening at the global level, as well as highlight some of the challenges and solutions with infodemics in local contexts. We'll also provide you with a few takeaways to help you be an effective infodemic manager in your daily life.

If you have a tip on infodemic management or an idea for a future News Flash, email us at **infodemicmanagement@who.int**. Thanks for joining us on this journey.



Our mailing address is: infodemicmanagement@who.int

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe from this list](#).

