Infodemic management: Protecting people from harmful health information in emergencies
ABSTRACT

Presenting the results and impact of infodemic management (IM) carried out by WHO Regional Office for Europe during the COVID-19 pandemic, the Ukraine crisis and the mpox public health emergency in the European Region, this document builds the case for increased investment in IM interventions and collaboration to further unleash the potential of this emerging field, which is an integral part of the emergency cycle.

KEYWORDS

INFODEMIC, SIGNAL DETECTION, EMERGENCY PREPAREDNESS, HEALTH LITERACY, COVID-19


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Suggested citation. Infodemic management: protecting people from harmful health information in emergencies. Copenhagen: WHO Regional Office for Europe; 2024. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

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### Abbreviations

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<tr>
<td>EIPRA</td>
<td>European Infodemic Preparedness and Response Alliance</td>
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<td>IM</td>
<td>infodemic management</td>
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<td>RCCE</td>
<td>risk communication and community engagement</td>
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<td>SARS</td>
<td>Severe Acute Respiratory Syndrome</td>
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Infodemics are characterized as too much information including false or misleading information in digital and physical environments during a disease outbreak. They are fuelled by existing mistrust but foster further scepticism, creating a vicious loop that has the potential to hamper cooperation with health and government entities, resulting in outcomes that could be potentially fatal. They are not a new phenomenon and have been documented throughout the last century, for example in the HIV/AIDS epidemic in the 1980s and the Severe Acute Respiratory Syndrome outbreak of 2002–2003.

However, the infodemic associated with the COVID-19 pandemic has been particularly notable for its enormous scale and detrimental impacts. The COVID-19 infodemic has seen an unprecedented spread of mis/disinformation, which in turn has created fear and panic, affected the uptake of protective and preventive measures, caused negative economic impacts and lengthened the time taken to bring the emergency under control.

The rapidly developing discipline of infodemic management (IM) is a key part of the Risk Communication and Communication strategy for emergency response. Investing in IM makes good economic sense with timely investment ensuring that in the next emergency, health authorities and communities are empowered to identify corrosive mis/disinformation and can quash rumours before they take hold. IM also contributes to greater health literacy, long-term community resilience and increased trust.

Given its critical role in emergency prevention and control, the WHO Regional Office for Europe has, since the onset of the pandemic, scaled up its expertise and capacity to manage infodemics, developing insights, building alliances and disseminating research and publications.

Based on this experience, the Regional Office is well-positioned to provide guidance and hands-on technical support to country health authorities to help them build or further strengthen their systems for social listening and IM; develop longer-term policy on health literacy, digital literacy and the integrity of online health information; map infodemic risks and vulnerabilities of different populations; and identify the strategic investment needed to contribute to capacity building for readiness, response and resilience. The Regional Office does this both through providing direct support to health authorities, and together with partners via the European Infodemic Preparedness and Response Alliance.

This advocacy document is intended to be used to advocate for IM with national governments, partners and other stakeholders involved in emergency preparedness and response.
Infodemics can be lethal, fuelling the spread of conspiracy theories and misinformation that can lead to harmful behaviours and decisions. The COVID-19 pandemic saw a “perfect storm” of infodemics, where in the midst of an overabundance of information and information voids, misinformation about the virus and its origins, as well as conspiracy theories about vaccines and government actions, spread rapidly through social media and other channels. This led to many people being misinformed about the virus and its risks, and in turn, making decisions that put themselves and others in danger. The contagion of misinformation from COVID-19 to other diseases such as influenza or measles is also a real concern. It is therefore crucial to combat infodemics by promoting accurate information and critical thinking skills to prevent the spread of harmful misinformation.

An unchecked infodemic can seriously undermine health authorities’ efforts to respond to an emergency. Experience from countries in the WHO European Region during the COVID-19 pandemic and during the mpox emergency demonstrates the importance of infodemic management (IM). For example, mis/disinformation has seriously impeded the uptake of vaccines against COVID-19 and compliance with protective measures such as mask wearing and physical distancing in several countries.

IM links people to high-quality information and services. IM focuses on understanding community perceptions and concerns including circulating mis/disinformation and rumours and information voids, and identifying the right strategies and techniques to prevent or mitigate them, thus helping to link people to high-quality information and services.

Online and offline social listening is essential for effective health emergency response. By connecting digital and offline information systems, infodemic managers can better coordinate response efforts, adapt strategies to the evolving situation, understand public sentiment and communication behaviour, and anticipate potential areas of misinformation or misunderstanding.

Investing in IM strengthens communities’ resilience to infodemic risks. IM is not established overnight. It needs a systemic approach in which diverse stakeholders, such as authorities, international organizations, civil society, fact checkers, media and academia work together across the emergency lifecycle.

The WHO Regional Office for Europe has spearheaded the integration of IM within risk communication and community engagement. With its operational and functional structures and expertise, the Regional Office is well-positioned to support Member States to manage the complex challenges of health information overload – including misleading or false information – during public health emergencies, linking its management with overall risk communication and community engagement preparedness and response.
Infodemics are characterized as too much information, including false or misleading information online or in physical environments during emergencies (1). They represent a growing challenge to health emergency response (2). By making trustworthy information harder to find, infodemics can lead people to adopt fake (and sometimes fatal) cures, and ignore, avoid or actively resist protective and life-saving measures, including vaccines. They can undermine trust in science and health systems and ultimately put health and lives at risk. Infodemic Management (IM) is an interdisciplinary area of work and is based on areas such as behavioural science, data science, epidemiology, media science and user experience (3).

The aim of IM in the European Region is to detect, assess, analyse and respond to infodemic risks while maintaining and strengthening national systems and multi-country or European Region-wide networks with training and broader capacity building (4). Every part of a health system can be affected by and interact with an infodemic, including responding to rumours based on genuine community concerns. IM is therefore collaborative, with connections to other parts of the health system and other systems, most specifically Risk Communication and Community Engagement (RCCE).

IM contributes to four major strategic frameworks during emergencies:

- the sustainable development goals (5);
- the International Health Regulations (2005) (6);
- the Thirteenth General Programme of Work 2019–2023: promote health, keep the world safe, serve the vulnerable (7); and

IM helps fulfil these commitments by building resilience, particularly among vulnerable groups; promoting healthier populations; empowering individuals and communities through digital health and healthier behaviours; and meeting strategic responsibility to communicate science to the public as part of emergency prevention, preparedness and response.

**Historical perspective: lessons from past emergencies**

As detailed in the WHO regional Office for Europe publication *What are the historical roots of the COVID-19 infodemic? Lessons from the past* (9), infodemics during a health emergency, are not a new phenomenon. They have been observed during past health emergencies, going all the way back to 1918 influenza pandemic. In the 1980s, the HIV/AIDS epidemic posed the challenge of communicating in the face of a poorly understood disease about which much misinformation quickly circulated. More recently infodemics have been noted during the Ebola outbreak and that of Severe Acute Respiratory Syndrome (SARS) in 2002–2003, the latter of which became the first global emergency to test the new public health infrastructure of pandemic preparedness created in the 1990s. There are some important lessons to be learned from these past experiences:

1. The spread of misinformation about the transmission and nature of HIV/AIDS led to widespread stigmatization and discrimination against those affected by the disease. This made it difficult to control the spread of the disease and provide support and care to those affected.

2. Misinformation and sensationalized media coverage fuelled fear and panic among the public during both the HIV and SARs outbreaks, making it difficult to implement effective public health measures.
3. Misinformation and lack of trust in the government and health organizations during the HIV/AIDS epidemic led to non-compliance with recommended public health measures, such as practicing safer sex.

4. Misinformation and fear of SARS led to decreased travel and trade, causing economic disruption in affected areas.

5. Misinformation and distrust of health organizations and governments during the SARS outbreak lead to a lack of cooperation, which made it difficult to coordinate an effective response and obtain necessary information from affected communities.

1. Mis/disinformation: The rapid spread of false information and conspiracy theories about the virus and its origins has led to confusion, fear and panic among the public. Mis/disinformation and mistrust in science is listed by the WHO as one of the principal risks that threaten its objectives (11).

2. Limited understanding of the virus and evolving nature of the pandemic: A lack and evolution of knowledge about the virus and its transmission has contributed to the spread of mis/disinformation.

3. Abundance of information and information voids: An overabundance of often inconsistent information by many different sources has meant that people have been unable to identify accurate information and advice. Information voids on issues of public concern has meant that speculative voices have stepped in and provided false information that received traction.

4. Ease of spreading false information through social media: The global nature of the internet has made it easier for false information to spread rapidly across countries.

5. Disinformation campaigns: The COVID-19 pandemic has also been targeted by disinformation campaigns, with some actors spreading false information to advance political or economic agendas.

Infodemics in the COVID-19 pandemic – “a perfect storm”

“We’re not just battling the virus, we’re also battling the trolls and conspiracy theorists that push misinformation and undermine the outbreak response.”

Tedros Adhanom Ghebreyesus, WHO Director-General (10)

The COVID-19 pandemic, dramatically accelerated the scale and impact of infodemics, and has driven home the critical importance of accurate information and advice in managing health emergencies and the need for ongoing efforts to combat the spread of mis/disinformation. The COVID-19 infodemic has presented a series of unprecedented challenges.
While the concept of an infodemic occurring alongside health emergencies has deep historical roots, as introduced above, the COVID-19 pandemic has produced conditions akin to “a perfect storm” of conspiracy theories and misinformation (12). In addition to the dire risks to health from the coronavirus itself, the COVID-19 infodemic has generated a range of extremely risky health behaviours. First, the uptake of unproven and harmful treatments, ranging from drinking disinfectant (13) to self-treating with Ivermectin (14), led to illness and deaths. Second, the neglect of personal protective measures such as physical distancing and mask-wearing risked personal illness and the spread of disease (15). Thirdly, an increase in vaccine hesitancy (16) has hindered the roll out of the most effective tool available to end the pandemic.

Moreover, infodemic risks also entail psychological harms, confusion, over-reliance on opinion-driven behaviour in place of evidence-based action and enhanced distrust towards health systems (16). Misinformation has often become politicized and has sometimes led to violence and social unrest (17).

“Our common enemy is COVID-19, but our enemy is also an “infodemic” of misinformation. To overcome the coronavirus, we need to urgently promote facts and science, hope and solidarity over despair.”

Antonio Guterres, United Nations Secretary General, March 28, 2020 (18).

The understanding of IM as well as systems and processes built and refined through the COVID-19 pandemic have proven useful to manage infodemics around other emergencies including the mpox outbreak, the Ukrainian conflict, and to unpack false information during the earthquake response in Türkiye (19).
Why invest in IM?

IM has become a key part of the RCCE strategy for emergency preparedness and response – particularly since the beginning of the COVID-19 pandemic.

Infodemiology is a rapidly expanding field of research. Investing in IM not only protects health in the short term but strengthens the global and regional evidence base on IM, informing the development of action-oriented guidance, mechanisms and tools to manage future infodemics. Without strong IM, rumours will go unchecked, dangerous behaviours will arise, and trust between health authorities and the public will be lost. Mis/disinformation can extend and worsen the impact of emergencies, with dire human and economic costs.

These costs can be categorized into five major themes.

1. **Cost of lives**: Health systems around the world have been reporting many thousands of preventable deaths among people who had been offered the COVID-19 vaccine but refused it. This is evidence that for some people misinformation is lethal (20,21).

2. **Increased health-care costs**: A report by the National Institutes of Health notes that the spread of misinformation about public health issues can result in delayed or inadequate responses, leading to increased health-care costs (22).

3. **Economic disruption**: the spread of false information about public health emergencies, such as the COVID-19 pandemic, can result in economic disruption, including decreased productivity, decreased consumer confidence and reduced economic growth (23).

4. **Misused resources**: The spread of false information can lead to ineffective use of resources, including medical supplies and personnel, as well as the allocation of personnel and in some instances, public resources to ineffective treatments or cures (24).

5. **Reputational damage**: The spread of false information about public health emergencies and the inability to effectively address them, can also result in reputational damage to health-care systems and health authorities (25).

IM makes economic sense

IM interventions used in the COVID-19 pandemic, such as prebunking and fact checking, contribute to building community resilience against false information and will pay dividends in preparedness for future emergencies (26, 27). These interventions are part of emergency preparedness, that overall might cost less than US$ 1 per person per year to finance (28).

Accurate and timely information at all levels is critical for minimizing unwanted and unforeseen social disruption and economic consequences, and to maximize the effective outcome of the response (29, 30). Failures in risk communication and addressing rumours can lead to costly consequences (31,32).

Risk and crisis communication strategies that are informed by social listening, monitoring of social media through analytics, and the early detection of digital “smoke signals” (33,34) can be better targeted and made clearer, preventing panic and damaging mental health consequences (35). A 2021 study from John Hopkins University estimated the cost of COVID-19 vaccine mis/disinformation in the United States alone at US$ 50 to US$ 300 million every day (36). Countering this mis/disinformation therefore makes sense in both economic and public health terms.

The WHO Regional Office for Europe has implemented multiple high-impact IM interventions.

Since the beginning of the COVID-19 pandemic, building on its expertise and in-country capacity for RCCE, The WHO Regional Office for Europe has developed, launched and scaled up a range of IM initiatives around research, social listening, response, coordination and capacity building. Key examples include the following areas.

Insights development through social listening

The challenge of an infodemic lies in its enormous scale: we produce much more information than we can analyse by human means. To provide weekly infodemic listening insights, the Regional Office for Europe uses a variety of listening tools: TalkWalker, CrowdTangle, MeltWater, Google Trends and TGStat to mention some of the most used (others are available and WHO does not endorse any particular tool).
In the quest to better manage infodemics, WHO does not overlook the ethical challenges that come with social listening. Respecting user privacy and ensuring data security are paramount considerations. Any use of data, particularly sensitive information, should be done in compliance with privacy laws and ethical guidelines.

**Visual fact-checks**
The digital listening setup has allowed the detection of multiple high-risk signals and the creation of response assets that were distributed in high infodemic risk countries. Visual fact-checks – animations and static social media tiles – were designed to debunk Region-wide false information, and since August 2021 these have reached more than 13 million people in the WHO European Region.

**Research and publications**
The WHO Regional Office has contributed to establishing a robust scientific foundation regarding the impact and nature of the infodemic challenge, by developing:
- the policy brief *Digital solutions to health risks raised by the COVID-19 infodemic* (37), which offers insights into the application of digital tools by Member States to manage infodemics and improve online environments;
- the IM implementation guidance *Advancing infodemic management in risk communication and community engagement in the WHO European Region: implementation guidance* (38) that offers practical support to response authorities, stakeholders and partners based on lessons learned and is intended to be used to advocate for risk communication; and
- the Health Evidence Network study *What are the historical roots of the COVID-19 infodemic? Lessons from the past published in collaboration with the Behavioural and Cultural Insights unit,* (9) examines the historical roots of the modern day infodemic.

**Alliance building**
The Regional Office works with key partners to pioneer the establishment of a common platform – the Europe Infodemic Preparedness and Response Alliance (EIPRA) – to further strengthen Region-wide and country-level preparedness against future infodemics in a collaborative way.

**Capacity building**
The Regional Office has delivered capacity building programmes and trainings to almost 1000 participants across the Region, including national health authorities, journalists and academics.
The benefits of IM – examples from the WHO European Region

IM has significant benefits, not only to reduce human and economic costs but also to enhance public health outcomes. These benefits can be broadly grouped into three key areas:

1. early detection and management of false information (see Benefit 1 and 2 below)
2. capacity building and research (see Benefit 3 and 4 below)
3. coordination and efficiency (see Benefit 5 and 6 below).

**Benefit 1**

**IM helps with the early detection of concerns, rumours and false information and provides insights and recommendations to respond to it**

WHO European Region generates insights and intelligence on public knowledge, attitudes and behaviours through online and offline social listening. Leveraging these insights, WHO European Region ensures that interventions meet community needs. In addition, key challenges and issues communities face are incorporated into infodemic response decision-making.

**Debunking**

IM directly addresses rumours and false information that generate health risks through debunking. Emerging evidence supports the impact of careful debunking to counter specific myths or rumours (39). A typical debunk highlights not only that a rumour is false, but explains why it is false, and what may have led people to believe the falsehood in the first place, and it includes the facts in simple, clear terms.

WHO European Region has produced a range of creative assets that address high-risk false information and rumours spreading in countries at high infodemic risk. Debunks are created in various visual formats – static or animated – and shared on social media and other channels, with a focus on amplifying reach. One major debunk campaign on the link between COVID-19 vaccination and infertility reached more than 13.9 million individuals in the European Region.
Benefit 2

**IM can pre-emptively correct false information before it has a chance to take hold**

By implementing robust IM strategies, organizations can identify and address false information at its earliest stages. This can make people less susceptible to misinformation, reinforcing the effectiveness of interventions and improving the overall public health response. In the longer term, these strategies build trust and resilience among the public.

Prebunking
Prebunking or inoculation refers to providing accurate information and exposing the tactics used to spread false information before it spreads, to reduce its traction and impact. The benefit of prebunking is its potential to convey an “umbrella of protection”, enhancing immunity and resiliency towards mis/disinformation across a range of topics (26,40). This includes:

1. **Improved health literacy**: Prebunking can help people understand complex health issues and make informed decisions based on accurate information.

2. **Reduced spread of misinformation**: By providing accurate information in advance, prebunking can reduce the spread of misinformation and false beliefs about health risks.

3. **Better health outcomes**: When people have accurate information about health risks, they are more likely to take appropriate action to protect themselves and others.

4. **Increased trust in health information**: Prebunking can help build trust in health information and ensure that people have access to authoritative sources.

5. **Public resilience**: By increasing health literacy and making people aware of tactics to spread false information, prebunking creates public resilience to access high-quality information and services.

One approach to prebunking is to fill information voids before false information has the chance to step in. A successful example of this approach is the HealthBuddy+ tool (41), explained in more detail overleaf.
Benefit 3

**IM builds capacity for health authorities and individuals to understand questions, concerns, and information voids, and address false information that poses health risks.**

WHO Europe has rapidly developed a three-part IM capacity building programme focusing on a cooperative and unified infodemic response across sectors: national health authorities, civil society organizations, United Nations agencies, academia, fact-checkers and journalists. The Regional Office launched the training in dozens of countries and territories, reaching almost a thousand key participants since November 2021. The majority of participants stated that they feel better prepared to respond to the COVID-19 infodemic in their country following the training.

The capacity building programme is structured into three modules as follows:

- **Module 1: Leadership.** Equip Health Authorities and Partner Organizations at the managerial and policy-making levels with the necessary infodemic background and key technical skills to engage and manage national and subnational IM stakeholders at the operational level.

- **Module 2: Response.** Provide IM responders (health authorities and partner organizations at operational level, journalists, civil society organizations and researchers) with advanced technical skills and knowledge of tools that will enable them to better understand, respond to and recover from infodemics.

- **Module 3: Coordination.** Facilitate network building and planning between both health authorities, WHO country offices and partner organizations at operational and managerial levels; and, national entities involved in IM at the operational level (e.g. fact checkers, mis/disinformation researchers, journalists and civil society).

Benefit 4

**IM propels research and policy advancements by emphasizing trust-building and identifying gaps in health information distribution.**

IM as an emerging area of work for RCCE offers significant scope and potential benefits in new research and policy development. It helps in identifying potential hazards and how to prevent them, and evaluates the success and contextual factors that contribute to the efficacy of interventions. The Regional Office works with a wide range of actors and academics to lay a strong foundation for this work.

To establish a robust scientific foundation and overview of evidence regarding the impact and nature of the infodemic challenge in the Region, The WHO Regional Office for Europe has developed the Digital solutions to health risks raised by the COVID-19 infodemic: policy brief which was published in 2022 (37). The policy brief calls on stakeholders in the European Region to cooperate on IM and offers six policy recommendations, including implementing the continuous monitoring of online harmful and false content; improving digital literacy approaches...
and organizing IM trainings; and ensuring safe online platforms, which protect people from harmful content.

The implementation guidance Advancing infodemic management in risk communication and community engagement in the WHO European Region (38) aims to support health authority focal points to prepare and respond to infodemics. The document contextualizes core concepts for the WHO European Region, including rumours, mis/disinformation and information voids, describes the information ecosystem and its three components (information, risk and response) and shows how IM is embedded into and benefits from the umbrella of RCCE.

Other avenues of research include rapid guidance and peer-reviewed publishing on IM, addressing questions such as:

1. What factors make people susceptible to false information?
2. How does false information spread in social networks?
3. How can we inoculate or immunize people against misinformation?
Benefit 5

**IM can enable and catalyse other emergency response functions, leading to greater efficiency**

Mainstreamed into a comprehensive emergency response strategy, IM is a central tool to increase the relevance and acceptability of emergency interventions. For example, identifying questions, concerns and information voids allows authorities to enhance risk communication with target groups and increase the community’s engagement and uptake of protective measures.

In March 2020, the WHO Regional Office for Europe and the United Nations Children’s Fund Europe and Central Asia Regional Office developed and launched HealthBuddy+ (41), a multilingual interactive chatbot. HealthBuddy+ has been a resource for countries in Europe and central Asia in response to the COVID-19 pandemic and has helped users to build health literacy, access accurate information, and counter misinformation surrounding the virus. Using artificial intelligence to answer questions about COVID-19, it has also provided local information, such as mental health resources available in European and central Asian countries.

As of 31 May 2023, HealthBuddy+ has achieved the following results:

- Total number of countries that deployed Healthbuddy+: 18
- Total number of languages the HealthBuddy+ was available in: 20
- Total number of users reached: 855,769
- Total number of interactions on all channels: 3,781,435
- Total number of rumours reported: 19,544

As a tool for information sharing, HealthBuddy+ can be adapted and adjusted as new emergencies occur, to meet peoples’ needs during the very acute phase of an emergency when public information is scarce. At the beginning of the war in Ukraine for example, Ukrainian refugees in neighbouring countries experienced significant information voids about basic health services and regulations in their host countries. WHO worked at speed with country offices in Bulgaria, Hungary, Poland, Republic of Moldova and Romania to adjust the information available on the chatbot. Relevant guidance on areas such as continuity of health care, psychosocial support and vaccination requirements were taken from ministry of health websites, translated into Ukrainian and consolidated on HealthBuddy+ for refugees and their host families.

**How HealthBuddy+ supported the COVID-19 response in Bulgaria**

The country team in Bulgaria tapped into HealthBuddy+’s user data to address information voids on COVID-19. The team translated user questions and rumours, which were shared with the Regional team, who then coded and analysed the themes to identify information voids to fill with additional content. The user questions were then used for several RCCE efforts in Bulgaria including in public interviews with Bulgarian national television, webinars on the prevention of COVID-19 for adults and children and during the public launch of the chatbot in the country where the two country focal points responded directly to user questions. Other HealthBuddy+ countries in central Asia and in the Western Balkans also took advantage of access to user questions to help fill information voids.
Benefit 6
Crossing borders, IM engages stakeholders to maximize impacts

IM interventions are strengthened through EIPRA, with stakeholders involved in the different tiers of infodemic preparedness and response joining forces to tackle different areas of activity, namely:

1. monitoring and triage
2. response and amplification
3. knowledge and expertise
4. coordination and policy.

In the model of its sister, the Africa Infodemic Response Alliance, EIPRA aims to pull together key stakeholders in the European Region to share knowledge, signals and best practice; improve the implementation of IM interventions; develop and promote common standards; catalyse joint projects including in the area of research; nurture public trust and resilience; monitor and evaluate information ecosystems; and strengthen systems and processes for IM.
Why invest in IM through WHO in Europe?

Why IM in the European Region?
The European Region represents a dramatic diversity of countries, culturally, economically and geographically, and there is a wide disparity in emergency preparedness. However, the infodemic has emerged as a risk to health across countries regardless of their income and health system development, and has revealed gaps in technical expertise and specialist staff in the European Region to deliver IM.

In the last three years, countries of the European Region have increased investments in RCCE-IM (of which IM is a part) to respond to the pandemic but much of the capacity in place is repurposed from related areas of work and is based on COVID-19 emergency funding which will end at some point.

Stable funding, allowing to improve Infodemic preparedness and response efforts in the WHO European Region will help to manage the complex challenges of health information overload, including misleading or false information, during public health emergencies.

Why WHO Regional Office for Europe?
The WHO Regional Office for Europe is highly skilled, deeply experienced and uniquely placed to work on IM:

- In an increasingly interconnected world, with access to vast amounts of information, investing in IM is more important than ever to ensure that the right information from the right sources reaches those who need it most during public health emergencies. With its rich experience and network of connections, WHO is well-positioned to advance the field of IM for the good of health in the European Region.

- Globally, WHO is spearheading efforts on IM and the Regional Office for Europe tailors these efforts to European needs and is integrating IM into its long-standing expertise on RCCE.

- The challenges posed by the ongoing COVID-19 infodemic can be addressed through EIPRA, the common IM platform for various partners in the European Region established by WHO Regional Office for Europe. EIPRA can facilitate the exchange of information and good practice and enable coordinated actions when needed.

- The WHO Regional Office for Europe facilitates knowledge-sharing, the promotion of standardization and generation of evidence for socio-behavioural health data.
How can the Regional Office support Member States’ health authorities with IM across the emergency cycle?

On prevention, the WHO Regional Office for Europe can provide accurate health information and advice to reduce exposure to false information on infectious pathogens, for example, related to influenza, hand hygiene and food safety risk.

On preparedness, the WHO Regional Office for Europe can provide a range of capacity building offerings on IM as well as guidance and hands-on technical support to Member States’ health authorities to help them build or further strengthen their systems for social listening and IM. WHO can also assist in longer-term policy development on health literacy, digital literacy and the integrity of online health information, and to identify the strategic investment needed to maximise the capacity for readiness, response and resilience. These investments can reduce inequalities and strengthen skills among at-risk groups.

On readiness, WHO can support countries to map infodemic risks and the vulnerabilities of different populations; build health literacy; and develop prebunking strategies and interventions for imminent risks.

During health emergencies, WHO can support countries to rapidly expand their capacity to monitor and respond to harmful false information. This typically involves building networks and partnerships with civil society organisations, academic groups and journalists active in areas such as fact-checking and promoting access to reliable, verified health information.

On recovery, the Regional Office can establish mechanisms to listen to individuals and communities affected by the health emergency, understand the circulating false information or information voids and tailor interventions to sustain protective measures.
As a core feature of RCCE-IM, IM focuses on protecting people from the damage of false information, thus building and maintaining trust between at-risk/affected communities and health authorities, enhancing the uptake of protective measures, and saving lives.

The pandemic has shown that the world’s capacity to respond to emergencies is insufficient, and that future epidemics and their associated infodemics could potentially result in severe health risks as well as causing major social, economic and political disruption. Trust in authorities, which was already fragile in some countries prior to the pandemic, has been further damaged by changes in response measures, uncertainties and misinformation and the rising need to understand and respond to rumours and mis/dis-information have been often hindered by limitations in capacity and funding.

Investments in IM will ensure that health authorities and communities are empowered to identify corrosive mis/disinformation and quash rumours before they take hold. This will ensure that people have better tools for digital and health literacy, so fewer succumb to false narrative and dangerous claims. Collaborative initiatives that mainstream the benefits of inoculation, fact-checking and social listening will build long-term resilience and create the evidence base needed to confront the onslaught of information that accompanies health emergencies, current and yet to come.

Increased investment in IM will ensure funding across the European Region for the following innovative solutions that have proved highly promising throughout the course of the COVID-19 pandemic, namely:

1. fact-checking and false information reporting mechanisms;
2. social listening tools augmented through artificial intelligence;
3. monitoring programmes, multistakeholder coordination initiatives and national regulatory frameworks;
4. digital health literacy and inoculation interventions; and
5. mechanisms for communities to report rumours and work with health authorities to address them.
References


The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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WHO/EURO:2024-8010-47778-70534