The UN's Response to the COVID-19 Infodemic

Gabriel Delsol and Albert Trithart

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Executive Summary

The COVID-19 pandemic has been accompanied by a related "infodemic." This infodemic emerged as widespread demand for information about the public health emergency was met with large volumes of false and misleading information. The infodemic has directly undermined the public health response to the COVID-19 pandemic, leading to loss of life and long-term loss of trust in institutions.

Many of the national and international institutions leading the response to the COVID-19 pandemic, including the UN, quickly recognized that they also needed to respond to the infodemic. Because the infodemic intersected with the mandates of many UN entities, this response involved many parts of the UN system, including the World Health Organization, UNICEF, UNESCO, and the Department of Global Communications. The various UN initiatives to address the infodemic can be understood as falling into four categories: monitoring the information space, responding to mis- and disinformation and promoting accurate information, building information resilience, and setting the agenda to frame the multistakeholder response.

It is difficult to broadly assess the effectiveness of the UN's response to the infodemic, especially considering the number of parts of the UN system involved. Many credit the UN for the speed and robustness of its response. However, efforts to manage the infodemic have also encountered challenges, including the lack of a common understanding of the problem, inadequate capacity to analyze and manage the infodemic, the lack of a solid evidence base to evaluate what responses are most effective across diverse contexts, and the difficulty of partnering with large technology platforms.

To overcome these challenges, UN entities working to address the infodemic should consider:

- Engaging in a consultative process to develop a shared understanding of the infodemic by defining its specific harms in relation to each of their mandates;
- Sustaining and building capacity to counter infodemics and other information disorders, both in communications departments and in other sections working on infodemic management;
- Adopting a more standardized, system-wide approach to the use of new technologies and engagement with technology platforms; and
- Continuing to strengthen long-term information resilience by building the capacity of governments to manage infodemics and supporting strong, independent media.

Introduction

From the very beginning, the COVID-19 pandemic has been accompanied by a related "infodemic." This infodemic has involved the rapid, worldwide spread of false and misleading information and narratives about the disease, as well as its prevention and treatment, vaccines, and recommended public health measures. It has also involved the scapegoating, stereotyping, and stigmatization of healthcare workers and certain social groups (see Box 1 on definitions). The infodemic has been a major barrier to the global pandemic response. It continues to undermine public trust in vaccines and adherence to other public health measures, contributing to loss of life, with acute impacts on already marginalized communities. Moreover, it undermines long-term information resilience across a broad array of issue areas, including non-health-related topics, fostering polarization and reducing trust in institutions.

Many of the national and international institutions leading the response to the COVID-19 pandemic, including the UN, quickly recognized that they also needed to respond to the infodemic. The World Health Organization (WHO), charged with leading the global pandemic response, integrated infodemic management into its response from the outset. Several other UN entities also quickly took action to address harmful information related to COVID-19, including the UN Department of Global Communications (DGC), UNESCO, and UNICEF (see Annex for a timeline of the UN response). A range of other actors, including public health authorities, civil society organizations, academic institutions, media outlets, and social media companies, partnered with the UN in these efforts.

> The UN recognized early in the pandemic that mis- and disinformation around COVID-19 was a major challenge and would require a robust response.

This quick, broad-based response reflects the infodemic's impact across the UN's mandated areas of work, from public health to human rights to strategic communications. It also reflects the UN's comparative advantages in responding to the infodemic, including its convening capability, its access to extensive data on COVID-19 and public health expertise, and, in some contexts, its credible, recognizable brand. However, despite the diversity of initiatives involving a broad array of UN agencies and partners, there has been no systematic mapping or assessment of the range of initiatives across the UN system to date.

This paper aims to begin filling that gap. It provides an overview of the UN system's response to the COVID-19 infodemic across four areas: monitoring harmful information related to COVID-19; dispelling false information and providing authoritative information; building information resilience; and setting the agenda. It then assesses some of the successes and challenges of the response across four areas: external partnerships, including with governments, civil society, academia, and social media companies; coordination within the UN system; financial, human, and technological capacity; and impact assessment.[1]

The Emergence and Impact of the COVID-19 Infodemic

The infodemic accompanying the COVID-19 pandemic is a large-scale information disorder where widespread demand for information about the public health emergency was met with large volumes of false and misleading information (see Box 1). It involves the rapid spread of misinformation, disinformation, and hate speech related to COVID-19, including false information on the nature of the virus, public health measures, treatments and cures, and vaccines, as well as stigmatization of individuals and groups and broader conspiracy theories. It is interlinked with other information disorders, including political misinformation and disinformation.

Among information disorders, the COVID-19 infodemic has been unique in its scale due to the pandemic's global impact. At the same time, the infodemic has been hyper-localized, with narratives

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Box 1. Types of harmful information

There are many ways in which information can cause harm. As a result, multiple terms and concepts exist to describe different types of harmful information, both within the UN and among academics and policy-makers more broadly:

- **Misinformation and disinformation** are among the most common terms used to describe false information. Misinformation refers to information that is "false but not created with the intention of causing harm," while disinformation refers to information that is "false and deliberately created to harm a person, social group, organization or country." Mal-information refers to information that is "based on reality [but] used to inflict harm on a person, social group, organization or country."[2] These terms are used throughout the UN system, including in the context of COVID-19.

- **Hate speech** is a related but distinct phenomenon. It refers to "any kind of communication in speech, writing or behaviour, that attacks or uses pejorative or discriminatory language with reference to a person or group on the basis of who they are."[3] COVID-19-related hate speech includes "disparaging expressions against certain individuals and groups that [have] emerged or been exacerbated" because of COVID-19, including scapegoating, stereotyping, stigmatization, and derogatory language.[4]

Given the blurred lines between these types of harmful information, other terms have emerged that focus on the impact of harmful information rather than its intent or content and that acknowledge the fluid, networked nature of information environments:

- **Information disorder** is a term used to collectively refer to misinformation, disinformation, and mal-information.[5] Information pollution is a synonymous term used by the UN Development Programme (UNDP).[6]

- **Infodemic** is a type of information disorder specific to public health emergencies. WHO defines an infodemic as "too much information including false or misleading information in digital and physical environments during a disease outbreak."[7] While the term infodemic existed prior to the COVID-19 pandemic, it has been popularized by WHO since 2020.

This paper uses the term infodemic to refer to the specific type of information disorder that emerged alongside the COVID-19 pandemic. At the same time, it acknowledges the potential limitations of WHO's definition. For example, the emphasis on "too much information" overlooks the problem of information deficits, especially for populations with limited access to the Internet. It also acknowledges the narrowness of this concept. For example, an infodemic only occurs "during a disease outbreak," which does not encompass the preparation needed to prevent an infodemic prior to an outbreak, the long-term impact of infodemics after an outbreak, or the intersection of infodemics with other information disorders.

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2 UNESCO, "Journalism, 'Fake News' and Disinformation: A Handbook for Journalism Education and Training," 2018. See also: UN General Assembly, *Disinformation and Freedom of Opinion and Expression—Report of the Special Rapporteur on the Promotion and Protection of the Right to Freedom of Opinion and Expression, Irene Khan*, UN Doc. A/HRC/47/25, April 13, 2021.

3 United Nations, "United Nations Strategy and Plan of Action on Hate Speech," June 2019.

4 United Nations, "United Nations Guidance Note on Addressing and Countering COVID-19 Related Hate Speech," May 11, 2020.

5 Claire Wardle and Hossein Derakhshan, "Information Disorder: Toward an Interdisciplinary Framework for Research and Policy Making," Council of Europe, September 2017. See also: Claire Wardle, "Understanding Information Disorder," First Draft, September 2020.

6 UNDP, "Information Integrity: Forging a Pathway to Truth, Resilience and Trust," February 2022.

7 WHO, "Infodemic," available at https://www.who.int/health-topics/infodemic#tab=tab_1 . Disinfodemic is a synonymous term used by UNESCO. Julie Posetti and Kalina Bontcheva, "Disinfodemic: Deciphering COVID-19 Disinformation," UNESCO.7, April 2020.

shaped by local cultural and political contexts and power structures. Beyond its scale, the COVID-19 infodemic has also been unique in the speed at which information has spread and evolved. Mis- and disinformation tend to spread faster than factual information, and the circumstances of COVID-19 have exacerbated this phenomenon.[8] Anxiety around the pandemic has led to the demand for information often outpacing the ability of public health experts to generate or provide that information. This created information vacuums on topics like vaccines and preventive measures at crucial junctures during the pandemic, opening space for misleading and false content to spread and gain resonance.

The infodemic has directly impacted the public health response to the COVID-19 pandemic, leading to loss of life. It has reduced compliance with preventive measures such as lockdowns, social distancing, and mask-wearing, as well as vaccine uptake.[9] It has also led people to pursue false and occasionally dangerous cures.[10] Moreover, a rise in hate speech related to COVID-19 has resulted in attacks against healthcare workers and discrimination and physical violence against East Asians, LGBTQI people, and other groups, often fueled by hateful and xenophobic rhetoric espoused by political leaders.[11] The infodemic has also compounded misogynistic narratives used to dehumanize and harass women online, especially public figures, which were adapted to remain salient during the infodemic.[12]

In addition, mis- and disinformation around the COVID-19 vaccine have reduced confidence in other childhood vaccinations, contributing to a decrease in global childhood vaccination rates.[13] More broadly, the infodemic, together with the perceived failure of public health authorities to fulfill the public's information needs, has damaged trust in institutions and contributed to societal polarization. While this broader impact is hard to measure, it could heighten the risk of armed conflict, violence, and human rights violations and threaten democracy and social cohesion in the long run.[14]

While the COVID-19 infodemic has had a global impact, this impact has been mediated by a variety of factors at the country and individual level that determine susceptibility to information disorders.[15] Moreover, our understanding of the impact of the infodemic has been disproportionately shaped by the experiences of the US, Western Europe, and, to a lesser extent, East Asia, where most research has been focused and where there are more tools available to measure its harms.

Mapping the UN Response

The UN recognized early in the pandemic that mis- and disinformation around COVID-19 was a major challenge and would require a robust response. Because the infodemic intersected with the mandates of many UN entities, this response involved many parts of the UN system. WHO played a central role given that it was leading the global pandemic response, had close ties with national health authorities, and had access to data and expertise. UNICEF was also well-positioned to

8   Soroush Vosoughi, Deb Roy, and Sinan Aral, "The Spread of True and False News Online," *Science* 359, no. 6380 (2018).

9   Leonardo Bursztyn et al., "Misinformation during a Pandemic," National Bureau of Economic Research, June 2020; Saiful Islam et al., "COVID-19–Related Infodemic and Its Impact on Public Health: A Global Social Media Analysis," *American Journal of Tropical Medicine and Hygiene* 103, no. 4 (2020).

10   WHO, "Immunizing the Public against Misinformation," August 25, 2020.

11   WHO, "Attacks on Health Care in the Context of COVID-19," July 30, 2020; "COVID-19 Stoking Xenophobia, Hate and Exclusion, Minority Rights Expert Warns," UN News, March 30, 2020; Jae Yeon Kim and Aniket Kesari, "Misinformation and Hate Speech: The Case of Anti-Asian Hate Speech during the COVID-19 Pandemic," *Journal of Online Trust and Safety* 1, no. 1 (2021); "Covid-19 Fueling Anti-Asian Racism and Xenophobia Worldwide," Human Rights Watch, May 12, 2020; ILGA Europe, "Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Europe and Central Asia," 2021.

12   Maria Giovanna Sessa, "Misogyny and Misinformation: An Analysis of Gendered Disinformation Tactics During the COVID-19 Pandemic," EU Disinfo Lab, December 4, 2020.

13   UNICEF has identified decreased confidence as one factor in reduced vaccination rates, alongside the disruption of vaccine services due to strained health systems, the diversion of resources, and conflict and fragility. UNICEF, "The State of the World's Children 2023: For Every Child, Vaccination," April 2023.

14   WHO, "Managing the COVID-19 Infodemic: Promoting Healthy Behaviours and Mitigating the Harm from Misinformation and Disinformation," September 23, 2020; Lotte Pummerer et al., "Conspiracy Theories and Their Societal Effects During the COVID-19 Pandemic," *Social Psychological and Personality Science* 13, no. 1 (2022).

15   WHO, "An Ad Hoc WHO Technical Consultation Managing the COVID-19 Infodemic: Call for Action," September 15, 2020; Hendrik Bruns, François J. Dessart, and Myrto Pantazi, "COVID-19 Misinformation: Preparing for Future Crises," European Commission, 2022; Sarah Dryhurst et al, "Risk Perceptions of COVID-19 around the World," *Journal of Risk Research* 23, no. 8 (2020).

play a major role, with its substantial field presence, existing work encouraging vaccine uptake, and mandate to conduct social listening. The infodemic intersected with UNESCO's mandate to protect and promote freedom of expression. In the UN Secretariat, the Department of Global Communications (DGC) had a clear role as the UN's lead communications office. Other entities such as the International Telecommunication Union (ITU), UN Global Pulse, the International Organization for Migration (IOM), and the UN Refugee Agency (UNHCR) were also involved in the infodemic response from early on.

This was not the first time the UN had taken action against harmful information. The secretary-general had launched a system-wide Strategy and Plan of Action on Hate Speech in June 2019, reflecting the UN's growing work in this area. While mis- and disinformation had gained attention more recently, they were already on the radar of several UN entities. For example, shortly before the pandemic, UNDP had begun considering how to address information pollution, particularly in the context of elections, and UNESCO had published a handbook for journalists on how to address mis- and disinformation.[16] WHO, UNICEF, and other UN entities had also been addressing mis- and disinformation as part of immunization campaigns and in their response to recent Ebola outbreaks. While these experiences provided the UN some institutional capacity and knowledge, the unprecedented scale of the COVID-19 infodemic overwhelmed existing capacities.

As a result, many UN entities had to quickly scale up the capacity of existing programs or institutions, while others surged resources toward new initiatives. These initiatives can be understood as falling into four distinct, though interrelated, categories: monitoring the information space, responding to mis- and disinformation and promoting accurate information, building information resilience, and setting the agenda to frame the multi-stakeholder response.

Monitoring the Information Space

The UN primarily monitors the information environment using social-listening tools. These allow users to observe how people are talking about COVID-19, primarily on social media, including their questions and concerns and prevalent misconceptions or falsehoods. UN entities and their partners can then use this information to deploy targeted messaging to fill information vacuums, debunk falsehoods, and "prebunk" misleading narratives before they spread.

Some UN entities were already conducting social listening before the pandemic, but they lacked the capacity to do so at the scale needed. Some therefore sought to acquire new social-listening tools from the private sector. Others developed their own social-listening tools. WHO launched an open-source social-listening dashboard in January 2021, the Early AI-supported Response with Social Listening Platform (EARS), which allows users to see the prevalence and intensity of specific narratives surrounding COVID-19 in thirty countries and nine languages.[17] Similarly, in April 2021, UNICEF and several partner organizations launched the Vaccination Demand Observatory, which includes a dashboard with data on vaccine narratives, disaggregated by country, risk level, topic, and vaccine type.[18]

While social-listening tools tend to focus on social media, in many countries, especially in Africa, radio remains one of the main sources of information. UN Global Pulse's Kampala office therefore created an artificial intelligence–enabled social-listening tool for monitoring FM broadcast radio in Acholi, Luganda, and English in 2019. This "radio-mining" tool was originally developed to monitor topics related to the Sustainable Development Goals, but UN Global Pulse repurposed it during the pandemic to monitor discussions related to COVID-19. This allowed the Global Pulse team to identify prevalent rumors and share them in weekly

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16 See: UNDP Oslo Governance Centre, "Information Integrity," available at https://www.undp.org/policycentre/oslo/information-integrity ; and Cherilyn Ireton and Julie Posetti, "Journalism, Fake News & Disinformation: Handbook for Journalism Education and Training," UNESCO, 2018.

17 Data is collected anonymously and aggregated to protect privacy, and a gender-gap function disaggregates narratives between women and men. See: WHO, "Early AI-supported Response with Social Listening," available at https://www.who-ears.com/#/ .

18 UNICEF, The Public Goods Project, and Yale Institute for Global Health, "Vaccination Demand Observatory," available at https://dashboard.thevdo.org/ .

reports.[19] UN Global Pulse's New York team developed a similar tool to monitor online radio.

Considering the limitations of social listening online and on radio, UN entities have also used surveys and working groups between UN staff, fact-checkers, and journalists to track emerging narratives. In addition, in-person community engagement has allowed agencies like UNICEF, IOM, and UNHCR to directly monitor harmful information spreading among vulnerable populations, including those with limited digital access. However, in-person monitoring is more resource-intensive than online monitoring and is difficult to do at scale so is more often used as part of localized initiatives.[20]

Responding to Mis- and Disinformation and Promoting Accurate Information

Building on monitoring efforts, the UN has responded to the infodemic by sharing information on COVID-19 and responding to harmful information or narratives when possible. Through WHO, the UN has access to extensive data and expertise on COVID-19, allowing it to share the most recent authoritative information. The UN's reputation and brand also lend credibility to the information it disseminates. The UN has focused in particular on addressing mis- and disinformation about vaccine effectiveness and safety and methods for preventing the spread of COVID-19. Beyond mis- and disinformation, the UN has also focused on the stigmatization of certain groups (e.g., Chinese and South Africans), as well as mental health.

At the global level, DGC has spearheaded UN

efforts to address the infodemic through the Verified initiative, launched in May 2020 as a joint initiative with Purpose, a social-impact creative agency. Verified became a centralized hub for generating messages to counter the infodemic, which were often distributed through networks of local and global partners.[21] For some UN entities, including WHO and UNICEF, efforts to address the infodemic complemented their existing work on risk communication and community engagement (RCCE). WHO also leveraged the Information Network for Epidemics (EPI-WIN), a platform charged with providing timely, evidence-based health information during health emergencies and with undertaking "infodemic management."[22]

Messaging developed at the global level must be contextualized to local contexts to be effective.[23] Some UN entities have thus also developed regional approaches. For example, WHO partnered with several other UN and non-UN entities, as well as a broader network of fact-checkers, journalists, and influencers, to launch the Africa Infodemic Response Alliance in December 2020.[24] In Latin America, UNESCO partnered with a regional fact-checking network led by the Argentina-based NGO Chequeado to operate Portal Check, a platform for crowdsourcing verified information about COVID-19.[25] At the country level, the UN's fifty-nine information centers have helped adapt messages developed at the global level to local audiences.[26] For example, in 2021, the Verified initiative collaborated with the UN information center in South Africa to develop a community-led campaign targeting young South Africans who were not engaging with national or regional health messaging.[27] Similarly tailored UN communi-

> Messaging developed at the global level must be contextualized to local contexts to be effective.

19 The tool was developed in collaboration with Stellenbosch University. The reports were shared with the COVID-19 Social Listening and Evidence Generation Subcommittee facilitated by the Ugandan Ministry of Health. Interview with UN officials 8 and 9; UN Global Pulse, "When Old Technology Meets New: How UN Global Pulse Is Using Radio and AI to Leave No Voice Behind," April 23, 2019.

20 Interviews with UN officials 1, 2, 3, 4, and 5, February and March 2023.

21 See: https://shareverified.com/ .

22 See: https://www.who.int/teams/epi-win .

23 Aya Osman and Ogbunugafor C. Brandon, "An Epidemic Analogy Highlights the Importance of Targeted Community Engagement in Spaces Susceptible to Misinformation," *Frontiers in Communication* 7 (2022).

24 See: https://www.afro.who.int/aira .

25 See: https://portalcheck.org/en/home-english/ .

26 United Nations, "COVID-19 Infodemic 'Immediate Test Case' for Global Communications Department's Vision of Peaceful, Equitable World, Under-Secretary-General Tells Information Committee," United Nations, April 26, 2021.

27 The campaign's messaging focused on empowering young people to keep their family safe. Interview with private sector representative, March 2023.

cations campaigns have been adopted in other countries.[28]

In addition to the messages, the messengers sometimes vary by context. For example, in some countries, Verified sought to access hard-to-reach or vulnerable communities through local influencers with credibility among local populations.[29] The communication medium also varies by context. Many of the UN's strategic communication efforts have focused on social media, especially at the outset of the pandemic. However, other mediums, like radio, SMS, and print newspapers, have also been employed, especially in countries with lower social media penetration. For example, ITU and WHO used their BeHe@lthy BeMobile initiative, which predated the pandemic, to provide authoritative information on COVID-19 via SMS, and the Verified initiative has used radio dramas to reach specific audiences in some countries.[30] The UN has also responded to mis- and disinformation through in-person engagement. For example, IOM has focused on providing information on COVID-19 to migrants at transit points and, in Chad, enlisted more than eighty traditional town troubadours to deliver health guidance to remote populations.[31] As with monitoring, these offline approaches tend to be more localized and resource-intensive than social media campaigns.

Building Information Resilience

To address the root causes of the COVID-19 infodemic and preempt future infodemics, the UN system has been investing in long-term information resilience. This includes building the infodemic response capabilities of the governmental authorities who are ultimately responsible for infodemic management. Especially at the outset of the infodemic, national public health authorities often lacked the data, communications capacity, and funding needed to respond. More fundamentally, many of them have failed at the basic task of providing updated, accurate, and understandable information about COVID-19 to the public.[32] WHO has therefore provided support to governments in managing the infodemic, including by building their capacity to analyze mis- and disinformation and implement evidence-based interventions. Similarly, the Vaccine Demand Observatory, co-created by UNICEF, developed the Vaccine Misinformation Field Guide in December 2020 to inform the development of national strategies for monitoring and responding to vaccine misinformation.[33] WHO also launched an infodemic manager training program to build the capacity of public health experts to monitor, assess, and respond to infodemics. The network of infodemic managers now includes more than 1,300 trainees across 142 countries, who continue to share information and collaborate with one another.[34]

Local media are also essential to long-term information resilience. The UN has therefore been building the capacity of journalists and fact-checkers to address the infodemic. For example, UNESCO worked with the nonprofit Knight Center to develop online trainings to provide journalists best practices for reporting on public health topics, fact-checking strategies, and databases with existing media content.[35]

The UN has also sought to build the public's digital media literacy by teaching individuals the critical-thinking skills they need to become less susceptible to mis- and disinformation. For example, WHO and the UK government supported the development of GO VIRAL!, a free online game available in thirteen languages that improves players' ability to recognize online mis- and disinformation about COVID-19.[36] Similarly, the Verified initiative's

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28 See, for example: WHO, "Benin Goes on Digital Offensive against COVID-19," April 9, 2020; WHO, "Yangon Uses Media Mix to Boost Solidarity against COVID-19," October 27, 2020; WHO, "Angola: WHO Joining Forces to Support the Fight against the COVID-19 Infodemic," December 14, 2020; WHO, "Albania: Engaging with Media to Encourage Accurate Reporting on COVID-19," December 17, 2020; WHO, "With Support from Donors and Partners WHO Provides Assistance to Vulnerable and Remote Populations during COVID-19 in Push for Health Equity for All," March 12, 2021; WHO, "Raising Awareness of Misinformation among Children in Poland," July 27, 2021; WHO, "Donors Making a Difference: Fighting Myths and Misinformation," June 3, 2022.

29 IPI roundtable on "Assessing the UN's Response to Infodemics: Lessons from UN Initiatives against COVID-19 Misinformation and Disinformation," February 8, 2023.

30 ITU, "Unleashing Information Technology to Defeat COVID-19," April 20, 2020; Interview with private sector representative, March 2023.

31 Interview with UN officials 3 and 4, March 2023; IOM, "Town Criers, Troubadours Raise COVID-19 Awareness in Rural Chad," April 24, 2020.

32 Interview with UN official 2, February 2023.

33 UNICEF, "Vaccination Misinformation Management Field Guide," December 2020.

34 WHO, "The WHO Global Infodemic Manager Community of Practice Is Growing and Tackling COVID-19, Monkeypox and Other Outbreaks," September 26, 2022.

35 Knight Center, "COVID-19 Courses and Resources," available at https://journalismcourses.org/covid-19-resources/ .

36 The game was developed by the University of Cambridge. WHO, "What Is Go Viral?" September 23, 2021.

Pause Campaign, which encouraged people to question the origin, credibility, relevance, and accuracy of information before sharing it online, was designed to interrupt the spread of misinformation and build digital literacy.[37]

Setting the Agenda

Given WHO's rapid prioritization of and leadership on the infodemic, it had the opportunity to define and frame the issue and help set the agenda for the global response. From the start, WHO pioneered the concept of "infodemic management." In April 2020, WHO's EPI-WIN convened 1,300 UN and non-UN stakeholders to exchange best practices and ideas for managing the infodemic, resulting in a four-pronged framework for guiding responses by all stakeholders.[38]

WHO also helped set the research agenda. In July 2020, WHO convened an Infodemiology Conference, bringing together experts from different disciplines to identify where there was evidence that could be applied to the infodemic response and where evidence was needed.[39] This led to the publication of a public health research agenda for managing infodemics.[40] These efforts directly fed into the development of WHO's infodemic management training.

For practitioners and researchers outside of the UN, these efforts helped share knowledge and identify research gaps and avenues for collaboration. For foundations, governments, and UN leadership, they clarified understanding of the infodemic and its impact, which helped mobilize funding and integrate infodemic management into public health responses.[41]

Assessing the UN Response

It is difficult to broadly assess the effectiveness of the UN's response to the infodemic, especially considering the number of different parts of the UN system involved. Some experts were surprised at the speed and robustness of the response, particularly that of WHO, which from the outset framed the problem within the context of the broader information environment. The concerted efforts of a few midlevel UN staff members were also repeatedly mentioned as key to building coalitions within and outside of the UN to tackle the infodemic.[42] Yet the UN's response has also confronted challenges.

These successes and challenges can be assessed across four broad areas: (1) the partnerships the UN formed with civil society organizations, academic institutions, governments, and social media companies to address the infodemic; (2) coordination of the infodemic response within the UN; (3) human, financial, and technological capacity to address the infodemic within the UN system and the long-term sustainability of this capacity; and (4) efforts to evaluate and learn from work that has been done.

External Partnerships

Partnerships between various UN entities, governments, civil society organizations, academic institutions, and companies have been central to the infodemic response. The infodemic is a global phenomenon, and the UN has unparalleled global reach. This has allowed the UN to provide direct support to public health authorities, journalists, and others working at the country level. The UN also has the capacity to coordinate responses among member states, civil society, and the private sector at a global level. Many of those involved in the infodemic response, both within and outside the UN, felt that the UN's ability to form external partnerships quickly and flexibly was one of the most successful elements of its response.

Partnerships with governments have been particularly critical, as governments bear the ultimate responsibility for managing pandemics and infodemics. WHO has therefore focused on the long-term goal of transferring capacity for infodemic management from the UN to national public health

37 Verified, "Pause," available at https://shareverified.com/pledge-to-pause/ .

38 WHO, "An Ad Hoc WHO Technical Consultation Managing the COVID-19 Infodemic."

39 WHO, "1st WHO Infodemiology Conference," available at https://www.who.int/newsroom/events/detail/2020/06/30/default-calendar/1st-who-infodemiology-conference .

40 WHO, "WHO Public Health Research Agenda for Managing Infodemics," February 2, 2021.

41 Interview with UN official 1, January and February 2023; Interview with academic 1, March 2023.

42 Interviews with academics 1 and 2, March 2023.

authorities. At the outset, WHO engaged with governments to explain the concept of the infodemic and frame it as a critical issue to address.

In many countries, governmental buy-in to the concept was strong, allowing the UN to provide extensive support. This could entail, for example, hiring a staff member or consultant to support the ministry of health and other ministries in managing the infodemic, establishing or contributing to intragovernmental working groups, and directly supporting messaging efforts.[43] Where governmental buy-in was low or governments were actively spreading misinformation, UN staff would find ways to work within the limits they confronted. For example, they might discuss respiratory diseases in general without mentioning COVID-19 specifically or avoid directly engaging on controversial issues related to freedom of speech and media literacy.[44] Overall, however, buy-in among governments has been relatively high given that most governmental authorities recognized the serious risk the infodemic poses to public health.

> Many felt that the UN's ability to form external partnerships quickly and flexibly was one of the most successful elements of its infodemic response.

Given the emergency setting, many partnerships with nongovernmental actors were established informally without the elaborate legal agreements required for the UN to enter formal partnerships. This flexibility allowed the UN to rapidly form partnership networks, including with nontraditional UN partners that could rapidly develop and distribute content for a broad array of media.[45] For example, the Verified initiative—itself a partnership between the UN and a company—was able to form a network of more than 250 collaborators, including fact-checking organizations, media outlets, activists, and companies. Similarly, the Africa Infodemic Response Alliance is a unique regional partnership model that brings together seven UN entities, public health agencies, and humanitarian organizations with a broader network of journalists and influencers.[46] These types of partners have helped the UN adapt global messaging to local contexts and to languages and formats that resonate with the public and to transmit messages through trusted local proxies with existing audiences.[47] These partners, in turn, have benefited from the UN's resources, branding, and training.

In addition to civil society, WHO has engaged with academia from the outset of the infodemic. WHO brought together academic researchers from across disciplines in the first Infodemiology Conference to identify gaps in the research and collaborated with academic journals and universities to target research toward those gaps.[48] Collaborations with academic institutions have also helped UN entities assess the impact of their messaging.[49]

Given the role of social media platforms and search engines as major vectors for the infodemic, they have been necessary partners for the UN. Tech platforms have partnered with UN entities to amplify authoritative messaging, including by providing millions of free ad credits and optimizing user interfaces to help organizations like WHO compete with mis- and disinformation.[50] At the country and regional level, some UN staff used contacts in Meta and other companies to flag mis- and disinformation for removal, although these efforts only occasionally resulted in content being removed.[51] At the headquarters level, dialogue between tech platforms and WHO at times helped clarify what constituted misinformation, though this did not rise to the level of a systematic partner-

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43 Interview with UN official 1, March 2023.

44 Interview with UN official 5, March 2023.

45 IPI roundtable, February 2023; Interview with UN official 2, February 2023.

46 The members of the Africa Infodemic Response Alliance are the WHO Regional Office for Africa, UNICEF, Africa Centers for Disease Control, International Federation of Red Cross and Red Crescent Societies, UNESCO, Verified, and UN Global Pulse. WHO, "The Africa Infodemic Response Alliance," available at https://www.afro.who.int/aira . WHO is considering replicating this model in other regions. Interview with UN official 5, March 2023.

47 WHO, "Inside the Mammoth Undertaking of Global Vaccine Distribution," February 26, 2021.

48 WHO, "An Ad Hoc WHO Technical Consultation Managing the COVID-19 Infodemic."

49 For example, UNICEF worked with Yale University to study which of its vaccine-related messages resonated the most. WHO had similar collaborations with the London School of Hygiene and Tropical Medicine and Stanford University.

50 Interview with UN official 5, March 2023; WHO, "An Ad Hoc WHO Technical Consultation Managing the COVID-19 Infodemic."

51 Interview with UN official 5, March 2023; Interview with civil society member 2, March 2023.

ship on fact-checking. Platforms also provided some topic-modeling data to highlight infodemic narratives at the global level and collaborated with some UN entities to test the effectiveness of different messages.[52]

Despite this collaboration, UN officials expressed deep frustration with tech platforms. One challenge has been the fragmented nature of engagement between UN staff and specific platforms. Each UN entity, and sometimes different offices within the same UN entity, have separate relationships with each tech platform and may not be aware of parallel engagement by UN colleagues. As a result, UN engagement with tech platforms is uncoordinated and does not always reflect an understanding of the platforms' priorities and what they can offer. Some UN officials feel that this lack of coordination has weakened the UN's ability to advocate for companies to take stronger action against the infodemic. As one UN official put it, "The platforms are actually setting the agenda, not us." Others expressed concern that some platforms are "gaslighting" the UN, "dividing and conquering" the UN system, and engaging in "blue-washing" by promoting their work with the UN without taking meaningful action.[53]

Many UN officials thus called for a more unified approach to UN engagement with tech platforms. This call was echoed by researchers and fact-checkers outside the UN system who see the UN as a potential counterweight to the platforms. The UN could use its global reach and greater access to the platforms to explain the harms caused by the infodemic and mis- and disinformation more broadly, particularly on communities in the Global South that platforms often overlook.[54] The UN has undertaken some efforts toward this end, including

> UN officials expressed concern that some tech platforms are "gaslighting" the UN, "dividing and conquering" the UN system, and engaging in "blue-washing."

UNESCO's efforts to develop global guidelines for regulating digital platforms and to encourage these platforms to be more transparent.[55]

However, one potential barrier to a more unified approach is the different goals various UN personnel have for engaging with platforms. UN public health personnel may want to push the platforms to change their policies on content moderation to help reduce mis- and disinformation, while communications personnel who depend on the platforms for ad credits may prioritize retaining good working relationships with them. For this reason, it would be difficult for the UN to have a single point of contact with tech platforms.[56]

Internal Coordination

Because the infodemic intersects with the mandates of so many UN entities, coordination is needed to avoid duplication of efforts or overcommunication. Already at the outset of the pandemic, WHO pointed to the emergence of an "infodemic on top of an infodemic," with a flood of mis- and disinformation being met by a flood of authoritative information to counter it, resulting in "noise."[57] The number of joint initiatives between various UN entities speaks to a certain level of collaboration. And in at least one instance, four UN entities came together to jointly apply for funding from the COVID-19 Solidarity Response Fund to fight the infodemic.[58] Yet this collaboration has been ad hoc. There has not been formal, high-level dialogue on the UN's infodemic response, due in part to the political sensitivities of the issue.[59] As a result, the UN lacks a system-wide strategy for combating the COVID-19 infodemic or mis- and disinformation more broadly.[60]

Instead, headquarters-level coordination on the

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52 Interview with UN official 5, March 2023; Interview with academic 1, March 2023; WHO, "Immunizing the Public against Misinformation"; WHO, "An Ad Hoc WHO Technical Consultation Managing the COVID-19 Infodemic."

53 IPI roundtable, February 2023; Interviews with UN officials 1, 6, and 7, February and March 2023; Interview with academic 1, March 2023.

54 Interview with academic 1, March 2023; Interview with civil society member 1, March 2023.

55 UNESCO, "Internet for Trust," available at https://www.unesco.org/en/internet-conference ; UNESCO, "Letting the Sun Shine In: Transparency and Accountability in the Digital Age," 2021.

56 IPI roundtable, February 2023; Interview with UN officials 6 and 7, March 2023; Interview with academic 1, 2023.

57 WHO, "An Ad Hoc WHO Technical Consultation Managing the COVID-19 Infodemic."

58 WHO, UNESCO, ITU, and UN Global Pulse collectively received around $4.5 million. See: WHO, "Immunizing the Public against Misinformation."

59 Interview with UN official 1, January 2023.

60 International Crisis Group, "Ten Challenges for the UN in 2022–2023," September 14, 2022; Interview with civil society member 2, March 2023.

infodemic response has taken place through informal, off-the-record discussions between technical staff, allowing for the exchange of information about programmatic and operational work. These dialogues are reportedly helpful and collaborative and have led to the production of two interagency discussion papers. Yet while participation in the dialogues remains high, participants undertake this work informally on top of their full-time jobs.[61] Coordination at the country level varies. In some contexts, as at the headquarters level, it is driven by informal, mid-level dialogue due to a lack of high-level support or funding, while in others there are more formal working groups, sometimes led by the government.[62] More broadly, WHO's infodemic manager trainings have created a global community of practice where public health experts can share information and provide each other moral support.[63]

One challenge to coordination has been competition and tension between communications staff and public health staff. This tension has played out both between UN entities (e.g., between DGC and other parts of the UN system) and within UN entities (e.g., between communications staff and non-communications staff). Some public health staff feel that communications staff see mis- and disinformation as their domain and do not always involve them in efforts to address it, even though it impacts their work. As one UN official put it, "These are not things you can communicate away."[64] Communications staff, for their part, sometimes feel that other staff do not take communications seriously until they need to respond to a crisis.[65] This speaks to a broader challenge within the UN of integrating communications competencies into all areas of work to address the increasingly complex impacts of modern information disorders.

As for vertical coordination between UN entities' headquarters and country offices, there is also sometimes tension between the need for top-down

communications strategies that ensure consistent, accurate messaging about COVID-19 and the need to adapt this messaging to local contexts. In many cases, the UN has been able to strike a balance. For example, much of the Verified initiative's content on COVID-19 or digital literacy was shared on open platforms for UN teams to adapt or translate. But when these tensions have not been well managed, UN communications at the country or regional level have at times been incoherent.[66]

Another challenge to system-wide coordination is the lack of a common understanding of the infodemic and the harms it causes (see Box 1). For example, while WHO has popularized the term "infodemic" across the UN system and defined it consistently, it is still sometimes conflated with mis- and disinformation. More broadly, there is no common UN position on the relationship between mis- and disinformation and hate speech, though this is something several UN entities are working on developing.[67] To work toward a common understanding of the problem and system-wide coordination, several UN officials called on each relevant UN entity to identify the harms of the infodemic as they relate to its mandate. This could help different parts of the UN system better understand how their work on the infodemic relates to each other.[68]

Looking beyond the infodemic to mis- and disinformation more broadly, one opportunity to enhance coordination could be the UN Code of Conduct on Integrity in Public Information, which DGC will deliver ahead of the Summit of the Future in September 2024. Ahead of the publication of the code, DGC is also publishing a policy brief that will lay out the UN's approach to mis- and disinformation and hate speech. As part of the process of developing the code, DGC has convened an interagency working group to solicit input from across the UN system.[69] Two documents being negotiated by member states could also help establish a common

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61 Interviews with UN official 1, January and February 2023.

62 Interview with civil society member 1, March 2023; Interview with UN officials 8 and 9, March 2023.

63 Interviews with UN official 1, January and February 2023.

64 Interview with UN official 2, February 2023. Also: Interviews with UN official 1, February and March 2023; Interview with civil society member 2, March 2023.

65 Interview with academic 1, March 2023.

66 Interview with civil society member 2, March 2023.

67 This is a joint effort by the UN Department of Peace Operations (DPO), DGC, and the UN Office on Genocide Prevention and the Responsibility to Protect. Interview with UN officials 6 and 7, March 2023.

68 Interviews with UN official 1 and 2, February 2023; IPI roundtable, February 2023; Elisabeth Wilhelm et al., "Measuring the Burden of Infodemics: Summary of the Methods and Results of the Fifth WHO Infodemic Management Conference," *JMIR Infodemiology* 3, no. 1 (2023).

69 Interview with UN officials 6 and 7, March 2023; United Nations, "Delegates Welcome Code of Conduct Initiative, Call for Mainstreaming Multilingualism, as Committee on Information Continues Session," May 4, 2022.

UN framework: the International Treaty on Pandemic Prevention, Preparedness and Response being negotiated under the auspices of WHO, which is expected to refer to the infodemic; and the Global Digital Compact that member states are expected to agree on at the Summit of the Future.

Financial, Human, and Technological Capacity

Some UN officials worry that the UN's efforts to address the infodemic may not be sustainable due to lack of stable funding, even though the problem is arguably getting worse, and many of its root causes remain unaddressed. At the outset of the pandemic, there was widespread interest among member states in funding initiatives to address the infodemic. But as a result, many of these initiatives are reliant on short-term, extra-budgetary, emergency funding. In WHO, for example, the infodemic management team, Africa Infodemic Response Alliance, and extra staff hired for the communications team are all supported by emergency funding. This requires requesting renewed funding every few months, which makes long-term planning difficult.[70]

Moreover, some of the donors that initially funded infodemic management initiatives have started asking for evidence of these initiatives' impact, which some UN entities have struggled to provide. This has led to reduced funding, which has increased competition for funding both between and within UN entities. Securing sustainable funding is further complicated by the cross-cutting nature of infodemic management, which situates it outside of any one department and can thus make it difficult to access department-specific core

> To work toward a common understanding of the problem and system-wide coordination, several UN officials called on each relevant UN entity to identify the harms of the infodemic as they relate to its mandate.

funding. On top of this reduction in donor funding, tech platforms have started phasing out ad credits and other measures that helped boost UN messages about COVID-19, and UN entities lack the resources to pay full-price for these ads.[71]

Without sustainable funding, some of the UN teams at the center of the infodemic response are understaffed, and many of the staff are on short-term contracts. Some UN entities also rely on local volunteers to conduct community engagement.[72] As with people working on the pandemic response in general, many staff dedicated to infodemic management have experienced burnout, resulting in high turnover.[73]

In addition, the UN needs more staff with specialized skills in infodemic management.[74] While some UN personnel have gone through WHO's infodemic management trainings, UN entities still lack critical competencies, particularly the ability to analyze information gathered through social-listening tools.[75] The UN also lacks staff who can monitor and respond to harmful information in all relevant languages, leading to gaps in timely, accessible, and contextualized information in many parts of the world.[76]

Beyond staff capacity, some UN entities also lack adequate technological capacity to monitor the information environment. Many UN entities rely on social-listening tools developed by Western-based digital-marketing firms that are not designed for use in the public health sector, are not tailored for nondominant social media platforms and non-English-speaking contexts, and have limited built-in data-privacy protections.[77] While the UN was able to overcome some of these limitations by devel-

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70 Interview with UN officials 1 and 5, February and March 2023.

71 Interviews with UN officials 1, 2, and 5, February and March 2023; Interview with civil society member 2, March 2023; Interview with academic 2, March 2023; IPI roundtable, February 2023.

72 Interview with UN officials 3 and 4, March 2023.

73 Interview with UN official 1, January 2023.

74 On the competencies required for infodemic management, see: WHO, "WHO Competency Framework: Building a Response Workforce to Manage Infodemics," September 15, 2021.

75 IPI roundtable, February 2023.

76 WHO, "Statement from the 'Civil Society' Track of the 3rd Global Infodemic Management Conference," December 10, 2020; Interview with UN officials 3 and 4, March 2023.

77 Alejandro Posada, Rocio Lopez Iñigo, and Jamie Sport, "Turning Social Listening Data into Action: Barriers and Recommendations Observed through a COVID-19 Rumor Response," Rooted in Trust, Internews, and US Agency for International Development, 2022; Interviews with UN officials 2 and 5, February and March 2023.

oping its own tools (see above), these tools have not been widely taken up across the UN system.[78]

More generally, social-listening tools have inherent limitations in what they can offer. The attractive dashboards generated by some tools can give a false sense of confidence in the information they contain, which is often unrepresentative of the population due to demographic gaps in access to the Internet. For example, women, elderly people, low-income people, and people in the Global South are underrepresented in the data gathered by WHO's EARS tool.[79] Moreover, these tools are largely limited to monitoring content rather than tracking narratives over time or mapping social networks to understand how harmful content is spreading.[80] Ultimately, social-listening tools on their own are never enough. Skilled staff are needed to analyze the information gathered through these tools, combine it with information from other sources (including offline sources), and integrate it into a communications strategy.[81]

> A stronger evidence base is needed to secure funding for infodemic management, institutionalize this work, and scale up best practices.

As attention on the COVID-19 infodemic fades, there may be opportunities to build capacity within the UN system to tackle mis- and disinformation more broadly. For example, DGC is pursuing funding for an Information Integrity Unit to help implement the Code of Conduct on Integrity in Public Information. Depending on the level of funding received, this unit could potentially support other UN teams and country-level colleagues in monitoring and responding to mis- and disinformation and train UN personnel not only on general communications skills but also specifically on how to address mis- and disinformation.[82]

Impact Assessment

There is little concrete evidence on what impact infodemic-response efforts have had. Some UN programs conduct internal monitoring, and some have been externally evaluated. For example, a research group at MIT conducted a randomized-control experiment in sixteen countries to evaluate behavioral change resulting from the Verified initiative's Pause Campaign.[83] Overall, however, a stronger evidence base is needed to secure funding for infodemic management, institutionalize this work, and scale up best practices.[84] As with coordination, one of the challenges with building this evidence base is a lack of a common understanding of the harms of the infodemic as they relate to the mandate of each UN entity; without understanding these harms, it is difficult to know how to measure the impact of efforts to mitigate them.[85]

There are also methodological challenges. Most metrics of success focus on short-term rather than long-term impacts, including platform-provided engagement metrics for online messaging campaigns, the reach of UN-funded content, and the short-term information resilience bestowed by media-literacy interventions like WHO's GO VIRAL! game.[86] This is a major limitation considering the fluid, long-term nature of the infodemic and other information disorders, as well as evidence from past studies that the impact of efforts to prebunk mis- and disinformation is often short-term.[87]

Similarly, most metrics focus on change in knowledge rather than change in behavior, which is ultimately more important. While knowledge

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78 Interviews with UN officials 1, 6, and 7, January and March 2023.

79 For example, of the forty-seven countries in WHO's Africa region, the EARS tool only has data for six. WHO, "Methodology," EARS, available at https://www.who-ears.com/methodology/#/ .

80 Interview with UN official 1, February 2023.

81 Interview with UN official 2, February 2023; Interview with civil society member 2, March 2023.

82 Interview with UN officials 6 and 7, March 2023.

83 The study showed that exposure to the content reduced participants' propensity to share fake headlines by about 10 percent, with higher rates in India, South Africa, Nigeria, and the US. Written correspondence with private sector representative, April 2023. See: United Nations, "New MIT Study Says United Nations Pause Campaign Slows Spread of Life-Threatening Misinformation," July 1, 2021. This evaluation has not been made publicly available.

84 IPI roundtable, February 2023.

85 Interviews with academics 1 and 2, February and March 2023; Wilhelm et al., "Measuring the Burden of Infodemics."

86 WHO, "An Ad Hoc WHO Technical Consultation Managing the COVID-19 Infodemic"; Interview with academic 1, March 9, 2023; Interview with UN officials 6 and 7, March 13, 2023.

87 See, for example: Melisa Basol et al, "Towards Psychological Herd Immunity: Cross-cultural Evidence for Two Prebunking Interventions against COVID-19 Misinformation," *Big Data & Society* 8 no. 1 (2021).

change can be measured using surveys of large populations, measuring behavioral change (e.g., increased mask-wearing or vaccine uptake) requires localized assessments and tends to be more anecdotal.[88] With some exceptions, assessments also tend to focus on online rather than offline impacts, often in partnership with tech platforms, as online impacts are easier to measure. For example, some tech platforms have offered A/B testing and internal metrics to help the UN gage the impact of messaging efforts during the infodemic.[89] Some researchers have criticized these metrics for lacking real-world relevance, and overall, data sharing between platforms and external partners remains limited.[90]

A more general challenge to understanding the impact of infodemic management is that research on mis- and disinformation has heavily focused on the Global North. While WHO strived for balanced geographic representation in the Infodemiology Conference and other global convenings, the researchers studying these issues are largely based in the Global North and have focused on the impacts of mis- and disinformation on audiences in the Global North. The scope and impact of the infodemic in non-English-speaking developing countries remains understudied.[91]

Conclusion

While WHO has declared an end to the emergency phase of the COVID-19 pandemic, the infodemic is ongoing, and many of its root causes remain, including broader vulnerabilities in the information environment.[92] In fact, with the rapid advancement of artificial intelligence–enabled technologies such as generative AI, the information environment may be becoming even more fertile for infodemics and other information disorders. The COVID-19 infodemic has also done long-term damage to the broader information environment, including by decreasing confidence in childhood

vaccines and public health officials. Moreover, the COVID-19 infodemic is not the only infodemic; in the past couple of years, there have also been smaller-scale infodemics around diseases such as monkeypox, Ebola, and cholera. All these infodemics are also related to mis- and disinformation on other topics, including the climate crisis, which is increasingly the subject of false and misleading claims.

The human resources, technological tools, guidance documents, trainings, and partnerships that have been developed to address the COVID-19 infodemic provide the UN with a critical infrastructure to prevent and respond to these ongoing challenges. The UN is already adapting this infrastructure to address challenges beyond the COVID-19 infodemic. In fact, many of the UN initiatives that arose in response to COVID-19 were conceptualized more broadly from the start. For example, WHO's infodemic management team and the Africa Infodemic Response Alliance are mandated to address all infodemics and have already been working on monkeypox and cholera. UNICEF is monitoring and combating mis- and disinformation not just about the COVID-19 vaccine but also about dozens of other vaccines. Even initiatives that did start off focusing on COVID-19 can be adapted and built upon. For example, the Verified initiative is considering broadening its efforts to cover other topics, including climate-related mis- and disinformation.

The UN's infodemic response thus finds itself at a pivotal point: Due to donor fatigue around COVID-19, funding for the infodemic response is falling while the need for a robust infrastructure to address infodemics and other information disorders may be increasing.[93] As short-term, emergency funding focused on COVID-19 runs out, it is important to continue supporting infodemic response teams and programs through long-term, nonemergency funding. And as infodemic response teams and programs continue to look

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88 Interview with UN officials 3 and 4, March 2023.

89 Interviews with UN officials 2, 5, 6, and 7, February and March 2023.

90 Interview with academic 2, March 2023.

91 Interview with academic 1, March 2023.

92 WHO declared an end to the COVID-19 pandemic emergency on May 5, 2023.

93 This also reflects broader concerns about insufficient preparations for the next pandemic. See: Ellen Johnson Sirleaf and Helen Clark, "Transforming or Tinkering? Inaction Lays the Groundwork for Another Pandemic," Independent Panel for Pandemic Preparedness and Response, May 2022.

beyond COVID-19, interagency coordination will become even more important to ensure the UN has a coherent approach to all types of information disorders. Toward this end, UN entities working to address the infodemic and other information disorders should consider the following:

- **Developing a shared understanding of the infodemic and other information disorders:** A critical first step toward developing a cohesive, system-wide approach to the infodemic and to information disorders more broadly would be to develop a shared understanding of the issue. The UN lacks a system-wide perspective on how information disorders interact with the mandates of individual UN entities. UN entities should thus engage in a consultative process to define the specific harms information disorders produce in relation to each of their mandates. This would highlight the comparative advantages and role of the UN system as a whole and of individual UN entities in addressing information disorders, revealing existing capacities, gaps, and opportunities.

  Understanding the harms they are aiming to mitigate would also give UN entities a clearer idea of what success would look like in the short, medium, and long term, allowing them to monitor and evaluate their progress more effectively. As they build a stronger evidence base for how they are mitigating concrete harms, UN entities could also more easily make the case for donors to provide sustainable funding and for UN leadership to spearhead the development of a long-term, system-wide strategy for building information resilience.[94]

- **Sustaining or building capacity to counter infodemics and other information disorders:** The UN developed crucial competencies to counter the infodemic that risk being rolled back as emergency funding ends and staffing is reduced. UN entities, with support from member states, should ensure that communi-

> Due to donor fatigue around COVID-19, funding for the infodemic response is falling even while the need for a robust infrastructure to address infodemics and other information disorders may be increasing.

cations departments have the staffing, resources, and tools to develop long-term strategies to build information resilience, keep up to date with rapidly emerging information technologies, prepare for future infodemics, and engage in two-way communications with members of the public. In DGC, the proposed Information Integrity Unit could help in this regard.

However, infodemics and information disorders require the involvement of all staff, not just communications staff, especially to conduct the community engagement required to monitor and respond to harmful information in-person. All staff, including senior leaders, would benefit from training that helps them understand the impact of contemporary information environments on their work.

- **Adopting a more standardized approach to the use of new technologies and engagement with tech platforms:** UN entities should collaborate to develop clear standards for acquiring social-listening tools, ensuring data privacy, and using these tools in monitoring and evaluation. They should also collaborate on developing tools in-house that are more tailored to their needs and promote the uptake of tools that have been developed. Social-listening technology is not a panacea, however; it is only useful if staff are trained to analyze the information gathered and if it is complemented by offline methods of information gathering.

The UN also needs a more coherent approach to engagement with tech platforms. While a single point of contact is unrealistic, the UN Secretariat should issue clear guidelines for how the UN system should engage with platforms. This could help the UN better communicate with these platforms about the impacts of information disorders on communities around the world, especially in the Global South; promote data sharing, the

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94 Similar recommendations were made at the Fifth Infodemic Management Conference. See: Wilhelm et al., "Measuring the Burden of Infodemics."

protection of digital rights, and content moderation; and negotiate arrangements to promote high-quality information online.

- **Building long-term resilience to infodemics and other information disorders:** UN member states should be at the forefront of managing information disorders. The UN should thus continue building the capacity of national authorities to respond and provide the public with accurate and understandable information during public health emergencies, as

well as other relevant crises. However, this requires being mindful that some government policies to address mis- and disinformation have undermined freedom of speech.[95] The UN thus needs to promote respect for human rights as part of these capacity-building efforts. The UN should also continue to ensure that its investments in information resilience go beyond governments to support strong, independent media with the capacity to provide high-quality information and reporting.

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95 See: UN Doc. A/HRC/47/25.

Annex: Timeline of key events in the first two years of the COVID-19 infodemic

Date	Key events in the UN infodemic response (key pandemic milestones in italics)
2019	
Dec. 27	*Novel COVID strain is identified by local health authorities in Wuhan, China*
Dec. 31	*WHO office in China is informed of COVID-19 cases*
2020	
Jan. 30	*WHO declares COVID-19 a Public Health Emergency of International Concern* WHO launches Information Network for Epidemics (EPI-WIN)
Mar. 11	*WHO declares COVID-19 a pandemic*
April 7–8	WHO hosts global consultation on managing the infodemic
May 4–31	WHO and UNESCO collaborate with Knight Center in conducting first of several online trainings for journalists reporting on COVID-19
May 19	World Health Assembly Resolution 73/1 identifies the infodemic as a core pillar of the strategy to combat the pandemic
May 21	UN DGC launches Verified initiative in partnership with Purpose
June 30	Verified initiative launches Pause Campaign
June 30–July 16	WHO hosts Infodemiology Conference
Sep. 23	WHO, UN, UNICEF, UNDP, UNESCO, UNAIDS, ITU, UN Global Pulse, and International Federation of Red Cross and Red Crescent Societies release joint statement on managing the COVID-19 infodemic
Oct. 20–Dec. 11	WHO organizes conference on whole-of-society challenges and solutions to respond to infodemics
Nov. 2–26	WHO holds first of several infodemic manager trainings (subsequent trainings held in June and December 2021)
Nov. 26	*WHO designates Omicron a "variant of concern"*
Dec. 3	WHO and partners launch Africa Infodemic Response Alliance
Dec. 14	*First COVID-19 vaccine is administered outside a clinical trial*
2021	
Jan. 29	WHO launches Early AI-supported Response with Social Listening (EARS) Platform
Feb. 2	WHO publishes public health research agenda for managing infodemics
Feb. 11	UNESCO and Chequeado launch PortalCheck in Latin America
Apr. 28	UNICEF and partners launch Vaccination Demand Observatory
May 4–31	WHO organizes conference on advances in social listening for public health
Sep. 20	WHO publishes competency framework for workforce response to infodemic management
Nov. 2–11	WHO organizes conference on quantifying the burden of the infodemic and effectiveness of mitigation interventions

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