

Standard Operating Procedure for Misinformation Management

Purpose

This Standard Operating Procedure (SOP) describes how misinformation is detected, assessed and reported. It also includes suggestions on engagement. This SOP will help to record new rumors and misinformation, verify and assess their impact, track trends and share intelligence between partners.

Scope

This SOP describes all the steps that need to be followed in managing misinformation and disinformation about immunization of children and adults conducted routinely and/or during campaigns. This SOP is not an SOP for Crisis Communication Response but can complement and adapted, if necessary.

Responsibility

It is the responsibility of the Manager/Head of the Misinformation Management Team to ensure that the following procedure is adhered to. Currently, the NSPHM is responsible to ensure the procedure. In future, the Communication specialist of the Ministry of Health will be responsible.

Procedure

Misinformation will be managed (detected, assessed, reported and responded) in four phases (Listen, Understand, Report and Engage).

1. Listen (Monitor)

- i. Monitor daily social media using TalkWalker (a social media monitoring tool) and Google Trends once in three months.
- ii. If official media channels publish information which raises concern about its authenticity and/or accuracy the information is transmitted to the fact-checking platform (StopFals) for verification.
- iii. Collect offline rumours and misinformation through focus group discussions with the identified target groups.
- iv. Register all rumors and misinformation in Rumor Log (Annex 1).

2. Understand

- i. Investigate and verify a rumor or misinformation for its origin (provenance), source, date, location, and motivation by answering the following questions:
 - a. **Provenance:** Is it the original account, article or piece of content?
 - b. **Source:** Who created the account or article, or captured the original piece of content?
 - c. **Date:** When was it created?
 - d. **Location:** Where was the account established, the website created, or the piece of content captured?
 - e. **Motivation:** Why was the account established, the website created, or the piece of content captured?
- ii. Use a library of factual information on immunization calendar, vaccines, and vaccine administration (provided by ANSP) and verify this information with experts for accuracy. This will help to unpack a specific rumor and deepen the understanding why the rumor is circulating.
- iii. Assess the potential impact of a rumor or misinformation using Fig. 1 and Questions and Evaluation matrix (Annex 2) to identify if a response is required.

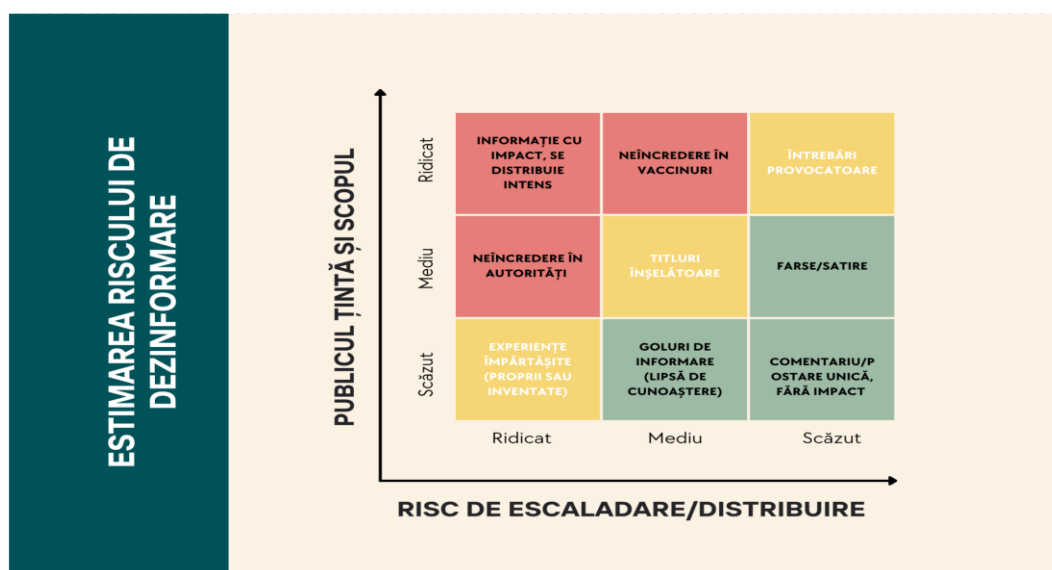


Figure 1. Estimating the risk of misinformation

- iv. Depending on the risk of misinformation the following steps be followed
 - a. If the risk of misinformation is low, the information is reviewed by the MMT and a decision for response is taken within one week.
 - b. If the risk is medium, MMT reviews and makes a decision on response within 72 hours.

- c. If the risk is high, the MMT convenes and proposes to respond within 24-48 hours.
- v. Subsequently, all cases of misinformation are assessed and included in the regular social listening reports.

3. Report

- i. Develop insights and actionable reports focusing on the following:
 - Examples of misinformation/disinformation relating to the immunization issue (vaccine, vaccine administration, etc.), including where and how it is circulating.
 - Key interactions and engagements, including who is picking it up and circulating it (journalists, influencers, known vaccine-critical accounts, etc.), in which networks or communities is it circulating, and who the audiences are.
 - What are the target audiences of the disinformation, what disinformation techniques are being used, and what are the possible motives of the authors or spreaders.
 - Trends and changes in tone and attitudes (can be enriched by any behavioral insights or polling data).
 - What is the potential impact of misinformation on the audience's attitudes and health behaviors.
 - A summary and actionable recommendations.
- ii. Share the reports with the Misinformation Management Team and other concerned stakeholders.

4. Engage

- i. The Misinformation Management Team will decide how to engage to respond to misinformation or rumors based on the risk assessment. The following chart provides guidance on engagement.

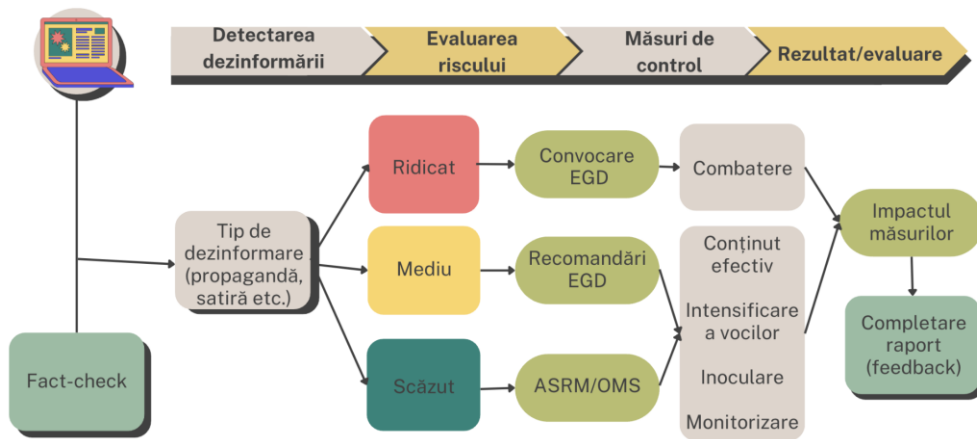


Figure 2. Managing misinformation

The management of misinformation follows the cycle: identification of rumors/misinformation (Listening), risk assessment (Understanding and Reporting), implementation of control measures (Engaging), and Result/assessment (Fig. 2), as described above.

Specific control measures are applied according to the estimated risk:

- In the case of identification of low risk - the information is transmitted to the group within the Association of Students and Residents in Medicine, managed by WHO, to provide correct information (comment with correct information and links to official sources), to intensify the voice of health professionals, or to inoculate messages that promote vaccination, as applicable. If the message is unique and is not commented/appreciated/distributed - it will only be monitored if it does not expand.
- In the case of medium risk, the Misinformation Management Team formulates recommendations for health authorities and partners. Thus, in addition to the comments offered by ASRM, official information from authorities or opinion leaders may be required for voice intensification or inoculation purposes.
- In case of high-risk - specific myths will be combated. (After each control measure is performed (intervention), the result is assessed and included in the following social listing reports.

Misinformation Management Team members will assess the risk of disinformation according to the matrix in Annex 2, depending on the risk of escalation/distribution and the target audience (number of targeted or trained population), and the goal pursued.

Useful resources:

<https://www.mdpi.com/2078-2489/13/3/128>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7967128/>

<https://www.gavi.org/sites/default/files/2021-06/Finding-the-Signal-Through-the-Noise.pdf>

<https://www.ncbi.nlm.nih.gov/books/NBK572168/>

ANNEX 1. RUMOUR AND MISINFORMATION LOG (Example)

RUMOUR OR MISINFORMATION REPORTED (brief description of rumour/misinformation <i>note down name of page webpage or social media group</i>)	RISK ASSESSMENT (<i>Low, Medium, High</i>)	RECOMMENDED RESPONSE	REMARKS AND RESULTS (<i>was the response, if any, effective</i>)

ANNEX 2. RISK EVALUATION MATRIX

Indicator	LOW RISK	MEDIUM RISK	HIGH RISK
Risk to vaccine hesitancy & demand	Low risk to vaccine demand	Potential to trigger hesitancy to vaccinate	Potential to lead to vaccine refusals of misinformation
Reach and scope	Limited potential reach or scope	Moderate potential reach or scope	Wide or cross-country reach or scope
Likelihood of issue spread or escalation	Unlikely to spread in community or online	Spreading in community and/or online	Spreading rapidly in community and online
Response capacity	Strong messaging and capacity in place	Limited existing messages and resources to manage crisis	Limited existing messages and capacity exceeded
General public trust	Remaining trust in government, health services, vaccines	Reduced trust in government, health services, vaccines	Outward displays of mistrust government, health services, vaccines
RESPONSE	Monitor closely, consider pre-bunking	Debunk, raise trusted voices	Debunk, raise trusted voices

QUESTIONS TO INFORM ASSESSMENT

- Would a response give oxygen to the misinformation, causing it to spread further?
- What happens if nothing is done?
- Are there other facts or events that you should wait for the outcome on before deciding? Is there additional expertise to be sought?
- What is the reach and scope of the misinformation?
- What is the likelihood of spread or escalation?
- Could it erode general trust in vaccination or in a specific vaccine?
- What is the capacity to respond?

ANNEX 3. TERMINOLOGY

Information	'Data with meaning': the basis of knowledge when it is resonant, actionable, trusted
Misinformation	False information that's shared by people who don't realize it is false and don't mean any harm, including vaccine proponents. Accidental falsehoods. Wrong or misleading information with the power to dilute, distract, distort.
Disinformation	Deliberately engineered and disseminated false information with malicious intent or to serve agendas. Deliberate, engineered falsehoods circulated with malicious intent or for the purpose of serving a personal, political or economic agenda.
Rumour	Unverified information: stories/reports that spread rapidly through a group or population. It can be true or false.
Propaganda	Transmission of biased or exaggerated information with the aim of influencing the public
Social Listening	Tracking of social media platforms (social networks, blogs, etc.) for mentions and conversations related to a particular topic, followed by analysis and response
Clickbait	Intentionally using misleading headlines to distract
Infodemic	An excessive amount of information about a problem that is typically unreliable, spreads rapidly, and makes a solution more difficult to achieve
Message bank	Key messages to be use in response to misinformation and disinformation