

Comprehensive training

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HOSTED BY GAVI, WHO, UNICEF & US CDC



Social listening and integrated analysis

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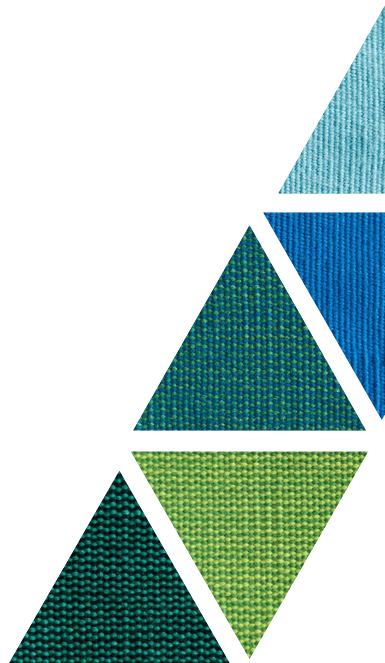
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Outline

- Learning objectives
- Key definitions
- Why we need social listening
- How to conduct social listening
- What is integrated analysis and why it is important
- Examples from the field
- 3 truths and best practices
- Navigating different operating environments
- Key References and Resources

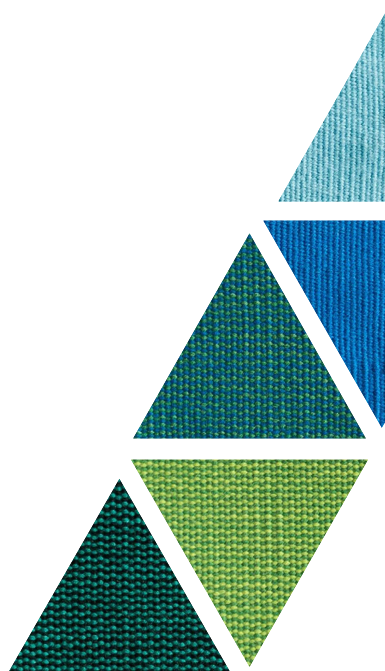


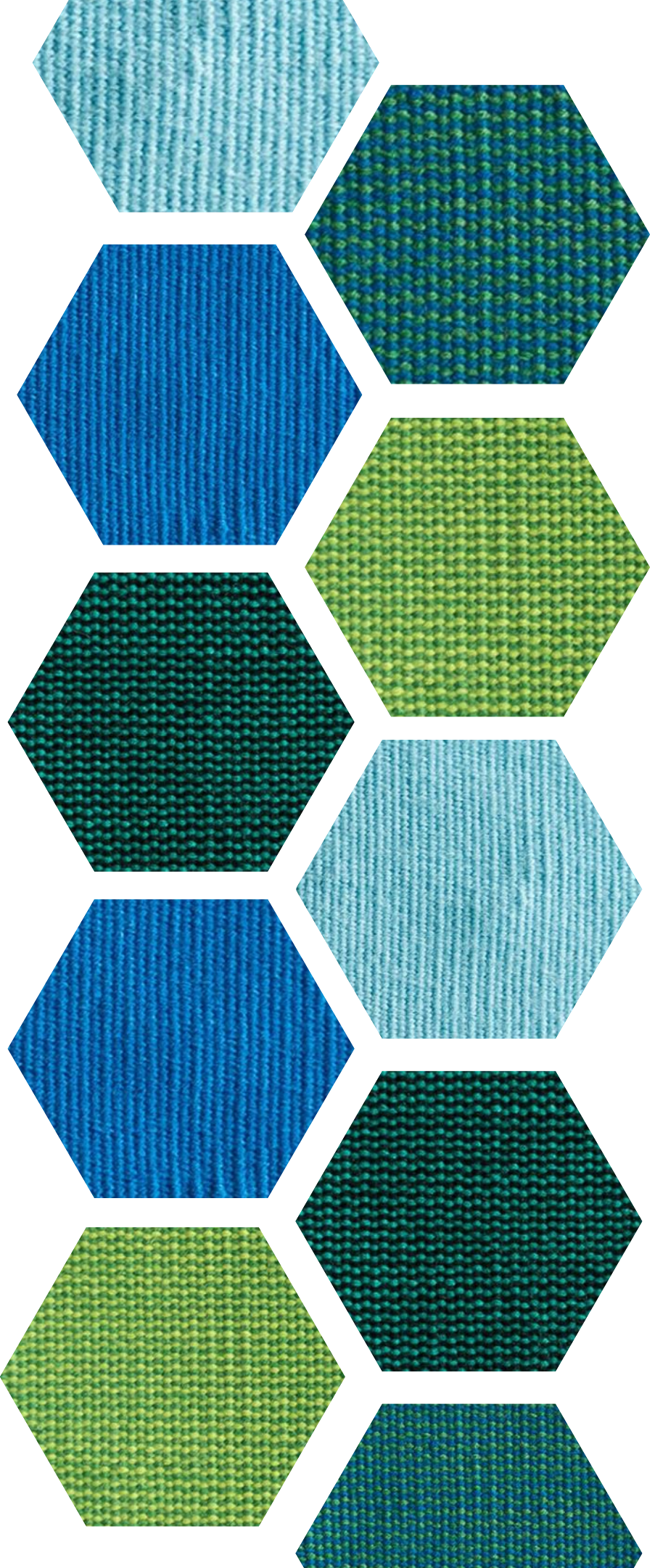


Learning objectives

By the end of this session participants will:

- Be able to describe what social listening is, how it is conducted, and how it fits within the overall infodemic management framework
- Understand what integrated analysis is, why it is needed to effectively address infodemics, and methodological considerations for conducting integrated analysis





Why do we need social listening?

Fitting transdisciplinary infodemic insights into health authority processes

Phase of epi curve

PREPARE AND MONITOR

DETECT AND INTERVENE

STRENGTHEN

1



Social listening to understand the public's questions, concerns, narratives and misinformation

2



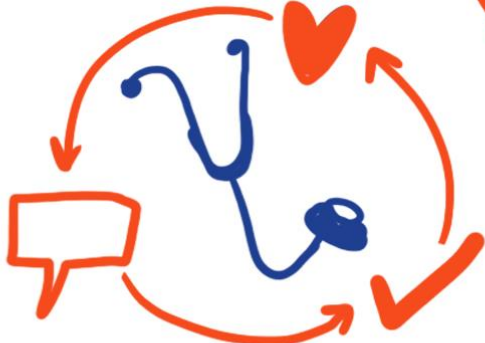
Delivering high quality health information and programming

3



Intervening through design, implementation and evaluation

4



Promoting and supporting resilience, healthy behaviors and community engagement

5



Strengthening preparedness, planning, policy and systems

ONGOING MONITORING, REAL TIME INSIGHTS AND STRATEGY REFINEMENT



Why do we need social listening activities?

- Our overall objective: the adoption of healthy behaviours
 - People are bombarded by information online and offline
 - Science generates evidence and changes knowledge slower than media and people need information confusion, distrust, vaccine acceptance to follow health authorities recommendations (PHSM, vaccines, etc)
- ⇒ Social listening helps us to understand questions, concerns, information voids and misinformation in a population on a health topic in order to design adequate interventions



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The infodemic affects everyone



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- The infodemic is not only about circulating misinformation or disinformation
- It is also about overload of information, outdated information, and information voids
- Isolated and vulnerable populations are particularly susceptible to the infodemic



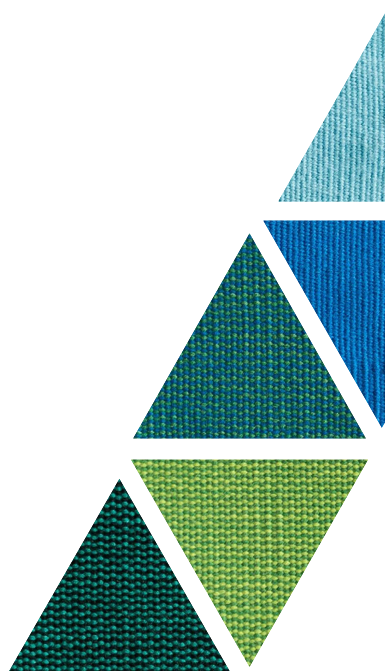
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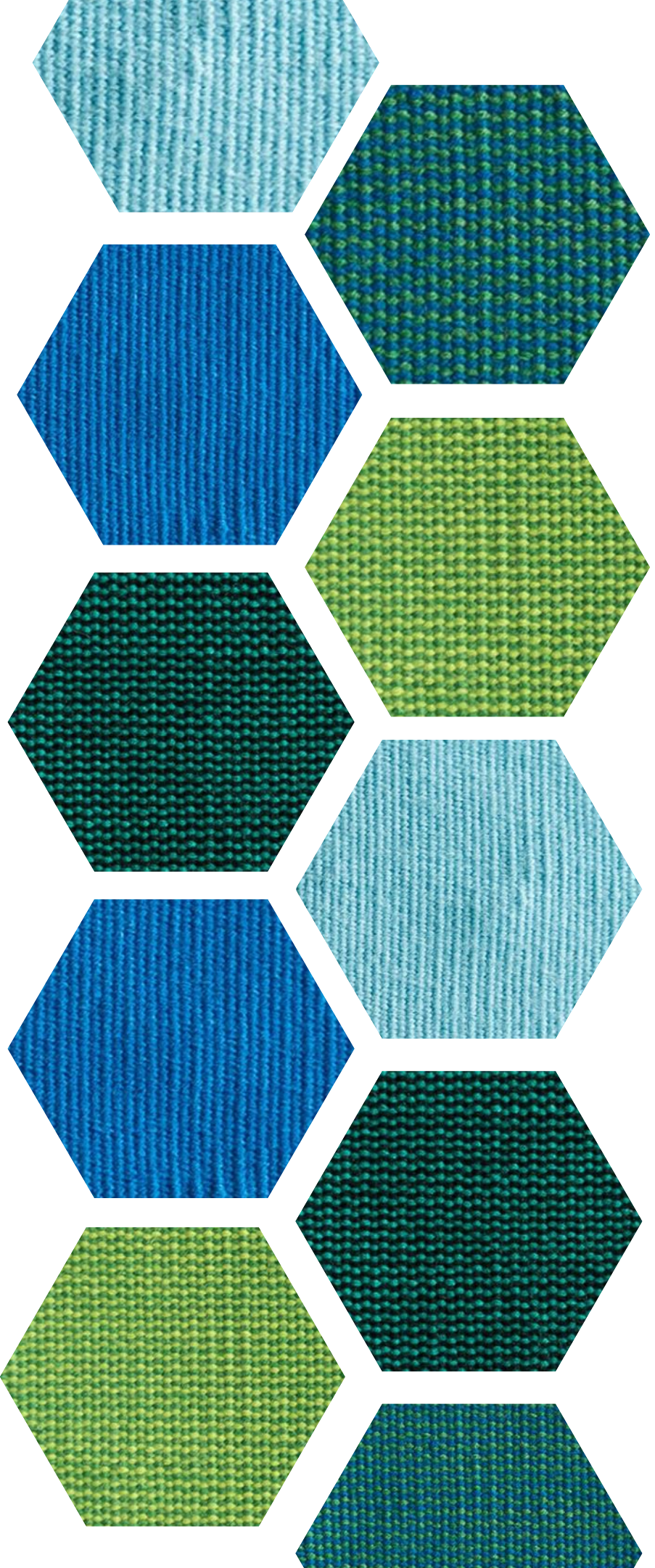
Social listening allows us to understand people's needs

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Looking back on the two past years, we've learned that we need to put infodemic insights into action at speed because people's questions and concerns and health programmatic actions are constantly shifting





The basics of conducting social listening

How do infodemic managers practice social listening?



- They identify questions and narratives where people are expressing concern, questions or confusion, or information voids where people lack reliable information
- They triangulate this with other sources analyze data with the goal to provide infodemic insights for proactive, not reactive action.

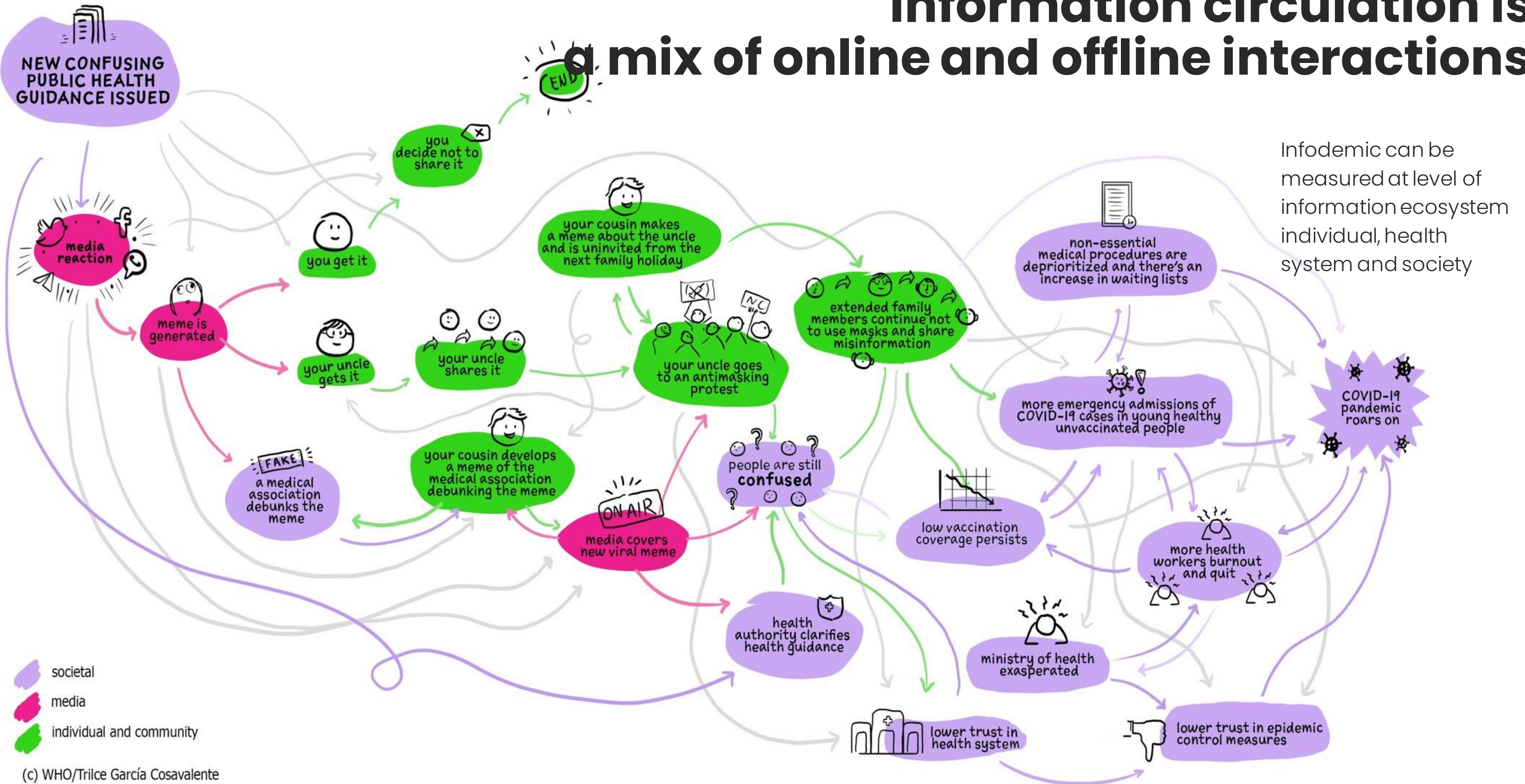
Identifying and acting on information voids is key

- Addressing information voids in higher priority than chasing rumors and misinformation
- Objective: proactively anticipating what people's concerns and questions are, so that our infodemic response efforts are meeting the needs of people at any one time.



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Information circulation is a mix of online and offline interactions



(c) WHO/Trilce García Cosvalente

What methods to choose for data collection?

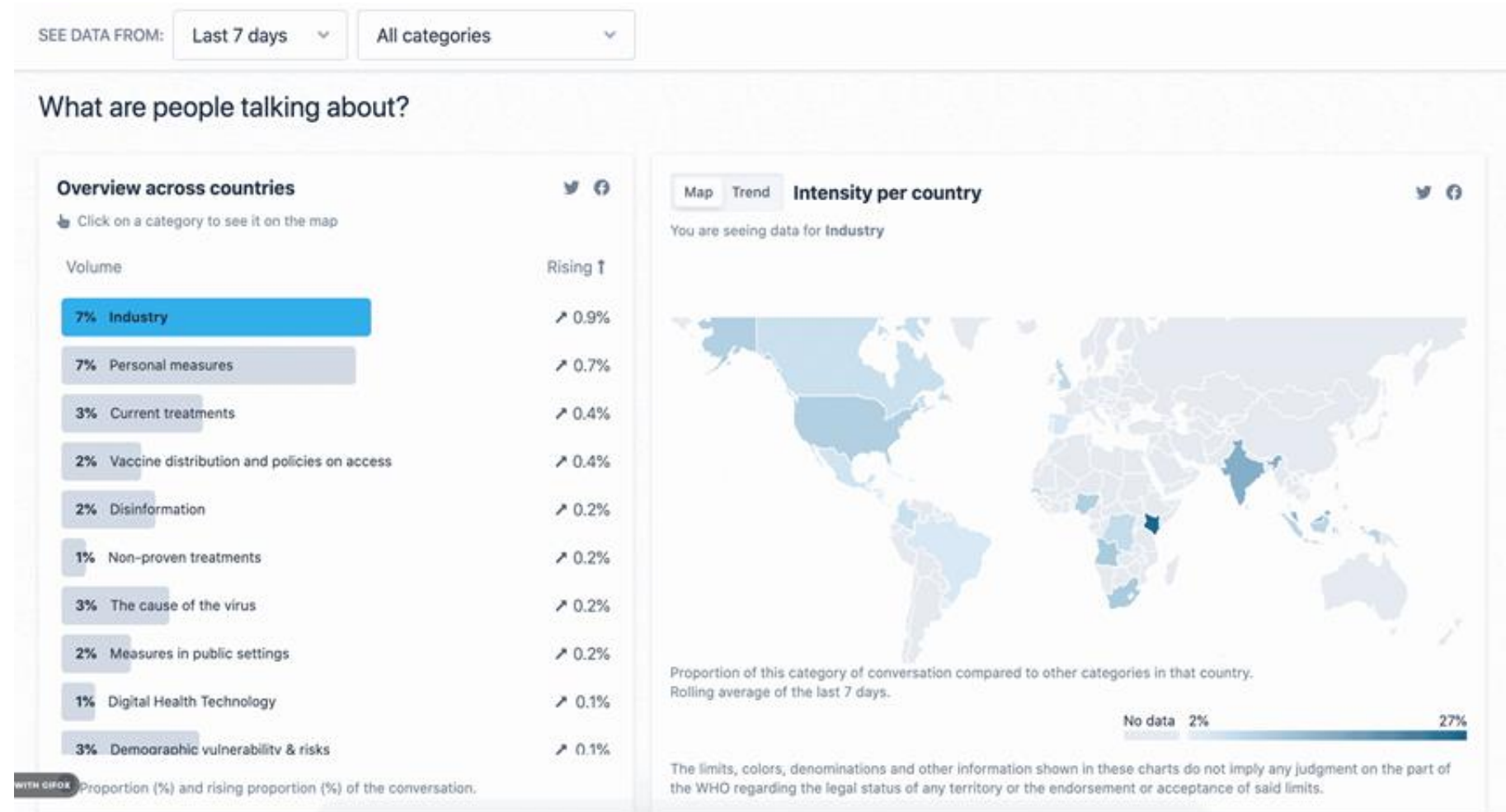
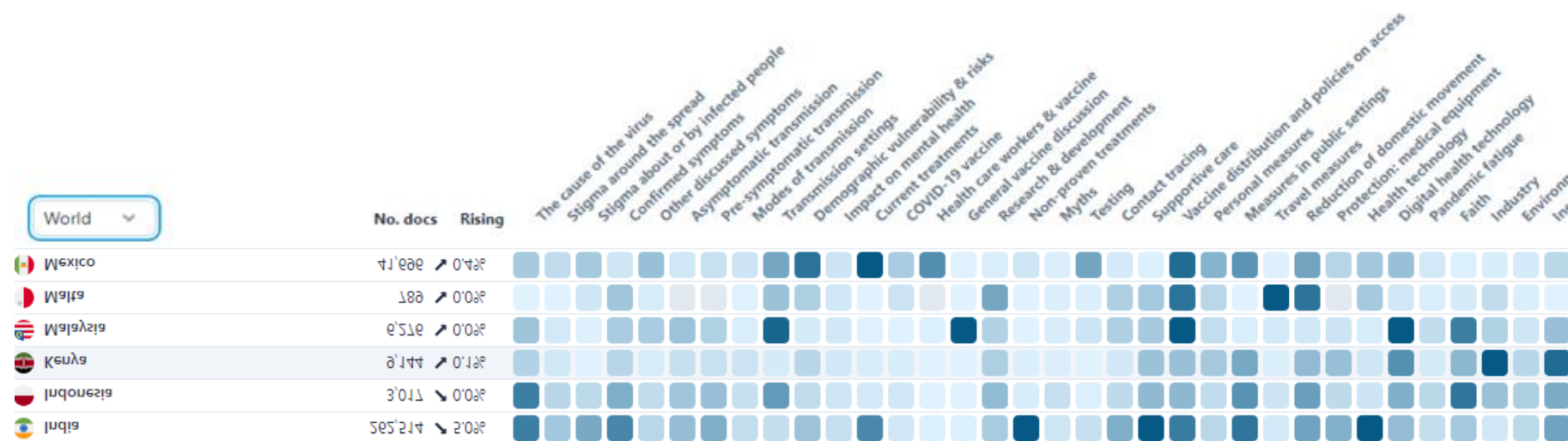


- community dipstick surveys
- surveys of users online (web site users, users of chatbots, etc)
- population surveys (via phone etc)
- community listening (offline)
- closed online groups (hotline reporting, lurking in groups, community informants)
- mobility surveys, social media and web metrics (in public health format, not for marketing/PR)

Social listening analytics to inform decision-makers

Click on a country to see its report

Compare according to Volume Rising Gender gap



Early AI-supported Response with Social Listening

COVID-19 Narratives of the General Public

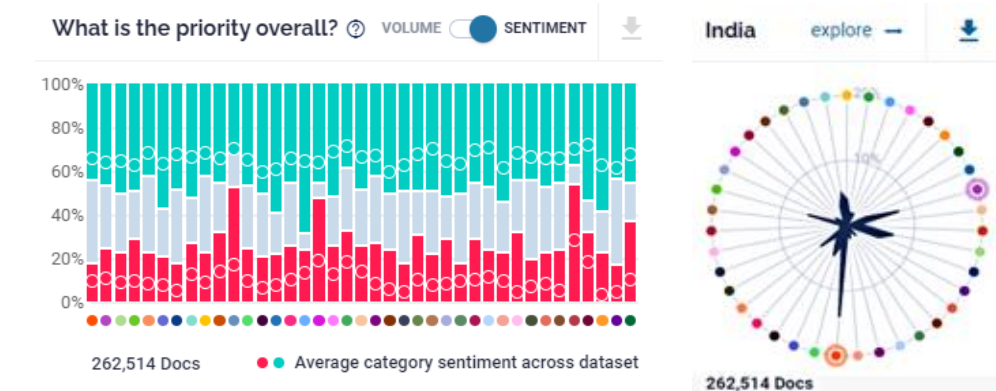
Real-time analysis allows for earlier response

New tools empower health professionals and help countries detect changing attitudes and critical information gaps; as well as surveys using big data and AI analytics for real-time, flexible, and locally adaptive digital intelligence.

SINCE 15 DECEMBER 2020

- 30 countries
- 9 languages analysed (EN, FR, ES, PT)
- 39 COVID-19 categories tracked
- Over 30 million posts analyzed

See whoinfodemic.citibeats.com



What methods to choose for data collection?

WARNING 1

Most digital social listening tools were designed for online marketing and need to be heavily modified for use for infodemic management in public health.



What methods to choose for data collection?

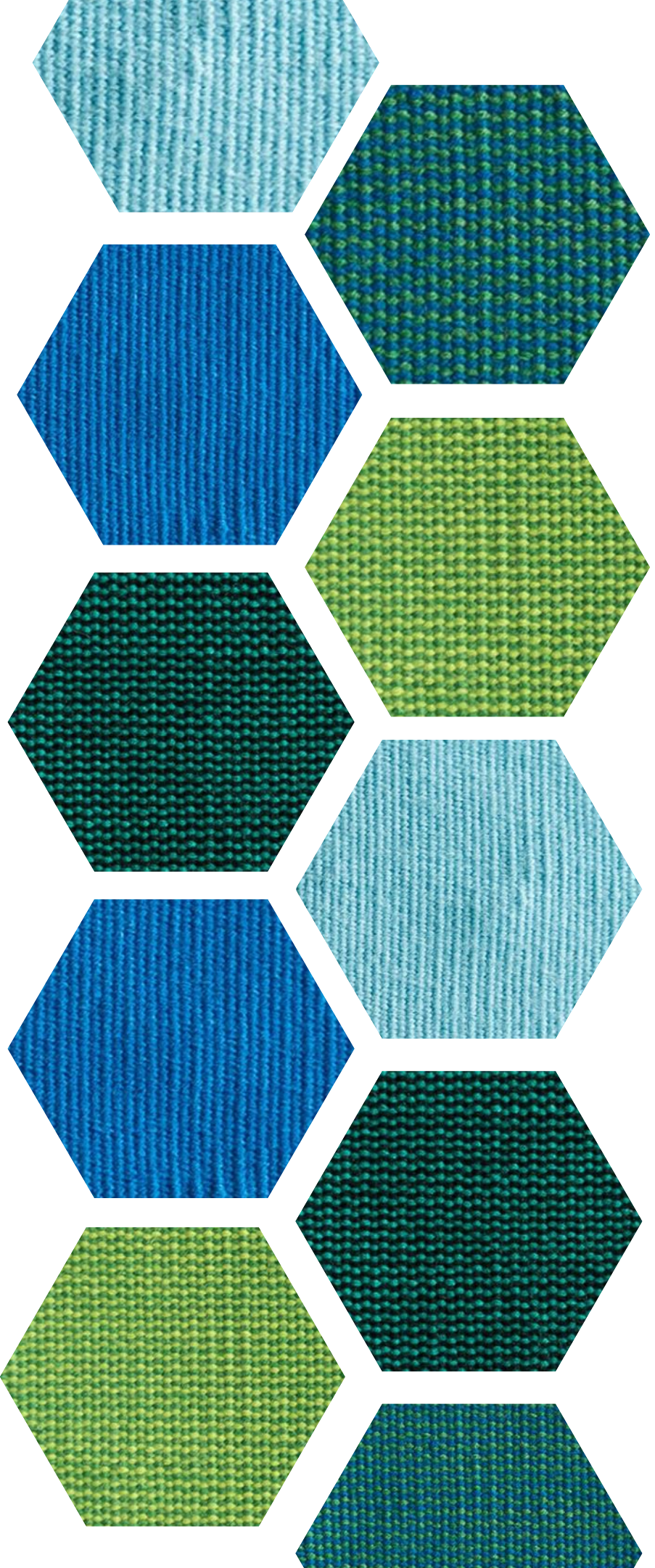


WARNING 1

Most digital social listening tools were designed for online marketing and need to be heavily modified for use for infodemic management in public health.

WARNING 2

Be comfortable that you will work with imperfect data:
Integrate social listening data with other sources that indicate people's behaviors, attitudes, or health outcomes.



What is integrated analysis and why it is important

Integrated analysis is triangulation of data and synthesis of insights to inform action

- In a nutshell, integrated analysis is a process for synthesizing multiple data inputs and identifying themes through a consensus-building process
- Its overarching goal is to produce actionable insights that are grounded in data as much as possible to guide intervention development
- To better understand integrated analysis, we need to discuss why it's so important for successful infodemic management...



Digital social listening has inherent limitations and should not be the only source of data

- Most digital social listening tools were designed for online marketing and need to be modified to be useful for IM
- Most of the time, only data that are publicly available on select social media platforms are collected
- There is a tendency to rely on a “magic” dashboard without interpretation of data by human analysts



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Offline data sources are often underutilized or unused in infodemic management

- There is a common misperception that IM only involves looking at online information environment, leading to exclusion of other important data inputs
- Even if offline data are considered, there's a tendency to rely on KAP surveys, which are:
 - Expensive
 - Time-consuming and resource intensive
 - Cross-sectional and not always suitable for prolonged emergencies during which people's attitudes and behaviors change



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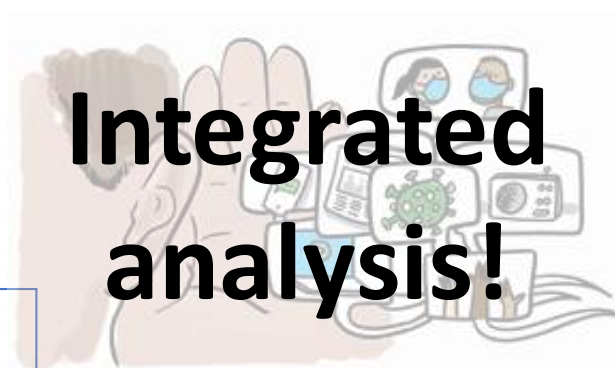
To overcome these limitations, we need to start thinking more broadly about data inputs and domains

Data inputs/collection methods

Community dipstick surveys
Community listening sessions or townhalls
Hotline call logs
Mobility data
Key informant interviews
Surveys of users online (users of chatbots etc.)
Observation of closed online groups
Web metrics (website traffic data, search patterns)
Social media posts and engagement
Etc...

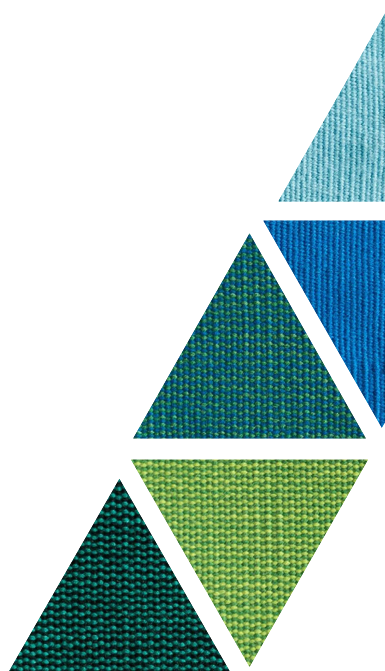
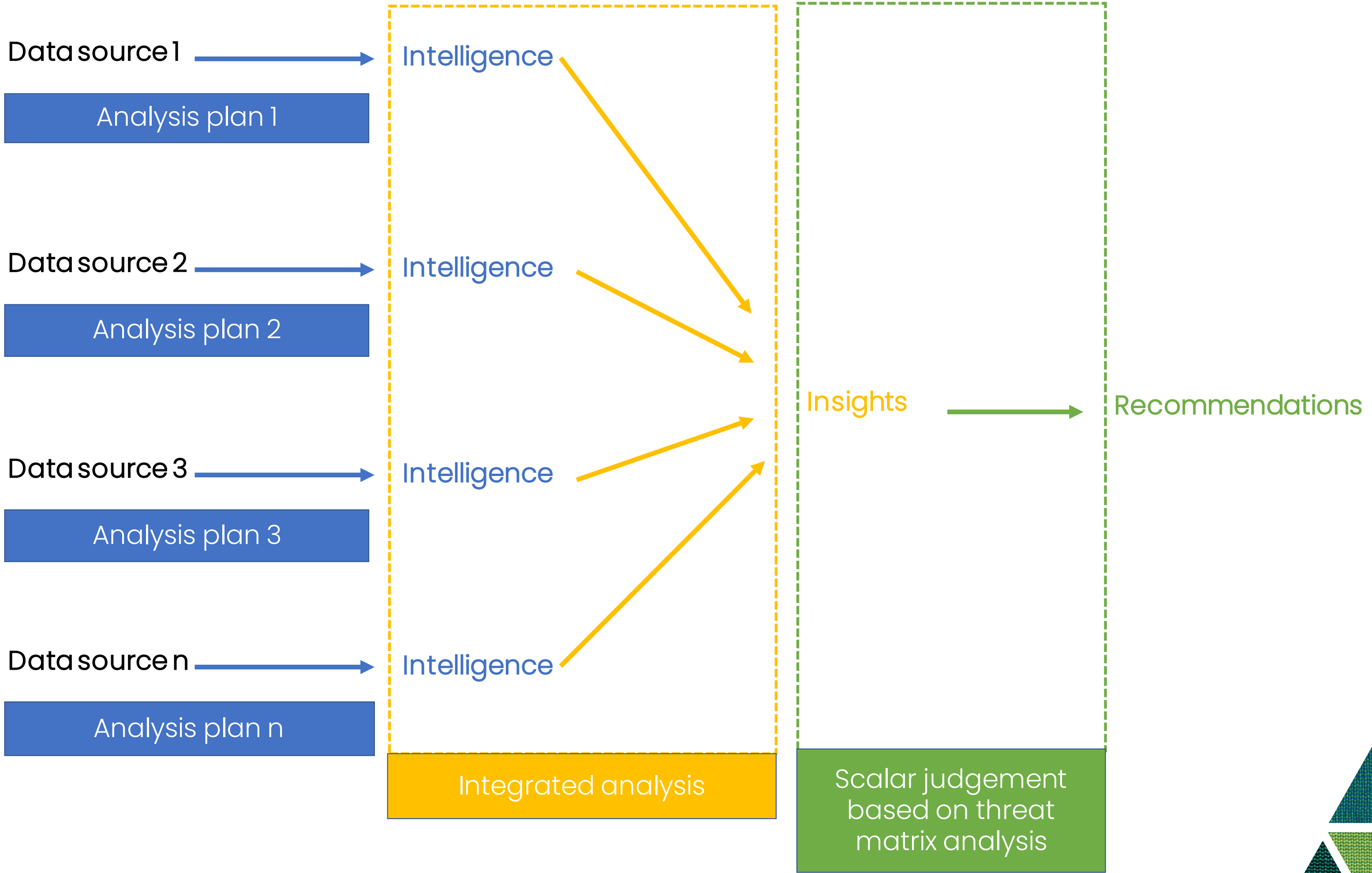
Domains and questions to explore

Where are the information voids?
How is official guidance being shared, discussed, interpreted, remixed?
How are people behaving or signaling related to recommended health behavior?
What (and why) are people confused, anxious, angry, or happy about?
What do people know?
What are people's perceptions?
What efforts by health authorities are (not) working and why?
What are the internal pain points within health system or emergency response that make it difficult to update communications and programming?
Etc...



Integrated analysis!

Domains of data sources: individual and community sentiment, socio-behavioral insights, identifying information voids, communicating health guidance and societal reaction, signaling and public behavior in relation to health guidance, health authority activities for health behavior promotion, health system pain points



Considerations for integrated analysis

Think broadly about existing data sources that may be available to you

Routine demographic and health surveys

Microplans

Communications and demand strategy documents

Marketing or communication campaign performance data

Campaign monitoring data

Socio-behavioral assessments / KAP surveys

Peer-reviewed and gray lit papers on population of focus

Social media analytics

Online search trends

Media monitoring report

COVID-19 hotline call logs

Social media comments

Q&A from recently recorded community meeting

Email inquiries

Polls/surveys

Customer satisfaction survey

Exit interviews

Maps

Field epidemiology reports

Intra and after action reports



Considerations for integrated analysis

Plan integrated analysis based on programmatic needs

- Beware of being a data hamster – avoid duplicating data that already exist or collect data just for the sake of it
- Set your objectives and research questions and collect data accordingly
- Emphasize data for action that can offer relevant insights quickly



Considerations for integrated analysis

Diversify data inputs as much as possible according to your objectives

- Explore as many data sources as possible, as long as they are relevant to your research questions (and as your team's capacity allows)
- Be aware of limitations of each data source
- If possible, assign team members to specific data sources to track and monitor regularly and develop a standard way of doing so (e.g., SOP)

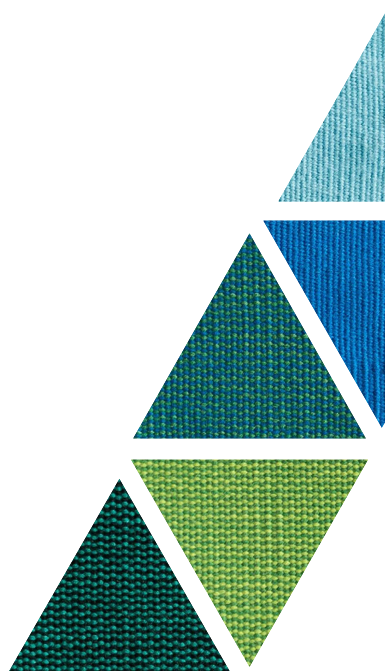


Theme Identification and Triangulation

Adapted established methods from qualitative data analysis, including different **techniques to identify themes** (Ryan and Bernard, 2003):

- **Repetition**: Themes that come up again and again across our data inputs
- **Similarities and Differences**: Data points that differ or are similar to what came before
- **Indigenous Categories**: Technical or slang-sounding terms that are used in new or unique ways by the community under study
- **Missing Data**: What should or could be talked about but is not, such as:
 - When media reports on a development but social media is quiet on it or
 - When a discussion about a development is missing critical information that exists (helping us identify information gaps)

Ryan GW, Bernard HR. Techniques to Identify Themes. *Field Methods*. 2003;15(1):85-109.



Considerations for creating your own scalar judgement or threat matrix

- **What data sources are you using in your report?** For example, if you do not have any data measuring reach or volume, it would not be possible to determine threat levels based on these indicators. Similarly, it would be difficult to say if a narrative is increasing if you only have qualitative data.
- **What public health program or disease area are you delivering IM insights for?** If your IM reports are focused on a specific public health program, the different needs or priorities of the program would help you conceptualize threat levels (e.g., how does this affect vaccine demand?). There are also other relevant considerations such as vulnerable or at-risk communities specific to your program/disease of focus.
- **How often are your IM reports delivered?** To classify themes based on how they change over time, it could be helpful to think about reporting frequency. For example, a narrative categorized as “emerging” in a weekly report should be interpreted and explained differently than how it would be used in a bimonthly report.
- **How does your categorization or classification help generate recommendations or next steps?** To make your threat matrix/classification system as useful as possible, it is helpful to think about how each category in your matrix/system can inform what you recommend to the audience of your report. For example, what does one need to do differently to address a stable and medium risk narrative, compared to an increasing narrative that is high risk?



Example from the Field: US CDC COVID-19 State of Vaccine Confidence Insights Report

- Quantitative/qualitative analysis of numerous data sources and media sources (ex: digital media, social media, CDC-Info)
- Themes created across data sources
- Coded
 - relative threat to vaccine uptake information spread
- Recommendations for action identified for each theme.





Type	Input	Cadence	Sources	Tactics for Utilization
Social Media Listening & Media Monitoring	Communication Surveillance Report	Daily on weekdays	<ul style="list-style-type: none"> Google news Meltwater CrowdTangle Native platform searches 	<ul style="list-style-type: none"> Share of voice topic analysis to identify themes Emerging topics
	Meltwater	Daily	<ul style="list-style-type: none"> Facebook, Twitter, Instagram Blogs News media Online forums 	<ul style="list-style-type: none"> Share of voice topic analysis Emerging theme topics Identify high reach/velocity topics
	OADC Channel Comment Analysis	Daily on weekdays	<ul style="list-style-type: none"> Native platform searches 	<ul style="list-style-type: none"> Sentiment analysis Identify message gaps/voids
Direct Reports	CDC-INFO Metrics	Weekly	<ul style="list-style-type: none"> CDC-INFO inquiry line list Prepared response (PR) usage report 	<ul style="list-style-type: none"> Cross-compare PR usage with inquiry theme analysis Sentiment analysis Identify information gaps/voids
	VTF Media Requests	Weekly	<ul style="list-style-type: none"> Media request line list 	<ul style="list-style-type: none"> Leading indicator for news coverage Identify information gaps/voids
	Web Metrics	Weekly	<ul style="list-style-type: none"> Top pages Google search queries Top FAQs Referring domains 	<ul style="list-style-type: none"> Identify information gaps/voids, Identify keywords/search terms, changes in web traffic
Research	Poll Review	Weekly	<ul style="list-style-type: none"> Harris Poll, PEW research, Gallup Poll, KFF New data related to vaccine hesitancy 	<ul style="list-style-type: none"> Identify socio-behavioral indicators related to motivation and intention to vaccinate
	Literature Review	Weekly	<ul style="list-style-type: none"> PubMed, LitCovid, ProQuest Central New data related to vaccine hesitancy 	<ul style="list-style-type: none"> Identify current vaccination intention Identify barriers to vaccination
Third Party Reports	Tanaq Social Listening +Media Monitoring Report	Weekly	<ul style="list-style-type: none"> Meltwater Sprout Social First Draft Native platform searches 	<ul style="list-style-type: none"> Trending topics Demographic and geographic conversation monitoring
	CrowdTangle content insights report	Biweekly	<ul style="list-style-type: none"> Facebook 	<ul style="list-style-type: none"> Top pages (voices), groups General trends/sentiment analysis News analysis through posts
	First Draft News Vaccine Misinformation Insights Report	Monthly	<ul style="list-style-type: none"> Proprietary methods 	<ul style="list-style-type: none"> Media trends analysis Emerging threats and data deficits Online vaccine narratives
	Project VCTR	Weekly	<ul style="list-style-type: none"> Proprietary methods 	<ul style="list-style-type: none"> National and regional trends in negative attitudes toward vaccination Conversations around Legislation




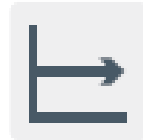

Example from the Field: US CDC COVID-19 State of Vaccine Confidence Insights Report

Vaccine Confidence Threat Classification Matrix

Theme Classification

How do you classify this theme/information?			
High risk	Moderate risk	Low risk	Positive sentiment
 <ul style="list-style-type: none"> May lead to vaccine refusals and decreased uptake Wide reach, pervasive 	 <ul style="list-style-type: none"> Potential to trigger hesitancy to vaccination Moderate reach, modest dissemination 	 <ul style="list-style-type: none"> Concerning, but low risk to vaccine confidence Limited reach, limited dissemination 	 <ul style="list-style-type: none"> Could increase vaccine confidence, intent, or motivation Variable reach and dissemination

How has this theme/idea changed over time (since last report or over the course of multiple reports)?

 <p>Increasing Information spreading rapidly</p>	 <p>Stable Information remaining constant at prior level</p>	 <p>Decreasing Information is not gaining further traction and there has been no indication of additional activity</p>
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Example from the Field: WHO Weekly Infodemic Management Insights Reports

Step 1

Input:

Weekly, a sample of 20 million content items about COVID-19 from open online sources in 14 languages

Analysis:

Identification, aggregation and categorization of narratives, questions and sentiment into 35 categories of narratives as per public health COVID-19 conversation taxonomy using NLP and AI.

Output:

Classified dataset, presented in Tableau dashboard

Step 2

Input:

Dataset classified into 35 categories of COVID-19 conversations

Analysis:

Qualitative analysis by human analysts of week-on-week comparisons and changes in narrative categories and sentiment. Identification of information voids by velocity, confusion, questions, and emergence of misinformation.

Output:

Weekly 50-page infodemic intelligence report and executive summary text message.

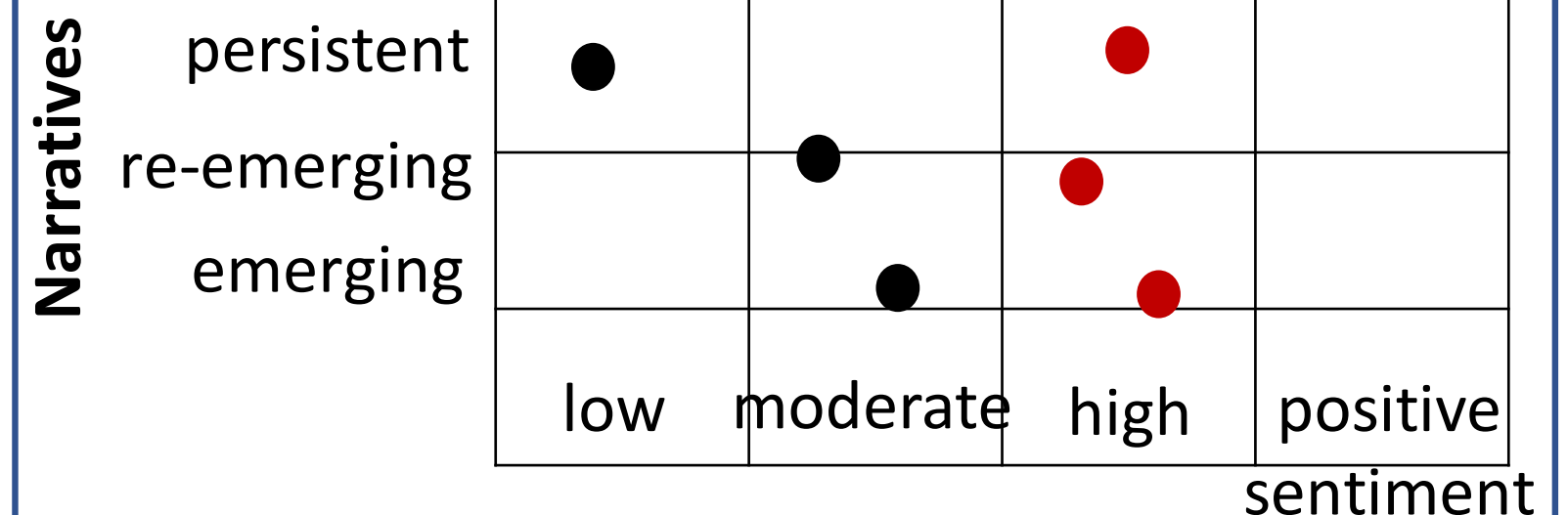
Step 3

Input:

Infodemic intelligence, search patterns, epidemiological and behavioral data, offline data sources

Analysis:

1. Integrated analysis of intelligence from included data sources through theme identification in narratives and issues, to develop insights.
2. Expert judgement applying scalar values to each insight/each thematic narrative based on threat matrix. Identify three priority narratives and derive recommendations for them.



Output:

One page action memo.

Example from the Field: WHO Weekly Infodemic Management Insights Reports



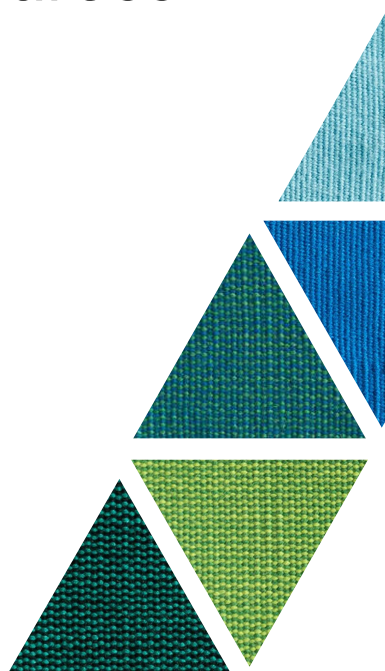
A new narrative (or an existing narrative with new changes significant enough to warrant a different response) not previously identified in past weekly reports; may require development of new information materials or further analysis



A previously identified narrative that continuously drives online conversations across multiple reports, without any significant changes in volume or velocity; may indicate an ongoing deficit in addressing information voids



A previously identified narrative that resurfaces after being absent (or low in volume) for multiple weeks; may flag potential challenges that the current approaches need to address more effectively

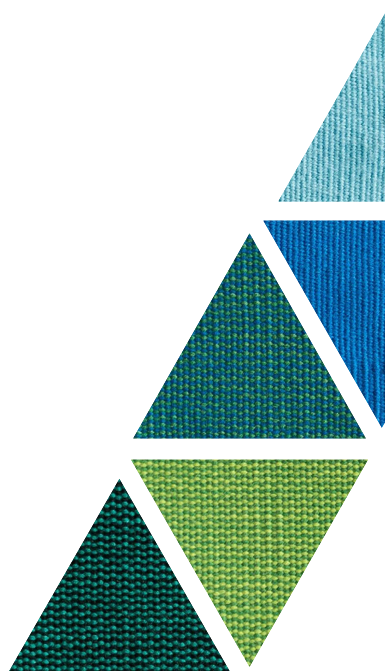




3 Truths in Addressing Social Listening and Integrated Analysis in the Field

Guiding Principles for Practitioners:

1. Social listening is a **process**, not an end product – it needs to inform action!
2. **Diversify** your data sources as much as possible, including existing data sources other colleagues may have access to
3. There is **no magic dashboard** because analysis can only be integrated by humans

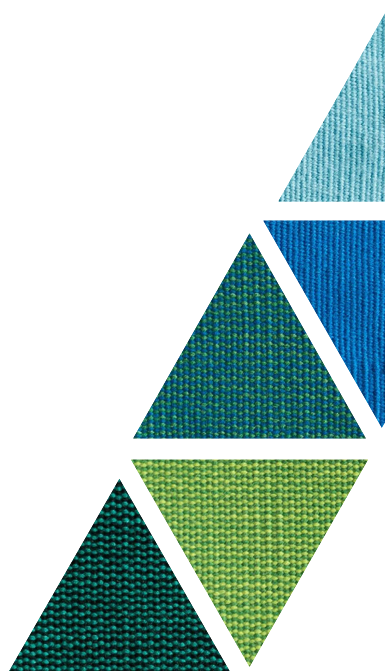




3 Best Practices in Addressing Social Listening and Integrated Analysis in the Field

Tools/Guidance Used by Practitioners:

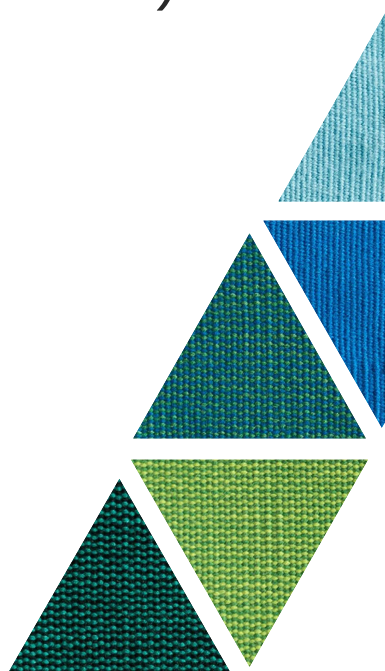
1. Start with an **analysis plan** that is based on your programmatic needs
2. You should create your own **infodemic manager network** because partners are essential to your job
3. Consider creating your own **risk scalar judgement** or theme categorization matrix to streamline your process of generating recommendations





Example metrics and measures in social listening

- **# of engagements:** Reactions by users that are captured
 - (e.g. likes, shares, ratings, comments)
- **# impressions:** How often a piece of content is displayed to users
- **# mentions:** How often a keyword appears
- **Velocity:** Change in engagement and narratives over time compared to previous unit of measure
- **Online observations:** Structured observations of online content and reactions by users in a specific online community
- **Web analytics:** Built in data capture and analysis of use of webpages or social media channels (e.g. search patterns, keyword use, bounce rate, popularity, document downloads)
- **Geolocation data:** Change in movement of people based on mobile phone location
- **Call center logs:** Records from hotlines for public health questions and concerns
- **Community listening:** Capturing qualitative information from target audiences about a specific health topic to understand questions, concerns and rumors

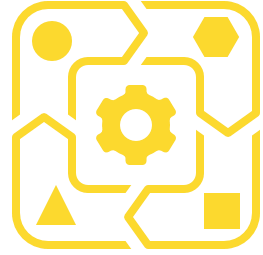


Considerations for different operating environments:



- Try to focus on utilizing existing data sources and focusing on understanding most vulnerable populations
- Leverage partners and their data sources where possible! If you conduct an analysis with many data sources from partners, you can add value by reporting out new insights to them for them to use.
- Work to add more data sources, especially those with better access to vulnerable populations
- Set up an IM team with dedicated staff for social listening (e.g. analysts focused on specific data sources)
- Actively work to create demand for insights products
- Develop new data sources where you have limited availability; consider investing in routine data sources and in representative data collection
- Regularly assess the needs of insights report stakeholders in insights products and modify accordingly
- Work with communications and program staff to develop improved messages and actions based on social listening insights (better linkage to step #2 for improved communication and program implementation)





Key resources, guidance and tools

Guidance

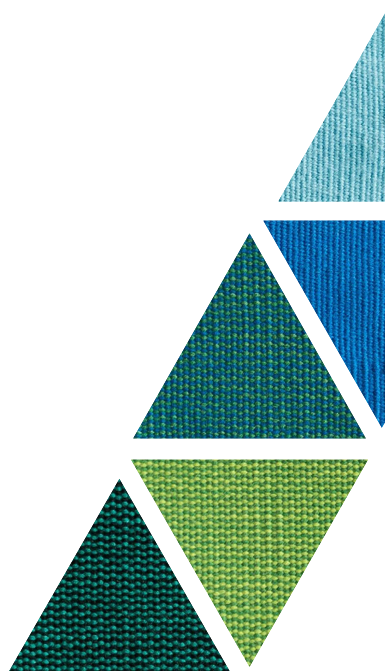
- WHO Infodemic health topic [page](#)
- First Draft [vaccines and misinformation resources](#)
- UNICEF [vaccine misinformation field guide](#)
- US CDC addressing vaccine misinformation [page](#)

Tools (available today)

- [Vaccination Demand Observatory](#)
- [EARS](#)

Readings/Videos

- [Infodemic Signal Detection During the COVID-19 Pandemic: Development of a Methodology for Identifying Potential Information Voids in Online Conversations](#)
- [4th WHO Infodemic Management Conference, May 2022 – Advances in Social Listening for Public Health](#)
- Subscribe to [WHO Infodemic Management Newsflash](#)
- <https://infodemiology.jmir.org/2022/2/e38343>



Group work



Atsuyoshi Ishizumi

Infodemic Management Team

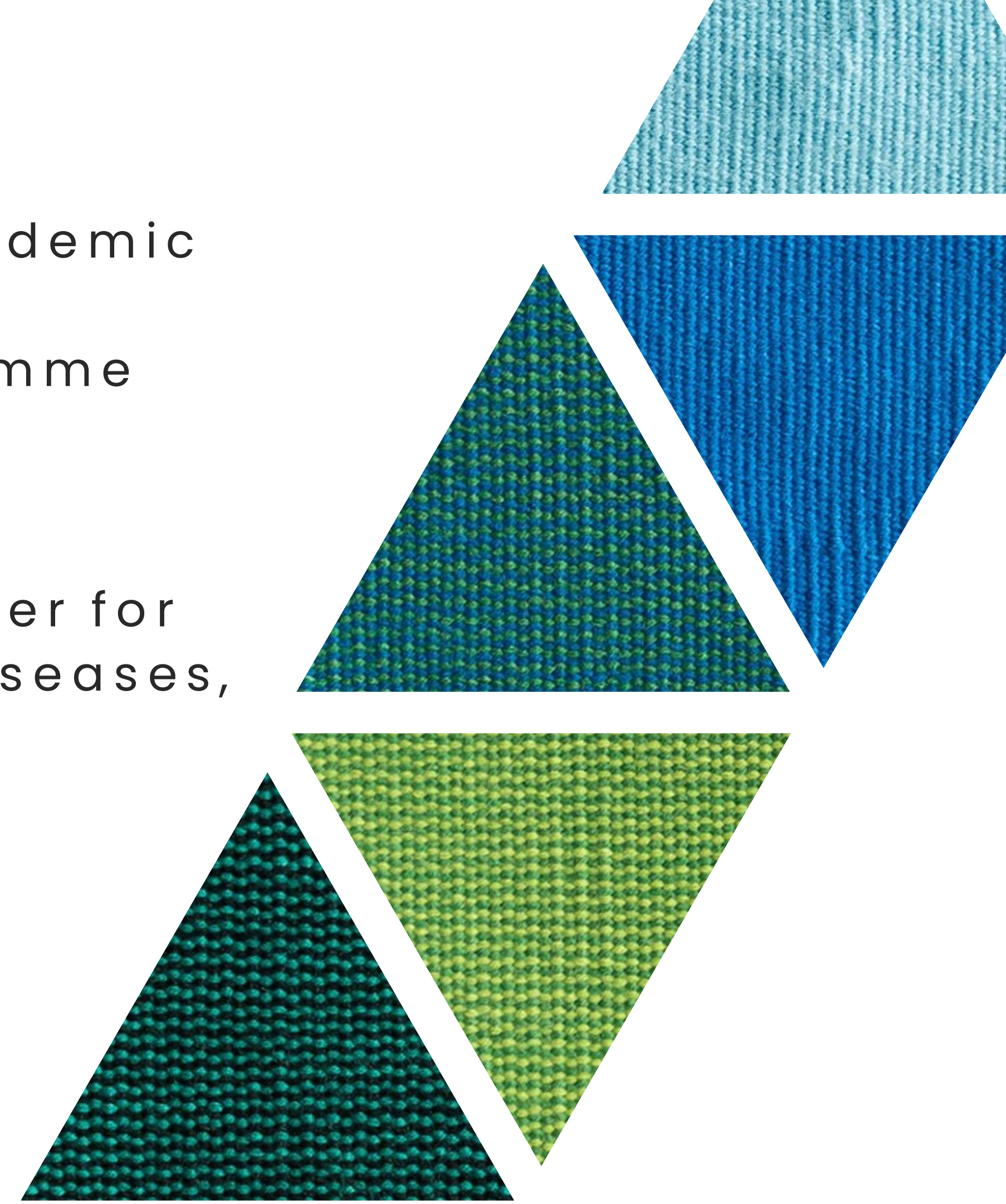
Department of Epidemic and Pandemic
Preparedness and Prevention

WHO Health Emergencies Programme

Christopher Voegeli

Insights Unit Lead, National Center for
Immunization and Respiratory Diseases,

US CDC



Extra slides

Deep dive: theme identification and triangulation



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Theme Identification

Data from Media Monitoring:

1. *Source A:* North City vaccination sites move from appointments to walk-ins.
2. *Source B:* Museum of Natural History will give free tickets for visitors who get vaccinated on site.
3. *Source C:* School bars vaccinated teachers, citing fears of viral shedding affecting children.
4. *Source D:* South County will pay residents to get COVID-19 vaccine.
5. *Source E:* Employers offer on-site vaccinations to employees.

Data from COVID-19 hotline (phone calls):

1. Will I have to get booster vaccine doses for the rest of my life?
2. I want to get pregnant, but I am worried about getting COVID-19 from vaccinated people. Should I avoid the vaccinated?
3. I heard that some vaccinated people still get COVID-19. Does that mean that my vaccine didn't work?
4. Is it safe for my children to be around vaccinated adults who might shed the virus?
5. If most adults are vaccinated, what's the benefit of my child getting the vaccine?



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2. *Source B:* Museum of Natural History will give free tickets for visitors who get vaccinated on site.
3. *Source C:* School bars vaccinated teachers, citing fears of **viral shedding** affecting children.
4. *Source D:* South County will pay residents to get COVID-19 vaccine.
5. *Source E:* Employers offer on-site vaccinations to employees.

Data from COVID-19 hotline (phone calls):

1. Will I have to get booster vaccine doses for the rest of my life?
2. I want to get pregnant, but I am worried about getting COVID-19 from vaccinated people. Should I avoid the vaccinated?
3. I heard that some vaccinated people still get COVID-19. Does that mean that my vaccine didn't work?
4. Is it safe for my children to be around vaccinated adults who **might shed the virus**?
5. If most adults are vaccinated, what's the benefit of my child getting the vaccine?



Vaccination Demand Observatory

A Global Initiative to Increase Demand for Vaccines and Decrease the Impact of Misinformation

An example of social listening



Vaccination
Demand
Observatory



Vaccination Demand Observatory

<https://www.thevdo.org/>

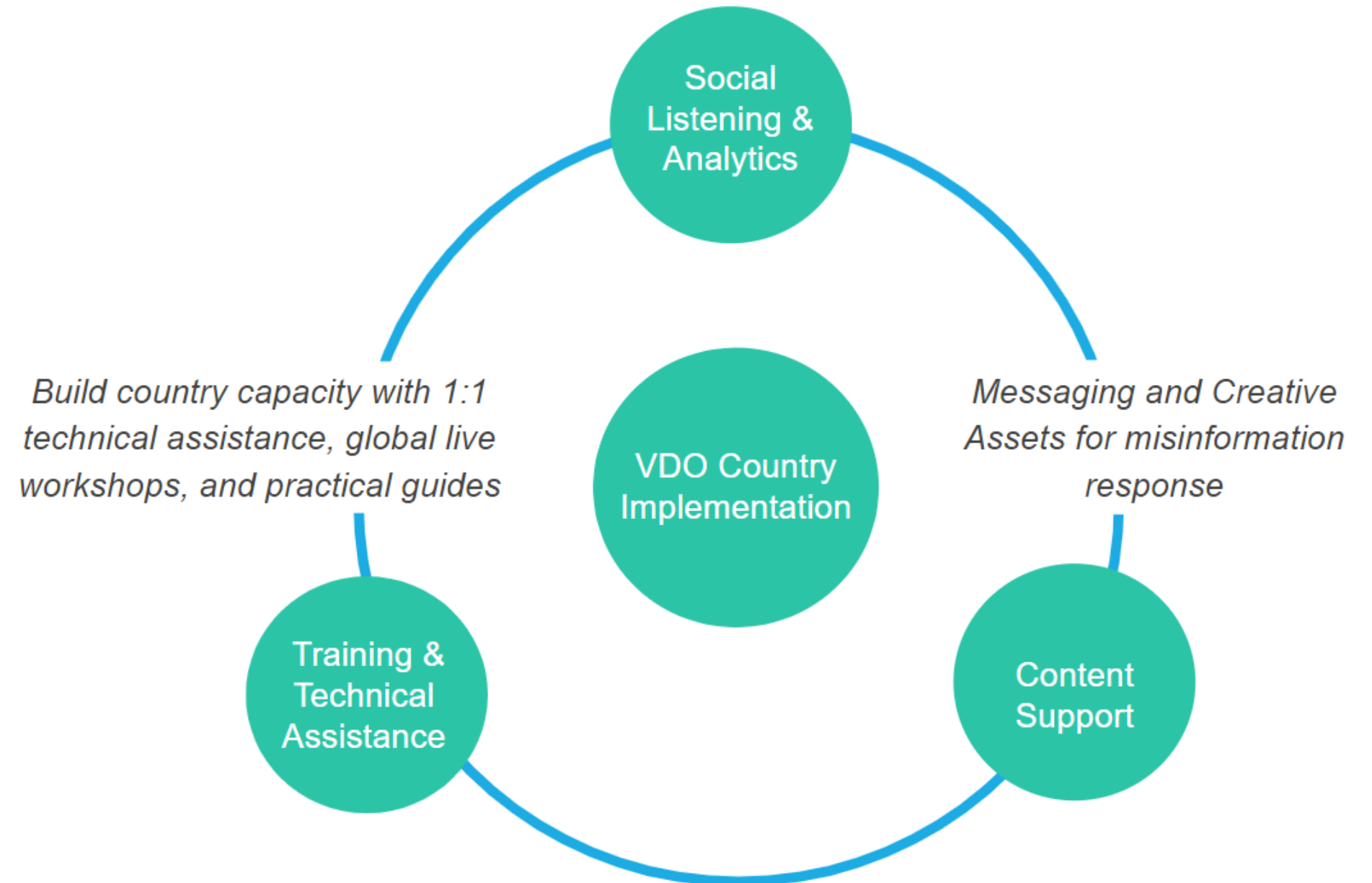
Core Principles of Social Listening

Equitable | Glocal | Coupled to RCCE

Goal

The Vaccination Demand Observatory equips countries with customized social listening programs that boost vaccine demand and address misinformation.

Customizable social listening platform, analytical tools & technical support to enable countries track & analyze vaccination conversations in digital space and real world



Global Dashboard

This beta dashboard centralizes global-level insights, misinformation alerts, fact checks, and the latest resources published by The Observatory. Insights are updated weekly on Friday and reflect data from the prior week. Explore sample data by selecting the data dashboard tab in the navigation bar above. Visit the [About](#) page for more information.

Weekly Insights

Oct 4-10, 2021

Viewing the most recent week.

Next update: **Fri, Oct 29**

Broad conversational themes across channels and geographies. Updated each Friday to reflect data from the prior week.

Old Publication Detailing Concerns With Tetanus Vaccine In Kenya Reemerges On Social Media

A conspiracy theory from 1994 about the tetanus vaccine in Africa has resurfaced online, this time through a research article that was published in 2014 accusing the WHO of deceitful vaccination practices. The authors of the article claimed that anti-fertility agents were detected in vials of vaccine aimed for tetanus prophylaxis in Kenya in 2014. They also purported that since all vaccine manufacturers and vaccine testing laboratories must be certified by the World Health Organization, the organization must have used the vaccine to advance a bogus agenda of reducing the population of "less developed countries." Although the WHO and UNICEF addressed the false claims both in [1995](#) and [2014](#), calling them scientifically unfounded and dangerous. The allegations were brought up on two separate occasions this week: in response to AP fact checking claims misconstruing Bill Gates' comments about population growth, and by a single user who repeatedly used the debunked article to respond to mentions of anti-COVID protests in Edmonton, Canada.

Misinformation Alerts

Recommended responses to emerging content.

● National Medical Stores ban unvaccinated staff and visitors

Recommendation: Direct Response

Directly address this misinformation.

[More details +](#)

● Physician claims better sanitation and clean water, not the vaccine, eradicated polio

Recommendation: Passive Response

Be prepared to address if directly asked directly or in certain cases like FAQ's and info sheets.

[More details +](#)

● WHO director-general called terrorist, bigger threat than COVID-19

Recommendation: Ignore

Focus on current communications priorities.

[More details +](#)

● Online conversation debates the existence of poliovirus. necessity

Metrics Captured by VDO Dashboards

11

1. **Total mentions:** A running count of mentions of vaccines, variations of those words and hashtags, across all sources for a selected time frame.
2. **Average counts:** The average mentions per day and per hour, for the selected time frame. This is calculated by the number of mentions/time frame (hours per day) of the dashboard.
3. **Media breakdown:** The breakdown of where content is coming from.
4. **Potential impression:** The potential impression count for Twitter, news, forums, blogs, Q&A sites, & review sites, over the selected time frame.
5. **Trending stories:** The most shared stories by link on social media.
6. **Popular tweets:** The most retweeted stories via Twitter, sorted by the number of retweets within the selected time frame.
7. **Top authors by mention:** The top authors on Twitter by mentions, the mentions count reflects all mentions over the timeframe selected.
8. **Top authors by influence:** The most “influential” Twitter authors engaging in conversation. Influence scoring methodology takes into consideration a combination of Author attributes such as number of followers, number of posts if the author is verified as well as the likelihood of the author to be a bot.
9. **Hashtag cloud:** Top Hashtags being used on Twitter and Instagram
10. **World map:** Shows mentions tied to a location on a cardinal direction-level basis for each country (West, South, Northeast, etc.)
11. **Manual Monitoring:** This section includes information from public health analysts who manually monitor accounts and pages known to share misinformation on platforms that are not included in electronic data ingestion due to data limitations (i.e. Facebook)

Establishing/Strengthening Social Listening platforms in COs

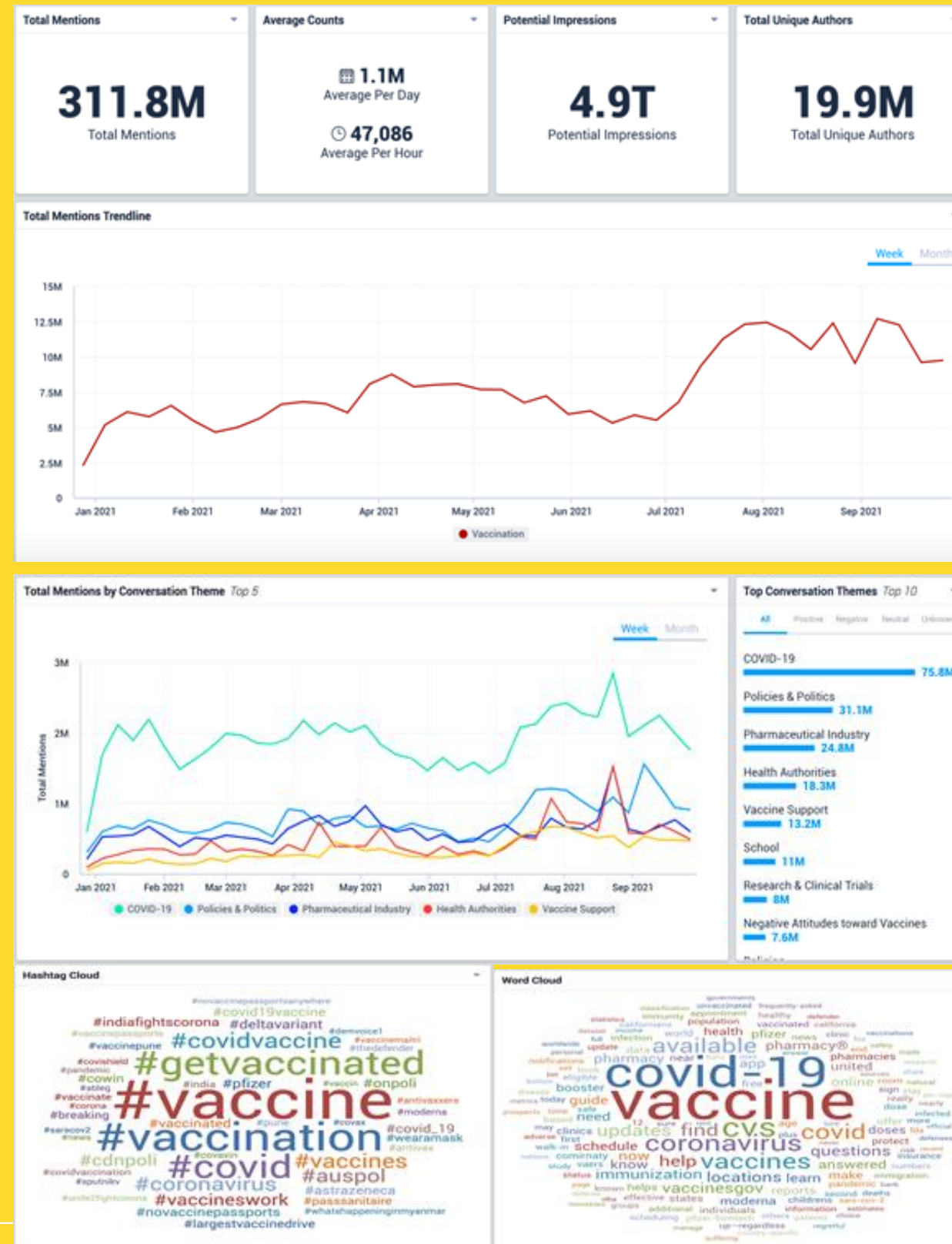
Driven by needs & identified gaps

INPUTS

- Newspapers, magazines
- Broadcast news
- News sites, forums
- Social media (FB, YouTube, WhatsApp, Instagram, TikTok, Twitter, Telegram, Snapchat, Pinterest, Reddit, Vimeo, Weibo, WeChat)
 - API's
 - CrowdTangle, Zignal Labs, Meltwater, TalkWalker
 - Google & Twitter partnerships
 - Junkopedia
 - Manual investigation



VISUALISE



ANALYSE

- **"Traditional" Sri Lankan Hospitals Misleadingly Claim No COVID-19 Deaths**
Recommendation: Ignore
 Focus on current communications priorities.
[More details +](#)
- **Myth That COVID-19 Vaccines Failed Animal Testing Used to Promote Ivermectin**
Recommendation: Direct Response
 Directly address this misinformation.
[More details +](#)
- **Misinformation About Suspended COVID-19 Vaccine Efforts Spreads Online**
Recommendation: Passive Response
 Be prepared to address if directly asked directly or in certain cases like FAQ's and info sheets.
[More details +](#)
- **Video Claims Japan Has Rejected Moderna Vaccine in Favor of Ivermectin**
Recommendation: Direct Response
 Directly address this misinformation.
[More details +](#)
- **Post Falsely Claims Afghan Taliban "Survived" COVID-19 Without Masks, Vaccines**
Recommendation: Ignore
 Focus on current communications priorities.
[More details +](#)
- **Vaccine Opponents Misrepresent Delta Breakthrough Study Results**
Recommendation: Passive Response
 Be prepared to address if directly asked directly or in certain cases like FAQ's and info sheets.
[More details +](#)
- **News Article Downplays COVID-19 Hospitalizations, Deaths in "Healthy" Children**
Recommendation: Passive Response
 Be prepared to address if directly asked directly or in certain cases like FAQ's and info sheets.
[More details +](#)
- **Israeli Study Reignites Natural vs. Vaccine Immunity Debate**
Recommendation: Direct Response
 Directly address this misinformation.
[More details +](#)
- **Trending Video Claims to Show Soldiers Collapsing After Vaccination**
Recommendation: Ignore
 Focus on current communications priorities.
[More details +](#)
- **Fake List of Sinovac Eligibility Requirements Circulates Online**
Recommendation: Ignore
 Focus on current communications priorities.
[More details +](#)

PENDING INPUTS

- U-Report
- Viamo 3-2-1

Establishing/Strengthening Social Listening platforms in COs

Driven by needs & identified gaps

We created interactive global, regional and country level dashboards. Key features include:

- easily identifiable and customizable metrics filtered by date
- visualization tools designed to share real-time vaccination conversations in the target region

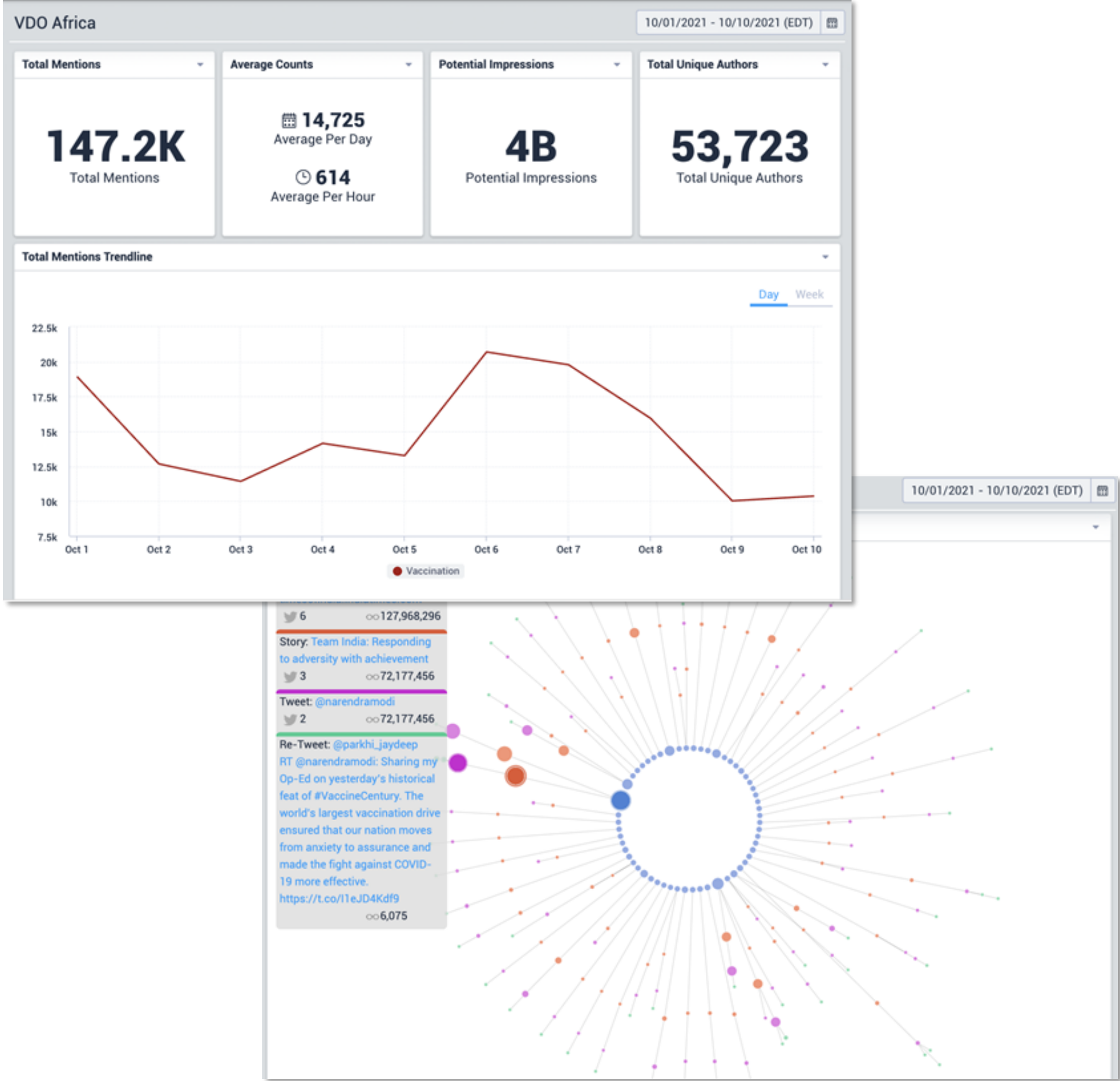
From October 2020 - October 2021

- **284.3M total mentions have been analyzed**
- Over 150 recommendations made

19.6 Million Conversations Monitored, with themes including:

- Negative Attitude towards Vaccines: 7.2M
- Research & Clinical trials: 4.8M
- Vaccine Ingredients: 2.9M
- Negative Health Impacts: 2.7M
- Disease Prevalence: 2M

There were also conversations focused on Policies and Politics (25.6M), Pharma Industry (19.7M), Vaccine Support (10M), Schools (7.6M), Family (3.7M) and Religion (3.7M)

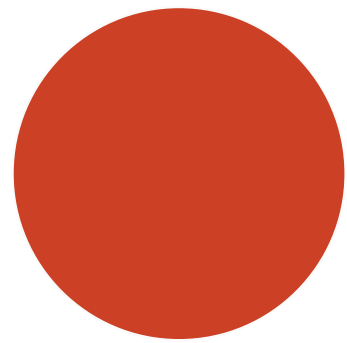


Establishing/Strengthening Social Listening platforms in COs

Actionable Risk Communication Guidance

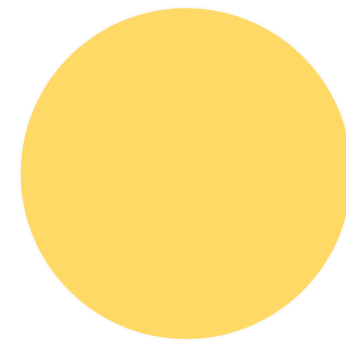
After setting up a country dashboard, PGP analysts prioritize misinformation narratives and assign them a recommendation.

This is a unique offering in this space.



Direct Response

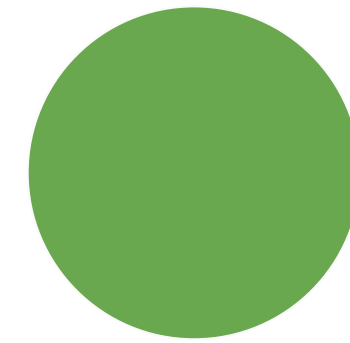
Directly address this misinformation.



Passive Response

Be prepared to address if directly asked, and in certain cases consider updating FAQ's and info sheets addressing common myths and misperceptions.

Otherwise, continue to focus on current communications priorities.



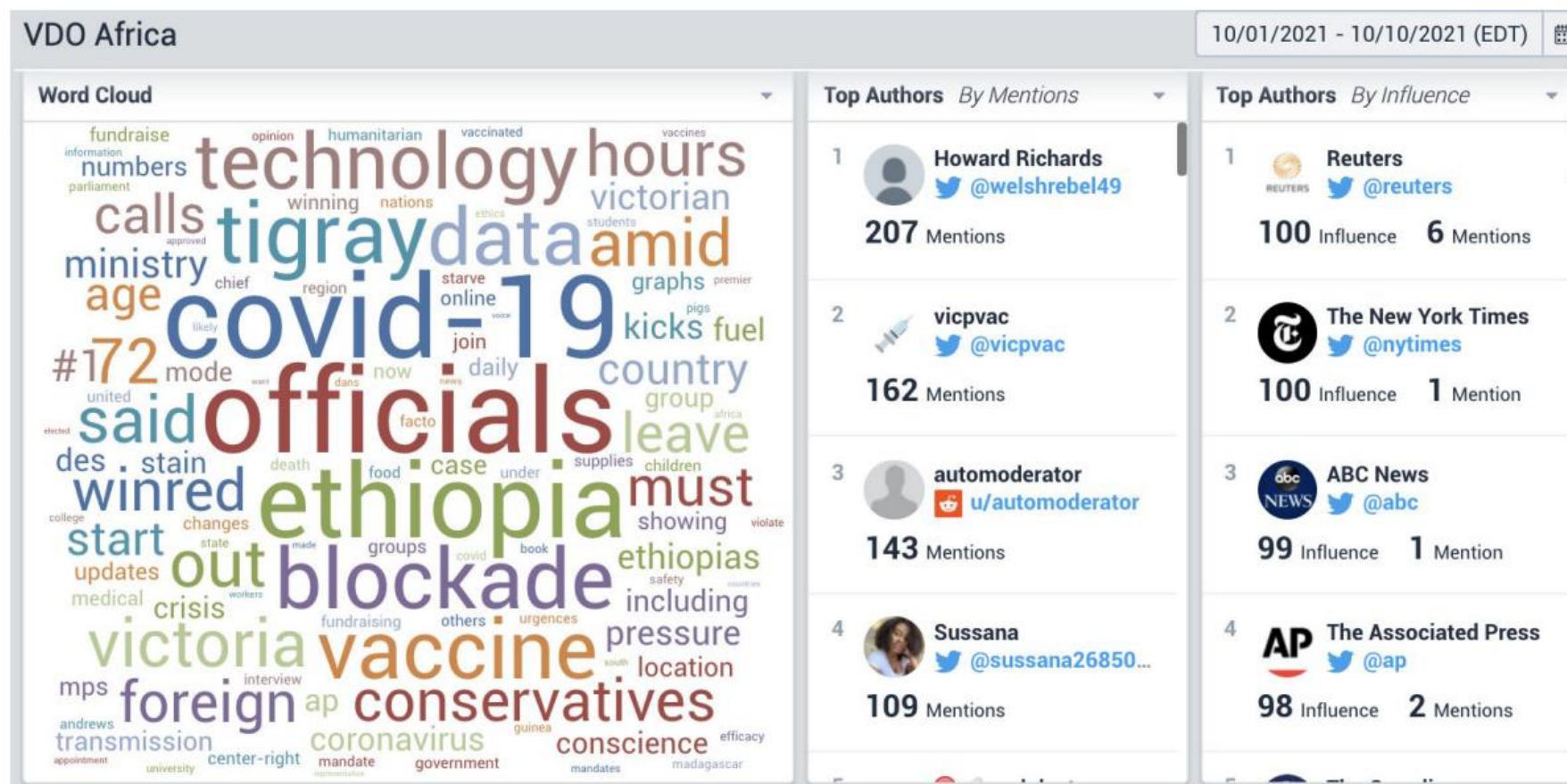
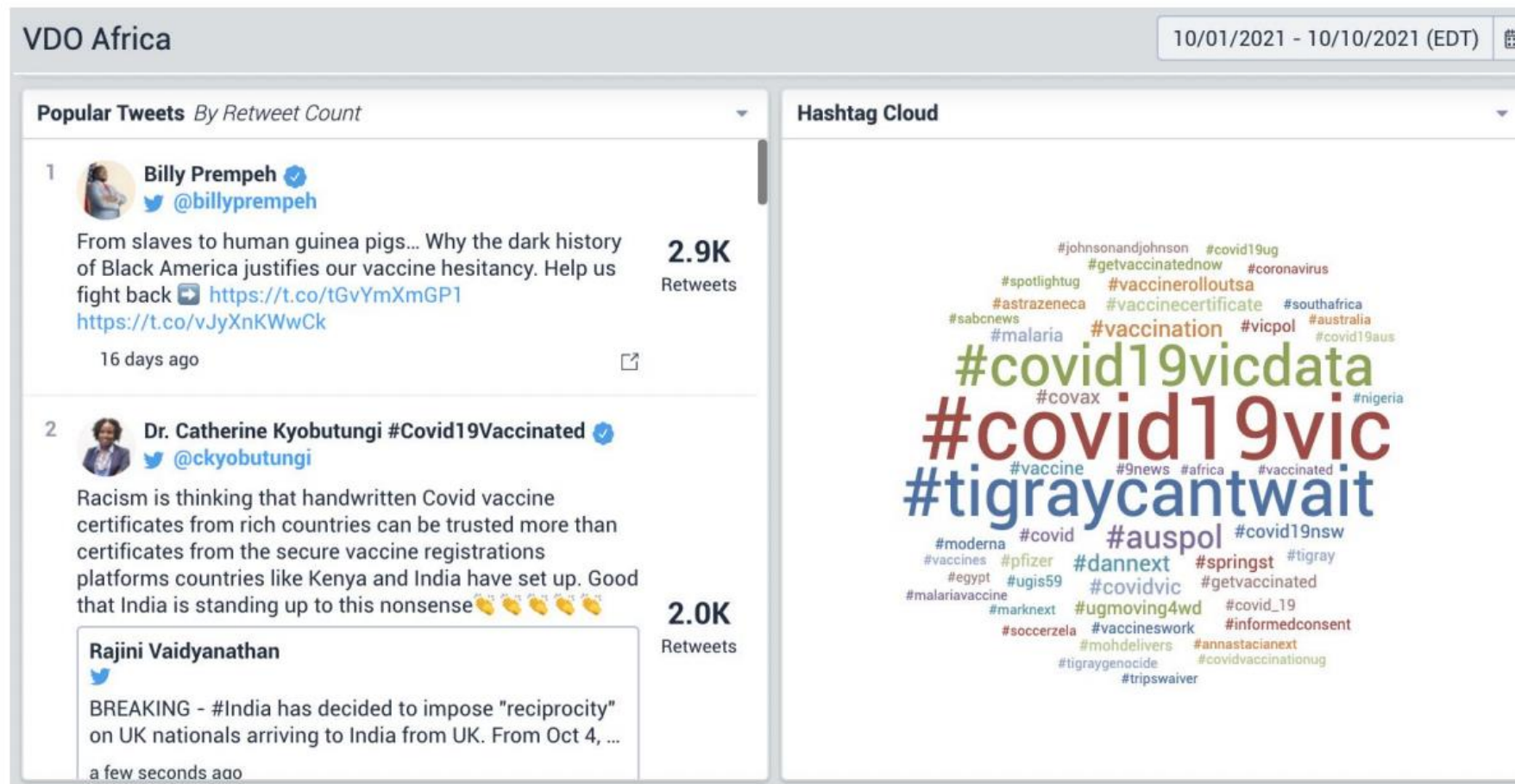
Ignore

Focus on current communications priorities.

Output 1

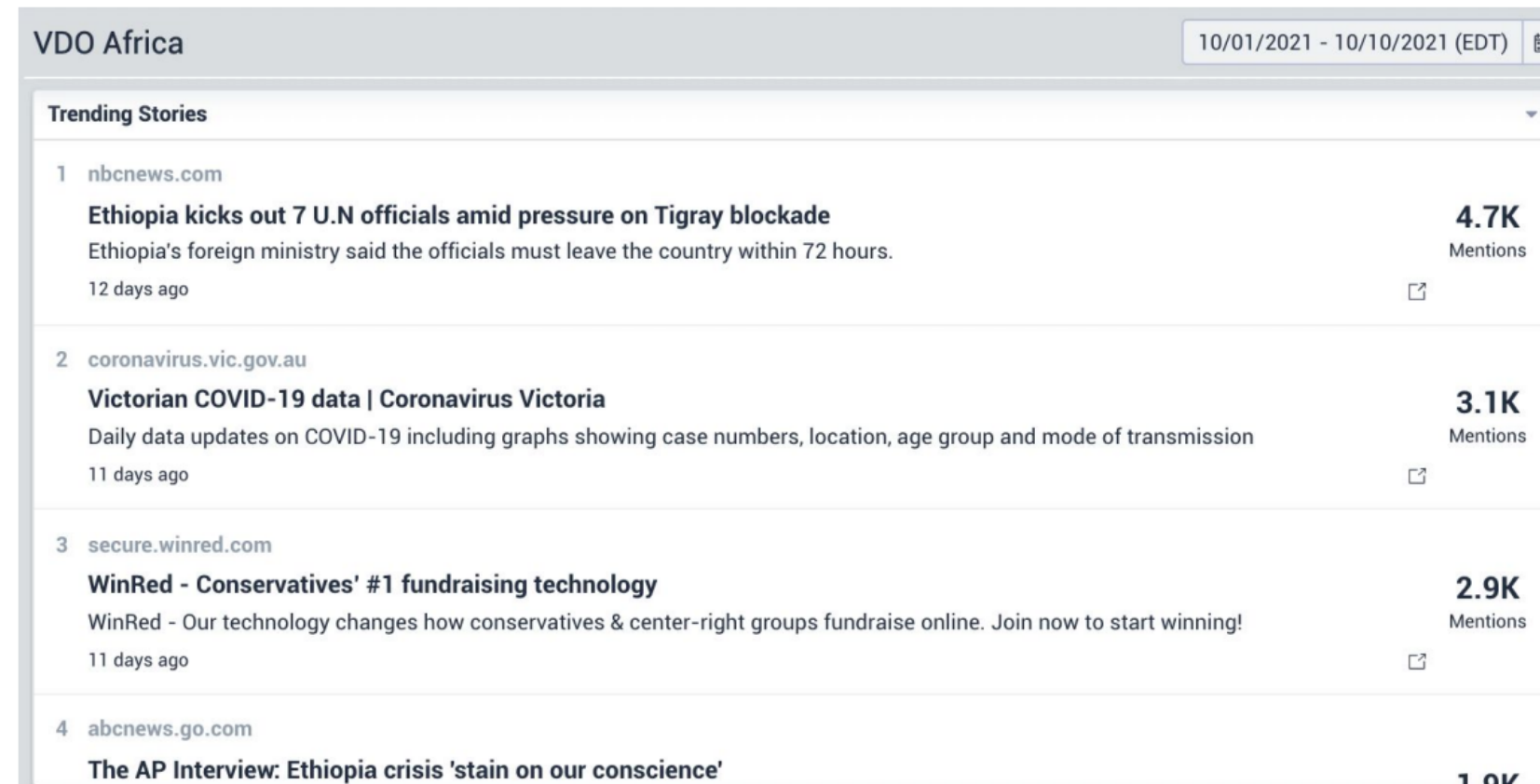
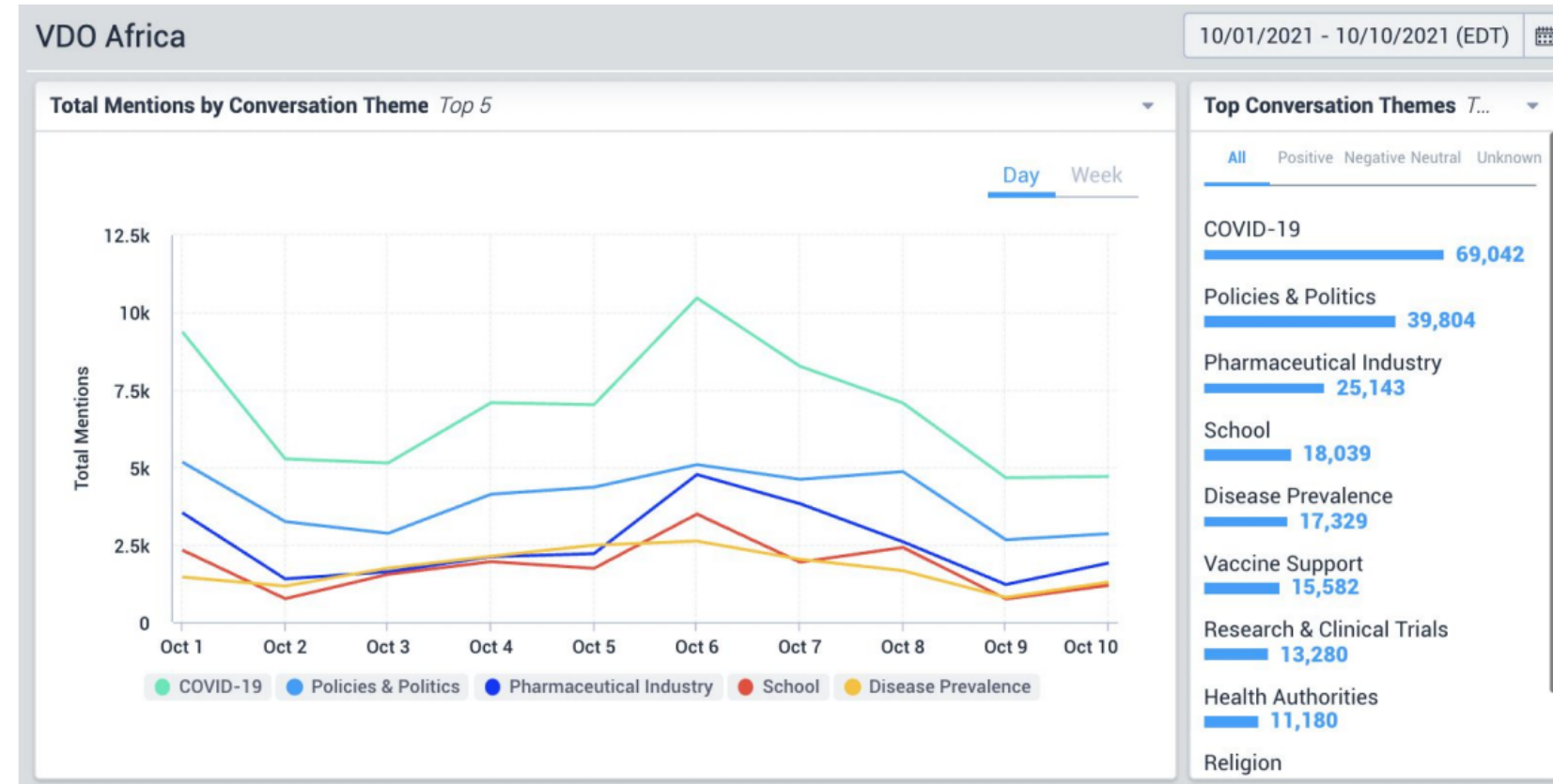
Information is organized into key topics to give decision makers immediate and specific context, including:

- Popular tweets
- Hashtag cloud
- Word cloud
- Top authors
 - By mentions
 - By influence



Output 1

- Conversation Themes are coded and visualized with key metrics
- Trending Stories related to the theme are linked to the dashboard, and ranked by total number of mentions, during the time period - for Countries to easily identify the narratives circulating their communities.



B. VDO Misinformation Alerts Dashboard

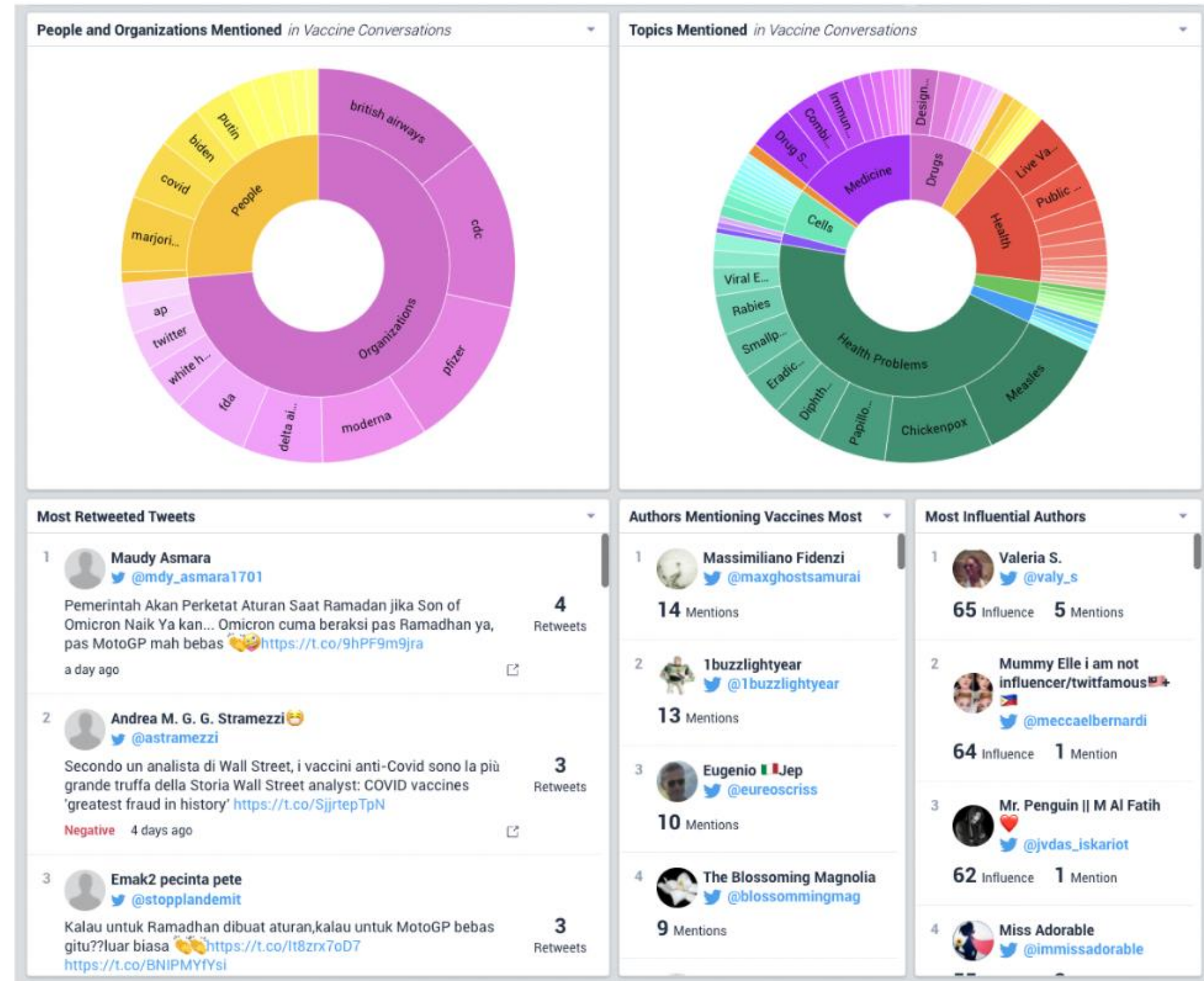
The dashboard features a navigation bar with 'ALERTS', 'LEARNING HUB', 'RESOURCES', and 'DASHBOARDS'. Below this is a filter section for 'LOCATION', 'RISK LEVEL', 'VACCINES', and 'TOPICS'. The main content area is divided into two sections. The left section, titled 'VACCINATION DEMAND OBSERVATORY', includes a 'CLICK TO CONTINUE' link and a paragraph: 'Together with UNICEF, the Vaccination Demand Observatory unites experts from multiple sectors to support global communities with increased vaccine demand and reduce the impact of misinformation.' Below this is a bar chart with colored dots representing data points. The right section displays a list of alerts for the period 'MAR 15 2022 - MAR 22 2022'. The top alert is highlighted with a red border and reads: 'HIGH RISK | 5 DAYS AGO Articles Use Misleading Data To Falsely Claim Vaccinated Have Higher COVID-19 Risk'. It includes tags for 'EFFECTIVENESS' and 'SAFETY, EFFICACY & NECESSITY', and a 'COVID-19' category. Below this is another alert: 'MEDIUM RISK | 5 DAYS AGO Novavax COVID-19 Vaccine Approval In South Korea Fuels Misinformation', with tags for 'ADVERSE REACTIONS' and 'SAFETY'. To the right of the alerts is a detailed view of the high-risk article, showing its title, risk level (High), date (Mar 17 2022), vaccine (COVID-19), and topics (Effectiveness, Safety, Efficacy & Necessity). A 'BACKGROUND' section explains that multiple trending articles are misusing data from the U.K. Health Security Agency to claim that more vaccinated than unvaccinated people are getting and dying from COVID-19.

www.thevdo.org

Alerts will be added weekly.

B. General Vaccine Conversation Dashboard

- One of several social listening tools the VDO uses. COs will be given access to this dashboard.
- Monitors overall conversation about vaccines
- Adjustable date range
- Realtime data
- Clickable to view live posts online



Key Learnings

- The VDO has more data than other systems
- The VDO is about people and not dashboards
- Actionable recommendations supports actions to be taken