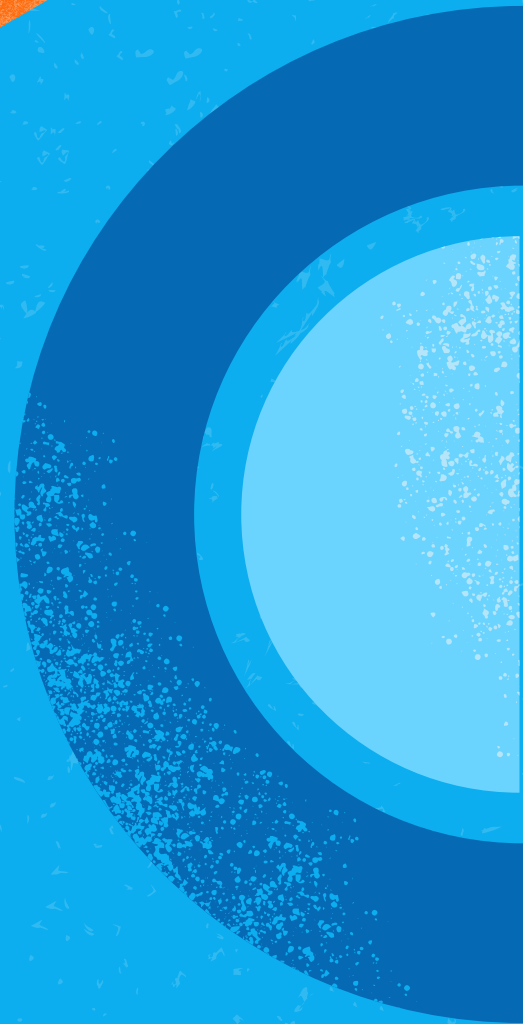
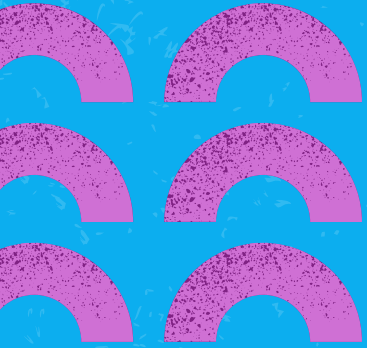
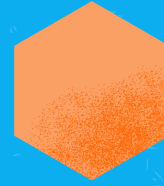
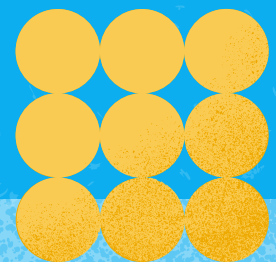


DIGITAL
COMMUNITY
ENGAGEMENT



Polio Digital Message Guide



A practical resource for responding to trending narratives, crafting effective polio messaging and encouraging vaccine uptake

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Polio Digital Message Guide

This resource was created by the UNICEF Digital Community Engagement (DCE) team in collaboration with The Public Good Projects (PGP). DCE collaborates with country offices in polio-endemic and outbreak-affected regions by providing tools and support to identify and address challenges in polio health communications. These tools include timely social listening insights, resources and training to address false claims and emerging narratives. DCE also plays a vital role in supporting Social & Behaviour Change (SBC) initiatives by integrating the best practices in digital health communications with on-the-ground strategies. DCE engages with communities, shares vital information and promotes positive health behaviours to increase vaccine acceptance. Its ability to reach large audiences quickly and effectively makes it an essential component of SBC strategies.

For more information about this guide, please contact the Digital Community Engagement (DCE) at UNICEF Headquarters in New York via email at dceu@unicef.org

This guide will help practitioners to:



Understand the polio information ecosystem, leverage social listening tools and identify common themes in polio conversations.



Respond to trending polio narratives by assessing risk and using communication strategies like prebunking and debunking.

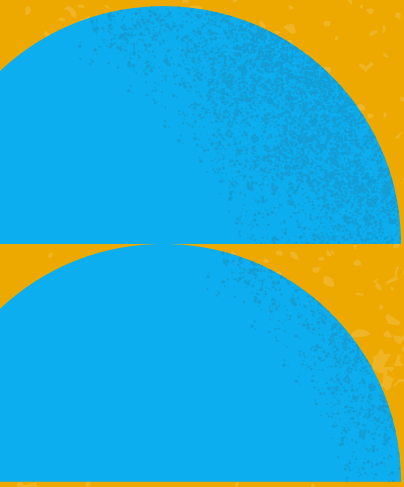


Reach and engage audiences by using trusted messengers, turning social listening insights into content and following best practices for polio communications.



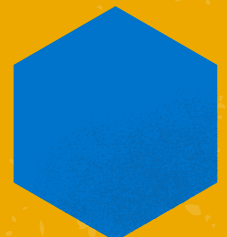
Who is this guide for?

This resource supports practitioners working in polio immunization programs, including communication and marketing specialists, social media managers, behaviour and social change specialists and on-the-ground health teams.



PART 1

Understanding the polio information ecosystem



The digital revolution

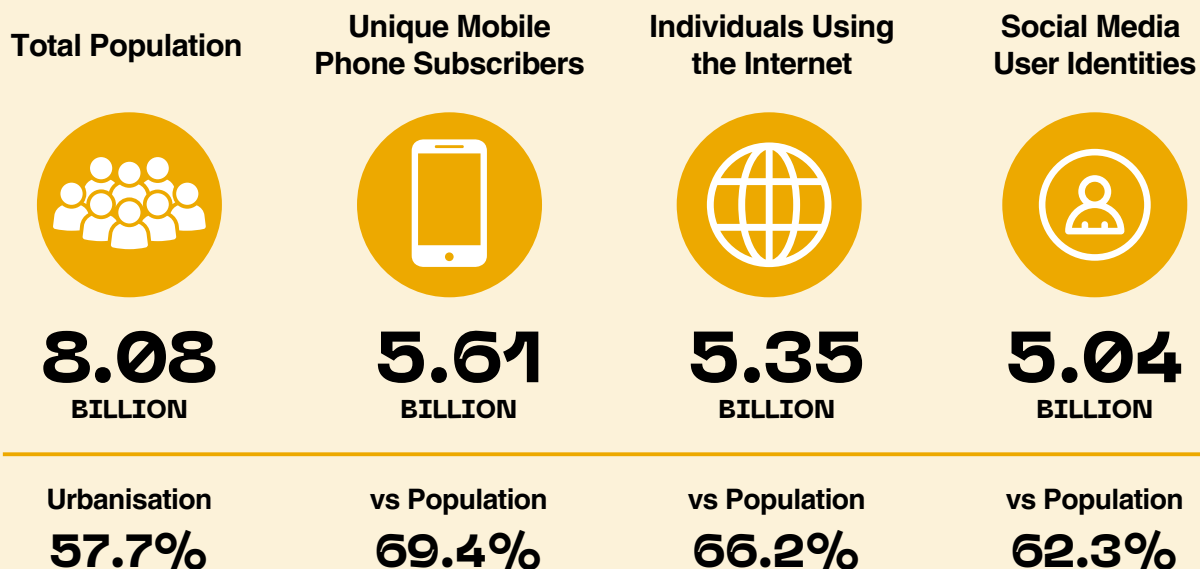
When Jonas Salk **created** the first successful polio vaccine in the early 1950s, people got their information from newspapers, radio, movies and television. They communicated through mail, telegrams and landline telephones. The first satellite wasn't introduced into space until 1957.

Today, more than **5.3 billion people** access the internet on a regular basis, an additional **1.2 billion people** access non-internet mobile services and almost **64 percent** of the world's population uses social media. People no longer just consume information; they are also creating, sharing and nurturing peer-to-peer networks and interactions. The result? Information spreads faster than ever and the digital world touches nearly all aspects of life.



January 2024 | Essential Digital Headlines

Overview of the adoption and use of connected devices and services



Source: [Digital 2024 Global Overview Report](#), published in partnership with [Meltwater](#) and [We Are Social](#)

The rise of misinformation

While vaccine hesitancy is as [old as vaccination itself](#), the rise of social media and new technologies has reshaped how individuals access health information. On the one hand, this seachange offers great opportunities to reach communities where they are, spread accurate information about the importance of vaccination with the touch of a button and inform key populations about when vaccination campaigns are happening. On the other hand, the digital world is full of misinformation, conspiracy theories and inaccurate information that pose a risk to health. In one example in Pakistan, where polio remains endemic, [fake videos of children allegedly falling sick](#) after receiving a polio vaccine spread on social media in 2019. The spread of false claims online had real-world consequences after parents panicked: Three people died in the hysteria, and authorities were forced to suspend a much-needed vaccination campaign.

The health information ecosystem grew even more fraught thanks to the lingering impact of the COVID-19 pandemic. Beyond the pandemic's [disruption of vaccination activities](#), it resulted in an overabundance of information, also called an infodemic, that spread misinformation and [worsened](#) vaccine hesitancy. To complicate things, pushback against content moderation standards set during the pandemic has caused many social media platforms to roll back protections against false information. Polio misinformation is now spreading across more social media platforms with fewer restrictions than ever before.



Looking for more insight into how to handle false claims about vaccines? Check out the [Vaccine Misinformation Management Field Guide](#).

Social listening: An opportunity

The rampant spread of misinformation remains a daunting challenge in the world of health communications, but the digital ecosystem also presents a unique opportunity. For every conspiracy theory orchestrated by a bad actor hoping to gain fame or money, there are dozens of other examples of genuine questions, concerns or comments. Fortunately, there are tools that allow us to monitor the spread of information about polio to better decipher public sentiment.

Social listening is a practice that tracks publicly available media data to discover, interpret and act on the information that's spreading. This is done to gauge public knowledge, attitudes and behaviours related to health issues. Social listening analysts collect data in real time across multiple media sources, including millions of websites, social and digital media, video-sharing sites, online forums and traditional media such as newspapers, magazines and television. Specialised programs rapidly scan available data and use software to organise information based on desired filters like keywords, location, language, demographics and dates. Of course, social listening should incorporate and complement offline sources of insights as well.



3 ways social listening can be used for health:

1. To identify key questions, concerns and gaps in information.
2. For syndromic surveillance, or evaluating data to detect illness clusters early, before diagnoses are confirmed.
3. To monitor false claims.

By tracking and understanding the spread of health-related information, public health officials can not only more appropriately react to the information that's circulating, but they can also stay on top of narratives, discern what questions people have and predict unfavourable trends in information. With the ability to study who is discussing polio and where, these officials can tailor their messages to specific regions, even specific communities, to create positive change and combat damaging false claims.

For specific information on how to use [Google Trends](#) and [Google Alerts](#) to set up a basic social listening system, see [appendix 3](#).

Identifying themes

Social listening allows analysts to identify **conversation spikes** and **conversation themes**. Conversation spikes refer to sudden and notable increases in the volume or intensity of discussions on a particular topic or event across platforms. Recognizing when spikes in conversation are happening is crucial for understanding shifts in conversations and pinpointing the events responsible for these surges. Identifying conversation spikes is also valuable for staying up to date on events and trending narratives.

Conversation themes are persistent, recurring and overarching ideas or topics in conversation. Grasping the primary themes in conversations is essential for understanding the kinds of content that consistently steer and sustain discussions on a particular health topic.

Conversation spikes: Sudden and notable increases in the volume or intensity of discussions.

Conversation themes: Persistent, recurring and overarching ideas or topics in conversation.



Common themes in polio conversations

Conversations about polio follow predictable patterns. For example, narratives often spike during vaccination campaigns or after the announcement of new cases. While specific events or social media posts can cause spikes, certain themes in conversation are consistent. The DCE program relies on social listening insights from PGP’s Monitoring Lab, which has been tracking global narratives about polio since 2021. The following table outlines the top seven recurring themes in polio conversations, the underlying concerns associated with them and the specific false claims that persist in discussions about polio vaccines.

Theme

Safety and side effects

Underlying concerns

Most common theme across polio vaccine conversations. The public wants to know whether vaccines are safe and what side effects they might have after a vaccine is administered. Confusion around the different types of polio vaccines also heightens fears about safety.

Because polio vaccines are given to children, parents in particular need reassurance that vaccines are safe for kids of all ages, no matter their medical condition or history. False claims often exaggerate confirmed side effects, fabricate nonexistent side effects (including HIV/AIDS and cancer) and misunderstand the principles of immunity.

False claims

Polio vaccines are not safe, especially for infants or sick children.

Polio vaccines give you polio, make you sick, impact fertility or cause death.

Polio vaccines can overwhelm a child’s immune system.

Theme

Effectiveness

Underlying concerns

Conversations about vaccine effectiveness start with an understandable question: “Will the vaccine work?” But misunderstandings about how vaccines induce immunity and how many doses of polio vaccine are needed to be effective can spur false claims. Narratives about effectiveness may also argue that “natural” immunity is preferred.

Often overlaps with the theme of necessity and safety, especially when narratives spread false claims about cVDPV cases.

False claims

The polio vaccine doesn’t work or is ineffective.

Natural immunity is preferable to vaccines.

New polio cases prove that the vaccine is pointless.

Theme

Conspiracy theories

Underlying concerns

Conspiracy theories often question the motives of the individuals and organisations that promote vaccines. Emphasises the economic or political motives of pharmaceutical companies, nonprofit organisations, governments and health agencies.

Often framed as “just asking questions” without having evidence to back up theories. Might mention specific stakeholders (like Bill Gates or WHO), frame the “West” as an enemy or latch on to current events (like natural disasters, violence or elections) in order to get more attention.

Often minimise the seriousness of polio and lead to a decline in trust in health institutions. May question the history of polio and offer up other theories about why polio has been eradicated in certain parts of the world.

False claims

Polio vaccines are a scheme to make money, control communities or decrease a country’s population.

Poliovirus only affects certain countries.

Polio has been eliminated in some places thanks to better hygiene and sanitation, not vaccines.

Theme

Necessity

Underlying concerns

Questions about why polio vaccines are necessary focus on three elements: First, that vaccines aren’t as effective as other so-called “natural” remedies (like breastfeeding, herbs or oils); second, that polio is less important than other crises like poverty or nutrition; and third, concerns over why a child might need so many doses of the oral polio vaccine.

The necessity theme is wide-ranging, but conversations in this category always minimise the threat of polio as a disease and often push attention to something else.

False claims

Polio vaccines aren’t necessary.

Polio vaccines are being promoted too much and shouldn’t be prioritised over other diseases or causes.

It’s harmful to give children, especially infants, so many doses of polio vaccine.

Theme

Ingredients

Underlying concerns

Concerns over the ingredients of vaccines stem from wanting to be sure things are safe and legitimate. But because the oral polio vaccine contains a very weak version of the virus, this theme produces a lot of false claims that polio vaccines cause the disease they are protecting against.

Narratives also push rhetoric that polio vaccines are “unnatural” or “toxic” or contain some sort of “poison.”

False claims

Polio vaccines contain a virus that can give you polio.

Polio vaccines have toxic ingredients.

Polio vaccines are actually other vaccines in disguise.

Theme

Research and clinical trials

Underlying concerns

The public often has questions about the development of vaccines, how they are tested and who they are tested on. This often overlaps with fears about vaccine safety.

Vaccine research and production and the process of clinical trials are highly technical fields that are not easily understood by laypeople. This combination of concerns and a low understanding of a complicated, niche field can make for memorable misinformation. Made worse due to the public’s awareness of the rapid development of COVID-19 vaccines that caused some to label the new vaccines “experimental.” Having multiple types of polio vaccines, some of which have been recently tested and announced, also increases confusion and questions about vaccine development.

Fears and concerns about medical experimentation are understandable, especially in communities that have experienced unethical medical research in the past.

False claims

Polio vaccines are untested, experimental and, by extension, unsafe.

Polio vaccines are meant to control or eliminate populations.

Theme

Religion or cultural opposition

Underlying concerns

Narratives often challenge whether vaccines are “moral” or at odds with specific religions or cultural norms. Though no major religions prohibit vaccines in general or the polio vaccine specifically, this theme is often repeated. Often overlaps with the ingredients theme.

False claims

Polio vaccines are not halal or contain ingredients that are not halal.

Prayer is more effective than vaccines.



Resources to help with social listening

In order to provide the most timely and relevant health communications about polio, it is important to track what conversations are happening. [Appendix 3](#) provides guidance on using Google Trends and Google Alerts, but even if you are not equipped to do social listening within your organisation, several free polio-specific resources can help. These resources can identify when conversation spikes might occur and provide guidance on what themes are circulating now.



[The UNICEF Digital Community Engagement Polio Newsletter](#)

Each edition highlights the most important polio news from around the world and provides summaries of trending narratives and false information about polio from the past two weeks in English and French. Dig deeper into what's spreading, the common themes referenced and the level of risk narratives pose to vaccination efforts. The newsletter also provides ready-to-post downloadable content in response to one of the highlighted trending narratives. A must for anyone who is looking to create responsive, tailored content about polio.



[Global Polio Eradication Initiative's "Polio this week" page](#)

Get essential information on vaccination campaigns and polioviruses case counts with GPEI's weekly updates. The website also provides specific information on the countries that have reported cases or environmental samples. Polio conversations often spike during vaccination campaigns and after the announcement of new cases.



[Global Polio Eradication Initiative's monthly newsletter](#)

Sent to supporters of polio eradication, this newsletter announces new communication campaigns, summarises important news and polio immunization trends and gives donor updates. Staying on top of these updates provides much-needed context around global polio conversations.



PART 2

Responding to trending polio conversations



Why it's important to respond to trending conversations

False information about polio [can increase vaccine hesitancy](#) and make parents less likely to agree to vaccinate their child during the next vaccination campaign. Crafting messaging that responds to trending conversations—whether these conversations include genuine questions and concerns or intentionally misleading information—can address parents' hesitancy and ultimately keep children everywhere safe from polio.

Polio narratives often fall into one or several themes, as described in [part 1](#). Narratives have a lifecycle, and sometimes they may require more hands-on responses than at other times. For example, narratives may decline and then reemerge at a later point, or narratives may persist and require continuous attention.

Some narratives have little impact on parents' decision to vaccinate their child, while others may be very impactful. It's crucial to take context into account. For instance, a false claim about the safety of nOPV2 may be more significant if there's an ongoing vaccination campaign or if a new case of paralysis has been reported. When people are more engaged in general conversations about polio because of current events, responding to false claims will likely be more critical.




How to assess a narrative's risk

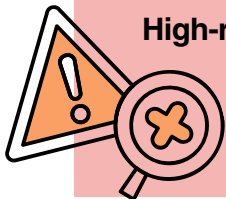
Narratives may be classified as high risk, medium risk or low risk. Many factors influence the risk level of a narrative, such as the source, the level of engagement, whether there's an upcoming campaign and so on. Each organisation will have its own criteria to assess risk level for a particular narrative based on the local context. However, there are common criteria that can make a narrative higher or lower risk.

Narratives that are **low risk** have not gotten much attention online, don't impact your region and likely won't spread much in the future. Low-risk narratives often occur when people are concerned or confused about a topic or need additional information, which is called an information gap.

Narratives that are **medium risk** spread in priority populations, such as regions with low immunization or areas with a recent polio outbreak. These narratives may harm future vaccination efforts because they may spread quickly in the future. Medium-risk narratives may mean that the public has questions and concerns. Narratives involving a conspiracy theory, a common theme, may be classified as medium risk.

Narratives that are **high risk** are the most likely to cause vaccine hesitancy or refusal. These narratives circulate widely and quickly across communities. The information is often false, misleading or lacking evidence; however, this information may also be highly memorable because it exploits someone's emotions. High-risk narratives are often repeated, and they often resurface with slight changes over time. These narratives may also appear on several social media platforms and in different languages.

<p>Low-risk narratives</p>	<p>Spread: Not spreading widely now and not likely to spread in the future. Impact: Unlikely to impact vaccination efforts. Cause: Concern, confusion and information gaps.</p>	
<p>Medium-risk narratives</p>	<p>Spread: Spreading in priority populations. Impact: May harm vaccination efforts. Cause: Questions, concerns and conspiracy theories.</p>	
<p>High-risk narratives</p>	<p>Spread: Spreading widely and quickly across communities. Impact: Likely to harm vaccination efforts. Cause: Very memorable information that is false, misleading or lacking evidence.</p>	



These questions can help you decide whether a narrative is low, medium or high risk.

- Could the narrative impact health decisions?
- Where is it circulating?
- Who is sharing it?
- Who is it targeting or impacting?
- How fast is it spreading?
- Is it emerging, persistent or declining?
- Would a response further amplify the false claims?
- What happens if nothing is done?

Another way to ask these questions is to use a decision matrix to assign risk levels based on your organisation's role and priorities. Depending on whether they are questions, concerns, conspiracy theories or misinformation, not all narratives have equal potential to harm health. A narrative can be marginally harmful but still have an impact because it spreads so widely. Similarly, some false claims may have a high level of risk but might not spread.

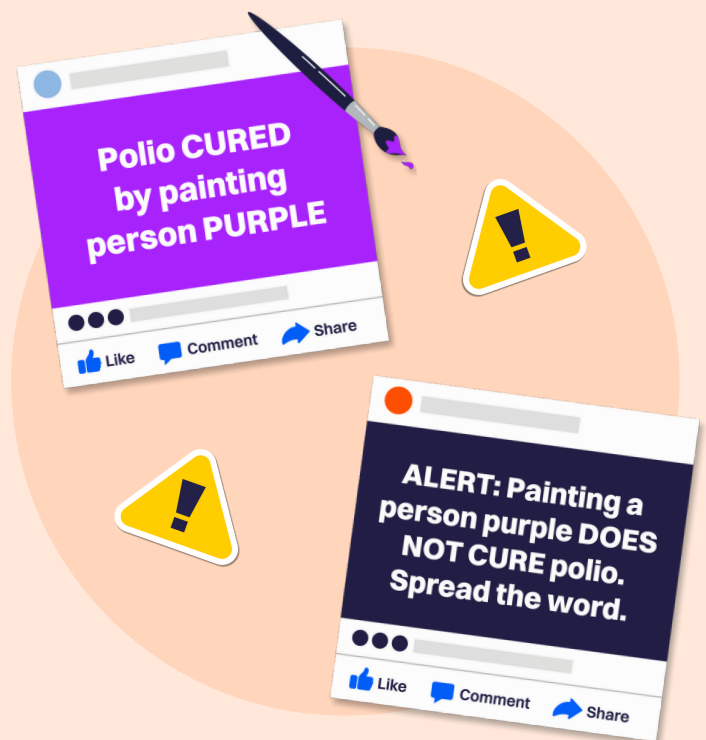
Appendix 4 includes a decision matrix template that you can fill out.



Whether you use a decision matrix or a checklist of questions, you also need to consider the following: When something is labelled high risk, this implies that something needs to be done in response. But you should always ask, “Would a response further amplify a false claim?” False or misleading claims are often so memorable that you don’t want to repeat them unnecessarily.

Here’s an example:

Someone on social media claims that polio can actually be cured by painting a person purple. A social media manager may see this and say, “Oh no, that’s wrong. This is a high risk to both people’s health and my organisation.” So they go on to their organisation’s social media feed and write a post that says *“ALERT: Painting a person purple DOES NOT CURE polio. Spread the word.”* This absurd claim hasn’t been seen by all that many people yet, but now everyone who sees this post says, “What? Painting a person purple cures polio? Is that real?” Inadvertently, with the best of intentions, this social media manager has spread a false claim even further.



This is why asking yourself, “What happens if nothing is done?” is part of the decision matrix. High-risk narratives are often so well-known and spreading so quickly that they necessitate a response. Knowing that you don’t want to amplify false narratives unnecessarily is an important consideration when assigning risk and determining what message to use.

How to respond to narratives

Once you have determined the risk level of a narrative, you can decide what messaging is needed to minimise the narrative's impact and protect vaccination efforts. In the case of low-risk narratives, you often do not need to respond directly, as this might unintentionally cause the narrative to gain traction. However, since these narratives indicate questions or confusion, messaging can indirectly educate the public and answer their questions.

There are two main approaches for responding to narratives: prebunking and debunking. Prebunking is proactive and can fill information gaps or stop a false claim from continuing to spread online, whereas debunking is reactive and occurs when you respond to false claims after the claims have spread.

Prebunking

Prebunking fills in information gaps, questions or confusion so that people know more accurate information about a topic before they are exposed to false claims. **Prebunking messaging** does not directly call out the false claim; rather, it simply reiterates the true information.



Debunking

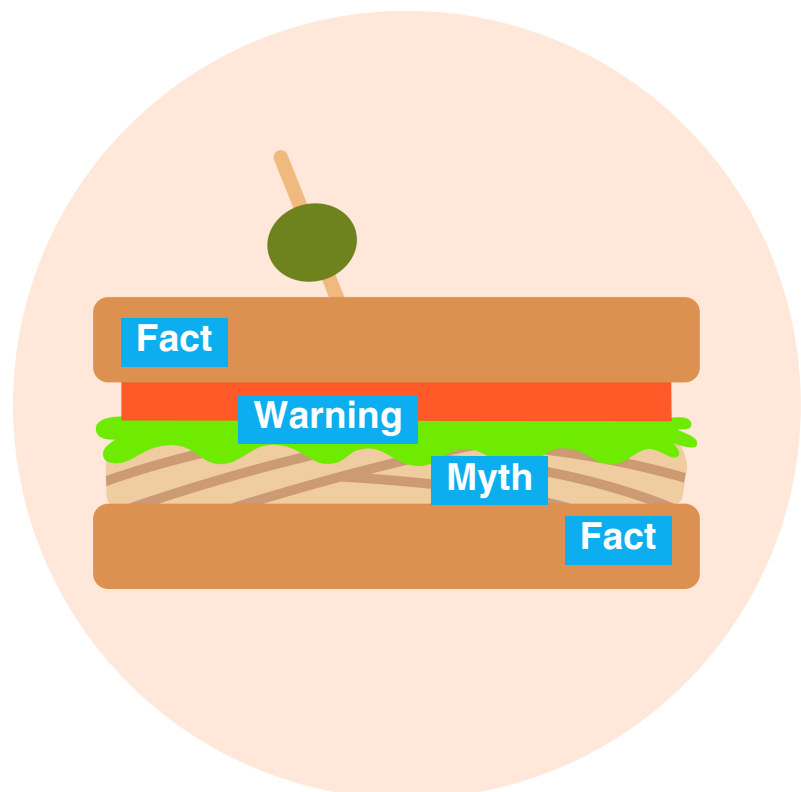
Debunking directly refutes the false claim in a narrative by calling out the false claim and then emphasising the accurate information. Research has **shown** that debunking can effectively reduce belief in false information, but debunking does not eliminate belief entirely.

Behavioural scientists and communications experts agree that effective debunks have the following characteristics.

- Provide the accurate information in a clear and easy-to-understand way.
- Explain how we know the false claim is incorrect.
- Focus on the fact, not the false claim. Repeating the false claim more than once can backfire and increase the memorability of the false claim.
- Emphasise agreement between scientists, doctors, WHO, ministries of health and other reliable organisations.

The **“fact sandwich”** or “truth sandwich” is a debunking approach that addresses the false claim while highlighting the accurate information. First, you begin with the fact. Second, you warn the audience that a false claim is coming, and then you explain the claim and why we know it’s false. Finally, repeat the accurate information so that it is the final component of the messaging. This approach works well because it puts the fact first and last, which are the positions that are most likely to be remembered. By explaining the false claim, including any deceptive tactics, and refuting the reliability of whoever is spreading the narrative, this technique helps safeguard vaccination efforts.

Appendix 5 includes a fact sandwich template that you can fill out.



Choosing between prebunking and debunking

Prebunking can be used with any narrative, regardless of its risk. Prebunking is a reliable default for any trending narrative because it simply provides educational messaging to the audience.

On the other hand, debunking should only be used when a false narrative is spreading rapidly and endangering vaccination efforts. It should not be used for lower-risk narratives for several reasons. Debunking requires you to repeat the false claim, which can inadvertently give more momentum to a narrative. You also cannot ensure that the same people who read a social media post with false claims are the same people who see your debunk correcting the falsehood. When a false narrative has a relatively large number of views, likes and reposts, debunking is an appropriate action because so many individuals have already been exposed to the claim.

In many cases, your messaging will include a combination of prebunking and debunking. However, if you aren't sure if debunking is the right approach, always default to prebunking.



	Can you use prebunking?	Can you use debunking?
Low-risk narrative	✓	✗
Medium-risk narrative	✓	✓ (in some cases)
High-risk narrative	✓	✓ (in some cases)

Examples of prebunking and debunking

The following examples show common questions and concerns about the polio vaccine with potential responses that can be used to guide future messaging.

Example 1

Can the polio vaccine give you polio?

Response

FACT

No, the polio vaccine is the only way to protect children from polio.

WARNING/MYTH

Misleading rumours sometimes claim that the polio vaccine is dangerous. This is not true.

FACT

Like other vaccines, the polio vaccine also contains a very weak version of the virus that causes the disease. But it is so weak that it cannot make you sick. This weak virus teaches our body to recognize and build immunity against the real virus that spreads in the world. The polio vaccine cannot give you polio. It's actually the only way to protect children from polio disease, and if you're vaccinated, you're safe.

You might also hear

Fears about alleged side effects, including paralysis and "vaccine shedding"; questions about effectiveness.

This is an example of

Debunking

Example 2**Is the polio vaccine and its ingredients safe?**

Response	The oral polio vaccine currently used in many countries is based on decades of research and knowledge about polio, and it's our latest tool to help keep children safe. It has been declared safe by the World Health Organization and Ministry of Health, has few side effects and is so safe that it can be given to sick children and newborns.
You might also hear	Questions about specific vaccine ingredients; worries about fertility; concerns over ingredient side effects.
This is an example of	Prebunking

Example 3**Why are big organisations working together on polio?
Is this some sort of conspiracy to control or
experiment on people?**

Response	<p>FACT</p> <p>It takes a global effort to keep children safe from polio.</p> <p>WARNING/MYTH</p> <p>Conspiracy theorists sometimes claim that the polio eradication program is part of a plan to decrease a country's population or control people, but this is not true.</p> <p>FACT</p> <p>In reality, the World Health Organization, UNICEF, ministries of health, other foundations and a network of 20 million volunteers work together on multiple polio campaigns each year to reach every last child. It takes everyone working together to make polio a thing of the past.</p>
You might also hear	Conspiracy theories about the "West" using other countries for medical experimentation or vaccine testing; fears about foreign aid.
This is an example of	Debunking

Example 4**Can oral polio drops be given multiple times?****Response**

Most medicines require multiple doses to make people healthy. Similarly, the polio vaccine needs to be given multiple times to provide complete immunity and fully protect children from polio. Multiple doses of the polio vaccine are perfectly safe. Until a child is fully immunized with multiple doses of the polio vaccine, they are still at risk for polio. Every extra dose of polio vaccine means a child gets extra protection against polio.

You might also hear

Complaints about multiple vaccination campaigns in a year; questions about effectiveness.

This is an example of

Prebunking

Example 5**Can the polio vaccine be given to sick children?****Response**

The polio vaccine is safe to be given to all children, including those who are sick. In fact, it is especially important for children who are sick to get vaccinated against polio because their immunity may be lower than healthy children. The World Health Organization has confirmed that the polio vaccine can be given to children of all ages, including those who have a cough, fever or diarrhoea. All children, sick or healthy, should receive polio drops so they can be protected for life.

You might also hear

Concerns about side effects after vaccination; worries about “overloading” a child’s immune system.

This is an example of

Prebunking

Example 6

Do breastfeeding or other so-called “natural” alternatives work better than the polio vaccine?

Response	The polio vaccine is the only way to protect children from polio; there is no other cure. Breastfeeding, clean water, handwashing and good nutrition are all important to help kids grow up healthy. But all children need multiple drops of the polio vaccine in order to be protected from paralysis and death.
You might also hear	False claims that spices, oils, antioxidants or herbal remedies can “cure” polio; myths that improved sanitation is why polio cases are down, not vaccines.
This is an example of	Prebunking

Example 7

Why is the polio vaccine prioritised over other needs?

Response	There are so many tough problems to solve in today’s world. But unlike other diseases, we can end polio for good. That’s why it’s so important for every child to be vaccinated: No child has to be paralyzed or die from polio. While we continue to fight against other diseases and for things like clean water, food and peace, we can also protect children from polio so they can live a healthy life.
You might also hear	Questions about the severity of polio; false claims the vaccine is “useless”; statements that other diseases like malaria are more important.
This is an example of	Prebunking

Example 8

What causes polio?

Response**FACT**

Thanks to scientists, we know a lot about polio. For example, we've known for over a century that polio is caused by poliovirus.

WARNING/MYTH

Still, some people falsely claim that polio was caused by the use of the pesticide DDT. This isn't true.

FACT

We knew about polio centuries before DDT was developed. The truth is that we know that polio is caused by the poliovirus, and only the polio vaccine provides protection.

You might also hear

False claims that poliovirus doesn't exist; myths that the virus is caused by other toxins; statements that vaccines aren't necessary.

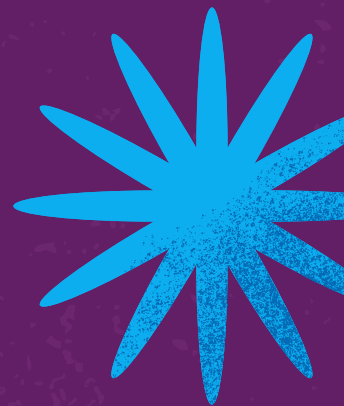
This is an example of

Debunking



PART 3

Reaching and engaging your audience



Polio messaging does not exist in a vacuum; it is part of the overall digital landscape, and members of the general public are likely not as tuned in to polio conversations as practitioners working in this space. Messaging needs to first reach a target audience and then capture attention so that audiences can absorb the information.

Trusted messengers

Whether you're employing prebunking or debunking, the ultimate goal of messaging is to promote vaccine confidence and increase the likelihood of parents choosing to vaccinate their children against polio.

The way in which messaging reaches a priority audience is critical. Partnering with trusted messengers is an effective way to ensure that individuals receive facts about polio vaccines from a source they already trust.



What is being said is as important as who is saying it.

Trusted messengers include faith leaders, health care workers, elected officials, media personalities and cultural figures, among other leaders who hold trust and influence in their communities. Your audience turns to these trusted messengers for accurate information, and leveraging their influence can be the difference between a parent saying yes or no during the next polio vaccination campaign. It is important to establish relationships with trusted messengers ahead of vaccination campaigns so that your network is prepared to share information and dispel rumours at that time.

Trusted messengers not only deliver accurate information to their communities, but they are also skilled at framing information in an empathetic way that corresponds with individuals' values and culture. For example, questions about whether polio vaccines are considered halal often appear in social listening. Partnering with Muslim leaders to talk to their community members about why they support all children getting the polio vaccine can help instil trust in vaccines.

How to turn social listening into content

Once analysts have identified trending narratives, communicators can use the following steps to decide the best way to respond. Options include prebunking, debunking, both or neither, such as in cases when the narrative is low risk and does not merit attention. Here's what that process can look like in practice using a few specific examples from the DCE program.

Example 1



Step 1

Analyse trending narratives

Social listening often reveals messaging opportunities and information gaps. As you might recall from [part 1](#), the DCE Polio Newsletter summarises trending narratives about polio, explaining the false claims, where they're spreading, what themes they reference, their risk level and recommended talking points to include in messaging. The newsletter also provides a downloadable asset in both English and French that helps readers respond to narratives if applicable to their region.

This example informs readers about polio workers in Pakistan reportedly taking part in a fraudulent polio vaccine scheme. This narrative was classified as high risk because of its potential to erode trust and cause vaccine hesitancy.

Polio workers in Pakistan accused of using fake vaccines

Health officials in Balochistan, Pakistan, reportedly identified more than 500 polio workers involved in a fraudulent polio vaccine scheme. According to the Balochistan health department, parents coordinated with the workers to administer fake vaccines or no vaccines to children who were then falsely recorded as vaccinated.

Geography: ROSA: Pakistan

Themes: Safety and side effects

Risk assessment: ● High risk

Fake vaccination campaigns can erode public trust and cause hesitancy that persists for decades. Reports of a fraudulent polio vaccine scheme in Balochistan underscore the severity of some parents' vaccine opposition and may cause other parents to refuse vaccinations to avoid fake vaccines. To combat this, continuing to partner with trusted local messengers, such as health care workers, elected officials, cultural figures, and faith leaders, is recommended. Additionally, messaging may emphasize that polio vaccines are safe and that local authorities have safeguards in place to prevent future schemes.

DCE: August 2024



Step 2

Decide on the message

This narrative is an example of one that is high risk but is not necessarily a false claim. Parents reading about fraudulent polio vaccines may be worried that their children might receive a fake vaccine during an upcoming vaccination campaign. To counter this concern, prebunking messaging can reiterate that polio vaccines are safe and under the control of local ministries of health. Debunking messaging can reassure parents that local authorities have safeguards in place to prevent future schemes.



Step 3

Turn the message into content

In this instance, the main message is that polio vaccines are safe. The DCE Polio Newsletter provided this asset, which clearly explains that the polio vaccine is produced under strict quality control requirements to be safe. The asset is eye-catching and simple enough to be skimmed in a social media feed.

This asset can be shared on health ministries' social media pages, through paid advertisements on social media and by trusted messengers, such as a local faith leader, both online on their own accounts and in face-to-face conversations. Although provided in English, this messaging could also be tailored and translated into other regional languages or dialects.



Example 2



Step 1

Analyse trending narratives

In this narrative, news coverage about vaccination campaigns in Indonesia spurred negative reactions about cVDPV2. When these posts circulated, the country was battling an ongoing cVDPV2 outbreak. Narratives included questions about the necessity of vaccines and confusion about how cVDPVs circulate. Conversations also spread conspiracy theories about Bill Gates and false claims about polio's eradication.

Outrage and misconceptions circulate about cVDPV2 in Indonesia

Some social media users expressed outrage about cVDPV2 in response to news coverage of ongoing polio immunization campaigns in Indonesia. Most of the posts question why vaccines are being administered when “polio outbreaks are caused by the polio vaccine.” Other posts promote conspiracy theories about Bill Gates and falsely claim that WHO declared polio eradicated worldwide in 1994.

Geography: EAPRO: Indonesia; Thailand

Themes: Effectiveness

Risk assessment: ● High risk

The circulating claims underscore the widespread misunderstanding of the role of OPVs in polio eradication. These misconceptions can be particularly damaging during ongoing immunization campaigns. Messaging may explain that OPV is responsible for the elimination of wild polio in Indonesia, which was declared polio-free in 1995. Emphasizing that vaccinated people are not at risk from any form of polio and that polio outbreaks most often occur in places with low immunization rates is recommended, as is highlighting that the current immunization campaign uses nOPV2, a more stable OPV with a significantly lower cVDPV risk. Talking points may explain that the best way to prevent any type of polio outbreak—whether wild polio or cVDPV—is to vaccinate children.

DCE: August 2024



Step 2

Decide on the message

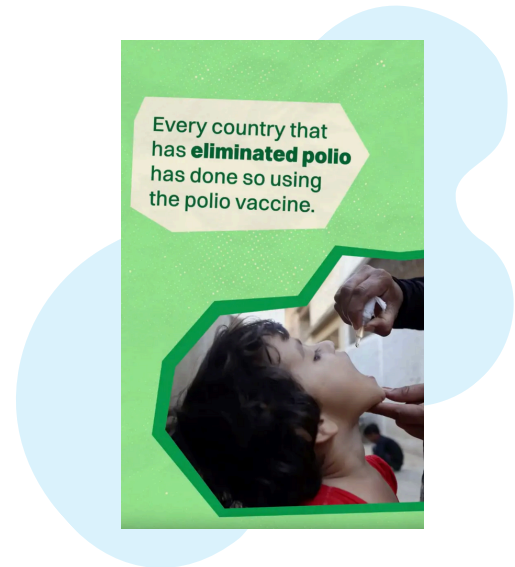
Social listening has revealed that misconceptions about cVDPVs are common, in part because of a misunderstanding of how this type of poliovirus is spread. The term “vaccine-derived polio” should be avoided in all messaging for the general public because it may falsely imply that the oral polio vaccine can “give” a child polio. In this case, both prebunking and debunking messages are needed. The prebunking message is that all polio vaccines are safe for children and that vaccination is the best way to prevent any type of polio outbreak. The debunking message is that vaccinated people are not at risk from any form of polio, explaining that cVDPVs spread between unvaccinated children in areas with poor sanitation and low immunization. While the claims were spreading, the Indonesian Ministry of Health itself debunked false claims about the safety of nOPV2, reiterating that the vaccine does not cause polio.



Step 3

Turn the message into content

The DCE Polio Newsletter provided a video asset promoting the role of the polio vaccine in eliminating polio in the majority of the world. The video explains that the polio vaccine is effective and that outbreaks still happen because polio is highly contagious and because not enough children are vaccinated in all communities.



Example 3



Step 1

Analyse trending narratives

Not every false claim merits a response, particularly those that have received limited engagement online. In this example, a post discusses “detoxing” after vaccination, including after polio vaccination.

Trending post encourages “detoxing” after vaccination

A popular post urges people who have received vaccines to “detox” using chlorophyll or magnesium. A response asks if they can detox from tuberculosis or polio vaccines.

Geography: **ESARO:** Zimbabwe; **MENARO:** Oman, Saudi Arabia; Global (Other): Australia

Themes: Safety and side effects; Ingredients

Risk assessment: ● Low risk

Responding to each false claim may detract from priority talking points. Continuing to emphasize that the polio vaccine is safe and doesn’t contain toxic ingredients that need to be “detoxed” is recommended.

DCE: March 2024



Step 2

Decide on the message

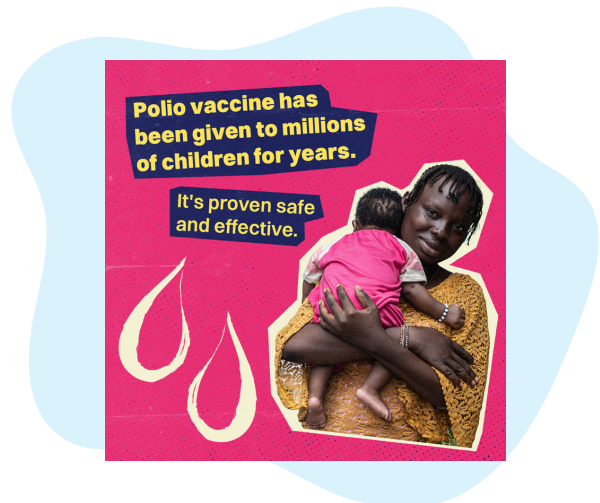
Responding to every false claim may take attention away from your main messages. It's important to efficiently use resources, such as staff time developing materials or a paid advertisement campaign, to respond to higher risk narratives. While responding to this individual narrative is probably not warranted, it underscores ongoing conversations related to the themes of vaccine ingredients and safety. Communicators may wish to recirculate general prebunking messages that reiterate that the polio vaccine is safe.



Step 3

Turn the message into content

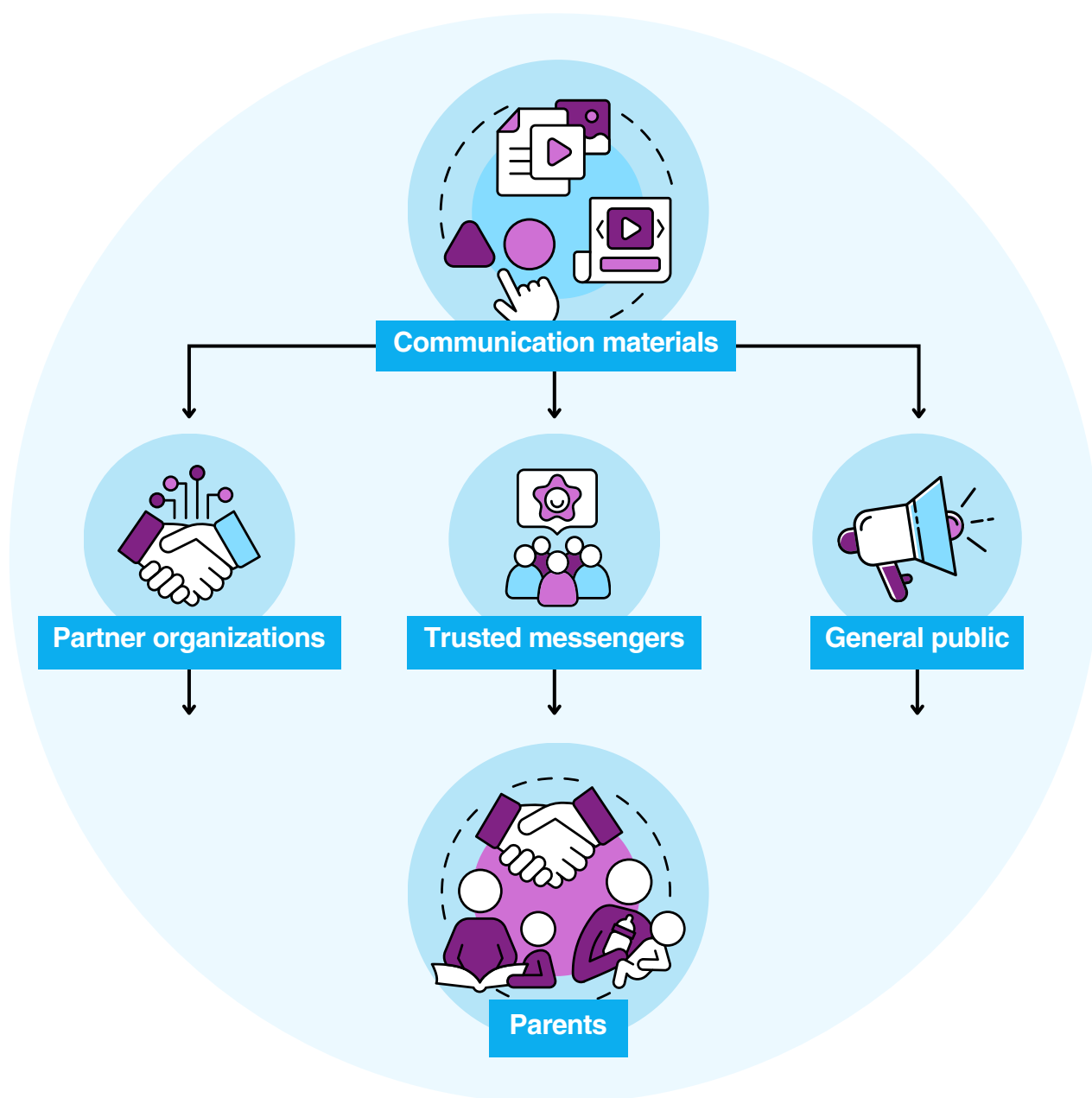
This asset is an example of a general prebunking message that can be shared at any time to fill information gaps and get ahead of potential narratives disputing polio vaccine safety.



What social listening can inform

Although the examples provided above show how social listening insights can be translated into social media content, this process can also be used for other forms of messaging, including:

- Web pages on polio with frequently asked questions.
- One-pagers with talking points to send to partners and trusted messengers.
- Paid media campaigns.
- Fact sheets to print and hang up in local businesses and community centres.



In practice: Social listening for crisis communications

High-risk narratives may require immediate attention. Here's a summary of where social listening insights could aid communications. (While this is a fictional scenario, it incorporates real-life narratives.)

A country has been declared wild polio-free for over a decade, however it is currently facing an ongoing cVDPV2 outbreak with confirmed cases of paralysis in young children. The country has recently begun using nOPV2, a next-generation vaccine that helps fight cVDPV2. A weeklong, country-wide vaccination campaign is about to begin when a local doctor with hundreds of thousands of social media followers posts that nOPV2 causes polio. This doctor is receiving high engagement on the post, with many other accounts resharing the post.



Social listening analysts have been closely monitoring the situation and have identified many questions from community members about nOPV2. Since nOPV2 has only recently been rolled out, the ministry of health's FAQ pages have not yet been updated with information about this vaccine. To minimise the impact of this false claim on the upcoming campaign, the ministry of health could ensure that all materials include up-to-date talking points about nOPV2, why it was given full licensure by the World Health Organization and why we know that this vaccine is safe and does not cause polio. Social media managers responding to questions on their posts about the campaign should also be equipped with nOPV2-specific information as well. The ministry of health may send partners, such as local faith leaders and elected officials, these materials so that they are prepared to talk about nOPV2 with their community members and assure parents that they should participate in the vaccination campaign.

6 tips for messaging about polio online

The literature on effective science and health communications is vast, but the world of polio communications contains some specific pitfalls to keep in mind. No matter what trending narrative you're responding to, these recommendations help ensure that messages on social media and online adhere to best practices for talking about polio.



Keep history in mind. When addressing conspiracy theories around depopulation or medical experimentation, keep in mind the history of unethical medical practices against Africans and other colonised or marginalised populations around the world. Messaging may acknowledge the serious abuses of the past while explaining that these abuses led to the safeguards that exist today. It can be helpful to highlight that local ministries of health run polio campaigns without Western interference.



Take extra care when messaging about cVDPVs. Messaging should avoid referring to “vaccine-derived polio” because that term incites fear of vaccines and can lead to hesitancy. Messaging should always reiterate that cVDPVs are extremely rare and spread only between unvaccinated children in areas with poor sanitation and low immunization and that vaccinated children are protected against all forms of polio.



Create a message bank for efficiency. A message bank includes prepared messaging that responds to the common polio themes identified in [part 1](#) of this guide. Having a message bank enables you to quickly find and update appropriate messaging.



Don't compare polio vaccines. If too much focus is spent on cVDPVs, some communications may imply that the oral polio vaccine (OPV) is inferior to the inactivated polio vaccine (IPV). It's not. The OPV is safe, inexpensive, easy to administer and extremely effective. Similarly, references comparing mOPV2 (an oral polio vaccine that provides protection against cVDPV2) and nOPV2 (a next-generation version) may also confuse the public. Messaging may emphasise that all polio vaccines are safe and that health authorities choose the right vaccine for each situation.



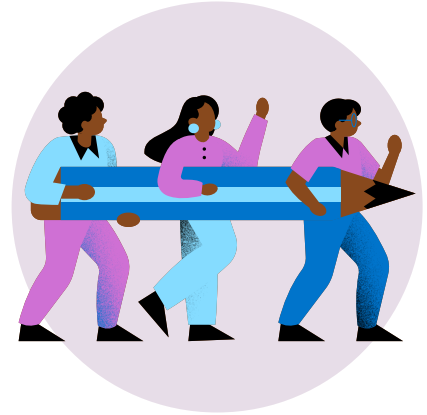
Tailor messages to be culturally specific. Each region has its own context, which can vary by country or on an even more local level. Successful messages take into account language preferences, current events, religious factors and other aspects of local culture.



When debunking, don't repeat false information more than once. Focus on the fact, not the false claim. Repeating the false claim more than once can backfire and increase the memorability of the false claim.

Engaging with your audience

Community management is the practice of creating an environment on your social media platforms where followers can ask questions and interact directly with your organisation. By fostering this environment, social media managers can get a pulse on how audience members perceive messages in order to adapt future messages and to understand what other areas require further education. While community management is not specific to polio communications, the guidelines below consider the most important and likely situations for social media managers.



Do's and don'ts for community management

Do's

Do engage with your followers.

Thousands of people around the world are passionate about ending polio for good. But because social media is social, you have to give engagement to get engagement. This could look like liking people's comments on your posts, replying to and messaging your most engaged followers, responding to comments and using in-platform polls and surveys.

Do practice empathy.

In some at-risk polio countries, especially those experiencing an outbreak, people may be asked to vaccinate their children multiple times in a year. They may experience frustration or fatigue. Answering questions and concerns patiently and with empathy is recommended.

Do provide links for more information.

It's great to provide your audience with accurate information, but sometimes they need a bit more. Link to reputable sources like WHO, GPEI, UNICEF and others so that people can learn more if they need.

During vaccination campaigns, make sure to direct people to country-specific or regional information.

Don'ts

Don't ignore questions or criticism.

This can give you insight into what you need to do more (or less) of, things you might need to change or the questions people have about polio.

Don't engage with trolls.

Every organisation will need to decide its own rules for responding to comments, deleting comments and blocking or banning users. While it is crucial to be responsive to genuine concerns and questions, some posts will receive spam comments from individuals who are acting in bad faith. Having a plan for how to deal with bad actors is essential.

Don't forget to meet people where they are.

Especially during vaccination campaigns, think critically about where people need to receive information. Leverage both digital and offline mediums to ensure that the greatest number of people see your messaging.

Conclusion





Polio misinformation is now spreading across more social media platforms with fewer restrictions than ever before.

However, the digital ecosystem presents a unique opportunity to spread accurate information. By tracking and understanding the spread of health-related information, public health officials can not only more appropriately react to the information that's circulating, but they can also stay on top of narratives, discern what questions people have and predict unfavourable trends in information.

Conversations about polio follow predictable patterns, and narratives often spike during vaccination campaigns or after the announcement of new cases.

It's not important to track every false claim or mention of polio key words. Instead, when communicators understand the recurring themes in polio conversations and the underlying concerns associated with them, they are better prepared to use the right messaging at the right time. [The UNICEF Digital Community Engagement Polio Newsletter](#) is a key tool to aid in this work.



Narratives can be classified as high risk, medium risk or low risk, and knowing the risk level helps you understand how to respond.

Many factors influence the risk level of a narrative, such as the source, the level of engagement, whether there's an upcoming campaign and so on. Each organisation will have its own criteria to assess risk level for a particular narrative based on the local context.



Prebunking and debunking are two essential tools to respond to trending narratives.

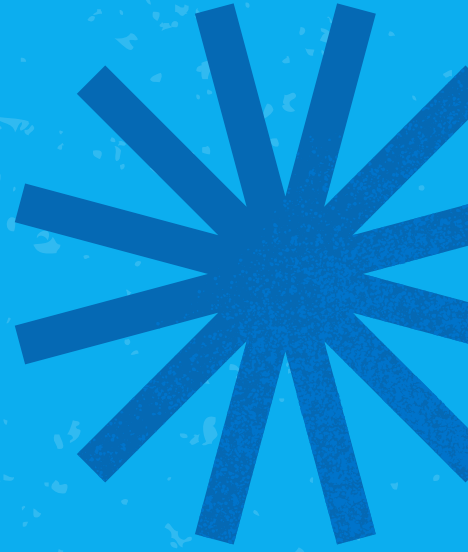
But because debunking can amplify a false claim, it should only be used when a false narrative is spreading rapidly and endangering vaccination efforts. Prebunking can be used with any narrative, regardless of its risk, because it simply provides educational messaging to the audience. When in doubt, prebunk!

No matter what trending narrative you might be responding to, it's important to be aware of potential pitfalls when messaging and communicating with communities.

Messages should be culturally sensitive and aware of historical context. Special care should be taken when discussing cVDPVs, and leading with empathy is always the right call. When done correctly, timely, responsive messaging can effectively address trending narratives, build trust and encourage polio vaccine uptake.



Appendix



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Glossary

Social listening: A practice that tracks publicly available media data to discover, interpret and act on the information that's spreading. Social listening allows analysts and communicators to gauge public knowledge, attitudes and behaviours related to health issues.

Conversation spikes: Sudden and notable increases in the volume or intensity of discussions on a particular topic or event across platforms.

Conversation themes: Persistent, recurring and overarching ideas or topics in conversation. [Part 1](#) contains a complete list of common themes in polio conversations.

Risk level: The relative significance of a trending narrative on vaccination efforts.

- **Low-risk narratives:** Narratives that have limited reach, do not impact the community significantly and/or lack qualities necessary for future spread. These narratives often indicate information gaps, confusion or concerns.
- **Medium-risk narratives:** Trending conversations that circulate in priority populations, pose a certain threat to polio vaccination efforts and have the potential for further spread. These narratives often highlight the public's questions and concerns and can include conspiracy theories and false claims.
- **High-risk narratives:** Narratives that circulate widely across communities, engage a large audience with rapid speed and have a significant potential to influence polio vaccination efforts. They often present false, misleading or unsupported information and appeal to people's emotions. These narratives often jump across platforms and languages, resurface and adapt to new topics.

Decision matrix: A tool used to compare different options for responding to a narrative, based on an organisation's role and priorities. The matrix considers the impact of a narrative, the spread and velocity and the likelihood of further spread. [Appendix 4](#) includes a decision matrix template.

Prebunking: A proactive strategy that provides accurate information before people are exposed to false claims. It focuses on filling knowledge gaps, addressing potential trending narratives, explaining misinformation tactics and exposing unreliable sources.

Debunking: A reactive strategy used to counter false claims with correct information after they have already spread widely. Debunking uses clear, easy-to-understand messages that emphasise scientific consensus and the facts rather than the misinformation.

Fact sandwich: A debunking strategy that structures messages in a sandwich-like format:

- **Fact:** Start with factual information.
- **Warning:** Briefly warn the audience that a false claim is coming.
- **Myth:** Explain the misinformation, why it is incorrect and any tactics that are being used.
- **Fact:** End with another factual statement to reinforce the correct information.

[Appendix 5](#) includes a fact sandwich template.

How to use Google Trends and Google Alerts for basic social listening

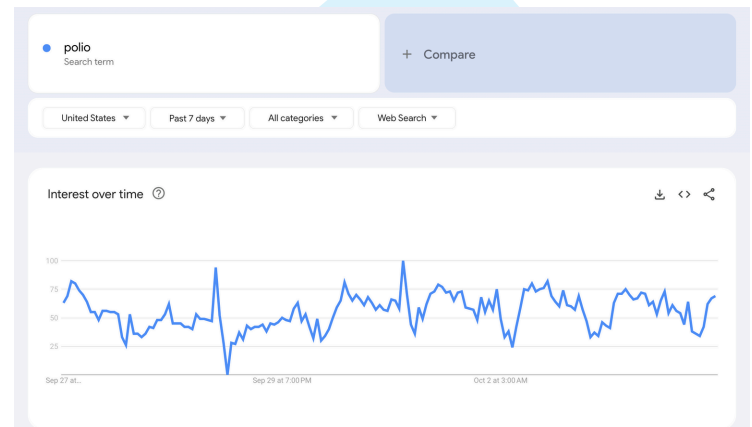
You are likely familiar with Google as a search engine, but you're probably less familiar with two of its sophisticated tools: [Google Trends](#) and [Google Alerts](#). These advanced tools provide insightful data analysis and customised information monitoring in the digital landscape.

Both are invaluable tools for those seeking to dissect digital trends and stay informed in an increasingly complex online landscape.

- **Google Trends** provides nuanced insights into internet-wide search behaviours.
- **Google Alerts** offers a personalised, real-time information monitoring service.

How to use Google Trends

Google Trends offers insight into the endless array of topics that people are searching for. You can search for specific terms using the search bar at the top, and you can customise the time frame, ranging from 2004 to the past hour of Google searches. The trendline offers a general overview of search volume, although it's not highly detailed, and you can't interact with it.



In order to make comparisons, you'll need to search for words one at a time. As you scroll down, you'll find "Related Topics" and "Related Queries," which provide a list of other topics or questions that people often search alongside your original term. By clicking on these related topics and queries, you can track how these interests have evolved over time. While Google Trends may not offer highly specific data, it provides unique information that can't be obtained from other sources.



Public health professionals can use Google Trends to gauge the prevalence of conversations or questions about specific issues by analysing search query patterns.

How to use Google Alerts

Google Alerts enables you to monitor online content related to specific terms. Specify particular keywords or topics of interest, and Google Alerts continuously monitors the vast expanse of online content, from news articles to websites.

When you enter your chosen terms into the form, Google Alerts will send you an email whenever content matching those terms is published on the web. It's like having a proactive research assistant, tirelessly scanning the web for relevant updates and delivering them directly to your virtual doorstep.

You can search for any term, and it's possible to include multiple terms within a single search to avoid inundating your inbox. It's crucial to click on "Show Options." as this is where you can customise the alert to best suit your needs. Selecting this will allow you to a few different things:

- Specify the email frequency (How often)
- Select specific sources, like news, blogs and web (Sources)
- Choose the desired language (Language)
- Pick a particular region or country (Region)

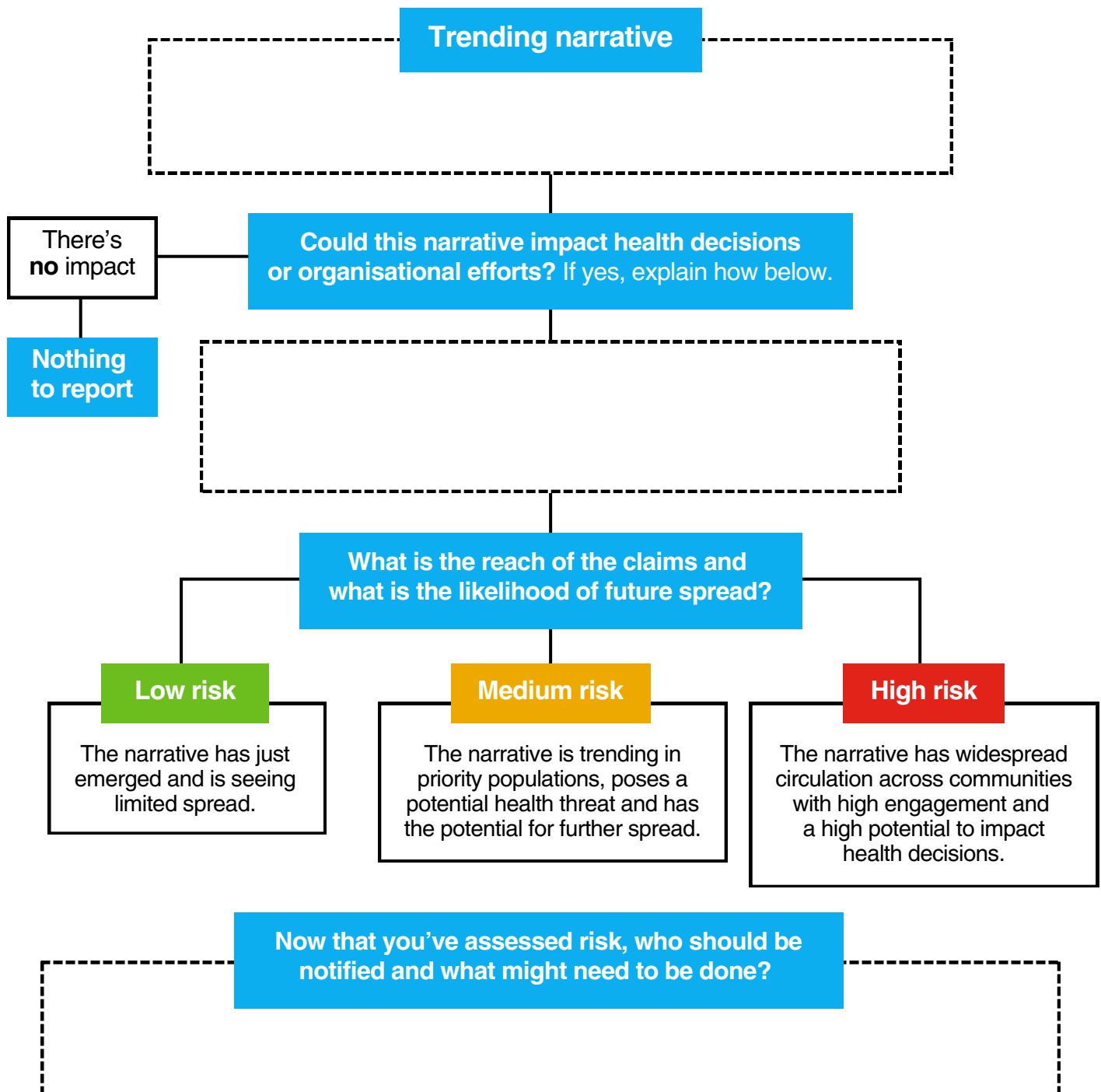
The preview provided will give you an idea of the kind of information the alert will deliver to your email.



Google Alerts does not cover social media content or track how websites share or receive reactions. However, it is an easy way to receive email notifications when web content aligns with your search terms.

Decision matrix template

Every organisation has its own threshold for low, medium and high risk. Higher-risk narratives often require more swift and far-reaching action, while low-risk narratives may require little or no response. Insert a trending narrative below and follow the flow chart to assess its risk level.



Examples: Update FAQ web pages, send talking points to trusted messengers, etc.

Fact sandwich template

Research has shown that debunking is often effective in reducing beliefs in false claims. Use the “fact sandwich method” when a narrative has spread so widely that it needs to be debunked directly.

