Brief analysis of a WHO survey of COVID-19 factcheckers

WHO: Tina Purnat, Tim Nguyen
US CDC Global Immunization Division: Muriel Konne, Atsu Ishizumi, Dimitri Prybylski, Elisabeth Wilhelm
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Tim Nguyen, WHO

Acknowledgements:
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Overview

Administer a survey of fact-checking organizations to:

1. **Identify** organizations managing COVID-19 infodemic and understand their current process of fact-checking health information, including facilitators and barriers
2. **Assess** the needs and potential for factcheckers to collaborate with health authorities and other public health stakeholders

Methods

- Survey was developed by WHO and US CDC with feedback from misinformation experts
- Distributed to COVID-19 Factcheckers in Ryerson University’s COVID-19 factchecking database and to members of the International Fact-checking Network (IFCN) listserv and other fact-checking organizations
  - 91 fact-checking organizations completed the survey, representing a convenience sample
  - Multiple responses submitted by the same organizations were removed as part of data cleaning
- Quantitative data were analyzed using Tableau. To analyze textual data, inductive thematic analysis was used to qualitatively identify emerging patterns.

Limitations: Convenience sample, limited to English responses, 0 responses from EMRO region

Goal: Understand landscape of factchecking organizations working on health misinformation and their involvement of health expertise
Fact-checking organizations that responded to the survey: a snapshot

WHO region
- African Region
- European Region
- Regions of the Americas
- South-East Asia Region
- Western Pacific Region

IFCN Signatory: 69.2% (n=63)
No IFCN Signatory: 30.8% (n=28)

*no respondents from WHO Eastern Mediterranean Region
Nearly 70% of organizations reported overabundance of misinformation and unclear scientific evidence as top challenges.

- Too much misinformation: 69.41%
- Unclear or rapidly changing scientific evidence: 67.06%
- Unstable funding: 54.12%
- Lack of collaborators in health fields: 38.82%
- Lack of access to credible resources: 35.29%
- Lack of transparency with social media platforms: 27.06%
- Lack of media accountability: 27.06%
- National laws on spreading misinformation: 20.00%
- Other challenges: 10.59%

Lack of collaboration was a leading challenge in the African region

*no respondents from WHO Eastern Mediterranean Region*
European Region has more mature fact-checking organizations, but there has been a big increase in AFRO and other regions in the past year

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Region</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>African Region</td>
<td>30.00%</td>
</tr>
<tr>
<td></td>
<td>Western Pacific Region</td>
<td>20.00%</td>
</tr>
<tr>
<td></td>
<td>South-East Asia Region</td>
<td>20.00%</td>
</tr>
<tr>
<td></td>
<td>Regions of the Americas</td>
<td>20.00%</td>
</tr>
<tr>
<td></td>
<td>European Region</td>
<td>10.00%</td>
</tr>
<tr>
<td>1 to &lt;5 years</td>
<td>European Region</td>
<td>45.45%</td>
</tr>
<tr>
<td></td>
<td>South-East Asia Region</td>
<td>23.64%</td>
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<tr>
<td></td>
<td>Regions of the Americas</td>
<td>16.36%</td>
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<tr>
<td></td>
<td>Western Pacific Region</td>
<td>9.09%</td>
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<tr>
<td></td>
<td>African Region</td>
<td>5.45%</td>
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<tr>
<td>5 to &lt;10 years</td>
<td>European Region</td>
<td>47.62%</td>
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<td>Regions of the Americas</td>
<td>28.57%</td>
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<td></td>
<td>Western Pacific Region</td>
<td>14.29%</td>
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<tr>
<td></td>
<td>South-East Asia Region</td>
<td>4.76%</td>
</tr>
<tr>
<td></td>
<td>African Region</td>
<td>4.76%</td>
</tr>
<tr>
<td>10 to &lt;15 years</td>
<td>European Region</td>
<td>80.00%</td>
</tr>
<tr>
<td></td>
<td>Regions of the Americas</td>
<td>20.00%</td>
</tr>
</tbody>
</table>

*no respondents from WHO Eastern Mediterranean Region
European and African Top 3 Topic Areas covered by fact-checking organizations diverged from the rest of the WHO Regions represented in the survey

<table>
<thead>
<tr>
<th>Region</th>
<th>COVID-19 and health</th>
<th>Politics</th>
<th>Science and technology</th>
<th>Public Figures</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Region</td>
<td>33.96%</td>
<td>31.13%</td>
<td>13.21%</td>
<td>13.21%</td>
</tr>
<tr>
<td>Regions of the Americas</td>
<td>36.00%</td>
<td>30.00%</td>
<td>18.00%</td>
<td></td>
</tr>
<tr>
<td>African Region</td>
<td>38.89%</td>
<td>27.78%</td>
<td></td>
<td>16.67%</td>
</tr>
<tr>
<td>South-East Asia Region</td>
<td>37.21%</td>
<td>27.91%</td>
<td>13.95%</td>
<td></td>
</tr>
<tr>
<td>Western Pacific Region</td>
<td>32.00%</td>
<td>24.00%</td>
<td>16.00%</td>
<td>16.00%</td>
</tr>
</tbody>
</table>

*no respondents from WHO Eastern Mediterranean Region"
Many organizations report challenges in fact-checking health misinformation

- Most say inconsistent statistics, skewed statistics in exchange for financial incentives and unsubstantiated data is a challenge
- Some say rapidly changing data makes timely fact-checking difficult
- A few say lack of visibility by health authorities, so for example, health authorities do not answer questions publicly
- Most report misleading information spread by official figures and leaders as a challenge
- Some say a lack of access to public data and information as well as obtaining relevant and neutral sources is a challenge
- A few said they experience threats or abuse against fact-checkers

But nearly half of organizations reporting on health misinformation reported not working with health professionals

Breakdown of Fact-Checking Organizations that work with health professionals on health-related claims (n=89)

- Yes: 49%
- No: 51%

Both IFCN and non-IFCN signatories said that they are most likely to work with health associations. Ministries of Health were third most commonly reported source for IFCN but second for non-IFCN members.

* no respondents from WHO Eastern Mediterranean Region
Conclusions: differences across regions and IFCN signatories/non-signatories

- Of the fact-checking organizations that responded to the survey, those from Europe tend to be longer established and less likely to solely focus on health-related claims; this suggests that Europe has a more mature fact-checking ecosystem that has been addressing different types of mis/disinformation since before COVID-19.
- Conversely, younger organizations are more likely to be based in upper- and lower-middle income countries, suggesting that there has been a surge of new fact-checking organizations in these countries over the past year.
- The need for collaborators in health fields appeared to be more pronounced amongst non-signatories.
Conclusions: overall key takeaways

- Nearly 50% of all organizations reported that they don’t work with health professionals. More than a quarter of organizations that primarily focus on health-related claims don’t currently collaborate with health experts.
- All organizations need support, but some organizations within certain regions may need more support than others; for example, organizations in lower-middle income countries experience both unstable funding and overabundance of misinformation.
- Most fact-checking organizations reported their leading challenge to be keeping up with rapidly changing science.
Recommendations

- Health authorities and medical associations should proactively coordinate and work more closely with fact-checking organizations and existing networks, and build bridges with media organizations that do fact-checking.
- Strengthen regional coordination and capacity building particularly in African and Western Pacific Regions where young fact-checking organizations have sprouted in the past year (e.g. Africa Infodemic Response Alliance).
- More work needs to be done to improve reach of fact-checking through offline channels, such as radio and SMS.
- Consider training health communicators within health authorities and medical associations about fact-checking basics and managing misinformation.
- Develop tools and standards for assessing the impact of misinformation and the impact of fact-checks and corrections.
- Factchecking networks for health emergencies needs to be established as a regular component of infodemic management, especially when working in LMICs where there are few or relatively recently established factchecking groups.
Thank You

Twitter: research2policy
Email: nguyent@who.int
Website: www.who.int/epi-win