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Brief analysis of a WHO survey of COVID-19 factcheckers

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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 factchecking health information, including facilitators and barriers
2. **Assess** the needs and potential for factcheckers to collaborate with health authorities and other public health stakeholders

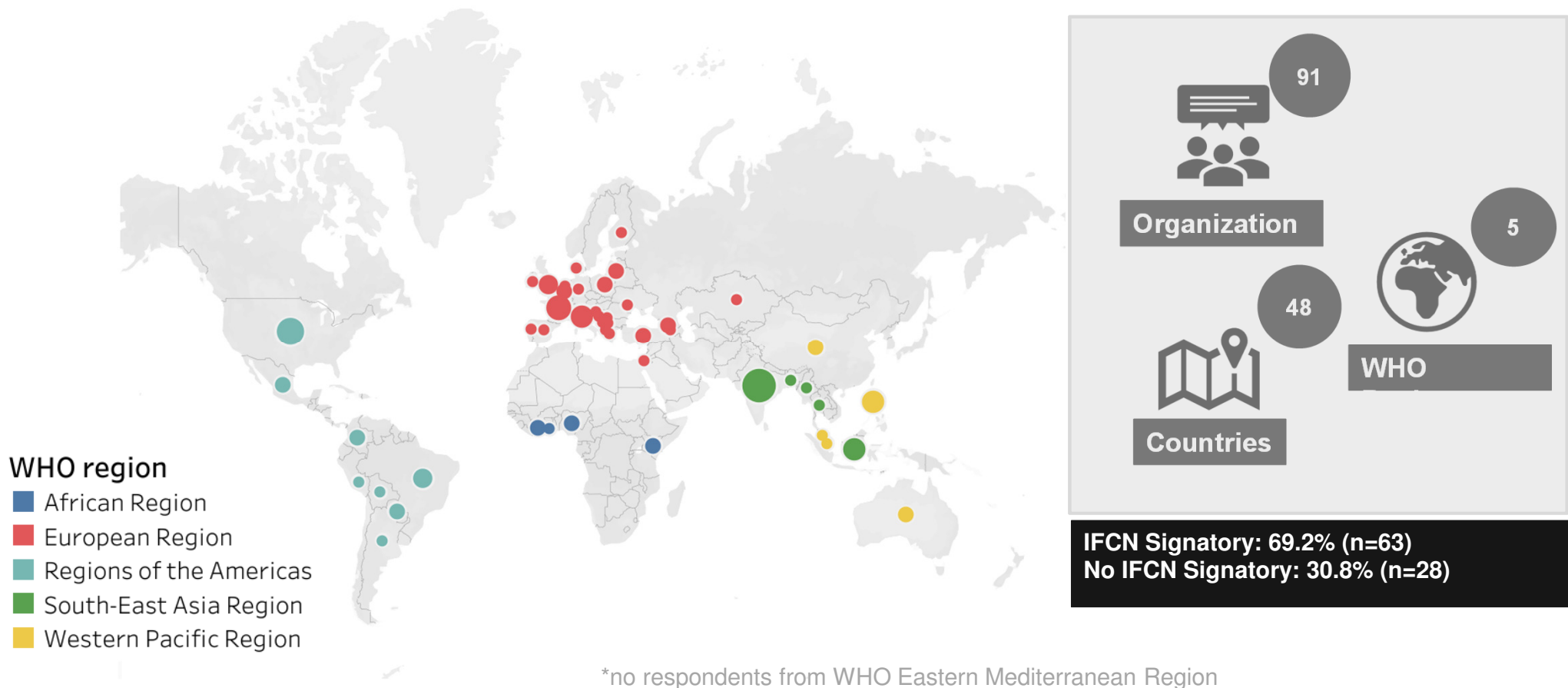
Methods

- 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.

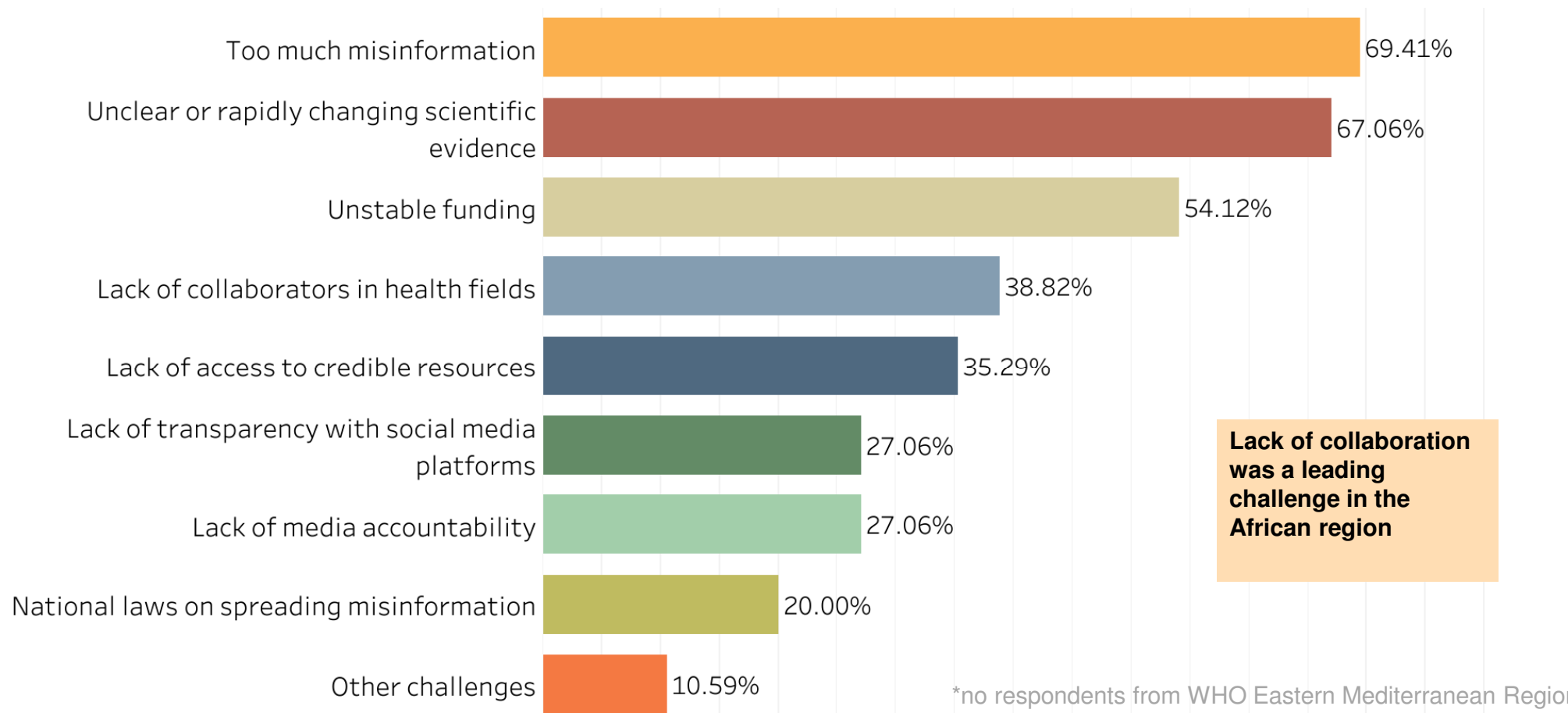
Limitations: Convenience sample, limited to English responses, 0 responses from EMRO region

Goal: Understand landscape of factchecking organizations working on health misinformation and their involvement of health expertise

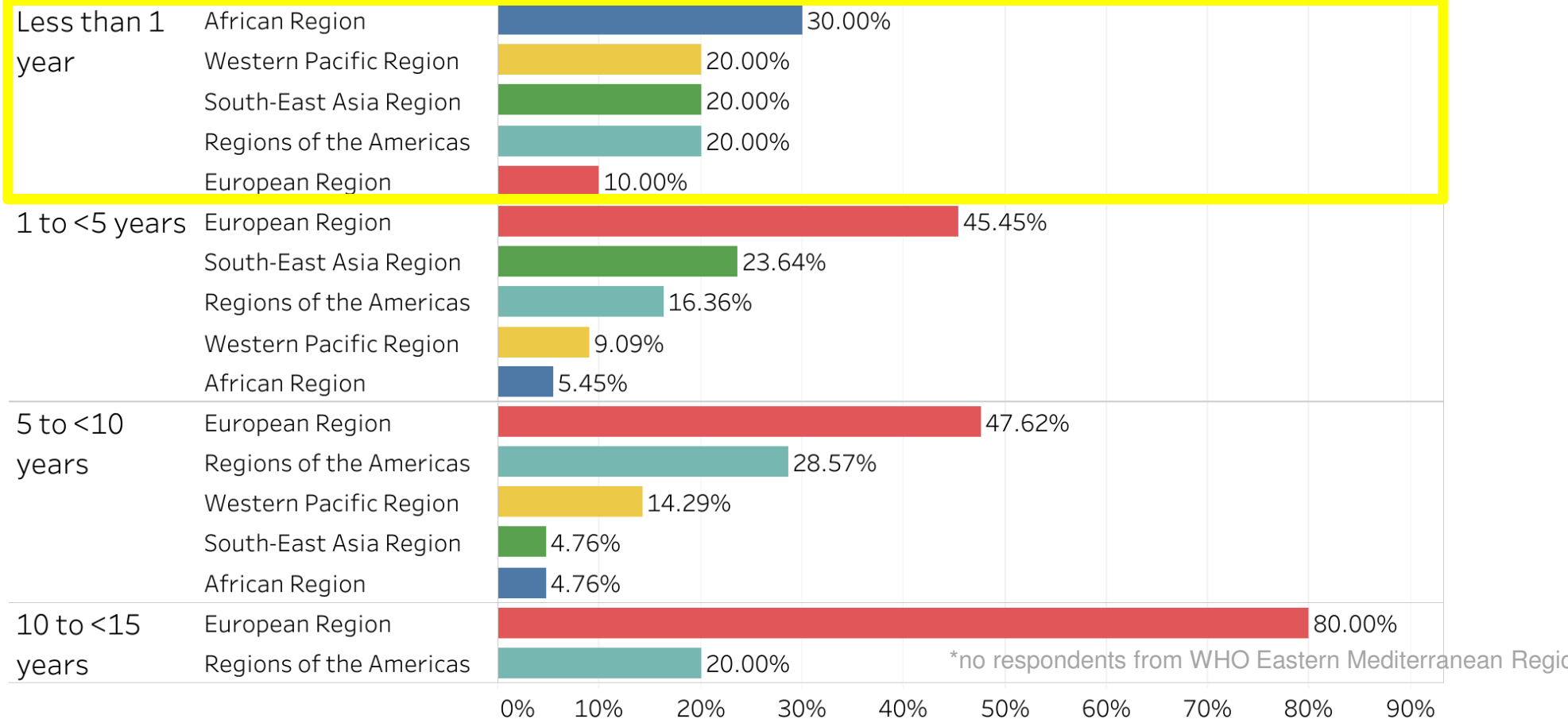
Fact-checking organizations that responded to the survey: a snapshot



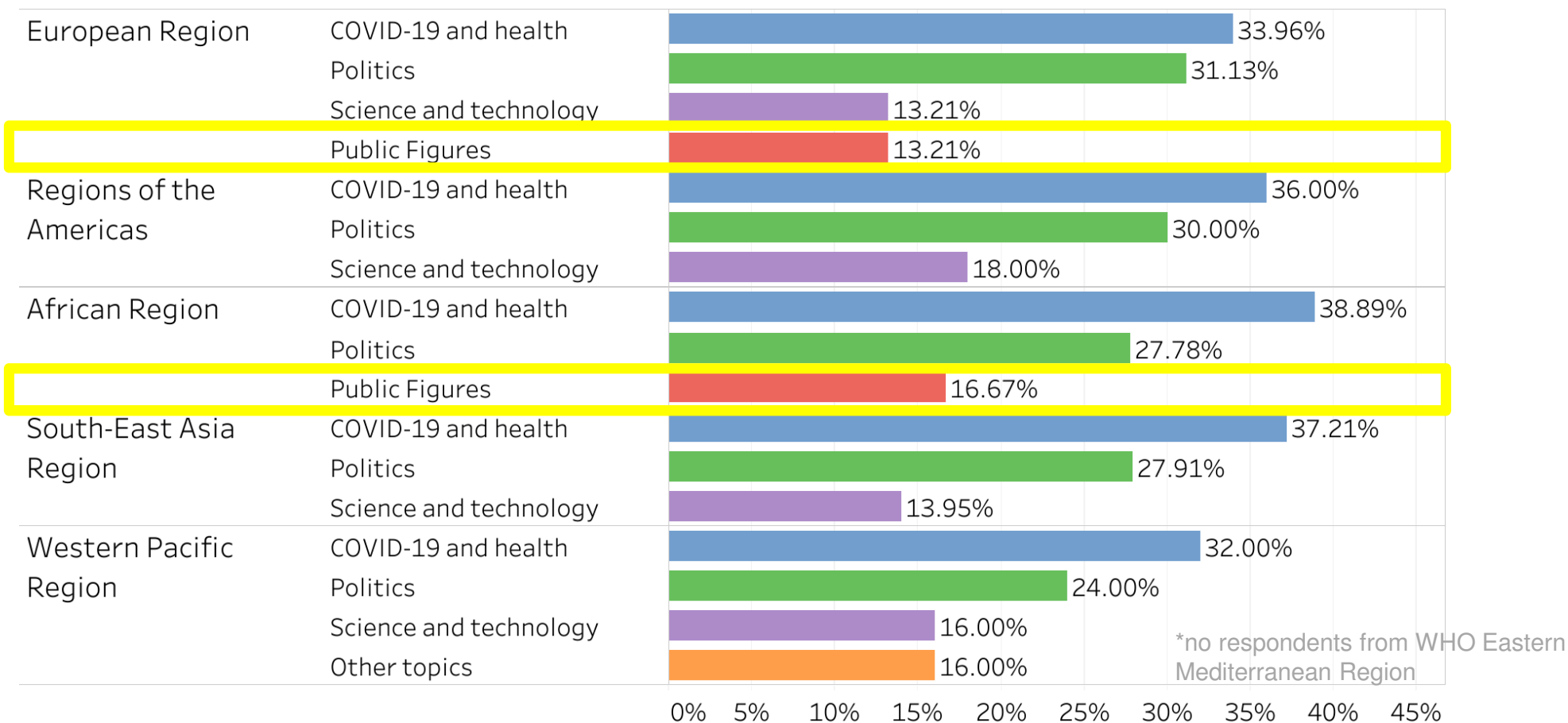
Nearly 70% of organizations reported overabundance of misinformation and unclear scientific evidence as top challenges



European Region has more mature fact-checking organizations, but there has been a big increase in AFRO and other regions in the past year



European and African Top 3 Topic Areas covered by fact-checking organizations diverged from the rest of the WHO Regions represented in the survey



Many organizations report challenges in fact-checking health misinformation



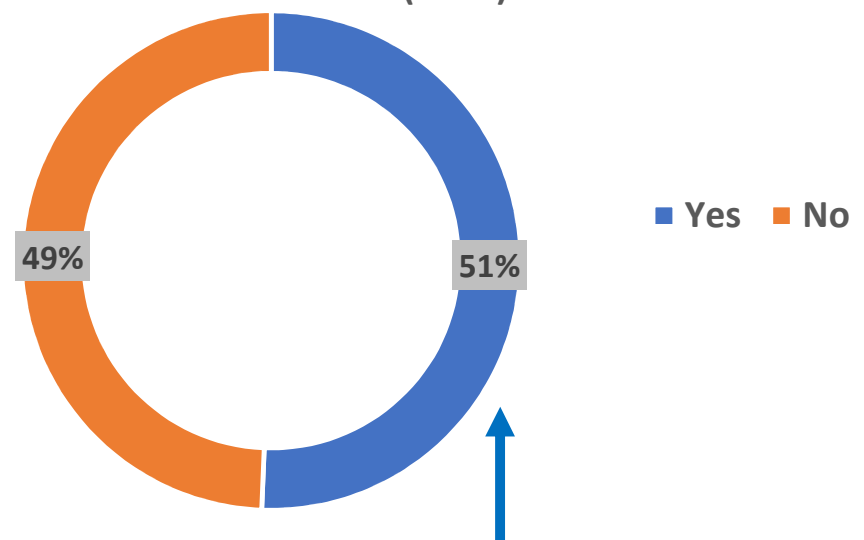
Fact-checking Challenges

- 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

*no respondents from WHO Eastern Mediterranean Region

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)



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.

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



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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



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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



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Thank You



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