

A hand is shown from the right side, placing a wooden block with the letter 'T' to complete the word 'FACT'. The blocks are white with black letters and are arranged on a yellow background. The hand is wearing a dark sleeve.

Fact or fiction

Overcoming health misinformation

Covid-19 vaccines do not alter DNA. Nonetheless, the idea is widely shared on social media. It's simply false and education is needed to battle the notion.

But a frightening and misunderstood instance of rare, potentially fatal blood clots in a handful of cases is harder to combat. There have been links to clotting with certain vaccines and researchers are only beginning to understand why but peer reviews are still pending. Meanwhile, misinformation is still spreading. The public doesn't wait for answers; they take inaction now.

Even before various covid-19 vaccine injections began, anti-vaxx sentiment—which has existed as long as vaccines—went on an upswing. Propagation of the myriad half-truths and outright lies have hampered vaccination efforts globally.

For all the attention they receive, adamant anti-vaxxers may not be the biggest roadblock to controlling the virus. The vaccine-hesitant form a far larger global population. And while they may not question the motives of pharmaceutical companies, doctors or policymakers, they are exposed to enough mis- and disinformation about the efficacy and side effects of vaccines, as well as covid-19's severity, that many decide against vaccination.¹

Supported by



¹ Considering Emotion in COVID-19 Vaccine Communication: Addressing Vaccine Hesitancy and Fostering Vaccine Confidence. *Health Communication*. 30 October 2020. Available online at <https://www.tandfonline.com/doi/full/10.1080/10410236.2020.1838096>

People acting or not acting on health-related matters based on bad information is nothing new. And hostility or indifference to modern medicine is ancient. What is new is the sheer volume of mis- and disinformation and the variety of mediums through which it is disseminated and consumed widely and almost instantaneously.



“We’re not just fighting an epidemic; we’re fighting an infodemic”,

declared Tedros Adhanom Ghebreyesus, WHO director-general early in 2020 at the Munich Security Conference².

In a report consolidating misinformation’s spread, researchers Salman Bin Naeem and Rubina Bhatti cite that during lockdowns, social media platforms became central sources of information and disinformation. “Every day in March 2020 there was an average of 46,000 new posts on Twitter linked to misleading information about the pandemic. A recent Ofcom’s survey (2020) in the UK indicated that 46% of UK adults reported that they have been exposed to misleading information online about the crises. 40% adults in the UK are ‘finding it hard to know what is true or false about the virus’. Similarly, a study in the United States reported that 64% of US adults faced a great deal of confusion about the basic facts.”³

The difficulty is as true in Asia as anywhere, but understanding the characteristics particular to the region will help us to understand mis- and disinformation more effectively. While covid-19 is a global

pandemic, the mis- and disinformation surrounding it are invariably steeped in local context and customs. Combating misinformation, therefore, involves leveraging locally trusted mediums of communication and authority figures, ensuring that accurate information is just as localised for these communities as the falsehoods.

At the same time, the magnitude and complexity of information networks demand that curtailing falsehoods involves approaches that maximise scale and reach. Fostering co-operation between digital platforms and stakeholders in the health-policy community should be elevated and accelerated.

The sources of mis- and disinformation

The internet’s promised democratising effect on information has also enabled rumours and elaborate conspiracy theories to take equal footing with scientific fact. Prior to the internet, information was largely channelled by gatekeepers—mainly publishers of newspapers, academic journals, TV news, etc. While there was still word-of-mouth and publications that made wild and unsupported claims, the relatively smaller number of platforms limited the amount of information available, making fact-checking and corrections a less daunting task. The challenge for the 21st century may be more about scale than gatekeeping.

Asia’s relationship with information and the internet has been similar to other regions, albeit with a few important distinctions. As elsewhere, unregulated new media outlets and celebrity influencers on social media feature prominently in discussions of most subjects. Yet, family, social circles and traditions play a larger role. Overlapping

² Munich Security Conference, <https://www.who.int/director-general/speeches/detail/munich-security-conference>

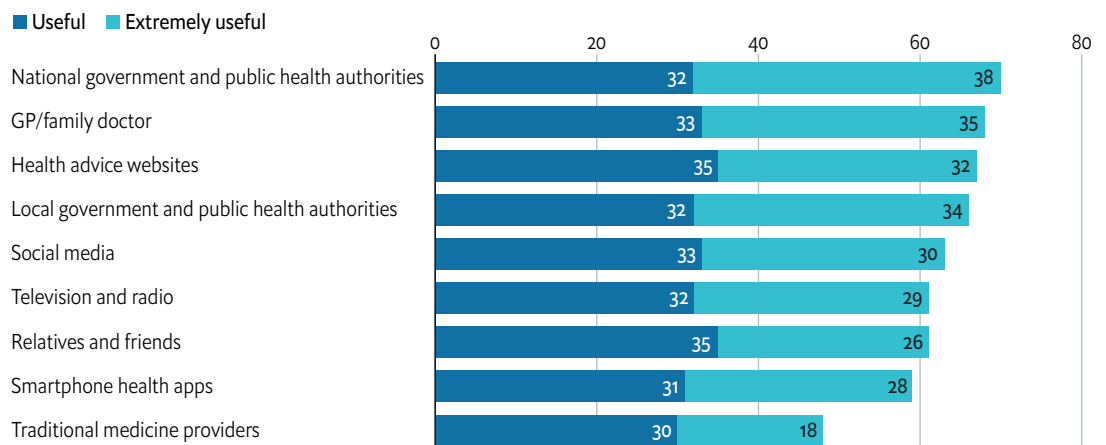
³ The Covid-19 ‘infodemic’: a new front for information professionals, *Health information and libraries journal*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7323420/>

networks of immediate and extended family, friends and neighbours, and school community group chats on instant messaging platforms form an extremely efficient infrastructure for the spread of ideas, including misinformation. This has combined with the prevalence of traditional medicine and its practitioners and proponents, to elevate untested, unproven cures for covid-19. Traditional Chinese medicine and Ayurveda, the Indian equivalent, have been the two most commonly cited. Over the past 16 months, their practitioners, along with religious celebrities and other public figures, have used social media, video streaming sites and large-

scale religious gatherings to promote herbal remedies while appealing to tradition and, in some cases, patriotism.⁴ In recognition of the potential for these efforts to undermine public health campaigns, national governments have attempted to regulate activities, often with little effect.⁵

More encouragingly, data from The Economist Intelligence Unit's Health of Asia Barometer survey, conducted across 13 countries in 2020, shows the Asian public views information from national governments and general practitioners (GPs) with the greatest degree of trust and deference; health advice websites

Health of Asia Barometer, trust question results
(% of respondents assessing each source as extremely useful or useful)



Source: The Economist Intelligence Unit.

and local governments follow closely.⁶ That deference indicates the rise of health mis- and disinformation in the digital age is not likely a result of the public finding mis- and disinformation on social media inherently more reliable than the opinions of experts

but rather that social media makes spreading misinformation far easier than in the past. Put simply, expert voices become marginalised because they have not developed an equivalent to the networks of group chats that penetrate Asian society. However, the similar degree of trust placed in purely commercial or

⁴ Coronavirus dubious claims: Cow dung, urine sell for Rs 500. *The Economic Times*. 17 March 2020. Available online at <https://economictimes.indiatimes.com/news/politics-and-nation/coronavirus-effect-cow-dung-urine-sell-for-rs-500/articleshow/74669478.cms?from=mdr><https://www.bbc.com/news/56172784><https://www.bbc.com/news/world-asia-53094603>

⁵ Regulation of Traditional and Complementary Medicinal Products in Malaysia. *International Journal of Green Pharmacy*. 2010. Available online at <http://greenpharmacy.info/index.php/ijgp/article/view/112>; The growing use of herbal medicines: issues relating to adverse reactions and challenges in monitoring safety. *Frontiers in Pharmacology*. 10 January 2014. Available online at <https://www.frontiersin.org/articles/10.3389/fphar.2013.00177/full>

⁶ Health of Asia Barometer. The Economist. Available online at <https://pulseofasia.economist.com/>

nonprofessional health-advice websites also shows that the public treats any information published on the internet almost identically to that coming from experts; the simple, user-friendly design of many of these health-advice websites makes them widely accessible to the general public and straightforward to share.

The dynamic demonstrates that increased accessibility, with accurate information from reliable sources, would help greatly in displacing mis- and disinformation. To ensure that users are able to digest information effectively and with ease, policymakers should seek to develop relevant content that is understandable for the layperson—succinct and without jargon—and that the platforms used to disseminate information offer easy public access and frequent updates. Where not done already, the medical community could also mobilise information ecosystem to disseminate facts and combat misinformation, a task that necessitates active collaboration with the platforms through which information is spread, rather than through regulation or censorship.

Mobilising the information ecosystem

Broadly speaking, there are three types of stakeholders in the health information ecosystem: members of the public, the medical community (policymakers, doctors, researchers) and the platforms through which information is spread (traditional media, social media, instant messaging services, search engines and websites). The information platforms serve a similar role to scientific journals and legacy media outlets as aggregators of information. In fact, similarities between the roles of digital information platforms and their print-era forebears make them ideal partners in the realm of outreach and fact-checking. Given the ability

to appropriate ever more sophisticated AI algorithms to identify falsehoods, and deliver localised messages, the use of digital information platforms can provide the medical community with far greater capacity to inform members of the public than ever before.

Leveraging partnerships is important for two reasons. One is that the reach of medical experts, and especially physicians, is mostly limited to their pool of patients. Second, and related, is the lack of prioritisation of expert views. Those with expertise are unable to dominate information in the digital age, while those without specialised knowledge opine with increasing confidence, frequency, and volume.⁷ Without a discerning eye, the user tends to share information from both experts and laypersons equally on social media, group chats and streaming sites.

With mis- and disinformation spreading beyond geographical boundaries, robust and holistic collaboration between digital media platforms and stakeholders across disciplines is vital, especially in the area of health. During the pandemic, we have seen stronger collaborations between international organisations and local governments and digital platforms like Google, Twitter, Facebook and Tiktok, to promote and highlight authoritative sources of information on their platforms. It is also common to see misinformation labels on platforms, where content that has been rated false is prominently marked so that people can better decide what to read, trust and share.

Beyond that, there is also an important role for civil society to play in combating mis- and disinformation—governments cannot do it alone. One such example comes from Indonesia, where Mafindo, a citizen-led NGO took on the specific purpose of debunking fake news and other forms of mis- and

⁷ See, for example, “The Death of Expertise”, by Tim Nichols. Oxford University Press, 198 Madison Avenue, New York, NY 10016.

disinformation on a variety of subjects, including healthcare. It uses social media to both receive notices from the public on “hoaxes” as well as to disseminate fact-based information. Teaching media literacy and inculcating the right habits in readers to be discerning in information intake are further ways NGOs can help.

Academic organisations have stepped up to play their part in addressing dis- and misinformation as well. In India, for example, the Indian Institute of Journalism and New Media provides lectures to young adults across the country on the importance of news literacy and the relationship between a well-informed citizenry and democracy.⁸ We’re similarly seeing journalists and news outlets work with different stakeholders to combat misinformation—one such is First Check, a network that brings doctors and journalists together for this purpose.

We have also seen the emergence of collaborations between international organisations such as the World Health Organisation and the likes of Google and Twitter, to clamp down on the spread of misinformation on their platforms.⁹ Additionally, digital platforms are assisting government agencies in disseminating accurate information. In Taiwan, for instance, LINE Taiwan is helping the government deliver information through public service LINE accounts that central government agencies and local city and county governments can use.

Concluding Remarks

By elevating accurate information, the digital platforms currently being exploited to spread misinformation can also function as valuable correctives. Co-operation between policymakers, medical professionals and digital media platforms is another vital step. Like many problems facing humanity today, misinformation spread is one that trust-building, organisational communication, co-operation and open-mindedness can significantly mitigate.

Recognising the localised nature of spreading ideas in the digital era needs to be part of any co-ordinated response. Considering it takes time to erode misinformation’s influence, any new approach must prioritise maximising scale while working with local partners. Actions could range from creating localised indices of misinformation for fact-checkers in a region to working with tech companies to identify falsehoods using AI and appropriating targeted messaging tools to localise and disseminate factual information.

With popular discourse polarised between those who support private enterprise on one hand and those who support government intervention and regulation on the other, it’s easy to paint the two paths as competing and mutually exclusive visions for society. Yet the fight against health misinformation is one that will more likely be won with private enterprise, policymakers, and civil society working together.

⁸ Kaur, Kanchan and Nair, Shyam and Kwok, Yenni and Kajimoto, Masato and Chua, Yvonne T. and Labiste, Ma. Diosa and Soon, Carol and Jo, Hailey and Lin, Lihyun and Le, Trieu Thanh and Kruger, Anne, Information Disorder in Asia and the Pacific: Overview of Misinformation Ecosystem in Australia, India, Indonesia, Japan, the Philippines, Singapore, South Korea, Taiwan, and Vietnam (October 10, 2018). Available at SSRN: <https://ssrn.com/abstract=3134581>

⁹ Facebook, Amazon, Google and more met with WHO to figure out how to stop coronavirus misinformation. *CNBC*. 14 February 2020. Available online at <https://www.cnn.com/2020/02/14/facebook-google-amazon-met-with-who-to-talk-coronavirus-misinformation.html>

While every effort has been taken to verify the accuracy of this information, The Economist Intelligence Unit Ltd. cannot accept any responsibility or liability for reliance by any person on this report or any of the information, opinions or conclusions set out in this report. The findings and views expressed in the report do not necessarily reflect the views of the sponsor.