



#DEFYHATENOW



REPORT

Fact-checking COVID-19 Webinar for Media

04.05.2020 | Cameroon

Activity Summary

AKPC successfully ran a Fact-Checking Webinar for Journalists in Cameroon on 4 May 2020 from 10:00 to 11:30. The goal was to rapidly equip 60 journalists with knowledge, skills and tools to combat Covid-19 misinformation and improve public access to accurate and trustworthy information on the outbreak. Participants learned from leading public health and media experts on how to spot and correct viral misinformation on Covid-19 using tested fact-checking approaches and increase their capacity to influence behaviour and policy. As direct outcomes of the events, participants reported increased awareness of COVID-19 misinformation, improved capacity to counter it, and committed to join an active COVID-19 fact-checking community. We expect the increased knowledge and skills learned during the workshop to serve fact-checking needs beyond the activity's scope.

1. Background

Despite early warnings in December 2019 of an outbreak of the coronavirus disease that had started spreading rapidly around the world, Cameroon failed to rollout response measures until late February, when officials confirmed the first active case. By May 2020, the number of cases had reached 2000 and was set to surpass 3000, making Cameroon one of the most affected countries in sub-Saharan Africa. Despite a 50% recovery rate, analysts expect the number of infections and deaths to continue growing for several months before flattening out and falling.

Many factors account for the deteriorating situation in Cameroon. The government's response, which included partial restrictions to public gatherings, the closure of borders and the suspensions of schools, came late and did not go far enough. Keeping bars and non-essential businesses open until 6 pm and targeting recent travellers in government communications created a false safety threshold and communicated the wrong message about how the virus spreads within communities. Despite a growing number of cases, the government further relaxed restrictions to public gatherings in May and replaced them with the mandatory wearing of masks, which have been difficult to enforce.

Misinformation about COVID-19 has spread around the world even faster than the disease. Over three weeks in February and March alone, the Washington Post tallied around 2 million tweets containing conspiracy theories about the coronavirus. In Cameroon, social media has pushed out numerous untested claims about remedies, preventive actions, and demographics of the outbreak. The World Economic Forum (WEF) expects the battle against Covid-19 misinformation to "last as long as the virus".

Inaccurate and false information limit adequate individual and policy responses by casting doubt, promoting false solutions, and directing public debate in the wrong direction. In Cameroon, journalists who participated in a Reporting COVID-19 Webinar in March 2020 identified fake news as the single most important threat to their effective coverage of the outbreak. The Webinar in March 2020 revealed a wide gap in the capacity of journalists to combat the COVID-19 misinformation.

2. The intervention

In response, AKPC partnered with DefyHateNow Cameroon, an initiative of rOg Agency to organise a fact-checking Covid-19 webinar for journalists in Cameroon. The immediate objective of the intervention was to rapidly equip 60 journalists to respond to the growing problem of misinformation by increasing their knowledge and providing them with tools to detect and correct COVID-19 misinformation. In the mid-term, the goal was to increase public access to timely and reliable information and increase informed individual and policy responses to the pandemic. The knowledge and skills gained during the online seminar will prepare journalists for fact-checking work beyond COVID-19 and would be applicable in non-health sectors as well.

The Webinar covered three main topics. The first equipped journalists with essential knowledge about COVID-19, the origins, scale, and effective responses to the pandemic. The second topic

covered the role of media in promoting public health and combating misinformation, and the third focused on fact-checking approaches and resources.

2.1. Essential knowledge of COVID-19 and pandemics

Professor Wilfred Mbacham, head of Graduate Studies at the Life Sciences Unit of the University of Yaounde I, laid the foundation for understanding COVID-19 and pandemics. His presentation answered three key questions: What lessons are emerging from the COVID-19 outbreak? What is the scale of the pandemic nationally and globally? What are the best strategies for individual and policy response to the pandemic?

Prof. Mbacham identified two main lessons emerging from the COVID-19 pandemic:

a) *The world failed to learn from the past.*

Despite being a novel form of the coronavirus disease, COVID-19 threat of a global pandemic. In 2002, atypical pneumonia was reported in China (SARS-CoV-1). In March 2002, the World Health Organisation issued a global alert and by June 2003 the outbreak was contained. Prof Mbacham argued that the knowledge gained in successfully containing SARS-CoV-1 was not applied to address COVID-19. For example, the global response to COVID-19 was slow. As a result, the number of cases and deaths have grown sharply.

b) *Scientific knowledge about COVID-19 is still limited and rapidly changing.*

The scientific community has put forward at least three different hypotheses about how the novel coronavirus attacks the human body. The first group believes that the virus hijacks human cells and begins multiplying rapidly, creating a large amount of cellular debris, which triggers an immune overload responsible for pneumonia in complicated cases. The second group thinks the virus associates with a bacterium, forcing it to multiply rapidly and equally create an immune overload leading to pneumonia. Thirdly, some researchers are investigating the role of radiation, which is also known to create cellular debris.

Within a few months, COVID-19 had grown from an outbreak or pandemic into a global public health emergency or epidemic. Prof. Mbacham explained the difference between an epidemic and a pandemic in terms of scale and speed of infections. Whereas an epidemic is a disease outbreak that spreads rapidly and affects many people at the same time, it becomes a pandemic when it covers a larger geographic area and affects many more people so that it poses a global public health challenge. Since the COVID-19 outbreak in December 2019, the number of cases and deaths has been growing worldwide. By early May 2020, more than 5 million people had fallen ill globally, with 250,000 dying. Cameroon exceeded 2000 cases at the start of May 2020 and reported just over 60 deaths. Prof. Mbacham explained that the widespread of the disease could be due to a failure of the global public health system to act swiftly and confine the outbreak in China.

Prof. Mbacham argued that the best strategies for responding to COVID-19 and those that limit new infections. He said the virus spreads mainly through droplets when an infected person sneezes or coughs. In addition to triggering an immune overload, the virus has also been associated with blood clots in small vessels which can be fatal. However, despite the scale of the disease, Prof

Mbacham said 80% of the population can contain the virus, while 20% develop complications leading to some deaths. Pending a vaccine, the best preventive measure is creating a physical barrier either through wearing masks, washing hands, and maintaining physical distances.

2.2. Media, disease prevention and COVID-19 misinformation

Charles Rice, CEO of [Developing Radio Partners](#) (DRP) joined the Webinar from his home in Washington DC. Charles addressed the critical role media can play in promoting public health or preventing disease with a case study of a project his organization runs in Malawi. The project aimed to equip journalists to increase access to accurate health information. It has since been refocused on COVID-19, given the global health emergency created by the disease.

Charles said radio was a central tool for health education since it has a wide reach and is affordable. In Malawi, more than 80% of the population has access to radio. Radio has also proven to be an important medium for social distancing in the context of COVID-19. DRP's approach in Malawi is to provide journalists with factual and prompt information on COVID-19 to increase the reliability of reports and programs. Every week, a DRP consultant prepares a bulletin of information sourced from reliable sources such as WHO, CDCs and local health establishments. Bulletins often have tips on how to produce health information programs and sometimes scripts for public service announcements (PSA). DRP encourages its partner radios to co-create content with community members. Bulletins focused in COVID-19 began in early March and delivered essential information on the disease. But DRP has since expanded the range of topics to address issues such as stigmatization.

Key lessons are appearing from the experience in Malawi that can enhance the capacity of media to produce high quality, accurate and timely information.

- a) *Journalists need easy to understand information from experts.* If journalists do not understand the information, it is difficult for them to explain it to their audiences.
- b) *COVID-19 underscores the importance of radio.* 80% of the population listens to the radio. Radio is inexpensive; batteries and solar-powered radios are accessible, and it is a great medium for physical distancing.
- c) *Daily contact between journalists and health professionals is critical because information can change suddenly.* In Malawi, DRP encourages local partners to stay in touch with district health officers once to several times a day.

Eugene N Nforngwa, director of AKPC said delivering accurate and timely information about COVID-19 needs to be supplemented with fact-checking, given the high volume of COVID-19 misinformation that has been observed in Cameroon. Fact-checking extends media's role beyond supplying correct information to calling out false claims, he said. Observed COVID-19 misinformation in Cameroon takes two main forms: false claims and conspiracy theories.

Eugen argued that false claims and conspiracy theories make responses to COVID-19 infective in at least three ways:

Reduce the ability of citizens and policymakers to make informed decisions with the risk of adopting dangerous behaviours. Cameroon's media landscape has seen an upsurge of un-

substantiated but viral claims of remedy; demographics of infections and the motivations of public measures.

Cast doubt in the public mind with the risk of reduced support for and acceptance of medical advice and policy measures. Unfounded claims about vaccine trials, for example, has created public suspicion and even hostility towards medical solutions.

Drift debate in the wrong direction with the risk of decontextualization. For example, in April alleged corruption in the fight against COVID-19 triggered by the circulation of an overbilled invoice to supply medical supplies dominated public debate. Fact-checkers later found the invoice to be a forgery.

2.3.Fact-checking COVID 19: tools and resources

Paul Joel Kamtchang, the Secretary-General of ADISI, defined fake news as a journalistic approach that includes detecting and correcting claims in the public record. It involves traditional means of journalistic verification and crosschecking such as analysing the material content of information, interrogating the reliability and motivations of information sources, and corroborating claims that are hard to confirm first-hand. But, frequently, it also involves the use of more advanced techniques and the use of digital tools (such as Invid, Yandex and Web Archives) to verify claims and analyse and authenticate photos and other media.

Paul Joel noted that the fact-checking of COVID-19 in Cameroon evolved in a specific context characterized by excessive secrecy laws, such as regarding medical records and privacy, as well as the absence of a freedom of information legislation, which makes access to information difficult. For example, allegations that the Speaker of Cameroon's National Assembly might have caught COVID-19 have been difficult to verify because it is hard and illegal to obtain medical records on his health. Journalists, he said, must take the unique legal framework of Cameroon into account to avoid potential prosecution.

Despite access to information challenges Paul Joel directed participants to numerous online and open information resources.

3. Emerging issues from debates

Participants joined the conversation through plenary discussions and ZOOM chat and QA functions. The following issues, with implications for fact-checking and producing trustworthy COVID-19 news content arose from discussions:

- i. State reluctance to share COVID-19 information and accusations of state distortion of facts.*

One participant noted that there have been repeated allegations that national governments were using COVID-19 information as a “political and diplomatic tool.” Chinese authorities, for example, have been accused of downplaying the true scale of the pandemic in the country and misleading the global response. To overcome the potential risks of misinformation, the resources persons recommended independent media verification.

ii. *Covid-19 stigmatization is a growing concern*

Stigmatization arose a sub-theme in the discussions. Both caregivers and COVID-19 victims were increasingly stigmatized and attacked verbally as well as physically. Panellists worried that stigmatization can easily morph into more complex problems of hate speech and hate crime. It further underscored the role of media in supplying adequate and trustworthy information, particularly the fact that anyone is at risk of contracting the disease.

iii. *Traditional medical claims of treatment, remedy and protection*

In the rush to find solutions, traditional medicine practitioners have offered a range of remedies and protections. While these have potentials to supply solutions, traditional medicine practice is underregulated and presents potential risks of doing more harm than good. This presents special challenges to journalists who are ill-equipped to understand traditional medical methods and verify their claims.

4. Impact of activity

The goal of the activity was to rapidly equip 60 journalists with knowledge, skills and tools to combat Covid-19 misinformation and improve public access to accurate and trustworthy information on the outbreak”.

4.1.Reach

The activity targeted 60 print, broadcast, and multimedia journalists from 5 COVID-19 affected or at-risk regions of Cameroon. The total unique participation in the Webinar was 41 attendees, or 68.3% of the expected reach and 59% of registered participants (See figure 1.). The underperformance was due to internet access difficulties and the timing of the Webinar, which coincided with other assignments.

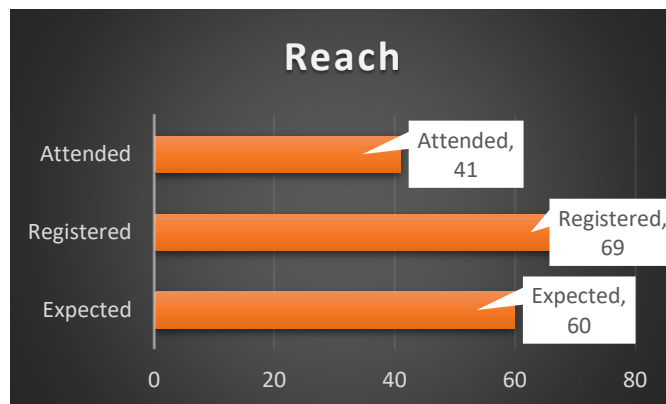


Figure 1. Figure 1. Reach (Sourced from ZOOM performance report and activity concept note)

Participants came from a wider field than intended and included medicinal professionals.

4.2. Increased knowledge, tools, and skills to fact-check COVID-19

Twenty-five participants responded to a post-Webinar survey.

From that lot, 56% said they were satisfied with the knowledge they gained from the Webinar, while 40% said they were very satisfied (Figure 2). None of the participants said they were dissatisfied or very dissatisfied. All but two survey respondents said they will recommend the Webinar to their friends or colleagues.

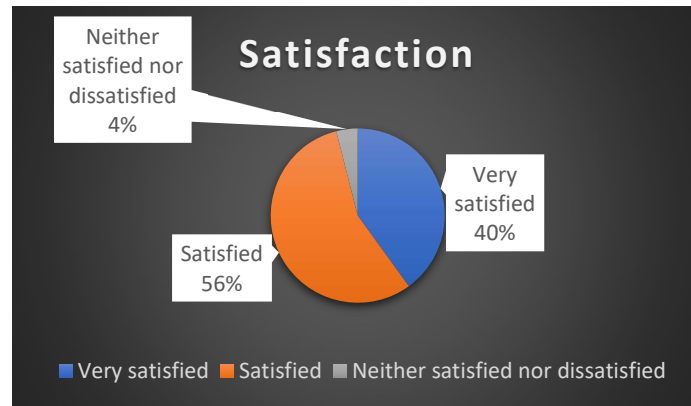


Figure 2. Participant satisfaction (Source: Post-Webinar Survey)

Most participants (48%) cited “professional skills” as the most important thing they gained from the Webinar, while 40% reported gains in “general knowledge and awareness.” Only 3% considered “concrete tools” as important outcomes of the Webinar and none reported learning “nothing new”. See Figure 3.

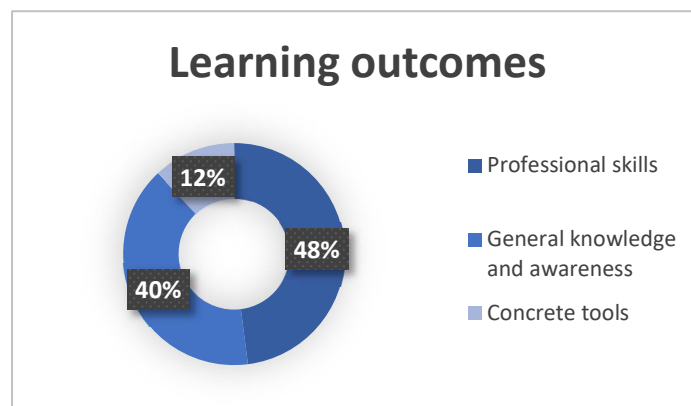


Figure 3. Learning outcomes (Source: post-Webinar survey)

The survey also revealed positive perceptions among participants of the importance of accurate information to individual and collective response to COVID-19. Almost all surveyed participants (88%) said accurate information was “extremely important” to combating COVID-19, compared to 12% who said it was “somewhat important” and none who had a neutral view or believed accurate information was “somewhat not important” or “extremely not important.”

4.3.Improved public access to accurate and trustworthy information on COVID-19

Community impacts of the activity will only appear much later and cannot be captured at this point.

However, the post-Webinar survey revealed a positive perception among participants of the importance of fact-checking to individual and collective actions to address the COVID-19 pandemic. From the 25 participants surveyed, 96% agreed that fact-checking was “extremely important” to an individual and collective response to COVID-19. Only 4% or one respondent said it was “somewhat important” (figure 4).

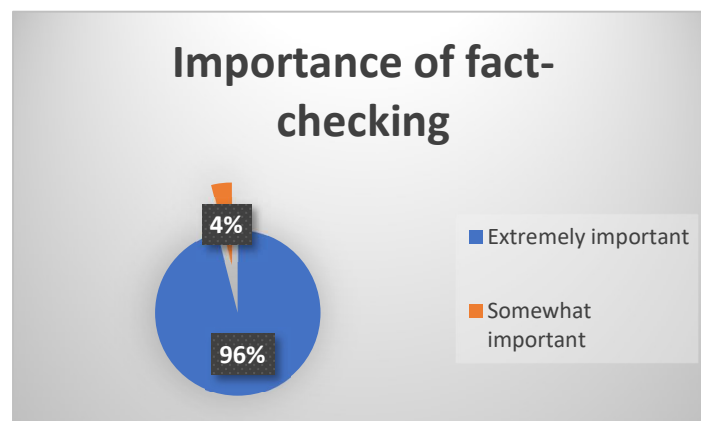


Figure 4, Importance of fact-checking (Source: post-Webinar survey)

Most participants said they were likely to incorporate fact-checking into their work as an immediate consequence of the Webinar. 20% cited further training as actions they plan to take following the Webinar, while 16% said they will become active in flagging and reporting COVID-19 misinformation. (Figure 5).

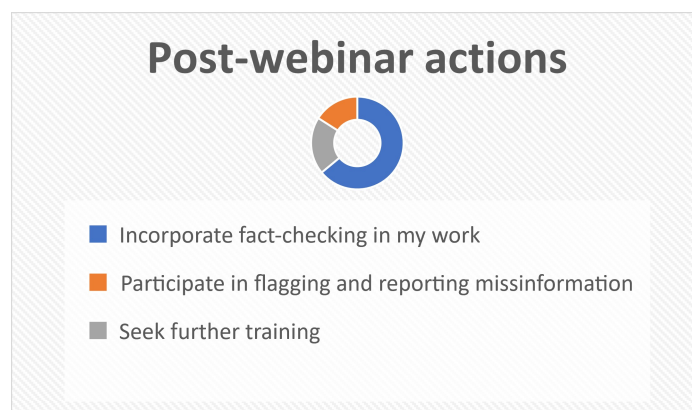


Figure 5. Post webinar action (Source: post Webinar-Survey)

Despite reporting low interest in flagging and reporting COVID-19 misinformation, all but 2 participants who were surveyed signed up for a WhatsApp fact-checking community delivering peer-to-peer training and information sharing.

5. Participant Recommendations

Participants made three key recommendations:

- i. *Create a platform for sharing experiences and for mutual learning.*

Information about COVID-19 is still complex and is everchanging. As a follow-up to the Webinar, participants agreed to form a social-media community bringing together journalists and medical professionals. Starting with a WhatsApp group, the community will among other things ease journalists' access useful resources and build support for good practice. In the immediate to mid-term, the Group will also serve as a platform for flagging, fact-checking, and reporting COVID-19 claims.

- ii. *Advocate for an enabling environment.*

Without access to information regulation and in a context characterized by a shrinking civic space, participants recommended in the long-term, advocacy to create a more enabling environment for fact-checking. Among others, this might include advocacy for more protection for journalists as wells as FOI, fake news and hate speech legislation.

- iii. *Increase understanding of audience information and media needs.*

To be effective media reporting on COVID-19 needs to be guided by more locally relevant insights into the role media play in promoting public health, the implications of fake news for individual and policy responses and the information and media needs of audiences. This might entail small scale research and the integration of knowledge management in future interventions.