Master of Arts Research Report 2024/25

Media literacy and Africa Check's response to the Covid-19 'infodemic' in South Africa

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Declaration

I declare that this is my own, unaided work. It is submitted in fulfilment of the requirements for the degree of Master of Arts in Journalism and Media Studies at the University of Witwatersrand, Johannesburg. I confirm that this research report has never been submitted for any degree or examination at any other university.

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Date: 28 March 2025

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Chapter 1 Introduction

The Covid-19 pandemic was declared a global health crisis by the World Health Organisation (WHO) on 11 March 2020 (WHO, 2020a). It was characterised by an overabundance of information, described at the time as an 'infodemic', which made it difficult to discern between accurate and false information (WHO, 2020b). This resulted in an information ecosystem that could potentially lead individuals into making health-related decisions based on inaccurate information, with negative or adverse consequences for their wellbeing. An approach towards curbing misinformation-related behaviour, adopted by actors such as fact-checkers, involved using media literacy to better inform the public.

The most commonly used definition of media literacy is shared in Aufderheide's 1992 report following a national conference on media literacy, which stated that a media literate person should be able to decode, evaluate, analyse and produce meaning from both print and electronic media. Jeong et al. (2012) argued that media literacy could inoculate the public against the spread of potentially harmful false information. In addition, media literacy interventions have also proven to be particularly effective when they focus on health-related issues such as smoking, alcohol and obesity (Primack et al., 2014). Their efficacy is attributed to their ability to foster critical thinking skills that allow individuals to engage with media texts and understand how the media operates and the influence of techniques used by the media (Flynn, 2017).

As part of the global response to Covid-19 and the 'infodemic', during 2021, Africa Check, the first non-partisan Africa-based fact-checking organisation rolled out a

media literacy campaign that focused specifically on false and misleading information around Covid-19 and vaccines. This involved two distinct approaches, fact-checking Covid-19 related claims, which aimed to ensure that the public had access to accurate information that would help better inform their decision-making and enhance public discourse (Africa Check, 2021a); and media literacy advocacy, which focused on filling the knowledge gap, through strategic communication aimed at raising awareness on a specific issue i.e. how to identify a false claim (Hameleers, 2022). Fact-checking and media literacy in such cases could potentially complement one another and aid fact-checking organisation's in extending the scope of their work by combining media literacy and fact-checking.

In the case of Africa Check, the response to the Covid-19 infodemic included producing factsheets and reports of publicly stated claims related to the pandemic, guides to pandemic-related topics, and a media literacy campaign about the Covid-19 pandemic and vaccines. This study will look at how Africa Check conceptualised and implemented its media literacy campaign in response to the infodemic. This is done in the form of a document analysis of the campaign documents, as well as a content analysis of the media literacy content produced for the campaign. This is combined with semi-structured interviews conducted with key personnel from Africa Check who were involved in the conceptualisation and implementation of the media literacy campaign.

The research will also touch on the driving factors that propelled the spread of false and misleading information, the harmful effects of such information and how fact-checking organisations responded. It also brings into context the role of media literacy

and discusses the concept of misinformation literacy as a sub-framework of media literacy. This study is undertaken to highlight the role of fact-checkers, specifically Africa Check, in ensuring that their audiences had access to credible information by enabling them to distinguish between accurate and false information about the Covid-19 pandemic, virus and vaccines through their Covid-19 related media literacy campaign.

The rationale for this study lies in the need to examine how African fact-checkers respond to misinformation not only through debunking inaccurate claims but also through preventative (prebunking), literacy-based strategies. Whereas, existing literature largely reflects the global North context, research by Mutsvairo and Ragnedda (2019), as well as Mare (2020) underscore the distinct media ecosystems, political dynamics and trust cultures that characterise the African context. This also includes understanding the limitations of applying universal models of media literacy without adapting them for the African context.

Recent studies on digital misinformation in Africa (Cheruiyot et al., 2021; Wasserman and Madrid-Morales, 2019) have called for more contextually grounded research into how African based actors – such as Africa Check – mobilise communication strategies to engage communities that face infrastructural, linguistic and epistemic barriers to credible information. This study builds on that foundation by analysing a South African-led intervention and drawing out its broader significance for African media and communication studies.

Moreover, this research addresses an important gap by situating fact-checking within a proactive communicative framework that centres African audiences and their interaction with false and misleading information. Makalela and White (2021) have argued that digital communication and media literacy on the continent must be rethought through local frameworks that account for oral knowledge traditions, communal information flows and infrastructural inequality.

It is important to note that the researcher is an Africa Check employee. However, the researcher was not involved in the conceptualisation and implementation process of the campaign examined in this study, nor of any previous related campaign. There has been no incentive offered to undertake this study, nor will the researcher receive compensation upon completing this study (Addendum A).

1.1 Research objectives

Times of crisis like the Covid-19 pandemic highlight the need for fact-checking organisations to develop multi-pronged approaches that combat the spread of false and misleading information through the use of innovative communication techniques such as media literacy (Chou et al., 2021). Africa Check's media literacy campaign focused on key issues that aimed to fill the knowledge gap about the Covid-19 outbreak by sharing critical fact-checking knowledge and skills and directing individuals to credible sources of health information related to the Covid-19 pandemic. The study aims to highlight how such interventions can be used to address the potentially harmful narratives that surface during times of crisis. It is important to better understand the role of fact-checking combined with media literacy and how this can

support efforts to curb the spread of false and misleading information during a global health crisis.

This research report goes beyond analysing Africa Check's media literacy campaign as it also explores the wider significance of applying this approach in times of crisis, specifically for South African audiences. Situating the campaign within the framework of African media scholarship, the study examines how local communication norms, public trust in institutions and the linguistic complexity influence both the structure and reception of media literacy initiatives.

Africa Check's Covid-19 media literacy campaign was selected based on the premise that it was an alternative approach for the organisation in comparison to the traditional format of producing fact-checking reports and debunking claims. Africa Check's response to the infodemic in South Africa combined fact-checking and media literacy elements. This combined approach aimed to help better inform and educate the wider public on the developments around the Covid-19 virus and the importance of vaccines. This research focuses on the conceptualisation and implementation of Africa Check's Covid-19 media literacy campaign in South Africa, where Africa Check has its headquarters and also runs its primary operations from. The organisation also has country offices in Nigeria, Kenya and Senegal.

The broad objectives of this research are to learn more about the role of media literacy in fact-checking responses to the pandemic, particularly how Africa Check aimed to achieve this in South Africa. To do this, specific research questions have been developed that aim to highlight how the two disciplines of media literacy and fact-

checking were combined by Africa Check in response to a global health crisis, in the form of the Covid-19 pandemic.

Research Question 1 (RQ1): How did Africa Check conceptualise and implement its media literacy campaign in response to the Covid-19 infodemic?

Sub-Question 1 (SQ1): Why did Africa Check focus on false and misleading information around Covid-19 and vaccines in their media literacy campaign?

Sub-Question 2 (SQ2): How did Africa Check incorporate media literacy in its broader fact-checking campaign?

Sub-Questions 3 (SQ3): What role does Africa Check believe media literacy plays in curbing the spread of false and misleading information?

The overarching research question (RQ1) focuses on understanding the thought process and strategic focus of Africa Check in their response to the Covid-19 infodemic. RQ1 is supported by the three sub-questions that follow, which aim to answer key questions related to the organisation's approach to supporting efforts that focused on better informing individuals about the pandemic. This includes understanding the organisation's rationale for conceptualising and implementing a media literacy campaign (SQ1). In addition to understanding the rationale it is important to also examine the documents produced by Africa Check, as well as the content produced from the documents, thus examining the media literacy and fact-checking elements that were incorporated into the campaign (SQ2). However, answering the final sub-question (SQ3), on the role of media literacy as perceived by the organisation, aims to provide insight into how the organisation thinks about media

literacy and its role in supporting the organisation's efforts to curb the spread of false and misleading information.

Answering these questions will help to provide better insight into Africa Check adopting an alternative approach to addressing false and misleading information that goes beyond reactively debunking false claims in the form of fact-checking reports. This research aims to provide insight and context on the work of Africa Check and how their media literacy response to the Covid-19 infodemic led them to adapting their approach to false and misleading information. Additionally, anchoring these questions in African centred scholarship, the study not only examines Africa Check's methodology but also its contribution to the growing field of African digital communication – specifically in the field of fact-checking and media literacy.

Chapter 2 Literature

This chapter looks at the spread of false and misleading information during the Covid-19 infodemic by contextualising the infodemic and exploring how false and misleading information spread, the motives that lead to the sharing of false and misleading information, as well as fact-checking in response to the pandemic, in order to provide context to the scale and impact of the infodemic.

2.1 Contextualising the Covid-19 infodemic

The “uncontrollable spread of false information” is listed by the WHO among its urgent health challenges for the next decade (Dib et al, 2022). One of the key drivers of the infodemic according to Eysenbach (2020) was the sharing of Covid-19 related information regarding developments around the virus and vaccines, which were shared by multiple sources including the scientific community, policy and practice, media and social media platforms (Eysenbach, 2020). This form of information sharing by many sources, particularly during times of crisis can create confusion and uncertainty when the information is contradictory or constantly changing, which in turn makes the public susceptible to false information and its effects as it proliferates. The term was first coined in a 2003 commentary in the *Washington Post* on the severe acute respiratory syndrome (SARS) outbreak (Rothkopf, 2003), but it only received widespread uptake when the WHO adopted it in February 2020 (Simon and Camargo, 2021). The WHO Director General stated that there was a fight against the epidemic and infodemic, fake news is just as dangerous as the virus and spreads faster and more easily (Ghebreyesus, 2020).

The infodemic was used to describe coronavirus-related misinformation and disinformation, its effects and how it spreads (Coleman, 2020; Hollowood and Mostrous, 2020). This also framed how various stakeholders including civil society and technology companies responded to this phenomenon (Ahmed, 2020; Wong, 2020). Research has shown that the spread of conspiracy theories, bizarre cures and unreliable information shared online can affect human behaviour and mobility (Gu et al, 2021). Examples include claims that the Covid-19 vaccine causes paralysis (Bam, 2022), as well as traditional herbal remedies like Madagascar's Artemisia-based drink, 'Covid-Organics', promoted by president Andry Rajoelina as both a cure and preventative measure against the Covid-19 outbreak (Izugbara and Obiyan, 2020). This is also evident in the development and evolution of the information landscape over the decades which has become fertile ground for the infodemic to take root both online (digitally) and offline (print media, within communities and through word of mouth) which often blend into one another (Lieberman and Schroeder, 2020).

Infodemiology describes the comparison of communicative phenomena with epidemiology, in particular the determinants and distribution of false and misleading health information (Eysenbach, 2020). In the late 19th century, French social scientist Gustave Le Bon (1897) suggested that ideas and beliefs are as contagious as microbes (see Simon and Camargo, 2021); an example of this is observed in the idea of 'viral media' when describing the effects of social media (Mercier, 2020). In particular, during a health crisis, medical misinformation, the likes of which individuals were exposed to due to the infodemic, results in systemic effects that over the short and long term may have multiple negative consequences (Southwell et al., 2018, 2019). The consequences referred to could potentially have an impact on people,

organisation's, countries and social groups. The potential harm of sharing false and misleading information is further discussed in this chapter.

2.1.1 The spread of false and misleading information during the Covid-19 infodemic

For the purposes of this study, false and misleading information refers to inaccurate information which has also been described as 'fake news' and forms part of the larger 'information disorder', which also includes the concept of misinformation, disinformation and malinformation – amongst others. The term 'fake news' is controversial because it lacks clarity, much of the discourse on 'fake news' conflates two notions: misinformation and disinformation (Wardle and Derakhshan, 2018:43). Misinformation is information that is false but believed to be accurate by those sharing the information (Wardle and Derakhshan, 2018). Whereas, disinformation is information that is false and is intentionally shared to cause harm or mislead individuals (Karlova and Fisher, 2012). A key distinction between misinformation and disinformation is the intent: disinformation is shared with the knowledge that it causes harms and misinformation is shared unintentionally (Simon and Camargo, 2021). Another form of 'fake news' is malinformation; information, which is based on reality, but used to inflict harm on a person, organisation or country (Karlova and Fisher, 2012).

According to Wardle and Derakshan (2017), understanding information disorder involves recognising three key elements: the type of content (misinformation, disinformation and malinformation), the intent behind its creation or sharing, its dissemination pathways, particularly through digital platforms. In addition, information disorder encompasses the complexities of false and misleading information, which can

consist of propaganda, lies, conspiracies, rumours, hoaxes, hyper-partisan content, falsehoods or manipulated media (First Draft, 2020). Wardle and Derakshan (2018) emphasise the importance of intent, actors and context, rather than just focusing on the truth or falsehood of content. Addressing information disorder effectively also involves interdisciplinary approaches that integrate media literacy, regulation and the practice of ethical journalism (Wardle and Derakshan, 2018). In essence, the framework of information disorder provides a clearer understanding of the complexities surrounding the creation, (re)production and distribution of false and harmful information online. Therefore, the concept of information disorder provides a more nuanced understanding of what Wardle and Derakshan (2018) describe as the 'polluted information ecosystem' and offers a foundation for developing practical interventions towards unpolluting the information ecosystem.

In 2014, the World Economic Forum (WEF) identified misinformation online as one of the top ten trends in modern societies (WEF, 2014). In 2018, The European Commission issued a series of measures in response to growing concerns about the impact of online disinformation (Draguet, 2019). The rise of false information has complex cultural and social reasons. The phenomenon has been studied mostly in the US and Europe, with relatively little attention to the situation in African countries (Wasserman and Madrid-Morales, 2019). A study on 'fake news' in sub-Saharan Africa found that African audiences have low levels of trust in the media, experience a high degree of exposure to misinformation, and contribute – often knowingly – to its spread (Wasserman and Madrid-Morales, 2019). At the peak of the first wave of Covid-19 infections – May-August 2020 (NICD, 2020) – there was an over-abundance of false and misleading information about Covid-19, relating to the virus and its origins,

possible remedies and cures, as well as government's responses to the outbreak (Wasserman and Madrid-Morales, 2021). This not only made it difficult to discern between what is accurate and what is false; it also influenced the decision-making process and understanding of the pandemic.

A key driver in the spread of false and misleading information during the pandemic was due to the nature of the digital information landscape. Digital technology facilitates the rapid sharing of information at a large scale. This is also corroborated by Wardle and Derakshan (2018), who emphasise that social media algorithms reinforce existing beliefs, creating filter bubbles and echo chambers. Even so, it is argued that the same technology that is used to spread false and misleading information can also be harnessed to mitigate information disorder through responsible platform design and governance (Wardle and Derakshan, 2018). A study by Vosoughi et al (2018), found that it took the truth six times as long as falsehoods to reach 1 500 people online. This indicates that not only can false and misleading information spread widely during a pandemic, curbing the spread of inaccurate information during a time of crisis can prove to be challenging. Another contributing factor to the Covid-19 infodemic was the sharing of information related to the pandemic by third parties. Health care professionals and their organisation's may have shared reliable information on Covid-19, however their allies might have inadvertently sent out conflicting health information (Jamison et al., 2020), unintentionally furthering the spread of false and misleading information about Covid-19 and the pandemic. One such example includes manipulated images and messages that claimed avoiding ice cream and other cold stored foods would help prevent the onset of the diseases, which was attributed to

UNICEF and addressed by the organisation as false in a press statement issued by the deputy executive director for partnerships (UNICEF, 2020).

2.1.2 Motives for sharing false and potential harms of misleading information during a pandemic

Effective health communication at the early stages of a pandemic can be difficult as it entails communicating high levels of scientific uncertainty to the public while the information is constantly changing as the response to the pandemic changes (Jamison et al., 2020). Uncertainty has the potential to create an environment for false and misleading information to spread. The sharing of information is a key part of building an informed citizenry, however, in the case of the Covid-19 pandemic it is important to understand the motives that drive the sharing of false and misleading information during a crisis.

An exploratory study by Wasserman and Madrid-Morales (2019) sought to explain the circulation of inaccurate information as a social phenomenon rather than a technological one, even if the latter enables the former. First, there is a desire to be "in the know" (Wasserman and Madrid- Morales, 2019). Individuals want to feel that they are a part of the social sphere and sharing information is an important part of being socially active. Second, there is a sense of civic duty that comes with sharing warnings about impending crises and disasters (Wasserman and Madrid-Morales, 2019). There is a sense that people have a duty to their communities even if this means sharing information that is inaccurate, in such cases informing others may outweigh not informing them (Wasserman and Madrid Morales, 2020). Thirdly, information is democratic and it needs to be passed on (Wasserman and Madrid-Morales, 2019). Democracies are founded on the principles of freedom of speech and

expression, as well as freedom to access information. Therefore, sharing and accessing information is a core part of exercising these freedoms, however, sharing information based on its popularity or virality is not an indication of its veracity as most may assume in accordance with research on the issue (Chakrabarti, Rooney and Kweon, 2018). This could also lead to the unintentional spread of false and misleading information.

The motives for sharing false and misleading information as outlined by Wasserman and Madrid-Morales speak to a moral responsibility. In this context, sharing unverified information may seem morally correct, however it could have far-reaching and, in some cases, severe consequences. Research by Cunliffe-Jones et al (2021) identified ten potential harms of sharing false and misleading information, which include:

(i) Physical harms – from vigilante and gender-based violence to harms to individuals' and public health.
(ii) Harms to mental health – from personal distress to public alarm.
(iii) Harms to fairness, social cohesion – from entrenching negative stereotypes to enflaming social divisions.
(iv) Harms to the justice system – from distorting particular cases, to judicial policy.
(v) Harms to the political system – from suppressing voting, and undermining trust, to distorting the focus of debate.
(vi) Harms to business, economy – from company reputations to economic policy.

(vii) Harms to the environment – from endangering wildlife to distorting policy briefs and reports.

(viii) Harms to international relations – from distorting public understanding to government policy.

(ix) Harms to individuals' finances, practical harms – from financial loss to identity theft, and the spread of computer viruses.

(x) Harm through distorted understanding of the natural world – miscellaneous effects such as discrimination and more.

Roozenbeek et al (2020a) examined the susceptibility of the public to the spread of false and misleading information related to vaccination, and found that people who received false or misleading information were less likely to get vaccinated against Covid-19 and less likely to recommend vaccination within their social circle. Such cases have the potential to negatively affect the response to the Covid-19 outbreak and highlights the importance of being aware of the prevalence of false and misleading information, as it can influence the attitudes and behaviours of people, especially in relation to their health (Garett and Young, 2021)

2.1.3 Fact-checking in response to the Covid-19 infodemic

Although long-used in journalism and other professions – since the first dedicated fact-checking organisation was founded in the United States in the early 2000s (Graves and Cherubini, 2016) – fact-checking has emerged as a specialist field (still often associated with journalism, but as a specific rather than an incidental practice) and is based on the core principles of verification and impartiality (Singer, 2018; Cheruiyot & Ferrer-Conill, 2018). Fact-checking has risen over the years to highlight the

importance of debunking widely circulated and potentially harmful claims (Tandoc, 2019) that could sway the understanding and decisions made by individuals, as well as understanding the response to the Covid-19 outbreak by health professionals, international organisations and governments. The practice is defined by assessing the validity of claims using publicly available data and providing information that helps improve the public discourse on key issues (Cerone et al., 2021), enabling the public to make decisions that are better-informed. It has been argued that there is an increased demand for credible information during times of crisis and fact-checking organisations can do more with increased funding and capacity, as seen in the high levels of engagement with fact-checking content during the early months of the pandemic (Siwakoti et al., 2021).

The speed at which false and misleading information spreads, and the pace at which fact-checking organisation's verify claims means that fact-checking lags behind in terms of reach and response time (Shao et al., 2016) as fact-checking normally happens after a claim has been made public. Even so, Siwakoti et al. (2021) found that fact-checking organisations increased their debunking activities in the early months of the pandemic in response to the volume of false and misleading information being circulated. This indicates that fact-checking organisations played a critical role through the pandemic – even though their response was delayed due to the slower pace in debunking claims – addressing false information that was being circulated about evidence-based prevention control measures that include hand hygiene, wearing of protective face masks, social distancing and vaccination against Covid-19 (Chimoyi et al., 2021).

False and misleading information also influences the decisions made by the public related to a particular issue (Muhammed and Matthew, 2022). In one study it was found that more than 5 800 people had been hospitalised after ingesting methanol or cleaning detergents, as it was claimed – in a widely circulated social media post – to be a cure or preventative measure against the Covid-19 virus (Biradar et al., 2022). In such cases access to accurate and verifiable information is critical as it helps inform the decisions individuals make about their health. Fact-checking organisation's traditionally make this information available through two primary methods: debunking, as mentioned above, and pre-bunking. According to Tay et al. (2021) debunking aims to retroactively reduce false and misleading information once it has been made public, whereas pre-bunking aims to pre-emptively inoculate individuals against false and misleading information. Emerging research suggests that pre-bunking can help individuals recognise the truth when exposed to fake news (Pennycook et al., 2020; Roozenbeek et al., 2020b). One of the advantages of pre-bunking is that it is characterised by its ability to effectively counter false and misleading information by fostering resistance against persuasive messages (Van der Linden et al., 2020).

2.1.4 Africa Check's transition from the traditional approach to fact-checking

Since its inception fact-checking has evolved from the traditional format of identifying claims made in the public domain and debunking those claims in the form of fact-checking reports. Africa Check has developed a methodology that sets out the steps they follow as part of their traditional format of fact-checking, which includes (Africa Check, 2012):

- **Select the claim to check:** Monitoring statements made in the public domain, including submissions made from readers. Assessing whether the claim should be fact checked based on factors such as the impact of the claim, type of speaker/source and the potential harm it could cause.
- **Confirm what was said/Ask for evidence:** Contacting the speaker/source of the claim to confirm what was said and the source(s) referred to in making the claim.
- **Check most recent, reliable data:** Testing the claim against the most recent and reliable data. Interrogating this data to understand the context that readers need to be aware of.
- **Discuss evidence with an expert:** Discuss findings with experts who help in making sense of the data and provide analysis.
- **Write up the report:** Includes setting out the claim and the context in which it was reported or delivered. Explain any evidence that contradicts or supports the claim before giving the claims a verdict.
- **Peer reviewing the report:** Colleagues will review the report independently and assess its findings to ensure the report is accurate.
- **Publish and monitor:** Publication of the report and monitoring feedback from readers. This includes feedback on any errors that may have been made and overlooked.

However, Africa Check adapted this model to the ever-changing information ecosystem. Over a decade, Africa Check has introduced new approaches in the form of outreach programmes that focus on training communicators on how to communicate and source credible information, media literacy programmes that focus

on elections and equipping high school learners with fact-checking skills, capacity building for journalists and fact-checkers through mentorship and fellowship programmes, as well as making use of multiple platforms to disseminate their fact checks which includes radio, television and social media (Africa Check, 2021a).

Research (Shao et al., 2016) has shown that fact-checking lags behind in terms of reach and response time when compared to the spread of false and misleading information. Therefore, it is important for fact-checking organisation's to be adaptive and reflexive in addressing the spread of false and misleading information, by innovating and finding new approaches. This has contributed to the adoption of pre-bunking as a fact-checking practice, which aims to pre-emptively inoculate individuals from false and misleading information (Tay et al., 2021). This approach focuses on shielding the public from the potential harmful influences that occur when individuals are exposed to false and misleading information (Garett and Young, 2021).

2.1.5 Conclusion

This chapter explored the Covid-19 infodemic by, focusing on the rapid spread of false and misleading information, particularly on digital media platforms. Also highlighted in this chapter is that misinformation – driven by various motives such as the need for social inclusion and a sense of civic duty – created confusion affecting individual decision making and public health responses to the Covid-19 outbreak. The consequences of exposure to false and misleading Covid-19 related information extended beyond physical health to affect mental wellbeing, social cohesion, and mistrust in healthcare responses launched by official actors i.e. global organisations, governments and healthcare practitioners. Africa Check responded to the evolving

information landscape, as well as the proliferation of false and misleading Covid-19 related information by adapting their approach, conceptualising and implementing a media literacy campaign. Even though the speed of misinformation often outpaces fact-checking efforts, employing strategies such as pre-bunking in media literacy campaigns could pre-emptively counter the potential harmful effects associated with the spread of false and misleading Covid-19 information.

Chapter 3 Media literacy as a framework

In this chapter, emphasis is placed on understanding media literacy as a framework. This includes providing an overview of media literacy, examining the four-component model developed by Sonia Livingston as a broad media literacy framework, and defining the model of misinformation literacy which will be used to examine the campaign contents.

3.1 Overview of media literacy

In the late 1960s and 1970s, media literacy attracted the attention of American educators, initially focusing on the effects of television on children and using television for learning opportunities (Kymes, 2011). Media literacy was concerned with helping students develop an informed understanding of how the media operates, techniques used by the media, and the impact of these techniques (Yates, 1999). The evolution of the media landscape from print, electronic to digital, and the convergence of transmission channels into multimedia channels has brought about diverse perspectives and applications of media literacy. In part, the varied approaches to media literacy have been formed through their application in different fields, ranging from scholarly perspectives to individual media practitioners (Rosenbaum et al., 2008). UNESCO combined media literacy and information literacy to create Media and Information Literacy (MIL), stating that the two concepts are inextricably intertwined (Moore, 2008).

The intertwining of concepts in the field of media literacy is strongly represented in professional literature in the form of information and digital literacy (Koltay, 2011). Firstly, information literacy which refers to individuals who have the ability to identify, evaluate and use information to solve practical problems (ALA, 1989), with prime emphasis placed on recognising message quality and credibility (Hobbs, 2006). Information literacy is closely tied to both verbal (Koltay, 2007) and written communication (Attifeld et al., 2003). Writing and written text are among the most common tasks embedded within information seeking (Koltay, 2011). Secondly, digital literacy which encompasses the ability to read and comprehend hypertext (Bawden, 2001) – hypertextuality is underpinned by the organisation of information online through the use of links or URL's (Moos and Marroquin, 2010) – and knowing how to make use of information from a variety of digital sources (Glister, 1997). According to Martin (2006), digital literacy is individuals' ability to use digital tools in identifying, accessing, evaluating and synthesising digital resources, which allows them to communicate with others, construct knowledge and create media expression through the use of technology.

As a result of the technological innovations, information sharing and content creation (producing information), individuals can be (both) content producers and receivers (Livingstone, 2004). These technological innovations require individuals to be adaptable and help us understand the human, organisational and social context of technologies, as well as how these innovations make it possible to transmit information and shape our understanding of the world (Shapiro and Hughes, 1996).

When referring to media literacy, critical thinking is the most frequently mentioned skill (Adams and Hamm, 2001; Silverblatt and Eliceiri, 1997). Critical thinking within the education sector was prominently developed in the 1980s based on the idea that an 'information society' is constituted by the production and promotion of knowledge, which can be achieved by equipping individuals with critical competencies (Feuerstein, 1999). It was believed that future generations would be analytical, enabling them to generate new ideas and provide reasoning, as well as explanations for issues and events that take place in daily life (Halonen, 1995). Therefore, as a skill critical thinking allows audiences to make independent judgment about media messages (Silverblatt, 2001), which also consists of receiving information and producing meaning. Critical thinking in relation to fact-checking encompasses better equipping citizens with the ability to discern facts from false information (Kellner and Share, 2005; Flynn, 2017).

The changing nature of the information and technology landscape means that a constant update of concepts and competences in accordance with the changing circumstances is required in order to better understand media literacy (Bawden, 2008). A multiple or multimodal approach which consists of combining multimedia content shared through different mediums – i.e. audio, text and visual – is more effective than an approach that relies on a singular mode, as it makes it possible to produce new or multiple meanings (Cordes, 2009). Despite the many definitions that have been developed over the decades, media literacy proponents agree that it entails an awareness of the use and production of media messages (Rosenbaum et al., 2008).

3.2 Livingstone's four component model as a broad media literacy framework

In her paper on 'Media literacy and the challenges of new information and communication technologies', Sonia Livingstone (2004) defines media literacy as "the ability to access, analyse, evaluate and create messages across a variety of contexts." Livingstone calls this the four-component model which can be used in assessing information from print media, broadcast and the internet. According to Livingstone, accessing, analysing, evaluating and the creating content are all key components that form a skills-based approach (Livingstone, 2004). In this model each component supports the other, importantly, a skills-based approach should encompass the technological interface required for information sharing and communication i.e. radio, television and social media. According to Livingstone, access is the first media literacy component described as a dynamic and social process, not a once-off act of hardware provision i.e. computers, which requires an evaluation of the quality and provision of media contents and services (Facer et al., 2001; Livingstone, 2002; Ribak, 2001). It is acknowledged that issues related to the digital divide and the widening of the digital literacy gap can create a barrier to access.

In relation to analysis, users need to be able to engage with symbolic texts which requires a certain level of literacy and understanding. Media literacy should equip individuals with the ability to address questions of media agency, media categories, media technologies, media languages and media representation (Livingstone 2004). The ability to analyse media involves being able to identify where a message is coming from and who the message is intended for, amongst other factors. In referring to evaluation Livingstone (2004) makes the example of a user who is unable to identify

biased and exploitative sources or unable to select intelligently when overwhelmed by an overabundance of information. The ability to evaluate media is a critical skill as it gives individuals the ability to distinguish between credible and fabricated information, especially in a fast-paced content production and consumption context, such as the Covid-19 pandemic.

The final component of content creation refers to giving individuals the tools for communication for furthering self-expression and cultural participation (Livingstone 2004). This requires an understanding of the relationship between media reception and production, where individuals can fulfil both roles as content creators and consumers. The ever-evolving information and communication environment not only requires one to possess the aforementioned media literacy skills, but this should also be coupled with an understanding of the nature of technologies that facilitate communication, in order to formulate an effective media literacy campaign.

As a generally accepted model for media literacy Livingstone's model provides a framework for understanding the core components that make up media literacy. In referring to the model it is acknowledged that these components are at the core of what defines the fundamental principle of media literacy. However, the analysis of the media literacy content produced by Africa Check in response to the Covid-19 infodemic will be evaluated through the framework of misinformation literacy which has been posited as a sub-type of media literacy by Cunliffe-Jones et al (2021) and defines how fact checkers understand and apply media literacy in their work (Wasserman et al., 2022).

3.3 Misinformation literacy as a sub-type of media literacy

The current information ecosystem, which is characterised by multimedia communication, requires information users to possess the skills to discern facts from falsehoods, alongside understanding media agency, representation and technology (Livingstone, 2004). Research on media literacy suggest that it may be an effective means of mitigating the potential harm caused by false and misleading information (Lee, 2018) as those with greater media literacy tend to be more critical of false and dubious stories, which mitigates the influence of false and misleading information on society (Jones-Jang et al., 2021). Therefore, it can be argued that media literacy plays a critical role in promoting critical decision making.

According to McGuire (1964), this is referred to as inoculation and is explained by the inoculation theory, which describes the critical importance of media literacy interventions. It suggests that providing knowledge and skills that allow audiences to critically interpret false and misleading information, inoculates them from harmful influences that may occur from being exposed to such information (Jeong et al., 2012). Similarly, misinformation literacy is based on the principle of inoculation and has been proposed as a sub-type of media literacy with its own set of skills and knowledge, specifically adapted to the field of misinformation (Cunliffe-Jones et al., 2021). Therefore, it can be argued that misinformation literacy as a sub-type of media literacy is characterised by its hoped-for ability to inoculate individuals, specifically from making critical decisions based on false and misleading information. The importance of inoculation is echoed by misinformation scholars and practitioners as false information causes confusion, thus undermining an informed citizenry (Jang and Kim, 2017). In the case of health misinformation, not all health messages related to risks

and prevention are easily understood and some may contain misleading and false information (Signorielli, 1993; U.S. Department of Health and Human Services, 1988). Evidence suggests that knowledge of the harmful consequences of spreading false information could influence misinformation-related behaviour (Cunliffe-Jones, 2022).

Identifying misinformation involves having knowledge and skills that allow one to understand the context in which it emerges, who spreads and creates it, the types of misinformation, where it circulates, why it is believed to be true and understanding the harmful effects of misinformation (Cunliffe-Jones, 2021). An assessment of media literacy and fact-checking conducted by Wasserman et al. (2022), stated that the dimensions of media literacy, specifically misinformation literacy can be identified by the way fact-checking organisation's think of media literacy. There is a shared consensus amongst scholars and practitioners on the main tenets of media literacy and its importance in society.

In building on this Cunliffe-Jones et al. (2021), "identified six fields of knowledge and skills needed to identify false information" (Wasserman and Madrid-Morales, 2022). The "6 Cs of misinformation literacy" are derived from the 5 Cs of news literacy by Tully et al (2021), which aim to create a better understanding of the context, creation, content, circulation and consumption of news and how it is distributed. These dimensions can also be identified in the way fact-checking organisation's and practitioners think of media literacy and are as follows:

1. **Context:** Possessing knowledge of the contexts – social, cultural, economic, political, informational and events – in which false and accurate information are produced.

2. **Creation:** Possessing knowledge of the types of people and institutions found to create false and inaccurate information, their different motivations and the skills to identify those who produce specific information online.

3. **Content:** Possessing knowledge of the difference between facts and opinions, the different ways information can mislead and the skills and practices to distinguish accurate and inaccurate information.

4. **Circulation:** Possessing knowledge of the processes by which accurate and inaccurate information circulates and what drives people to share information.

5. **Consumption:** Possessing knowledge of the reasons individuals may believe false or misleading information to be true.

6. **Consequences:** Possessing knowledge of the different forms of actual and potential harm caused by believing and sharing false and misleading information.

Cunliffe-Jones et al. (2021) conceptualised this approach to media literacy by focusing on equipping individuals with the knowledge and skills required in order to assess the credibility of information (Lee, Lee and Min, 2025). Whereas, some scholars have

positioned media literacy as a key component of digital literacy, emphasising the need for young adults to develop the skills necessary to identify and counter misinformation on social media platforms (Anthonysamy and Sivakumar 2022). In building on these perspectives this report will focus specifically on outlining the application of this model from an African perspective with a specific focus on the approach employed by Africa Check.

Research on the application of misinformation literacy and the Six Cs in Africa is a field of study that is yet to gain traction. However, a recent study that focused on understanding age-varying competence for misinformation recognition online highlights the potential of this approach and its application (Lee, Lee and Min, 2025). Beyond age, the study also explores additional influencing factors such as the use of smart devices, critical thinking ability, gender and level of education. The study underscores the importance of tailored educational programs that consider the diverse needs and behaviours of various age groups to effectively combat misinformation in the digital age (Lee, Lee and Min, 2025).

Combining fact-checking and media literacy, in the form of misinformation literacy, has the potential to support efforts aimed at addressing the uncontrollable spread of false health information, which is listed by the WHO amongst its challenges for the next decade (Dib et al, 2022). Events such as the Covid-19 pandemic make it difficult for the public to discern between fact and falsehoods (Flynn, 2007), which is key to making informed decisions. This creates an opportunity for fact-checking organisation’s such as Africa Check to support efforts aimed at countering the spread of inaccurate Covid-19 information.

3.4 Conclusion

In this chapter, focus is placed on understanding media literacy as a framework, with particular emphasis on Sonia Livingstone's four-component model and the concept of misinformation literacy. Livingstone's four-component model broadly outlines the key skills necessary for a media literate individual; possessing the knowledge and ability to access, analyse, evaluate, and create content – with each component supporting the others. Misinformation literacy – a sub-type of media literacy – refers to the skills needed to identify and counter the spread of false and misleading information. It is based on the principle of inoculation, which focuses on equipping individuals with the knowledge and skills that enable them to critically assess misinformation, especially in the context of a health crisis i.e. the Covid-19 infodemic. The misinformation literacy framework is essential to understanding how fact-checkers think about media literacy and its role in combating the spread of false information.

Chapter 4 A methodical approach towards understanding Africa Check's 'Know the Facts Get the Vax' campaign as their media literacy response to the infodemic

In order to answer the research questions, two research approaches were used: first, a document analysis which is integrated with a content analysis of the media literacy content produced by Africa Check during this campaign; and, second, interviews with key Africa Check staff.

4.1 Framing the research methods applied in the study

Document analysis is a form of qualitative research often used to evaluate printed or electronic documents and allows researchers to give meaning to issues or topics, and involves document reading which can form part of an observational study or an interview-based project (Bowen, 2009; Owen, 2014). Utilising this method will aid in framing the context and actions taken by Africa Check in response to the infodemic, in order to better understand the phenomenon and highlight how the organisation responded to the Covid-19 infodemic (Stake 1995; Yin 1994). Document analysis also combines well with other research methods including interviews (Yin 1994).

This study examines relevant documents and content pieces produced and shared by Africa Check with its target audiences in 2021. Twelve of the twenty campaign episodes content – which – consists of audio, video and graphic content produced by Africa Check – will be examined using the "Six Cs of misinformation literacy" proposed by Cunliffe-Jones et al. (2021). A smaller sample has been selected as it simplifies organising, coding and interpreting the campaign content where each content piece

may require detailed analysis. The purpose of this content analysis is to examine Africa Check's media literacy campaign for the six fields of knowledge linked to the field of misinformation – context, creation, content, circulation, consumption and consequences – as outlined in Cunliffe-Jones et al.'s (2021) model of misinformation literacy. The six fields of knowledge will be used to determine if the campaign content has elements related to misinformation literacy and therefore media literacy. This approach has been tailored for this study in order to aid in effectively answering the research questions. Africa Check granted the researcher access to the documents that were converted to audio, video and graphic content. However, the researcher was only given permission to share an example of a script that was used to develop one of the campaign episodes. Additionally, a content analysis has been included in the study and examines the content and messaging produced for the campaign by Africa Check, disseminated through a multimodal approach (Serafini and Reid, 2023).

Innovations in technology and communications have been key in forming our understanding of what was traditionally defined as content, which was primarily text based (Krippendorf, 2004; Schreier, 2012). However, content analysis has evolved to encompass a number of other factors such as platform/mode of communication and formats determined by a platform's specifications. Examining this content aims to highlight the topics and key issues addressed in Africa Check's media literacy campaign. This study doesn't focus on the impact of Africa Check's media literacy campaign, nor does it measure attitude or behaviour changes as a result of the campaign, as tracking these metrics is hindered by the unavailability of this type of data.

The second part of the research employs semi-structured interviews, which is a qualitative research approach that has been argued to be central in the social sciences and society as it allows for engagement on key issues (Rapley, 2001). The interviewees were selected to participate in this study based on their involvement in Africa Check's media literacy campaign. The data analysis, in conjunction with analysing the documents and contents, is also based on the responses from key staff members involved in the campaign from concept to implementation. This means that the research excludes responses from distribution partners, the public or Africa Check's country offices which were responsible for rolling out the campaign in their countries of operation – Kenya, Nigeria and Senegal.

Interviews were conducted with three key members based in Africa Check's headquarters located in Johannesburg, South Africa. This includes the former deputy director (AC1), media literacy and Info Finder editor (AC2), and the outreach manager (AC3) (see Table 1). Interviews took place online via Google Meet during February 2023. An interview schedule was prepared and shared with the participants beforehand. Each interview lasted an average of an hour and focused on key issues related to the campaign. The discussions centred around issues such as the importance of media literacy in relation to fact-checking and the 'Know the Vax Get the Vax' media literacy campaign. This also included discussions on approaches such as working with strategic partners, dissemination channels and translating content into local languages. The data from these interviews provides an overview of the process from conceptualising to implementing the campaign, from the organisation's perspective.

Table 1: Interviewees

Designation	Role	Experience (years)	Code
Former deputy director	Responsible for overseeing organisational operations. This includes liaising with department heads and ensuring that organisational objectives are achieved.	10+ in media, development and entrepreneurship	AC1
Info Finder and Media literacy editor	Responsible for the development, implementation and management of media literacy projects, as well as maintenance and management of Africa Check's Info Finder tool.	6+ in education and knowledge management	AC2
Head of outreach	Responsible for overseeing all projects under outreach which includes fact-checking training, capacity building and media literacy related projects. This includes developing and implementing Africa Check's outreach strategy.	10+ media and communications	AC3

Semi-structured interviews require the interviewee(s) to have in-depth knowledge on a particular subject, issue or phenomena (Moser and Korstjens, 2017). The table indicates that the interviewees fulfil this requirement based on their expertise – in the fields of media, communications, development and knowledge management – in addition to their roles within the organisation. The dual research methods allow some degree of corroboration of interview data with the campaign documents and content (Saks and Allsop, 2012; Yanow, 2007). The study is focused on the development of the campaign as a non-traditional approach employed by Africa Check in responding

to the spread of false and misleading information during the Covid-19 'infodemic'. However, it is acknowledged that these methods and the research study have their limitations. Even so, combining multiple data collection methods will allow the researcher to triangulate and corroborate findings across the data sets, thus reducing the impact of potential biases that could exist in the study (Bowen 2009). This approach aims to reinforce the findings by combining more than one data collection method. Ethics approval for the study was granted by the Wits Centre for Journalism ethics committee and individual consent was given by the interviewees in writing.

4.2 Analysing the documents and content produced by Africa Check in response to the infodemic

Twenty 'briefing' or background documents were internally developed and produced by Africa Check that focused on a specific topic or area, aimed at pre-bunking or debunking false and misleading Covid-19 or Covid-19 vaccine related information (see Table 2). These documents were then shared as scripts with a third-party service provider – Hubble Studios – that converted the documents' contents into audio, video and graphic content, which could be shared with the public as part of the campaigns roll out. The creative documents were used for planning purposes and also informed the final roll out of the 'Know the Facts Get the Vax' campaign.

Table 2: List of documents produced by Africa Check and used to develop the campaign content.

Document	Title
D1	Fact vs Opinions
D2	What is health misinformation, why do people spread it and why do some people believe it?

D3	Understanding bias in reporting on Covid-19 and Covid-19 vaccines
D4	How to examine misleading claims about Covid-19 and Covid-19 vaccines
D5	How to examine misleading visuals, such as infographics or photos, and understanding how they can influence public understanding of Covid-19 and Covid-19 vaccines
D6	How to identify and fight Covid-19 misinformation on social media
D7	How social media platforms are fighting vaccine misinformation and what you can do about it to break the cycle of false information (go platform-specific to tell people how to report misinformation, what happens after they report, when misinformation can be deleted, etc.)
D8	Ways to help users stay safe online, particularly during the Covid-19 pandemic
D9	How to stay sane and take care of your mental health in the chaotic information environment of the Covid-19 pandemic
D10	How to identify credible sources of health information (online and offline) and what they say about Covid-19 and Covid-19 vaccines
D11	How to go beyond health statistics and consider how those numbers are generated, what messages those numbers tell, and what might be missing from the story
D12	How vaccines/medicines are vetted before they're made available to the public
D13	Understanding natural immunity versus vaccine immunity
D14	How does the new RNA vaccine work and what are the side effects?
D15	Has the speed of developing vaccines for Covid-19 compromised safety?
D16	Explaining the various COVID variants
D17	The efficacy of masks in reducing the spread of Covid-19
D18	Debunking some of the common myths about Covid-19 and Covid-19 vaccines and finding out who's behind particular claims
D19	The implications of sharing and resharing health misinformation (e.g. repercussions of vaccine conspiracies)
D20	How to deal with family members who share misinformation

Refer to Appendix B for the extended version of Table 2

The documents in Table 2 were written and compiled by AC2 (who was responsible for the development, implementation and management of media literacy projects) with each document no longer than three pages. The title of each document and its focus area were determined and finalised internally, in consultation with AC1 and reviewed by the editorial department, with emphasis placed on using simple language that would make complex issues related to the Covid-19 outbreak easy-to-understand, primarily aimed at the youth and the wider public. In addition to the internal review processes and the use of simple language, emphasis was placed on ensuring that the content developed from the documents would retain their messaging irrespective of the format used – audio, graphic and video.

AC2 structured each document into three parts; an introduction that explains the campaign and its objective, followed by the key messaging and concluded with a call-to-action. For example, in the introduction for D2 it highlights the objective of the campaign as a "series by Africa Check to help you evaluate COVID-19 health claims, quacks and cures". This introduction to the campaign is followed by a summary outlining D2s focus i.e. "In this episode we'll discuss what health misinformation is, why people spread it and why some people believe it." The key messaging in D2 defines health misinformation – "any health-related information that is shared as if it is factual and true, without it being supported by scientific research and understanding" – and reasons why it is shared – "people who create health misinformation and put it online usually want to make money off it, become popular on the internet, or see how far a 'joke' can go". In concluding, D2 reemphasises the focus of D2 i.e. "We hope you have a better idea of what it is, why people spread it, and why people believe it." D2s closing statement is a call-to-action, which prompts individuals to share these tips

with their family and friends. These documents were then shared with the third-party service provider, who was responsible for converting the written documents into audio, graphic and video content.

The documents were structured in a specific video format, which included a standard introduction for each episode explaining the campaign and its purpose, followed by the key messaging/focal issue and closed off with a call-to-action (see Appendix A). This structure is informed by the documents produced by Africa Check. The format used by the third-party developer in producing the twenty campaign videos shared on YouTube – based on a two column two column script developed by Hubble Studios (Appendix A) – followed the same structure as the structure laid out in the documents written and compiled by Africa Check, whereas, producing the audio content involved extracting the audio file from the video content in order to retain the structure of the content across the two formats. However, the audio had to be re-recorded for the isiZulu version which only applied to the audio content.

Similarly, the graphics that were developed from the documents and shared on social media had a set structure made up of the title frame and key messaging frames (see Illustration 1). In Illustration 1 – an example of a graphic developed from D19 – the title frame (frame 1) is derived from the tittle of the document and aims to give individuals an idea of the content that will follow, whereas, the key messaging frames (frame 2-3) consist of concise sentences focused on sharing knowledge and skills that would enable individuals to better navigate the Covid-19 infodemic.

Illustration 1: Example of graphic content produced from the campaign documents developed by Africa Check

Left to right: An example of a set of infographics (frame 1-3) developed from D19

4.2.1 An outline of the documents produced for the 'Know the Facts Get the Vax' campaign

This outline is an overview of the twenty documents produced by Africa Check and aims to link the documents with the content produced for the 'Know the Facts Get the Vax' campaign – refer to Appendix B for the extended version of Table 2.

4.2.1.1. D1: "Fact vs Opinions"

D1 focuses on explaining the distinction between fact and opinion. It explores how misinformation can spread when facts are misinterpreted or misrepresented as opinions. This theme was translated into one video (shared on YouTube), one set of five illustrations (shared on Twitter and Facebook) and a downloadable audio file – in English – found on Africa Check's website. The video and audio files echo the same key messaging, urging viewers to critically assess Covid-19 and vaccine related information, emphasising the need for critical thinking and providing specific examples on how to discern fact from opinion in health-related claims. The illustration simplifies

the distinction between fact and opinion by providing practical examples of a fact versus an opinion. The illustration shows a young lady searching for information online, questioning what she finds. D1 laid the foundation for the development of the subsequent documents.

4.2.1.2. D2: "What is health misinformation, why do people spread it and why do some people believe it?"

D2 focused on the psychosocial and social factors related to the spread of Covid-19 misinformation. This is explained through the concept of health misinformation, why individuals believe in false claims and why it spreads. This theme was translated into one video (shared on YouTube), one set of four illustrations (shared on Twitter and Facebook) and a downloadable audio file – in English – found on Africa Check's website. The video shares examples of health misinformation-related to Covid-19 and vaccines, while discussing why people create and share health misinformation. In addition, the audio emphasises the key points made in the video and urgers listeners to be critical of unverified health information. The illustration depicts the motives behind the sharing of health misinformation; such as financial gain, popularity or to spread a joke. Illustrated in the graphics is a man climbing a ladder – representing the pursuit of financial gain – and a person inside a computer screen with a loudspeaker sharing their ideas with other people as a representation of how misinformation is shared online.

4.2.1.3. D3: “Understanding bias in reporting on Covid-19 and Covid-19 vaccines”

In addition to D1 and D2, D3 focused on explaining bias in media reporting on Covid-19 and Covid-19 vaccines, and how this affects our understanding of developments related to the Covid-19 outbreak. D3 primarily focused on how bias in reporting can distort information and influence opinions. This theme was translated into one video (shared on YouTube), one set of four illustrations (shared on Twitter and Facebook) and a downloadable audio file – in English – found on Africa Check’s website. The video explains the different types of media bias – selection and framing bias – and how they affect the reporting of Covid-19 and vaccine-related news. In further expanding on this the audio explores how to identify biased news reporting and encouraging listeners to seek diverse perspectives to gain a better understanding of Covid-19 related health issues. The four illustrations depict a young woman wearing a mask and holding a loud speaker, explaining what bias in reporting can lead to, helping individuals understand how bias can distort facts and mislead the public.

4.2.1.4. D4: “How to examine misleading claims about Covid-19 and Covid-19 vaccines”

D4 focused on how to examine misleading claims by sharing practical tools and information on how to evaluate misleading Covid-19 and vaccine claims. This theme was translated into one video (shared on YouTube) and a downloadable audio file – in English – found on Africa Check’s website. The video demonstrates how to cross check and verify sources, critically evaluating Covid-19 and vaccine claims and consulting credible health organisations for information. This message is reinforced by

the audio, which shares actionable tips on how to evaluate Covid-19 and vaccine related claims, urging listeners to verify information before sharing it.

4.2.1.5. D5: "How to examine misleading visuals, such as infographics or photos, and understanding how they can influence public understanding of Covid-19 and Covid-19 vaccines"

In addition to D4, D5 explains how infographics and photos – visuals – can be misleading. D5 offers guidance on how to assess the authenticity of visuals with misleading – health-related – context. This theme was translated into one video (shared on YouTube), one set of five illustrations (shared on Twitter and Facebook) and a downloadable audio file – in English – found on Africa Check's website. The video shares examples of misleading graphics and explains how visuals can be manipulated to mislead the public, including infographics and photos related to the Covid-19 outbreak. The audio emphasises the videos message by explaining how visuals can influence public opinion and how to avoid being misled by images that distort health issues. The illustration guides individuals on how to evaluate misleading Covid-19 and vaccine related visuals, with a laptop screen depicting the guidelines that individuals should follow i.e. checking the meta data for the time the image was taken.

4.2.1.6. D6: “How to identify and fight Covid-19 misinformation on social media”

In addition to focusing on the common issues related to health misinformation, Africa Check made an effort to address the proliferation of Covid-19 misinformation on social media platforms. This is addressed in D6, which provides practical advice on how to identify and combat Covid-19 misinformation they encounter on social media. This theme was translated into one video (shared on YouTube) and a downloadable audio file – in English – found on Africa Check’s website. The video explains the steps to follow when identifying misinformation on social media, as well as how to report it. The video encourages viewers to use platform specific tools in contributing to the fight against misinformation. The audio places emphasis on reporting false claims and being proactive in the fight against misinformation, reinforcing the videos message.

4.2.1.7. “D7: How social media platforms are fighting vaccine misinformation and what you can do about it to break the cycle of false information”

D7 focuses on how social media platforms are addressing vaccine related misinformation. D7 provides practical steps on how to counter the spread of vaccine related misinformation. This theme was translated into one video (shared on YouTube), one set of six illustrations (shared on Twitter and Facebook) and a downloadable audio file – in English – found on Africa Check’s website. The video explains the actions taken by social media platforms such as removing or flagging false vaccine related claims. In addition, the audio highlights the importance of individuals being proactive on social media in promoting accurate information.

Illustrated in the graphics is a hand holding a smartphone while the graphics explain the different measures put in place by social media platforms – Instagram, Facebook, WhatsApp, YouTube and TikTok – to counter the spread of false and misleading information on their platforms.

4.2.1.8. D8: "Ways to help users stay safe online, particularly during the Covid-19 pandemic"

In addition to D6 and D7, D8 focused on providing practical advice on how to stay sane online, particularly during the Covid-19 pandemic. This theme was translated into one video (shared on YouTube) and a downloadable audio file – in English – found on Africa Check's website. The video provides tips on how to avoid scams, especially ones related to health misinformation. It cautions views to be cautious of fraudulent website and suspicious online activity. The audio emphasises this message by offering practical step to securing personal information online and avoiding threats.

4.2.1.9. D9: "How to stay sane and take care of your mental health in the chaotic information environment of the Covid-19 pandemic"

The documents also focused on mental health, in particular D9 focused on the mental health challenges associated with the overwhelming flow of Covid-19 information during the pandemic. This theme was translated into one video (shared on YouTube), one set of eight illustrations (shared on Twitter and Facebook) and a downloadable audio file – in English – found on Africa Check's website. The video provides tips on safe guarding your mental health by taking breaks from the chaotic news environment

and focusing on self-care. In addition, the audio offers practical advice on manging your mental health during the pandemic, reemphasising the videos message. The illustration shows a female sitting behind her laptop meditating and reaching out to family and friends, while the key messaging shares tips for dealing with stress caused by the constant flow of information.

4.2.1.10. D10: "How to identify credible sources of health information (online and offline) and what they say about Covid-19 and Covid-19 vaccines"

D10 went a step further in explaining how to identify credible sources of information and understanding what these sources say about the Covid-19 virus and vaccines. This theme was translated into one video (shared on YouTube), one set of five illustrations which were shared on Twitter and Facebook. The video outlines the key factors related to identifying credible health sources, such as referring to official health organisations – WHO and CDC – and consulting peer-reviewed research. Emphasise is placed on fact-checking sources of health information before sharing. The illustration shows a laptop screen – searching online for credible information – accompanied by the key messaging which guides individuals on how to identify credible sources of health information in the online and offline environment.

4.2.1.11. D11: “How to go beyond health statistics and consider how those numbers are generated, what messages those numbers tell, and what might be missing from the story”

The focus of D11 centred around understanding health statistics – questioning how numbers are generated and whether there is any missing context – when interpreting Covid-19 statistics. This theme was translated into one video (shared on YouTube) and one set of four illustrations which were shared on Twitter and Facebook. The video explains how to critically analyse health statistics and emphasises the potential for manipulation or misinterpretation of data. It prompts the viewer to question how the data is collected, where it comes from and how it is presented. The illustration shows a person thinking carefully about the information presented to them. This is accompanied by the key messaging, which provides simplified examples of how numbers can be skewed to create different narratives.

4.2.1.12. D12: “How vaccines/medicines are vetted before they’re made available to the public”

Africa Check also developed documents that specifically focused on addressing vaccine and vaccination related misinformation. D12 provides a step-by-step guide on how vaccines are vetted before being made available for public use. This theme was translated into one video (shared on YouTube) and one set of five illustrations which were shared on Twitter and Facebook. The video explains the rigorous processes followed to ensure the safety and efficacy of vaccines – pre-clinical trials, clinical trials and regulatory reviews by health authorities – by explaining the science and regulatory steps involved. The illustration depicts a scientist wearing a coat – with a checklist,

examining the vaccine – and a diverse group of individuals wearing masks. This is accompanied by the key messaging which explains the regulatory processes – in Africa – followed by companies that develop vaccines.

4.2.1.13. D13: "Understanding natural immunity versus vaccine immunity"

Following on D12, D13 focused on addressing common misconceptions about immunity and highlighting the advantages of vaccination in protecting against the Covid-19 virus. This theme was translated into one video (shared on YouTube) and one set of six illustrations which were shared on Twitter and Facebook. The video clarifies the difference between natural immunity – gained from recovering from a Covid-19 infection – and vaccine-induced immunity. The video focuses on how vaccines provide a safer and more reliable form of protection than natural immunity. The illustration shows a doctor – wearing a white coat – defining immunity. The illustration goes on to show an individual wearing a mask – while explaining what natural immunity is – and a group of people wearing masks, while explaining herd immunity. The illustration also depicts vaccine immunity – showing a doctor administering the vaccine to a patient – with an explainer defining vaccine immunity.

4.2.1.14. D14: "How does the new RNA vaccine work and what are the side effects?"

In addition to D12 and D13 – which specifically focus on Covid-19 vaccines and vaccination related misinformation – D14 helps to address concerns and misconceptions about mRNA technology. This theme was translated into one video (shared on YouTube) and one set of four illustrations which were shared on Twitter and Facebook. The video explains how mRNA vaccines work – instructs your cells to produce a harmless form of the virus which triggers an immune response – and

reassures the public by addressing the common side effects associated with mRNA vaccines. The four illustrations visually explain key facts about mRNA vaccines work, depicting an image of a doctor injecting a patient with the vaccine – both wearing masks – and a vile of the vaccine indicating that it tests negative for Covid-19.

4.2.1.15. D15: "Has the speed of developing vaccines for Covid-19 compromised safety?"

Through these documents – D12 to D14 – Africa Check aimed to address key issues and provide credible information on vaccines and vaccination. D15 is another example of this as it explains the rapid development of Covid-19 vaccines and how this did not compromise the safety of Covid-19 vaccines. This theme was translated into one video (shared on YouTube) and one set of six illustrations which were shared on Twitter and Facebook. The video emphasises that the rapid development of Covid-19 vaccines was driven by the use of pre-existing technology, global collaboration and increased funding. The video reassures viewers that the safety of vaccines was not compromised in their development. The illustrations highlight the key factors that contributed to the rapid development of vaccines, showing the steps followed in order to maintain their safety while speeding up the process.

4.2.1.16. "D16: Explaining the various COVID variants"

In addition to placing a focus on the importance of vaccines and vaccination. The campaign documents also focused on providing information that would enable its audiences to understand the ongoing developments around the Covid-19 outbreak. This includes D16, which explains the various Covid-19 variants. This theme was translated into one video (shared on YouTube) and one set of seven illustrations which were shared on Twitter and Facebook. The video explains the various variants of the virus – Alpha, Beta, Delta – and how each variant spreads or evades immunity faster

with each variant. The video also shares ongoing efforts to monitor and control variants through the administration of vaccines and other health measures. The illustrations depict and describe the characteristics of each variant, helping viewers understand the dangers of these variants and the importance of vaccination in controlling their spread.

4.2.1.17. "D17: The efficacy of masks in reducing the spread of Covid-19"

D17 emphasised the importance of wearing a face mask as a measure to mitigate the spread of the virus. This one set of four illustrations which were shared on Twitter and Facebook. The illustration explains how wearing a mask can reduce the transmission of the Covid-19 virus, depicting two women standing at a distance (wearing masks) facing one another. The key messaging is placed between the two women and emphasises the importance of wearing a mask in order to slow the transmission of the Covid-19 virus from person to person.

4.2.1.18. D18: "Debunking some of the common myths about Covid-19 and Covid-19 vaccines and finding out who's behind particular claims"

The documents also aimed to help individuals identify the source behind a claim, such as D18 which focused on how to identify sources that spread false claims about the Covid-19 pandemic. This theme was translated into one video (shared on YouTube), one set of seven illustrations which were shared on Twitter and Facebook. The video identifies and debunks the most commonly found myths about Covid-19 and vaccines. The video also explains how to identify who is behind a hoax claim and why they spread them such as using online tools to verify sources. The illustrations list and

debunk common myths about Covid-19 and vaccines, providing factual counterpoints to help better inform the viewer.

4.2.1.19. D19: "The implications of sharing and resharing health misinformation (e.g. repercussions of vaccine conspiracies)"

The documents also addressed the consequences of sharing – and resharing – Covid-19 and vaccine related misinformation. D19 addresses the impact of false and misleading Covid-19 information i.e. vaccine conspiracies and miracle cures. This theme was translated into one video (shared on YouTube) and one set of five illustrations which were shared on Twitter and Facebook. The video discusses the repercussions of sharing misinformation, such as undermining public trust in vaccines and the response to the pandemic by healthcare workers. It encourages viewers to critically evaluate information before resharing it. The illustrations explain the effects of sharing misinformation, illustrating how it can lead to illness, loss of money and emphasises that spreading conspires about will only prolong the Covid-19 pandemic.

4.2.1.20. "D20 How to deal with family members who share misinformation"

The final document in the series of documents, aimed to address how to handle conversations with family member who share misinformation. This theme was translated into one video (shared on YouTube) and one set of five illustrations which were shared on Twitter and Facebook. The video offers tips on how to approach family members who believe and share misinformation, focusing on respectful and empathetic communication. It encourages viewers to always share factual information and help loved ones understand the importance of relying on credible sources. The illustrations provide a step-by-step guide on how to approach difficult conversations

with family members about misinformation, offering simple strategies for engaging in productive dialogue.

In addition to the outline of the twenty documents above, twelve of the twenty media literacy content pieces produced from the documents written by Africa Check for the 'Know the Facts Get the Vax' campaign are examined in greater detail in the next section of this report. This examination is conducted using Cunliffe-Jones' (2021) misinformation literacy framework and the "Six Cs" of misinformation literacy, which will allow the researcher to determine whether elements of misinformation literacy are present in the selected content pieces.

4.2.2 The "Six Cs" of misinformation literacy and the 'Know the Facts Get the Vax' campaign content

The selection of the twelve sample content pieces is based on an assessment of the documents outlined in Section 4.2.1 and is intended to enable a more focused examination of the media literacy elements present in the campaign contents. The sampling strategy ensures representation across all three formats – audio, graphic, and video – allowing for comparative analysis across media types and illustrating how components of misinformation literacy are conveyed differently depending on the format. Selection criteria included thematic alignment with the "Six Cs" framework and variations in style and presentation. This ensured that the content chosen for analysis not only reflected the campaign's strategic objectives but also demonstrated how Africa Check utilised different media formats and platforms to disseminate their campaign messaging.

In addition, the decision to analyse twelve rather than all twenty content pieces is both intentional and strategic. This approach allows for a focused yet representative

exploration of the campaign's application of the "Six Cs" of misinformation literacy across various platforms and formats. Including all twenty would have introduced unnecessary repetition, as many pieces share similar themes, styles, and structural features. By selecting twelve pieces that differ in format (video, audio, and graphics) and message style, the study aims to achieve an in-depth analysis while still capturing thematic and stylistic variances. This sampling also supports manageability and rigour in the coding and interpretation process, enabling each piece to be examined closely in relation to the "Six Cs" without overwhelming the analysis with overlapping content. This purposive sampling approach is sufficient to capture the campaign's key informational and educational strategies, as demonstrated through its integration of misinformation and media literacy concepts.

The content produced by Africa Check for the 'Know the Facts Get the Vax' media literacy campaign was created for the purpose of inoculating the public against the potential harmful influences that occur from being exposed to false and misleading information (Garett and Young, 2021). In order to achieve this Africa Check had to ensure that the content would equip the public with the knowledge and skills that would enable them to identify and analyse false and misleading information. In doing so, Africa Check focused on the most relevant content that would address the pandemic related misinformation trends identified in 2021 – as outlined by the documents.

This includes understanding the context in which false and misleading information is produced, types of institutions and individuals that create false and misleading information, the difference between facts and opinions, distinguishing between content that is accurate and false, the circulation of false and misleading information and the

factors that drive its spread, how false and misleading information is accessed and consumed, and the consequences or potential harm of being exposed to false and misleading information (six C's of misinformation literacy) as it relates to the Covid-19 infodemic (Cunliffe-Jones, 2021).

Cunliffe-Jones' (2021) misinformation literacy framework and the "Six Cs" of misinformation literacy is utilised to examine twelve of the media literacy products developed by Africa Check for the 'Know the Facts Get the Vax' Covid-19 campaign. The purpose of this is to examine the selected media literacy pieces, representing all three dissemination formats, for elements linked specifically to the six C's and misinformation literacy, as well as media literacy as the broader field of study. In doing so, the researcher will be able to identify whether there are elements that constitute misinformation literacy in the selected content pieces (Appendix C) as a representative sample of all the content produced for the campaign.

4.2.2.1 Knowledge of context

The first of the "Six Cs" is context, which includes understanding the context in which false and misleading information is produced. One of the selected videos from the campaign focuses on explaining health misinformation and why it is shared. In the YouTube video produced for the campaign (Africa Check, 2021d) – developed from D2 – the presenter can be seen explaining what health misinformation is, why people spread it and why some believe it. In the introduction of the video and in all campaign videos including the recorded audios – twenty YouTube videos and nine audio clips found online as outlined by Appendix B – the presenter by the name of Sensei Ndlovu

shares context on what the series is about. In the introduction of the YouTube video the presenter begins by stating (Africa Check, 2021d):

> "Welcome to Know the Facts Get the Vax, a series by Africa Check, to help you evaluate Covid-19 health claims, quacks and cures. The Covid-19 vaccine saves lives. It's the best way to protect your community. In this series you'll learn more about Covid-19 and the different vaccines available, how they were developed and how they work, and how to understand and use important healthcare information"

This is the standard thirty second introduction used for all the video and audio content with the same presenter for both, Sensei Ndlovu, that was scripted by Africa Check prior to being recorded. In relation to knowledge of context and misinformation literacy, the first sentence provides information on the name of the campaign, who developed it and what it focuses on. Following this is a call to action, "the Covid-19 vaccine saves lives. It's the best way to protect your community." (Africa Check, 2021d), reinforcing the importance and safety of vaccines. The introduction is then closed by providing information about the creation (second of the "Six Cs") of the campaign and its intended purpose, "In this series you'll learn…" (Africa Check, 2021d). The presenter clearly sets out that the purpose of the campaign is to learn – educate – about Covid-19 and the different vaccines – correlated with the knowledge of content and consequences, how vaccines work and are developed – correlated with the knowledge of context and creation – and how to use important healthcare information related to the Covid-19 virus – correlated with the knowledge of circulation and consumption. In

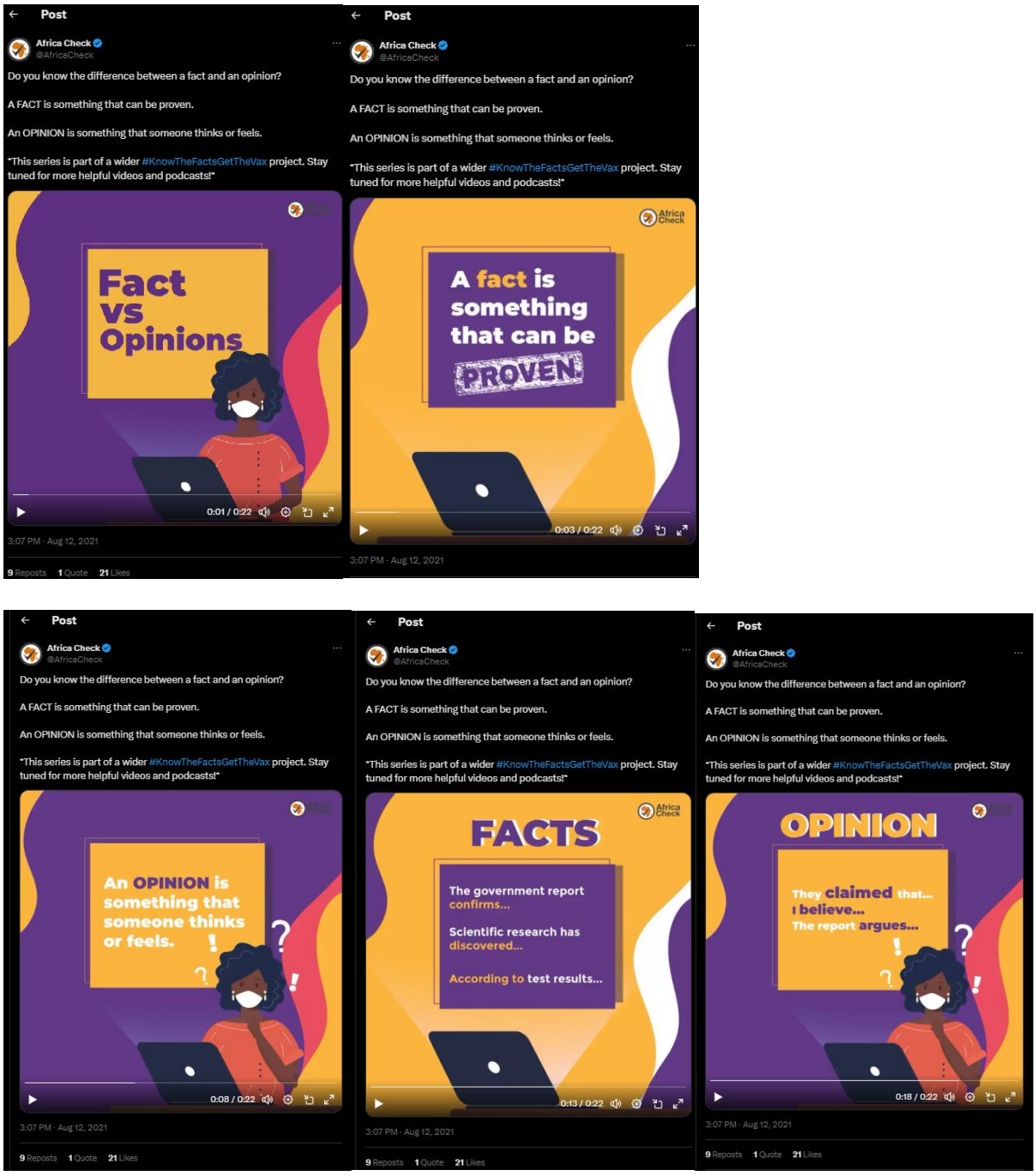
doing so the presenter is able to contextualise the primary areas of focus for the campaign.

With specific reference to one of the selected YouTube videos (Africa Check, 2021d) – developed from D2 – there is more than one of the “Six C’s” present in the content. The narrator shares knowledge of context by explaining what misinformation is, as well as knowledge of the consequences related to misinformation by explaining the negative effect of misinformation on individuals and their health i.e. drinking surface cleaner or breathing citrus steam rather than wearing a mask (Africa Check, 2021d) and consulting a medical professional for prescribed medicine. The YouTube video (Africa Check, 2021d) aimed to make the audience aware of the important foundational understanding of misinformation as it relates to the Covid-19 pandemic. In doing so, misinformation literacy elements such as knowledge of context, content and consequences have been integrated into the YouTube video. The YouTube video is educational (Livingstone, 2004), in that it aims to create a better understanding of what misinformation is and why health misinformation is shared and believed. This approach aligns with the view of media literacy as a critical thinking skill that enables people to interpret media content more accurately and evaluate its credibility in context (Adams and Hamm, 2001; Silverblatt and Eliceiri, 1997).

In relation to context as it relates to misinformation literacy (Cunliffe-Jones, 2021). Africa Check also focused on ensuring that its audience understood key concepts such as the difference between fact and opinion (see Illustration 2) – correlated with having knowledge of context and content. A graphic shared on Twitter (see Africa Check, 2021e) – developed from D1– made up of five frames, explains in the second frame

of the graphic, that a fact is something that can be proven and in third frame it explains that an opinion is something someone thinks or feels (see Africa Check, 2021e) – illustration 2.

Illustration 2: Twitter graphic developed from D1 for 'Know the Facts Get the Vax' campaign



Left to right: frame 1-2 (first row) and frame 3-5 (bottom row)

In the fourth and fifth frame of the graphic there are examples of how to distinguish between a fact and opinion, the examples include “the government report confirms…” (as an example of a fact) and “the report argues…” (as an example of an opinion). Thus, putting into context the distinction between fact and opinion in an easy-to-understand format. The ability to distinguish between fact and opinion is closely related to the practice of fact-checking (Africa Check, 2021b). This distinction is critical, as noted by Flynn (2017), who argues that the core of misinformation literacy lies in the ability to discern between facts and falsehoods – especially in emotionally charged health communication.

4.2.2.2 Knowledge of creation

The YouTube video (Africa Check, 2021d) – developed from D2 – and the Twitter graphic (Africa Check, 2021e) – developed from D1 – mentioned above set the foundation for Africa Check to share knowledge and unpack more complex issues related to the types of institutions and individuals that create false and misleading information. This includes sharing knowledge on how bias can affect reporting and the understanding of the pandemic (Cunliffe-Jones, 2021). In another YouTube video (Africa Check, 2021f) – developed from D3 – the same thirty second introduction as the first video examined is used to contextualise the purpose and aim of the campaign. This is followed by the presenter explaining that journalists have the difficult job of explaining complex medical and scientific information, and that their own inherent bias can lead to misreporting in some cases (Africa Check, 2021f).

The presenter goes on to explain that it is important in such cases to be able to distinguish between a fact and an opinion in order to make an informed decision about one's health (Africa Check, 2021f). Making this distinction is important to understand how misinformation is created and shared. Biases can lead to poor decision making and potentially lead to individuals making decisions about their health based on unverified information that has been widely circulated (Lechanoine and Gangi, 2020). Understanding bias is associated with the practice of fact-checking (Park et al., 2021). This YouTube video fulfils the role of imparting knowledge or educating (Livingstone, 2004) the targeted audience on the key role journalists play in keeping the public informed, which is a key component of media literacy.

4.2.2.3 Knowledge of circulation

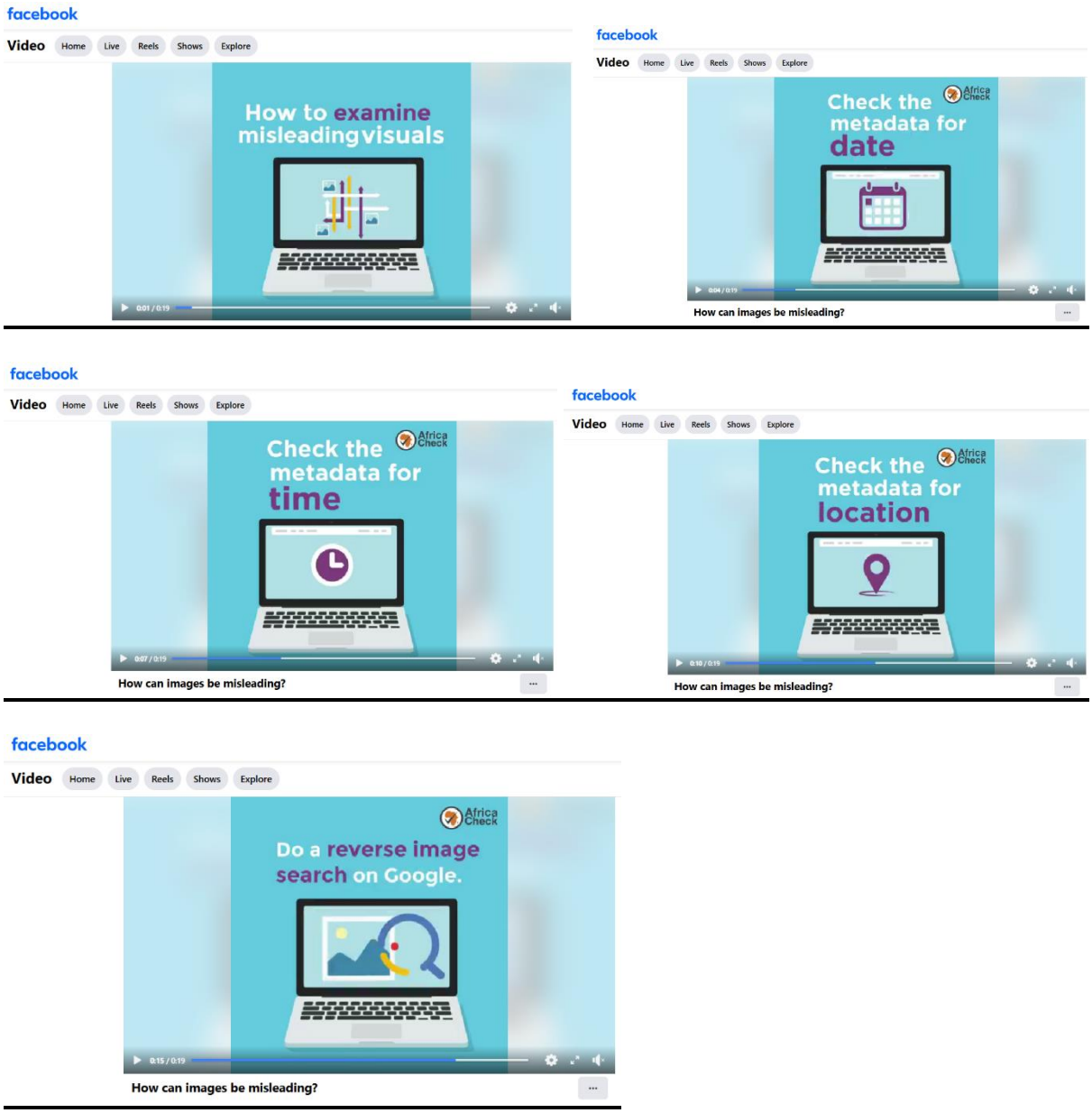
In relation to the circulation of false and misleading information and the factors that drive it (Cunliffe-Jones, 2021). The campaign content also addressed how false and misleading information circulates and is consumed by the public (Cunliffe-Jones, 2021). Africa Check shared content that highlighted the impact of misinformation on social media and how to identify it, sharing knowledge on how misinformation is circulated and shared on social media platforms. An example is an audio clip (Africa Check, 2021g) – developed from D6 – from the campaign shared on Africa Check's website. The episode starts with the same thirty second introduction for all the video and audio content aimed at contextualising the purpose and aim of the campaign. The audio clip specifically focuses on the use of social media, in particular how to identify and fight the spread of misinformation on social media (Africa Check, 2021g), thus sharing knowledge on how to identify misinformation that has been created or circulated on social media platforms. The presenter explains that the public must

question how the information they find on social media makes them feel, for example scared or angry, which can trigger a strong emotional response to misinformation that leads to quick engagement not based in truth (see Africa Check, 2021g).

The audio clip goes further to explain that individuals must ask themselves who shared the information – having knowledge of the context in which misinformation is shared or spreads – if there are any links and spelling mistakes in the information being shared (see Africa Check, 2021g). Being able to identify – having knowledge of, or possessing the skills to identify – grammatic errors allows audiences to identify content with misinformation. Identifying grammatic errors and unofficial links are ways in which the audience can assess whether the information shared is credible. These skills are core to the practice of fact-checking in that they form part of the verification process (Cerone et al., 2021). In addition to this knowledge, the clip also goes on to state that audiences must copy and paste the claims into a search engine to see if they check out and examine any images through a reverse image search on Google to see if they are misleading (see Africa Check, 2021g). In doing so, the audio clip imparts the knowledge and skills on how to use online tools such as Google reverse image search.

Similarly, another graphic shared on Facebook (Africa Check, 2021h) – developed from D5 – consisting of five frames, provided a step-by-step guide on how to examine misleading images (see illustration 3) and shares knowledge on how misleading images are created and shared online.

Illustration 3: Meta graphic developed from D5 for 'Know the Vax Get the Vax' campaign



Left to right: frame 1-2 (first row), frame 3-4 (middle row) and frame 5 (bottom row)

The second frame in the graphic advises that individuals should check the meta data for to establish the date the claim was posted (Africa Check, 2021h). If the date the claim was posted doesn't align with the date the events took place, it could indicate that the source is not reliable. The third frame advises individuals to check the meta data to establish the time the claim was made (Africa Check, 2021h) as this will help individuals gauge if the events took place at the same time as the claim was made.

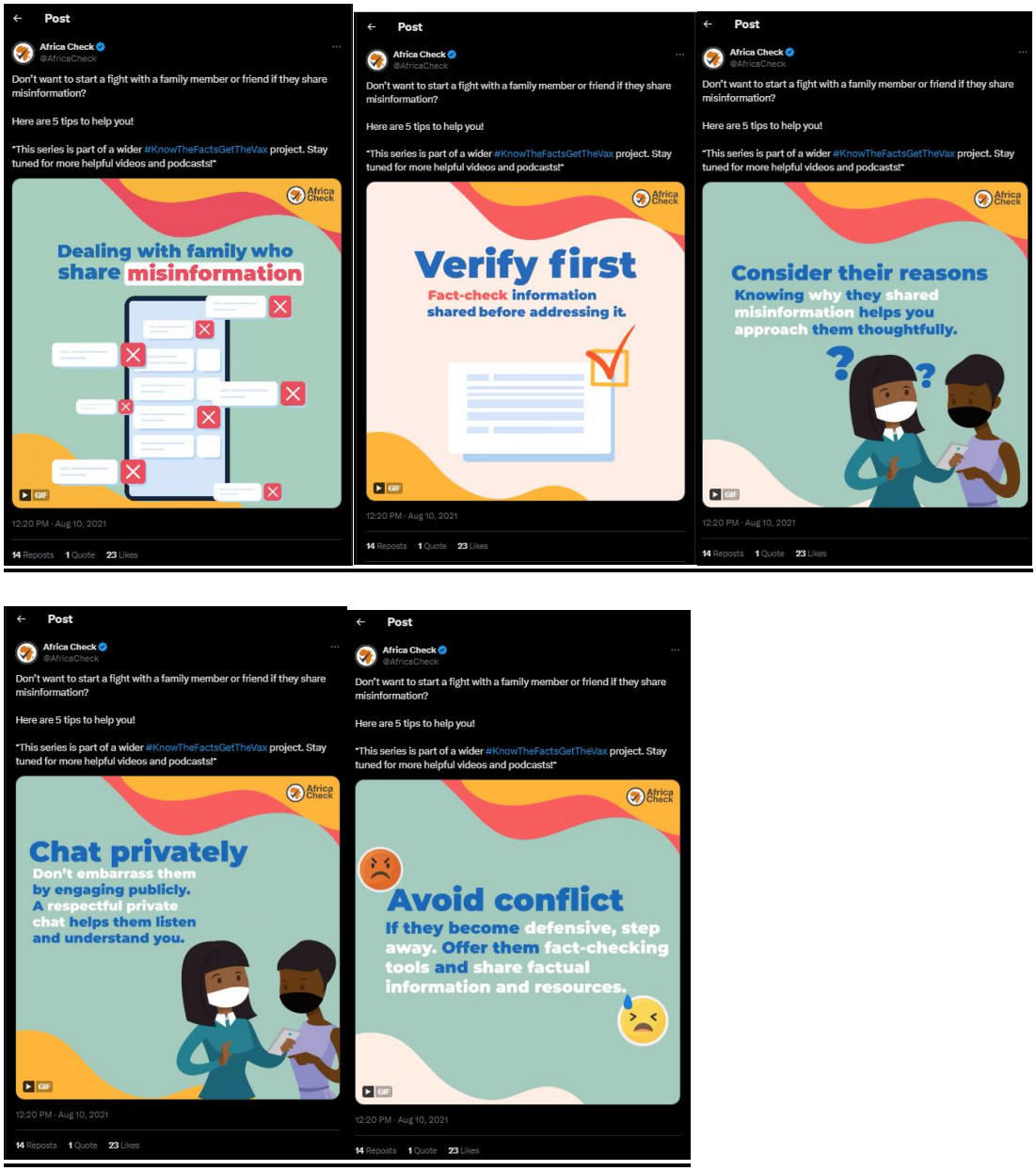
The fourth frame advises individuals to check the meta data to determine the location (Africa Check, 2021h). If it claims the events took place in a specific location but the meta data shows a different location, it could indicate that the claim is potentially false or misleading. In the last frame it is explained that individuals must check the meta data for the date, time and location by doing a reverse image search using online platforms like Google (Africa Check, 2021h). In doing so, the audience is equipped with the knowledge and tools to analyse and evaluate the circulation of the information they are exposed to on social media.

The ability to use online tools like Google reverse image search highlights a key element of media literacy as it allows individuals to analyse and evaluate media messages more critically (Livingstone, 2004). This involves a knowledge and skills-based approach that is centred on the concept of critical thinking (Silverblatt, 2001). The skill of critical thinking as it relates to fact-checking is centred on the ability of individuals to discern between facts and false information (Flynn, 2017).

4.2.2.4 Knowledge of consumption

In relation to how false and misleading information is accessed and consumed (Cunliffe-Jones, 2021), Africa Check delved deeper into issues related to the reasons people share health disinformation and how to verify misleading images. An example of this is a graphic (see illustration 4) that focused on sharing tips on how to deal with family members that share misinformation (Africa Check, 2021i) – developed from D20.

Illustration 4: Twitter graphic developed from D5 for 'Know the Vax Get the Vax' campaign



Left to right: frame 1-3 (first row) and frame4- 5 (bottom row)

The Twitter graphic (Africa Check, 2021i) above, consisting of five frames, offers tips on dealing with family members that share false and misleading information. The second frame of the graphic, advises to verify by fact-checking the information shared

before addressing it, the third frame advises to consider reasons as to why they shared misinformation, the fourth frame advises that you chat with them privately and not embarrass them publicly and the last frame advises to avoid conflict if they become defensive by sharing fact-checking tools and factual information instead (Africa Check, 2021i).

The Twitter graphic mentioned above consists of elements closely linked to fact-checking such as verification, the use of fact-checking tools and sharing factual sources of information that are key to distinguishing fact from falsehoods (Flynn, 2017). It is also educational (Livingstone, 2004) in that it shares knowledge on how to engage with family members that may unwittingly share false and misleading information which is closely linked to the function of media literacy. Additionally, Africa Check also developed content that focused on social media platforms and the mechanisms they have put in place to address Covid-19 related misinformation (see Africa Check, 2021j) – developed from D7. The emphasis on using platform-specific mechanisms also echoes Silverblatt's (2001) conceptualisation of media literacy as the ability to interact effectively and ethically with evolving media environments.

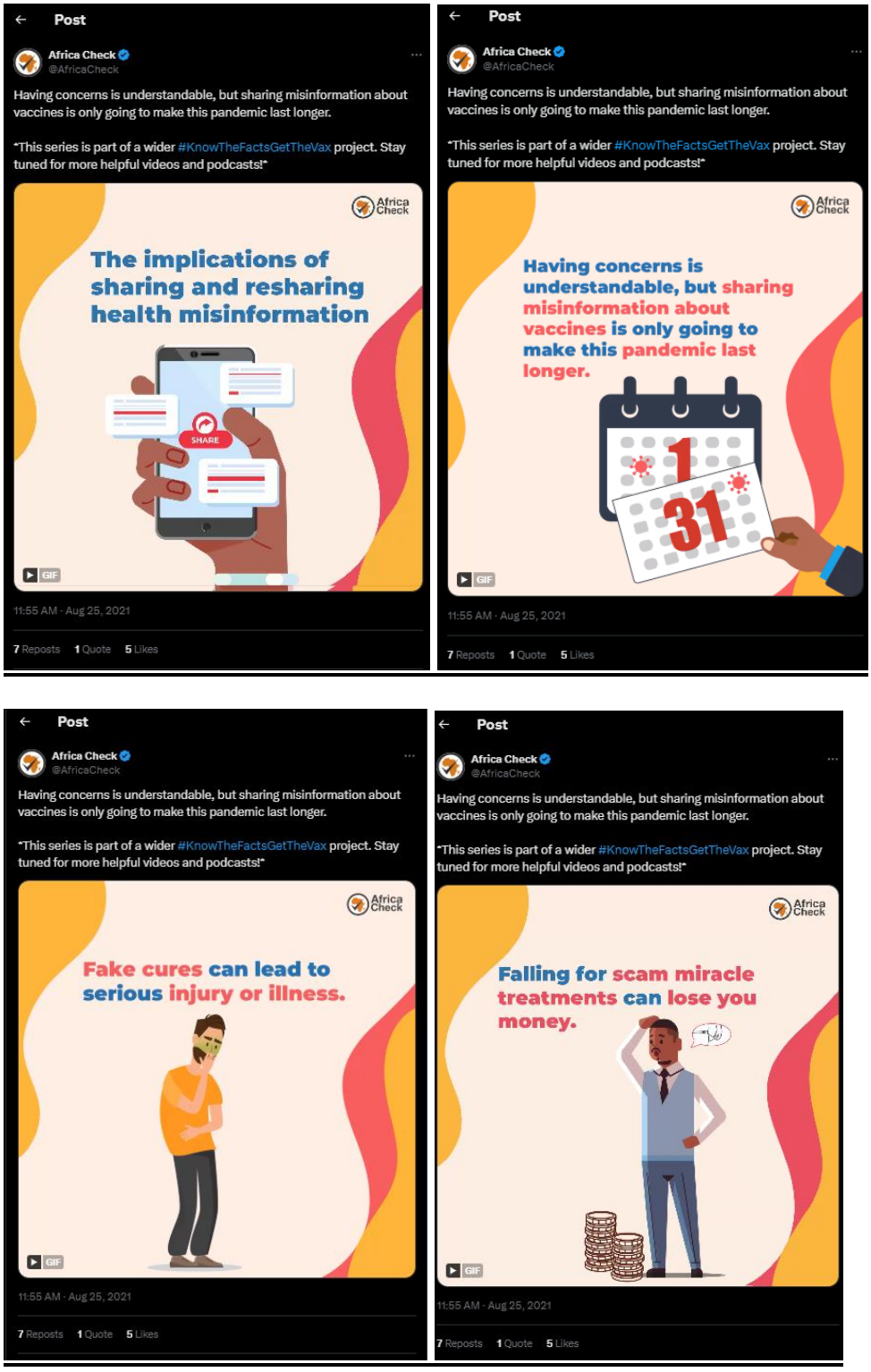
Another audio clip (Africa Check, 2021j) explains how social media platforms are fighting vaccine misinformation and what individuals can do to break the cycle of sharing false information. In the audio clip the narrator explains how social media platforms have improved their policies and make use of innovative technology and techniques to break the cycle of misinformation, such as putting restrictions on user accounts that share false and misleading information regarding Covid-19, vaccines and the pandemic (Africa Check, 2021j). This links back to having knowledge of the

factors that lead to the consumption of false and misleading information and the interventions being undertaken to remedy this. It also shares practical skills (Africa Check, 2021j) such as how to report users who share misinformation on social media platforms, an important skill linked to educating and media literacy.

4.2.2.5 Knowledge of consequences

The strategic selection and creation of content by Africa Check also aimed to highlight the consequences associated with sharing and consuming false and misleading information related to the Covid-19 pandemic and vaccines (Cunliffe-Jones, 2021). This is addressed in a Twitter graphic (see illustration 5) that focused on understanding the implications of sharing and resharing health misinformation (Africa Check, 2021k) – developed from D19. The graphic consists of four frames, in the second frame it explains that having concerns is understandable, but sharing misinformation about vaccines is only going to make this pandemic last longer (Africa Check, 2021k). In the third frame it stated that fake cures lead to serious injury or illness and in the fourth frame it stated falling for scam miracle treatments can lead to the loss of money (Africa Check, 2021k).

Illustration 5: Twitter graphic developed from D19 for 'Know the Vax Get the Vax' campaign

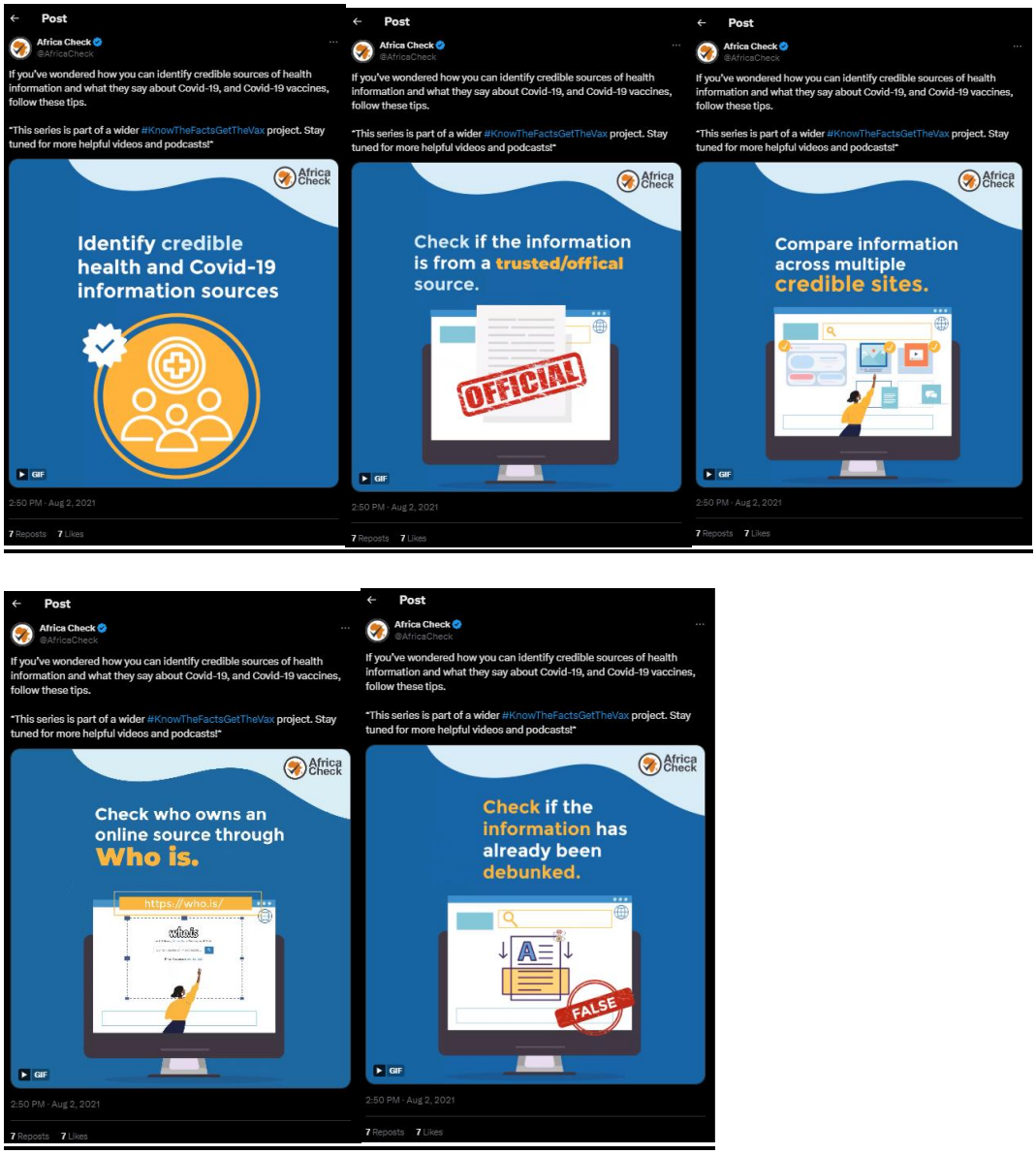


Left to right: frame 1-2 (first row) and frame 3- 4 (bottom row)

Another Twitter graphic (Africa Check, 2022l) – developed from D10, consisting of five frames – focused on imparting knowledge and skills related to how to identify credible

sources of health information (see illustration 6). In the second frame it advises to check if the information is from a trusted/official source – identifying credibility. The third frame encourages individuals to compare information across multiple credible sites – analysing sources. The fourth frame recommends checking who owns an online source through Who.is which is an online tool – evaluating its authenticity. The final frame advises that individuals check if the information has already been debunked by fact-checkers – verifying its accuracy (Africa Check, 2021l). The four components of identifying, analysing, evaluating and verifying information are concepts closely linked with media literacy (Livingstone, 2004) and the practice of fact-checking (Cunliffe-Jones, 2021). As Garett and Young (2021) highlight, misinformation can cause tangible harm to individual health and public trust, which underscores the importance of integrating pre-bunking strategies – like those used in this campaign – to prepare audiences to resist falsehoods before exposure.

Illustration 6: Twitter graphic developed from D10 for 'Know the Vax Get the Vax' campaign



Left to right: frame 1-3 (first row) and frame 4-5 (bottom row)

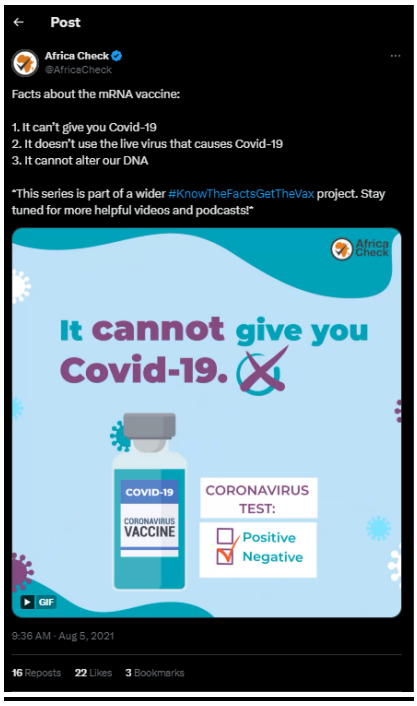
4.2.3 Using misinformation literacy to address vaccine and vaccination related misinformation

Africa Check also created content that explained how vaccines are vetted before they go public. In the YouTube video (Africa Check, 2021m) – developed from D12 – the same thirty second introduction as the first video (Africa Check, 2021d) examined is used to contextualise the purpose and aim of the campaign, sharing knowledge on the context and content covered in the campaign. The presenter explains that vaccines

are not just administered to the public, they undergo a process of testing and regulation before they are approved for public use (Africa Check, 2021m). The presenter explains that once a vaccine has been developed it first goes through clinical trials to test its effectiveness and any side effects to ensure any necessary adaptations are made before the final vaccine is produced (Africa Check, 2021m). The presenter adds that each country on the continent has its own vetting and approval process before a vaccine is registered or administered and only vaccines that have gone through this process can be prescribed, sold or advertised (Africa Check, 2021m).

The video shares knowledge on the processes and procedures that are followed from development the of vaccines, clinical trials, registration and administration. Similarly, another Twitter graphic (Africa Check, 2021n) – developed from D14 – produced for the campaign focused on understanding mRNA vaccines (see illustration 7). The information in the graphic consists of three frames (Africa Check, 2021n). In the second frame it stated that it does not use the live virus that causes Covid-19 and in the third frame it stated that it cannot give you Covid-19 (Africa Check, 2021n).

Illustration 7: Twitter graphic developed from D14 for 'Know the Vax Get the Vax' campaign

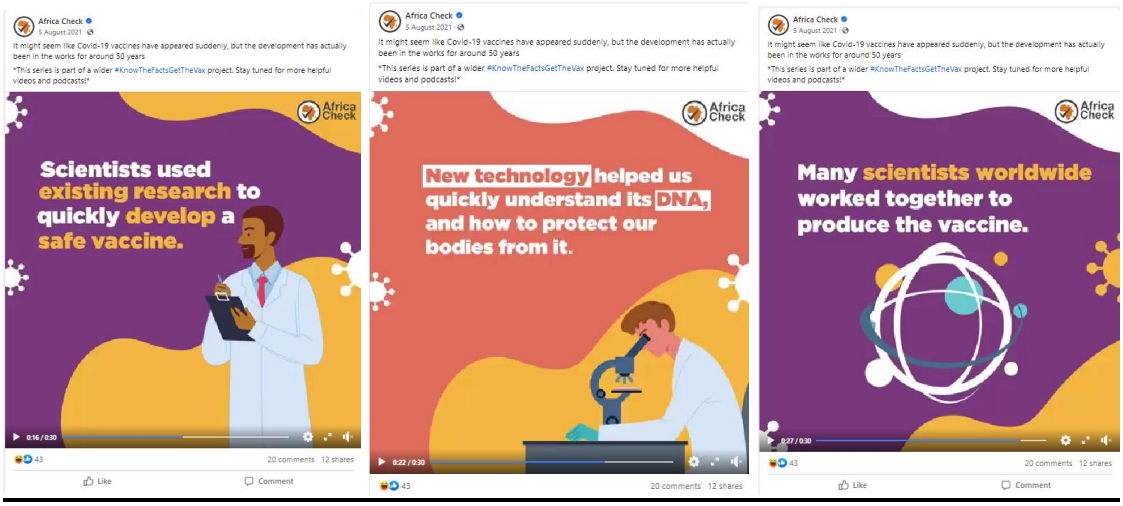


Left to right: frame 1-2 (first row) and frame 3 (bottom row)

Another example is a Facebook graphic (Africa Check, 2021o) – developed from D15 – that was created for the campaign which explains how the Covid-19 vaccines were developed so rapidly. In the text above the graphic, it stated that, "It might seem like

Covid-19 vaccines have appeared suddenly, but the development has actually been in the works for around 50 years." (see illustration 8). The graphic, consisting of six frames, conveys several key points. The first frame stated that the speed with which Covid-19 vaccines were developed did not compromise its safety. The second frame emphasises that Covid vaccines have been in development for more than 50 years. The third frame highlights the challenges initially faced due to insufficient. The fourth frame notes that scientists used existing research to develop a vaccine. The fifth frame explains that new technology helped us quickly understand its DNA and how to protect our bodies from it. Finally, the last frame underscores the collaborative efforts of scientists who worked together to produce the vaccine (Africa Check, 2021o).

Illustration 8: Meta graphic developed from D15 for 'Know the Vax Get the Vax' campaign



Left to right: frame 1-3 (first row) and frame 4-6 (bottom row)

The focus on vaccines and vaccination aimed to pre-bunk and debunk the false and misleading claims circulating in the public domain and restore confidence in the importance of vaccines and vaccination. Africa Check used this approach not only to raise awareness around the efficacy and safety of vaccines, but also to equip individuals with the knowledge and skills that would allow them to make informed decisions about vaccinating, in order to mitigate against any health-related complications as a result of not vaccinating. In doing so, the campaign aimed to better inform individuals on the safety and efficacy of vaccines, as well as the importance of vaccination as a preventative measure.

4.2.4 Summary

The first part of the data analysis, which uses document and content analysis to outlined the twenty documents written by Africa Check, highlights the link between the documents written and the content created. This analysis indicates that the 'Know the Facts Get the Vax' campaign aimed to combat the spread of Covid-19 misinformation by equipping the public with the skills to identify and assess false and

misleading claims related to the Covid-19 pandemic. The content developed for the campaign focused on educating the audience about the context, creation, circulation, consumption, and consequences of Covid-19 related health misinformation. This was achieved by employing an approach that makes use of multiple formats – audio, graphic and video- and channels – YouTube, Twitter and Facebook – to disseminate the campaign contents. This approach involved combining components of fact-checking and media literacy to create content that focuses on – both – a knowledge and skills-based approach to tackling the spread of Covid-19 related health misinformation.

4.3 Africa Check's perspective on the infodemic and the "Know the Facts Get the Vax' campaign

The campaign documents and content, coupled with the interviews conducted with Africa Check staff provided important insights into the organisation's approach to integrating media literacy into the 'Know the Facts Get the Vax' campaign.

The interviews (see Appendix D for questions) explored Africa Check's approach to media literacy through the lens of its "Know the Facts, Get the Vax" campaign, focusing on its conceptual, strategic and practical application. Participants were first asked to define media literacy and reflect on its relevance in today's information environment, especially within the African context. The discussions then examined how Africa Check interprets media literacy and its role in combating misinformation, particularly during the COVID-19 pandemic. Interviewees detailed the rationale for launching a health-specific campaign, its timeline and the strategic objectives behind it. Emphasis was placed on the frameworks and research that shaped the campaign's development, including audience targeting, skills transfer, and content creation. The

conversations also delved into the formats and languages used, the dissemination platforms chosen, and the criteria for selecting campaign partners. Finally, respondents reflected on lessons learned from the campaign and how these insights might influence the design of future media literacy interventions. Together, the interviews provide an account of how Africa Check operationalises media literacy as both a communicative and educational tool within a crisis setting.

The senior manager (AC1) outlined their responsibility in overseeing the conceptualisation of the media literacy campaign, which aimed to address the shift from only producing fact-checks to an approach that combines fact-checking and media literacy. Particularly, in the context of the Covid-19 infodemic where the rapid spread of false information can have serious consequences as highlighted by the literature review. AC1 highlighted the challenges individuals face in discerning credible information, particularly on social media platforms like Facebook, which often lack reliability as sources of health information. This reliance can lead to significant risks, especially when misinformation proliferates during crises. A key point made was that during such times, the spread of false information tends to escalate, creating confusion and influencing individuals' ability to discern between accurate and inaccurate information. The discussion also emphasised the critical role of strategic partnerships in extending the reach of their campaign. AC1 noted that collaborating with the right partners—such as comedians or radio stations—can significantly amplify the campaign's message. Media literacy was framed as an essential tool for empowering individuals to critically evaluate the information they encounter daily. However, AC1 acknowledged the complexity in proving a direct behavioural change resulting from

the campaign, as the relationship between awareness and action is not straightforward.

AC2 – project manager – expanded on the timeline and design of the campaign, which took one year to implement in 2021, prompted by an influx of inquiries about bizarre cures and vaccines related to the Covid-19 outbreak. This campaign was significant as it was Africa Check's first focused media literacy initiative on a specific topic. AC2 explained that a multimedia approach was employed, developing content in audio, video, and graphic formats, and translating materials into isiZulu to promote greater access. AC2 also emphasised the target audience, which included primarily youth to encourage community and peer-to-peer sharing, with a secondary focus on the broader public. The goal was to foster a culture of responsible information consumption among the targeted audiences. Strategic partnerships were formed with non-profit, civil society and youth-led civil society organisation’s, based on shared objectives and their ability to effectively reach communities. Collaborations with faith and community leaders were noted as particularly beneficial in addressing myths surrounding Covid-19 that had religious undertones.

Finally, the head of outreach (AC3) discussed future directions for Africa Check’s media literacy efforts, particularly regarding the “Know the Facts Get the Vax” campaign. AC3 stressed the importance of individuals being responsible producers of information in addition to being critical consumers. This echoed the sentiments expressed by AC1 and AC2 regarding the need for strategic partnerships with unbiased organisation’s, ensuring that campaign messages were credible and resonated with diverse audiences. Overall, the interviews collectively underscored

Africa Check's commitment to enhancing media literacy as a vital means of combating misinformation and fostering responsible engagement with information.

4.3.1 Examining Africa Check's approach to media literacy in response to the infodemic

The response below from AC1 highlights one of the main challenges related to fact-checking during the pandemic.

> "As we saw during the pandemic when something is reported now on a website it could change during the course of the day. It maybe was accurate at that particular point in time but three to four hours later it might not be." – (AC1)

The above quote captures the complex nature of the infodemic from the perspective of Africa Check. The ever-changing nature of information – accurate and inaccurate – was one of the key drivers of the uncertainty that persisted within the public domain and amongst experts. This is evident in the response of international bodies such as the WHO and world governments in addressing the infodemic by channelling their resources into addressing the medical and informational complexities associated with the pandemic and infodemic.

The interview responses highlighted that media literacy and the importance of being media literate has multiple layers, of which two presented strongly across all interviews. The first is an awareness of the impact of misinformation on the decision-making process, including on individuals, experts and institutions. Understanding that false and misleading information proliferates at a faster pace reaching larger audiences over a short period of time (Vosoughi et al., 2018). Being aware, according

to the interview responses, involves being able to distinguish between accurate and inaccurate information, and making an informed decision based on one's understanding of the issue as a whole.

In this respect the interviewees agreed that media literacy is critical during times of crises such as the pandemic as it is able to equip individuals with the knowledge and skills required to assess the credibility and accuracy of the information they consume or are exposed to. The infodemic and the constant informational changes related to the pandemic and Covid-19 virus rationalised the need for credible sources of health information. Having access to and being able to identify credible sources of health information presented quite strongly across all three interviews. An example that was made is that information on social media platforms such as Facebook shouldn't be taken at face value (AC1), which is the case more often than not in the organisation's experience.

AC2 summarised the importance of media literacy and of being media literate as being able to make more informed decisions on how information is accessed, consumed and evaluated, as well as the importance of being a responsible producer of information. This is corroborated by the phenomenon of the infodemic, which saw high volumes of information being produced or shared by international organisation's such as the WHO and world governments as and when developments take place. Their attempts to respond to each new development as it happened contributed to the overabundance of accurate and inaccurate information.

However, false and misleading information cannot be shared without the mediums of communication that facilitate the production and sharing of such information. Through the interviews, it was established that it is not only the type of information – accurate or inaccurate – but the channels through which this information is shared that contributed to the proliferation of false and misleading information. The interviewees highlighted that the advancements in communications technology are on the rise and this technology has made it easier to instantly share information at the click of a button to larger audiences. These developments have made accessing information much easier, but has also made it challenging to navigate and discern facts from falsehoods without the necessary knowledge and skills (Flynn, 2017). This was corroborated by AC2 who highlighted that as long as there is access to easy information, media literacy is going to be important in helping discern what is factual and what is not.

Evidence has shown that misinformation-related behaviour can be influenced by having the knowledge of the harmful consequences related to the spreading of false information (Cunliffe-Jones, 2022). According to interviewees, this was the first time Africa Check had rolled out an issue specific media literacy campaign, as they had previously rolled out a generic media literacy campaign focusing broadly on misinformation in the form of the ‘Keep the Facts Going’ campaign. Unlike the ‘Know the Facts Get the Vax’ campaign which focused on Covid-19 and vaccine misinformation, ‘Keep the Facts Going’ did not focus on one specific topic or issue but focused on a number of generic issues that were identified by Africa Check as important, based on their experience in the field of fact-checking.

The “Keep the Facts Going’’ media literacy campaign kicked off in 2020 and was translated into six languages (Africa Check, 2021a). Weekly voice notes sharing fact-checking skills and knowledge with its audience formed part of the campaign, as well as airing some of the episodes on local radio stations in South Africa, Nigeria and Senegal (Africa Check, 2021a). As the predecessor to the ‘Know the Facts Get the Vax’ campaign it played an important role in informing Africa Check’s response to the infodemic in 2021 according to AC2. AC2 also indicated that the ‘Know the Facts Get the Vax’ campaign employed a similar approach as the ‘Know the Facts Get the Vax’ campaign, both campaigns consisted of twenty content pieces – that were converted to audio, graphic and video content – disseminated through multiple channels.

According to the interviewees the “Keep the Facts Going’ campaign was Africa Check’s first attempt at integrating media literacy and fact-checking. Some of the elements in terms of concept and implementation from the “Keep the Facts Going’’ campaign helped inform the structure and execution of the ‘Know the Facts Get the Vax’ media literacy campaign, based on the responses of the interviewees. AC2 stated that the decision to have twenty pieces of content, translate the content, work with partners to amplify reach and using multiple platforms to reach as wide an audience as possible, were derived from their experience with the ‘Keep the Facts Going’ campaign.

In response to a question on why media literacy campaigns like the ‘Know the Facts Get the Vax’ are important, AC1 and AC3 both stated that empowering the public to engage with information in a critical manner is an integral part of an informed citizenry. This is corroborated by research that has shown that a growing concern is that false

and misleading information could eventually undermine an informed citizenry (Jang and Kim, 2017). According to Africa Check access to accurate information is a key component of an informed public and a strong democracy (Africa Check, 2021b).

4.3.2 Outlining themes found in the 'Know the Facts Get the Vax' campaign.

According to AC1 and AC2 the media literacy campaign had two objectives. The first objective was to direct their target audience to better sources of health information. Secondly, Africa Check's approach to fact-checking has focused on improving public debate on key issues and in 2021 – a year after the pandemic had surfaced globally – they took the decision to respond to the Covid-19 infodemic. Africa Check's response resulted in the conceptualisation and implementation of its media literacy campaign that integrated debunking, pre-bunking – both related to fact-checking – and media literacy elements in accordance with the data collected from the interviews. AC1 and AC2 also indicated that the media literacy content pieces that were produced for the campaign served the function of equipping individuals with the knowledge and skills to become responsible information users. In addressing this, the campaign aimed to go beyond only debunking claims.

There are consistent themes that were identified during the interviews, related to the 'Know the Facts Get the Vax' media literacy campaign. The first theme involved integrating fact-checking and media literacy to counter false and misleading narratives. The 'Know the Facts Get the Vax' campaign aimed to incorporate both elements of fact-checking and media literacy as highlighted by the document and content analysis. This was based on the common understanding amongst the interviewees that Africa Check is unable to fact check every claim especially during a pandemic when the spread of false and misleading information becomes more prolific

and easily accessible. This prompted Africa Check to develop a media literacy campaign that would allow the public to critically analyse information presented to them across different media platforms, by equipping them with the skills to verify and fact check the accuracy and credibility of information for themselves.

The need for the 'Know the Facts Get the Vax' campaign was not only informed by the infodemic and proliferation of false and misleading information. It was also driven by research on the potential harm of false and misleading information, based on the responses from the interviewees. AC2 acknowledged that there is a need for more long-term studies on the impact of false and misleading information. However, anecdotal evidence from Africa Check's work over the years – for example 'Keep the Facts Going' – indicates that there are real harms associated with the spread of false and misleading information (Africa Check, 2021a).

This is also confirmed in research conducted by Cunliffe-Jones et al. (2021) in which the ten harms of sharing false and misleading information are identified. These harms range from physical harm such as xenophobic attacks to harming international relations such as distorting the public's understanding of government policy (Cunliffe-Jones et al., 2021). The interviewees agreed on the basis that equipping the public with the knowledge and skills required to distinguish between facts and falsehoods would help to improve public debate centred around the pandemic and the importance of vaccines and vaccination. This was also corroborated in the interviews conducted with AC1 and AC2, who stated that the aim of the campaign was to direct their audiences to credible sources of health information – encouraging them to engage the

information they find in their daily lives in a critical manner – and in doing so enable them to make informed decisions about the Covid-19 pandemic and vaccines.

The second theme relates to the need to make the content relatable by translating the audio content into isiZulu and disseminating the content through various communications channels i.e. social media and community radio. According to AC2, the graphics from the media literacy campaign worked well on social media platforms, in particular it was key in addressing the spread of misinformation around the pandemic in family WhatsApp groups (AC2). News media, specifically community radio, played an important role in providing access to individuals that live in remote and rural communities that are digitally disconnected. In South Africa, community radio continues to play a critical role in catering for poor and marginalised communities who are often left out of the information mainstream (Krüger, 2011). AC1 and AC2 indicated that community radio enabled Africa Check, through the 'Know the Facts Get the Vax' campaign, to reach otherwise inaccessible audiences who may not have internet access due to lack of infrastructure in their communities. Communication around Covid-19 and the pandemic was primarily in English and there was a need to make this information accessible to individuals from culturally and linguistically diverse backgrounds (Seale, 2022). According to AC2, for the content to reach as wide an audience as possible it had to make sense to underserved communities in remote and rural areas, helping them better understand important issues such as wearing masks, social distancing and vaccines. This served the purpose of reducing the communication gaps in response to the proliferation of false and misleading information during the pandemic.

The third theme, in building on promoting access to and creating relatable content, centred around identifying strategic partnerships that would allow Africa Check to tap into their partners networks and share the campaign content with their audiences. Partnerships with various health and youth led civil society organisation's (CSOs), and non-governmental organisations (NGOs) were formulated in South Africa. The interviewees indicated that the partners were selected on the basis of (1) their audience and reach, (2) willingness to collaborate with Africa Check and (3) whether it would be reputationally safe for Africa Check to associate and work with the selected partners (credibility). Africa Check partnered with key public health, youth and education-focused organisation's to increase the reach of the content (Africa Check, 2021c), including:

- **The National Association of Social Change Entities in Education (NASCEE)** – Representing over 100 nonprofit organisation's, works to maximise the contribution of these organisation's in the education sector towards the goals in South Africa's National Development Plan 2030.
- **The Glow Movement** – A nonpartisan, youth-led nonprofit organisation that works to create the necessary change and improve the lives of women and children in South Africa, to empower and enhance their self-esteem and to build assertiveness and skills to negotiate safe and responsible sexual practices.
- **Speak Up Africa** – Focused on awareness campaigns and advocacy for public health and sanitation. From policy change to movement building and community engagement, they work to inspire action around pressing sustainable development issues. (Africa Check, 2021c)

AC1 noted that collaborating with the right partners – such as comedians or radio stations – can significantly amplify the campaign's message. This includes Africa Check's approach of collaborating with faith and community leaders, which were noted as particularly beneficial in addressing myths surrounding Covid-19 that had religious undertones. Strategic partnerships with unbiased organisation's helped to ensure that campaign messages were credible and resonated with diverse audiences.

4.3.3. Conclusion

The interviews with Africa Check staff highlighted the organisation's approach to combating misinformation through the 'Know the Facts Get the Vax' campaign. Building on previous campaigns like 'Keep the Facts Going' Africa Check emphasised the need for media literacy in addressing misinformation and fostering informed decision-making during the Covid-19 infodemic. Strategic partnerships with CSOs and NGOs helped amplify the campaign's reach, especially through community radio and social media. In line with the campaign documents and content analysed, the interview data indicates that the campaign aimed to equip individuals – especially youth – with skills to critically assess information, using multimedia content. This also included having audio content translated into a local language – isiZulu – to bridge the communication barriers. This aimed to help individuals in underserved communities better understand health misinformation and equip them with the knowledge and skills to make informed decision about their health.

Chapter 5 Discussion

Africa Check aimed to foster a culture of accuracy and encourage the public to engage more critically with the information they were exposed to during the pandemic as indicated by the content developed from the documents written by Africa Check and responses from the interviews. In doing so, they aimed to ensure that information consumers and producers would be able to navigate the influx of information driven by the infodemic, enabling them to make informed health-related decisions in the context of the Covid-10 pandemic. The campaign employed both a knowledge and skills-based approach that incorporates elements of fact-checking and media literacy in order to achieve their objective.

Evidence has shown that misinformation-related behaviour can be influenced by having the knowledge of the harmful consequences related to the spreading of false information (Cunliffe-Jones, 2022). In understanding this, Africa Check took the decision to create a media literacy campaign that would constitute a different approach from the traditional practice of fact-checking as set out in its fact-checking methodology. This approach was aimed at curbing the spread of false and misleading information related to the pandemic. In the content it produced, Africa Check incorporated elements of fact-checking such as pre-bunking and debunking (Tay et al, 2021) with components of media literacy, specifically misinformation literacy, in order to inoculate the public against the harmful effects of being exposed to false and misleading information (Jeong et al., 2012).

In conceptualising and implementing its media literacy campaign (RQ1), Africa Check, firstly created a total of twenty content media literacy pieces – in audio, graphic and video format – focusing on different topics related to the Covid-19 pandemic and vaccines. Secondly, the content was disseminated on community radio and online through platforms such as Instagram, Twitter, Facebook, WhatsApp and YouTube, to encourage maximum engagement and reach a wider audience as highlighted in the interviews. In addition to this the content was translated into isiZulu (audio only) based on the need to reach a diverse audience of native language speakers. This is based on the understanding that communication around Covid-19 and the pandemic was primarily in English and had to be relatable to individuals from different cultural and linguistic backgrounds (Seale, 2022). Thirdly, Africa Check partnered with key public health, youth and education-focused organisation's, as well as the religious community in an attempt to reach niche audiences (Africa Check, 2021c).

In addition to directing audiences to credible sources of health-related information. Africa Check created its media literacy campaign as a proactive approach that aimed not only to retroactively debunk false and misleading information but also to pre-empt (pre-bunk) potential falsehoods that would arise as a result of the ongoing developments related to the pandemic. Thus, inoculating those exposed to current and future forms of false and misleading information related to the pandemic and countering this information by fostering information resilience (van der Linden et al., 2020). An example of Africa Checks pre-bunking efforts is found in content that focuses on how vaccines were developed so rapidly (D15), how vaccines are vetted (D12), how mRNA vaccines work (D14) and examining misleading vaccine-related claims (D15).

In order to effectively inoculate its audiences against false and misleading Covid-19 and vaccine information. Africa Check incorporated media literacy elements into its campaign such as the ability to critically analyse and evaluate information (SQ2), alongside elements of fact-checking such as verifying the credibility of information and sources. The analyses of the content developed from the documents created by Africa Check – analysed using Cunliffe-Jones et al.'s "Six C's", which include fields of knowledge and skills needed to identify false information (2021) – indicates that the 'Know the Facts Get the Vax' media literacy campaign consisted of the components identified in the way fact-checking organisations and practitioners think of media literacy (Wasserman and Madrid-Morales, 2022).

The 'Know the Facts the Vax' campaign broadly consisted of all the components found in Cunliffe-Jones et al. (2021) six fields of knowledge and skills needed to identify false information, known as misinformation literacy. In most cases, based on the content pieces analysed there was more than one of the "Six C's" present in each content piece. The campaign, as a form of misinformation literacy, also consisted of elements related to information and digital literacy, two literacies that are strongly presented in literature (Koltay, 2011). This is seen in the content which focuses on issues related to; how to fight Covid-19 misinformation on social media (D6), how to identify credible sources of information online and offline (D10), and how to stay safe online and use fact-checking tools such as reverse image searches on Google (D5).

The underlying objective of the campaign is found in what Africa Check believes the role of media literacy is in curbing the spread of false and misleading information

(SQ3). There are two elements that commonly recurred in the interviews, first is critical thinking and the ability to distinguish between credible and false health information. As indicated by the interviews with AC1 and AC2, the 'Know the Facts Get the Vax' campaign aimed at making individuals responsible users of information and help them make informed decisions about their health, in relation to the Covid-19 pandemic and vaccination. This is also closely linked to the theory of inoculation which explains the critical importance of media literacy interventions (McGuire, 1964). The 'Know the Facts Get the Vax' campaign had a strong focus on equipping its target audience with the knowledge and skills to interpret and understand the harmful consequences related to the spread of false and misleading information (Jeong et al., 2012) – D19. It also enabled them to make important distinctions such as the ability to assess what is a fact and an opinion (D1), what health misinformation is (D2) and understanding bias in reporting (D3). This study is an analysis of Africa Check's intention in conceptualising and implementing the 'Know the Facts Get the Vax' campaign and doesn't attempt to evaluate the impact – whether the campaign worked or not – of the campaign.

The interviewees also indicated that the 'Know the Facts Get the Vax' campaign was key not only in that it constituted an alternative approach to responding to false and misleading information, but it also informed how Africa Check would structure and implement future media literacy campaigns. AC3 highlighted this by indicating that in 2022 Africa Check rolled out a second version of the campaign with fact-checking and media organisation's based in the Southern African Development Community (SADC) – including Zambia, Zimbabwe, eSwatini, Namibia and The Democratic Republic of

Congo – using the same format and structure and adapting the content to suit the context in each country.

The spread of false and misleading information and its influence on society can be mitigated by equipping individuals with media literacy skills that allow them to be more critical of false and dubious stories (Jones-Jang et al., 2021). In addition, research has shown that knowledge of the harmful consequences of false and misleading information could influence misinformation-related behaviour (Cunliffe-Jones, 2022). Africa Check aimed to address Covid-19 and vaccine related misinformation, by encouraging peer-to-peer sharing, as well as fostering the skill of critical thinking.

The 'Know the Facts, Get the Vax' campaign is an example of how media literacy can be integrated with fact-checking efforts – to combat the spread of misinformation in times of crisis – by blending knowledge-based content with skills-based learning. The campaign aimed not only to better inform individuals about the Covid-19 pandemic but also to equip them with the tools to critically evaluate health-related information. The campaign demonstrates how media literacy can proactively build resilience against the harmful effects of misinformation through the framework of misinformation literacy, focusing on pre-bunking and debunking false claims.

The campaign also highlights the critical importance of media literacy in fostering informed decisions – particularly in a health crisis – by empowering individuals to critically assess information and recognise the dangers of misinformation. The campaign contributed to the broader goal of creating a more informed, resilient public. As misinformation continues to evolve, the lessons learned from this campaign offer

valuable insights into the role of media literacy in public health communication and the ongoing battle against false and misleading information.

Chapter 6 Conclusion

Fact-checking is recognised as an effective approach to supporting efforts that focus on mitigating the spread of false and misleading information (Ceron et al., 2021). As highlighted in this study, fact-checking fulfils the critical role of supporting efforts to counter the spread of false and misleading information, by better informing the public on key issues. In relation to the Covid-19 pandemic, characterised by an infodemic, Africa Checks' 'Know the Facts Get the Vax' media literacy campaign aimed to fulfil the role of addressing the proliferation of inaccurate information that could negatively impact the response to containing the spread of the Covid-19 virus. As events such as the pandemic make it difficult for the public to discern between fact from falsehoods (Flynn, 2007) and make informed health decisions.

The twenty media literacy content pieces developed by Africa Check for the campaign, as opposed to fact-checking claims individually and producing fact-checking reports, highlights a notable change in the organisation's approach to fact-checking. This shift involved adopting a knowledge and skills-based strategy designed to equip individuals with the ability to identify, analyse, evaluate, and verify Covid-19-related information (Livingstone, 2004; Cunliffe-Jones, 2021). This approach was disseminated across various platforms, including social media and community radio and supported by strategic partnerships to maximize reach, highlighting the importance of a multi-pronged, partnership driven strategy to combat the infodemic both online and offline.

In addition, examining the content through the framework of misinformation literacy, indicates that the 'Know the Facts Get the Vax' fits the criteria to be defined more

specifically as a misinformation literacy campaign, as it encompasses how media literacy is understood by Africa Check in this respect. This includes the transfer of knowledge and skills that focused on understanding the context, creation, content, circulation, consumption and consequences related to the spread of false and misleading Covid-19 and vaccine related information. However, as highlighted in the study misinformation literacy is a sub-type of the broader media literacy framework.

The ‘Know the Facts Get the Vax’ campaign, conceptualised and implemented by Africa Check, is not only a result of Africa Check’s inability to fact check every claim during a global health crisis. It is also informed by the changing information landscape, how and where we source our information. This required the organisation to find innovative ways to communicate complex (what are mRNA vaccines?) and basic (the importance of wearing a face mask) information related to the pandemic. Therefore, the combination of media literacy and fact-checking as highlighted in Africa Check’s response to the infodemic – through the ‘Know the Facts Get the Vax’ campaign – could potentially prove to be effective in informing and educating the greater public by simplifying complex health issues.

The research reveals that media literacy, especially when framed through the lens of misinformation literacy, plays a crucial role in curbing the spread of misinformation during a health crisis. As the "Know the Facts Get the Vax" campaign shows, combining fact-checking efforts with media literacy creates a more holistic and proactive response to misinformation. Africa Check's approach provides important lessons for similar media literacy campaigns, particularly in times of crisis, where misinformation can undermine public trust and complicate efforts to protect public

health. The study also demonstrates that media literacy campaigns should be adaptive and contextual. They need to be tailored to the specific needs of the audience, considering factors such as language, accessibility, and local communication practices.

Future research should consider the evolving nature of digital misinformation and its impact on societal trust, especially during crises. Although significant studies exist, new insights continue to emerge beyond the period of this study. This ongoing evolution underscores the need for continued investigation and highlights the foundational role this work plays in supporting such efforts.

In concluding, the ‘Know the Facts Get the Vax’ media literacy campaign serves as a model for integrating critical thinking skills with factual information in the fight against misinformation. While fact-checking alone cannot fully address the spread of false information, as demonstrated in this study, however combining the two fields offers a more comprehensive approach to tackling health misinformation. The lessons learned from this campaign could guide responses to future health crises and contribute to the ongoing battle against health misinformation in an increasingly digitally connected world.

Addendum A: Declaration by author

I disclose that I am the senior outreach coordinator at Africa Check. I have also disclosed – in my proposal – that I was not involved in the conceptualising and implementation of the campaign. However, the knowledge and experience I have acquired in the field of fact-checking was crucial in that it added depth to the study that would not have been possible otherwise. Throught the process I was cognisant of the potential bias my role could introduce irrespective of my none involvement in the project.

Even so, I exercised caution throughout the research phases and employed the ethical guidelines provided by the faculty. This includes, employing appropriate research methods, adhering to data collection and analysis protocols and basing findings and evidence on the objective outcomes of the research. I herewith state that I adhered to these standards in undertaking this study and provided objective conclusions and interpreted the findings in full.

Furthermore, there is a growing body of knowledge on fact-checking in South Africa – as highlighted in this study. However, little is known about the fact-checking approaches employed by organisations to counter the spread of false and misleading information in the country. Therefore, I believe this study provides insights into the field of fact-checking and media literacy that surpass the possible harm of bias. In closing, this study solely focuses on educating and better informing readers on the expansive role fulfilled by fact-checking organisations, particularly during times of crisis and uncertainty.

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Appendix A

Example of script for episode 2 – developed from D2 - of the 'Know the Facts Get the Vax' *campaign topics as per unpublished internal document with research notes.*

GENERAL INFORMATION.

Vaccine Media Literacy Campaign
Video 2 topic: What is health misinformation, why do people spread it and why do some people believe it?
Video title: What is health misinformation?
Presented reading time – 3m 30s
Estimated full video time – 3m 45s

SCRIPT.

Script	On-Screen Graphics	Research notes
Welcome to "Know the Facts, Get the Vax'" a series by Africa Check to help you evaluate COVID-19 health claims, quacks and cures. The COVID-19 vaccine saves lives. It's the best way to protect yourself, your family, and your community. In this series you'll learn more about COVID-19 and the different vaccines available, how they were developed and how they work, and how to understand and use important healthcare information.	N/A	**Standard introduction for all video and audio content**
Title Screen	Title screen image: https://www.shutterstock.com/image-photo/two-mature-smiling-doctors-having-discussion-1647340636	
In this episode we'll discuss what health misinformation is, why people spread it and why some people believe it. Throughout the COVID-19 pandemic, we've seen an avalanche of health misinformation on social platforms. Whether it's home remedies, unsubstantiated DO's and DON'Ts, or flat-out conspiracy theories, we've seen them all! Whilst it may seem harmless at first, this type of misinformation causes panic and could negatively impact people and their lives.	N/A	**Episode explainer highlighting the episodes focus**

So what is health misinformation? "Health Misinformation" is any health-related information that is shared as if it is factual and true, without it being supported by scientific research and understanding. This includes any false content that is intentionally, unconsciously, or mistakenly circulated.	Health misinformation definition shown on screen. "Health Misinformation" is any health-related information that is shared as if it is factual and true, without it being supported by scientific research and understanding.	**Key messaging is projected on the screen**
At this point you may be wondering, if health misinformation is not factual or true and could do real harm to people's lives... why is it being created and spread? People who create health misinformation and put it online usually want to make money off it, become popular on the internet, or see how far a 'joke' can go. If you create exciting misinformation that is reposted, or you get new followers and likes, you gain online influence. If you have influence, you can hold talks and sell books or products and do a bunch of other things that earn you money. You could also attract advertising revenue. Every time a curious reader clicks on a story, and the longer that readers stay on a site, the more a website can charge companies for advertisements on that site. Some people create health misinformation to push particular political ideas. Others might have a more malicious motivation and the 'fake news' is intended to encourage prejudice, oppress members of society and hurt people. For example, false information about COVID-19 being 'created' by Chinese people has led to offensive and racist assumptions —like the fear that you could contract the coronavirus from Chinese food or the belief that every Asian is a carrier of COVID-19. Other times, people accidentally spread health misinformation. When they receive a WhatsApp message or see a post online claiming to be a	Two instances of onscreen text differentiating between intentional and unintentional spreading. Key sentence highlighted onscreen: People who create health misinformation and put it online usually want to make money off it, become popular on the internet, or see how far a 'joke' can go.	**Key messaging is projected on the screen**

cure, or a way to avoid contracting COVID, they share it quickly to help or protect others.		
When we hear stories of people who are drinking surface cleaner to cure COVID or breathing in citrus steam rather than wearing a mask, it may be hard to understand why anyone would actually believe the health misinformation they have read. It seems bizarre that anyone would think such things would truly work.	N/A	**Contextualise common Covid-19 myths**
The reality is that most people are scared and are looking for ways to keep themselves and their loved ones safe. Scientific information and government health warnings can be complicated and difficult to understand, and some people may feel unsure about who to trust. The COVID-19 pandemic happened so quickly that our entire lives were changed overnight, leaving us all weary and unsure of what was going on. These are all reasons why someone may receive a piece of misinformation and accept it as true without questioning it, especially when it's been made to look legitimate and real.	N/A	
That's a wrap on this episode about health misinformation. We hope you have a better idea of what it is, why people spread it, and why people believe it. Share these tips with your friends and family and tune into the next episode of "Know the Facts, Get the Vax!" in which we'll be talking about understanding bias in reporting on COVID-19 and COVID-19 vaccines.	N/A	**Call to action**
Closing screen	Closing logo animation	

Appendix B

Extended version of Table 2 with links to the content developed for the 'Know the Fact Get the Vax' campaign.

Title	Document	Link to video content developed from documents	Link to graphic content developed from documents	Link to audio content developed from documents
Fact vs Opinions	D1	https://africacheck.org/what-we-do/media-literacy/do-you-know-difference-between-fact-and-opinion-knowthefactsgetthevax	https://twitter.com/AfricaCheck/status/1425806111039426562	https://africacheck.org/sites/default/files/2022-02/ACE01%20-%20Facts%20vs%20Opinions%20-%20FINAL.mp3
What is health misinformation, why do people spread it and why do some people believe it?	D2	https://africacheck.org/what-we-do/media-literacy/why-do-people-share-health-disinformation-knowthefactsgetthevax	https://www.facebook.com/AfricaCheck/videos/519897509097477/	https://africacheck.org/sites/default/files/2022-02/ACE02%20-%20Misinformation%20-%20FINAL.mp3
Understanding bias in reporting on Covid-19 and Covid-19 vaccines	D3	https://youtu.be/5ulsYhOTl3A?si=Gz7soUfqIMjZJbOg	https://m.facebook.com/watch/?v=1094363611091845&surface_type=vod&referral_source=search	https://africacheck.org/sites/default/files/2022-02/ACE03%20-%20Reporting%20Bias%20-%20FINAL.mp3
How to examine misleading claims about Covid-19 and Covid-19 vaccines	D4	https://africacheck.org/what-we-do/media-literacy/how-check-if-	No link available	https://africacheck.org/sites/default/files/2022-02/ACE05%2

		claims-about-covid-19-are-misleading-knowthefactsgetthevax		0-%20Misleading%20Visuals%20-%20FINAL.mp3
How to examine misleading visuals, such as infographics or photos, and understanding how they can influence public understanding of Covid-19 and Covid-19 vaccines	D5	https://africacheck.org/what-we-do/media-literacy/how-can-images-be-misleading-knowthefactsgetthevax	https://www.facebook.com/AfricaCheck/videos/how-can-images-be-misleading/573861336951390/	https://africacheck.org/sites/default/files/2022-02/ACE05%20-%20Misleading%20Visuals%20-%20FINAL.mp3
How to identify and fight Covid-19 misinformation on social media	D6	https://africacheck.org/what-we-do/media-literacy/how-identify-and-fight-covid-19-misinformation-social-media	No link available	https://africacheck.org/sites/default/files/2022-02/ACE06%20-%20Social%20Media%20-%20FINAL.mp3
How social media platforms are fighting vaccine misinformation and what you can do about it to break the cycle of false information (go platform-specific to tell people how to report misinformation, what happens after they report, when misinformation can be deleted, etc.)	D7	https://africacheck.org/what-we-do/media-literacy/how-social-media-platforms-are-fighting-vaccine-misinformation	https://www.facebook.com/AfricaCheck/videos/889156241951392/	https://africacheck.org/sites/default/files/2022-02/ACE07%20-%20Social%20Media%20Cycle%20-%20FINAL.mp3
Ways to help users stay safe online, particularly during the Covid-19 pandemic	D8	https://africacheck.org/what-we-do/media-literacy/how-do-you-stay-	No link available	https://africacheck.org/sites/default/files/2022-02/ACE08%2

		safe-online-knowthefactsgetthevax		0-%20Safety%20Online%20-%20FINAL.mp3
How to stay sane and take care of your mental health in the chaotic information environment of the Covid-19 pandemic	D9	https://africacheck.org/what-we-do/media-literacy/how-stay-sane-during-covid-19-pandemic-knowthefactsgetthevax	https://www.facebook.com/AfricaCheck/videos/560673631732942/	https://africacheck.org/sites/default/files/2022-02/ACE09%20-%20Mental%20Health%20-%20FINAL.mp3
How to identify credible sources of health information (online and offline) and what they say about Covid-19 and Covid-19 vaccines	D10	https://africacheck.org/what-we-do/media-literacy/how-you-can-identify-credible-sources-health-information	https://twitter.com/AfricaCheck/status/1422177864032587777	No link available
How to go beyond health statistics and consider how those numbers are generated, what messages those numbers tell, and what might be missing from the story	D11	https://africacheck.org/what-we-do/media-literacy/going-beyond-health-statistics-knowthefactsgetthevax	https://www.facebook.com/AfricaCheck/videos/968588340375068/	No link available
How vaccines/medicines are vetted before they're made available to the public	D12	https://africacheck.org/what-we-do/media-literacy/how-vaccines-are-vetted-going-public-knowthefactsgetthevax	https://www.facebook.com/AfricaCheck/videos/410389534305486 3/	No link available
Understanding natural immunity versus vaccine immunity	D13	https://africacheck.org/what-we-do/media-	https://www.facebook.com/AfricaChec	No link available

		literacy/understanding-natural-immunity-versus-vaccine-immunity	k/videos/604717343843640/	
How does the new RNA vaccine work and what are the side effects?	D14	https://africacheck.org/what-we-do/media-literacy/how-does-mrna-vaccine-work-knowthefactsgetthevax	https://twitter.com/AfricaCheck/status/1423186006866415616	No link available
Has the speed of developing vaccines for Covid-19 compromised safety?	D15	https://africacheck.org/what-we-do/media-literacy/has-speed-developing-covid-19-vaccines-compromised-safety	https://m.facebook.com/story.php?story_fbid=pfbid024Qaq5wgqjowBRg6URBjsKPGcJPUeUXgXNfzZXWU6j24EZop7CdxSkCVtAMkZXUHel&id=484978191533810&eav=AfYIqXDeJO7bKZnYW9kKNZBYiLdS5A8RDP1-NFMJfEmpNVVGlKsF7EJTzTS084mau1U&m_entstream_source=permalink&paipv=0	No link available
Explaining the various COVID variants	D16	https://africacheck.org/what-we-do/media-literacy/understanding-covid-19-variants-	https://www.facebook.com/AfricaCheck/videos/99188270160212 2/	No link available

		knowthefactsgetthevax		
The efficacy of masks in reducing the spread of Covid-19	D17	No link available	https://www.facebook.com/AfricaCheck/videos/27102600492714 81/	No link available
Debunking some of the common myths about Covid-19 and Covid-19 vaccines and finding out who's behind particular claims	D18	https://africacheck.org/what-we-do/media-literacy/debunking-common-myths-about-covid-19-vaccines-knowthefactsgetthevax	https://www.facebook.com/AfricaCheck/videos/580 29237979375 3/	No link available
The implications of sharing and resharing health misinformation (e.g. repercussions of vaccine conspiracies)	D19	https://africacheck.org/what-we-do/media-literacy/implications-resharing-health-misinformation-knowthefactsgetthevax	https://x.com/AfricaCheck/status/14304 68850898939 904	No link available
How to deal with family members who share misinformation	D20	https://africacheck.org/what-we-do/media-literacy/how-deal-family-members-who-share-misinformation-knowthefactsgetthevax	https://x.com/AfricaCheck/status/14250 39218569482 242	No link available

Appendix C

Examining the 'Know the Fact Get the Vax' campaign contents using the "Six Cs" of misinformation literacy

Topic	Original document	Type	Reference	Context	Creation	Content	Circulation	Consumption	Consequences
Why do people share health disinformation	D2	Video (YouTube)	Africa Check, 2021d	**X**	**X**	**X**	**X**	**X**	**X**
Difference between fact and opinion	D1	Graphic (Twitter)	Africa Check, 2021e	**X**		**X**			
How can you know if bias is affecting reporting on Covid-19?	D3	Video (YouTube)	Africa Check, 2021f	**X**	**X**	**X**	**X**	**X**	**X**
Identifying credible sources of information (social media)	D6	Audio (online)	Africa Check, 2021g	**X**	**X**		**X**	**X**	**X**
How to examine misleading visuals	D5	Graphic (Meta)	Africa Check, 2021h	**X**	**X**		**X**		
Dealing with family who share misinformation	D20	Graphic (Twitter)	Africa Check, 2021i	**X**	**X**		**X**		
Social media platforms combating misinformation	D7	Audio (online)	Africa Check, 2021j	**X**		**X**	**X**	**X**	

Implications of sharing and resharing misinformation	D19	Graphic (Twitter)	Africa Check, 2021k	**X**				**X**	**X**
How to identify credible sources of health information (online and offline)	D10	Graphic (Twitter)	Africa Check, 2021l	**X**		**X**			
How vaccines/medicines are vetted before they're made available to the public	D12	Video (YouTube)	Africa Check, 2021m	**X**		**X**			
How does the new RNA vaccine work and what are the side effects?	D14	Graphic (Twitter)	Africa Check, 2021n	**X**		**X**			
Has the speed of developing vaccines for Covid-19 compromised safety?	D15	Graphic (Meta)	Africa Check, 2021o	**X**		**X**			

Appendix D

Interview questions for semi-structured (open) interviews with Africa Check staff.

1. What is your understanding of media literacy?
2. Do you think it is important to be media literate in the modern world?
3. What does media literacy mean to Africa Check?
4. Why is media literacy important in the fight against false and misleading information?
5. Prior to the Know the Facts Get the Vax campaign were there any other topic/issue specific media literacy campaigns?
6. Would you say that the Know the Facts Get the Vax media literacy campaign was the first issue/topic specific media literacy campaign at Africa Check?
7. How long did the campaign run for from conceptualisation to implementation?
8. What prompted the need for a media literacy campaign centred around covid-19 and vaccines?
9. What was the objective from a strategic point in terms of choosing a media literacy campaign to address the spread of false and misleading information related to the covid-19 pandemic?
10. Were there any theoretical frameworks, research or practices that informed the decision by Africa Check to develop a media literacy campaign?
11. Who was the target (primary) audience? and was there another (secondary) target audience?
12. What skills or knowledge did the media literacy campaign aim to impart on its intended audience?

13. How many media literacy products were developed and in which formats and languages?
14. Why were these formats and languages selected?
15. Which medium(s) were used to disseminate the media literacy content?
16. What informed the selection of the campaign partners?
17. What are some of the key learnings from the Know the Facts Get the Vax Campaign and how will you use them to inform future media literacy campaigns?