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DHRP
Digital Health & Rights Project

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Module: Countering Misinformation.

This module is a short (30-45 minute), self-led course that is intended to help you counter the problem of misinformation in – and about – your community.

It has come out of the Digital Health and Rights Project's (DHRP) 'participatory action research' (Davis, 2025) with young adults from a variety of backgrounds in Colombia, Ghana, Kenya, and Vietnam. These research participants often described encountering health-related misinformation online; particularly on the topics of HIV as well as sexual and reproductive health (Mjwana et al., 2021; Davis et al., 2023).

While there are many useful resources for countering misinformation and disinformation in general (some of which are linked in this module), DHRP sought to create an educational course that spoke directly to the experiences and concerns of its research participants. Accordingly, this module has been shaped by responses to a survey of 25 civil society and community advisors for DHRP in Colombia, Ghana, and Vietnam about the types of misinformation and disinformation they encounter, strategies they have employed to counter this bad information, and what they would like a module like this to include. It has also been revised according to feedback from people who responded to the survey.

The intended audience for this module reflects DHRP civil society and community participants in our research, advocacy and education projects, including people who are marginalised due to sexual orientation, gender identity, sex work occupation, or HIV status. The scenarios in this module are drawn from responses to the survey and DHRP's broader research findings. This said, the module can be used by activists and individuals from other backgrounds who would like to counter misinformation within or about their communities. Towards this end, the aim of the module is to give you the tools to identify and counter misinformation online.

This module is by Dr. Jack Wilson, with its development supported by the University of Warwick and the Economic and Social Research Council (grant reference: ES/X004635/1).

About DHRP

The Digital Health and Rights Project (DHRP) consortium brings together international social scientists, human rights lawyers, health advocates, rights advocates, and networks of people living with HIV, to conduct research and advocate for rights-based digital governance in Colombia, Ghana, Kenya, Vietnam, and globally (website: <https://digitalhealthandrights.com>).



1. What you will learn in this module

How to identify misinformation, disinformation, and malinformation.

How to verify whether information is truthful or not.

How to contest misinformation, disinformation, and malinformation online.

This includes ways of engaging with people who post this content as well as ways to report this content to platforms and seek redress.

You will also learn about additional resources that can help you counter misinformation.

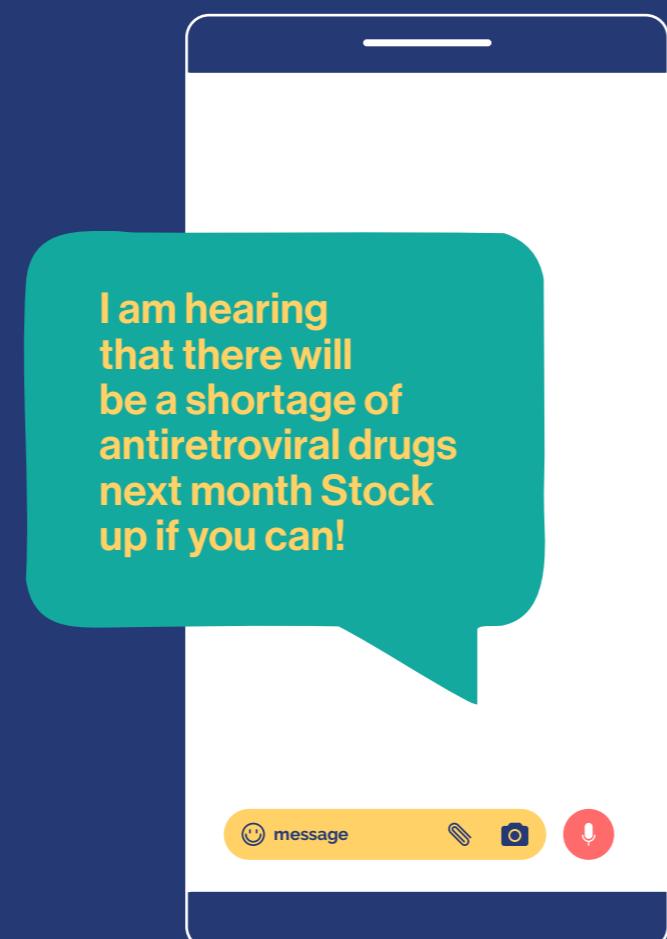


2. Defining our terms: Misinformation, Disinformation, and Malinformation

Misinformation: False information that is shared without the intent to mislead or harm.

Misinformation could be someone posting about a rumour they heard that there will be a shortage of antiretroviral medication in the future. They do not intend to hurt anybody (quite the opposite!), but may do so if the rumour they have repeated causes a panic, or even the shortage they are worried about.

Conspiracy theories, like those about the 'real' origin of HIV, are often also misinformation (but not always).



Disinformation: False information that is created and shared with the intent to mislead or harm.

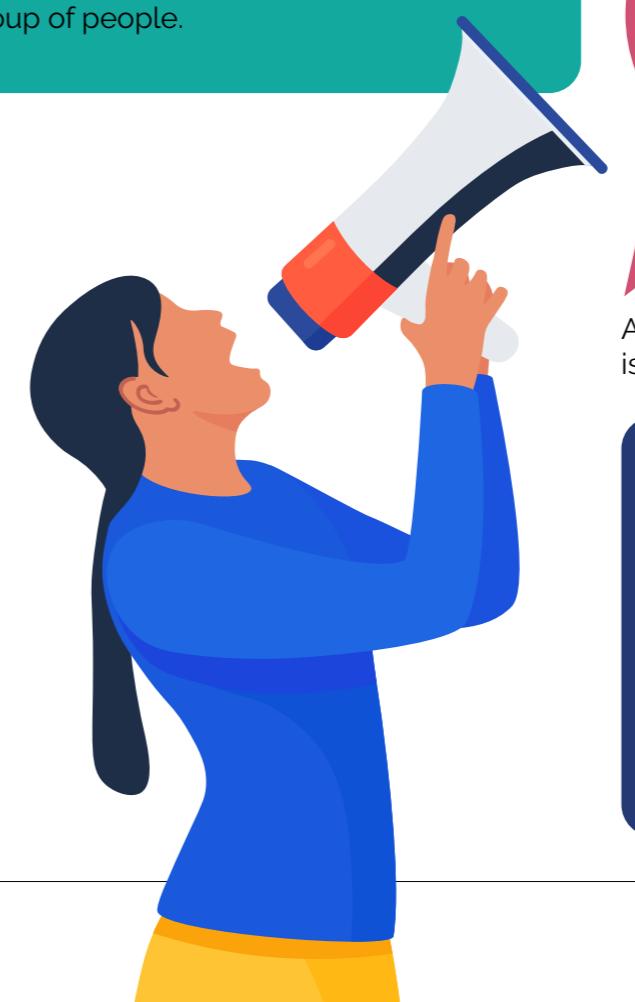
Disinformation could take the form of a political, religious, or media organisation claiming that there is an HIV 'pandemic' occurring in your country that is being spread by LGBTI+ people, sex workers, or ethnic minorities.

However indirectly, the intention of these organisations is to harm LGBTI+ people, sex workers, or ethnic minorities through increased discrimination and potentially even violence towards them. 'Fake news' is almost always disinformation.

Care for people for HIV is taking money away from our hospitals!

International NGOs are secretly spreading HIV!

Malinformation: Information that is factually true, but is presented in a way that is deliberately harmful to a person or group of people.



A person 'outing' another's HIV status online is an example of malinformation.

Additional Resource: If you would like to learn more about misinformation, disinformation, and malinformation, the Digital Enquirer Kit by Tactical Tech has further worked examples of how these can appear in your daily life: <https://digitalenquirer.org/en/identifying-and-responding-to-misinformation/>

3. Why is this module only about countering misinformation?

It is not, but most of the time it is very difficult to know what someone's intent is when creating or sharing factually incorrect or harmful information. Material intended to mislead and/or harm may be shared by someone without that intent and vice versa.



For example, you may see a member of your community make a post that promotes a new 'miracle cure' or some other diet, supplement, or alternative therapy for HIV that they have discovered online. It is likely that this person believes in this this so-called 'cure' and therefore does not intend to harm anyone by posting about it (in other words, they are spreading misinformation). However, the people that manufacture this 'cure' are almost certainly aware that the product has no medicinal properties their promotion of this 'miracle cure' is disinformation. Here, it is important to note that although there is no cure for HIV treatment can lead to a long and healthy life. See, for example, the 'Undetectable = Untransmittable' campaign (<https://i-base.info/u-equals-u/>) or UNAIDS' Basic Facts page (<https://www.unaids.org/en/frequently-asked-questions-about-hiv-and-aids>) for more information.

While understanding someone's intention can be helpful – for example, if you know a particular person or organisation has deliberately misled people in the past you can alert your community to their previous activities if they are attempting to deceive people again – it is often impossible to determine and attempting to do so may take up valuable time that could be better spent countering the false or harmful information someone has posted.

In light of this, in this module we are going to use the term misinformation to refer to all forms of factually incorrect or harmful information.



4. Countering Misinformation Within Your Community

Imagine you are in a group chat with other members of your community and someone you know is posting in the chat about how they have learned where HIV 'really' came from, which they say was an American laboratory.

What do you do?

Hey friend, I saw your message about HIV being made in an American lab. Would you mind sharing the video with me?



Sure, here it is

Message this person privately asking for further information:
If they did not post a link in the group chat, ask for one and any further content they think supports their view.

Why message privately: You do not want to be seen as endorsing this conspiracy theory by asking for more information publicly.

Time to dig deeper into the conspiracy theory:

Who is the author?

Are they identified?

Are they a journalist or scientist with relevant expertise? Or are they an influencer or an already known promoter of misinformation?

Do they have a financial interest in promoting a certain narrative or political view?

What organisations – if any – is the author associated with?

When was it published?

Medical science is an ongoing process where advice can be updated fairly regularly. This is normal, and understood to be one of the strengths of modern medicine. It is therefore important to always check the publication date of content, as it may be out of date and therefore offering advice that is no longer fit for purpose.

While this is less relevant to this scenario where we are countering a conspiracy theory, it is a good practice to get into the habit of.

Where was it published?

Is it a trustworthy publication (like a reputable news outlet or scientific publication), or is it a website whose content is intended only to grab attention and be shared (what is known as 'clickbait')?

Check the URL – is the publication really the site it purports to be or is it a copycat website?



What kind of content is it?

Is it paid content or an opinion piece?

Do they make cite their sources or simply make dramatic and unsubstantiated claims?

Do they also promote products like fake 'cures' or other harmful behaviours in addition to the conspiracy theory?

Having done your research into this content, you feel confident that it is misinformation. **What now?**

Rather than calling your fellow community member out, call them in:

Message them privately, outline your findings, and explain why this has led you to conclude that the conspiracy theory they are promoting is misinformation and how this can harm themselves and your broader community.

Hey everyone, I posted a video before that I now realise is untrue before and I wanted to apologise.

That is OK. Thank you!

"The person who made does not have a medical background and has been called out for spreading misinformation before. Also all the claims they make in the video has been debunked by reputable organisations like the WHO."

Wow, looks like I made a mistake in believing them. Thank you for letting me know!

If – for whatever reason – they refuse, post your findings and explanation why this conspiracy theory is misinformation in the group chat.

Additional Resource: This page provides useful worked examples of how to identify misinformation and disinformation
<https://datadetoxkit.org/en/misinformation/fakenews/>

Debunking and Prebunking

What the previous scenario demonstrated is a process known as 'debunking.' This is when you demonstrate that the content someone has shared is factually incorrect.

Debunking is a very useful way to counter misinformation, but you do not necessarily need to wait for someone in your community to share misinformation to start countering it.

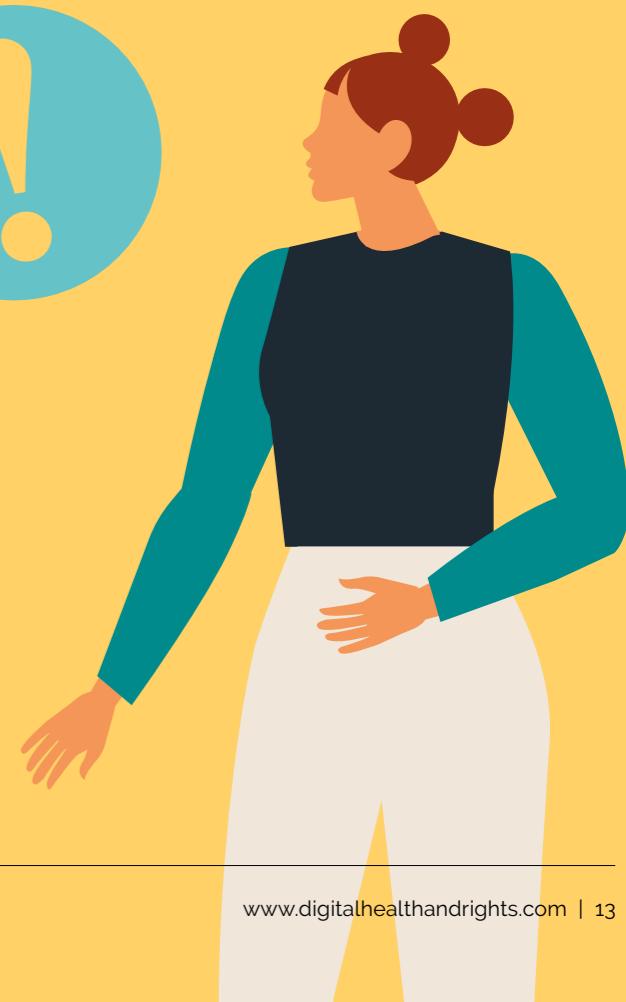
Prebunking is a way to counter misinformation before it is shared by members of your community.

Hey everyone, you might see people saying that antiretroviral drugs are hurting people. I just wanted to let you all know that this is not true - antiretrovirals have been proven to be a safe and effective treatment for HIV. If you want to know more, here is a link for more information...

Another strategy is to create and maintain a document or spreadsheet of misinformation that is common in your community and that you have debunked before. This can help to speed up your debunks and prebunks in the future, or could be used as community resource that people can consult when they encounter content that they think may be misinformation.

Additional Resource: Infodemiology is a great resource for tracking what misinformation narratives are trending. While it is mostly focussed on the Americas and Europe, it is still useful for people in other countries.
<https://www.infodemiology.com>

This can be as simple as letting your community know that there is – for example – misinformation about anti-retroviral drugs are 'harmful' being shared online with a brief explanation as to why this claim is false.



5. Counteracting Misinformation that comes from outside your Community

Of course, misinformation does not just come from within one's community and there are unfortunately many people and organisations who share misinformation for a variety of reasons.

While strategies like debunking can work in countering misinformation from people and organisations that are outside your community, it may not be as effective. This is because these people or organisations may have religious, political, or conspiracy theorist views that are very difficult to change in a single online interaction.

So what can you do? DHRP's Community Advisory Team in Vietnam (V-CAT) has shown us one way to mobilise against this type of misinformation.



Mobilising against misinformation

In the Binh Duong province of Vietnam, claims that 'homosexuality causes Mpox' were spreading on social media. In response, V-CAT collaborated with several community-based organisations, local health authorities, and international health organisations in a wide-ranging counter-misinformation campaign.

Instead of engaging directly with people spreading this misinformation, the organisations involved in this campaign decided to 'flood the zone with accurate and scientific information.' This strategy involved:

Working with local health authorities and international organisations to develop factual materials about Mpox. These materials clearly explained how Mpox is transmitted and emphasised through close contact with anyone regardless of sexuality.

Adapting these factual materials into engaging content like leaflets, infographics, short videos, and easy-to-understand articles that were shared by community-based organisations and health authorities.

Community-based organisations and health authorities (with support from international organisations) also organised **community talks and workshops** as well as **training for health workers** about Mpox.

And finally, they coordinated to **create resources**. In this case, the local health authority set up a hotline that offered counselling for people who had contracted Mpox as well as up-to-date and accurate information about the disease.

The member of V-CAT who described this campaign said that it "contributed to reducing stigma against the LGBTIQ+ community, raising public awareness about disease prevention, and effectively suppressing false rumours."

Of course, you may not have the resources to do some of these activities or the political support to coordinate with local health authorities. If this is the case, try to think about what you can do with the tools available to you: What partnerships can you make with other local groups or global organisations? Can you make content? Run a talk or workshop? What other resources could you or your organisation produce? There is also no need to wait for misinformation to spread to do many of these activities. In fact, being prepared in advance will help you counter misinformation more quickly and effectively.

For example: Have a rapid response team or group chat who can coordinate with each other to counter misinformation as it appears. This would be an effective way to use the document or spreadsheet of misinformation that is common in your community mentioned in the section on prebunking and debunking!

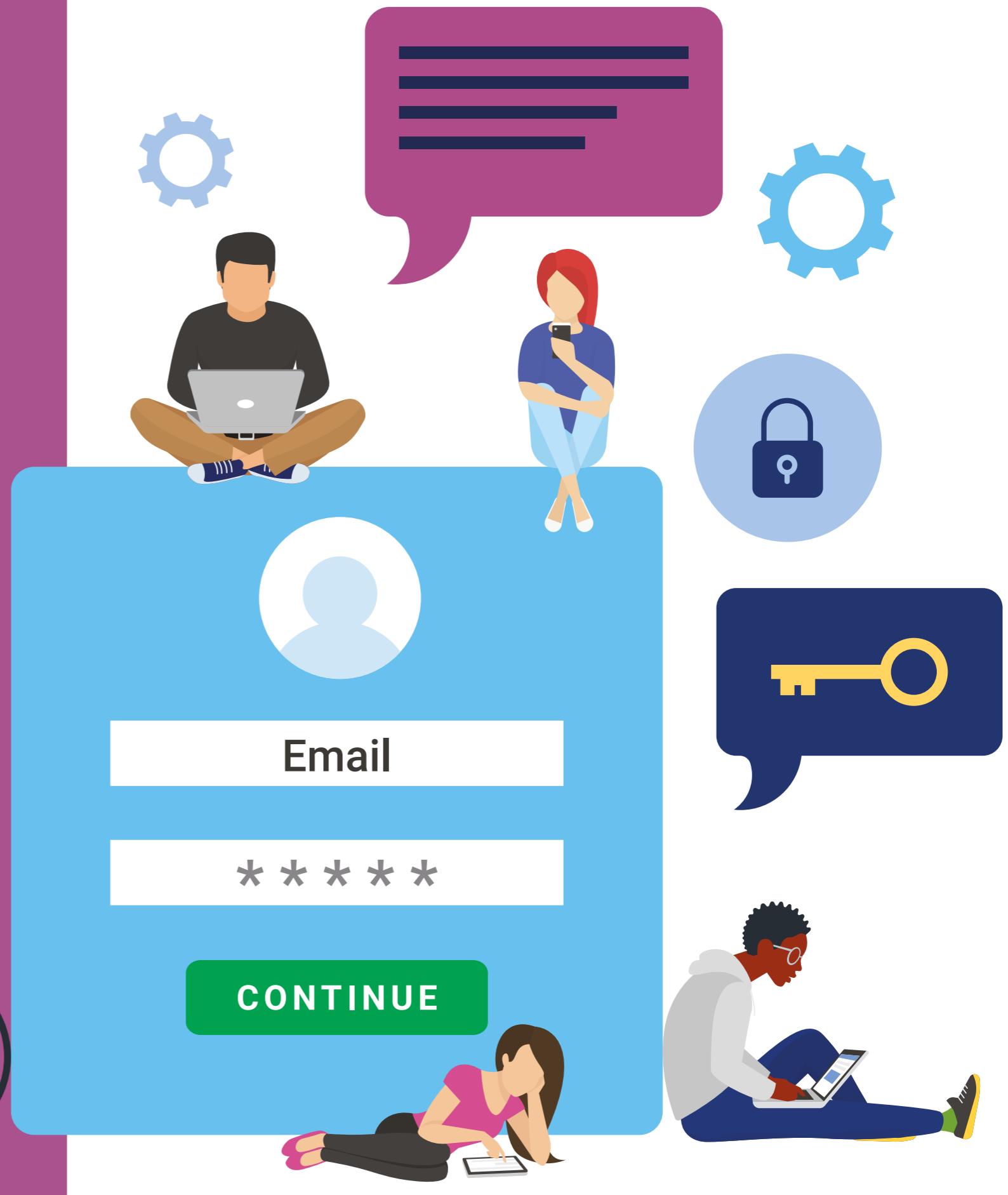
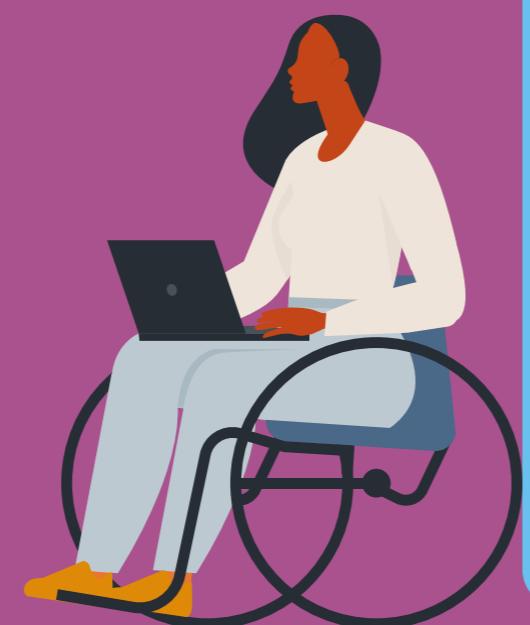
You can also report the harmful or untrue content to the social media platform. Here is a link to a spreadsheet that details what kinds of untrue or harmful content is against major social media sites' terms of use (**see appendix 1**).

6. Staying safe online

Sometimes, countering misinformation can lead to online attacks on you or your organisation. These attacks could take the form of you or other representatives of your organisation being harassed online, you or others' home addresses or personal information being posted online (this is known as 'doxxing'), even physical violence.

The best way to avoid this is by keeping your and others' personal information private. If possible, do not use your personal social media accounts when you are countering misinformation. Instead, use your organisation's social media accounts, or an account under a different name that does not have any of your personal information associated with it.

For more information and resources on how to protect yourself online, see Security in a Box: <https://securityinabox.org/en/>.



7. Wrapping Up

This is the end of the module, you now have everything you need to get started countering misinformation!



Appendix

Platform	Example of Harmful Activity	Prohibited Under Terms of Services?	Text of Policy	Link to relevant policy
Facebook	Selling fake 'cures' or treatments for HIV.	YES	"We do not allow: Content that attempts to scam or defraud users and/or businesses by means of...Misleading health practices [like] content that promotes false or misleading health claims."	https://transparency.meta.com/en-gb/policies/community-standards/fraud-scams
	Claims that HIV+ or LGBTQI+ people, sex workers, migrants or ethnic minorities are 'spreading disease' or calling for violence towards these groups.	YES	"We define hateful conduct as direct attacks against people – rather than concepts or institutions – on the basis of what we call protected characteristics (PCs): race, ethnicity, national origin, disability, religious affiliation, caste, sexual orientation, sex, gender identity and serious disease. Additionally, we consider age a protected characteristic when referenced along with another protected characteristic. ... We remove dehumanising speech, allegations of serious immorality or criminality, and slurs. We also remove harmful stereotypes, which we define as dehumanising comparisons that have historically been used to attack, intimidate or exclude specific groups, and that are often linked with offline violence. Finally, we remove serious insults, expressions of contempt or disgust, swearing and calls for exclusion or segregation when targeting people based on protected characteristics."	https://transparency.meta.com/en-gb/policies/community-standards/hate-speech/
	Harrassing or threatening a person or group due to their HIV status or misinformation about their activities, occupation, or ethnicity.	YES	"Bullying and harassment happen in many places and come in many different forms, from making threats and releasing personally identifiable information to sending threatening messages and making unwanted malicious contact. We do not tolerate this kind of behaviour because it prevents people from feeling safe and respected on Facebook, Instagram and Threads. We remove content that's meant to degrade or shame, including, for example, claims about someone's sexual activity."	https://transparency.meta.com/en-gb/policies/community-standards/bullying-harassment/
Instagram	Selling fake 'cures' or treatments for HIV	YES	"We do not allow: Content that attempts to scam or defraud users and/or businesses by means of...Misleading health practices [like] content that promotes false or misleading health claims."	https://transparency.meta.com/en-gb/policies/community-standards/fraud-scams
	Harrassing or threatening a person or group due to their HIV status or misinformation about their activities, occupation, or ethnicity.	YES	"We define hateful conduct as direct attacks against people – rather than concepts or institutions – on the basis of what we call protected characteristics (PCs): race, ethnicity, national origin, disability, religious affiliation, caste, sexual orientation, sex, gender identity and serious disease. Additionally, we consider age a protected characteristic when referenced along with another protected characteristic. ... We remove dehumanising speech, allegations of serious immorality or criminality, and slurs. We also remove harmful stereotypes, which we define as dehumanising comparisons that have historically been used to attack, intimidate or exclude specific groups, and that are often linked with offline violence. Finally, we remove serious insults, expressions of contempt or disgust, swearing and calls for exclusion or segregation when targeting people based on protected characteristics."	https://transparency.meta.com/en-gb/policies/community-standards/fraud-scams
	Harrassing or threatening a person or group due to their HIV status or misinformation about their activities, occupation, or ethnicity.	YES	"Bullying and harassment happen in many places and come in many different forms, from making threats and releasing personally identifiable information to sending threatening messages and making unwanted malicious contact. We do not tolerate this kind of behaviour because it prevents people from feeling safe and respected on Facebook, Instagram and Threads. We remove content that's meant to degrade or shame, including, for example, claims about someone's sexual activity."	https://transparency.meta.com/en-gb/policies/community-standards/bullying-harassment/
WhatsApp	Selling fake 'cures' or treatments for HIV	YES	"We do not allow: Content that attempts to scam or defraud users and/or businesses by means of...Misleading health practices [like] content that promotes false or misleading health claims."	https://transparency.meta.com/en-gb/policies/community-standards/fraud-scams
	Claims that HIV+ or LGBTQI+ people, sex workers, migrants or ethnic minorities are 'spreading disease' or calling for violence towards these groups.	YES	"Do not share content that could cause serious harm to people. This includes content that constitutes a credible threat to public or personal safety, incitement of violence, organization or coordination of violent or criminal activities, or that encourages suicide or self-injury."	www.whatsapp.com/legal/channels-guidelines/
X	Claims that HIV+ or LGBTQI+ people, sex workers, migrants or ethnic minorities are 'spreading disease' or calling for violence towards these groups.	YES	"You may not directly attack other people on the basis of race, ethnicity, national origin, caste, sexual orientation, gender, gender identity, religious affiliation, age, disability, or serious disease."	https://help.x.com/en/rules-and-policies/hateful-conduct-policy
	Harrassing or threatening a person or group due to their HIV status or misinformation about their activities, occupation, or ethnicity.	YES	"We prohibit behavior and content that harasses, shames, or degrades others, as defined below. Please note that, in order to help our teams understand the context, we sometimes need to hear directly from the person being targeted to ensure that we have the necessary information prior to taking appropriate and proportionate enforcement action."	https://help.x.com/en/rules-and-policies/abusive-behavior

Bibliography

Davis, S. L. M., Pham, T., Kpodo, I., Imalingat, T., Muthui, A. K., Mjwana, N., Sandset, T., Ayeh, E., Dong, D. D., Large, K., Nininahazwe, C., Wafula, T., Were, N., Podmore, M., Maleche, A., & Caswell, G. (2023). Digital health and human rights of young adults in Ghana, Kenya and Vietnam: A qualitative participatory action research study. *BMJ Global Health*, 8(5), e011254.

<https://doi.org/10.1136/bmjgh-2022-011254>

Digital Health and Rights Project Consortium. (2025). Paying the costs of connection: Human rights of young adults in the digital age in Colombia, Ghana, Kenya and Vietnam. Research report. Coventry, UK: Centre for Interdisciplinary Methodologies, University of Warwick. <https://digitalhealthandrights.com/wp-content/uploads/2025/05/DHRP-UOW-report-April-2025-digital-final.pdf>.

Mjwana, N., Imalingat, T., Kpodo, I., & Pham, T. (2021). Digital health and rights: context in three countries: Ghana, Vietnam, Kenya. The Graduate Institute of International and Development Studies. <https://doi.org/10.71609/iheid-yyo3-8d94>

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