



POLICY BRIEF

A framework towards addressing vaccine-related false information in Malaysia

Harris Zainul

Analyst
Institute of Strategic and International Studies (ISIS) Malaysia

Ryan Chua

Master in Public Policy candidate
Lee Kuan Yew School of Public Policy
National University of Singapore

Executive summary

As we move forward with the [National COVID-19 Immunisation Programme](#) (NCIP), the “infodemic”, as coined by the World Health Organization (WHO), shows no signs of abating. While the infodemic remains constant, the types of false information on COVID-19 circulating today have changed to mirror the developments of the pandemic. Today, this means an increase in vaccine-related false information, which is of concern as it could undermine efforts to build vaccine confidence, while increasing vaccine hesitancy and/or outright rejection.

The need to act is clear. Leaving false information to thrive in the marketplace of ideas, where good ones theoretically should trump the bad, is untenable because humans are not necessarily rational decision-makers with healthy information consumption habits. Meanwhile, hasty heavy handed measures may backfire and harden the stance of sceptics, making it critical to employ a more deliberate strategy to address vaccine-related false information.

This policy brief, building on the previous one titled “[Countering COVID-19 Anti-Vaccine Propaganda](#)” published in November 2020, prescribes policy options to address vaccine-related false information. A summary of the policy options contained in this brief is as follows:

(1) Promoting good information on the vaccines and vaccination process. This can be done by furnishing the JKJAV website with more information, setting up processes to facilitate two-way interactions to address hesitancy and lingering doubts, and complementing these by formalising in-person registration booths and door-to-door outreach.

(2) Prebunking and debunking vaccine-related false information. With research suggesting that certain types of false information are more resistant to correction, a prebunking strategy to inoculate the public against false information is very promising. This can be complemented with horizon scanning and scenario planning exercises to inform stakeholders on vaccine narratives developing elsewhere, allowing for more proactive responses. Further, traditional fact-checking and debunking must be more focused on vaccine-related false information, while more can be done to improve the reach of published fact-checks and funding for fact-checkers.

(3) Content removal. This remains to be an underutilised strategy when dealing with vaccine-related false information. We propose for the government to set up a “trusted flagger” programme in collaboration with MCMC. Under this programme, “trusted flaggers” comprised of subject matter experts are empowered to lodge reports on vaccine-related false information directly to MCMC, who can then request social media companies to remove the content from

their respective platform. The assumption here is that requests submitted by MCMC would be prioritised, and acted upon faster as compared to reports by the public.

(4) The role of the medical community. As it stands, it remains to be the case that the medical community has not been sufficiently roped into vaccine advocacy or to counter vaccine-related false information. There is room for the Malaysian Medical Association to play a more active role here. Aside from that, the Malaysian Medical Council can also act as a watchdog and enforce its professional code of conduct to address harmful viewpoints on vaccines originating from medical practitioners.

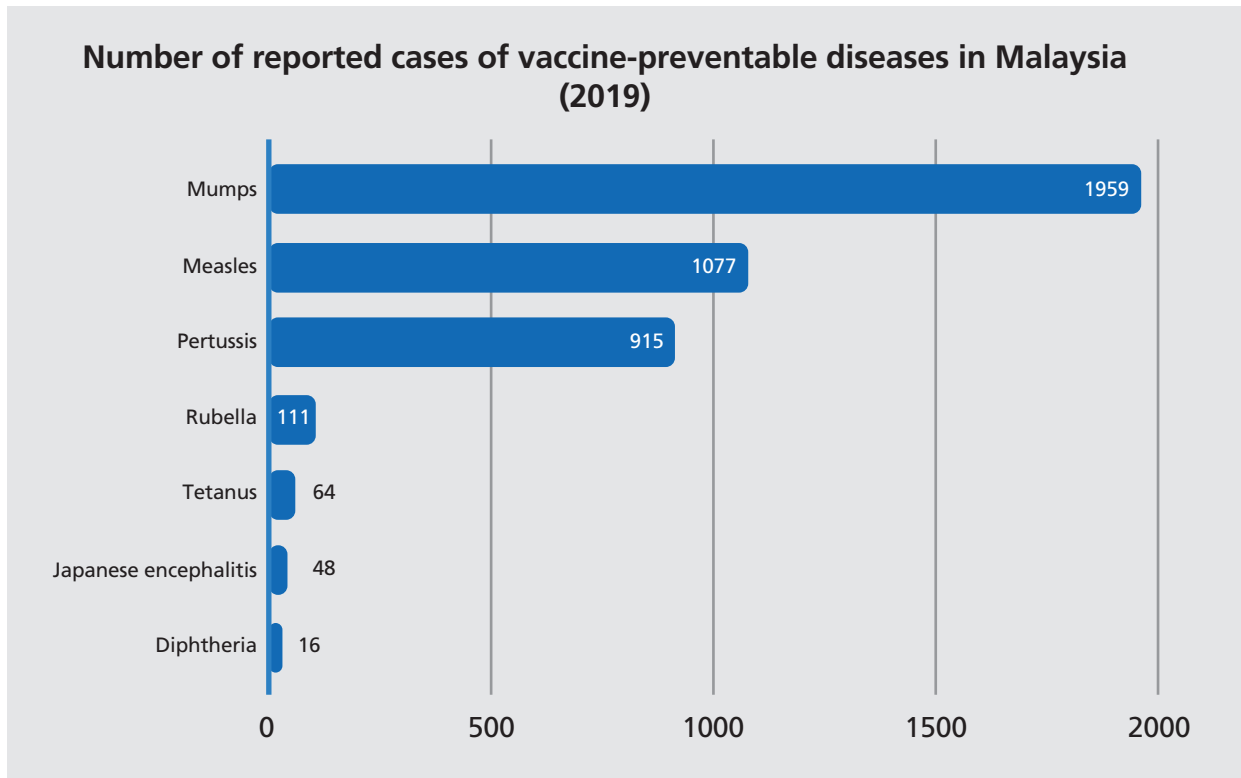
(5) Deterring vaccine-related disinformation. Should all else fail, punitive punishment can be considered. By reserving prosecution for cases involving disinformation that causes harm, the risk of ordinary people falling afoul of the law can be mitigated. Towards ensuring proportionality of punishment, further factors such as (1) the extent of harm caused by the disinformation; (2) the disinformation creator's credibility and/or standing in society; (3) the reach of the disinformation; (4) the presence of malice in the creation of the disinformation; (5) was there impersonation of a figure of authority; and (6) was the disinformation part of a larger coordinated group — must be considered.

The overarching idea behind this set of policy options is the need to clean up and enrich the marketplace of ideas by promoting good information and removing the false. Taken together, these policy options create a framework to deal with vaccine-related false information that prioritises educating, engaging, and empowering communities with the option to escalate matters through legislation and fines reserved as a last resort.



Introduction

The WHO identified vaccine hesitancy as one of the [top 10 global health threats in 2019](#). It is defined as the “[delay in acceptance or refusal of vaccination despite availability of vaccination services](#)”. Malaysia is no exception, with pockets of vaccine-preventable diseases (VPDs) remaining in the country, and with once eliminated VPDs making a comeback in recent years. For example, Sabah’s polio outbreak in 2019 marked the country’s first case of polio since 1992, and 19 years since Malaysia was declared polio-free in 2000.



Source: World Health Organization

A review of existing literature published in Malaysia pre-COVID ([here](#) and [here](#)) shows that factors associated with vaccine hesitancy among parents when deciding to vaccinate their children include:

- Low awareness about the benefits of vaccination;
- Availability, accessibility, and affordability;
- Misconception and concern about side effects of vaccine;
- Preference for alternative medicines;
- “Halal” status or prohibition among Muslims; and
- Distrust towards healthcare professionals and the government.

Shedding light on the narratives surrounding COVID-19 vaccines, [Smith, Cubbon and Wardle of FirstDraft](#) analysed the top 1,200 posts on Twitter, Instagram, Facebook Pages and public Facebook Groups that included the words “vaccine” or “vaccination” in English, Spanish and French. The posts from 15 June 2020 to 15 September 2020, when “attention shifted to the race to develop a COVID-19 vaccine”, showed **that the most dominant narratives involved “political and economic motives” behind the vaccines and the “safety, efficacy and necessity” of vaccines.** The full set of narratives identified and listed in their study is reproduced below.

| | Narrative | Explanation |
|---|-----------------------------------|--|
| 1 | Development, provision and access | Posts related to the ongoing progress and challenges of vaccine development. These posts concerned testing (clinical trials) and provision of vaccines as well as public access to them. |
| 2 | Safety, efficacy and necessity | Posts concerning the safety and efficacy of vaccines, including how they may not be safe or effective. Content related to the perceived necessity of vaccines also falls under this topic. |
| 3 | Political and economic motives | Posts related to the political and economic motives of actors (key figures, governments, institutions, corporations, etc.) involved with vaccines and their development. |
| 4 | Conspiracy theory | Posts containing well-established or novel conspiracy theories involving vaccines. |
| 5 | Liberty and freedom | Posts pertaining to concerns about how vaccines may affect civil liberties and personal freedom. |
| 6 | Morality and religion | Posts containing moral and religious concerns around vaccines, such as their composition and the way they are tested. |

Source: [Smith, Cubbon and Wardle, Under the surface: Covid-19 vaccine narratives, misinformation and data deficits on social media](#)

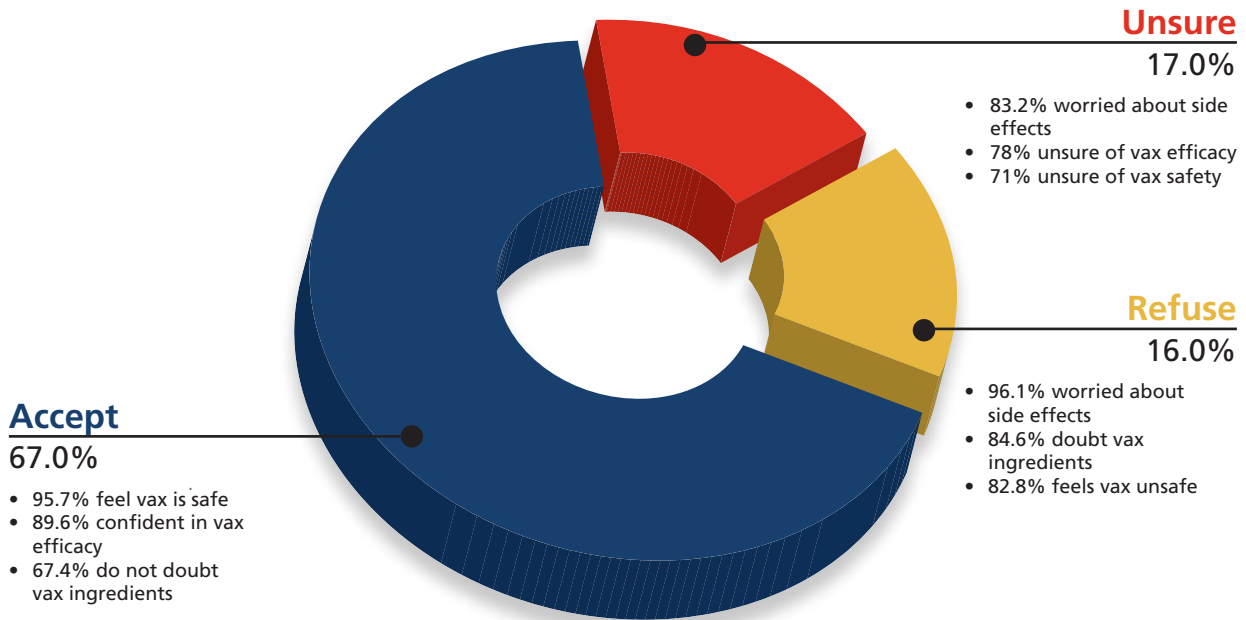
There has yet to be any study of which narrative is most dominant in Malaysia. Nonetheless, our observations suggest that “safety, efficacy and necessity”, “political and economic motives”, “morality and religion” and “conspiracy theory” are more prevalent in the Malaysian context as compared to “development, provision and access” and “liberty and freedom”. That said, the “development, provision and access” narrative – particularly “access” has been growing on the back of perceptions of the “slow” vaccination rollout and allegations of queue jumping. Meanwhile, aspects of “liberty and freedom” have been invoked when authorities investigate and/or social media platforms remove harmful vaccine content.

Elsewhere, a December 2020 poll to gauge vaccine acceptance rates conducted by the Health Ministry showed that 67% of the 212,006 respondents were willing to be vaccinated, with 17% unsure, and 16% refusing. Notably, the poll was conducted prior to the rollout of the NCIP. This means that it would be fair to operate on the assumption that

vaccine hesitancy due to concerns of side effects and safety could reduce as those vaccinated validate their experiences, although this is far from guaranteed.



Malaysians' acceptance of COVID-19 vaccination



Source: Health Ministry, Malaysia

What needs to be appreciated here is that vaccine hesitancy is not problematic in and of itself, as this could be due to a plethora of innocent factors, such as a lack of information, distrust in authorities and a disbelief in “Western medicine”. Further, due to the novelty of vaccines developed using mRNA technology, and the relatively faster speed of vaccine development and approval – suspicion, and to a lesser extent fear, are expected. Relatedly, we must be cognisant that vaccine hesitancy could increase and/or decrease depending on the type of vaccine being administered.

Meanwhile, anti-science responses to pandemic management measures over the past 12 months have been relatively limited. For example, only a few reject the need to wear masks and practise physical distancing. However, compliance could be because these measures are mandatory by law and punishable with fines up to RM10,000.

Regardless, concern remains should people be exposed to vaccine-related false information which could affect their decision to vaccinate moving forward.

The global experience of COVID-19 vaccination campaigns shows that they encounter teething problems and systemic challenges. However, Malaysia’s NCIP must not falter but should focus on the fight against harmful vaccine content.

Policy options

1. Promoting good information on the vaccines and vaccination process

There are two key aspects that underpin the promotion of good information on the vaccines and vaccination process: (1) the need to ensure information availability and accessibility, and (2) creating ways for people to pose questions and receive answers from the authorities. The below outlines how to meet these two objectives.

1.1. Uploading more materials on JKJAV's website. The Special Committee for Ensuring Access to COVID-19 Vaccine Supply (JKJAV) has made great efforts to publish information and create a depository of materials. But availability of information does not necessarily equate to accessibility of information.

The website now offers basic information in Bahasa Malaysia and English but should expand to Chinese, Tamil and the other languages to increase accessibility. These languages should include those spoken by foreigners, given that the focus ought to be on getting everyone vaccinated, not just Malaysians.

1.2. Reply to questions posed to JKJAV's "you ask, we answer" section. Currently, JKJAV's website contains a section where people can pose questions with the reassurance that "no question will be regarded as too small or unimportant". This is an important step towards collating and understanding the different types of concerns that the public has. There is, however, no follow up as to where, when and how the questions are answered. There should be a section on the website highlighting the answers. This could then act as a catalogue of questions and answers, allowing interested groups and individuals to draw on it as a depository of vaccine-related information when seeing similar questions being posed elsewhere.

1.3. We need to create two-way real-time question and answer processes online to address hesitancy and lingering doubts on the vaccines and vaccination process. While the "you ask, we answer" section serves one purpose, it is not designed to facilitate a two-way real-time question and answer. Besides that, the amount of questions posed at the section will also be highly dependent on people submitting their questions using the dedicated form on the website. Owing to the urgency of the NCIP, we must be more proactive in creating spaces to receive and address lingering questions and doubts. This can come in the form of dedicated accounts on social media to allow a more natural two-way communication process to complement the website that can then act as a depository of information.

1.4. Setting up registration booths to help people register for the vaccination programme and share information on vaccinations. Despite the relatively high rates of internet penetration in the country, the digital divide still exists. While the internet and social media allow for faster communication, the quality of communication, inclusive of elements such as body language and tone, helpful factors to create perceptions of credibility and trustworthiness is absent.

As it stands, some members of parliament and community leaders have set up vaccination registration booths in their localities and their success is promising. This should be formalised, and rolled out nationwide at places with high foot traffic. Ideally, these booths should be staffed by those who can assist in the registration process, and also communicate the importance of vaccination and address lingering questions and doubts.

1.5. Door-to-door outreach for localities with low vaccination take-up rates. The key aspect for this approach is to reach out to those who may have been, or feel disenfranchised by

the government, and may possess an aversion towards authority. While this may be laborious and carries inherent risks due to the physical nature of the exercise, it could be crucial towards providing an avenue to listen to concerns and accord people with an honest, nuanced conversation on the need to vaccinate. To make it safer for volunteers, they should be vaccinated first before being deployed.

will reach the same audience as the ones exposed to the debunked false information, limiting its effectiveness in the fight against the infodemic. Complicating matters is how fact-checking, while intuitive, could also trigger cognitive resistance should the false information be part of the believer's personality, value system or ideology (as could be the case when involving conspiracy theories).



Relatedly, in a study conducted by [Jolley and Douglas](#), trial participants exposed to vaccine-related conspiracy theories will not change their intention to not vaccinate their fictional child even if anti-conspiracy theory information is introduced later on. This suggests that conspiracy theories, once introduced, are quite resistant to correction.

The researchers' explanation for this is that as conspiracy theories are usually controversial, interesting and familiar to the audience, this tends to produce what is known as the primacy effect. The primacy effect is a cognitive bias where we tend to remember the first piece of information we encounter better than information presented later on.

2. Prebunking and debunking vaccine false information

Any comprehensive strategy to address not just vaccine-related false information, but every aspect of the COVID-19 infodemic, must include elements of fact-checking. ISIS Malaysia's previous policy brief on "[Countering COVID-19 Anti-Vaccination Propaganda](#)" highlights some policy options inclusive of increasing cooperation and collaboration among fact-checkers and improving on the language availability of the published facts. The below expands on some of these.

2.1. Prebunk, prebunk, prebunk. While it is a given that attention must be paid to fact-checking false information, the reality is that it is, by nature, a responsive measure. Further, there is no guarantee that verified facts

Considering this prebunking is promising. This refers to a concept where a watered-down version of the false information, along with explanations of why and how it is misleading and false is introduced to the public to inoculate them against the false information. The idea then is that when people encounter false information "in the wild", the primacy effect kicks in in the form of the pre-bunked explanation.

In fact, in the same study conducted by [Jolley and Douglas](#), participants who were presented with anti-conspiracy messages prior to exposure to conspiracy theories were more likely to vaccinate their fictional child. Adding to the promise of prebunking as a policy option is [Roosenbeek's](#) research, which shows that it reduces people's susceptibility to misinformation and increases their likelihood to spot it as well.

2.2. Horizon scanning and scenario planning of future discourse on vaccines.

These exercises meet multiple objectives and leverages on how the global experience with COVID-19 vaccines is a relatively shared one. This means that potential themes of conversation, lines of enquiry and false narratives surrounding the vaccines can originate elsewhere before finding its way to Malaysian internet and social media users.

Through horizon scanning and scenario planning, we would be able to inform prebunkers of any developing false narratives surrounding the vaccines originating elsewhere in the world, which can then be prebunked for the Malaysian public. Further, through these outlooks, the government, media and fact-checkers can obtain insights into future vaccine discourse and plan their responses accordingly.

These will essentially allow for a shift of these responses from being responsive to proactive, which could prove critical in addressing false information before it takes hold.

2.3. The government must start fact-checking vaccine-related false information.

The government of Malaysia, represented by [Sebenarnya.my](https://sebenarnya.my) and the Quick Response Team, remains the largest fact-checker in the country. Unfortunately, COVID-19 vaccine-related fact-checks are notably lacking on the [Sebenarnya.my](https://sebenarnya.my) website, with a search of the keyword “vaksin” turning up a paltry figure of [six results](#). Of the six, only two fact-checks were about the safety of the COVID-19 vaccines (one in March and April 2021, respectively), while the remaining are related to scams (one fact-check in March 2021) and policy decisions concerning the vaccines (three fact-checks in February 2021). This incredibly low figure is alarming considering the amount of misinformation spread online and the importance of addressing false information on the vaccines.

2.4. Improving the reach of [Sebenarnya.my](https://sebenarnya.my).

According to the MCMC’s [Internet Users Survey 2020](#), a mere 20.4% of internet users in Malaysia are aware of the [Sebenarnya.my](https://sebenarnya.my) fact-checking portal – and of this number, a mere 40.6% have visited the portal. Efforts, including public service announcements, have been made to raise awareness on the existence of the portal, but more must be done to address the issue. A starting point would be to analyse the reasons internet users who are aware of the portal are shunning it for fact-checks.

2.5. Funding fact-checking in Malaysia.

Towards creating a healthier fact-checking ecosystem, the elephant in the room – public funding – must be addressed. As it stands, newsrooms are already being stretched thin due to lower profits in recent years, which then have a knock-on effect on the amount of resources it can invest in fact-checking activities. One option is to tap into funds from the digital tax introduced in January 2020 to finance fact-checkers. To reduce perceptions of the funding potentially affecting impartiality, the amount should be predetermined for a set period of years with grant approvals managed by an independent committee.



3. Content removal

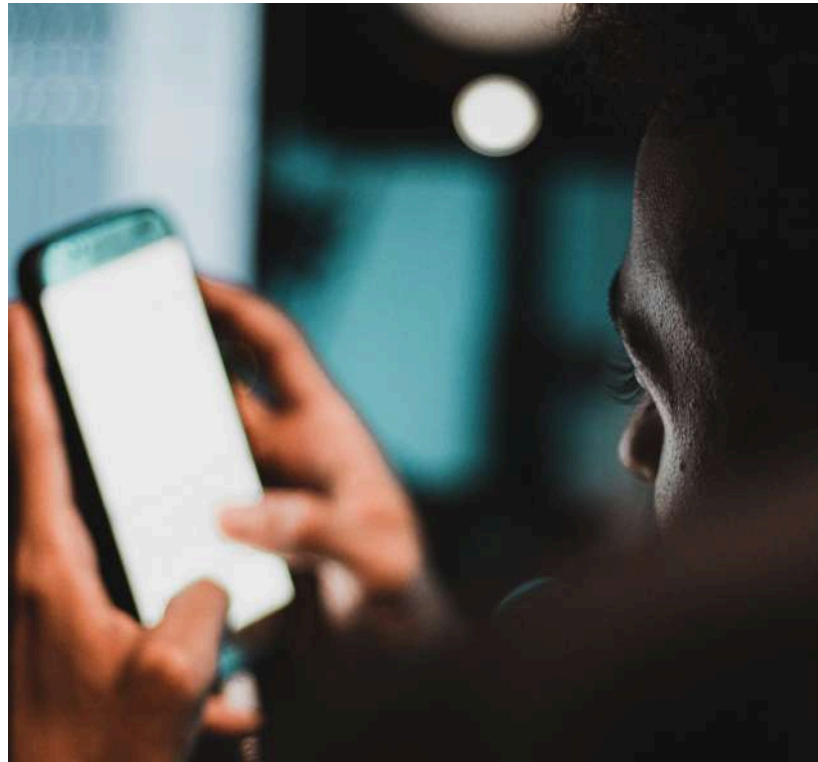
As it stands, the Malaysian Communications and Multimedia Commission (MCMC), the country's online content regulator, is empowered to request social media platforms to remove content should it violate Malaysian laws. While efforts on this front have been ongoing since the start of the infodemic, more can be done to give this process a shot in the arm.

3.1. Empower Malaysian subject-matter experts as "trusted flaggers" to report vaccine-related false information on social media. In this scheme, "trusted flaggers" can report the content directly to a representative from MCMC who can then forward the complaint to the social media company to act on. The result of this can either be a "take down" from the social media companies or in the form of a country-withheld-content.

This direct line of communication between the "trusted flaggers", MCMC and social media companies will ensure complaints are prioritised and action is taken before the false information spreads further. The assumption here is that requests submitted by the authorities, in this case MCMC, would be acted upon faster as compared to reports by the public.

Moreover, MCMC cannot possibly be monitoring social media entirely despite possessing the authority to request for content removals, while subject-matter experts, who are already monitoring groups spreading vaccine-related false information, are treated as ordinary social media users when reporting content.

These experts are able to detect and ascertain the quality of vaccine-related content (i.e. whether it is harmful/false or not). These experts' relative distance from institutional structures and autonomy can also lend value in making these content removal exercises more impartial, simultaneously reducing perceptions of political interference in free speech.



Potential "trusted flaggers" should include:

- Media practitioners
- Fact-checkers
- Research industry, such as think-tanks and academia
- Non-governmental organisations and civil society organisations

While some might raise concerns about freedom of speech, it ought to be emphasised that freedom of speech is not tantamount to freedom of reach. Additionally, it can be argued that the removal of vaccine content that has or may lead to harm is in the wider public interest, thus warranting action.

This proposal could be "officially" raised with social media companies to secure their buy-in. However, this would most likely mean a longer period before implementation, and with time being of the essence, not the first priority. That said, securing the buy-in of the social media companies could facilitate the process of removing vaccine-related false information and providing grounds for subsequent analysis on the effectiveness of the "trusted flagger" programme.

4. The role of the medical community

The role of medical practitioners during this pandemic cannot be understated. Owing to their relative standing in society as subject-matter experts on medicine, their role can be expanded to include advocating the need to be vaccinated and addressing false information or misconceptions on the vaccines.

4.1. Role in the Malaysian Medical Association for advocacy campaigns on the need to vaccinate against COVID-19.

As members of the MMA, such as general practitioners, often have closer relationships with their patients, this could make pro-vaccination information more trustworthy. Besides that, the medical practitioners would also be in prime position to address any questions and lingering doubts patients might have about vaccine side-effects or their suitability to get vaccinated.

4.2. Regulatory bodies, such as the Malaysian Medical Council (MMC), should act as a watchdog and enforce its professional code of conduct to address harmful viewpoints on vaccines.

This can take the form of advising the medical practitioner to remove the harmful viewpoint and issue a correction, or disciplinary action. Besides addressing the direct problem of vaccine-related false information from medical professionals, this measure can also prevent them from falling into disrepute.

By doing so, it can address the unfortunate instances where those in the medical profession misinterpret and/or mislead the general public on vaccine-related matters. While this, in some instances, are not outright disinformation, their misinterpretation and/or misleading opinions could have an outsized influence among members of the public due to their profession.



5. Deterring disinformation

Legislation and sanctions might backfire and harden problematic viewpoints while running the risk of prosecuting ordinary people. That said, legislation and sanctions may be justified to regulate vaccine disinformation in the wider public interest.

The guiding principle in determining whether an investigation and prosecution is warranted is whether the disinformation has caused harm, or is reasonably likely to cause harm. The word “harm” here should be given its ordinary meaning where possible, and can include:

- Content recommending against vaccination;
- Content recommending and/or influencing people into acting against recommended practices set out by the health authorities on vaccines.

In practice, this means that the factors listed below must be taken into account in guiding the initial decision to proceed with prosecution:

- Was the false information likely to cause harm; and
- Was there actual or reasonable knowledge that the information created was false and/or misleading.

Should the initial queries be satisfied, the authorities should then consider the following in building the case against the creator of false information:

- What was extent of harm caused, or reasonably likely to have caused, due to the disinformation;
- What credibility and/or standing in society does the creator of the disinformation possess that could increase perceptions of its accuracy;
- What was the reach of the disinformation;
- Was there malice in the creation of the disinformation;
- Was the creator of the disinformation impersonating a figure of with relative credibility or standing in society that could increase perceptions of its accuracy;
- Was the creator and/or sharer of the disinformation part of a larger coordinated group.

In the event that the creator of the false information does not meet the standards set out above, then issuing a warning notice in lieu of a prosecution and punitive punishment could be sufficient.

While the list of considerations might seem arduous, it ought to be appreciated that sanctions should only play a complementary part of a larger strategy to convince people on the need to vaccinate. Sanctions, while helpful to address worst-case scenarios involving disinformation creators, do nothing towards building vaccine confidence.

Besides that, policymakers and law enforcement officials must not go overboard with prosecution as it is only natural for people to want to take all precautions during this pandemic, inclusive of sharing information that they feel could be beneficial – such as the safety of vaccines – with their friends, family and loved ones. The authorities should also factor how digital literacy skills among the people, such as knowing how to fact-check information, remain low.

Should decision-makers fail to appreciate the considerations above, it will be tantamount to placing a disproportionate onus on the people to determine for themselves what is accurate or not. Failure to make the right judgment call would expose them to the risk of prosecution.





6. Conclusion and moving forward

As Malaysia continues with plans to vaccinate the majority of its population against COVID-19, it must be given all chances for success. Any derogation from resounding success should not be considered, with each day of the pandemic extracting great social and economic costs. To that end, the threat of the infodemic and vaccine-related false information must be minimised – eliminated where possible – for the purposes of reducing vaccine hesitancy and building vaccine confidence.

This policy brief prescribes options to assist policymakers towards achieving these goals and help Malaysia move forward sooner into the post-COVID-19 era. To do so, as with the vaccination programme itself, no government nor policymaker can do it alone. It requires the coordination and cooperation of stakeholders, or in other words, a whole-of-society approach. Funding fact-checkers, empowering subject-matter experts as “trusted flaggers” and roping in medical practitioners to address vaccine hesitancy will give current government-led efforts to address the infodemic a shot in the arm. The effectiveness and success of these options will only go as far as the most dedicated creator of vaccine disinformation. For this group, escalating matters through legislations and sanctions may be justified.

Moving forward, ISIS Malaysia will be embarking on a study of the most common types of problematic vaccine content in Malaysia to inform prebunking strategies. This study will be looking at social media conversations surrounding vaccines in Bahasa Malaysia and English. For more information on this project, please contact Harris Zainul at harris@isis.org.my.

* Images obtained from Unsplash unless otherwise noted.