

**Australian Code of Practice on Disinformation and Misinformation Review**  
**submission:**  
**National Association of People with HIV Australia (NAPWHA) and**  
**Swinburne Social Innovation Research Institute, Swinburne University of**  
**Technology**

This submission was prepared by:

[Redacted]

[Redacted]

**This submission addresses two questions in DIGI's ACPDM Discussion Paper:**

- 2. What role (if any) can the Code play in facilitating an eco-system approach to combatting misinformation and disinformation?***
- 3. Can the complaints handling process be improved?***

These questions are addressed with reference to a case study demonstrating the deficits in current complaints handling processes within Australia's social media ecosystem (specifically across Facebook, YouTube and TikTok). We draw on media and communication scholarship to argue that current processes pose an existential threat for Australian public health organisations that rely on social media to engage with constituents and communities.

The following recommendations for reforms to current complaints processes are made, with the aim of mitigating the demonstrated harms to public health communication in Australia. These include:

- Specific and transparent mechanisms should be developed to manage misinformation and/or disinformation complaints against public interest campaigns involving public health and/or social issues.
- Owners of social media properties (such as Facebook Pages and Youtube channels) should be notified of the specific complaint that has been made against them, in order to make an informed rebuttal that addresses the issues raised before a post is sanctioned.
- Public health and community-led health organisations should have recourse to an appeal process overseen by an Australian-based independent decision-making body which includes representation from the public health, health communication and community-led health sectors.

**NAPWHA** is the National Association of People with HIV Australia, a peak body and civil society organisation funded by federal government and philanthropic sources. Part of NAPWHA's work involves community engagement and social marketing campaigns delivered via social media platforms including Facebook, Instagram, Youtube and LinkedIn. These campaigns offer vital information about the changing experience of HIV prevention and living well with HIV in Australia.

**Swinburne University of Technology's Social Innovation Research Institute (SIRI)** works with communities, industry and non-profit organisations to co-create novel solutions to complex social problems. We envision a world where technology serves as a bridge to human flourishing, rather than a barrier. We believe that innovation should be accessible to everyone, and that technology should contribute to the well-being of all members of society.

Researchers from SIRI's Digital Platforms and Society program are collaborating with NAPWHA on a research program supporting digital capabilities and community connection.

***Case study: Can't Pass It On campaign, NAPWHA 2023***

*The 'Can't Pass It On' campaign (<https://napwha.org.au/pass-it-on/>) was developed by NAPWHA in 2023, to inform people with same and other gendered partners that effectiveness of HIV treatment means the virus cannot be sexually transmitted at all. This is life-changing news for people with HIV. However, very few people in the*

*general Australian population are aware of the effectiveness of current treatments. This lack of public information sustains ongoing fear of HIV in Australia, and negatively impacts quality of life for people with HIV by supporting stigma.*

*'Can't Pass It On' was developed with input from communications) and stigma experts (including Professor Albury). NAPWHA made a substantial investment in focus testing to understand existing attitudes to HIV, and trial different strategies for changing them. The campaign aesthetics are similar to those of a high-end bedding advertising campaign – it contains no explicit, 'adult' or sexualised content.*

*The campaign was circulated as a boosted post on Facebook and as a promoted video on Youtube in August 2023. Soon after it was launched, it was suspended on both platforms. Facebook reported: 'Your ad was rejected because it doesn't comply with our policies on Ads About Social Issues, Elections or Politics.' Abusive comments were left on the promoted video posts.*

*Health content creator and epidemiologist Dr. Curtis Chan (then a PhD student in the Kirby Institute's HIV Epidemiology and Prevention Program) reposted the campaign on his TikTok account. His post was subsequently removed as 'misinformation' and his appeal was not upheld.<sup>1</sup>*

*NAPWHA believes that the promoted posts were targeted by a loosely organised campaign of spurious complaints motivated by stigma towards HIV and the communities affected by it (which include gay and bisexual men and other queer people, trans folks, sex workers and people who use drugs).*

*Due to current lack of transparency for creators subject to misinformation or disinformation complaints, there is no way of investigating (and mitigating against) a potential weaponisation of complaints processes.*

### ***Current complaints processes pose an existential threat for Australian public health***

Public health campaigns (particularly those that seek to combat stigma) are aimed at the 'persuadable middle' on a spectrum that includes people who already support a health message, people who may hold negative views but are open to change, and people who are implacable opponents.<sup>2</sup> Currently, people in the latter group are using disinformation and misinformation complaints to 'veto' evidence-based health campaigns, effectively holding the other two groups hostage to their views.<sup>3</sup>

Social media platforms do not offer effective targeting functions for personal characteristics like sexuality and gender diverse identity. For this reason, NAPWHA's campaigns 'spill over' into secondary audiences of people with little personal connection to HIV. Hostile comments on such posts stigmatise (and re-traumatise) people living with HIV and undermine community connection to public health information and social

---

<sup>1</sup> <https://www.tiktok.com/@curtisxchan/video/726694400568487450>

<sup>2</sup> Shaw, A. (2017). Encoding and decoding affordances: Stuart Hall and interactive media technologies. *Media, Culture & Society*, 39(4), 592-602. <https://doi.org/10.1177/0163443717692741>

<sup>3</sup> Are, C. (2024). Flagging as a silencing tool: Exploring the relationship between de-platforming of sex and online abuse on Instagram and TikTok. *New Media & Society*, 27(6), 3577-3595. <https://doi.org/10.1177/14614448241228544>

support. They also threaten the psychosocial safety of NAPWHA staff seeking to moderate HIV community pages.

If complaints against public health content are repeatedly upheld, properties that promote the campaigns (such as Facebook Groups and Pages) are suspended. In NAPWHA's case, there is no way to effectively rebuild the audience, since the organisation relies on people with HIV and members of affected communities to seek NAPWHA out and subscribe to social channels.

***What role (if any) can the Code play in facilitating an eco-system approach to combatting misinformation and disinformation?***

NAPWHA is only one of many different sources of information about HIV available to communities affected by the epidemic and the general community. In 2001, HIV researcher Dr Michael Hurley described (pre-digital) media practices in the context of the 'cultures of care' that informed people with HIV about the new combination therapies that transformed HIV from a death sentence into a chronic manageable condition<sup>4</sup>. Although life-saving, these treatments involved significant complexities around pill burden, polypharmacy, interactions and side effects, posing a steep learning curve for doctors and people with HIV alike.

Cultures of care are ecosystems where information is disseminated via multiple sources — not just doctors and HIV organisations but community and mainstream news media, arts and cultural performances, drag queens, dance parties, friends and acquaintances, etc.

The ecosystem helps create resilience against disinformation and misinformation because people learn to 'triangulate' what they hear against multiple sources. People benefit from hearing different perspectives on key messages, which helps them appreciate the complexity of the everyday life situations they encounter where HIV is present. If something doesn't sound right, participants in a culture of care learn to seek out further information.

Public health organisations play a key role in filtering and translating clinical and scientific knowledge into simple, reliable messaging that can 'travel' within the ecosystem and inform the efforts of other actors communicating about HIV. This

---

<sup>4</sup> Hurley, M. (2001) *Strategic and conceptual issues for community-based, HIV/AIDS treatments media*. La Trobe University. Australian Research Centre in Sex, Health and Society Monograph series no. 20. La Trobe University. Australian Research Centre in Sex, Health and Society

illustrates an important aspect of the conversation about mis- and dis-information: having reliable, evidence-based sources of information is an important way of countering both practices. But organisations like NAPWHA cannot play this role on social media when misinformation and disinformation complaints processes are used to shut down health campaign and communication initiatives.

### ***Can the complaints handling process be improved?***

Complaints handling processes currently fall short of providing creators what lawyers call 'natural justice' (also known as procedural fairness)<sup>5</sup>. Individual platforms (such as Facebook) or companies (such as Meta) cannot be considered independent adjudicators due to commercial interests. It has long been known that platform moderation processes are open to manipulation by 'bad actors'<sup>6</sup> – this risk has increased with the rise of automated content moderation.

### ***We recommend DIGI improves complaints handling processes as follows:***

- Specific and transparent mechanisms should be developed to manage misinformation and/or disinformation complaints against public interest campaigns involving public health and/or social issues.
- Owners of social media properties (such as Facebook Pages and Youtube channels) should be notified of the specific complaint that has been made against them, in order to make an informed rebuttal that addresses the issues raised before a post is sanctioned.
- Public health and community-led health organisations should have recourse to an appeal process overseen by an Australian-based independent decision-making body which includes representation from the public health, health communication and community-led health sectors.

---

<sup>5</sup> *Australian Broadcasting Tribunal v Bond* (1990) 170 CLR 321, *SZBEL v Minister for Immigration and Multicultural and Indigenous Affairs* (2006) 228 CLR 152

<sup>6</sup> Crawford, K. and Gillespie, T., 2016. What is a flag for? Social media reporting tools and the vocabulary of complaint. *New Media & Society*, 18(3), pp.410-428.