

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

**April 4, 2022**



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## Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from March 26 - April 4, as well as relevant information on current mis/disinformation.

Target countries include Angola (PT), Kenya, Nigeria, South Africa (EN), Burkina Faso, Cameroon, Democratic Republic of Congo (DRC), Guinea, Ivory Coast, Niger, Mali, Mauritania, Mauritius, and Senegal (FR). Descriptions of “engagements” and information gathering are listed in the methodology section at the end of this report.



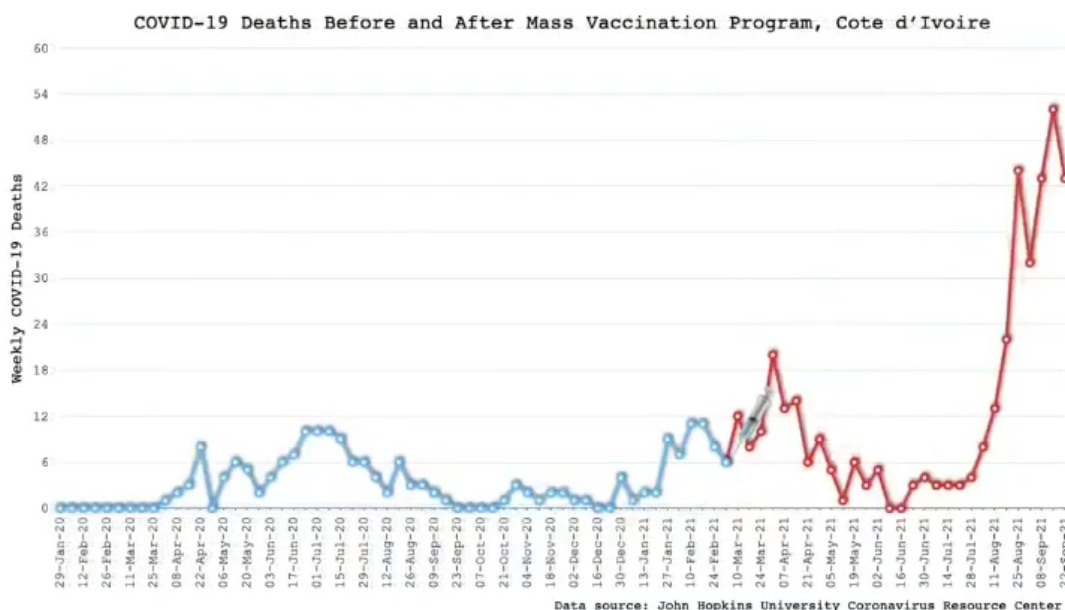
### “Vaccinated die at a greater rate than non-vaccinated”

CONTEXT: As concerns regarding the severity of new waves of COVID-19 continue to diminish on monitored social channels, rumors have emerged that vaccinated individuals are dying from side effects than non-vaccinated are dying from the disease itself.



Central African Republic, Dem. Republic of Congo, Rwanda, South Africa, Uganda

Coverage: 10.5k+ engagements, 2k+ comments, 300k+ views



[Please request link to video for access [here](#) to limit sharing of this source]

- A doctored/falsified video has been recirculating in WhatsApp in Telegram/WhatsApp over the last week showing countries across the world that have seen staggering upticks in COVID-19 related deaths following “mass vaccination programs.” More specifically, the data source was inaccurately cited as the “John [sic] Hopkins University Coronavirus Resource Center.” The actual database is widely recognized as a reputable source, however, this video and related graphs are not related to the platform.



- The responses to the video have been primarily supportive of the claims presented in the graphs and often expressed that their decision to avoid vaccination likely saved their lives. Additionally, there were calls for unveiling this “truth” by sharing the content with friends and family to save their lives as well.

### **Why is it concerning?**

- There has been a gradual transition by individuals that are opposed to the COVID-19 vaccine. Early hesitation for the vaccine was evident globally, but as acceptance grew and vaccine uptake increased, non-vaccinated that continued to refuse the vaccine were in a position of defending their decision to the general public. However, now the more vocal opposition groups have become offensive in their approach with calls for sharing inaccurate information that can impact vaccine campaigns.
- This also highlights the potential of a deepened divide between the general public and the public health organizations, both internationally and locally, that could create new obstacles that had not been a factor in previous health campaigns across Africa.

### **What can we do?**

- The usefulness of the vaccine is under scrutiny in many different narratives in social media. Combating false data with easy-to-digest, direct, and accurate information to directly negate vaccine misinformation is important in this context.
- Misperceptions and misguided understandings of the importance of a vaccine for COVID-19 are also very prevalent. The content being shared is not always malicious, but it does become more prevalent when vaccine information does not keep pace with inaccurate content that is being shared. Less misinformation enters the narrative with an overflow of accurate content.



## “Vaccinated are not protected from anything”

*CONTEXT: Changes and relaxation of the regulations for combatting the COVID-19 pandemic with public health and safety measures have led to misinterpretations of the benefits of vaccination against the virus and potential new waves.*



**Burkina Faso, Cameroon, Ivory Coast, Kenya, Nigeria**

- Confusion around the COVID-19 vaccine is still prevalent, particularly whether infection is still possible after vaccination. The removal of mask requirements in some countries has furthered the belief that the vaccine does not prevent transmission and that the disease is not dangerous. This is bolstered by significant return to pre-pandemic societal norms though millions have not yet been vaccinated. [\[LINK\]](#)

### Why is it concerning?

- First, the need for continued efforts providing clarity that COVID-19 after vaccination. This suggests that information regarding subsequent doses will also likely be needed in these environments as there are large groups of users that continue to highlight these information gaps in understanding regarding the vaccines.
- Secondly, the belief that the vaccine provides no protection underscores that some individuals may believe the vaccine is being administered and promoted by public health agencies that know it is ineffective. This serves as another indicator of a deeper erosion of public trust in public health agencies.

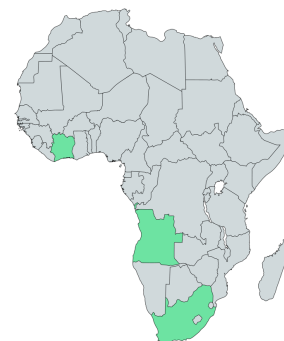
### What can we do?

- COVID-19 information less frequent in all social media narratives, including volume of misinformation as well. This allows for steady streams of accurate and verified COVID-19 content to take a larger voiceshare in the information environment and potentially face fewer dissenting voices. Continued and consistent widespread sharing of facts around COVID-19 and vaccinations is needed.



## “It is better to get Omicron than the vaccine”

*CONTEXT: Old videos of prominent U.S. doctor Anthony Fauci have been circulated as he states in the clip that “the best vaccination is to get infected yourself” when speaking about influenza.*



### Kenya, Nigeria, South Africa

This has quickly picked up views as the vaccine debate has introduced new elements such as the removal of mask mandates in African countries. This has been often shared with a video from February with Bill Gates stating “[Omicron] has done a better job at getting out to the world population than we have” in the same context that the Omicron variant serves the immune system similar to the vaccine.

#### Why is it concerning?

- While this rumor has certainly circulated before in different contexts, the removal of the particular mandates has bolstered the argument that vaccines were never needed in the first place, and that people are better off just contracting the disease. This sets a dangerous precedent for not only new potential COVID-19 variant waves both in Africa and globally, but also for other diseases that may have a much higher lethality in which this type of approach has severe consequences.

#### What can we do?

- These types of narratives are likely to be prominent as countries make the transition out of the pandemic public health and safety measures, but it can serve as an opportunity to revisit the successes of public health operations during the pandemic. Highlight the impact masks, vaccines, and social distancing may have had in pushing back against the spread of COVID-19 to validate these types of preventative approaches for other diseases campaigns in the future.

#### Fauci Flashback: ‘The Most POWERFUL Vaccine Is Getting Infected Yourself’

Throughout the pandemic, large numbers of doctors and scientists have been censored for pointing out that natural imm...





## Persistent Rumors

### **Rumor: Vaccines don't prevent death or the virus' spread/vaccines are not effective**

- Response: Vaccines provide protection against serious complications from COVID-19 and the new variants. (Viral Facts response [here](#))

### **Rumor: Foreign companies or governments profit from the vaccine rollout in Africa**

- Response: Highlight successes in vaccine distribution, as well as new manufacturing campaigns beginning in Africa.

### **Rumor: Inaccurate assumptions of vaccine side effects/ long-term effects**

- Response: Fear of vaccine side effects/ long-term effects continue to be misinterpreted or overstated (Viral Facts response [here](#))

### **Rumor: COVID-19 no longer exists / never existed**

- Response: COVID-19 cases have declined but health authorities are warning of a potential 5th wave (Viral Facts response [here](#))

### **Rumor: Frustration with looting and mismanagement of COVID-19 funds**

- Response: Review the COVAX program and the global effort to effectively distribute vaccines via a multi-organizational campaign

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## **Information Gaps: Are we revaccinating for polio?**

Following the outbreak of polio in Malawi new vaccine campaigns have been underway through the month of March. Public health organizations have been very active in promoting the campaigns on social media, but there have been questions about the need to get multiple doses of the vaccine if you have already had it before. Questions on the campaign awareness posts also raised the question, **“I thought when a child is born, immediately they are vaccinated and it's evidenced by the scar on the right shoulder. So can you tell us why should they be vaccinated again or they were given wrong or expired doses?”**





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## **COVID-19 VFA content**

- The importance of getting vaccinated [[LINK](#)]
- The pandemic is not over! [[LINK](#)]
- COVID-19 effects on sexual performance [[LINK](#)]

## **Polio VFA Content**

**Dr. Janet Kayita**, a WHO Malawi Country Representative answers the most pressing questions around **polio in Malawi** for **ViralFacts**.

- Is the polio vaccine related to the COVID-19 vaccine? [[LINK](#)]
- Why do we need a polio vaccine campaign? [[LINK](#)]
- How is COVID-19 impacting the fight against polio in Malawi and other African countries? [[LINK](#)]
- Why is it important for children to be vaccinated against polio? [[LINK](#)]
- Is wild polio virus really back in Africa? [[LINK](#)]

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## **New Viral Facts Africa campaign to counter vaccine hesitancy**

WHO in Africa has worked with the UK Government and Viral Facts Africa to create a new campaign to support Covid-19 vaccine demand across Africa. Building on the experience WHO and Viral Facts Africa have in countering the spread of health misinformation and disinformation in the African region, the UK Government has developed messaging based on insights and behavioural science expertise gained during the pandemic. These digital assets will help to build vaccine confidence by tackling the most prominent drivers of vaccine hesitancy and support Africa's recovery from the pandemic.

[Link](#) to have an overview of the produced assets / Links to download ([EN](#)/[FR](#))





## Methodology

The social media listening process relies on a split of social media analysis conducted for French, English and Lusophone-speaking countries. The social media analysis for French-speaking countries is conducted by the AIRA Infodemic Manager Consultant based in Guinea, the one for Lusophone speaking countries by the AIRA Infodemic Manager Consultant based in Angola, and the one for English speaking countries by a WHO AFRO social media officer.

The final report is a combination of the three analyses and recommendations. The shift from a social media listening monitoring conducted by only one person for the whole African region into a combined one based on the analysis conducted by three different people may result in a less detailed and exhaustive report.

Engagements, otherwise known as interactions, **refer to the number of likes, comments, reactions, and re-shares on a post.** This is not a perfect measure of engagement:

- Some may have seen the post and chosen not to interact with it;
- Commenting on or re-sharing a post may constitute a more meaningful form of engagement than simply reacting to it;
- We are not systematically distinguishing between the types of responses that each engagement generates (e.g. while a post may contain misinformation, people may be countering/ debunking it in the comments).

We seek to mitigate these limitations by:

- Scanning comments and monitoring reactions to qualitatively evaluate responses to each post;
- Assessing the velocity of a post (i.e. how fast is it obtaining reactions, likes, shares) and the re-emergence of specific themes;
- Identifying whether the post is shared across a variety of platforms and sources (broad engagement), or simply soliciting a high level of attention within a given community/ platform (siloe engagement).

The monitoring reports are produced using NewsWhip Analytics, TweetDeck, Crowdtangle, Google Trends, UNICEF Talkwalker dashboards as well as the WHO EPI-WIN weekly infodemic insight reports and WHO EARS platform.



As a result, data may be biased towards data emerging from formal news outlets/ official social media pages and does not incorporate content circulating on closed platforms (e.g. Whatsapp) or groups (e.g. private Facebook groups). We also rely on our fact-checking partners, who provide invaluable insights into relevant national and regional trends or content, as well as country-level reports, including the South Africa Social Listening Weekly Report and the Mali Social Listening Weekly Report.

In producing these summaries and recommendations, we have consulted community feedback survey reports, as well as monitoring and recommendations from AIRA partners. We also draw from WHO EPI-WIN weekly reports and UNICEF monthly reports to formulate recommendations. As we produce more content, we seek to triangulate and corroborate information across these groups to strengthen our infodemic response.

**Our commercial social listening tools include:**



NEWSWHIP



TweetDeck



Talkwalker

**WHO social listening tools:**



Early AI-supported Response  
with Social Listening