



COVID-19 Infodemic Trends in the African Region

This report seeks to communicate **operational recommendations** based on social media monitoring from January 8-14, as well as relevant information on current mis/disinformation.

Target countries include **Angola, Kenya, Nigeria, South Africa (ENG), Ivory Coast, Burkina Faso, Senegal, Democratic Republic of Congo (DRC), Mauritania, Guinea, Mali, Cameroon, Mauritius and Niger (FR)**. We have outlined what we mean by “engagements” and how we gather information in the methodology section at the end of this report.

CONCERNING TRENDS

- [The pandemic is over](#)
- [Misinterpretation of vaccines and side effects](#)
- [Fake Covid-19 tests and vaccine certificates](#)

TOPICS OF INTEREST

- [Claims](#) of protests and civil unrest in Luanda, Angola as the government calls for increased COVID-19 preventive measures and restrictions. Of note, users from multiple different African countries voiced support for these protests and made statements that they are also feeling at edge with the continuation of restrictions and new variants emerging over the last few months. The circulating claims that European countries are transitioning to endemic states rather than pandemic levels of precautionary measures has led to some believing that European countries are conning African nations to limit their progress economically and continue to exploit them.
- **Minimal shift in anti-European narratives around donations of COVID-19 vaccines in Nigerian social media conversations.** Some stated that Greece is economically at a disadvantage to Nigeria and news of the donation caused anger towards the lack of vaccine production in Nigeria. This is also of note as Nigerian users were not directly opposed to vaccinations suggesting that Nigerian or potentially African produced vaccines might increase uptake.
- South African President of the Economic Freedom Fighters and Parliamentary member Julius Malema stated that vaccines should not be mandatory for South Africans. He did, however, also encourage all South Africans to receive the vaccine and called for South Africans to avoid “bullying” and “to persuade the people, that is what democracy is about. [[LINK](#)]

POTENTIAL INFORMATION VOIDS (KEY QUESTIONS)

- The **lack of information around Deltacron** is deepening the belief that variants are being manufactured, specifically with the misinterpretation of experts claiming the



hybrid coronavirus mutation is likely the result of a lab error. Based on the recent “mild” symptoms of the Omicron variant there is less concern and more anger evident in social media channels. Though articles discussing the Deltacron variant are available, quick reactions to the new strain are predominately negative. [[LINK](#)]

TRENDS and TOPICS TO WATCH

- Uganda reopens schools that have been closed for almost two years, dating back to March of 2020. The closure is reportedly as being among the world’s longest suspension of youth education. “Some students continued to study through Radio, TV and Newspapers. Some were studying online or having a home teaching teacher.” [[LINK](#)] [[LINK](#)]
 - **Vaccine uptake remains a challenge in Africa**, as Dr. Tedros Ghebreyesus highlighted that 85% of people in Africa have yet to receive a single COVID-19 vaccine dose. [[LINK](#)]
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The pandemic is over

Where have we observed this trend?

- South Africa
 - Claims that European countries have started to transition to approaching COVID-19 as endemic and will begin to treat the disease like the “flu.” [[here](#)]
 - In response, specifically on Facebook, conversations regarding the true severity of the pandemic have been called into question.
 - “These truths coming out now which was verbalized by so many critical thinking ppl were labeled a year hells month ago as “conspiracy theories” just shows how easily government and media alike could brainwash so many over the two yrs 😞 Thank you God for the many ppl who stood firm, for the ppl who kept scratching that scab, for questioning the “science” for being the voice of common sense when it was lacking in many 🙌” [[LINK](#)]
 - Some also highlighted the lack of concern for COVID-19 as well, calling for a return to normal as “people just don’t care about it anymore.” [[LINK](#)]
 - Claims that Africa is better off without a vaccine and that COVID-19 was not able to kill off South Africans also highlight a perceived end of the pandemic. [[LINK](#)]
- Kenya
 - Though there are smaller groups claiming that COVID-19 is no longer in Kenya or never was, the last two weeks have slowly increased in voice share for these claims. Most of these claims are found in comments similar to this:
 - “Covid isn’t in Kenya ama 😏😏😏. Nice rallies DP” [[LINK](#)]



- Cameroon
 - At AFCON, Burkino Faso [accuses](#) the Cameroon team of receiving false COVID-19 test results. WhatsApp conversations regarding the story contain multiple claims that every test is fake for all teams because COVID-19 is being used to force vaccines on football fans.

Why is it concerning?

- European stories are signaling the transition to a new way to address COVID-19, which many are quickly interpreting to mean the end of specific public health and safety measures. This may impact the continued adherence to individual participation in limiting COVID-19 spread.
- With the potential for new variants with varying degree of severity, losing momentum in public buy-in for preventative measures could lead to another rapid and dangerous spread similar to Omicron.

What can we do?

- Enhance factual information sharing by encouraging people to **pause before sharing** social media content
 - ⇒ UN [Pledge to Pause](#) campaign, Viral Facts example [here](#)
- Create clear, consistent messaging about vaccine developments and communicate often about what is known and unknown
- Produce content explaining **why vaccines are considered safe and effective**
 - ⇒ Viral Facts example [here](#)
- Consider providing **country-specific vaccine safety information** based on the vaccine being disseminated nationally.

Misinterpretation of vaccines and side effects

Where have we observed this trend?

Nigeria

- A recent post highlights a religious call to deny taking the vaccine as it will mark individuals that have “lost their faith.” The claim also states that the rapture is upon us in the coming months and suggests now is the time to resist vaccination. [[LINK](#)]
- Additional religious account highlights common misperceptions of vaccine side effects:
 - “It is Religious because many in the Christain Circle believes that’s the Mark of the beast spoken of in Revelation 13 in the Bible, the vaccine is used to change our human DNA so that 5G network can work effectively on us. Some say Microchip for the Mark of the beast are implanted in humans.” [[LINK](#)]
 - However, the post does state that faith will protect those that take the vaccine, yet suggests it shouldn’t be taken as a common precaution.



Kenya

- Claims that vaccines are poison and that recipients are not made aware of what is in the vaccine.

The screenshot shows a thread of four comments on a social media platform. The first comment is from Oyugi Otieno, who says 'I regret getting the vaccine.' and has one angry face emoji reaction. The second comment is from Joyline Joyline, who asks 'Why i have never had any problems'. The third comment is from Oyugi Otieno replying to Junior Roble, saying 'I really don't know what is in the vaccine bro'. The fourth comment is from Oyugi Otieno replying to Junior Roble, stating 'my left arm is still painning,two months down the line.I can't even train well in the gym.Today am not going to work because of the same'. Each comment includes a 'Like · Reply · 5d' footer.

- These statements are in response to COVID-19 fact discussion posts and like much of this type of content there is minimal positive or supportive response over the last week. [[LINK](#)]

South Africa

- Claims of multiple deaths due to lack of testing and complications due to side effects [[LINK](#)]
- Claims that side effects are not rare and that those that do have severe side effects are labeled as conspiracy theorists. [[LINK](#)] [[LINK](#)]

Why is it concerning?

- Misconceptions around vaccine efficacy rates are likely to drive continued vaccine denials, even as they are becoming more readily available in select African countries.
- They may also entrench already circulating frustrations around vaccine inequity and the perception that Africans are receiving lower quality vaccines

Fake Covid-19 tests and vaccine certificates

Where have we observed this trend?

Kenya

- Officials in Kenya are actively calling for citizens to surrender falsified COVID-19 vaccine certificates [[LINK](#)]
- Kenyan ministry of health suspending COVID-19 testing labs due to doctored results for citizens [[LINK](#)]



What can we do?

- Emphasize **accurate information** around resistance to the COVID vaccines, with verified statistics on the risk of contracting COVID and having severe symptoms for vaccinated people
- A greater level of vaccine success stories. **Trusted figures that have taken the vaccine need a greater media presence.** Surrounding the confusion regarding the severity of Omicron, there has continued to be a decline in prominent influencers in the media space continuing to address the need for vaccinations and the positive impact it has had in their lives.
- Create clear, consistent messaging about vaccine developments and communicate often about what is known and unknown
- **Provide context** for publications leading to the perception that the vaccines do not protect people against COVID
- Amplify new evidence that vaccination likely results in **less severe illness for those who are vaccinated** and get infected with COVID-19
- Emphasize proactive community engagement as well as engagement with authorities and address concerns around vaccine effectiveness as they arise
- Disseminate **updated data about the effectiveness of COVID-19 vaccines** against common variants in Africa
- Develop and disseminate messages about **how variant viruses evolve** and the **role that vaccination plays in slowing the spread** and emergence of new variants

PERSISTING ONLINE TRENDS

* bolded trends appear to circulate more this week

- **Debates on plurality of vaccines**
- **Frustration with double standards around health and safety measures (e.g. politicians not wearing masks)**
- **Frustration with slowness or mismanagement of vaccine rollout**
- **Vaccines don't prevent death or the virus' spread / vaccines are not effective**
- COVID-19 palliatives are being hidden/ denied to citizens
- Lockdowns are not an effective way of controlling COVID-19
- Clinical trials were rushed
- **Africans are lab rats or being used to test vaccines (Viral Facts response [here](#))**
- New pandemic waves/ COVID-19 are caused by vaccines
- Other issues and/or diseases are more important than vaccination
- **Vaccines won't stop the need for protective measures, why bother (Viral Facts response [here](#))**
- COVID-19 case numbers/ mortality rates are exaggerated
- **Foreign companies or governments profit from the vaccine rollout in Africa**
- **Fear of vaccine side effects/ long-term effects**
- COVID-19 does not exist (Viral Facts response [here](#))
- Effectiveness of herbal remedies (Viral Facts response [here](#))



- Effectiveness of ivermectin and alternative remedies (particularly in South Africa) (Viral Facts response [here](#))
- **Frustration with looting and mismanagement of COVID-19 funds**
- Moderna vaccination pause in Finland ([here](#))
- The upcoming seasonal flu campaigns at global level ([LINK](#)), that may develop into potential discussions to be anticipated ([LINK](#))
- China's coronavirus patients subject to abuse and bullying as new outbreaks emerge ([LINK](#))
- A map of Africa's vaccine [progress to date](#) illustrates alarmingly low vaccination rates on the continent
- Concerns emerge as COVID-19 mutates in HIV positive people [here](#) and [here](#), complicating the fight against the COVID-19 pandemic (articles from this week's WHO EARS report)
- Hospital data in South Africa demonstrates that COVID-19 deaths [primarily](#) occur in unvaccinated individuals
- Claim that the NCDC Vaccination Department director [stated AstraZeneca](#) could be administered as a [second dose](#) for those who received the Sputnik V vaccine
- Claim that India plans to begin exporting vaccines again in October
- Amnesty International states that [COVID-19 vaccine firms are fuelling a human rights crisis](#) by refusing to waive intellectual property rights for COVID-19 vaccine technology

Methodology

AIRA has implemented a temporary new social media listening set-up to fill the gap left by the departure of the AIRA Social Data Analyst until a new full-time person is recruited.

The new temporary social media listening set-up 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 (siloes 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:



WHO social listening tools:



**Early AI-supported Response
with Social Listening**



**Africa Infodemic
Response Alliance**
A WHO-HOSTED NETWORK

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A horizontal banner with a dark blue background featuring a pattern of small, light blue dots. A solid green bar is centered across the banner, containing the text "COVID-19 Infodemic Insight Report" in white, bold, sans-serif font.

COVID-19 Infodemic Insight Report