



## COVID-19 Infodemic Trends in the African Region

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This report seeks to communicate **operational recommendations** based on social media monitoring from January 15-21, as well as relevant information on current mis/disinformation.

Target countries include **Angola, Kenya, Nigeria, South Africa (ENG), Burkina Faso, Cameroon, Democratic Republic of Congo (DRC), Guinea, Ivory Coast, Niger, Mali, Mauritania, Mauritius, and Senegal (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

- [Vaccinations are not necessary](#)
- [Lack of concern/belief for potential 5th wave](#)

### TOPICS OF INTEREST

- **The COVAX program, the World Health Organization’s COVID-19 vaccine dispersal effort, delivered its one billionth dose.** The initiative delivered 1.1 million COVID-19 vaccines to Rwanda last week which brings the total over 1 billion. The spokespeople from the COVAX program claimed there were obstacles in reaching its desired goals. “COVAX’s ambition was compromised by hoarding/stockpiling in rich countries, catastrophic outbreaks leading to borders and supply being locked. And a lack of sharing of licenses, technology, and know-how by pharmaceutical companies meant manufacturing capacity went unused.” [\[LINK\]](#)
- **Prominent coronavirus experts in South Africa claim Western nations ignored early evidence that Omicron was much milder than previous variants.** Additionally, the experts highlighted that there is likely underlying racism that led to their findings being overlooked and that Western countries were more interested in “absorbing bad news that comes from countries like South Africa.” [\[LINK\]](#)
- Patrick Soon-Shiong, a billionaire businessman from South Africa, has recently opened a new vaccine production plant in his home country. The desire for increased vaccine production has long been a topic of contention and other countries are also exploring their ability to produce vaccines in Africa as well. South African President Cyril Ramaphosa stated that, “Africa should no longer be last in line to access vaccines against pandemics. **African should no longer go cap in hand to the Western world, begging and begging for vaccines.**”



## POTENTIAL INFORMATION VOIDS (KEY QUESTIONS)

- A significant trend in the last week highlights a key question: **Do the “mild symptoms” of the Omicron variant indicate the end of severe COVID-19 cases and if so, should I still worry about waves of new variants?** The quick spike and decline of Omicron cases without the usual death rates have led many to believe that the end of the pandemic has arrived and there is not a significant threat to health in the new waves of the disease.
  - **New Viral Facts Africa video “Is the Covid-19 pandemic over?”** ([Twitter EN](#), [Facebook EN](#), [Twitter FR](#), [Facebook FR](#))

## TRENDS and TOPICS TO WATCH

- A new report from *The Exposé*, a UK based publication, is circulating in African social media channels. The report claims that “COVID-19 vaccine effectiveness is as low as minus 105% among the triple vaccinated” and states the information comes from the UK Health Security Agency.
- **As vaccine uptake remains a challenge in Africa**, more African citizens believe governments will begin to force vaccine mandates as has been rumored for months. In African social media channels a newly published video is picking up traction that shows the Croatian Member of the European Parliament Mislav Kolakušić criticizing French President Emmanuel Macron on his “heavy-handed” response to COVID-19. [[LINK](#)]
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## Vaccinations are not necessary

*Context: UN Chief Antonio Guterres recently stated that the world must “vaccinate everybody” against COVID-19 to ensure a way out of the pandemic*

### Where have we observed this trend?

- **South Africa**
  - Lack of belief that there is a viable vaccine, rather that the vaccines are all still experimental with little scientific proof of their effectiveness [[LINK](#)] [[LINK](#)]
    - “Listen here, I not an Anti-vaxxer. Firstly there need to be an actual vaccine for me to be against and this is by NO stretch even remotely close to a vaccine. Secondly, anyone who took this so-called ‘vax’ (as they ignorantly like to believe it is) and ‘boosters’, still wear masks, sanitize their hands often, practice physical distancing and still want me to take the Injection so that they can feel safe, those are the Anti-vaxxer because clearly they don’t trust & believe that these injections work. They are certainly not Pro-vaxxers, but rather



Hopeful-vaxxers at this point. I mean, I should take one so that yours will maybe work, really? Rather call me Vax-free or Pureblood.”

- Some claimed that the virus is losing its strength so there is no longer a need to get vaccinated [[LINK](#)]
- The UN is corrupt and profiting off of the increased uptake of vaccinations for African citizens [[LINK](#)] [[LINK](#)] [[LINK](#)]
- Results from a new study that claim non-COVID-19 vaccines are effective in combatting the disease have led to an additional lack of trust in the COVID-19 vaccines
  - Some state the flu vaccine is likely effective for COVID-19 [[LINK](#)][[LINK](#)]
- **Nigeria**
  - Claims made that the effort by the UN to vaccinate the whole world is a guise for reducing the population in Africa [[LINK](#)][[LINK](#)]
  - Lack of trust for statements from the UN on COVID-19 [[LINK](#)]
  - Statements that low adherence to preventative measures and lack of vaccine uptake combined with the low severity of COVID-19 serves as proof that COVID-19 is not a threat to Nigeria and African nations [[LINK](#)]
- **Democratic Republic of Congo**
  - The report of declining cases in Africa led some to claim that there is no COVID-19 and that Africans did not use the vaccine and were still not impacted by the disease [[LINK](#)][[LINK](#)]
- **Kenya**
  - Claims that herd immunity has surpassed the need for vaccines and that Kenya does not need to enter into a vaccine mandate. [[LINK](#)]

### Why is it concerning?

- The misinformation and rumors that have reemerged highlight two significant components regarding the public narratives:
  - There is not only a large group of African citizens that are anti-vaccine, but more importantly, there is still a significant group of citizens that are entrenched in their stance against vaccines based on misinformation and inaccuracies regarding the inoculations. This underscores the **necessity to continue to push back on misinformation as vaccine uptake isn't gaining traction while the pandemic continues to linger.**
  - General **statements made by global institutions such as the UN**, particularly in regards to health practices, that suggest compliance by African citizens often create backlash. While anti-vaccine rhetoric will remain with or without these types of statements, **they serve as a lightning rod for anti-vaccine/public health safety adherence** and a foundation for entrenchment in beliefs as citizens unify against international organizations they believe to be having an impact on their daily lives.



- 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?

- 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

### Lack of concern/belief for potential 5th wave

#### Where have we observed this trend?

- **South Africa**
  - Following Minister of Health Dr. Joe Phaahla’s warning of the likeliness of a fifth wave of infections in South Africa, misinformation spiked in rebuke
    - Some referred to Dr. Phaahla as the Minister of COVID-19 with claims that he is looking to profit from the continuation of the pandemic [\[LINK\]](#)
    - Claims the government is making a concerted effort to continue a “state of disaster” in order to force edicts while they have the situational leverage [\[LINK\]](#)
    - The warning of the 5th wave was also perceived as a way for the government to take another step close to mandatory vaccinations [\[LINK\]](#)



- Claims Dr. Phaahla was intent on securing the R11.4 billion loan from the World Bank and has used the 5th wave to guarantee the funding in order to “accelerate the COVID-19 response” [\[LINK\]](#) and that South Africans no longer face COVID-19 but will be facing a large debt in 2024 [\[LINK\]](#)
  
- **Nigeria**
  - Following a UN report that stated that COVID-19 cases and deaths have dropped significantly, many believe the disease no longer serves as a threat and is gone altogether.
    - Claims that Africans have caught on to the corruption so “leaders” from the UN are no longer capable of claiming COVID-19 is a threat or exists [\[LINK\]](#)
    - Belief that the Nigerian government will publish inaccurate information about increases in COVID-19 to benefit financially [\[LINK\]](#)
  
- **Kenya**
  - A report in Kenya quoted the WHO’s statement that the death rate for COVID-19 cases is highest in Africa
    - Kenyan social media users claimed that the WHO was falsifying information and it is “western propoganda” [\[LINK\]](#) [\[LINK\]](#) [\[LINK\]](#)
  
- **Democratic Republic of Congo**
  - Following reports of declining cases, some claimed there will be a planned fifth wave in WhatsApp. Similar statements were found in Facebook comments. [\[LINK\]](#)

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

- Omicron was a significant scare to the global community based on its rapid spread and potential to force healthcare systems to once again be overburdened and face large scale death rates. However, following Omicron’s “mild symptom” status there has been a significant uptick in a lack of concern for new dangerous variants for the disease. This may in fact be the case, however, should there be a variant with more extreme symptoms there is likely to be less participation and willingness for “readherence” to public health and safety measures to limit its spread.
- Additionally, even without a new variant, there will be more cases through the cooler seasons in some African nations. The prominent belief that COVID-19 is not only no longer a threat, but no longer present at all is going to have a negative impact on preparation and vaccine uptake in the coming months.

### **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](#)

#### Share Viral Facts Africa videos on:

##### Waves:

- [Twitter](#), [Facebook](#)

##### Omicron:

- Viral Facts Africa Video Week 50 ([Twitter EN](#), [Twitter FR](#), [Facebook EN](#), [Facebook FR](#))
  - Viral Facts Africa Video Week 49 ([Twitter EN](#), [Twitter FR](#), [Facebook EN](#), [Facebook FR](#))
  - Viral Facts Africa Video Week 48 ([Twitter EN](#), [Twitter FR](#), [Facebook EN](#), [Facebook FR](#))
  - Consider providing **country-specific vaccine safety information** based on the vaccine being disseminated nationally.
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## 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 (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:**



#### **WHO social listening tools:**



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