

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report  
2-9 January 2023  
(Weekly brief #54)

# Top Trends

## [Concerns over the access and cost of the new FDA-approved HIV drugs](#)

Recent comments regarding the new injectable HIV drug show concerns over the high cost and the accessibility of the injection in Kenya.

## [Concerns over the first case of XBB.1.5 variant in South Africa](#)

The response from social media users to the first case of XBB.1.5 variant has shown frustration and tiredness of COVID-19 updates.

# Quick Reference Guide

## Key Concerns

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## Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social media monitoring from December 26- January 2 in Eastern, Western and Southern Africa, as well as relevant information on current mis/disinformation.

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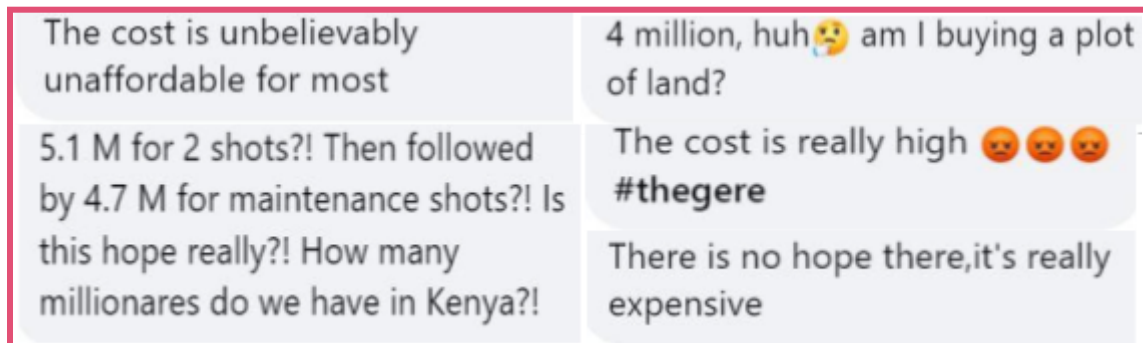
## Concerns over the access and cost of the new FDA-approved HIV drugs

**CONTEXT:** Comments have been monitored on the Facebook [post](#) from a Kenyan media and news company, NTV, about the United States Food and Drug Administration (FDA) approval of Sunlenca (lenacapavir). It has been approved as a treatment option for people with multi-drug-resistant HIV. Similarly, [WHO](#) had recommended the use of long-acting injectable PrEP (pre-exposure prophylaxis) cabotegravir that reduces the risk of sexually-acquired HIV among at-risk individuals.



**Engagement:** 7 posts, 8.5k likes, 1.8k comments

- The response from Kenyan social media users to the approval of Sunlenca (lenacapavir) has been predominantly negative. Of the 8000 comments that were reviewed, **60%** of the comments were related to the high cost of the injection. Some comments are captured in the screenshot below.



- A limited share of individuals across all social media posts monitored has raised questions about the new injection's accessibility in Kenya.
- Some people are labeling the new injection as a “corrupt business” and describe US scientists as creators of the disease while expecting no one to afford the new treatment.
- There are a number of individuals who raised awareness of the use and accessibility of condoms as a preventive and affordable method for all individuals to avoid getting HIV.
- Public health institutions are viewed as for-profit institutions that continue to impose restrictive health measures on communities.

### Why is it concerning?

- HIV cases continue to rise across counties in Kenya with an approximate [number](#) of 1,400,000 adults and children living with HIV in Kenya in 2021.
- According to the [World Aids 2022 report](#), children, adolescents and young adults bear the brunt of the epidemics. These demographic groups are also avid users of social media platforms and therefore more at risk of being exposed to mis/disinformation online.

### What can we do?

- Continue to share current [WHO](#) guidelines that provide rationale and supporting evidence of the efficacy of the injection and successful preliminary results of the use of Cabotegravir (CAB-LA) as a safe and effective prevention option for people at substantial risk of HIV infection.

## South Africa

### Concerns over the first case of XBB.1.5 variant in South Africa

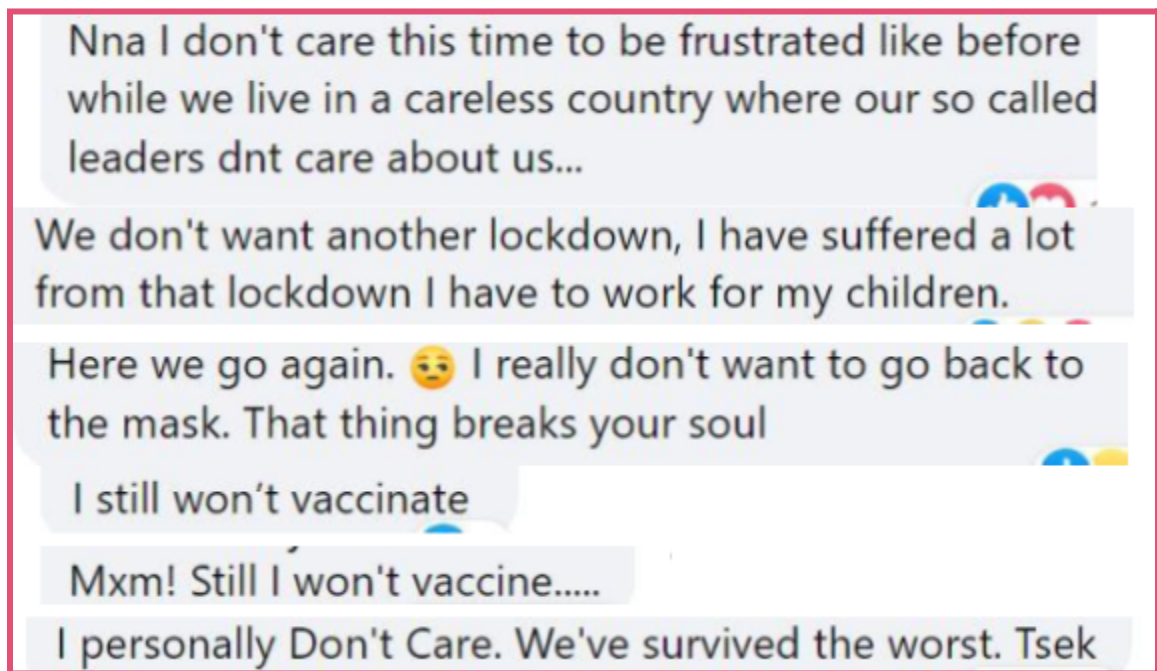
**CONTEXT:** South Africa's National Department of Health was [alerted](#) on January 7th about its first case of XBB.1.5 variant, a highly transmissible Omicron variant. [WHO](#) declared that the XBB 1.5 variant is considered the most transmissible sub-variant detected so far in the pandemic. The response from South African social media users to the new sub-variant case has been predominantly **negative and shows resistance to the potential reinstatement of COVID-19 preventive measures.**



### Engagement: **15 posts, 7.5k likes, 5.9k comments**

- The recent [announcement](#) about the detection of "the most transmissible Covid-19 sub-variant" XBB.1.5 in South Africa has sparked frustration among social media users.
- 5,900 comments were monitored on multiple Facebook posts including posts by eNCA, a South African TV news channel, and SABC News, a broadcasting and media production company ([LINK](#), [LINK](#), [LINK](#), [LINK](#)).
- As concerns regarding the severity of new updates of COVID-19 continue to increase on monitored social channels, pre-existing rumors have re-emerged that the announcement is a fear-mongering tactic, that it aims at depopulating Africa, and that it is a for-profit man-made disease.

- Online users conveyed pandemic fatigue, suggesting that repeated stories about different waves and variants have resulted in the public displaying disinterest in reports of rising infections.
- Some comments below show their frustration:



### Why is it concerning?

- COVID-19 news continues to incite fear and frustration. The news of the first XBB.1.5 case is mostly generating negative sentiment as users are tired of COVID-19 updates. This could mean a lower willingness from the public to comply with COVID-19 preventive measures.
- The pushback against governmental COVID-19-related measures can bring more challenges in effectively responding to the pandemic.

### What can we do?

- Continue monitoring the epidemiological situation in South Africa and the timely publication of data to formulate accurate risk assessments and to inform effective responses.
- Reiterate that the pandemic is not over yet and that vigilance and adherence to public health measures are vital to mitigate the spread of cases.
- Accountability and transparency from public health institutions are needed at every response stage to gain credibility and trust with social media users. In order to build trust, it is important to continuously inform the public via daily updates regarding the COVID-19 situation and its impact on South Africa.

- Amplify the message that [COVID-19 vaccines](#) are safe and effective, and the vaccines' ability to mitigate the complications of the disease and its variants if contracted.
- Continue to check the [Facebook](#) updates of the Ministry of Health in South Africa and the upcoming WHO updates of XBB.1.5 that explain further control measures.

## Persistent Rumors

### Inaccurate assumptions of vaccine side effects/ long-term effects

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

### 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 and 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](#))

## Information Gaps

The most common questions raised by social media users this week are:

### HIV

- Why is the cost of the new HIV drug very high?
- Who will cover the cost?
- Will it be accessible in Kenya?

### COVID-19

- Will South Africa be able to fight against the new Omicron?
- Why is the new variant called "the kraken"?
- Why is the variant detected in South Africa and not in China?
- What are the symptoms of the new variant?
- Will the new Omicron be able to defy the vaccine efficacy?

- If the virus mutates, how can we keep up with the changes?
- Where can we vaccinate for this new strain in South Africa?
- Why is South Africa the only African country hit by this new wave?

## Key resources

**Viral Facts Africa social media content:** [Facebook](#) [Twitter](#) [Instagram](#)

### HIV VFA content

- Explainer: HIV 101 [ENG](#) [FR](#)
- Short video HIV [ENG](#) [FR](#)

### COVID-19 VFA content

- Debunk: COVID vaccines safety and approval [ENG](#) [FR](#)
- Debunk: Vaccine causing COVID-19 infection [ENG](#) [FR](#)
- Literacy Alarmist documentaries [ENG](#)

## Methodology

The social media listening process relies on a split of social media analyses 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, and 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, and 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:**

