

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
October 10 (Weekly Brief #42 of 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 October 1-7, 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.



Ebola vaccines will be for profit

CONTEXT: Recent reports on the trials for an effective vaccine to mitigate the spread of the current outbreak in Uganda have driven confusion. Two separate reports highlight different figures that are being misunderstood and have driven misinformation about profits for Ebola vaccine trials.



Kenya, Rwanda, South Sudan, Tanzania, Uganda

- Over the last seven days multiple narratives have emerged regarding the establishment of vaccine trials within Uganda to counteract the spread of Ebola within the country. However, two reports have been often cited which have caused confusion within the online community in Uganda and neighboring countries.
- According to NTV, an outlet based in Kampala, Uganda, the WHO [stated](#) during a press briefing that there are two vaccines that are candidates for trials pending approval by the Ugandan government. However, another source, JamiiForums from Tanzania, [reported](#) that the Ugandan government has agreed to trial eight different vaccines.
- The two articles have been shared in WhatsApp channels in the region, with conversations highlighting the differences leaving citizens in the region to speculate as to why the figures are not the same. According to local sources, there is a belief that government officials are trying to find a way to increase profit at the expense of experimental vaccines being used on regional citizens.

Why is it concerning?

- This narrative highlights the impact of differing narratives in a rapidly expanding information environment. The confusion that differing reports and narratives have caused is having a direct impact on the trust in government response as well as the international response mechanism from public health organizations in a time when support and buy-in is a crucial component for success in mitigating the outbreak effectively.

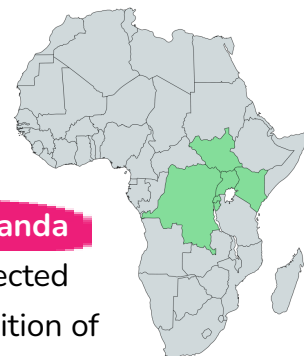
What can we do?

- Increasingly rapid responses to confusion and developing misinformation is paramount at this time. Additionally, greater cooperation in public-facing messaging can help limit overall confusion and give less opportunity for messaging that is not previously approved by public health organizations take hold



Ebola business

CONTEXT: Additional differences in reporting of case counts by public health organizations and the Ugandan government have created opportunities for misinformation and misinterpretations of the Ebola outbreak and the public health response.



Burundi, Democratic Republic of Congo, Kenya, Rwanda, South Sudan, Uganda

- Regional media has highlighted the discrepancies in reporting of suspected Ebola cases, confirmed Ebola cases, and Ebola deaths. The Uganda edition of the [Monitor](#) highlighted this difference in a recent report, which helped to propel a narrative that has been shared on regional social media channels.
- While some online users in the region suggest international public health organizations are falsely reporting cases to drive up funding to operate a profitable “Ebola business” in Uganda, others have claimed the higher figures reported by the WHO as opposed to figures published at the time by the Ugandan government, is to create lockdowns and harm the tourism industry via fear-mongering. This particular notion was exacerbated by the recent reports of the U.S. and UK implementing screening protocols for all travelers returning from the affected region.
- Additional claims remain in the regional online community that there are no Ebola cases where they have been reported and that the outbreak has been manufactured by the government and in the media to drive public health funding for the “Ebola business” that will directly profit the response mechanisms.

Why is it concerning?

- The “Ebola business” phrase is becoming more common. As case counts have the potential to continue growing exponentially, large pushback from citizens who have developed the stance that the outbreak is manufactured and is financially benefiting those who are a part of the response can lead to a high-tension environment and make controlling the outbreak increasingly difficult.

What can we do?

- Provide clarity in regard to the need for funding, and what the support will do to mitigate the outbreak.



Persistent Rumors

Rumor: Vaccines contain mRNA which is leading to an increase in monkeypox

- 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 vaccines 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](#))

Information Gaps: What source is reliable for Ebola information?

- Over the last several days, differing case counts and vaccine information has led to confusion as to which source is most appropriate to rely on for accurate reporting on the Ebola outbreak spreading in Uganda.
- The differing narratives allow for speculation as to why the figures are not identical, and more importantly divides trust between crucial response mechanisms that will need as much support from the local populations as possible to ensure an efficient and effective mitigation of the outbreak.
- What is concerning is that citizens have pitted response components against each other and have used it as proof the figures are not accurate. Cooperation and authority in reporting the figures are necessary for a greater possibility of public support as the potential remains for cases to continue to spread into new regions that will drive citizens to look for reliable reporting figures.



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COVID-19 VFA content

- Flu & COVID vaccines [[LINK](#)],
- Ivermectin to treat COVID-19 [[LINK](#)]
- Childhood vaccination safety [[LINK](#)]
- Fertility and Covid19 vaccine [[LINK](#)]

Monkeypox content

- Latest Monkeypox VFA content: Monkeypox explainer [[LINK](#)]
- WHO Monkeypox FAQ and Factsheet [[LINK](#)]

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, 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:



NEWSWHIP



TweetDeck



Talkwalker