# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report 5 - 12 July 2023 (Weekly brief #79)

# **Top concerns**

#### Malaria vaccine announcement sparks vaccine misinformation and conspiracy <u>theories</u>

Following the announcement about the allocation of 18 million doses of the RTS,S/AS01 malaria vaccine to 12 African countries, online users shared conspiracy theories and vaccine misinformation on social media platforms.

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### Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from 5-12 July in Africa. For more information, please contact the WHO AIRA team: Elsa Maria Karam <u>karame@who.int</u>, Elodie Ho <u>hoelodie@who.int</u>

#### Kenya, Nigeria, Malawi, Uganda, Burkina Faso, Tanzania

## Malaria vaccine announcement sparks vaccine misinformation and conspiracy theories

**CONTEXT:** According to the joint news release by Gavi, UNICEF, and WHO, over the course of the next two years a total of 18 million doses of the RTS,S/AS01 vaccine will be distributed to twelve countries in Africa. This allocation of the initial doses will allow certain countries to incorporate "the vaccine into their regular immunization schedules," for the first time.

Engagement: 20 posts, 5.2k likes, 1.5k comments

The news about the malaria vaccine garnered significant attention from various African media agencies. There has been a noticeable surge in misinformation surrounding topics related to the malaria vaccine. This included vaccine conspiracy theories and concerns about vaccine efficacy and general mistrust.

#### Kenya

- Citizen TV Kenya, a Kenyan news and entertainment channel with more than 6.6M followers on its Facebook page, shared an <u>article</u> on July 6th regarding Kenya being one of the twelve countries set to receive the malaria vaccine by 2025. Some users expressed that it would be preferable for Kenya to rely on the local production of vaccines, considering that malaria is a prevalent issue in the country instead of depending on non-African nations.
- In another response, a user mentioned Bill Gates and his involvement in "mosquito creation and vaccine development," suggesting a conspiracy theory about the involvement and motives of a prominent figure in global health in Africa.
- Additionally, a user shared a comment that included disinformation about vaccines. He commented that "vaccines contain chemicals that denature Men's libido" which will prompt the WHO to "use small health practitioners to sell libido boosters". Below are more examples:



#### Nigeria

- □ Channels Television recently shared an <u>article</u> on Facebook, which drew the attention of online users, highlighting Nigeria's exclusion from the list of countries slated to receive the distribution of the malaria vaccine.
- Several users reacted to this news with varying concerns. Some users shared conspiracy theories, suggesting that other countries were being used as "lab species", while saying that Nigerians themselves would question and potentially reject the vaccine.
- □ While the article does not provide the rationale behind Nigeria's exclusion from the list, other users questioned it, while alluding to the country's ongoing battle against malaria.
- Additionally, users expressed a general lack of trust towards vaccines, citing concerns related to the COVID-19 vaccine. One user suggested Nigeria should not administer the vaccine.

Below are some comments :

Do we really need this vaccine? Like what do we need it for when the solution to eradicating the sickness is a clean environment when no birth place for mosquitoes

I don't trust anything called vaccine with what they did with COVID vaccine. They can as well keep the malaria vaccine away from Nigeria.

Vaccine is a hoax, we don't need it! Go for natural herbs. DM me for Faforlife. Very effective product!

#### Tanzania

- □ JamiiForums, an online discussion forum based in Tanzania boasting over 3.3 million followers on Facebook, shared a <u>post</u> on July 6th related to the announcement.
- The post prompted a user to share conspiracy theories about the motives of Western countries to exploit Africa's resources, particularly gold, in exchange for the supply of vaccination.
- Another user shifted the focus from vaccination to tackling the root cause of malaria by suggesting a greater emphasis on eliminating mosquito breeding sites.
- □ Users questioned malaria vaccination efforts and advocated for a stronger commitment to eradicating the vector of malaria itself.

Below are some comments:

WHO is very generous, they love us Africans like their last born.

That is what the white people want us to depend on them to come and take gold while we get aid for vaccination. Where are we Africans? This continent is rich and has every resource. The only problem is leaders.

I can see they are pulling Museveni slowly, they are burning because it is a malaria vaccine yet it is for loosing men. The issue is not vaccination, the issue is that we want to kill mosquitoes that spread malaria so that we can eradicate that disease.

#### Global

- On July 7th, the Director General of the World Health Organization Dr. Tedros Adhanom Ghebreyesus shared a <u>tweet</u> about the allocation of the 18 million doses of the malaria vaccine. The tweet gained significant attention, accumulating 183.6k views.
- Online users who commented on Dr. Tedros' tweet disseminated misinformation regarding vaccine ingredients and propagated conspiracy theories suggesting that the vaccines were designed to depopulate those who received them, labeling them as poison shots.
- Furthermore, some individuals referred to Africans as "Bill Gates' guinea pigs," implying that they were being used as experimental subjects. Below are some comments:

BY VACCINE... DO YOU MEAN HYDROXYCHLOROQUINE OR IVERMECTIN?

DO NOT TAKE ANY MORE DEPOPULATION POISON SHOTS.

And the new Bioweapon injections are out !! Oh happy day.

I guess we'll have to wait and see what the WHO's final death toll on the African population will be.

COVID was just the first course.

Everyone! Pray for the African people. They are the next victims.

Africa, beware!

Don't get a snake bite fearing mosquitoes.

Africans are Bill Gates' guinea pigs. I feel so sad for them because they have no idea what he's doing to them.

#### Why should we keep monitoring?

 The proliferation of conspiracy theories and vaccine misinformation in response to the announcement regarding the distribution of the RTS,S/AS01 vaccine, developed by Western countries and administered in Africa, is not unexpected. Looking at the level of interactions on malaria over the whole month, the data show a swift return to "normal" levels of engagement within just a few days of the initial announcement.

#### What can we do?

- Identify the signals that are triggering the spread of misinformation and disinformation online to identify as early as possible dangerous trends and act early on them.
- □ Break down the information available (including the <u>impact and evidence</u> of the piloting phase) on the RTS,S/AS01 into digestible and targeted communication messages. The mobilization of community leaders, science communication specialists, media etc. can play a critical role in creating messages about the benefits of the vaccine and limit the spread of misinformation.
- Closely monitor the concerns and information gaps about malaria (including its cause, treatment, prevention) and address those gaps early. In this week's monitoring, many questions were raised about the effect of malaria vector control interventions compared to vaccination against malaria.

#### **Persistent trends**

#### Cholera in South Africa

- A YouTube <u>video</u> posted by eNCA on July 6th reported the presence of both cholera and E. coli following tests conducted on water samples from the Vaal River and a nearby town. This follows earlier tests that also identified cholera in the water.
- □ Commenters on the YouTube video expressed their concerns regarding water safety and how authorities are effectively managing the situation.
- Similarly, another Facebook post shared by SABC News, the South African Broadcasting Corporation, a public broadcaster with more than 1.9M followers on its Facebook page, has brought attention to the escalating cholera death toll in South Africa, which has <u>claimed</u> the lives of 47 individuals, with 35 of them concentrated in the Hammanskraal region—the epicenter of the outbreak.

Online users who engaged with the post emphasized the pressing issues of inadequate access to safe water and deteriorating infrastructure, including the distressing burst of sewerage pipes.

Below are some comments:

Eishhh!The problem in our Country we are drinking dirty water it is because we claim that we are the richest country while we don't even have chemical to clean water....!!

Eish something must be done to repair burst sewerage pipes in Ramotse, Marokolong. The area stinks horrible with flowing sewerage

Because of evil politicians who constantly fail to deliver services to the people and they get away with it. There is no consequence management.

SA is rotten, rubbish are all over and they will cause air pollution which will result in deadly diseases

Cholera Corona

## Trend to watch

## Malawi launches polio immunization campaign

- The Ministry of Health in Malawi shared a press release on its Facebook page about a supplementary polio immunization campaign, scheduled to take place from the 12th to the 15th of July.
- On July 11th, Times 360 Malawi shared a Facebook <u>post</u> shedding light on the launch of a polio vaccination exercise in Balaka, a district previously affected by misinformation with violent consequences during the cholera outbreak that was reported by AIRA various times [LINK, LINK, LINK].
- The post highlighted that health authorities in Balaka continue to face persistent misconceptions regarding vaccines. This was emphasized by the Director of Social and Health Services at Balaka District Hospital, who expressed his concern about the impact of misinformation and prevailing beliefs on the uptake of various vaccines.

It is concerning to see a few comments from online users expressing vaccine hesitancy because of their distrust in public authorities. Here are some with one translated from Chichewa:

The world is suffering, money is being spent on buying this nonsense, instead of developing the world. Your friends are geniuses, selling products through the internet. Of course, a person who is afraid, thinks less. My son is not, he is protected by the one who created him

Today I cannot trust these guys,

Rubbish

## Key resources

#### <u>Malaria</u>

- WHO <u>Q&A on RTS,S malaria vaccine</u>
- □ WHO First Malaria vaccine supply allocations
- UNICEF, Malaria vaccine Q&A
- Gavi, Malaria vaccine market shaping roadmap
- WHO, <u>The RTS,S malaria vaccine</u>

#### <u>Cholera</u>

- Social media toolkit with all recent Viral Facts videos on Cholera (ENG, FR)
- □ World Health Assembly: <u>Q&A cholera</u>
- $\hfill\square$  Call for urgent and collective action to fight cholera
- □ Cholera emergency <u>page</u>
- □ Global Task Force on Cholera Control Cholera <u>roadmap</u>
- Africa Check: "Fact sheet, a disease nobody should die from"
- UMHO, Global strategic preparedness, readiness and response plan for cholera

## Methodology

The social media listening process relies on a combination 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 (siloed engagement).

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