

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



**AIRA Infodemic Trends Report**

**26 September - 3 October 2023**

**(Weekly brief #91)**

## Top concerns

### [Conspiracy theories follow WHO malaria vaccine recommendation](#)

Following the recommendation of the R21/Matrix-M (R21) malaria vaccine by the WHO, online users shared conspiracy theories about the vaccine.

### [Increasing mentions of climate change and cholera in Malawi](#)

The confirmation of cholera cases around the country raised interest and questions around the relationship between cholera and climate change.

### [Diphtheria discourse on misinformation and stigma in Nigeria](#)

Conversations around diphtheria pivoted towards stigma and misinformation and might derail the focus on the severity of the disease.

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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 September 26 - October 3 in Africa.

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## Conspiracy theories follow WHO malaria vaccine recommendation

Engagement: **64 posts, 2.5k likes, 211 comments**

### Social media commentary:

- ☐ After the [World Health Organization \(WHO\) released updated guidance on immunization recommending the R21/Matrix-M vaccine for malaria prevention on October 2nd](#), various African online news agencies disseminated the information through their social media platforms.
- ☐ On Facebook, Malawian online users shared conspiracy theories related to malaria, [suggesting ulterior motives behind the vaccine, such as depopulating Africa or utilizing Africans as a “testing ground”](#). Similarly, Nigerian online users voiced criticism regarding the reliance on [Western-produced vaccines instead of supporting the development of vaccines within Africa](#). There were also comments reflecting a general distrust in the WHO, with [comments that portrayed general vaccine hesitancy, due to perceived hidden agendas attributed to the WHO](#). Kenyan users [spread conspiracy theories about the motives of the malaria vaccine](#) and individuals [being used as “experiments”](#). Below are some comments:

When an African invented a vaccine, they get killed.  
There's an agenda (depopulate Africa)  
Don't take that vaccine my fellow Malawians  
WHO cannot be trusted they've compromised.  
Malawians have a nice bodies for testing laboratories  
After 63 years as a nation, the Government of the day is still waiting for WHO malaria vaccines instead encouraging the production of made in Nigeria vaccine and promoting same. Please let us have rethink  
Plz don't allow your children to b vaccinated be it malaria or polio or whatever unless u are sure of it's contents. There's an agenda by this world health organization to vaccinate children with some stuff to make them start thinking transgender homosexuality, drugs, sex and crime. They are Freemason agender.  
I will rather cut agbo leaf in my backyard to cook for my children than believing WHO .another way to buy sell drugs for us.

### Why is it concerning?

- ☐ Anti-malaria conspiracy theories [often emerge in response to vaccine announcements or updates on the disease](#). These can also amplify the use of untested remedies to treat malaria.
- ☐ Disinformation narratives about the new malaria vaccine affected public opinion, and negatively impacted other routine vaccinations including polio (seen through the comments). This could also negatively impact the upcoming HPV vaccination campaign in October in Nigeria.
- ☐ According to the WHO fact sheet on malaria, the WHO African Region carries a “disproportionately high share of the global malaria burden. In 2021, the Region was home to 95% of malaria cases and 96% of malaria deaths.” The death prevalence for children under 5 accounted for about 80% of all malaria deaths in the Region which is worrisome.

### What can we do?

- ☐ It is important to work closely with fact checkers to anticipate and prebunk the circulation of disinformation about the malaria vaccine following its announcement. By informing the public about the common strategies used to craft and spread disinformation, fact checkers and health communication specialists can help “inoculate” the public to disinformation.
- ☐ Communicate the [key features of the R21 malaria vaccine](#) including the high efficacy when given before the high transmission season, the safety shown in clinical trials and its good efficacy when given in an age-based schedule to explain the need for malaria vaccines in the African region.

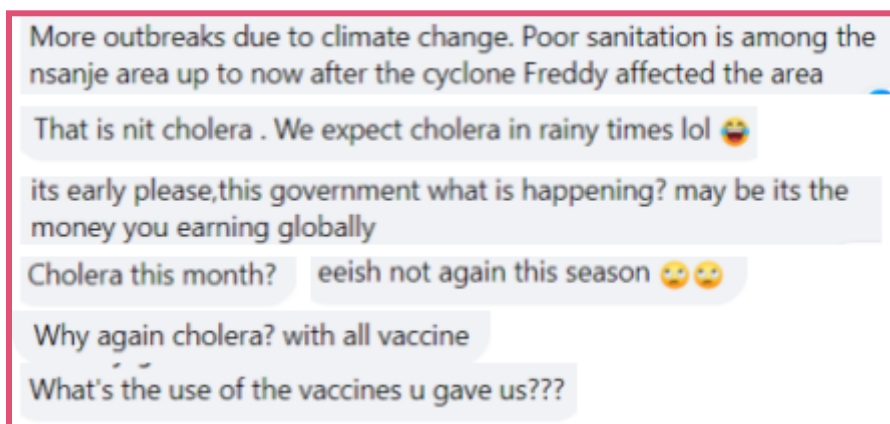
## Malawi

### Increasing mentions of climate change and cholera in Malawi

Engagement: **24 posts, 16k likes, 5k comments**

#### Social media commentary:

- ☐ In light of the recent confirmation of new cholera cases across Malawi, including Nsanje, situated along the border with Mozambique, and the capital city Lilongwe, Malawian online users are more vocal [about the relation between outbreaks and climate change, particularly mentions of hot weather](#). Concerns about cholera vaccine efficacy were also monitored in comments.  
Below are some examples:



### Why is it concerning?

- ☐ According to the Compendium of WHO and other UN guidance on health and environment<sup>1</sup>, [“climate change impacts health directly due to extreme weather events”](#). All people are exposed to the hazardous effects of climate change, especially those living in low-income countries. [With the onset of El Nino](#), climate change discussions are expected to gain more traction in the coming weeks in the African region.
- ☐ A recent study focusing on the genomic epidemiology of the cholera outbreak in Malawi 2022-2023 provides evidence indicating that [the strains responsible for the outbreak in Malawi trace their origins back to the cholera outbreak in Pakistan during a period of floods](#). Once in Malawi, the situation was exacerbated by floods between June and October 2022. This underscores the impact of climate change on the lives of individuals in Africa.
- ☐ Climate change intersects with various disciplines including health, water/sanitation. Indirect effects of climate change result in the increase of water-borne diseases, and increased health inequality that can potentially affect communities in Malawi.

### What can we do?

- ☐ Keep monitoring indicators of climate change impacts in online discussions (including mentions of extreme heat, floods,etc) to assess the vulnerability of populations affected to provide response and emergency preparedness capacity.
- ☐ Incorporate RCCE messages on climate risks to health to empower affected populations about the relation between climate change and the spread of water-borne diseases like cholera. This will serve as prebunking messaging to enhance preparedness on the potential impact of climate conditions in the African region including el nino.

<sup>1</sup> Climate change. In: Compendium of WHO and other UN guidance on health and environment. Geneva: World Health Organization; 2021 (WHO/HEP/ECH/EHD/21.02)

## Diphtheria discourse on misinformation and stigma in Nigeria

Engagement: **55 posts, 8k likes, 860 comments, 337k views**

### Social media commentary:

- ☐ Amid the incidence [of diphtheria cases in the country](#), discussions surrounding the disease have now included comments that carry a stigma towards individuals from the [northern region as those particularly affected from the disease](#). In a previous AIRA report, [we highlighted information gaps and misinformation surrounding the disease in hotspot areas](#).
- ☐ Social listening this week included posts from local authorities commenting about [their concern](#), [perception of the situation](#), and [awareness raising](#) which wasn't available in previous social monitoring observations. All posts have garnered significant engagement, support and viewership from online users.
- ☐ Misinformation and disinformation have also been observed through online comments. Online users have labeled those affected by diphtheria as the "[coronavirus second generation](#)," which suggests a lasting impact of misinformation during the pandemic. Moreover, disinformation is spreading online, alleging that [the disease is a creation of the World Health Organization \(WHO\)](#) and implying that [profits were made](#). There was also [skepticism about UNICEF's deployment of 9.3 Million doses of vaccine](#).

### Why is it concerning?

- ☐ Conversations about diphtheria online are showing a higher interest from local authorities about the disease spread, which could be related to [recent political developments in the country](#): "The election tribunal rejected the opposition petition to overturn President Bola Ahmed Tinubu's February election victory".
- ☐ Conversations have also included misinformation and conspiracy theories about the disease with potential harmful consequences for public health awareness and response including other routine immunization such as the upcoming HPV campaign.

### What can we do?

- ☐ Highlighting the importance of [diphtheria as a highly contagious upper respiratory tract infection](#), its transmission method as well as diphtheria cases, vaccination rates and relevant statistics may be valuable to the general public's understanding of the disease's impact in different regions. The narrative leaning



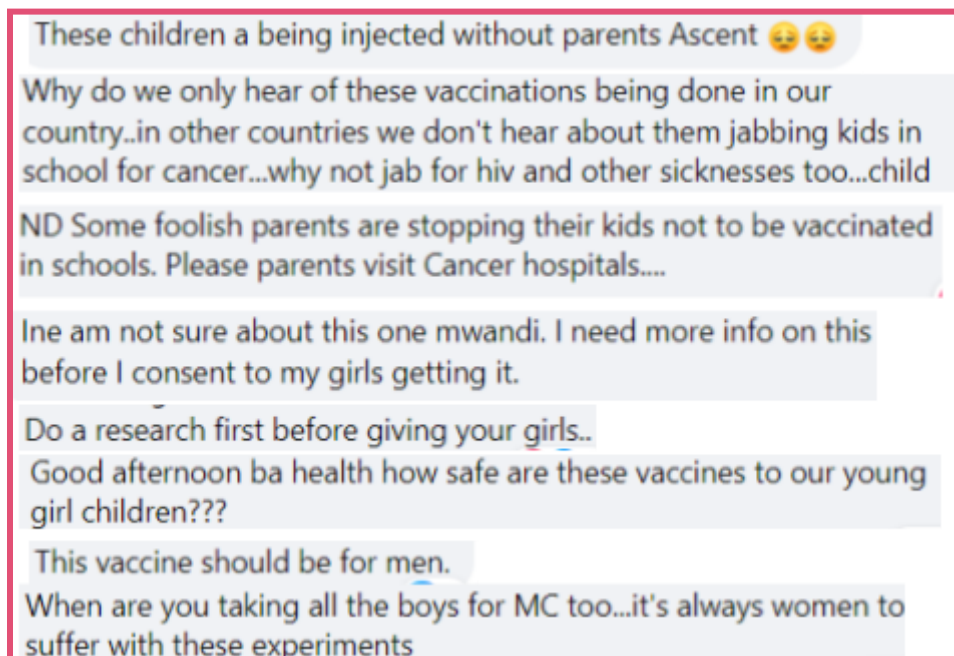
towards a more informative and health-oriented discussion could foster a collective effort to combat diphtheria effectively.

- ❑ Consistently debunking diphtheria conspiracy theories and disinformation is crucial to feed the information ecosystem with evidence-based information, ensuring public trust in health authorities, and ultimately mitigating the spread of both the disease and unfounded fears. [Debunks can be shared on radio programs popular in hotspot areas such as Kano.](#)

## Persistent Trend

### HPV vaccine hesitancy in Zambia

- ❑ Concerns and questions about HPV vaccination safety persist through social media commentary on three posts from the Ministry of Health in Zambia.
- ❑ On a sample of 91 comments, 30% included various concerns including a [request for more balanced awareness on male circumcision, while complaining that women always “suffer with these experiments”](#), concern that [vaccination without parents’ consent](#), [a comment that HPV vaccine should be administered for men](#), [skepticism from parents about efficacy of vaccination](#), and a [comment alerting other online users that thorough research is needed ahead of consenting to vaccination](#). Below are some comments:



- ❑ A [video](#) from Viral Facts Africa that explains the risks of HPV infections can serve as a valuable resource for parents and girls seeking to understand the nature of cervical cancer.

## Trend to watch

### Chikungunya in Burkina Faso

- ☐ We observed a disparity in engagement levels among 11 social media posts shared by various online news agencies in Burkina Faso, with the exception of Burkina 24, [a prominent online news agency boasting a substantial 1.1 million followers](#).
- ☐ Furthermore, the social media posts made by the BurkinaBe health influencer, known as Good health 226, have garnered significant attention, with a total of 175 comments at the time of monitoring [[LINK](#), [LINK](#), [LINK](#), [LINK](#)].
- ☐ Online users who commented on Facebook posts, alerting them about the presence of Chikungunya in the country, have [inquired about its symptoms](#), and have [confused Chikungunya and dengue](#). Additionally, some have voiced concerns about the [origin of the disease, suggesting a link to medicines for COVID-19](#). An online user has [also expressed mosquito resistance to repellents as a barrier to eliminate them](#).

## Key resources

### Diphtheria

- ☐ [WHO](#) Diphtheria fact sheet
- ☐ [VFA](#), diphtheria social media toolkit

### Cholera

- ☐ [WHO](#), Multi-country outbreak of cholera, External situation report #5
- ☐ [WHO](#), cholera outbreaks, W&A
- ☐ [WHO](#), Cholera fact sheet
- ☐ [VFA](#), cholera social media toolkit
- ☐ Social Science in Epidemics: [cholera lessons learned](#)
- ☐ [Global Task Force on Cholera Control](#), clarifying rumors and community concerns.

### HPV

- ☐ [VFA](#), HPV social media toolkit
- ☐ [WHO](#), Cervical cancer fact sheet
- ☐ [PAHO](#), HPV Explainer



## Malaria

- ☐ WHO [initiative](#) to stop the spread of *Anopheles stephensi* in Africa
- ☐ WHO malaria fact [sheet](#)
- ☐ Malaria threat [map](#)
- ☐ Malaria Social & Behavior Change Communication National [Strategies](#)

## 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 (siloe 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.