

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

8-15 January 2024

(Weekly brief #102)

Top concerns

[Issues in health infrastructure and inadequate access to safe clean drinking water and sanitation as key barriers to stop the spread of cholera in Zambia and Zimbabwe](#)

The use of unsafe water and issues in health infrastructure were driving conversations amidst the cholera outbreaks in Zambia and Zimbabwe.

[Yellow fever outbreak in South Sudan highlights concerns over vaccination gap and inadequate healthcare infrastructure](#)

Following a yellow fever outbreak in South Sudan, online users acknowledge a “gap in healthcare infrastructure and services in the country” preventing them from access to good healthcare.

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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 January 8-15 in Africa.

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Zambia, Zimbabwe

Issues in health infrastructure and inadequate access to safe clean drinking water and sanitation as key barriers to stop the spread of cholera in Zambia and Zimbabwe

Engagement: **32 posts, 149K likes, 28K comments**

Social media commentary and situation at a glance

Zimbabwe

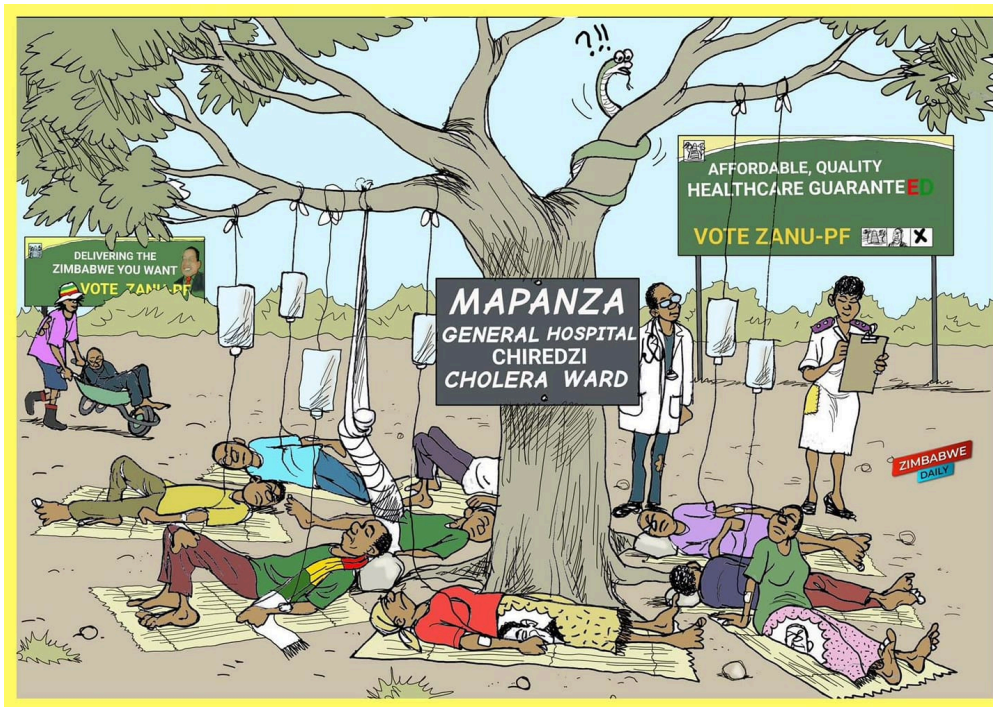
- A widely circulating [image](#) on social media depicts cholera patients in Chiredzi, a town in Masvingo province in southeast Zimbabwe, receiving treatment under trees. Intravenous (IV) infusion dispensers are seen hanging from the branches of the trees. An [article](#) by ZimEye described it as "the dire state of healthcare in one of Zimbabwe's most underdeveloped districts."



Source: [ZimEye](#)

- An online user recently shared a [caricature](#) (on page 4) portraying Mapanza General Hospital in Chiredzi, featuring a cholera ward sign that reads: "Affordable Quality Healthcare Guarantee, VOTE ZANU PF," referring to the Zimbabwe African National Union-Patriotic Front (Zanu PF), the ruling party of Zimbabwe since its independence in 1980.

- Online users who commented on the Facebook post by [ZimEye](#) voiced concerns about the persisting cholera situation, expressing a degree of frustration and attributing responsibility to local authorities.



Zambia

- Out of 26 monitored posts on cholera in Zambia, half originate from local authorities, and the other half from local online media agencies.
- On a Facebook [post](#) by [Zambian Watchdog](#) [1.3 M followers], questions rose from roughly 70% of online users regarding the arrival of one million cholera vaccines on 14th of January. The inquiries ranged from [the vaccine coverage for the number of doses expected](#) and [clinical testing](#) (questions about vaccine safety and how the vaccine was developed) to concerns about [side effects](#), the [relationship between vaccination and cleanliness](#). Below are some comments:

So the vaccines will be given to people with Cholera or what? Where have those vaccines been tested clinically before and what are results from those clinical tests?...

are they telling us that no need for cleanliness? vaccines for cholera ? 1000 questions

Vaccines without hygiene =back to square one

To employ vaccine for contaminated water????? Awe bane....let's just do the needful and provide source of clean water and proper toilet facilities to the people of Zambia....

The government should provide clean water and sanitation we need a lasting solution to end cholera

- President Hakainde Hichilema's Facebook posts have received favourable responses from online users about the work of authorities in combating cholera [[LINK](#), [LINK](#), [LINK](#)]. The Ministry of Health's Facebook [post](#) highlights ongoing operations at the repurposed National Hero Stadium, currently a cholera treatment centre, enhancing transparency on local authorities' efforts.
- On a Facebook [post](#), the majority of online users suggested operational measures to combat cholera in Zambia and endorsed the President's efforts in combating the disease. Recommendations include [installing sewer systems and water lines](#), [advocating for improved hygiene habits](#), [emphasising proper waste disposal](#), engaging [community-based enterprises](#) for drainage cleaning, and [considering long-term modernization of slums](#) in Lusaka, such as Kanyama, Misisi, Mandevu, and Chaisa, to prevent recurring cholera outbreaks.

Why is it concerning?

- The need for makeshift treatment areas reflects a broader public health challenge, indicating an increased burden on the healthcare system. The picture and caricature shared in Zimbabwe not only capture the immediate challenges related to the cholera situation but also sheds light on the broader dynamics that shape the community's trust and confidence in its local leadership.

- Both Zambia and Zimbabwe are facing cholera outbreaks, and the risk of cross-border transmission is significant. Factors such as population movement, trade, and shared water resources contribute to the potential for the disease to spread between the two countries. The internal population movement from Lusaka, where 90% of cholera cases are concentrated, is a concern for potential spread to other regions in Zambia.
- There is a noticeable shift in the online users' narrative from scrutiny to acknowledgment and engagement with the local authorities' efforts in combating cholera in Zambia.

What can we do?

- Effective communication and community engagement are essential for upcoming vaccination campaigns. Addressing questions about OCV with evidence-based information can improve vaccination uptake.
- According to the [Zimbabwe multi-sectoral cholera elimination plan 2018-2028](#) advocacy for sanitary inspections and mapping of water facilities, and stakeholders for WASH management in the cholera hotspots.
- Using social listening for online and offline discussions, and identifying early high risk “themes” that can trigger violent reactions from the population. In other contexts such as Malawi and Mozambique, misinformation related to funerals and burials of patients affected by cholera led to attacks of healthcare workers. Pro-active social listening allows healthcare providers to stay attuned to community concerns, sentiments, and questions surrounding sensitive topics of handling deceased individuals with cholera.

South Sudan

Yellow fever outbreak in South Sudan highlights concerns over vaccination gap and inadequate healthcare infrastructure

The Ministry of Health in South Sudan announced on [24 December](#) a yellow fever outbreak in Yambio county, situated near the borders with the Democratic Republic of Congo.

Engagement: 11 posts, 487 likes, 38 comments

Social media commentary and situation at a glance

- A total of 11 Facebook posts have been disseminated, all originating from local online media agencies [such as [Juba Eye](#), [Eye Radio](#), [Kuac Media](#)]. These amplified the statement released by the Ministry of Health.

- The engagement level of the Ministry of Health in South Sudan on its social media platforms appears to be limited at present. However, the South Sudan yellow fever situation report highlights challenges, such as [community perceptions regarding individuals with jaundice, and a prevalent preference for traditional healers.](#)
- Online users express concerns about the yellow fever outbreak, emphasizing the need for collaborative efforts from local authorities, WHO, and health partners. They stressed the urgency of mass vaccination across all states in South Sudan, considering it a “[direct threat" to the entire nation.](#) Concerns are also voiced about the persistent lack of “[basic drugs in government hospitals](#)”, particularly affecting citizens who cannot afford private healthcare. In addition, users indicated a [substantial gap in its healthcare infrastructure](#) and services in the country. Users are also providing [operational recommendations](#) including the construction of healthcare facilities and health systems strengthening.
- As of 10 January, there have been [no official announcements](#) regarding the status of yellow fever vaccination campaigns in the neighboring Eastern Democratic Republic of Congo (DRC).

Why is it concerning?

- Information disseminated by online media agencies may lack regularity and may not carry the same official status. As a result, the audience may not be adequately informed about updates from authoritative sources regarding the current outbreak.
- Although no instances of misinformation have been identified online, this may not be the case in conversations taking place in communities. Concerns regarding inadequate healthcare infrastructure may influence perceptions of trust and the role of the Ministry of Health in South Sudan..

What can we do?

- An active and engaged presence of health authorities on social media and other communication channels can foster transparency, build public trust, directly address concerns, and provide updates on the current status of the outbreak.
- Monitored discussions at healthcare centres, radio stations and border checkpoints near Yambio along the South Sudan/ Democratic Republic of Congo border can provide insights to social listening reports.

Persistent trend

Another article on malaria misguides audience on vaccine effectiveness

- An article from The Star, a prominent Kenyan media outlet, published an article titled "[Expect rollout of new super malaria vaccine tested in Kilifi](#)" with a claim that “the vaccine (referring to R21/Matrix M) has a high efficacy level of about 75%, compared to 30% of RTS,S”.
- The statement is incorrect.
- According to the [World Health Organization](#), “the two WHO-recommended vaccines, R21 and RTS,S, have not been tested in a head-to-head trial. There is no evidence to date showing one vaccine performs better than the other”. The comparison of efficacy/effectiveness between both vaccines is erroneous.

Trends to watch

Cyclone Belal heightens concerns for mosquito-borne diseases in Mauritius

- [Le Mauricien](#) reports that the Ministry of Health plans to intensify measures against dengue fever.
- “With the downpours of the last few days, we need to be proactive and prevent the multiplication of cases,” explains Dr. Ashwamed Dinassing, a consultant at the Ministry of Health.
- [Top FM Mauritius](#) reports a surge in dengue cases linked to heightened mosquito activity following heavy rains. Dr. Ashwamed Dinassing urges vigilance, highlighting the potential risks of dengue, malaria, and chikungunya amid the current rainy climate.

Questions about eligibility and concerns about the HPV vaccine safety during this Cervical Health Awareness month

- During cervical cancer awareness month, we monitored three Facebook posts from the Ministries of Health in [Zambia](#), [South Africa](#), and [Kenya](#).
- A total of 25 online users commented on the post by the South African Ministry of Health. A user cautioned about “[legal cases](#)” related to the HPV vaccine and advised scrutiny before taking it. Another user raised concerns about vaccine side effects, suggesting potential risks like paralysis and autoimmune diseases

affecting the nervous system. Also, an online user emphasised the dangers of Gardasil HPV cervical cancer vaccines, recommending regular pap smears instead.

- A total of 113 online users in Zambia asked questions, including whether adults can receive the HPV vaccine (nine questions), whether it is recommended for all women irrespective of age (two questions), and inquiring about the signs of cervical cancer.
- A total of 6 users commented on the post by the Ministry of Health in Kenya including 4 posts thanking and acknowledging the importance of the information.

Key resources

Cholera

- [WHO](#), cholera outbreaks, Q&A
- [VFA](#), cholera social media toolkit
- [Global Task Force on Cholera Control](#), clarifying rumours and community concerns.
- [IFRC](#), RCCE & CEA resources and tools for responding to cholera
- [Collective service](#), cholera question bank

Malaria

- [WHO](#), Annual malaria report spotlights the growing threat of climate change
- [WHO](#), Annual world malaria report 2023
- WHO [initiative](#) to stop the spread of *Anopheles stephensi* in Africa
- [VFA](#), Malaria social media toolkit
- WHO malaria fact [sheet](#)
- Malaria threat [map](#)
- Malaria Social & Behavior Change Communication National [Strategies](#)

HPV

- [WHO](#), Human papillomavirus and cervical cancer fact sheet

Yellow Fever

- [WHO](#), yellow fever fact sheet

Methodology

The social media listening process relies on a combination of social media analyses conducted for French, English, and Lusophone-speaking countries.

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, 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.