

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

10-17 May 2025

Weekly brief #161

Top concerns

[U.S. announcement to cut \\$50 million in medical aid to Zambia sparks nationwide outcry](#)

Citing the “country-wide, systemic theft” of malaria, HIV and tuberculosis medication and medical supplies, the United States is slashing a third of its support, a decision that has alarmed patients, health-care workers and the Zambian public.

[Measles in the DRC, Nigeria and Niger: despite repeated vaccination campaigns, families raise doubts about the vaccine effectiveness](#)

Amid ongoing outbreaks, families call for clear explanations about how immunity is built with the successive vaccination doses.

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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 10-17 May 2025 in Africa. For more information, please contact: Salif Diarra diarrasa@who.int

U.S. announcement to cut \$50 million in medical aid to Zambia sparks nationwide outcry

Engagement : 21 posts, 4 200 comments, and 3 300 shares

Keywords: ("Zambia") AND ("U.S. aid cut" OR "\$50 million" OR "Health aid reduction" OR "Medical aid") AND ("Medicine theft" OR "Drug diversion" OR "Malaria drugs" OR "HIV treatment" OR "Tuberculosis medication") AND ("Corruption" OR "Supply chain" OR "Patient alarm" OR "Public outcry" OR "Healthcare impact")

- ☐ On 8 May 2025, the United States ambassador to Lusaka, Michael Gonzales, announced the suspension of USD 50 million earmarked for purchasing antimalarial, antiretroviral (ARV) and anti-tuberculosis medicines for Zambia, about one-third of the annual USD 128 million envelope funded by PEPFAR, President's Malaria Initiative (PMI) and USAID [\[link\]](#).
- ☐ A U.S. investigation conducted between 2021 and 2023 inspected more than 2,000 pharmacies; nearly half were reselling boxes stamped "USAID Donation – Not for Sale." Washington says the arrests made so far "only involve small-time resellers" and that the masterminds behind the network remain at large [\[link\]](#).
- ☐ A State Department spokesman, quoted by Reuters, added that the freeze will stay in place "until robust safeguards are implemented to prevent further diversion." The agency confirms that at least 900 pharmacies have been flagged for illegal resale and that the United States now seeks prosecution of the logistics and customs officials suspected of feeding the scheme [\[link\]](#).
- ☐ Zambian social-media users voice above all a deep sadness for patients now deprived of life-saving treatments, anger at corruption seen as the true cause of the sanction and, for some, the belief that this crisis should be a wake-up call to reform governance and cut dependence on external aid. Below are a few reactions:

This is sad but it's a Wake up call for us Zambians to come with strong alternatives.
...
See we've alot minerals lets come up with strong policies

It's a wakeup call, let's breakaway from the syndrome of been dependants ,it has happened, the question is what do we do next ?

Those stealing such funds are the real criminals, a war against corruption is inevitable.

The problem is not the withdrawn aid, it's high levels of corruption.

Millions of poor people will now be affected by access to good health care services

Instead of being fired, the culprits are diverted to other ministries. We deserve it. Congratulations US.

This is sad especially to beneficiaries of life saving medicines. Kanshi what is our problem?

Why is it concerning?

- ☐ U.S. aid currently finances about 14 million antimalarial courses per year and covers 25 % of the antiretroviral (ARV) supply nationwide; a US \$50 million cut therefore risks stock-outs within two to three months, despite Ministry assurances (1.3 million people living with HIV; malaria incidence 7 %) [\[link\]](#).
- ☐ U.S. aid currently finances about 14 million antimalarial courses per year and covers 25 % of the antiretroviral (ARV) supply nationwide; a US \$50 million cut therefore risks stock-outs within two to three months, and will reach a critical level before the rainy season, when roads close and malaria surges [\[link\]](#).
- ☐ Even a brief ARV interruption could cause viral rebound and foster drug-resistant strains; for malaria, any stock-out longer than fifteen days typically leads to a ≈ 30 % rise in febrile cases, as PMI's 2022 monitoring in southern Africa showed. Tuberculosis, already under-diagnosed, could see cure rates fall if treatment regimens are broken [\[link\]](#).
- ☐ Zambia has just emerged from default and is negotiating debt restructuring; sourcing the same medicines privately at short notice would cost up to 35 % more (World Bank spot-price index Q1 2025), threatening to absorb nearly the entire, already strained, "essential medicines" budget line [\[link\]](#).

- ☐ Social media has erupted under #DontPunishPatients: patients and health workers denounce a “double punishment” in which corruption by a few penalises all the sick. Several posts fear violence in clinics if ARV queues lengthen [\[link\]](#).
- ☐ By cutting funds, Washington also pressures other donors: the World Bank and the Global Fund have demanded traceability guarantees before releasing their next tranches, potentially delaying other vital purchases [\[link\]](#).

What can we do?

- ☐ Map out and keep the public informed about the availability of TB, HIV, and malaria medicine. Examples of measures to increase transparency can include stock bulletins, a “medicines tracker” (QR linking to real-time volumes) in health facilities, a toll-free hotline, as advocated in WHO’s 2023 [RCCE toolkit for health-aid disruptions](#).
- ☐ Monitor conversations in communities online and offline to detect potential harmful practices, such as resorting to unproven home remedies.

DRC, Nigeria, Niger

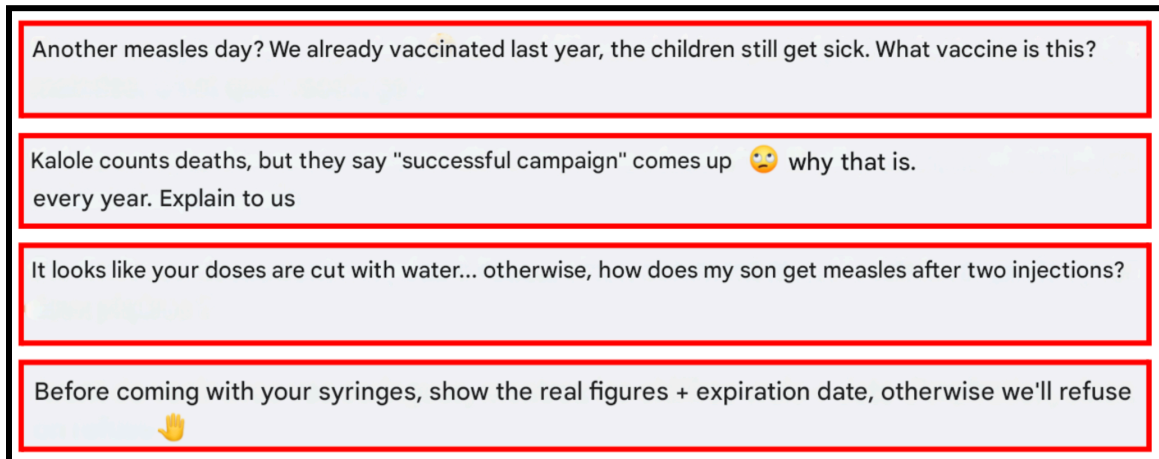
Measles in the DRC, Nigeria and Niger: despite repeated vaccination campaigns, families raise doubts about the vaccine effectiveness

Engagement: 15 posts, 487 comments, and 112 shares

Keywords: ("Measles") AND ("DRC" OR "Democratic Republic of the Congo" OR "Nigeria" OR "Niger") AND ("Vaccine doubts" OR "Vaccination campaign" OR "Vaccine efficacy" OR "Repeated campaigns" OR "Immunity concerns" OR "Public distrust" OR "Vaccine fatigue")

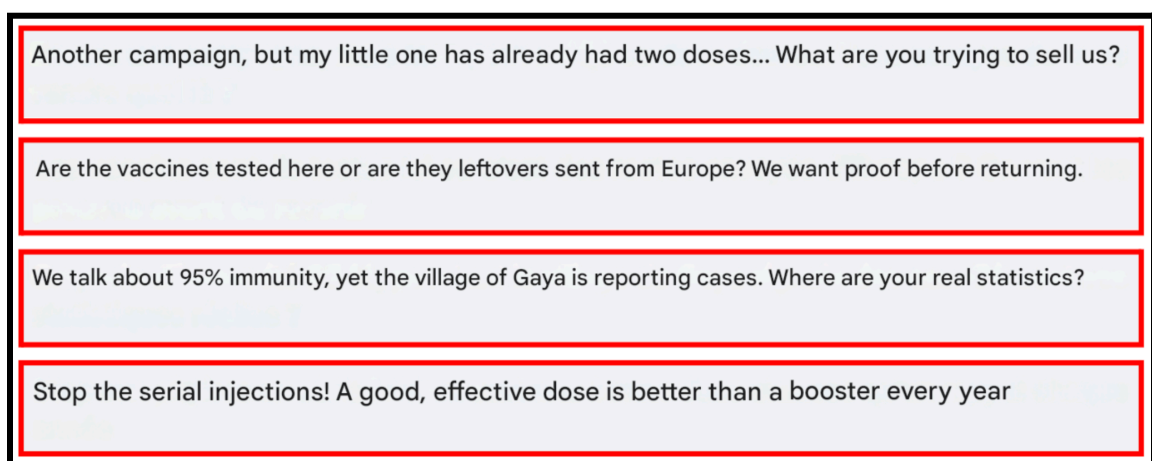
- ☐ In the DRC, the measles outbreak is still ravaging South Kivu: more than 400 cases and 43 deaths have been reported in Kalole alone since January 2025 [\[link\]](#)[\[link\]](#), despite at least three rounds of mass vaccination in a single year. In AIRA’s previous report, a “marked loss of confidence” was noted: on social media, parents ask why children keep falling ill “after so many injections” and accuse the vaccines of being “watered down” or designed simply to “enrich Big Pharma” ([AIRA report 16-23 April 2025](#)).
- ☐ In the DRC, online comments show that parents are tired of the repeated campaigns they question the effectiveness of the multiple vaccine doses, and

demand clear explanations and proof of the vaccines' quality and expiry dates. Here are a few examples:



Comments in French, translated into English via Google Translate

- ☐ In Niger, the 18–24 April preventive campaign targeted 5,080,338 children aged 9 months to 5 years [\[link\]](#). Yet WhatsApp threads are filling with videos of mothers saying they will no longer “multiply the injections” until the effectiveness of the first doses is proven; some are calling for blood tests to “check whether the vaccine really works” ([AIRA report 16-23 April 2025](#)).
- ☐ Many posts question the origin and national approval process of the vaccines, describe the boosters as too frequent, and demand hard data before accepting another shot. Here are a few examples:



Comments in French, translated into English via Google Translate

- ☐ In north-western Nigeria, the federated states of Sokoto, Katsina and Zamfara have just completed their fifth catch-up vaccination campaign since 2022, reaching over four million children. Viral tweets are once again claiming that

“expired vaccines don’t protect,” while frontline health workers report growing fatigue: “Parents keep telling us, ‘We did this last year—why again?’ [\[link\]](#).”

- ❑ Pidgin-speaking users decry the vaccination “ carousel,” question official coverage figures, and fear expired batches, demanding concrete proof that the vaccine truly protects. Here are some of their reactions:

Una don turn measles vaccine to merry-go-round Every season same drop, still pikin dey sick. Wetin dey sup?

Dem say 95 % cover but my village never see dose two. Make NPHCDA show evidence biko

If vaccine strong, why Katsina still report cases? E be like expired batch dey circulate 🙄

No be every time jab-jab. Give us certificate say e work, or parents go tire and waka

Why is it concerning?

- ❑ The Kalole health zone in South Kivu alone has recorded 396 cases and 43 deaths since January 2025, a case-fatality rate of roughly 11 %, despite three successive mass campaigns. This figure, confirmed by the latest UNICEF humanitarian bulletin [\[link\]](#), shows that any child who is unvaccinated or inadequately protected remains at serious risk of a fatal outcome.
- ❑ The affected areas, South Kivu, Katsina/Maradi, Tahoua-Agadez, are hubs of trade and migration; children who are infectious but still asymptomatic can spread the virus beyond provincial borders before surveillance systems react, as [WHO](#) observed during the 2022-2023 outbreaks.
- ❑ WHO stresses that ≥ 95 % two-dose coverage is required to interrupt measles transmission ([who.int](#)). Yet all three countries remain below that threshold: average MCV2 coverage is 74 % (WHO, 2023), and in some north-western Nigerian LGAs it is below 70 % even after five campaigns [\[link\]](#).
- ❑ In Nigeria, MSF says it treated 17 000 measles cases in 2024 and, for 2025, has had to launch a fifth campaign targeting more than four million children [\[link\]](#). Such repetition feeds the popular belief that “the vaccine doesn’t work.”

What can we do?

- ☐ Establish responsive communication channels, set up a telephone/WhatsApp hotline and an online form to collect public questions and provide answers within 24 hours.
- ☐ Mobilize healthcare professional bodies, actively engage pediatricians, pharmacists, nurses, midwives and other professional associations so they can relay unified messages on the value and safety of booster doses and explain the concept of herd immunity.
- ☐ Involve key community intermediaries, work with teachers, local media, parent-teacher associations and religious leaders to multiply touchpoints and dispel rumours about “expired vaccines.”
- ☐ Adapt communication linguistically, produce materials in pidgin English and the main local languages of the target areas (posters, radio scripts, short videos) to ensure messages are clearly understood and owned by the community.
- ☐ Thirty-second video clips in Swahili, Hausa and Zarma: “Dose 1 = 85 % protection, Dose 2 = 95 %.” Ready-to-use kit: [Viral Facts Africa – Measles explainer](#).
- ☐ Train imams, pastors and traditional leaders: a half-day session on measles, vaccine safety and the immunisation schedule. Illustrated hand-outs: [Gavi – Engaging Religious Leaders \(2023\)](#).

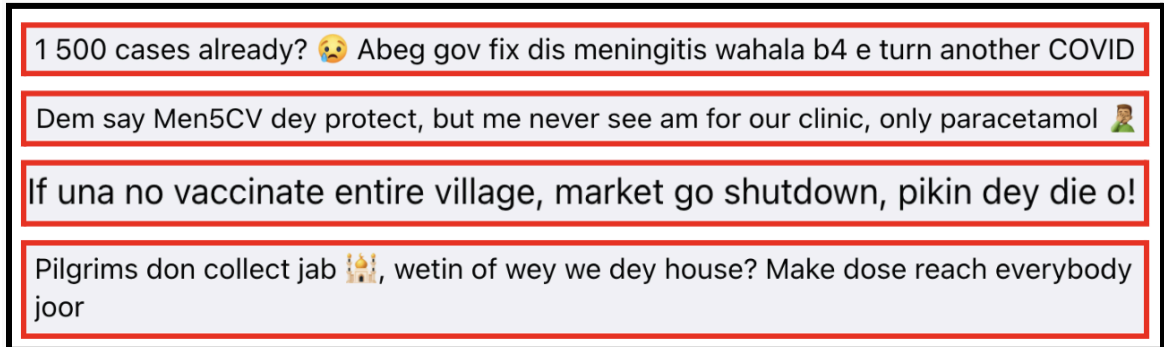
Persistent trends

Meningitis: public alarm grows over shortage of meningitis vaccines in Nigeria, Niger and Chad

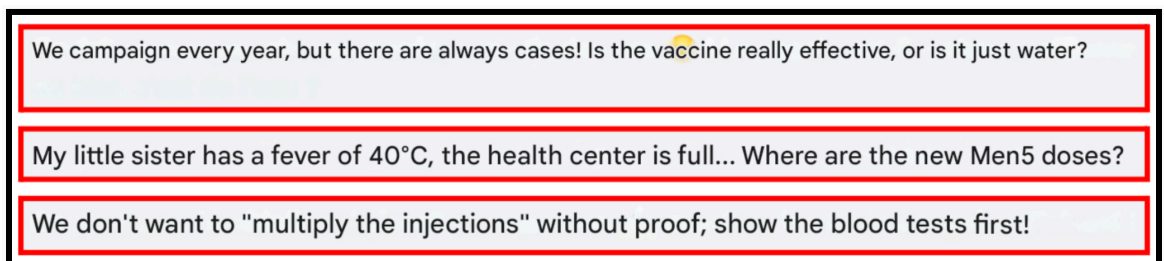
More than 2,000 suspected cases have prompted Kebbi, Dogondoutchi-Zinder and Ouaddaï to vaccinate over one million residents, and prospective pilgrims, for fear that an uncontrolled wave could overwhelm local health-care capacity.

- ☐ In Nigeria, the outbreak declared in March in Kebbi State has escalated rapidly: Médecins Sans Frontières has already treated 1,531 patients at its clinics in Aliero, Jega and Gwandu, while the state reports additional cases across 23 northern states [\[link\]](#). To break the chain of transmission before the peak heat, Abuja obtained over one million doses of the new pentavalent Men5 CV vaccine through the ICG and has launched a campaign targeting roughly 500,000 residents aged 1–29 years [\[link\]](#).

- Social-media users in Kebbi and Bauchi voice anxiety over the 1,500-plus cases, complain about shortages of Men5 CV at health centres and demand rapid coverage for everyone, not just pilgrims. Here are some of their comments:

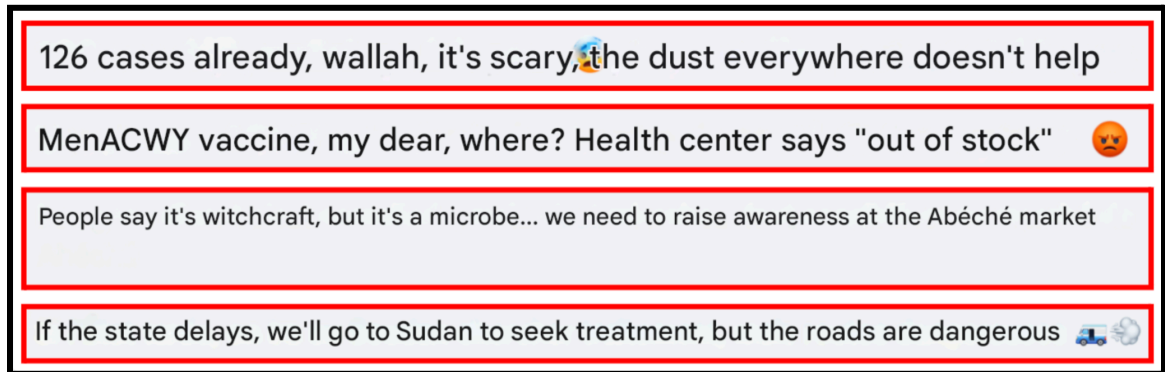


- In Niger, the districts of Dogondoutchi (Dosso) and Zinder have crossed the epidemic threshold: the [WHO-AFRO bulletin](#) (week 16) reported 253 cases and eight deaths as of 13 April 2025 (Iris). An emergency campaign (18–24 April), backed by UNICEF and Gavi, aims to vaccinate more than 800,000 people with the same Men5 CV vaccine; on WhatsApp, viral videos already show mothers refusing to “multiply the injections” and calling for blood tests to verify the effectiveness of the first doses [\[link\]](#).
- In Dogondoutchi and Zinder, parents question the efficacy of repeated doses, demand proof (blood tests) before accepting new “shots,” and worry about long queues at health posts. Here are some of their comments:



Comments in French, translated into English via Google Translate

- In Tchad, Ouaddaï Province reported 126 suspected cases and two deaths between late March and early April, crossing the alert threshold; N'Djamena is preparing a request to the ICG emergency stock for 350,000 doses of MenACWY and is recommending early case isolation [\[lien\]](#).
- In Ouaddaï, online comments blend fear of the surge (126 cases), frustration over MenACWY shortages and urgent pleas for stronger awareness efforts and vaccine supplies. Here are some of their comments :



Comments in French, translated into English via Google Translate

- ☐ Meanwhile, Nigeria's Bauchi State has already given the MenACWY vaccine to 2,520 pilgrims ahead of the 2025 Hajj, aiming to prevent any local infection from spreading during the gathering in Mecca [\[link\]](#).

Why is it concerning?

- ☐ Nigeria, Niger and Chad all lie within the Sahelian strip known as the "African meningitis belt" (from Senegal to Ethiopia). When at least three epicentres flare up simultaneously in this belt, the risk of regional spread skyrockets: busy trade and migration corridors link these areas so closely that the pathogen can move from one country to the next before alert systems react.
- ☐ The harmattan raises a fine dust that irritates the nasal mucosa; this mechanical assault weakens the natural respiratory barrier and, coupled with crowding in markets or boarding schools, accelerates the spread of meningococci.
- ☐ Although more than one million doses have already been deployed, sizeable pockets of unprotected adolescents and young adults remain, and this age group is the most mobile, making it likeliest to carry the disease beyond its village or neighbourhood.
- ☐ Rural hospitals in Aliero, Gwandu, Dogondoutchi and Abéché have few isolation beds, limited diagnostic laboratories and only small stocks of third-generation cephalosporins; a sudden surge in severe cases would quickly overwhelm their services.
- ☐ Thousands of Nigerian and Chadian pilgrims will depart the region in the coming weeks; an undetected case at embarkation could re-introduce the disease into pilgrimage crowds and then spread it to many countries upon their return.

- ☐ Repeated vaccination campaigns in recent years, without detailed explanations—have stoked rumours: some people claim the vaccines are “expired” or “experimental,” while others fear the growing number of injections. Such mistrust complicates every new dose rollout.

Survey : To improve the quality, relevance, and impact of AIRA's Infodemic Trends Report, we invite you to share your feedback through this short (5-minute) [survey](#) : [Survey to improve the infodemic trends report](#)

We would be grateful for your feedback before May 25, 2025.

Key resources

Measles

- ☐ Resources for Social Listening Analysts CDC: [Measles Resources](#) - Communication and public health resources on measles and the MMR (measles, mumps, rubella) vaccine.
- ☐ Resources for Journalists & Fact Checking American Medical Association: [Measles Resources](#) - Information on the latest health alerts, transmission, symptoms, diagnosis, and prevention strategies.
- ☐ CDC: [Measles \(Rubeola\)](#) - Case definitions, outbreak response procedures, and information on the MMR vaccine.
- ☐ Resources/Content for Social Media CDC: [Measles Resources](#) - Graphics and resources for use on social media or websites.

Meningitis

Resources for Social Listening Analysts

- ☐ [UNICEF](#): Report on health communications on meningitis, including channels, messages, and good practices in the African meningitis belt.
- ☐ Resources for journalists and fact-checkers
- ☐ [World Health Organization \(WHO\)](#): Global roadmap to defeat meningitis by 2030, with targets to eliminate epidemics of bacterial meningitis and reduce deaths.
- ☐ [WHO](#): Meningitis prevention and control, including vaccination strategies and rapid diagnosis.

Social Media Resources/Content

- ☐ [World Meningitis Day](#): Digital toolkit available at worldmeningitisday.org, with graphics and social media resources.
- ☐ [Umrah and Hajj](#): key health messages before, during and after your trip
- ☐ [WHO](#) – “Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19” (2020)
- ☐ [WHO](#) – “Strategy for engaging religious leaders, faith-based organizations and faith communities in health emergencies” (2021)
- ☐ [WHO](#) EPI-WIN Webinar: mass gatherings, safe gatherings (3): managing political and cultural events

Methodology

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

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 or groups (e.g. private Facebook groups). We also rely on infodemic managers based in Nigeria, Democratic Republic of Congo and Kenya to provide insights into relevant national infodemic trends or offline content, as well as country-level reports. As we produce more content, we seek to triangulate and corroborate information across these groups to strengthen our infodemic response.