

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

24-30 April 2025

Weekly brief #159

Top concerns

[Malaria: Fears in Kasai Oriental in DRC over antimalarial shortage, controversy over paid tests in Ntcheu in Malawi](#)

Congolese communities fear a surge in deaths due to a lack of treatment drugs, while in Malawi, patients denounce unjustified fees.

[Cholera: controversial market closures in Kisumu, Kenya, and corruption allegations over the relocation of Mabunda market vendors in Luanda, Angola](#)

These emergency measures have sparked a wave of reactions, with the public questioning both the motives and the economic impact of these decisions.

Reference Guide

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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 24-30 April 2025 in Africa.

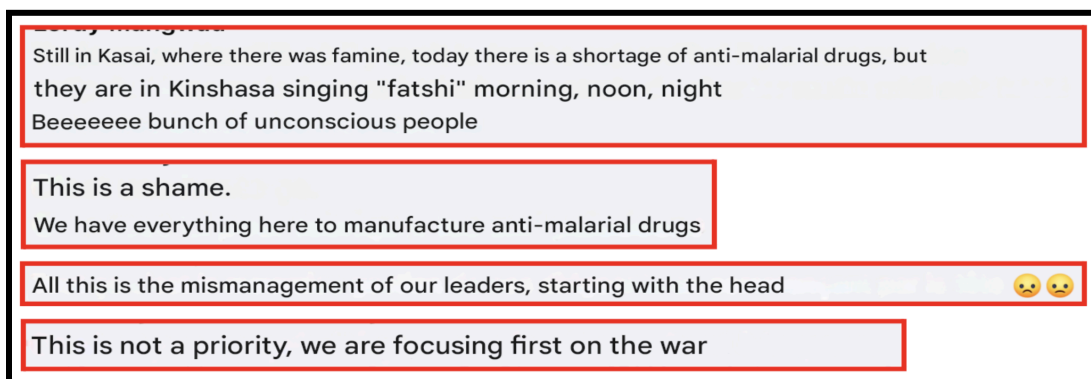
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Malaria: Fears in Kasai Oriental in DRC over antimalarial shortage, controversy over paid tests in Ntcheu in Malawi

Engagement : **91 articles | 900 interactions**

keywords: ("Malaria" OR "Paludisme") AND (DRC OR "Kasai Oriental" OR Malawi OR Ntcheu) AND (shortage OR "stock-out" OR "test kits")

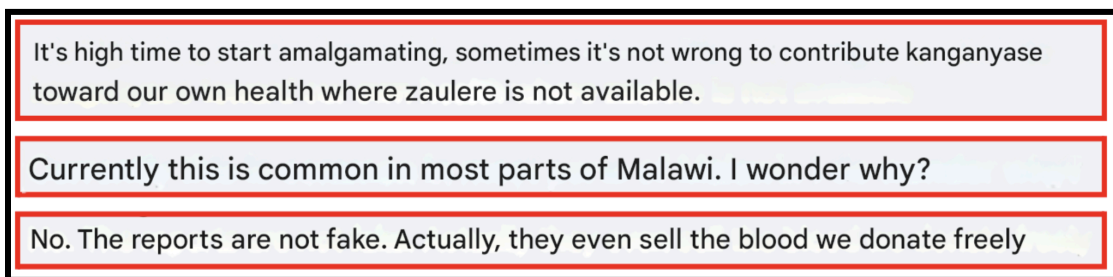
- ☐ Since January 2025, the Kasai Oriental region has not received a single shipment of antimalarial drugs; the 2024 supply is depleted, and all 19 health zones report a total stock-out. The provincial National malaria control program NMCP has warned of an “imminent health disaster”[\[link\]](#) [\[link\]](#) [\[Link\]](#).
- ☐ In the DRC, online commentators overwhelmingly blame the shortage on poor governance: they accuse the authorities of incompetence, prioritizing politics or war over health, and failing to produce antimalarials domestically. Their tone combines anger and resignation, reflecting a loss of trust. To them, the health crisis symbolizes the abandonment of Kasai Oriental by what they see as a “reckless” central government. Below are some of the comments (translated from French to English with Google Translate):



- ☐ In Malawi, while Livulezi Trust, a community NGO in Ntcheu, claims in an open letter on April 27 that the district hospital is “running out” of malaria rapid diagnostic tests (RDTs) - forcing patients to buy MWK 2,000 kits from private pharmacies [\[link\]](#), the District Health Office retorts, in a statement relayed by Zodiak Broadcasting Station, that it still has around 6,000 RDTs in stock for the whole district [\[link\]](#).

This contradiction fuels mistrust: if the official figure is correct, it would in any case only cover one week of febrile peaks for 720,000 inhabitants, while the NGO believes that the shortage at the main hospital violates the theoretical gratuity of public tests and leaves rural households to bear a prohibitive cost. [\[link\]](#).

- ☐ Malawian commenters express growing frustration and mistrust: while one user concedes it may sometimes be inevitable to pay a small fee “when free care isn’t available,” others insist that shortages are widespread, and these reactions highlight broader perceptions of systemic malpractice and government failure. Here are a few of the comments:



Comments translated via google translate

Why is it concerning?

- ☐ DRC : The Democratic Republic of Congo (DRC) carries about 12 % of the world’s malaria cases and is the second-most affected country globally [\[link\]](#).
- ☐ When patients receive an ACT promptly, the chance of dying from uncomplicated malaria is tiny ($\approx 0.07\%$). If they receive no ACT at all, child-mortality estimates rise to several percent—an order-of-magnitude jump confirmed by a WHO-sponsored systematic review [\[link\]](#).
- ☐ Because ACT stocks have run dry in Kasai-Oriental, Dipumba General Hospital is already over capacity in its paediatric ward, and fake or sub-standard antimalarials are flooding local markets, a trend the WHO warns is widespread in sub-Saharan Africa [\[link\]](#)
- ☐ Children under five account for roughly three-quarters of malaria deaths in Africa, so any prolonged drug shortage can quickly translate into thousands of additional child fatalities [\[link\]](#)

- ☐ Malawi : In Ntcheu district the Health Office says it has about 6 000 rapid diagnostic tests (RDTs) for a population of 720 000—enough for less than one peak-season week.
- ☐ An open letter from Livulezi Trust, a local NGO, claims the district hospital is already out of RDTs and that patients must buy kits in private pharmacies for 2 000 MWK (\approx US \$1.60) [\[link\]](#).
- ☐ That price matters because around 70 % of Malawians live on under US \$2.15 a day; paying for a test diverts scarce income and delays care [\[link\]](#).
- ☐ Without a confirmed diagnosis, clinicians treat “blind,” which wastes drugs and accelerates resistance—while every untreated malaria bout costs working households productive days, calculated at \approx 1.3 % of local agricultural GDP in similar Malawian studies [\[link\]](#).

What can we do ?

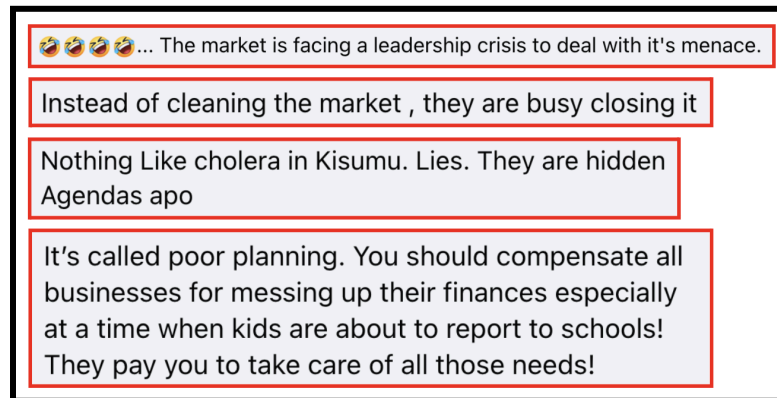
- ☐ Democratic Republic of Congo (DRC) : To dispel rumours that “antimalarials have disappeared,” broadcast a short daily bulletin on Radio listing, health zone by health zone, the stock of ACTs (artemisinin-based combination therapies) and reminding listeners that treatment is free in every public facility. At the same time, share a simple green-orange-red bar graphic, generated from the PNLP dashboard, via WhatsApp to all health-area supervisors. This level of transparency, advocated in the *WHO [Defeating Malaria 2024 guidance](#)*, curbs speculation and directs patients to centres that actually have medicines.
- ☐ In parallel, launch a multilingual IVR hotline, promoted five times a day during football broadcasts, where anyone can report a suspect tablet;. The aim is to halt the spread of fake ACTs already detected in Mbuji-Mayi and to reassure the public about the safety of authorised medicines.
- ☐ Malawi (Ntcheu District) : Here the trust gap lies in diagnosis: install an LED board at the entrance of Ntcheu District Hospital that shows, in real time, how many rapid diagnostic tests (RDTs) remain in the lab; synchronise the same number with a daily Facebook post from the District Health Office.
- ☐ Add a one-shot video audit, live-streamed on Facebook each month, showing cartons of RDTs being opened and distributed. This highly visual set-up, modelled on the *[WHO RDT Transparency 2023](#)* note, proves to residents that tests are indeed free and available, cutting down on private purchases at 2 000 MWK (\approx US \$1.60) that strain rural household budgets.

Cholera: controversial market closures in Kisumu, Kenya, and corruption allegations over the relocation of Mabunda market vendors in Luanda, Angola

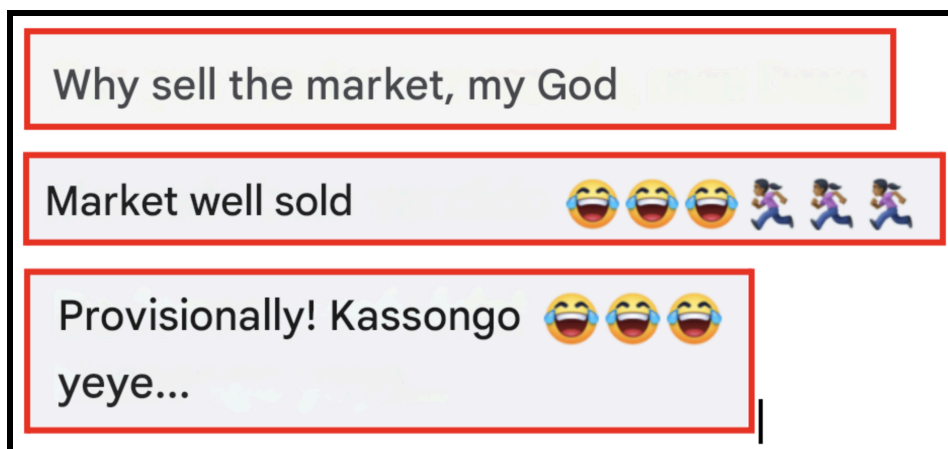
Engagement: 37 articles 2,560 social posts 4,100 interactions

keywords: ("Cholera") AND (Kisumu OR Luanda OR Kibuye OR Mabunda) AND (marché OR fermeture OR relocalisation OR corruption)

- ☐ On April 26, 2025, the City Manager Abala Wanga ordered the closure of Kibuye Market in Kisumu “until further notice” following the confirmation of a cholera outbreak and the discovery of serious sanitation violations: blocked latrines, open drainage, and no chlorinated water points [\[link\]](#). This open-air market is the largest in western Kenya, it welcomes nearly 40,000 visitors daily and supplies three neighboring counties via hundreds of trucks and boats from Lake Victoria [\[link\]](#).
- ☐ Prior to the closure, the Kenyan Ministry of Health had recorded 32 cases and 4 deaths in the county Case Fatality Rate (CFR 6.2%); the subcounties of Nyando and Muhoroni remain the most affected [\[link\]](#). The health measure comes in the heart of the rainy season, a time when historic flooding around the lake worsens contamination of community wells [\[link\]](#).
- ☐ Public comments widely express doubt and anger: many question whether a cholera outbreak even exists, suspecting “hidden motives” or accusing authorities of “shutting down the market instead of cleaning it.” Others criticize poor planning, the lack of compensation for vendors, and the economic fallout, while some note that cases seem confined to Kibuye rather than other Kisumu markets, further fueling general distrust in official decisions. Here are some of the comments:



- ☐ In Luanda (Angola), the provincial government began in March by closing and relocating the fish vendors from Mabunda Market to the temporary site of Praia Amélia, citing “major public health risks” due to untreated wastewater [\[link\]](#)[\[link\]](#). The country is facing a rapid surge: 8,543 cases and 329 deaths (CFR 3.9%) as of March 23; sixteen of the 21 provinces are affected, and the capital accounts for nearly half of the new infections [\[link\]](#).
- ☐ Angolan authorities, have deployed water purification units and distributed chlorination tablets, but they have not disclosed how long the “relocation” will last, an information gap that fuels rumors and sarcasm about a possible future concession of the site to foreign investors [\[link\]](#).
- ☐ Angolan commenters mock the supposedly “temporary” relocation of the Mabunda market, suspecting a secret sale; many fear the area will be handed over to foreign investors and believe the move is driven more by corruption than by any genuine effort to fight cholera. This reflects a deep mistrust toward local authorities. Here are some of the comments translate via google:



Why is it concerning ?

- ☐ Kenya : The indefinite closure of Kibuye Market, announced by the Kisumu City Manager on 26 April 2025, sidelines thousands of traders and interrupts the informal food-supply chain that normally funnels fresh produce from Kisumu to Nairobi and three neighbouring counties [\[link\]](#).
- ☐ The shutdown comes in the middle of an exceptionally wet season: Kenya Meteorological Department data show rainfall in Kisumu running +28 % above average in April 2025, with heavy runoff that easily contaminates the kiosk wells on which low-income households depend on [Météo Kenya](#).
- ☐ Lake-based trade also raises a cross-border risk: studies of fish-landing sites on Lake Victoria have repeatedly isolated *Vibrio cholerae* and documented how contaminated boats can seed outbreaks on the Ugandan and Tanzanian shores [ResearchGate](#). Taken together, the market closure hits urban livelihoods, while the seasonal floods and lake traffic keep the door open to wider regional spread.
- ☐ Angola : A WHO outbreak notice dated 28 March 2025 confirms 8 543 cholera cases and 329 deaths (case-fatality rate 3.9 %) as of 23 March, with 16 of the country's 21 provinces affected and Luanda alone accounting for almost half the new infections [\[link\]](#).
- ☐ In response, provincial authorities closed Mabunda Fish Market and moved vendors to Praia Amélia, warning that untreated wastewater posed a major health threat; Africa CDC's field update of 16 April 2025 notes that the relocation has driven fish sales into informal stalls that lack ice, accelerating bacterial growth and potential food-borne transmission [\[link\]](#).
- ☐ Meanwhile, press reports describe displaced fishermen sleeping on beaches without latrines in peri-urban Luanda, creating new hotspots along the coast [\[link\]](#).
- ☐ The combination of a high CFR, overburdened treatment centres, and mounting environmental exposure underscores how quickly the Luanda outbreak could ripple into the hinterland if containment and risk-communication measures falter.

What can we do ?

- ☐ **Kenya (Kisumu) :** Publish a reopening schedule every 48 hours, share on the Kisumu City Hall website, Twitter @KisumuCounty and on LED screens at market entrances a clear schedule of cleaning stages, inspection dates and reopening criteria. This transparency follows the recommendations of the [WHO Cholera Outbreak Toolbox](#), which recommends publicizing sanitation processes to dispel rumors and guide people to safe centers.
- ☐ Twice-weekly radio dialogues in local languages, host 30-minute programs on Radio Nam Lolwe and Ramogi FM (English/Swahili), with health officials and vendor representatives, to explain the evolution of the epidemic, describe the work being done and answer questions from the public, in line with the [UNICEF Cholera Toolkit](#) for community mobilization.
- ☐ Digital alerts on rain-related risks, send weekly SMS and WhatsApp messages summarizing rainfall data (+28% in April 2025 according to the Kenya Meteorological Department) and reminding people to avoid contaminated well water during floods, with a link to water treatment advice [\[link\]](#).
- ☐ **Angola (Luanda) :** Weekly filmed audits at Praia Amélia, every Thursday, broadcast live (Rádio Nacional & YouTube Live) a 10-minute visit showing the state of the sanitation system, the installation of stalls and the hygiene checklist validated by the vendors' union, as recommended by the Africa CDC RCCE Guidance to build local confidence.
- ☐ Daily radio spots on water safety, three times a day (8 a.m., 12 p.m., 6 p.m.), 60-second messages in Portuguese and Kimbundu on Rádio Luanda provide information on where to obtain free chlorine tablets and stock levels, using WHO Disease Outbreak News figures (8,543 cases, 329 deaths, CFR 3.9% as at March 23) to underline the urgency of the situation.
- ☐ “ÁGUA” SMS service to locate treated water points, by sending “ÁGUA” to 8000, all users receive the address of the nearest purification point and a schedule for the distribution of chlorine tablets, as recommended by the WHO Operational Update April 2025 for Angola.

Persistent trends

Mpox in Malawi: School Community Calls for Robust Protocols and Secure Transportation

Parents and teachers are calling for clearer details, guarantees for staff and public transportation, and full accountability for mpox emergency funds before schools reopen.

Engagement: 18 articles | 600 interactions

Keywords: ("Mpox") AND (Malawi) AND (schools OR guidelines OR teachers)

- ☐ On April 27, 2025, the Presidential Taskforce on Public Health Emergencies, in collaboration with the Ministry of Basic and Secondary Education (MoBSE), released a 13-page guideline for schools of the third term reopening on April 28 [\[link\]](#).
- ☐ The document recommends visual screening at entrances, immediate isolation of symptomatic learners, mandatory handwashing five times a day, a ban on sharing water bottles or hairbrushes, desk disinfection twice a week, and daily reporting to the district health office. It also announces an initial stock of 5,000 gloves and 800 protective suits for boarding schools, to be distributed "as needed."
- ☐ However, just ten days earlier (April 18), Malawi had confirmed its first indigenous cases of mpox clade 1b — three men aged 30–40 in Lilongwe district, with no history of international travel [\[link\]](#). On April 23, a fourth case was reported in Phalombe, prompting authorities to classify the event as an "emerging national epidemic" [\[link\]](#).
- ☐ Since then, school administrators have demanded more detailed protocols: who provides the isolation rooms? How to manage dormitories with 100 students each? The Teachers' Union of Malawi (TUM) denounces the lack of health insurance for staff and fears massive absenteeism.
- ☐ On social media, the #ZBSNews page shared the ministerial memo, but users describe it as "empty": no plan for school minibuses, no vaccination schedule, and suspicion that "the emergency funds were already swallowed up in the capital" [\[link\]](#). Here are some of the comments translated via google:

There is nothing tangible in his statement. Tell us how the situation should be like. Working with the Ministry of Health, in what way?

So you said the initiative will help to protect students what about teachers ? So you mean teachers are safe?

What about public transport industry where when it happens tracking is almost impossible

Only learners? What about teachers? why are you boastful??

I don't understand you, where is your guidelines? You have received more money, so you want to betray others while you have pocketed it on your own pockets, shame on you.

Why is it concerning ?

- ☐ High-risk school settings accelerate transmission, overcrowded classrooms (\approx 45 students each) combined with 80 % of learners commuting in poorly ventilated minibuses create multiple high-contact scenarios, significantly raising mpox spread among students and staff [\[link\]](#).
- ☐ Insufficient isolation capacity and eroded trust, fewer than 15 % of secondary schools have compliant infirmary rooms for isolating cases, while rampant rumors of emergency-fund misappropriation undermine adherence to health measures, driving absenteeism and delaying case reporting [\[link\]](#).
- ☐ Prolonged vulnerability with regional ripple effects, with zero mpox vaccine doses available locally (reliance on AFRO-VH stock arriving August 2025) and daily labor exchanges with Mozambique and Zambia, Malawi faces sustained outbreak risk and potential cross-border flare-ups [\[link\]](#).

What can we do ?

Proposed Action	Problem Addressed	Channels / Frequency
Publish full reopening guidelines & Q&A videos	Lack of clear steps and criteria for reopening causes anxiety	<ul style="list-style-type: none"> • Ministry of Education website (update every 48 h) • Radio MBC (3x/day summaries) • TikTok
Issue teacher safety memo & hotline	Staff fear inadequate protective gear and support if they become ill	<ul style="list-style-type: none"> • MoH/MoBSE circular • Dedicated hotline • Posters in staff lounges
Enhance minibus ventilation & hygiene stations	Overcrowded, poorly ventilated transport accelerates transmission	<ul style="list-style-type: none"> • Transport operator agreements • Mobile hand-washing stations at departure points • Passenger logbook
Weekly 30-min webinars for principals & nurses	Delays in case detection and isolation increase in-school clusters	<ul style="list-style-type: none"> • Zoom & Facebook Live • PDF summaries distributed after each session
Hashtag dashboard & rapid infographic rebuttals	Rumor spikes and misinformation fuel panic	<ul style="list-style-type: none"> • #MpoxMW dashboard monitoring (WhatsApp, Facebook, X) • Corrective infographics published <6 h after spikes

Key resources

Mpox

Resources for social listening analysts

- ☐ [WHO](#), Public health taxonomy for social listening on mpox conversations

Resources for journalists & fact checking

- ☐ [Internews](#), reporting on mpox, a guide for journalists
- ☐ [WHO](#), comprehensive list of mpox webinar series
- ☐ [AFP Fact check](#), WHO mpox emergency declaration does not advise lockdowns
- ☐ [DW](#), Fact check: No link between mpox and COVID vaccination
- ☐ [DW](#), Fact check: Four fakes about mpox

Resources/Content for social media

- ☐ [Viral Facts Africa](#), mpox social media kit with engaging explainers and debunks
- ☐ [WHO](#), LIVE: Q&A on #mpox. Join us and #AskWHO your questions!
- ☐ [WHO](#), Episode #124 - mpox: what you need to know

Technical update

- ☐ [WHO](#), Strategic framework for enhancing prevention and control of mpox
- ☐ [WHO](#), Mpox in the Democratic Republic of Congo
- ☐ [Africa CDC](#), Mpox situation in Africa
- ☐ [WHO](#), Multi-country outbreak of mpox, External situation report#44 - 23 December 2024

Public health guidance/RCCE

- ☐ [Child engagement](#) in the context of disease outbreaks in Eastern and Southern Africa
- ☐ Animation videos on Cholera, Coronavirus and Ebola [here](#)
- ☐ [WHO](#), the Global Mpox Dashboard
- ☐ [WHO](#), Risk communication and community engagement (RCCE) for monkeypox

outbreaks: interim guidance, 24 June 2022.

- ☐ [WHO](#), Public health advice for sex workers on mpox
- ☐ [WHO](#), Considerations for border health and points of entry for mpox: interim guidance
- ☐ [WHO](#), Community protection for the mpox response: a comprehensive set of actions

- ☐ [SSHAP](#), Mpox question bank: Qualitative questions for community-level data collection

Mpox vaccines

- ☐ [WHO](#), Mpox Q&A, vaccines
- ☐ [WHO](#), Mpox immunization

Malaria

- ☐ WHO, [Vaccins contre la malaria \(RTS,S et R21\)](#)
- ☐ 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](#)
- ☐ WHO Q&A: Malaria vaccines (RTS,S et R21):
<https://www.who.int/news-room/questions-and-answers/item/q-a-on-rt-s-malaria-vaccine>
- ☐ Infographic : Malaria vaccines (RTS,S and R21), English version attached:
[https://www.who.int/multi-media/details/malaria-vaccines\(rts-s-as01-and-r21-matrix-m\)-infographic--april-2024](https://www.who.int/multi-media/details/malaria-vaccines(rts-s-as01-and-r21-matrix-m)-infographic--april-2024)
- ☐ Status of vaccine roll-out: [Malaria vaccine introduction dashboard](#) – Uganda will be added on the day of the launch

Cholera

- ☐ WHO, [cholera outbreaks. Q&A](#)
- ☐ VFA, [cholera social media toolkit](#)
- ☐ Global Task Force on Cholera Control, [clarifying rumours and community concerns.](#)
- ☐ SSHAP, [key considerations: socio behavioural insight for community- centred cholera preparedness and response in Mozambique, 2023](#)
- ☐ SSHAP, [social, behavioural and community dynamics related to the cholera outbreak in Malawi, 2022](#)

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.