

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



**AIRA Infodemic Trends Report**

**05-11 June 2025**

**Weekly brief #165**

## Top concerns

### [Cholera: Viral home remedies and anger over WASH gaps in Côte d'Ivoire, Angola, South Sudan, and the DRC](#)

From touting “koutoukou” as a miracle cure in Abidjan, to protests over the eviction of market vendors in Luanda, to pleas for help in Juba and complaints about contaminated water in Kinshasa, communities are demanding safe drinking water, sustainable sanitation, and reliable information.

### [HPV Vaccine: Concerns and Misinformation Surround Namibia's HPV Vaccine Awareness Launch](#)

As Namibia prepares to roll out the HPV vaccine through the national immunization programme, concerns over misinformation, consent, and health education spark debate among lawmakers and citizens.

## Reference Guide

<a href="#"><u>Cholera: Viral home remedies and anger over WASH gaps in Côte d'Ivoire, Angola, South Sudan, and the DRC</u></a> .....	Pg. 03
<a href="#"><u>Key resources to address cholera concerns</u></a> .....	Pg. 05
<a href="#"><u>HPV Vaccine: Concerns and Misinformation Surround Namibia's HPV Vaccine Awareness Launch</u></a> .....	Pg. 06
<a href="#"><u>Key resources to address HPV vaccine concerns</u></a> .....	Pg. 10

## Persistent trend

<a href="#"><u>Mpox: The surge in Kenya, the protracted healthcare-workers' strike in Ethiopia, and worries over isolation beds in Ghana are deepening public distrust</u></a> ...	Pg. 10
<a href="#"><u>Key resources to address mpox concerns</u></a> .....	Pg. 12
<a href="#"><u>Methodology</u></a> .....	Pg. 12

## Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from 05-11 June 2025 in Africa. For more information, please contact: Salif Diarra at [diarrasa@who.int](mailto:diarrasa@who.int)

## Côte d'Ivoire, Angola, South Sudan, RDC

### Cholera: Viral home remedies and anger over WASH gaps in Côte d'Ivoire, Angola, South Sudan, and the DRC

Engagement : 16 posts, 3,900 comments, 3,600 shares/retweets

- Four narratives dominate this week's cholera talks: 1) **miracle cures** in Côte d'Ivoire and Angola, 2) **requests for transparent information** about the outbreak and options following public health measures, 3) **frustrations over WASH gaps (water safety, prevention methods)** and consequent results for food hygiene in Angola and the DRC, and 4) **distrust towards humanitarian actors** in South Sudan (allegedly “poisoned” food rations) spills over into the DRC with rumours crossing borders and reinforcing the idea that outside responders worsen the crisis.

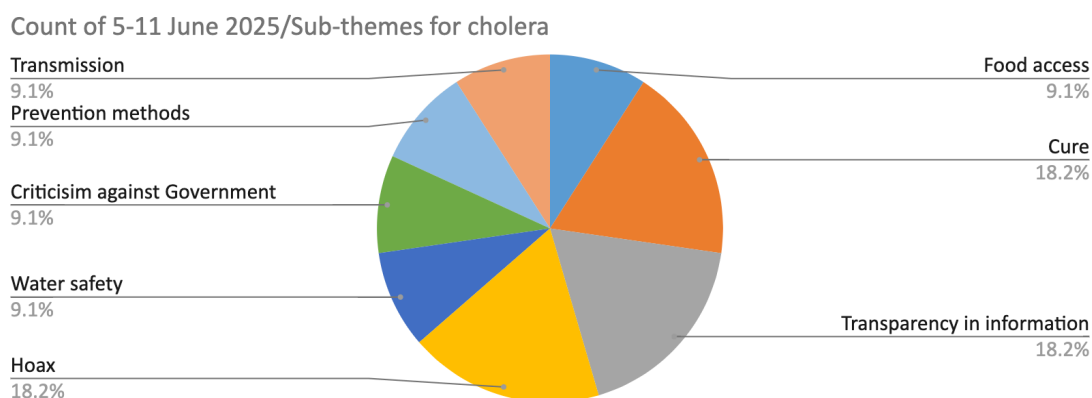


Chart 1. Count of 5-11 June, 2025 of sub-themes identified across 'cholera' theme<sup>1</sup>.

- **Côte d'Ivoire (outbreak declared 25 May 2025 – 45 cases, 7 deaths by 5 June 2025 [link]):** Authorities confirmed cholera in Abidjan's Vridi-Akobratté zone on 25 May after laboratory testing [link]. Ten days later, a [ZINFO article](#) on Facebook provoked a comment claiming raw *gnangnan* leaves “cure cholera in three days,”. Similarly, in a post from Linfodrome.com, commenters pushed *koutoukou* liquor as a miracle fix and complained of “zero info on TV.” The absence of clear guidance on chlorination, oral rehydration and early treatment is allowing traditional or home-brew remedies to fill the information vacuum [Link].

<sup>1</sup> This data does not aim at being representative of the whole infodemic landscape in the African Region but it provides a snapshot of the main priorities identified following AIRA's social listening methodology.

- ❑ **Angola (outbreak declared Jan 2025 – 15 844 cases, 547 deaths by 27 April 2025 [\[link\]](#)):** Having battled cholera since January, Angola had logged more than 15 800 cases and 547 deaths by late April [\[link\]](#). On 5 June, Novo Jornal reported that health officials ordered Luanda’s largest open-air market closed after a spike in acute diarrhoea; vendors immediately asked how they would feed their families [\[link\]](#) while Facebook and WhatsApp filled with DIY toothpaste-and-vinegar “water-purification” tips, shifting frustration over chronic WASH gaps into claims that government action “punishes the poor” [\[link\]](#).
- ❑ **South Sudan (outbreak declared 28 Sep 2024 – 48 726 cases, 919 deaths by 11 April 2025[\[link\]](#)):** From September 2024 through mid-April 2025, South Sudan recorded nearly 48 730 cases and 919 deaths [\[link\]](#). With latrines overflowing in Juba’s displacement camps, [Eye Radio](#) on 10 June highlighted a fresh rise in suspected cases and community pleas for more chlorinated tanks [\[link\]](#). During a call-in show on Radio Miraya, a listener alleged the food rations delivered by aid agencies were “poisoned,” reviving an old rumour that quickly migrated to county Facebook groups and reinforced suspicions that humanitarian responders are worsening,not easing, the crisis [\[link\]](#).
- ❑ **Democratic Republic of the Congo (outbreak declared May 2025 – 21 527 cases, 452 deaths by 27 April 2025 [\[link\]](#)):** The DRC officially declared an epidemic in early May; WHO data show more than 21 500 cases and 452 deaths reported between January and late April, with numbers rising fastest in eastern provinces [\[link\]](#). In Kinshasa on 10 June, Actualité.cd’s straight-news piece on REGIDESO’s water drew a torrent of comments accusing the utility of “abandoning certain communes” and supplying “unsafe” water [\[link\]](#).

### Why is it concerning ?

- ❑ **Miracle cures crowding out science:** In Côte d’Ivoire (gnangnan leaves, koutoukou liquor) and Angola (toothpaste-and-vinegar mixes), homemade remedies dominate newsfeeds, eclipsing core messages on oral rehydration, water chlorination, and hand-washing.
- ❑ **WASH anger turning into blame:** In Luanda (market closure) and Kinshasa (REGIDESO water quality), chronic shortages of safe water morph into accusations that the state “punishes the poor” or “abandons certain districts.”

- ☐ **Humanitarian distrust with regional spill-over:** In South Sudan, rumours of “poisoned” food rations are already crossing the digital border into the DRC, reinforcing the belief that outside responders worsen the crisis rather than solve it.

### What can we do ?

- ☐ **Communicate clearly on cholera treatment while respecting local beliefs.** Recognize that in times of uncertainty or when health services are hard to reach, people may turn to traditional remedies for comfort or care. Acknowledging this can help build trust among communities, open the dialogue about effective treatments without backlash and help you share key messages.
- ☐ **Preposition messages to warn against false cures and misinformation.** Prepare and disseminate pre-bunks and info literacy messages that help communities spot and denounce “magical cures” or fraudulent treatments. For example, you can explain the tactics used by disinformation actors to persuade audiences, while warning about good practices for cholera prevention.
- ☐ **Address WASH gaps with the community at the forefront, creating awareness on adequate practices for water safety.** For example, you can form groups in each neighbourhood to discuss challenges and adequate chlorination dosing, while co-designing messages ([guided by UNICEF's Minimum Quality Standards for Community Engagement](#)).
- ☐ You can also support conversations with **easy-to-grasp visual instructions such as “Right Chlorine Dose” cards.** Use the [GTFCC technical note on WASH & IPC in cholera](#) settings to print pocket cards that show the exact chlorine dose, contact time and the 0.5-2 mg/L residual target according to local doses needs. Ensure frontline staff are trained through these [e-learning modules](#) on chlorination!

### Key resources to address concerns on cholera

#### Social-media explainers & myth-busting kits

- [UNICEF Cholera RCCE asset pack – posters, reels, radio spots, editable in FR/EN/PO](#)
- [VIRAL FACTS AFRICA: CHOLERA SOCIAL KIT](#)

#### Fact-checking hubs for journalists

- [Africa Check: “Natural cures for cholera?” explainer](#)
- [AFP Fact-Check database – water-safety & fake treatments](#)

#### Technical WASH guidance

- [GTFCC Technical Note – Household Water Chlorination](#)

- [GTFCC Technical Note – WASH & IPC in Cholera Treatment Structures](#)

#### e-Learning for health workers

- [OpenWHO “Cholera: Introduction” course](#)
- [OpenWHO “Cholera outbreaks: Emergency preparedness & response”](#)

#### Guidance and field manuals for cholera control

- [UNICEF Cholera Toolkit](#)
- [Cholera Outbreak Response: Field Manual](#)
- [US CDC Cholera Five Steps for Prevention](#)

## Namibia

### HPV Vaccine: Concerns and Misinformation Surround Namibia’s HPV Vaccine Awareness Launch

Engagement : 3 posts, 893 reactions, 437 comments, 40 shares/retweets

- ☐ The Ministry of Health and Social Services, in partnership with UNICEF, the World Health Organization (WHO), and the Cancer Association of Namibia, last week launched a nationwide campaign to raise awareness about the Human Papillomavirus (HPV) vaccine and its role in preventing cervical cancer ahead of its introduction into Namibia’s national immunization programme [\[link\]](#). While the vaccine has been available in private centers since 2007, the Ministry now **plans to roll it out to girls aged 9 to 14 through a school-based national campaign** that will initially aim for 10% coverage and expand to 70% over three years [\[link\]](#).
- ☐ On June 11th, Landless People’s Movement (LPM) member of parliament Eneas Emvula raised concerns in the National Assembly over the administration of the HPV vaccine, **claiming it had already been distributed to certain schools without proper orientation or public education**. Emvula called on Health Minister Dr. Esperance Luvindao to assure the public that parents will retain the right to decide whether their children receive the vaccine, citing unfounded claims about infertility and referencing campaigns by HPV vaccine disinformation activists such as Wahome Ngare and anti-vaccination events [\[link\]](#).
- ☐ The Minister stressed that **the vaccine is voluntary** and that no child will be forced to receive it, adding that the campaign has not yet started and public facilities will only begin offering the vaccine once logistics are in place [\[link\]](#).

- The announcement, however, has sparked conversations in online spaces, with users expressing **concerns about side effects and safety** [\[link\]](#). Some have spread unfounded claims that the vaccine is a means of spreading HIV. Others questioned its **effectiveness and requested more information** to enable parents to make informed decisions, as well as respect for consent [\[link\]](#).

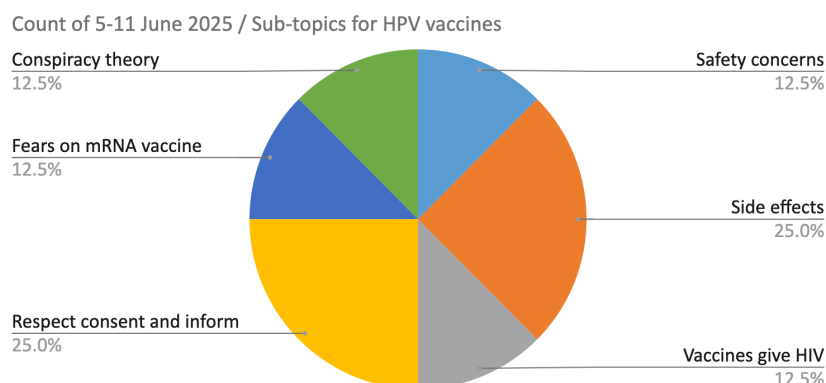


Chart 2. Count of 5-11 June, 2025 of sub-themes identified across 'HPV Vaccine' theme.<sup>2</sup>

- The Minister reaffirmed the country's commitment to transparency and to providing families with accurate information. "We welcome all questions and encourage open dialogue so that families can make informed decisions based on facts, not fear or misinformation," she said. "We all want the same thing: to keep our children healthy and safe. But we must not allow misinformation, especially from unverified social media sources, to endanger lives" [\[link\]](#).

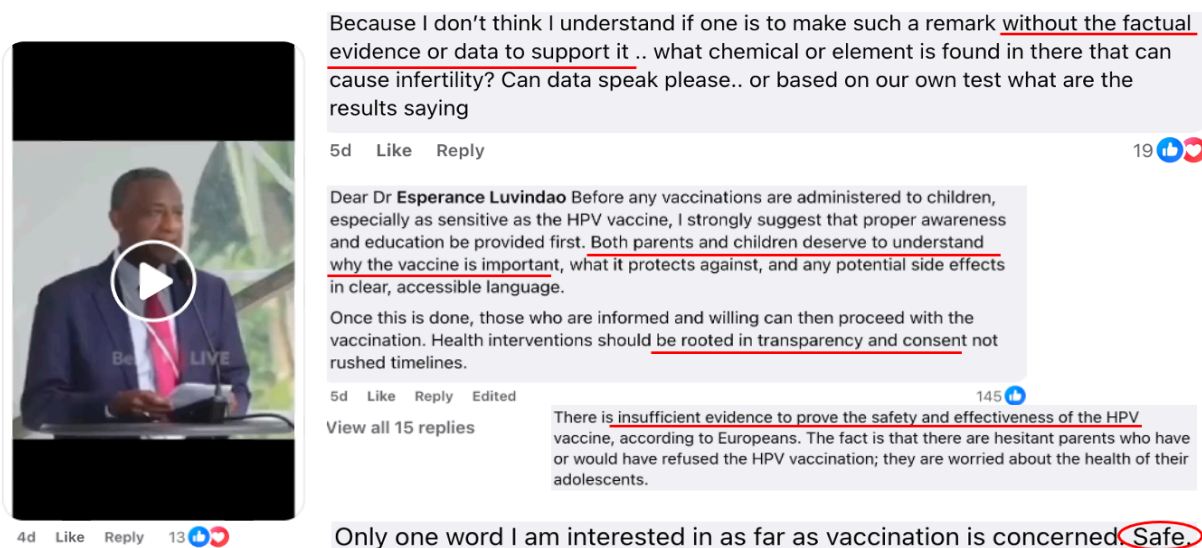


Figure 1. Excerpts of commentary identified highlighting some of the key concerns

<sup>2</sup> This data does not aim at being representative of the whole infodemic landscape in the African Region but it provides a snapshot of the main priorities identified following AIRA's social listening methodology.



## Why is it concerning ?

- ☐ **Cervical cancer is the second most common cancer among women in Namibia**, with an incidence rate of 37.5 per 100,000 women—nearly three times the global average [\[link\]](#). While specific national data on HPV prevalence is not yet available, the World Health Organization reports that Sub-Saharan Africa has the highest cervical HPV prevalence globally, at 24% among women with cervical cancer [\[link\]](#).
- ☐ **HPV vaccination is one of the most effective ways to protect girls and women** from cervical cancer. It protects against HPV types 16 and 18, which are responsible for approximately 70% of all cervical cancer cases worldwide [\[link\]](#). Despite this, disinformation surrounding HPV vaccines is widespread across the African continent.
- ☐ **Coordinated disinformation campaigns**, led by figures such as Wahome Ngare and supported by U.S.-based groups like Children’s Health Defense, have fueled conspiracy theories and false claims aimed at discrediting the vaccine. These narratives often invoke themes of “health sovereignty” or population control and are amplified by networks of local activists. [AIRA report no. 141](#) and [AIRA report no. 122](#) have documented the spread and impact of these misleading narratives.
- ☐ **Concerns identified during the HPV awareness campaigns in Namibia reflect global trends in vaccine misinformation**, echoing findings from U.S.-based studies that highlight common concerns such as adverse reactions, perceived lack of necessity, conspiracy theories, and mistrust in authorities. Facebook was identified as the platform with the highest proportion of misinformation-related comments [\[link\]](#).
- ☐ Promoting HPV vaccine uptake is essential to protecting girls and reducing the cervical cancer burden in the region given that **access to diagnostics and HPV screening in Africa is still severely limited**—fewer than 6% of eligible women in Africa have ever been screened for cervical cancer, with most of them detected too late for effective intervention [\[link\]](#). It is particularly important to ensure prevention for girls who are out of school, living with HIV, or residing in hard-to-reach areas.

## What can we do ?

- ☐ **Provide accurate, context-sensitive information while upholding informed consent ahead and during vaccine rollout.** Misinformation, negative experiences with vaccinations, the COVID-19 pandemic and resulting infodemic, along with limited health education, can fuel fear and hesitancy among parents, girls, and women [\[link\]](#). Communication must allow conversation and respect informed consent as essential to building public trust and enabling individuals to make informed decisions – dispelling concerns such as those expressed by Namibia’s Member of Parliament, Eneas Emvula.



- ❑ **The relation between HPV and cervical cancer may be complex to explain – strengthen the communication with teachers and parents about it.** Limited understanding of HPV and its progression is a barrier—not only does low awareness reduce individuals’ perceived need for vaccination, but poor HPV health literacy among key influencers such as schoolteachers can also affect the quality of information shared within the community. This, in turn, can influence parents’ consent to vaccinate their children. [This training here](#) can equip health care workers with knowledge, skills, confidence and resources to better communicate about the HPV vaccine.
- ❑ **Address stigma around sexually transmitted infections (STIs) and reproductive health.** Studies show that stigma related to STIs like HPV can prevent individuals from seeking vaccination [[link](#)]. Support community-led efforts—[such as AMREF’s initiatives](#) —that promote early diagnosis while challenging stigma associated with STIs or engage with religious and community leaders to address this ([this webinar](#) can provide you with some ideas!)
- ❑ **Integrate adolescent health services into broader delivery models.** Link HPV vaccination with services such as menstrual health education, deworming, reproductive health, and school-based programs for both girls and boys. Ensure all communication includes clear guidance on how and where to access available vaccination services.

**Be aware of the tactics used by vaccine disinformation networks and educate online users to spot them!**

⚠ **Distorting facts and recycling content:** Disinformation networks frequently reframed real images, quotes, and news artifacts to fit false narratives. They reuse content and decontextualize to, for example, falsely suggest a depopulation agenda via vaccines. ⚠ **Memes and hashtags as propaganda tools:** Memes played a central role in spreading disinformation, making complex conspiracies digestible and emotionally charged. ⚠ **Blending online and offline channels:** False narratives migrate from social media into traditional media, including local language radio shows. Map networks in your country ahead of meaningful events such as the launch of immunization programs and boost misinformation literacy.

## Key resources to address concerns on HPV vaccines

### Resources/Content for social media

- [WHO short video on how the HPV vaccine works](#)
- [WHO short video to explain vaccine surveillance for side effects](#)
- [Viral Facts Africa Social Media kit for HPV Vaccines \(explainers\)](#) - please, get in touch if you need any of them adapted to your language!

### Resources for journalists & fact checkers

- [Africa Check Fact Checking on HPV Vaccine Safety](#)
- [Full Fact Fact Checking on HPV Vaccine Safety and Effectiveness](#)
- [AFP Fact Check on Dr Wahome Ngare claims on vaccines and infertility](#)

### Technical resources

- [TechNet-21 website contains practical tools often developed by EPI programmes and partners](#)
- [Toolkit from TechNet-21 website on Communication, Social Mobilisation and Demand Generation](#)

### Resources for health care workers

- [WHO Training module](#) to better communicate about HPV vaccine and [facilitators' guide here](#)

## Persistent trends

**Mpox: The surge in Kenya, the protracted healthcare-workers' strike in Ethiopia, and worries over isolation beds in Ghana are deepening public distrust**

**Engagement : 35 posts, 2,600 comments, 830 shares/retweets**

- ☐ **Kenya:** On 10 June 2025, the news site Kenyans.co.ke relayed an official press release entitled "[Ministry of Health Announces Outbreak of Mpox in Four More Counties.](#)" The text stated that 41 confirmed cases are now spread across "a dozen regions" and that four previously unaffected counties have just been added to the enhanced-surveillance zone. The article was shared more than a thousand times and drew over 170 comments, most of them demanding details on the severity of infections and the containment measures [\[link\]](#). Minutes later, the ministry posted the same alert on X/Twitter; the thread surpassed 250,000 views, and the replies oscillated between scepticism and anger: "[Kila time right before maandamano Tumieni script zingine](#)", "Stop the shenanigans, we haven't seen anyone with the so-called 'mpox disease'".

- ❑ **Ethiopia:** the strike that public-sector health workers launched on 13 May remains unresolved, according to APA News, because no deal has been reached on salaries and working conditions [\[link\]](#). Hospital services have therefore been running at half-speed for nearly a month. The dispute sharpened when pathologist Dr Mahlet Guush, a figurehead of the movement, was arrested on 19 May; her release on bail on 12 June, confirmed by Addis Standard, reignited criticism of the authorities [\[link\]](#). On Facebook, successive posts from the Ministry of Health (“[We will fight to the end!](#)”, 431 likes, 300 comments) sparked a torrent of reproach: lack of detailed infection reports, ward closures due to staff shortages, rumours of “ghost” hospitals.
- ❑ **Ghana:** On 3 June, the Ghana Health Service (GHS) confirmed 26 new cases, raising the national total to 45 and triggering the deployment of rapid-response teams in nine regions [\[link\]](#). In the days that followed, stations such as [Joy FM](#) and [TV3 Ghana](#) aired interviews in which internet users were already comparing the situation to the first Covid-19 wave: “How many isolation beds are truly ready?” “Don’t repeat the unpreparedness of 2020!” On 10 June, a new GHS bulletin hinted that the total could reach 79 cases once pending results are confirmed, further fuelling fears that the hospital system is undersized [\[link\]](#).
- ❑ [AIRA Report No. 164](#) (29 May – 04 June 2025) had already flagged this same trio, case surge, health-worker strike, shortage of beds, as a “top concern,” clearly explaining why trust is eroding and which priority actions could restore it. The persistence, one week later, of the questions “Symptoms? / Beds?” and the rallying cry “We will fight to the end!” confirms that diagnosis and underscores the urgency of implementing the recommended measures without delay.

## Key resources to address concerns on mpox

### Resources for journalists & fact checkers

- [Internews](#) Reporting on mpox, a guide for journalists
- [WHO](#) Comprehensive list of mpox webinar series

### Resources/Content for social media

- [Viral Facts Africa](#) Mpox social media kit with engaging explainers and debunks
- [WHO RCCE “Mpox Readiness & Response Toolkit”](#)
- [CDC Mpox communication assets](#)

### Training for health-care workers

- [OpenWHO e-learning: “Mpox – Introduction for African Outbreak Contexts”](#)

## 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 (siloed 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.