

Africa Infodemic Response Alliance

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AIRA Infodemic Trends Report

29 May- 04 June 2025

Weekly brief #164

Top concerns

[Mpox: Healthcare workers' strike in Ethiopia and surge in cases in Ghana rekindle public distrust](#)

Ethiopian professionals denounce unpaid salaries and risks to patients; in Ghana, the jump to 45 cases is making families doubt the response capacity.

[Cholera: Ongoing concerns in Angola over long-term water treatment solutions, along with inadequate waste management and water access in Malawi markets underscore the need to address public frustration](#)

Public frustration grows as communities in Bengo (Angola) and Thyolo and Rumphi Districts (Malawi) face persistent gaps in safe water, sanitation, and long-term cholera prevention amid rising health and environmental risks.

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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 29 May- 04 June 2025 in Africa. For more information, please contact: Salif Diarra diarrasa@who.int

Mpox: healthcare workers' strike in Ethiopia and surge in cases in Ghana rekindle public distrust and key questions

Engagement : 23 posts, 1,660 comments, 960 shares

- ☐ Since May 12th, 2025, the public-hospital sector in Ethiopia has been operating in slow motion. What began as a partial strike by health professionals became open-ended on May 19th, affecting “almost all hospitals” and exposing salaries that drop as low as USD 60 net per month [\[link\]](#). The Ministry of Health has publicly warned that “the government’s patience has its limits,” while unions have responded with the slogan: “We are not machines, we carry the system on our shoulders” [\[link\]](#). More than a hundred health workers, including pathologist Mahlet Guush, have been arrested since mid-May, and at least twenty are reportedly still held incommunicado in Addis Ababa [\[link\]](#).
- ☐ Amid this social crisis, the mpox outbreak has intensified. After an initial family cluster was detected on May 25th in Moyale, authorities reported six cases and the death of an infant on May 31st. A Ministry update, relayed on June 6th by Xinhua, now puts the tally at 18 confirmed cases, one death, and two recoveries, with the remaining fifteen patients being treated in isolation [\[link\]](#). This rise is occurring while hospitals are running with reduced staff and some doctors specializing in epidemiological surveillance are among those arrested—fueling fears of delays in case detection, isolation, and reporting.
- ☐ Reactions reveal a collective anger mixed with exhaustion: health workers stress that they are “not machines” but human beings deprived of basic needs, food, housing, security, while being asked to save lives. They demand genuine dialogue and “fair” answers to their salary claims, noting that they are still “asking for bread.”
- ☐ Likewise, several commentators decry the authorities’ lack of transparency: they want to know where the new mpox cases have been detected and why this crucial information for public awareness is missing. Here are a few of them:

Doctors. Nurses. Midwives. Pharmacists. We are not machines. We are human beings carrying a system on our backs. The Ethiopian Health Professional Health Movement demands dignity, safety & support.

We need basic needs to help patients as well as

We doctors need food, shelter to help patients

We need fair and just answers for our fair and just questions

Answer questions of your employees

Why did you fail to report where those cases are detected? You know this is the single most important thing to create public awareness.

Still we are asking bread

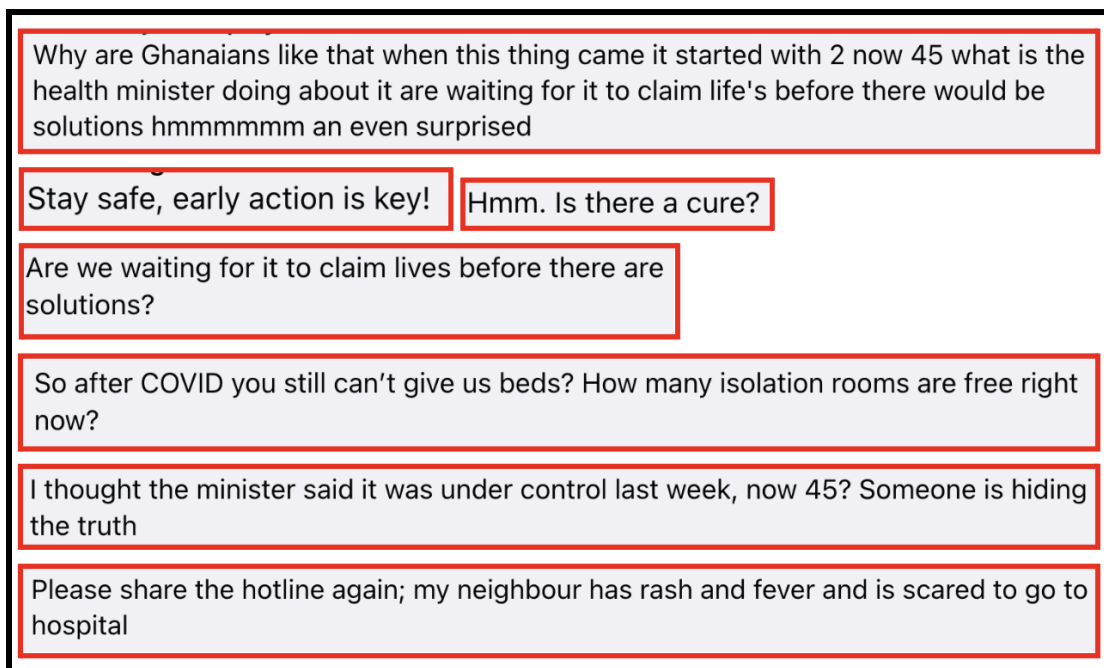
Justice for health professional

Have u reported the health professionals in the country are also on the weeks long **#strike** amid government ignoring their fair based wage payment and health insurance and et al request.

Comments were originally identified in Amharique (translated via Google Translate)

- ☐ On June 2nd, 2025, the Ghana Health Service (GHS) announced [26 new mpox cases](#), bringing the national total to 45 confirmed cases across nine regions, no deaths, but two patients are hospitalized. Tests were conducted at the Noguchi Institute (Accra) and KCCR (Kumasi); most of those affected are males aged 15–49 years [[link](#)].
- ☐ Facing a 137 percent jump in cases within a single week, the Ghana Health Service (GHS) has dispatched regional rapid-response teams to carry out contact tracing and, for the first time, is seeking supplies of the Modified Vaccinia Ankara, Bavarian Nordic (MVA-BN) vaccine to protect frontline health workers and other high-risk groups. Under the official announcement, many commenters call for hard numbers on actual isolation-bed capacity and ask, “Will action come only after lives are lost?”, underscoring how fragile public trust in the response remains.

- Ghanaian reactions, hovering between exasperation and concern, reveal a deep loss of confidence: several users fault the authorities for letting cases climb “from 2 to 45” before acting, even suspecting a cover-up of the true situation. References to the COVID-19 pandemic (“*still not enough beds?*”) point to a sense of structural unpreparedness, while the recurring question “*Is there a cure?*” highlights a glaring information gap on treatment.
- Some simply urge everyone to “stay cautious” or ask for the hotline number to guide a symptomatic neighbour, evidence that, beneath the mistrust, there is an urgent need for practical advice and operational transparency. Here are a few examples:



Why is it concerning ?

- Commenters asking “Where do we go?” or “Is there a cure?” signal unmet demand for practical guidance; if officials do not answer promptly, peer-to-peer advice and unproven home treatments will fill the gap, spreading faster than corrections. Delayed or incomplete updates on where new mpox cases are occurring (Ethiopia) and how many isolation beds exist (Ghana) leave space for speculation, conspiracy claims and crowd-sourced “case maps” of dubious accuracy.

- ☐ When frontline clinicians are off duty, or under arrest, the most credible voices for fact-checking and reassurance disappear, amplifying the reach of self-appointed “experts” on Facebook, Telegram and TikTok.

What can we do ?

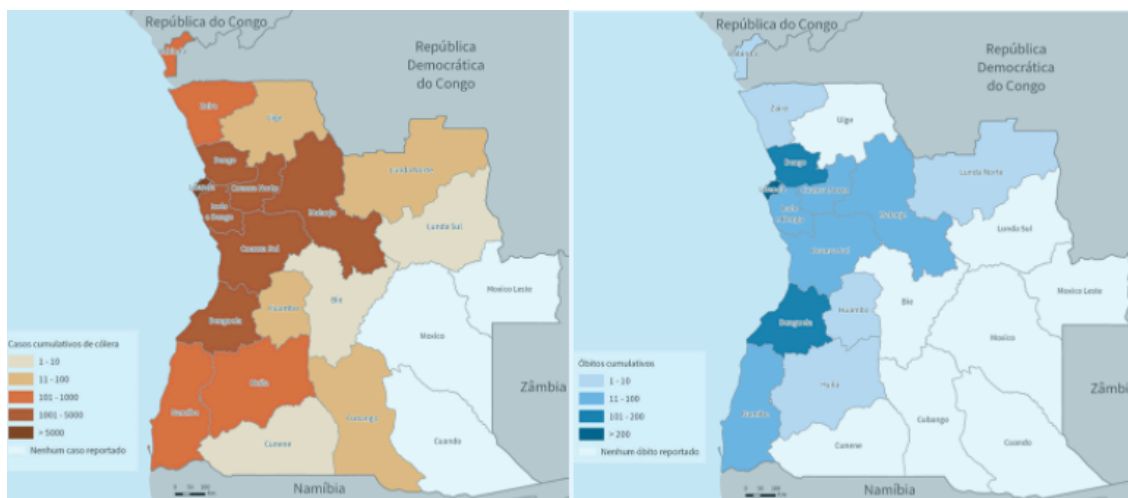
- ☐ **Establish a daily brief at a fixed time responding to key questions:** Share a Concise daily updates addressing key identified information gaps (new cases, free isolation beds, available services, helpline numbers). This is important because regularity creates a reliable source of information, fills information gaps, and stops rumors before they spread.
- ☐ **Set up a “trusted-sources channel” on WhatsApp / Telegram :** Group health journalists, influencers, and patient associations in a broadcast list to push “Myth/Fact” infographics, rapid alerts, and testing-site maps, flooding closed networks with verified content before myths can take hold.
- ☐ **Communicate transparently about vaccines and antivirals :** Inform adequately about the national request for vaccines and other medicines, explain why this is necessary for the context and give regular status updates.

Angola, Malawi

Cholera: Ongoing concerns in Angola over long-term water treatment solutions, along with inadequate waste management and water access in Malawi markets underscore the need to address public frustration

Engagement : **18 posts, 233 comments, 46 shares**

- ☐ In Angola, the cholera outbreak remains a concern. Since the first case was identified in January 2025, the number of cases reported from 17 provinces totals up to 24 135, with 713 deaths reported (as of May 31st 2025) [\[link\]](#). The case fatality rate (CFR) remains high, around 3.7% [\[link\]](#) and close to one third of deaths occur in the community, outside Cholera Treatment Centers (as per March 2025 data) [\[link\]](#). The high CFR highlights some challenges, including late case presentation, gaps in surveillance and early response, inadequate healthcare capacity, and barriers to accessing life-saving treatment, particularly in underserved areas [\[link\]](#)



Map 1. Cumulative cases (left) and cumulative deaths (right) as of May 31st, 2025.

Source: [Boletim Informativo da Cólera Nº 144/2025, Ministério da Saúde Angola](#)

- ☐ Access to safe water remains a priority. While the country has made significant advances in the last decade to increase access to drinking water and sanitation services, 34% of the population still does not have access to safe water and 27% does not have access to basic sanitation [\[link\]](#). This context makes Angola highly vulnerable to cholera and other water-borne diseases, coupled with rainy seasons and derived floods. Moreover, it shares a border with DRC and Zambia, two countries with active cholera outbreaks. The frequent population movement across the border heightens the risk of transmission [\[link\]](#).
- ☐ Amid ongoing challenges, online users from Bengo have voiced concerns about limited access to treated water in their districts. They are calling for sustainable, long-term solutions, expressing frustration with the temporary or inconsistent nature of current “immediate fixes,” particularly as water pumps remain disrupted. While the Government of Angola and partners are stepping up efforts to expand WASH services, especially in Bengo and Luanda, the most affected provinces by the cholera outbreak, many people remain critical of these initiatives. They express fatigue with solutions perceived as temporary or outdated—such as water tanks. Below there’s some excerpts from social media commentary:
- ☐

50 years after independence do they still hand out these cans to store the so-called drinking water?

And are they going to deliver the bleach as well 😊 ?

I live in the shadow neighborhood of the impondeiro, Cacucaco, adjacent to the Bom Aço company... there's no drinking water or energy... ok, it's a new neighborhood, but we need those funds!

With so many rivers, are these plastic sources an option for water distribution?
How do we want to reduce the proliferation of plastic in the world?

And you RNA really pass this information with great pride

Comments were originally identified in Angolan Portuguese (translated via Google Translate)

- ☐ While the cholera threat in Malawi is being closely monitored, latest available information from [WHO Multi-country Outbreak of Cholera Situation Report](#) suggest no cases have been reported between April 1-27, 2025, and cases remain very low for all of 2025 with only one death reported.
- ☐ Although Tropical Cyclone Chido brought some disruption with heavy rains in late 2024, Malawi is now in the midst of the dry season and facing a severe drought. Various agencies have already issued appeals due to the growing risks of food insecurity [\[link\]](#).
- ☐ Yet, different news reports on out-of-service pumps [\[link\]](#) in Thyolo District and markets saturated with waste in Rumphi District [\[link\]](#) are fueling fears and concerns of a "dry season wave" of cholera. Analysis of commentary suggests people are unclear about the options to treat the water amidst limited access to safe water sources and poor hygienic conditions in markets.
- ☐ While cholera outbreaks are typically associated with rainy seasons due to flooding and water contamination, it can also take place in dry season if safe water sources dry up or become nonfunctional, like the pump highlighted in Thyolo, forcing people to use unprotected water sources or contaminated rivers. Additionally, without enough water, sanitation and hygiene practices (like hand washing or cleaning latrines) become difficult. In markets saturated with waste or where waste is managed poorly, food can easily become contaminated, increasing the risk of transmission of cholera.

Why is it concerning ?

- ☐ High case fatality rate underscores the urgency of long-term solutions in Angola. With over 24,000 cases and 713 deaths as of May 2025 — and a high CFR of 3.7% — the ongoing cholera outbreak reflects systemic challenges for care. Thus, engagement with people's needs at the community level remains crucial to strengthen prevention and find solutions that are supported and trusted by people, both with immediate and longer term goals.
- ☐ Although cholera cases have declined significantly in 2025, Malawi experienced a devastating cholera outbreak between 2022–2024 — the worst in two decades, with over 1,700 deaths reported [\[link\]](#). Extreme weather events may continue posing a risk in the country and while the dry season is less likely to contribute to the spread of cholera, people need to be aware of risk factors to avoid further transmission.
- ☐ In the context of failing water infrastructure, people may resort to natural sources. Information gaps on safe practices and lack of coordination among WASH and community level partners can lead to contamination of streams and rivers, sustaining or reigniting transmission chains.
- ☐ Markets play a central role in daily life in Malawi, especially during times of drought when food systems are strained. Moreover, they are places with high traffic and mobility of people. Without clear, accessible guidance on how vendors and buyers can treat the food with safe water and how responsible focal points must manage waste and maintain hygiene, these settings can easily become hubs of cholera resurgence.

What can we do ?

- ☐ **Working on immediate WASH needs should not distract key stakeholders from investing in and advocating for long-term water treatment solutions.** As these systems are developed, inform the public on how they can treat the water now and what is being done to solve the situation in the long run.
- ☐ **Address community frustrations with disrupted or inadequate water treatment infrastructure** by providing clear, accessible guidance on how to safely use natural water sources, such as rivers or streams. Emphasize practices that help maintain water cleanliness and potability, using available tools and locally adapted resources to guide communities.
- ☐ **Work closely with local authorities and market stakeholders** to promote food hygiene and safe handling practices tailored to locally available resources, considering available infrastructure for food cleaning, bathing, laundry, waste

management and latrines. The following basic steps can help you in considering key steps:

Key Practical Steps to Take:

- **Set activity zones:** Require bathing, laundry, and defecation at least 30 m and downstream from the water source.
- **Feces containment:** Use temporary covered pit latrines or designated “feces disposal zones” away from water.
- **Protect springs/wells:** Install simple barriers like gravel aprons and raised lip to block surface runoff.
- **Sanitize water before use:** Encourage boiling, chlorination, or safe filtration at home.
- **Promote hygiene:** Advocate handwashing with soap, especially after defecation and before food prep.

You can check more guidance in [US CDC Cholera Five Steps for Prevention](#), [WHO Wash in Emergencies](#) or this practical guide on [Developing a Water and Sanitation Safety Plan in Rural Communities](#).

Persistent trends

Limitations in funds for health programmes continues to fuel concerns in South Africa

Engagement : **8 posts, 1896 comments, 285 shares**

- ☐ Global funding cuts for health programmes continue to spark reactions in South Africa as the media continues to report on the gaps for essential services for HIV, Tuberculosis, diabetes, high blood pressure or cervical cancer among others.
- ☐ People’s online commentaries point at national authorities for the challenges in filling in for USA funds gaps, leaving people underserved. While some comments express the need to regain independence from the USA, others support conspiracy theories that suggest the cure for HIV will be finally achieved now that global actors and pharma are not involved.
- ☐ It is important to continue monitoring this trend, as it highlights public distrust in national authorities, offers insight into the consequences of aid cuts, and reveals gaps in access to life-saving treatments.

Key resources

Mpox

Resources for social listening analysts

- [AIRA](#) Weekly Infodemic Trends Report
- [WHO](#) Public health taxonomy for social listening on mpox conversations

Resources for journalists & fact checkers

- [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

Public health guidance/RCCE

- [Child engagement](#) in the context of disease outbreaks in ESAR
- [WHO](#) Global Mpox Dashboard
- [WHO](#) Public health advice for sex workers on mpox
- [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

Cholera

Guidance and field manuals for cholera control

- [UNICEF Cholera Toolkit](#)
- [Cholera Outbreak Response: Field Manual](#)
- [US CDC Cholera Five Steps for Prevention](#),
- [WHO Wash in Emergencies](#)
- [Developing a Water and Sanitation Safety Plan in Rural Communities](#)

Chlorination guidance

- [Field Guidance Note Evidence-Based Guidance For Water Chlorination In Humanitarian Response](#)
- [Oxfam Water Treatment Guidelines for Use in Emergencies](#)
- [WHO Guidelines for Drinking-water Quality](#)

RCCE Resources and Guidance

- [Collective Service Resources toolkit for cholera](#)

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.