

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report  
**April 11** (Version 15 of 2022)



Help grow Viral Facts Africa viewership! Follow and share Viral Facts on these social media forums:



[Facebook](#) [Twitter](#) [Instagram](#)

## Quick Reference Guide

### Key COVID-19 Misinformation/Rumor Trends

- [African nations thrived by avoiding the COVID vaccine](#).....Pg. 3

### Key Malaria Misinformation/Rumor Trends

- [Malaria isn't a virus and shouldn't have a vaccine](#).....Pg. 4

### Key Influenza Misinformation/Rumor Trends

- [Flu vaccine is the COVID-19 jab](#).....Pg. 5

### Persistent Rumors.....Pg. 6

### Information Gaps

- [Malaria isn't a virus, why is there a vaccine?](#).....Pg. 6

### Viral Facts Africa recent productions

- [COVID-19 VFA Content](#).....Pg. 7
- [Polio VFA Content](#).....Pg. 7
- [New Viral Facts Africa campaign](#) to counter vaccine hesitancy.....Pg. 7

### Methodology.....Pg. 8

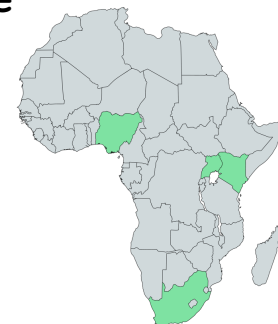
## Public Health Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from April 2-8, as well as relevant information on current mis/disinformation. Target countries include Angola (PT), Kenya, Nigeria, South Africa (EN), Burkina Faso, Cameroon, Democratic Republic of Congo (DRC), Guinea, Ivory Coast, Niger, Mali, Mauritania, Mauritius, and Senegal (FR). Descriptions of “engagements” and information gathering are listed in the methodology section at the end of this report.



## “African nations thrived by avoiding the COVID vaccine”

*CONTEXT: Prominent anti-vaccine leader Robert F. Kennedy Jr. (RFK Jr.) of the United States was interviewed on March 22 in a video that has spread quickly through social messaging platforms. Kennedy Jr. claimed that “America suffered from the jab while African nations thrived without it.”*



**Kenya, Nigeria, South Africa, Uganda**

**Coverage: 10.5k+ engagements, 2k+ comments, 300k+ views**

- The interview of Robert F. Kennedy Jr. that has been shared widely over the last week particularly focused on his claim of Nigeria’s 15 COVID deaths per million in comparison to the United States 2,800 COVID deaths per million suggesting that the reason for Nigeria’s low counts was due to not receiving the COVID-19 vaccine.
- More significantly, responses to the video made additional claims that the high usage rate of hydroxychloroquine for malaria and ivermectin for river blindness in Nigeria was likely the cause for such low COVID-related deaths in comparison to countries that have had large majorities of their populations vaccinated over the last year.

### Why is it concerning?

- This claim is resonating in social messaging apps with anti-vaccine (WhatsApp, Telegram) and anti-European/U.S. groups alike with resurfaced statements that Africans are a superior race and that the orchestration of Westerner “population control” tactics were unsuccessful.
- Additionally, the large support for these claims also underscored the still widely held belief that ivermectin and hydroxychloroquine are better alternatives to the COVID vaccine.

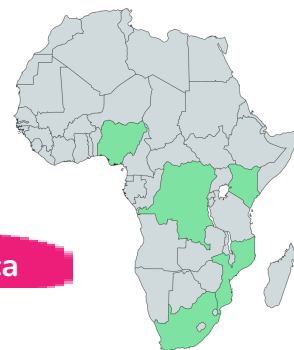
### What can we do?

- Promote comparisons of the COVID-19 vaccine side by side with these other treatments. The literature around these treatments has often been cited out of context, therefore, a direct comparison of the significant advantages of the vaccine over alternatives will resonate.



## “The WHO is supporting the Bill Gates Malaria Vaccine”

CONTEXT: The WHO’s [announcement](#) from 2021 recommending the use of the RTS,S vaccine for malaria children at risk has resurfaced in a new context claiming it is the **Bill Gates malaria vaccine**.



Democratic Republic of Congo, Kenya, Mozambique, Nigeria, South Africa

- The malaria vaccine that was given support by the WHO in late 2021 has been negatively aligned with Bill Gates similar to prominent rumors around his perceived nefarious involvement with the COVID-19 vaccine. The vaccine development was conducted by a London-based pharmaceutical firm with funding by the Bill & Melinda Gates Foundation, which has been out of context.
- Additionally, there have been multiple claims that the malaria vaccine has **unreported side effects that have shown to lead to meningitis** which is shared alongside the “30% efficacy rate for the vaccine.”
  - “The WHO just approved Bill Gates’ malaria vaccine. It’s 30% effective (likely overstated) and ONE of the side effects is meningitis.” (Source: South Africa WhatsApp Channel)

### Why is it concerning?

- Newly developed vaccines are facing distrust even for diseases with high contraction rates, high hospitalization rates, and significant mortality rates. Organizations that did not see extreme levels of distrust, such as the Bill and Melinda Gates Foundation, have been widely associated with misinformation particularly when it is in relation to vaccines.
- Claims like meningitis as a side effect are impactful, as it is a widely known infection and can be comprehended and thus misinform large audiences.

### What can we do?

- Highlight the decades of development that went into the malaria vaccine and the potential for the vaccine to prevent the deaths of 23,000 children per year.
- Address the factual side effects of the vaccine with evidence and peer-reviewed studies or easy-to-digest material. ([LINK](#) to WHO publish vaccine information.)



## “Flu vaccine is the COVID-19 jab”

CONTEXT: An article from the *Business Insider South Africa* cited the South African Health Department’s report that citizens no longer need to wait fourteen days between getting a COVID-19 vaccine and an influenza vaccine. [\[LINK\]](#)



### South Africa

**Coverage: 2.5k+ engagements, 1k+ comments, 400+ shares**

Reports of the shift in procedures regarding the requirement of fourteen days between COVID-19 vaccination and influenza vaccination have led to confusion and distrust in the influenza vaccine primarily. Statements that the health department did not back their original guidelines in scientific evidence have surfaced, along with multiple claims that the pandemic served as proof that natural immunity is a better solution to dealing with viral diseases. [\[LINK\]](#)

### Why is it concerning?

- The influenza vaccine has been impacted by the frustration and mistrust of public health organizations that deepened during the COVID-19 pandemic.
- There is not only a significant percentage of responses to the reports that fear the influenza vaccine is being disguised as the COVID-19 vaccine but statements such as this highlight a worrying development of sentiment towards routine vaccination: “I don't even trust the flu vaccine anymore...”

### What can we do?

- Changes in regulations will likely cause confusion in any scenario, but clarity around the importance of the flu vaccine in relation to the COVID-19 pandemic can be useful.
- Continue to address concerns regarding the impact of receiving multiple vaccinations simultaneously and how the doses are still effective even when combined.



## **Persistent Rumors**

### **Rumor: Vaccines don't prevent death or the virus' spread/vaccines are not effective**

- Response: Vaccines provide protection against serious complications from COVID-19 and the new variants. (Viral Facts response [here](#))

### **Rumor: Foreign companies or governments profit from the vaccine rollout in Africa**

- Response: Highlight successes in vaccine distribution, as well as new manufacturing campaigns beginning in Africa.

### **Rumor: Inaccurate assumptions of vaccine side effects/ long-term effects**

- Response: Fear of vaccine side effects/ long-term effects continue to be misinterpreted or overstated (Viral Facts response [here](#))

### **Rumor: COVID-19 no longer exists / never existed**

- Response: COVID-19 cases have declined but health authorities are warning of a potential 5th wave (Viral Facts response [here](#))

### **Rumor: Frustration with looting and mismanagement of COVID-19 funds**

- Response: Review the COVAX program and the global effort to effectively distribute vaccines via a multi-organizational campaign

---

## **Information Gaps: Malaria isn't a virus, why is there a vaccine?**

The recent uptick in narratives around malaria has led to discussions about malaria not being a bacterial or viral infection, but rather a parasite called plasmodium. This has driven confusion as to why there are vaccines that are normally designed to fight disease with living viruses or bacteria. As vaccinations for malaria are seeing approval and rapid uptake for distribution campaigns by governments across Africa, addressing this information gap can be beneficial to both medical professionals operating the vaccine campaigns and citizens in proposed target treatment areas.



Help grow Viral Facts viewership! Follow and share Viral Facts on these social media forums:



[Facebook](#) [Twitter](#) [Instagram](#)

---

## **COVID-19 VFA content**

- The importance of getting vaccinated [\[LINK\]](#)
- The pandemic is not over! [\[LINK\]](#)
- COVID-19 effects on sexual performance [\[LINK\]](#)

## **Polio VFA Content**

**Dr. Janet Kayita**, a WHO Malawi Country Representative answers the most pressing questions around **polio in Malawi** for **ViralFacts**.

- Is the polio vaccine related to the COVID-19 vaccine? [\[LINK\]](#)
- Why do we need a polio vaccine campaign? [\[LINK\]](#)
- How is COVID-19 impacting the fight against polio in Malawi and other African countries? [\[LINK\]](#)
- Why is it important for children to be vaccinated against polio? [\[LINK\]](#)
- Is wild polio virus really back in Africa? [\[LINK\]](#)

---

## **New Viral Facts Africa campaign to counter vaccine hesitancy**

WHO in Africa has worked with the UK Government and Viral Facts Africa to create a new campaign to support Covid-19 vaccine demand across Africa. Building on the experience WHO and Viral Facts Africa have in countering the spread of health misinformation and disinformation in the African region, the UK Government has developed messaging based on insights and behavioral science expertise gained during the pandemic. These digital assets will help to build vaccine confidence by tackling the most prominent drivers of vaccine hesitancy and support Africa's recovery from the pandemic.

[Link](#) to have an overview of the produced assets / Links to download ([EN](#)/[FR](#))





## Methodology

The social media listening process relies on a split of social media analyses conducted for French, English, and Lusophone-speaking countries. The social media analysis for French-speaking countries is conducted by the AIRA Infodemic Manager Consultant based in Guinea, the one for Lusophone speaking countries by the AIRA Infodemic Manager Consultant based in Angola, and the one for English speaking countries by a WHO AFRO social media officer.

The final report is a combination of the three analyses and recommendations. 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, 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, TweetDeck, Crowdtangle, Google Trends, UNICEF Talkwalker dashboards as well as the WHO EPI-WIN weekly infodemic insight reports and 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.

**Our commercial social listening tools include:**



NEWSWHIP



TweetDeck



Talkwalker

**WHO social listening tools:**



Early AI-supported Response  
with Social Listening