

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report
February 7, 2022



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COVID-19 Infodemic Trends in the African Region

This report seeks to communicate operational recommendations based on social media monitoring from January 29- February 4, as well as relevant information on current mis/disinformation.

Target countries include Angola, Kenya, Nigeria, South Africa (ENG), Burkina Faso, Cameroon, Democratic Republic of Congo (DRC), Guinea, Ivory Coast, Niger, Mali, Mauritania, Mauritius, and Senegal (FR). We have outlined what we mean by “engagements” and how we gather information in the methodology section at the end of this report.

Aggressive HIV strain a hoax

CONTEXT: A highly virulent strain of HIV was recently discovered by Oxford researchers that has been circulating in the Netherlands since the late 1980s. Patients with the variant, dubbed VB, respond to treatment well as those that have contracted lesser strains. [\[LINK\]](#)



Where have we observed this trend?

South Africa

- Coverage: **4k+ engagements, 2k+ shares, 3k+ comments**
 - Some claim this has been planned for a long period [\[LINK\]](#)
 - Claims that suggest the variant status of HIV is new after efforts to with COVID-19 were not successful and is similar to COVID-19
 - “Now HIV has variants too?? They realized that we are immune to covid variants. [\[LINK\]](#)
 - “so this people vhele, they are trying by all means to finish us... va tsandzeke hi covid19 now back to their home Ground so called HIV” [\[LINK\]](#)
 - “Something strong now..thats your plan b coz covid..didnt complete your mission..” [\[LINK\]](#)

Kenya

- Coverage: **3.2k+ engagements, 1.6k+ shares, 1.5k+ comments**



- Statements that the new strain will come with a vaccine to keep poisoning Kenyans [\[LINK\]](#)
 - “I can see a plan to come up with a vaccine now they are selling fear so that they can get good market...my views though” [\[LINK\]](#)

Why is it concerning?

- The COVID-19 pandemic has had a significant impact on trust in public health institutions, specifically in regard to “variants.” There is a **new immediate distrust in social media conversations when there is any discussion of new potential threats, which now extends to diseases outside of COVID-19.**
- There is going to be a decrease in the acceptance of these emerging threats and will take significantly more engagement by public health institutions to match information sharing at the speed of scientific publications.
- **Information gaps for new disease threats** will become increasingly more damaging with a more distrusting audience and present **more opportunities for the rise of misinformation.**

What can we do?

- **Explain in simple terms what causes a variant**, and highlight the scientific findings that this strain still responds well to treatment
- Enhance factual information sharing by encouraging people to **pause before sharing** social media content
 - ↳ UN Pledge to Pause campaign, Viral Facts Africa example here
- **Highlight safe practices for avoiding HIV contraction** and how these practices do not change with the increased intensity of the HIV variant
- Begin to **address the next steps in fighting against HIV**, as there will be pushback for new developments and breakthroughs surrounding the disease which has already been evident following the announcement of the HIV vaccine trials with human participants [\[LINK\]](#)



COVID-19 vaccines are for elderly

CONTEXT: *Misperception of higher risk for severe symptoms or death for elderly has created the belief that the vaccinations are really suited for that age bracket*



Where have we observed this trend?

DRC

- Coverage: **1000+ member audience**
 - WhatsApp channels in the Democratic Republic of Congo highlight that vaccines are really only meant for the elderly and that is why uptake has been limited
 - Statements from DRC citizens also suggest that the COVID-19 vaccine is best used on the elderly so the drug companies can produce ineffective vaccines without repercussion “the older people will still die”
 - Others have claimed that if they refuse the COVID-19 vaccine long enough that it will “go away to make room for other disease”

Why is it concerning?

- Vaccine uptake is low in the Democratic Republic of Congo, and the continued pushback on the need for vaccines will continue to limit buy-in for the need for a COVID-19 vaccine. Additionally, there is little to no pushback against inaccurate information in monitored WhatsApp channels and therefore these outlets serve as an echo-chamber for this type of rhetoric.

What can we do?

- While some fact-based WhatsApp channels exist, there is little impact from these channels visible in larger groups of WhatsApp users. However, Facebook and Twitter posts are shared rapidly in these channels, suggesting that high exposure content on these more popular social platforms could will lead to accurate information circulating similar to the viral nature of misinformation.
⇒ Viral Facts Africa video on “Do I still need to get vaccinated?” [here](#), and “Is the COVID-19 pandemic over?” [here](#)



COVID-19 strains “falsely” related to HIV

CONTEXT: Reports of HIV patients being hosts for the development of COVID-19 variants has created confusion

[\[LINK\]](#)



South Africa

- Coverage: **1k+ engagements, 400+ shares, 1k+ comments**
 - Reports of studies on the link between HIV and COVID-19 have led to speculation that this is a purposeful development [\[LINK\]](#) [\[LINK\]](#)
 - The claims that there is a link was met with criticism that it is a lie
 - Lies , pure lies, you want to make profit, voetsek [\[LINK\]](#)
 - Tsek come with scientist and variants crap.You people manufacturing for easter or Christmas so we can prepare? Curse those hands that is manufacturing .

Why is it concerning?

- This trend has the potential to have a severe impact at limiting the spread of other diseases in the future. **HIV**, a disease that has been prevalent for decades and that is known to be a challenging sickness to overcome is being **viewed as another “lie” for pharmaceutical companies** to profit.
- Losing momentum for HIV treatment and vaccine potentials is a setback, but this also has a direct impact on the COVID-19 information environment as well. However, if there is acceptance of HIV patients potentially serving as ideal situations for COVID-19 variants to emerge, **a surge in stigmatization of HIV patients will likely develop** for a group that has been already significantly ostracized in the past.

What can we do?

- Content needs to be provided by fact checking organizations and public health institutions that is simple and digestible to **clear up the relationship between HIV and COVID-19** to limit potential information gaps and misinterpretation that will lead to misinformation



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

Omicron subvariant variant BA.2 is spreading rapidly in South Africa and information regarding its severity and impact has been slow to emerge. Many people are not clear on the difference between Omicron and the subvariant and do not understand that these different strains are not a part of the same surge. This confusion could lead to a more relaxed approach to public health and safety measures as citizens misinterpret that the spread of the variant is current and is not one that has already come and gone as has the original Omicron variant.

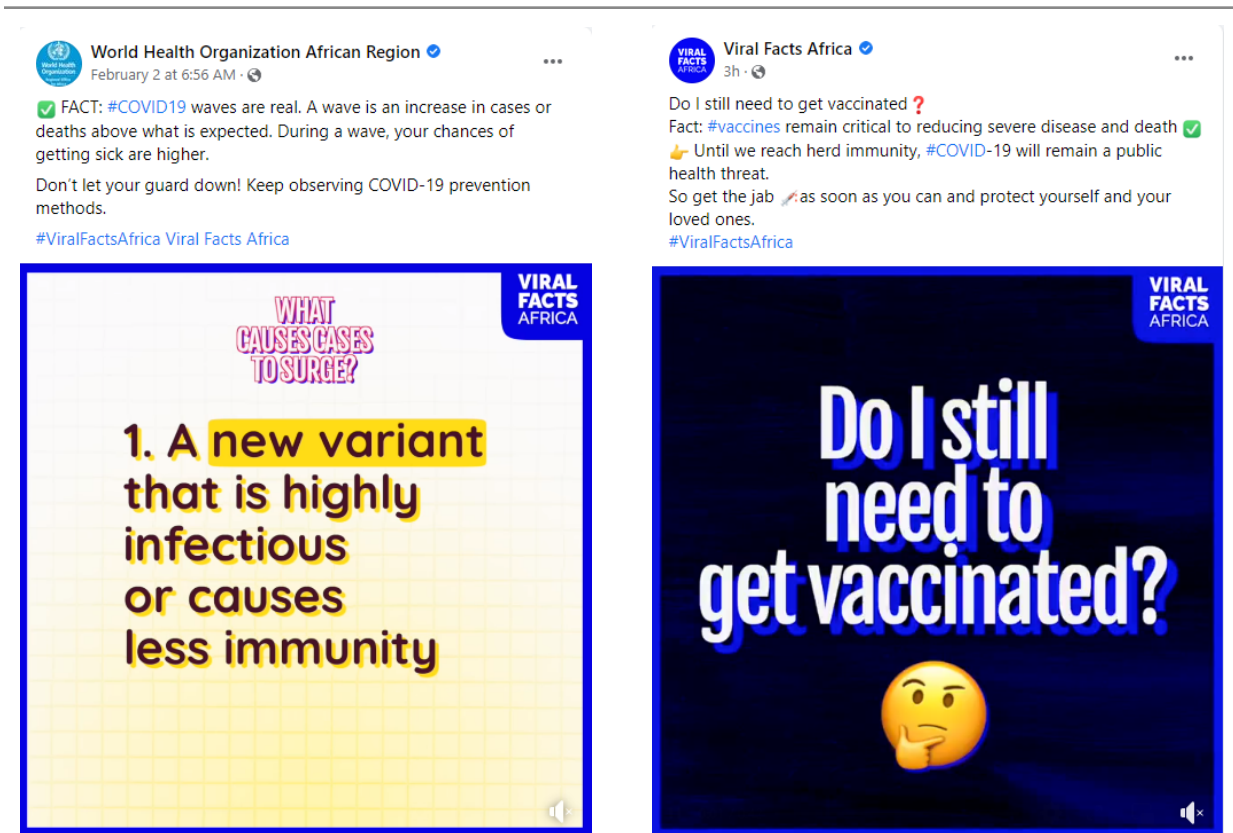


Are COVID-19 waves are real?

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



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Last week, Viral Facts addressed the belief that [COVID-19 waves](#) in Africa are fabricated or not real, and whether or not a [vaccine](#) is still necessary. Once the posts were shared on the WHOAFRO page they garnered over 600 likes, 25 comments, and 52 shares. The content was recirculated in the African countries of **Uganda, Angola, South Africa, Burkina Faso, Nigeria** and **Cameroon**, as well as the Philippines. Comments consisted of questions needing to adhere to safety measures following vaccination and when boosters are needed.



Trends to Watch

*Rumors Found in **WhatsApp** are going unchecked and allow for the persistence of misinformation*

- *“Vaccination will be the door of misfortune for us.”*
- *“The 2nd and 3rd dose vaccine does not benefit those who receive them.”*
- *“We give the authorities vaccines other than what we give to the lower classes because no one sees exactly what we give.”*
- *“The vaccine is for people over 50.”*
- *“Vaccines against COVID-19 are a way to weed out smart black people traveling to Europe.”*
- *“Why the majority of vaccinated people die.”*
- *“Healthcare workers are immunized even without vaccines.”*
- *“The vaccine is supposed to immunize someone against the virus but when the vaccine does not immunize what is the point?”*
- *“It is the anti-Coronavirus vaccine that has just increased the disease in our country the DRC.”*
- *“The new COVID vaccine is making people sick because it changes their genome.”*
- *“There are already many vaccines against this disease of COVID-19, which one is better?”*
- *“Someone who's taken their fix but keeps complaining that their arm hurts. He advises us against these vaccines.”*



Methodology

AIRA has implemented a temporary new social media listening set-up to fill the gap left by the departure of the AIRA Social Data Analyst until a new full-time person is recruited.

The new temporary social media listening set-up relies on a split of social media analysis 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