

# Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



**AIRA Infodemic Trends Report**

**12-19 September 2023**

**(Weekly brief #89)**

# Top concerns

## [Refusal of polio vaccines amidst immunization campaigns](#)

Collective and individual barriers hamper the completion of polio vaccination campaigns in Zambia, Madagascar, Tanzania and Malawi.

## [Spike in social media posts about herbal remedies for malaria and measles](#)

The spike in social media posts about unproven treatments for malaria and measles can potentially exacerbate the severity of the disease.

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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 September 12-19 in Africa.

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## Refusal of polio vaccines amidst immunization campaigns

Engagement: **46 posts, 3k likes, 1.1k comments**

### Media narrative:

- Multiple social media posts and media articles in Malawi, Zambia and Madagascar highlighted the refusal of community members to take the polio vaccine. This refusal was, according to those media outlets, due to religious beliefs and other concerns amidst rounds of polio immunization campaigns. In Southern Malawi, two churches near the Mozambique border in Mulanje, were [dissolved for obstructing child polio vaccination efforts](#); in Zambia, [68 families refused polio vaccines due to religious beliefs](#) despite a 96% vaccination rate in the country according to the article. In Madagascar, [a community leader declined vaccines because they were not free, while others cited concerns over repetitive vaccination campaigns](#). Tanzanian Minister of Health, Ummy Mwalimu, has also [debunked assertions made by religious leaders and traditional healers regarding the safety of vaccines](#) ahead of a polio campaign set to begin on September 21st.

### Social media commentary:

- Certain social media users in the monitored countries have echoed conspiracy theories related to the World Health Organization (WHO), including allegations of a depopulation agenda and the distribution of "poisonous vaccines." Additionally, there has been skepticism expressed regarding the content and safety of donated vaccines, particularly those nearing their expiration dates. Below are some comments:

The same WHO is on depopulation agenda and u trust they will give correct information about poisonous vaccines?

Very true cause this vaccines are meant to destroy the African child and not even the so called doctors know the content in it... they are just theory doc's... with no invasion s... COVID-19 pandemic proved this.

The life expectancy of Malagasy around 80 years is dead. Vaccines have been used for babies, but now they have been used for 100 years. I don't want to talk much, but I want to say that there is someone who attacks us but it is silent.

But as a ministry try get a means to verify few things about these donated vaccines especially what's in them

Kenya has been getting strange things in vaccines

And stop receiving vaccines which are about to expire you put our lives at risk

### Why is it concerning?

- The prominent role and influence of religious leaders during a vaccination campaign is not new and was described before for vaccination campaigns across the continent, including in [Malawi](#). The current narratives during the ongoing polio vaccination campaigns once again underscore the enduring trust and influence that religious leaders have when it comes to discussions about vaccination. Religious leaders should be key partners in disseminating accurate health information, and also detect and prevent misinformation from spreading.

### What can we do?

- Conversations like those on [Times Radio](#), a radio part of the Times group, “a multi-award winning media group and the only 360 media house in Malawi”, where health and human rights activists engage with community chiefs, play a vital role in fostering ongoing dialogues between community members, healthcare leaders regarding the significance of polio vaccination.
- Further qualitative research about attitudes of religious leaders towards vaccination can enable better understanding of barriers to the implementation of vaccination campaigns.
- Sharing the WHO RCCE resources such as “[Engaging with faith partners in health emergencies](#)” and [World Health Organization strategy for engaging religious leaders, faith-based organizations and faith communities in health emergencies](#) tackling key considerations for engaging with faith partners with implementing partners, field vaccinators and WHO staff involved in the polio campaigns might be beneficial.

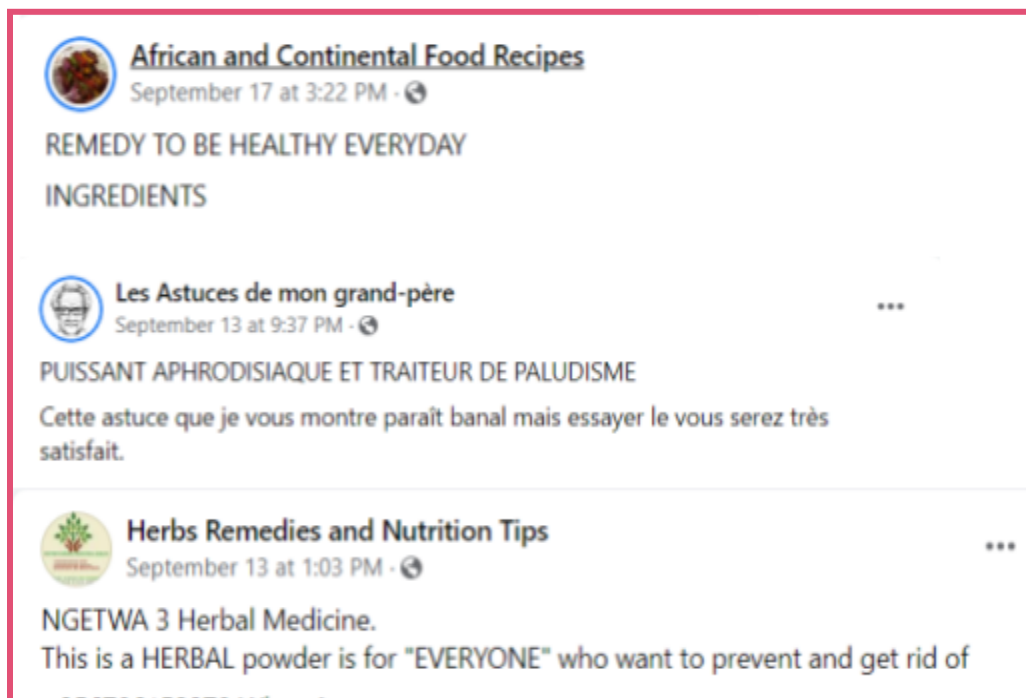
Benin, Uganda, Nigeria, Tanzania, Ivory Coast, Burkina Faso

## Spike in social media posts about herbal remedies for malaria and measles

Engagement: **7 posts, 1.7k likes, 70 comments**

- During the monitored period, there has been a notable surge in social media posts discussing herbal remedies for the treatment of infectious diseases and other health conditions.
- The extensive list of diseases included is concerning, as it claims to provide remedies for approximately [20 different illnesses](#). [Clear instructions](#) and positive feedback from people who have tried the recipe also accompany each post.

Below is a screenshot of some posts:



### Why is it concerning?

- The proliferation of social media posts promoting herbal remedies is a recurring phenomenon in Africa. However, the recent surge in such posts may be linked to the disease outbreaks or announcements pertaining to monitored countries, such as the [preventive chemotherapy for seasonal malaria in Burkina Faso](#), [the malaria season in the country](#) and the [chimioprophylaxis campaign for seasonal malaria in Ivory Coast](#).

- Social media pages that promote unproven treatments can be misleading and often appear as "clickbait." Pages with names like "the [sure truth](#)" or "[grandpa's tips](#)" may give readers a false impression of credibility, potentially deceiving them into believing the information provided is trustworthy.

### What can we do?

- People might have [positive experiences after consulting herbal doctors](#) and therefore trust their work. However, it is important to engage with patients and health practitioners to communicate about the risks of using unproven treatments.
- Share further communication resources such as the Viral Facts Africa social media toolkit on [measles](#) and [malaria](#) to feed the information ecosystem accurate information especially during the malaria season and become a regular topic of discussion on WhatsApp groups and chats.

## Trends to watch

### Dengue in Mali and Burkina Faso

Engagement: **33 posts, 5.6k likes, 184 comments**

#### Burkina Faso

- Social listening for Burkina Faso showed that, in the wake of the recent dengue outbreak in Bobo-Dioulasso, there is a prevalent belief attributing the [outbreak to genetically modified mosquitoes](#) released by the Target Malaria project in 2019 in Bana, which is situated approximately twenty kilometers away from Bobo-Dioulasso.
- It's noteworthy to mention that social media users in Burkina Faso opposed the [introduction of genetically modified mosquitoes](#) in the country in efforts to combat malaria.
- Furthermore, social media users voiced concerns regarding [the disease's severity](#) and its potential for rapid spread. They also express a sentiment that there isn't [sufficient coverage of the issue](#).
- RTB, "Radio Télévision du Burkina", the national public broadcaster of Burkina Faso. emphasized in a Facebook post the [differentiation between malaria and dengue](#), while also highlighting that a patient can potentially be simultaneously afflicted with both malaria and dengue. This draws attention to a possible information gap in the public's awareness.

## Mali

- While the [press release](#) from the Ministry of Health in Mali has not reported any cross-border connections of dengue cases between Burkina Faso and Mali, [online users](#) have enquired about its mode of transmission.
- Ten online media agencies alerted the public about dengue fever, its [symptoms](#) and [severity](#). A comment suggested that the outbreak is a [direct result of releasing genetically modified \(GMO\)](#) mosquitoes into the environment, similar to the belief signaled in Burkina Faso.

## Key resources

### Polio

- [WHO](#), Polio fact sheet
- [Global Polio Eradication Initiative](#), Polio-Eradication-Strategy-2022-2026
- [VFA](#) polio social media toolkit
- [Global Polio Eradication Initiative](#) communication toolkit and technical guidance in French and English
- UNICEF, Digital community engagement polio newsletter, prebunking messages on polio [[ENG](#), [FR](#)]

### Malaria

- WHO [Q&A on RTS,S malaria vaccine](#)
- WHO [First Malaria vaccine supply allocations](#)
- UNICEF, [Malaria vaccine Q&A](#)
- Gavi, [Malaria vaccine market shaping roadmap](#)
- WHO, [The RTS,S malaria vaccine](#)

### Diphtheria

- [WHO](#) Diphtheria fact sheet
- [VFA](#), diphtheria social media toolkit

### Dengue fever

- [WHO](#), Dengue fever fact sheet
- [WHO](#), poster about Dengue type of exposure and prevention

## Methodology

The social media listening process relies on a combination 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, 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 (siloes engagement).

The monitoring reports are produced using NewsWhip Analytics, Crowdtangle, Google Trends, and UNICEF Talkwalker dashboards as well as the WHO EPI-WIN weekly infodemic insight reports and the 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.