

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

15-22 January 2024

(Weekly brief #103)

Top concerns

[Disinformation and misinformation follow the launch of RTS,S malaria vaccine in Cameroon & Benin](#)

African influencers use pan-africanism ideology and conspiracy theories to spread disinformation on social media about the malaria vaccine. Some of the tactics they use include presenting themselves as health experts, using logical fallacies, cherry picking data, using emotion and feeding into the concerns, fear, anger and distrust.

[Disinformation impacts cholera outbreak in Mozambique](#)

In Mozambique, the Naparamas military group engages in violent attacks against a healthcare worker, driven by disinformation alleging that the worker is responsible for spreading cholera.

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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 January 15-22 in Africa.

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Cameroon, Benin

Disinformation and misinformation about the RTS,S malaria vaccine in Cameroon & Benin

[Cameroon has officially launched the RTS,S malaria vaccine](#) into its routine national immunisation services, while [Benin](#) has recently received shipments of the RTS,S malaria vaccine to introduce the vaccine in its expanded vaccination programs (EPI) starting from the first quarter of 2024.

Engagement: 24 posts, 19K likes, 1277 comments

Online news agencies (9) , Official sources (9), anti vax accounts (6)

Social media commentary and situation at a glance

Influencers using pan-africanism ideology and conspiracy theories to spread disinformation on social media about the malaria vaccine [[LINK](#), [LINK](#), [LINK](#)]

With the delivery of vaccine doses and introduction into national immunisation programs, disinformation has flooded social media platforms.

Some tactics used by disinformation groups/individuals include:

- **Presenting themselves as health experts**, despite not having documented expertise in health and immunology. The vocabulary used and the fact they show screenshots of publications make their arguments look credible.
- **Using logical fallacies, cherry picking data, being approximate** when quoting “several independent scientists” or “people said that” without citing sources, and using short-cuts to present erroneous conclusions. When referring to a specific scientific publication, there is no explanation of the methodology, context of the study and key conclusions of the studies are voluntarily omitted.

One example of this tactic is the use of incorrect statements, which are not evidence-based, such as: “*the RTS,S malaria vaccine has caused cerebral malaria and meningitis and higher deaths in young girls.*”

- According to the [Full Evidence Report on the RTS,S/AS01 Malaria Vaccine](#), the large pilot implementations of RTS,S in Ghana, Kenya and Malawi from 2019 to 2023 included a robust safety evaluation, specifically to determine whether the safety signals seen in the Phase 3 trial of RTS,S (conducted from 2009 to 2013) were causally related to the vaccine or chance findings - there was no sign of these signals after more

than 2 million children were vaccinated and 6 million doses given, these were determined to have been chance findings.

Further, these safety signals were not seen in Phase 2 or subsequent Phase 3 trials of RTS,S that have been conducted. The malaria vaccine has a good safety profile, is well tolerated and is expected to result in tens of thousands of lives saved every year.

- **Misleading statement about the efficacy of the RTS,S without providing context to reference the public health impact of the RTS,S vaccine.**
 - As shown in pilot implementations (after 4 years of public health vaccination in 3 African countries), the moderately efficacious RTS,S vaccine resulted in a [13%](#) drop in mortality from all causes among children age-eligible for vaccination and substantial reduction in child hospitalizations with severe malaria.

- **Using emotion and feeding into the concerns, fear, anger and distrust** that people may already feel about the malaria vaccine (or vaccines in general) or about the political, socio-economic situation they are experiencing.

An example of this tactic is questioning why the vaccine, which was in development for more than 30 years, is only shared with the world today, or why the vaccine is only rolled out in Africa, implying there is a depopulation agenda or some other hidden agenda.

 - As addressed during a [press conference on 19 January](#), [the RTS,S malaria vaccine](#) is the world's first vaccine against a parasite and the result of the contribution of many scientists and researchers, including hundreds of African researchers. The vaccine acts against P. Falciparum, the most deadly and prevalent malaria parasite in Africa, and African children are the most vulnerable population to illness and death from this disease.

- **The same tactic is used when questioning why certain countries have achieved successful malaria eradication without relying on vaccination**, which casts doubts about the necessity of a vaccine in Africa.
 - [The RTS,S malaria vaccine](#) is aimed to reduce malaria illness and deaths among the most vulnerable children; it is estimated that a child in Africa dies from malaria every minute of every day.

Online users cherry-picking data that confirms their position on malaria vaccine

- In response to a [tweet](#) by Cameroon's Minister of Health, Dr. Manaouda Malachie, 37% of the 54 comments reflected online users' concerns and need for additional information regarding the vaccine. These inquiries included requests for details on the [duration of protection](#), [queries about the results](#) and [countries of the pilot phase](#), and inquiries about [the choice of Cameroon as the first country to obtain the vaccine first](#). As noted, there is robust evidence on the substantial impact of the malaria vaccine to substantially reduce malaria illness and deaths in young children, at the age when they are most vulnerable (under-5).
 - The reason why Cameroon is the first country from a long series of countries to introduce the vaccine RTS,S into its immunisation program was addressed during the press conference by [Gavi, WHO, UNICEF on January 19th](#): Cameroon is part of a group of countries that applied to Gavi and have been approved to introduce the malaria vaccine, and based on numerous factors including logistics, it was a country decision to determine when to start introduction.
- An online user whose location on X is Croydon, London with a history of retweeting Cameroonian political news, referenced a BMJ article titled '[WHO's malaria vaccine study represents a "serious breach of international ethical standards"](#)' that stipulates that WHO failed to "obtain informed consent from parents whose children are taking part in the study".
 - However the cited article is four years old and has since been [strongly refuted by the WHO](#). The WHO statement on this article titled "[The WHO Malaria Vaccine Implementation Program: clarifying misconceptions | The BMJ](#)" explains the consent process and "communication approaches to inform the communities about the pilot introductions". "The malaria vaccine has successfully reached over two million children across three African countries. The vaccination effort has resulted in a 13% reduction in child deaths from all causes. Moreover, there is a substantial demand for the vaccine among parents in areas where it has been made available".

Why is it concerning?

- Scientific publications are prone to misinterpretation by a range of online profiles, including the general public, media, anti-vaxx accounts and even profiles with a medical background. This can exacerbate the ongoing infodemic.

- A climate fact checking information portal called Klimafakten delves into the tactics employed by “science deniers”. The acronym [F-L-I-C-C](#) represents the most prevalent disinformation tricks used. This deconstructs the tactics used by disinformation accounts to manipulate the opinion about the malaria vaccine. One tactic they often employ can be characterised by charisma and the manipulation of emotions or victimisation.
- Social media groups can act as echo chambers and confirm unconscious biases about science in the post COVID-19 era.

What can we do?

- Create concise and engaging talking points on malaria prevention for parents visiting health facilities. Framing these points as conversational messages that not only address their queries but also prompt them to ensure the immunisation of their children from around 5 months of age, as recommended by [WHO](#), to protect children from malaria as early as possible when they are most vulnerable to severe illness and death insights from medical experts in Benin and Cameroon offer valuable assistance, such as debunking side effect concerns and educating on the life-saving effects of the vaccine . The RTS,S malaria vaccine is well tolerated and has a good safety profile after more than 6 million doses have been provided to more than 2 million children.
- Continue monitoring of malaria discussions across both online and offline platforms to ensure timely and accurate dissemination of expert-debunked information to counter misinformation and promote a more informed public understanding of the subject.
- Translating science for the wider audience is essential. Interviews with African experts, or with experts from the Strategic Advisory Group of Experts on Immunization (SAGE) and the Malaria Policy Advisory Group (MPAG) can offer valuable insights. The perspectives on [Full Evidence Report on the RTS,S/AS01 Malaria Vaccine](#) and other published evidence on the public health impact of the RTS,S malaria vaccine (including WHO scientific presentation to the MPAG - [see link](#), - and WHO SAGE meeting [report](#) or [session content](#)) can be better understood.
- Timely updates about mis and disinformation circulating in Cameroon and Benin will enable the local authorities to stay ahead of potential inaccuracies and swiftly take corrective action.
- Identify key community radio stations that have a strong reach within the target communities both in rural and urban settings to disseminate clear and concise

messages about the RTS,S vaccine, addressing common concerns and misconceptions.

- ❑ Engage with African-based scientific experts who possess the expertise to amplify accurate messaging and debunk mis/disinformation. An example is Dr. Dorothy Achu, the regional malaria advisor for the WHO. Local fact checkers with scientific backgrounds can also spread accurate information to their networks. An example is Dr. [Myriam Hemes Nkwa](#). This can reinforce the credibility of the message surrounding the RTS,S vaccine. Influencers can also disseminate Viral Fact Africa videos on the malaria vaccine through their social media accounts to share accurate information. [[LINK](#)]
- ❑ With the introduction of the malaria vaccine in many African countries, prebunking and inoculation strategies are essential to counteract and prepare for response to any potential dis/misinformation. Uncovering tactics used by known disinformation groups and individuals can contribute to warn the population against disinformation and limit its spread. This also enhances public acceptance of the vaccine. Some tools include: [Cranky uncle](#), “a game developed by University of Melbourne scientist John Cook to combat misinformation.” [First draft](#) “Stay one step ahead of those spreading conspiracies and false claims about vaccines with our free learning course”.

Mozambique

Disinformation impacts cholera outbreak in Mozambique

The security situation in Northern Mozambique remains unstable in [January 2024](#), especially in Cabo Delgado region. Recent municipal elections in October 2023 were [contested](#) by Mozambique’s opposition party, RENAMO, and may have further increased distrust in local authorities.

Engagement: 2 posts

- ❑ As reported by [Club of Mozambique](#), an online media agency “[offering up-to-date information and news in English in Mozambique](#)” members of the 'Naparamas' militia assaulted and disrobed a nurse at the Papai health post in Namuno district, Cabo Delgado province, accusing her of spreading cholera.
- ❑ District administrator Maria Felisbela Lázaro highlighted this incident. According to an article by [Carta de Moçambique](#), an online media agency based in Mozambique, administrator Lázaro further explained that this situation has led to a governance vacuum in the two administrative posts, forcing the respective leaders to abandon their workplaces and homes, resulting in the closure of public services.

Why is it concerning?

- Local authorities in Northern Mozambique have become increasingly alarmed about recurrent violence targeting healthcare workers and local officials. Mistrust in local government officials and health care workers in Mozambique was documented before, notably by SSHAP in the [Key Considerations: Socio-Behavioural Insight For Community-Centred Cholera Preparedness And Response In Mozambique](#). Violent attacks against government officials and health care workers have happened before and can be triggered by a simple rumour as documented in past AIRA reports [[LINK](#), [LINK](#)]. The attack against the nurse is the first reported incident targeting a woman.

What can we do?

- Engage with communities through trusted channels to elaborate and share key messages on the cause of cholera, how it spreads, and treatment options in local languages. In Mozambique where distrust in government authorities can be high, [traditional healers and community leaders \(including religious leaders\) could be good relays](#) to collect feedback and share key health messages with the population.

Key resources

Malaria

- [WHO](#), Q&A on malaria vaccines (RTS,S and R21) (English and French)
- [WHO Infographic](#): the RTS,S Malaria Vaccine (English)
- [WHO Infographic](#): the RTS,S Malaria Vaccine (French)
- [WHO](#), annual world malaria report 2023
- [VFA](#), malaria social media toolkit
- [Gavi](#), briefing on start of routine malaria vaccinations in Africa 19 January
- [WHO](#), Malaria: The malaria vaccine implementation programme (MVIP)

Cholera

- [WHO](#), cholera outbreaks, Q&A
- [VFA](#), cholera social media toolkit
- [Global Task Force on Cholera Control](#), clarifying rumours and community concerns.
- [IFRC](#), RCCE & CEA resources and tools for responding to cholera
- [Collective service](#), cholera question bank

Methodology

The social media listening process relies on a combination of social media analyses conducted for French, English, and Lusophone-speaking countries.

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.