

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

8-15 April 2024

Weekly brief #115

Top concerns

[Deadly boat accident in Mozambique further fuels distrust in local governments' response to cholera](#)

Increased mentions of disinformation and misinformation about cholera in Mozambique have raised concerns about the accuracy and reliability of public health information.

[Renowned mosquito researcher and health officials raised concerns about yellow fever vaccine hesitancy in Uganda](#)

Responses to a question posed by NTV Uganda suggest that distrust in local authorities contributes significantly to public reluctance towards vaccination efforts.

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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 April 8-15 in Africa.

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Mozambique

Deadly boat accident in Mozambique further fuels distrust in local governments' response to cholera

Engagement: **21 posts, 17 052 likes, 3151 comments**

- Following the sinking of a fishing boat carrying about 130 passengers from Lunga, [President Filipe Nyusi](#) clarified that there is no cholera outbreak in the region, dispelling the rumours that allegedly pushed the boat passengers to flee the area.
- Commentators highlighted local authorities' shortcomings in addressing public health crises in Mozambique, including hemorrhagic conjunctivitis and cholera. Some individuals distrust the local authorities' denial of the presence of cholera in Lunga. Other online users point to a lack of transparency and accountability from provincial and local authorities, labelling both as unreliable sources of information.
- Below are some comments translated from Portuguese:

Central and North will never forgive you, first they said they get conjunctivitis because they don't bath and now it's that.

President is provided with data. Provincial and district authorities lied to PR. This is unfortunate.

The government failed we have the navy police what role is they would have already taken measures to prevent the tragedy

WE KNOW THAT CHOLERA IS NOW A POWDER CHEMICAL PRODUCT, THESE SPREAD ON THE GROUND. THE PERSON WHO PEEPS GETS INFECTED IS THE GOVERNMENT BUSINESS. THIS NYUSI ALREADY KNOWS THAT CHOLERA EXISTS! JUST TALK SHIT OF THEM SAYING ANGER DOESN'T EXIST.

- The government spokesman [Filimão Suaze](#) said that the Council of Ministers will create a commission of inquiry to investigate the circumstances, causes and responsibilities in relation to the accident and to submit recommendations to the government.

- Sentiment [of distrust](#), [allegations of financial corruption](#) and accusations of delay to respond to emergencies from [communities](#) and [opposition](#) figures have also been monitored.

Why is it concerning?

- As the cholera outbreak remains an active concern in Mozambique, groups like women and children can be more vulnerable to the spread of misinformation. In this case, they accounted for the largest number of victims in the shipwreck.

What can we do?

- Maintain vigilant monitoring of the situation in Lunga, Ilha de Mozambique, and Nampula province as a whole to respond to the community's health needs and mitigate potential risks associated with mis/disinformation.
- According to [SSHAP](#), **“It is common for Mozambicans to trust traditional healers and religious leaders in matters related to their health, and there has been successful engagement through them – and community leaders – in the Cabo Delgado cholera response”**. Collaborate with trusted religious sources in Lunga to effectively communicate updates and information regarding the cholera outbreak, as well as the results of the shipwreck investigation,

Uganda

Renowned mosquito researcher and health officials raised concerns about yellow fever vaccine hesitancy in Uganda

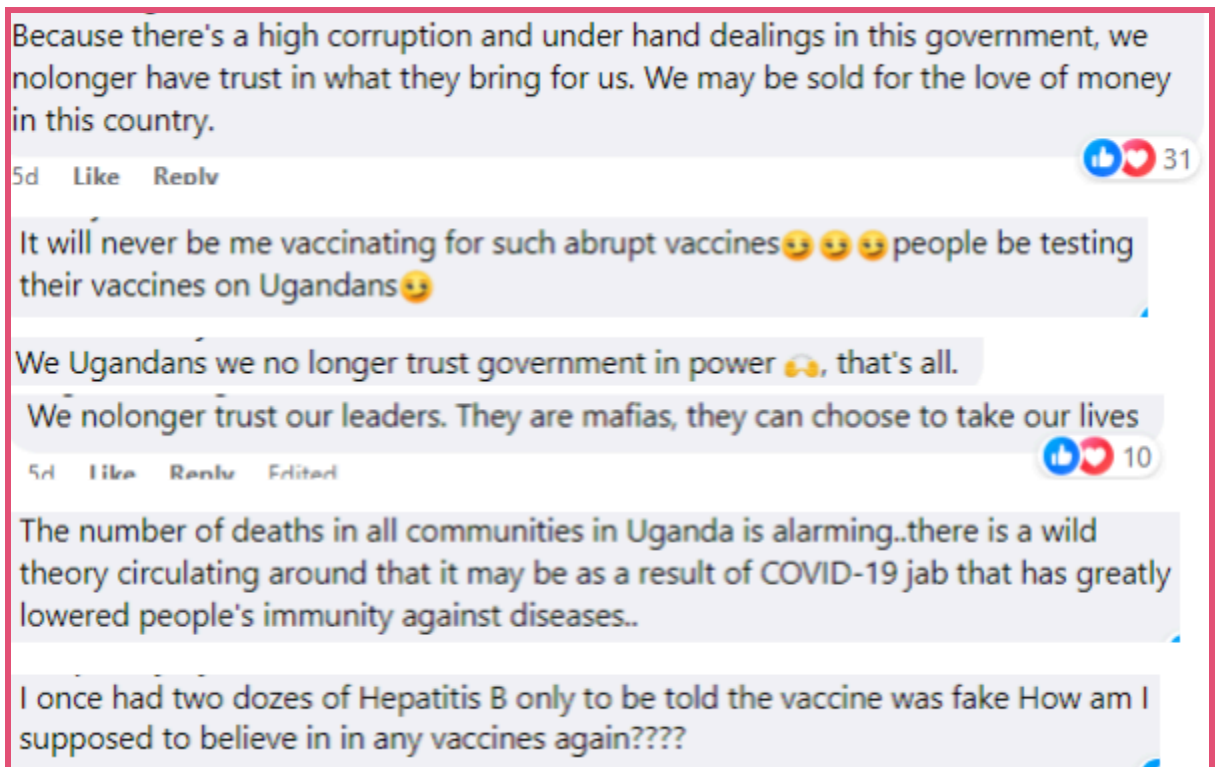
Engagement: **19 posts, 1266 likes, 544 comments**

- NTV Uganda shared on its [YouTube channel](#), followed by 1.05 million subscribers, an interview with Dr. Louis Mukwaya, an entomologist affiliated with the Uganda Virus Research Institute. During the interview, Dr. Mukwaya highlighted concerns regarding the expansion of mosquito breeding sites and emphasised the lack of awareness among community members regarding yellow fever transmission.
- [Ugandan health authorities](#) have expressed concerns about the prevalence of forgery of vaccination cards and announced their intentions to address this issue by introducing new yellow fever vaccination cards with enhanced security features.

As reported by [Monitor Uganda](#), the second phase of the yellow fever vaccination campaign fell short of expectations, prompting Ugandan authorities to extend it by one week. In fact, only 53% of the targeted population has been vaccinated according to [Dr Henry Mwebesa](#), the Director General of Health Services at the Ministry of Health.

- According to a report by [NBS television](#), the main challenge lies with parents who refuse to vaccinate their children. Two online users who commented on the post expressed concerns about not being asked for consent before their child is vaccinated.
- On 13 April, NTV Uganda asked online users on [Facebook](#) and [X](#) about their points of views behind the rise of vaccine hesitancy of the yellow fever vaccine. Out of 161 commentators, the majority voiced their concerns about the lack of trust in current healthcare authorities in Uganda as well as alleged corruption practices and the distribution of fake vaccines.

Below are some examples:



Why is it concerning?

- According to [WHO](#), yellow fever is endemic in Uganda and the country is classified as high-risk in the [Eliminate Yellow Fever Epidemics \(EYE\) Strategy](#). [Yellow fever vaccine was introduced into the Uganda routine immunisation](#) in 2023 for infants starting at nine months old, and free of charge.

- According to [WHO](#), there is currently no specific antiviral drug for yellow fever. It is prevented by the yellow fever vaccine, which is safe and affordable. A single dose of yellow fever vaccine is sufficient to grant life-long protection.

“The epidemic spread of yellow fever in Uganda is a risk as there could be onward amplification if the virus is introduced in crowded urban areas that are known hubs for travel.

There is the risk for further amplification and international spread because of frequent population movements (e.g., between Uganda, Democratic Republic of Congo and South Sudan), coupled with the low population immunity in some neighbouring countries.”
- Cases of counterfeit vaccines including [hepatitis B](#) (in 2018) and [COVID-19](#) vaccines have eroded people’s trust in the authorities and vaccination efforts .

What can we do?

- Engage with hesitant parents through the visit of community health workers at schools to raise awareness about the importance of yellow fever vaccination.
- Establish two-ways communication mechanisms to provide the opportunity for people to ask questions about yellow fever, the preventive measures and the vaccine.
- Continuous monitoring of public opinion is needed if future mass vaccination campaigns take place.
- Launch comprehensive public awareness campaigns using various media channels, including radio, television, social media, and community events. To highlight the importance of yellow fever vaccination, its benefits, and the potential risks of not getting vaccinated (including ban of travel, high fees of paying the yellow vaccination card, and health repercussions).

Key resources

Cholera

- [WHO](#), global strategic preparedness, readiness and response plan for cholera 2023-2024
- [SSHAP](#), guidance note on community engagement for cholera outbreak response in the east and southern Africa ([ENG](#), [FR](#), [POR](#))
- [SSHAP](#), Enhancing Community Engagement Through Data Collection: Controlling the Cholera Epidemic in Mozambique
- [The collective service](#), cholera question bank for community level data collection

- [WHO](#), cholera Q&A
- WHO, Cholera RCCE key message bank ([ENG](#), [FR](#), [POR](#))
- [VFA](#), cholera toolkit

Yellow fever

- [WHO](#), yellow fever fact sheet
- [WHO](#), yellow fever in Uganda

Disinformation

- [Carnegie endowment for international peace](#), countering disinformation effectively: an evidence-based policy guide
- [European Parliament](#), the impact of disinformation on democratic processes and human rights in the world
- [The Cybersecurity and Infrastructure Security Agency \(CISA\)](#), tactics of disinformation

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 (siloed 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.