

Africa Infodemic Response Alliance

A WHO-HOSTED NETWORK



AIRA Infodemic Trends Report

27 May - 3 June 2024

Weekly brief #122

Top concerns

[Viral video of known African anti-vaxxer spreads disinformation about the pandemic agreement, malaria, tetanus and HPV vaccines](#)

A video featuring a speech of a prominent Kenyan anti-vaxxer part of the Children’s Health Defense, has gone viral on social media and on offline channels at the end of the World Health Assembly.

He shares disinformation about the tetanus, malaria and HPV vaccines and the pandemic agreement, all have been previously debunked by WHO and fact-checkers in the African region.

Reference Guide

[Viral video of known African anti-vaxxer spreads disinformation about the pandemic agreement, malaria, tetanus and HPV vaccines](#).....Pg. 3

Trends to watch

[Suspected cholera outbreak in Chapata, Eastern Zambia forces closure of Saturday's market](#).....Pg. 6

[Online users in Malawi ask about preventive measures as cases of penile cancer are on the rise in the Northern region](#).....Pg. 7

[Rift Valley fever outbreak predicted to affect parts of Eastern Africa until June 2024](#).....Pg. 7

[Key resources](#).....Pg. 8

[Methodology](#).....Pg. 9

Public Health Infodemic Trends in the African Region

This weekly report provides key highlights and operational recommendations based on social listening data from 27 May - 3 June 2024 in Africa.

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South Sudan, Uganda, Kenya, Ethiopia, Democratic Republic of Congo, Nigeria

Viral video of known African anti-vaxxer spreads disinformation about the pandemic agreement, malaria, tetanus and HPV vaccines

Engagement: **1.6K posts, 938K views**

- A 10-minute [video](#) of a Kenyan doctor and member of the disinformation group Children Health Defense (CHD) has garnered over 938K views on X and was widely shared on Whatsapp. This video is the recording of his speech at the 2nd African Inter-Parliamentary Conference on Family Values & Sovereignty in Uganda (1-3 May). Other prominent anti-vaxxers and speakers affiliated with the CHD were also in attendance [[LINK](#)].
- In the video, he argues that the pandemic agreement will result in Member States ceding power over health decision-making to WHO and that member states' negotiations can "destroy the serenity of Africa." This argument was [debunked](#) numerous times, including by the press and governments [[LINK](#), [LINK](#)].
- The Tetanus Toxoid (TT) vaccine in Kenya was also under attack, saying it renders women sterile. This claim is false and not based on scientific data, and WHO and UNICEF confirmed the vaccine's safety in a [public statement](#). Fact-checking organizations have also debunked that claim many times [[LINK](#), [LINK](#)].
According to Africa Check's article "[Why does an old, false claim about tetanus vaccine safety refuse to die?](#)", the claim that vaccines cause infertility keeps resurfacing because vaccination programs are often associated with former "colonial powers" and can trigger negative sentiments. These programs can be perceived as a continuation of external control.
- Despite not being a specialist in vaccinology or infectious diseases, the Kenyan doctor casts doubt on the necessity of a malaria vaccine by compiling various false claims. He argues that malaria can be treated with indigenous herbs found in Africa (*Artemisia*), rendering a malaria vaccine unnecessary. However, following an extensive evidence review on the effectiveness of non-pharmaceutical forms of *Artemisia*, conducted in 2019, WHO issued a position statement in which [WHO does not support the promotion or use of Artemisia plant material in any form for the prevention or treatment of malaria](#). The paper follows the below considerations:

- The content of the *Artemisia* herbal remedies given for malaria treatment and prevention varies substantially.
 - The content in *Artemisia* herbal remedies is often insufficient to kill all malaria parasites in a patient's bloodstream and to prevent recrudescence.
 - Widespread use of *Artemisia annua* herbal remedies could hasten the development and spread of artemisinin resistance.
 - Artemisinin in any form does not work well as prevention against malaria.
 - Affordable and efficacious treatments for malaria are available.
- He also shares a misleading statement saying the HPV (Human Papillomavirus) vaccine is not a vaccine “for cancer”. However, according to WHO, “[more than 95% of cervical cancer cases are caused by HPV, and high-risk types of HPV may result in cervical cancer](#)”.

Why is it concerning?

- The disinformation campaigns that were launched ahead of the World Health Assembly (WHA) have primarily targeted the WHO, the pandemic agreement, and key vaccines. The groups behind those campaigns are well-organized, well-funded and use events such as the WHA or international conferences to recycle old anti-vaxx, anti-western arguments for political or financial gains. The Center for Countering Digital Hate (CCDH) published two landmark reports about the “[disinformation dozen](#)” and “how a tiny group of determined anti-vaxxers is responsible for a tidal wave of disinformation” and how [they benefit from spreading dis-misinformation](#).
- The [Children's Health Defense \(CHD\)](#), for which Dr. Wahome Ngare is an [advisory committee member](#), is one of those prominent disinformation groups. It has been particularly active on social media to boost anti-WHO, anti-pandemic agreement and old anti-vaxx claims.
- The video has triggered discussions and comments on social media, raising questions and concerns from online users in South Sudan. Across 262 comments spread in four monitored posts by South Sudanese news media agencies, 11 online users referenced the viral video and cautioned other users about the malaria vaccine mainly noticeable through social media echo chambers about vaccine hesitancy, and questioned its effectiveness [[LINK](#), [LINK](#), [LINK](#), [LINK](#)]. South Sudan recently received [645,000 doses of the malaria vaccine](#) and is planning to roll out the vaccine later this year.

- It is very likely that such disinformation campaigns will circulate again before major events and vaccination campaigns. Below are some comments from different posts:



Are these vaccines safe really
I watched the video of a Dr. From DRC briefing M7 about WHOand I hope our ministry is aware of such


The malaria vaccines have been strongly criticized in eastfrican countries, but why is south Sudan DFCA sleeping, they are not regulating, researching or prohibiting anything that could be dangerous to human consumption. Imagine last week I was in Uganda. I

Don't you see Museveni declared a war against W.H.O free gifts vaccines to uganda, and he even appreciated the professional doctors who were tested the vaccines errors.

- African online users who commented on X endorse the misinformation and disinformation. Online users from various African countries who retweet Dr. Wahome Ngare's video are from the [Democratic Republic of Congo](#), [Ethiopia](#) and [Kenya](#) and [Nigeria](#). Below are some comments:

Nothing surprising if you actually pay attention to reality

WHO is utterly corrupt,

The United Nations  and its healthy department called the World Health Organization funded by Bill Gates should be banned from all countries.

The Catholic church in Kenya protested this. They withdrew that vaccine...but it's found its way back in Kenya.

Pastor Chris Oyakhilome has been saying this since 2021...

What can we do?

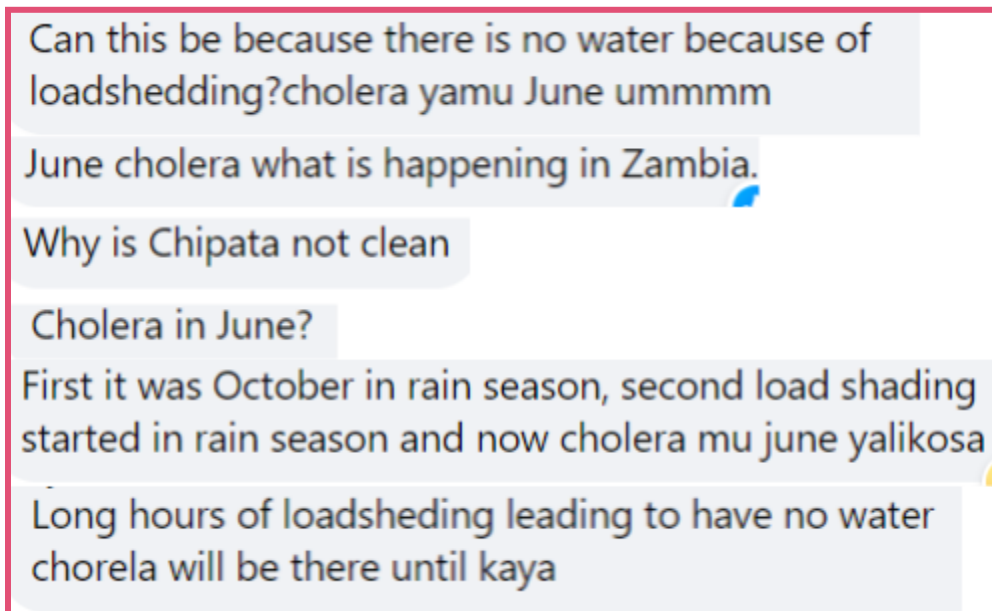
- Monitoring conversations online and offline, media coverage, and reach is needed. Listening to people's concerns and questions and providing appropriate answers is essential to leaving as little space as possible for disinformation and misinformation to spread further.
- Conversations from pro-conspiracies/anti-vaxx groups should be more closely monitored, as well as the nature of their followers (including a number of bots) to ensure that their strategies to propagate falsehood do not spread further and reach the mainstream media, social media pages, and communities.
- Widely share the existing debunks, facts, and key reports that can help the public identify and understand disinformation strategies so it becomes less vulnerable to their messages.
- Use social listening data to craft messages that address the most common concerns and dis/misinformation before a major event happens.
- Engage with trusted organizations and individuals to share facts and address people's questions about WHO, the pandemic agreement, and vaccines.
- An extensive list of resources is available at the end of this report.

Trends to watch

Suspected cholera outbreak in Chipata, Eastern Zambia, forces closure of Saturday's market

Engagement: **8 posts, 1140 likes, 275 comments**

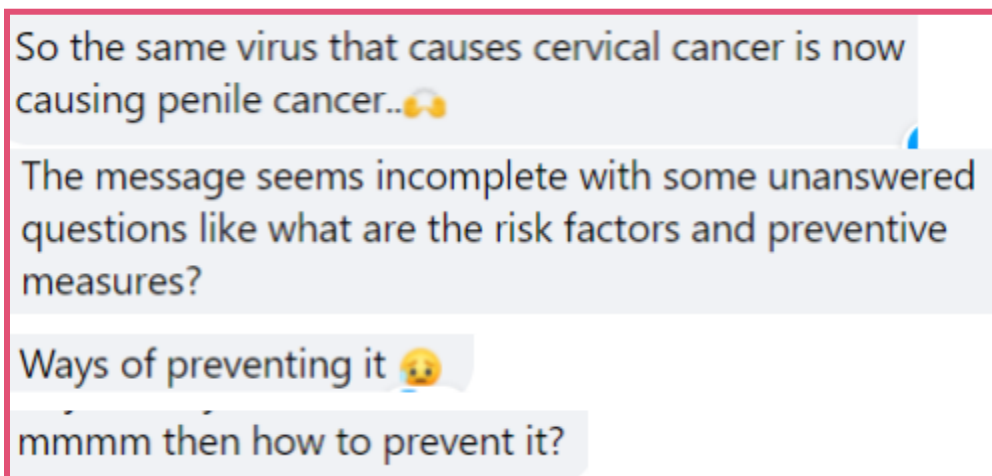
- The Chipata city council issued a [public notice](#) about the closure of the Saturday market from 2 to 4 June following an outbreak of acute diarrhea disease suspected to be cholera. Online users might assume the cases are cholera due to the [ongoing outbreak in Chipata](#).
- The majority of online users questioned [why cholera spreads in June](#), which is known to be a dry season in the country. Other users asked whether the [electricity load shedding](#) in Chipata might be a reason for the lack of access to clean water. Below are some comments:



Online users in Malawi ask about preventive measures as cases of penile cancer are on the rise in the Northern region

Engagement: **1 post, 70 likes, 69 comments**

- Capital FM Malawi shared a Facebook [post](#) highlighting that cases of penile cancer are on the rise in the northern part of the country. 15% of online users asked how to prevent it and whether the HPV causes it. Below are some comments:



Rift Valley fever outbreak is predicted to affect parts of Eastern Africa until June 2024.

- According to the Standard, a Kenyan daily newspaper, experts from the Food and Agriculture Organization (FAO) and the Intergovernmental Authority for Development (IGAD) [“have urged East African countries to create awareness](#)

[and increase preparedness due to a potential outbreak of the Rift Valley Fever.”](#)

The outbreak is predicted to affect parts of Eastern Africa until June 2024.

Key resources

Pandemic Agreement

- [Africa check](#), ‘No, pandemic treaty still a rough draft, doesn’t give World Health Organization ‘control over entire world’
- [VFA](#), the pandemic treaty explained
- [WHO's](#) Principal Legal Officer, Solomon A Steven, explains the Pandemic Accord.
- [Monitor Uganda](#), Debunking lies, misinformation about WHO, International Health Regulations and proposed Pandemic agreement
- [WHO Representative in Uganda](#), debunk: Under the Int'l Health Regulations (2005), WHO can only advise and recommend emergency public health measures. WHO cannot oblige countries to provide vaccinations or prophylaxis for specific diseases that may pose a risk of international spread.
- [WHO representative in Uganda](#), debunk: WHO does not have the power to quarantine any person who may have a particular disease. Only countries possess this power within their borders. Countries have the sovereign right to implement public health measures to protect their populations.
- [WHO representative in Uganda](#): WHO does not have the power to quarantine any person who may have a particular disease. Only countries possess this power within their borders. Countries have the sovereign right to implement public health measures to protect their populations.

HPV

- [VFA](#), HPV social media toolkit
- [WHO](#), Cervical cancer fact sheet
- [PAHO](#), HPV Explainer
- [Nigerian Health Watch](#), HPV infographics and videos
- [CDC](#), HPV and penile cancer

Tetanus vaccine

- [Africa check](#), analysis: Why does an old, false claim about tetanus vaccine safety refuse to die?
- [Africa check](#), analysis: What could Kenya’s Odinga gain by dredging up an unfounded tetanus vaccine claim?

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 and monitoring conducted by only one person for the entire African region, to a combined one based on 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.