



COVID-19 Infodemic Trends in the African Region

This report seeks to communicate **operational recommendations** based on social media monitoring from September 18-24, as well as relevant information on current mis/disinformation.

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

CONCERNING TRENDS

- Ongoing concerns around vaccine safety and side effects
 - Concern/ frustration that vaccines administered in Africa are not recognized for Western travel passes
 - Conversations about mandatory vaccinations
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Ongoing concerns around vaccine safety and side effects

Where have we observed this trend?

- South Africa
 - This week’s South Africa Social Listening Collated Report notes false information about Pfizer vaccines not being fully FDA approved (Facebook)
 - This week’s South Africa Social Listening Collated Report notes posts illustrating that some believe that the current rollout plan is still a trial, as well as about deaths believed to be caused by the vaccine (Twitter)
 - This week’s WHO EARS Report notes that Google searches for “pregnant women get COVID vaccine” have risen significantly in the last week
- Nigeria
 - Post about vaccines affecting erectile function/dysfunction [here](#) (Twitter)
 - Fear that the vaccine is water and/or another virus [here](#) (Twitter)
- Kenya
 - Concern about vaccine safety related to vaccine mobilization efforts [here](#) (Twitter)
 - Post about fear of side effects and claim that the media doesn’t report them [here](#) (Twitter)
 - Article with question about whether women face higher clotting risk due to AstraZeneca than men [here](#) (News)



- This week's WHO EARS Report notes top COVID related Google searches in relation to how long COVID vaccine side effects last
- Ivory Coast
 - A video falsely claiming that COVID vaccines will give people other diseases/infections, including HIV and malaria, continues to circulate [here](#) (Facebook)
 - Video showing a person claiming that their face was paralyzed after taking the Pfizer vaccine continues to circulate [here](#) (Facebook)
- Senegal
 - Post claiming that investigations were launched in France following incident where patients reportedly needed CPR after receiving the Janssen vaccine [here](#) (Facebook)
- Circulating in the region
 - Article claiming the American doctors trying to expose the COVID vaccine's adverse effects have been silenced [here](#) (News)

Outside of target countries

- Uganda
 - The finance minister debunks claims that the vaccine causes impotence in men [here](#) (News)

Why is it concerning?

- Concerns over safety and side effects drive vaccine hesitancy & refusal in the region
- In some countries (Kenya, Mozambique and South Africa) some data suggests populations are less likely to get the vaccine in March-April than they were in November 2020; respondents cite uncertainty about vaccine effectiveness as the top hesitancy driver, followed by **AEFIs and lack of knowledge/awareness on vaccine access, safety and efficacy** (UNICEF Data 4 Action June Report)
- Reports of serious adverse side effects are associated with several vaccines (e.g. AstraZeneca and blood clots)
- Comments on these and other posts in the region illustrate increasingly prevalent links between news on side effects and vaccine hesitancy & refusal
- Reports of blood clots and side effects are particularly associated with AZ and J&J; AZ is the most widely used vaccine in Africa

What can we do?

- Enhance factual information sharing by encouraging people to **pause before sharing** social media content
 - ⇒ UN [Pledge to Pause](#) campaign, Viral Facts example [here](#)



- Create clear, consistent messaging about vaccine developments and communicate often about what is known and unknown (from US-CDC J&J Rapid Report)
- Emphasize **hopeful messages** highlighting vaccines are crucial ending the pandemic
- Share solidarity messages around protective measure and safe behaviours, such as the ones circulated by the [UN’s Zwakala “I do it for you” campaign](#)
- Expand content related to cases of myocarditis/ pericarditis after vaccination. Include information about the conditions, their seriousness, signs and symptoms, when to seek medical care, and what is known about who might be at increased risk (US-CDC SoVC Special Report Recommendation)
- Produce content explaining **why vaccines are considered safe and effective**
⇒ Viral Facts example [here](#)
- Consider emphasizing that **rollout pauses are precautionary measures**. The fact that health institutions are transparent and implement them show that they are thorough. This could help reinforce rather than undermine trust
⇒ Viral Facts example [here](#)
- Consider providing **country-specific vaccine safety information** based on the vaccine being disseminated nationally, particularly in relation to the AZ vaccine
- Produce video content **outlining ongoing monitoring and risk management processes** (*WHO EPI-WIN report recommendation*)
⇒ Viral Facts example [here](#)
- Clarify **indicators of potential side effects** for people to watch out for and **how to respond** (*WHO EPI-WIN report recommendation*)
⇒ Viral facts example [here](#)
- Produce content for journalists on Adverse Events Following Immunization (AEFI) reporting and best practices, including using non-scientific language that is clear and understandable
- Communicate clearly around the relationship between vaccines and changes in the menstrual cycle - include answers that address this misinformation in FAQ documents, call center scripts, and help chat-bots made available to the public
⇒ Viral Facts example [here](#)
- **Continue to manage expectations around possible side effects**, underlining the safety profile of different vaccines and providing information on the systems public health practitioners use to investigate AEFIs (*UNICEF ESARO Feb recommendation*)
- Continue to advocate for trusted public figures and politicians to take the vaccine and provide correct information on vaccines safety, efficacy and rollouts
- Continue to encourage community engagement to address concerns as they arise, and continue to mobilize the healthcare worker community
- Ensure any of the above content is widely circulated and shared on **Facebook** and/or on any trusted communication channels. **Choose accepted and trusted organizations and messengers** to share the content, including **local** sources and unofficial channels



Concern/ frustration that vaccines administered in Africa are not recognized for Western travel passes

⇒ Many of the posts below emerged in response to the UK's new COVID travel rules, which do not recognize vaccines administered in Africa for quarantine exemptions

- Kenya
 - AP reports frustration with the UK's new COVID travel rules, which do not recognize vaccines administered in Africa (despite the fact that several were in fact donated by Britain) [here](#), [here](#), [here](#) and [here](#) (News and Twitter) and claim that this will fuel vaccine hesitancy [here](#) (Twitter)
 - Post asserting that the new rules are discriminatory and claiming that Africans are being injected with something other than the COVID vaccine [here](#) and [here](#) (Twitter)
 - Post pointing to the contradiction in recognizing vaccines administered in Africa, but not the vaccine certificates [here](#) and [here](#) (Twitter)
 - Kenya reaches an agreement with the UK to mutually process vaccine certificates [here](#) and [here](#) (Facebook and News)

- South Africa
 - News of the government lobbying to have South Africa removed from the UK's red list [here](#) (News)
 - This week's UNICEF ESARO South Africa Report insights notes concerns around vaccine equity emerging after reports that the UK will continue to consider individuals who have received the jab in Africa as "unvaccinated" for the purposes of entering the country and quarantine policies

- Nigeria
 - Posts about vaccine inequity stemming from the fact that vaccines administered in Africa, Asia and Latin America are not recognized for travel [here](#), [here](#) and [here](#) (Twitter)

- Ivory Coast
 - Questions about why vaccines made in Africa are not recognized in Britain [here](#), [here](#), [here](#) and [here](#); similar post with reference to "Western manipulation" [here](#) (Facebook)
 - Person claims that their vaccine was not recognized in France (posted across multiple Facebook groups [here](#), [here](#), [here](#), [here](#), [here](#) and [here](#))

- Burkina Faso
 - Person claims their vaccine was not recognized in Bahrain [here](#) (Facebook)



Outside of target countries

- Ghana
 - President Akufo-Addo appeals to world leaders not to use COVID vaccination as a tool for immigration control [here](#) (News)

Why is it concerning?

- The posts above appear to be fueling concerns about vaccine safety, and particularly about Africans receiving sub-par or different vaccines
- Regulatory discrepancies are also generating further frustration with vaccine inequity

What can we do?

- Clearly and transparently communicate that the vaccines administered in Africa and in Europe contain the same ingredients, and are produced according to the same safety and efficacy standards as in the West
- Advocate for greater vaccine equity, and outline how uneven travel documentation requirements can contribute to greater vaccine hesitancy

Ongoing conversations about mandatory vaccinations

- South Africa
 - This week's South Africa Collated Social Listening Report includes posters with statements against forced vaccination [here](#) and [here](#) (Twitter)
 - This week's UNICEF ESARO South Africa Report insights notes that social media engagement for posts mentioning the word "forced" in relation to vaccination almost doubled compared to last week. Internal vaccine passports were a cause of concern in South Africa
- Kenya
 - Satirical post expressing concern about mandatory vaccination [here](#) (Twitter)
- Nigeria
 - Call to respect people's right to choose whether to vaccinate [here](#) (Twitter)
 - Article stating that the government is considering barring unvaccinated individuals from government facilities [here](#) (News)
- Ivory Coast
 - Video claiming that vaccines will be made mandatory for police officers [here](#) (Facebook)
 - Post about mandatory vaccinations for parliamentary officials in Tchad [here](#) (Facebook)



- Senegal
 - The education minister assures people that there is no mandatory vaccination or sanitary pass in Senegal [here](#) and [here](#) (Facebook)

Outside of target countries

- Zimbabwe
 - This week's UNICEF ESARO South Africa Report insights notes that social media engagements for posts mentioning the word "forced" in relation to vaccination almost doubled compared to last week. News that unvaccinated people will not be allowed in churches was a key issue in Zimbabwe
- Malawi
 - Post about the Human Rights Commission stressing the fact that vaccines remain voluntary [here](#) (Facebook)
- In the region
 - This week's WHO EARS Report notes that narratives related to inequalities and the COVID vaccine have been high throughout the week

Why is it concerning?

- Concerns about mandatory vaccination can polarize and/or politicize broader conversations about the vaccine, undermining the space for dialogue, empathy and exchange needed to build vaccine confidence
- Fear of mandatory vaccination may also undermine trust in government and healthcare institutions, and be perceived as a restriction on the right to make personal medical decisions

What can we do?

- Disseminate and/or amplify personal stories showcasing vaccine hesitant people who have chosen to get vaccinated
↔ Viral Facts example [here](#)
- Encourage dialogue between communities, leaders and healthcare practitioners to ensure people can express their concerns and obtain responses to their questions
- Ensure that considerations such as paid sick leave and supervisor education regarding requirements are part of any roll-out plans for vaccine requirements (US-CDC Report #13 recommendation)

SPECIFIC CONTENT TO CONSIDER

❖ SOUTH AFRICA



Criticism of vaccine passports if vaccines don't stop COVID transmission [here](#)



Debate about adequate vaccine and anti-vaccine research [here](#)



Negative reactions to a post about Pfizer child vaccine trials [here](#); mixed reactions to vaccine trials for children [here](#)



This week's WHO EARS report notes an article about people without identity documents struggling to get vaccinated [here](#) (Facebook)

- ❖ This week's WHO EARS report notes narratives about Remdesivir as a COVID treatment, including sharing studies showing different information [here](#) and [here](#) (News)

❖ **KENYA (ENG)**



Criticism of politicians disregarding COVID safety measures [here](#) and [here](#)



Frustration with lack of accountability for COVID millionaires [here](#)



Post promoting natural immunity against COVID [here](#)



People struggle to pay COVID hospital fees [here](#)



Claim that COVID is a “media narrative” [here](#)

❖ **NIGERIA (ENG)**



Post about curing COVID symptoms with alcohol [here](#)

❖ **IVORY COAST(FR)**



Post stating that Jesus is the vaccine [here](#)

❖ **DRC (FR)**



While officials emphasize that all vaccines are equal, people express skepticism about the claim and ask which vaccine the presidential couple received in comments [here](#)



Post asserting that God will protect people from COVID [here](#)

❖ **ANGOLA (LUS)**

- ❖ This week's WHO EARS Report notes that COVID related Google searches show a significant rise in searches for azithromycin

Outside of target countries

❖ **BENIN (FR)**



Reports about fake vaccine certificates continuing to circulate [here](#), [here](#), [here](#) and [here](#)

❖ **ZIMBABWE (ENG)**



Post about holding COVID-safe elections [here](#)

PERSISTING ONLINE TRENDS

* bolded trends appear to circulate more this week

- **Frustration with slowness or mismanagement of vaccine rollout**
- **Vaccine deaths will be logged as COVID deaths**
- I would rather die of COVID than of the vaccine
- **Vaccines don't prevent death or the virus' spread / vaccines are not effective**
- COVID palliatives are being hidden/ denied to citizens
- **COVID/ the vaccine is intended to control/ reduce the African population**
 - According to the Africa CDC February Vaccine Perceptions report, almost 1 in 2 respondents believe that COVID 19 is a planned event by foreign actors
- Lockdowns are not an effective way of controlling COVID
- **Frustration with double standards around health and safety measures (e.g. politicians not wearing masks)**
- **Questions and concerns around mandatory vaccinations**
- Politicians have taken fake vaccines
- **Clinical trials were rushed**
- **Africans are lab rats or being used to test vaccines (Viral Facts response [here](#))**
- New pandemic waves/ COVID are caused by vaccines
- Other issues and/or diseases are more important than vaccination
- **Vaccines won't stop the need for protective measures, why bother (Viral Facts response [here](#))**
- COVID case numbers/ mortality rates are exaggerated
- **Foreign companies or governments profit from the vaccine rollout in Africa**
- **Fear of vaccine side effects/ long-term effects**
- **COVID does not exist (Viral Facts response [here](#))**



- Effectiveness of herbal remedies (Viral Facts response [here](#))
- **Effectiveness of ivermectin and alternative remedies (particularly in South Africa) (Viral Facts response [here](#))**
- Frustration with looting and mismanagement of COVID funds

TRENDS TO WATCH

- The U.S. announces it will [donate half a billion COVID vaccines](#)
- A [map of Africa's vaccine progress to date](#) illustrates alarmingly low vaccination rates on the continent
- Concerns emerge as COVID mutates in HIV positive people [here](#) and [here](#), complicating the fight against the COVID pandemic (articles from this week's WHO EARS report)
- Hospital data in South Africa demonstrates that [COVID deaths primarily occur in unvaccinated individuals](#)
- Claim that the NCDC Vaccination Department director stated [AstraZeneca could be administered as a second dose](#) for those who received the Sputnik V vaccine
- Claim that [India plans to begin exporting vaccines again](#) in October
- Amnesty International states that [COVID vaccine firms are fuelling a human rights crisis](#) by refusing to waive intellectual property rights for COVID vaccine technology

Methodology

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 (siloe engagement).

The monitoring reports are produced using NewsWhip Analytics, TweetDeck, Crowdtangle, UNICEF Talkwalker dashboards as well as 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.

Our social listening tools include:

