

DECEMBER 2020



GLOBAL RUMOUR BULLETIN

This report analyses COVID-19-related rumours circulating in 7 countries impacted by humanitarian crisis and then provides recommended actions for humanitarian, health and media organizations to improve risk communication efforts and disseminate more accurate and actionable information that responds to community questions and concerns.

CONTENTS

- 2** Introduction
- 3** Global Trends
- 4** Thematic Analysis #1: Hoax Rumors
- 7** Thematic Analysis #2: Vaccine Rumors
- 10** 7 Recommended Actions



INTRODUCTION

Rumours emerge when people feel left out of the discussion. When their questions cannot be answered by authorities and when emotion and a lack of context-relevant and accessible information push them to look for 'evidence' in unchecked corners.

One year into the crisis, and we are seeing new rumours emerge in response to the evolving crisis every day while sticky rumours linger and disrupt perceptions around every aspect of the pandemic. We have seen rumors incite violence, cause harm and bring shame to vulnerable groups, negatively impact public health messaging, swiftly strip trusted authorities of all credibility in the eyes of the public and derail humanitarian response programming.

For the last 6 months, the Internews' **Rooted in Trust project** has **collected more than 5,238 rumours from seven countries: Afghanistan, Lebanon, Philippines, Colombia, Central African Republic, Mali and Sudan**. We work in 12 local languages and collect data across seven major social media platforms and a wide range of feedback collection channels, including door-to-door surveys, informal meetings, assessments, community meetings, listening groups, SMS, and radio, with 27 partners across the seven countries.

This Global Rumour Bulletin brings together our reflections on two key themes that represent more than **20% of all rumours** collected across the seven project sites:

- rumours that the pandemic either doesn't exist at all, or that it is a conspiracy,
- and rumours about vaccines and vaccinations.

On the final page you will find a set of recommendations on how we feel the response to rumours and misinformation on these two key themes can be improved. We are the first to say that we don't have all the answers.

These are intended as a conversation starter, and an open door to encourage all of us to see what we've achieved over the last year and how we might improve in 2021, because if this pandemic has taught us anything, it is that there is no silver bullet but rather a million individual efforts, made collectively, that will make the difference.

The Rooted in Trust project is supported by generous funding from USAID's Bureau of Humanitarian Assistance (BHA). For more information on the project and its activities, please contact:

Irene Scott
Project Director, Rooted in Trust
email - irene.scott@internews.org



GLOBAL TRENDS

The extent of the effects of COVID-19 is still unfolding. As of 4 December 2020, a total of 65 million confirmed cases and 1.5 million deaths have been **reported worldwide**. In the last week alone, more than 5 million confirmed cases were added to make up this total. Of the total, RiT target countries (**Afghanistan, Lebanon, Philippines, Colombia, Central African Republic, Mali and Sudan**) account for approximately **1.8 million cases and 47,921 deaths**.

Per million people, daily new confirmed COVID-19 cases are three times higher than the global average in Lebanon (218 cases per million persons compared to global average of 72 cases per million) and two times higher in Colombia (166 cases per million). In other contexts where testing and reporting has been less prevalent - Sudan, Afghanistan, Mali and the Central African Republic - the number reported is 14 times below the global average, according to the Global Change Data Research Lab and Oxford University researchers. Although these numbers appear lower, there is a high likelihood that under-reporting and inconsistent reporting across these contexts are exacerbating beliefs in COVID-19-related rumors.



An initial spike in the middle of the year (June – September) set record highs in reported cases and deaths in Afghanistan, Colombia, Philippines, and the Central African Republic. Currently, another resurgence is underway and **new record highs in case counts and deaths are being reported for November in Lebanon, Sudan, and Mali**. To date, the average mortality rate of 2.6% across RiT countries is just slightly higher compared to average global mortality rate of 2.4%. Notably, **Sudan's mortality rate is 3 times higher than the global average** and Afghanistan's mortality rate is 1.5 times higher than the global average, based on figures reported since the start of the pandemic.

COUNTRY	CONFIRMED CASES	DEATHS	NEW CASES PER WEEK	NEW DEATHS PER WEEK	MORTALITY RATE
Colombia	1,262,494	35,677	51,366	1,296	2.8%
Philippines	421,722	8,185	11,004	323	1.9%
Lebanon	118,705	934	10,752	95	0.8%
Afghanistan	45,280	1,712	1,652	74	3.8%
Sudan	16,431	1,202	1,384	27	7.3%
Mali	4,417	148	437	14	3.4%
C.A.R.	4,911	63	11	0	1.3%
World	60,333,049	1,420,462	587,211	9,979	2.4%
RiT Totals	1,873,960	47,921	76,606	1,829	2.6%



THEMATIC ANALYSIS #1

HOAX

Rooted in Trust rumour data indicates that a year after the beginning of the outbreak, many people across our target countries still believe that COVID-19 is a hoax. In many cases, these rumours stem from a common misperception that coronavirus is simply a flu or transient cold - the similarity of symptoms contributes to this especially when a person may not have had a personal connection to a COVID-19 patient.

Over time, we have seen rumours evolve and become more elaborate, conflating government ineffectiveness, or the severity of government lockdowns, with conspiracy theories that the virus was created as a tool of government propaganda - to control the population, quell protesters, and maintain political power. Across contexts, people are reaching their limit in terms of being able to live out their normal lives and are expressing their discontent, fears, and spreading misinformation as a coping mechanism.

WHY DOES IT MATTER?

Disbelief in COVID-19 can impact trust in humanitarian programming. Particularly where COVID-19 case numbers have remained low, either due to luck, low testing rates or effective government and humanitarian intervention.

Naturally, humanitarian communicators have preemptively focused on the potential risk, and when that risk doesn't eventuate, communities don't see 'success', they feel betrayed.

Some hoax-related rumours are particularly problematic as they put the blame of COVID-19 to institutions or a vulnerable group of people (often already distrusted, hated or stigmatised, etc.) which only further erodes trust particularly when humanitarians are actively providing services to these vulnerable groups or blamed for bringing COVID-19 into the country. This distrust can reduce the safety of humanitarian and health workers or may encourage communities to favour less reputable health advice or services.

In several contexts, including Mali and Lebanon, there is a belief that COVID-19 is serving the interest of the humanitarian actors and government as it brings funding from international donors. In Afghanistan, where the government has been hesitant to release updated COVID-19 data, humanitarian agencies lack the tangible data to highlight the severity of the crisis to communities.



RISK

Of the 448 hoax-related rumours tracked by Internews Rooted in Trust teams, approximately 48% are categorized as low risk content, 44% as medium risk, and 8% as high risk. As you can see in the subsequent sections, the level of social media engagement with these type of high risk, hoax-related rumours is very high, ranging from tens of thousands of followers to over two million followers. And while the majority of misinformation in this category is low risk (in that it does not pose an immediate and dangerous threat) these small and sticky rumours continue to grate away at trust in public institutions, seed doubt, and encourage the wight of 'personality' over evidence.

INFLUENCE

Another trend we are seeing is that once influential people, celebrities, politicians, government officials contract the virus, there is an almost immediate uptick in social media activity and rumour production related to the hoax theme. Rather than having a positive effect on local communities to practice public health best practices, the infection of public figures triggers a backlash among young people to deny the virus' significance.

WOMEN

Vulnerable groups across RiT contexts are often the target of rumours. In Afghanistan, rumours captured in November on social media suggested that twice the number of women in Herat province are infected by COVID-19 than men, while on the other hand, a rumour posted on Facebook referencing a Ministry Health Public official claimed that women are not affected by the latest resurgence in cases in the country at all. Women are also accessing COVID-19 testing **at far lower rates** than men, contributing to the misperception that they are not affected.

LIFE AFTER COVID: HOW DO RUMORS AFFECT DISPLACED PEOPLE?

In Sudan, while rumour data on a COVID-19 hoax continue to dominate the Sudanese social media space, new rumours are also popping up, downplaying the significance of COVID-19 and turning the public's attention instead to other diseases migrant populations may purportedly bring. For example, refugees fleeing civil war in the Tigray region of Ethiopia are crossing into eastern Sudan and facing greater prejudice and as they travel east into Kassala, Al-Gedaref and Blue Nile states. Ethiopian and Eritrean refugees living in camps in eastern Sudan are experiencing greater tensions linked to tribalism amidst a declaration of a state of emergency in Kassala. Rumours are circulating that as these displaced populations migrate, they will bring other diseases that more serious than COVID-19. Hoax-related rumours in Sudan are evolving and conflating to cast a wider net of misinformation integrating long-standing social issues into public opinion, such as xenophobia and gender-based discrimination, that target specific vulnerable groups and put them at greater risk.



AFGHANISTAN

HIGH
RISK



COVID-19 is a new name for flu. A painkiller is enough to recover from this disease. It is all about government propaganda. Government tries to represent it as something dangerous. Washing hands and social distancing are not required (collected by IOM via face-to-face interview, Khandahar province, Afghanistan)

MEDIUM
RISK



This time, women are infected with the virus two times greater compared to men. (Afghanistan)



4,276k Followers



112 Likes



1 Share



SUDAN

HIGH
RISK



Who do we need to believe, there are doctors saying that this virus will infect you if you touch positive case directly, others are saying that the mask reduce the oxygen and then the immunity and make the body weak against the virus. Other doctors are saying that the social distancing have psychological affect and it make the body weak against the virus. Regarding the vaccine, this is the most dangerous thing based in doctors saying. We are convinced now that this is just a business to sell the masks



1 mn Followers



2,800 Reactions



151 Shares

MEDIUM
RISK



News that some people like Al-Sadiq, Hamdok, and Muhammad were infected by COVID-19, it is propaganda and trying to say that COVID is back. Why COVID back again with the removal of fuel subsidies and why did it coincide with the entry of Israeli wheat. All of this needs thinking before we believe it... (Sudan)



1.9 mn Followers



289 Likes



10 Shares

HOW CAN HUMANITARIANS BETTER RESPOND TO HOAX RUMORS?

The international and national travel restrictions that were put in place at the beginning of the pandemic forced humanitarian agencies to rethink the way they implement projects. One solution that revealed to be effective has been to pivot outreach teams of local staff working on other thematic areas – protection, WASH, civic engagement, FSL – to take on COVID-19 community engagement activities. The outreach staff, being members of the communities receiving aid are the best placed to understand the reasoning behind perceptions, culture and social dynamics – which leaders people trust, who are the influencers, which groups lack access to information and what are the preferred ways to receive information, ensuring humanitarian actors speak the right language. Humanitarian agencies and donors rightfully pulled lessons from the Ebola epidemic and prioritised community engagement for the COVID-19 response. In many responses, managing rumours around the pandemic was imperative and staff worked to respond to this need.

However, most agencies have relied on facts as a first line of defense to these types of rumours. While facts, and verified information are always important, it is important to also address the beliefs that encourage a person to believe misinformation especially when they stem from a rising distrust in the institutions who are tasked with providing information and the medical response to the pandemic. Rumour management shouldn't be limited to labeling a piece of information as 'true' or 'false'.

Throughout this pandemic, we have seen how 'facts' that do not respond to the community's actual concerns can turn people against experts and towards favouring 'opinion'. For those trying to make sense of uncertainty, feeling ignored, censored or suppressed can push them further away. It is important to take time to understand the beliefs behind rumours and openly engage in discussions to listen to comments and to answer questions about the virus and the response.

Case Study #1: BARMM - Philippines

Between September and November 14, 2020 in the Philippines, the dominant rumour themes were related to people's mistrust of government and the healthcare system and stigmatisation of testing. Of the 135 rumours collected, 61 were criticisms or complaints of which 31% related to the government and government actions. Common perceptions shared in these posts were that the implementation of stricter measures in Lanao del Sur was not fair and doubts about the reliability of testing

The RiT country team developed a series of rumour bulletins and roundtables for the local government, media and partners to discuss these issues. Internews joined with UNICEF to train other humanitarian actors on rumour tracking and created the inter-agency Mindanao Rumour Management platform. Subsequently, Internews partners CMYM and IDEALS created a radio/webisodes speaking to hospital representatives to show how testing is done and conducted collective learning sessions to discuss problematic rumours with vulnerable groups to understand the belief behind the rumour, reinforce key messages as well as gather their feedback on the information presented.

During a consultation conducted on November 18, a youth representative from Lanao del Sur shared that after reading the rumour bulletins, they were convinced to pay a visit to the hospitals for check-up. Another person shared how the Internews rumour bulletins have made them realise the importance of not self-medicating.

THEMATIC ANALYSIS #2

VACCINES

Rumour data related to vaccines, vaccination campaigns, vaccine clinical trials, affordability, access and distribution are trending across information ecosystems in RiT target countries, constituting approximately 16 percent of total rumours tracked in Colombia, 11 percent in Lebanon, 10 percent in Mali, 8 percent in Afghanistan, 3 percent in Philippines, and 2 percent in Sudan. Of the 315 total vaccine-related rumours tracked by Internews Rooted in Trust teams, approximately 49% are categorized as low risk content, 41% as medium risk, and 10% as high risk. With recent announcements of advancements in vaccine clinical trials, vaccine-related rumors are expected to increase significantly in the coming months.

WHY DOES IT MATTER?

Data from UNICEF suggests that approximately 80 million children under the age of 1 may miss out on receiving vaccines due to disruption of immunisation services in at least 68 countries around the world. Parents' reluctance to leave their homes and fears to be exposed to the virus have also played a role in preventing children from accessing these services.

The fights against measles and polio are a **priority**, as health systems weakening due to COVID-19 puts campaigns at risk worldwide and further outbreaks are expected.

Vaccine-related misinformation and mistrust have already taken a toll on routine immunisation coverage worldwide, even prior to the pandemic. Just one year before, in a public health emergency such as the Ebola outbreak, vaccine hesitancy was also fueled by high community distrust.

In the context of COVID-19, vaccine-related concerns have increased as communities continue to thrive through uncertainty and lack of consistent public health messaging. In many countries, including polio-endemic Pakistan and Afghanistan, parents continue refusing vaccines for their children, while conspiracy theories on vaccines trigger even further distrust towards health authorities, science and international global health actors. This is important, as decreased vaccine confidence may hinder even further future efforts to roll-out COVID-19 vaccination campaigns.

CHILDREN

Fears related to the future availability, potential side effects, and potential harm to children are constraining government-led efforts to roll-out other vaccination campaigns to immunise people. Rumours that an involuntary, government-mandated "death vaccine" will pose significant harm to children are thwarting diligent efforts to ensure public safety across Lebanon, Colombia, and Mali.

These high risk rumours have evolved to suggest that time-tested, routine immunisation programs for tetanus, typhoid, and hepatitis are secretly campaigns to administer COVID-19 to young school children, warning parents to speak up and contact school officials to declare their opposition to child vaccinations. In Kenieba, Mali, the Chief Medical Officer has noted a hesitancy from parents to send their children for newborn vaccinations. Other rumours express that for those people who have already been infected with coronavirus, they do not require vaccination and are already immune.

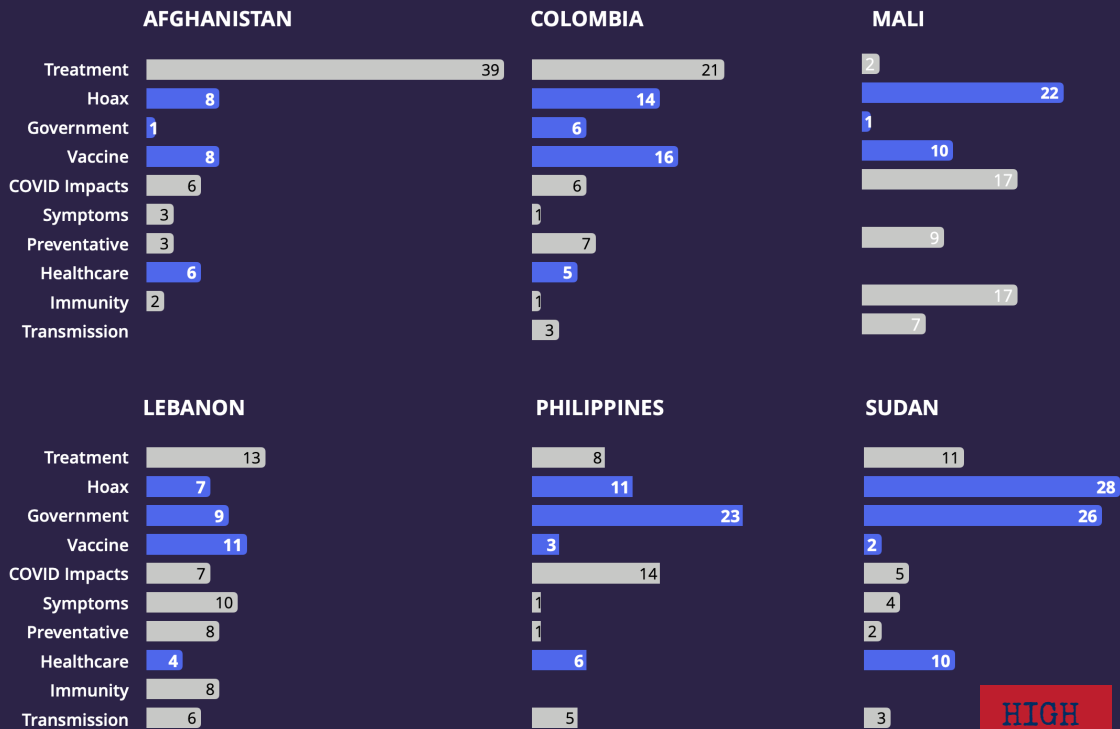
MIGRANTS

Poor, migrant and LGBTQI+ communities in the Nariño region of southern Colombia are primarily concerned with the cost of, access to, and universal distribution of a proven vaccine. This is due, in part, to existing access barriers they face for other provisions and support.

These populations are fearful that, in the case where a vaccine is deemed successful, it won't reach the south of Colombia, and additionally, it will be difficult to obtain with restricted access and limited distribution channels made available to them.

In this way, misinformation campaigns about vaccines and the erosion of trust in science and medicine can have devastating consequences for the public health of vulnerable and marginalised communities.

PERCENT OF TOTAL RUMORS BY THEMATIC CATEGORY (HOAX & VACCINE-RELATED THEMES ARE IN PURPLE)



HIGH RISK

MALI



Vaccination programs are initiated to administer the COVID-19 virus to our children in Mali (phone survey with resident of Kayes, Mali)

HIGH RISK

It is like the common cold, infectious but very harmless. The exaggeration of this virus is to inject us with the evil Bill Gates vaccine (Mali)

937k Followers 660,395 Reactions 784 Shares

MEDIUM RISK

LEBANON



They claimed that the new Corona vaccine is 90% effective, which means that it is deadly and dangerous for you. 10% -- while the death toll from COVID-19 does not exceed 1%

76k Followers 738 Reactions

MEDIUM RISK

C.A.R.



Beware of the compulsory vaccine, the death vaccine, the deadly Corona vaccine / On Sunday, the students and attendees will be called for first batch of vaccinations. So warn your children not to vaccinate, because they will force the students to take it. Take your children in your homes. The Emirates brought it to Jordan, and people refused to take it, and students would force it. Contact the school administrators that you do not want to take the vaccine (WhatsApp group with 256 members)

CHALLENGES TO VACCINE CAMPAIGNS IN 2021

Collectively, these rumours have the potential to impact public opinion in local communities and extend the length of the pandemic well into 2021, even after affordable vaccines are made widely available on a global scale.

As vaccine-related rumours gain traction and reach, many contexts such as Mali, Lebanon, Colombia, and Afghanistan health and humanitarian workers are primed to face increased resistance toward public health vaccination programs, setting the stage for subsequent waves of the virus.

Case Study #2: Responding to anti-vaccine sentiment among IDPs in Mali

Rumours that you can catch the virus by going to health centers or being vaccinated have spread widely through online social media and among IDP communities. According to people working with IDPs in Mali, COVID-19 has exacerbated IDPs fear of going for consultations in healthcare centers and structures even if “some displaced people were not used to going to these health centers in their places of origin for treatment.” In July / August 2020, when the WHO wanted to support a polio campaign in Gao and Menaka, a few cases of vaccine-strain polio appeared at the Mali / Niger border and this caused panic. Rumours around routine vaccines being used to intentionally infect people with coronavirus and create more business arose and discouraged many to go for routine vaccination.

Alongside our partner AMSODE, Internews works closely with vulnerable communities and IDPs. Listening and discussion (“Baroni) sessions, COVID-19 social distancing awareness raising activities, and women's workshops are developed to understand their specific concerns, answer questions and encourage them to return to health centers and continue with routine vaccinations.

Internews media partners produced 15 radio programs (in local Malian languages) in one week, broadcasting across targeted IDP sites and creating a space for discussion around the rumors collected in these specific sites. A series of 5 weekly radio broadcasts in local languages are also produced by Internews partners in the IDP camps; this program gives voice to these communities, listens to their concerns and provides verified, reality checked and actionable information responding to the rumors heard. This work allows us to understand the information needs of vulnerable populations, the beliefs behind the rumors and propose appropriate responses that fit the local environment.

Through the outreach work carried out within the IDP sites, it seems that their perception is starting to change around vaccination and fewer people are doubting its importance and purpose. Internews actively contributes to mechanisms for sharing community feedback among humanitarian and health response actors in Mali.



7 RECOMMENDED ACTIONS



Respond to beliefs with more than facts: Simply replacing a mistruth with a fact will often do nothing to end a rumour. Understanding and addressing the belief behind the rumour (the 'why' someone believes this information) and the information ecosystem it is in (the environmental conditions that allowed it to spread) will better address root causes of the rumour.



Go where people are and speak the local lingo: The reality is that today, many people will Google their symptoms many times before they visit a real doctor for advice. Understand where communities look for information and support those systems. That may mean adapting your communication for social media, entertainment sites or other less traditional public health platforms. This also means understanding the language they prefer. Communicate in preferred languages (not just the most common) and use terminology that is understandable.



Listen to everything: All feedback can tell you something about the community – don't just look for the posts with the highest engagement, or the new or alarming. Doubts are natural and people may look for alternative sources of information if their concerns are automatically dismissed by health care workers, authorities or other peers.



Trust is a journey: Vaccine confidence is built on trust - in science, in authorities, in providers, in health systems. Trusting relations cannot be imposed from above and people may increasingly react to distant scientists and health experts telling them what to do. Looking at the economic, political and socio-cultural environment where vaccine-related decisions take place is important. All these factors and many more affect our trust in vaccines - and facts may not always be enough.



Respect your opposition: There will always be people opposing our views. Treating those that reject vaccines with respect and acknowledging they are legitimate conversations partners is the first step to engage in productive dialogues with them.



Be proactive not reactive: Communities should be part of the conversation on vaccine trials, roll-up strategies and implementation challenges before the vaccines are already on the ground. Listen to people's questions now, look at the information ecosystem, identify where rumours could potentially get traction, address concerns before the next crisis is here. Relay to government public health agencies the importance of considering the discrepancies and gaps in access to information of communities in situation of vulnerabilities – displaced, low literacy (with little to no knowledge of official languages), persons with disabilities, etc. when communicating on COVID-19.



Promote transparency: Promote actions from state and humanitarian actors that are demonstrating genuine transparency and accountability to lessen denial and the perception that COVID-19 is a hoax and in order to strengthen or built trust in the response.