Inoculation Against Misinformation

Webinar
December 3rd, 2020
Takeaways from Misinformation: a Strategic Approach

• **Misinformation is sticky.**
  ✓ We are likely to believe in things that we have heard many times than new information
  ✓ Misinformation is often presented in an emotional language that is persuasive and attention grabbing
  ✓ People often continue to rely on misinformation in their reasoning even after it has been corrected.

• **Social listening allows us to:**
  ✓ Listen through the fog of disinformation,
  ✓ Hear the concerns people have about vaccines and misinformation,
  ✓ Respond through trusted voices that will reassure them and make them feel heard.

• **Consistent social data analytics and social listening are powerful tools to inform programs, influence decisions, and understand the ‘stickiness’ of misinformation.**
  ✓ Erroneous social media messages cannot go unchecked
  ✓ Need to actively and systematically monitor and address misinformation
Takeaways from *Infodemiology in practice*

- Misinformation flourishes in the absence of quality information. We need to “flood the zone” and strategically improve health communications through emotional storytelling.
- We need to understand the psychological reasons why people are vulnerable to misinformation – we can learn much from the social sciences about this.
- To combat misinformation, consider the ABCs – actors, behaviors and content.
- A key factor in the fight against misinformation is community involvement. Build your own community to find and debunk misinformation, hold each other accountable and educate networks.
- Compassion and empathy are important when responding to the spread of misinformation. Ask people where they get their information and why they believe it. Encourage them to think critically about their sources.
INSTRUCTIONS

Please mute yourself to limit background noise and feedback

Raise hand during discussion to speak

You can submit questions throughout the webinar through the Q&A located at the bottom of your screen

You can respond to questions and engage through the Chat at the bottom of your screen

Please introduce yourself in the chat!
Agenda

Panelist presentations

• Stephan Lewandowsky
• Bright Simons
• Lucy Kanja

Q&A continued

Wrap up
PANELISTS

Lucy Kiarie
Consultant Immunization Advocate
Boost Community Member

Lucy Kanja, MHSCM, MPH
Expanded Program on Immunization (EPI) Coordinator - Langata & Kibera Sub County, Kenya

Stephan Lewandowsky, MA, PhD
University of Bristol Author, *The Debunking Handbook*

Bright Simons
Founder and President, mPedigree
Practical experience and examples of managing misinformation to improve vaccine acceptance and immunization outcomes

LUCY KANJA: MHSCM, MPH
Ministry of Health – EPI Langata & Kibera Sub County, Nairobi Metropolitan Services: KENYA
Boost Community Member
@lucywkanja
3rd December 2020
OUTLINE

• What are the biggest challenges related to vaccine misinformation that we face?
• How have we engaged with communities to address vaccine misinformation?
• What other stakeholders must come to the table?
• What specific approaches have worked well to address misinformation in the communities in which you work?
• What lessons have we learned that may be applied to future vaccine introduction?
• What has not worked as well?
What are the biggest challenges that we face related to vaccine misinformation?

- Identifying warning signs, monitoring and reporting rumors and misinformation
- The presence of organized activists and religious groups opposed to vaccines & immunization who have the capacity to disseminate misinformation
- Identifying a crisis communication strategy that can help prevent rumors and outlines appropriate responses after a rumor starts
How do we engage with communities to address vaccine misinformation?

1. Stakeholder engagement
2. Community dialogues/Barazas
3. Monitoring community engagement
What other stakeholders must come to the table?

- Health care workers
- Parents and caregivers
- Media
- Policy makers and government leaders
- Gate keepers to public opinion, such as community and religious leaders
- Immunization partners
- Special groups (*spiritual healers, traditional healers, herbalists, traditional birth attendants, celebrities and religious sect leaders*)
- Mainstream spiritual leaders (major church leaders including the Catholic Church)
What specific approaches that have worked well to address misinformation in the communities I work in?

1. Define the nature of the rumor: Where does it come from? Is it based on facts? Who is likely to be affected by it? How is it spread and by whom?

2. Identify the people and organizations responsible for fabricating and spreading the rumours and design strategies for educating/engaging them (in the key messages, acknowledge existence of rumours, provide factual messages)

3. Collect data and facts about vaccine/ immunization in preparation to respond to rumors by giving correct information

4. Target key opinion leaders in the affected area (community leaders, faith groups, elders, etc.), sensitize them about immunization and seek their support in mobilizing for immunization promotion.

5. Media engagement (radio and television stations (national and local FM Radios), social media)
What specific approaches that have worked well to address misinformation in the communities I work in? (cont.)

6. Advocacy through stakeholder forums at national, county, sub-county and community level
7. Deployment of immunization ambassadors/ champions (e.g. polio and cervical cancer survivors)
8. Dissemination of Information Education Communication (IEC) materials including posters and fliers
9. Deployment of health promotion officers
10. Reassure communities that the vaccine is tested and approved as safe and effective
LESSONS LEARNED

• Engaging the church and other stakeholders at the earliest opportunity
• Exploiting available channels of communication
• Strengthening of local laboratory capacity required (Joint sampling and testing of vaccine batches if need be)
• Collaboration of Pharmacy Poison Board (Drug Regulatory Authority) with the immunization program was strengthened
• Accurate rumor identification/answering all the concerns
• Understanding community dynamics
• Building teams
LESSONS LEARNED (cont.)

During one-on-one engagement with caregivers:
• Be polite, friendly and caring
• Speak simply
• Listen and understand the caregiver’s misinformation, concerns and questions
• Give relevant answers to any concerns and questions no matter how it sounds
• Respectfully correct inaccurate information
• Thank them for their patience and interest
WHAT HAS NOT WORKED AS WELL?

• Top to bottom management approach
• Inadequate resource allocation hindering implementation of planned activities
• Competing activities
• Lack of political good will
THE TETANUS CONTROVERSY

• Kenya initiated the Maternal and Neonatal Tetanus Elimination process in 2001
• Tetanus vaccination campaigns conducted 2003, 2006, 2009 and 2013/2014
• Controversy began during last round of campaign (September 2014)
• Concerns raised by the Catholic Church
  • Tetanus vaccines used in the TT Campaigns contained a hormone, $\beta$HCG (beta-human chorionic gonadotropin), which could cause sterility and abortions in women
  • Is there a tetanus crisis in Kenya? If this is so, why has it not been declared?
  • Why does the campaign target women of reproductive age (14-49 years)?
HEALTH | Cardinal suspects hidden agenda in matter of jab

Church defiant over tetanus vaccination

We will not back down from stand against the jab, says Catholic head amid infertility claims

BY BRIAN MOSETI
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The Catholic Church yesterday remained defiant and insisted it will not back down from its stand against the tetanus vaccine it claims makes women infertile.

The head of the church in Kenya, John Cardinal Njue, asked women in the country to heed the warning and keep away from the vaccine.

The cardinal said the church had conducted thorough investigations regarding the vaccine and found that it was actually harmful to women.

He spoke days after the parliamentary Committee on Health ordered a joint tetanus laboratory test by the government and the Catholic Church. The committee said the test would clear the misunderstanding that has characterised the vaccination.

“We too are at loss about who to believe since both sides have tabled conflicting results,” committee vice-chairman Robert Pukose said last week.

The government has presented the results of the tests conducted at the Kenya Medical Research Institute which give the vaccine a clean bill of health.

But the Catholic Church has maintained that the tetanus jab is laced with a substance that is meant to lower women's fertility.

It says that its multiple-laboratory tests have shown that the jab has a danger-
Church misinterpreted test results: Doctor

Joint team to probe tetanus jab safety

WHO, Unicef say tetanus vaccine is safe

Check point: Studio Interview: The controversial Tetanus Vaccine with Dr. Bosire and Dr. Collins Tabu
Kenyan Catholic doctors warn against cervical cancer vaccination of girls

NAIROBI, Kenya (CNS) — Catholic doctors in Kenya have warned against a mass cervical cancer vaccination program for young girls, as the government accelerates plans to roll out the program in September.

Doctors tell off Catholics for rejecting cervical cancer vaccine

Association of Catholic doctors expressed concerns 10-year-old girls were too young to receive the vaccine.

In Summary

- Cancer of the cervix kills 2,451 Kenyan women every year. Vaccine teaches to destroy HPV which causes 99.7 per cent of cervical cancer.
- Catholic doctors concerned the vaccine will initiate sexual behaviours at a young age.

Ministry to evaluate church claims over vaccine

Health & Science - By Graham Kagiwa | September 12th 2019 at 12:00:00 GMT +0300
Engaging Parents Refusing Vaccination - During SIAs
Zero Dose (Refusals) at 4 Months, 11-, 8- & 5-Years Boys
HIGH LEVEL ADVOCACY – HPV VACCINATION LAUNCH

Kenya takes the bold step! It's time to protect our future. It's time!
#CervicalCancerVaccineKE #MOH #KEMRI #WHO #UNICEF #CHAI #CDC #JSI #PATH #WOMEN4CANCER #KANCO

"We cannot compete with Science," Says The President during #CervicalCancerVaccineKE Launch.
#MOH #MOE #UNICEF #WHOKENYA #CHAI #JSI #CDC #KANCO #WOMEN4CANCER #KEMRI pic.twitter.com/777XzqYdb0 pic.twitter.com/S1lziHq55J
COMMUNITY OUTREACH
EMPOWERING HCW/COMMUNITY OUTREACH
AHSANTE SANA!!
Questions for panelists?

Use the Q&A function
Follow Sabin’s Vaccine Acceptance and Demand initiative

VaccineAcceptance@sabin.org
Follow us @sabinvaccine

Small Grants Program
Provides funding to low- and middle-income country researchers who are localized and uniquely situated to explore the social drivers of vaccine acceptance in those contexts.

2020 RFP focused on COVID-19 vaccine misinformation

2021 RFP opens March 2021

The Vaccine Acceptance Research Network (VARN)
Building and advancing a multi-disciplinary network that generates, synthesizes and disseminates social science insights and research to address vaccination acceptance and demand challenges globally.

Immunization Advocates
Supports media professionals and health professionals with educational resources and connects journalists to health experts to help them report accurately on immunization.

Explore resources for journalists.

Explore resources for health workers.
• Join the Boost Community (https://boostcommunity.org):
The Boost Community enables immunization professionals to connect with peers and experts, learn skills that build capacity and advance careers and lead immunization programs. Take advantage of our online platform, including online courses, live workshops, webinars, resources and more!

• Join Learning Groups (https://boostcommunity.org/topics/):
Continue sharing your comments, questions and challenges with your peers and experts on topics like Capacity Building, Immunization Supply Chain and COVID-19.

• Learn about future Events & Webinars (https://boostcommunity.org/events):
Bookmark Boost’s online calendar of events for details about upcoming webinar and workshop offerings!

• Take Our Survey (https://boost-community.typeform.com/to/y35E3jRi):
We want to hear from you! Continue the conversation on vaccination acceptance and share your thoughts on future offerings for the Boost Community.
THANK YOU