

South Africa COVID-19 and Vaccine Social Listening Report 16 August 2021, Report 14

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August 16th, 2021 | [Academic Articles](#)

This is a weekly report of COVID & vaccine sentiment, rumours & misinformation in SA. Further info here.

[click here for a detailed report](#)

KEY TRENDS

- **Lack of demand is limiting vaccine rollout.** It's clear that in many health facilities there are more vaccine doses than people coming to get them. Demand is less than Supply. On Friday 13 August, 153,999 were vaccinated, just over half of the peak 273,011 on 21 July. So, overcoming vaccine hesitancy is the key factor in the success or failure of the rollout. Vaccine demand generation – persuading individuals, building social norms & lowering logistical accessibility barriers – is the site of struggle.
- In broad terms, there are **2 separate problems**: in urban areas there is now better supply of vaccines and the limiting factor is demand; in many rural areas the barriers to supply and access are still so great that we don't yet know the scale of vaccine hesitancy.
- **Vaccine inequity.** Related issue: Vaccine warehouses and sites are concentrated in urban areas (especially private sector) and are relatively well stocked, so vaccines are more accessible to communities (though transport and other logistical challenges remain in many townships and informal settlements). In rural areas, vaccine sites are often much further away, inaccessible, quickly run out of stock or only open a few days per week, with fewer mobile facilities.
- Overall, there is more **positive sentiments** about vaccines with many people publicly sharing their experiences after vaccination with minor or no side effects.
- Concerns that while vaccines are free, some people have consultation fees to **pay for side effect** treatment. Since the start of the vaccination rollout,

people have been calling on government and the pharmaceutical industry to be accountable for adverse events.

- People expressing their fears and seeking clarification on adverse events experienced by their relatives who **vaccinated while Covid** positive unknowingly.
- Vaccine **sentiment can be very localised**. When a supervisor died in a mine (after vaccination but unrelated), vaccine hesitancy rocketed among mine workers. Similarly, intensive and focused local effort can increase vaccine demand very effectively.
- Trending on twitter: North West Department of Health suspends three white officials accused of **denying vaccination** to black residents but giving vaccines to their families & friends (see [here](#)).
- There are several **groups undermining vaccine** rollout: Some medical doctors (Dr Susan Vosloo [here](#), Prof Tim Noakes [here](#)), several churches, a registered NGO organizing protests as well as many WhatsApp/Facebook/Telegram groups. Separately, several political leaders don't support the rollout (Rev Moshoeshe ACDP [here](#), Dr Groenewald FF+ [here](#), among others).
- **Universities debunking** myths on vaccines are collaborating, including SMU, UFS, UCT, and Wits. SMU observed a slow increase in vaccination eagerness during community interviews to debunk myths, and received good feedback from people who said they did not know the truth before.
- UKZN study found the recent **unrest to be a super spreader** event, causing a spike in Covid infections in KZN. (See [here](#)).
- Claims of **identity theft blocking vaccination**. Report that some are using false ID numbers to register for vaccination that causes the registration on EVDS of the rightful owners to fail. (See [here](#)).
- Many **pregnant women in intensive care** with Covid linked to overall prevalence and vaccine hesitancy. Doctors encourage expectant mothers to get their jabs as soon as possible. (See [here](#)).
- Rumours about the 'dumping' of vaccines that have a short expiry date in South Africa speaking about wealthier countries releasing surplus vaccines to countries who need them ([here](#)). Rumours also link the many (unverified) vaccine deaths to the donations of vaccines. (See [here](#)).

MISINFORMATION

- **MISINFO**: Covid vaccines don't stop infection, or transmission and don't stop death. ([here](#)) **TRUTH**: Vaccines work & significantly cut down infection, transmission & mortality from Covid, including delta variant. ([Here](#) & [here](#)).
- **MISINFO**: 'Vitamin I' (Ivermectin) really works and is being discredited by big pharma as it is cheap. **TRUTH**: Ivermectin is not proven (see [here](#)) and while vaccines may have adverse effects they are overwhelmingly safe. (See [here](#) and [here](#)).
- **MISINFO**: Vaccines contain graphene oxide. **TRUTH** Pfizer told Reuters its vaccines do not contain the material. This material is also not listed in any of the widely available Covid vaccines listing worldwide. See [here](#).

- **MISINFO:** Being vaccinated is an issue of freedom! You will be fired from your job if you refuse the vaccine, or not allowed to go to places. **TRUTH:** Vaccination is not compulsory, as stated by our President, Minister of Health and the SA Human Rights Commission. There is a public debate whether those who refuse vaccination should freely risk infecting others in various settings. (See [here](#) and [here](#)).
- **MISINFO:** Covid is all an evil plot / covid was created to allow big pharma to make money from vaccines / it's a conspiracy to depopulate the world. **TRUTH:** It's sad we need to say this at all, but: Covid is real and not a plot. (See [here](#) and [here](#)).

PROPOSED FOR RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Develop messaging and communications strategy to engage vaccine-undermining medical doctors. There should be debunking, but be careful not to give their problematic views more publicity.
- Organise discussion between researchers conducting surveys of Vaccine hesitancy in SA with differing results (NIDS-CRAM, UJ/HSRC, Afrobarometer, IPSOS, GCIS, VaxScene, Praekelt, UNICEF and others) to get best overall understanding possible of vaccine sentiment and key issues.
- Document & share best practice mentioned above (as the successes in Limpopo were shared by the Minister of Health Joe Phaahla last week).
- Develop social listening from all provinces and as many districts as possible. The important issues are local.

ISSUES RAISED FOR FOLLOW-UP

- Encourage National Leadership to appreciate that demand generation is the central challenge of the vaccine rollout.
- Consider a mass "Covid Champions" campaign to be launched in September.
- Suggestion for consideration: Refer the Dr Susan Vosloo matter to the Health Professions Council of SA.

METHODOLOGY AND COLLABORATION

The Social Listening & Infodemiology team that produces this report is part of the Risk Communications & Community Engagement Working Group of the Dept of Health. This report is compiled following the methodology of the WHO Africa Infodemic Response Alliance (AIRA, see [here](#)), the "Identify" stage. We pool information from the following:

- **SA National Department of Health**
- **Covid Hotline:** Reports from the Covid call centre
- **Praekelt.Org:** NDOH Covid WhatsApp system
- **WHO Africa Infodemic Response Alliance (AIRA)**

- **UNICEF:** digital analysis of content on Google, Twitter, YouTube and Facebook, and digital news
- **Red Cross:** Network of 2,000 community volunteers reporting misinformation and concerns
- **Real 411 Media Monitoring Africa:** a mis- and disinformation reporting and response system
- **COVID Comms:** a network of communications specialists that produces information on the pandemic
- **DOH Free State & KZN:** Provincial Departments of Health
- **Community Constituency Front (CCF):** Civil society representative in response to Covid
- **Centre for Communication Impact, Centre for Analytics & Behavioural Change, Section 27**
- **Medical Research Council, National Institute for Communicable Diseases, Right To Care**
- **SMU – SA Vaccination and Immunisation Centre**
- **Universities of Johannesburg, Cape Town, Free State, Wits, Stellenbosch; HSRC; IPSOS**

Other organisations involved: Government Communications & Information Service, SA Council of Churches, People’s Vaccine Campaign, Clinton Health Access Initiative, Heartlines, Health Systems Trust, Children’s Radio Foundation, DG Murray Trust, People’s Health Movement, Business for SA, SA Minerals Council, Wits Reproductive Health & HIV Institute, UN Verified, HealthEnabled, Deaf SA, SA National Council for the Blind, and SA Disability.

Thanks to this week’s drafting team: Sowo Tucker, Nnete Mothibi, Charity Bhengu, Versatile Nkwinika, Peter Benjamin.

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