



HUMANITARIAN BULLETIN #4

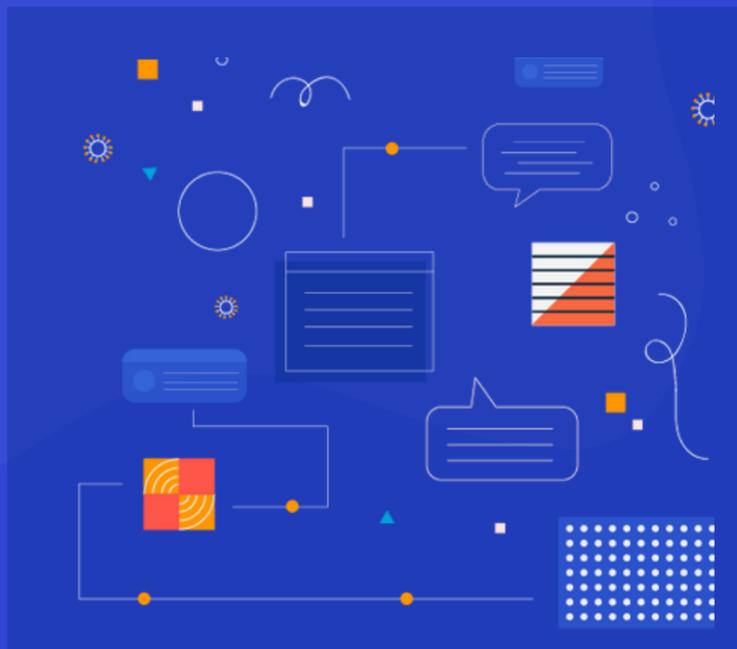
▶ Lebanon 1 to 31 March 2022

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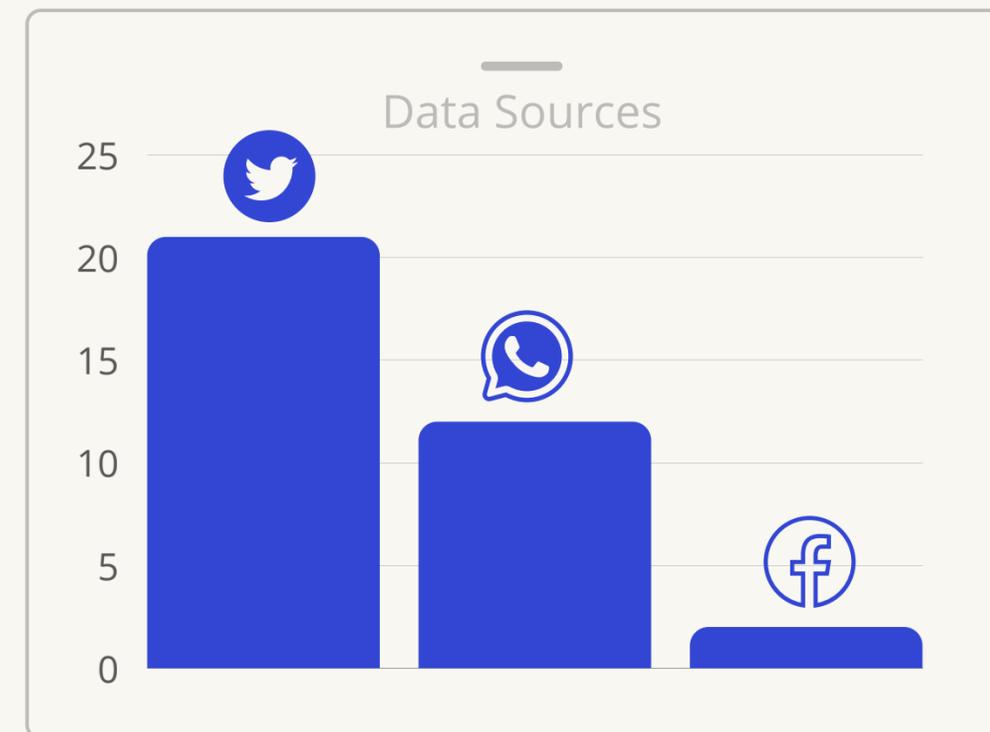
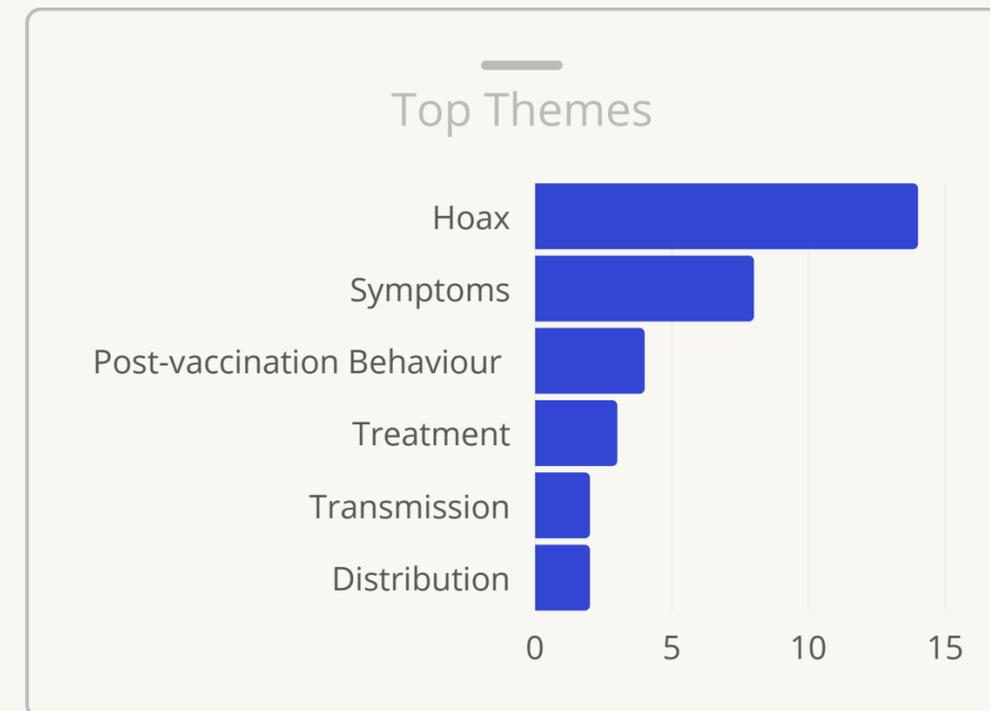


Introduction to Rooted in Trust

Rooted in Trust (RiT) is a USAID Bureau of Humanitarian Affairs (BHA)-funded project run by Internews to support humanitarian and public health agencies combat and manage the spread of rumors and misinformation about COVID-19. The first chapter (RiT1) ran from October 2020 to February 2021 with more than 2,774 rumors collected in Lebanon. The project was recently re-launched in September 2021 with its second chapter (RiT2.0) expected to run until end of 2022.

In this bulletin, Internews profiles commonly occurring rumors across social media sites in Lebanon between 1 March 2022 to 31 March 2022. During this period, 40 rumors were collected from Facebook, WhatsApp, Twitter, and Instagram, in addition to private groups and accounts that have a relatively high user engagement. 3 unique rumors were subsequently selected for this bulletin which fall under the recurring themes of Symptoms and Hoax.

40 Rumors Collected



Covid-19 Snapshot LEBANON

17,735 Cases



10,296 Deaths



5,556,261 Doses



COVID-19 SITUATION & SOCIO-ECONOMIC CONTEXT IN LEBANON

Lebanon has seen **17,735 new cases** over the month of March 2022, with **5 new deaths** according to WHO (1), and the virus spreading predominantly among young and middle-aged adults aged 20 to 39. (2) As of mid-February of this year, 52% of the targeted population in the country has received at least one dose of vaccination. (3) Out of those, the majority are of Lebanese nationality (72.45%) and only 14.25% are of the Syrian nationality, and another 13.29% are non-Lebanese, including Palestinians living in Lebanon & migrant workers from different nationalities. (4)

According to WHO, Lebanon continued to be at Level 3 of community transmission in March, which means that high vigilance remains recommended, and that effort is to be focused on abiding by public health and social measures, such as wearing a mask in public, physical distancing, and maintaining hand hygiene, as well as increasing vaccine coverage. (5)

The complex crisis in the country is having severe impacts on access to necessities. As of 2021, over 80% of people in Lebanon are living in multidimensional poverty, which reflects deprivation across areas including healthcare, electricity, water, sanitation, transportation, connectivity, and means of income. This represents a doubling of the multidimensional poverty rate from 42% in 2019. (6)

The situation has also led to a crisis in the quality and accessibility of healthcare. Medicines that were previously subsidized have become difficult to source; all over the country, electricity providers have had to cut power hours or operational capacity due to reduced fuel and supplies. Additionally, the number of people visiting Public Health Centers for basic services has decreased, which could also be due to fuel and transportation challenges. The crisis is also exacerbating protection risks for already vulnerable groups.

01.

Symptoms

"COVID-19", like any other infection, can cause an exacerbation of allergic diseases after they have been dormant for an extended period. It was announced by Dr. Nadezhda Logina, immunologist and allergist in an interview with the Ura.ru portal. According to the specialist, this phenomenon can occur after infection with other viral diseases. Other chronic processes can also be exacerbated by this. The Russian immunologist Dr. Zoya Skorpeleva stated: "There is a risk of developing certain complications in people who have chronic diseases and they may have an allergic reaction."

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-- Shared on Twitter, Whatsapp and Facebook in Arabic with over 1,000 likes.

What's behind the rumor?

■□□ Low Risk

During the allergy season of previous years, lockdowns were still in effect in a lot of places in the world, and protective measures such as spending more time indoors, and wearing masks outside helped bring down allergy symptoms a few notches, as masking offers some protection from pollen. (7) Because people were exposed less to allergens the last 2 years, exposure seems to be hitting them harder this year. (8) This may be driving the perception that COVID-19 is making allergies worse. Also, even in health journalism, sensational media reporting is common when describing COVID-19 therapies, detection methods, and vaccines (9) and we can see many misleading titles such as "Allergies Worse This Season? Blame The Coronavirus" while the content of the article does not reflect this sentiment or make a link between the virus itself and allergies. Finally, even health professionals can be susceptible to believing and spreading disinformation and misinformation, and this is often prompted by the sensationalism in health reporting that makes exaggerated claims on hypotheses that have not yet been tested or peer reviewed. (10)



01.



Fact check

A combination of at least two things could be contributing to increased allergic reactions experienced. One small part is that more people are going outside without masks (which can also protect against pollen), especially now with people practicing more relaxed masking. The other—and bigger—reason is the trend of rising pollen count over prolonged period due to climate change, and more pollen for longer periods of time leads to more severe allergic reactions that persist. (11)



There are several symptoms that can be experienced by both people having allergies and people who contracted the COVID-19 virus. These include congestion, cough, difficulty breathing, fatigue, runny nose, sore throat, and shortness of breath. However, comparing the most common symptoms reveals clear differences. Seasonal allergies usually cause itchy or watery eyes and sneezing, while COVID-19 is characterized by fever and chills, muscle and body aches, new loss of taste and smell, nausea and vomiting, and diarrhea.

People with chronic diseases such as allergies -especially allergies that affect the respiratory system like asthma- heart disease, diabetes, cancer, chronic obstructive pulmonary disease, chronic kidney disease, and obesity are all conditions that increase the risk for severe illness from COVID-19. (12)

Why does it matter?

This low-risk rumor matters because some similarities exist between allergy symptoms and COVID-19 symptoms, which may confuse many people. In some cases, it may even lead to them not getting tested for COVID-19, dismissing the symptoms they are experiencing for allergies, thus at worst putting themselves in danger in case the virus progresses to a more severe stage, and at best putting others at risk by spreading the virus unknowingly. (13)

Moreover, Syrian refugees in Lebanon are particularly vulnerable to chronic diseases, as many have no access to healthcare, not be able to afford it, and some might not even know they have a chronic illness in the first place. (14) Some populations, including those with low socioeconomic status and those of certain racial and ethnic groups, have a disproportionate burden of chronic disease, and COVID-19 infection, diagnosis, hospitalization, and mortality. These populations are at higher risk because of exposure to suboptimal social determinants of health (SDoH). SDoH are factors that influence health where people live, work, and play, and can create obstacles that contribute to inequities. Education, type of employment, poor or no access to health care, lack of safe and affordable housing, lack of access to healthy food, structural racism, and other conditions all affect a wide range of health outcomes. (15)

Recommendations

- Given that the long-term impacts of COVID-19 are still being defined, providing information on what we know so far about the virus's medium to long-term impacts is an important component of keeping people informed.
- Provide support and assistance to recovering patients who suffer from long COVID-19 symptoms.
- Organize community events in different communities by inviting trusted health professionals and community leaders to shed light and give examples on why some people experience more severe side effects than others.
- Those suffering from asthma are possibly at an increased risk of more moderate-severe COVID-19 (though not at the highest risk of severe disease) and are encouraged to take up the seasonal flu vaccine to minimize flu risks, as it is possible to have both COVID-19 and flu at the same time. It is also important to control your asthma with regular medications. (16)

During the month of March, 14 rumors were collected claiming that COVID-19 is a hoax falling under 5 categories:

- 1. Covid-19 being a worldwide lie
- 2. Russia/Ukraine war
- 3. Effect of masks
- 4. Vaccination
- 5. Climate Change.

This could be due to the decrease in overall cases in Lebanon and the lowering of restrictions by the Ministry of Public Health (MoPH). In this bulletin, we highlight the below 2 rumors that fall under the theme of COVID-19 being a hoax:

02.

Hoax

“Someone came to cover the Corona lie that people have deluded in the past two years Corona lie that the world believed Corona is a global lie Where is Corona? After someone has no doubts that Corona is the biggest lie of the century. How it disappeared. It is reasonable that the biological factories told me that the Russians in Ukraine were the reason. American hoax of the century”

-- Shared on Twitter, Whatsapp and Facebook in Arabic

What's behind the rumor?

■ ■ □ Medium Risk

In addition to the multifaceted crisis that the Lebanese people are struggling to deal with, which include economic hardships, high hospital bills, a high percentage of people (including healthcare professionals) emigrating (17), fuel and transportation challenges, and shortages of medications, conversation about COVID-19 is no longer a priority and has shifted towards the Ukraine/Russian war. The Russia/Ukraine conflict is taking more and more space in media narratives.

Lebanese people and Syrian refugees are not disconnected from this global dialogue, as this war has had direct consequences on day-to-day life for people in Lebanon, such as a shortage in bread and other items previously imported heavily from Ukraine. Media outlets across the world and in Lebanon are increasingly framing their news around this conflict. This may be one of the reasons behind the perceived 'hoax' around COVID19, as the news attention spans quickly from one big priority to another, leaving everyone confused about the huge importance shed on the previous topic. People are indeed more aware and abruptly confronted of the agenda defined by media - and unlike in other more daily routine issues, people are critical about it, asking questions such as “if COVID-19 is so important, why is the media not shedding any light on it anymore?” and bringing their own analysis into the table of it being a hoax or in some cases a political tool manufactured in labs. This also reflects in how people are increasingly citing “Russian Scientists” in many of the new emerging rumors.

Moreover, the decrease in cases and the lowering of restrictions by the MoPH could be impacting people’s belief in COVID-19 which is why rumors linked to the virus being a hoax are resurfacing.



Fact check

·According to WHO, globally as of 31 March 2022, there are 4,83,556,595 cumulative cases. (18) In Lebanon, there are 1,091,777 cumulative cases and 10,296 deaths. (19)

COVID-19 can be severe and has caused millions of deaths around the world as well as lasting health problems in some who have survived the illness. (20)



In the first 3 months of 2020, nearly 6,000 people around the globe were hospitalized because of coronavirus misinformation, recent research suggests. During this period, researchers say at least 800 people may have died due to misinformation related to COVID-19. (21)

Why does it matter?

This medium risk rumor matters as it impacts the effectiveness of containment strategies. Misinformation leaves children, families and communities unprotected and vulnerable to disease, and it also spreads fear and stigmatization. Social media users may see a topic trending and not realize its connected to conspiracy theories or disinformation campaigns. The rumor is especially relevant within vulnerable communities such as refugees who suffer from a systematic lack of access to healthcare, as it can lead to people dropping off protective measures completely, putting entire communities at risk.

Recommendations

- The spread of fake news about COVID-19 has caused harm and deaths that could have been avoided. There are various sources online for personal testimonies from people who contracted the virus, and even those who once believed it was a hoax, in Lebanon and abroad which can give a human face to the virus. Re-publicizing these testimonies of these people -and more importantly, picking people who are from the communities you are trying to influence- is a good strategy for dispelling this rumor. Another option would be interviewing key people from your target communities in short videos.
- Enhance the cooperation with faith leaders which could have a strong impact on people's perceptions, especially during the holy month of Ramadan.
- Explain the dangers of dropping protective measures on communities with lack of access to healthcare specifically and encourage these communities to get vaccinated by providing transportation for people to get to and from vaccination centers, enhancing mobile vaccination units across Lebanon, especially in rural areas, and enhancing the organization of vaccination marathons to increase vaccine uptake.

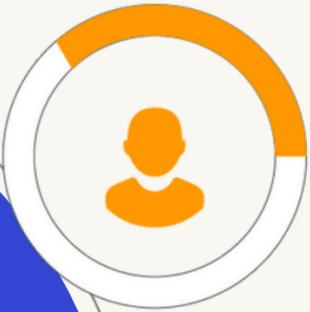
03.

Hoax

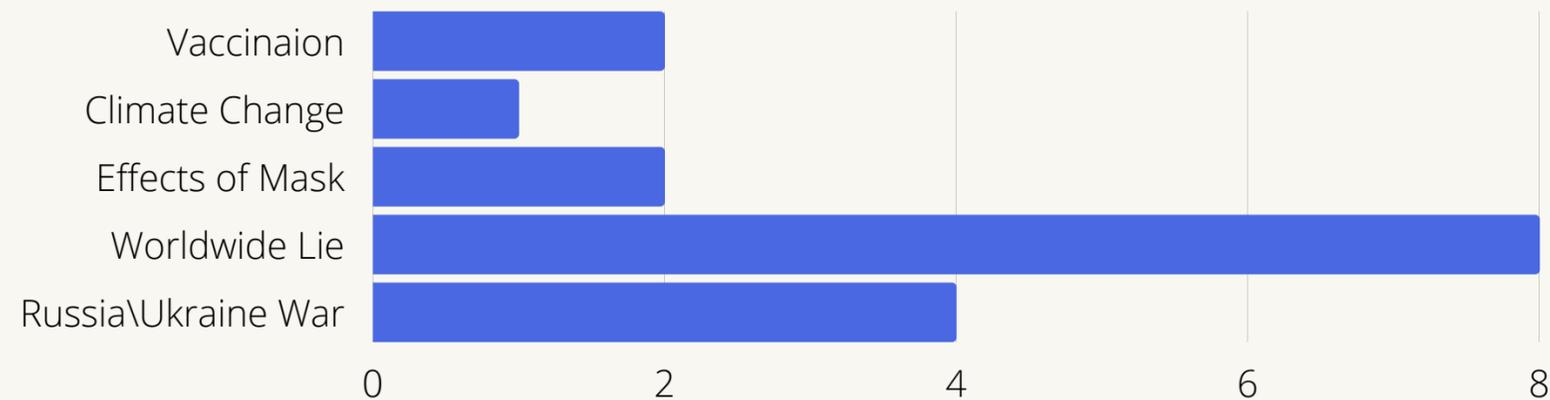
More than 30% of doctors in Lebanon refuse to take the vaccine

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-- Shared on Twitter, Whatsapp and Facebook in Arabic



Categorized rumors that Covid-19 is a hoax



What's behind the rumor?

■ ■ ■ Medium Risk

In Lebanon, as in every other place in the world, there have been some health care workers who were “critical” about COVID-19 vaccines and spreading rumors, which has created a general sense that health care workers are against it.

Recommendations

- Acknowledge that even healthcare workers & trusted authorities are prone to being misinformed & spreading this misinformation among their communities and increase, reformulate and reorganize awareness campaigns and messages, such as targeting through social media to reach all groups of people. Include messages tailored to each of the healthcare workers and communities they are in contact with.
- Organize awareness sessions with trusted doctors and healthcare professionals who have taken been vaccinated to provide information on the vaccination and share real life examples of consequences of not being vaccinated. Furthermore, shed light on why some people experience more severe side effects than others to build trust.
- Work closely with the MoPH to develop infographics with the latest news on vaccinations.
- Report on hospitalization rates of vaccinated vs. unvaccinated.



Fact check

According to MoPH, 118,405 healthcare workers, which include physicians, nurses, midwives, and other community healthcare workers in Lebanon have been registered to get vaccinated, (22) and while no data is recorded on the exact percentage of them that did get the vaccination, it is safe to say that most of them were able to due to being prioritized in the vaccine roll-out plan

The overall intention to receive a COVID-19 vaccine among the Lebanese adult population was 51.5%, with healthcare workers expressing a higher willingness of getting vaccinated against COVID-19 than non-healthcare workers, with the percentage of 65.8%. (20)

Around 12 months of data collected around vaccine safety, including data from tens of thousands of participants in clinical trials before that, show that the vaccines are safe and effective at preventing serious disease or death due to COVID-19. (22)



According to the same study: (21)

- Factors that drive vaccine willingness are:
Being of an older age, being married, living in urban areas, receiving influenza vaccine for this season, having more knowledge around benefits of vaccination, having concerns related to availability and accessibility of vaccines, having trust in health authorities, vaccine intake by the public, and self-motivation.

- Factors that drive vaccine hesitancy are:
Living in rural areas, previous refusal of any vaccine, concerns about vaccine safety, and side effects impacted, female gender, importance accounted to religiosity, and concerns about the reliability of the manufacturer.

Even with the absence of exact data on the percentage of doctors in Lebanon who have successfully administered the vaccine, the above indicators show that the 30% of doctors in Lebanon who have refused to take the vaccine reported in this rumor is an exaggerated and improbable number.

Why does it matter?

Disbelief in COVID-19 by trusted health authorities and figures could reflect on the communities who view them in high regard, thus discouraging people from taking preventative measures and the vaccination, leading to increased community transmission, and posing long-lasting risks to Lebanon's already struggling medical sector.

This rumor is especially relevant for the Syrian communities living in Lebanon, since they tend to get their information from people they are closer to as opposed to official governmental sources and humanitarian agencies. According to our Information Ecosystem Assessment, (23) the Lebanese government has gradually disenfranchised itself from Syrian refugees over the years, while humanitarians have struggled with intermittent and incomplete funding for the refugee response, which has led to communities of Syrians today regarding these two institutions with apprehension and a pragmatic awareness of their motivations and limitations, and sometimes culminating into feelings of outright distrust. These dynamics likewise push people to rely more heavily on their most immediate networks for information and support.

How Do We Define Risk at Internews?

Risk is measured by Rooted In Trust (RiT) data analysts, information managers, and social media monitors based on a range of factors including:

- Cultural relevance
- Timing
- Online engagement
- The "believability" of a rumor, and most importantly...
- The potential negative impact a rumor may have on the health, well-being, and safety of local communities or service provider

■ ■ ■ High Risk

A rumor that is very likely to be believed among the larger community with potentially severe impacts resulting in serious harm to an individual or group such as inciting violence or creating widespread fear or panic. High risk rumors may encourage avoidance of testing and treatment, or even harm towards health workers and other service providers.

■ ■ □ Medium Risk:

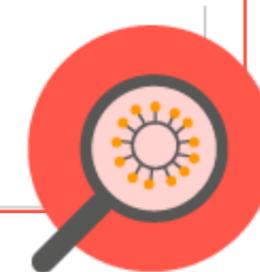
A rumor that has the potential to be believed among the larger community which poses moderate negative impacts to a community or an individual's health, well-being, or safety. Medium risk rumors may also have a moderate impact on health-seeking behaviors.

■ □ □ Low Risk

A rumor that is either unlikely to be believed among the community or which would cause very minimal negative repercussions if it is spread.

Sources

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