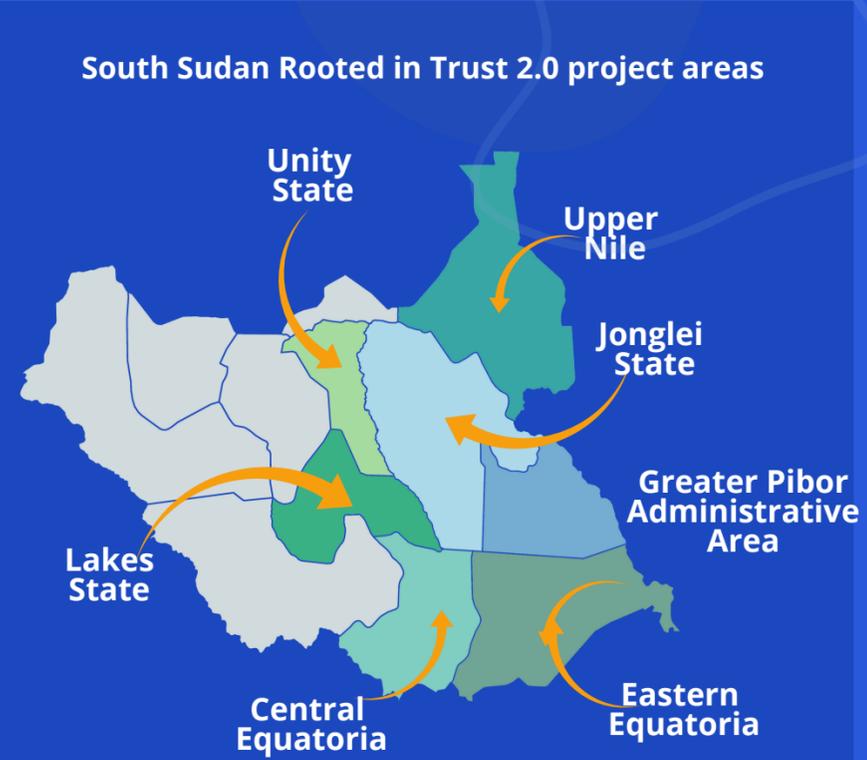




LUGARA #3 HUMANITARIAN BULLETIN

May 1-31st, 2022



Senior Humanitarian Project Manager
Dr. Michael Gubay
(mgubay@internews.org)

Humanitarian Project Advisor
Tusiime Wilfred Romeo (Akiiki)
(atusiime@internews.org)

This Humanitarian Bulletin has been reviewed by the South Sudan Ministry of Health

Rooted in Trust

Introduction to project

Rooted in Trust 2.0 (RiT 2.0) is a global pandemic information response program funded by the USAID Bureau for Humanitarian Assistance (USAID-BHA) and implemented by Internews to counter the unprecedented scale and speed of the spread of rumors and misinformation on COVID-19, COVID-19 vaccines, and other related health topics.

Rooted in Trust 2.0 in South Sudan aims to address COVID-19 misinformation by collecting and analyzing concerns of communities to help humanitarian actors and health organizations across the country respond to the most pressing concerns of communities with fact-checked information. The Lugara Humanitarian Bulletin is an output of such work.

Besides South Sudan, the RiT2.0 project is being implemented in Lebanon, Mali, Colombia, Sudan, Brazil, the Democratic Republic of Congo, Iraq, Afghanistan, and Zimbabwe. For more information, please visit: <https://rootedintrust.org/>

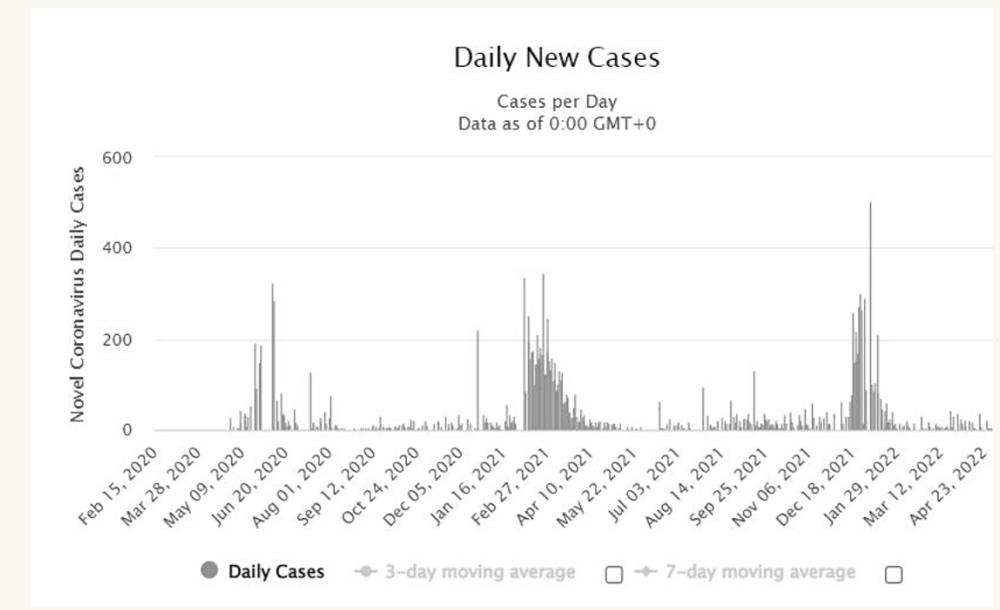
About this Lugara humanitarian bulletin

This bulletin is produced by Internews in South Sudan to provide an analysis and inform humanitarian and health organizations with practical recommendations on how they can better respond to the community rumors and concerns around COVID-19 and COVID-19 vaccines across the country. This bulletin not only explores the rumors and citizen concerns but also sets out the potential impacts of these on communities' humanitarian and health programming.

COVID-19 situation overview

On May 30, 2022, there were 17,592 positive COVID-19 cases, 13,513 recovered patients and a total of 138 COVID-19 reported deaths, according to the South Sudan Ministry of Health data.¹ The number of positive COVID-19 cases has remained roughly the same as last month.

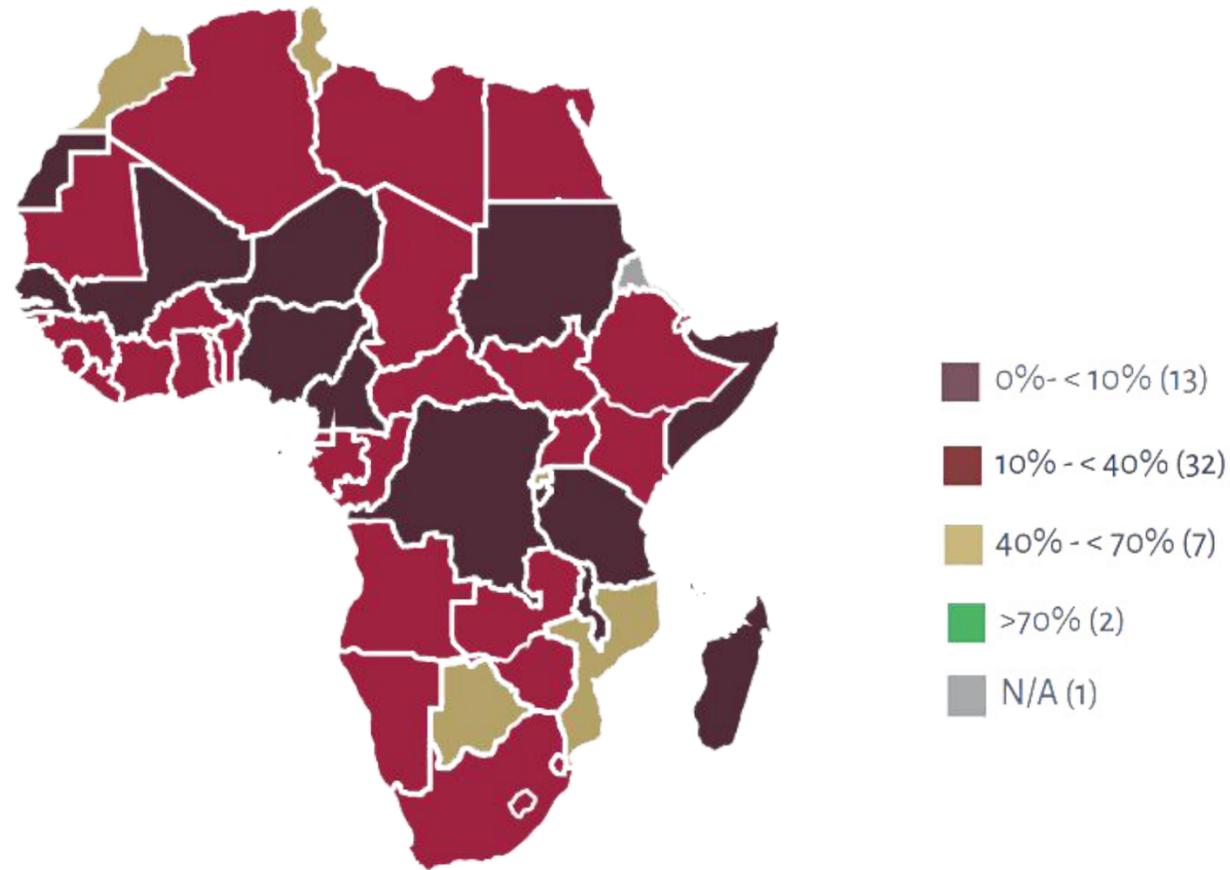
According to the World Health Organization (WHO), on May 30, 730,047 vaccine doses have been administered in South Sudan.² Assuming every person needs 2 doses, that is enough to have vaccinated about 3.3% of the country's population.³ This is low in comparison with the regional average of 17% of the African population being fully vaccinated.⁴



Source: <https://www.worldometers.info/coronavirus/country/south-sudan/>

¹ <https://moh.gov.ss/covid-19.php>
² <https://covid19.who.int/region/afro/country/ss>
³ <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/south-sudan/#:~:text=new%20vaccination%20tracker-,Vaccination,3.3%25%20of%20the%20country's%20population.>
⁴ <https://africacdc.org/covid-19-vaccination/>

Vaccine Coverage by State



Source: <https://africacdc.org/covid-19-vaccination/>

Besides COVID-19, communities across South Sudan are facing several other threats, including active conflict, particularly in Abyei, Jonglei, Upper Nile, Western Bahr el Ghazal and Central Equatoria.⁵ Additionally, the COVID-19 situation has exacerbated the economic crisis in the country and has increased the number of people in need to 8.9 million and the number of children in need to 4.5 million, according to UNOCHA data. The Ministry of Health, during the reporting period, also confirmed cholera outbreak in Bentiu and Rubkona.⁶



OCHA Via ReliefWeb
Data - Mar 31, 2022

OCHA Via ReliefWeb
Data - Mar 31, 2022

UNICEF Via ReliefWeb
Data - Dec 8, 2021

Source: <https://www.unocha.org/south-sudan>

Methodology

For this bulletin, Internews in South Sudan has analyzed a total of 94 statements collected between May 1-31, 2022. These statements were received from five Rooted in Trust 2.0 media partners in South Sudan namely: Singaita 88.3 FM located in Eastern Equatoria; Mingkaman 100 FM in Lakes District; TRC Hub-Juba in Central Equatoria; Advance Youth Radio in Central Equatoria and Voice of Reconciliation 98.4 FM in Jonglei State. Additional analysis of rumors collected on social media was done by our Information Management Officer in Juba, Annabelle Rocsi Thompson Loholong.

The feedback data collected was coded thematically and those statements that were most frequently heard or were most concerning are presented in the following sections. Three rumors are pulled out below and detailed information is provided on the potential impact of the concern, and a fact-check.

Theme 1: COVID-19 vaccines and older people

“We are confused if those vaccines kill older people easily. This created fear among us. Can you inquire from the doctor if that information is true?” says a man (19–25-year-old) from Lakes State.

⁵ https://reliefweb.int/attachments/1ad6a20d-642c-3acb-9439-442be3174460/south_sudan_humanitarian_snapshot_march.pdf

⁶ <https://reliefweb.int/report/south-sudan/south-sudan-cholera-outbreak-situation-report-no-001-7-may-2022>

What is behind this concern?

People in the country are concerned that like COVID-19 itself, COVID-19 vaccines will be risky for elderly people. Misinformation about the safety of Johnson & Johnson and AstraZeneca COVID-19 vaccines for elderly members of the population has been spread on social media for a long time now and continues to create fear amongst elderly people and their loved ones.

Fact check:

Both the Johnson & Johnson (J&J) and AstraZeneca COVID-19 vaccines, which are available in South Sudan are safe to use, says the Ministry of Health & the WHO. *“Vaccines are very safe. As with all medicines, side effects can occur after getting a vaccine. However, these are usually very minor and of short duration, such as a sore arm or a mild fever. More serious side effects are possible but extremely rare,”* said Ms Gloria Ayub, Risk Communication Officer, WHO South Sudan.

The rumor that the Johnson & Johnson COVID-19 vaccine is creating negative health effects in elderly populations is a common but false misperception.⁷ The vaccine, according to medical professionals, is safe and older adults do not need to be worried about getting vaccinated.⁸ Studies done by the manufacturer show the vaccine has 67% efficacy in preventing moderate to severe/critical disease by 14 days after vaccination and 66% effective 28 days after vaccination. Another study conducted among healthcare workers in South Africa who received the vaccine as a primary dose, show that the J&J COVID-19 booster increased vaccine effectiveness against hospitalization to 85%.⁹

⁷ <https://eu.usatoday.com/story/news/factcheck/2021/06/06/fact-check-post-misleads-effectiveness-j-j-covid-19-vaccine-older-adults/7466677002/>

⁸ <https://www.mcknights.com/news/clinical-news/older-adults-who-have-received-jj-need-not-be-concerned-expert/>

⁹ <https://www.yalemedicine.org/news/covid-19-vaccine-comparison>; <https://www.jnj.com/johnson-johnson-covid-19-vaccine-demonstrates-85-percent-effectiveness-against-hospitalization-in-south-africa-when-omicron-was-dominant>

Clinical trials also found the AstraZeneca vaccine to be safe and effective for over 50's.¹⁰ AstraZeneca updated its efficiency data in March 2021, showing the vaccine to be 76% effective at reducing the risk of symptomatic disease 15 days or more after receiving the two doses, and 100% against severe disease. The company also said the vaccine was 85% effective in preventing COVID-19 in people over 65 years.¹¹ Serious reactions to the vaccine, including blood clots, are reportedly rare. Only six in every million people vaccinated with the AstraZeneca vaccine develop the conditions, with negative effects being more common in people under 50 and not in older people.¹²

The COVID-19 vaccines are based on evidence-based research, says Ms Ayub, and “they have shown good efficacy levels against all the different variants of COVID-19. They protect against a severe form of the disease, hospitalization, and even death”.

Why is this important?

Older people may be fearful of getting vaccinated because of the wrong information they have heard about the COVID-19 vaccines and may choose not to get vaccinated. This is potentially dangerous for them as the risk for severe illness with COVID-19 increases with age, with older adults at highest risk. Getting vaccinated prevents severe illness, hospitalizations, and death.¹³

Recommendations for humanitarian and health partners

Partners should give elderly people the space to ask questions about the vaccines (in their own language; using the communication platforms that they like to use) and follow up with fact-checked information from trusted health authorities. Partners could also usefully set up specific activities and campaigns that aim to provide relevant information to elderly populations during routine programming.

Theme 2: Why is there no HIV vaccine?

“COVID-19 and its vaccines are being preached commonly and people are being persuaded to take vaccines. Now there are multiple other deadly illnesses such as HIV that are killing dozens of people. We are told that it has no vaccine. Why is it difficult for the WHO or Ministry of Health to get the vaccine for HIV to protect people from it?”, says a man (26-35 years old) in Lakes State.

¹⁰ <https://theconversation.com/im-over-50-and-can-now-get-my-covid-vaccine-is-the-astrazeneca-vaccine-safe-does-it-work-what-else-do-i-need-to-know-159814>

¹¹ <https://www.yalemedicine.org/news/covid-19-vaccine-comparison>

¹² <https://theconversation.com/im-over-50-and-can-now-get-my-covid-vaccine-is-the-astrazeneca-vaccine-safe-does-it-work-what-else-do-i-need-to-know-159814>

¹³ <https://www.cdc.gov/aging/covid19/covid19-older-adults.html>

What is behind this concern?

Many HIV/AIDS patients (and their families) don't understand why 'their disease/illness' is viewed as less important than COVID-19 by humanitarian agencies, health partners and the government. HIV prevalence in South Sudan is currently estimated at 2.7% among 15–49-year-olds. This means that currently an estimated 200,000 people are living with HIV across the country.¹⁴ In 2020, there were also 8,900 estimated AIDS deaths across South Sudan (which increased from 5,900 persons in 2001), a number which is growing at an alarming average annual rate of around 2%.¹⁵

Fact check:

According to Ms Ayub, Risk Communication Officer, WHO South Sudan, scientists are working hard to find cures for the HIV virus. However, this is not an easy task: *"Some viruses like HIV constantly keep mutating (changing genetic sequence). As a result, developed vaccines against a strain today will not work against a mutated strain tomorrow,"* she said.

The problem is not that pharmaceutical companies lack money or interest in finding a vaccine for HIV, but the difficulty lies in the HIV virus itself. The HIV strain has remarkable diversity and complex immune evasion strategies, say doctors who study the virus.¹⁶ Scientists have not been able

¹⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7521730/>

¹⁵ <https://knoema.com/atlas/South-Sudan/topics/Health/Risk-factors/AIDS-estimated-deaths>

¹⁶ <https://theconversation.com/hiv-aids-vaccine-why-dont-we-have-one-after-37-years-when-we-have-several-for-covid-19-after-a-few-months-160690>

to develop a vaccine so far due to the complexity of the virus. There have been five large-scale Phase 3 vaccine efficacy trials against HIV worldwide, each at a cost of over US\$100 million. All these trials failed: the vaccines that were developed, research showed, offered no protection against acquisition of HIV infection and they did not lower the viral loads in those who did become infected.¹⁷

Unfortunately, HIV is continually evolving within an infected individual. The virus is constantly staying one step ahead of the immune responses of a patient. This makes it difficult to develop a vaccine because the jab would also need to change its characteristics continuously as the virus changes. COVID-19, on the other hand, as many other coronaviruses, is much less complex, and therefore it has been much easier to develop a vaccine for the illness, say doctors.¹⁸

Ms Ayub encourages people to follow protective measures to protect themselves from HIV infection. *"Just like we use a range of measures including handwashing, cough etiquette, wearing masks, and social distancing to prevent the acquisition of COVID-19, we can also number of measures such as the use of condoms/contraceptives,"* she concludes.

Why is this important?

Many HIV/AIDS patients believe that and don't understand why

¹⁷ Ibid.

¹⁸ Ibid.

humanitarian agencies, health partners and the government are putting so much money into preventing people from getting ill with COVID-19 and not HIV (which they view as a much more dangerous disease). With the focus only on COVID-19 and treatment for that illness, they feel left behind. This feeling, combined with general levels of distrust with the intentions of aid workers, health professionals and government agents, may have an impact on their (long term) trust of health workers and humanitarian agencies in general.

Recommendations for humanitarian and health partners

It would be important to ensure that health service delivery and health information and campaigns for people living with other illnesses, including HIV/AIDS, are not being deprioritized due to COVID-19. Partners should also explain to communities why HIV-vaccines have not been made available to them.

Theme 3 - Duration of vaccine protection

“In every vaccine, there is a set time frame for the drugs to work and expire. How long does the vaccine protection last in the body before you go for the next vaccination?” asks a man (aged 46-60) from Lakes.

What is behind this concern?

People asked our partners for more information on the efficiency of COVID-19 vaccines and the duration of the protection offered by those vaccines. People in Lakes State want to know how long COVID-19 vaccines work to protect themselves and their loved ones from getting ill with the COVID-19 virus and potentially hospitalization. This is either because people have questions about the efficacy of COVID-19 vaccines or because they distrust the effectiveness of COVID-19 vaccines.

¹⁹ https://differentiatedservicedelivery.org/Portals/0/adam/Content/H0di0sV3tUK9yP_GgKikAQ/File/South%20Sudan_2017.pdf

Why is it important?

If people have questions about the efficacy of COVID-19 vaccines, it is important that they get access to the right information. Without it they won't be able to make a proper risk assessment. People adopt their behavior based on the risk associated with it, and this information may currently not be available. This may cause people to make the wrong decisions (e.g., by restricting their movements and social interactions which could have consequences for their livelihoods and survival; or by not taking enough precautions risking potential infection with COVID-19, hospitalization, long COVID and even death).

If people question the effectiveness of COVID-19 vaccines, it may be that they are reluctant to take the vaccines, which can expose them to increased risk of transmission with COVID-19, with all consequences including, (serious) illness, loss of income, and even death and long COVID.

Fact check:

“Not all vaccines are administered twice. For the Johnson and Johnson (J&J) vaccines, one shot is enough to generate the required immunity to protect against a severe form of the disease, hospitalization, and death”, explains Ms Ayub. *“However, for AstraZeneca the immunity generated after the first shot is not sufficient, and a person therefore is required to receive a second shot after 2 to 3 months, so that adequate immunity is reached quickly. Persons who receive the second jab even after the 2 – 3 months will generate a much stronger immunity. However, for all vaccines from the first time of administration, it takes about two weeks for the immunity level to become functionally protective,”* explains the Risk Communication expert.

²⁰ https://path.azureedge.net/media/documents/CP_u_guide_hiv-aids-sti.pdf

²¹ <https://journals.sagepub.com/doi/full/10.1177/08901171211070955>

COVID-19 vaccines available in South Sudan demonstrate high efficacy against SARS-CoV-2 infection, says Africa Center for Disease Control (CDC).¹⁹ Available clinical data indicates that approved vaccines demonstrate high efficacy against SARS-CoV-2 infection (see rates above).²⁰

Scientists know that natural immunity (as in the immunity that exists in people who have been infected with COVID-19) can last for up to eight months. Vaccine-derived immunity can sometimes be stronger and longer-lasting, the Vaccine Alliance GAVI says, but this is by no means always the case. At present, it is not known how long protection against COVID will last but what is sure is that the duration of protection is influenced by several factors including gender, age, and the health of the receiver of the vaccine.^{21, 22} With COVID-19 vaccines the jury is still out on the length of protection.²³

What should partners do?

Partners should find a way to clearly explain the working of COVID-19 vaccines to communities. If the evidence needed to answer communities is not yet available, partners should be transparent and honest about gaps in the evidence and explain why these exist (e.g., it is a new disease; vaccine manufacturers are still doing research into the long-term effectiveness of boosters). Partners should be expecting questions around the lack of vaccines (in some areas) and boosters and communicate honestly and transparently about the unavailability of such shots in the South Sudanese context.

Overview of other concerns, rumors, and feedback data

Most statements collected (61 out of 94) were focused on COVID-19, with others (33 out of 94) focusing on COVID-19 vaccines (see a thematic overview of the topics of the statements in graph 2).

¹⁹ <https://africacdc.org/download/guidance-on-administration-of-covid-19-vaccine-boosters-in-africa/>

²⁰ Ibid.

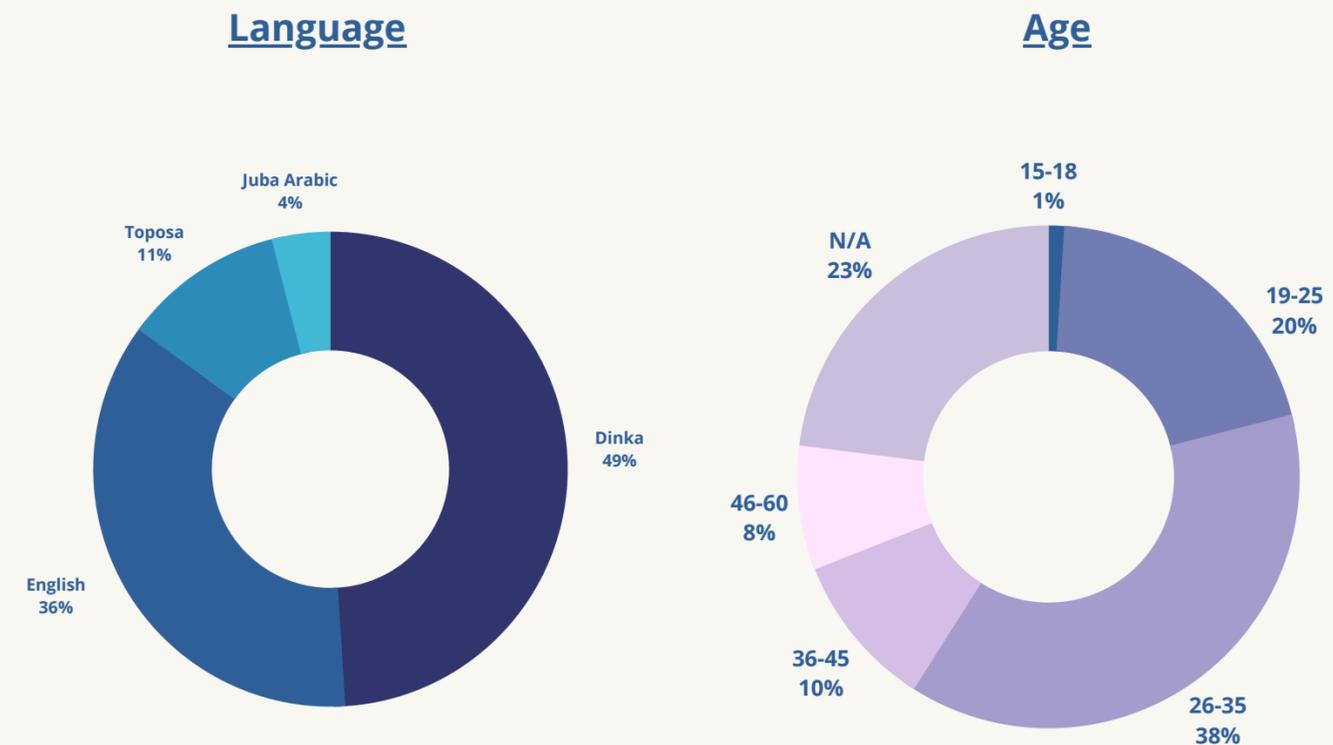
²¹ <https://www.healthline.com/health/how-long-does-covid-vaccine-protect-you#covid-19-vaccine-overview>

²² <https://www.gavi.org/vaccineswork/how-long-does-immunity-last-after-covid-19-vaccination>

²³ <https://www.gavi.org/vaccineswork/how-long-does-immunity-last-after-covid-19-vaccination>

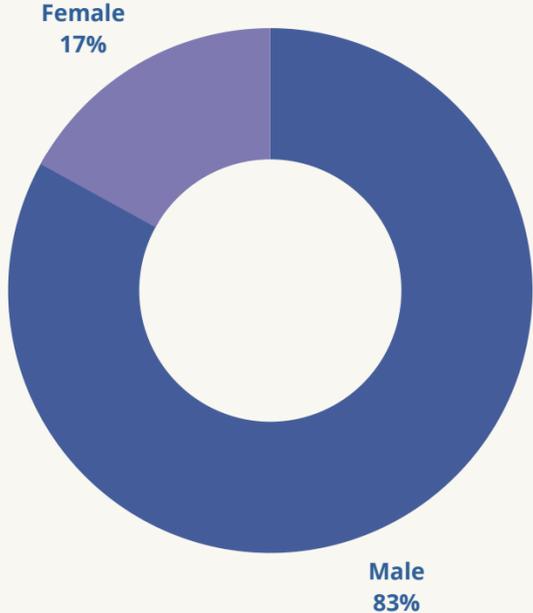
Most concerns came from Lakes, Central and Eastern Equatoria (see graph 1; N/A were comments that were shared on social media, and we can't see from where they were sent); were from men (78 out of 94); mainly from people between 19-35 years old (55 out of 94); were shared in person via our radio partners (72 out of 94 comments); were shared in Dinka, Juba Arabic and English (see graph 1).

Graph 1: a profile of the people that contributed rumors, concerns, and statements to this bulletin (total statements = 94)

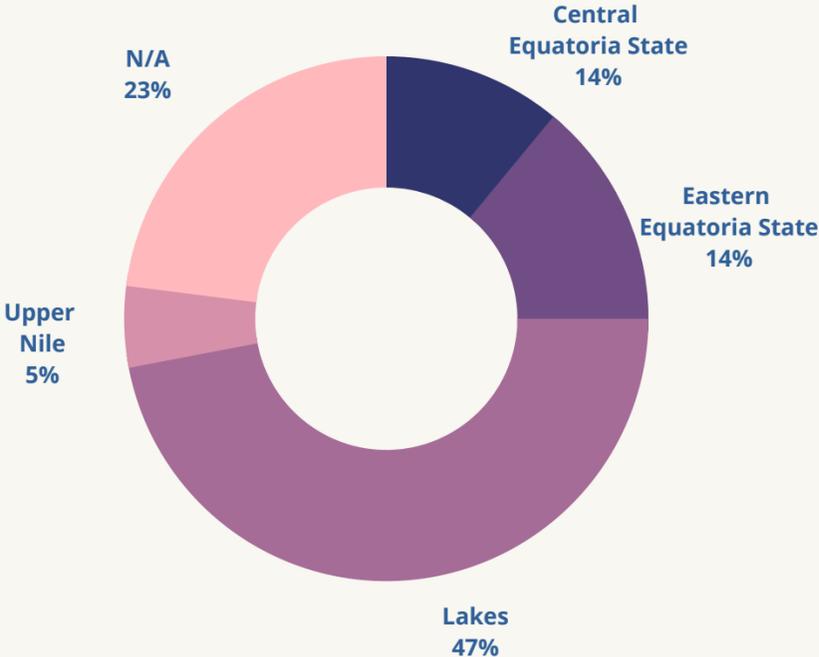


Graph 2: an analysis done by Internews in South Sudan of the statements received from our media partners and data collected on social media networks (total statements = 94)

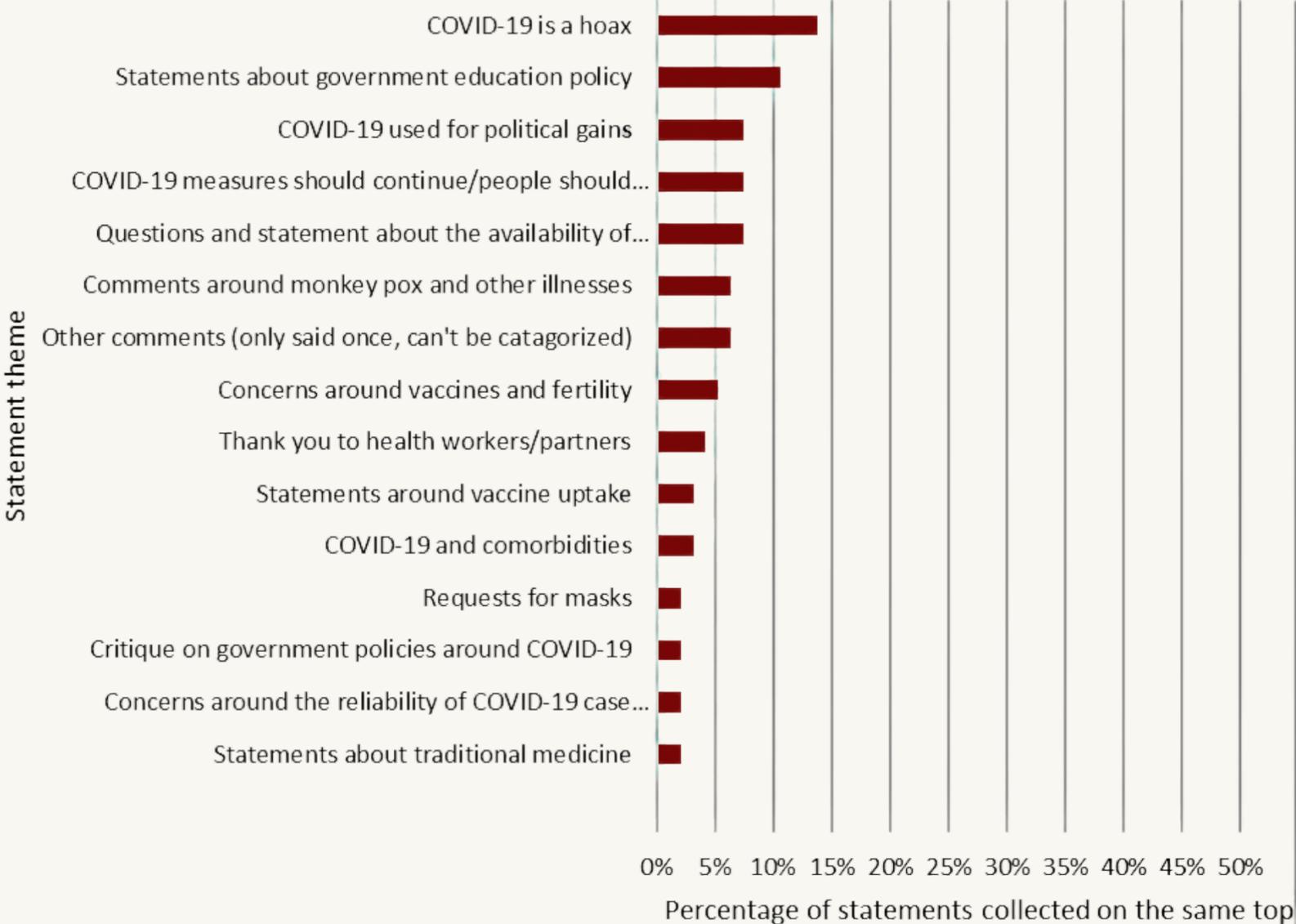
Gender



Location



overview of topics of statements collected by Internews in South Sudan



Other than the themes presented on the previous pages, people issued statements around other topics/themes (see an overview of the other themes below). Health and humanitarian partners should be aware of these trends, as they can have an impact on their on-going programming.

- **Statements around COVID-19 being a hoax. As one young man in Lakes State shared:** *“There is no COVID-19. It's just a gas that was poured into the air. People around the globe are dying every second but they are not reporting because all the media is already bought by Bill Gate”.* Another man from Eastern Equatoria reported: *“In the first prediction report of the World Health Organization 2019, WHO said Africa is going to suffer from corona, financial crises and people will be dying in the streets of Africa. So, it has not happened. That means there is no corona, it is fake”.* Partners should provide fact-checked counter information.
- **People mentioned that traditional medicine could be used to treat COVID-19.** *“My husband was said to be having this disease, but we gave him guava, mango leaves, lemon and dikertimelo. Now he is very well,”* said a woman from Eastern Equatoria. *“There are no vaccines or drugs that were pushed or forced into people like COVID-19 vaccines. We have our own local herbs that can treat us very well when it comes to that so-called flu,”* said a man from Lakes (19-25 years old). In many parts of the country healthcare is not available, and people may resort to traditional care if biomedical care is not available (n)or trusted.
- **Statements linking COVID-19 lockdowns to political party campaigns.** *“We appeal to other political parties not to emulate the SPLM grassroots outreach campaigns because if they do, the COVID-19 Task Force will invoke another lockdown to save lives from the virus,”* said one person on Facebook. These statements are concerning as people see COVID-19 policies and measures as government activities, and many believe COVID-19 is a hoax set up by the government to get more money from aid agencies. With the run up to the government elections in 2023, spreading such rumors could incite dangerous violence.²⁴
- **There were some suggestions as to how the COVID-19 response could be improved.** *“There's awareness about COVID-19 its vaccine and now we have understood but the wrong perceptions we had received in the first place do scare us. Is it possible for the health workers or other concerned authorities to move in the villages and take their jabs while people are watching to help us gain confidence,”* said a man (aged 26-35 years) from Lakes. Another man from Lakes had another recommendation: *“I need the vaccine, but the challenge is the distance. I am requesting medical workers to deliver the vaccine in the villages so that we access it at our doorsteps”.*
- **There were some concerns about the side effects of COVID-19 vaccines.**²⁵ This included concerns around fertility and COVID-19 vaccines. *“I heard that the vaccine is not good with newly married women or those with one child,”* said a woman (19-52 years old). *“One of the things that is keeping us from receiving the vaccine is that it was meant to kill Africans who marry many wives and bear many children,”* said a man from Lakes (26-35 years old). Partners should listen to concerns and counter misperceptions. They could use Lugara Humanitarian Bulletin #1 where fact-checked information is provided for this rumor: <https://tinyurl.com/3x8y7tth>.

²⁴ <https://www.socialscienceinaction.org/resources/key-considerations-improving-uptake-of-the-covid-19-vaccine-amongst-women-in-south-sudan/>

²⁵ Please read Lugara #1 where already fact-checked this rumor: <https://tinyurl.com/3x8y7tth>

Contact details

For more information about COVID-19 please call the toll-free number **6666**.

For more information, visit <https://moh.gov.ss/>.

If you want to contribute to or provide feedback on this Lugara Humanitarian Bulletin or have information to share, please contact: **Tusiime Wilfred Romeo (Akiiki)** (atusiime@internews.org) or **Dr. Michael Gubay** (mgubay@internews.org).

