

# GLOBAL RUMOUR BULLETIN #2

This report analyses COVID-19-related rumours circulating in seven countries impacted by humanitarian crisis between December and January 2021, 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.

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# INTRODUCTION

**In 2021, the COVID-19 pandemic enters a new phase.** As the world records more than one hundred million cases and 2 million people have lost their lives, there is new hope as more than 70 nations begin to distribute vaccines to their most vulnerable. But despite the great losses and advancements of the past year, so much uncertainty remains. Where there is uncertainty, and where questions remain unanswered - rumours will arise.

Rumours related to treatments have been around since the beginning of the pandemic. Data from quantitative studies that Intenews conducted in five target countries (Afghanistan, CAR, Colombia, Mali, and Philippines), suggests that communities feel they already know a lot about treatments - yet access to more information about treatment options was still ranked as more important than any other kind of information.

This combination of both a yearning for information and an inability to adequately assess the quality of existing knowledge may be behind the trend of treatment-related rumours in our data.

**In Colombia**, migrant communities talk about the importance of drinking tea with the leaves of the Mataraton tree. **In Sudan**, people claim the benefits of inhaling the incense of the Acacia tree. **And everywhere**, the benefits of lemon, ginger and vitamin C as a treatment continue to be shared.

**Despite the scientific advances of the last year, they are on the increase - comprising the largest category among our rumour data worldwide, and about 14% of the total data we have collected.**

These are incredibly difficult misperceptions to shift that are commonly held and strongly rooted in culture and established practice. Our analysis shows they're shared by people at every level of society, those with influence and those without - around the dinner table, around the board room table, within a town square, local media, and, of course, online.

In this second global Rumour Bulletin we hope to provide insights on why treatment-related rumours remain an area of concern. We offer a chance to reflect on the impact of rumours in your context and how our engagement with communities and communication practices can help or hinder.

These bulletins draw on the collective analysis of more than 12,000 rumours collected as part of the Rooted in Trust project in Afghanistan, Lebanon, Philippines, Colombia, Central African Republic, Mali, and Sudan.

This project is generously funded by the USAID Bureau of Humanitarian Affairs to collect and analyze rumours and misperceptions related to the pandemic and to support humanitarian and media communicators to respond.

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 call-in shows.

You can access our country-level bulletins and resources for media at our project website: <https://humanitarian.internews.org/rit>

If you would like to access our databases or speak to us about our methodology, please contact: Irene Scott, Rooted in Trust Global Project Director, [irene.scott@internews.org](mailto:irene.scott@internews.org)



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# FINDING COMFORT IN THE FAMILIAR

In a crisis, the thing you crave the most is certainty. 'What can I do to be safe?', 'how can I protect my family?' 'What will happen tomorrow?' Humans are uncomfortable with uncertainty even in the best of circumstances, but in a crisis, your brain is in survival mode - constantly updating your world, making judgments about what's safe and what isn't. If your brain doesn't know what's around the corner, it can't keep you out of harm's way. You can do nothing - or you can do what you know. Solutions that are within reach, familiar, and that are shared by your friends, family and other trusted information providers gain a sparkling appeal.

All the sub-themes identified under treatment-related rumours talk about communities' attempts at bringing some familiar or locally relevant response in the absence of clear solutions for COVID-19. Shared in the form of trust in traditional medicine, religious solutions or pharma products which have been previously used for other conditions, our rumour data illustrate people's need to find comfort in what is well-known to them and adapted to their realities. Among the wide array of treatment and cure rumours, there are sub-themes which illustrate the variety of rumours and concerns collected.

They are:

- **Traditional remedies:** rumours that claim traditional or herbal remedies are effective at treating and curing COVID-19.
- **New cure discovery claims:** rumours that a recently discovered substance will treat or cure COVID-19.

- **Vitamin immunity claims:** rumours that claim vitamins will boost immunity providing total or enhanced protection or treatment for COVID-19
- **Government treatment approvals:** rumours which claim that specific substances have been approved by the government to cure COVID-19 (a).
- **Pharmaceutical recommendations:** rumours that advise the use of specific pharmaceuticals to treat, cure or prevent COVID-19
- **Religious COVID-19 treatment:** rumours that claim prayers or other religious acts or beliefs will cure COVID-19 or stop transmission of the virus.
- **Action & exercise therapeutics:** rumours that specific actions like regular exercise or bathing in hot water will treat or cure COVID-19.
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(a) Some research from University of Chicago Medicine (UCM) and other studies suggests that Vitamin D deficiency can more likely lead to severe disease and more severe cytokine storms. People who are deficient in Vitamin D, could potentially benefit from taking Vitamin D supplements. Meltzer DO, Best TJ, Zhang H, Vokes T, Arora V, Solway J. Association of Vitamin D Status and Other Clinical Characteristics With COVID-19 Test Results. JAMA Netw Open. 2020;3(9):e2019722. doi:10.1001/jamanetworkopen.2020.19722





# NATURAL MEDICINE:

The only option, or the one we trust

In many of our contexts, rumours on home remedies and traditional medicine are closely linked to **hindered access to healthcare** due to security concerns, under resourced health centers, socio-economic barriers, and a lack of knowledge on how to navigate health services. **Mistrust in healthcare workers and the health system** is another underlying factor pushing communities to choose natural treatments. In other contexts, the use of these natural remedies is also triggered by **strong and rooted beliefs in ancestral knowledge and the power of medicinal plants**.

In Afghanistan, over 55% of our data makes reference to treatment-related rumours. In this context, the use of herbal medicines is anchored in cultural and religious values. It is not uncommon that traditional healers prescribe them to treat certain conditions, considered many times as some kind of holy work. Yet, these beliefs have also conflated with increasing mistrust in the health care system - shattered by decades of conflict and heavily impacted by COVID-19. With clinics and hospitals in the country reporting continuous challenges to maintain or expand their capacities to treat patients, fears have spread among communities of patients being killed and mistreated in these centers. Concerns on western medicines used at the hospitals have also been raised, as hopes were placed in miraculous solutions such as herbalist Alokozai's drops. Even after the Afghan Health Ministry first tried to shut down his clinic due to the dangers of the substance, Afghans flocked to the streets for what many considered an affront on Afghan values.

## What are people saying?

Doctors will kill you for money - trust family treatments instead!

*Posted on Facebook, Afghanistan*

"Covid-19 patients killed in exchange for money. We have evidence that in Afghan Japan hospital and Ali Jenah hospital, coronavirus patients are killed by doctors, who are injecting or poisoning and complete their daily quota...These hospitals receive \$5,000 against the deaths of each coronavirus patient....Please take care.... And stay at home as possible and take your own family treatments. In European and American countries, 70 percent of people infected with coronavirus, especially the elderly and disabled, have been killed by injecting poison."

Traditional medicine, low cost treatment

*Posted on Twitter, Afghanistan*

"Do not go to the hospital for corona treatment at all because the costs are high and the risk is high, but traditional medicine can treat corona with very low cost drugs. My own father had a corona. He went to the doctor three times, each of them prescribed a medicine, but after going to traditional medicine, he was treated with a #traditional medicine."



In Colombia, similar trends have been observed, as Venezuelan migrants continue placing their hopes in natural remedies such as the tea of *mataraton*. Trust in ancestral medicine is prevalent in the area due to influence from indigenous communities but these beliefs are part of collective imaginaries on health and wellbeing that transcend specific groups and are even recognized by public authorities (b).

Yet, as in other contexts, the challenges that migrants continue facing to access healthcare could be a significant reason why people resort to these treatments. Social exclusion, the lack of understanding on how to affiliate to the social security system or lack of information on how to navigate the health system are just a few of the barriers experienced by this population in Colombia. Lack of awareness on health rights has also been identified in our conversations with migrants in Colombia, revealing significant information gaps that may be delaying or hindering their access to healthcare. Moreover, rumours that suggest people to take over home care or natural treatments are conflated with significant mistrust in health care workers, as allegations of corruption among medical personnel are shared, with fears of malpractice and killings at hospitals.

(b) For example, the use of *mataraton* was included in the Colombian Vademécum of Medicinal Plants in 2008, a publication developed by the Ministry of Social Protection. This document makes reference to the therapeutical uses of these plants, its pharmacology and it provides guidance on its use. To access this document, please visit: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/SA/vademecum-colombiano-plantas-medicinales.pdf>

Mataraton tea and homemade drinks have cured many people in our area!



**Posted on Facebook, Colombia**



"Tumaco was one of the areas with the most infections and there they were cured of covid by taking that type of drink ... The Mataraton and homemade drinks are the solution for the covid. People are killed in the hospital"

Hospitals make business with each sick patient: Using mataraton is better than dying there!



**Posted on 12 December 2020, Facebook, Colombia**

"It is not panic, it is the reality because the president does not care about his people in the hospitals, you go with a headache and it is already covid-19 for them, because the hospitals have a business, every patient who dies from covid19 pays for that. A large sum is more convenient. It is better to use Mataraton, dexamethasone and even chlorine dioxide to deal with COVID 19 than going to die in a hospital where they are killing. The doctors use it as a business and not as patients"



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# WHY NOT TREAT "THIS FLU" AT HOME?

Ginger and aspirin will do.

In our [first Global Rumour Bulletin](#), we talked about rumours that the pandemic was a hoax, or was not as serious as the media, government and the scientific community might lead you to believe. **As observed in our data, there is a notable intersect between rumours that promote natural remedies and those that downplay the severity of the pandemic.** The popularity of these perceptions in our communities also has an impact on the willingness of some to believe that simple, at-home treatments may be adequate to treat this disease. People won't seek help, or adhere to guidelines if they already think they're prepared, if they believe COVID-19 is not real or they consider it as some minor flu.

Rumours that suggest COVID-19 is the flu have been identified across all our contexts, also conflating rumours suggesting that certain foods such as garlic, honey or ginger will help to treat the disease. Additionally, we have also identified rumours that express trust in already well-proven pharmaceutical treatments for other conditions but which haven't demonstrated efficacy curing COVID-19, including supplementary vitamins or everyday painkillers such as aspirin and ibuprofen - products that people know and have used before to alleviate symptoms such as fever or headache. Other more concerning rumours point at the use of antibiotics and antivirals as treatments.

While some pharmaceutical interventions have been approved for home use in limited contexts, the majority remain as treatments administered by doctors in hospitals. This disconnection with the community can make scientifically proven treatments seem out of reach and inaccessible.

In many of the communities where we have been collecting and analyzing rumours as part of the Rooted in Trust project, this distance between the community and any accessible treatment has manifested in increasing rumours about at-home or traditional treatments.

## What are people saying?

Zinc, Vitamin C, incense  
and lay in the sun

Posted on 20 January, 2021  
Facebook, Colombia

"I have the same symptoms and yesterday I went to a doctor and he gave me Zinc, Vitamin C and panadol, two morning and two evening pills, and a medication to widen the airways, aspirin and other pills. And he told me to inhale acacia incense and lay in the sun"



You will get better with  
fruits, onions, garlic and  
lemon

Community feedback, Afghanistan

"Corona was a very dangerous virus and if it was severe, it would destroy humans. We were very weak. We got better with liquids and fruits, onion, garlic, lemon, ginger, and vegetables. My mother used Hakim Alokozai drops and she got better."



Moreover, many of the rumours and beliefs on natural treatments or pharma products may have been exacerbated by early debates among medical professionals in the early days of the pandemic, as well as ongoing research on treatments placing continuous hopes on a cure. Challenges in communicating the uncertainty around the evolving science of COVID-19 treatments allows room for other information providers to give that certainty and security. Whether the information is spread to mislead or to sell a product, or offered from a place of genuine care, communities are naturally attracted to a definitive statement like 'this works'. Even better, 'this works and it's within your means to access it'.

In Lebanon, for example, dangerous rumours on the efficacy of antivirals and anti parasitic drugs are being widely shared in social media by healthcare workers (our data suggests that 18% of treatment-related posts and commentaries identified were shared by healthcare professionals). In other contexts, such as in Afghanistan, public health authorities have themselves been active in spreading these rumours, and publicly supporting the beliefs that vitamin C and D protect people from the disease.

## What are people saying?

Take care of yourself at home with aspirin and onion

*Posted on Facebook, Lebanon*

"Take aspirin with your lunch, and an onion with your dinner, that's the treatment. Otherwise, the hospitals will stay full"



Someone told me to inhale smoke from burnt sugar

*Community feedback, IDP Camp, Mopti, Mali*

"An acquaintance told me that inhaling the smoke produced by the sugar poured on the fire was an effective remedy"



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# RELIGIOUS PRACTICES AND SOLUTIONS TO COVID-19

As already mentioned, much of the trust that communities place on natural treatments is based on religious traditions to address disease and discomfort. However, our data suggests that communities across our context also look for guidance and solutions in religious figures, rituals and sacred amulets, with communities placing hopes on praying, reciting the Quran or trusting Jesus Christ as the only viable option to get cured, even now that vaccines are on the horizon.

Some rumours also identify the origin of COVID-19 in individual or social misconduct, and therefore in some punishment from God. These rumours often suggest that the solution is to reestablish good relations with God, refer to holy scriptures and comply with religious commandments.

What are people saying?

Read the Quran and pray

Posted on 22 January 2021,  
Facebook, Afghanistan

"God does not affect his true believers "Muslims" with corona. The greatest vaccine is the Qur'an and prayer"



Wash your soul: the only vaccine is Jesus

Posted on 6 December 2021,  
Facebook, Colombia

"Stop being ignorant, do not wash your hands, wash your soul. You are all full of sins for this there is no vaccine, the only vaccine is called Jesus."

Corona is a punishment for disobedience, reconcile with God

Posted on 10 January 2021,  
Facebook, Lebanon

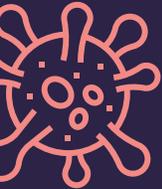
- Humans: Corona, what are you doing with us?
- Corona: I see what you are doing to each other, and how you are disobeying your God who inflicted me upon you.
- Humans: how can we reconcile with you, so that you go away and do not harm us ?!
- Corona: Reconcile with your God, God reconciles what is between me and you."



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# FAMILIAR FACES:

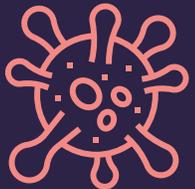
Healthcare workers within the community  
are the most trusted sources



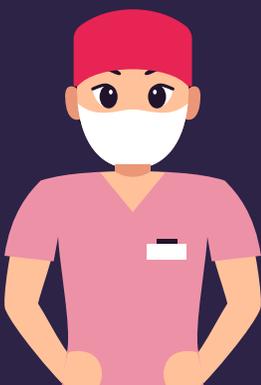
Data from the Information Ecosystem Assessments that Internews has conducted in some of our contexts (Afghanistan, Central African Republic, Colombia, Mali and Philippines) indicate that **health care workers working in the community are the most trusted source of information about COVID-19**. Two thirds of respondents say they have either absolute trust or good trust in health workers. As a comparison, less than half of respondents (46%) trust information from their national government.



Our qualitative data also suggests that proximity to (and perhaps familiarity with) the community is important - health workers working within or close to the communities are the most trusted group, while doctors, or health professionals external to the community are met with more skepticism. This may be because health workers in the community are perceived as more accountable to their community, than distant experts. The trust in traditional or community healers, as illustrated in some of the rumour examples above, reflects this same idea, as these are people known to the communities, sharing cultural and religious understanding of disease, life and death.



Moreover, we have also seen how this pandemic has brought general mistrust in the health system, health care workers' intentions and distrust in their practices. In some communities (across several geographies from Mali to the Philippines), growing numbers of people believe health professionals are exaggerating the impact of COVID-19 to attract additional funding, as illustrated in some rumour examples above.



# TRENDS IN FOCAL COUNTRIES

Since our last report on December 4, 2020, cases of COVID-19 within Rooted in Trust (RiT) target countries (**Afghanistan, Lebanon, Philippines, Colombia, Mali, and Sudan**) more than doubled from 76,606 to 172,351 new confirmed cases per week. In Lebanon, daily new confirmed cases are eight times higher compared to the global average (638 cases per million persons compared to global average of 78 cases per million) and four times higher in Colombia (313 cases per million).

Within RiT countries, the reported number of new deaths per week also increased 1.8 times from 1,829 to 3,450 deaths per week. Notably, **in Sudan, Afghanistan, and Mali the mortality rates are about 2 to 3 times higher than the global average.**

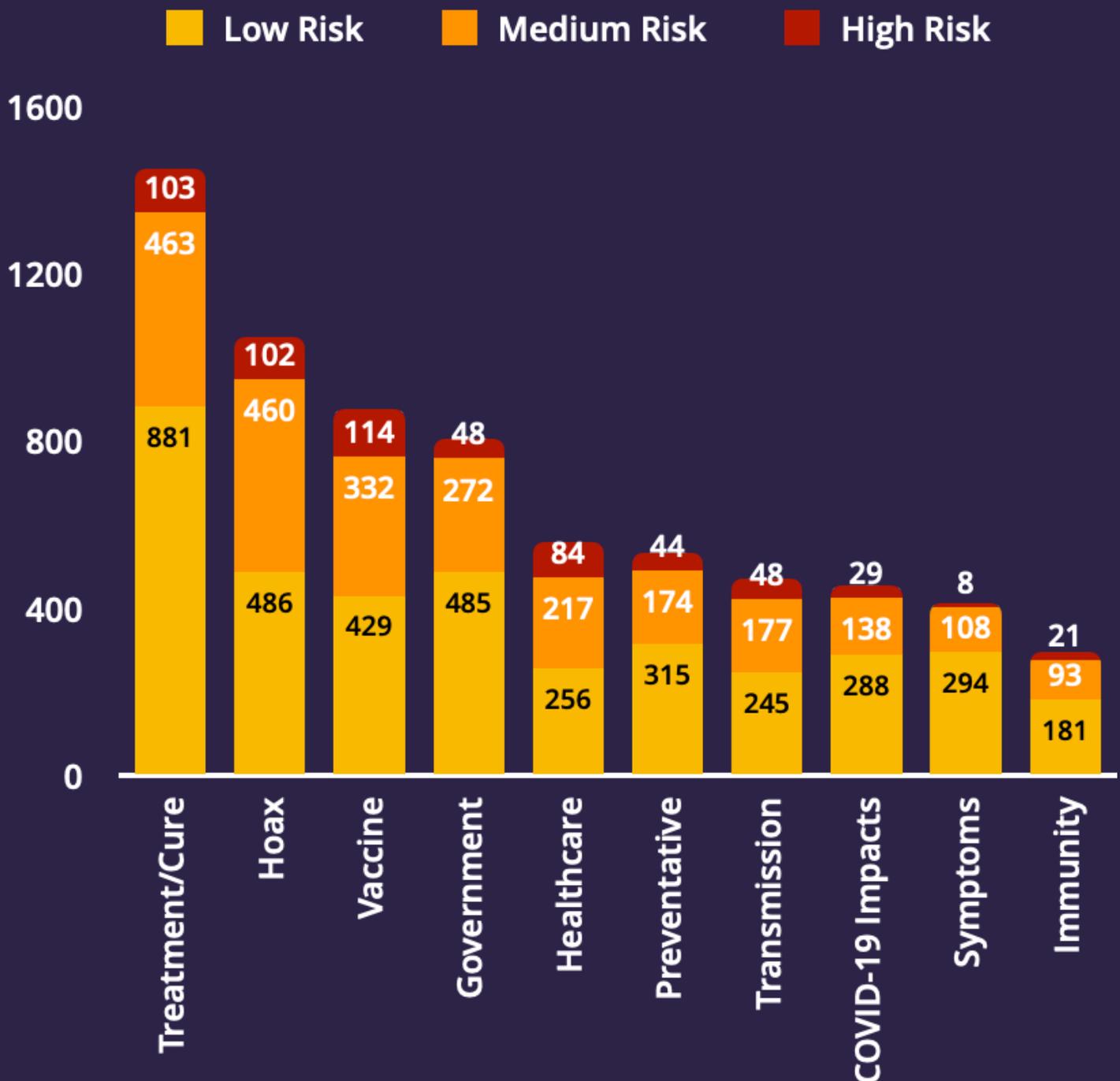
COUNTRY	CONFIRMED CASES	DEATHS	NEW CASES PER WEEK	NEW DEATHS PER WEEK	MORTALITY RATE
Colombia	1,956,979	49,792	124,999	2,668	2.5%
Philippines	505,939	10,042	13,239	343	2.0%
Lebanon	264,647	2,084	32,711	344	0.8%
Afghanistan	54,278	2,354	694	53	4.3%
Sudan	26,279	1,603	549	27	6.1%
Mali	7,897	318	159	15	4.0%
World	97,283,614	2,084,400	4.56M	96,023	2.1%
<b>RiT Totals</b>	<b>2,816,019</b>	<b>66,193</b>	<b>172,351</b>	<b>3,450</b>	<b>2.35%</b>

Source: JHCRC. 21 January 2021



# RISKY BEHAVIOURS

Treatment related rumors also represent the categories with one of the highest volume of high-risk rumor content – 7% of all treatment related rumours advocated for methods that would either cause significant harm to the individual, or others. Such content potentially encourages people to avoid seeking medical treatment, ingesting substances without proper medical supervision, delay seeing their doctor, avoiding protective health behaviors altogether or espousing potentially harmful vaccine denial, vaccine hesitancy, or vaccine resistance attitudes.





Of the total 2,154 rumors collected in Lebanon on social media since November 2020, 13% have been rumors related to treatment and cures claiming that **natural remedies, foods or pharmaceutical drugs**, including antibiotics and antivirals, are effective against COVID-19.

The promotion of home remedies for COVID-19 is being shared broadly across all sections of society – potentially due to the general distrust in the healthcare system's ability to respond to the pandemic or the financial limitations that many suffer and prevent access to treatment. Additionally, **more dangerous rumours on the efficacy of antivirals and anti parasitic drugs are being widely shared in social media by healthcare workers (our data suggests that 18% of treatment-related posts and commentaries identified were shared by healthcare professionals)**. The trust that people have in their words and medical advice has become evident, as these products are currently in high demand in the black market, with national authorities having to issue specific warnings against these products' use. Additionally, as health system capacities are reaching their limits due to the increasing spike in COVID-19 cases, many patients with mild cases are unable to access care or medical advice, thus leaving space for self-medication practices and alternative treatments.

Refugee and migrant communities are particularly at risk of being excluded from medical care in Lebanon, particularly those who are not directly in touch with relevant services through the humanitarian response. While financial barriers, transportation and documentation are some of the obstacles preventing these groups to access primary health care, the lack of information on available health services also may be hindering their access to standard treatments. According to listening groups organized by Internews with refugee communities, lack of knowledge on how to get access to services and lack of financial support are the main reasons why people are relying on home remedies or self-medication.

### ROOTED IN TRUST IN LEBANON

Rumours on home remedies and natural treatments have been common and constant since the beginning of the pandemic in Lebanon. Internews, working with our local partner the Maharat Foundation, collects, analyzes and shares findings with the humanitarian community, local media and the refugee community. The RiT project has continuously informed Risk Communication and Community Engagement partners through its regular rumour bulletins that connect local actors with community perceptions on the virus.

The project also produces rumour bulletins specifically targeted to the refugee communities so they could access reliable and relevant information on treatments and for local media to offer guidance on how to responsibly report on the complex beliefs and perceptions at fuel the spread of rumours.

The RiT project provides training, guidance and encourages good practice to a community of 778 local journalists through its peer-to-peer network. Moreover, as part of Rooted in Trust's grant initiative, Halima Tabiaa, a journalist in AlJadeed TV (one of the top three TV channels in Lebanon) was awarded funding to produce a television report on the impact of false treatment methods on vulnerable groups. She interviewed refugees residing in Syrian and Palestinian camps. In addition to this work, the project supported seven media outlets in producing articles combatting misinformation through identifying the misconceptions and rumors circulating in different communities.

# RECOMMENDATIONS



**(almost) All treatments have a benefit:** Communication around natural treatments should not automatically dismiss the individual attempts towards health care and well-being. Even treatments that make someone feel more comfortable by alleviating symptoms, help a person feel a sense of agency, or bring comfort amidst lack of or hindered access to health care have their role to play. Belief in these treatments is often deeply held and strongly rooted in culture, family history, tradition, and socio-economic possibilities. Unless the treatment is dangerous or harmful, start from a place of acknowledging the use and benefits of any treatment (even if they may be minimal) and offer complementary information about practical measures people can take to prevent or treat infection that make sense in their context.



**Reality check your advice:** Be realistic - in many scenarios, at-home care for mild cases of COVID-19 is acceptable. Health systems cannot, and should not, accommodate every case. Focus communications on actionable information, helping the community to understand what they can do to help a patient feel more comfortable while they recover and what signs to look for if the patient might require hospital care. Support Community Health Workers to ensure they have the necessary information, to be able to offer support to families who are caring for a confirmed case.



**Think of the bigger picture:** Let's face it, no matter how perfect our message, communities do not only rely solely on us for information. The source information (whether reliable or not) from a variety of different sources that may be impacted by the daily media reports of trials to test new kinds of treatments. Be aware of the impacts of the wider information ecosystem. You may not have the answers to all the questions that they ask (few do in this rapidly evolving public health crisis) but that should not mean you only answer the simple and concise questions, or stop communicating when you have run out of 'key messages'. It is ok to say 'I don't know', 'Scientists aren't sure, but here is something we *do* know...' and to use these moments as an opportunity to build trust through genuine engagement.



**For traditional healers, work with them, not against them:** These are key figures within the communities, and they need to understand your approach to healing before they can support your efforts. Be patient and look for areas where treatments and prevention measures can complement each other. Work together to adapt evidence-based guidance and recommendations to the local reality. Continue to engage, nurture the relationship and be available to answer questions.

