

## Overview:

### Topic: Rumours & crisis communication around malaria vaccines (OPT-MVAC)

#### 1) Why this session?

The special **ReSag** meeting (supported by the **Rabat Collaborating Center – RCC**) focused on how **rumours, misinformation and crisis communication** can undermine **vaccine acceptance** and **trust** during malaria vaccine roll-out. The discussion was triggered by a concrete “infodemic” episode in **Togo**, with additional experience shared by **Côte d’Ivoire** and **Ghana**, plus guidance on crisis-communication principles applicable to **OPT-MVAC**.

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#### 2) Key messages from opening remarks (RCC / Prof. R. Soulaymani)

- **ReSag** is a platform for **coordination and harmonisation** across countries on pharmacovigilance and response practices.
  - Effective response requires **joint action** between **Pharmacovigilance + Immunisation + Malaria programme**.
  - Misinformation spreads fast and can quickly erode public confidence, especially during new vaccine introductions.
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#### 3) Multi-country survey (14 countries) – Main findings

**Goal:** map current practices, impacts and gaps in managing vaccine rumours.

**Core findings:**

- ~**60%** of countries reported **negative impact** from rumours/messages about malaria vaccines.
- Main consequences:
  - reduced **public trust** (~55%)
  - reduced **vaccination coverage** (~44%)
  - reduced **health worker motivation** (~22%)
- Most frequent response approaches:
  - engagement of **religious/community leaders** (~88%)
  - media/radio/TV/social media campaigns
  - official statements (~66%)

- crisis cells in a minority (~22%)
  - Main persistent gaps:
    - weak community involvement
    - limited rapid access to data to counter rumours
    - lack of **pre-prepared messages/tools**
    - coordination challenges across stakeholders
  - **Pharmacovigilance capacity** reported as present in most settings (~84%), reinforcing credibility when used transparently.
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#### 4) Case study – Togo (infodemic 3 days before launch)

**Context:** malaria is a leading cause of child morbidity/mortality; vaccine introduction planned **1 Sept 2025** (R21/Matrix-M).

**Trigger: 28 Aug 2025** voice message (~9 minutes) spread on WhatsApp/Facebook/TikTok calling for refusal, claiming severe side effects, external influence, low effectiveness, and lack of pharmacovigilance.

**Response actions (within 24h):**

- rapid rebuttal + clarification (R21 vs RTS,S)
- confirmation that **pharmacovigilance was activated** nationwide
- key messages and **talking points** for health workers
- public **FAQ**
- dedicated **social media monitoring & response cell**
- use of CREC/risk communication channels + intensified local radio/community outreach

**Lessons learned:**

- don't assume readiness: rumours can arise **even after early communication**
  - pre-position **"rapid response kits"** (Q&A, scripts, videos, visuals)
  - ensure continuous social listening and publish transparent PV updates
  - reinforce trusted local relays (health workers, community leaders, schools)
  - coordinate responses through **ReSag** for consistency
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#### 5) Côte d'Ivoire – Structured social listening & rapid verification

**Approach:** active **social listening** and rumour tracking since malaria vaccine launch (**15 July 2024**).

**Frequent rumours:** conspiracy narratives (toxicity/sterility), doubts on efficacy, fear of adverse events, confusion on rollout, cost/gratuity issues.

**Operational response:** rapid field verification of serious claims + institutional communication, plus ongoing transparency and local influencer mobilisation.

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## 6) Crisis communication principles (WP5)

### What works:

- **Trust is the best “vaccine” against misinformation**
  - be **proactive**: plan messaging and rumour scenarios in advance
  - avoid repeating false claims (risk of amplification)
  - use **simple positive messages**, evidence-based and culturally adapted
  - deploy **trusted voices** (health professionals, community leaders)
  - use engaging formats (short videos/animations/testimonials)
  - focus on **hesitant audiences**, not vocal detractors
  - “Right message, right time, right audience”
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## 7) Agreed priorities and next steps (ReSag / OPT-MVAC)

1. Create an **OPT-MVAC repository** to collect and share communication tools across countries (FAQs, scripts, posters, videos, radio spots, monitoring templates, plans).
  2. Set up a small **PV + Communication working group** to propose a **generic, adaptable framework** for:
    - pre-introduction communication
    - rumour response in 24–48h
    - communication around AEFIs / coincidental events
  3. Strengthen **accountability to communities**: share campaign outcomes back to communities to sustain trust.
  4. Promote **community co-creation** of messages (perceptions → tailored content).
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### Bottom line

The session confirmed that successful malaria vaccine roll-out under **OPT-MVAC** depends on **early preparation, rapid coordinated response**, and **transparent pharmacovigilance-supported communication**, with shared tools and harmonised practices through **ReSag**.