Internews Maharat

In this bulletin, Internews profiles commonly occurring and high-risk rumours from across social media sites in Lebanon. Featured rumours include: **mistrust in the PCR test, self medication concerns, allegations that the virus is a hoax, and confusion over testing requirements for Syrians coming to Lebanon.** Data was collected from Facebook groups and pages such as: 'Syrians in Lebanon', 'Corona Lebanon', and 'What Doctors Don't Tell You'.

This regular collection of community insights aims to provide humanitarian and public health agencies ideas for integrating and aligning their risk communication activities with community perspectives and the information needs of the community.
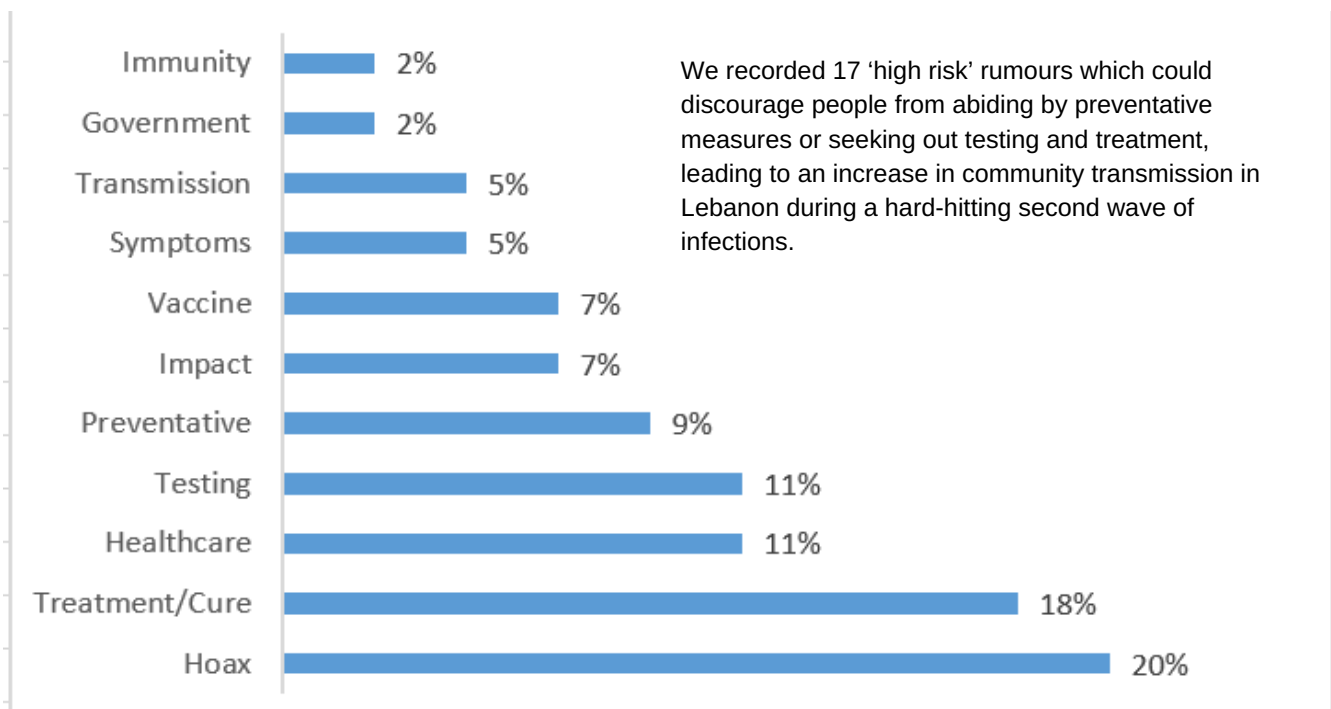
Rooted in Trust (RiT) is a USAID Bureau of Humanitarian Affairs (BHA)-funded project run by Internews to support humanitarian and public health agencies combat and manage the spread of rumours and misinformation about COVID-19.

In Lebanon, Internews is working with Maharat Foundation to collect and analyse rumours and misinformation related to the SARS-CoV-2 virus and COVID-19 disease.

For more information, or to submit rumours, please contact Internews' Humanitarian Liasion Officer, Soha Shaer: sshaer@internews.org

Most prevalent rumour themes*:

Theme	Percentage
Immunity	2%
Government	2%
Transmission	5%
Symptoms	5%
Vaccine	7%
Impact	7%
Preventative	9%
Testing	11%
Healthcare	11%
Treatment/Cure	18%
Hoax	20%

We recorded 17 'high risk' rumours which could discourage people from abiding by preventative measures or seeking out testing and treatment, leading to an increase in community transmission in Lebanon during a hard-hitting second wave of infections.

↪ HOW WE DO IT:

The analysis presented here is based on rumours collected by Internews' Lebanon Rooted in Trust team and Maharat Foundation from September 30th to October 14th. A social media mapping exercise underpins our qualitative approach to data collection by pinpointing where discussions about COVID-19 are happening and highlighting key influencers of information.

Feedback highlighted in this bulletin is selected based on a risk assessment matrix that accounts for the frequency the point was shared, level of engagement, and its potential impact on individuals, the community, and services in response to the pandemic.

WHAT ARE PEOPLE SAYING?

Allegations that the Polymerase Chain Reaction (PCR) test provides a high rate of false positives has led to general mistrust in the test.

According to community feedback, people are reluctant to take the test and believe many of the confirmed cases are false. The mistrust in the test is not new, but has been present across Lebanese social media since at least August 2020.

Risk Level**: Medium

> The PCR is not for diagnosis. Its error rate for positive results exceeds 80%, so a positive or negative result means nothing. The sole purpose of the PCR is to increase the number of cases, to influence public opinion, and to further terrorize people with a fake pandemic.
> *Posted on 'What Doctors Don't Tell You' Facebook page.*

WHY DOES IT MATTER?

Questions about the test's viability will discourage people exhibiting symptoms from testing and increase distrust in official statistics on case rates. If people believe that government rates are exaggerated they may disregard suggested preventive measures.

Between February and April 2020, the Lebanese government designated and re-designated several bodies as the 'official source' for COVID-19 information in Lebanon including the Lebanese Red Cross, Rafiq Hariri hospital, and the Ministry of Information. This laid the foundation early on for confusion about where to go for verified information and likely raised questions for communities about the government's ability to coordinate effectively amidst such a crisis.

Such distrust is likewise compounded by economic tensions: the PCR test is not universally free across public and private hospitals in Lebanon, deterring disadvantaged Syrians and Lebanese from seeking out a test and compounding distrust in its validity.

FACTS

A false negative or positive test result might be due to cross-contamination or non-specific interactions with the testing swab. Likewise, false negatives might occur if the test is performed in the early stages of infection when a person has a low viral load.

UNHCR fully covers testing and treatment for registered Syrian refugees who fulfill criteria presented by the Ministry of Public Health (namely that they are visibly exhibiting symptoms) across six public hospitals in Lebanon: Rafik Hariri, Baabda, Halba, Baalbak, Zahle, and Saida Governmental Hospital.

There is a chance that UNHCR will cover testing and treatment for unregistered Syrian refugees who visibly exhibit severe symptoms.

HOW CAN HUMANITARIAN ACTORS HELP?

- Utilizing a consistent source of information in communications with beneficiaries.

- Explaining how the test works and how false positives and negatives are possible (and common in many tests) would allow for better understanding and could increase trust.

- Providing beneficiaries with accurate information on testing and treatment options including testing locations, compensation opportunities, and eligibility criteria can give them the tools needed to decide if a COVID-19 test is plausible.

- Documenting the rates of false positives can put into perspective the statistically insignificant rate of false positives compared to genuine positive cases in Lebanon.

WHAT ARE PEOPLE SAYING?

Various at-home treatments for COVID-19 were discussed among social media groups frequented by migrant communities in October 2020. The use of Panadol, Azithromycin (antibiotic), Zinc, Vitamin D, and Strepsils throat lozenges were all mentioned as viable methods for treating COVID-19.

Risk Level**: Medium

"
"Anyone who feels Corona symptoms should quarantine, not go to any government or private hospital, and take: Panadol 1000 mg twice a day, Azithromycin 500 mg once for five days, vitamin C, K, zinc tab, Strepsils. Gargle with warm and salt water, drink plenty of water"
Posted on 'Corona Lebanon' Facebook page
"

WHY DOES IT MATTER?

Communities turn to treatments they know and understand to feel more in control of their health. However, belief in such remedies could also deter people from seeking medically approved testing and treatment.

During the past month, shortages in pharmaceutical drugs have been widely reported in Lebanon. As a longstanding government subsidy on pharmaceuticals comes to an end, residents have begun hoarding medicines for fear of a price spike.

This has even led to instances of armed robberies and violent outbursts in pharmacies. While it is difficult to link hoarding of medicines to at-home COVID-19 treatment, medicines such as Vitamin C have been increasingly difficult to find at pharmacies in recent weeks. This creates real risks for residents who have chronic illnesses that require regular doses of vitamins or other medicines recommended as home remedies for COVID-19.

FACTS

Antibiotics do not work against viruses, only on bacterial infections. COVID-19 is caused by a virus, so antibiotics will not be helpful. On the contrary, the use of an antibiotic when there is no sign of a bacterial infection could weaken the immune system or interact with other medication.

According to WHO, there are no foods or drinks known today to be effective COVID-19 treatments. If a traditional medicine product is found to be safe, effective, and quality assured, WHO will recommend the medicine for fast-tracked and large-scale local manufacturing.

HOW CAN HUMANITARIAN ACTORS HELP?

- Stress the concept that while some foods and drinks might bring comfort such as herbal teas, they are not treatments to combat the virus.

- Since taking vitamins poses minimal health risks, any awareness raising about proven and so far unproven treatment methods should differentiate between vitamins and foods which can provide much-needed comfort, and harmful treatment methods such as using antibiotics to treat COVID-19.

- Provide an alternative to suggested treatments circulating by giving actionable information on what one can do if they have COVID-19 symptoms--testing and isolation options, or proven methods for reducing pain.

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WHAT ARE PEOPLE SAYING

Allegations that COVID-19 is a hoax and a political ploy have circulated across different social media pages and groups since the virus was first confirmed in Lebanon.

*Risk Level**: Medium*

> " Corona and quarantine will end with a political decision, and not a vaccine.
>
> *Posted on 'What doctors Don't Tell You' Facebook page* "

WHY DOES IT MATTER?

Disbelief in COVID-19 could discourage people from taking preventative measures and lead to increased community transmission, posing long-lasting risks to Lebanon's already struggling medical sector.

Defiance of lockdowns are, in many cases, economic in nature: disadvantaged Lebanese and migrant communities cannot afford to stay home from work to adhere to lockdowns and movement restrictions. Others may not be able to afford proper face masks or precautionary equipment.

However, behaviors exhibited by communities of a higher socioeconomic standing in Lebanon give the impression that some people may not adhere to distancing policies due to a disbelief in the virus, or a belief that the risks are not as extreme as reported. Large groups have been seen frequenting crowded places like bars and nightclubs regularly since the start of the pandemic, and even more recently with the second wave of infections.

FACTS

According to UNHCR, 1,247 COVID-19 cases and 23 deaths were recorded among refugee populations in Lebanon from April 8th until October 18th 2020.

As of October 28, the Disaster Risk Management Project within Lebanon's Council of Ministry have reported 75,845 COVID-19 cases and 602 deaths since 21 February 2020.

HOW CAN HUMANITARIAN ACTORS HELP?

- Sharing personalized stories of people from the community directly impacted by the virus, as well as those who have recovered will help to dispel myths that the pandemic is a hoax.

- Identifying and communicating through popular or preferred communications channels utilized by the community, taking into consideration literacy and language capabilities, will help reach larger audiences.

- Ensure that questions from the community are also communicated with government authorities regularly so they are aware of community perspectives and how their own processes can be improved.

- Engaging with communities of a higher socioeconomic standing to understand the root of their disbelief in COVID-19, and what can be done to counter it, could pay a service to disadvantaged communities more likely to suffer disproportionately from an increased community spread.

WHAT ARE PEOPLE SAYING

Confusion concerning COVID-19 processes for crossing the Syrian border into Lebanon have circulated this week across social media groups frequented by Syrian refugees in Lebanon. Inquiries and posts referred to different, sometimes conflicting procedures.

Risk Level**: Medium to high

"
"What is the period of the PCR test when going to Lebanon, 96 hours from the date of taking the sample or from the date of issuance?"

"I am going to Syria, does anyone know what the approved centers for PCR testing in Lebanon are?"

Posted on 'Dubarah' Facebook group
"

WHY DOES IT MATTER?

This confusion could cause people to pay for unrecognized PCR tests or to perform required processes incorrectly.

Likewise, non-compliance to entry regulations on the Syria-Lebanon border have left Syrians stranded on the border as recently as September 2020. Such incidents can be avoided through explicit communication about policies and procedures.

HOW CAN HUMANITARIAN ACTORS HELP?

- Clarifying for Syrians in Lebanon, possibly through UNHCR's Whatsapp communication tree, the exit and entry procedures at the Syrian-Lebanese border can help this information reach relatives and friends in Syria who are keen on traveling to Lebanon.

- This could also be done during two-way discussions between refugees and humanitarians to allow for questions and concerns to be addressed.

FACTS

Entry requirements to Lebanon by land from Syria, per the Lebanese General Security:

This policy applies only to Syrians holding valid Lebanese residency and their immediate family, and ticket holders traveling from Syria abroad via the Lebanese airport.

Syrians returning to Lebanon from Syria must have a negative PCR result from a lab verified by the Syrian government. The test should be taken a maximum of 96 hours (four days) prior to arrival in Lebanon.

People who exited Lebanon for Syria with a negative PCR result may return to Lebanon using the original PCR test if travel did not exceed 72 hours (three days) from the date the negative test result was issued.

Passengers will undergo another PCR test at the Lebanese border, conducted by the Ministry of Public Health. People exempted from taking this PCR are those who have appointments with embassies, a medical institution, or have less than a 24-hour transit.

Everyone crossing the border must provide proof of health insurance coverage for COVID-19 treatment in case of a positive test result at the border. People who test positive must quarantine for ten days and then retake the test.

Syrians leaving Lebanon to Syria--both registered and unregistered refugees--may cross as long as they are carrying personal ID cards and a negative PCR test conducted 24 hours prior by a lab approved by the Syrian government.
- Verified labs and processes for traveling from Syria: **http://www.mofaex.gov.sy/moh/pcr/**
- Verified labs for testing in Lebanon:
  https://www.facebook.com/syrianembassyLB/photos/a.108223377395529/193018028916063/?type=1&theater

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*WHAT THEMES DO WE USE TO ANALYZE COMMUNITY FEEDBACK?

- **Testing**: Information about testing kits, test results, testing procedures, etc.
- **Cause**: The suspected origins of COVID-19.
- **Treatment/cure:** Treatment methods, potential or so far unproven cures.
- **Preventative:** Information on substances or at-home remedies used to prevent contraction or transmission of the virus.
- **Vaccine:** Discussion of vaccines or vaccine trials.
- **Reinfection:** Information regarding reinfection, reemergence, or relapse in people or animals.
- **Symptoms:** Information describing confirmed or so-far unconfirmed symptoms of COVID-19.
- **Hygiene:** Advice on proven or so-far unproven hygiene measures which control spread.
- **Travel:** Travel bans, restrictions, road closures, or shutdowns.
- **Prejudice:** Expressions of xenophobic, racist, or prejudicial content linked to transmission or contraction of the virus.
- **Healthcare:** Health care options or services.
- **Government:** State-mandated regulations or shut-downs related to the virus.
- **Transmission:** Information--proven or non--regarding how COVID-19 spreads.
- **Immunity:** Information regarding who can or cannot contract COVID-19 or who is at heightened risk of complications.
- **Impacts:** Any content that claims disproportionate or uncorroborated impacts, either on an individual or the larger community.
- **Hoax:** For any content that claims COVID-19 is no longer an issue or never was, or that the pandemic is a conspiracy.
- **Organization:** Information regarding an international institution, national or local government, or locally-registered organization.
- **Other:** For any content that doesn't fall into the other thematic categories.

**HOW IS RISK DEFINED?

Risk is measured by Rooted In Trust Data Analysts, Information Managers, and Social Media Monitors based on a range of factors including: a) cultural relevancy, b) timing, c) online engagement, d) the believability of a rumor, and most importantly, e) the potential negative impact a rumor may have on the health, well-being, and safety of local communities or service providers.

HIGH RISK: A rumour that is very likely 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 rumours may encourage avoidance of testing and treatment, or 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 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 minimal negative impacts to a community or individual's health, well-being, or safety or to the pandemic response.