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 15 December 2021 and 15 January 2022. In total, 47 rumors were collected, mainly featuring the following subthemes: access/affordability of the vaccine, political agenda/disinformation, religion and COVID-19, symptoms, transmission, COVID-19 variants, prevention, treatment methods and the Lebanese government. Three high risk rumors were selected for this bulletin which fall under the two recurring themes of treatment methods, and the efficacy of the COVID-19 vaccine. Data was collected from Facebook, WhatsApp, Twitter, and Instagram, in addition to private groups and accounts that have a relatively high user engagement.

COVID-19 SITUATION & SOCIO-ECONOMIC CONTEXT IN LEBANON

As of 13 January 2022, the number of cumulative cases in Lebanon reached 801,801, out of which a total of 7,057 are new cases since 21 December 2021. Only 262 cases were from travelers and the remaining 6,795 were residents. The number of vaccinated people (2 doses) has reached 2,002,877. In addition, 78.6% registered on the IMPACT platform are Lebanese, while the remaining 21.4% are non-Lebanese. The third booster shot is now available to anyone over 12 years who has received their second vaccine dose at least five months ago.

Omicron cases have been identified and confirmed in the country since December 2021, with high transmission rates but mild to moderate symptoms being observed so far. According to WHO, Lebanon is currently situated at Level 4 of community transmission – meaning a very high incidence of locally acquired widely dispersed cases – with the prevalence of COVID-19 becoming more dominant among the 20-29 age group. High vigilance continues to be recommended with renewed focus by public health authorities on social distancing measures and increased vaccine coverage. Measures introduced by the government include limiting the mobility of unvaccinated people through a night curfew in addition to requiring vaccination certificates or regular PCR tests from public sector workers. However, these measures are not being regularly enforced on the ground while public sector workers also proceeded to organize a
protest on 7 January 2022 calling for freedom of choice when it comes to getting the vaccine. Nevertheless, some promising improvements have been made regarding vaccination, as more than 3,600,000 people have registered on the IMPACT platform: 2,492,010 among them have received the first dose, 2,002,877 have received the second dose and 354,156 have received their third booster shot. (5)

RUMOR #1

"According to a statement by the Ministry of Health, Lebanon has become the first country in the world to perform an autopsy (post-mortem) of a Covid-19 corpse… It was discovered that Covid-19 does not exist as a virus, but rather as a bacterium that has been exposed to radiation and causes human death by causing clotting in the blood. After learning about this research, the Lebanese Ministry of Health immediately changed the Covid-19 treatment protocol and gave aspirin to positive patients… Doctors in Lebanon explained the method of treatment and confirmed that the disease is a global hoax. It is nothing but intravascular coagulation (blood clots) and can be treated with anti-inflammatory antibiotic tablets and anticoagulants such as aspirin. Share this information with your family, neighbors, acquaintances, friends, and colleagues. Only people with very low immunity should be careful…"

Spread in Arabic through multiple WhatsApp groups with an estimated reach of 1000.

As the number of Omicron cases continues to rise in Lebanon, especially following the Christmas and New Year’s Eve celebrations which saw many expats returning home to visit their families, rumors regarding the existence of Covid-19 and its treatment kept circulating. Due to the economic crisis in the country, and the fallout of the public institutions, residents of Lebanon are finding it more difficult to seek health services such as consultations from specialists. Self-medicating has also always been prevalent in Lebanon – and the Middle Eastern region as a whole – and has only intensified as a result of the pandemic and the misinformation surrounding treatments.
Facts and reality checking:

- COVID-19 is caused by a virus, not a bacterium, and although it can trigger blood clots, this is not the only effect of the disease. (6)
- Clinical studies have been done worldwide to understand the effects of COVID-19 in the human body.
- Aspirin is used globally to reduce pain and inflammation; however, a UK study suggests that although aspirin was associated with a small increase in the likelihood of being discharged alive, this does not seem to be sufficient to justify its widespread use for patients hospitalized with COVID-19. (7)
- The Ministry of Health did not make this claim as it did not come from its website or official spokespersons.

Why does it matter?

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

Since the beginning of the pandemic, rumors linked to medication, invalid treatment methods and COVID-19 being a hoax have been circulating and posing harm to any person who decides to self-medicate without the proper guidance of a certified health professional. What is alarming about this rumor is that it suggests that the Ministry of Health, a trusted source, made these claims when in fact they did not. Since the MoH is a reliable source, anyone receiving the message might believe the claim, share it with more people and resort to the mentioned treatment methods.

Communities are also being confused by conflicting opinions from different doctors suggesting unapproved medicines for treating COVID-19. Given the regressing socio-economic and health situation in Lebanon, many of these medications are becoming scarcer, creating risks for chronically ill patients. Moreover, although painkillers such as paracetamol do treat fever, they are not suitable for people with certain pre-conditions and can lead to worrying side-effects.
Public health partners may share quick statements fact-checking inadequate or unproven COVID-19 treatments in real-time as soon as rumors are identified. These statements must include alternative recommendations for appropriate treating of symptoms so people can take action when needed.

Communication from humanitarian partners should focus on approved treatment methods but also highlight the dangers of self-medicating, especially risks of negative reactions with other prescribed drugs or underlying health conditions.

Sharing personalized stories of people directly impacted by the virus, as well as those who have recovered, could help dispel myths claiming the pandemic is a hoax.

Engaging in focus group discussions and listening groups to better understand and respond to various community groups’ concerns around COVID-19 must also become a regular activity by health partners operating on the ground.

**Political Agenda/Disinformation**

**RUMOR #2**

"7,247 #Coronavirus cases in Lebanon today, all of this and we still hate each other, what would happen if we all loved each other? Corona will never come to an end in Lebanon unless the civil war returns, and the earthen berms and barricades rise again."

*Shared in Arabic on Twitter with more than 50 likes and 2 shares in Arabic*
The current political and socio-economic situation in Lebanon remains extremely fragile and the conflicting political camps are taking advantage of the economic crisis to point fingers at their opponents and blame them for the widespread corruption and ineffective government response. This is a dangerous rhetoric – often used across various sectors -- and which regularly appears across social media in Lebanon. The lack of political solutions to conflicts, recurrent violence and instability further prevents vulnerable communities already struggling to access their basic rights in Lebanon. In addition to protection challenges and increased poverty, the social tensions could also lead to various challenges linked to their legal status and freedom of movement.

Facts and reality checking:

- Since the beginning of the crisis, impacts in nationwide living standards have been felt by host communities, Syrian refugees and other migrants. Intercommunity and inter-religious tensions may emerge again in the current socio-economic context, as people attempt at coping the best they can with acute challenges. Under these circumstances, people may tend to blame ‘others’ and resort to extreme discourses. However, it is important to remember that conflict and violence are never the solution and dialogue is essential to find common ground and collectively succeed this virus and economic crisis.

- Conflict or a return to a civil war will not eradicate COVID-19. Working collectively as Lebanese citizens, disregarding the differences in religious or ethnic background, is the only viable way forward to slowing down the spread of the virus and eventually eradicating it.

- COVID-19 does not discriminate between race, gender and religious beliefs, it can affect anyone at any point in time if the proper precautions are not taken.
Vulnerable Lebanese citizens and refugee communities are facing pandemic fatigue coupled with distrust in the government’s ability to control the pandemic amidst a major political and socio-economic crisis. The politicization of the pandemic along sectarian and racial lines has further impacted the already marginalized groups that are most affected by the current socio-economic crisis.

Misinformation on social media can also fuel tensions and impact social cohesion in the already fragile country where the health response is already on the brink of collapse. In a positive move, government and civil society have been quick to counter misleading messaging. Nevertheless, some political parties have been mobilizing to provide assistance exclusively to their supporter bases, leading to more distrust and heightened tensions.

Why does it matter?

The de-politicization of the COVID-19 response remains key to ensure social cohesion amidst this crisis. Partners must collectively advocate through the RCCE platform to relevant public actors and ensure the tone is measured while underlying inter-community tensions are not reinforced. It is also essential that we all continue advocating for equitable vaccine access across the country.

COVID-19 and health misinformation can still represent a serious trigger in social tensions, especially within the current landscape of unequal distribution of vaccines among host communities, Syrian refugees and other migrants. It is essential for partners to continue allocating time, resources and efforts to monitor rumors, concerns and questions around COVID-19, vaccines and vaccination campaign plans.

Partners may set as a priority to allow members of the community to express their fears and concerns on the current socio-economic uncertainty while answering any pressing questions that can help them better cope with the situation. Listening to communities will help us better identify critical points of concern in inter-community relations and guide any social cohesion interventions needed.

Recommendations:

• The de-politicization of the COVID-19 response remains key to ensure social cohesion amidst this crisis. Partners must collectively advocate through the RCCE platform to relevant public actors and ensure the tone is measured while underlying inter-community tensions are not reinforced.
• COVID-19 and health misinformation can still represent a serious trigger in social tensions, especially within the current landscape of unequal distribution of vaccines among host communities, Syrian refugees and other migrants. It is essential for partners to continue allocating time, resources and efforts to monitor rumors, concerns and questions around COVID-19, vaccines and vaccination campaign plans.
• Partners may set as a priority to allow members of the community to express their fears and concerns on the current socio-economic uncertainty while answering any pressing questions that can help them better cope with the situation. Listening to communities will help us better identify critical points of concern in inter-community relations and guide any social cohesion interventions needed.
Decentralized awareness raising efforts through local religious leaders in the community in addition to faith-based NGOs, schools, youth groups, and scouts’ movements could also be useful to promote dialogue among different ethnic and religious groups. They may also support the dissemination of information and materials that respond to people’s questions on COVID-19 and vaccination plans for the different groups.

**Vaccine Efficacy**

**RUMOR #3**

"Health authorities in the US are banning the use of the Johnson & Johnson vaccine... so where does the US administration wish to get rid of the vaccine? That’s ok let’s just send it to Lebanon... The American vaccine of death!"

*Shared in Arabic on Twitter with 65 retweets and 274 likes*

During the reporting period, a large number of tweets appeared against the use of the J&J vaccine provided by the US, claiming it was linked to a political agenda. The Arabic hashtag لقاح_الموت_الأمريكي which translates to the “American vaccine of death” became a top trending hashtag in Lebanon, with more than 1000 individual tweets on the topic and thousands of reposts in Arabic on Twitter and Facebook. This online campaign is directly linked to the fact that the US Embassy donated 336,000 doses of the Johnson & Johnson (J&J) vaccine to Lebanon on 19 December 2021 through the COVAX program, and also promised to donate 277,340 doses of Moderna to reach a total of 613,340 doses. According to the embassy’s statement, the donation is part of a humanitarian assistance package dedicated to Lebanon for the year 2021 which in total amounts to more than $372 million. The embassy was criticized in opposing local media such as al Mayadeen for donating the J&J vaccines to Lebanon, highlighting the fact that
the CDC published a statement on 16 December 2021 expressing a clinical preference for individuals to receive an mRNA COVID-19 vaccine over the J&J vaccine when the former is available. This may also be triggered by the high mistrust from western supported vaccinated campaigns and aid programmes. Communication efforts to address myths and understanding is a priority to build trust and reduce vaccine hesitancy resulting from mistrust in institutions.

Facts and reality checking:

- The Johnson & Johnson (J&J) vaccine has been listed for emergency use by the WHO and is safe and effective based on data from large scale clinical trials. (8)
- Nevertheless, the US CDC recommends not to get the J&J vaccine when Pfizer and Moderna are available. The J&J vaccination is a viral vector vaccine, which is used a modified version of a virus that is different from the virus being targeted to deliver important instructions to our cells. (9)
- Despite the recent donation by the US Embassy, the J&J vaccine is still not being rolled out in Lebanon.

Why does it matter?

The increasing distrust in the effectiveness of the vaccine, and a rise in anti-vaccine sentiments linked to politics sets a dangerous precedent since immunization is one of the few viable solutions to limiting the spread of COVID-19, particularly among vulnerable groups. COVID-19 vaccines have been developed rapidly in comparison to other vaccines. Therefore, it is understandable that people have questions and concerns around it, but it is also important to understand the fears that lie underneath the surface and that can further mobilize tensions. This is especially key in the context of western donations or purchase of vaccines with western origin, as widespread mistrust in these actors or injectables may endanger, not only COVID-19 vaccination plans, but additional vaccination campaigns or health responses that are currently being supported by these actors.
Listen to communities and discuss openly about their mistrust on specific vaccines or donors. It is important to acknowledge people’s fears and understanding of reality within national and international power dynamics and the rapidly evolving scientific landscape. This is especially important when dealing with vulnerable communities with challenging life experiences.

Humanitarian actors should increase their engagement with local media transparently and proactively to increase their understanding of the different vaccinations available and the plans to make them available to them. It is essential to engage journalists and editors to report responsibly and avoid sensationalist malpractices that may further exacerbate mistrust in the health response or contribute to additional misinformation.

Partners may share evidence on WHO and MoPH-led vaccination campaigns successfully administered in Lebanon in the past, supported by patients.

Partners may support frontline health care workers and outreach workers to address the differences between the different vaccinations with materials adapted to the different languages and contexts of the vulnerable groups, considering also the needs for people living with disabilities and illiterate people. Conducting awareness sessions with trusted health professionals involved can increase the acceptance of the vaccine and prevent its politicization in the current fragile political climate of Lebanon.
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:

- **a) Cultural relevance**
- **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 rumor 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 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.
For fact-checked information about the COVID-19 vaccine please refer to the official FAQ published by the MOPH, MOI, WHO and UNICEF. Keep in mind that social media platforms – such as Facebook, Twitter, and WhatsApp – allow anyone to publish their thoughts or share their stories with the world. This has led to a flood of fake news and the spread of rumors and misinformation.

Always take into consideration the below when reading news or any type of information on social media:

- Identify the source;
- Check if other credible and trustworthy news outlets are reporting on the same story;
- Double check if the WHO, MOPH or other credible health authorities have corroborated the information;
- Compare the information presented across different sources to ensure the story is based on scientific facts;
- Do not rely solely on Facebook groups, Twitter accounts or WhatsApp groups for news on COVID-19. Instead, make sure any news you hear on social media is confirmed by trusted sources such as the WHO;
- Keep in mind that videos and photos can be easily manipulated and would need to be fact-checked too;
- Pay attention to the date and origin of the story in order to identify whether it is still valid at this point in time.
Sources

5. (https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update44-public-healthand-social-measures.pdf?sfvrsn=1bcdd00f_5)