NIGERIA HEALTH WATCH

Informed commentary, intelligence and insights on the Nigerian health sector

MISINFORMATION PROJECT REPORT

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EXECUTIVE SUMMARY

INTRODUCTION

The Nigeria Health Watch Misinformation Management Project is a comprehensive initiative aimed at combating health misinformation through a combination of online and offline strategies. Its primary objectives are to identify and address the spread of health misinformation, and promote accurate, evidence-based health communication interventions in Nigeria.

The project employed a comprehensive four-pronged approach:

1

Multisource Data Collection

Utilising a blend of online and offline methodologies, we gathered data from diverse sources, including social media platforms, forums, news articles, communities, and health authorities. This multifaceted approach enabled us to identify health misinformation. Complementing this effort, a real-time monitoring system was implemented to swiftly identify and respond to the rapid spread of health misinformation online

2

Fact-checking and debunking:

We implemented a robust fact-checking mechanism designed to deliver accurate information, effectively addressing the misinformation that was identified throughout the multifaceted data collection process. Through these efforts, we not only addressed misleading information but also contributed to a more informed audience, empowering individuals to make well-informed decisions based on reliable and evidence-based knowledge.

3

Capacity building

Central to our intervention was the implementation of comprehensive training programs designed to empower stakeholders across the governmental, media and private sectors in effectively managing misinformation. Through these initiatives, equipped participants with the knowledge and skills necessary to navigate and counter the challenges posed by misinformation.

4

Public Awareness Campaigns

We also implemented impactful public awareness campaigns, strategically designed to enlighten the communities about the nuances of health misinformation. These campaigns served as a catalyst for cultivating critical thinking and fostering a culture of responsible information sharing. In pursuit of this goal, we developed Information, Education, and Communication (IEC) materials, coupled with media appearances and radio jingles. This multi-pronged approach allowed us to effectively address misconceptions, engage and empower the public with the tools for discernment, and encourage a proactive stance in disseminating only accurate and verified health information.

OUTCOMES

- **Increased Awareness**
  The project raised awareness about health misinformation, empowering individuals to recognise and report false health information.

- **Improved Information Quality**
  Provided credible and accurate health information to the public, reducing the impact of health misinformation.

- **Empowered Communities**
  Equipped communities with knowledge and tools to identify and combat health misinformation locally.

- **Data-Driven Insights**
  Gathered valuable insights into health misinformation trends and sources, aiding future public health initiatives.

CONCLUSION

The Health Misinformation Project utilised a proactive and data-driven approach to combat health misinformation in Nigeria. Combining online and offline strategies, the project built a more informed and resilient society, safeguarding public health and promoting evidence-based health communication. The project positively impacted the fight against health misinformation through partnerships with experts, community engagement, and capacity building of stakeholders.

BACKGROUND

Misinformation posed a serious challenge to the Corona Virus Disease 2019 (COVID-19) response and hampered adherence to proven public health measures instituted to combat the pandemic. This has increased attention on the impact of "fake news" in a public health emergency, a term that was previously mostly researched due to its impact on political communication and debate (Domenico et al, 2021). The rapid spread of misinformation and disinformation during the pandemic caused the World Health Organisation (WHO) to declare that COVID-19 was both a pandemic and an infodemic (described as too much information, including mis- and dis-information, accompanying health emergencies in both physical and digital spaces). The COVID-19 infodemic was said to have spurred anxiety and confusion, affected people's mental health and lengthened the pandemic due to its effects on health behaviour (WHO 2020).

Due to the advent of social media, misinformation spreads more widely and rapidly, especially during disease outbreaks. For example, during the 2014-2016 West Africa Ebola outbreak, misinformation on the use of salt and water as prophylaxis against Ebola spread rapidly in Nigeria, mostly through social media. Over a third of the respondents in one study had received the information via social media, and 24% of the respondents had used salt and water during the outbreak (Balami et al, 2019). During the COVID-19 pandemic, given that social media is a strong medium for the propagation of misinformation, it stands to reason that debunks need to be effectively disseminated on this medium as well.

Prior to COVID-19, fact checks and debunks of misinformation on health in Nigeria were not very common. Fact checks were mostly conducted on other news, particularly in politics, and mostly in text/article format. With the advent of COVID-19 and the rapid spread of misinformation, the need to ensure that rapid and accurate debunks were disseminated in a way that engages the audience and on the same platforms that misinformation spread became apparent. Between June - September 2020, Nigeria Health Watch (NHW), in partnership with Meedan, launched a project to combat COVID-19 misinformation, through community engagement, adopting a multimedia approach. NHW, in collaboration with the Nigeria Centre for Disease Control, identified prevalent misinformation, rumours and fake news via rumour logs and social media search functions. Fact checks were conducted in collaboration with Meedan's Digital Health Lab, and evidence-based COVID-19 facts were then disseminated using multi-media including TV, radio and print, with over 40 infographics produced and translated into 4 major Nigerian languages.

To build on this, Nigeria Health Watch launched a health misinformation project in 2021, aimed at debunking misinformation around general health issues across key focus areas, including maternal and child health, sexual and reproductive health and rights, infectious diseases, mental health, routine immunization and polio, etc. The first year of the project saw about 12 infographics, 4 animations, 3 videos and 1 comic produced and disseminated both on the NHW platform and externally. There were also radio shows and radio jingle production and dissemination.

GOAL

The goal of this project was to assess and analyse health misinformation trends amongst community members in Nigeria and pilot community listening intervention in Niger state.

OBJECTIVE

- To examine and understand health seeking behaviour of the people.
- To explore the knowledge and awareness of community members around health information
- To analyse trends of health misinformation in communities
- To use Social and Behavioural change techniques to debunk health misinformation.

METHODOLOGY

PROJECT DESIGN

Two distinct approaches were deployed to comprehensively address the issue of health misinformation: online and offline methodologies:

Online Approach (Covering All 36 States of Nigeria and the Federal Capital Territory – FCT)

This approach involved deploying a social listening tool capable of monitoring various social media platforms (Facebook, Twitter, YouTube, Instagram, TikTok), online news sources, blogs, and forums. This tool was configured to retrieve mentions related to health misinformation from all thirty-six states within Nigeria and the Federal Capital territory (FCT). The generation of misinformation was based on a predefined list of keywords, developed by the research team.

A dedicated team of listeners screened the mentions collected by the tool on a weekly basis. They employed predefined criteria, including metrics such as the level of engagement (including metrics like likes, retweets, reposts, and comments), as well as an assessment of the potential harm posed by the misinformation. Following this initial screening, desk research was undertaken to debunk prioritised misinformation. This process involved scrutinising the available evidence in sources such as peer-reviewed journals and public health guidelines, among others.

The debunks were subsequently transformed into easily digestible content formats, spanning infographics, videos, and audio. This content was then disseminated across various social media platforms to reach a broad and diverse audience.

Offline Approach (Piloted in Niger State)

The offline approach encompassed the following components using both qualitative and quantitative research methodologies:

1. **Desk Review:** An extensive desk review was conducted to systematically analyse existing studies, data, publications, and reports pertaining to health misinformation in Nigeria. This comprehensive examination served as a fundamental step in gaining a deep understanding of the landscape of misinformation within the country.

2. **In-Depth Interviews (IDIs):** In-depth interviews were carried out with 53 key stakeholders operating at the community level. To ensure a comprehensive exploration of perspectives and insights, an interview guide featuring open-ended questions was thoughtfully developed. These interviews played a pivotal role in collecting qualitative data from a diverse array of respondents, offering valuable qualitative insights into the issue.

3. **Community Survey:** Complementing the in-depth interviews, a community-wide survey was undertaken. Trained data collectors were deployed to visit households and administer pretested questionnaires. This survey methodology facilitated a quantitative assessment of community attitudes and experiences related to health misinformation, providing a more extensive and statistically significant perspective on the matter.

SAMPLE FRAMEWORK

Sample Size

The sample size for the community survey was calculated using the formula: n= (Z2pq)/B2

Where;

- n = desired sample size (when the population>10,000)
- Z = number of normal deviation from the mean; set at 1.96 for a level of 95%
- p = proportion (prevalence) in the target population estimated to have particular characteristics. This is set at 0.5 (50%) because of the non-availability of survey data
- q = 1-p (proportion in the target population not having the particular characteristics)
- B = Margin for random error set at 0.05 (5%)
- n = minimum sample size

Substituting, n= 1.96 x 1.96 x 0.5 x (1- 0.5)/0.05 x 0.05

= 3.84 x 0.5 x 0.5/0.0025

= 384 participants.

Adjusting for non-response (10%):

10% of 384 participants= 38 participants

Final Sample size= 419 participants

Sampling Technique

For the quantitative aspect, 8 LGAs were purposively selected based on existing community structures set up through the Community Health Watch project and all 8 LGAs are spread across the 3 senatorial Districts in Niger State.

State	Local Government Area	Senatorial District	Major Language
Niger	Chanchaga Local Government	Niger East	English/ Hausa
Niger	Wushishi Local Government	Niger North	English/Hausa
Niger	Paiko Local Government	Niger East	English/Hausa
Niger	Kontagora Local Government	Niger North	English/Hausa
Niger	Gbako Local Government	Niger South	English/Hausa
Niger	Magama Local Government	Niger North	English/Hausa
Niger	Mashegu Local Government	Niger North	English/Hausa

SOCIAL AND BEHAVIOURAL CHANGE INTERVENTION:

The methodology involved implementing targeted social and behavioural change interventions in Niger state, drawing insights from the data gathered through both online and offline listening. We engaged community influencers, including Ward Health Development Committees (WHDC), Primary Health Care Centre officers-in-charge, health educators, media representatives, and stakeholders from the State Ministry of Health and Primary Health Care. These stakeholders received training on how to effectively address and counteract misinformation within their respective communities. Subsequently, an endline survey was conducted once more within these communities to gauge the impact of the SBC interventions. In addition, we disseminated debunks and accurate health information widely through multiple platforms, including radio, social media channels, and various online platforms. This diverse dissemination approach ensured that the corrected information reached a broad and varied audience, contributing to a more informed and resilient community with regard to health misinformation.

FINDINGS/ RESULTS

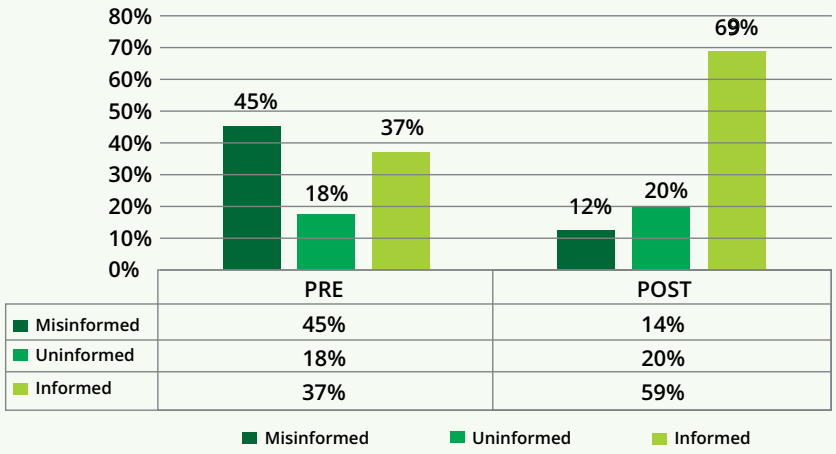
QUANTITATIVE RESEARCH FINDINGS

Demographic Characteristics	Pre-test Group	Post Test Group
Gender		
Male	250	215
Female	157	209
Educational Level		
None	62	102
Primary	54	40
Secondary	176	104
Tertiary	104	157
Post-graduate	2	4
Vocational	9	17
Marital Status		
Single	110	76
Married	275	338
Divorced	19	6
Separated	3	4
Occupation		
Unemployed	147	31
Trader	71	99
Civil Servant	40	49
Student	44	55
Teacher	14	58
Farmers	91	99
Others	-	43

KNOWLEDGE MEASURE

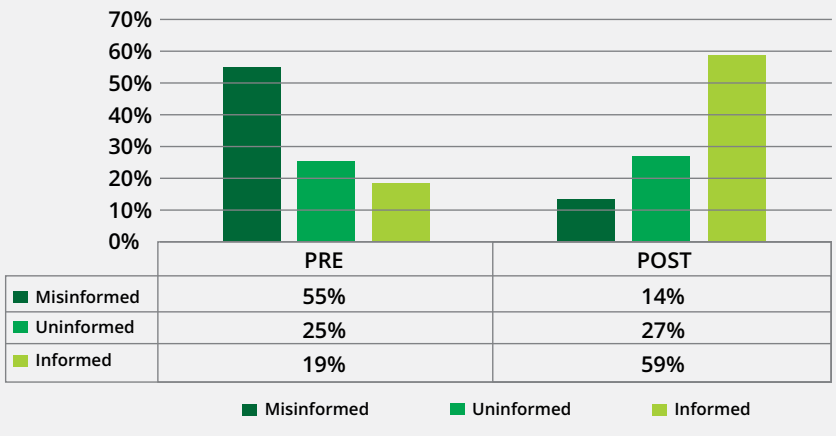
Participant's comprehension of disease prevention behaviors like breastfeeding was assessed, and it was observed that the group categorized as being informed significantly improved by 32% the misinformed group experienced a corresponding 33% decrease. This considerable progress can be linked to the intervention implemented by Nigeria Health Watch.

After delivery, the first breast milk, called the Yellow Milk, is considered dirty, and not good for the baby, Giving the milk to the baby will give it an itchy rash.

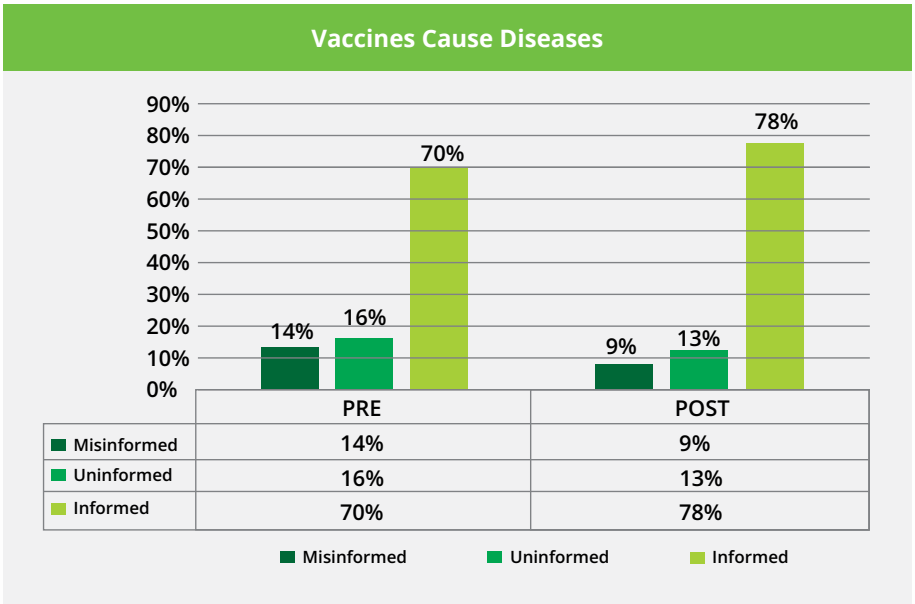


We evaluated their comprehension of SRHR misconceptions as well, and observed a 40% improvement in knowledge acquisition along with a 41% reduction in the prevalence of misinformation following our focused intervention.

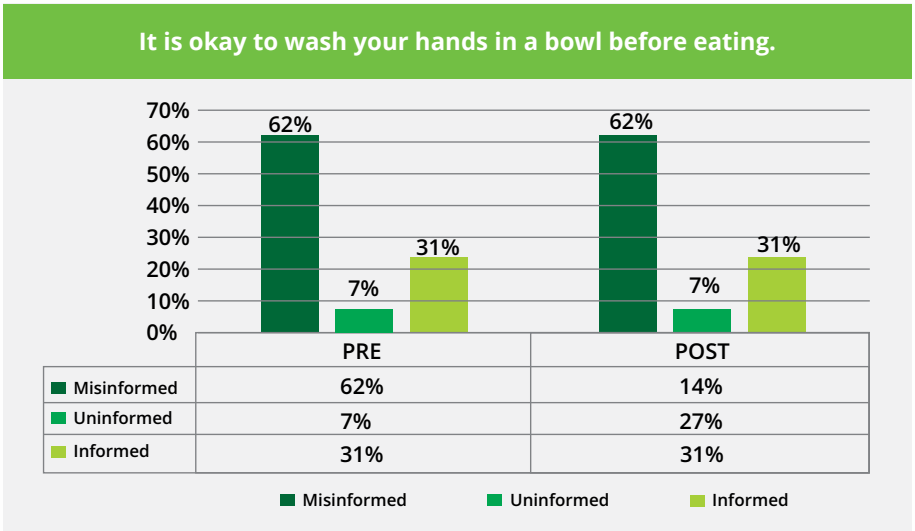
The pull-out method is a very effective method in preventing pregnancy and STIs (HIV, Gonorrhea)



Regarding misconceptions related to vaccines and immunization, we observed an 8% rise in knowledge acquisition within the informed group, along with a 5% decrease in the count of individuals holding misconceptions.

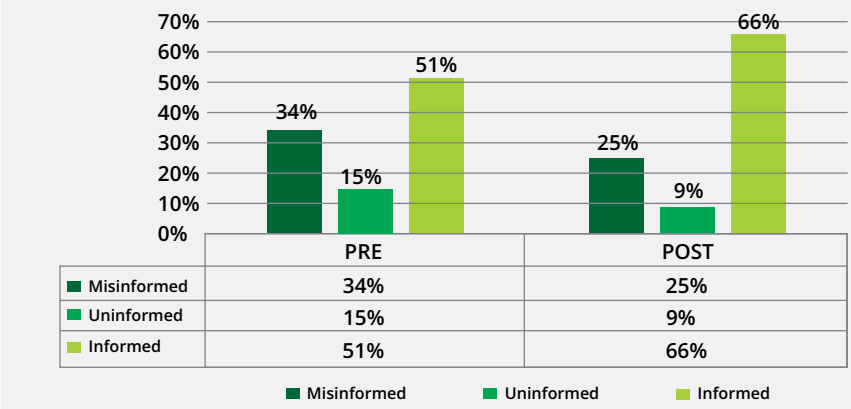


In terms of disease prevention strategies involving handwashing, there was a marginal 1% growth in knowledge, but notably, an 8% rise in the proportion of individuals who held misconceptions. This upward trend underscores the necessity for further interventions focused on enhancing Water, Sanitation, and Hygiene (WASH) practices

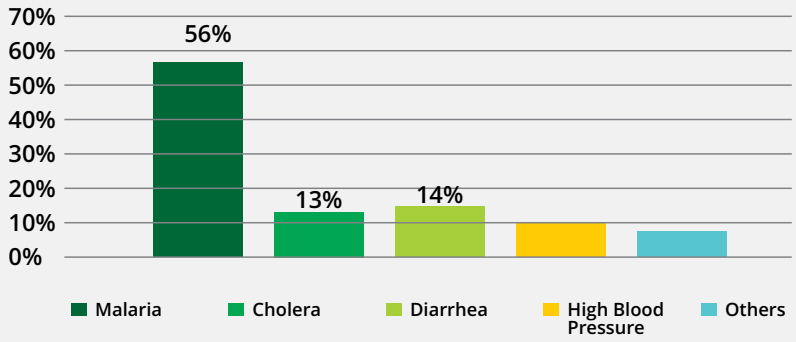


The level of comprehension regarding typhoid as a type of fever saw a notable 15% rise in the informed category, accompanied by a 9% reduction in the misinformed category. This marked enhancement can be attributed to the intervention, which notably encompassed a WASH (Water, Sanitation, and Hygiene) component.

Every fever is Typhoid and Malaria.



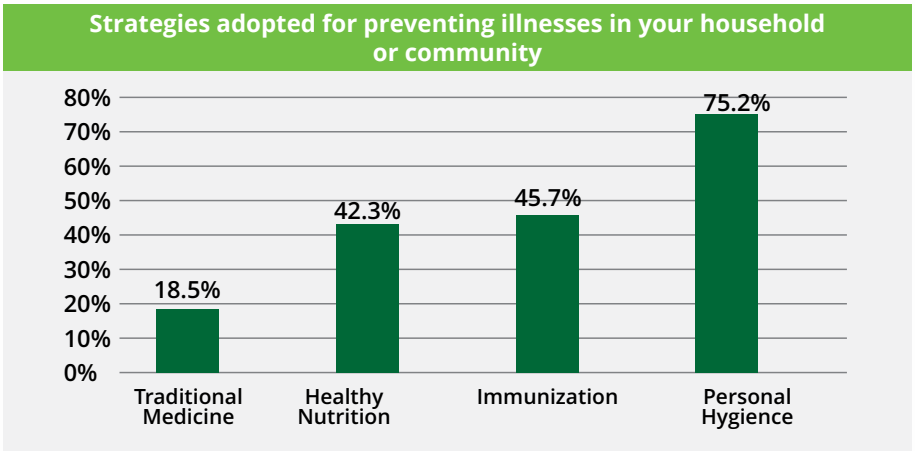
What are the commonest illnesses you experience in your community?



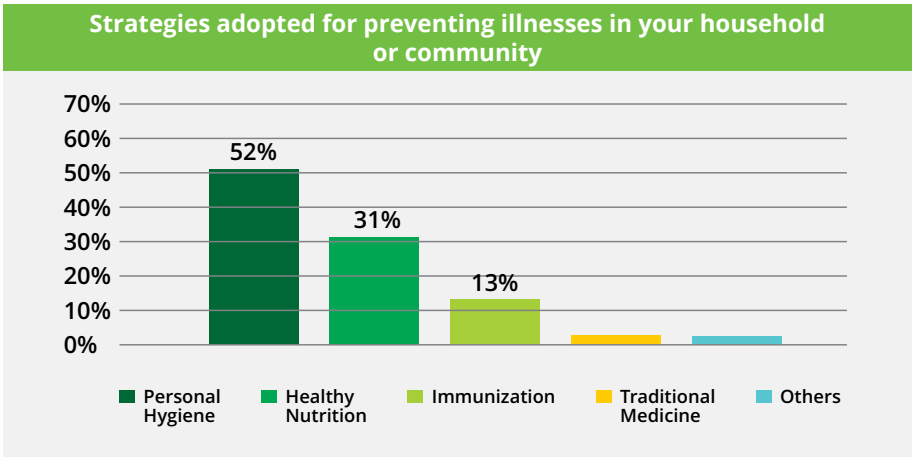
A majority of the participants (56%) continue to perceive Malaria as the most prevalent ailment within the community. While there aren't substantial variations in the individual figures for specific illnesses, the sequence remains consistent with cholera, diarrhea, high blood pressure, and others following in the same order.

In terms of the strategies employed to prevent illnesses, Personal Hygiene continues to maintain the highest ranking, followed by healthy nutrition, immunization, traditional medicines, and other methods in succession. To enhance the effectiveness of illness prevention, it is crucial to implement more interventions that specifically promote the use of immunization where available.

PRE-TEST

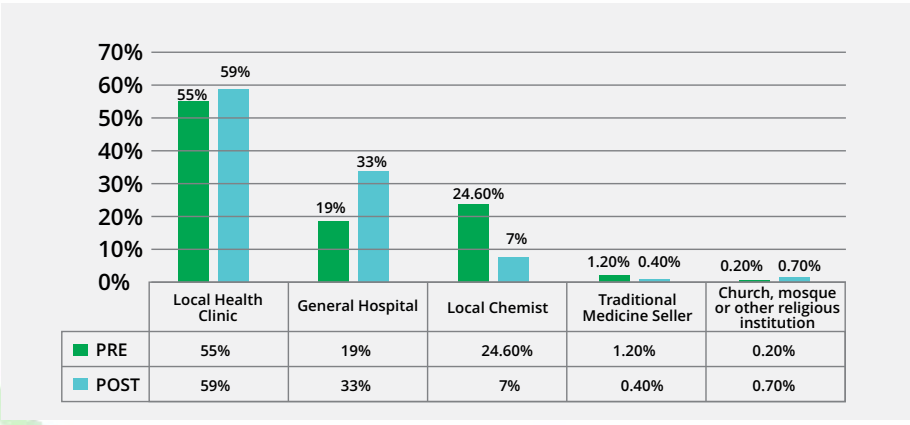


POST-TEST



HEALTH SEEKING BEHAVIOUR

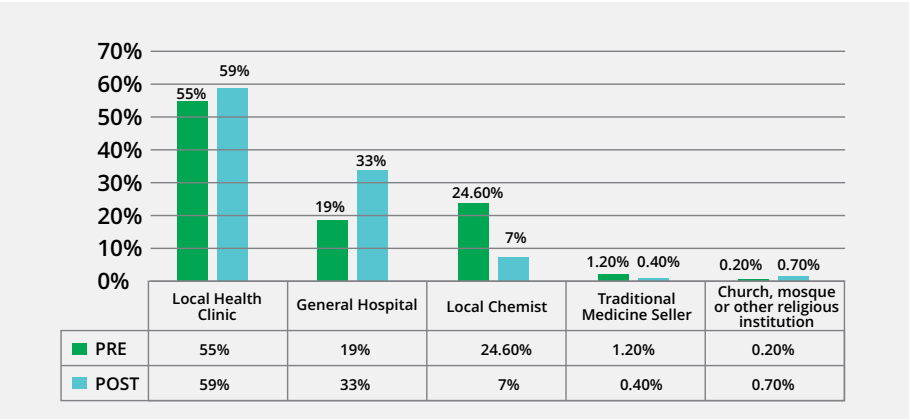
A greater proportion of the participants (59%) opted to visit a health center when they were unwell. This reinforces the initial data that indicated a 55% level of trust in health centers when individuals experience illness. This suggests a positive trend in health-seeking behavior.



	Local Health Clinic	General Hospital	Local Chemist	Traditional Medicine Seller	Church, mosque or other religious institution
PRE	55%	19%	24.60%	1.20%	0.20%
POST	59%	33%	7%	0.40%	0.70%

SOURCE OF HEALTH INFORMATION

A significant portion of individuals indicated that they primarily receive health-related information from their local health centers. Following closely behind are radio and television sources. Additionally, community and religious institutions were identified as crucial sources of health information.



	Local Health Clinic	General Hospital	Local Chemist	Traditional Medicine Seller	Church, mosque or other religious institution
PRE	55%	19%	24.60%	1.20%	0.20%
POST	59%	33%	7%	0.40%	0.70%

QUALITATIVE RESEARCH FINDINGS

The Qualitative results were analysed thematically for both the baseline and Endline and the results are presented below:

HEALTH SEEKING BEHAVIOUR

The baseline survey, respondents across all sampled areas reported the presence and the use of the Primary Health Care centres available in their community. The use of Patent medicine vendors was reported as the first point of care for most community members. The respondents showed reasonable confidence in the use of the patent medicine vendors and well as traditional health centres. A common theme was that community members reported that the health facilities was the main point of call for major illnesses. The respondents reported a significant use of herbs and traditional medicines over orthodox medicines. Although some respondents indicated issues such as absence of dosage requirements around the use of herbs but still show significant trust in the use of herbs for treatment of illnesses. This is also consistent across the endline survey and respondents indicated the use of primary health care centres, patent medicine vendors as well as traditional medicine vendors.

Baseline:

> *"I think we have a functional rural hospital, which has been upgraded to meet an average standard to accommodate more patients. We also have a MCH and two private hospitals that provides medical care for the people of the community"* - **Youth Leader, Gbako LGA**

"Most of them visits the patent stores because of the proximity, while others make use of the traditional medical care because of their believes. A few others visit the hospital"- **Religious Leader, Kontagora LGA**

Endline:

"We get information about health from the PHC. The health workers often invite us over for theses information, then we return back to the community and informed others" – **Community Leader, Wushishi LGA**

"There are health workers that normally come and teach us the things you just talked about, we also get information from the radio."- **Youth Leader, Magama LGA**

PERCEPTION OF COMMONEST DISEASES

The baseline study also sought to find out the perception of community respondents around the commonest diseases in their community. Most respondents reported malaria and typhoid, a recurrent theme in previous community-based surveys. For the endline study, the respondents still reported malaria and, in some cases, diarrhea-related diseases as common in their communities. While most respondents indicated that this diagnosis is gotten from health facilities, they report their first point of call as the patent medicine vendors. Most respondents have identified environmental issues as the cause of the commonest diseases.

Baseline:

"The common disease in this community are Malaria, cholera, and typhoid."- **Community Leader, Chanchaga LGA**

"The most common disease in the community is malaria, most families within the community have at least a malaria patient due to mosquito bites. Diarrhoea is another common disease caused by the poor drinking water from the stream. A few times, we've had cases of snake bites because of the bushy environment." – **Religious Leader, Chanchaga LGA**

Endline:

"It is about Malaria. You know malaria is caused by mosquitoes. We have many bushes around us here, but malaria is common" -**Facility in Charge, Paiko LGA**

"There is this outbreak of dysentery, it is common because of the bad water that our people take, and there is also polio and measles among little children" **-Youth Leader, Shiroro LGA**

COMMUNITY PREVENTIVE PRACTICES

For both the baseline and endline assessment, most respondents identified non-medical preventive practices such as environmental sanitation and cleanliness as the primary method of preventing diseases. Respondents indicated the regularity of such practices and in some communities, local enforcement of sanitation practices. While these practices are not reflective of the most common diseases that respondents report, it is important to note the consistency in which respondents have identified environmental sanitation as a primary preventive practice which shows the presence of some level of awareness creation. Routine immunization was also identified as a common preventive practice in these communities.

Baseline:

> *"We have individual sanitations where people ensure the cleanliness of their environments. We had cases in the past when some houses don't have toilets, but recently the community has improved in that regards, most of the houses now have toilets. A few other people have stopped drinking water from the river, they either drink the borehole water or satchel water."*- **Religious Leader, Chanchaga LGA**

> *"We have routine immunizations, health workers sensitise us on the kind of food or water to take and we conduct routine sanitations*"- **Community Leader, Gbako LGA**

Endline:

> *"Most times, if community leaders call for a meeting on how they would keep their environment and house clean, they usually obey. Most times community members receive sensitization on routine immunisation, ANC visits and delivery to prevent complications."* **– Facility In Charge, Chanchaga LGA**

SOURCE OF HEALTH INFORMATION

In both the baseline and endline surveys, most respondents indicated non-traditional sources of health information such as the use of town criers and community meetings as the most common means through which health information is passed. It indicates the use of community based/led structures as a means of providing health information. Some respondents also reported more traditional sources of health information such as radio and television.

Baseline:

"We make use of the town announcers to dissipate information within the community. We also share relevant information with pregnant mothers who visits the hospital for antenatal care sessions."- **Facility In Charge, Chanchaga LGA**

"They get information from the village head, the town crier and places of worship."- **Religious Leader, Gbako LGA**

"They get it from us when they visit the PHC, anyone who gets information from the PHC further distributes the news in the community, while others get informed via the radio stations" – **Religious Leader, Kontagora LGA**

Endline:

"*We get information from health workers because we trust their professionalism, we only make use of information gotten from the health workers, sometimes when we are confused on an issue, we always refer to them for clarification."* - **Women Leader, Paiko LGA**

"They get information about health through the health facilities, social media, activities that take place in the community."- **Women Leader, Shiroro LGA**

FINDINGS FROM ONLINE SOCIAL LISTENING

The Team reviewed mentions identified via an AI powered listening tool over a period of six months across key focus areas of Maternal and Child Health, General Health, Mental Health, Nutrition and Sexual and Reproductive, and Routine Immunisation between (1 September 2023 to January 11, 2023). Over two hundred and fifty thousand (250,000) mentions were identified, 42 (0.17%) were identified as potential misinformation across various social media platforms, by focus areas General Health-17 (40.8%) recorded the highest, with subtopics around Cancer also having a high level of engagement, while Mental health-2(4.8%) was the least in terms of identified misinformations.

S/N	Focus Area	Total number of identified Mentions	Percentage
1	General Health	17	40.4
2	Maternal and Child Health	7	16.7
3	Mental Health	2	4.8
4	Nutrition	5	11.9
5	SRHR	9	21.4
6	Routine Immunisation	2	4.8

Misinformation via social networks were reported to have higher numbers with a 95% reporting rate and over 500 comment engagements. Blogs and messaging platforms reported the least amount of Misinformation.

This study also investigated the spread of inaccurate information about health online, whether it be through search or user-generated content.

SOURCE OF HEALTH MISINFORMATION

We reviewed mentions over a period of six months, across key focus areas of Maternal and Child Health, General Health, Mental Health, Nutrition and Sexual and Reproductive, Routine Immunisation between (1 September, 2023 to January 11 2023), Over two hundred and fifty thousand (250,000) mentions were identified across identified focus areas, out of which 42 (0.17%) were identified as potential misinformation across various social media platforms, by focus areas General Health-17(0.0068) recorded the highest, subtopics around Cancer had a high level of engagement, while Mental health-2(0.0008) was the least in terms of identified misinformation.

Twitter reported the highest number of misinformation 22 (52.4%) with over 500 comment engagements, 450 repost, and more than 1000 likes this was closely followed by TikTok (10%) and Blogs reported the least amount of Misinformation.

Table 2: Source of Health Misinformation

Sources	Number Identified	Percentage
Social Networks	40	95%
News	0	0
Blogs	0	0
Online Forums	2	4.8
Messengers	0	0

RESULTS FROM THE SBC INTERVENTIONS

Nigeria Health Watch Health Misinformation Webseries: To explore innovative methods of debunking health misinformation, we developed a captivating web series set in a health facility. Each episode featured the debunking of at least one health misinformation while interweaving personal challenges, romance, and interpersonal relationships of the characters. The series gained international recognition when an initial 8-minute clip was submitted to the Health for All Film Festival in Switzerland, an initiative of the World Health Organization (WHO). Subsequently, a pilot season of 5 episodes was produced and widely disseminated on social media platforms, including YouTube, Instagram, Facebook, and TikTok. The premiere of the first web series edition titled "The Medics" on YouTube garnered over 6,000 views and significant audience engagement.

Dissemination: A dedicated section on the Nigeria Health Watch website houses a database of debunked health misinformation resources. These resources are presented in infographic and video formats, making them easily accessible to the public.

LGA-based Cascade: All 8 participating Local Government Areas (LGAs) from the training initiated a cascade to facility (Primary Health Care) staff and community members in Niger State. These participating LGAs include Chanchaga, Wushishi, Paiko, Kontagora, Gbako, Magama, Shiroro, and Mashegu.

Output:

- 50 facility-based staff received training on health misinformation as part of the cascade.
- Approximately 500 community members across the 8 LGAs benefited from this cascade, using Information, Education, and Communication (IEC) materials produced in three local dialects: Nupe, Gwari, and Hausa.

Social Media #tag:

We used the hashtag #HealthFactcheckNaija across its various social media platforms to disseminate debunks of various misinformation.

Output:

A total of 204 tweets have been disseminated via the NHW Twitter handle and other social media outlets, featuring key messages related to misinformation and debunks from August 2022 to 2023 with the #HealthFactcheckNaija.

Radio Jingles:

The project incorporated the production of radio jingles in both English and local languages, addressing identified misinformation via community listening. These jingles were aired on three radio stations in Niger State, namely Power FM, Crystal Radio, and Prestige FM, over the course of one month.

Output:

- Prestige FM had the highest audience reach with 31%.
- Crystal Radio had a 28% audience reach.
- Power FM reached 14% of the target demographic.

KEY INSIGHTS AND RECOMMENDATION

KEY INSIGHTS

1. **Knowledge Improvement:** The intervention led to significant improvements in knowledge among participants, particularly in understanding disease prevention behaviours, SRHR misconceptions, and vaccines. However, there was a slight decline in knowledge related to handwashing, highlighting the need for continued emphasis on Water, Sanitation, and Hygiene (WASH) practices.

2. **Misconceptions Reduction:** The prevalence of misinformation decreased notably across various health topics, including typhoid and common diseases. This reduction suggests that targeted interventions are effective in combating misinformation.

3. **Common Perceptions:** Malaria remained the most prevalent ailment perceived by participants, highlighting the need for sustained efforts in malaria prevention and awareness. Other diseases like cholera, diarrhoea, and high blood pressure were also consistently mentioned.

4. **Preventive Practices:** Non-medical preventive practices, such as environmental sanitation and cleanliness, were commonly identified as primary methods for disease prevention. Routine immunisation was recognized as another key preventive measure. There is an opportunity to further promote immunisation to enhance disease prevention.

5. **Health Seeking Behaviours:** A positive trend was observed in health-seeking behaviours, with more participants opting to visit health centres when unwell. This aligns with the trust placed in health centres for disease management.

6. **Source of Health Information:** Non-traditional sources, such as town criers and community meetings, played a significant role in disseminating health information. This underscores the importance of community-based structures in health communication.

7. **Online Social Listening:** Social listening revealed that a very small percentage of online content was identified as potential misinformation (0.17%). General Health topics attracted the highest misinformation engagement. Twitter was the primary platform for misinformation dissemination.

8. **Source of Health Misinformation:** The majority of health misinformation originated from social media (95%), particularly on Twitter, where engagement was high.

RECOMMENDATIONS

1. **Tailored Communication:** Health communication strategies should be tailored to accommodate the demographic variations observed, including gender, education, marital status, and occupation.

2. **Continued Education:** Efforts to enhance knowledge and reduce misconceptions should be sustained, particularly regarding handwashing and Water, Sanitation, and Hygiene (WASH) practices.

3. **Leverage Non-Traditional Sources:** Community-based structures, such as town criers and community meetings, should continue to be utilised for disseminating health information.

4. **Online Misinformation Monitoring:** Continuous monitoring of social media platforms, particularly Twitter, is vital for promptly addressing health misinformation.

5. **Public Engagement:** Engage with social media influencers to correct misinformation and provide accurate health information is encouraged.

6. **Education on Reliable Sources:** Key messages should promote the use of trusted sources for health information on social media to reduce reliance on potentially misleading content.

NEXT STEPS FOR THE NIGERIA HEALTH WATCH HEALTH MISINFORMATION MANAGEMENT PROJECT

As part of our ongoing commitment to deepening the impact of the Health Misinformation Management Project, we are actively exploring new strategies to ensure the sustainability and effectiveness of our efforts:

1. Health Misinformation Management Fellowship Program:

In the spirit of capacity building and sustainability, we will be introducing a Health Misinformation Management Fellowship Program. This program aims to select and train a dedicated cohort of individuals who will become champions in the fight against health misinformation. By equipping these fellows with comprehensive knowledge and skills, we intend to create a network of misinformation management experts who will drive this initiative forward. This approach ensures that the project's impact extends beyond its initial phase and becomes deeply embedded within communities.

2. Integration with Healthcare Systems:

Building upon the success of our cascade training to facility staff and community members, we are examining opportunities to integrate our activities with existing healthcare systems. Collaboration with state and community health authorities and health facilities, especially primary healthcare centres, will allow us to establish information hubs where accurate health information is readily accessible to all. This integration ensures that health misinformation management becomes an integral part of healthcare service delivery.

3. Data-Driven Approach:

Continuous data collection and analysis remain fundamental to our approach. We are committed to ongoing research and data analysis to monitor the prevalence of health misinformation, assess community perceptions, and measure the impact of our interventions. These insights are invaluable in refining our strategies and ensuring that our efforts remain relevant and effective.

In summary, we are actively looking to expand the work of the Nigeria Health Watch Health Misinformation Management Project through innovative approaches that empower individuals and communities to combat health misinformation effectively. By embracing these strategies, we aim to create a sustainable, community-driven movement for accurate health information and responsible information sharing.

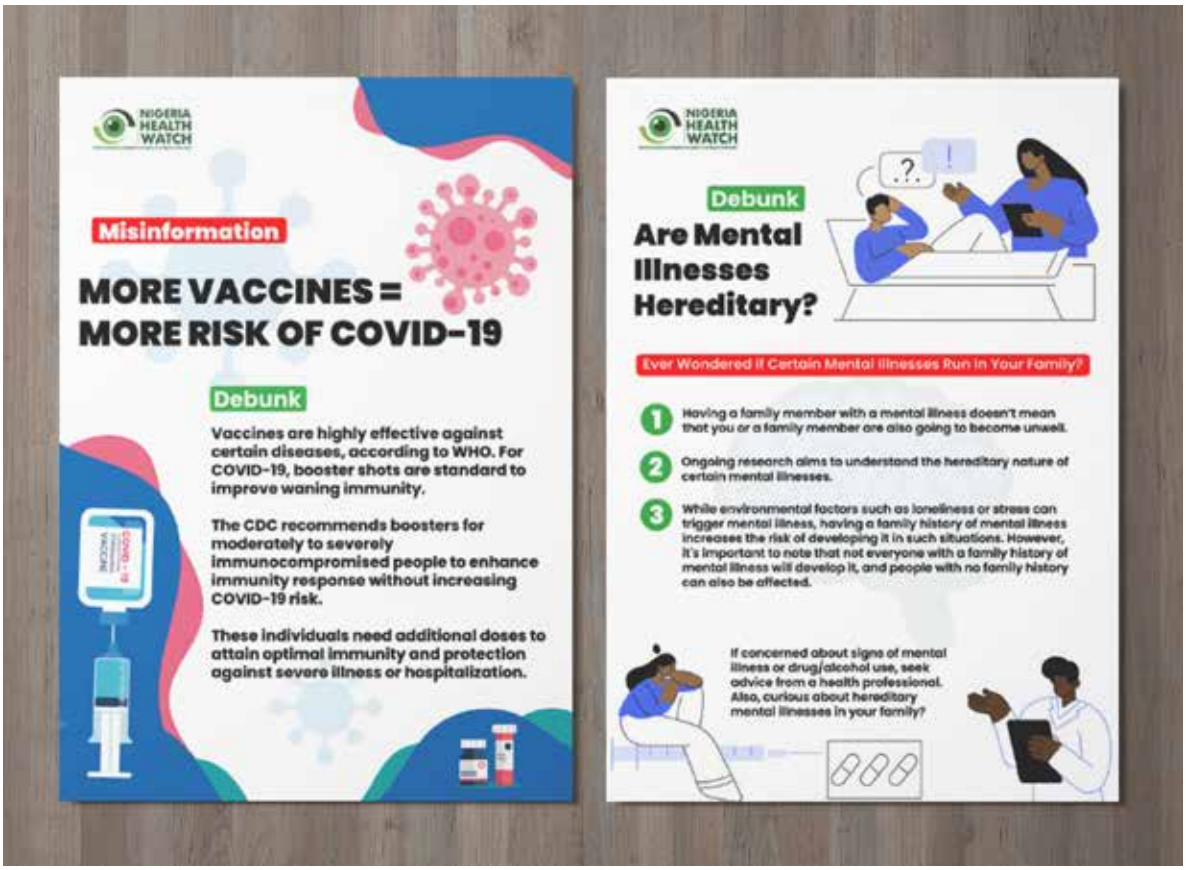
SUMMARY OF THE NIGERIA HEALTH WATCH HEALTH MISINFORMATION MANAGEMENT PROJECT

The Nigeria Health Watch Health Misinformation Management Project is a dynamic initiative designed to combat the spread of health misinformation and promote accurate, evidence-based health communication interventions in Nigeria. It has achieved significant milestones, including:

- **Innovative Web series:** The project introduced a groundbreaking web series that creatively combines storytelling and drama to debunk health misinformation while engaging audiences online. This initiative has gained traction and garnered substantial views.
- **Capacity Building:** Through cascade training, the project has equipped facility staff and community members across eight Local Government Areas in Niger State with the knowledge and skills to identify and counter health misinformation. This capacity-building approach ensures sustainable community engagement.
- **Social Media Engagement:** Leveraging social media platforms, the project has actively debunked and disseminated accurate health information. The use of the hashtag #HealthFactcheckNaija has enabled a wide-reaching and impactful online presence.
- **Radio Jingles:** Radio jingles produced in both English and local languages have further extended the project's reach, disseminating vital information about health misinformation through popular radio stations in Niger State.
- **Data-Driven Insights:** Continuous data collection and analysis have provided valuable insights into community perceptions, knowledge levels, and the prevalence of health misinformation. These insights guide the project's strategies and interventions.

The project is now poised to expand its impact further through innovative approaches such as the Health Misinformation Management Fellowship Program, community-level engagement, integration with healthcare systems, and ongoing research and data analysis. By empowering communities and individuals to combat health misinformation, the project is contributing to a more informed and resilient Nigerian society.

PICTURES


NIGERIA HEALTH WATCH
Misinformation
MORE VACCINES = MORE RISK OF COVID-19
Debunk
Vaccines are highly effective against certain diseases, according to WHO. For COVID-19, booster shots are standard to improve waning immunity.
The CDC recommends boosters for moderately to severely immunocompromised people to enhance immunity response without increasing COVID-19 risk.
These individuals need additional doses to attain optimal immunity and protection against severe illness or hospitalization.
NIGERIA HEALTH WATCH
Debunk
Are Mental Illnesses Hereditary?
Ever Wondered If Certain Mental Illnesses Run In Your Family?
1 Having a family member with a mental illness doesn't mean that you or a family member are also going to become unwell.
2 Ongoing research aims to understand the hereditary nature of certain mental illnesses.
3 While environmental factors such as loneliness or stress can trigger mental illness, having a family history of mental illness increases the risk of developing it in such situations. However, it's important to note that not everyone with a family history of mental illness will develop it, and people with no family history can also be affected.
If concerned about signs of mental illness or drug/alcohol use, seek advice from a health professional. Also, curious about hereditary mental illnesses in your family?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