



**NIGERIA
HEALTH
WATCH**

Informed commentary, intelligence, and insights on the Nigerian health sector

SCENARIO DEVELOPMENT TOOLKIT



**HIDIM
NETWORK**



**THE HEALTH
MISINFORMATION
PROJECT**

CO-CREATING ADAPTIVE, CULTURALLY INCLUSIVE, AND SENSITIVE NARRATIVES



SCENARIO DEVELOPMENT TOOLKIT

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INTRODUCTION:

The Scenario Development (SD) Toolkit is designed to facilitate the creation of realistic and impactful simulation exercise scenarios. Its primary purpose is to enhance strategic communication, foster critical thinking, enable rapid response mechanisms, and strengthen inter-sectoral collaboration during public health emergencies, particularly those amplified by the rapid spread of misinformation, disinformation, and malinformation (infodemics).

PURPOSE OF THIS TOOLKIT

This toolkit is intended for use by public health professionals, emergency preparedness and response teams, communication specialists, policymakers, and anyone involved in capacity building for infodemic management. It is particularly valuable for organizations and individuals responsible for training and preparing stakeholders to navigate the complex landscape of information overload and manipulation during crises.

AREAS OF APPLICABILITY

The SD Toolkit is applicable when developing and conducting simulation exercises focused on health information disorders. It is specifically engineered to complement the World Health Organization (WHO) Simulation Exercise Manual, offering a specialized focus on infodemic challenges. Its design aligns rigorously with the foundational WHO Infodemic Management Pillars: Identification, Simplification, Amplification, and Quantification, ensuring a holistic and evidence-based approach to training.



JUSTIFICATION FOR THE SD TOOLKIT

THE SD TOOLKIT ADDRESSES CRITICAL NEEDS FOR:

01 EXPERIENTIAL LEARNING AND SKILL DEVELOPMENT:

Simulation exercises offer hands-on experience crucial for developing practical skills in areas like critical information assessment, rapid communication, and misinformation debunking – skills that can't be fully acquired through passive learning.

The World Health Organization (WHO) emphasizes a *"simulation-based training approach to teach IM to health workers and public health practitioners"* for its effectiveness in teaching infodemic management competencies, highlighting the value of "experiential learning."

02 TESTING AND VALIDATING PLANS AND PROCEDURES:

Simulations allow organizations to rigorously test their infodemic management plans, standard operating procedures, and information systems in a controlled setting, revealing weaknesses and resource gaps before a real crisis occurs.

The WHO's "Simulation Exercise Manual" explicitly states that simulation exercises are vital for "review and assess planning assumptions, procedures, operational plans and guidelines," and to "reveal planning weaknesses and resource gaps".

03 IMPROVING COORDINATION AND COLLABORATION AMONG DIVERSE STAKEHOLDERS:

Infodemic management requires seamless collaboration across various sectors, including public health, communications, data science, and community engagement. Simulations bring these diverse groups together, clarifying roles and enhancing inter-agency coordination.

The WHO's "Simulation Exercise Manual" states that simulation exercises are well-known for their ability to "improve coordination and collaboration" and "clarify roles and responsibilities" among participants from different disciplines.



04 BUILDING CONFIDENCE AND ADAPTABILITY UNDER PRESSURE:

Infodemics are often high-pressure, rapidly evolving situations. Practicing in simulated environments helps individuals and teams develop the confidence and adaptability needed to make sound decisions and communicate effectively amidst uncertainty.

According to Emergency Management Group, simulation training helps build confidence among emergency responders by allowing them to test skills in a controlled environment, leading to calmer and more effective responses in actual emergencies.

05 IDENTIFYING AND ADDRESSING UNFORESEEN CHALLENGES (LEARNING FROM MISTAKES):

Simulations provide a low-risk environment to encounter unexpected challenges, make mistakes, learn from them, and refine strategies without real-world consequences, with post-exercise debriefings being crucial for this learning process.

World Organisation for Animal Health (WOAH) states that simulation exercises effectively "identify gaps or deficiencies in preparedness" and facilitate "a process of continuous learning, if lessons are collected and linked to action plans.



HOW TO USE THIS TOOLKIT



The Scenario Development (SD) Toolkit, developed by the Health Information Disorder & Infodemic Management Collaborative Learning Network, is a guide for creating realistic simulation exercise scenarios to enhance capacity building on infodemic management especially during public health emergencies.

The Scenario Development (SD) Toolkit offers users a clearer understanding of its five-step framework by utilizing two fictional situations and locations: Wassa and Ejafe. The complete fictional stories for these scenarios and two other fictional stories are available in the toolkit's annex section.

KEY HIGHLIGHTS

01



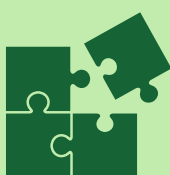
- The Scenario Development (SD) toolkit's purpose is to enhance strategic communication, critical thinking, rapid response, and inter-sectoral collaboration, particularly in managing misinformation during crises.

02



- Its target audience includes public health professionals, emergency teams, communication specialists, and policymakers engaged in capacity building for infodemic management.

03



- The Scenario Development (SD) toolkit complements the WHO Simulation Exercise Manual and aligns with the WHO Infodemic Management Pillars (Identification, Simplification, Amplification, and Quantification).



04



- The justification for the toolkit lies in its ability to address critical needs such as providing experiential learning, testing plans, improving coordination, building confidence, and identifying challenges.

05



- The Scenario Development (SD) toolkit provides a five-step framework for scenario creation and aligns with the WHO Infodemic Management Pillars (Identification, Simplification, Amplification, and Quantification):

01

Setting the Scene (Context, Demographics, Governance)- Addresses Identification pillar.

Identify information gaps and misinformation.

02

The Crisis Unfolds (Inciting Event, Initial Misinformation, Official Response)- Addresses Identification & Simplification pillars.

Simplify technical knowledge and identify information gaps and misinformation.

03

Amplifying Factors (Underlying Issues, Disproportionate Impact, Media Environment)- Addresses Amplification & Quantification pillars.

Amplify correct information, Quantify the impact of interventions.

04

Stakeholder Reactions & Deepening Conflict (Grievances, Influential Figures, Resistance, Internal Tensions)- Addresses Amplification pillar.

Amplify correct information.

05

The Immediate Challenge (Critical Juncture, Call to Action for Participants)- Addresses Amplification pillar.
Amplify correct information.



The steps coloured in **green above** are “**core**” to **scenario development**. These steps are fundamental to creating any robust simulation exercise scenario, forming the backbone of the narrative, and the problem participants need to address.

The steps coloured in **yellow above** are “**add-Ons**” for enhanced scenario realism and complexity. These steps build upon the core, adding layers of realism, complexity, and specific challenges crucial for deep learning in infodemic management. They make the scenario richer and more reflective of real-world crises.

To effectively use the Scenario Development (SD) Toolkit, follow the structured sections provided, filling in the details for your specific scenario:



01 SETTING THE SCENE: THE CONTEXT AND ITS PEOPLE

1.1

Name of the Fictional Location:

Guidance:

Select a distinctive, plausible name that fosters immersion.

Example:

Manjara Republic, Wassa Republic, Sabana Republic, Republic of Ejafe.

1.2

Geographical & Cultural Landscape:

Guidance:

Provide a vivid, concise description of the setting. Include natural features, climate, prevalent societal values, and any unique cultural practices or historical beliefs that could influence health behaviours, communication, or information reception.

Key Elements:



■ Dominant geographical features (e.g., mountains, coastlines, forests).



■ Core societal values (e.g., hospitality, conservatism, expressiveness, family orientation).



■ Climate or seasonal patterns (e.g., rainy season, dry season, summer, spring, autumn, etc).



■ Relevant folklore, traditional practices, or belief systems (e.g., spiritual connections to land, initiation rituals).



Example (Wassa):

"The Republic of Wassa is a land popularly known for its beautiful beaches, exotic dancers, food and music. They are made up of two tribes... The Wassa people are generally hospitable and welcoming. They host millions of tourists yearly... Every December they host the Carachu Festival where millions of people are in attendance. The Carachu Festival is used to pay homage to their gods, and several rituals are done to cleanse the land of evil and misfortune. This is a very important Festival to Wassa People."

Example (Ejafe):

"It is a common saying in Ejafe that the beauty of a place can only be seen at full moon. The Ejafe people are hospitable and peace loving. Ejafe is a small region located between two (2) mighty regions; Abule and Gazamani region. Although deep rooted in their culture and beliefs, they are equally very religious people and hold their religious and traditional leaders in high esteem."

1.3

Demographics and Power Dynamics:

Guidance:

Define the key population groups within the location. Detail their numerical proportions, socio-political influence, and any existing inter-group tensions or historical rivalries.

Key Elements:



- Names of dominant and minority ethnic groups/tribes/faction s/gender distribution/ physically challenged population.



- Approximate population distribution or size relative to each other.



- Existing power imbalances or historical grievances that could be exacerbated by a crisis.



Example (Wassa):

"They are made up of two tribes, the Risu tribe who are the majority and the Masafe tribe who are the minority tribe."

1.4

Economic Activities and Livelihoods:

Guidance:

Outline the primary economic drivers and typical livelihoods of the population, specifying if certain groups are predominantly involved in particular sectors. Highlight any economic vulnerabilities or dependencies that could be impacted by a health crisis or contribute to public unrest.

Key Elements:



Main agricultural products, industries, or services.



Major sources of revenue (e.g., tourism, specific crops, trade).



Current economic challenges (e.g., poverty rates, rising inflation, unemployment).

Example (Wassa):

"Their main source of revenue is from tourism."

Example (Ejafe):

"Although Ejafe people are majorly traders, but the recent trends have shown an increase in education and the young people of Ejafe have diversified into several career paths."



1.5

Governance and Key Officials:

Guidance:

Describe the political structure and introduce the main governmental figures relevant to the health crisis. Detail their positions, their affiliations (if relevant to power dynamics), and the nature of their working relationships (e.g., strong, strained, newly formed).



■ Type of government (e.g., Republic, Monarchy).



■ Their tribal/group affiliations, if significant to the narrative.



■ Names and titles of the Head of State, Minister of Health, and other critical portfolio holders.



■ Description of their interpersonal and inter-ministerial dynamics.

Example (Wassa):

"President Lalafe Godaye who is from the Risu tribe has made a shocking announcement... Minister of Health Quakye Bosonu who is from the Masafe tribe."

Example (Ejafe):

"The Minister of Health and Social Welfare; Dr. Simeon Sadif and the President; Lastuto Kasa of Ejafe..."



02 THE CRISIS UNFOLDS: THE INFODEMIC TRIGGER

2.1

The Inciting Event/Core Crisis:

Guidance:

Clearly define the catalyst for the simulation. This should be a significant public health event or a major policy/system shock that directly impacts the population and sets the stage for information disorder.

Key Elements:



■ Nature of the event (e.g., outbreak, environmental disaster, new policy implementation, funding withdrawal from health sector).



■ Initial observable signs, symptoms, or direct impacts.



■ Affected regions or population segments.

Example (Wassa):

"There has been an outbreak of Measles after just coming out from the Cholera outbreak."

Example (Ejafe):

Alliance Global Corps (AGC)... recently just announced... they have decided to completely withdraw funding of Ejafe healthcare system due to changes in policies and strategies. This has come as a huge shock..." and "JIR... listed Ejafe region as top of the charts on Antimicrobial Resistance and Misuse."



2.2

Initial Public Perceptions and Emerging Misinformation:

Guidance:

Describe how the public initially interprets the crisis, often through a lens of fear, existing biases, or traditional beliefs. Detail the initial rumors, conspiracy theories, or false narratives that begin to circulate. This is crucial for establishing the infodemic.

Key Elements:



- Common public explanations for the crisis (e.g., supernatural causes, deliberate poisoning, hidden agendas).



- Specific examples of misinformation (false information inadvertently spread), disinformation (deliberately fabricated information), and malinformation (real information used to harm).



- Early signs of public panic or distrust.

Example (Wassa):

"There are conspiracies circulating around that Minister Bosonu who is from the Masafe tribe has a hidden agenda, that he is trying to slowly wipe out the Risu tribe by introducing different diseases. They claim that is why the Risu people are the most affected by these outbreaks."

Example (Ejafe):

"He has also heard rumours circulating of how antibiotics use longer than three days can destroy the liver, kidney and can lead to cancer in the long run."



2.3

Official Diagnosis or Confirmation and Initial Response:

Guidance:

Present the authoritative determination of the crisis's nature by official bodies (e.g., Ministry of Health, scientific institutes). Contrast this with the public's initial perceptions to highlight the communication challenge. Detail the initial official steps taken.

Key Elements:



- Actions taken by health authorities (e.g., investigations, press conferences, policy announcements).



- Confirmed cause of the crisis (e.g., specific disease, verified report findings).



- Initial public health measures implemented (e.g., awareness campaigns, vaccine rollouts, new policies).

Example (Wassa):

"Quakye Bosonu recently held a press conference with several media outlets that there has been an outbreak of Measles..."

Example (Ejafe):

"AGC... just announced through their spokesperson Mr. Godwin Essane that they have decided to completely withdraw funding..." and "JIR... listed Ejafe region as top of the charts on Antimicrobial Resistance and Misuse."



03

AMPLIFYING FACTORS: PRE-EXISTING VULNERABILITIES & INFORMATION DISORDER

3.1

Underlying Societal/Systemic Issues & Health System Gaps:

Guidance:

Elaborate on pre-existing structural, social, or economic issues that intensify the health crisis and/or facilitate the spread of information disorder. These elements demonstrate the complexity of the operational environment.

Key Elements:



- Inadequate infrastructure (e.g., waste management, water sanitation, access to healthcare facilities).



- Previously unheeded warnings from experts or activists.



- Gaps in public services or governance (e.g., populations with no access to formal education, bureaucratic hurdles).



- Chronic underfunding or systemic weaknesses within the healthcare sector (e.g., poor staff welfare, inadequate equipment).

Example (Ejafe):

"Alliance Global Corps (AGC), a non-governmental organisation responsible for 75% funding of the entire healthcare system in Ejafe for over 30 years recently just announced... they have decided to completely withdraw funding..."



3.2

Disproportionate Impact & Evidential Data:

Guidance:

Clearly shows how the crisis disproportionately affects specific population groups, often exacerbating existing inequalities. Provide concrete data, statistics, or observational evidence to support these disparities, which can fuel narratives of marginalization.

Key Elements:



- Specific groups most affected (e.g., ethnic minorities, children, specific regions).



- Quantifiable data (percentages, number of cases/deaths) to illustrate the uneven impact.



- Perceived reasons for the disparity (e.g., inadequate government attention, intentional targeting).

Example (Wassa):

"There are conspiracies circulating around... They claim that is why the Risu people are the most affected by these outbreaks... The Ministry recently shared the vaccination status of the Wassa people, and it clearly showed that a greater percentage of the Risu people are not vaccinated as compared with the Masafe tribe..."

3.3

Broader Economic and Social Ramifications:

Guidance:

Detail the cascade of economic and social consequences of the crisis beyond direct health impacts. This includes effects on key industries, livelihoods, social cohesion, and public trust.



Key Elements:



■ Impact on main sources of revenue (e.g., tourism decline, loss of specific crop demand).



■ Erosion of public trust in institutions or the economy.



■ Disruptions to daily life or traditional events.



■ Challenges in accessing essential services due to cost or logistics.

Example (Wassa):

"Their main source of revenue is from tourism... the Carachu Festival may not hold..."

Example (Ejafe):

"The government of Ejafe has tried to invest in the healthcare sector in Ejafe to cushion the effects of the AGC's funding withdrawal by subsidising several healthcare services and medications."



3.4

Media and Information Environment:

Guidance:

Characterize the local media landscape and the primary channels through which information (and misinformation) spreads. Identify key influencers and the types of content that resonates with the population.

Key Elements:



■ Prevalence and influence of traditional media (radio, TV, newspapers).



■ Examples of media narratives, satirical content (e.g., memes, skits), or influential commentators.



■ Popularity and usage patterns of social media platforms (e.g., messaging apps, video platforms, discussion forums).



■ Challenges faced by traditional media (e.g., low patronage, operational costs).

Example (Wassa):

"Risú tribe are seen on social media outlets like Lakue Chat and Gosu talks making several memes and gifs to mock the Ministry of Health..."

Example (Ejafe):

"He has also heard rumours circulating of how antibiotics used longer than three days can destroy the liver, kidney and can lead to cancer in the long run."



04 STAKEHOLDER REACTIONS & DEEPENING CONFLICT

4.1

Grievances of Affected Populations:

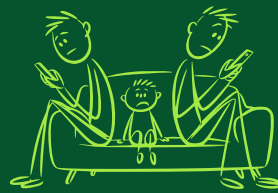
Guidance:

Elaborate on the emotional and political reactions of the most impacted communities. Detail their specific accusations, sense of injustice, and deep-seated distrust towards the government, specific officials, or external entities.

Key Elements:



- Statements reflecting anger, fear, or betrayal.



- Accusations of negligence, conspiracy, or marginalization.



- Reasons for distrust are rooted in past experiences or current perceptions.

Example (Wassa):

"Wassa people are not happy about the recent events and the fact that the Carachu Festival may not be held this year. Some groups have threatened to stage a nationwide protest... They are questioning why Minister Bosonu never raised alarm when their neighbouring country Laje was struggling with the measles outbreak."

Example (Ejafe):

"The people are asking why the policy was not in place when the AGC was funding the healthcare system, when medications were free. The people are accusing him and the government as well as Doctors in government hospitals in Ejafe of trying to force people to take antibiotics longer than necessary to make money under his Antimicrobial use policy."

**4.2****Influential Figures and Calls to Action/Defiance:****Guidance:**

Introduce key community leaders, traditional authorities, civil society activists, or dissenting professionals who hold significant influence within the affected groups. Describe their rhetoric, their specific calls to action (e.g., boycotts, protests), and how they mobilize their followers.

Key Elements:

- Names, titles, and affiliations of influential figures.



- Specific quotes, statements, or directives issued by these figures.



- Examples of how they encourage non-compliance or alternative courses of action.

Example (Wassa):

"The Risu people have great respect for Dr Kasaye Lumbugudu who also tried to become the Minister of Health but lost to Minister Bosonu."

4.3**Resistance to Public Health Interventions:****Guidance:**

Provide concrete examples of how misinformation and mistrust translate into active resistance against official public health measures or policies.

**Key Elements:**

■ Refusal to accept vaccines, treatments, or diagnostic tests.



■ Increased reliance on self-medication or unregulated alternative remedies.



■ Harassment or expulsion of health workers.



■ Decline in visits to official health facilities.



■ Public demonstrations or civil disobedience.

Example (Wassa):

"People don't want to be vaccinated as they claim the Minister has conspired with foreign agencies to poison the Risu tribe and most especially make their women infertile through the vaccines."

Example (Ejafe):

"There has been a sharp decline in government hospital visits in Ejafe and self-medication as well as visits to drug shops is on the increase."



4.4

Internal Governmental/Stakeholder Tensions

Guidance:

Detail any emerging or escalating conflicts within the government, among ministries, professional associations, or with key external partners. These internal frictions often complicate the crisis response and communication efforts.

Key Elements:

- Strained relationships between the President and ministers.



- Withdrawal of funding or support from international organizations. Captu



- Threats of strikes or non-cooperation from professional bodies (e.g., medical associations).



- Political opposition attempting to capitalize on the crisis.

Example (Wassa):

"The President and the Minister's once cordial relationship seems to be falling apart... Dr Piku Gasoyonde the leader of the Wassa Medical Association (WMA) has come out to tackle the government and the Ministry of Health's inadequate support for the health practitioners... He has threatened to embark on an indefinite nationwide strike..."

Example (Ejafe):

"The Minister of Health and Social Welfare; Dr. Simeon Sadif and the President; Lastuto Kasa of Ejafe have had several closed-door meetings with representatives of AGC to try to come to an agreement on the funding withdrawal but all the meetings have ended in deadlock."



05

THE IMMEDIATE CHALLENGE:
WHAT NEEDS TO BE DONE?

5.1

The Critical Juncture:

Guidance:

Summarize the immediate and most pressing challenges facing the primary decision-makers at the beginning of the simulation. Emphasize the interconnectedness of the public health crisis, the infodemic, and the socio-political fallout. Highlight the high stakes involved (e.g., political stability, public health outcomes, economic recovery, individual careers).

Key Elements:



- Specific health and infodemic problems require urgent, strategic intervention.



- Consequences if the situation is not effectively managed (e.g., continued deaths, economic collapse, social unrest, political instability).



- Personal or professional stakes for the key figures involved.

Example (Wassa):

"All the measures being put out by the Ministry to curtail the spread of the measles disease seem not to be working... The President and the Minister's once cordial relationship seem to be falling apart... The Minister is greatly disturbed about this."

Example (Ejafe):

"President Lastuto Kasa has instructed Dr. Simeon Sadif to come up with a concise strategy and plan that will counter the misinformation surrounding the Antimicrobial Use policy as this is adversely affecting his government and the opposition party is looking to capitalise on it for the next election campaign. He wants actionable recommendations fast. Dr. Simeon Sadif has reached out to you as an Infodemic Manager to form a team and come with recommendations that he can present to the president. His career is on the line as well."



5.2

Call to Action for Participants:

Guidance:

Clearly define the role of the simulation participants and the specific objective they are tasked with achieving. This should be directly linked to addressing the critical juncture.

Example (Ejafe):

"Dr. Simeon Sadif has reached out to you as an Infodemic Manager to form a team and come with recommendations that he can present to the president."



ANNEX

MANJARA REPUBLIC

Manjara, the beauty of the Western region. Located deep within the sloppy mountains and the thick mangrove forest. From Diago Mountain to Gada Lake, its splendour shines through for all to see. Although Manjarans are conservative, but they are peace loving and welcoming. The uniqueness of Manjara lies in its diverse tribe and culture.

Manjara is dominated by two tribes: Ikade and Menase with Bonde being the minority tribe.

The major occupations of Manjarans are fishing and farming. Ikade and Menase tribe are mostly into fishing while the Bonde tribe are majorly farmers with their major crop being tiger nut. Every year thousands of tourists troop into Manjara to see the Diago mountain and Gada lake.

However recent happenings in Manjara have been unsettling and President Yamatu Mukande a native of Ikade has had to call for an emergency meeting with the Minister of Health Dr Gastava Bikono a native of Menase and relevant stakeholders to discuss the recent challenges plaguing the health and economic sector in Manjara.

It started just at the beginning of the rainy season where strange deaths were recorded in different places in Manjara. There were reports of people stooling and vomiting profusely and then dying. News started circulating that there was something poisoning Manjarans. Some Manjarans even believe that Jaja the god of thunder was not happy with the land and had cursed the land rather than to bless it hence the reason for the strange illness and deaths. Dr. Gastava Bikono and his team investigated the strange illness and discovered that it was a cholera outbreak.



Kusu Misi an environmentalist and climate change activist of Bonde origin has been at the forefront of trying to educate Manjarans on the dangers of improper waste disposal. He had predicted in his article titled " Looming Disaster; a Case Study of Manjara Waste Disposal System " published in Godogo Newspaper that if the waste disposal system in Manjara is left unchecked and if Manjarans attitude towards waste disposal does not improve a health crisis may be by the corner.

According to the recent survey carried out by the Manjara Statistics Board, over 60% of the deaths due to the cholera outbreak are from the Eastern region of Manjara which is occupied by the Bonde tribe. Investigation has also shown that the outbreak may have started because of the consumption of tiger nut drink which is the major local drink in Manjara.

The Bonde tribe are not happy with the recent happenings in Manjara. They have accused the government of conspiring against them to rid them off their tiger nut farming business because the demand for tiger nut and tiger nut drinks has dropped drastically. In the popular radio program "As it is Happening" in Manjara, a presenter was advising Manjarans to stay away from anything related to tiger nuts as it is poisonous and the cause of the cholera outbreak. This has equally angered the Bonde tribe.

The women leader of the "Bonde Association of Traders" Mrs. Anita Fewston has told her fellow women to boycott any provision made by the government to curb this strange illness because the government cannot be trusted. She advised them to look up to their traditional ruler "His Royal Majesty Sadiye Gutunuvu II " for a solution to their problems. She has accused the government, especially the Minister of Health, of marginalization and inadequate representation of the Bonde tribe in the government. "Are we not Manjarans too? Why is the government so wicked and heartless?" Mrs. Anita was quoted saying in the last meeting with the women.

Dr. Bikono is really troubled by the news coming from the Bonde tribe. They have refused to take the cholera vaccine rolled out by the government and the Bonde youths chased out the community health workers sent to their region during the last cholera vaccine outreach. Infact, they ran so fast for their lives that they left all the vaccines and immunization tools. This and many more are the Issues troubling Dr. Bikono. The President is not happy at all as tourists visits to Manjara has also drastically reduced. Manjara's economy is in crisis, and everything seems to be coming down all at once.



WASSA REPUBLIC

The Republic of Wassa is a land popularly known for its beautiful beaches, exotic dancers, food, and music. They are made up of two tribes, the Risu tribe who are the majority and the Masafe tribe who are the minority tribe. The Wassa people are generally hospitable and welcoming. They host millions of tourists yearly and their main source of revenue is from tourism. Every December they host the Carachu Festival where millions of people are in attendance. The Carachu Festival is used to pay homage to their gods and several rituals are done to cleanse the land of evil and misfortune. This is a very important Festival for the Wassa People.

This year the President Lalafe Godaye who is from the Risu tribe has made a shocking announcement that the Carachu Festival may not hold due to the information he is getting from the Minister of Health Quakye Bosonu who is from the Masafe tribe. Quakye Bosonu recently held a press conference with several media outlets that there has been an outbreak of Measles after just coming out from the Cholera outbreak. He intends to continue to host these conferences from time to time to update the Wassa people. Nevertheless, Wassa people are not happy about the recent events and the fact that the Carachu Festival may not be held this year. Some groups have threatened to stage a nationwide protest. There are conspiracies circulating around that Minister Bosonu who is from the Masafe tribe has a hidden agenda, that he is trying to slowly wipe out the Risu tribe by introducing different diseases. They claim that is why the Risu people are the most affected by these outbreaks. They are questioning why Minister Bosonu never raised alarm when their neighbouring country Laje was struggling with the measles outbreak. All the measures being put out by the Ministry to curtail the spread of measles seem not to be working. People don't want to be vaccinated as they claim the Minister has conspired with foreign agencies to poison the Risu tribe and most especially make their women infertile through the vaccines. Wassa people have never been more divided. The Ministry recently shared the vaccination status of the Wassa people, and it clearly showed that a greater percentage of the Risu people are not vaccinated as compared with the Masafe tribe and the Minister is greatly disturbed about this. The President and the Minister's once cordial relationship seem to be falling apart.



The Risu people have great respect for Dr Kasaye Lumbugudu who also tried to become the Minister of Health but lost to Minister Bosonu. The Risu tribe are seen on social media outlets like Lakue Chat and Gosu talks making several memes and gifs to mock the Ministry of Health and their attempt to wipe them out. On top of this Dr Piku Gasoyonde the leader of the Wassa Medical Association (WMA), has come out to tackle the government and the Ministry of Health's inadequate support for the health practitioners. He accused them of not paying the salaries of some staff for the past three months, deplorable state of most health clinics and hospitals, poor salary structures for health care workers and work overload of health care workers which was exacerbated by the last Cholera outbreak. He has threatened to embark on an indefinite nationwide strike if the government and the Ministry of Health do not intervene.



SABANA REPUBLIC

Sabana Republic is the biggest country in Mutunu Region. They are very vibrant and expressive people. They have a strong belief in family as they consider the family a strong pillar of their society. They are highly opinionated and do not hesitate in asking questions. 70% of their population are young people and they love social media. They are constantly bashing the government on social media on their bad economic reforms that have made many Sabanans continue to linger in poverty. Education is very expensive as well although the government has tried to do something about this but it seems their policies are not yielding much result as 58% of their population have no access to formal education. Virtually every Sabanan is just concerned about how to feed as the prices of food keep increasing daily. Gasue newspaper closed down recently due to low patronage and the rising cost of operations. A survey carried out by Kadlite Institute showed that 90% of Sabanans find hospital visits tiresome due to the many bureaucracies in hospitals and on top of this transportation cost has skyrocketed in Sabana. Sabanans love their traditional practices such as every newborn baby must drink water from the Lavani river within 7 days of birth as part of their initiation into the Sabana kingdom. Pregnant women are not exempted from this tradition as well; they must drink the water before they give birth. The Ministry of Health has been fighting hard to educate Sabana people on the dangers of open defecation, but Sabana Republic has the highest number of people still defecating openly in Mutunu Region.

Recently there has been a Cholera outbreak and the cases are increasing daily, especially as the rainy season has started. A lot of death casualties have been recorded, most especially in children. Most Sabanans have attributed these deaths to a plan by World leaders to wipe them off the face of the earth and a popular Sabanan Skitmaker 'Bonga Zee' with lots of online followers recently made a skit about this. A lot of Sabanans watched the short skit and commented with one commenter saying, "we are greater than any plan by the kingdom of the world, we shall overcome this".

The Minister of Health Dr. Yaqab Lujuve made an announcement recently that a new malaria vaccine will be introduced and based on the online survey conducted by Kadlite Institute about 80% of Sabanans are happy about the new vaccine and commended the government on this new development. However, only 25% of Sabanans are willing to take the malaria vaccine based on an online survey.



REPUBLIC OF EJAFE

It is a common saying in Ejafe that the beauty of a place can only be seen at the full moon. Hence it is believed that to fully see and explore the uniqueness, beauty and splendour of the Ejafe region one had to wait for the full moon. The Ejafe people are hospitable and peace loving. Ejafe is a small region located between two (2) mighty regions; Abule and Gazamani region. Although deep rooted in their culture and beliefs, they are equally very religious people and hold their religious and traditional leaders in high esteem.

Although Ejafe people are majorly traders, but the recent trends have shown an increase in education and the young people of Ejafe have diversified into several career paths.

Alliance Global Corps (AGC), a non-governmental organisation responsible for 75% funding of the entire healthcare system in Ejafe for over 30 years recently just announced through their spokesperson Mr. Godwin Essane that they have decided to completely withdraw funding of Ejafe healthcare system due to change in policies and strategies. This has come as a huge shock to the entire Ejafe region. The Minister of Health and Social Welfare; Dr. Simeon Sadif and the President; Lastuto Kasa of Ejafe have had several closed-door meetings with representatives of AGC to try to come to an agreement on the funding withdrawal but all the meetings have ended in deadlock. These are troubled times for the healthcare sector in Ejafe and the people are not happy with the government and the AGC.

Moreso, the government of Ejafe has tried to invest in the healthcare sector in Ejafe to cushion the effects of the AGC's funding withdrawal by subsidising several healthcare services and medications.

Furthermore, the Joint Independent Report (JIR) on Antimicrobial Resistance and Misuse Conference for the Upper West Zones held in Abule region which was attended by the Minister of Health and Social Welfare; Dr. Simeon Sadif, listed Ejafe region as top of the charts on Antimicrobial Resistance and Misuse. During the Conference, Dr. Simeon Sadif made a pledge to investigate the root cause of Ejafe's high antimicrobial resistance and misuse and bring a lasting and sustainable solution. However, with the withdrawal of AGC's funding, things are not looking good.



Recently, Dr. Simeon Sadif has received several backlashes from Ejafe people on his antimicrobial use policies. The people are asking why the policy was not in place when the AGC was funding the healthcare system, and when medications were free. The people are accusing him and the government as well as Doctors in government hospitals in Ejafe of trying to force people to take antibiotics longer than necessary to make money under his antimicrobial use policy. He has also heard rumours circulating of how antibiotics used longer than three days can destroy the liver and kidney and can lead to cancer in the long run. These and many more rumors circulating such that there has been a sharp decline in government hospital visits in Ejafe and self-medication as well as visits to drug shops is on the increase.

President Lastuto Kasa has instructed Dr. Simeon Sadif to come up with a concise strategy and plan that will counter the misinformation surrounding the Antimicrobial Use policy as this is adversely affecting his government and the opposition party is looking to capitalise on it for the next election campaign. He wants actionable recommendations fast.

Dr. Simeon Sadif has reached out to you as an Infodemic Manager to form a team and come with recommendations that he can present to the president. His career is on the line as well



REFERENCES AND FURTHER READING:

To ensure the design and implementation of effective and credible simulation exercises, the Health Information Disorder & Infodemic Management Collaborative Learning Network recommends consulting the following resources:

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