



Social Media Watch

Vaccines, Conspiracies and Distrust: Social Media's Take on the Mpox Crisis in Burundi, Cameroon, CAR, DRC, Nigeria and Uganda

Protecting the humanitarian space during a public health emergency

September-October 2024

To support the health response to the mpox outbreak, [Insecurity Insight](#) is conducting ongoing social media monitoring to understand perceptions and key concerns around this response in the countries most affected by the outbreak, with the aim of contributing to the development of health care organisations' communication strategies in response to community sentiment expressed on social media.

Findings at a glance (for recommendations, see [page 12](#))

Common negative sentiments toward the public health response

Across countries, comments from social media users reveal how politics and a lack of trust shape attitudes to health responses. Users with negative views on the public health response demonstrated the following:

- vaccine mistrust, focusing on concerns about the safety and efficacy of vaccines;
- belief in conspiracy theories claiming that global organisations exploit mpox vaccines for control or profit;
- anti-foreign sentiment rooted in historical distrust of Western powers, leading to scepticism about foreign aid and a preference for local solutions;
- accusations of corruption, alleging that local authorities are exploiting the crisis for personal financial or political gain; and
- criticism of poor national health care systems, emphasising inadequate infrastructure and resources.

Country-specific narratives

- **Uganda and Cameroon:** Local political and social dynamics shaped attitudes. In Cameroon, widespread complaints were directed at the Ministry of Health, while in Uganda, the response was highly politicised.
- **DRC:** Strong distrust was evident toward the public health campaign.
- **Cameroon:** Concerns were heightened by fears of cross-border transmission.
- **Burundi:** Several social media users expressed gratitude for specific local initiatives.

Volume and reach of social media discourse on mpox

- **Activity levels:** Social media discussions about mpox were most widespread in Nigeria, the DRC, and Uganda, where over 1,000 posts were identified. In contrast, activity was significantly lower in Burundi (246 posts), Cameroon (144 posts), and the CAR (60 posts).

- **Factors influencing volume:** The volume of posts and discussions reflects a combination of factors, including:
 - the prominence of mpox in the national discourse, which was often linked to the outbreak's severity;
 - a country's population size; and
 - the extent of internet availability and use, and social media's role in public discourse.
- **Reach vs influence:** A higher volume of posts indicates broader reach among the population. However, volume alone does not determine the persuasiveness of opinions. The credibility and characteristics of those sharing opinions significantly influence how others are affected by them.

Types of social media users and their contributions

Negative comments:

- Negative posts were primarily made by individual social media users.
- This reflects how social media empowers individuals, even those without institutional backing, to voice their opinions.
- These views often came from both within and outside the affected countries.

Neutral or positive content:

- Neutral or positive posts were typically shared by accounts associated with government entities, NGOs, or edited media outlets.
- This highlights the ability of these organisations to shape and influence public discourse through social media.

Sentiment analysis of the mpox health care response

Negative sentiment:

- The DRC had the highest proportion of negative sentiment, with over 68% of sampled comments expressing negativity.¹

Positive sentiment:

- Uganda and Burundi had the most positive sentiment, with 19% and 17%, respectively, of sampled comments expressing support for the proposed health measures.²

Neutral sentiment:

- The proportion of neutral sentiment was lowest in the DRC and Burundi, reflecting a higher tendency for users in these countries to share opinions, and possibly indicating greater polarisation on social media. Excluding the CAR (due to the low number of posts), the average neutral sentiment in the remaining countries was 25% of total posts.

This analysis is based on a selection of 116 posts that generated 980 comments. These posts and comments were individually and qualitatively examined and manually classified according to whether the sentiment was positive, neutral or negative in relation to the proposed mpox health care response measures.

Introduction

This brief analyses social media reactions during September and October 2024 to health responses to the mpox health emergency in the six countries that the [World Health Organization \(WHO\)](#) has classified as being most affected: Burundi, Cameroon, the CAR, the DRC, Nigeria and Uganda.

Insecurity Insight's [August 2024](#) brief covering social media reactions to the health response in the DRC highlighted the widespread scepticism and mistrust expressed on social media in a country heavily affected by the mpox health emergency. This mistrust was largely directed at local authorities and international actors, and included accusations that responders were exploiting the health crisis for their own financial gain.

This brief examines and compares sentiments across multiple countries to highlight common narrative themes and context-specific concerns that influence reactions to the public health responses in the ongoing mpox crisis.

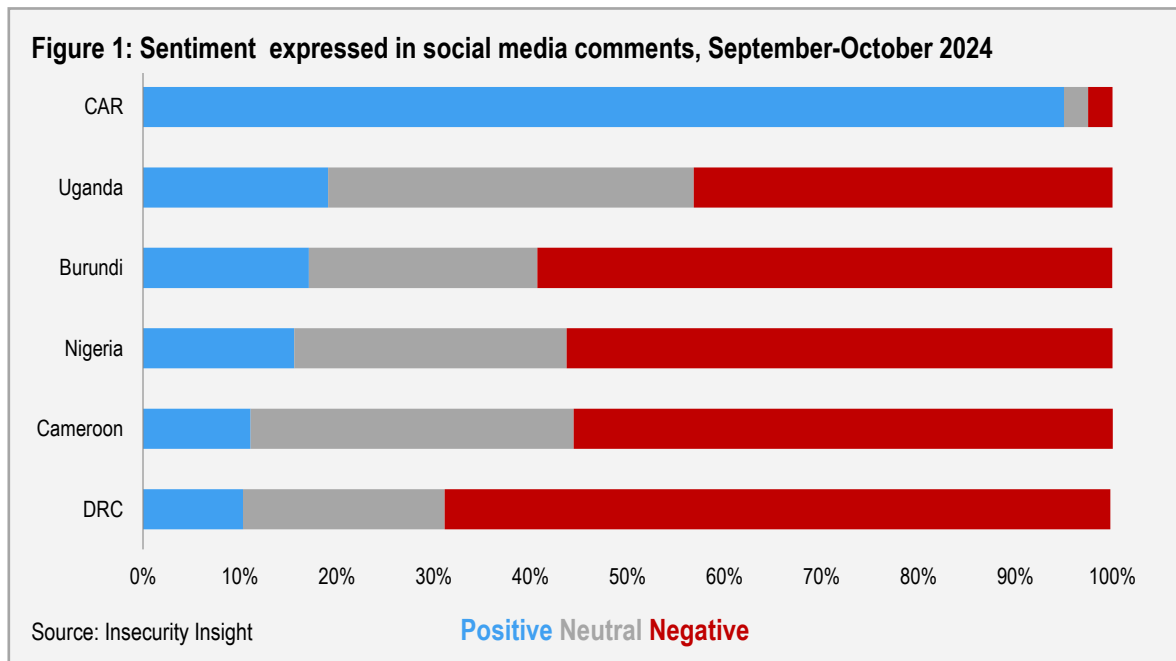
Context

Since the outbreak in December 2022, mpox has particularly affected the DRC, where some [90% of reported cases](#) in Africa occurred in 2024. As of September 2024, the outbreak had spread to 22 of the DRC's 26 provinces, with children under 15 particularly affected, especially in South Kivu province. Ongoing conflict in provinces like North and South Kivu, which is compounded by an under-resourced health system, has worsened the crisis, hindering vaccination and treatment [efforts](#). Misinformation and distrust toward health interventions further undermine the response, and these responses are exacerbated by the spread of conspiracy theories and stigma associated with the [disease](#).

In neighbouring countries like Burundi and Uganda, the mpox response is made more difficult by overcrowded refugee camps, where limited access to essential services increases the risk of delayed diagnoses and the spread of the virus. Stigma surrounding the disease remains a significant barrier to seeking health care, increasing the [risks](#) of further transmission. Nigeria has taken steps to address its outbreak by initiating mpox vaccinations in November 2024, focusing on health workers and immune-compromised individuals.

While the [Africa CDC](#) has pledged to deliver millions of vaccine doses by 2025, logistical barriers and continued instability have prevented their widespread distribution, particularly in conflict-affected [areas](#). Efforts to address the mpox outbreak include over US\$79 million allocated by the Pandemic Fund for preparedness and response in countries like Burundi, Uganda and Kenya, signalling a growing recognition of the need for robust interventions. However, with an estimated 10 million vaccine doses required across Africa, significant gaps in funding, resources and public engagement remain critical challenges for the [continent](#).

Reach, sources and overall sentiment towards the mpox response



Burundi: Key data

- **Social media activity:** 246 posts (58% X; 41% Facebook).
- **Sentiment in the 12 posts and 123 comments analysed:**
 - 59.3% negative (73 comments)
 - 23.6% neutral (24 comments)
 - 17.1% positive (21 comments).
- **Sources of posts:** Posts originated from government entities (2), NGOs (3), media outlets (5), and individual users (5). Ten posts referenced health NGOs or donors. Eight posts were neutral, one was negative (posted by an individual social media user), and six were positive.

Discussions on social media referring to mpox in Burundi were a mix of predominantly neutral and positive sentiments, with very few negative comments observed in the analysed sample. The discussions reflected a constructive tone, with limited instances of MDH. Positive initiatives, particularly by local organisations, were praised for their contributions to raising awareness and fostering community development. However, scepticism toward vaccines and foreign interventions occasionally surfaced. An exception to the generally positive and neutral tone was found in reactions to posts by international outlets like the BBC, which elicited more polarised responses, likely due to their global audience reach and perceived alignment with foreign narratives. Overall, the discourse highlighted a strong appreciation for local efforts, while underscoring the need for local communication strategies to address lingering scepticism.

- **Mpox cases:** 987 confirmed cases and no deaths as of [6 October 2024](#).

Cameroon: Key data

- **Social media activity:** 144 posts (70% X; 28% Facebook; 2% Instagram).
- **Sentiment in the seven posts and nine comments analysed:**
 - 55.6% negative (five comments)
 - 33.3% neutral (two comments)
 - 11.1% positive (one comment).
- **Sources:** Posts originated from government entities (one) and individual users (six). One post referenced a health care organisation. Six posts were negative (all posted by individual social media users), and one was neutral.

Engagement on social media in Cameroon was sparse, likely due to the limited number of cases. Some discussions evoked vaccine distrust and criticism of government inefficiencies.

- **Mpox cases:** six confirmed cases and no deaths as of [6 October 2024](#).

CAR: Key data

- **Social media activity:** 60 posts (72% X; 28% Facebook).
- **Sentiment in the 29 posts and 40 comments analysed:**
 - 2.5% negative comments (one comment)
 - 2.5% neutral posts (one comment)
 - 95% positive posts (38 comments).³
- **Sources:** Posts originated from government entities (three), NGOs (six), media outlets (five), individual users (nine) and health care organisations (six). Two posts referenced health care NGOs or donors; 22 posts were neutral, six were negative (all posted by individual social media users), and one was positive.

Social media engagement on the mpox issue was notably limited, with only 60 posts in two months. This low activity likely correlates with the country's minimal mpox case count of three cases and its low internet penetration rate of 11% according to the World Bank. The few negative posts identified were primarily from individuals expressing distrust toward organisations like the WHO and Gates Foundation. One user voiced concerns about whether appropriate measures were being implemented to address the situation, reflecting a legitimate concern rather than targeted disinformation.

- **Mpox cases:** three confirmed cases and no deaths as of [6 October 2024](#).

DRC: Key data

- **Engagement:** Discussions related to mpox were frequent in the DRC, with 1,300 posts identified in September and October. X accounted for 70.7% of posts, Facebook for 29% and Instagram for 0.2%. The frequency with which the topic was discussed was likely due to the scale of the outbreak, the DRC's larger population and the extent of internet penetration compared to some other countries.
- **Sentiment in the 22 posts and 608 comments analysed:**
 - 68.7% negative (418 comments)
 - 20.8% neutral (127 comments)
 - 10.3% positive (63 comments).
- **MDH:** Multiple instances of misinformation and disinformation were flagged, with narratives focusing on vaccine mistrust, conspiracy theories and anti-foreign sentiment.
- **Sources:** Posts originated from government entities (two), NGOs (five), media outlets (11) and individual users (five). Eight posts referenced health care NGOs or donors. All the posts were neutral apart from one positive one (posted by an NGO) and one negative one (posted by an individual social media user).
- **Mpox cases:** 6,169 confirmed cases and 25 reported deaths as of [6 October 2024](#).

Nigeria: Key data

- **Social media activity:** 1,760 posts (73% X; 23% Facebook; 4% Instagram).
- **Sentiment of the six posts and 32 comments analysed:**
 - 56.3% negative (18 comments)
 - 28.1% neutral (nine comments)
 - 15.6% positive (five comments).
- **Sources:** Posts originated from government entities (two), NGOs (one), and media outlets (two). No posts directly referenced health care NGOs or donors. All posts were neutral.

In Nigeria, social media engagement with mpox reflected moderate activity, with a total of 1,760 posts identified during the analysed period. While Nigeria has a much larger population than the other countries analysed and reported 94 mpox cases, the proportional engagement was relatively low compared to the country's size and demographic influence. This suggests that while awareness of the outbreak exists, there has been no widespread public discourse on social media.

The discussions were predominantly negative, with many users expressing distrust toward both local authorities and the international community. Comments often accused government officials of exploiting the crisis for personal financial gain or mishandling the response, reflecting broader frustrations with governance in

Nigeria. Conspiracy theories also surfaced, with some alleging that mpox-related interventions were part of global experiments carried out on African people. A minority of comments highlighted the need for better disease notification, surveillance and public health education.

- **Mpox cases:** 94 confirmed cases and no deaths as of [6 October 2024](#).

Uganda: Key data

- **Social media activity:** 1,370 posts (87% X; 13% Facebook).
- **Sentiment in the 40 posts and 168 comments analysed:**
 - 43.2% negative (70 comments)
 - 37.7% neutral (61 comments)
 - 19.1% positive (37 comments).
- **Sources:** Posts originated from government entities (three), NGOs (six), media outlets (five), individual users (nine) and health care organisations (six). Seven posts referenced health care NGOs or donors. Twenty-two posts were neutral, 14 were negative (all posted by individual social media users) and four were positive.

Social media engagement in Uganda was balanced, with discussions reflecting public concerns over management of the mpox outbreak. Negative sentiment often targeted the government, particularly the president, with criticism focusing on perceived inefficiencies and political motivations for related approaches/decisions. Despite this, misinformation and disinformation were relatively minimal, while several comments called for better management of the crisis. The discourse was bolstered by many informational posts from media outlets, medical professionals, and the Ministry of Health emphasising public awareness and updates on mpox.

- **Mpox cases:** 145 confirmed cases and no deaths as of 6 October 2024.

Note: The figures for these countries are derived from a sample of posts and comments. They highlight the prevalence of negative sentiment in most countries, often reflecting public mistrust and concern over the management of the mpox crisis. Total social media activity may correlate with the number of mpox cases, although variations exist based on public engagement and access to platforms.

Unique processes of spreading information

- **Influencers:** Key social media users shaped narratives:
 - **DRC:** Health influencers on Facebook played a central role.
 - **CAR:** Prominent users on X dominated the limited discussions.
 - **Uganda:** Instagram influencers contributed to visibility.
- **Misinformation triggers:**
 - **DRC:** Distrust in public health campaigns fuelled conspiracy theories.
 - **Cameroon:** Concerns about cross-border transmission amplified fears.

Common narratives

While the DRC remains the hardest-hit country, the mpox outbreak has extended across Burundi, Nigeria, Uganda, Cameroon and the CAR. Each country exhibits varying levels of social media activity, sentiment and MDH patterns, which could correlate with the severity of the outbreak, but are equally influenced by a range of other factors (Table 1).⁴

"Le vaccin est un piège de l'occident pour l'extermination de l'homme noir." ("The vaccine is a trap by the West for the extermination of Black people") - DRC.

Country	Posts (September-October 2024)	Negative sentiment (of sample)	Mpox cases as of 6 October 2024	Key issues on social media
Nigeria	1,760 posts	56.3%	94	Accusations of government corruption, exploitation of crisis for financial gain and global experimentation theories
DRC	1,300 posts	68.7%	6,169	Vaccine distrust, conspiracy theories about sterilisation and foreign exploitation, and frustration with health care corruption
Burundi	246 posts	59.3%	987	Scepticism about foreign interventions, praise for local health initiatives, and limited discussions of vaccines
Uganda	1,370 posts	43.2%	145	Claims of mpox being politicised for election manipulation purposes, criticism of health care inefficiencies, and vaccine concerns
Cameroon	144 posts	55.6%	6	Frustration with government inefficiency, vaccine safety concerns, and scepticism toward WHO efforts
CAR	60 posts	2.5%	3	Low engagement on social media, but some distrust of the WHO and Gates Foundation, and questioning of the adequacy of response measures

Qualitative sentiment analysis

The social media narratives surrounding mpox reflect both shared and localised challenges. Common themes like vaccine mistrust, conspiracy theories, and anti-foreign sentiment highlight the pervasive distrust of health interventions, while unique narratives in countries like Uganda and Cameroon highlight local political and social dynamics. Addressing these concerns requires both global and targeted communication strategies.

Mistrust of vaccines

Mistrust of mpox vaccines was a dominant theme across all countries. Concerns about vaccine safety and effectiveness were common, with many commenters favouring traditional medicine as a safer alternative:

- *"Le vaccin est un piège de l'occident pour l'extermination de l'homme noir"* ("The vaccine is a trap by the West for the extermination of Black people") - **Burundi**.
- *"Nous ne voulons pas de vos vaccins"* ("We don't want your vaccines") - **DRC**.
- *"Africa the lab rat, Africa the guinea pig"* - **Uganda**.

Conspiracy theories

Conspiracy theories about global organisations such as the Gates Foundation, particularly that they were exploiting mpox vaccines to control African countries or increase profits, were prevalent across countries:

- *"Bill Gates a enfin trouvé la porte pour faire entrer ses maudits vaccins en RDC"* ("Bill Gates has finally found the door to bring his cursed vaccines into the DRC") - **DRC**.
- *"#NoToVaccines #GatesOfHell"* - **Cameroon**.

These narratives often linked mpox with previous health crises, like COVID-19, to reinforce claims of manipulation and exploitation:

- *"C'est toujours les européens qui créent ces maladies puis ils fabriquent rapidement le vaccin pour gagner des dollars en partage avec les dirigeants congolais"* ("It's always the Europeans who create these diseases, then quickly manufacture the vaccine to earn dollars and share them with Congolese leaders") - **DRC**.

One of the most pervasive conspiracy theories involves the idea that vaccines are a covert tool for sterilising African populations, which are tied to broader fears of depopulation, global manipulation and historical precedent.

- *"Le vaccin est un piège de l'occident pour l'extermination de l'homme noir."* ("The vaccine is a trap by the West for the extermination of Black people") - **DRC**.
- *"The vaccines contain live viruses, and they are designed to spread sterilisation"* - **Cameroon**.
- *"Now poison meant to sterilise Africans has arrived? That Gavi is from Bill Gates, and we know his plans!"* - **Uganda**.

Political disinformation

Accusations of corruption and financial exploitation by governments and international bodies appeared frequently. In many cases, local authorities were portrayed as complicit in exploiting the crisis for personal or political gain:

- *"Pour détourner l'argent" ("For embezzling money") – DRC.*
- *"It's a tool Museveni wants to use to cause a lockdown in 2026 to block direct campaigns" – Uganda.*

Anti-foreign sentiment

Anti-foreign sentiment was a common thread, and can be broken down into the following categories:

Distrust of international vaccines and aid:

- *"Pourquoi parler de ça seulement quand l'OMS fait la pub?" ("Why talk about this only when WHO promotes it?") – CAR.*
- *"Africa the lab rat, Africa the guinea pig" – Uganda.*

Preference for local solutions over foreign aid:

- *"La #RDC a des chercheurs compétents pour trouver une solution contre cette épidémie" ("The DRC has competent researchers to find a solution against this epidemic") - DRC.*
- **"We Africans don't need those vaccines; it's just a business for imperialists and their henchmen who rule us" - Uganda.**

Criticism of foreign entities and their motives:

- *"The FDA approves the monkeypox vaccine while acknowledging that it is dangerous" - Cameroon.*
- *"Leave Congo you useless old witch!" (Referring to the US ambassador) - DRC.*

Health care system challenges

Comments across countries highlighted dissatisfaction with local health care systems, citing underfunding, poor infrastructure and inadequate worker conditions:

- *"Il n'y a rien de prise en charge des épidémies sans valorisation de conditions salariales des prestataires" ("Epidemics cannot be managed without improving the pay conditions of service providers") - DRC.*
- *"The prisons are overcrowded; this has failed" - Uganda.*

Unique Narratives

While many themes were shared across countries, some narratives were specific to particular countries:

Burundi

- Positive sentiments dominated, with praise for local initiatives:
 - *"Félicitations pour le travail que vous faites dans la communauté grâce à votre apport la population continue à changer de mentalité" ("Congratulations for the work you are doing in the community; your contributions continue to change mentalities").*

Cameroon

- Personal frustrations were expressed related to the Ministry of Health:
 - *"Quand allez vous vous décider enfin à me donner mon diplôme des IDE obtenu depuis 2019?" ("When will you finally decide to give me my diploma obtained in 2019?").*

Uganda

- The mpox narrative was heavily politicised, with claims of its use as a tool for political gain:
 - *"Museveni wants to use Mpox to cause a lockdown in 2026 to block direct campaigns".*
- Comments frequently criticised government corruption and resource mismanagement:
 - *"We want an account of the COVID funds".*

Common processes for spreading information

- Platform dominance: Facebook and X were the primary platforms used for information dissemination.
- Commentary engagement: Higher numbers of engagement (e.g. in the DRC and Uganda) showed comments as spaces for debate and amplification.
- NGO references: Posts referencing NGOs like MSF gained traction, reflecting their role in dealing with the mpox crisis.

Conclusion

Social media reactions to the mpox outbreak across the six countries discussed in this brief reveal recurring narratives of vaccine distrust, conspiracy theories, and criticism of government and health care authorities. However, engagement levels and misinformation dynamics vary across countries. Tailored strategies are crucial for addressing public concerns, countering misinformation and fostering trust in health interventions.

Recommendations

Enhance transparency and communication.

Consistent updates:

- Governments and health care organisations should provide clear, factual, and regular updates on the mpox outbreak.
- Information should phrase messaging specific to each country to deal with its unique mpox-related issues, such as Cameroon's scepticism about government transparency and Uganda's suspicions about political motives.

Localised messaging:

- Messages should be tailored to each country's cultural and linguistic context:
 - To ensure accessibility, use local languages.
 - Work with trusted community leaders, such as local health workers in Burundi, who have already been praised for their community contributions.

Social media ambassadors:

- Empower local social media influencers to become social media ambassadors who can counter misinformation.
- Ensure ambassadors share relatable, evidence-based content tailored to their audiences.

Address specific conspiracy themes.

Sterilisation and biological warfare fears:

- Explicitly address sterilisation fears, particularly in the DRC, Uganda and Cameroon, where these concerns are prominent. Provide:
 - Transparent explanations of vaccine development processes; and
 - Testimonials from local scientists and health professionals to refute false claims.
- Highlight that vaccines are tested globally. Be aware of past statements that fuelled the narrative of vaccines being tested in Africa: [Coronavirus: Africa will not be testing ground for vaccine, says WHO](#).

Strengthen reporting tools.

Countering misinformation:

- Partner with social media platforms to identify and remove false claims.
- Encourage users to report misinformation and redirect them to verified sources, such as official Ministry of Health accounts.
- Develop local digital platforms like the WHO's EPI-WIN, which have been utilised to counter misinformation by offering real-time monitoring and evidence-based information.

Community reporting networks:

- Develop community-based reporting tools in countries with low internet penetration, like the CAR, to detect and address misinformation at its source.

Strengthen local partnerships centred on health care.

Build trust through local institutions:

- Emphasise the centrality of local experts and institutions:
 - For instance, Burundi's positive feedback on local health initiatives highlights the effectiveness of grassroots collaboration.
 - Highlight the roles of African health professionals in vaccine distribution and epidemic management to counter anti-foreign narratives.

Promote synergy with traditional medicine:

- Integrate traditional medicine into the mpox response in countries like the DRC and Uganda, where distrust of Western interventions is high.
- Develop messaging that shows how vaccines complement rather than replace traditional practices, fostering cultural cooperation.

Address health care system challenges.

- In countries like the DRC and Cameroon, where health care infrastructure concerns dominate, include public health system improvements in communication plans.
- Emphasise ongoing efforts to address underfunding, worker shortages and equipment needs.

Methodology and limitations

Publicly available data from Facebook, X and Instagram was analysed for September and October 2024 using keywords associated with the disease in French, English, Swahili, Kirundi and Bantu languages. To do so, Insecurity Insight used proprietary technology powered by an artificial intelligence tool to identify pertinent data. The collected data was subsequently analysed (see the box below), and the findings are presented in this brief. For ethical and technical reasons, the data does not include private social media content.

What is social media data?

Social media data comprises posts, comments, and various forms of user engagement such as likes and shares. Posts refer to fresh content uploaded by users on platforms like Facebook and X. In this document, “posts” encompass both Facebook posts and X tweets. Comments, on the other hand, are user replies or responses to posts that appear in the commentary section of a platform. Additionally, social media data includes metrics like likes and shares (or reposts on X), which reflect user engagement.

Social media platforms host a wide range of content, including posts and comments from individuals, edited media outlets, NGOs, local authorities, and political actors. These entities use social media to disseminate information and engage with the public. The analysis presented here focuses exclusively on publicly available written posts and comments. It excludes private content shared via platforms like WhatsApp or private Facebook groups, as well as spoken video messages on platforms like YouTube.

The analysis categorises sentiment into three types: **negative, neutral and positive**. Negative sentiment refers specifically to criticism or dissatisfaction directed at efforts to address public health emergencies, including those of the aid sector and local/public health care workers. For example, users may express frustration with what they perceive as inefficiencies in health care delivery or mistrust of aid organisations. Neutral sentiment reflects factual or descriptive content without an overt emotional tone, while positive sentiment includes support or appreciation for efforts to address public health challenges.

This analysis is based on a selection of posts chosen for their engagement levels (including the number of comments and shares), reach, and relevance to the topic. While this approach ensures meaningful insights, the analysis is limited by the tools available, and not all posts containing the keywords could be examined.

The sample size for analysis had to be kept small because sentiment classification had to be carried out individually and manually for each post rather than through algorithmically generated sentiment analysis. This manual classification process was necessary because automated tools often misclassify content, such as labelling neutral statements like “mpox is a dangerous disease” or “it’s a health emergency” as negative, even when the sentiment is not critical of the health response. For the purposes of this analysis, comments have been classified as negative when they contained specific criticism of the health response, or misinformation, disinformation and hate speech (MDH). While this manual classification system limits the size of the sample that is analysed, it provides a more accurate understanding of public sentiment.

Endnotes

- 1 Negative sentiment was rare in the CAR in a context where the volume of posts was low.
- 2 The high proportion of positive comments from the CAR is based on a single post due to the low volume of overall posts.
- 3 Of which 35 comments originated from the same publication.
- 4 The analysed posts represent only a portion of the total social media content discussing mpox in these countries. This brief focused on the posts that generated the most engagement (i.e. the number of comments, likes and shares) on social media.

Other resources

Protecting the Humanitarian Space in Burkina Faso: Aid-related organisations were less frequently mentioned on social media between July and September 2024 than between April and June. However, in the smaller number of identified mentions, the proportion of negative content was higher and positive sentiment less frequently expressed than in the April-June period. Full briefing available in [English](#) and [French](#).

Applying an Anticipatory Action Mindset to Addressing Conflict and Food Insecurity in Mali: Over the past few months, Insecurity Insight has developed a series of reports on region-specific briefings focused on the application of an anticipatory mindset to conflict-driven food insecurity in Mali. This involves proactively monitoring violent events that pose risks for food security so that their worst foreseeable consequences can be mitigated or prevented through early conflict-sensitive actions. The briefings cover [Gao](#), [Ménaka](#), [Mopti](#), [Ségou](#) and [Timbuktu](#).

Protecting the Humanitarian Space in Niger: Sentiment analysis showed that all but four posts were either positive or neutral, with negative posts mainly propagating false information that aid organisations had artificially created or spread the Mpox viral infection and distributed harmful vaccines. An analysis of negative comments reveals deep distrust towards several individual international organisations, viewing them as “imperialist” entities advancing Western interests through manipulative social agendas, potentially harmful vaccine programmes, economic exploitation, espionage, and pervasive corruption, all of which are believed to obstruct genuine African progress and independence. Full briefing available in [English](#) and [French](#).

Security Risk Management for Health Care (SR4H) Handbook: This handbook provides guidance on how to implement a range of actions intended to promote respectful and violence-free environments and prepare individuals or organisations to face and respond appropriately to violent incidents, also dealing with the aftermath of such events. It brings together some of the best practices on security risk management and proposes a framework adapted for health care providers working with limited resources. Available in [Arabic](#), [English](#) and [French](#).

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