Theory, Practice, and Guidelines for Communicating Health and Pandemics in Africa

Theory, Practice, and Guidelines for Communicating Health and Pandemics in Africa

Edited by

Emmanuel K. Ngwainmbi
and Levi Zeleza Manda

Cambridge
Scholars
Publishing

Theory, Practice, and Guidelines for Communicating Health and Pandemics in Africa

Edited by Emmanuel K. Ngwainmbi and Levi Zeleza Manda

This book first published 2023

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN (10): 1-5275-0228-7
ISBN (13): 978-1-5275-0228-4

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION: CONFRONTING CHALLENGES OF HEALTH COVERAGE IN AFRICA

EMMANUEL NGWAINMBI
AND LEVI ZELEZA MANDA

Abstract

This chapter argues that health coverage in Africa faces many challenges, ranging from lack of professionalization, specialization, superficiality, linkages between health and other social sectors, and political influence. However, some health communication scholars have noted deep gaps in healthcare management strategy, communication practices, and development challenges in Africa and have proposed solutions that must be adequately treated (Ngwainmbi et al. 2014). As such, the chapter argues that a new journalism manual that combines research, evaluation, and guidelines on covering health in Africa is justified.

Keywords: *Africa, health coverage, COVID-19, TB, journalism, media*

1. Introduction

From the 1980s to this time (2023), the African continent has been plagued by countless diseases which have directly or indirectly reversed its economic, educational, and human resources gain over the 1960-1979 post-Independence period. Hope turned to despair when the Acquired Immuno-Deficiency Syndrome (AIDS), caused by the Human Immune-Deficiency Virus (HIV), decimated the African population. To respond to the pandemic more effectively, the United Nations Organization (UN) established a specialized department, UNAIDS, dedicated to working with

the WHO to research, treat, control, and prevent the disease's further spread. UNAIDS estimates that by 2021, an average of 40.1 million people will have died from HIV/AIDS (UNAIDS, 2022), while 38.1 million will live with the disease (WHO, 2022).

In the early stages of the HIV/AIDS pandemic, research established that HIV was primarily spread through casual sex and accidental or deliberate blood transfusion through needles and syringes previously used on or by people infected by HIV. As such, changing sexual behaviors by sticking to one partner, avoiding transfusion of contaminated blood, and following the ABC protocol (abstain, be faithful or reduce the number of your sex partners, or use a condom) was the best means of prevention. However, despite strident preventative awareness campaigns and social marketing of condoms, the HIV/AIDS pandemic is far from contained. Africa's worst-affected region still accounts for 60% or 25.6 million of the world's new infections in 2021 (WHO 2022). However, UNAIDS (2022) statistics indicate that although the number of people living with HIV has increased from 26 million in 2000 to 38.1 million in 2021, HIV/AIDS-related deaths have almost halved over the 20 years, from 1.7 million in 2000 (peaking at 2 million in 2005) to 650,000 in 2022, due to a cocktail of treatment and prevention (including public awareness) measures.

Other viral pandemics emerged as the world struggled with the HIV/AIDS burden. Severe Acute Respiratory Syndrome (SARS) emerged in Asia in 2003, mainly affecting China and four other countries (WHO 2003). Affected people ranging from 25 to 70 years of age. Then a similar respiratory disease, called MERS (Middle East Respiratory Syndrome), emerged in the Middle East, first reported in Saudi Arabia in 2012. The US Centers for Disease Control (CDC, n.d) described MERS as a viral respiratory illness new to humans caused by MERS-Coronavirus. SARS and MERS were both thought to have been caused by coronaviruses.

Although SARS and MERS did not affect much of Africa, the continent was unsafe. Already suffering a heavy toll from HIV/AIDS, Africa was subjected to Ebola Virus Disease (EVD), which was fatal, especially in West Africa and the DRC (see Dubois et al. 2015). In 2014, the World Health Organization reported cases of EVD in the forests of South-Eastern Guinea, marking the beginning of the West African Ebola epidemic, the largest in history. Then in 2019, COVID-19 emerged in China and quickly globalized, leaving no corner of the world untouched. By August 2022, the COVID-19 pandemic was estimated to have killed over 6.5 million people worldwide and over 250 thousand in Africa.

Although COVID-19 did not seem to have weighed too heavily on Africa, the new viral disease was an additional burden to other traditional diseases that kept Africa down. These included tuberculosis (TB), malaria, dysentery, under-five pneumonia, cholera, and others.

One standard prevention measure for all the diseases mentioned so far is related to behavioral change in hygiene, such as washing hands, using toilets for human excretion, eating clean food, and drinking clean water (for cholera and dysentery); wearing condoms and abstaining from sexual relations (for HIV/AIDS); and wearing masks and washing or sanitizing hands regularly (for MERS, SARS, COVID-19, and to an extent TB).

Worldwide, politicians and governments invested a lot in prevention measures. For instance, in 2003, the US, through the US Presidential Emergency Plan for AIDS Relief (PEFPAR), set aside funds for the fight against HIV/AIDS. In Africa, the African Heads of State meeting in Abuja, Nigeria, in 2001 declared AIDS a state of emergency and committed themselves to fund the fight against AIDS, TB, and other diseases through multisector approaches. More importantly, the African leaders pledged to dedicate 15% of their countries' annual budgets to the health sector.

In addition to political and national government commitments to health, the United Nations, philanthropic organizations, the private sector, and many non-governmental organizations committed themselves to addressing health issues medically and through public health communications. UNESCO, for example, trained over 80 journalists from 14 countries in fact-checking to fight the infodemic – a mixture of false information, misinformation, and disinformation about COVID-19 and other diseases.

2. Reasons for producing this book

Despite years of experiencing pandemics and other health problems in Africa, African journalists need more time to be ready to cover health issues adequately. Rarely is the complex nexus between health and other issues, notably the economy, business, education, agriculture, nutrition, political stability, national security, etc., thoroughly investigated, and budgetary commitments to health are seldom analyzed or tracked. The general trend, as some chapters in this volume demonstrate, is that journalists in Africa concentrate on covering breaking events involving influential people at the expense of the views of most citizens, who are the first and direct bearers of the burden of any disease.

To address this glaring gap and assist African journalists in covering the health sector and emerging diseases such as COVID-19, as well as old ones such as TB and malaria, better and in the mainstream, the authors collected in this volume approach the subject of health coverage from several angles: academic, evaluative, journalistic, and prescriptive. The chapters in this book are analytical and theoretically and historically contextualized but make simple enough recommendations to guide journalists in how to cover the health issues under discussion. This latter approach makes this book a writing manual for journalism.

3. Proposed users of this book

As hinted at in the preceding section, this book is for everyone interested in journalistic and media coverage of health in Africa. The journalist will find the book handy because its evaluative approach reveals the problems in health coverage through academic research. The editors and authors hope that journalists will change their focus and improve their approach to health journalism in Africa. The book is also for academics, lecturers, and students undertaking research in media and journalism for health, health management and planning, public health communication, the political economy of public health and health financing, and budget tracking. Organizations, such as the UN agencies and international and local NGOs interested in health communications and social and behavioral change, will find the book helpful in avoiding the pitfalls the authors have identified.

4. Chapter Summaries

This book has twelve chapters, including this introduction.

The second chapter, by Emmanuel Ngwainmbi, sets the contextual background for the discussions in the book by giving a general history of pandemics in the world, and Africa in particular, and traces how journalists have covered diseases on the continent. He advises healthcare providers, ministries of health, and local and international organizations working on the continent on approaches to working with adequately trained journalists to ensure that correct health information is disseminated for the benefit of Africa's population, especially the youth.

In Chapter 3, Gbensuglo Alidu Bukari discusses how politicians used the Ghanaian media to champion their election campaigns. The author demonstrates empirically that the politicians found COVID-19 to be a perfect opportunity to appear suitable, concerned, affected, and caring to the voters. At the same time, deep down, the lust for power drove their actions. The chapter advises journalists to go beyond the speeches and analyze the situation in the field.

Chapter 4 by Stefan Wollnik studies how journalists from two African countries, Uganda and South Africa, perceive their roles in the coverage of health issues, primarily diseases such as COVID-19. Challenges of professionalization and specialization in health reporting are highlighted, and recommendations on external and internal funding of media institutions for health coverage to be adequate in Africa are made.

In Chapter 5, John Pollock and his colleagues quantitatively compare the coverage of HIV/AIDS from 2001 to 2003 and 2005 and 2007 in six English-language African newspapers. They conclude that there is a relationship between a country's political system and the way its newspapers cover HIV/AIDS. Among other observations, they show that "In countries with high AIDS levels, the higher the level of government press control in a country, the greater the reported progress in fighting AIDS, and the higher the level of AIDS prevalence in a country, the less the reported government activity in combating AIDS." This suggests that political systems influence how pandemics and health issues are covered, and most of what goes into the media may not reflect reality.

In Chapter 6, Bhekinkos Ncube examines how *The Chronicle* and the online news site, *Zimlive* framed the coverage of COVID-19 in Zimbabwe. He concludes that the coverage of the COVID-19 pandemic was mostly elitist and subtly aimed at promoting the government as caring and the Sinopharm vaccine from China as adequate. Local Sinopharm vaccine trials were barely reported to assure people of scientific proof of the vaccine's efficacy. The voices of the local people were missing or suppressed in the Sinopharm vaccine efficacy discourse, which would not have been the case had more bottom-up community-owned media, such as community radio stations and local languages newspapers, been active and present. Local language media, especially community radio and TV stations, can address agriculture or health conditions effectively.

In Chapter 7, Raheemat Adeniran and Ganiyat Tijani-Adenle discuss the results of a content analysis of the way the front pages of two leading daily

Nigerian newspapers, *The Daily Trust* and *Punch*, covered the COVID-19 pandemic in Nigeria. They find that "while the newspapers provided citizens with information on preventive measures, lockdown regulations, and how these affected the economy, most front-page stories were event and authority-figure driven." Other key issues, such as the systematic failure of the health system to cope with the surge in patients occasioned by COVID-19, were not focused on as front-page news.

In Chapter 8, Peter Mashishi and Ian Peter Saunderson report the findings of an investigation they conducted into the perceptions of Mokopane (Limpopo Province, South Africa) residents and their level of understanding of tuberculosis (TB). Their investigation revealed that Mokopane residents were not knowledgeable about the bio-medical etiology of TB and firmly believed that "traditional methods and traditional health beliefs cure TB" because there is inadequate awareness about TB in the area. The authors recommend more TB awareness and education through public health institutions and the media.

In Chapter 9, Mawasha Lucky argues that for health campaigns to be successful, they should respect the cultural and social context from the planning or design stage of an integrated marketing communication (IMC) strategy. He finally proposes how IMC guidelines could be modified to support COVID-19 patient-centered health campaigns in South Africa.

Chapter 10 by Levi Zeleza Manda reports his case study analysis of the COVID-19 news output of the Malawi Broadcasting Corporation (MBC) online news site, using the theoretical and analytical framework of news values. He argues that despite COVID-19 being discerned as a grave, rapid, killer disease that had disrupted the world economy and killed prominent people, including ministers of government in Malawi (news values of timeliness, impact, and prominence), the MBC primarily focused on what the authorities said and did (news value: eminence). No in-depth analysis revealed the links between the impact of COVID-19 on the economy, business, and education.

In Chapter 11, Raheemat Adeniran reports how two African fact-checking organizations, one based in Nigeria and the other in South Africa, worked to assist the communities and media in Africa to identify and avoid believing false and misleading information on COVID-19 shared through the internet and social media. The study found that African government entities and the founders of fact-checking organizations were the targets of most debunked claims. The author advises that fact-checkers should be

encouraged by peddlers' publishing but continue their work to ensure that the public gets correct information on COVID-19 and other diseases. The chapter also highlights the vital role that fact-checking organizations play in health communication.

In the final chapter, Maurice Taonezvi Vambe and Washington Mushore discuss how *The Herald* newspaper of Zimbabwe framed the Chinese Sinopharm vaccine administration in the country. They argue that the public did not trust the state's message that the Sinopharm vaccine, donated by the Chinese government, was safe because no proof of local trials was presented to boost public confidence or outright acceptance.

5. Conclusion

Looking at the chapter overviews, it is clear that covering health in Africa still needs to be solved. While elsewhere, the health sector is covered by medical journalists and health communication writers with experience in the health field; this vital resource is absent in Africa because it needs to be more affordable. Wollnik proposes external support to media development in Africa, and Ngwainmbi advocates the creation of a nonprofit center of excellence in healthcare journalism and reporting of pandemics funded by the African Union. Still, the continental body consists of 55 member states. Journalists are generalists who can only specialize with help from researchers exposing the challenges in current reporting.

A common motif in the chapters is that journalists covering health still insist on using the prominence of authorities, especially politicians, as the news values. The analysis is rare.

But we, the editors, hope this volume will improve healthcare journalism and reporting in Africa. It should be used to supplement other health reporting manuals and guidebooks.

References

CDC (n.d). Information about Middle East Respiratory Syndrome (MERS). https://www.cdc.gov/coronavirus/mers/index.html.

Dagron, A.L. (2001), *Making Waves.* https://www.ircwash.org/sites/default/files/Gumucio-2001-Making.pdf.

DuBois, M. and Wake, C. (2015), The Ebola response in West Africa: Exposing the politics and culture of international aid. https://cdn.odi.org/media/documents/9903.pdf.

Murphy, E.M., Green, M.E., Mihailovic, A. and Olupot-Olupot, P. (2006), Was the "ABC" Approach (Abstinence, Being Faithful, Using Condoms) Responsible for Uganda's Decline in HIV? *PLOS Medicine*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1564179/#:~:text=A%20debate%20continues%20to%20simmer,and%2For%20use%20a%20Condom.

Ngwainmbi, K. E. ed. (2014), Healthcare Management Strategy, Communication, and Development Challenges and Solutions in Developing Countries. Lanham, Maryland: Lexington Books.

UNAIDS (2022), Global AIDS Update 2022: Fact sheet - Latest global and regional statistics on the status of the AIDS epidemic. https://unaids.org/sites/files//media_asset/unaids_factsheet.pdf.

UNESCO (2021, September 16), Over 80 African journalists trained in fact-checking and communicating health. https://www.unesco.org/en/articles/over-80-african-journalists-trained-fact-checking-and-communicating-health.

WHO (2003), Case definitions for surveillance of severe acute respiratory syndrome (SARS). https://www.who.int/publications/m/item/case-definitions-for-surveillance-of-severe-acute-respiratory-syndrome-(sars).

WHO (2022), Data on the size of the HIV-aids epidemic. The Global Health Observatory. https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/data-on-the-size-of-the-hiv-aids-epidemic.

CHAPTER 2

COMMUNICATING HEALTH ISSUES IN AFRICA DURING PANDEMICS: A REVIEW OF SOCIO-CULTURAL FACTORS IN COVID-19 AND OTHER INFECTIOUS DISEASES

EMMANUEL K. NGWAINMBI

Abstract

The rapid spread of the SARs-COV 2, or novel coronavirus, the causative agent of COVID-19, from the City of Wuhan in China in late 2019 wrought anxiety and continues to force an economic downturn everywhere. Political tempers flared up in the West, led by the US, which accused China of deliberately releasing the virus into the world or covering it until the infection reached pandemic levels. The World Health Organization (WHO) has been charged with complicating China's 'hiding' of the coronavirus. The COVID-19 infodemic has also affected communications professionals, administrators, and journalists. Many journalists must be sufficiently trained to cover science, disease, and sanitation issues and need suitable reference materials, guidelines, or toolkits. As a result, coverage of pandemics and health is often unintentionally shallow and haphazard in most African media. The linkage between development, international and national budgets, and disease must often be included. So is investigative journalism.

Moreover, based on personal experience, communications officers in governmental, intergovernmental, and non-governmental institutions must adequately construct or communicate health information to the affected population, leaving the masses vulnerable to infectious diseases and more reliant on unsafe traditional healing methods. This chapter provides the historical context of the flow and sharing of information and communications about COVID-19. It describes how conventional and

social media platforms report pandemics and pollute communities and emerging businesses with fake news. It also analyzes the impact of such communications on young people's physical and mental health. Drawing on experiences from external healthcare providers, such as Doctors Without Borders and the Center for Disease Control (CDC), the chapter offers approaches for ministries of health and culture in the countries' international development agencies interested in working with locally trained 'healthcare journalists' to provide proper messages that can better educate the public on pandemic management and prevention measures.

Keywords: *Ebola, health*, *pandemics, epidemics, COVID-19, African media*

1. Introduction: A brief history of pandemics in Africa

Pandemics have been part of the lives of Africans for centuries. Diseases started spreading when civilized humans built cities, forged trade routes to connect with other cities, traveled, waged wars, and occupied new neighborhoods. Pandemics spread as infected persons contaminate others through contact. In the recorded history of pandemics in Africa, the Cyprian Plague is reported to have started in 250 AD in Ethiopia, through Northern Africa, into Rome, then into Egypt, and northward. Symptoms included fever, sore throat, diarrhea, and pus-filled sores if the patient lived long enough (Universal History Archive 2021). The vivid story in the Old Testament of the ten plagues that devastated the land of Egypt and its people (Exodus 1-12) has intrigued sociologists and encouraged communications experts to seek rational explanations for a chronicle of disasters that befell one population yet spared another.

In their controversial article, published in the *Yale Journal of Biological Medicine* in March 2008, Dr. Joel Ehrenkranz, Emeritus Director at the Florida Consortium for Infection Control, and Deborah Sampson describe plagues in the Old Testament, pointing out why they have occurred in subsequent times, in Africa and throughout the world. They identify ten plagues (pandemics) in the Old Testament and offer vivid descriptions:

> "The Nile River turns bloody, fouling drinking water and killing fish; Frogs leave the Nile for dry land, invade Egyptian homes and die, causing a great stench; annoying small insects swarm; annoying large insects swarm; an epizootic kill different types of livestock in the pasture; boils afflict beasts and humans; an especially severe thunderstorm with lightning and hailstones destroys crops near harvest; strong winds bear swarms of locusts to obliterate remaining crops; 'Palpable darkness'

> obscures all light. Firstborn Egyptians and their surviving firstborn animals die, while Israelites and their livestock live" (Ehrenkranz & Sampson 2008).

Analyses of past disasters may provide insights to mitigate the impact of recurrences. In this context, Ehrenkranz & Sampson (2008) offer a unifying causative theory of Old Testament plagues with present-day public health implications. Later, in the same publication, the *Yale Journal of Biology and Medicine* published in March 2008, the scholars further suggest that the root cause was an aberrant El Niño-Southern oscillation teleconnection which brought unseasonable and progressive climate warming along the ancient Mediterranean littoral, including the coast of biblical Egypt, which, in turn, initiated the serial catastrophes in the Biblical sequence - in particular, arthropod-borne, and arthropod-caused diseases. Implicit in their analysis is a framework to consider the possibility of recurrences of similar catastrophes in the 21st century and beyond and their impact on essential public services.

There are other significant recordings of how pandemics were communicated during the 1918 Flu pandemic. According to the *International Encyclopedia of the First World War (1914-1918)*, Spanish Influenza killed 2% of Africans, about 2.4 million, within six months (Phillips 2014). Some African communities described the disease as 'the white man's Flu;' others saw it as "a device of the Europeans to finish off the native races of South Africa" (Mueller 1998, 5), while the *Freetown* newspaper in Sierra Leone published an article, which declared the pandemic to be God's curse on humankind. Sierra Leone was one of the African countries hit notoriously hard by the 1918 Flu pandemic. The British colonial government appealed to the local chiefs through the *Nigerian Pioneer* newspaper, urgently requesting that people cooperate with the health authorities.

In his widely-read text titled "Spanish Influenza - 'Black October': The Impact of the Spanish Influenza Epidemic of 1918 on South Africa", also archived in the *Yearbook of South African History,* the celebrated historian Howard Phillips (1990) writes:

> "For others, the decimation caused by the pandemic showed that their existing religion was not proof against evil, thus prompting a flurry of conversions to Christianity or Islam by traditional believers or reversions from Christianity and Islam back to conventional beliefs. Rejoicing at the stream of would-be converts to Christianity, missionaries in several parts of the continent spoke insensitively about 'the compensating blessings

> accompanying the ravages of the recent influenza epidemic seen in the awakened interest among the heathen, and a desire for the Word of God"' (Phillips 1990, 5).

The experience of the pandemic of 1918-1919 showed that African societies implemented guidelines such as social distancing, limiting mobility, and personal hygiene measures, which managed the transmission of the viruses better than villages and towns did in the 2019-2022 COVID-19 era. Before and during the early part of the 20th century, people lived in communal enclaves, homes separated by vast farmland and bushland, making it more challenging to spread disease. Infected people were left in the bush, while native doctors treated others with herbs.

Presently, healthcare professionals face obstacles in controlling pandemics in Africa due to a dense population, limited resources, lack of political will, confusing reports about the causes and spread of the diseases, misinformation on the causes or nature of the pandemics, and careless social behavior, especially rampant casual, unprotected sex, mainly among the young people, and large gatherings in public places. For example, when AIDS reached African townships, young people spread rumors about it, calling it the ‘white man's disease.’ Some suggested the meaning of the acronym, A-I-D-S, was "American Intelligence/Ideas to Discourage Sex" as an excuse to promote promiscuity in their ranks.

According to press reports, the highest HIV/AIDS morbidity and mortality rates have been recorded in developing countries, with the highest prevalence in young adults in sub-Saharan Africa. The Joint United Nations Program on HIV/AIDS (UNAIDS), composed of eleven UN system organizations working together to end HIV/AIDS infections and deaths worldwide, reports that 39% of new HIV infections are in sub-Saharan Africa, 93% outside of sub-Saharan Africa. Every week, in sub-Saharan Africa, six in seven new HIV infections are among female adolescents aged 15–19 years (UNAIDS 2022). Yet African youth are not the only ones intentionally confusing rumor with reality when pandemics ravage their communities. *The American Journal of Public Health* and other healthcare professionals have been discussing controversies caused by conspiracy narratives from prominent public figures. Heller (2015) stated that the social context of the early HIV/AIDS epidemic in the United States provided fertile ground for rumors about transmission. Still, those rumors about HIV/AIDS now persist only within the African American public.

Indeed, rumor and contemporary legends present the interpretation and re-interpretation of rumors as a measure of trust between Black people and health professionals, not as evidence of ignorance, colonization, or historical racial oppression. The public health results of African and African American communities' HIV/AIDS efforts are dismal because most of the population does not acknowledge the sources and meanings of rumors or include rumors as a measure of trust, and they do not address the underlying distrust that the rumors convey.

The origins of pandemics are generally connected to social and economic conditions and environmental and ecological factors; poverty, famine, and poor healthcare exacerbate health problems and have helped rank African countries among the lowest in per-capita spending on health and the availability of physicians. The Brookings Institution, a nonprofit public policy organization based in Washington, DC, has reported that 11% of Africans experience the results of catastrophic spending on health care every year. In comparison, as many as 38% face delays or forgo healthcare altogether due to high costs (Ogbuoji et al. 2019). According to the World Watch Institute (http://www.worldwatch.org), in 2001, an average of $36 per person was spent on healthcare in Africa. The spending amounted to only $6 in Niger, $7 in Sierra Leone, and $15 in Nigeria, compared to $4800 in the United States.

Moreover, 32% of the population is undernourished; five of the six worst countries for mortality of children under five years are in Africa, with an under-five mortality rate above 100 deaths per 1000 live births, according to the World Health Organization. The Institute further reports that half of all deaths in Africa are caused by infectious diseases, compared to only 2% in Europe. Furthermore, some researchers say 50% of all deaths in Africa are caused by infectious diseases, compared to only 2% in Europe (Fennolar & Mediannikov 2018).

Some researchers and scientists have recorded infectious diseases which started in the 21st century. In their article, published in the renowned *National Library of Medicine*, Fennolar and Mediannikov (2018) report that many infectious diseases have emerged in Africa in the 21st century, and some of them are associated with newly discovered microorganisms, such as *Rickettsia felis* and *Tropheryma whipplei*; others are known historical diseases such as plagues and cholera. This means Africa should be the top priority in the world's struggle against infectious diseases. However, it would be myopic to relate the history of communicating pandemics in Africa to the Arabs and later the Europeans for the smallpox

outbreak, measles, diphtheria, and pertussis. Civilization, trade, poor hygiene practices, and military conflicts may have fostered the spread of pandemics in these communities.

In recent years, information on pandemics has been collected or shared based on three factors: (1) the size of the reporting team; (2) financial and technical resources, such as vehicles, phones, internet connectivity, and computers; and (3) access to news and information. Outbreaks and spread of disease are typically linked to a population's economic power and the level of government investment in that population.

In the news production and dissemination business, the media represent groups, communities, countries, regions, and continents by constructing concepts, images, and identities as viewed by selected information sources. That stance informs the arguments in this chapter that epidemic outcomes depend on the media function chosen and communications and institutional/national advocacy activities conducted during the pandemic. The media functions may not best represent the effects of media during an epidemic (Collinson & Heffernan 2014), warranting the consideration of new methods for modeling the impact of media and communications. It also considers the transmission of medical content as a form of communication.

From a governance perspective and the Foresight Africa 2022 report, Africa's challenge with the COVID-19 pandemic goes beyond the health implications that have plagued the world, as the severe impact of the pandemic on global trade flows, investment opportunities and commodity prices have also created unprecedented human and economic challenges.

2. Communicating pandemics in Africa

Health research on pandemics is often poorly packaged or presented dogmatically and does not trigger media interest. Researchers and health organizations produce lengthy reports in technical jargon. Most of them are reluctant to deal with journalists and the news media in general due to the non-disclosure policies required by their sponsors. This practice, unfortunately, prevents the public from getting potentially helpful knowledge and diminishes the chances for health officials and groups to take preventive and other intervention measures to slow the spread of pandemics. The situation is further complicated because journalists need more skills and the capacity to access and report on research findings on health.

To illustrate those conditions, this chapter reviews how pandemics like COVID-19, Ebola, and HIV/AIDS have been communicated in Africa.

2.1. COVID-19

Public reaction to the COVID-19 outbreak in African communities has been intriguing compared with HIV/AIDS, measles, and other infectious diseases. The Institute for Health Metrics and Evaluation (IHME), an independent global health research center at the University of Washington, US, has tied the global prevalence and burden of depressive and anxiety disorders in 204 countries and territories to the COVID-19 pandemic. According to the study (IHME 2021), impact indicators incorporated the effects of the spread of the virus within the population, lockdowns, decreased transport, school and business closures, and decreased social interaction.

The more significant impact was among females and youth because they were more affected by the social and economic consequences of the pandemic. Some African governments mandated quarantine for everyone, so the Internet became the primary source of communication among isolated people. With this isolation, mental health challenges increased. Some implemented social distancing, but the measures needed to be applied consistently, and some communities were disproportionately impacted. Also, access to vaccines was a problem, as thousands of citizens needed to be officially documented, and some needed access to healthcare. In most countries on the African continent, most deaths were never formally registered, and statistics may not be correct, as African health ministries requested medical staff to exaggerate records to persuade foreign governments to increase funds. For example, unconfirmed reports on social media platforms, especially WhatsApp and Facebook, suggest health authorities directed hospital staff to put COVID-19 as the cause of death-on-death certificates to get financial support from wealthy organizations abroad.

COVID-19 can be considered a ‘pandemic of mistrust,’ as there is little accountability in using domestic stimulus packages. Between 2019 and 2021, $51.05 billion was given to Nigeria and other African countries to fight the pandemic. However, Civil Society Organizations (CSOs) have questioned the utilization of those funds. Sodiq Omolaoye (2021) wrote in *The Guardian* newspaper that a website, which was the brainchild of social accountability initiatives Follow the Money, BudgIT, and Global Integrity, and part of the COVID-19 Transparency and Accountability

Project (CTAP), was designed to provide African citizens with access to evidence on COVID-19 resources. Leading social accountability initiatives reported that managing distribution schemes through human networks provides accessible pathways to corruption. However, it is unclear whether the funds were properly accounted for. Obiageli Ezewkesili, Founder and CEO of Human Capital Africa, Africa Economic Development Policy Initiative, alleged that hurriedly-distributed resources intended for COVID-19 relief were abused for private gain in Africa.[1] He states, "a state lawmaker in Nigeria included palliatives in souvenir party packs. In Malawi, a minister was dismissed due to corruption issues related to COVID-19 resources (Ezekwesili, 2022). While the pandemic should have strengthened trust between the citizens and their governments, it has widened the divide". Further, some Nigerian media researchers analyzed content in four widely read newspapers in Nigeria, namely *Daily Sun*, *Vanguard, Daily Trust*, and *Leadership*, between February 2020 and April 2020, and found that the newspaper stories on COVID-19 were short and predominantly headline-driven; stories were alarming and induced panic (Apuke & Omar 2020). From those samples, we glean that media and authorities focus more on overusing alarming panic narratives than on sensitizing and educating the public on the necessary steps to curb the virus.

Also, considering that 72% of mobile telephone operators in Africa (June 2022 estimate) own an Android phone or rely on it for communication, we can estimate that COVID-19 must have negatively impacted the quality of human relations. Fueled by media reports, specific religious and media communities in the US and other Western countries have set up psychological and physical barriers to bar people from the regions where the pandemic is said to have originated.

2.2 Ebola

Another communicable disease widely reported by the media is Ebola, discovered in 1976 in simultaneous outbreaks in the Democratic Republic of the Congo and Sudan. Outbreaks have spread due to traditional burial practices, in which mourners conduct rituals with the bodies of the deceased. Semen tested by 12 scientists for Ebola RNA Persistence in the semen of male survivors in Liberia revealed the persistence of viral RNA in semen for at least one year (Tompkins et al. 2020). In another study

[1] https://www.brookings.edu/blog/africa-in-focus/2022/03/02/managing-COVID-19-response-public-resources-with-accountability-in-africa/

published in the New England Journal of Medicine in 2015, researchers enrolled 100 male Ebola virus survivors (EVD) survivors in Sierra Leone at different times after their recovery from EVD. They recorded self-reported information about sociodemographic characteristics, the EVD episode, and health status. Semen specimens obtained at baseline were tested utilizing a quantitative reverse-transcriptase-polymerase-chain-reaction (RT-PCR) assay using the target-gene sequences of NP and VP40. Ninety-three participants provided an initial semen specimen for analysis, of whom 46 (49%) had positive results on quantitative RT-PCR (Dean et al. s, 2015). Forty-nine percent infection is high given that those retested were survivors; it suggests Ebola could spread again as Liberians live closely together and interact regularly.

Other studies show that the virus can be present in semen for many months after recovery. Hospital workers have frequently been infected during Ebola outbreaks through close contact with infected patients, insufficient use of correct infection control precautions, and lack of barrier nursing procedures. Needle stick exposures in research laboratory workers who subsequently became infected were documented in England (1976) and Russia (2004). Remarkably, local and international news agencies have not challenged the scientific community, particularly the laboratory experts, to give the media or the community an objective report of the causes of Ebola, thereby allowing conspiracy theories that Ebola is a lab-manufactured virus tested on vulnerable citizens in fragile governments like the Democratic Republic of Congo, the epicenter of the disease.

2.3. HIV/AIDS

The first news on HIV and AIDS appeared in June 1981 in the *Mortality Weekly Report*, a US-based Centers for Disease Control (CDC) publication. For Africa, published reports show that HIV/AIDS was first discovered in the early 1920s when the virus had moved from chimpanzees to humans, and population growth, sex, and railways, allowed HIV to spread (Gallagher 2014). When HIV/AIDS was reported in Africa as a deadly disease, the population dismissed it as something framed by the West to discourage the enjoyment of sexual intercourse and promote slow population growth. But with persistent pressure from international development agencies like the World Health Organization, USAID, European Union, and Asian Development Banks, and widespread deaths in rural and urban areas, the African governments used state media (e.g., radio, television, newspapers), pamphlets, posters, bulletin boards, media alerts, press releases, and other social media networks, and informal

communication channels (such as churches, traditional settings, local leaders, celebrities, athletes, social networks, schools, workplaces, and open market places) to inform and educate the population about the human immunodeficiency virus and AIDS. But more importantly, high mortality convinced African, Asian, and Western communities about the seriousness of HIV/AIDS, forcing them to take drastic measures to protect their population.

Apart from media stereotyping of the disease as an African creation, the legal system, promiscuity, and compromising customs, including polygamy, are the most important cultural factors contributing to the transmission of HIV in Africa. An infected man can marry many women and have concubines and girls; in some countries like South Africa, Cameroon, and Nigeria, there are no stringent measures to track and control infected cases. Further, mutating male and female sexual organs with infected instruments helps spread the disease. Other practices, such as medicinal bloodletting, rituals establishing ‘blood brotherhood,’ ritual and medicinal enemas, and practices involving the use of shared instruments (injection of medicines, ritual scarification, group circumcision, genital tattooing, and shaving of body hair), and contact with nonhuman primates all result in exposure to blood (Hardy 1987).

3. How foreign media report pandemics in Africa

The way the news media, in general, has set the reporting schedule of pandemics in Africa is an internal and external affair. Research on news coverage of COVID-19 prevention in Africa claims that Western, African, and Chinese media constantly represents and frames the continent differently. The four most influential news agencies, Reuters, Agence France Presse (AFP), and Associated Press, have offices in Africa, meaning they can access all news sources and broadcast and distribute news anywhere. These agencies can impact news outcomes with authority, including publishing stigmatizing, misleading, and inaccurate content for political and economic reasons. They have been accused of 'colonizing' Africa through selective reporting, that is, delivering continuous coverage of news that negatively presents Africa, presenting famine, diseases, disasters, corruption, and poverty, rather than covering success stories, such as innovation, economic growth, good governance, and successful sporting activities.

Studies show that the media wittingly over-report delicate and complicated situations among conflict-affected and displaced populations, often

presenting a condescending impression/view of those populations. Three case studies have revealed that the media and humanitarian organizations published misleading and inaccurate HIV data and statements on conflict-affected and displaced populations in Sudan, Uganda, and Guinea (Lewicki-Zucca 2005).

The European Commission's knowledge-sharing platform for International Cooperation and Development, Capacity4Dev, has also reported that journalists played a crucial role in informing citizens about the coronavirus in Burkina Faso and Senegal despite the restrictive measures and health risks. Western media coverage of the events is not negative, and Chinese media coverage is uncommonly affirmative (Gabore 2020). Morales (2021) shows that, during its broadcasts of the outbreak of COVID-19 in Africa, the Chinese media used language, tone, and specific facts and arguments that presented Africa positively.

In representing these events, media outlets: create concepts and images relating to communities, places, and countries; assign a specific definition to an event; connect their interpretation to selected event-linked information; and present evidence about events to promote, strengthen, legitimize, and naturalize this interpretation (Erjavec 2001).

Afrocentric communication experts have conflicting perspectives on news media coverage of the pandemic. The author of this chapter noticed an open bias in how global media covered the spread of coronavirus and the production of vaccines and other forms of treatment to control the devastation caused by the pandemic worldwide. Major Western media agencies exaggerated the number of infected persons in Africa while ignoring clinically tested curative drugs such as Kledavid (also known as Seraphine Kene), produced by African pharmaceutical experts. In Madagascar, Doctors Without Borders admitted that COVID-infected persons drank herbal products and became COVID-free (Ngwainmbi 2022, 133). However, Associated Press, AFP, and Reuters reporters failed to investigate the lead.

Further, African leaders have expressed an interest in a plant-based tonic developed in Madagascar, which has cured malaria and COVID-19. However, mainstream global media needs to be more aware of the advances made by African labs to find cures for these huge infectious diseases. Most scientific groups outside Africa question the efficiency of African scientific research centers in monitoring contagious diseases or finding the proper treatment. According to Nordling (2022), the Malagasy

Institute of Applied Research (IMRA) had not reported any data on the efficacy or side effects of its herbal COVID-19 medicines.

4. Research institutions' knowledge contributions

The US-based Pulitzer Center, set up to raise awareness of underreported global issues through direct support for quality journalism, outstanding education, and public outreach programs, has provided collaborative reporting on reproductive health. However, some reporting of health issues is sponsored by research centers whose outcomes are directed by interest groups. Linda Nordling (2020), reporting for Science.org, posts the following twisted headline about the herbal treatment of COVID-19 in Africa, clearly undermining the strong potential of herbs as a cure. The bold headline and content read:

> *Unproven herbal remedy against COVID-19 could fuel drug-resistant malaria, scientists warn.*

The lead reads:

> "Branded COVID-Organics, the therapy was developed by the Malagasy Institute of Applied Research (IMRA). Its chief ingredient is reported to be sweet wormwood (*Artemisia annua*), a plant of Asian origin that gave rise to the antimalarial drug artemisinin. At its launch last month, Malagasy President, Andry Rajoelina, claimed the tonic had passed scientific scrutiny and cured two patients of COVID-19. The island nation has 151 confirmed coronavirus cases and no deaths. However, it is unclear how COVID-Organics is prepared. IMRA has not reported any data on its efficacy or side effects (The Institute did not respond to a request for comment). 'It is a drug whose scientific evidence has not yet been established and which risks damaging the health of the population, particularly that of children,' the National Academy of Medicine of Madagascar cautioned in a statement last month" (Nordling 2020).

Meanwhile, in another segment published by the World Health Organization (WHO), most malaria cases in 2018 were in the African Region (213 million or 93%), followed by the WHO South-East Asia Region with 3.4% of the cases and the WHO Eastern Mediterranean Region with 2.1% (WHO 2019 in science.org). Kevin Marsh, Professor of Tropical Medicine at the University of Oxford, the Nuffield Department of Medicine, and senior advisor at the African Academy of Sciences, who spent decades studying malaria in Kenya, finds artemisinin-based combination therapies helpful in reducing malaria deaths from more than 1 million to about 400,000 every year (UNAIDS 2019). Another report published by the

Malaria Journal reveals that controlled human malaria infection (CHMI) studies, in which healthy volunteers are infected with *Plasmodium falciparum* to assess the efficacy of novel malaria vaccines and drugs, have become a vital tool to accelerate vaccine and drug development (Hodgson et al. 2015). Additionally, CHMI studies provide a cost-effective and expeditious way to circumvent large-scale field efficacy studies to deselect intervention candidates. These studies are significant contributions to malaria research which the larger public should know — doctors, healthcare workers, patients, and their loved ones. Sadly, the data is 'hidden' in science journals, accessible only to a relatively small community of scholars and researchers.

5. Challenges to reporting and managing pandemics

With the understanding that the news media, particularly television, considerably influence how the world observes and reacts to pandemics among conflict-affected and displaced populations, it is necessary to know the challenges news outlets face in sharing news and information with those populations. Sponsored media and freelance reporters face political, financial, security, and data collection challenges depending on their geographic location and the system of governance – whether democratic, autocratic, or 'hybrid' regimes — or the type of democracy, such as direct, representative, constitutional or monetary in that region.

Also, access to news and information, and distribution methods, determine the extent to which pandemics can be managed. For example, the good health of the local reporter, scientist, or researcher, and their safety, transportation, access to newsworthy sites or self-sustaining resources, such as food, salary, stipend, or the availability of information collection and sharing means, such as internet access, android phone, or tablets, are among the challenges healthcare knowledge experts, news reporters, and researchers often face in collecting information or reaching affected populations. In some remote communities, the indigenous people do not trust strangers or intrusive reporters, so they are reluctant to divulge/share personal information.

Most reporters need to be more trained to collect and report on pandemics and financial and technical resources. Irresponsible and unethical media reporting has posed a potential risk for misinformation and the further spread of pandemics. Print and online reports of bad health behavior deviate sharply from internationally recommended best practices. For example, researchers in Ghana found that regardless of the ownership of

the media outlet (whether private or publicly owned), the online reportage of suicidal behavior in that country deviates sharply from internationally WHO-recommended best practice (Quarshie et al. 2021).

Reliable data on a country's deaths and causes are hard to come by, so governments can miss emerging health threats.

Another problem is traditional beliefs about pandemics. In Indigenous communities where people revere customs, pandemics are believed to originate from the gods. In short, these communities believe that spiritual forces cause infectious diseases. For them, pandemics are unassociated with anything clinical. Sociologists, cultural anthropologists, intercultural communication experts, and healthcare workers admit that traditional beliefs influence the local populations' perceptions of how pandemics are created and spread. In their exploration of perceptions of COVID-19 by Christian, Muslim, and Buddhist groups in Malaysia, their stress levels, and the relationship between illness perception, stress, and forms of religious expression during the lockdown period, clinical psychologists Rachel Sing-Kyat Ting, Yue-Yun Aw Yong, Min-Min Tan and Chee-Khong Yap (2021) concluded that internal and external forms of religious expression had a significant negative relationship with stress levels. Personal control, comprehension, and the emotional domains of illness perception accounted for substantial variance in stress levels. Furthermore, religious expression significantly moderated the relationship between some illness perceptions and stress.

The reporting of pandemics is primarily carried out by foreign and local media outlets, communication programs sponsored by higher education institutions, religious groups, ministries of health and social welfare, and intergovernmental agencies like UNESCO, UNFPA, WHO, and UNIDO. The 'big four' are known for providing over 90% of foreign news printed by the world's newspapers since the 1980s but reporting health issues from a Western perspective. There is the African News Agency (ANA), a content syndicate on the news about Africa written by Africans for an African and international audience, and the Dakar-based Pan-African News Agency (PANAPRESS), which offers free services to African journalists. Innovative communications products to public authorities and diffuse daily newscasts to meet new economic and technological demands, politics, gender, health, sports, culture, and environment. Also, government-run news media and news agencies, foreign news networks sponsored by religious groups, intergovernmental organizations (e.g., UN television, Voice of America), and communication networks, as well as

private press and confidential sources (phone owners), are among media platforms that report on disease outbreaks.

African authorities react differently to the foreign press and local media reporting pandemics in Africa, depending on the perceived impact of the story on the audience. However, as reported by the Africa Media Network on Health (2019), in the African context of policymaking for health, journalists contribute to setting the agenda for the press, the public, and policymakers, by highlighting critical issues that need improvement or are in other ways newsworthy.

5.1 How social media users approach pandemics

Social media is known for reporting pandemics as another form of entertainment. The key players in this process are the content creator or writer, the preferred social media platform used to reach a target audience, and the audience itself. The source of information (content creator) and the imagery - photos, graphics, words — are purposefully packaged to provoke sentiment rather than logic. No topic is treated differently, regardless of its potential impact on social media users' psychological or physical conditions. Social media platforms shed the most light on sharing content during pandemics compared to other communication channels because there is virtually no vetting of the content producer or distributor. So, unimaginable volumes of sensitive information with potentially damaging consequences on social media users, like rumors about the causes and impact of COVID-19, HIV-AIDS, and other pandemics, continually go viral.

The rapid spread of the COVID-19 virus has demonstrated how access to misinformation, amplified through social media and other digital platforms, is as much a threat to global public health as the virus itself. While advances in information technology and social media create opportunities to keep people safe, informed, and connected, the same tools also amplify the ongoing infodemic, undermining the global response to the spread of the coronavirus and grossly jeopardizing measures to control the pandemic. As this author has previously stated, stories swirling on social media platforms about the origin and nature of COVID-19, as well as questionable reporting by established news networks, have left the public questioning the integrity of the natural causes of the virus, how it spreads, and whether treatment standards equate the ‘hoopla’ about the genesis of the pandemic (Ngwainmbi 2020). Social media networks are adept at sharing large volumes of data, to known and unknown groups,

about news in their locale and elsewhere, without recourse to the immediate or long-term impact on recipients. Audiences (henceforth used interchangeably here as 'consumers' or 'users') typically do not bother to check the authenticity of the news or its source (Ngwainmbi 2020, 47). Young people are victims of misinformation on social media platforms as they spend too much time chatting, texting, sharing, watching videos, discussing headlines from those platforms, or formulating stories.

However, to a limited extent, social media also plays a positive role in making the youth aware of the potential dangers of consuming socially-mediated news and information. To better understand how social media, and information technology in general, engage young adults, an international study was conducted, covering approximately 23,500 respondents aged 18-40 years in twenty-four countries across five continents. A global study of social media interaction and COVID-19 among Gen Z and Millennials, led by Ingrid Volkmer, Professor of Digital Communication, Globalization, and Digital Policy, at the University of Melbourne, Australia, in collaboration with her colleague Wunderman Thompson, four contributors, and the World Health Organization, revealed that more than half of the young adults surveyed were 'very aware' of 'fake news' surrounding COVID-19, and could often spot it. Those young adults (Gen Z and Millennials) had multiple worries beyond getting sick. Over 90% of respondents were very concerned, or somewhat concerned, about the risk of infection. Beyond getting sick, the respondents' top concern (55.5%) was the risk of friends and family members contracting COVID-19, closely followed by the economy, with 53.8% (Volkmer et al. 2019).

5.2 Impact of social media platforms on users

Social media typically provides platforms for different publics to access and share health information. Social media plays a dubious role in health issues in general and pandemics. It can be beneficial, destructive, or reconstructive, depending on the type of recipient, prior knowledge of the content being shared, or level of interest in the health topic. The interest in creating and sharing information is so intense that social media users must invest more time assessing its potential impact on their psychological, emotional, or financial outcomes. This lack of attention can sometimes seriously affect healthcare, economic, and social structures. A lack of awareness, knowledge, and preparedness during this crisis puts people and healthcare staff at risk. The dilemma is how to pass knowledge of current disease statistics and disease prevention to the general population at a rate