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# 2 Going back to the Roots: Tapping into African Indigenous Knowledge Systems as a Response to COVID-19

*Abstract*

The coronavirus disease 2019 (COVID-19) pandemic has caused chaos around the world, taking its toll on human lives and economic activities. By May 2021, COVID-19 had infected over one hundred and sixty million people globally and killed more than three million, with the highest reported in North America, South America, and Europe in the first year, and the worst surge of the second year occurring in India. However, one of the great mysteries of the COVID-19 has been its relatively smaller impact on the African region, which endures high burdens of other infectious diseases such as HIV and AIDS. While Africa south of the Sahara is home to sixteen percent of the world's population, its share of reported COVID-19 cases is three percent of the global case count, more than a year after the first COVID-19 cases were diagnosed in China (Praag and Arnson, 2021). This low prevalent rate can be explained by underlying differences in the effectiveness and timing of control measures such as low rates of testing, under-reporting, or the use of African indigenous knowledge remedies. This study, therefore, explores the effectiveness of the African Indigenous Knowledge System (AIKS) in dealing with the COVID-19 pandemic in Zimbabwe. The paper adopts qualitative research methods. Data were collected through interview discussions (IDs), newspaper articles, and posters.

***Keywords:*** African Indigenous Knowledge Systems, COVID-19, pandemic, roots, Zimbabwe

## Introduction

The African continent has a rich repository of Indigenous Knowledge Systems (IKS) handed over from one generation to another. It is argued in this chapter that this form of knowledge can be harnessed in response to medical challenges caused by various pandemics in Africa. It is, however,

very unfortunate that African remedies that are a product of a constellation of indigenous beliefs and medical practices have not been accorded any recognition within the global medical epistemologies and ontologies (Mangombe et al., 2021). This is so because day and night national televisions, newspaper articles, and social media castigated the use of African Indigenous Knowledge Systems (AIKS) and are pejoratively labelled archaic, primitive, pseudoscientific, diabolic, and demonic. This negative perception is championed and perpetuated by forces of Western imperialism and neo-colonialism. For this reason, the use of AIKS in fighting against pandemics such as Ebola, HIV and AIDS, and the novel coronavirus disease (COVID-19) is shunned by Western scientists and their proxies residing in developing countries. However, the advent of COVID-19 witnessed a high level of utilisation of indigenous remedies in different parts of the world as people groped and stumbled in the darkness of failure of scientific medical systems (Mashego, 2021). It is this sad reality that propels this study to examine how Africa went back to its roots and tapped into IKS in response to the global COVID-19 pandemic. In doing so, the paper is divided into four major sections. The first part gives a situation analysis of COVID-19 in Africa. This is followed by an overview of how Africans respond to pandemics such as Ebola, HIV and AIDS. This helps us to understand some of the reasons why Africans are sceptical about the origins of these worldly pandemics and their impact on African societies. In this case, we pay special attention to the conspiracy theories about COVID-19. Finally yet importantly, the paper explores how Africans tapped into their IKS in response to COVID-19.

## Research Methodology

The phenomenological design was used to explore the effectiveness of AIKS in response to COVID-19 pandemic. The research informants were people responsible for distributing African traditional medicine in urban and rural areas. The interview discussions were done after purposively selecting respondents from the source population. As a result, ten study participants were interviewed and their responses were recorded in a notebook. To complement data from interviews, observations were also used to glean data for this chapter. Then, data were presented and analysed using a thematic analysis. By making use of insights and analytic tools from sociological and phenomenological frameworks, the chapter examines and explains why and how Africans decided to go back to the roots by

tapping into their IKS in response to COVID-19 with special reference to the Zimbabwean experience.

## COVID-19 in Africa: A Situation Analysis

In November 2019, a 55-year-old man from the Hubei province in China was diagnosed with a new disease caused by a new virus SARS-CoV-2. At the beginning of 2020, the coronavirus pandemic affected an enormous amount of people worldwide and it was declared a global pandemic by the World Health Organisation (WHO) on the 30th of January 2020. By the 11th of March 2020, COVID-19 had spread across the globe (WHO, 2020). Initially, the countries intensively affected by COVID-19 were Italy, the USA, Brazil and the UK (WHO, 2020). The pandemic further moved into the African continent

According to the WHO report (2021), as of December 31, 2020, African countries had reported 2 763 421 COVID-19 cases and 65 602 deaths, accounting for 3·4% of the 82 312 150 cases and 3·6% of the 1 798 994 deaths reported globally. Nine of the 55 African countries accounted for more than 82·6% (2 283 613) of reported cases. At the peak of the first wave in July 2020, the mean daily number of new cases was 18 273 in Africa (UNESCO, 2020).

On 3 July 2021, South Africa hit a record of 26000 cases of COVID-19, one of the highest new daily totals reported since the pandemic started. The country has been battling a deadly third wave of the pandemic, following previous peaks during the first and second waves between April and December 2020 (Mashego, 2021). As of July 19, 2021, South Africa had recorded 2.3 million cases and 67 000 deaths since the pandemic started according to the country director.

The introduction of the third wave in Zimbabwe was linked to an imported case found to be a SARS-CoV-2 infection with the delta variant. The third wave peaked in July 2021 with a corresponding cumulative increase in COVID-19 cases from approximately 38,000 to 120,000 in two months. Since the beginning of June 2021, Zimbabwe entered into a harsh third wave of the COVID-19 pandemic, which saw an increase in the cumulative number of cases from approximately 38000 to 120000 in just two months (Murewanhema and Mutsigiri-Murewanhema, 2021). In Zimbabwe, the Delta variant was reported to be responsible for 98% of the cases in the third wave.

The fourth wave according to Zibengwa (2022) was mainly due to the Omicron variant and had a positivity rate of approximately 35% on several days, signalling widespread community transmission. Data from the Ministry of Health and Child Care indicated that the highest number of daily recorded infections (4031, in December 2020) surpassed the previous record of 3,110 reached during the third wave of infections in July. As of 29 January 2022, Zimbabwe had recorded a total of 228,948 cases and 5,321 deaths, while having 216,028 recoveries and 7594 active cases (Zibengwa, 2022). Just like any other continent, the African responses to COVID-19 that were widely adopted at the beginning included strict lockdowns, bans on local and international travel, and prolonged school, college, and university closures. However, these measures have been perceived as doing more harm than good to the African population. What follows is a brief review of literature related to African response to worldly pandemics.

## African Response to Pandemics: A Literature Review

A lot has been written and published on possible contributions of Indigenous Knowledge Systems (IKS) in fighting the pandemic across the globe, however, little has been done to provide perspectives from African indigenous knowledge systems. Most of the research carried out in Zimbabwe concentrated much on the use of African traditional medicine in fighting the COVID-19 pandemic and little was done to show how IKS can be used to decipher the symptoms, preventative and control measures as well as the management of COVID-19 cases. It is this gap that this paper seeks to cover.

A closer look at the history of endemic diseases, epidemics, and pandemics would reveal that Africa "has been active in biomedicine, exercising methods of appropriation and implementation that are as effective as those found in the modernised world" (Bernault, 2020:56). This entails that Africans have their own methods of detecting symptoms (diagnosis), prevention and treatment of various ailments which they have learned from their forefathers. Africa has experienced a wide range of pandemics and epidemics such as the plaque (1901-1907), polio (1917-2014), cholera (1970, the 1990s, 20s); Spanish Flu (1918-1919) Ebola, and HIV and AIDS which hit Africa hard from 1982 to this day, but she is resilient (Murewanhema and Mutsigiri-Murewanhema, 2021). In spite of the introduction of conventional medicinal interventions, Africa continued to use its condemned therapies in fighting against pandemics. According to Agozino

(2017), IKS offer low-cost approach with potentially high benefits. Agozino (2017) suggests that the efficacy of IKS within the conventional medical fraternity is generally not recognised since preference is given to the pharmaceutical products, which are believed to be the panacea to most health problems. However, IKS play important roles in health care among indigenous communities in Africa. This according to Borokini, et al. (2013) is due to their accessibility and affordability.

Agozino (2017) and Bernault (2020) highlight the immense contribution Africa has made to the discovery and treatment of many diseases such as malaria, smallpox, syphilis and tuberculosis among others. This contribution to the world's medical fraternity did, however, take place within an oppressive context and witnessed Africa being reduced to a laboratory for testing drugs as the indigenous knowledge and skills of healing were violently massacred, with indigenous medicinal practices and practitioners criminalised (Bernault, 2020).

According to Bernault (2020) the use of indigenous knowledge to meet primary health care needs in Africa goes as far back as the origins of the African communities. It became officially recognised around 1978 when the World Health Assembly announced the potential use of traditional medicine and urged member states to use traditional medical practices in primary health care (Agwaral, 1994). It is imperative to note that in Africa, inadequate healthcare systems, the unavailability and inability to access drugs, have made traditional herbal medicine popular (Zibengwa, 2022). However, it should be noted that Indigenous Knowledge Systems as utilised in primary health care settings have remained largely understudied in Zimbabwe.

The Madagascar issue is a typical example of how the Westerners have negatively looked at IKS as possible remedies to ailments. Commenting on the attitudes of modern health systems on IKS, Masoga and Shokane (2020) and Rugwiji (2019, 2008:102) postulated that "…the African way of dealing with ailments are perceived as evil and satanic." However, this chapter makes use of a plethora of ethno-medical testimonies by people who claim to have used IKS as remedies to curb COVID-19. It is important to note that Africans in general and Zimbabweans in particular could not wait for western medicines to be discovered to curb COVID-19. They hold their share in finding solutions to the pandemic by using IKS. This explains why Shoko (2007, 2011 and 2018) posits that health and wellbeing are of great primacy in the life of an African. As such, when the world

scenes were devastated with the death of millions, the Africans used IKS to ensure the safety to their health and life.

In this regard, the study argues that the use of Indigenous Knowledge Systems (IKS) as a resource can go a long way in dealing with the COVID-19 pandemic in Africa. According to Zibengwa et al., (2021) more than 80 percent of the people in Africa depend on traditional medicines to meet their health care needs. Mashego et al. (2021), observed that traditional medicine has played a huge role in providing primary health care services in Africa though it is under developed compared to Asian traditional medical systems. For him, it is vital for Africa to harness and develop the ever-present potential of indigenous health care systems in order to provide solutions to health challenges posed by the COVID-19 pandemic. Mangombe et al. (2021) discovered that the limited supply of COVID-19 vaccines and poor health systems across developing countries pushed people to use home remedies in response to COVID-19. Zibengwa, Mangiza and Muguti (2022) assert that as no cure for COVID-19 was found, the world could only rely on vaccines to contain its spread. What is disturbing though is that some of these vaccines have been received with much scepticism by some people. There have been various controversies, and conspiracy theories, pertaining to vaccines as there are suspicions that the availed vaccines will further spread the disease as a deliberate way of exterminating humanity. As such, some people are naturally hesitant to take the vaccines. Instead of taking the vaccines, some people have since turned to indigenous remedies based on Indigenous Knowledge Systems (IKS) in a bid to boost their immune systems, as well as to curb the effects brought by the COVID-19 pandemic. Despite the fact that some people in Africa in general, and Zimbabwe in particular, have turned to IKS, its efficacy has generated a lot of controversy due to the enduring nature of coloniality of power and knowledge, which has always denigrated African healing systems, and elevated western scientific medicines (Mangombe et al., 2021).

This being the case one can argue that the use of preventative vaccines and mechanisms such as national lockdowns, closure of borders, use of face masks, maintenance of physical distance, hand sanitization and use of medical equipment such as ventilators have been embraced to ease the spread of COVID-19 pandemic in many countries. However, such mechanisms have not brought any permanent solutions either, as some people, including those in Zimbabwe, remain sceptical about taking the COVID-19 jabs. Thus, dependency on donations of COVID-19 vaccines

from the developed countries also puts the continent's citizens at greater risk and in a condition of uncertainty.

## Conspiracy Beliefs as a Way of Responding to the Pandemic

A conspiracy mentality is a generalized belief that powerful forces operate in secret to rule the world. This has been connected to both generalized distrust in science in general. Thus, people who endorse a conspiracy worldview are particularly unlikely to trust the expert recommendations aimed at reducing infection rates (Imhoff and Lamberty, 2020). This is relevant, as endorsement of conspiracy beliefs has been associated with an increased need for uniqueness both in correlational and experimental studies.

Past research shows that the increase of conspiracy theories during a pandemic is not a new phenomenon: Especially in times of crises, conspiracy thinking increases substantially (Douglas, 2021). For virtually all major events over the past decades were confronted with various conspiracy allegations that proposed an explanation involving plots hatched in secret by powerful agents instead. This is also true for major outbreaks of diseases. A misinformation campaign run by the Soviet Committee for State Security claimed HIV to be a biological weapon developed by the United States (O'Donoghue, Shava, and Zazu, 2019) and the widespread belief that AIDS is a conspiracy to kill black people had a direct impact on prevention behaviour. During the Zika virus outbreak 2015-2016, there were speculations that the virus was caused by genetically modified mosquitoes or used by the governments to kill people on purpose (Douglas, 2021). The current coronavirus crisis is an almost ideal breeding ground for conspiracy thinking, as there is no easily comprehensible mechanistic explanation of the disease, it is an event of massive scale, it affects people's life globally, and leaves them with lots of uncertainty. Such conspiracy beliefs might potentially even be palliative in giving people back at least a sense of control.

Tedros Adhanom Ghebreyesus, the Director General of the WHO, warned that the world is not just fighting an epidemic, but an infodemic as well. Fake news spreads faster and more easily than this virus, and is just as dangerous (WHO, 2020). A survey from mid-March 2020 conducted in the U.S. supported this notion: 42% of the US-Americans have

seen a lot or some news about the coronavirus outbreak that seemed completely made up (Douglas, 2021). This view shows that conspiracy theories began to emerge immediately after the first news of the COVID-19 outbreak. Many of these conspiracy theories stemmed from existing tensions within and between groups. For example, during the early stage of pandemic, some people believed that COVID-19 was deliberately manufactured by the Chinese to wage war on the USA. As the pandemic progressed in the US, other people believed that COVID-19 was a hoax or was exaggerated by left-wingers as part of a plot to derail Donald Trump's re-election campaign (Douglas, 2021). Recently, a vocal minority of 'anti-maskers' in Western countries have protested against what they view as a direct attack from powerful authorities on their civil liberties. These conspiracy theories were also rampant in Africa.

## COVID-19 and Indigenous Knowledge System: The Zimbabwean Experience

Like any other African community, Zimbabwe has a constellation of beliefs, traditions, norms and practices that are anchored in the local, cultural and environmental conditions passed from generation to generation which could be used when communities have been struck by ailments of different types (Mapara, 2009). The Government of Zimbabwe (GoZ) launched the COVID-19 National Preparedness and Response Plan in March 2020 and subsequently declared the pandemic a state of disaster. With the support and guidance from the World Health Organisation (WHO), the government introduced measures aimed at curbing transmissions. The WHO Zimbabwe stratified the COVID-19 responses into eight pillars including surveillance, infection prevention and control, case management, ports of entry, risk communication and community engagement, laboratory, logistics, security, and coordination. Enforcement of these restrictive measures was done through coordination among various government arms such as the police, the military, the Ministry of Health and Childcare, port authorities, and local authorities.

Zimbabwe is characterised by a deteriorating health infrastructure and facilities, and a worsening epidemiological profile due to years of neglect (Dandara et al., 2021). This resulted in the country failing to provide enough medical services to those affected by COVID-19 pandemic. The importation of COVID-19 vaccines was piecemeal as the country largely

relies on donations from China, India and Russia (UNESCO, 2020). However, some sections of the society doubted the efficacy of the donated medicines and this created a scenario in which people were not sure whether they had to embrace the medicines or not. Faced with a situation in which the pandemic was rapidly spreading, a lack of confidence in the efficacy of donated vaccines due to conspiracy theories, traditional medicines found willing takers among ordinary Zimbabweans as they had been used to deal with epidemics of almost similar proportions in the past (Zibengwa et al., 2021). What follows is a data presentation and discussion on how IKS was used in the infection prevention and control; case management; and treatment of COVID-19 in Zimbabwe. To establish this, the researcher sought responses from 5 interviewees who are responsible for selling traditional herbs in the streets of Harare and another 5 in Chivi rural. For purposes of anonymity, these interviewees are given alpha-numerical codes UR1 to UR5 to those in Harare and RR6 to RR10 to those interviewed in Chivi rural. In this case, 'UR' stands for 'urban respondents' while 'RR' stands for 'rural respondents'. The interview questions sought to establish how IKS was used in the infection prevention and control of COVID-19; case management; and healing and treatment of COVID-19 in Zimbabwe.

## Use of IKS on COVID-19 infection prevention and control

On the issue of symptoms, both rural and urban interviewees concurred that COVID-19 shares many characteristics with other respiratory diseases such as common flu, dry cough, fever, and shortness of breath. Interviewee UR1 stated that:

> ...Instead of reporting cases of COVID-19 to modern medical facilities, some urbanites flocked to their rural homes where use of traditional medicines was common.

Interviewee RR6 supported this view and indicated that:

> ...Rural homes also became a space for self-quarantining by those who suspected to have been infected by the COVID-19 virus wherein traditional medical remedies were taken for quick recovery.

This according to Shokane and Masoga (2020:26) and Chitsamatanga and Malinga (2021) entails that Africans use IKS to prevent and control the

spread of COVID-19 pandemic in a similar way they dealt with other respiratory diseases.

To prevent and control the spread of the infectious COVID-19, Interviewees ranging from RR6 to RR10 unanimously said that: in rural areas, disposable kitchen utensils made of clay and wood were encouraged to be used by those suspected to be septic of COVID-19 when served with food and drink. According to interviewee RR7, *"...all people were encouraged to wash their hands with warm water mixed with clean ashes (madota) and a piece of soap. Thus, ashes and soap were used as sanitizers in most households in rural Zimbabwe"*.

## Use of IKS on COVID-19 management

Both rural and urban interviewees indicated that they were encouraged to use disposable utensils when serving food and drink to people with COVID-19 symptoms. For those who tested positive for COVID-19, food and drink were placed at a distance from the patient to avoid contact. According to interviewee RR8, this was *"a similar approach used by our forefathers during the outbreak of leprosy (maperembudzi)"*. However, interviewee RR10 asserted that. *"... in critical moments, relatives staying with COVID-19 patients were so vigilant to assist the patient with food and drink. They fed the patient in the open air rather than in a room."* This form of caregiving according to interviewee RR9 is a clear demonstration of *ubuntu* care ethics. People were advised to drink *(kugagura)* salt water instead of sugar-sweetened beverages. They were encouraged to limit or avoid alcoholic beverages. Interviewee RR9 postulated that,

> ...every member of society was encouraged to report to the village head about any visitor in the neighbourhood, this was used as a local security system to curb the spread of the virus from strangers. These visitors were allowed to stand outside the homestead and discuss their issues while maintaining physical distance.

In urban settlement, the interviewee UR2 indicated that citizens were encouraged to follow government protocol on COVID-19 in order to manage the spread of the virus. The researcher also observed that, every visitor in urban areas was supposed to produce quarantine certificate from government authority if coming from abroad for him or her to be received by other members of the society.

On the use of wearing face masks, all the interviewees UR1 to RR10 responded that this was an effective protective measure and as such it was welcomed by the majority of people especially during winter season. In addition to the surgical masks that were availed in different outlets in Zimbabwe, some people made use of homemade face masks as a management measure to reduce the spread of the virus. This was so because some people were sceptical about using the imported surgical masks. Again, these homemade face masks were reusable after washing them, hence they were cheaper as compared to the disposable surgical masks sold in retail outlets. A female interviewee RR6 indicated that, homemade face masks were increasing warmth especially when one is walking on a windy day. For her, *'... awa mamasiki anodziya uye anodzivirira dzihwamupengo, nokudaro gore rino vanhu vazhinji hatina kumbokosora nekuda kwemamasiki edu atakazvigadzirira.'* (facemasks are warm and protect us from COVID-19. This year many people were not affected by cough-like diseases because of the use of our homemade face masks).

However, the researcher discovered that there was a bit of resistance on wearing face masks during summer season especially in rural areas where social distance rule was very difficult to follow. Of interest to note is the fact that in Zimbabwe, summer seasons are very hot and dry and this is a period where the majority of people need to go out and prepare for the rain season. As a result, many people complained that face masks were making it difficult for them to breath due to hot weather. It was also noticed by the researcher that the majority of people in rural areas were of the opinion that COVID-19 was just but a winter disease, hence, there was no need to wear face masks in hot weather.

## Use of IKS on COVID-19 treatment

Treatment of illness and disease in Zimbabwean traditional society is defined in terms of categories. In the first instance, serious illness and disease are treated by varied forms involving herbal treatment, extraction of disease-causing objects from a patient's body, and exorcism of undesirable spirits. In other instances, minor ailments are cured by medicinal treatment. Complementing this system of therapy, the indigenous people of Zimbabwe also subscribe to certain mechanisms of protection and prevention. These two forms of treatment have been summarised by

Olayiwola (1989:40) as chemotherapy, psychotherapy, soma therapy, metaphysic therapy and hydrotherapy. It should be noted, however, that out of these forms of healing and treatment techniques only the chemotherapy, somatherapy and hydrotherapy were prevalent in response to the COVID-19 pandemic in rural and urban Zimbabwe.

### *Chemotherapy*

Out of need, necessity and convenience, the researcher discovered that in both urban and rural Zimbabwe, traditional herbs were oversubscribed as an alternative medicine used to cure COVID-19. In Harare Central Building District (CBD), the researcher discovered that there was a plethora of herbs packed in plastic bags and bottles sold by the road side. The interviewee UR3 who was selling African traditional medicine in Harare CBD listed different herbal remedies that were used during the peak of COVID-19 pandemic. For him, among the widely used herbs were the *Muvhinji* tree (Euclecrispa), *zumbani* shrub (Lippia javanica), *Muruguru* tree (Carisa edulis), ginger, garlic, onion, gumtree leaves and barks, guava barks and leaves and *Mukute* (Syzgiumcordotum) tree.

Tree barks, leaves, roots and shrubs are still being sold in the streets and the patients are advised to chew these frequently even if they do not have symptoms of COVID-19. Common to these herbs was the *zumbani* shrub which was used in the treatment of COVID-19. One interviewee UR3 narrates that: "The leaves and twigs of this shrub are boiled and the solution is taken for cough and cold alleviation. This *zumbani* syrup can be bottled and then used when the need arises". The researcher also observed that some people in rural areas were using dried *zumbani* leaves to make cigarettes and smoke it.

While there is no 'scientific proof' at the time of writing that *zumbani* can cure COVID-19, literature shows that some health experts believe that *zumbani's* respiratory healing properties may have provided relief in handling certain COVID-19 cases (Anadolu Agency, 2021). Informants in Chivi rural village, confirmed that many people with COVID-19 like symptoms 'miraculously' recovered from COVID-19 after taking the *Zumbani* syrup. *Zumbani* shrub is widely used in rural and urban Zimbabwe and some entrepreneurs are earning a living through selling it in neighbouring countries.

For interviewee RR3, "the *Muruguru* shrub's roots are extracted, soaked in water over night. The treated water is then consumed the following day in the morning and in the evening before going to bed until the illness has subsided". The interviewee further explains that "the *Mukute* tree's barks are extracted, soaked in water and administered in similar fashion to the *Muruguru* shrub". According to the interviewee RR5, these herbs had been traditionally used to treat coughs, chest pains, pneumonia and tuberculosis, and are now used to treat and heal COVID-19.

Pertaining to the effectiveness of these herbs, one informant RR2 testified that her grandfather who had COVID-19 symptoms recovered after taking the *zumbani* and *Muruguru* concoction. Interviewee UR4 testified that even doctors and nurses in the public and private clinics and hospitals encouraged people to use traditional remedies. Interviewee UR1 who sells these herbs in Harare CBD explained that some herbs such as the *Muvhinji* (Euclecrispa) have been used as an antibiotic since it also treats coughs and flu like symptoms.

### *Hydrotherapy*

This study discovered that hydrotherapy was another common method used in the prevention and treatment of COVID-19 in both rural and urban Zimbabwe. This form of therapy includes the drinking of consecrated water to cure certain ailments and diseases, sprinkling of holy water on certain places to bring fortune and prosperity, and the use of streams for ritual bath with soap and sponges as prescribed by traditional healers and diviners. All the interviewees conducted for this study unanimously indicated that *kufukira/kunatira* (steaming) was one of the widely practised traditional practice by the local indigenous people in Zimbabwe. This involved inhaling steam from boiled water mixed with either *tanganda* tea or lemon or *zumbani* tea while one is covered with a blanket or cloth. Besides boiling *zumbani* in water, numerous other traditional herbal combinations were used in these *kufukira* sessions. All the interview informants confirmed that it was mandatory for family members to steam at least twice a day. This was mostly done in the morning and evening. However, the *kufikira* sessions were increased depending on the number of times that an individual left home and interacted with other people during the day. These *kufukira* concoctions were freely shared by people on social media such as WhatsApp and Facebook. This sharing of medical data was

a clear testimony that the indigenous people had confidence in the efficacy of their traditional herbal remedies.

### *Somatherapy*

This form of therapy is mostly prescribed by the elderly, traditional healers, and diviners. These sacred practitioners in African societies prescribe some physical protective measures called *dumwa*. During a calamity or a disaster, sacred practitioners in many African societies can prescribe the chaining, tying of consecrated threads on wrists, necks and waists as protective measures against evil spirits. This is usually complimented by the use of physical objects like burning candles, burning of newspapers, consecrated oil, sponges, soaps, crosses, milk, salt, coffee and tanganda teas and *chifumuro* to ward off evil spirits and wash away bad destiny and command good fortunes (Chimininge, 2012). The researcher during his fieldwork observed that people who tested positive for COVID-19 in Zimbabwe were regarded as people with serious misfortunes (*munyama*) and the COVID-19 virus was regarded as a calamity caused by evil spirits. Through various media platforms people in rural and urban areas shared information that was used to conduct somatherapy. The *chifumuro* (exposer) derived from the Shona verb has the connotation of exposing or to shame (*kufumura*). According to Shoko (2007), the underlying conviction in the use of *chifumuro* plant is that it will expose the nature of the illness and disease and neutralise its effects upon the patient. This exposure restricts the aggressive nature of the illness so that it is effectively prevented from attacking any other member of the family. The *chifumuro* root according to Shoko (2007) is tied onto a fibre or a string prepared from the bark of a tree that the traditional diviner recommends after diagnosing the illness. This is then tied around the wrist, neck or waist. According to interviewee RR10, the string around the waist is called *dumwa* by the Shona. *Dumwa* means 'to send', that is, 'send to protect from the disease'. Thus, the medicine tied onto the string is thus both curative and preventive. Although *chifumuro* is limited to a specific disease, it acts as a safeguard against all forms of illness and diseases. In this case, *chifumuro* was used to protect people from the COVID-19 pandemic.

## COVID-19 redefined African Identity

In light of the above discussion on the prevention and control; case management; treatment and cure of COVID-19 in Zimbabwe, it is clear that the people of Zimbabwe 'went back to their roots' and tapped from their IKS in response to the COVID-19 pandemic. The emergence of COVID-19 pushed most Africans to recognise the need of going back to their roots thereby redefining their African identity that have been obliterated by the advent of western medicine. In this case, a radical approach to our understanding of different forms of pandemics was taken into serious consideration by most African states. The emergence of COVID-19 as a world pandemic with no cure at the moment but relied on donated vaccines from America, Europe and Asia showed Africans that they are nothing without their culture. On this note, Chirimuuta and Chirimuuta (2021:19) posit that the African continent cannot afford to ignore the fourth Industrial Revolution and the various implications that it has to the developmental trajectory of its people. The duo noted that "...while it is good to acknowledge the advantaged position of continents such as Europe, Australia, USA among many others, it is high time Africans realise that the revolution at hand was never designed to benefit them, but the conglomerates, the global elite and the imperialists."

In support of this view, Kuhn (1970), Shokane and Masoga (2020) and Mukesi and Wabomba (2021) noted that the Western countries are not keen to embrace medical inventions from Africa, opting to cast a suspicious look and at times outright rejection of all African inventions. According to Mukesi and Wabomba (2021), the majority of African health systems rely on funding from multilateral organisations such as WHO and other development agencies to supplement their budgets. As a result, these African governments remain vulnerable to external influence which shun AIKS. The duo also observed that some African states do not support their own knowledge systems in human health, preferring to play second fiddle to Western medicine.

Basically, IKS have not been officially accommodated in the formal health systems of any country, let alone Zimbabwe. As a way of closing out IKS and promoting Western medicine, Western health professionals are quick to brush aside the use and efficacy of IKS within the medical fraternity (Murray and Chavhunduka, 1986). At one time through national television and radios, the Medicines Control Authority of Zimbabwe

(MCAZ) warned against the use of traditional medicines. For MCAZ, "African traditional medicines were posing a serious health risk to members of the public who were using them in place of the prescribed conventional medicines" (Shoko, 2018). Nonetheless, it is heartening to note that some innovation hubs, recently established by the government in the country's state universities are taking a leading role in carrying out research on the efficacy of some selected indigenous herbal remedies. This entails that, African survival in this world of change and competition should not be derivable from parroting the neo-imperialists but rather Africans need to advance the uniqueness of Africa in the medical fraternity and other facets of life.

As claimed by Chirimuuta and Chirimuuta (2021:30) Africans will then be better placed to curve their own spaces on the global terrain and claim their position on the global marketplace of ideas. For Africa to redefine its identity in the medical sector and other institutions, African countries should concentrate on inventing, researching and coming up with innovations that Sare peculiar to their situation rather than blindly attempting to fit in or to access what the neo-colonialists would have designed. It should be noted by every African that innovations from America, Europe and Asia are never and will never be intended to change their current attitude towards Africa, but to advance the neo-imperialist agenda. Mukesi and Wabomba (2021:45) argue that the stance taken by African countries behind Madagascar's invention of COVID-19 vaccine is laudable in redefining African identity. However, African countries need to do more to support each other and use their own AIKS in medical inventions and other sectors of life. In this case, deliberate efforts should be made by all stakeholders through public, private partnerships to preserve African indigenous knowledge systems which have proved to be very vital in fighting pandemics of different types since time immemorial. This according to Zivengwa et al. (2021) can be done through documentation of traditional medical knowledge by academics, and other research institutions. In redefining Africa and promoting its unique identity, the institution of traditional healers and diviners should also be promoted by African governments. Furthermore, concerted efforts should also be made by various stakeholders in Africa to protect biodiversity which is a ready source of medicine for traditional remedies since these were looked down upon by western scholars and missionaries and referred to them as 'witch doctors' (Shoko, 2018).

This view had already been supported by World Health Organisation (WHO) when it pointed out that the use of IKS in the medical fraternity is one of the surest alternative means to achieve total health care for the world's population (Maluleke, 2020). The WHO acknowledged at the height of the HIV and AIDS pandemic during the early years of the 21st century that, traditional medicines could be used to deal with its symptoms and also relieve pain, and opportunistic diseases, associated with it. The strong conviction is that if these medicines were used in the past, continuing to this very day, to treat various ailments, they could still be used successfully to treat COVID-19 (Chitungo, 2022). As such, the support by the African governments for IKS must be the first port of call. For this reason, Africa should take cognisance of the fact that the use of IKS becomes a necessity given the scenario where modern medicines are failing to treat COVID-19. Again, Western manufactured medicines are very expensive and beyond the reach of the majority of the African population. The scarcity of basic medicines in African hospitals and clinics at a time when the whole world is grappling with a pandemic should force African states to come up with home-grown solutions to medical challenges faced by the continent at large. This, in the end, makes health solutions derived from the use of IKS readily accessible in communities, affordable and effective. These remedies, as highlighted above, have the advantage that they are the most affordable and easily accessible source of prevention, management, and treatment of the COVID-19 pandemic, especially for poorly resourced countries like Zimbabwe. Of interest to note is the fact that health solutions anchored in the IKS are also more acceptable from a cultural point of view.

In order to redefine African identity, the school, college, and university curricula in African states should include the teaching of IKS in their syllabuses. Such a move will help to preserve and promote the use of IKS to posterity. Notwithstanding efforts currently on the ground, the African governments must avail more funding to public institutions such as universities, polytechnics, and state-owned research institutions to carry out research for the manufacturing of herbal medicines to meet local demand. This can also be done through partnering and patenting with international drug or vaccine manufacturing hubs.

## Conclusion

COVID-19 has had a devastating impact on global communities, drastically affecting the population and the global economies. The African continent in general and Zimbabwe in particular, have not been spared by the wrath of the pandemic. In response to the COVID-19 crisis communities which used to shun African indigenous therapies including those from Mega churches, Pentecostal churches, Evangelical and African Indigenous churches resorted to African Indigenous Knowledge Systems as possible remedies to prevent and control, manage, cure, and treatment of COVID-19. In Zimbabwe, both urban and rural communities fell back on their African indigenous medicines and tried to salvage the little they could remember from the tradition's repositories to save humanity. The sad reality is that the indigenous knowledge of medicines and medical practices has been battered, castigated, and thrown to the doldrums of knowledge. The vehicle for this demonization and castigation of IKS is none other than western imperialism, industrialisation, and the influence of Christian teachings. This has been exacerbated by the death of the African elderly people who happened to be the repositories of the African knowledge systems. As such, African indigenous knowledge systems have generally been given a back seat in the global health fraternity because of the negative image that has been associated with them. The Zimbabwean government, however, took a positive stance when it professionalised traditional healers in 1980 through the formation of the Zimbabwe National Traditional Healers Association (ZINATHA). The move to secure their independence from the negative perception it had got from the colonial government shows the importance of the traditional healers and their practice in the lives of the people of Zimbabwe. This actually entailed the promotion of IKS. It should be concluded that the exclusion of ZINATHA from the modern medical field in Zimbabwe also means the exclusion of IKS from mainstream development and practices.

This paper discovered that Zimbabweans of all persuasions have never completely abandoned their confidence in IKS as they respond to various life problems and natural disasters as shown. As discussed in this paper, we have noticed that as the COVID-19 pandemic showed its sting on the world scene, Zimbabweans were quick to throw their face into the past and started to fish out IKS to prevent, manage and treat COVID-19. This demonstrated that, despite the modernisation of the Zimbabwean community, in times of crisis, Zimbabweans tend to go back to their roots for

sustainable solutions. Be that as it may, Africans need to find their roots, which they do in their community, among their people, and by doing so, they will be able to enrich the cultural soil out of which they were born. This simply means that to return to their roots is to find their meaning in all forms of life, be it in politics, economics, family, education, and above all health issues. In this case, Africa should acknowledge that there is only the present, and by going to the roots and their origins, the meaning of life in its various facets will be clearer. A lot of interventions are, therefore, required from different stakeholders as a way of promoting a cause that can be a saviour to the African population.

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