



Francis Machingura & Cecil Samuel Kalizi

7 COPING WITH THE CHALLENGE OF COVID-19 PANDEMIC: THE ZIMBABWEAN RELIGIOUS PARADIGM

Abstract

A synopsis of religion's response to COVID-19 and related interventions for the period 2019 to 2022 is necessary. This brings in the role that the Church played in fulfilling her missionary role. Religion plays a critical role in national health matters and this is true with regards to COVID-19 as well. The various religious groups involved included Christian Churches, and African Traditional Religious adherents. Religion's response to COVID-19 and remedies were on one hand positive and on the other, negative. There was an interface between political and religious leaders in trying to fight the COVID-19 pandemic. Religious utterances became popular as nations were hard hit by the effects of COVID-19.

Keywords: Religion, COVID-19 Pandemic, African Traditional Religion, Pentecostal and Evangelical Christians

Religion

It is imperative to understand the concept of religion and how it helps or hinders coping with the challenge of COVID-19 within the African context. Coming up with a comprehensive definition of religion is very difficult if not impossible as the attempt by many scholars has proven to be a futile exercise. ELLIS & HAAR in KIMEMIA (2016:120) define religion as "a belief in the existence of an invisible world, distinct but not separate from the invisible one, that is home to spiritual beings with effective powers over the material world." The definition is a pointer to diverse religious practices in Africa whether socially and religiously constructed or destructive, well accepted or denigrated. Religion includes such practices sometimes referred to as magic or superstition. Our focus is on Christianity and how the various Christian groups attempted to suppress and fight the COVID-19 disease. It is however important to note that the main religions

in Africa are Christianity, Islam and African Traditional Religion and this chapter draw examples from the three. ASAMOAH-GYADU (2021:158) identifies charismatic Pentecostalism, a form of Christianity that is prevalent in cities, in which prosperity gospel is preached and whose emphasis is the performance of miracles, as growing both numerically and in terms of visibility in Africa. UNICEF (2021) acknowledges the apostolic sects, falling under the domain of Independent or Indigenous African Churches because of their home-grown nature and close identity with African Traditional Religion, as flourishing in Africa. NYATHI (2021) highlights UNICEF's engagement of religious leaders across Islam, Christianity and African Traditional Religion about COVID-19. The insights of ASAMOAH-GYADU (2021:158), UNICEF (2021) and NYATHI (2021) on the religious context in Africa lay a foundation for the discussion of the extent to which religion helps or hinders coping with the challenge of COVID-19 in Africa. The interface between religion's beliefs, practices, rituals and national responses to COVID-19 is central to the discussion in this paper.

COVID-19 Pandemic and its Challenges to the Church

WHO (2022) describes COVID 19 or coronavirus disease as “an infectious disease caused by the SARS-CoV-2 virus”. Most of the infected people will experience mild to moderate respiratory illness and recover without treatment. Some will however become seriously ill and require medical treatment. Older people and those suffering from underlying conditions like cardiovascular disease, diabetes, chronic respiratory disease or cancer are more likely to develop serious illness should they get infected with SARS-CoV-2 virus. The disease poses great risk to society because it is highly infectious.

HOBAlKA, MÖLLER & VÖLKEl (2022:6) describe the coronavirus disease as a systemic risk, which is very complex, not limited by any geographic boundaries and causes a looming threat to society's indispensable systems like telecommunication networks, transport, health care, education, provision of basic needs and other critical infrastructure. The World Health Organization declared COVID-19 a public health concern or a pandemic on 11 March 2020 (HUMBE 2022:72). The declaration was in response to the nature of the disease in order to facilitate every stakeholder's response. A pandemic is an epidemic that is experienced the world over

or over a very wide area across international boundaries and affecting many people at a given time and rightly so COVID-19 was declared a pandemic on 11 March 2020 because by then it had spread to 110 countries and areas (HUMBE 2022:7); HOBAIKA, MÖLLER & VÖLKE (2022:3) observe that a simple handshake could lead to infection, suffering and death and face masks became a must to prevent transmission. Clinics and hospitals were overwhelmed by the huge numbers of people in need of treatment. As at 1 July 2021, according to Johns Hopkins University's coronavirus resource centre, almost four million people had died from COVID-19 while 182 million had been infected globally (HOBAIKA, MÖLLER & VÖLKE 2022:4). The pandemic having been discovered in Wuhan, China, on 1 December 2019, spread at an alarming rate to bring about the impact stated above. This was due to globalization, a phenomenon that has resulted in an inhibited movement of people and goods throughout the world (PITYANA 2020:333). The challenge was that it was incumbent upon the public to prevent itself from infection by practicing hygienic standards which include washing of hands or use of hand sanitizers regularly, the wearing of face masks covering mouth and nose, abstaining from handshakes, hugs or kisses and maintenance of social distance. Even though Governments were responsible for educating the public, the effectiveness of the information would only be a reality if the public practiced what it was told. PITYANA (2020:335) observes that part of the impact of COVID-19 in Africa was felt through the travel restrictions, curfews, lockdowns, and closure of schools and places of entertainment, worship and sport. The new normal (referring to the restrictions) was not easy for the public as it among other effects impacted negatively on their income as they could not freely engage in their economic activities. According to PITYANA (2020:337) COVID-19 was both a public health crisis and a socio-economic disaster. Besides people dying in millions, the socio-economic and religious lives of the people got affected badly.

Religion was not spared by the imposed restrictions. It is not just the closure of places of worship, but restrictions to movement which resulted in the clergy failing to offer some of their pastoral services like visiting the sick or comforting the bereaved. Accordingly, weddings and funerals were not without restrictions. PITYANA (2020:336) raises very important concerns of the Church during the COVID-19 period, that is, 2020 to 2021. The concerns include issues of conscience around failure to attend Church, "the manner of being church, and the capacity of the Church to

worship and administer the sacraments.” Churches being faced with the new normal under the COVID-19 pandemic season, felt they had been paralyzed and robbed of their Church hood by failure to meet. Furthermore, they had been robbed of the opportunity to practice their Church rituals, like Holy Communion, from which they draw their identity. The Church’s response was therefore mixed as some focused on empowering their members with relevant COVID-19 related information while others focused on spreading theological interpretations of COVID-19 in order to preserve the Church’s existence whilst others focused on the Biblical prophetic solutions to COVID-19.

Religion Helps or Hinders Coping with the Challenge of COVID-19 Pandemic

MANGEYA, JAKAZA & MHUTE (2021:367) perceive religion as an equally formidable force to any government in terms of influencing people’s minds, attitudes and behaviours in response to COVID-19. The Church’s (believers across the religious divide) influence is such that its adherents can either take seriously or resist government’s measures to control the spread of COVID-19 or resist the same. Such is the premise behind the discussion of this chapter. Religion’s response to COVID-19 between 2020 and 2021 in Africa demonstrated Africa’s potential to either help or hinder coping with the challenge of the pandemic; a phenomenon which provides great lessons for future emergencies. CHITANDO (2022:247) reveals the complex and dynamic nature of the role and impact of religion in the face of any pandemic such as COVID-19. As such there is continuity between positivity and negativity in the responses, a position which warrants such descriptions as “positive while negative” (CHITANDO 2022:247). As a result, religion can either help or hinder any coping strategies with the challenge of COVID-19 pandemic.

CHITANDO (2022:248) claims that one of the areas of response to COVID-19 which probably has not received as much academic attention as it deserves is one of Indigenous Knowledge Systems (IKS) and African Traditional Religions (ATRs) as a result of the already struggling formal health delivery systems, particularly in Zimbabwe. ATRs greatly impacts on how African Christians behave or relate with the Bible. The place of

religions especially ATR got attention during the COVID-19. People resorted to IKS for herbal treatment, a development which saw massive peddling of information about useful herbs and home remedies in response to COVID-19. HUMBE (2022:78) quotes a health official who refused to be admitted in hospital for COVID-19 citing gross incapacities and claiming that it was rare for COVID-19 patients to come out of Zimbabwean hospitals alive. The official reportedly emphasized that Zimbabwean hospitals had become death traps. Even Church leaders (mostly from mainline Churches) also encouraged their members to use traditional herbs, western medicine and strategies to fight the COVID-19 virus. Most people Christians were suspicious of western medicine. Claims by health officials as cited above and other theories (vaccine or western medicine was meant to exterminate Africans) which were peddled on social media platforms strengthened Zimbabweans across the religio-social and cultural and political divide resolved to use herbs and home remedies whenever they were unwell instead of going to formal health delivery institutions. While the medical experts denied the effectiveness of such remedies in treating COVID-19, the general public found them as viable alternatives because of the crisis.

According to HUMBE (2022:81), traditional healers in Zimbabwe claimed that *zumbani* (*Lippia javanica*), *Mufandichimuka* (*Myrothamnus flabellifolius*), *Chifumuro* (*Dicoma anomala*), *Rimiremombe* (*Sonchus oleraceus*) were effective in managing COVID-19. HUMBE (2022:81) also observes that the majority of Zimbabweans in both urban and rural areas were using herbs and home remedies like *kufukira* (steaming) to manage COVID-19. The stampede for traditional herbs that used to be shunned by Pentecostal and Evangelical Christians as demonic or satanic changed due to social media platforms which had become consultation spaces for survival. Zimbabweans across the Christian divide started planting traditional herbs in their homes; something that was shocking and unheard of particularly Pentecostal or Evangelical Christians let alone African Independent Churches' followers who shun both western medicine and traditional herbs as a sign of total commitment or trust in Christ. Any use of herbs or western medicine is interpreted as apostasy or lack of faith in God and understanding of God. Apart from treatment, ATR expressed itself by affirming the existence of *Mwari* (Shona Supreme God), *Musikavanhu* (creator of people), *Samasimba* (the Omnipotent one) and *vadzimu* (ancestral spirits) in response to COVID-19, vowing that there

was always a way out (HUMBE 2022:80) hence pragmatic solutions for every challenge. The sacred practitioners interviewed by HUMBE (2022:80) perceived the COVID-19 related suffering through aphorisms such as *vadzimutiringe* (ancestors take care of us), *vadzimu vatirasa* (ancestors have forsaken us), and *vadzimu vadambura mbereko* (ancestral spirits have broken their back sling). The aphorisms were both prayers for help and lamentations and a common way of responding to disaster in ATR.

CHITANDO (2022:249) notes how religion (Christianity and ATR in particular) collaborated with public health and political authorities in spreading relevant messages about COVID-19 and encouraging people to oblige. A good example of such a development is the case of Tanzania where the late former President, John Magufuli, accepted all the WHO recommended guidelines for controlling the spreading of COVID-19 except lockdowns and closure of business (CHITANDO 2022:249). WAGANA (2022:116-117) outlines the measures taken by Tanzania in response to COVID-19 and describes them as friendly in comparison to those of the other Eastern African countries. He further reports that apart from the strong campaign against COVID-19, Tanzania promoted the use of traditional herbs like lemon, ginger, chili pepper, neem tree leaves and such substances as honey. Some of the herbs were boiled and mixed with honey to make syrup which one would drink. Sometimes patients would get steamed using the same substances. WAGANA (2022:117) claims that it is the friendly approach to COVID-19 by Tanzania that allowed religion “precedence and soft entry into the COVID-19 programme” such that religious leaders remained motivated to continue offering prayers for the healing of Tanzania from COVID-19. WAGANA (2022:120) appreciates the full involvement of religious leaders and their institutions as major players in the implementation of the Tanzanian ministry of health issued COVID-19 standard guidelines. It is interesting that religious leaders were actually listed by the Tanzanian health ministry’s guidelines for COVID-19 as crucial palliative care providers (WAGANA 2022: 120). This demonstrates the seriousness with which Tanzania perceived religion and how it can be helpful in a nation’s response to an emergency. Religion however was still as influential in African nations where it was not accorded the same recognition as in Tanzania.

Religion is often perceived as rigid but CHITANDO (2022:250) underscores the fact that the participation of religion in a systematic working

relationship with public health officials and politicians in the COVID-19 national response mechanisms in Africa, demonstrates “the flexibility, adaptability, and rationality of religion in the face of COVID-19.” The above is demonstrated by, for example, the shift from sit in to virtual meetings by different religious groups, even though Pentecostal churches had an edge over other religious groups on this aspect as they were already using digital platforms before COVID-19. NYAWO (2022:143) stresses that irrespective of the different religious understandings of the COVID-19 pandemic, they can be coping mechanisms in light of the stressful circumstances involved. No matter how negative religion’s response to COVID-19 may sound, it may be a way of coping. Indeed, there is need for not just religion but the entire society to have coping mechanisms in every crisis. PITYANA (2020) argues that the COVID-19 global situation demanded that religion focuses on the human condition with a view of the deity becoming a reality in a messy world. Religion therefore had to be flexible, adaptable and rational in order to save human lives while continuing to offer services to adherents. Religion had to be relevant in its provision of palliative care and comfort for the bereaved and suffering without risking the lives of the clergy and the needy. Such shift in practice went a long way in strengthening national responses to COVID-19 in Africa.

In several other ways religion hinders coping with COVID-19. The hindrances are mainly due to perceptions and responses to COVID-19. Religion tends to interpret phenomena in tandem with its worldviews and NYAWO (2022:143-146) explores three ways in which the Christian leaders of Eswatini perceived COVID-19. They perceived it as God’s punishment for sin, spiritual warfare and fulfilment of end time prophecies. NYAWO (2022:143-144) reports how the government of Eswatini declared a national fast and a day of prayer in which the theme was ‘God heal our land’. NYAWO (2022:144) interprets the call for prayer and messages preached by the Christian leaders on the day of prayer to be based on the religious premise that COVID-19 was God’s punishment for sin. The interpretation raises a lot of questions. The COVID-19 pandemic is a global phenomenon and yet the people of Eswatini were at home with the interpretation that it was God’s punishment for their sin. How are the two reconcilable? The only sensible explanation would arise from the African theologians’ theory that the “traditional worldview is irreplaceable, despite having interacted with other worldviews” (NYAWO 2022:148). Traditional worldview

refers to the religion relating to one's indigenous culture and for Africans that is ATR. Turner in NYAWO (2022:148) describes traditional religions in the following words:

The most basic or fundamental religious forms in the overall religious history of (hu)mankind and that they have preceded and contributed to the other great religious systems...thus they are both primary and prior; they represent a common religious heritage of humanity.

The perception of COVID-19 by the Eswatini government and Christian leaders was therefore influenced by ATR as the traditional worldview even though it was expressed in Christian terms. This thought is buttressed by Sawyer in NYAWO (2022:150) who alleges that ATR perceives sin in the context of community life as opposed to individualism. As a result, it is common for African sacred practitioners to lead their communities to rituals for the purpose of cleansing the land of the effects of sin.

The perception of COVID-19 as God's punishment for sin had serious implications and is bound to hinder coping with the pandemic by creating a sense of hopelessness where people would just pray and wait for God's intervention without taking requisite precautions. The attitude towards COVID-19 by most evangelical or Pentecostal leaders and some Christians is very disturbing and retrogressive. It is a perception that may cause people to wait for their fate without taking practical steps to prevent themselves from infection. It is also a perception that would lead people to defy government's restriction to movement and gatherings with the view that their salvation from COVID-19 is in prayer alone. Such is the attitude demonstrated by some Muslims in South Africa who according to VAHED (2021:2) defied government ban on gatherings and movement by continuing to hold prayers in mosques. VAHED (2021:2) further reports that, after the same Muslims were arrested for breaking the law, they took the government to court challenging the ban on religious gatherings. In Zimbabwe, some Pentecostal and African Independent Churches defied government bans on public gatherings that affected Churches.

Conspiracy theories became the order of the day in some religious circles that the COVID-19 virus was for the rich/ elite people or the virus for white people because of God's anger against them for their sins against God and humanity since time immemorial. While respective African governments were announcing restrictions for the sake of prevent-

ing the spread of COVID-19, some religious people perceived the restrictions as violation of religious activity. This means in some religious sections, rationality around COVID-19 was limited.

Secondly, CHITANDO (2022:251) cites cultural conservatism, resistance to science and COVID-19 prevention strategies as a way of religion hindering coping mechanisms against COVID-19. ASAMOAH-GYADU (2021) analyses some of the Ghanaian Pentecostal charismatic leaders' perception of SARS-CoV-2 virus and the kind of message it communicated to the nation. The perception is painted through the utterances and gestures of Church leaders. ASAMOAH-GYADU (2021:1) reveals the change of meaning of the acronym by some preachers as circulated on WhatsApp to "Christ Overcomes Viruses and Diseases." While the reinterpretation of the acronym above may have been done in good faith, it may give false hope to adherents and cause them to neglect health experts' prescribed day to day precautions, like the use of face masks to prevent the spreading of COVID-19. In the words of Archbishop Duncan-Williams in ASAMOAH-GYADU (2021:4),

The Coronavirus is a name, a person without body and in the name of Jesus, as we bow our knee and we pray, this plague, pestilence and virus will bow the knee and stand down and go back to where it came from; we find an inclination to the perception of coronavirus as a spirit which can be cast out through prayer.

While prayer is good, the fear is that such prayers may lead adherents to neglect practical preventative mechanisms in the trust that the "spirit of coronavirus" as suggested in Archbishop Duncan-Williams' prayer is cast out. One is convinced it is in support of the above thoughts that MANGEYA, JAKAZA & MHUTE (2021:370) asserts that religion determines how far adherents go to either take risks or exercise caution in matters relating to health or other equally critical matters in life. Prophet Emmanuel Makandiwa of the United International Family Church (UFIC) in MANGEYA, JAKAZA & MHUTE (2021:373) in his emphasis on prayer as the only solution for COVID-19, said the following to his congregation,

You will not die, because the son is involved in what we are doing... [It is] the freedom that no medication can offer.

Makandiwa publicly condemned the COVID-19 vaccine only to retract his condemnation after some behind the scene engagement with the govern-

ment resonated with what some of the Zimbabwean clergy (mostly Evangelical/Pentecostal and apostolic sects) claimed to be reason behind the COVID-19 virus.¹ Some associated the virus with God's anger towards the high levels of sin or disobedience to God; some even talked about the growing number of homosexuals and lesbians as an invitation of God's wrath in Zimbabwe; some linked the virus to the spilt human blood during Zimbabwe elections and some even talked about than embracing foreign religions if people were going to be spared from the disease and deaths. Makandiwa's position aligns to a category of KIRBY in MANGEYA, JAKAZA & MHUTE's (2021:373) description of Pentecostal charismatic churches which perceived COVID-19 as a spiritual force of evil as opposed to a biomedical disease. Interestingly members and leaders from his Church succumbed to the disease. Critics argue that, religious leaders (Church) are selfish and heartless when it comes to how they use their personal beliefs to become institutional yet risking the lives of people. It is the followers that get risked in public spheres yet they as celebrity pastors are never found staying or interacting in areas where the majority of people are found such as in buses, supermarkets and public schools.

MANGEYA, JAKAZA & MHUTE (2021:376-387) analyse a series of religious messages circulating on social media platforms with the aim of allaying the panic and fear that gripped people during the peak of COVID-19. MANGEYA, JAKAZA & MHUTE (2021:388) believe that the messages created a "discourse of Christian exceptionalism" which effectively gave assurance to Christian believers that they would never be affected by COVID-19. They were messages of hope, like, we should not fear because greater is the one in us than the one in the world; messages founded on the belief that Christians are God's chosen, like, the blood of Jesus in Christians does not get infected with COVID-19; messages which suggest that earthly solutions will not work, a position which tends to under rate health precautions. Messages based on the belief that Christian believers are humans who have been transformed into celestial beings and therefore cannot be affected by COVID-19 (MANGEYA, JAKAZA & MHUTE, 2021:376-387). Believers cited biblical texts that portrayed the COVID-19 virus as one of the demons that needed to be exorcised and Christians were portrayed as victors because of Christ (Revelation 21:4, James

¹ Cf. videos like www.youtube.com/watch?v=EzWgyD5Nzkg, www.youtube.com/watch?v=Z52OCuo2M0E, and www.youtube.com/watch?v=8dpuUQGK-P8.

5:14-16, 1 Peter 2:24; Matthew 4:23; Matthew 9:35; Luke 6:17-19). All the messages above may have one negative effect or the other on the believers' attitude on COVID-19. All the effects are linked to the tendency to under-rate the effect of COVID-19 while portraying the attitude of an invincible nature that is inconsistent with human nature. Furthermore, the attitude promotes recklessness in terms of neglect of the COVID-19 practical preventative measures among Christian believers exposed to such teachings.

Conclusion

The foregoing discussion clearly shows that, religion either helps or hinders strategies coping with the challenges of COVID-19. Religious leaders have a lot of influence on its adherents and the influence is an asset if used positively in national responses to pandemics, like, COVID-19 and other emergencies. However, religion especially Christianity being diverse and complex, it is hardly possible for the entire religious sector to be positive in its response to COVID-19. Furthermore, it is hardly possible for each specific religious Christian grouping to be totally positive in its response to COVID-19. As such the picture of Christian religious response to COVID-19 is a mixture of positive and negative. This calls for a very serious awareness campaign about pandemics among religious groups (especially Pentecostals or apostolic Christian groups), if we are going to ride on religious influence to manage pandemics in Africa. Apart from religion having a huge following in Africa, it has a voice which cuts across the political polarization and therefore it is a major stakeholder that should never be ignored in addressing societal issues.

References

- ASAMOAH-GYADU, J.K. 2021. Pentecostalism and Coronavirus: Reframing the Message of coping Health-and-Wealth in a Pandemic era. In: *Spiritus* 6(1), 157-174. Electronic edition accessed from <https://digitalshowcase.oru.edu> on 17/08/2022.
- CORONAVIRUS PROPHECY RECAP | Prophet Emmanuel Makandiwa, <https://www.youtube.com/watch?v=Z52OCuo2M0E> (Accessed 25 October 2022).
- CHITANDO, E. 2022. Religion and COVID-19 in Southern Africa. Implications for the discourse on Religion and Development in Religion. In: *Religion and the COVID-19 Pandemic in Southern Africa*, 244-256. Abington: Routledge.

- EMMANUEL MAKANDIWA SHEDS MORE INFORMATION ON CORONA VIRUS, <https://www.youtube.com/watch?v=8dpvUQGK-P8> (Accessed 25 Oct. 2022).
- HOBAIKA, Z., MÖLLER, L., VÖLKELE, J.C. 2022. *The MENA Region and COVID-19. Impact, Implications and Prospects*. Electronic copy accessed from <https://web.p.ebscohost.com> on 16/08/2022.
- HUMBE, B.P. 2022. Living with COVID-19 in Zimbabwe. A Religious and Scientific Healing Response. In: *Religion and the COVID-19 Pandemic in Southern Africa*, 72-88. Abington: Routledge. <<https://doi.org/10.4324/9781003241096>>
- KIMEMIA, D. 2016. *Africa's Social Cleavages and Democratization. Colonial, Post-Colonial, and Multiparty Era*. London: Lexington Books.
- MANGEYA, H., JAKAZA, E. & MHUTE, I. 2021. Christian Exceptionalism and the Response to COVID-19 in Zimbabwe. In: *COVID-19 Manifestation, Ramifications and Future Prospects for Zimbabwe. A Multi-disciplinary Perspective*, 367-390. Bamenda: Langaa Research & Publishing Common Initiative Group.
- NYATHI, K. 2021. Zimbabwe's Religious Leaders Increase Efforts to Tackle COVID-19 and Support Vaccines. In: *News and Press Release 5th May 2021 Issue*. Electronic edition accessed from <https://reliefweb.int/> on 17/08/2022.
- NYAWO, S. 2022. Christian Religious Understandings and Responses to COVID-19 in Eswatini. In: Sibanda F., Muyambo T., Chitando E. (Eds.). *Religion and the COVID-19 Pandemic in Southern Africa*, 141-154. Abington: Routledge. <<https://doi.org/10.4324/9781003241096>>
- PITYANA, N.B. 2020. A Theological Statement on the Coronavirus Pandemic. Living the Faith Responsibly. In: *Religion and Theology* 27(1), 329-358. Electronic edition accessed on 17/08/2022 from <https://brill.com/>.
- PROPHET EMMANUEL MAKANDIWA Prophecy About the pandemic (COVID-19), <https://www.youtube.com/watch?v=EzWgyD5Nzkg>. (Accessed 25 Oct. 2022).
- UNICEF. 2021. Religious Groups warm up to COVID-19 Vaccines in Zimbabwe. In: *UNICEF News 20th November 2021 Issue*. Electronic edition accessed from www.unicef.org/ on 17/08/2022.
- VAHED, G. 2021. COVID-19. Congregational Worship, and Contestation over 'Correct Islam' in South Africa. In: *Journal for the Study of Religion* 34(1). Electronic edition accessed from <http://www.scielo.org.za/> on 17/08/2022.
- WAGANA, P. 2022. The Role of Religion in Response to COVID-19 Pandemic Challenges in Tanzania. In: *Religion and the COVID-19 Pandemic in Southern Africa*, pp 89-101. Abington: Routledge.
- WORLD HEALTH ORGANIZATION. 2022. *Coronavirus Disease (COVID-19)*. Electronic edition accessed from www.who.int on 30/09/2022