

# Afro-Communitarianism and the Role of Traditional African Healers in the COVID-19 Pandemic

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The COVID-19 pandemic has brought significant challenges to healthcare systems worldwide, and in Africa, given the lack of resources, they are likely to be even more acute. The usefulness of Traditional African Healers in helping to mitigate the effects of pandemic has been neglected. We argue from an ethical perspective that these healers can and should have an important role in informing and guiding local communities in Africa on how to prevent the spread of COVID-19. Particularly, we argue not only that much of the philosophy underlying Traditional African Medicine is adequate and compatible with preventive measures for COVID-19, but also that Traditional African Healers have some unique cultural capital for influencing and enforcing such preventive measures. The paper therefore suggests that not only given the cultural context of Africa where Traditional African Healers have a special role, but also because of the normative strength of the Afro-communitarian philosophy that informs it, there are good ethical reasons to endorse policies that involve Traditional Healers in the fight against COVID-19. We also maintain that concerns about Traditional African Healers objectionably violating patient confidentiality or being paternalistic are much weaker in the face of COVID-19.

## Introduction

At the beginning of the COVID-19 crisis, the virus seemed to have somehow democratized infection in the sense that it infected both rich and poor and everyone was at the same risk. It is not particularly the mutations of the virus that explain differential harms people face from it; it has become clear that the socio-economic disadvantaged individuals are, in fact, more exposed to it and therefore more likely to be infected. Prevention of the spread of the pandemic requires, amongst other things, social distancing, isolation, access to clean water and sanitation. However, these conditions will be more difficult to maintain for those with more socio-economic issues. This is why the World Health Organization (WHO) has expressed concerns regarding the negative impact of COVID-19 may have in Africa (WHO, 2020). Broadly speaking, in Africa the socio-economic conditions are not favourable for the containment of the disease. Take the case of South Africa, where many black communities live in overpopulated

townships, without water or sanitation and depending on daily economic relations to survive. The problem in Africa is aggravated by the lack of medical personnel and resources to meet all the population's needs (WHO, 2020). In fact, this was already a serious problem before the pandemic; it is estimated that the great majority of Africans do not have access to healthcare ('WHO | Traditional Medicine' 2014).

Given this shortage of healthcare medical resources and personnel, the solution to places like Africa cannot be simply like in the Global North, such as to buy supplies or for governments to ask for social distancing and reasonably expect compliance. Instead, there the issue needs to be approached not only from a culturally sensitive way, but also in a manner that uses existing context-specific resources efficiently. In this article, we wish precisely to provide a normative argument for how to use these resources that considers the important role that Traditional African Healers could and should play in the prevention of COVID-19. Our position is that it is crucial to involve Traditional African Healers in the

challenges of COVID-19 poses to Africa. The case is more pressing when one notices that, in the case of South Africa (the African country with the most reported cases), Traditional African Healers have a significant cultural role and influence in some of the most affected provinces (Gauteng and Kwazulu-Natal), and thereby able to influence dwellers positively in these areas (UNAIDS, 2000; Flint, 2008, 2018; Audet *et al.*, 2017; UNICEF, 2020a, b).

Particularly, we offer three sets of ethical arguments to contend that Traditional African Healers have a crucial role in overcoming the challenges posed by COVID-19. Firstly, the philosophy that informs Traditional African Healers' practice is compatible and helpful to prevent COVID-19. Particularly, Traditional African Healers' practice consists, to a great extent, of giving moral advice to cure illness and many of these prescriptions can be expected to be compatible with those of the WHO to prevent the spread of COVID-19. Secondly, Traditional African Healers are important cultural leaders of the communities who have power to influence behaviour in desirable ways. Thirdly, concerns that Traditional African Healers would objectionably violate their patients' confidentiality or would treat them paternalistically are, we maintain, weaker in the face of the COVID-19 pandemic. Roughly speaking, less privacy and more nudging are in fact warranted. In short, our argument is that a policy that involves Traditional African Healers is justified not only due to the fact that they, when it comes to the African context, could bring a positive contribution, but also because the Afro-communitarian philosophy that informs their practices offers positive moral reasons to follow the Healers' prescriptions.

Our proposal has not yet been systematically undertaken by African governments, but would be innovative and promising not only for challenging many prejudices of the Global North that consider the use of Traditional Health Medicine as problematic for the health of Africans, but also as a culturally sensitive and efficient way to manage health resources in Africa during this and other future pandemics. Beyond defending a policy that has not been adopted yet, our analysis is of interest for challenging the scepticism that many bioethicists have towards alternative medicines in general, including African Traditional Medicine (Nyika, 2007; Smith, 2012; Shahvisi, 2016); it argues that, in fact, that there are good moral and other practical reasons to include rather than exclude African Traditional Medicine in health solutions and systems. Furthermore, the argument explores an under-appreciated dimension of the thesis that healthcare systems and provision ought to be

sensitive to cultural differences (Weinstock, 2014) by highlighting the relevance of Traditional African Medicine in the African context.

To establish our argument, we have divided this article into four sections. In the first section, we outline some key ideas of Traditional African Medicine and the Afro-communitarian philosophy underlying it. Then, in the second section, we demonstrate how Traditional African Medicine can and should play an important role in the prevention of COVID-19. Next, in the third section, we address objections, such as that Traditional African Medicine may be harmful for the patients and can spread rather than prevent the infection of COVID-19. In the final section, we respond to further problems, including that Traditional African Medicine may violate confidentiality and be paternalistic. In both of these sections, we contend that the objections are exaggerated that the expected benefits of including a regulated form of Traditional African Medicine exceed the costs.

## Traditional African Medicine and Afro-Communitarianism

Traditional Medicine is defined by WHO as the indigenous therapies that tend to involve herbal medicine, animal parts or minerals as well as non-medication therapies. Some of the treatments beyond herbal medicine include massage, music therapy, self-exercise therapies and psychotherapy (WHO | [Traditional Medicine 2014](#)). Traditional African Medicine has, broadly speaking, two branches. There is a supernatural branch of traditional medicine, in which the healer is understood to be a spirit medium who is able to communicate with ancestral spirits and divinities (Onwuanibe, 1979). These ancestors and gods are then understood to give the information about diagnosis and treatment to the healer. The other branch of Traditional in African Medicine is herbalism. Herbalists routinely treat patients with medical plants such as leaves, seeds, fruits and sometimes parts of animals. This branch of Traditional African Medicine does not necessarily endorse the spiritism part (Flint, 2008, 2018).

Illness for Traditional African Medicine tends to be understood as a form of lack of balance between the patient and her social setting, including with ancestors living in an imperceptible realm on earth, although natural causes are often acknowledged as playing a role (Flint, 2018). Sometimes illness is attributed to some moral infringement of the person, family or village, with the role of the healer being to provide moral guidance on how the agent ought to make up for the wrong. Even some forms

of inattention are understood as a form of moral infringement. For instance, the advent of AIDS has sometimes been explained as the result of the mass migration from small to big towns, which involved the neglect of rituals for ancestors, understood by Healers as a moral flaw (Barnett and Whiteside, 2002). Hence, treatment is closely related to giving moral guidance to the patients. This moral guidance will lead the patient to repair broken relationships with his social environment (Flint, 2018). Other times it is not the wrongdoing of the patient, but rather of another person, such as a witch, that is deemed responsible for the patient's illness. Here, the job of a healer is, say, to produce charms that will ward off attacks or otherwise do what it takes to prevent discord in the community (Flint, 2018). Note that the moral guidance aspect is not discarded here; routinely, the charms are understood to work only if the patient also behaves according to a certain set of moral rules. For the good forces will not assist if the patient does not deserve to be helped because of moral behaviour.

What is considered moral behaviour in Traditional African Medicine is of course linked with local philosophies, i.e., with normative and ontological systems of the locality where the medicine occurs (Onwuanibe, 1979; Flint, 2018). The dominant indigenous philosophy in sub-Saharan, and especially Southern Africa, is Afro-communitarianism. Afro-Communitarianism is the view that harmonious communal relationships merit pursuit either as ends in themselves or at least as an essential means to some other end such as vitality or well-being (Metz, 2007; Gyekye, 2011). For Afro-communitarians, the way one communally relates to others is the moral standard by which to evaluate one's actions and character and thus formulate moral principles. There are various terms in Africa used to manifest the moral centrality of communality, but the most common is the Southern African one, '*Ubuntu*'. This Nguni term can precisely be translated as humanness, where reference to it signifies that one should live a genuinely human life and can do so by relating communally or harmoniously (e.g., Tutu, 2000: 35).

Hence, the highest good or at least the foremost aim, from an Afro-communitarian point of view, is to commune and thereby exemplify humanness. For example, the Nobel Peace Prize winner Desmond Tutu contends, 'Harmony, friendliness and community are great goods. Social harmony is for us the *summum bonum*—the greatest good. Anything that subverts or undermines this sought-after good is to be avoided like the plague' (Tutu, 2000: 35).

For Afro-communitarians, social harmony or what one owes society tends to be understood to be the

combination of two elements: identification with others and goodwill towards them (distinguished and reconstructed in Metz, 2017). Identification means to be cognitively, emotionally and behaviorally invested in ways, that share our lives, where our selves are not independent from one another. Rather identities form a continuum and are dependent on each other, centrally by enjoying a sense of togetherness and participating cooperatively on projects. Good-will consists of acting and feeling in ways that enhance the well-being and excellence of others. It implies that one not only behaves so that others' good improves, but also desires this to be the case.

These values have suggested a moral principle that is well expressed by one influential formulation of an African normative ethic:

An action is right just insofar as it promotes shared identity among people grounded on good-will; an act is wrong to the extent that it fails to do so and tends to encourage the opposites of division and ill-will (Metz, 2017: 115–116).

The principle is consequentialist to the extent that it requires that one ought to act in ways that promote harmony. Contrastingly, it classifies as immoral those actions that promote discord. However, a deontological version is also plausible, according to which one should honour harmonious relationships or the individuals insofar as they are capable of them (Metz, 2018). Common ground amongst the two approaches is the idea that one often has a reason to pursue harmonious or communal relationships as an end, not merely as a means to some other perceived value. Some examples of this way of relating include loving others, possessing courage when defending others, and being respectful, tolerant, trustworthy and kind. Notice that the term '*Ubuntu*' is sometimes used to refer to a positive feature of someone's character. In South Africa, it is common to hear 'that person has *Ubuntu*', meaning that she has virtue, i.e., is someone who is benevolent, friendly, hospitable and generous, all elements of communal relationship. It is a common belief in Southern Africa that character needs to be, and ought to be, cultivated. It is not sufficient for morality merely to conform to a certain principle of right action; instead, it is important to acquire the particular dispositions, emotional, cognitive and behavioral, and thus to act with *Ubuntu* towards others (Gyekye, 2011).

Given that African ethics tends to ascribe final value to harmonious relationships, it may be wrongly concluded that all it implies is the principle of maximizing social harmony. However, this is not the way that African thinkers tend to understand the implications of the principle. Instead, the principle requires that individuals

acquire certain characteristics, and, without such characteristics, the promotion of the value is not possible in the relevant sense. In other words, the promotion of social harmony is best understood, pursued, and achieved by living as virtuously as one can. Genuine social harmony means that individuals not only behave in a socially harmonious way, but also they have certain human dispositions such as to be compassionate and respectful. It is only by developing a certain form of virtue that individuals will be able to act in ways that are truly harmonious.

The virtues usually mentioned by Afro-communitarians are generosity, compassion, benevolence, tolerance, kindness and good-will, roughly ones that bring people closer together. These are salient in the writings of various African intellectuals. Kwame Gyekye, one of the most prominent Ghanaian philosophers, contends that that for his Akan people, ‘ideal and moral virtues can be said to include generosity, kindness, compassion, benevolence, respect and concern for others’ (1992: 109). African theologians such as Mluleki Mnyaka and Mokgethi Motlhabi concur that social harmony ‘is best realised in deeds of kindness, compassion, caring, sharing, solidarity and sacrifice’ (Mnyaka and Motlhabi, 2005: 227). Most famously, Tutu says that when one affirms in Nguni that one has *Ubuntu* (‘*Yu u nobuntu*’), one is actually affirming that ‘this person is generous, hospitable, friendly, caring and compassionate’ (2000: 35).

Traditional African Medicine is informed by local philosophy and, particularly, by this Afro-communitarianism. Afro-communitarianism emphasizes that morality is concerned with action and the way it flows from character. For individuals to be moral, they need to act, perceive and feel in a certain way. Further, it emphasizes that what matters is that individuals relate to others in the right way, and the right way is through virtues that mirror family relations of identity and good-will as an aspirational archetype. Particularly, it emphasizes acting in friendly, generous and respectful ways as instances of prizing harmonious relationships. So, wrongdoers, traditionally thought to be responsible for illness and injury, are those who fail to act in these ways and lack *Ubuntu*. Although we do not invoke this metaphysical claim in what follows, we think the Afro-communitarian ethic plausibly should guide responses to the COVID-19 pandemic and in any event must not be ignored when engaging with indigenous African peoples.

The African continent being enormous, with 54 countries and thousands of linguistic groups, there are naturally some Africans who reject communitarianism. For instance, some thinkers maintain that the deepest values

in Africa are individualist (Oguejiofor, 2007), while others accept that they are communitarian but maintain that they are inappropriate for the twenty-first century (Matolino and Kwindigwi, 2013; Taiwo, 2016). We do not strive to show that an Afro-communal ethic is the most philosophically justified, instead merely taking it to be one plausible approach to thinking about healthcare matters that would continue to resonate with much of the sub-Saharan population.

## Traditional Healing and COVID-19

Afro-communitarianism, the value system normally underlying Traditional African Medicine, provides a moral framework that is compatible with the current prescriptions to address COVID-19. Firstly, Afro-communitarianism, as a communal driven ethic that puts relationships of identity and good-will as the highest value, prescribes forms of behaviour that are not egoistic but instead positively oriented towards others for their own sake. What this means more precisely is that one usually ought to act in friendly ways, that is, to act in harmony with others and to enable others to live harmoniously as well. This ethic promotes a sense of common responsibility and reciprocity and, thereby, social obligation (Sambala *et al.*, 2020). This is an important moral groundwork to have regarding COVID-19 precisely because, as a highly contagious disease, the framework of thought to prevent it has to be communally driven. The actions that can prevent the spread of COVID-19 are those prompted by consideration of the impacts of the disease on people in the community. Everyone is affected by the infection and it has caused the disease, and everyone has an obligation to help fight them. The *Ubuntu* ethic entails that a genuinely communal orientation would involve making social and economic sacrifices necessary to save many other people’s lives and that doing so would in fact be the best for the agent herself in an important sense. It is only if one makes sacrifices for others, by behaving in social distancing ways that COVID-19 can currently be prevented. Social distancing can be burdensome, meaning losses of connection with others and of income, but doing so is essential to avoid putting others at serious risk. It is worth remembering that contributing to the good of those in our community is one way of cultivating virtue (*ubuntu*) in ourselves, the highest good for Afro-communitarianism (Mokgoro, 1998: 16–18; Tutu, 2000: 35; Mnyaka and Motlhabi, 2005). It is a plausible claim, philosophically speaking, but also would likely be of use when motivating Africans and those with similar worldviews. Moreover, according

to Afro-communitarianism, as everyone has this social responsibility for the good of the community, it, for example, recommends that all should seek to test COVID-19 (unless scarce resources require prioritizing in some way), as this would be valuable to society. Indeed, the recommendation of WHO was precisely to incentivize massive testing to control the pandemic. On top of this, self-quarantine is understood from an Afro-communitarian viewpoint, as a communally good form of behavior in a pandemic context to prevent the spread of infections to others. The communal explanation, here, is that quarantine is the right action to the extent that it protects the good and survival of others in the community.

Secondly, Afro-communitarianism is an ethic that puts solidarity as the centre of its prescriptions and provides a moral and a logical requirement for cooperation (Sambala *et al.*, 2020). More precisely, it not only considers that people have a duty to behave in cooperative ways towards the community, but also that, as a result of one's relational and connected nature with other individuals, this cooperation is understood as fostering survival and good lives. In terms of moral requirement for cooperation, note that by placing solidarity at the centre of its ethics, Afro-communitarianism prescribes that one acts in generous, kind and benevolent ways. This, in turn, could help address COVID-19. Particularly, this could mean, for example, helping those at more risk of becoming infected by doing their grocery shopping so that they do not go out. In addition, it could naturally mean donating to charities or helping distribute food to the hungry. Still more, it could involve taking steps to ensure that one does not get infected, not so much because of self-interest, but because one could then make scarce ventilators and other medical resources available to those who unluckily need them. When it comes to those in business selling medical supplies, like masks and alcohol, for the public, they should not do such in a profit-driven manner, but instead think about promoting communal relationships or harmony. Likewise, the ethic prescribes using one's own resources for the good of others in the community, meaning, for example, that those who have the ability and means to make masks ought to undertake such activities that can aid their communities.

In terms of providing a logic for cooperation, note that for Afro-communitarians the good of the self and the good of the community are to a significant extent the same. This idea well captured by the African art motif of the Siamese Crocodile with two heads and one stomach. The art motif is supposed to represent how humanity is ontologically and ethically connected. Whatever the head of one crocodile eats affects the other; so, goodness

or badness of the other is a continuation of our own. Hence, one ought to invest in cultivating the aforementioned core virtues of generosity, compassion, benevolence, tolerance and kindness in order for others to be well off and thereby for one to exhibit human excellence (or *ubuntu*). Note how this is relevant to the COVID-19 pandemic: it provides a logic for cooperation with others, as genuine success and survival are possible only under cooperative conditions (Sambala *et al.*, 2020).

Thirdly, the idea that we ought to identify with others implies for Afro-communitarians is an ethics of inclusion that prescribes that individuals look at all other humans as equally valuable beings, with whom we should make efforts to share goals (Sambala *et al.*, 2020). It is not merely those in one's society who matter, but rather everyone is thought to have a dignity that merits respect and hence has a claim of some weight to harmonious interaction or at least the avoidance of discord (Gyekye, 2011: sec. 6). Hence, discordant behaviors that consist of excluding others, such as leaving migrants, the elderly, the poor, disabled and other socio-economic disadvantaged aside, are considered morally wrong from an Afro-communitarian point of view. This impartial dimension is crucial for addressing the spread of COVID-19; note that albeit the socio-economic advantaged are more protected from being infected because of sanitation and possibility of isolation conditions without suffering higher economic costs, the highly contagious nature of COVID-19 implies that it is not possible to overcome the pandemic unless there is a holistic approach to it. Forms of social cooperation as well as access to healthcare, such as antiviral treatment benefits, cannot be based on exclusionary rationales that ostracize people. That is, it is sufficient for some to be infected for all to be potentially infected, meaning there are both self-regarding and other-regarding reasons to give some real consideration to those who are not compatriots. The inclusive dimension contrasts, for example, with liberal nationalism (Miller, 2013), and in fact with many countries' current policies of exclusion of migrants during the pandemic, who wish to give priority in healthcare attendance to national citizens while doing nothing or very little for other individuals.

Fourthly, an African ethic such as *ubuntu* is understood to prescribe deference to elders and to act in protective ways towards them (Wade, 2009). This can be seen in the famous practice *Ukweshwama*, where Zulu young men kill a bull with their bare hands with the purpose of protecting the Zulu King from being killed by a lightning strike (Cordeiro-Rodrigues, 2018). As the elder generations are much more vulnerable to the



effects of COVID-19, healers could be enlisted to facilitate networks of help for them. Elders are given such a significant role for a variety of reasons, but one of the main ones is that they are the primary vehicles of transmission of moral learning; for much of moral wisdom and virtue is acquired through experience, which comes with age. Respect for elders is of strong importance in African worldviews, the thought being that older people are characteristically wiser and morally better than younger people (they have more *ubuntu*). Surely, this is also relevant for the prevention of COVID-19 as elders are in the most vulnerable group and Afro-communitarianism prescribes them special protection.

In short, Afro-communitarianism is the philosophy that informs Traditional African Healers' practice, and, as these examples demonstrate, the moral prescriptions based on generosity, self-sacrifice, benevolence as kinds of communal goodness are compatible with and, indeed, helpful for preventing the spread of COVID-19. Given that much of Traditional African Healers' practice involves giving moral advice to their patients, these and other forms of communal aid are something that Traditional African Healers could prescribe, as they are compatible with their philosophy. Beyond the fact that the ethical philosophy associated with Traditional African Medicine entails prescriptions that are helpful for the prevention of COVID-19, it is also the case that these healers tend to be the individuals in African communities in the best position to prescribe them. Healthcare measures need to be culturally sensitive to work, and because healers normally have substantial socio-political capital in African communities, they have the ability to influence behaviour. Healers are powerful individuals in communities who can lend support to, or alternately challenge, the legitimacy of rulers, set rules for social interaction, and be judges of local crimes. Traditional Healers have a role that has been part of African culture for a long time; this is particularly true in South Africa, where Traditional African Healers helped to construct the Zulu Kingdom and resisted colonial occupation (Flint, 2018).

Since forms of treatment and vaccination for COVID-19 are now being rolled out, such that using alternative medicines at this point might even worsen the impact of the virus, our suggestion is not to use herbal medicines to treat COVID-19 without empirical confirmation of effectiveness. We reject the promotion of the concoction that the government of Madagascar has touted as a cure for COVID-19 in the absence of demonstrable evidence that it works. Our recommendation is instead that, in the light of the socio-political influence held by Traditional African Healers in African communities, the

communication at this point with these Traditional African Healers should be to avoid herbal treatments, but to inform government of ones they suspect would be promising, so that they can be empirically tested.

To have individuals with such roles guiding social interactions during the COVID-19 pandemic is crucial because they have the social trust of communities and the power to influence people in the right direction. Firstly note that for measures to be successful, they need the cooperation of the population and this cooperation highly depends on whether people think the measures being taken are fair or not and whether they believe others will cooperate (Sambala *et al.*, 2020). Take the example of the Ebola outbreak in Guinea, Liberia and Sierra Leone in 2014–2015. The suspension of civil liberties has been largely understood as unfair and disproportionate by those populations; consequently, there was significant refusal to comply with health measures leading to less success of the quarantine measures (Cohn and Ruth, 2016). With respect to the lack of cooperation, take the example of the rules of the road in early twentieth century Europe, when drivers did not have reasons to believe in others' compliance and therefore generally did not follow them (Chwe, 2003). Owing to the fact that Traditional Healers have an important cultural capital in many communities, this provides moral authority for the measures and hence reason to believe that others would comply. That is, given the role of the Traditional Healers, people would more likely comply with the rules, expecting that others will also follow.

Traditional African Healers are uniquely positioned to do this by demonstrating what local cultural values imply for medical treatments, public health interventions and social cooperation. The aforementioned examples of acting in harmonious ways, donating to charities, helping distribute food to the hungry, doing their grocery shopping, taking care of the elderly, self-quarantining and so forth, are prescriptions that Traditional Healers are in the best position to prescribe. This is particularly telling in the prescription to take care of elders. Traditional African Healers could be asked to help educate their communities about how to avoid exposing the elderly to the virus, and to encourage people to run errands for them so as to minimize their risk of exposure. The healers, therefore, could have the pedagogical and also the practical role of showing people how to demonstrate respect for elders in a context where the latter are particularly vulnerable to the pandemic.

Traditional African Healers also have the cultural capital and authority to postpone or cancel some cultural and social practices that may have been planned and that could contribute for the spread of COVID-19. There are

many communal rituals, such as births, marriages and funerals, which normally involve a significant amount of people and could propagate COVID-19. Particularly for these rituals, culture has a strong influence and people do not really tend to act against what they consider to be right, where traditional practices characteristically have some moral weight in African thinking (biti, 1990). Nevertheless, Traditional African Healers, as moral authorities in the community, can have a crucial role for people to accept that such practices ought to be carried out in a different way, postponed or even cancelled altogether. This is a role an outsider cannot easily play, as it would likely be interpreted as a colonial intervention and hence disrespected. Traditional African Healers might explain how the moral requirement to exhibit solidarity with others is now best done by distancing oneself from them. Traditional African Healers might also point out that social distancing, despite on the face of it being morally problematic for preventing rituals, is essential to prevent an even greater distancing in the forms of death and severe ill-health. Additionally, some of the behavioural practices undertaken by healers can indirectly contribute to the prevention of the virus. One of the methods Traditional African Healers use is to change the organization of the household in terms of the positioning of objects and interactions between family members (Flint, 2018). At the moment, especially if there are infected individuals in the household, the inner geography of the house and the interactions ought to avoid the use of the same objects and the same space. Healers could give such instructions during the COVID-19 pandemic and thereby help to prevent contamination.

## A Concern about Harm to Others

One possible objection to our argument is that traditional healing would contribute to the spread, rather than containment, of COVID-19. One of the issues regarding harm to others in the context of COVID-19 is the fact that many healing rituals require communal interactions which, during this period, are problematic. Take, for example, the Ngoma dance, which is a public event used by some Healers in Southern Africa that involves touching and a performance to wake up the spirits and get rid of various diseases. There is, therefore, the concern that because of the communal nature of African philosophy and the communal treatments sometimes prescribed by African healers, including Traditional African Medicine in the prevention of COVID-19 may do more harm than good. Furthermore, at the ontological level, the cosmology and notions of causality of

Traditional African Medicine appear significantly different from current forms of scientific enquiry. On top of this, many Traditional African Healers do not have scientific training, sometimes using 'cures' that either worsen health problems or do no good but cost money and offer false hope.

Another harm to others objection is that it is an illusion to imagine that African Traditional Healers will be willing to contribute to the fight of COVID-19; the reinforcement of traditional medicines in Africa is partially due to the racist use to which Western medicine had sometimes submitted Africans (Tangwa, 2017). One of the reasons why many black people go to African Traditional Healers is because of their distrust of Western Medicine as this had routinely used black subjects for medical experiments. In fact, in a debate on the French television, two doctors recommended that COVID-19 vaccines should be tested in Africa rather than the rest of the world (BBC News, 2020; Okwonga, 2020). Even if the intentions of the doctors were to benefit African people, widespread reactions were ones of anger, fear and distrust. Hence, African Traditional Medicine's identity is one that emerges in opposition to Western medicine, as a prophylactic; this is something that African Traditional Healers know and so one might suspect that they will not undermine their market by cooperating with Western medicine. Consequently, perhaps it is more reasonable to expect that these healers will continue engaging in harmful cultural practices than in any social distancing measures recommended by the WHO.

In reply, the research carried out by WHO in fact points to evidence different from one of harm (WHO | Traditional Medicine, 2014). Surely, sometimes there are harmful practices involved, but the use of Traditional African Medicine can often be more beneficial than harmful. It is important to point out that the underlying philosophy of Traditional African Medicine is not incompatible with the prescriptions of Western medicine regarding COVID-19. First off, ethically speaking, the communal driven prescriptions can be abstract enough to require social distancing. What matters is roughly that harmonious relationships are built up and discordant ones reduced, but if these aims can be achieved only with temporary social distancing, then there is nothing contradictory with being a communal driven ethics and in fact asking for social distancing. Consequently, the fact that many practices are communal-driven and could contribute to a spread of the disease is not an issue because what matters is the respect for the principle of the community, and this can mean different things in different circumstances.

Secondly, we note that the metaphysical philosophy behind much traditional healing in Africa means that shamans are generally receptive to empirical data. Often the view is that, even if a witch or some ‘spiritual’ agent sought to harm a person, they would employ some physical mechanisms, such that using the scientific method to inhibit those mechanisms would be welcome. To use an example well known to African philosophers, consider that a mosquito has bitten a person and spread malaria (biti, 1990: 165). Traditional African Healers would readily accept the notion that the mosquito carries a parasite that has entered the person’s bloodstream. What they and many other Africans would question is whether that is the end of the matter. ‘Why did the mosquito bite this person and not some other one?’ they will be inclined to ask. Answering such a question is typically thought to require reference to agency of some kind. For instance, either the person bitten acted wrongly and is being punished by the ancestors, or someone is acting malevolently and using magic to direct the mosquito to harm an innocent party.

Now, explaining the disease in terms of a person having ‘sent’ the mosquito to bite a person is unfounded by what appear to us to be humanity’s best methods of empirical enquiry. However, our point is that such a teleological explanation, in terms of an agent’s purpose, need not undermine the mechanistic explanation that Traditional African Healers would also readily accept (Sogolo, 1993: 91–118). If a witch is out to do mischief, Traditional African Healers could well prescribe chloroquine to fight the malaria, and if a person has acted wrongly and incurred the wrath of ancestors, Traditional African Healers could prescribe the same, at least consequent to the person having made amends and sought to reconcile with those whom she is perceived to have wronged. Similar remarks apply to the causes of and cures for COVID-19; using mixed methods to treat patients need not mess things up, as different views about why a disease is present are compatible with similar views about how to treat it.

The objection of the unwillingness of Traditional African Healers to cooperate with the WHO and similar organizations can be replied to in four ways. Firstly, note that the criticism relies on a premise that is not totally accurate; although there are some Africans who totally reject Western medicine because they are sceptical about its intentions, there are also many Africans who use Western medicine in conjunction with local modes of healing. Secondly, broadly speaking, Traditional African Healers have been receptive to dialogue and contributed substantially in avoiding the spread of other pandemics. In the case of HIV, many healers have received training

and in fact helped contain the pandemic in South Africa. For example, many of the Traditional African Healers were quite important in teaching communities how to use condoms and how not to engage in sexual risky behaviour (UNAIDS, 2000). Although there were problems at times, we submit that greater communication and regulation would be expected to make the benefits worth the costs. Likewise, in the case of Ebola, healers were extremely active in informing and involving the community in the containment of it (Tangwa, 2007). Hence, there has been in the past a clear link between local participation from community intermediaries and individuals with cultural capital, such as Traditional African Healers, and the prevention of serious diseases (Tangwa 2007; WHO | Traditional Medicine, 2014).

Thirdly, it is an advantage rather than a disadvantage for African Traditional Healers to be integrated in the health systems of the countries. This would give them more resources and a higher reach of clients. Thus, healers could have an economic incentive to collaborate with Western medicine. In fact, looking at the case of China, Traditional Chinese Medicine is often incorporated in the healthcare system and this has substantially benefited these healers for the aforementioned reasons. Furthermore, note that what historical evidence suggests is that it has been Western medical professionals who have been resistant to the inclusion of traditional medicines in public healthcare systems, not the opposite. Looking at the case of British colonialism, although there were various attempts of Traditional African Healers to collaborate with Western doctors, colonial authorities have often criminalized such collaborations or prohibited altogether traditional medicine (Flint, 2018). More recently, although there is an increase in healthcare professionals accepting alternative and complementary modes of treatment, it is often the case that they show significant scepticism towards the inclusion of treatments beyond Western medicine (Clark, 2000; Stewart *et al.*, 2014; Aveni *et al.*, 2017). Take for example, the case of the National Health Service (NHS) in the UK. Homeopaths have struggled to establish a secure position in the NHS partly because of the common rejection by other professionals of their presence (Crawford, 2016). Although we are not suggesting the acceptance of homeopathy or any medicine across the board, there are likely things to learn from non-Western approaches that have been practiced for many generations.

Fourthly, the failure sometimes of Traditional African Healers to comply may have had to do with the way that the dialogue had been carried out. On the one hand, there had been some approaches that failed where the dialogues were carried out in an arrogant way, with signs



of disrespect towards the healer. Contrastingly, more successful approaches have followed ritual ways of talking and were informed about how to formally address the healer. Note that reception of science-based medicine in Africa has been largely dependent on how it is offered and who has offered it. Many Africans remain sceptical about white doctors and other elites giving advice, as they are perceived as colonial interference (Flint, 2018). Taking this on board, the success of the cooperation depends very much on the approach to speak to the healer rather than a pre-unwillingness of the healer to engage in dialogue. So, in the first instance, Traditional African Healers should be approached by those Africans who 'live in two worlds', both indigenous and 'modern' ways of interpreting reality.

The various ways that Traditional African Healers could address the emergency situation in Africa suggest that governments there ought to involve them urgently in the combat against the pandemic. Similar to what happened with the previous pandemics, such as HIV/AIDS, governments ought to provide platforms for good communication and to deliver training to healers to optimize and upgrade their skills regarding COVID-19. Governments should also facilitate and integrate traditional medicine and national health care systems, with a system of licensing, legislation and registration of these healers. It is equally important to supervise the activities to guarantee the quality assurance of the practices and simultaneously provide consumers a reliable information on the proper use of traditional therapies and products available (WHO | Traditional Medicine, 2014).

It may still be objected that there is no way to control which Traditional African Healers will follow the guidelines and which will not. Although this is true, note first that this is not different from Western medicine; having a medical degree does not guarantee that a code will be followed. Hence, the point is that there is a need for a supervision, both for Western and Traditional medicines, to be accompanied with the practices. Moreover, the existence of any harmful practices on the part of Traditional African Healers calls for their regulation, rather than prohibiting or side-lining Traditional African Healers. Given that a substantial portion of African populations will go to these healers anyway, it would, we submit, be better to improve the ability of healers to do some good rather than make their practices subversive.

## A Concern about Confidentiality and Paternalism

Another kind of concern is that Traditional African Healers tend not to respect the privacy of their patients

and instead spread information about their condition, particularly to family members. There have been reports that in the case of HIV, Traditional African Healers have spread information about those who are infected throughout the community. Also, their practices tend to be paternalistic in the sense that patients of Traditional African Healers are at times not fully informed about the practice and there is a presupposition that the healer knows the best, which flouts current medical ethics at least in the West (Nyika, 2007; Shahvisi, 2016). Since the 1960s, Western medicine has changed its paradigm and now looks at the relationship between patient and doctor in a more equal manner, where the patient needs to be informed about the treatment and the disease. Contrastingly, in African Traditional Medicine the healer does not necessarily inform and might simply act as the one with unquestionable knowledge received from elders.

In reply, first, note that during the pandemic, the confidentiality of patients is not being strictly followed, even in places such as Europe and North America. Crucially, this is because in many countries COVID-19 is included in the category of compulsory reported diseases. Ethical considerations demand that people know who is infected, particularly since it is now clear that asymptomatic individuals can spread it. Most countries have policies for compulsory reporting of diseases that can put at risk public health, particularly where there is a high incidence of the disease, little information about how it is spread and little assurance of cautious behaviour from the infected individual. This approach suggests that the actions of the Traditional African Healers of failing to follow confidentiality guidelines may be justified on grounds of preventing the spreading of the disease. Indeed, even in Western medicine is the case that if an HIV person is putting others in danger, there is justification from health practitioners to disrespect confidentiality if necessary to protect an innocent party. The case of COVID-19 is not so different, as there are reported cases of people who have received home treatment for the virus but violated the law by leaving their homes and contacting with others. Furthermore, comparatively speaking, the value of confidentiality is less important than the value of life, meaning that, if infringing confidentiality were necessary for saving lives, doing so would be justified. So, if there are indeed life and death benefits of involving healers despite their tendency to infringe confidentiality, in this emergency situation it is justified to drop the confidentiality guideline.

Regarding paternalism, although since the 1960s there has indeed been less paternalism in Western medicine, it would be unreasonable to think that it can or even should

be entirely eliminated. For example, sometimes what are called ‘nudges’ are intuitively justified, particularly ones where life is at stake (Thaler and Sunstein, 2009). It can be reasonable to place small obstacles in the way of people inclined to make poor decisions, or conversely to make it somewhat easier for them to make good decisions. Although we accept that nudges are controversial, and note that nudges are not clearly at stake in the context of Traditional African Healers, the fact that they are taken seriously as public policy strategies in the West reveals that it is not paternalism as such that is clearly objectionable, even by Western norms, particularly when the intervention is essential to protect the basic ability to reflect on one’s choices and act in the light of such reflection (cf. Nys, 2008: 67–68).

Some forms of paternalism are softer than others and might well be justified when necessary to prevent great harm. Consider that from an Afro-communal standpoint, we are obligated to relate to others not merely in cooperative ways (sharing an identity), but also in ways expected to meet their needs (exhibiting good-will). In the ideal case, one would not have to make any trade-offs amongst these relational values, but sometimes one must balance them. In cases where great harm to others could be averted only by relating to them in somewhat less than fully cooperative ways, a characteristically African ethic would allow—indeed probably require—doing so. A requirement to balance considerations of shared identity and good-will would permit minor infringements of the former for great gains to the latter, but would forbid major infringements of the former for marginal gains to the latter, which we submit is a plausible approach to matters of paternalism.

Moreover, a pandemic is a time of emergency ethics, similar to a war. In war situations, given that decisions need to be taken fast, it can be justified to break some ethical codes for the higher good. For example, when there is a genocide about to happen in a certain country, it may be justified to violate the sovereignty of the state and the liberty of all its citizens on grounds of avoiding the genocide. Likewise, it is probably justified to violate norms forbidding paternalism, as well as those requiring confidentiality, precisely if the cost of not doing so is the lives of a significant number of people. Interventions in respect of the coronavirus are to be done not just for the sake of the patient but also for the many that she could infect. In the case of COVID-19, there is also the issue of fake news and ill advice being quite harmful for preventing the spread. Thus, in this current situation a paternalistic approach would often be further justified given the context.

On top of this, the best way to address severe cases of paternalism would be to engage with Traditional African Healers, and probably to regulate them, as opposed to leave them outside of a country’s public healthcare system. Here, an analogy can be made with drug use. Looking at the case of Portugal, where drug use has been decriminalized and included in the healthcare system as a medical condition, the use of drugs as well as the deaths associated with them have decreased substantially (Diário da República, 2020; SICAD, 2020; Ferreira, 2017). Contrastingly, in countries where the use of drugs is less regulated and instead is criminalized, this has often led to an increase in both abuse and death. Moreover, this exclusion and criminalization tend to give the rise to parallel markets that normally worsen the quality of the products as well as help create criminal organizations around them, just like in the case of the prohibition laws for alcohol in the United States from 1920 to 1933, which contributed to the rise of the mafia (Thornton, 2014; Buccellato, 2015). By analogy, if Traditional African Healers are not legalized and regulated, they will be driven underground and offer an inferior product to patients in need of treatment.

## Conclusion

COVID-19 is a pandemic that has had a massive international impact on the health of individuals. Although there are some general guidelines on how to address COVID-19, it is crucial that these are also adapted and sensitive to cultural diversity. In this article, we looked at the case of COVID-19 in Africa to probe the potentially beneficial contribution of Traditional African Healers to fighting COVID-19, an approach that has routinely been neglected so far. Our argument has been that Traditional African Healers can provide an important contribution to the prevention of COVID-19. Given the cultural capital of these healers, they could play an important role in local communities to inform and guide people to act in ways that would help to contain its spread. Moreover, we argued that owing to the fact that Traditional African Medicine is culturally informed by local philosophies, we have also demonstrated how the ethics of Afro-communitarianism (the philosophy that mainly informs Traditional African Medicine) has philosophical resources to deal with this pandemic and is consistent with much scientific explanation. Further research should focus on how Traditional African Healers could be systematically integrated into medical systems in Africa.

## Funding

Luís' research has been funded by Hunan University's Fundamental Research Funds for the Central Universities, fund number 531118010426. 本文受湖南大学'中央高校基本科研业务费'专项资金资助 (531118010426)

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