

SAFETY GUIDE FOR JOURNALISTS COVERING PANDEMICS IN AFRICA



© The African Editors Forum (TAEF), 2022



Disclaimer

The Safety Guide for Journalists covering Pandemics in Africa was co-funded by UNESCO's Multi Donor Programme on Freedom of Expression and the Safety of Journalists (MDP) and the #Coronavirusfacts project supported by the European Union. Its contents are the sole responsibility of the authors and do not necessarily reflect the views of the European Union or UNESCO.



With the support of the
UNESCO Multi-Donor Programme on Freedom of
Expression and Safety of Journalists (MDP)

Table of contents

Foreword	c
Introduction	1
Safety guidelines for Influenza	2
Safety guidelines for Cholera	5
Safety guidelines for HIV/AIDS	9
Safety guidelines for Ebola	13
Safety guidelines for Malaria	16
Safety guidelines for Covid-19	20
Safety guidelines for Mental Health	24
General safety measures	25
Women journalists safety	29
Links to resources	31
Safety toolkit	32
Sources	33

Foreword

The African Editors Forum has deep concerns at the devastating impact that the deadly Coronavirus (Covid-19) has had on lives and economies across the continent, leading to the loss of lives and closure of some media houses. Covid-19 continues to infect and kill millions across the world. Humanity finds itself in a pitched war against a virus that continues to mutate. In this war, the role of journalists is to provide information to millions across the continent. Information that they need to stay alive. Like true soldiers, when many ran for the hills at the onset of Covid-19, journalists went in the opposite direction to bring citizens information about the biggest public health crisis in our lifetime.

TAEF reiterates its solidarity with the thousands of journalists, editors and media workers across the African continent who continue to work under difficult conditions to bring communities and nations news and information about Covid-19. Many journalists were infected and battled to survive the deadly virus. Sadly, some succumbed to Covid-19.

Throughout the ages, African journalists have braved atrocious conditions to bring news stories, photographs and video footage about wars and other pandemics, such as Ebola, that have afflicted the nations across the continent.

Covering Covid-19, one of the biggest pandemics to hit mankind in recent history, is a call of duty that journalists, editors and media workers have carried out with great aplomb. This goes from providing communities across the continent with basic information about how they can prevent the spread of the virus and what to do if they think they have it. The media has also played a crucial role in providing news and information that people can use as country after country enforces lockdowns in a desperate effort to stop the spread of the Covid-19, which has decimated lives across Europe at an alarming rate.

This guide is our contribution and weapon in the arsenal of the African journalists and media workers that will enable them to remain safe as they continue to tell the African story to Africans and the world.

TAEF thanks UNESCO without whose support this guide would not have been possible.

Jovial Rantao

Chairperson: The African Editors Forum

The Safety Guide for Journalists covering Pandemics in Africa was co-funded by UNESCO's Multi Donor Programme on Freedom of Expression and the Safety of Journalists (MDP) and the #Coronavirusfacts project supported by the European Union.

Introduction

In recent times, Africa, like Asia, has been the epicentre of a number of pandemics. Since 1990, the continent has suffered several Cholera outbreaks, far more than any other part of the world. Among all countries worldwide, Sub-Saharan Africa accounts for the highest HIV infection rate. The same is also true of Ebola. Infections spread in most situations as a result of population outbursts and congestions in large towns and cities. In some cases, collapsed economic systems have compounded the severity of disease outbreaks because of the inability of hospital systems to respond proactively in providing requisite care and preventative measures. Also, political situations in some African countries inhibit government institutions from acting responsively by collaborating with local and global agencies in terms of health surveillance and health technology transfer. In the instance of some governments, health records are manipulated, and actual situations are concealed from the local and international public in a bid to save the government's face from criticism. Any expert reporting or transmitting health emergencies in Africa would have to grapple with issues around health and healthcare. The reality in Africa is quite different from other parts of the world simply because African countries' political and economic structures are entirely different. These have a way of influencing governments', citizens', and other stakeholders' responses towards health emergencies.

This report provides safety guidelines that journalists should observe while encountering and reporting health emergencies in Africa. As stated above, health and healthcare in Africa are plagued with a series of complexities and ambivalences, making it extremely important for anyone approaching the sector to take precautions and have a holistic outlook on issues. In subsequent sections, we itemise pandemics prevalent on the continent and provide context to wide-ranging issues that precipitate its spread and control. We report here that no two pandemics are the same, specifically in terms of factors responsible for the spread and policies initiated by national and global health institutions in ameliorating prevalence. Hence, it becomes imperative for journalists to understand contexts peculiar to each pandemic prevalent on the continent and take cognisance of these points while approaching the field.



Influenza

Influenza

Historical Context

One of the most devastating pandemics in the history of Africa is the 1918-1919 Spanish influenza pandemic. The influenza was caused by the H1N1 influenza virus that infects the human lungs and could be transmitted from one person to another. The continent was the worst hit, accounting for nearly 2.3 million deaths. Though originating outside the continent, the disease suddenly became a big health crisis in European colonies in Africa due to the forceful conscription of Africans into the First World War. Many African men were enlisted by European armies to join war fronts in North Africa and Europe. With the demobilisation of troops at the end of the war in 1918, infections were diffused to African cities, towns and villages via the coast and railway tracks. Some of the virus strains were also transported via coastal lines, specifically through the Freetown, Cape Town and Mombasa coasts. Large vessels of infected persons were allowed to dock and offload on these coastlines. In subsequent days, the infected had spread the virus to other parts of the continent.

By the time influenza hit the continent, it had met a completely dysfunctional healthcare system that could not handle the high numbers of sick people by providing therapeutic or supportive care for influenza and its complications. Hospitals lacked the requisite knowledge to mitigate the distressing symptoms - high fever, acute headaches, bleeding from the nose and ears, nausea, delirium, vomiting, and pain in the back and limbs. The severity of the pandemic on African colonies had severe implications on the image of European imperial powers. Both African and European publics criticised colonial governments for investing so little in the health conditions of their subjects. The pandemic exposed the colonial health system and became a reference point for African elites on platforms of legislative councils and pages of newspapers.

The dissemination of health information was central to control measures. Medical authorities prioritised the distribution of pamphlets and the mounting of billboards with information on the causes of the flu and recommended precautionary measures. The press played a major role in the drafting and reporting this information, majorly about the incidence and severity of the infections in local communities.

Influenza

Transmission

Influenza, commonly as flu, is a contagious illness that attacks your respiratory system (nose, throat and lungs)—influenza is responsible for the seasonal flu epidemics each year. Usually, flu resolves on its own, but sometimes the virus infection can result in deadly complications. Flu viruses spread through tiny droplets when someone coughs, sneezes or talks. These droplets can be deposited on the nose and mouth of the person close by. Flu can also spread through a person touching the infected person's respiratory droplets, either on their body or surfaces where these droplets land, and then touching their mouth, nose, and possibly their eyes without washing their hands thoroughly. Symptoms of the infection can start 1 to 4 days after the virus enters the body, meaning that you may be able to infect someone even before you know you are sick. Some people can be infected and not develop symptoms. Flu should not be confused with the common cold: flu symptoms tend to be more aggressive and intense and come on suddenly, while colds develop gradually over a few days.

Symptoms

- > Common signs and symptoms of flu include:
- > Fever
- > Dry cough
- > Shortness of breath
- > Runny or stuffy nose
- > Muscle and body pains
- > Headaches
- > Chills and sweats
- > Fatigue
- > Sore throat
- > Nausea

Treatment

The most crucial step is to get a flu vaccine each year. Flu vaccines have been shown to reduce flu-related illness and avoid serious flu complications that lead to hospitalisation or even death.

Influenza

While most people who get flu can treat themselves at home, you will need to get medical care urgently if you develop severe symptoms such as:

- > Difficult breathing
- > Chest pains
- > Persistent dizziness
- > Seizures
- > Severe weakness

General prevention and safety precautions for journalists

- ① WHO recommends that vaccination is the most effective way to protect against flu. Getting vaccinated reduces serious complications associated with flu infection.
- ② Limiting movement between the newsroom, home and interview sites can reduce the spread of pandemic flu. Editors can assign a small team to the field while remaining reporters break stories from their desks using online and telephone communication with their sources and the team on the ground.
- ③ For those on the ground, it's important to avoid and keep a safe distance from infected people because flu spreads rapidly in crowded places.
- ④ If necessary, make sure you are dressed in the appropriate personal protective equipment when going out into the field. Otherwise, wear long-sleeved clothes and gloves to minimise exposure. Consultation with health experts can be beneficial in deciding whether or not full protective gear is needed.
- ⑤ Wash your hands regularly with soap under running water and always keep your hands clean. Use an alcohol-based hand rub if you can't get to soap and water.
- ⑥ Avoid touching your nose, eyes and mouth as this helps prevent flu germs from entering your body. A clean tissue should be used when touching these areas.
- ⑦ Use alcohol-based disinfectant to wipe down all equipment, i.e., microphones, especially in high infection areas such as hospitals or infected interviewees. Hygiene in the newsroom is equally important and should include regular disinfection by wiping surfaces, laptops, machines etc.
- ⑧ Self-isolate when feeling sick.



Cholera

Cholera

Historical Context

Like the Spanish influenza, cholera was an imported disease. Over the years, its rate of incidence and severity has made it infamous as an African disease. It became renowned on the continent in the 1970s during the seventh pandemic. Before this, the disease had effects similar to those of other parts of the world (in terms of endemicity and frequency). Between the 1970s and 2011, the continent recorded close to 46% of the cholera cases recorded globally. The reason for this is not far-fetched. The absence of hygienic water infrastructure in most rural and urban communities has enhanced a cholera infection spike. In recent times, the most severe man-made cholera outbreak is the cholera epidemic that broke out among Rwandan refugees in Goma, Zaire in 1994. It left over twelve thousand people dead. The epidemic leaves salient lessons to institutions and stakeholders working closely with internally displaced persons to carry out assigned duties with the consciousness of innumerable health risks such could attract. With the increase in the incidence of insecurity on the continent, journalists must take cognisance of risks associated with working in communities undergoing reconstruction and people on the verge of rehabilitation. It becomes imperative they outsource basic amenities like food and water from places far from sites of operation.

Zimbabwe: A case study for journalists

The 2008 Zimbabwe cholera outbreak provides some useful insights on how journalists can approach and report pandemics. Like any other case study, it reveals the need for journalists to exhibit considerable caution in reporting health-related issues. When health reflects political and humanitarian issues, it becomes pertinent for journalists to approach issues with an understanding of how their reporting could trigger reprisals from government officials and security forces. Reporting the 2008 cholera outbreak in Zimbabwe was synonymous with a dangerous sport as there was a crackdown on journalism by the Robert Mugabe-led government. The government had a rigid hold on aid organisations and the media and was particularly interested in the way and manner in which the epidemic was reported and the ways the government was portrayed.

Cholera

Journalists reporting the cholera outbreak in Zimbabwe did so with extreme caution by taking cognisance of their reports' health precautions and political implications. Some of their approaches include:

> Approaching the field with contact persons could provide reasonable support during journalists' interaction with local government agencies. In most instances, journalists used people that are well connected in the grassroots among people, taxi drivers, police and even thugs. These resource persons also know the area so well to facilitate an escape from attacks from local groups or government officials.

> Availability of all basic items needed during the duration of stay in the infected area. Some journalists stocked their cars with jerry cans of water and snacks. They did not have any reason whatsoever to source these items from the locality or neighbouring communities.

Transmission

Cholera is a bacterial disease that infects the intestines, causing diarrhoea, dehydration, vomiting, and leg cramps. It is spread through water or food contaminated with the bacterium *Vibrio cholerae* – largely due to faeces. One contracts cholera by ingesting the contaminated water or food. It can take between 12 hours to 5 days for cholera symptoms to appear, though most infected persons do not develop any. Of those who do, the majority are mild. Only a minority develop acute watery diarrhoea with severe dehydration, leading to death if left untreated.

Symptoms

Symptoms of cholera infection can include:

- > Sudden diarrhoea, which is pale and has a milky appearance
- > Cramps
- > Nausea and vomiting
- > Increased thirst
- > Dehydration leading to fatigue, sunken eyes, dry mouth, little to no urination and shock at a severe stage

Cholera

Treatment

While it can be fatal if left unattended, cholera is an easily treatable disease, People have been treated successfully through glucose-based oral rehydration solution - The WHO/UNICEF ORS standard sachet can be dissolved in 1 litre (L) of clean water. If infected, you may require up to 6 L of ORS on the first day to rehydrate. You can also make a homemade ORS with a simple salt and sugar solution (six (6) level teaspoons of Sugar, half (1/2) level teaspoon of Salt and one (1) litre of clean drinking or boiled water which is then cooled).

If you are severely dehydrated, you would urgently need intravenous fluids and antibiotics.

In the 1990s, the World Health Organisation (WHO) and the United States Food and Drug Administration (FDA) approved an oral cholera vaccine (OCV) for adults and children. They advised anyone visiting cholera-prone areas to get vaccinated.

Homemade Oral Rehydration Solution



6 level teaspoons
of sugar



half level teaspoon
of salt



1 litre of water
(5 cupfuls)

Cholera

General prevention and safety precautions for journalists

- ① Wash your hands thoroughly and frequently with soap and water (rub soapy hands together for about 15 seconds before rinsing), especially after using the toilet and before handling food. Always carry an alcohol-based hand sanitiser for emergencies, especially in areas without clean water or soap.
- ② Alcohol-based sanitiser and bleach wipes can be used to sanitise media equipment in the field/when reporting.
- ③ Use latrines for relieving yourself and for emergencies in areas without proper sanitation facilities: make sure to relieve and then bury your poop at least 30 meters (100 feet) from a water source.
- ④ While in cholera infected area/field, try as much as possible to avoid 'street food' and should you buy food from street vendors, make sure it is hot and preferably cooked in your presence. Avoid any type of raw or improperly cooked fish.
- ⑤ Preferably, only eat fruits that you can peel yourself like bananas, oranges etc.
- ⑥ When travelling into areas with cholera, always carry bottled, boiled or chemically treated water and canned and bottled beverages. If you buy bottled water and beverages, make sure that the seal is not broken. You can filter your own water by boiling it for more than 1 minute, filtering it and using water chlorination tablets.



HIV/AIDS

HIV/AIDS

Historical Context

HIV/AIDS is the most serious epidemiological catastrophe of the modern era. Scientific studies have shown that the disease originated in Africa and has existed on the continent since the 1950s. It evolved into epidemic proportion in the 1970s, in western equatorial Africa, with doctors in Congo noticing an unprecedented increase in opportunistic infections that would have been caused by the damaging of patients' immune systems. Congolese, American and Belgian public health experts discovered a very important pattern with the African AIDS epidemic of the 1980s. That most HIV infections were transmitted sexually and via blood transfusion. They noticed a trend in most urban places that shows the disease's prevalence in people who could readily afford multiple sexual partners. The disease spread fast within the sexual networks of infected persons, infecting more women than men. Also, they proved that hospitals could serve as incubators of the virus, especially in instances where they unknowingly transfused blood from an infected person to women during childbirth and anaemic children on admission.

This pattern suggests that the African AIDS epidemic was a sharp contrast to other parts of the world. In the US and Europe, the disease was prevalent among gay men and drug users, a pattern that was entirely different in Africa. Experts noticed an equal distribution of cases between men and women and an alarming frequency of infection among commercial sex workers and their clients. This pattern was quite a revelation as it proved to the team that the likelihood of rapid spread of the infection was way higher in Africa compared to other parts of the world. This discovery prompted further investigations, specifically the introduction of serological tests for HIV-1, which revealed more epidemiological and historical details of HIV infections.¹ These investigations revealed a spread that started in the 1950s and had gradually evolved into an epidemic in most African cities, towns and villages. The current and severe HIV/AIDS epidemic trend in Africa is a historical sequence. Coupled with this are other factors, including poverty and gender relationships.

Today, the African region accounts for two-thirds of the global total of new HIV infections. As of 2018, there are 25.7 million people living with HIV. It remains a perennial challenge despite enormous interventions dispensed by global health agencies like the World Health Organization and the Global Funds for AIDS, Tuberculosis and Malaria.

HIV/AIDS

Transmission

Human immunodeficiency virus (HIV) is a virus that attacks and weakens cells in the body that help fight infection. This makes the infected person vulnerable to other diseases and infections. HIV spreads through contact of certain bodily fluids of a person with HIV, commonly through unprotected vaginal, anal or oral sex, contact with infected blood, sharing contaminated drug paraphernalia, from mother to child during pregnancy, childbirth and breast-feeding. Acquired immunodeficiency syndrome (AIDS) is a late-stage chronic and potentially life-threatening condition caused by HIV, usually when the body's immune system is too weak and badly damaged because of the virus. HIV is considered to have progressed to AIDS when the number of the CD4 cells of the person with HIV falls below 200 cells per cubic millimetre of blood or develops a more opportunistic infection regardless of their CD4 count. Currently, there is no effective cure for HIV/AIDS, but medication (antiretroviral therapy) can dramatically slow the progression of HIV. With treatment, people with HIV can live long and healthy lives and prevent transmitting HIV to their sexual partners. Furthermore, using pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), people can effectively prevent getting HIV through sex.

HIV cannot be transmitted through regular contact like hugging, kissing, dancing or shaking hands with someone infected. HIV is not air or waterborne and cannot be transmitted through insects bites.

While HIV/AIDS can infect anyone, you are at risk of contracting HIV/AIDS if you have unprotected sex, that is - vaginal, anal or oral sex without using condoms and medicine to prevent or treat HIV; have a sexually transmitted infection (STI), and use intravenous drugs which involve sharing needles and syringes.

If you think you may be infected with HIV or are at risk, seek medical attention immediately.

HIV/AIDS

Prevention

While there is no vaccine to prevent HIV infection or cure for AIDS, you can protect others and yourself from infection by:

- > Practise safer sex by using condoms (correctly) every time you have anal or vaginal sex . Pre-seminal fluids that come out before male ejaculation can contain HIV. Therefore, it is important to use condoms throughout the sexual experience. If you are at high risk, you should consider taking PrEP to reduce the risk of sexually transmitted HIV infection. Please note that PrEP does not prevent other STI infections, meaning that one needs to practice safe sex through condoms. Abstinence is a more radical way to prevent sexually transmitted HIV infection.
- > The only way to know for sure you have HIV is to get tested. You should consider getting tested regularly for HIV and other STIs. STIs have been shown to increase the risk of HIV infection. Testing for HIV and STIs is fairly simple and can be done at local clinics, pharmacies and health centres.
- > If you (think you) have been exposed to HIV through sex, accident or infected needles and syringes, you need to seek emergency medical attention to use PEP, which has been proven to reduce the risk of infection significantly in the first 72 hours of exposure.
- > If you have HIV, you must inform your current and ex sexual partners that you are HIV positive and that they need to get tested. If you are pregnant, you need to seek medical assistance immediately to receive treatment to minimise the risk of infecting the baby. If you live with HIV, you should consistently take your prescribed HIV medication to keep the viral load as low as possible.

HIV/AIDS

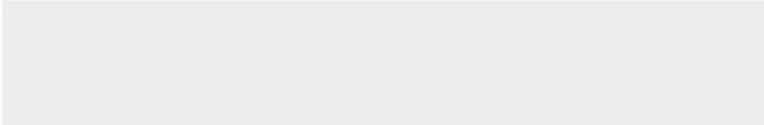
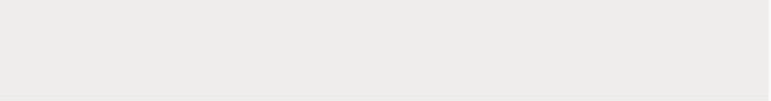
Living with HIV

I just got diagnosed with HIV. What should I do?

- > The first step is to take time to process the news and get counselling
- > Begin HIV treatment right away
- > Take HIV medicine as prescribed
- > Seek regular medical appointments with a health officer

Travelling for journalist work:

- > Before travel, inform your health care provider of your itinerary
- > During travel, maintain healthy lifestyle choices
- > Do not forget to take your medication
- > Avoid hospitals, health centres and clinics where TB patients are being treated. TB is very common and can cause severe complications for people with HIV



Ebola epidemic*

Historical Context

Since its discovery in 1976, the African continent bears the highest burden of the Ebola virus disease in the world. Guinea, Nigeria, northern Liberia, and eastern Sierra Leone were the epicentres of the 2014-2016 Ebola epidemic, which resulted in about 11,000 deaths. This is because the natural environment of the disease - the viral reservoir and susceptible animals - are still located in the African wild.

Transmission

Ebola or Ebola Virus Disease affects human and animal primates such as bats, apes, monkeys and antelopes. The fatal virus is hosted by said animals and transmitted to humans through contact with bodily fluids, blood and tissue during, for example, hunting or preparing and eating the infected meat. It then spreads from human to human by direct contact with bodily fluids (i.e., saliva, urine, sweat, blood, semen, breastmilk, faeces etc.) of a person who is sick with or has died from EVD through broken skin or mucous membranes in the nose, mouth and eyes. Contact can include contaminated surfaces like clothes, bedding, doorknobs etc.

Symptoms

Early symptoms of Ebola are often misdiagnosed due to their similarity with other illnesses such as Malaria, flu and typhoid fever. These include:

- > Fever
- > Fatigue
- > Muscle ache and pain
- > Headache
- > Sore throat

The 'dry' symptoms are followed by 'wet' symptoms, which indicate deteriorating health. These include:

- > Vomiting
- > Diarrhoea
- > In some cases, internal and external bleeding (for example, oozing from the gums, blood in the stools or bruising).

Other symptoms may occur in the late stage, such as rash, red eyes and hiccups.

Ebola epidemic*

Treatment

Basic intervention or supportive care is frequently used to treat Ebola symptoms to improve chances of survival. This includes rehydration through oral and intravenous methods and medication to reduce and manage symptoms while supporting blood pressure.

During the 2018-2020 outbreak in the DRC, a clinical trial was conducted to assess the safety of drugs in treating Zaire Ebola virus in adults and children. Two monoclonal antibodies Inmazeb and Ebanga have subsequently been approved by the US Food and Drug Administration.

General prevention and safety measures for journalists

Before going into the field

- > Avoid going into hotspot areas if possible. Rather build contacts with local journalists or citizen journalists stationed in outbreak zones to serve as correspondents.
- > Make sure you are in good health or do not have underlying conditions that may make you predisposed to contracting the virus or delay correct diagnosis.
- > Learn as much as you can about Ebola and affected areas to help keep you safe. This includes knowing modes of transmission, symptoms, treatment, as well as the areas most affected by the outbreak
- > Get the correct personal protective equipment such as overalls, masks, boots and the appropriate training to wear and remove them safely. There are often procedures required for the correct use of personal protective equipment to ensure their efficacy.
- > Alternatively, contact a trained professional to go into the field with you and your team.
- > Bring ample supply of your own chlorinated disinfectant to avoid buying in case it runs out in stores.
- > Make decisions about the appropriate reporting equipment. For instance, lapel mics are generally discouraged since they require close contact with interviewees and risk contamination through saliva.

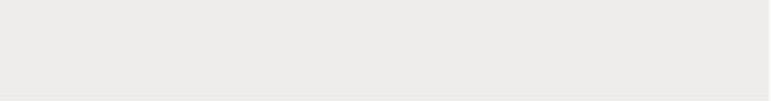
Ebola epidemic*

In the field

- > Make sure you are dressed in the appropriate personal protective equipment when going out into the field, particularly hospitals, isolation wards, airports and graveyards. Otherwise, wear long-sleeved clothes and gloves to minimise skin exposure. Also essential is a pair of plastic or rubber boots that are easy to clean.
- > If possible, avoid overcrowded places for interviews. Otherwise, keep a distance of at least 6 meters from anyone, including interviewees, who are suffering from the disease. A distance of at least 4 metres is sufficient for a dead body, provided it is contained in a sterile body bag.
- > When doing interviews or taking images, avoid contact with items that may have come in contact with an infected person's blood or body fluids, such as clothes, bedding, needles, and medical equipment. Also, avoid borrowing, sharing or contacting items that may have other people's body fluids such as pens, cell phones or dishes.
- > Wash hands constantly with chlorinated water, and disinfect the bottom of boots/shoes before entering the car and after visiting an affected area.
Don't shake hands with anyone, including colleagues.
- > Avoid sexual contact since it involves contact with bodily fluids. Although there is no evidence to suggest that Ebola can spread through sex or contact with the vaginal fluid of an infected woman, it can spread and remain in semen.
- > Make sure that the area you are working from has been sprayed with disinfectant.
Do not eat or touch bush meat or bats in Ebola hotspots, and don't share food.

From the field

Be aware of any symptoms that may appear up to 21 days after leaving the field, and seek medical attention.



Malaria



Malaria

Historical Context

Malaria is one of the major reasons people visit hospitals in sub-Saharan Africa. It leads to several mild and severe illnesses, killing close to 1 million Africans annually. Like Ebola, the continent suffers the highest burden of the disease, about 90 per cent of global malaria cases are recorded in tropical Africa. The disease is caused by several species of a one-celled parasite, the plasmodia, which is transmitted by mosquitoes' species belonging to the genus Anopheles.

The history of Malaria in Africa is long, revealing the epidemiological variation of the African environment and efforts by various non-immune foreigners to acclimatise to the hostile disease environment. To a large extent, the history of Malaria reveals the mode of trade relations and cultural exchanges between Africa and the wider world. It obstructed early efforts to explore and develop trading relations with communities in sub-Saharan Africa. During the nineteenth century, Malaria was the cause of most European deaths in tropical Africa, earning the region the infamous label, the Whiteman's grave. The alarming incidence and severity of the disease on the European population in Africa was drastically mitigated with the introduction and enforcement of quinine as a prophylaxis for Malaria. Also, in the early twentieth century, rigorous urban planning schemes were introduced in European areas, necessitating a sharp delineation of the various races in colonial towns and cities.

The history of Malaria shifted focus in the twentieth century. During the two world wars (1914-1918 and 1939-1945), Malaria was a serious source of concern to European troops fighting on African war fronts. The lack of access to quinine prompted a considerable investment into the investigation of alternative prophylaxis. This led to the discovery of chloroquine, a product of German and American scientific inquiries.

During the other half of the twentieth century, control efforts shifted towards the African infant population, the major casualties of the disease in Africa. This has been a serious cause of concern since the 1950s, when the WHO recorded high infant mortality in areas of hyperendemic transmission. The absence of malaria treatments in these areas is responsible for these scary figures. In the 1950s and 1970s, insecticide-spraying campaigns were carried out in Nigeria, Kenya, Tanzania, resulting in about 40% to 50% reduction in infant mortality rate. The introduction of insecticide-treated bed nets (ITN) and chemoprophylaxis in the 1990s resulted in a 75% reduction in infant mortality in sub-Saharan Africa. New treatment routines were introduced in 2002 through the Global funds for AIDs, Tuberculosis, and Malaria.

Malaria

Transmission

Malaria is a disease common mainly in the sub-Saharan. It is caused by a parasite transmitted to humans through the bite of infected mosquitoes, called 'malaria vectors'. Malaria transmission is seasonal; it is significantly affected by rainfall patterns, temperature and humidity. Its peak is just after the rainfall season. Pregnant women, children and people living with HIV/AIDS are at considerably higher risk of contracting Malaria than others. States and NGOs therefore take special precautions to protect them.

Other modes of transmission include from mother to unborn child, blood transfusion and sharing needles. This is because the parasites that cause Malaria affect the red blood cells.

Symptoms

Malaria infection has an incubation period of between 7 to 30 days depending on the species parasite - currently, five species are known to cause Malaria in humans. Early symptoms are similar to flu and include:

- > Shaking chills
- > High fever
- > Headache
- > Fatigue
- > Muscle ache and pain
- > Nausea and vomiting
- > Rapid heart rate
- > Rapid breathing
- > Cough

Treatment

Malaria is fatal if left untreated. It is therefore essential to receive medical attention as soon as symptoms develop. Treatment is administered only after parasite-based diagnostic testing since symptoms may result in misdiagnosis. Treatment varies according to disease severity, the species of the parasite and geographic location. This is important for determining the possibility of drug resistance.

Malaria

Transmission

Malaria is a disease common mainly in the sub-Saharan. It is caused by a parasite transmitted to humans through the bite of infected mosquitoes, called 'malaria vectors'. Malaria transmission is seasonal; it is significantly affected by rainfall patterns, temperature and humidity. Its peak is just after the rainfall season. Pregnant women, children and people living with HIV/AIDS are at considerably higher risk of contracting Malaria than others. States and NGOs therefore take special precautions to protect them.

Other modes of transmission include from mother to unborn child, blood transfusion and sharing needles. This is because the parasites that cause Malaria affect the red blood cells.

Symptoms

Malaria infection has an incubation period of between 7 to 30 days depending on the species parasite - currently, five species are known to cause Malaria in humans. Early symptoms are similar to flu and include:

- > Shaking chills
- > High fever
- > Headache
- > Fatigue
- > Muscle ache and pain
- > Nausea and vomiting
- > Rapid heart rate
- > Rapid breathing
- > Cough

Treatment

Malaria is fatal if left untreated. It is therefore essential to receive medical attention as soon as symptoms develop. Treatment is administered only after parasite-based diagnostic testing since symptoms may result in misdiagnosis. Treatment varies according to disease severity, the species of the parasite and geographic location. This is important for determining the possibility of drug resistance.

Malaria

General prevention and safety measures for journalists

Before going into the field

- > Learn as much as you can about Malaria and the most affected areas to help keep you safe. This includes knowing the species of Malaria that occurs, symptoms and the presence of drug resistance in the area.
- > Visit and consult your doctor when planning to travel to malaria-prone areas, and they will prescribe the best preventative drugs for you. Preventative drugs depend on geographic location, as well as the length of stay.
- > Consult pharmacies for recommended repellents and use mosquito repellent on exposed skin.
- > It is best to pack long-sleeved clothing and long pants for assignments in malaria-prone areas. This provides a barrier between the skin and malaria-infected mosquitoes.
- > Source an insecticide-treated net also to prevent being bitten by mosquitoes while sleeping.
- > Avoid or take special precautions if travelling to malaria-prone areas while pregnant to minimise the high risk of contracting the disease.
- > If travelling to a malaria-prone area, consider scheduling interviews at a time when the transmission is low.

In the field

- > Use a treated mosquito net over the bed if your bedroom is not air-conditioned or screened. Nets provide simple, affordable and efficient protection for those who sleep under them compared to fumigation or indoor spraying, which mosquitoes can become resistant to. However, it is advisable to spray your room with recommended insecticide before going to bed as an added measure.
- > Use Spray insecticide or repellent to spray on clothing to reduce as mosquitoes may bite through thin clothing.
- > If symptoms of Malaria occur, contact your editor and seek immediate medical attention.

From the field

- > Malaria symptoms appear between 8 and 25 days after infection. Seek immediate medical attention if symptoms develop and request parasite-based diagnostic testing as recommended by the WHO.



Covid-19

Coronavirus

Historical Context

Coronavirus is an infectious disease caused by the SARS-CoV-2 virus. The virus attacks the respiratory organs of its host, leading to high temperatures and restricted airflow. The covid-19 pandemic spread to Africa on February 14, 2020, starting first in Egypt. The first case in sub-Saharan Africa was recorded in Nigeria at the end of February. By June, the cases had increased to 200,000. This figure increased to one million in August, with countries like Nigeria, Egypt, Morocco, and South Africa contributing 7% of the cases. The main problem with controlling the spread of the virus in Africa is the lack of a realistic figure of infection rate. The testing rate on the continent is very low, making it very difficult to grasp the scale of the infection. Also, vaccination is low, the lowest in the world.

Transmission

Covid-19 refers to the recent or current global outbreak of the SARS-Cov-2 virus. It is transmitted through small liquid droplets from the mouth and nose of an infected person when they cough, sneeze, speak, breathe or sing. The particles can be inhaled or land in the mouth, nose or eyes of another person, causing infection. In some instances, particles may contaminate surfaces increasing the likelihood of infection for those in direct contact with them.

Symptoms

While Covid-19 may trigger respiratory tract infection, a range of symptoms have been reported. These span from mild to severe and include the following:

- > Fever
- > Cough
- > Shortness of breath
- > Fatigue
- > Chills
- > Body aches
- > Headache
- > Loss of taste or smell
- > Sore throat
- > Congestion or runny nose
- > Nausea or vomiting
- > Diarrhoea

Coronavirus

Groups considered most vulnerable to infection, i.e. the elderly and those with underlying or chronic conditions such as diabetes and heart disease, may experience severe symptoms, including ongoing chest pain. In fact, they are at risk of developing serious complications due to Covid-19. These include stroke. However, there is a group of people who are asymptomatic and therefore show no signs of Covid-19 infection.

Treatment

It can take between 2 to 14 days for Covid-19 symptoms to appear. However, no cure exists for the illness. As a result, measures such as vaccination and self-isolation have been advocated by health experts to minimise the risk of continued spread. Infected persons are advised to self-isolate for up to 10 days, drink plenty of fluids and contact their medical practitioners for supportive care, which manages symptoms like headache, body aches and fever. Hospitalisation is required in severe cases where severe symptoms like shortness of breath are present.

General precautions and safety measures for journalists

Before going into the field

- > The elderly and those with chronic and underlying medical conditions like diabetes, lung disease and heart disease are considered at high risk of contracting Covid-19
- > Carefully consider interviews with those considered vulnerable since contact may increase their risk of exposure. If you fall within this category, rather avoid assignments that put you at risk.
- > Do not travel if you show symptoms of Covid-19. If you have been exposed to someone with the virus, self-isolate for 10 days prior to going on assignment.
- > If possible, prioritise telephonic and online interviews to minimise unnecessary risk of exposure. Working from home whenever possible has been found to be the most effective way of fighting the Covid-19 pandemic.
- > Ensure full vaccination prior to going into the field if it is safe and possible for you to do. Governments have classified journalists under the front-line workers' category just like health workers and recommended that they get first Covid-19 vaccination preference. This is especially necessary if reporting in an area with a high infection rate or where a vaccination certificate is required for travel.
- > Enquire about the safety procedures instituted by local or state authorities at events and locations where you plan to visit. In some cases, special permits may be required for media or healthcare personnel to gain access. Keeping up to date with such information, including curfews and other travel restrictions, may save time and prevent avoidable risks in the field.

Coronavirus

- > Prepare contingencies should you be restricted in an area due to unexpected lockdown measures instituted by the state to curb or contain Covid-19 infections.
- > Should you be travelling to another country, find out about imposed testing and quarantine measures that are in place. Some countries require a medical certificate to ensure you are Covid-19 free.
- > Get an ample supply of alcohol-based hand sanitiser, masks and other personal protective equipment if necessary. There are often procedures required for the correct use of personal protective equipment to ensure their efficacy; prior training is therefore vital.

In the field and the newsroom

- > Avoid congestion in the newsroom, editing booths, or in the cars you use when going out for newsgathering (pool cars). Most news organisations in the continent are poorly resourced, and journalists share equipment such as cameras and pool cars.
 - > In the newsroom, make sure that all surfaces are regularly sanitised. This should include desks, computer keyboards, printers, touchscreens, monitors, cameras and phones, control panels, mousepads, switches for photocopiers, modems, and desk lamps.
 - > Avoid handshaking with colleagues in the newsroom and news sources during interviews.
 - > Carry alcohol spray, hand sanitiser, and bleach wipes.
 - > Always wear your face mask (surgical/washable) when in public or congested places.
- Make it a habit to wash your hands regularly using soap or hand-sanitiser. Consider washing your hands regularly with soap for at least 20 seconds. Also, wash your hands after every engagement.
- > Disinfect your recording equipment such as voice recorders, pens, microphones with alcohol-based sanitisers before and after each interview.
 - > Always maintain 1-2 meters social distance from news sources when conducting interviews, attending press conferences, or public places. Consider using selfie sticks to extend your audio recording equipment during interviews.
 - > Do not use lapel microphones as they encourage physical contact with interviewees.

Coronavirus

From the field

- > Immediately change your clothes when you get home and take a bath before mixing with your family members. Cloth masks should especially be soaked in hot water and detergent; surgical masks should be discarded.
- > Sanitise or disinfect your recording equipment such as cameras, pens, microphones, audio recorders, phones, etc.
- > If you've been in contact with a Covid-positive person self-isolate for days and seek medical attention
- > Be aware if you develop any Covid-19 symptoms and get tested where possible or see a medical practitioner.

HOW CAN I PROTECT MYSELF AGAINST COVID19?

Wash your hands frequently

Avoid touching your eyes, nose, and mouth

Avoid crowded places and put space between yourself and others

Cough or sneeze into your **bent elbow or a tissue**

If you have fever, cough, or difficulty breathing, **seek care early**. Call beforehand and follow medical advice.

SOURCE: WORLD HEALTH ORGANIZATION





Mental Health

Mental health

Context

Reporting on and in pandemics has put journalists and media workers under considerable mental and psychological pressure. Health pandemics are by nature traumatic. Without adequate and proper support structures, pandemics reporting can lead to anxiety and depression amongst the journalists and media workers working right at the epicentre trying their very best to bring us stories even under less ideal work environments. Covid-19 has exacerbated this due to, among other pressing issues, the financial and employment insecurities and uncertainties that journalists, in general, find themselves in. While a more comprehensive solution would require a collaborative approach at national, regional, continental, and transcontinental levels to seek lasting and sustainable solutions to this mental health pandemic, we list here some simple steps journalists could take to look after their mental wellbeing. We acknowledge that these steps might not be significant in their outlook but provide some much-needed practical advice in an industry that has not done very well historically in admitting the seriousness of mental health and its effects on its workforce.

- ① Establish explicit boundaries between work and home life to ensure that you also give yourself some time to rest and look after your personal needs and relationships. Try as much as possible to keep a normal routine, e.g. exercising, watching TV, reading books, etc. Ensure you eat well and get enough sleep too.
- ② Discuss with your editor if you feel comfortable carrying out (some aspects of) a pandemic assignment. Be transparent as much as possible to find a workable solution that does not put your mental health in jeopardy. Remember also; no story is worth your life!
- ③ Know thyself. Our bodies have a way to tell us when we are fatigued and burnt-out. If you find yourself getting irritable regularly, having physical pain, irregular or lacking sleep, you might want to seek some time out to rest and possibly see a health expert if things don't change.
- ④ Ensure you have a good peer support network with which you can check-in, share stories and experiences, and even do some downtime activities. Give yourself enough time to process your emotions.
- ⑤ When you are in the field, take regular breaks, do simple breathing exercises, and self-massage if you feel that you are starting to tense up. Drink plenty of water and have some healthy snacks. Give yourself some time to step back, review and reflect on the story assignment while still in the field.



General Safety Measures

General Measures

Before embarking on a journalism and media assignment, you need to set aside adequate time for planning and reflection. This might also involve consulting your editors, newsroom manager/supervisor, or colleagues.

The planning includes establishing a newsroom assignment classification guide, detailing the different levels or categories of health risks involved in an assignment. This could be colour coded (e.g., green for low, yellow for medium and red for high) or numerical levels (e.g., level 1 for low, 2 for medium and 3 for high). This document should also contain clear mitigating strategies for each category of risk. Each assignment should have its health and safety risk assessment and a good safety plan in place. Below are things to consider when developing a risk assessment for the project.

Research

An excellent place to start with the risk assessment is doing preliminary research of the story assignment and its context and looking at the perceived risks associated with the assignment against the editorial benefits. You can do this by looking up information online or asking colleagues and contacts in the assignment locations. This research should include information regarding the health pandemic(s) existing in the assignment location and general safety measures and issues/complexities to consider while in the field. While researching on the health risk and the context, you can also explore creative methodologies for carrying out the assignment that can reduce your risk exposure. This can include doing the story remotely using tools like Zoom, WhatsApp, Facebook etc. You can also discuss with your editor if you can collaborate content with other journalists and freelancers already in the field.

Detailed plan

Once you have done some initial research, you will need to draft a comprehensive health and safety plan for your assignment.

- > This plan should include essential health and safety tools and resources you will need to bring with you for the assignment (refer to the section on the safety toolkit).
- > You might need to approach your media organisation to secure some of the tools and resources you will need (e.g. PPE, First Aid kit, insurance, etc.).
- > The plan should include a pre-assignment checklist to ensure that you have everything you need for the assignment.

General Measures

- > As part of the assignment plan, you and your media organisation's managers and editors should develop a crisis management procedure that stipulates the process to be followed in case of a health and safety emergency in the field.
- > The plan should also include any budgetary considerations for the assignment attached to health and safety, e.g., insurance and medical care, funds to cover emergencies like hospital bills, evacuation, quarantining, PPE etc.
- > For some assignments in high-risk contexts, you might want to consider taking a training course on health and safety. There are several MOOCs that you can take online for free (see the section on resources for more information). It is advisable that any journalists going out into the field should have done first aid training.
- > You should consider any health conditions you might have and evaluate the implications to the assignments and vice versa. You should take note that your assignment might be in a low resourced area where it would be difficult for you to access medical care.
- > Carrying out a journalism and media assignments inevitably means that you might at some point interact with people from vulnerable and marginalised contexts. This requires you to be considerate, respectful and to always reflect on how your actions might impact on the health and safety of others.
- > Once in the field, stay in touch with your media organisation, colleagues, friends, and family. Keep them up to date on your assignment, informed about challenges you are facing, and any changes or deviations from your assignment plan. This will enable them to best support you and activate any contingency plans in an emergency.
- > You should ensure that you have access to a reliable transport option if you need to evacuate an area due to a health emergency.
- > It is advisable to work with a local guide/fixer familiar with the area of assignment especially if you are covering health emergencies.
- > Ensure that you are well informed and up to date with the developments in the area of assignment. Check information online and in local media regularly.

General Measures

Psychosocial safety

As detailed in the section on mental health, journalists are frontline workers and are exposed to traumatic situations especially when reporting on health emergencies. Exposure to distressful situations can lead to trauma, a psychological and emotional injury to the psyche. It is paramount for journalists covering pandemics to practice self-care and have access to professional psychological counselling help. You should practise self-awareness to manage how you react to physical and mentally stressful situations and events. Below are some of the signs and symptoms of trauma:

- > Insomnia
- > Difficulties in concentrating
- > Being unusually irritable
- > Intrusive thoughts of the highly stressful situation
- > Withdrawal and social isolation
- > Emotional shock
- > Panic attacks and anxiety
- > Increased self - medication including alcohol and substance abuse.

Below are some of the strategies for self-care (please see the section on resources for more information)

- > Have a good work and life balance.
- > Ensure that you have a good peer and family support structure
- > If you feel uncomfortable with pursuing a story, discuss this with your editor and media organisation manager and work out an alternative plan that considers your mental health wellness.
- > Identify where you can find help (see the section on resources)

Digital safety

The Covid-19 health pandemic has transformed how journalists carry out their assignments, with most working remotely using various digital technological tools. Unfortunately, this has also meant increased exposure to digital security threats like malware, online harassment, surveillance, information and data breach. Journalists reporting on health emergencies are also at risk of being targeted by repressive governments for their investigative stories. Below are some of the digital safety measures journalists can take:

- > Ensure that all your devices are up to date regarding operating systems and their applications. Ideally, you would like to configure your devices to update automatically.

General Measures

- > Ensure you have strong, long and unique passwords for all your accounts. If the application has a two-factor authentication, ensure that this is configured.
- > Use a virtual private network (VPN) so that your online activities cannot be monitored. Always ensure that you are using a VPN especially in countries or areas with known internet surveillance or censorship.
- > Remember that merely using incognito mode on most browsers does not necessarily keep your identity anonymous online.
- > Avoid as much as possible from using unsecured WI-FI connections e.g., at public areas like airports, restaurants etc.
- > Use secure browsers for accessing the internet like Firefox
- > While safeguarding your digital footprint, consider your contacts that might be subject to surveillance and tracking. Ensure that you use end-to-end encrypted messaging, calling and video conferencing software. Consider setting messages to automatically delete after a certain period (e.g., on WhatsApp or Signal).
- > Consider storing all your sensitive files in secure and encrypted storage platforms.
- > Ensure that you disable location tracking services on your social media accounts and other applications.

Women journalists safety

"Women journalists wage war on two fronts: the war to survive, and the war against the system" - Abeer Saady.

Women journalists are increasingly facing online and offline threats, abuse, violence and harassment while doing their work. Studies have shown that women journalists are the main target of online harassment, which includes misogynistic and inappropriate comments, jokes, threats, cyberstalking, sexist and racist insults, posting of sensitive information (home address, personal contact details) and trolling. These threats are meant to silence women journalists and frustrate their investigative reporting. In the field, women journalists face sexual harassment and violence from colleagues, sources, the public, politicians and like women everywhere, often lack support and clear avenues for reporting such cases. The current work culture in most newsrooms does not encourage spaces and mechanisms for addressing safety concerns for women journalists. Most media organisations do not have robust anti-harassment and anti-discrimination policies to protect women journalists when doing their work online and offline and in and out of the newsroom. Media organisations should have comprehensive and effective processes and procedures to guarantee the safety of women journalists in and out of the newsroom and create a concussive work environment. In a survey commissioned by the International Center for Journalists (ICFJ) and the United Nations Educational, Scientific, and Cultural Organization (UNESCO) in 2020, 73% percent of women respondents stated that they had experienced online harassment, and 20% of women respondents said that they were attacked offline in connection with online attacks they had experienced. Studies have also indicated that online and offline attacks on women journalists tend to spill over to their families, friends, colleagues and sources. In order to adequately respond to the crisis, it is critical for newsrooms to have a coordinated response through policies, support mechanisms, guidelines, awareness campaigns and training.

Women journalists safety

The stigma needs to be removed from women journalists' both feeling and expressing the impacts of all kinds of online violence they encounter in their work. In particular, we need to be very cautious about suggesting that women journalists need to build resilience or "grow a thicker skin" in order to survive this work-related threat to their safety. They're being attacked for daring to speak. For daring to report. For doing their jobs. The onus shouldn't be on women journalists to "just put up with it" any more than we would suggest in 2020 that physical sexual harassment or sexual assault are acceptable career risks for women, or risks which they should take responsibility for preventing.

Julie Posetti: "Alarming evidence of online attacks on women journalists leading to 'real world' violence" ICFJ and UNESCO published on Rappler (2020)

Below is a list of resources for female journalists reporting in crisis zones and health emergencies:

- ① **What if..? Safety Handbook for Women Journalists**
- ② **Sexual violence and advice for women in Safety Guide for Journalists: A handbook for reporters in high-risk environments**
- ③ **Online SOS: Assess and Take Action**
- ④ **The Online Harassment Field Manual**
- ⑤ **Online Harassment of Journalists: Attack of the Trolls**
- ⑥ **Safety of Female Journalists Online**
- ⑦ **UNESCO Safety of Women Journalists**
- ⑧ **Women Journalist's Digital Security**

Resources

[Assignment safety checklist](#)

[Digital safety: working from home](#)

[Medical, digital and legal safety tips for journalists](#)

[News organisation safety protocols](#)

[Physical safety](#)

[Post-incident assistance](#)

[Psychological safety](#)

[Safe and secure handbook](#)

[Safety guide for journalists: a handbook for reporters in high-risk environments](#)

[Safety kit](#)

[Safety management resource](#)

[Self-care for Journalists: a practical guide](#)

[Self-directed course on covering pandemics](#)

[The journalist survival guide](#)

[The safety net manual](#)

[Verification handbook](#)

[Your safety as a journalist reporting COVID-19](#)

Safely toolkit

Some of the items you might want to consider keeping in your emergency bag when travelling

- > Emergency first aid kit stocked according to WHO guidelines
- > Emergency medical kit – with prescription medications, antimalarial medication
- > Charged mobile/satellite phone
- > Power bank
- > Travel documents, including travel insurance and immunisation card
- > Card with your medical details including allergies, blood type, travel insurance details, emergency contact details
- > Copies of contact information of your media organisation
- > Bottled water
- > Water disinfectant
- > Bug repellent
- > Gloves
- > Condoms or contraceptives
- > Mosquito net
- > PPE – WHO-approved
- > Face masks – WHO-approved
- > Alcohol-based sanitiser (preferably 70% or more alcohol content)
- > Basic toiletries
- > Alcohol-based wet wipes
- > Your own food and snacks, properly stored
- > Emergency cash
- > Basic tool kit

Sources

- A.K. Siddique, A. Salam, et. al. "Why Treatment Centres Failed to Prevent Cholera Deaths among Rwandan Refugees in Goma, Zaire," *Lancet* 345, no. 8946 (1995): 359-61.
<https://centerforhealthjournalism.org/2021/02/05/it-s-time-journalists-take-their-own-mental-health-seriously>
<https://cpj.org/2020/02/cpj-safety-advisory-covering-the-coronavirus-outbr/>
<https://dartcenter.org/content/self-care-amid-disaster>
<https://healthservices.appstate.edu/pagesmith/175>
<https://reliefweb.int/report/world/safety-guide-journalists-handbook-reporters-high-risk-environments-enar>
<https://stanfordhealthcare.org/medical-conditions/primary-care/malaria/treatments/>
<https://wan-ifra.org/2014/08/reporting-Ebola-a-story-of-divergent-western-and-african-experiences/>
<https://www.afro.who.int/health-topics/hivaids>
<https://www.cdc.gov/flu/about/>
<https://www.cdc.gov/vhf/Ebola/prevention>
<https://www.icirnigeria.org/useful-tips-for-journalists-reporting-Ebola/>
<https://www.sciencedirect.com/science/article/pii/S1286457905001437>
<https://www.unaids.org/en/frequently-asked-questions-about-hiv-and-aids>
<https://www.unaids.org/en/frequently-asked-questions-about-hiv-and-aids#what-is-safer-sex>
<https://www.who.int/news-room/fact-sheets/detail/cholera>
James L.A. Webb, *The Long Struggle against Malaria in Tropical Africa* (Cambridge: University Press, 2014)
John Iliffe, *The African AIDS Epidemic: A History* (Oxford: James Currey, 2006).
MISA-Zimbabwe and Zimbabwe Union of Journalists
Pourrut, X., Kumulungui, B., Wittmann, T., Moussavou, G., Délicat, A., Yaba, P., Nkoghe, D., Gonzalez, J.P, and Leroy, E.M. 2005. The natural history of Ebola virus in Africa, 7(7-8)
Raymond Dumett, "The Campaign against Malaria and the Expansion of Scientific Medical and Sanitary Services in British West Africa, 1898-1910," *African Historical Studies* 1, no. 2 (1968); pp. 153-197.
Simukai Chigudu, *The Political Life of an Epidemic; Cholera, Crisis and Citizenship in Zimbabwe* (Cambridge: University Press, 2020), p. 70.
Thomas C. Quinn, "AIDS in Africa: A Retrospective," *Bulletin of the World Health Organization* 79, no. 12 (2001); pp. 1156.



For inquiries regarding this guide, contact **Jovial Rantao**, TAEF Chairperson: jovial.rantao@gmail.com