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## Social media and trust in strangers have grown Uganda's market for COVID-19 treatments

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The COVID-19 pandemic in Uganda has coincided with an 'epidemic' of misinformation, spread in part through social media platforms such as WhatsApp. Against a backdrop of unaffordable formal healthcare, this has grown the market for herbal and traditional treatments, with effects on Ugandans' everyday expenditure.

Uganda's experiences of COVID-19 seemingly embody World Health Organization concerns for an epidemic paralleled and perpetuated by an 'infodemic'. The spread of the virus has been accompanied by the spread of rumours and myths regarding cures and possible protections, shared offline as well as through social media.

Ugandan urbanites usually approach alternative medicines with scepticism, but the market for herbal medicines has **grown** rapidly throughout the

country. This post discusses the evolving texture of 'misinformation' spread over WhatsApp and asks: what makes the ordinarily sceptical trust messages from strangers?

## Trust in anonymous urban spaces

Urban geographers and anthropologists alike have long linked urban spaces to fears of anonymity. In the context of healing, urban markets have been portrayed as spaces populated with unverified specialists, who may peddle cures that can cause harm, rather than healing, often at a high cost to their clients. The anonymity and difficulty verifying anonymous healers is a major reason why urbanites are often highly sceptical about religious, herbal and other forms of healing.

The predominant scholarly focus has been on how urban spaces – and urban life – promote mistrust. Left unanswered are questions of how trust relationships are built in urban settings, and why people may trust particular cures during a crisis.

COVID-19 ushered in a period of **radical uncertainty** for many Ugandans. At different moments since March 2021, fear of the virus, or limits presented by stringent restrictions, have provided obstacles that Ugandans have navigated to maintain well-being and viable livelihoods. Amidst this panic, herbal medicine has been promoted as both protection and cure.

## COVID-19 and healthcare in Uganda

So far, Uganda has had reported three waves of COVID-19. Daily **infections peaked** at 20,629 cases on 20 August 2021.

Elevated fatality rates have been linked to the dire provision of both private and public medical facilities. **Media** reported that hospitals were running out of oxygen, and health facilities were turning away patients needing intensive care. Patients who managed to access care and treatment did so at a huge financial cost. Health facilities charged between UGX1m (\$281) to UGX3.5mn (\$1,000) per day – depending on the severity of the case – for

inpatient services. Some private facilities only admitted patients to intensive care after a down payment of UGX5m (about \$1,500).

Many private health facilities resorted to withholding hearses of COVID-19 patients until the outstanding medical bill was cleared. In some cases, patients and kinspeople of patients were forced to sell off assets to clear bills. Social media was awash with fundraising initiatives to clear the unpaid medical bills of loved ones who lost the battle with the virus. In a country with a per capita income of \$912, few Ugandans could afford such costly care. Even people considered wealthy by Ugandan standards found treatment for COVID-19 to be unaffordable. To some, herbs constituted a coping mechanism amidst the explosion of treatment fees for biomedical therapies.

Given this context of crisis, it is unsurprising that Ugandans turned to alternatives. Numerous studies indicate Ugandans to be enthusiastic in 'shopping and switching' concurrently or sequentially between **multiple therapeutic options**. But these studies failed to stress the salience of the medium for accessing crucial information, and how crisis and uncertainty can radically affect health-seeking practices.

Since the onset of COVID-19, rumours and myths regarding cures and possible protections began spreading rapidly, particularly on social media. Those with mild symptoms resorted to self-medication using over-the-counter drugs purchased from pharmacies based on prescriptions or obtained online, especially from WhatsApp groups. Many started turning to affordable and widely accessible treatment options and care sources such as herbal and faith-based/spiritual therapies.

Across Kampala, hundreds could be seen foraging for medicinal plants in the swamps, roadside bushes, urban plantations and forests. The leaves of eucalyptus, guava, marijuana, mango, Aaron's rod and mint, for example, were popular. Many of these herbs, processed (into liquid concoctions) and unprocessed (leaves), were vended openly on the streets of Kampala and other cities.

## A market for COVID-19 cures in Uganda

The heterogeneity of the social fabric, especially during the social-distancing measures introduced by the Ministry of Health to manage the pandemic, gave communication via WhatsApp new significance. Urban strangers could share information on care modalities and treatment options, as well as their lived experiences with each other. Some messages – texts, voice notes, videos, pictures and audios – came from the original author but most had been ‘forwarded many times’. But this did not discourage urbanites from trusting WhatsApp messages to make shopping and switching decisions.

The novelty of COVID-19 combined with uncertainty and mistrust towards government public health messaging left many Ugandans wondering about appropriate care providers and treatment options.

On WhatsApp, the most shared prescriptions included azithromycin, zinc, vitamin C and an herbal concoction of garlic, ginger, lemon, lime and honey. WhatsApp in Uganda is flooded with videos and audios of some people, including traditional healers, claiming that herbs (including cannabis) can cure COVID-19.

It was common to find intra-group dialogue between an individual undergoing treatment and another shopping for care and treatment alternatives. Often, many group members would join the dialogue to share what treatment options worked for them. Ultimately, eager to get the ‘best of everything’, an individual would end up combining care and treatment options based on the recommendations of other members within their groups. In most cases, the biomedical option was complemented with traditional treatment and divine healing sought through religious leaders and institutions, and witchdoctors – interactions that could impact the outcome of the treatment.

## WhatsApp as marketplace for local solutions

As vaccine scepticism and hesitancy surged on the back of conspiracy theories spread through WhatsApp, the social media platform also lent itself

as an online marketplace for vending herbal treatments in what most users viewed as 'a local solution to a local problem'. Covidex, an herbal remedy developed by a Ugandan scientist Dr Patrick Ogwang, benefited the most from positive reviews on WhatsApp.

Covidex contains extracts of berberine and zanthoxylum gillettii plants, used as supplements and treatments of viral ailments. It remains unclear how efficacious Covidex is, as the government added it to the treatments it recommends for COVID-19 before clinical trials were concluded. Rocket Health, a Covidex distributor, stated on their website that the drug purportedly prevents virus growth and has anti-inflammatory effects.

## Politicising herbal medicine

Covidex quickly became a rallying point for nurturing a spirit of nationalism during a crisis. Horizontal comradeship emerged around Covidex, with users and non-users alike expressing solidarity with the creator of the drug, seen as a local scientific breakthrough. Many who shared information on Covidex on WhatsApp saw themselves as part of a bigger whole contributing to the success of a local invention, as well as getting vital information about a treatment option to the distant other who might have been unaware of the drug's existence and wonders.

In Ugandan WhatsApp groups, just like in any online community, the content of certain creators drew more attention than others. The biggest influencers on WhatsApp for COVID-19 treatments included former presidential candidate **Kizza Besigye**, a medical doctor by training; nutritionist **Dr Paul Kasenene**; and **Dr Monica Musenero**, a Cornell University-trained epidemiologist and the current minister of Science, Technology and Innovation. They have been regular commentators, on both new and traditional media, on how Ugandans can use local resources such as herbs and foods to boost their immunity and stem the spread of the virus. For instance, Besigye's anti-COVID concoction includes ginger, red pepper, garlic, onion and lemon – all easily accessible across Uganda.

Like Besigye and other opinion leaders, many Ugandans see medical pluralism as the answer to the country's inefficient biomedical health system, but it has ultimately provided more questions than answers. Actors within the plural system function in a fragmented manner – most visible during the COVID-19 pandemic – and deprive patients of the benefits of coordinated care and treatment. To meet healthcare needs through pluralism, Ugandans suffer excessive out-of-pocket expenses, usually at catastrophic household spending levels. Assets such as houses, land and household items are known to be sold for treatment, and basic consumptions such as a balanced diet and leisure activities have been foregone.

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*Photo by Tara Winstead from Pexels.*

### About the author



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Dr Liz Storer is a researcher at the LSE Firoz Lalji Centre for Africa. Her research focuses on health and well-being at African borderlands, and on epidemic/ pandemic preparedness in Uganda in particular.



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