

Mainstream Media's Obsession with Africa: Reflecting on "TIA" during the COVID-19 Pandemic

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We who grew up texting, instant messaging, and emailing are blessed with native fluency in internet slang that varies according to country and language. Growing up in Sub-Saharan Africa, my schoolmates and I particularly loved to say TIA or, "This Is Africa."¹ Largely popularized through the 2006 film, "Blood Diamond",² TIA was the answer to all of the idiosyncrasies that accompanied living in the middle of the second-largest continent. Pulled over by local traffic police who demand a "cold drink"? TIA. Helped push the school bus out of a massive pothole during monsoon season? TIA. Reached for your Nokia brick only to pull a similarly sized cockroach from your purse? TIA. Largely isolated from the rest of the world, disease hysteria triggered by bird flu, SARS, and MERS passed by Sub-Saharan Africa as a far-off echo – my community was preoccupied with more imminent threats like malaria and cholera.

The 2013 Ebola epidemic was the first time I was exposed to the narrow focus and broad indifference with which the wider world regards Africa. Mass hysteria over an "African disease" that threatened US shores exhibited narrow focus³ while broad indifference manifested as radio silence following the resolution of cases in the US and Europe. The outbreak lasted until 2016 but coverage waned after 2015, when the only Ebola patients outside of Africa were expats shipped home for recovery.⁴ As a freshman in college, my new British friends asked whether my family was at risk (they were not) and whether it was safe for me to go home for the holidays (it was). The 2013 outbreak primarily affected West Africa, on the opposite side of the continent. But to my college friends, Africa was a disease-ridden monolith. TIA, *that* is Africa.

To the indifferent journalist, Africa is a convenient narrative device. By refusing to think of *parts* of Africa as anything other than the *whole*, we reduce a continent of 54 nations to a single entity – smaller and more manageable. The same occurred at the height of COVID-19 anxieties. As the healthcare systems of "more developed" countries threatened imminent collapse, a cry rattled across the globe: what will the Africans do?⁵ Military-enforced lockdowns?⁶ Will we have to take care of their citizens again?⁷

While catching up with some friends in July 2020, I resisted an eyeroll as an acquaintance, grinning smugly, announced a new Ebola outbreak plaguing Congo.⁸ (He probably meant DRC but he did not specify, and I am not sure he knew the difference.) A quick Google search confirmed the news, reported with glee in all major news media.⁹ The Zoom call erupted in a flurry of sighs as my friends contemplated the new threat to US soil. Ever the party pooper, I emphasized that the outbreak was nothing new. The Ebola virus takes its name from its eponymous river in the DRC

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and the Congolese government had only just announced the end to a two-year struggle with Ebola in April.¹⁰ Soon afterwards, the world lost interest; Al-Jazeera posted its last Ebola article on July 25.¹¹ Concurrently, coverage on 'Africa's COVID-19 crisis' dwindled, eclipsed by worldwide #BLM protests, unrest in Belarus, and the US elections. As the attention on other world events settled, the "developed" world checked in with "poor, underdeveloped" Africa.¹²

Despite concerns about cramped South African townships and the veracity of disease reports in Nigeria,¹³ the number of COVID-19 cases and death rates in the continent have stayed low.¹⁴ Citing a young population, existing contact-tracing infrastructure, and cross-immunity from other coronaviruses, several published articles analyze Africa's mortality statistics.¹⁵ Some, as pointed out by Ghanaian journalist, Karen Attiah, strive to paint the successes of African COVID-19 responses with stereotypical images of poverty and instability. After all, TIA.

But while the world was not looking, African healthcare systems rallied. Wild poliovirus was completely eradicated from the continent in August.¹⁶ Uganda began developing its own COVID-19 testing kits in May.¹⁷ COVID-19 cases were limited to ten of Africa's 54 countries while the DRC's leading Ebola expert¹⁸ reported that the new outbreak was under control.¹⁹ Though there are still economic concerns due to reduced import-export activity between countries, Africa stands strong as second waves in Europe threaten to overrun hospitals.²⁰

A year from the beginning of the COVID-19 pandemic, the WHO shared concerns of a lack of justice and equality in global vaccine distribution.²¹ Higher income countries have had enough stock to vaccinate one fourth of their population, on average, while low income countries are limited to around 1 in 500.²² However, a headline in CBS News implies that the low vaccination rate in South Africa is due to a domestic class struggle between the rich and poor citizens,²³ rather than an issue of vaccine nationalism. There are some reporters in Western news media, like Peter Mwai who reports for the BBC, who portray African healthcare systems in a balanced way. Seeking out unbiased writers' articles is the best way to ensure exposure to balanced news. However, this is an exercise that many readers overlook because they depend on headlines for information. The bias is systematic, and the reliability of a few reporters is outweighed by countless examples of careless copy editing. As evidenced by the CBS News clip, quick turnaround time for publishing live television broadcast clips online leads to sloppy research, injecting prejudices in news media.

Perhaps it is too early to celebrate. But as Western media spotlights claims that Africa was spared due to herd immunity from previous coronaviruses blazing through poverty-stricken neighborhoods, it does not seem so bad to rebuff the stereotype.²⁴ The US currently leads in total COVID-19 cases, followed by India, Brazil, and France. South Africa does not even break the top ten. Morocco, next in line, resides comfortably at 32.²⁵ For the moment, we can be proud. Decades of experience building infrastructure around highly contagious diseases paid off. Many public health officials in African governments acknowledged and addressed COVID-19's potential early. Aggressive lockdowns were effective in reducing community transmission. *This is Africa.*

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