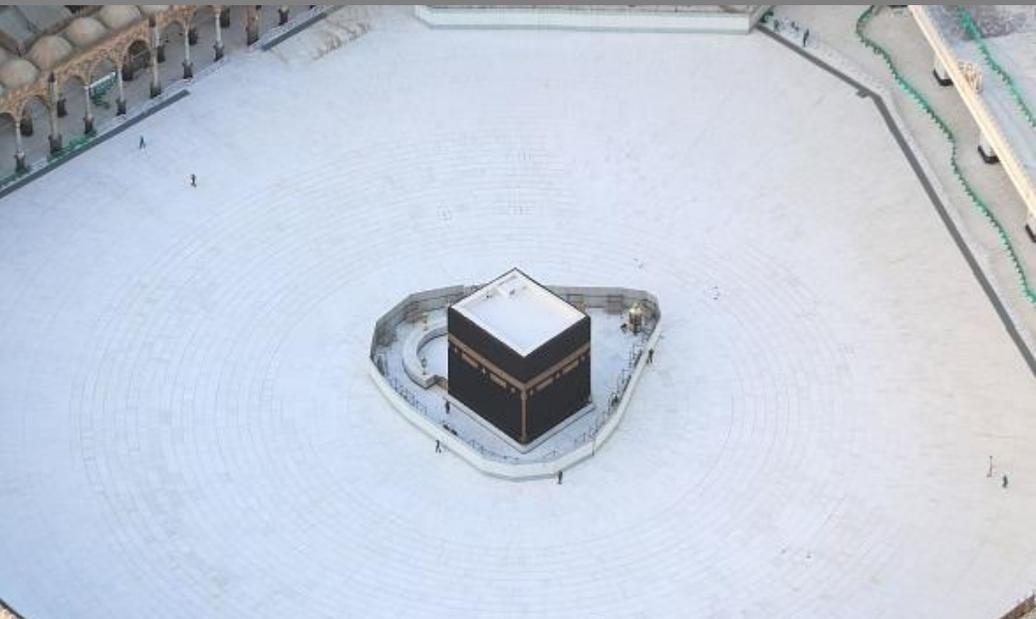




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# Covid-19: Guide for Governments

## Working with Religious Leaders to Support Public-Health Measures





# Governments can leverage the trust, reach and practical support of religious leaders to deliver effective public-health responses



**Leadership and coordination:** National, regional and local religious leaders have high levels of influence and community-organising capabilities. They can help frame approaches that will make them more likely to succeed. Governments should build trust with faith-based organisations (FBOs) and integrate them into planning, decision making and implementation at every level of their Covid-19 response.



**Public-health measures:** Religious leaders can lend their reputation and communications reach to governments to support behaviour change and compliance with social distancing and other mitigating measures. Governments should enable this through the provision of factually accurate communications.



**Counter-messaging:** A minority of religious leaders may promulgate religiously grounded misinformation that promotes practices that put their communities at risk. Governments should educate and encourage influential religious leaders to actively counter these narratives.



**Welfare provision:** Religious communities are the dominant provider of non-state welfare provision, including nutrition and Water, Sanitation and Hygiene (WASH). Governments, FBOs and humanitarian organisations should coordinate with religious leaders to provide practical, spiritual and psychosocial support to communities in crisis, and especially to the vulnerable.



# Where confidence in and reach of government is fragile, trusted interlocutors are vital to the success of public-health responses

## Examples from Tony Blair Institute responses

### Ebola in Liberia



**Problem:** In 2014, Liberians didn't trust their government, causing the Ebola media campaign to fail.

**Establish trust**

**Solution:** Community and religious leaders were mobilised to recruit community volunteers to disseminate information, answer questions and engage citizens.

### Malaria in Sierra Leone



**Problem:** In 2010, Sierra Leone lacked the reach to disseminate essential equipment and messaging.

**Mobilise religious leaders**

**Solution:** Seven hundred religious leaders and 20,000 volunteers were mobilised to distribute nets and malaria-prevention messaging to 3 million beneficiaries.

## Public Health and Religious Leaders

*“Religious leaders and faith organisations have the potential to influence health education, health promotion and positive health outcomes amongst members of their faith community. They also provide potential access to at-risk populations... encouraging health service utilization.”*

[US National Center for Biotechnology Information](#)

*“As custodians of the day-to-day cultural values, traditional and religious leaders command more respect and authority in their communities than unfamiliar trained health personnel, who can easily be viewed as having suspicious agendas.”*

[US National Library of Medicine National Institutes of Health](#)



# Build trust to effectively engage religious leaders through these six approaches

**Sensitise** government, health and security actors to implement government policy in a way that reflects an understanding of, and sensitivity to, religious practices and teaching with respect to all religious and minority groups.

**Empower** FBOs and religious leaders to be autonomous but constructive in helping government policy to suppress the spread of Covid-19. Avoid criminalising dissident religious leaders; instead, integrate them into the national effort.

**Counter** misinformation and conspiracy theories about the pandemic, particularly those that are religiously motivated, that would risk the spread of Covid-19 by working closely with religious leaders.



**Collaborate** for mutual benefit with religious leaders able to represent the interests of all religious and minority groups by integrating them into crisis-management structures and planning processes from national to local community level.

**Amplify** key health messages that are appropriate to local religious teaching and practices, drawing on the expertise and reach of religious leaders.

**Resource** FBOs and religious leaders with the health knowledge to educate their congregations on the reasons behind government policy with a focus on social distancing and, when available, the importance of accessing treatment. Support with technological solutions where possible.



# Religious leaders can support behavioural change and public-health messaging and provide facilities and community services



## Coordination

- Support implementation of health policies through the existing organised structures of faith communities to mobilise community action.
- Provide points of contact with each layer of government (national, regional, local).



## Behaviour Change

- Disseminate scripturally contextualised communications in support of public-health efforts.
- De-stigmatise contraction of the disease and reduce social pressure to engage in socio-religious practices that undermine suppression efforts (e.g. to not attend services).



## Social Distancing

- Adapt and pause services and religious gatherings in line with government suppression policy.
- Ensure faith-based welfare services are provided in compliance with social-distancing requirements.



## Counter-narratives

- Leverage influence and communications networks to proactively counter religiously grounded and harmful misinformation that is in the public domain.



## Welfare Provision

- FBOs pivot their welfare service, nutrition and WASH provision to help support Covid-19 responses where practicable to do so and to mitigate vulnerabilities arising from social distancing, such as food poverty.



## Facilities

- Make places of worship and other owned facilities available for public-health responses including training and storage and distribution of essential supplies and consumables.



# Faith Based Organisations can coordinate from national to community levels to help deliver effective public-health outcomes

**Faith Based Organisations (FBOs) operate as registered or unregistered non-profit institutions whose structures are often complementary to national governance structures**

## Religious Authorities:

Examples include: The Pope, The Grand Imam, The Chief Rabbi

## Associations and Federations:

Examples include: the Christian Association of Nigeria, the Supreme Council of Kenyan Muslims, the South African Jewish Board of Deputies

## Humanitarian Organisations:

Examples include: Catholic Relief Services, Islamic Relief, World Jewish Relief

## Congregations:

Examples include: members of churches, mosques and synagogues led by pastors, imams and rabbis respectively

Government	FBOs			
	Christian	Muslim	Jewish	Examples of FBO Support to Public Health
<b>National</b>	Province, Archdiocese, Associations	Ministry of Islamic Affairs & Endowments, Senior Religious Council, Associations and Federations	Beit Din, Chief Rabbinate	<ul style="list-style-type: none"> <li>Advise national government</li> <li>Endorse government health policies</li> <li>Rule on adaptation to religious practice</li> </ul>
<b>County, State, Governorate</b>	Dioceses, Cathedrals, Chapters	Mosques, Associations and Federations	Beit Din, Synagogues	<ul style="list-style-type: none"> <li>Promulgate religious-practice adaptation; implement and monitor</li> <li>Provide welfare</li> </ul>
<b>District, Local Government Area</b>	Parishes, Churches	Mosques	Beit Din, Synagogues	<ul style="list-style-type: none"> <li>Implement adapted religious practice</li> <li>Provide welfare and facilities</li> </ul>
<b>Ward, Community</b>	Parishes, Churches	Mosques	Synagogues	<ul style="list-style-type: none"> <li>Implement adapted religious practice</li> <li>Reinforce public-health messaging</li> <li>Provide practical and psychosocial support</li> <li>Advocate for families in need</li> <li>Provide advice to policymakers on local context</li> </ul>

**The term “Religious Leader” includes men, women and youth who hold formal or informal positions of spiritual and organisational authority. They may also be Traditional Leaders in their own right (such as Sultans, Emirs, Kings and Princes).**



# Religious leaders can conduct a wide range of supporting activities appropriate to national guidelines and local conditions

 <b>Coordination</b>	 <b>Behaviour Change</b>	 <b>Social Distancing</b>	 <b>Counter-narratives</b>	 <b>Welfare Provision</b>	 <b>Facilities</b>
<ul style="list-style-type: none"> <li>• Advise on policy and public messaging</li> <li>• Make contingency plans for:               <ol style="list-style-type: none"> <li>(1) social distancing</li> <li>(2) humanitarian coordination</li> <li>(3) community welfare support</li> <li>(4) fundraising</li> <li>(5) easing of restrictions</li> </ol> </li> <li>• Implement contingency plans</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate and model government guidelines and scriptural imperatives and precedents</li> <li>• Empower women and youth</li> <li>• Sensitise local service providers</li> <li>• Resolve disputes</li> <li>• Model responsible behaviour by receiving treatment publicly and with publicity</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate and model social distancing</li> <li>• Change religious practices</li> <li>• Close selected places of worship</li> <li>• Provide alternative forms of worship (online)</li> <li>• Mobilise mutual community support</li> <li>• Manage safe resumption of group religious practices when restrictions are eased</li> </ul>	<ul style="list-style-type: none"> <li>• Counter narratives that:               <ol style="list-style-type: none"> <li>(1) stigmatise infection</li> <li>(2) risk marginalisation, exclusion, domestic or community violence</li> <li>(3) risk spreading contagion</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Provide support to the most vulnerable in the local community</li> <li>• Mobilise the community</li> <li>• Raise funds for the local community</li> <li>• Coordinate with humanitarian organisations</li> <li>• Support reintegration of post-treatment individuals into the community</li> </ul>	<ul style="list-style-type: none"> <li>• Provide facilities for treatment or storage purposes such as:               <ol style="list-style-type: none"> <li>(1) church, mosque or synagogue halls and kitchens</li> <li>(2) car parks</li> <li>(3) unused residential or other accommodation</li> </ol> </li> <li>• Raise funds for provision of essential equipment and supplies for local health service</li> </ul>



# Large-scale religious festivals carry high risk of transmission and may need targeted government action

Date(s) * approximate	Event/Occasion	Faith Group	Typical Activities
23 April – 23 May*	Ramadan	Muslim	Fasting, attend mosque, families and friends breakfast together throughout
24 May*	Eid-ul-Fitr	Muslim	Attend mosque, celebratory meal with friends and family, distribution of food to others
31 May	Pentecost	Christian	Attend church
28 July – 2 August*	Hajj	Muslim	International pilgrimage to Mecca
30 July – 3 August*	Eid al-Adha	Muslim	Attend mosque, celebratory meal with friends and family, distribution of food to others
19 Sept – 20 Sept	Rosh Hashanah	Jewish	Family gathering, attend synagogue
28 Sept	Yom Kippur	Jewish	Attend synagogue
29 Sept*	Ashura	Muslim	Sermons, public performances, processions (country/regions specific)
3 Oct – 4 Oct	Sukkot	Jewish	Celebratory meals and synagogue services
29 Oct*	Milad-un-Nabi	Muslim	Public gatherings and mosque attendance
14 Nov	Diwali	Hindu/Sikh	Family meals, temple and community gatherings
25 Dec	Christmas	Christian	Attend church, celebratory family meal

## Action/Mitigation



### Worship services

- Fully close places of worship
- Implement contingency plans for online worship and support



### Social/familial gatherings

- Encourage celebration of religious festivals within household groups
- Mobilise mutual community support



### Intercity travel for religious festivals

- Prohibit travel
- Cancel large-scale festivals that attract visitors locally and globally



# Examples of government-FBO coordination mechanisms

## Policy Advice



**The Delta State Minister of Information: Following a meeting of the State Task Force, Christian Association of Nigeria and Muslim groups, State Government and religious leaders agreed to enforce social distancing in places of worship.**

## Consultation



**South African President Cyril Ramaphosa met with faith leaders to reinforce the national response to the coronavirus outbreak.**

## Integration



**Somaliland established a National Task Force to coordinate efforts to suppress Covid-19. The president and minister of religious affairs worked together on emergency response to include religious authorities using Friday sermons.**



# Examples of religious leaders supporting behaviour change



## Religious Endorsement



**The Nigerian Supreme Council for Islamic Affairs, under the leadership of His Eminence the Sultan of Sokoto, published nine guidelines online, each supported by references from the Quran or the Hadith.**

## Lending Influence



**Spiritual Leader of Orthodox Christians, Ecumenical Patriarch Bartholomew I, urged Christians to comply with government public-health instructions. *“What is at stake is not our faith, but our faithful.”***

## De-stigmatisation



**During the Ebola crisis, more than 70 religious leaders were publicly vaccinated in the DRC to demonstrate that negative rumours about the vaccine were false. Catholic bishops mobilised grassroots groups to address misunderstandings surrounding Ebola, the vaccine and stigma.**



# Examples of religious leaders supporting social-distancing requirements

## Streamed Services



**Pope Francis announced on 7 March that he would not recite his Sunday Angelus with pilgrims in St Peter's Square and instead chose to livestream across the world.**

## Religious Endorsement



**In Egypt, Al-Azhar and the Ministry of Islamic Endowments published guidelines on the closure of mosques. Al-Azhar issued a fatwa that all mosques in the country may be closed during the pandemic due to the primary Islamic obligation of saving lives.**

## Safe Welfare Provision



**The Hindu Council UK has prepared more than a hundred meals to distribute to those isolated and in need. They have also requested all temples to organise Seva (distribution of free food) in this time of crisis.**



# Examples of narratives with harmful consequences

## Immunity

In Jerusalem, yeshivas refused to close on the justification that the “Torah protects and saves.”

In Tanzania, churches remain open because “Corona is the devil that cannot survive in the body of Jesus.” 

**Consequence:**  
Measures will not be followed, leading to the further spread of Covid-19 through religious institutions.

## Divine Punishment

Priests, imams and rabbis from Brazil, Nigeria, Kenya, Pakistan, Israel, Iran, Arab states and elsewhere have declared that Covid-19 is a divine punishment upon non-believers and that people of their own faith are immune to the disease. 

**Consequence:**  
Measures will not be followed, leading to the further spread of Covid-19 through religious gatherings.

## Conspiracy Theories

During a protest against the closure of a religious shrine in the city of Qom, a hardline cleric stated the World Health Organisation’s directives related to the virus should be ignored because “they are a bunch of infidels and Jews.” 

**Consequence:**  
Measures will not be followed, due to mistrust of international bodies, leading to further spread of Covid-19.



# Examples of religious communities pivoting welfare provision to meet specific public-health needs

## Supporting the Frontline



**Samaritan's Purse has built two emergency field hospitals equipped with respiratory units in New York and Lombardy. It has staffed the hospitals with disaster response specialists, working as contractors for the organisation.**

## Care for High-Risk People



**Traditional chiefs and faith leaders in Liberia galvanised community task forces to identify high-risk individuals and organise quarantine during the Ebola pandemic. This approach was more effective than efforts to enforce segregation by security forces.**

## Wider Harms

**The DfID funded "What Works" programme in the DRC found that religious leaders' (Christian and Muslim) messaging on anti-domestic violence resulted in changing community attitudes and a reduction in violence. Over just two years, rates of domestic violence in participating communities fell from 69 per cent to 29 per cent. This was despite ongoing conflicts and the active Ebola crisis.**



# Examples of facilities that Faith Based Organisations might be able to provide



## Religious Buildings



**During the Ebola crisis in Sierra Leone, mosques were used as venues to train faith leaders in how to provide psychosocial support to community.**

## Other Religious Properties



**Anglican churches in the Democratic Republic of Congo worked alongside humanitarian agencies during the Ebola crisis to tackle misinformation and establish chlorinated water points and temperature-check facilities in their parishes.**

## Technical Equipment



**In Nigeria, Pastor Enoch Adeboye of the Redeemed Christian Church of God has donated 11 ICU beds/ventilators, 8,000 hand sanitisers and surgical face masks, and 200,000 gloves to support government efforts to contain Covid-19.**



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# Additional Reading





## Additional Reading

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- *“Guidance on Community Social Distancing During COVID-19 Outbreak”*, Africa Centre for Disease Control and Prevention. [Link](#).
- *“Six Ways Religious and Traditional Actors Can Take Action to Prevent the Spread of Covid-19 Virus in Their Communities”*, Network of Religious and Traditional Peacemakers. [Link](#).
- *“Social Distancing in African Contexts”*, Tony Blair Institute for Global Change. [Link](#).
- *“Guidelines for Community Faith Organisations”*, US Centre for Disease Control. [Link](#).
- *“Practical Considerations and Recommendations for Religious Leaders and Faith-Based Communities in the Context of Covid-19”*, World Health Organisation. [Link](#).
- *“Safe Ramadan Practices in the Context of the Covid-19”*, World Health Organisation. [Link](#).
- *“Covid-19 Guidance for Faith Communities”*, World Vision. [Link](#).