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NEW VIRUS, OLD CHALLENGES

The role of Faith-based actors during COVID-19

New virus, old challenges

The situation with the CoVID-19 pandemic is unprecedented and is forcing rapid changes on all societies and institutions. Global organizations, governments and communities are struggling to adapt and prevent a humanitarian crisis of catastrophic proportions.

Major pandemics are not a new phenomenon. There have been a growing number of global health crises in recent decades and the rise of global travel and mass tourism has accelerated the spread of viruses and pathogens. So, this novel Coronavirus crisis was not unexpected, but governments still seem challenged in facing a pandemic of such proportions.

If it is true that every epidemic is different, it also true that experience reduces uncertainty.

Before the 2014 Ebola crisis in the Guinea gulf, a sparse number of organizations had the skills and protocols to face such extreme health hazards. A great mobilization of diverse actors, including religious leaders and Faith-Based Organizations (FBOs), helped combat the exponential spread in West Africa that followed the initial outbreak.

Pandemics are varied – some can be easily treated, while others don't yet have treatments available, **so we need to rely on the preparedness and resilience of the health systems and the communities that are affected.**

For instance, during the Ebola crisis there were a number of key actions that helped bring the response under control: **behavioral changes, social distancing, testing and isolation of infected people to prevent new clusters, and stigma reduction.**

These actions cannot only be limited to urban centers but need to reach the most marginalized communities to be effective and reduce the chance of new clusters of infection.

Photo Credit: Christian Aid ©

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Pandemics: more than just health crises

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The COVID-19 pandemic is causing problems that go beyond the number of infected and a rising death toll. It is creating a **deep social and economic impact** that we need to take into account to design an appropriate response.

Countries worldwide are racing to curb the spread of the virus. Lockdown measures have been put in place, contact tracing, limiting or banning travel, closing schools.

However, these measures have unpredictable consequences when applied to contexts where poverty and daily wage earning is the norm.

COVID-19 has the potential to create social, political and economic devastation in countries that are already fragile and don't have a developed welfare system able to cope with a systemic shock of this magnitude.

It will require a whole of society approach to reduce the impact of this crisis. **It would be a mistake to address this crisis as "business as usual" or to task only a selected few to respond.** The approach must be holistic and the response widespread and locally- led.

“Using standardised advice for non-standardised situations may not be effective. Action and advice must be locally practical, socially acceptable, as well as epidemiologically appropriate.”

THE LANCET, 2014[6]

The role of Faith-based actors

Religious institutions and traditional and faith leaders will be vital in stopping the spread of COVID-19

One of the most important lessons from the Ebola response is the importance of going beyond traditional responses for non-traditional crises.

Millions of people worldwide look more to religious leaders than to health or government officials for guidance on how to behave during a crisis.

For instance, in the most affected communities, Ebola could not be addressed by the secular humanitarian system and neither could it be brought under control with the actions of faith communities alone: it was both of these groups, and traditional leaders, working together, that offered potential to turn the tide in the Ebola crisis. (1)

In some West African countries, the existence of Ebola was a matter of belief. In Liberia, for instance many saw the deadly hemorrhagic disease an invention of the government; a way for policymakers to leach additional funding from the western countries. (2)

The epidemic triggered panic. Different rumors started to spread in communities and trust towards the government and the relief workers - who were accused to bring the virus to communities - declined.

At the beginning of the Ebola outbreak, some faith leaders played a role in perpetuating misinformation and promoting stigma. In 2014, the Liberian Council of Churches agreed that “God is angry with Liberia” and “Liberians have to pray and seek God’s forgiveness over the corruption and immoral acts”. (3)

This set a dangerous precedent, as it contradicted the government and medical information. When an illness is seen as a punishment, the idea that only those who are sinners are punished leads to dangerous behaviors. Those who are already ill are heavily stigmatized. Fear of stigma makes them avoid medical treatment, creating more clusters, spreading the disease further.

Initially, 60% of Ebola cases were linked to funerals. In the first months of the

Photo Credit: Christian Aid ©

"We have challenged HIV stigma and are now doing the same with Ebola. Those who have survived the virus find it difficult to be accepted back into their communities, so our ministers are preaching that people should accept their brothers and sisters, while still observing health guidelines. We are pushing these messages in our churches across the country to try and break the chain of transmission"(7)
Francis Musa, Methodist Church of Sierra Leone

outbreak, in early 2014, governments prescribed swiftly cremating the deceased. Many relief workers, who were sent wearing protective outfits to implement these protocols, were blocked from entering and faced violent physical attacks. (4)

As Ebola continued to spread in the West African countries, **faith leaders began to mobilize against the virus**. Concerted efforts in Liberia and Sierra Leone put faith leaders and FBOs in a stronger position to play a positive role and helped them challenge dangerous traditional practices, reduce stigma and promote awareness and behavioral change in communities.

In late 2014, the WHO conducted consultations with religious leaders in affected countries to define "dignified burial" in both the Muslim and Christian contexts. (5) **Faith leaders were then trained to implement these protocols saving thousands of lives.**

But the role of religious leaders and FBOs was not limited to ensuring safe gatherings and burials. Faith and traditional leaders played an important role in countering superstitious beliefs and channeling easy to grasp medical protocols to communities.

Their localized approach was possible because they were living within the communities they wanted to support.

Stigmatization of survivors was also a constant during the Ebola crisis. In Kenema Town, Sierra Leone, an entire street was stigmatized because it was affected by the Ebola virus.(8)

In some places survivors were branded as "witches". Not only were the survivors ostracized, but so those who helped them recover.

It is hard to overstate the importance that Faith-based organizations and actors played during the Ebola crisis in the countries most heavily affected by the virus.

Lessons learned from the fight against HIV/ AIDS suggest how essential is to provide communities with reliable information but also that impact is magnified if facts are channeled by members of the community who are highly respected, like religious leaders.

Faith-based health facilities and programmes constitute an extensive network, which contributes to a substantial proportion of national health care across Africa, have a long -term presence and their mission-driven work ensures community trust and buy-in. During the Ebola crisis, their diverse and flexible funding, including private funding, was able to complement project-specific funding from traditional development donor partners. (9)

Faith-based actors were also able to support survivors and those affected by the virus with food, hygiene and cash programmes which helped support quarantined families by giving them enough to eat to prevent a nutritional crisis during lockdown.

Religious leaders and Faith-based actors also played a crucial intermediary role between the international response and community needs especially in the post-crisis recovery phase.

For instance, local Faith-based actors have called on the governments to and international agencies to develop and implement communities resilience plans. (10)

Photo Credit: ACT/ICCO/Evert van Bodegom

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What's next: lesson learned and recommendations

Today, we are seeing similar widespread misinformation and dangerous behaviors that characterized the early stages of the Ebola crisis. According to the repository of religious gatherings (11) promoted by the Berkley Center, a number of religious gatherings worldwide have contributed to numerous infection clusters of COVID-19. Notwithstanding protocols, many religious leaders still defy orders, putting communities at risk.

As we successfully did during the Ebola crisis we need to involve religious leaders in the response to COVID-19 and train them to deliver key messages through their widespread grassroot networks and facilities.

Countries which have previously experienced epidemic crises have put in place infrastructures that can help with the response to COVID-19, however the majority of countries don't have that experience. Even those who have dealt with such crises don't have the ability to withstand the consequences of a health emergency of this magnitude.

Faith-based health facilities and faith-based actors can provide an important contribution and can support national and international response plans.

During the Ebola crisis of 2014 funding and decision-making on the response was centred on the UN and host government leadership and scaling up the medical response, without adequate attention to community engagement. This created a power struggle between the central governments and local political actors which, in many cases, delayed the response, contributed to the creation of rumors and increased the death toll.

Providing Faith-based actors with the necessary resources and an early stage engagement in the programme design could save lives and reduce the spread of the virus.

Faith-based organizations have an important role to play in turning the tide on COVID-19 by engaging and training religious leaders to take an active part in curbing this epidemic and providing support to fragile communities worldwide.

Recommendations for donors and humanitarian organizations

1. A localized and locally- led, multi-sectorial approach is most effective

Faith leaders and actors keep building resilient and prepared communities and play a key role in strengthening capacity at local level. Donors and humanitarian agencies should engage local communities and faith leaders and actors to ensure contextualization and absorption of behavioral message and practices, shifting the weight from international to local response.

2. It is important to adopt a holistic approach

The mix of theological and technical support provided by faith leaders and Faith-based actors enabled communities to engage holistically to challenge the superstitious beliefs and fears around Ebola. Clinically accurate government messaging lacked a connection with people's worries and were not able to create a tipping point of behavioral change. The use of religious texts and the trust communities had in their faith leaders helped change minds and hearts and provided hope and spoke to the heart of the community identity.

3 Faith-based actors work will be essential both in the delay phase of COVID-19 and in the mitigation phase

During the Ebola crisis Faith-based actors played a key role in channeling medical appropriate messages using the local language. Thousands were trained to support the humanitarian and medical efforts. In the delay phase of COVID-19 the implementation of safety measures during gatherings, burials and religious functions will help slow down the contagion. Faith-based actors' access to the excluded and marginalized, the disabled and those with low literacy and the trust they have developed with the communities will contribute to making sure that no- one is left behind. During the mitigation phase, religious and traditional leaders will help with reducing stigma and supporting the survivors of COVID-19.

4. Faith-based actors and faith leaders must be included in the planning

During the Ebola response, there was a delay in engaging faith leaders, who then proved to be instrumental in curbing the epidemic and ensuring a fast recovery. We must not make the same mistake with COVID-19 and must involve faith leaders and actors in the planning and design phase as they have unparallel knowledge of the local needs and challenges, have the trust of locals and can quickly promote the behavioral changes needed to contain the spread of the virus.

5. Faith-based actors must receive appropriate funding to help reach communities worldwide

The role of Faith-based actors during a health crisis cannot be underestimated. Donors must establish practical entry-points for FBOs and actors to participate meaningfully in coordination and decision making on both COVID-19 response and recovery, and wider humanitarian, development and peace efforts at national and sub-national levels.

6. Faith literacy among humanitarian staff must be strengthened

Humanitarian and development agencies must challenge the perception that staff, especially at field level, have of faith leaders and take advantage of the literature around Ebola to strategically partner with faith and traditional leaders and actors to increase access to communities.

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Footnotes and References

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150 Route de Ferney, PO Box 2100,
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