G20 INTERFAITH FORUM 2022

COVID-19 Emergencies: Revitalizing Religious Partnerships
September 2022

Priority actions

More purposeful engagement with religious actors by G20 countries can strengthen pandemic response. G20 leaders can recognize and engage religious actors at global and national levels. Action areas include active support for vaccination rollout, health systems reforms, countering misinformation, and preparing for future pandemics. **A central action measure is to ensure religious representation at strategy and planning meetings.**

Global COVID-19 vaccination campaigns are priority number one. Active religious engagement can materially help advance global vaccine equity, address logistics bottlenecks, communicate positive messages to communities, and counter misinformation and vaccine hesitancy (whether or not religious factors are responsible).

During COVID-19 crisis and recovery, religious engagement can link COVID-19 specific action to broader health sector and socio-economic recovery. Narrowly framed COVID-19 health responses meet skepticism; strategies that address health systems and social protection needs are essential. Cooperation can help build trust and local community confidence. National strategies and multilateral support can both benefit from effective religious engagement.

Practical next steps must draw on the knowledge and experience of **a diversity of faith actors**. Engagement needs well targeted strategies that, for example, understand the religious dimensions of vaccine resistance and recognize that these religious dimensions will be deeply intertwined with other societal factors. Engaging religious actors in developing public health messaging can head off resistance.

Large majorities of religious communities follow public health measures, provide social protection (hunger, livelihoods), and address conflicts. Strategic attention to the minorities that resist public health measures, further divisions, and spread misinformation is needed. Robust information for policy makers on lessons from religious engagement can bolster the response.

Religious delivery of health care (integrated to varying degrees in national health systems) and spiritual care merit sharper attention, as does education. The positive potential of these roles and the distinctive assets of religious actors can be productively engaged. Similar comments apply for **social protection and effective social safety nets**. Religious community efforts to protect and support vulnerable communities suffer from weak coordination with, and limited support from, the public health and social protection sectors. Effective engagement can help ease social tensions including those linked to COVID-19 emergencies.

Significant religious engagement during the COVID-19 pandemic

Religious factors are integral to different COVID-19 challenges and should be more systematically part of strategic and operational responses. Culturally and religiously specific factors can impede effective prevention and treatment of COVID-19, for example attitudes toward vaccination, social distancing, funerary and burial rites, and Western medicine. Public health recommendations can be more effective if grounded in the cultural and religious specificities of its target audience. Oversimplified, one-size-fits-all messaging about COVID-19 transmission, treatment, and prevention can come across as culturally or religiously insensitive. Public health guidance on burials and funeral gatherings has particular sensitivity; poor handling can erode trust in public health services.[1]

Proactive vaccination programs focusing on the most vulnerable communities are urgently needed, given large vaccination inequities worldwide, especially in many African countries. Vaccine hesitancy contributes to vaccination shortfalls in many countries.[2] In both cases strategic religious engagement as part of international and national programs. Some employer vaccine mandates anger and alienate members of faith communities. A June 2021 survey conducted in the U.S. found that 4 in 10 vaccine-hesitant Americans who attended religious services regularly would consider getting vaccinated if their faith leaders promoted it.[3]

Proactive faith engagement in messaging about the COVID-19 pandemic continues to merit priority attention, with regard to transmission, and treatment of the virus. The use of social media platforms such as Facebook, Twitter, and YouTube can amplify the spread of misinformation, as users view, generate, and spread inaccurate information; algorithms designed to provide content based on user preference can further accelerate the spread of misinformation. Misinformation accentuates vaccine hesitancy and can contribute to the scapegoating of particular groups; discrimination and hate crimes against Asian diaspora communities around the world is an example.[4] The advocacy group AAPI Hate documented over 9,000 anti-Asian hate incidents in the U.S. between March 2020 and June 2021, including verbal harassment, shunning, and physical assault, but the true number of incidents is likely much higher.[5] In some instances, religious communities contribute to the spread of misinformation, even as many faith leaders endorse public health messaging around the virus.[6]

Economic turbulence brought on by the COVID-19 pandemic exacerbates socio-economic disparities in many countries and engages religious communities especially as advocates. Vulnerable groups include informal workers, elderly, people with disabilities, women and children, refuges, Indigenous populations, people who are incarcerated, people living in conflict-affected areas, people working high-risk jobs, and ethnic, racial, and religious minorities.[7] Many lost jobs and economic recovery varies by country and remains uncertain. The pandemic has exposed gaps in social protection, including child care, access to food and shelter for food insecure and/or homeless people, care for the elderly and the disabled, and other mechanisms of support for vulnerable groups. These and other problems contribute to social unrest in many countries, where unemployment and the increasing divide between rich and poor have sparked large-scale protests.[8]

Pandemic conditions have contributed to a spike in social tensions and domestic violence in communities across the globe. Disease outbreaks are linked to social unrest, especially in places with high inequalities, widespread poverty, low trust in governmental institutions, and weak governance mechanisms.[9] Some political leaders use the pandemic to consolidate power and stifle opposition, targeting political protestors and journalists in countries. While local and international bodies have called for ceasefires, existing conflicts have raged on with little change in places such as Yemen, the Philippines, Ethiopia, DRC, and Ukraine.[10] Lockdown restrictions have contributed to a spike in domestic violence and abuse across the world. U.N. women and other sources report increased domestic violence and child abuse, in part accentuated by lockdowns and economic troubles.[11]

The COVID-19 crisis highlights wide disparities in healthcare systems around the world, sharpening the need to achieve universal health coverage (UHC) objectives, especially as they relate to primary health care. Lockdown restrictions have disrupted and delayed essential health services for maternal health, child immunization, family planning, sanitation, non-communicable diseases, and HIV/AIDS, TB, and malaria intervention and treatment programs.[12] Curtailed funding threatens advances made in past decades, and preparedness for future outbreaks.[13] Areas of particular concern include a lack of trained health care personnel, shortages of basic medical supplies and equipment (such as ventilators), and a lack of medicines and/or vaccines to treat and/or prevent sickness (including COVID-19).

COVID-19 is causing sharp increases in mental health problems. National surveys in the U.K. and U.S. documented an increase in mental health-related problems: for example, in the U.S., adults reporting anxiety or depression increased from 11% in 2019 to 42 % in 2020.[14] Essential workers are especially hard hit, nearly three times as likely to be diagnosed with a mental health disorder during the pandemic.[15] To make matters worse, the pandemic has disrupted and/or stopped mental health services (counseling and psychotherapy, harm reduction services, emergency interventions, and school and workplace mental health services).[16] The long-term impact on mental health is difficult to gauge but experts warn that problems may persist even as COVID cases decrease and social distancing and lockdown restrictions ease.[17]

Tensions around understandings of Freedom of Religion or Belief (FoRB) are heightened by government regulations and restrictions in response to COVID-19. Some religious groups have invoked FoRB to contest or reject restrictions on public gatherings during COVID-related lockdowns[18] and vaccination mandates. Politicization of public health issues fray relationships between government authorities and faith communities. Scholars argue that it is possible to balance public health concerns with FoRB, and many religious leaders actively promote public health messaging on risk reduction strategies and vaccination.[19]

Religious Responses

Documented faith responses in different regions of the world demonstrate wide-ranging engagement, as well as areas that demand greater engagement and collaboration with G20 governments and international institutions such as the World Health Organization and UNICEF. Examples featured below exemplify both the potential for productive collaboration with faith actors during the pandemic and their impact on the social, economic, and political landscape.

Religious leaders can promote and support vaccination in their communities. Many vaccine-hesitant and vaccine-resistant individuals are motivated by religious arguments, but faith leaders can play prominent roles in shifting these attitudes. The U.S.-based interfaith group **Faiths4Vaccines** brings together local and national faith leaders and medical professionals to encourage religious congregations to support vaccine rollout, promote the equitable distribution of vaccines, and combat vaccine hesitancy in their communities.[20] **Pope Francis** has spoken out in support of vaccines on numerous occasions, calling vaccine an "ethical choice"[21] and an "act of love"[22]. A **Vatican COVID-19 Commission** addresses some of the most pressing issues raised by the pandemic.[23] Over 150 religious leaders, including the **Dalai Lama** and former Archbishop of Canterbury **Rowan Williams**, pledged their support for efforts to immunize the global population and combat vaccine nationalism.[24]

Secular-religious partnerships bring together faith actors, national governments, and international governance bodies to address numerous facets of the COVID-19 crisis. **UNICEF** has partnered with **Religions for Peace** and the **Joint Learning Initiative on Faith & Local Communities** to launch the Global Multi-Religious Faith-in-Action Covid-19 Initiative to assist interfaith and religious groups in adapting worship services to reduce transmission, introducing hygienic practices, combatting discrimination linked to the virus, and providing pastoral care for community members.[25] The **World Health Organization (WHO)** has convened discussions including with representatives from **Religions for Peace** to discuss the roles of faith institutions and interfaith cooperation in COVID-19 responses and vaccine efforts. [26] WHO's **Information Network for Epidemics (EPI-WIN)** has launched three "Communities of Practice" focused on exchanging knowledge with over 50 of its faith partners on matters on effective communication, research, and development of long-term strategy relating to prevention and treatment.[27]

International faith-linked NGOs financially support local initiatives to address the virus and its effects. **ACT Alliance**, a network of 135 faith actors in 120 countries, launched a global appeal to assist its local affiliates in responding to COVID-19; it sponsored 14 local projects aimed at assisting faith leaders in disseminating public health messages, supporting national health services, and providing for vulnerable populations, especially women.[28] The **Religions for Peace** Multi-Religious Humanitarian Fund supports grassroots interfaith initiatives responding to COVID-19 and preparing for future health crises; it provides seed grants to Interreligious Councils (IRCs) whose projects support vulnerable populations, combat virus-linked discrimination, and promote safety measures in their communities.[29] **KAICIID's** initiative for short-term, interreligious projects responded to COVID-19 in the Middle East, Myanmar, and Nigeria[30]. Elsewhere, faith-inspired grassroots networks have provided moral and material support to their members during the pandemic; chapters of the **United Religions Initiative** have organized efforts to deliver groceries to food-insecure individuals and families and PPE to health professionals.[31] The **Community of Sant'Egidio,** a lay Catholic community active in over 70 countries, is harnessing its extensive volunteer networks to provide resources and support to vulnerable groups during the COVID-19 pandemic.[32]

Some organizations contribute to the virus response by producing and disseminating information that promotes partnerships among faith-linked and secular organizations. Working in collaboration, the **Berkley Center for Religion, Peace, and World Affairs**; the **World Faiths**

Development Dialogue; and the **Joint Learning Initiative on Faith & Local Communities** have compiled a digital "resource repository" to foster collaboration and coordination among policymakers, development practitioners, and faith actors in responding to COVID-19.[33] The **Tony Blair Institute** published a guide for governments seeking to partner with religious leaders and faith-linked organizations in their COVID-19 responses.[34]

Looking Ahead: Recommendations for G20 Leaders and Faith Actors

Significant and timely steps by G20 members and religious authorities to advance the global COVID-19 response, as an integral part of global strategies, include:

1) *Integrate faith actors more actively into vaccine rollout efforts.* Collaborations between public health authorities and faith leaders highlight invaluable roles in promoting vaccine uptake. G20 leaders should support local, regional, and national initiatives that mobilize religious leaders to promote equitable access to vaccines, encourage vaccine uptake, and combat misinformation. Policymakers should work to ensure that faith community concerns about vaccination are heard and addressed.

2) *Collaborate with religious leaders and faith-linked organizations to craft culturally relevant and sensitive public health messaging.* As the pandemic persists in many places, G20 leaders need culturally sensitive public health strategies, working with faith actors to ensure that health restrictions and policies consider and respect religious communities. G20 member nations can use their influence with international governance bodies to promote intervention strategies that consider the particular religious and cultural context in which they are working.

3) *Engage faith actors as active partners in strengthening primary health care systems.* With health experts predicting that COVID-19 will be a recurring health concern, improving primary health care systems and achieving universal health coverage has vital importance. G20 leaders should promote financing of basic health care services, particularly for services to which funding was cut during the pandemic, including maternal health, family planning, immunizations, sanitation, and non-communicable diseases. Special attention should go to historically underserved communities, including racial, ethnic, and religious minorities, as well as poorer nations where access to primary health care services and personnel is a pressing issue. With their knowledge of local needs, faith-linked health care providers are invaluable partners on the ground, and G20 policymakers should draw on their expertise.

4) *Strengthen resources that address mental health and domestic violence.* The COVID-19 stimulated focus on mental health highlights the importance of mental health as a public health concern. Mental health should figure among health care policy priorities with appropriate funding. G20 leaders can emphasize their commitment to combatting domestic violence including programs focused on education, prevention, intervention, and assistance to survivors.

5) *A central G20 Summit focus should be priority support for socially and economically vulnerable populations in post-COVID economic recovery plans.* Economic recovery plans should prioritize social support services including child care, shelter and housing services, care for elderly and disabled populations, and support for unemployed or underemployed individuals. G20 member nations should strengthen these services, supporting the creation of new services in places where they have not existed previously. Local faith actors can be invaluable in these efforts, as religious leaders are often most familiar with the needs of their community members.

6) *Work with religious authorities both to ensure Freedom of Religion or Belief (FoRB) and to rebuild trust between faith communities and public health actors.* Policymakers and health authorities need to rebuild trust, and G20 members can work with local, regional, and national governments in their countries to ensure that public health regulations strike a balance between promoting the health and wellbeing of all members of the population and protecting the rights of people to practice their faith. G20 countries should support international platforms that share best practices and amplify faith-linked perspectives on issues related to the COVID-19 crisis.

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