
**African Consultation in Preparation for 2020 G20 Interfaith Forum Hosted by Saudi Arabia
Summary of Challenges and Recommendations – COVID-19 Working Group Meeting**

Co-Chairs:

Justina Mike Ngwobia, justinangowbia@gmail.com

Adesina Olukanni, OlukanniAJ@outlook.com

Group Members

Abakar Walar Modou; Abdullahi Lantana; Abiola Akiyode-Afolabi; Abuom Agnes; Adetiloye Victor A.; Adewole Isaac F.; Adeyemi Imam FuadAhalo Harriet; Alkhaily Fatima; Amamnsunu Johnson Elijah; Baccino Alfredo; Brilliant Sr. Barbara; Chelba Jalel; Durham Jr. W Cole; Elsanousi Mohamed; Falako Francis; Fasooto Kemi; Ahmed Garba Salisu; Gaye Yacine; Greyling Christo; Hackett Rosalind; Hill Mark; Ilesanmi Simeon; Joshua Ibrahim; Kabajuni Agnes; Kra Emmanuel; Makinde Abdulfatah; Makoka Mwai; Michuki Grace; Mohammed Kassim; Mombo Esther; Mussie Rahwa; Mustapha Zainab; NgwobiaJustina Mike; Ojapah Stephen; Oladosu-Uthman Habib; Olukanni Adesina; Oré Sylvain; Ouasselegue Abdoulaye; Sanni Ishaq; Simon Sunday K.; Suleiman Fatima; Svatmananda Swami; Tegulwa Nageeba Hassan; Teshale Adane Dechassa; Tirha Khadijah; Toha Shamsou Issah; Williams Uzoaku Juliana.

Preamble

The world is facing a unique challenge with COVID-19 and its resulting problems, which have altered the lives of millions of people adversely. No one fully understands its nature nor yet have concrete answers to problems resulting from it emerged.

COVID-19, a novel pandemic, caught the world by surprise and baffled the imagination of the leaders, scientists, philosophers, and the people of faith. There are no known cures, there is no sure treatment, procedures, or vaccine for combating it. The nature of the virus itself is said to be mutating with changing symptoms.

The COVID-19 pandemic has affected almost all aspects of human endeavors posing serious challenges to health, education, politics, economy etc. The very fabric of the socio-economic life of individuals and nations has been greatly affected leading to increase in loss of businesses, lives and livelihoods and creating hunger and increasing poverty and fears in the minds of citizens and mistrust and conflict among nations. As a result of the above, there is a need for all good people to unite with a view to finding solutions to the problems it has caused.

The value of this exercise is for good people to think about the issues and formulate ideas that will help in creating policies in managing all the issues surrounding it. If government and its agencies can work together harmoniously with faith-based organizations, community leaders, scientists and medical professionals, they will be able to discover physical and spiritual healing necessary to stop the pandemic. hopefully in a record time.

With this in mind, a group of experts and opinion leaders from around Africa have come together to identify challenges caused by the COVID-19 pandemic and suggested recommendations for submission in the upcoming 2020 G20 Summit as itemized below.

COVID-19 CHALLENGES AND SUGGESTED RECOMMENDED SOLUTION:

1. Issues with respect to the role of religion in responding to COVID-19

- a. Restrictions on religious gathering and worship services
- b. The need to recognize religion as essential services
- c. The role of religion in changing behavior and attitudes
- d. The role of religious organizations in creating messaging and information sharing
- e. Religious leaders as partners
- f. Coordination with public sector and government organizations

Challenges

The disruption and halt of social and religious gatherings and rituals could impact the social fabric, mental health and contribute to rise in domestic violence targeting women and children. The closure of schools will further harm the morale and wellbeing of the youth and children.

It goes without saying that resolution of COVID-19 problems cannot be achieved by religious establishments alone, but religion is very crucial in the lives of human beings, for religious worship is seen as a means of reaching out to the Creator, the master healer, who has the potential to solve or make bearable all human problems and suffering. The loss of that avenue of redress is one of the major concerns of people of faith. Other avenues of hope and redress that the pandemic shut down are access to other sources of hope and help such as traditional leaders, cooperative leaders and other opinion leaders and organizations.

In this regard, religious (that is faith-based organizations) become a primary source of support, comfort, and guidance. They can then share health information to protect members of their own communities in likely more acceptable ways than from other sources and can provide pastoral and spiritual support during public health emergencies and other health challenges and can advocate for the needs of vulnerable populations.

Recommendations:

- 1.1. A major recommendation coming from most participants in the working group was that government and international agencies need to find more effective ways to work with ecumenical Councils, separate faith actors and communities and cooperative societies, councils of traditional rulers, captains of industries, community leaders, media and humanitarian agencies in fashioning and implementing policies in areas of:
- 1.2. Training on the nature, prevention and management of the disease and the general conduct of the populace in responding to it;

- 1.3. Developing sound messaging and information dissemination on all issues such as control, therapeutics, vaccines and other measures within each of their constituencies;
- 1.4. Helping public officials to understand the distinctive needs within different religious traditions with respect to religious worship and observance, and performances;
- 1.5. Structuring public gathering and cultural celebrations and performances in ways that are maximally protective of good health practices while maintaining sensitivity to religious needs and differences;
- 1.6. Supporting media to reserve prime time and otherwise effective slots for religious leaders of faiths to deliver lectures and lead prayers and to let believers pray from their homes and to reduce the need for religious gathering;
- 1.7. Support religious leaders, faith-based organizations and faith communities so that they may educate communities about various impacts of COVID-19, including violence against women and children, and assisting them in encouraging healthy hygiene and safe burial practices among participants in faith services.

2. Health Impacts

- a. Challenges of mental and psycho-social health
- b. Inadequacies of a weak or fragile health system
- c. Effect on routine activities like immunization and antenatal/maternity services
- d. Challenges of malnutrition as a result of starvation during isolations and lockdowns
- e. Family Health
 - i. Problems of spouse and child abuse
 - ii. Vaccine Issues

Challenges

The pandemic forced families to be in-door each day of the many weeks of the restrictions unlike during the pre-pandemic time. Resultantly, parents and children/wards became idle which in turn created lots of unpleasant frictions in the family. Many breadwinners lost their jobs and could no longer afford three square meals per day. Also, some parents could not keep their children/wards busy as schools were closed which coalesced to exacerbate family and mental health problems. As if that was not enough, many with underlying health issues, pregnant women and nursing mothers could not access medical care with attendant complications and death.

The pandemic has exposed the fragility of the health systems in many African counties. Non Covid-19 cases were denied care due to shortages of personal protective equipment (PPE) as many of these could not be imported during global lockdown. One is wont to have admiration for medical professionals, scientist and all who are working round the clock to stop the spread of, vaccines and cure for, COVID-19.

Additionally, during the Covid-19 pandemic lockdown, a marked increase in Gender-Based Violence (GBV) was recorded. The many measures and controls put in place to mitigate against

GBV proved to be ineffective because victims could not distance themselves from their abusers or access external support designed to prevent and protect them leading to further health problems.

Recommendations

- 2.1. There is need to set up mechanisms for reporting and monitoring of abuses during possible lockdowns especially in cases where there have been known prior abuse occurrences.
- 2.2. Countries must invest in the healthcare system, to cater for the citizens
- 2.3. Local production of PPE should be encouraged
- 2.4. Vaccines should be made available to all as rapidly as possible at low or no cost, as need warrants.
- 2.5. Messaging should be developed drawing on trusted leaders (e.g. religious, traditional, community, gender based, etc.) to enhance public willingness to accept reliable vaccines.
- 2.6. There is a need to set up support for women's and children's rights groups and community leaders to effectively engage in awareness raising and hygiene promotion and domestic violence prevention activities.
- 2.7. There is need for the integration of Gender-Based Violence (GBV) and COVID-19 information in text message campaigns, radio, and other mass communication modalities and to involve women and youth (especially girls) in the development of Information, Communication and Education (ICE) materials on COVID-19 and domestic violence.
- 2.8. There is need to set up the machinery and support to ensure that pandemic-safe surge housing is available for women and children at high risk of violence in their homes.

3. Sharing understanding concerning worries about vaccines

- a. There is fear, misinformation, general misconception and a lack of knowledge about vaccines for COVID-19

Challenges

Given that a cure or vaccine is not expected in the short term, success in reducing the spread of the disease and managing the fallouts depend on ordinary citizens trusting public authorities and changing their behavior in accordance with official advice.

Recommendations

- 3.1. See 1-1.2. and 2-2.2
- 3.2. Support to strengthen public trust and cooperation by inclusively communicating technocratic policy.

4. Role of religious communities in dealing with these issues

- a. Religious leaders were excluded from the management of all issues pertaining to the pandemic

- b. See 1, 2 and 5 and other recommendation in other sections

Recommendations

- 4.1. Ecumenical councils as well as distinct religious communities and faith actors should work with government and other leadership in executing common policies. See 1., and relevant sections of 2. and 5.

5. Food, Shelter and Security Challenges:

- a. Homeless people (may reside in churches, get food there)
- b. Access to food during lockdown and isolation
- c. Security and enforcing compliance to lockdowns and curfews

Challenges

Food distribution has been almost at a halt thereby creating shortages of food and widespread hunger that led to scattered and sporadic violence and death. In addition, agricultural products were not deemed as essential; hence food transportation was preferentially allowed but farming was not, thereby creating potential low harvest and a resultant food shortage in the nearest future.

The economy could face a much bigger problem if the crisis disrupts the timely and proper purchase, supply and distribution of agricultural inputs like fertilizer, enhanced seeds and pesticides, which would have a devastating impact on food production.

COVID-19 is putting security under serious threat in areas of rising job loss and employment, domestic and gender-based violence, food security, human trafficking, terrorism, social unrest and domestic and international conflicts in all fronts of human endeavor.

Recommendations

- 5.1. There is an absolute need to implement policies developed by public officials on the role of religious opinion leaders in identifying, monitoring and ensuring the distribution of food, essential drugs and palliatives to the people particularly the aged, widows, vulnerable children, and the ill (e.g. AIDS, Cancer, and other chronic diseases) with a view to avoiding unnecessary deaths.
- 5.2. There is need to develop practical recommendations on how to secure lives and properties during lockdowns with associated preventive and punitive measures. This should be clearly identified, documented and disseminated; at the least, the policy should empower community security apparatus in helping law enforcement agencies of government in its execution.
- 5.3. Support vulnerable populations to be identified in a non-stigmatizing manner and efforts should be tailored to reach hard to reach populations (for example, in rural areas) and provide care.

- 5.4. Support existing infrastructures in churches/mosques and mobilize community-based response to COVID 19 and to provide support to vulnerable groups.
- 5.5. Support agricultural systems and provide much needed support to farmers that have been heavily affected by recent locust infestations through a communal or cooperative based organized system which has been known to be more effective than individual outreaches.
- 5.6. Support containment of the spread of the virus among internally displaced people (IDPs) and prisoners.
- 5.7. Support regional agreement and mechanisms in dealing with migrant workers and refugees at this time of crisis and ensure a secure network for movement of people.

6. Economic impact

- a. Unemployment
- b. Loss of business opportunities especially hospitality and travel industry
- c. Impact on businesses
- d. Debt relief
- e. The effect of the New Normal in business
- f. Expected effect of possible population growth in the nearest future

Challenges

The pandemic caused a lot of damages to the economy of every nation in the world. It affected industries, commerce, trade, transportation, agriculture, tourism, marine, airline, education, etc., all of which were shut down, and many have since closed down permanently resulting in the loss of jobs thereby compounding already troublesome unemployment issues in almost all nations and more especially in African nations

Recommendations

- 6.1. Support a sustainable and accessible safety net and provide comprehensive financial support program along with a scheme to distribute basic food stuffs and a market stabilization program via community and cooperative organizations.
- 6.2. Take advantage of existing support and distributions systems within religious communities and cooperatives to streamline and supplement delivery of vital goods and services.

7. Responding to stigmatization and discrimination

- a. There is discrimination against and stigmatization of COVID-19 patients and those that test positive creating a fear of contact with them
- b. There is misinformation in diagnosis and the nature of the way COVID-19 is spread
- c. There is a general confusion about the very nature of the virus creating additional mistrust among the populace

Challenges

Social distancing in crowded schools, housing conditions, prisons, and public transportation may lead to stigmatization of already marginalized groups. Misinformation arising from various sources in society causes confusion in assessing the risk level from the pandemic and what individuals should do.

Several groups may experience stigma during the COVID-19 pandemic. These include health workers; people who tested positive for or have recovered from COVID-19; those who have been released from COVID-19 quarantine; emergency responders or healthcare workers; people who have underlying health conditions that cause coughing; and people living in congregate (group) settings, such as people experiencing homelessness.

Recommendations

- 7.1. Support provision of the right information about COVID-19. Address misinformation and rumours and find other ways to build trust within communities. Take care to assure that messaging defuses and does not contribute to stigmatizing and stereotyping. In addition, communicating with empathy to patients of COVID-19 while at the same time engaging with community, religious leaders and other influencers to relay the right information and help reduce fear and misperceptions concerning those who are ill with the virus.
- 7.2. Encourage media channels, including both traditional news media and social media, to speak out against stereotyping groups of people who experience stigma because of COVID-19.
- 7.3. Support social support services for people who have experienced stigma or discrimination.

8. Impact on Education

- 8.1. Role of Technology and New Normal in Education
- 8.2. New Learning (online and internet-based learning, homeschooling and self-education)
- 8.3. Flare up of infection in schools due to crowding

Challenges

COVID-19 pandemic has profound negative impact on education as it affected learning in public places like schools and centers. Institutions of learning were closed, and students of all ages were unable to go to schools and have been left with nothing to do.

On the other hand, most private institutions were able to continue using e-learning while poor students and those living in rural and those attending public schools were left out. Many were exposed to unnecessary child labor and abuse among other things and many may never be able to go back to school, especially girls.

Recommendations

- 8.1. There is need to develop new ways of learning using the many available technologies such as radio, television, internet etc.
- 8.2. There is need for the development of policies on educational technology that will make the internet and means of using it available to schools and students for e-learning at all levels of education.
- 8.3. The third necessary policy development is that which completes and or complements the above two recommendations; it is the need for a new or integrated curriculum, study materials, and guidelines for homeschooling or learning, or self-education (that is autodidacticism) including religious organization owned/run primary and high schools. This may be wholly informal (an alternative to formal) or may complement formal education. The important point is that new methods need to be found to minimize interruptions of education it times of pandemics and the like so that no children will be left without access to education and needed materials.
- 8.4. There is an urgent need to set up procedures to prevent, contain and manage possible flare up of infection in schools due to crowding

9. Government Responsibilities

- a. Bridging confidence gap
- b. Ensuring dissemination of authentic information about the pandemic
- c. Establishment of non-religious, non-tribal and non-partisan working relationship with religious opinion leaders
- d. Promoting due process and the rule of law

Challenges

The level of preparedness of government authorities to respond to the COVID-19 pandemic in providing valid information and taking urgent measures to adequately save lives is still not adequate in reaching and resonating within the African society. This is as a result of inadequate existing structures and systems to address the menace in communities.

Numerous vulnerabilities and inequalities exist, where millions in the communities lack access to basic necessities of life such as potable water, health care, housing etc. In addition, the lock down measures, coupled with lack of palliatives in many places and obnoxious policies in easing the lockdown led to trust deficiency and became a divisive factor between the government and the citizens. There is also a trust deficit between the leaders and the citizens leading to disbelief and disregard for preventive measures.

Recommendations

- 9.1. To bridge the confidence gap that attends the pandemic, there is need for periodic systemic public briefing associated with the various recommendations in items 1 and 2 above especially on training, message and information dissemination.

- 9.2. Government should set up and ensure a well-defined 'one stop go to platform' for the dissemination of reliable information about the pandemic
 - 9.3. Establishment of non-sectarian, non-tribal and non-partisan working relationship with religious and other opinion leaders in connection with 8.2.
 - 9.4. Provide stimulus packages to various segments of the society
 - 9.5. Government should ensure that all emergency regulations are legalized or made constitutional and that it constitutes the minimum curtailment on human rights provisions consistent with health and well-being of the public.
-