



1. The COVID-19 Emergencies: Religious engagement

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Religious and faith communities have played vital roles in mitigating the effects of the COVID-19 emergencies, including the numerous health, social, and economic challenges it has presented since the WHO declared COVID-19 a global pandemic. Much remains to be done, including urgent action on vaccination and providing health care for millions of people. Effective and strategic engagement of religious actors can affect the outcomes. Beyond the immediate crisis of COVID's direct health threats, future success in addressing unacceptable health disparities, weak primary health care systems, and wide gaps in preparing for future pandemics are also at stake. **G20 leaders and partners therefore need far more purposeful engagement with religious actors in the pandemic response.**

The most immediate priority is to engage and organize strategic religious support in **global COVID19 vaccination campaigns**, with, notably, action on global vaccine equity, logistics of vaccine distribution and administration, positive messages to communities, and countering misinformation and vaccine hesitancy. Religious communities can address and combat resistance and counter misinformation, whether or not religious actors are responsible.

Religious leaders and communities will play crucial roles in the **next phases of the COVID-19 crisis and recovery**. Cooperation on vaccination rollouts can help build trust and local community confidence. The effectiveness of both national strategies and multilateral support may well depend on effective religious engagement.

Practical next steps involve drawing on knowledge and experience of **a diversity of faith actors** in planning and coordination meetings and structures. 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 early on in developing public health messaging can head off resistance.

Experience argues for proactive **support to the majority of religious communities that follow public health measures, provide social protection (hunger, livelihoods), and address conflicts**. Strategic attention should go to the minority of religious communities that resist public health measures, further divisions, and spread misinformation. Clear information for policy makers on lessons from religious engagement can bolster the response.

Framing and delivering **public health messages** is crucial in the COVID-19 health response. International and national health authorities are engaging faith actors and could do more; WHO's appreciation for vital roles of religious leaders is reflected in outreach efforts and specific guidance directed to religious communities¹. Public health guidelines on gatherings, for example,

meet generally positive responses and active cooperation from religious groups, but also some opposition and resistance.

Religious **delivery of health care** (integrated to varying degrees in national health systems) and spiritual care merit sharper attention. The positive potential of these roles is often ignored and the distinctive assets and challenges of religious actors are often not actively engaged or taken fully into account.

Religious community efforts to protect and support vulnerable communities suffer from weak coordination with, and limited support from, the public health sector. Religious focus on **direct assistance for social and economic needs of vulnerable communities and advocacy for the voiceless** argue for G20 engagement. This applies to health, pastoral care needs, and indirect effects of economic shutdowns.

Social tensions linked to the COVID-19 emergency often involve religious communities, including scapegoating of specific, often minority, groups. Increases in domestic violence and abuse of children during the crisis demand religious community response, as does active religious involvement in broader promotion of social cohesion through education and leadership, including addressing that hate speech which has expanded with the pandemic.