



G20 Interfaith Forum

Bringing Faith and Policy Together

G20i Regional Recommendations COVID – 19 Pandemic

As the world struggles with the COVID-19 pandemic, faith-based organizations and religious actors' rapid, yet informed responses have been crucial to support the collective efforts. Reaching out in support of those in need, comforting those who are suffering, feeding those who are hungry, praying for those who are struggling, promoting good health practices together with health authorities, and advocating for help for the most vulnerable are some examples of such activity. At the same time, responding to hate speech, stigmatization, and the other negative dynamics that hinder interreligious relations and social cohesion in the time of a pandemic remains a crucial task in which religious actors have unique leverage.

Between June to September 2020, a series of Regional Consultations took place in 6 regions: Africa, Arab region, Asia, Europe, Latin America and North America. These gatherings produced thematic recommendations that are collected in this document.

Africa

Recommendations

1. The role of religion in responding to COVID-19

- a. 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:
- Training on the nature, prevention and management of the disease and the general conduct of the populace in responding to it;
 - Developing sound messaging and information dissemination on all issues such as control,
 - therapeutics, vaccines and other measures within each of their constituencies;
 - Helping public officials to understand the distinctive needs within different religious traditions with respect to religious worship and observance, and performances;
 - 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;
 - 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;
 - 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

- b. 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.
- c. Countries must invest in the healthcare system, to cater for the citizens

- d. Local production of Personal Protective Equipment (PPE) should be encouraged
- e. Vaccines should be made available to all as rapidly as possible at low or no cost, as need
- f. warrants.
- g. Messaging should be developed drawing on trusted leaders (e.g. religious, traditional, community, gender based, etc.) to enhance public willingness to accept reliable vaccines.
- h. 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.
- i. There is need for the integration of 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.
- j. 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.
- k. There is need to restructure Healthcare Systems to remove or minimize over-medication, over-professional and over-commercialization.

3. Sharing understanding concerning worries about vaccines

- a. Support to strengthen public trust and cooperation by inclusively communicating technocratic policy.
- b. See 1. and 2. Above

4. Role of religious communities in dealing with these issues

- a. 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

- a. 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.
- b. 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

- c. clearly identified, documented and disseminated; at the least, the policy should empower
- d. community security apparatus in helping law enforcement agencies of government in its
- e. execution.
- f. 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.
- g. Support existing infrastructures in churches/mosques and mobilize community-based response to COVID 19 and to provide support to vulnerable groups.
- h. Make provision for the support of 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.
- i. Support containment of the spread of the virus among internally displaced people (IDPs) and prisoners.
- j. 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. 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.
- b. Formulate a scheme for the distribution of food stuffs and market stabilization program via religious, community and cooperative organizations
- c. Take advantage of existing support and distributions systems within religious
- d. communities and cooperatives to streamline and supplement delivery of vital goods and services.

7. 3. Responding to stigmatization and discrimination

- a. Support provision of the right information about COVID-19
- b. Address the issue of misinformation and rumours and find other ways to build trust
- c. within communities.
 - i. Take care to assure that messaging defuses and does not contribute to stigmatizing and stereotyping.
 - ii. Engage communities, religious leaders and other influencers to relay the right information and help reduce fear and misperceptions concerning those who are ill with the virus.
- d. Encourage media channels, including social media, to speak out against stereotyping

- groups of people who experience stigma because of COVID-19
- e. Support social support services for people who have experienced stigma or discrimination

8. Impact on Education

- a. There is need to develop new ways of learning using the many available technologies such as radio, television, internet etc.
- b. 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.
- c. 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 home schooling 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.
- d. 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. 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.
- b. Government should set up and ensure a well-defined 'one stop go to platform' for the dissemination of reliable information about the pandemic.
- c. Establishment of non-sectarian, non-tribal and non-partisan working relationship with religious and other opinion leaders in connection with 8.b.
- d. Provide stimulus packages to various segments of the society
- e. Government should ensure that all emergency regulations are legalized and that any curtailment of human rights should be proportionate and the minimum and least intrusive means consistent with the health and well-being of the public.

Latin America

Recommendations

1. **Vulnerable persons and access to social protections.**

a. Valuation of the role of faith-based communities

A shared feature of religious faiths is their engagement in charitable activities and their concern for the poorest and most vulnerable among us, and not just those who are members of their own community. Service to the poor and charity are explicit mandates in all religions, and this shows in many ways. With the pandemic, the extensive networks of volunteers of the faith-based communities and their own grass-roots infrastructure have been launched into service in many places, in support of health measures and to help people who have lost their jobs or incomes due to the restrictions imposed in order to protect health.

In a continent where conflict among faith-based communities is not at all common (in fact, quite the opposite), in many countries, the efforts to help the people most in need have resulted in major efforts of interfaith collaboration.

This activity by religious faiths has made it possible, in many places, to offset the shortcomings of state-provided assistance, or the absence of public structures and services. It is necessary for the States to acknowledge and value this major collaboration by religious faiths, and for the States to build capacity to coordinate these tasks with these entities, in order to serve the most vulnerable people more effectively.

Furthermore, religious faiths – just like many other agents in society – have seen their own finances affected, as well as their capacity to sustain their works, due to the general contraction of the economy, as well as the impact of the crisis on their members' incomes. States need to be aware of this situation, and provide timely help so that religious faiths are able to keep their services functioning, particularly their educational networks and charitable works

2. **Discrimination and religious freedom.**

One of the fundamental directives regarding the restrictions on rights that could be deemed necessary for safeguarding public health is that these restrictions must not entail discrimination

of any kind on the basis of religion. Even though, as of yet, there have been no reports of failures to comply with this guideline, it is necessary to keep a watchful eye to ensure it does not happen in the future. As part of the special duty of States to care for their most vulnerable minorities, it is necessary for the States to take notice of indigenous peoples and religions of African origin. On the other hand, the measures adopted by many governments have had an impact on the full exercise of religious freedom, particularly in its collective, external, and public manifestations. It must be remembered that religious liberty is a basic right: suspending this freedom is inadmissible, even in emergency situations. This means that any restrictions imposed on religious freedom must comply with the principle of legality, must be necessary in a democratic society, and must be strictly proportional as means to address the legitimate end of protecting health.

A. Appraisal of the specific role of religion and faith-based communities

The G20 Interfaith Forum deems it necessary to remind States that religious freedom is a basic right within the framework of international treaties on human rights, and that, in the Americas specifically, the Interamerican Convention on Human Rights affirms that religion warrants special protections as a constituent element of a person's identity. In that regard, churches, communities, and religious faiths should be valued for their intrinsic merit and for what they stand for, as a necessary manifestation of people's religious freedoms and as a space for the enjoyment of those freedoms, above and beyond any recognition afforded them due to the indisputable value of their teaching and humanitarian work both within and outside the scope of the current health emergency.

B. Right to worship

A necessary corollary of the right to freedom of religion is the right of every person to worship freely, attended by clergy from that person's own faith (as well as the negative freedom of not being forced to worship), and the corollary right of faith-based communities to provide said ministries to their faithful. These rights are especially compelling in situations involving illness and the last moments of a person's life. These rights must be especially guaranteed to the sick in hospitals, their families, the dying, the bereaved, as well as to health personnel who are subject to extraordinary pressures and demands while the current situation continues.

We recommend that States prepare the necessary protocols for the enjoyment of the right to religious worship, and ensure that they are current and in force, both in public and private health establishments; and that they ensure that the persons in charge of ministering to their faithful be granted freedom of movement, even in cases when restrictions have been placed on the general population, as well as access to health facilities, while duly complying with health and hygiene precautions. It should be remembered that the clergy are themselves interested parties in protecting their own health and that of the faithful to whom they minister, and accordingly they should be subject to treatment under the law and by the authorities that is equal to that provided to health workers.

C. Respect for the dead and their families

The pandemic is causing an extraordinary number of deaths. These deaths occur in isolation or in loneliness, with no close relatives able to be at the dying person's side during their final moments, or to provide for a proper last farewell and observe the funeral rites called for by their faith. The World Health Organization has recommended that religious traditions be respected, insofar as possible, with regard to the treatment and final resting place of the dead, to include ritual washing when so required, and it has acknowledged that the transmissibility of the virus from dead persons has not been demonstrated. Furthermore, the Interamerican Court of Human Rights has called for the respectful treatment of bodies, and proper honoring of the dead, as well as respect for the right of the bereaved to bury their dead in accordance with their beliefs, pursuant to the jurisprudence of the Interamerican Court.

We recommend that the States, in developing their protocols and norms for the final destination of the bodies of the dead due to COVID-19 and generally, take special heed of those who have died during the emergency caused by the pandemic, and that they respect the right of families to bury their dead in accordance with their religious rites, and with the participation of their closest bereaved, while respecting necessary health measures.

D. The right to religious ceremonies and practices

One aspect of religious freedom arising during the pandemic is the right to hold religious assemblies, and to engage in worship and rites that require the gathering of a certain number of persons. Many countries have imposed drastic and even absolute restrictions on such gatherings, some of which have continued for many months. This raises concerns as to whether such restrictions comply with the requirement, which is indispensable to their substantive legitimacy, of being strictly necessary and of a temporary nature. In several countries, the courts have ruled that while certain restrictions are acceptable, such as on the number of persons who attend these services and requirements for compliance with health and hygiene measures, as a function of the stated purpose of safeguarding public health, total bans on religious assemblies are neither acceptable nor proportional to that purpose.

We believe that it is indispensable to hold a sincere dialogue on this subject between civil and religious authorities, to come to an agreement on those conditions that allow for religious worship with the participation of the faithful, at least in so far as is compatible with safeguarding health. Accordingly, we believe it is inadmissible, and an infringement of the guarantees provided by international human rights treaties, to impose total bans on religious ceremonies, to include those necessary for initiation rites and the blessing and celebration of marriages.

3. **International cooperation and solidarity in practice to guarantee access to medications, vaccines, medical equipment, and treatment for COVID-19.**

Many religious faiths have a global presence that crosses national borders. They cannot be excluded from the planning for global solidarity measures to palliate the effects of a pandemic that likewise is on a global scale.

It is necessary to create a global framework to deal with a global pandemic, based on the defense of the common dignity of all human beings. It is necessary that this global policy be

informed by ethical principles that safeguard the rights of all people, and that it place solidarity over profits.

The new global and local scenario will require specific efforts in the area of education, in which religious faiths play an extremely important role, not merely by managing their own educational systems but also by contributing their values to society.

4. Necessity of considering religious values and contributions in defining ethical criteria to face the pandemic and follow-up actions (vaccination, access to treatment).

The pandemic has shed a spotlight on especially delicate ethical questions, about which religious faiths have something to say in the dialogue among the States and with society. These concerns range from the criteria and priorities for caring of the sick when health systems get overwhelmed, to the ways to care for the people hardest hit by the economic crisis arising from extended quarantines. There is also an ongoing debate with regard to the costs of, and access to, the available vaccines and medications, in which economic concerns must be weighed against moral criteria and the necessity of ensuring that respect for the human dignity of all people everywhere remains front and center as a concern.

In a crisis situation, the decision on the admission of patients to intensive care services (i.e. triage) is subject to criteria that differ from the usual situations, in which only the situation of the individual patient is considered. In the face of insufficient resources, these criteria must consider the needs and possibilities of the whole set of patients who might require such care. In practice, this means not providing or ceasing to provide certain kinds of care to some patients, in order to provide them to others. Many issues are involved in this situation, and religious faiths should be able to provide their points of view in defining the rules that are to be followed. Certainly, one of the rules must be the avoidance of any kind of discrimination based on a person's religion, among other criteria that should not be applied (generally speaking, people have the right not to be discriminated against on the basis of religion, race, nationality, age, social condition, etc.)

We also believe that it is essential to foster a dialogue on the post-pandemic reality, among political authorities, the different sectors of the economy, and religious authorities. Linkages and dialogue among religions, societies, and states will be fundamental in the reopening of activity and the creation of jobs and income. Religious denominations can help ensure that the "new normal" does not leave the poorest and most vulnerable people behind.