**EVENT SUMMARY**

**MARCH 11, 2020**

# CONSULTATION ON COVID-19: EXPLORING FAITH DIMENSIONS

## OVERVIEW

An hour-long "Consultation on COVID-19: Exploring Faith Dimensions" was hosted at the Berkley Center for Religion, Peace, and World Affairs in Washington, DC, on March 11, 2020, organized by an informal group including World Faiths Development Dialogue (WFDD) and the Joint Learning Initiative (JLI). A group of representatives of faith-inspired organizations, public health experts, and development practitioners were invited to **explore how religious institutions, beliefs, leaders, and practices contribute—positively and negatively—to the ongoing COVID-19 crisis and response.** About 25 participants shared insights from the COVID-19 pandemic, drawing on the experience of faith engagement in past pandemics, including the Ebola outbreaks and HIV/AIDS, and on contemporary responses. The majority participated via Zoom (virtual conferencing platform).

## KEY TAKEAWAYS

- Faith leaders and communities are critical actors in the current crisis and there is a rapidly growing set of actions and statements. The need to engage religious communities is quite well appreciated by public health officials (national and international) at

a broad level. There is, however, much room for *specific measures to translate that awareness to practice.*

- Systematic, coordinated engagement is difficult given dispersion and diversity as well as lack of clearly established coordination channels.

- There is a hunger for reliable information both about evolving knowledge about COVID-19 and about *specific faith responses and innovative practices. There is also need to counter false information linked to some faith communities;* faith leaders are best equipped to counter such messages.

- *Fear, stigma, and discrimination* are wide concerns among faith communities, and responses can and should focus on ways to address it.

- The *"messaging" capacity of faith institutions is large and powerful.* This is vital within each community but also in policy advocacy at all levels.

- *Supporting the most vulnerable*, in individual communities but also globally, in poor countries and notably among forced migrants, needs urgent attention.

- Faith-linked health providers need specific attention and support.

- Parallel efforts to reflect on longer-term issues highlighted by the current crisis should start now and include, for example, emphasizing health over disease and reaching proactively to those "left behind."

Specific follow up includes: a continuing discussion among participants in the March 11 meeting and a wider group; exploring an online, central repository for reviewed and updated information; and coordinated responses highlighting the central findings. Options to explore further include regular online gatherings and specific webinars (for example on COVID-19 adapted religious practices), and a series of op-eds that would highlight both immediate actions and longer-term implications.

The discussion should be seen as exploratory, focused on faith-linked responses to the COVID-19 pandemic. Topics emphasized included building on efforts to collect, centralize, and disseminate information in ways that do not drown those involved; effective means of communication in this specific crisis; counsel on adaptations of religious gatherings and practices to contain the outbreak; care for the vulnerable; and action to support faith-based health care providers.

## OPENING REMARKS FROM CONVENING GROUP

**Katherine Marshall** (Executive Director, WFDD; Senior Fellow, Berkley Center) reflected on specific actions and lessons from the 2014–2015 West Africa Ebola crisis that included Berkley Center/WFDD efforts to collect information on the faith dimensions of the pandemic and a case study drawing on lessons learned. Information about faith responses to the current crisis is coming thick and fast. An immediate question is how to process and share information that includes specific changes in religious practices and gatherings and broader efforts directed to faith communi-

ties with updates on the fast-evolving situation. Marshall highlighted four major areas of attention: 1) Faith gatherings in the era of "social distancing" (services, pilgrimages, etc.) and implications of cancellations; 2) Religious practices notably that involve personal contact; 3) Responses to the most vulnerable populations, especially the elderly; 4) Thinking ahead to the aftermath of the outbreak. She highlighted the call of **Dave Robinson** that over half of the group's focus should be on poorer faith-based organizations and nations in the Global South that have far less capacity to respond.

**Dave Robinson** (independent consultant for interreligious action in humanitarian emergencies and development, former senior advisor for operations at World Vision) reflected on the 2014–2015 Ebola outbreak, noting how faith communities came together late in response to the crisis. Robinson identified the need to hear from organizations that have been setting up platforms where information is already being exchanged. Sharing information with stakeholders on existing platforms is key. He pointed to national interfaith councils supported by Religions for Peace and NetHope, a technology consortium, as examples of effective outreach in the 2014–2015 Ebola crisis, merging faith actors and ICT4D methodologies for last mile health communications.

**Olivia Wilkinson** (Director of Research, Joint Learning Initiative) noted how her organization has started a collection of sources about the role of religion in the outbreak. JLI is considering a content review of news reports. Wilkinson noted that many faith-based organizations are doing different sorts of information-gathering and highlighted the necessity of collecting data across organizations in a central location. She later shared an online library where she has started to collect articles related to religious responses to COVID-19.

## INTRODUCTIONS AND PARTICIPANTS

Participants each provided a brief introduction and identified key issues to address, including faith-linked advocacy, balance between social capital and social distancing, and global health security.

**Doug Fountain** (Executive Director, Christian Connections for International Health [CCIH]) CCIH members include 140 faith-based organizations around the world. CCIH has started an online discussion group for its members. Fountain described the early results of a CCIH survey for religiously inspired organizations. CCIH has received 26 responses from small and large organizations worldwide, highlighting that 70% of CCIH members are responding in some way to the outbreak. Two areas where members are seek more information and further training are 1) preventing stigma, discrimination, and fear, followed by 2) preparedness for outbreaks and surge demand. Fountain noted that members are getting information mostly from WHO—far fewer members referenced the CDC as a top source of information. Half of the respondents are interested in ongoing programs to increase resources, whereas half are not. Plans for the data remain unclear; Fountain would like to expand the data collection and track changes over time.

**Rebecca Waugh** (Senior Programs and External Relations Advisor, IMA World Health) noted how her organization is try-

ing to channel information and implement training cascaded through health facilities with the [African Christian Health Associations Platform](#) (ACHAP). IMA World Health is planning to focus work in Kenya, and then Uganda and Ghana, because these countries are major transit hubs and will probably experience high rates of infection. Waugh identified protecting health care workers as a key challenge.

**John Blevins** (Acting Director, Interfaith Health Program at Emory University) identified [Epi-Win](#)—a WHO working group on developing multi-sector, civil society response to pandemics—as a key resource. Blevins noted how COVID-19 response will look different than the Ebola response because coronavirus is more global in scale and transmits differently. In the U.S. context, religious communities provide linkages to the most vulnerable populations, such as the elderly. He proposed looking to existing models through which religious communities and faith-based organizations support elderly members. He later shared the link to a [Facebook group](#) that clergy and community leaders can join to discuss local faith responses.

**Abagail Nelson** (Senior Vice President for Programs, Episcopal Relief) shared efforts in the Episcopal Church to address the crisis, including meetings with bishops and clergy to share facts. Nelson pointed to the Episcopal Relief portal on "[Faith-Based Response to Pandemics](#)" as a key resource. She highlighted the tension between mobilizing social capital to check on vulnerable populations and practicing social distancing as a primary concern. Theological and sacramental responses to COVID-19 are significant, for example the [response](#) of Presiding Bishop Michael Curry. The Ebola experience offers a model for how to bring people back

into social settings following the conclusion of the crisis.

**Neelley Hicks** (Executive Director, Harper Hill Global) reflected on the Ebola crisis, highlighting the critical gap in essential information reaching some of the most vulnerable people. At that time, her organization crafted text messages and worked with local bishops to put their name on every single message to lend a sense of authority. Hicks is currently using a similar model as she develops a WhatsApp group to send out messages on the authority of bishops worldwide. Harper Hill Global is also working on an [interfaith podcast series;](#) an upcoming episode will explore how faith leaders from various traditions are adapting religious practices in light of the COVID-19 crisis.

**David Boan** (Director, Department of Relief and Development, World Evangelical Alliance) considered lessons learned from the Ebola crisis in West Africa and the Congo, where health care workers met a climate of extreme distrust. Boan noted how Western health care workers set the stage for the local belief that Ebola was not a disease but rather a business, meant to enrich countries of the Global North. Boan described how sending trusted, faith-based teams in local villages to improve communication made major strides in addressing mistrust. He also noted how the World Evangelical Alliance trained local teams to identify and respond to burgeoning rumors, a key threat to effective response.

**Christina Tobias-Nahi** (Director of Public Affairs, Islamic Relief USA) highlighted the importance of the Muslim breaking of bread during Ramadan (likely beginning around April 24, 2020), a time of vulnerability in regards to COVID-19, as many Muslims gather to worship together and fast.

**Jean Duff** (President, JLI) commented via Zoom Chat on misinformation, citing the case of the Irish Association of Funeral Directors issuing a false directive that all remains should be immediately cremated. She stressed that definitions of the most vulnerable must include refugees; homeless people; and all who are in crowded, low-resource spaces. Faith actors can play critical roles in advocacy for sustainable global health security investment, for example during summits of the G7 and G20.

**Lachlan Forrow** (Associate Professor of Medicine, Harvard Medical School) identified via Zoom Chat that a crucial challenge is addressing COVID-19 communities where there are not yet any cases. The potential to save lives is greatest in these communities, reflecting on the experience of HIV/AIDS in Gabon. Helping not-yet affected communities take steps that minimize transmission of COVID-19 will be far more effective than measures taken only after the virus has begun to spread in those places.

**Olivia Wilkinson** reflected on the means to ensure effective faith-based messaging. Persuasive messaging is not only technical or scientific. Effective messaging should be: 1) grounded in the scientific; 2) linked to scripture or religious practices; and 3) connected to people's hearts and emotions to allow space for reflection.

**Mercy Niwe** (Global Faith Engagement Lead, World Bank) argued that faith communities need to use faith rather than fear in their messaging. She identified uniformity in messaging across institutions as a key concern, especially as the international community is still learning about the virus. She highlighted the need for faith communities to be part of the global supply network and to take creative approaches in responding to the crisis, especially as levels of stigma and discrimination are high. She agreed that there is a real need to document best practices. This would be helpful for the World Bank as it addresses the crisis.

## CONCLUSIONS AND NEXT STEPS

**Dave Robinson** recapped the major points of the conversation, noting key faith dimensions of the COVID-19 pandemic: support for vulnerable populations (the elderly, isolated, those beyond the digital divide); addressing fear and stigma; effective behavior change communication; pastoral care for those affected by the pandemic; and a scripturally based response. Robinson suggested a post-call conversation with Katherine Marshall to plan next steps.

**Katherine Marshall** highlighted the two different but linked areas of response: religious communities and faith-based organizations providing immediate and personal services to people on the ground, and global and national discussions of policy and strategy (for example, at the UN, G7, and G20 levels). Our challenge is to support both and to emphasize the linkages. She identified two next steps beyond a continuing discussion among the group: 1) publishing op-eds targeting policymakers and faith groups; and 2) establishing a central location to collect and update reliable information on the COVID-19 crisis.

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## EVENT PARTICIPANTS

Katherine Marshall (WFDD/Berkley Center); Dave Robinson (independent consultant for interreligious action in humanitarian emergencies and development, former senior advisor for operations at World Vision); Olivia Wilkinson (JLI); Doug Fountain (CCIH); Rebecca Waugh (IMA World Health); Gagik Karapetyan (World Vision US); Lisa Firth (Salvation Army US); Heidi Christensen (Center for Faith and Opportunity Initiatives at HHS); Jean Duff (JLI); Neelley Hicks (Harper Hill Global); David Boan (World Evangelical Alliance); John Blevins (Emory); Kathy Erb (CCIH); Lachlan Forrow (Beth Israel/Harvard Medical School); Lindsay Denny (Global Water 2020); Maeve McKean (Georgetown); Mariah Johnston (World Bank); Michael Stoto (Georgetown); Abigail Nelson (Episcopal Relief); Christopher Zefting (Religions for Peace International); Alfonso Rosales (World Vision International); Mercy Niwe (World Bank); Mimi Kiser (Emory); Christina Tobias-Nahi (Islamic Relief USA); John Monahan (Georgetown), Sarah Thompson (WFDD); Ruth Gopin (Berkley Center); Henry Brill (Berkley Center). A number of colleagues who wished to join but could not asked to be included in follow-up actions.