World Health Organization strategy for engaging religious leaders, faith-based organizations and faith communities in health emergencies

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INTRODUCTION

The challenges posed by the COVID-19 global pandemic require a holistic and integrated response across society, religious leaders, faith-based organizations, and faith communities.[1] Throughout history, religious leaders, faith-based organizations, and faith communities have played a key role in health emergencies, providing frontline medical services and humanitarian assistance as well as communicating helpful information and promoting health-saving practices, preventing and reducing fear and stigma, and providing reassurance to people in their communities.

While the evidence shows that faith partners are delivering a wide range of activities to support preparedness and responses to pandemics and other health emergencies, increased collaboration between national governments, the World Health Organization (WHO) and religious leaders, faith-based organizations, and faith communities could maximize the effectiveness of these collaborations to significantly strengthen national health and community systems. Consequently, this strategy has been developed to better enable the WHO and religious leaders, faith-based organizations, and faith communities to work together with, and in support of national governments to achieve joint goals, mitigate the negative effects of health emergencies and ultimately help to bring them to an end.

Although, this strategy has been developed during the COVID-19 pandemic and reflects the challenges and learnings that have been identified from this crisis (as well as previous health emergencies), it is designed to enable better tripartite partnerships and collaboration, not only in response to COVID-19, but in future health emergencies too.

SCOPE

This strategy is about how WHO and religious leaders, faith-based organizations, and faith communities can support national governments to achieve common goals, by building commitment and shared ownership of the collaboration. As partnerships imply roles and responsibilities for all involved, the strategy outlines the respective roles and responsibilities of the WHO and the faith partners. Furthermore, it is:

- A guidance note for the WHO Secretariat staff for their engagement with religious leaders, faith-based organizations, and faith communities and national governments in health emergencies, and to encourage inclusion of the faith partners in the national response with appropriate funding;
- An advocacy tool to encourage greater engagement with religious leaders, faith-based organizations, and faith communities in health emergency preparedness and response;
- A set of principles for both parties to abide by, ensure mutual respect and adherence to shared values; and
- A list of potential actions that can contribute towards achieving the strategy's goal.

GOAL AND OBJECTIVES

Goal

To ensure more effective responses to health emergencies by strengthening collaboration between the WHO, national governments and religious leaders, faith-based organizations, and faith communities, resulting in more people being better protected from, prepared for and resilient to health emergencies, enjoying better health, improved trust and social cohesion.

Objectives

To achieve the goal of this strategy, the following objectives must be met:

[1] For terminology descriptions please refer to http://data.unaids.org/pub/report/2010/jc1786_fbo_en.pdf

- Enable supportive collaboration in preparedness, readiness, and responses to health emergencies (including support of vaccine roll out).

- Establish and strengthen national health emergency coordination mechanisms, to ensure that all partners are included appropriately in comprehensive and participatory pandemic responses that strengthen national health systems and universal health coverage (UHC).

- Strengthen national health and community systems by building the capacity of religious leaders, faith-based organizations, and faith communities to prepare and respond to health emergencies.

- Strengthen the capacity of WHO staff and national partners to identify and work with religious leaders, faith-based organizations, and faith communities in preparedness and response to health emergencies.

- Enable the WHO, national governments and faith partners to engage in pandemic responses to health-crises so that community and faith-led approaches are championed at all levels.

- Establish mechanisms for monitoring progress, accountability and exchanging feedback.

GUIDING PRINCIPLES

Engagements between the WHO, national governments and religious leaders, faith-based organizations, and faith communities will be guided by a set of principles to ensure they remain aligned with the wider values of the WHO and that they support progress towards the 17 Sustainable Development Goals laid out in the 2030 Agenda for Sustainable Development[2], as well as respecting religious values. All engagements must:

1. **Respect human-rights, gender equality, and inclusion.**[3] Partner engagements must be inclusive of all/different religious and faith traditions, vulnerable and marginalized groups.

2. **Be nationally led**. WHO, religious leaders, faith-based organizations, and faith communities and other humanitarian and development actors work together to support national governments in their leadership role in preparedness and response to health emergencies, to avoid duplication or gaps and maximise impact while continuously committing to a collaborative and evolving relationship that promotes mutual respect.

3. **Promote shared values**. Partner engagements work towards strengthening health and community systems, drawing on existing spiritual, moral, and social assets of the world's religious and faith communities and act together on shared values and teachings such as: justice, dignity, equity, priority to the poor and most vulnerable, and person-centred care.

4. **Be informed by data.** Engagements draw on the best available scientific evidence and understanding of community needs, issues, and perceptions to avoid mis and disinformation.

5. **Respect religious differences**. Engagements seek to honour the identities and communities of different religious and faith traditions.

6. **Be fully representative**. Engagements include local, national, regional, and global religious structures, representing all/different faith traditions, working with governmental, intergovernmental and non-governmental civil society actors.

7. **Be community centred and accountable**. Engagements include and draw on community knowledge, capacities, knowledge of vulnerabilities, and be accountable to those most affected.

8. **Nurture trust.** Engagements nurture trust as the critical component of responses to health emergencies.

[2] Resolution adopted by the General Assembly on 6 July 2017 https://undocs.org/A/RES/71/313
[3] Strategic Plan, Religions for Peace: 2020-2025. STRATEGIC-PLAN-FINAL.pdf (rfp.org)

9. **Be open and transparent**. Communicate frankly and clearly to the public, acknowledging uncertainty, emerging knowledge and mistakes.

ROLES AND RESPONSIBILITIES

Collective roles and responsibilities

The WHO and religious leaders, faith-based organizations, and faith communities can support national governments to:

- Co-develop and communicate evidence-based public health messages and guidance on the pandemic response to their communities.
- Monitor mis and disinformation and refrain from discrediting or undermining evidence-informed practices of other actors.
- Promote an equitable approach to and provision of health services, including vaccine programmes.
- Develop resource mobilisation partnerships in order to access resources from local, regional and national sources.

WHO roles and responsibilities

- Monitor mis and disinformation and provide accurate scientific information on modes of spread and infection control measures needed to control an epidemic.
- Work with faith partners to develop guidance on any necessary adaptation of religious practices to protect worshippers and the wider community from infection and spread of disease in the context of religious gatherings and practices.
- Engage religious leaders, faith-based organizations, and faith communities at global and multi-national levels, as well as connect national governments and local authorities with faith counterparts whenever possible.
- Advocate for faith-based organizations (FBOs) to be appropriately funded so that they can play a role commensurate with their capacities in supporting the development, implementation, monitoring and evaluation of national responses to health emergencies.
- Collaborate with FBOs to build their capacity to deliver health services more effectively, both during and outside of health emergencies, where appropriate and necessary, thereby supporting national health systems to respond effectively.
- Co-develop national guidance, together with government, community, and faith partners to ensure all community and faith partners are engaged in collaborative action to strengthen community systems and capacity for health emergency preparedness, readiness and response under an overarching national health emergency management framework and policy.
- Work with faith partners to establish mechanisms for monitoring progress, accountability and exchanging feedback.

Religious leaders, faith-based organizations, and faith communities

- Co-develop and deliver clear evidence-based risk communication and community engagement (RCCE)/guidance on conducting faith-based gatherings safely where they do occur and on conducting rituals and faith-related activities remotely/virtually, in line with WHO and national government advice and regulations.

- Provide clear guidance on how to strengthen mental and spiritual health, well-being and resilience, through individual contact and in community settings, in a safe manner, in line with WHO and national government advice and regulations.

- Provide health care, education and social support to communities adversely affected by health emergencies where they have existing structures, in line with the national health emergency response strategy.

- Communicate health information to constituents and communities that aligns scientific evidence with religious values.

ACTIONS

The table below represents a list of potential actions that actors can take across six areas of focus, aligned with the relevant the Sustainable Development Goals (SDGs) to which they contribute. To achieve these objectives, it provides some suggested indicators that may be used to measure effect. The list is not exhaustive and is intended as initial guidance for actors as they engage under this strategy. Further dialogue is expected within partnerships to define a more detailed series of actions that are appropriate to each national context.

AREA OF FOCUS	ACTION	RELEVANT EXISTING INDICATORS
Fostering and building partnerships, inclusion, capacity, and resilience.	Identify and engage with faith partners to understand the cultural and faith-based concerns of faith communities related to health and health emergencies to build trust and partnerships, ideally prior to any health emergency Ensure national and district level emergency coordination mechanisms include religious leaders and heads of FBO health/education and development services and ensure that they are representative of most vulnerable populations, women, youth and all national faith traditions/indigenous communities. Work to establish these mechanisms if they do not exist. Ensure religious leaders and FBOs are a part of delivery of community centred public health mechanisms for early detection and immediate notification of unusual public health and animal events and preliminary local response to the outbreak in line with IHR 2005 requirement. Ensure religious leaders and FBOs actively engage with heath emergency risk assessment, risk mitigation, preparedness, and readiness actions at the community level along with other community-based organizations. Build capacity and expertise of religious leaders, and FBOs to take leading roles in health crises by facilitating webinars/workshops with health experts. Build capacity of secular WHO/government and health professionals to engage meaningfully with	**These actions contribute towards the following SDGs[4] and indicators:** **SDG 3.d** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks. **Indicator 3.d.1** International Health Regulations (IHR) capacity and health emergency preparedness.

[4] Resolution adopted by the General Assembly on 6 July 2017 https://undocs.org/A/RES/71/313

AREA OF FOCUS	ACTION	RELEVANT EXISTING INDICATORS
	and learn from faith communities about their roles in health crises by facilitating webinars/workshops. Co-host training programmes with faith communities to build resilience and community preparedness for health and other emergencies, using existing models with documented success.	
Communicating effectively and responding to the 'infodemic'.	Co-develop scientific guidance on infection control and care of the sick, burial practices, etc. together with representatives from different religious traditions/communities/language groups/indigenous communities/people with disabilities, etc. Co-develop RCCE materials and strategies together with above. Listen to religious and community leaders to understand concerns/fears/mis and disinformation circulating in their community. Co-design strategies and messaging to address these. Co-develop/adapt education curricula, health education materials for medical/nurse/health professionals training and school curricula for children on the health crisis. Equip religious leaders, women, youth leaders with clear information and build their skills to deliver accurate health messages to their communities. Identify and promote repositories of trusted resources that provide accurate information in line with best scientific evidence and religious belief. Work together to provide accurate information and clear messages that are translated, printed, shared, and broadcast in low literacy settings.	**Specific to SDG 3.d** Strengthen the capacity of all countries, in particular developing countries, for early warning, **risk reduction and management** of national and global health risks: **Indicators from RCCE**[5] **Access to information** – Percentage of individuals who have access to appropriate information on COVID-19. **Satisfaction with information** – Percentage of individuals who are satisfied with the information content they receive on COVID-19. **Trust in information** – Percentage of individuals who receive information through a communication channel they trust. **Infodemic risk** – Proportion of unreliable content vs all content online in a specific geography and population.
Protecting freedom of religion and belief whilst	Involve religious leader and FBOs to co-develop guidance on how to: • Adapt religious practices, when necessary, in	**Indicators from RCCE** **Knowledge of protective measures** – Percentage of individuals who know how to stop