G20 Interfaith Forum 2024 Policy Brief
Looking beyond the COVID-19 Emergencies: Revitalizing Religious Partnerships
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Priorities for Action

The COVID-19 emergencies marked the world in many ways: over 7 million recorded deaths, over 705,000,000 confirmed cases, and immeasurable social and economic impacts.[1] The World Health Organization (WHO) declared an end to the COVID-19 global health emergency in January 2023, but COVID-19 remains a public health concern. The risk of future pandemics is growing, with experts predicting a 47-57% chance of a pandemic in the next 25 years.[2] G20 leaders must draw on lessons learned from the COVID-19 response to be better prepared for future outbreaks.

The COVID-19 emergency demonstrated that engaging religious leaders and institutions in promoting public health measures, ensuring access to treatment and vaccination, and combatting harmful misinformation is feasible and important. This applies, for example, not simply in delivering vaccines, but also in the research and development phases of new vaccines and treatments. And engaging goes beyond sitting at policy tables together but listening and hearing how faith actors understand their communities. COVID-19 highlighted the interconnections among different sectors, as the pandemic laid bare deep social and economic inequalities and the urgent needs of vulnerable communities. Social tensions and conflicts aggravated by COVID-19 often fell along religious lines. Religious communities were involved in offering urgent social safety nets and addressing both roots and manifestations of tensions. Trust and trustworthiness have emerged as a central challenge with important religious dimensions.

Purposeful and focused engagement with religious actors by G20 countries can strengthen preparation for future pandemics. It is also vital for the broader goal of assuring decent, equitable health care for all. G20 leaders should work to recognize and engage religious leaders and faith-linked organizations in pandemic preparedness at the national and global levels. Action areas include the proposed Pandemic Preparedness Treaty, reinforcing healthcare systems, and action on diseases like malaria and HIV/AIDS that have particular impacts on poor and vulnerable communities.

Vaccine equity is a top priority for future pandemic responses. Active religious engagement can help advance vaccine equity by addressing logistics bottlenecks, communicating pro-vaccine information to communities, and countering misinformation and vaccine hesitancy (whether or not religious reasoning is in part responsible for that hesitancy).

Religious engagement can link pandemic preparedness to broader health sector and socio-economic peogress. Narrowly framed COVID-19 health responses were often ineffective and met with skepticism by local communities; strategies that address health systems and social protection needs are essential to strengthen future pandemic responses. Close collaboration with religious actors can help build trust and local community confidence and bolster national development strategies and international initiatives.

While most religious communities followed public health measures, strategic attention is needed to those that did not. Some faith communities resisted public health measures, spread misinformation, and furthered societal divisions. A robust understanding of the reasons behind those communities' resistance and the ways in which public health information did or did not affect religious communities' attitudes and behaviors can improve future pandemic responses.

Religious healthcare delivery (integrated to varying degrees in national health systems) and spiritual care merit sharper attention. Religious communities contribute significantly to the health and education sectors, running hospitals, clinics, and schools. Religious community efforts to protect and support vulnerable communities suffer from weak coordination with the public health and social protection sectors. Effective engagement can contribute significantly to better health and education outcomes and can ease social tensions.

The Pandemic and its Aftermath: Challenges and Lessons Learned

The COVID-19 crisis exposed significant weaknesses in healthcare systems around the world, sharpening the need to achieve universal healthcare (UHC) objectives, especially for primary care. Lockdown restrictions and financial constraints disrupted and delayed essential health services for maternal health, child immunization, family planning, sanitation, non-communicable diseases, and HIV/AIDS, TB, and malaria intervention and treatment.[3] High demand for doctors and nurses to treat COVID-19 put immense pressure on already struggling health infrastructure and led to high levels of burnout among medical professionals, a lack of basic medical supplies and equipment (such as personal protective equipment and ventilators), and not enough medicines and/or vaccines to prevent and treat COVID-19 and other illnesses.[4] Moreover, routine check-ups, screenings for conditions such as cancer, organ donations, and surgical operations were canceled or postponed, causing patients to miss out on much-needed treatment and creating a backlog of appointments.[5] The pandemic also slowed or halted funding to many areas of medical research, slowing advances made in the past decades.[6]

The global COVID-19 vaccine rollout exposed stark disparities in access to vaccines, especially on the African continent. Vaccine equity is a global concern: when large proportions of the global population are unvaccinated, there is a greater risk of vaccine-resistant mutations spreading. Yet despite efforts to deliver vaccines to developing countries, such as the COVID-19 Vaccines Global Access (COVAX) initiative, there was significantly unequal access to vaccination between high-income countries and middle and low-income nations.[7] As vaccines went unused in western nations or stockpiled for booster shots against future variants, people in poorer nations often could not get their first dose. Preparation efforts for future pandemics must identify and address the factors that shape vaccine access and uptake, including institutions for manufacturing and distributing vaccines, international trade policy, individual governments' policies on stockpiling versus sharing surplus vaccines, and intellectual property rights for vaccines.[8]

Economic turbulence brought on by the COVID-19 pandemic continues to exacerbate existing socio-economic disparities across the globe. Many people lost their livelihoods and were unable to afford necessities such as rent, food, and household utilities. Those especially hard hit include informal workers, the elderly, people with disabilities, women and children, refuges, Indigenous populations, people who are incarcerated, people living in conflict zones, people working high-risk jobs, and ethnic, racial, and religious minorities.[9] Economic recovery varies by country and remains uncertain in many places. The pandemic also exposed gaps in social protection, including childcare, access to food and shelter for food insecure and/or homeless people, care for the elderly and the disabled, and other mechanisms of support for vulnerable groups.[10]

Pandemic conditions contributed to a spike in social tensions, political repression, and armed conflict across the globe. Disease outbreaks are linked to social unrest, especially in places with high inequality, widespread poverty, low trust in governmental institutions, and weak governance mechanisms, and COVID-19 was no exception: protests against pandemic-linked government policies and the rising cost of living have rocked countries in the Global North and South alike, including South Africa, Chile, India, Lebanon, France, and beyond.[11] In some places, minority ethnic and religious groups have been blamed for the spread of COVID, contributing to harassment and violence.[12] At the same time, some political

leaders used the pandemic to consolidate power and stifle opposition, targeting political protestors and journalists in countries. And while local and international bodies have called for ceasefires, existing conflicts have intensified or continued with little change in places such as Yemen, Myanmar, the Philippines, DRC, and Ukraine.[13]

The pandemic exposed the dangerous potential of misinformation to impede containment, treatment, and vaccination efforts. The use of social media platforms such as Facebook, Twitter, and YouTube helped amplify the spread of an "infodemic" of false information about the origins of COVID-19 and the credibility of vaccines. Conspiracy theories, such as those that claimed the pandemic was orchestrated by governments or that the vaccine was being used to control the population, also proliferated.[14] In some instances, religious communities contributed to the spread of misinformation, even as many faith leaders endorsed public health messaging around the virus; according to Pew Research Center, religious groups defied public health measures in over a third of 198 surveyed countries and territories.[15] Misinformation had real-world impacts: several studies link an individual's exposure to misinformation to a reluctance to engage in evidence-based preventative behaviors, such as social distancing and receiving the vaccine.[16] Some religious groups also blamed minority religious groups for the spread of COVID, spreading fear and, in some cases, inciting violence and vandalism.[17]

While reported COVID cases have fallen sharply since 2022, Long Covid remains a serious medical problem. According to the WHO, between 10-20% of people infected with COVID go on to develop symptoms of Long COVID, which include fatigue, shortness of breath, coughing, joint pain/weakness, changes in smell/taste, high blood pressure, and "brain fog."[18] The condition is still not well-understood and a one-size-fits-all treatment is elusive; multiple governments have dedicated resources to researching the causes, symptoms, and possible treatments of Long COVID, but more support is needed.[19]

COVID-19 has had a significant negative impact on mental health. Social isolation, loneliness, loss of livelihood, illness, and bereavement have contributed to a sharp increase in reported incidences of anxiety and/or depression in many places; one US-based report found that 39.3% of adults reported anxiety or depression in February 2021.[20] Another report reported an increase in suicidal ideation and suicide attempts during the pandemic.[21] Essential workers such as nurses have been especially hard hit: they are nearly three times as likely to be diagnosed with a mental health disorder during the pandemic.[22] To make matters worse, mental health services were cut or significantly scaled back during the pandemic lockdowns.[23] The long-term impact on mental health is difficult to gauge, but experts warn that problems that began during the pandemic may persist for years to come.[24]

Pandemic-related lockdowns exacerbated domestic violence and cut off support for victims. Reports suggest that COVID-19 related restrictions and economic strain brought on an increase domestic abuse and created additional obstacles for victims to seek help. At the same time, lockdown restrictions enabled abusers to conceal their actions from the outside world.[25]

Government regulations in response to COVID-19 exposed and heightened tensions around understanding of Freedom of Religion or Belief (FoRB). In some instances, religious groups invoked FoRB to contest or reject vaccination mandates and bans on public gatherings during COVID-19 lockdowns.[26] In at least 54 countries, religious groups filed lawsuits or spoke out against government-imposed health measures, citing unequal treatment compared to other religious groups or secular institutions. In 46 countries, governments arrested and imprisoned members of religious groups that refused to follow COVID-related restrictions, sometimes disproportionately targeting religious minorities.[27] Despite these tensions, scholars argue that it is possible to balance public health concerns with FoRB, and many religious leaders actively promote public health messaging and vaccination.[28]

Religious factors remain integral to addressing COVID-19 challenges and should be part of strategic and operational responses. Oversimplified, one-size-fits-all messaging about COVID-19 transmission, treatment, and prevention can come across as culturally or religiously insensitive. At the same time, culturally and religiously specific factors at times impeded effective prevention and treatment of COVID-19; these included attitudes toward vaccination, social distancing, funerary and burial rites, and Western medicine. In some countries, employer vaccine mandates angered and alienated members of faith communities.[29] Public health recommendations could have been more effective if grounded in the cultural and religious specificities of their target audience.

Religious Responses to COVID-19

Existing religious engagement on COVID-19 across the globe reflects the importance for G20 governments and international institutions to work more closely with communities of faith to prepare for future pandemics. The following examples demonstrate both the potential for collaboration with faith actors during health emergencies and these actors' impact on the social, economic, and political landscape.

Religious leaders can promote and support vaccination in their communities. Many vaccine- hesitant and vaccine-resistant individuals are motivated by religious arguments and distrust of state authorities, but faith leaders can play prominent roles in shifting these attitudes. According to research by the Pew Research Center, religious communities in 47% of surveyed countries promoted public health recommendations, encouraging believers to worship at home and observe social distancing measures.[30] The U.S.-based interfaith group **Faiths4Vaccines** brought together local and national faith leaders and medical professionals to encourage religious congregations to support vaccine rollout, promote the equitable distribution of vaccines, and combat vaccine hesitancy in their communities.[31] **Pope Francis** spoke out in support of vaccines on numerous occasions, calling vaccination an "ethical choice" and an "act of love."[32] A **Vatican COVID-19 Commission** was established in March 2020 to address some of the most pressing issues raised by the pandemic, including the economic, social, and ecological well-being of all people and the planet.[33] In April 2021, more than 150 religious leaders, including the **Dalai Lama** and former Archbishop of Canterbury **Rowan Williams**, pledged their support for efforts to vaccinate the global population and combat vaccine nationalism.[34]

Secular-religious partnerships bring together faith actors, national governments, and international governance bodies to address numerous facets of the COVID-19 crisis. **UNICEF, Religions for Peace** and the **Joint Learning Initiative on Faith & Local Communities** launched the Global Multi-Religious Faith-in-Action Covid-19 Initiative to assist interfaith and religious groups in adapting worship services to reduce transmission, introducing hygienic practices, combatting discrimination linked to the virus, and providing pastoral care for community members.[35] The **World Health Organization (WHO)** convened discussions including with representatives from **Religions for Peace** to discuss the roles of faith institutions and interfaith cooperation in COVID-19 responses and vaccine efforts.[36] WHO's **Information Network for Epidemics (EPI-WIN)** launched three "Communities of Practice" focused on exchanging knowledge with over 50 of its faith partners on matters on effective communication, research, and development of long-term strategy relating to prevention and treatment.[37]

International faith-linked NGOs financially support local initiatives to address the virus and its effects. **ACT Alliance**, a network of 135 faith actors in 120 countries, launched a global appeal to assist its local affiliates in responding to COVID-19; it sponsored 14 local projects aimed at assisting faith leaders in disseminating public health messages, supporting national health services, and providing for vulnerable populations, especially women.[38] **KAICIID's** initiative for short-term, interreligious projects responded to COVID-19 in the Middle East, Myanmar, and Nigeria.[39] Elsewhere, faith-inspired grassroots networks have provided moral and material support to their members during the pandemic; chapters of the **United**

Religions Initiative organized efforts to deliver groceries to food-insecure individuals and families and PPE to health professionals.[40] The **Community of Sant'Egidio,** a lay Catholic community active in over 70 countries, harnessed its extensive volunteer networks to provide resources and support to vulnerable groups affected by COVID-19.[41]

Some organizations contributed to the virus response by producing and disseminating information that promotes partnerships among faith-linked and secular organizations. Working in collaboration, the **Berkley Center for Religion, Peace, and World Affairs**; the **World Faiths Development Dialogue**; and the **Joint Learning Initiative on Faith & Local Communities** compiled a digital "resource repository" to foster collaboration and coordination among policymakers, development practitioners, and faith actors in responding to COVID-19.[42] The **Tony Blair Institute** published a guide for governments seeking to partner with religious leaders and faith-linked organizations in their COVID-19 responses.[43]

Faith leaders also play an important role in promoting peace and tolerance in light of post-COVID ethnic and religious tensions, political polarization, and violent extremism. At a UN Security Council gathering in June 2023, Grand Imam of Al-Azhar Al-Sharif and Vatican representatives called on religious communities around the world to use their platforms to combat escalating hatred and division in the world.[44]

Looking Ahead: Recommendations for G20 Leaders and Faith Actors

Significant and timely steps by G20 members and religious authorities to advance the global COVID-19 response include:

1) *Integrate faith actors more actively into future vaccine rollout efforts.* Collaborations between public health authorities and faith leaders can help promote present and future vaccine uptake. G20 leaders should support local, regional, and national initiatives that mobilize religious leaders to promote equitable access to vaccines, encourage vaccine uptake, and combat misinformation. Special attention should be given to the strengths and pitfalls of the COVID vaccine rollout, with an eye to improving future efforts. Policymakers should work to ensure that faith community concerns about vaccination are heard and addressed.

2) *Collaborate with religious leaders and faith-linked organizations to craft culturally relevant and sensitive public health messaging.* Resistance to public health measures and vaccination efforts during the COVID-19 pandemic illustrate the need for culturally sensitive public health strategies. G20 leaders should work with faith actors to ensure that health restrictions and policies consider and respect religious communities. G20 member nations can use their influence with international governance bodies to promote intervention strategies that consider the particular religious and cultural context in which they are working.

3) *Engage faith actors as active partners in strengthening primary health care systems.* With health experts predicting that COVID-19 will be a recurring health concern, improving primary health care systems and achieving universal health coverage has vital importance, especially in light of immense pressure on health institutions and personnel during and after COVID. G20 leaders should promote financing of basic health care services, particularly for services to which funding was cut during the pandemic, including maternal health, family planning, immunizations, sanitation, and non-communicable diseases. Special attention should go to historically underserved communities, including racial, ethnic, and religious minorities, as well as poorer nations where access to primary health care services and personnel is a pressing issue. With their knowledge of local needs, faith-linked health care providers are invaluable partners on the ground, and G20 policymakers should draw on their expertise.

4) *Support socially and economically vulnerable populations in post-COVID economic recovery and future pandemic preparation plans.* Economic recovery plans should prioritize social support services including childcare, shelter and housing services, care for elderly and disabled populations, and support for unemployed or underemployed individuals. G20 member nations should strengthen these services, supporting the creation of new services in places where they have not existed previously. Local faith actors can be invaluable in these efforts, as religious leaders are often most familiar with the needs of their community members.

5) *Strengthen resources that address mental health and domestic violence.* COVID-19 stimulated focus on mental health highlights the importance of mental health as a public health concern. Mental health should figure among health care policy priorities with appropriate funding. G20 leaders can emphasize their commitment to combatting domestic violence including programs focused on education, prevention, intervention, and assistance to survivors.

6) *Work with religious authorities to ensure Freedom of Religion or Belief (FoRB) and to rebuild trust between faith communities and public health actors.* Religious leaders can serve as a bridge between government authorities and ordinary people in rebuilding trust and understanding. G20 members should work with civil society actors and faith groups to ensure that public health regulations strike a balance between promoting the health and wellbeing of all members of the population and protecting the rights of people to practice their faith. G20 countries should support international platforms that share best practices and amplify faith-linked perspectives on issues related to the COVID-19 crisis.

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