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. 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:

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● 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-crisis 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.

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\(^2\) 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 misinformation 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 misinformation 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 multinational 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.

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| 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 health 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 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. |  
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4 Resolution adopted by the General Assembly on 6 July 2017 https://undocs.org/A/RES/71/313 |  
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<td>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.</td>
<td>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 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.</td>
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<td>Communicating effectively and responding to the 'infodemic'.</td>
<td>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.</td>
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<td>Protecting freedom of religion and belief whilst minimising risk of disease transmission.</td>
<td>Involve religious leader and FBOs to co-develop guidance on how to: ● Adapt religious practices, when necessary, in places of worship/individual homes, using online channels where relevant. ● Promote and support synergies between medical science and faith traditions, leveraging opportunities for dialogue and collaboration. ● Adapt health emergency interventions, when necessary, in light of cultural values and practices of religious communities.</td>
<td>Indicators from RCCE Knowledge of protective measures – Percentage of individuals who know how to stop COVID-19 transmission in their community.</td>
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<td>Advancing a more equitable society.</td>
<td>Advocate for equity in access to treatment, care, prevention, and vaccination – globally, nationally,</td>
<td>SDG: 3.8 Achieve universal health coverage, including financial risk protection, access to</td>
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<td>and locally, particularly for the most vulnerable, including children.</td>
<td>Address barriers to access to prevention, treatment, care, and support services during health emergencies.</td>
<td>quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</td>
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<td>Ensure gender equality in emergency response and preparedness planning by increasing the numbers of women in leadership positions.</td>
<td>Work together with faith partners to strengthen national social protection plans, and resource mobilization strategies.</td>
<td>Indicator 3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, be non-communicable diseases and service capacity and access, among the general and the most disadvantaged population).</td>
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<td>Work together to eliminate violence and hatred (including hate speech) against all, including members of religious communities and minorities – particularly in a health crisis.</td>
<td>Work together to map vulnerabilities at community level for emergency planning and health services delivery</td>
<td>SDG: 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.</td>
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<td>Map vulnerabilities at community level for emergency planning and health services delivery</td>
<td>Providing social, practical, and economic support to families and communities adversely affected by a health emergency.</td>
<td>Indicator 10.2.1 Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities.</td>
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<td>Maintain and promote models of charitable giving, food/aid, and social protection.</td>
<td>Complement models of charitable giving and distributions when additional resources are needed to fulfil the needs of affected communities.</td>
<td>SDG 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</td>
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<td>Map hospitals and primary health care services managed by faith-based service providers in an effort to bring them into national planning and response systems planning for health emergencies.</td>
<td>Providing direct health services to communities during health emergencies.</td>
<td>Indicator 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income.</td>
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<td>Co-develop guidance on disease/pandemic prevention and control.</td>
<td>Map hospitals and primary health care services managed by faith-based service providers in an effort to bring them into national planning and response systems planning for health emergencies.</td>
<td>SDG: 17.16 Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries.</td>
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<td>Engage religious leaders, faith-based organizations, and faith communities in national/district health emergency planning/working groups.</td>
<td>Co-develop guidance on disease/pandemic prevention and control.</td>
<td>Indicator 17.6.1 Number of science and/or technology cooperation agreements and</td>
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<td>Develop or replicate and implement models of public-private partnerships that have been evaluated/documented as effective.</td>
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<td>Include additional budget needs for health services provided by faith-run and -managed facilities in national funding proposals to donors – as per dual track funding mechanisms.</td>
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<td>Establish mechanisms for the inclusion of faith-based service providers for national allocation of resources and staff training as part of national health delivery infrastructure.</td>
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<td>Support implementation of infection control measures in institutions run by faith partners (e.g. schools) and places of worship.</td>
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<td>Document examples of good practice.</td>
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<td>SDG: 17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.</td>
<td>Indicator 17.7.1 Total amount of approved funding for developing countries to promote the development, transfer, dissemination, and diffusion of environmentally sound technologies.</td>
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Resources and References:

The following documents have been important sources of information, reference, and guidance in the development of this document.

1. WHO Thirteenth General Programme of Work (GPW 13)
2. WHO Framework of engagement with non-state actors
4. UNAIDS Strategic Framework: Partnership with Faith-based Organizations
5. Annual Report of the UN Interagency Task Force on Engaging Faith-Based Actors for Sustainable Development. 2018
6. Religions for Peace Strategic Plan. 2020-2025
7. Islamic Relief Religious Guidance on Coronavirus. April 2020
8. ACT Alliance EU, Caritas Europa, EU-CORD and Islamic Relief Worldwide toolkit: Engaging with Religious Leaders and Faith Communities. September 2020
10. UNDP Guidelines on Engaging with Faith-based Organizations and Religious Leaders
11. Joint Learning Initiative on Faith & Local Communities: Resource library for faith and positive change for children