



Global Health Strategies:

Ebola and the untapped potential of religious networks

The Ebola epidemic in West Africa highlights the special difficulties involved in responding to infectious diseases in fragile state settings with weak healthcare systems. Governments and international organizations are mobilizing rapidly to support public and private emergency systems in Guinea, Liberia, and Sierra Leone (as well as preparedness in neighboring states), but the needs and speed of the epidemic currently overwhelm available capacities (local and international). Challenges are exacerbated by the epidemic's fast pace and changing dynamics. Informed predictions point to a continuing escalation of cases and to wide-ranging, grave repercussions for economies and societies, including threats to basic healthcare and food supplies, across the region. The crisis demands immediate responses along many urgent dimensions but also points to underlying, longer term needs that call for new directions in development strategies. Networks of religious and faith-inspired actors are a resource that could magnify the impact of urgent responses and recovery plans.

THE SITUATION AND CHALLENGES

Religious leaders and networks in the affected areas are a largely untapped asset in strategic responses to the Ebola crisis. Faith-inspired actors are at the forefront of the medical response in many areas. Further, in these highly religious societies people commonly look to religious leaders for care and guidance. In the current situation where fears, rumors, and patchy information drive responses, trusted religious leaders are vital in communications. They form religious networks within the region or country and internationally (though these are fragmented and poorly mapped). Religious leaders are often gifted communicators and have communication channels - formal and informal - that can help to disseminate messages and listen to and feedback community needs and concerns. Religious leaders and institutions almost certainly represent by far the densest existing networks on the ground and are often the pillars of communities.

Faith-inspired organizations (FIOs), local and international, are responding to the Ebola crisis and actively seek to improve or expand support. A wide variety of faith-linked healthcare providers are providing direct care for the sick, psychosocial support for families, and prevention education for local communities. Other FIOs are working to mobilize essential supplies (including medicines, protective equipment, and food) and volunteers and to respond to secondary impacts. These FIOs face all the well-reported challenges around the epidemic, such as infection and death and burn-out of responders. They have substantial capacities, but they are severely stretched and resources are patently insufficient. Community structures are very much on the front line also but knowledge about their work is insufficient and not assembled in any systematic way.

The diversity of religious actors and the complex and rather fragmented nature of religious communities in West Africa present challenges. Each affected country has a unique religious context, with myriad actors and institutions. Therefore a single approach across countries will not work. There are interreligious initiatives in the three affected countries, but they have never faced comparable challenges and are ill-equipped to respond urgently. Knowledge about national or local religious organizations and networks is scattered and poorly mapped. For international and national actors to take the potential of diverse religious actors into account, they need rapid and reliable information about the institutional framework, networks, and individual leaders. The vital informal networks, including women and youth, are especially challenging to engage. So are the many traditional religious practitioners who are playing important roles (positive and negative).

SURVEYING CURRENT ENGAGEMENT

Georgetown University's Berkley Center for Religion, Peace, and World Affairs and the World Faiths Development Dialogue (WFDD) organized a meeting on October 6 (in cooperation with the World Bank) to take stock of what is known about faith engagement with the Ebola crisis. In preparation, a review of current involvement was conducted drawing from direct correspondence and conversations, participation in various Ebola-related conference calls and meetings, reviewing listservs,ⁱ and searches of information online. The information emerging from this stocktakingⁱⁱ was dominated by a range of Christian FIOs and faith communities and by some interfaith efforts. The October 6 discussions and aforementioned review suggest several urgent areas for action.

TEN PROPOSALS FOR ENGAGING WITH FAITH LEADERS AND COMMUNITIES

1. **Existing health networks offer a solid foundation for disseminating messages and targeting religious leaders. Some are engaged but far more can be done building on what exists.** As an example, CRS, World Vision, Episcopal Church of Liberia, and the Tony Blair Faith Foundation are working through networks originally designed for training and message dissemination on Malariaⁱⁱⁱ and/or HIV and AIDS.^{iv} Caritas Internationalis is mobilizing worldwide Catholic networks.^v
2. **Faith gatherings deserve sharp focus as focal points for communicating messages and averting risks and point to the urgent need to mobilize active partnerships with a wide variety of religious leaders.** Religious leaders can disseminate important messages during worship services (though some congregations have stopped meeting to avoid transmitting Ebola). Risks related to specific religious practices such as laying on of hands, holding hands, and funerary practices can be mitigated but that requires outreach and cooperation with religious leaders.
3. **Cooperation with religious leaders is needed to develop faith-sensitive messaging and support its distribution through networks of religious actors.** Religious rituals around healing and death are linked to disease spread but are vital to communities. Religious leaders can be partners through targeted health training and awareness. Their help is needed to refine acceptable messages about burial, grief, and recovery as appropriate religious terminology is essential. An example is the United Methodist Communications effort to disseminate SMS messages to a network of pastors with health information, prayers for hope, and sermon starters.^{vi} UMC and Pentecostal radio stations are broadcasting messages and receiving questions from listeners.^{vii}
4. **Faith-based health services can be mobilized more systematically in the case referral chain.** Hospitals and clinics (many of them faith-linked) serve as Ebola screening and case-identification sites, referring suspected Ebola cases to Ebola Treatment Units (ETUs), while continuing to provide primary healthcare. They can help with contact tracing of Ebola patients. Medical training centers are important bases for action; again, many are faith operated. It is obviously vital to ensure that all available health facilities continue to run and that the faith-linked facilities are fully part of the broader health care mobilization. Faith-inspired health institutions should be at the tables in discussions with governments, for example as they devise arrangements for risk compensation for government healthcare workers.
5. **Mapping relevant diaspora communities and establishing operational contacts deserves high priority.** The potential knowledge and roles of the relevant diaspora communities could yield important benefits. Members of diaspora communities commonly have strong, immediate ties with networks from their home country, and many are in daily contact. They have significant potential to contribute to up-to-the-minute understanding of the situation and can convey messages (positive but also negative).
6. **Muslim responses in affected areas need research and mapping,** with particular attention to leaders and networks. Many parts of the most affected areas are majority Muslim and knowledge about religiously linked responses in Muslim contexts is patchy. Some interfaith efforts are underway with national religious leaders but there are gaps. Active efforts to engage leading Muslim international organizations (national and international) are needed.
7. **Faith actors need support in their special roles in caring for vulnerable populations such as orphans, widows, and female caretakers.** Much care for vulnerable children is already provided by faith-linked organizations (Salesian Missions is an example) but they face new demands directly linked to the Ebola crisis. They need urgent support to care for the growing number of vulnerable children and provide secure spaces. Women have a higher risk of infection as the primary caretakers in the home; both short and long-term responses should work with existing networks and resources and build them up to target women and families.

8. **Immediate public health interventions center on formal healthcare systems but a broader reach is needed,** including home-based care, educational institutions, and community groups (especially those engaging women). Home-based health care is prominently linked to faith networks in, for example, the HIV and AIDS response and is sorely needed to cope with the Ebola crisis. Samaritan's Purse is providing curriculum and kits to help people protect themselves while caring for loved ones.^{viii} Salvation Army is supplying drinking water, food, and protective clothing to families quarantined at home.^{ix} Informal religious groups and actors (like teachers and women's and youth groups) should not be neglected in reaching out to religious leaders and formal networks.
9. **A central location for sharing faith-based resources and best practices is needed.** In this dynamic and fluid context, it is difficult to know who is doing what, where, and to pinpoint opportunities for collaboration and emerging best practices. An active, objective online resource hub would provide a space for actors to learn from others, post successful initiatives, discuss emerging issues, and seek partners.
10. **It would be wise to identify and link existing faith networks strategically in future development responses, notably rebuilding health systems, once the epidemic has subsided.** Multilateral and bilateral organizations and other partners (foundations, private companies), can see faith partners both as immediate helpmates and as future partners. If development partners like the World Bank and WHO identify and connect with faith networks currently mobilized in affected countries, they will be better positioned to support sustainable, long-term investments that truly build hope for a better future.

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ABOUT THE WORLD FAITHS DEVELOPMENT DIALOGUE

The World Faiths Development Dialogue works to build bridges between the worlds of faith and secular development. Established at the initiative of James D. Wolfensohn, then president of the World Bank, and Lord Carey of Clifton, then archbishop of Canterbury, WFDD responds to the opportunities and concerns of many faith leaders who have seen untapped potential for partnerships.

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ⁱ Christian Connections for International Health (CCIH) has established a listserv for member organizations (ebola@ccih.org) to share ideas and resources.

ⁱⁱ <http://repository.berkeleycenter.georgetown.edu/141008BCWFDDResponseEbolaMappingReligiousNetworksFIOs.pdf>

ⁱⁱⁱ <http://www.episcopalrelief.org/church-in-action/75/75th-celebration-stories/responding-to-the-ebola-crisis-a-collective-effort>

^{iv} <https://www.facebook.com/WorldVisionSierraLeone>

^v <http://www.zenit.org/en/articles/caritas-official-gives-inside-look-at-ebola-fight>

^{vi} <http://www.umc.org/news-and-media/life-saving-ebola-messages-in-160-characters-or-less>

^{vii} <http://www.umc.org/news-and-media/message-superstition-wont-cure-ebola>