

## THE PIVOTAL ROLE OF FAITH LEADERS IN THE EBOLA VIRUS DISEASE OUTBREAK IN WEST AFRICA

### CAFOD policy briefing paper

The Ebola Virus Disease (EVD) outbreak which is currently affecting the West African countries of Sierra Leone, Liberia and Guinea is the most serious trans-national medical emergency in modern times, with potential to become a global health crisis. The United Nations Security Council has declared it a threat to global peace and security. This EVD outbreak is occurring in countries with already weak health systems which have a limited capacity to respond and in a context of widespread fear and misunderstanding about the nature of the disease and how to prevent it.

#### Central Role of Faith Leaders:

CAFOD recognises that in the current humanitarian emergency prioritisation should be given to the three key pillars of treatment and isolation of suspected and confirmed EVD cases; safe burial, and prevention of the further spread of the disease through community sensitisation and contact tracing.

Beyond these priorities there is growing evidence of some devastating impacts of the epidemic which also need to be addressed so that affected communities, and particularly those directly affected by the disease, can live with dignity. CAFOD's partners and staff in affected countries are reporting increasing issues of fear, stigma and misunderstanding surrounding the epidemic.

Faith-based organisations are in a unique position to work with our partners on social mobilisation and community engagement with faith leaders in affected countries. Like the HIV epidemic, EVD has given rise to deep-rooted fear and stigma in many affected areas as communities struggle to understand what is happening and how to protect themselves. Ebola is new in West Africa and often communities do not understand why the disease has suddenly arrived. The legacy of civil wars in Liberia and Sierra Leone has deeply influenced the way people relate to and take on board official information, and as a result informal networks are perceived as more reliable than government sources.

CAFOD recognises the value of working with other faiths, linking in with other Christian and Muslim denominations and believes it is vital that donors and policy makers recognise the special role that faith leaders, both Muslim and Christian, can play in reinforcing balanced and accurate communications in a way that is understood and resonates with faith communities for social mobilisation and sensitisation. Supporting the work of faith leaders can enhance the effectiveness of messaging to improve understanding of EVD prevention and ensure that individuals and communities' needs are at the heart of the response.

#### Policy Recommendations on the role of faith leaders:

1. Recognised faith leaders from across the religions must have representation at high level discussions and planning on the response and they must have a voice in decision-making. There is a need to ensure faith perspectives and the reality of working in a faith context is fully taken into consideration.
2. Faith leaders can make particularly important contributions in relation to safe burials and the need for changes in funeral and burial practices and in relation to sensitisation and prevention messages. Their central role in this must be acknowledged.
3. Faith-based organisations and faith leaders need designated funding in order to increase the effectiveness and reach of their work in combating the spread of EVD.

CAFOD,<sup>1</sup> in close consultation with our Caritas partners in country and the Caritas Internationalis network, has three main policy priorities:

1. Highlight and support the vital role that faith leaders, and their communities, can play in bringing this disease under control.
2. Ensure that the indirect impacts of the EVD, such as diminished food security, livelihoods and protection, and increased vulnerability of those already marginalised such as orphans are addressed alongside treatment, safe burials, and prevention and sensitisation interventions.
3. Encourage all governments and particularly richer nations to donate their fair share of funding and provide skilled and trained professionals to address this huge humanitarian emergency.

This paper addresses the role of faith leaders in sensitisation and prevention of the spread of EVD.

**Faith Leaders are trusted within their communities:** The recent FOCUS 1000/CRS/UNICEF KAP survey<sup>2</sup> showed that religious leaders are a trusted source of information and have influence on knowledge and behaviours of individuals and communities in Sierra Leone. In a time of deep fear and uncertainty people turn to those they trust to provide them with advice and guidance. Fear is proving to be one of the most difficult barriers to overcome: deaths have caused panic and further dysfunction within already weak public health systems. Fear has driven some families to shun hospitals, and a perception that humanitarian organisations may pose a danger rather than offer help. Rumours have triggered aggressive behaviour towards relief workers and authorities, while rumours of cannibalism, organ trafficking and international workers' witchcraft stoke further suspicion.

**Inter-religious groups already have a track record of successfully addressing health challenges:** In Sierra Leone the Inter-Religious Council and the Islamic and Christian Action Group which have branches in all four regions and the 149 chiefdoms of Sierra Leone have a network down to community level. In the mid 1980s these two groups made a significant contribution towards the national achievement of Universal Child Immunization, when coverage increased from 4% to 75%.

**Women play an important role in faith leadership:** particularly at the community level women are influential in shaping and influencing attitudes and behaviour. Within the Catholic Church the Catholic Women's Association is pivotal, while in Protestant communities the parish council often has strong female leadership and in some churches, such as Pentecostal churches, have women pastors. In Muslim communities the chair lady or 'mami queen' of the Mosque can play a vital multiplier role in reinforcing sensitization messages on Ebola.

**Influence of Faith Communications:** Many churches have their own radio stations which are widely listened to and influential. In some dioceses the Catholic Church runs radio stations or broadcasts religious programming, transmitting weekly sermons.

**Weekly religious services are a key opportunity for transmitting sensitization messages:** Ensuring behaviour change is challenging, but the trust and authority invested in faith leaders means they may be better placed than others to communicate the changes to customs and practices which are needed in order to stem Ebola transmissions. These include practices such as the touching of the body at funerals, the laying on of hands and shaking hands and holding hands. Many of these practices are deeply rooted traditions and without sensitive guidance and absolution, it can cause distress when people are asked to stop observing them.

**Importance of getting it right:** Because faith leaders play an important role in their communities they are often seen as a font of knowledge. For this reason it is critical that they are fluent and accurate in their knowledge about EVD and its transmission and prevention and that they receive targeted training and support in order to relay appropriate messages to their congregants.

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<sup>1</sup> In consortia with CRS and World Vision, and working through our local Caritas partners and the Ministry of Health in Sierra Leone, CAFOD is undertaking a safe burials project in Kambia district, the whole project covers 10 districts. Working with the same partners CAFOD aims to contribute to reach 2 million people over the coming months in sensitisation programmes.

<sup>2</sup> [http://newswire.crs.org/wp-content/uploads/2014/10/Ebola-Virus-Disease-National-KAP-Study-Final-Report\\_-final.pdf](http://newswire.crs.org/wp-content/uploads/2014/10/Ebola-Virus-Disease-National-KAP-Study-Final-Report_-final.pdf)

**Many faith communities have long experience in dealing with stigma and exclusion:** Biblical and Koranic teachings have much to say about caring for the outsider and the poor and marginalised. Many religious communities have long experience of working on HIV and understand the need to address issues of fear, misinformation and mistrust.<sup>3</sup>

**Faith-based organisations need adequate funding:** Much of the sensitization work undertaken by faith leaders and faith based organisations is multiplied by members of faith communities who work on a voluntary basis. However, donors need to ensure adequate funding to faith-based organisations and the faith leaders they work with so they can align their messages with the best practice on EVD social mobilization key messaging developed by WHO/UNICEF<sup>4</sup>, including messages for interventions identified to rapidly stop EVD transmission, while giving people correct information to address prevalent EVD misconceptions as well as reduce stigmatisation and rejection of people affected by EVD.

**Faith leaders can have a significant multiplier impact:** within the confines of current advisory on the sizes of gatherings faith leaders can reach people through multiple communication methods including small group gatherings, Sunday sermons in churches, and Friday prayers in mosques. By reinforcing the same messages on a weekly basis through their sermons sensitization messages have a good chance of being listened to and acted upon. Such messages also have a good chance of reaching a high percentage of the population as a significant number of people are regular attenders at a place of worship and they trust their leaders.

**Investing in the role of faith leaders can be good value for money:** Faith has a huge place in people's lives in countries like Sierra Leone, Liberia and Guinea where the majority of the population are practicing believers. They listen to their faith leaders and will come to places of worship for reliable information. The messages of the faith leaders can resonate with their congregations and when the NGOs are no longer around or unable to reach really remote communities the faith leaders and their sensitisation work will remain.

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<sup>3</sup> CAFOD has a long experience of undertaking ground breaking work on HIV and stigma. We have supporting tools and methodologies to capture the impact of our work. <http://www.cafod.org.uk/Campaign/Get-clued-up/HIV-and-AIDS>

<sup>4</sup> Key Messages for Social Mobilization and Community Engagement in Intense Transmission Areas – WHO/UNICEF September 2014.