TRANSATLANTIC POLICY NETWORK ON RELIGION AND DIPLOMACY POLICY BRIEF #1

RELIGION AND COVID-19: RECOMMENDATIONS FOR POLICY ACTION

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EXECUTIVE SUMMARY

This policy brief, a condensed version of a much longer research report, provides an empirical overview of the beliefs and practices of religious groups and individuals actors during the COVID-19 pandemic. It uses this data to critically evaluate varied responses to the pandemic and to develop recommendations for practical cooperation between governments and faith communities. The guiding question for the researchers was how an interplay between political and religious actors can succeed in achieving the best possible management of a pandemic.

KEY TAKEAWAYS

- The original survey data that informs this research gives a picture of how different forms of religiosity and images of the divine, in combination with sociopsychological indicators such as authoritarianism and conspiracy mentality, influence attitudes and behavior regarding the COVID-19 pandemic.

- The policy brief provides a number of concrete COVID-era examples of best practices and worst practices among religious actors at the national, organizational, and individual levels.

- The report concludes with a series of recommendations—tailored for both political actors and religious actors—for how to effectively partner to mitigate the impacts of the pandemic.

This brief is a product of the Transatlantic Policy Network on Religion and Diplomacy, a forum of diplomats from North America and Europe working at the intersection of religion and foreign policy.

The conclusions and recommendations of this Berkley Center publication are solely those of its authors and do not reflect the views of the Berkley Center, Georgetown University, the Luce Foundation, or any TPNRD–participating government.

OUTLINE AND AIMS

The subject of religion and the behavior of religious actors in the COVID-19 crisis may appear at first glance to involve either just marginal or negative factors. Religious services, especially at the beginning of this global pandemic, often made the headlines as "superspreading events." Prominent examples included the Shincheonji Church of Jesus in South Korea, Pentecostal and evangelical churches in the United States and Brazil, and the Islamic missionary movement Tablighi Jamaat in Malaysia.

There has been far less public discussion of the key role played by religious communities as civil society partners of governments and the WHO. Many faith-based groups have provided charitable and pastoral assistance, and served as resources for hope and contingency management to help people cope with the pandemic.

Against this background, the Institute for Foreign Cultural Affairs (IFA) in Germany, commissioned by the Religion and Foreign Policy Department in the German Federal Foreign Office, tasked an expert group to write a comprehensive research report on the ambivalent role of religious actors during the COVID-19 pandemic, along with policy recommendations for political and religious actors to best manage the crisis.

The objective of this study was to provide an empirical overview of the role, opinions, and practices of faith actors during the COVID-19 crisis, in order to evaluate them in a constructively critical manner and to derive recommendations for goal-oriented cooperation between political and religious actors. The guiding question was how an interplay between political and religious actors can succeed in achieving the best possible management of the COVID-19 pandemic. We define religious actors as individuals, groups, and organizations involved in the communal practice of a religion. Religious actors can also be political actors—and vice versa. Our distinction between the two in this study is based on the actors' self-identification and their official role.

The project was designed as a mixed-methods project, using qualitative and quantitative approaches to answer the question. In December 2020 and January 2021, we organized two expert workshops together with IFA that were attended by representatives from religious communities, multireligious networks, faith-based organizations (FBOs), research institutes, and political foundations. We also carried out several guideline-based interviews with additional experts who either are representatives of organizations which work on religion, health, and global development, or are researchers who work on subjects in this field.

Moreover, we analyzed data from a comprehensive quantitative online survey conducted in Germany between July 2020 and January 2021 that was promoted via social media and a press release. The survey did not involve a random sample and thus was not statistically representative of the German population. But that was not the goal of the survey. The objective was rather to acquire insight into various religious groups and types and to identify possible relationships and patterns between religious beliefs and social and political attitudes and behaviors.

This survey data gives a picture of how different forms of religiosity and images of the divine, in combination with sociopsychological indicators such as authoritarianism and conspiracy mentality, influence attitudes and behavior regarding the COVID-19 pandemic.

In our study, religion is understood as a multilevel phenomenon that is regarded on three central levels of analysis: 1) macro-level, 2) meso-level, and 3) micro-level. On the basis of theoretical preliminary considerations, we derive criteria for Best Practices (religious actors as part of the solution: crisis management) and Worst Practices (religious actors as part of the problem: crisis reinforcement).

As authors of the IFA report, we summarize in this TPNRD policy brief our key findings from our analysis. In the first section, we outline the criteria for Best Practices and Worst Practices. Based on these criteria, empirical examples are illustrated in the second section. Finally, we offer recommendations for how an interplay between political and religious actors can succeed in managing the pandemic. Readers interested in a fuller account of our methodology and findings can access the original IFA report.

CRITERIA FOR BEST AND WORST PRACTICES

In the following table, criteria for Best Practices and Worst Practices are listed, structured according to three levels of analysis: a) macro-level, b) meso-level, and c) micro-level. All criteria are based on the overall, higher objective of saving lives, containing the virus, overcoming the pandemic, and alleviating its negative effects, as well as on concrete guidelines that various institutions, FBOs, and religious communities have set up for achieving these goals.

Criteria	
a) Best Practice	**b) Worst Practice**
Macro-level: religious actors…	
- work constructively with the WHO to achieve joint objectives	- support state actors in their questionable COVID-19 policy
- work constructively with state actors to achieve joint objectives	- take part in resistance against a reasonable state COVID-19 policy
- as part of civil society, promote control of the pandemic and mitigation of negative impacts	- are unable to carry out their responsibilities and functions under the conditions of restrictive political systems
	- contribute to the exacerbation of religious tensions and conflicts
Meso-level: religious communities and (inter-)religious/faith-based organizations…	
- take part in measures to provide medical education and control the spread of the virus, follow hygiene concepts, disseminate correct information, and counter conspiracy theories	- reject proven scientific findings, spread conspiracy narratives, and violate COVID-19 regulations
- provide pastoral and charitable assistance, even under difficult conditions, and contribute to the development of viable concepts for the future	- are unable to act, neglect their social/spiritual functions, and fail to provide an ethical orientation
- attempt to alleviate the suffering experienced by the entire population due to COVID-19, including disadvantaged groups and religious minorities (inclusive and multireligious approach)	- are concerned only with their own religious group, discriminate against other religions and religious minorities, and provoke conflictual tensions

Micro-level: the faith of religious individuals...	
- helps them to deal with the crisis situation, insecurity, and stress ("coping with contingency"), and release positive emotions (for example, hope)	- is no help when dealing with the crisis, but instead increases negative emotions (for example, fear, helplessness, loneliness)
- protects them against (COVID-19) conspiracy theories as "substitute religions" and lets them link their faith to proven scientific findings	- makes them susceptible to (COVID-19) conspiracy theories and the devaluation of other groups of people/religions, and makes them put their religion absolutely, also above other areas such as science (even if they conflict)
- promotes a willingness to help and solidarity with others as well as a willingness to comply with the necessary COVID-19 regulations	- motivates them to violate COVID-19 regulations and reduces their willingness to help and their solidarity above and beyond their own religious ingroup

EMPIRICAL EXAMPLES FOR BEST AND WORST PRACTICES

Macro-Level: Best Practices

Religious actors collaborating with the WHO for a successful COVID-19 policy

The WHO published specific interim recommendations for faith actors in April 2020, fully aware that they play a "major role" in combatting the COVID-19 pandemic.

The WHO identified religious actors as important recipients of and cooperative partners for its strategies. Within the Communities of Practice initiative, the WHO formed working groups and held webinars and dialogue events on topics such as vaccinations and immunization strategies.

Religious actors collaborating with the state for a successful COVID-19 policy

The recognition of scientific expertise worked especially well during the COVID-19 crisis when religious actors were integrated into the strategy for fighting the pandemic at

an early stage and participated in a positive exchange with actors from politics, science, and the health system. The countries in Sub-Saharan Africa in particular applied lessons from the Ebola crisis and called in religious communities much earlier this time. In some countries (such as Kenya and Ukraine), specific interfaith councils emerged as institutionalized dialogue and advisory forums. In Italy, on the recommendation and mediation of the DiReSoM research group, a protocol was signed between the government and the leaders of 16 religious groups.

Religious actors as part of a civil society against a questionable state COVID-19 policy

In Brazil, President Jair Bolsonaro accused the media of hysterical "scare tactics" with regard to COVID-19 and torpedoed the mitigation measures taken by local and regional authorities. He also emphasized the priority of the economy over all health considerations. Whereas Bolsonaro received support from many evangelicals and Pentecostals (see below), the Catholic Church called upon its members to take part in a virtual March for

Life in support of COVID mitigation efforts and in online masses, even though Bolsonaro was fighting with all the means at hand to keep churches open.

Macro-Level: Worst Practices

Religious actors as supporters of a questionable state COVID-19 policy

In the United States, despite a precarious COVID-19 situation, President Donald Trump encouraged churches to reopen in June 2020. The re-openings were ill-conceived and resulted in many religious superspreading events. Similarly, in Brazil, statements by leading evangelicals were counter to an effective containment of the virus. The head of the Universal Church of God's Power, Valdemiro Santiago, for example, called the virus "God's punishment." The founder of the Igreja Universal do Reino de Deus, Edir Macedo, stated that the pandemic was "the devil's work" but was powerless against those who, because of their strong faith, had no fear of these devilish forces.

Religious actors resist a sensible state COVID-19 policy

It was repeatedly apparent during the COVID-19 pandemic that the interests of religious actors could conflict with those of the state regarding necessary COVID-19 policies. In some Muslim-majority countries, radical religious groups have gained sufficient power within the state that governmental authorities have hardly any control over them. For example, religious actors in Pakistan defied state guidelines and kept the mosques open without sensible hygiene practices. Similar challenges were seen with regard to ultra-orthodox Jews in Israel who resisted, sometimes violently, the restrictions on public life—especially religious events and festivities.

Religious actors under the conditions of restrictive political systems

In Hungary, the government used the emergency for its own purposes. In the fight against the pandemic, the Viktor Orbán regime restricted fundamental rights in ways that were excessive, indefinite in duration, and constitutionally unjustifiable. Although some individual religious actors voiced criticism of this authoritarian course, overall, Hungarian faith communities remained as silent as the rest of the population.

Exacerbation of religious tensions and conflicts

During the COVID-19 pandemic, religious tensions intensified, for example in India. Many Hindus and Muslims accused each other of being responsible for the uncontrolled spread of the virus.

After the superspreading event of the Muslim missionary movement Tablighi Jamaat, the police sealed off the suburb of Nizamuddin in central Delhi, which is mainly inhabited by Muslims, and sprayed the mosque there with disinfectant. Anti-Muslim resentment, which is widespread among the predominantly Hindu population, intensified. The hashtag #CoronaJihad was then shared hundreds of thousands of times on social media.

Meso-Level: Best Practices

Observing the necessary measures and hygiene protocols, disseminating accurate information, and support of vaccination campaigns

Many religious communities and (inter-) religious organizations developed guidelines for carrying out their religious practices. Prominent examples include the World Council of Churches, World Vision, Islamic Relief, the International Network of Engaged Buddhists, KAICIID, the Joint Learning Initiative on Faith and Local Communities (JLI), UNICEF, and Religions for Peace (RfP).

Against the backdrop of challenges such as infodemics, fake news, and conspiracy theories, religious groups became engaged in information and awareness campaigns. For instance, the Buddhist Sarvodaya Shramadana Movement in Sri Lanka

translated official information regarding COVID-19 regulations from the WHO and the government into the national languages and into visual formats. They then distributed these resources widely online as well as in hardcopy, even in rural and remote areas.

Vaccination campaigns have also been supported by faith actors such as the multifaith movement Faiths4Vaccines. One Ahmadiyya community recognized that medical practitioners from their own community could provide important persuasion on hygiene rules and vaccination against the coronavirus and thus organized successful information sessions. Trust in one's own community members is an important resource in the fight to counter misinformation with factual expertise.

Fulfilling important tasks (pastoral/charitable/ theological) for individuals and society

Religious communities, (inter-)religious organizations, and FBOs performed various important duties for people and society, even or especially under changed conditions. They creatively continued to address people's mental, spiritual, and social needs. Examples include pastoral call services with a 24-hour hotline, telephone chains, and new forms for ritual support of the sick and dying (for example, FaceTime Dying).

Inclusive and multireligious approaches

Various religious organizations found ways of collaborating, and multireligious initiatives were given a new impetus. Examples include the International Partnership on Religion and Sustainable Development (PaRD), the Faith and Positive Change for Children, Families and Communities (FPCC) initiative (launched by RfP, JLI, and UNICEF), and the Multi-Religious Humanitarian Fund (MRHF).

Moreover, religious communities worked together directly on the ground. Best practices included the Interfaith Fellows of the project Southeast Asia: Advancing

Inter-Religious Dialogue and Freedom of Religion or Belief (SEA-AIR), implemented by the Network for Religious and Traditional Peacemakers (NRTP), and the Interfaith Peacemaker (IP) teams of the OMNIA Institute for Contextual Leadership. In Gombe in northeastern Nigeria, the IP teams went together with students from the Gombe College of Nursing to numerous villages to provide medical-hygienic education and humanitarian aid.

Meso-Level: Worst Practices

Violation of necessary measures, religious superspreading events, and the spread of conspiracy narratives

Superspreader religious events and places made headlines. Hesitancy and resistance to COVID-19 vaccines were also found in religious communities. For example, some Muslim and Jewish groups discussed whether the vaccines are halal or kosher, respectively, given concerns about the possible use of pork products as stabilizers. Some Christian groups spread conspiracy theories about the vaccines. An official statement from the Orthodox Church in Moldova warned that the COVID-19 vaccines are part of a "satanic plan" to introduce microchips into the body that can be controlled through 5G technology.

Religious silence and lack of performance of societal role

When the COVID-19 pandemic brought the world to a standstill, many religious communities found themselves confronted with numerous changes and challenges and felt initially paralyzed.

As an example, one theologian in our expert workshop observed that the Russian Orthodox Church offered "almost no theological bio- or social ethics capable of speaking either to the secular dealings with the virus or to broader questions of social justice in times of pandemic." The Russian Orthodox Church's lack of serious exchange

with science (especially medicine) left it paralyzed and created a fertile breeding ground for conspiracy theories—a vacuum that was filled by fundamentalists.

Discrimination against religious minorities and exacerbation of religious conflicts

In some contexts, especially those which were already fragile and characterized by religious tensions, socially exclusivist teachings of religious communities became more readily apparent during the COVID-19 pandemic. This was expressed, for example, in Iraq, Pakistan, Uganda, India, and Turkey in anti-Semitic or Islamophobic attitudes or the denial of equal access for religious minorities to public health, social care, or social aid.

Micro-Level: Best and Worst Practices

At the individual level, we found in our empirical analysis of a nonrepresentative[1] quantitative survey in Germany—which was conducted between July 2020 and January 2021 (n=2,373)—that a person's religious values, attitudes, and behaviors play a significant role in times of pandemics, whether with regard to their personal crisis or contingency management, their patterns of behavior toward others, or their responsiveness to emerging conspiracy narratives. That *religion matters* remains an important finding, even if its role is ambivalent. This is why it is so important to obtain a more in-depth insight into the sometimes-divergent effects of diverse forms of faith and practices and to strengthen the positive potential of faith and counteract dangers as early as possible.

A person's faith can have a positive impact when it inspires an inclusive social vision that respects other religious communities and the domains of science, politics, or the rule of law. Additionally, experiences with God that are characterized by love and benevolence are another important factor. Being embedded within a community of faith through the practice of attending religious services

can, especially in uncertain times of crisis, give people hope, support, and a sense of belonging and social identity—in turn ensuring that no vacuum is left behind which conspiracy theories then promise to fill.

In contrast, we find that religion plays a negative role in the context of the pandemic when people

- give their religion absolute superiority (that is, agreeing with the statements: "The only acceptable religion[2] is my religion" and "Whenever science and religion conflict, religion is right");

- devote themselves intensively to private practice;

- and characterize their experiences of God with feelings of punishment, guilt, and fear.[3]

Particularly disturbing proved to be the finding that the belief "the COVID-19 pandemic is a divine punishment in the light of human sinfulness" goes hand in hand with anti-Semitism, Islamophobia, and a lack of support for democracy.

It is important to note that these results refer to statistical correlations. There are of course divergent individual cases. Deeper research is needed to explore underlying explanatory mechanisms and patterns.

POLICY RECOMMENDATIONS FOR POLITICAL AND RELIGIOUS ACTORS

In this final section, we offer recommendations for action for political actors and religious actors, structured along three key fields of action.

As these recommendations are intended to be broadly applicable to different country and religious contexts, they remain fairly general. Depending on the religious, social, and political context, and considering the internal diversity and pluralization of political and religious actors, they must be adapted and specified accordingly.

Involvement, Dialogue, and Networking

It is important that political decision-makers involve religious actors, especially in a crisis situation such as the COVID-19 pandemic, as soon as possible and strengthen dialogue and collaboration with and among them so that forces can be joined, and global health crises can be mitigated together.

More concretely, we recommend that *political actors*:

1. Institutionalize dialogue and cooperative structures with religious actors (for example, interfaith councils, roundtables), if necessary, at different levels.

2. Connect religious actors with other relevant actors from science, health, and civil society (for example, commissions of experts, task forces).

3. Establish a common, official framework of engagement and evaluate its implementation (think: multi-level structure).

4. Carry out capacity-building measures for religious actors to implement agreements.

5. Develop religious literacy among government officials.

6. Show trust, respect, and open-mindedness toward the religious world and its value concepts.

We recommend that *religious actors*:

1. Participate actively and sincerely in political dialogue and cooperative initiatives.

2. Constructively collaborate with the actors of other religions and experts to achieve mutual objectives.

3. Ensure communication and participation processes with all religious levels ("trickle-down effect").

4. Promote the factual implementation of guidelines and measures.

5. Develop political and interreligious literacy among religious actors.

6. Show trust, respect, and open-mindedness toward scientific and political expertise.

Religious Actors' Tasks and Competencies in Times of Crisis

It is crucial that both political and religious actors recognize and understand that religious leaders, communities, and organizations can and should take on important responsibilities for society, especially in times of crisis such as pandemics.

This suggests that *political actors* should:

1. Recognize the important societal role of religious actors.

2. Create smart framework conditions: balance the boundaries required to avert the health crisis and free scope for action and creativity.

3. Guarantee the provision of resources for and stable financing of religious communities and FBOs.

4. Carry out management and executive actions, if necessary, especially to strengthen positive religious areas and actors, dialogue efforts, and create transparency.

Religious actors are advised to:

1. Carry out their important societal role, especially in times of crisis, in the following areas: spiritual/pastoral, social/charitable, and theological/visionary.

2. Act inclusively and interreligiously.

3. Identify the problems and radicalization trends which contribute to a more intensified crisis in their own ranks and counteract them.

Information Processes, Conspiracy Theories, and Vaccination Hesitancy

Consistent, clear, and accurate communication as well as avoiding the circulation of misinformation and conspiracy theories are key factors for successfully managing global health crises and achieving widespread support and implementation of the necessary measures.

Since the extensive vaccination of the population is the only way to contain the coronavirus in the long term, the willingness of people to be vaccinated has proven to be decisive in overcoming the pandemic.

To achieve these goals, *political actors* should:

1. Identify central, trustworthy sources of information.

2. Give religious actors a voice in the public media and collaborate more strongly with religious media.

3. Actively combat emerging misinformation and fake news.

4. Promote social, psychological, pastoral, and emotional measures with regard to conspiracy theorists.

5. Mobilize religious multipliers for joint vaccination campaigns.

Religious actors are recommended to:

1. Collaborate with public media and combine spiritual guidance with medical education.

2. Create joint information platforms with other religious actors to ensure clear, coordinated communication.

3. Counter religious conspiracy theories by promoting inclusive religious beliefs and the image of a compassionate God and by embedding religious practices in communities which are pluralistic.

4. Promote religious education to link faith with reason or science.

5. Support vaccination campaigns by, for instance, publicly vaccinating religious leaders and providing religious buildings as vaccination centers.

CONCLUSION

In conclusion, religious actors play a significant role, especially in times of crises or pandemics. *Religion matters.* Religious actors can make a major contribution in the fight against the pandemic and handling its consequences, but they can also exacerbate the crisis. Thus, they should always be taken into consideration by state and international actors and involved in the management of a crisis.[4]

NOTES

1. "Nonrepresentative" in the statistical sense means that the case selection was not based on a random sampling. Instead, an online link was widely shared, especially to various religious groups.

2. That the attitude that one's own religion is the only acceptable or true one tends to be problematic is shown in studies on religious prejudices, for example in Germany and Switzerland, as well as France, the Netherlands, and Denmark.

3. That such forms of religiosity with authoritarian connotations go hand-in-hand not only with ideas of inequality, but also with beliefs in COVID-19 conspiracy theories and a rejection of science, is not surprising from the perspective of the research on authoritarianism. Both the search for scapegoats (projectivity) and the reinterpretation of reality according to one's own wishes are part of what Adorno called "ego-weakness" and has been recently described as an authoritarian syndrome.

4. Our project was very much tailored to recommendations for action and less to scientific design and deeper analyses. In addition, due to the limited time and financial resources, only a small selection of best and worst practices could be made. The quantitative analysis is mainly limited to the German population, which is predominantly Christian and secular. Furthermore, the selection of experts for the workshops followed strategic as well as pragmatic criteria. However, the expertise provides important initial indications. Further research in this area would certainly be useful.

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The Transatlantic Policy Network on Religion and Diplomacy (TPNRD) is a forum of diplomats from North America and Europe working at the intersection of religion and foreign policy. Based at Cambridge University from 2015 to 2020, since 2021 the TPNRD project has been housed at the Berkley Center for Religion, Peace, and World Affairs at Georgetown University and is made possible by a generous grant from the Henry Luce Foundation. To learn more, visit *Religion & Diplomacy*.

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