

Ecumenical Global Health COVID-19 Response Framework



The Church emulates the ministry of Jesus by promoting health and healing, finding strength in weakness, modeling servant leadership, and witnessing to the power and love of the kingdom of God. Churches—places for physical, social, emotional, and spiritual care—connect people with health workers and faith leaders.

The COVID-19 pandemic has taken so many lives and disrupted the lives of many more. The effects are not only felt in health and healthcare, but also in the capacity of families and communities to survive and thrive amidst mounting economic uncertainty. COVID-19 has furthermore, created new grounds for stigma. This complicates efforts to restore health and human dignity, especially for those being discriminated against. This pandemic highlights the need for the church's prophetic voice and action and its unparalleled potential to demonstrate love and compassion.

Against this background, church, and healthcare leaders from many countries, convened by the World Council of Churches, deliberated, and developed this framework to encapsulate their engagement with the pandemic.

CHALLENGES DUE TO COVID-19 PANDEMIC					
Problem	Summary and Local Manifestations	Effect and Impact	Populations Affected	Strategies to Address Issue	Vision
Information “Infodemic”	<ul style="list-style-type: none"> • Overload of information and misinformation • Information is repeated by social media • Churches and other authorities lack accurate information • Conspiracy theories and misleading interpretation of theology that have an appeal in these desperate times 	<ul style="list-style-type: none"> • Constant messaging overwhelms people, so they may miss information that is vital and relevant • Fake information distracts people from truths • People are reluctant to follow health measures and to take personal responsibility • People take inappropriate medicines and do not get immunized 	<ul style="list-style-type: none"> • Community populations • Leaders of religious and civil society organizations • Populations who are aged, unable to read, see, or hear 	<ul style="list-style-type: none"> • Identify 2–3 highly trusted resource centers that have accurate information • Ensure that accurate information and clear messages are translated, printed, shared, and broadcast in low literacy settings 	<ul style="list-style-type: none"> • People have access to relevant, accurate information
Livelihoods threatened for daily wage laborers and others on the economic margins	<ul style="list-style-type: none"> • Disruptions to local economies, supply chains, and the food supply, restricting individuals’ ability to earn money and procure necessary goods and services • Disruptions to social services, especially those that can’t be moved online, e.g., school feeding, vocational skills training 	<ul style="list-style-type: none"> • Hunger, as people cannot access food • Potential for mass demonstration, riots, or displacement • Ill health and inability to access or afford healthcare 	<ul style="list-style-type: none"> • People who lack regular income • People who live hand to mouth • People being laid-off • General population due to reduced government revenue 	<ul style="list-style-type: none"> • Facilitate small-scale economic activity, e.g., production of personal protective equipment and other pandemic supplies • Develop guides and initiatives to help microenterprises and microfinance via the church 	<ul style="list-style-type: none"> • Communities are resilient, independent, and have resources to adequately manage the health of their populations
Shortages in skills and supplies at faith-based health care facilities	<ul style="list-style-type: none"> • Faith-based facilities handling COVID cases without adequate skills and supplies • Insufficient infection prevention, WASH, supplies, medicines • Poor real-time information hampering planning 	<ul style="list-style-type: none"> • Shortages in supplies • Increased risk and low morale among health workers and staff • Increased anxiety and trauma among healthcare workers 	<ul style="list-style-type: none"> • Populations served by faith-based facilities • Healthcare workers 	<ul style="list-style-type: none"> • Strengthen health sector leadership and advocacy • Assess WASH priorities, especially in facilities that handle COVID patients • Equip health workers to care for others and for themselves 	<ul style="list-style-type: none"> • Faith-based healthcare providers gain visibility as vital to local health systems
Churches not fully engaged	<ul style="list-style-type: none"> • General population experiencing anxiety and trauma related to COVID, fostering stigma • Pastors and lay leaders not fully engaged in promoting healthy behaviors and struggling with ministering to their congregations. 	<ul style="list-style-type: none"> • Fear and stigma, interfering with healthy behaviors • Confusion about how to care for those affected • Insufficient action to promote health, hygiene, and care-seeking behavior 	<ul style="list-style-type: none"> • Congregations • Leaders of faith-based institutions • Healthcare workers 	<ul style="list-style-type: none"> • Support church leaders to offer mental health, home-based care and other support • Promote ecumenical and interfaith discussions on prevention and care 	<ul style="list-style-type: none"> • Churches and church-based health workers act together within regions to assess and respond to health needs.

We are called to live Christ’s love, showing the world His face. We love because He first loved us. Lived love shows the true face of Christianity. . . . Our faith becomes alive in action that lives out Christ’s love. Therefore, working together for a better world builds God’s kingdom of justice, peace and joy in many ways.

Serving a Wounded World in Interreligious Solidarity: A Christian Call to Reflection and Action During COVID-19 and Beyond.
Pontifical Council for Interreligious Dialogue and the World Council of Churches. 2020. Page 17.

INTERVENTION STRATEGIES FOR DIFFERENT STAKEHOLDERS

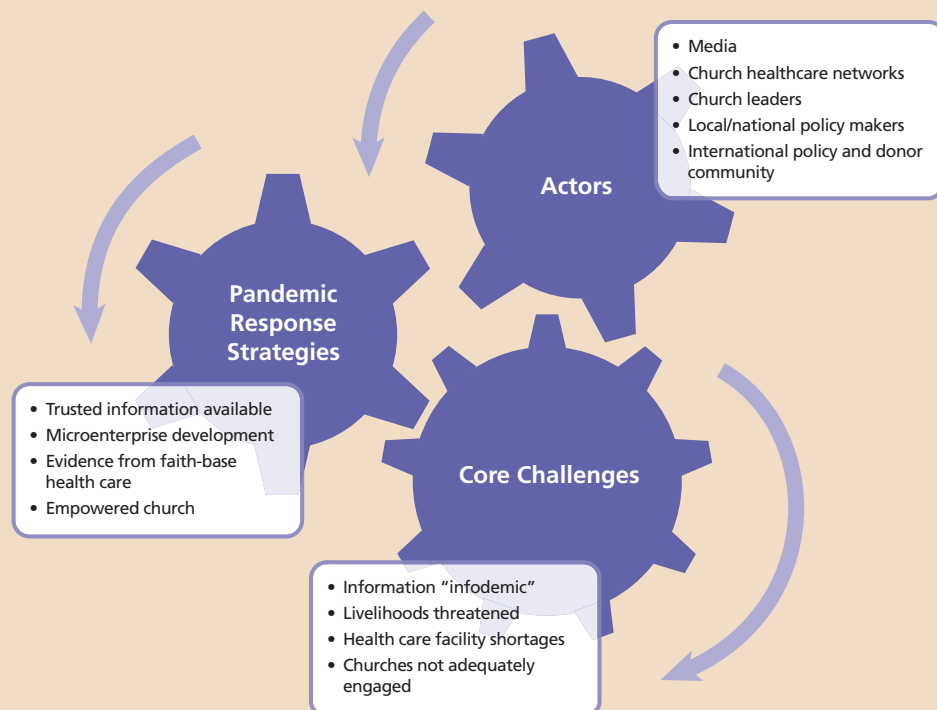
Problem	Strategies	Local and National Media	National Church Health Networks	Local and National Church Leaders	Country-Level Policy Makers	Global Policy Makers and Donors
Information “Infodemic”	<ul style="list-style-type: none"> Identify 2–3 highly trusted resource centers that have accurate information 	<ul style="list-style-type: none"> Share WHO, CDC info with media houses Create and share social media messages 	<ul style="list-style-type: none"> Disseminate links and messages in networks Flag problem messages and sources to national regulators 	<ul style="list-style-type: none"> Develop, share, and utilize approved information sources Share experiences, shaping norms via social media 	<ul style="list-style-type: none"> National government communications regulators to limit spread of fake news 	<ul style="list-style-type: none"> Seek WHO guidelines on mass communication Accredit independent information sources and training programmes
	<ul style="list-style-type: none"> Ensure that accurate information and clear messages are translated, printed, shared, and broadcast in low literacy settings 	<ul style="list-style-type: none"> Produce 3–5-minute messages to share in local languages, using non-verbal cartoons 	<ul style="list-style-type: none"> Generate and use accurate information Distribute information to health centers 	<ul style="list-style-type: none"> Ask leaders to discuss and share correct information Utilize churches and church structures to disseminate credible information 	<ul style="list-style-type: none"> Support printing and distribution networks 	<ul style="list-style-type: none"> Seek global support for low-literacy translations, materials, and productions
Livelihoods threatened for daily wage laborers and others on the economic margins	<ul style="list-style-type: none"> Facilitate small-scale economic activity, such as production of personal protective equipment and other pandemic supplies 	<ul style="list-style-type: none"> Share stories of microenterprises 	<ul style="list-style-type: none"> Procure and distribute local products 	<ul style="list-style-type: none"> Invite economic development units to participate 	<ul style="list-style-type: none"> Support training and sharing of best practices Offer innovation awards 	<ul style="list-style-type: none"> Capitalize microenterprise plans
	<ul style="list-style-type: none"> Develop guides to help microenterprises and microfinance via the church 	<ul style="list-style-type: none"> Share stories on faith-based microenterprise and microfinance 	<ul style="list-style-type: none"> Generate and disseminate stories through networks 	<ul style="list-style-type: none"> Promote innovation and entrepreneurship Establish support committees in churches Promote scaling of successful strategies 	<ul style="list-style-type: none"> Facilitate and support schemes for microfinancing and microenterprise 	<ul style="list-style-type: none"> Create cost-share and public-private partnerships
Shortages in skills and supplies at faith-based health facilities	<ul style="list-style-type: none"> Strengthen health sector leadership and advocacy 	<ul style="list-style-type: none"> Highlight role of faith-based healthcare services in case studies of access, quality, and cost effectiveness 	<ul style="list-style-type: none"> Demonstrate leadership with government and partners Facilitate pooled procurement Provide training in advocacy 	<ul style="list-style-type: none"> Position church health facilities as partners with the public health system 	<ul style="list-style-type: none"> Plan for needs of the entire health system Support faith-based providers for training, resources Engage faith-based organizations in working groups 	<ul style="list-style-type: none"> Support case studies and learning
	<ul style="list-style-type: none"> Assess IPC and WASH requirements, especially in facilities that manage COVID patients 	<ul style="list-style-type: none"> Share data on needs 	<ul style="list-style-type: none"> Document and share needs 	<ul style="list-style-type: none"> Mobilize resources for specific needs 	<ul style="list-style-type: none"> Plan for the capacity and needs of the entire health system 	<ul style="list-style-type: none"> Build awareness with case studies
	<ul style="list-style-type: none"> Equip health workers to care for others and for themselves 	<ul style="list-style-type: none"> Support health workers and share encouraging messages 	<ul style="list-style-type: none"> Train health workers Celebrate workers 	<ul style="list-style-type: none"> Ensure chaplaincies exist Encourage chaplains to serve health workers 	<ul style="list-style-type: none"> Ensure that health workers have equitable access to information and support 	<ul style="list-style-type: none"> Support training and self-care initiatives
Churches not fully engaged	<ul style="list-style-type: none"> Support church leaders to offer mental health, home-based care, and other support 	<ul style="list-style-type: none"> Share stories of effective ministry 	<ul style="list-style-type: none"> Provide technical inputs and support to churches 	<ul style="list-style-type: none"> Support health education Integrate health and healing modules in theological seminaries Introduce psychological first aid training 	<ul style="list-style-type: none"> Promote and support non-profit healthcare initiatives 	<ul style="list-style-type: none"> Donors support faith-based organizations
	<ul style="list-style-type: none"> Promote ecumenical and interfaith actions on holistic health 	<ul style="list-style-type: none"> Hold and participate in talk shows 	<ul style="list-style-type: none"> Work towards developing and implementing a global training module on Christian perspectives on health and healing 		<ul style="list-style-type: none"> Facilitate and support discussions with FBOs on COVID experiences 	<ul style="list-style-type: none"> Fund country-level initiatives



There are two positioning statements as part of this framework:

- Firstly, the pandemic requires short- to intermediate-term responses in the next 18 months to protect and preserve lives and livelihoods
- Secondly, the urgent needs create a context for accelerating progress towards longer-term goals for resilience, human sustenance, and development.

Summary of the Response Framework



Our vision is that churches will embrace a holistic approach to health through mechanisms that provide:

- People with relevant, accurate information
- Communities with resources to promote resilience and independence in managing their health
- Church-based healthcare providers with possibilities to assess and respond to health needs in integrated ways
- More visibility to the vital role of church-based health care providers in their local health systems.

With that vision, these tables identify core challenges and response strategies. They recommend specific actions to advocates, practitioners, researchers, and other key stakeholders. These recommendations need to be adapted to local and regional contexts.

Photo credit: Mike DuBose, UM News

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Learn more about the WCC COVID-19 response and support team:

<https://www.oikoumene.org/resources/covid-19-resources>



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