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

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<th>Problem</th>
<th>Summary and Local Manifestations</th>
<th>Effect and Impact</th>
<th>Populations Affected</th>
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| **Information “Infodemic”** | • 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 | • 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 | • Community populations  
• Leaders of religious and civil society organizations  
• Populations who are aged, unable to read, see, or hear | • 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 | • People have access to relevant, accurate information |
| **Livelihoods threatened for daily wage laborers and others on the economic margins** | • 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 | • Hunger, as people cannot access food  
• Potential for mass demonstration, riots, or displacement  
• Ill health and inability to access or afford healthcare | • People who lack regular income  
• People who live hand to mouth  
• People being laid-off  
• General population due to reduced government revenue | • 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 | • 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** | • Faith-based facilities handling COVID cases without adequate skills and supplies  
• Insufficient infection prevention, WASH, supplies, medicines  
• Poor real-time information hampering planning | • Shortages in supplies  
• Increased risk and low morale among health workers and staff  
• Increased anxiety and trauma among healthcare workers | • Populations served by faith-based facilities  
• Healthcare workers | • 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 | • Faith-based healthcare providers gain visibility as vital to local health systems |
| **Churches not fully engaged** | • 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. | • 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 | • Congregations  
• Leaders of faith-based institutions  
• Healthcare workers | • Support church leaders to offer mental health, home-based care and other support  
• Promote ecumenical and interfaith discussions on prevention and care | • 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.

*Servicing a Wounded World in Interreligious Solidarity: A Christian Call to Reflection and Action During COVID-19 and Beyond.*

### INTERVENTION STRATEGIES FOR DIFFERENT STAKEHOLDERS

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<tr>
<th>Problem</th>
<th>Strategies</th>
<th>Local and National Media</th>
<th>National Church Health Networks</th>
<th>Local and National Church Leaders</th>
<th>Country-Level Policy Makers</th>
<th>Global Policy Makers and Donors</th>
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*Note: The table contains a list of strategies for different stakeholders to address various problems such as information “infodemic,” livelihood threats, skill shortages, and church engagement.*
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.

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.