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The CORRECT-19 Model: Eight Desired Roles of Religious Leaders during the COVID-19 Pandemic

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Abstract

Religious leaders support communities in multiple ways during challenges such as disasters, emergencies, conflicts, and outbreaks. The COVID-19 Pandemic, too, has demonstrated the contribution of religious leaders in assisting communities across the world. On the other hand, a minority of religious leaders also have contributed to the aggravation of the outbreak, for example, by organizing religious mass gatherings, neglecting the warning given by health authorities. Thus, it is evident that the religious leaders have had both positive and negative roles during the Pandemic. The Resilience Research, Training and Consulting is implementing a project titled COmmunity Resilience through Religious Engagement for Community Trust during Covid-19 (CORRECT-19) through a grant supported by the Awareness with Human Action (AHA) project funded by the European Union. As a part of the CORRECT-19 project, we are conducting a series of focus group discussions and key informant interviews with the religious leaders from multiple religions, faiths, and spiritual traditions in Sri Lanka on their contributions during the COVID-19 Pandemic. We used content analysis to identify undesired behaviors, desired behaviors, and desired roles, using the evidence from the mainstream western medical and epidemiological systems as the point of reference in determining what is desired and undesired. The CORRECT-19 Model enlists eight desired roles of religious leaders during the Pandemic, namely the Faith-Setter, Health Promoter, Be-Friender, Social Worker, Community Mobilizer, Networker, Peacebuilder, and Advocate. We designed eight representative infographics to communicate the desired roles of religious leaders during the Pandemic. The CORRECT-19 Model depicting the eight desired roles is a helpful communication and advocacy tool in the active and meaningful engagement of religious leaders in managing the COVID-19 Pandemic.

Key words: CORRECT-19, Desired Roles, Religious Leaders, COVID-19

1. Introduction

Religious leaders naturally come forwards to support communities during challenges such as disasters, emergencies, conflicts, and outbreaks (Ager, Fiddian-Qasmiyeh, and Ager 2015; Ramsay, Manderson, and Smith 2010; Rivera and Nickels 2014; Wilkinson 2015). The COVID-19 Pandemic has demonstrated the contribution of religious leaders in assisting communities across the world (Marshall 2020; Welsh 2020). They have provided leadership in catering to the material and financial needs, amplifying and disseminating health education messages, and augmentation of the health system's capacity during the most needed times (Bruce 2020; Galiatsatos et al. 2020; Tan, Musa, and Su 2021). On the other hand, a minority of religious leaders and religious organizations have been blamed for aggravating the Pandemic, for example, through the organizing of super spreader events, creating significant challenges to the public health authorities (Kim 2020; Pandey 2021). The World Health Organization (WHO) has provided practical guidance for religious leaders and faith-based communities in the context of COVID-19 (WHO 2020). However, the broader desired role of religious leaders during the COVID-19 Pandemic has not been adequately documented.

Against this backdrop, it is necessary to comprehend the domains in which religious leaders are active. Further, the undesired and desired behaviors under each of the above domains are identified. The desired roles, along with the desired functions, are identified to create a Terms of Reference (TOR) for an ideal religious leader during the COVID-19 Pandemic, irrespective of the religious affiliation or geographic location. This paper aims to introduce a model which presents eight desired roles of a religious leader during the COVID-19 Pandemic.

2. Methods

The Resilience Research, Training and Consulting is in the process of implementing a project titled COmmunity Resilience through Religious Engagement for Community Trust during Covid-19 (CORRECT-19) through a grant supported by the Awareness with Human Action (AHA) initiative funded by the European Union. As a part of the AHA project, a series of focus group discussions and key informant interviews are being conducted with the religious leaders from multiple religions, faiths, and spiritual traditions in Sri Lanka on their contributions during the COVID-19 Pandemic. Content analysis was used to identify emerging themes from the data collected through the above discussions and interviews. First, during the qualitative analysis, we made a list of eight different domains in which the religious leaders were active during the COVID-19 Pandemic in Sri Lanka. Next, for each domain, we compared the undesired behaviors against the desired behaviors. The reference frame to determine if behavior was desired or not was the up-to-date evidence available on the prevention and control of COVID1-19 provided by the Ministry of Health, Sri Lanka, and the World Health Organization (Ministry of Health 2020; WHO 2020; Kucharski et al. 2020). The Distancing, Respiratory Etiquette, Aseptic technique, and Masking (DREAM) and COVID-9 vaccination (DREAM + V) formed the basis of the preventive measures. In addition, advice and guidance provided to the confirmed or suspected patients to seek testing and treatment also made a part of the reference frame. As the next step, we coined eight desired roles based on each domain's desired behavior. Finally, we listed some example functions for each of the desired roles.

3. Results

Table 1 summarizes the domains that the religious leaders were active in during the COVID-19 Pandemic. In addition, undesired and desired behaviors under each domain and the desired roles are presented in Table 1.

Table 1 : Domains, Undesired Behaviors, Desired Behaviors, and Desired Roles of Religious Leaders during the COVID-19 Pandemic

Domain	Undesired behavior	Desired behavior	Desired role
Faith	Religious leaders promote faith healings, occult practices, and scientifically unproven remedies to cure and prevent the spread of COVID-19.	Religious leaders promote hope, kindness, altruism, groundedness, and calmness during the Pandemic. Religious leaders assist the communities to embrace healthy behaviors by providing alternative scriptural narratives.	Faith-Setter
Health promotion	Religious leaders discard DREAM + V*. Religious leaders continue to organize mass gatherings despite high COVID-19 risk despite health advice.	Religious leaders cancel or postpone mass gatherings as per the health guidelines. They use alternative virtual religious gatherings. They make places of worship health-promoting settings with regards to COVID-19 during the re-opening of societies. Religious leaders amplify health education materials.	Health Promoter
Psychological support	Religious leaders contribute towards the victimization and stigmatization of COVID-19 patients as well as front liners.	Religious leaders compassionately look at, empathetically listen to, and practically connect with support to those in need, emphasizing vulnerable and marginalized groups.	Be-Friender
Social Support	Religious leaders stop the pre-existing social support work in total due to the Pandemic. On the other extreme, they would breach health guidelines by gathering people discarding the health guidelines for social service work.	Religious leaders assist those in need with monetary or in-kind support in adherence to the health guidelines. Religious leaders lend their places of worship to host COVID-19 patients or suspected persons.	Social Worker
Community mobilizer	Religious leaders are not interested or motivated to mobilize the community for COVID-19 response. They criticize those who are involved in community mobilization.	Religious leaders mobilize material, monetary and human resources to support those in need or the health system.	Community Mobiliser
Networker	Religious leaders get isolated in their won circles. They are reluctant to connect and network.	Religious leaders connect those who are in need with those who can help them. They also help to liaise with different stakeholders.	Networker
Peace	Religious leaders contribute to aggravating existing divisions in society or creating new ones.	Religious leaders are actively engaged in the management of conflicts.	Peace Maker
Advocate	Religious leaders are advocating against proven healthy behaviors such as vaccination.	Religious leaders advocate for adherence to healthy behaviors. Religious leaders speak for Freedom of Religion or belief.	Advocate

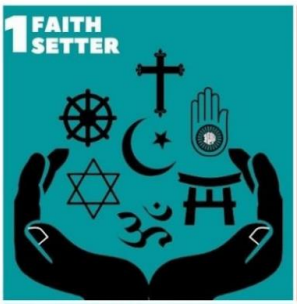
*Notes: * DREAM + V - Distancing, Respiratory Etiquette, Aseptic technique, and Masking (DREAM) and COVID-9 vaccination*

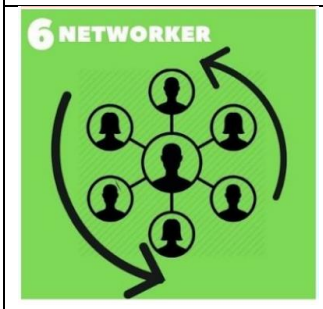
The eight identified desired roles were the Faith-Setter, Health Promoter, Be-Friender, Social Worker, Community Mobilizer, Networker, Peacebuilder, and Advocate. The CORRECT-19 Model of Eight Desired Roles of Religious Leaders during the COVID-19 Pandemic was developed with representative infographics (Figure 1). In the mean time, example functions for each of the desired roles is given in Table 2.

As per Figure 1 and Table 2, the desired roles 1 – 4 were commoner than the desired roles 5 – 8. In the meantime, the desired roles 5- 8 were more overlapping than the desired roles1 – 4. A list of five example functions of each of the desired roles is provided in the table below. Please note that some examples comprise independent activities themselves. In contrast, the others are steps or components of a function that needs to be carried out one after the other or simultaneously.

Figure 1: Desired Roles of Religious Leaders during the COVID-19 Pandemic

Table 2: Example Functions of Desired Roles of Religious Leaders during the COVID-19 Pandemic

Desired Role	Example function
	1. Helps the community to be grounded in the reality of the Pandemic using religious teachings. 2. Uses religious teachings to promote hope, love, and compassion. 3. Disseminates supportive teachings, messages of blessing and goodwill and encourages prayer and meditation. 4. Clarifies how religious practices could be sustained while adhering to the health guidelines. 5. Conducts virtual religious ceremonies.
	1. Amplifies and disseminates messages on DREAM + V and promotes adherence to them by religious leaders, laypersons, families, and communities. 2. Promotes prescribed health-seeking behaviors by local health guidelines in relation to COVID-19 testing and treatment. 3. Cancels or postpones mass religious gatherings. 4. Maintains adherence to COVID-19 health guidelines when places of worship re-opens open. 5. Sets examples by strict adherence to prescribed health guidelines at all times.
	1. Keeps well-informed of the current situation of the COVID-19 in the world, country and the community as well as the support services available. 2. Remains accessible for those in need via safe communication channels such as the telephone or online platforms with the heart, mind and time to listen. 3. Connects with appropriate material, financial, mental health and psychosocial support resources and services. 4. Assists with the grieving process of those who lost their loved ones due to COVID1-9 5. Takes adequate care of one's own health including mental health.
	1. Identifies needs of the communities with special emphasis on vulnerable groups. 2. Provides food, shelter, medicine, hygiene or cash assistance. 3. Provides advice to those with needs. 4. Rechecks if the community needs have been met. 5. Reports back to those who assisted in the activities.

	1. Identifies and prioritize issues needing community mobilization, 2. Mobilizes physical and financial resources for COVID-19 response. 3. Promotes safe volunteerism including online volunteering for COVID-19 response. 4. Mobilizes resources for augmentation of health system capacity by the support of renovation of existing buildings, construction of new treatment facilities and procurement of essential medical equipment and supplies. 5. Offers places of worship as COVID-19 treatment centers, quarantine centers, or accommodation facilities for frontline workers.
	1. Establishes and strengthens connectedness between the religious leader and the congregation. 2. Establishes and strengthens connectedness among the members of the congregation. 3. Establishes and strengthens connectedness among the religious leaders and health and other agencies involved in COVID-19 response. 4. Expands the networks beyond one's own faith. 5. Functions as an entry point for the vulnerable groups to access support networks.
	1. Prevents conflicts. 2. Recognizes conflicts early. 3. Promotes goodwill and dialog. 4. Mediates conflicts 5. Calls for long term solutions for peace.
	1. Brings up issues of concern to the attention of the public and the relevant authorities and highlight the dangers of them not being addressed. 2. Generates evidence towards a cause. 3. Organize peaceful means to bring attention to the cause. 4. Functions as the spokesperson for the cause. 5. Stands up to protect freedom of religion or belief.

4. Discussion

The CORRECT-19 Pandemic has demonstrated the importance of promoting community resilience in facing unforeseen adversities (Jewett et al. 2021). Religious leaders are, by nature, altruistic persons who come forward to support those in need. Across the world, there are many examples of religious leaders doing such acts of kindness at the most needed times during the COVID-19 Pandemic (Bruce 2020; Galiatsatos et al. 2020; Tan et al. 2021). On the other hand, few religious leaders and groups have been criticized for organizing mass gatherings, at times amidst the Pandemic, which have contributed to the escalation of the Pandemic (Kim 2020; Pandey 2021). However, it is quite clear that the positive contribution of religious leader outweigh the sporadic drawback which could be attributed to them. Recognizing religious leaders to be a vibrant actor in the civil society during the COVID-19 response, the core finding that his paper focusses is the CORRECT-19 Model depicting the eight desired roles of religious leaders during the Pandemic.

The authors of this paper had a functional necessity to have a taxonomy to categorize the different activities carried out by religious leaders during the COVID-19 to be used during the CORRECT-19 project. However, a comprehensive classification of roles of religious leaders was not readily available for this purpose. Hence, it was decided to develop a model to enlist the desired roles of the religious leaders during the COVID-19 Pandemic. It should be noted that the researchers have used the data collected for the development of case studies to develop the CORRECT-19 model of desired roles of religious leaders during the COVID-19 Pandemic. The developed model will be used to classify the roles of religious leaders during the case study development and presentation process. In addition, these eight desired roles will be used during the virtual training that is being planned for the religious leaders as a part of the CORRECT-19 project.

The desired roles presented in the CORRECT-19 Model could be used to define a TOR for an ideal religious leader during the COVID-19 Pandemic and beyond. This model could be used during the formative stages of the religious leaders to provide a comprehensive idea about the broad role that is expected from a religious leader during a Pandemic.

On the other hand, the model should not be misinterpreted as if a religious leader is expected to perform all these functions. Upon his preference and the local context, a religious leader may decide to concentrate on one or more of the desired roles of religious leaders during the COVID-19 Pandemic. The advantage of the model is that it provides a visual representation of the desired roles. It is easy for the religious leaders and the other stakeholders involved in the COVID-19 Pandemic to communicate their roles.

The term "desired" unveils the religious leaders' dual role during the Pandemic, both desired and undesired. As explained elsewhere in the paper, the point of reference in ascertaining if a role is desired or undesired for the purpose of this paper has been the mainstream evidence-based western medical model. In contrast, alternative models of health might even classify the religious leaders' undesired behaviors as desired. So, it is reemphasized that we have determined what is desired as coherent with the technical guidelines and standards provided by the national health authorities and the World Health Organization (Ministry of Health 2020; WHO 2020; Kucharski et al. 2020).

The overlap between the identified desired roles of the CORRECT-19 model is a limitation that has already been foreseen. For example, the desired role number 1 of the Social Worker has considerable overlap with role number 5 of the Community Mobiliser and the desired role number six of the Networker. This possibly demonstrates the complexity of the roles expected of a religious leader. However, these obvious overlaps do not prevent the use of the model. In fact, it further highlights the need for a domain-based classification system of the role of religious leaders during the COVID-19 Pandemic.

The researchers are in the process of developing a self-assessment tool for religious leaders to understand their function concerning the eight desired functions. This assessment tool could provide insights for the religious leaders to identify their dominant desired roles and identify relatively neglected or overlooked desired roles that they may have to play to provide comprehensive support for the communities during the Pandemic.

In summary, the CORRECT-19 Model depicting the eight desired doles of religious leaders is a useful communication and advocacy tool for their engagement during the COVID-19 Pandemic.

5. Conclusions and Recommendations

The CORRECT-19 Model depicting the eight desired roles of religious leaders could be used as a TOR for religious leaders during the COVID-19 Pandemic in supporting communities targetting multiple domains. In addition, it could be used as a tool in designing and delivering awareness and capacity-building programs benefitting religious leaders during the COVID-19 Pandemic. Further, the CORRECT-19 Model could also be used to advocate the significant role that the religious leaders play during the Pandemic, hence the need to get them actively engaged in the Pandemic management process as a decisive stakeholder than a passive, peripheral or decorative entity.

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