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A Literature Review on the Contribution of Religious Actors toCombatthe Covid-19 Pandemic in Guinea

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Abstract;
The coronavirus disease (COVID-19) has been a concern to global health affecting all countries in the world including Guinea. The first case of covid-19 in Guinea was confirmed on March 12, 2020 which was just about two months after the World Health Organization (WHO) confirmation of the outbreak of the novel virus in Wuhan City, Hubei province in central China. Following the WHO's mandate on preventive measures which hinges on physical distancing as a proven response to curb the spread of the coronavirus. Guinea declared state of emergency on March 26, 2020 decreeing that all social spaces, marriage, naming, and religious ceremonies including churches and mosques to be closed. The closure was a great blow to religiously oriented believers, and it did not leave them with any option but to comply with the realities that brought far reaching changes in all aspects of citizens' lives throughout the world. As a result, life is deemed not to be the same any longer until the COVID-19 pandemic is somehow curbed or eradicated. For most believers, religion constitutes to their main identity, and it is often considered as value reference and system of knowing in addressing pandemics like covid-19. Thus, like all countries, Guinea cannot ignore the role of religious actors in the struggle against the COVID-19 pandemic. This review uses publicly available information to summarize knowledge about the contribution of religious actors to COVID-19 pandemic with special reference to Guinea. It will focus mainly on response measures that has been obtained and studied form several reputable journals as well as other reliable sources.

Keywords: religion, role, Covid-19, Guinea, believers, outbreak, measures, contribution

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I. Background

In an effort to curb the spread of the 2019 novel coronavirus (COVID-19) pandemic, many countries adopted strict measures like quarantine policy, which resulted in forced isolation of citizens and the stipulation of social and physical distancing and the wearing of face masks as the foremost preventive methods (Quadri, 2020). In Guinea the first quarantine policy was aired on March 13, 2020, requiring travellers to be tested negative for the virus to obtain an entry visa, and this was followed by a series of restrictive orders that include the closure of the Airport to commercial flight on March 21, 2020, the declaration of a state of health emergency on March 26, 2020, requiring all social spaces to close down for two weeks which include schools, mosques and churches; bars, theatres and cinemas, hotels and restaurants; marriage, naming and religious ceremonies; it also banned the gathering of more than 20 people at a time. What follows also was, on March 30, 2020, the restriction of movement from Conakry to other parts of the country and the implementation of a national curfew from 9 p.m. to 5 a.m. and the requirement on April 13, 2020, to wear face masks in public spaces at all time. The evolution of the pandemic was marked by an exponential rise in incident cases ranging from 2 cases in the first week to 424 in the sixth week (Millimouno, et al., 2021). As a result of the escalation of coronavirus cases, the government has successively resorted to extending the state of a health emergency (PERC, 2020, Jalloh et al., 2021). The most recent health emergency on file was expected to expire on June 25, 2021. The health authority continued with the claim that "COVID-19 is still circulating in Guinea." And according to the Official Journal report of February 16, 2021, the aim is to be on the alert for containment in event of a resumption of the covid-19 pandemic, following the discovery of new variants of the coronavirus (CCD, 2021) in other parts of the world.

In a survey at the height of the coronavirus pandemic, Ipso – COVID-19 (2020) claimed that these public health social measures (PHSMs) immensely contributed to limiting the magnitude of the covid-19

infections in Guinea[1]. Despite the heavy burden it places on the population, the majority expressed confidence in the public health authority. However, Ipso COVID-19 (2020) also identified significant variations in support across measures, which represented only limited support for market closures. The low support resonated with the fact that most Guineans who are already struggling with poverty, striving from hand-to-mouth to provide their family with basic needs, and market closures will exacerbate disruptions to their means of earnings. In last year's annual forum of International Religions as Partners for Sustainable Development (PaRD, 2020), all the speakers highlighted the fact that COVID-19 has become the new challenge for sustainable development. And according to Christian Aid's publication in July 2020 "Building Back with Justice", cited in the forum reiterated that millions more people will face severe hardships as a result of falling incomes and disruption to trade and transport making food increasingly unaffordable for people living in poorer countries. The report further indicated that without an acute response or intervention, the plague will continue devastating people to a point where society faces enormous challenges in recovering from the pandemic (PaRD, 2020).

Besides the concerns about financial safety, people's daily routines were abruptly disrupted when stay-at-home required them to emplace themselves at home. Touré et al. (2020) and Counted et al., (2020) reported on issues of psychological stress and well-being that these preventive measures against the pandemic outbreak have caused to the population. (Touré et al 2020, Counted et al., 2020). As a matter of fact, evidence from various research showed how some of the more restrictive measures have triggered not just financial stress or loss of income and livelihood, but also resulted in starvation and destitution, especially in such a poor country like Guinea (Osei Tutu et al., 2022, Beaker et al., 2020). Thus, to ensure effective compliance with such measures, community engagement, according to Gilmore et al. (2020) should be considered part and parcel of the measures to guarantee appropriate and relative interventions (Gilmore et al., 2020). This is where religious actors, faith-based organizations (FBOs) and local communities come in. Gilmore et al. (2020) further stressed that people's living structures and historical trails may require thoughtful considerations on how to effectively adapt and respond to any sort of disease outbreak. He points to the example of "differences in political-cultural-social structures, system and processes among communities and social norm and beliefs {that can} affect health behaviour and outcome during outbreaks" (Gilmore et al., 2020).

Evidence from several research responses to COVID-19 concurred that the different views and attitudes among religious communities cannot be dissociated from their worldviews in understanding pandemic outbreaks (Anoko et al., 2020, Gilmore et al., 2020). In an essay by Hunsi et al. (2020), they argued that religious community often conceived their worldview through a long journey of forceful discourse and momentous exchange "with the variables of their education, social life, culture, economy and religious understanding" (Husni, Bisri et al, 2020, Pabbaja, Jubba et al., 2020). Thus, the way religious communities perceive the coronavirus (COVID-19) can depend on their divergent worldviews. And to counterbalance unfavourable views on outbreaks, the literature strongly emphasizes community engagement to improve prevention and control of the pandemic (Gilmore et al. 2020). Community engagement, as recommended by the Director of Human Right Watch (Sawyer 2020), is the approach generally taken by Guinea's health authorities to limit the spread of COVID-19.

II. Religious Actors' Response to Covid-19 in Guinea

Based on various official reports by both local and international media (RTG, Fri, TV 5, etc.) Guinean religious actors' contributions to the COVID-19 epidemic emerged from directives given by the Religious Affairs Secretary. Responsive strategies to the coronavirus pandemic were organized in a joint coordination of the health authorities and the government with the support of Global Partners (UNICEF, mostly on the record) to conduct community engagement via training and sensitizations on transmission and prevention of the disease. Consequently, community engagements were practically conducted in all the major cities including Nongo (Conakry), Dubréka, Kindia, Mamou, Siguiri, etc. just to name a few as reported in the local media. In a report by A. S. Diallo (UNICEF, 2020), a vivid caption is shown depicting UNICEF in collaboration with the National Agency for Health Security (often referred to as ANSS) presenting the Secretariat of Religious Affairs a lot 1000 hand washing hygiene kits comprised of buckets, soaps, and graduated chlorine as well as masks. This support is intended to enable Muslim believers to comply with preventive mandates that include handwashing at the entrance of mosques to prevent the transmission of the coronavirus. Emphatically, in concordance with K. Marshall's (WPR 2020) article "What Religion Can Offer in the Response to COVID-19", religious authorities and clergies/imams have had a long history of involvement in disease outbreaks demonstrating religious factors as an integral part of the pandemic crisis. Thus, the national religious and prefectural leaders of the Islamic

[1]Ipso COVID-19 (2020), Responding to COVID-19: Highlights of a Survey in Guinea Conakry *https://www.ipsos.com/sites/default/files/ct/publication/documents/2020-05/guinea_conakry_report_0.pdf*

League have been the main participants in all the community engagement training in the major cities as reported. Thus, giving them the edge to be considered major players in the struggle to contain the spread of the COVID-19 pandemic in Guinea.

Imams and Clergies, specifically, and community leaders were required to embrace the directive measures authorized by the Secretary of Religious Affairs acting on behalf of the health authorities and government mandates. Imams, Clergies and community leaders have been tasked with assuring and monitoring compliance in their congregations. Even though a lesser minority of local communities at times reacted negatively to those measures (Winiger, 2020), Imams and Clergies, in general, according to media reports, were often strictly to non-compliance; they oblige all congregation members or participants to wash hands, wear face masks at the entrance as well as to respect the social-distancing limits in the mosques as well as churches. Media reports on the cases of the four religious leaders, including a well-known imam and a member of the Prefectural Islamic League, who tested positive in Kindia (mediaguinee. COM, May 17, 2020) and the case in Siguiri about the Grand imam's death as a result of the coronavirus transmission are often mentioned as references to prompt compliance (GuineeNews.org, August 26, 2020). The literature in question also points to the fact that responses to these alerted realities often vary considerably among religious actors. This may depend on socio-economic and cultural variables as well as the extent of devotion and understanding of religious values (Husni, Bisri et al., 2020, Tan, Musa et al. 2021, courted, Pagament et al. 2020, Gholizadeh, Sanogo et al. Jalloh, Nuur et al. 2020).

Recent reviews on global evidence for outbreaks have focused on a community engagement approach that corroborates an anthropological research paper (Winiger, 2020) on religious communities' role played during the Ebola outbreak (2014-2016) and reports on the ongoing COVID-19 crisis. Winiger (2020) firmly asserted that, "the involvement of religious actors in the formulation {and implementation} of public health measures may not only help to provide safe comfort in the midst of a profoundly alienating experience, but significantly reduce the spread of the virus" (Winiger, 2020).Winiger's study recognized religious leaders and faith-based organizations for playing a "major role player in serving life and reducing illness related to COVID-19 by providing a primary source of support, comfort, guidance, and direct health care and social service for the communities they serve." His study also portrays religious leaders as "a critical link in the safety net for vulnerable people, particularly in the practice of health economics and the reduction of fear and stigma." In most cases, according to Winiger (2020) instead of being perceived as a hindrance to public health policy, the WHO acknowledged the positive contribution of religious actors and considered them as vulnerable partners. Some of their numerous contributions as outlined by several articles include practical suggestions regarding possible non-contact adaptations such as handshakes replaced with a "bow or a light hand-to-hand punch", worship services or lectures to be joined via media broadcast etc.

As was pointed out by Beaker et al., (2020), differences in public response generalized the social consequences, given the centrality of congregations in one person associated with almost all religious practices. Beaker et al. (2020) also asserted that, while COVID-19 has caused a significant alteration in the expressions of religious traditional practice, it has also triggered an increasing necessity for continuous religious tradition, such as burials (Beaker et al., 2020), which according to Winiger (2020) is the cause of all infections (ca. 20 per cent) of diseased victims in the sub-region (WHO, 2014). Although social spaces for religious congregations, according to Beaker et. al. (2020) have been shrinking in response to covid-19 measures, religious actors continued to play expanded roles in the ongoing pandemic. A fact most researchers also highlighted on the question of responding to COVID-19 was that most people in the community are more attentive to religious leaders instead of the state health authorities; this is because religious leaders (imams and clergies) are closer to the community. As a result, some people will only recognise state regulations if they are mediated by religious authorities (Windiyanto, 2020, Osei-Tutu et al., 2021). In other words, religious leaders in general serve as a link between state health authorities and the community; they encourage people to listen to authorities about pandemic-control measures (Osei-Tutu et al., 2021).

III. Discussion

There is a plethora of research evidence worldwide depicting how religious actors played integral parts in responses and prevention strategies during the long history of plagues. The trend in the responses of government and religious authorities in Guinea reveals the "finest hour" of mutual cooperation in recent state-religious authorities' relations. Many researchers have argued that religious traditions have continued to offer recognisable solutions through values such as "protection of life" and public health principles like quarantine to help curtail the spread of infectious diseases (Suleman & Sheik, 2021). The variation in the global response to the pandemics by the majority of religious leaders can be attributed to the distinctiveness of their social, economic, political and cultural as well as the level of knowledge and commitment to the religious creed (Gadiri, 2020, Chiliswa, 2020). According to Suleman et al., we have seen through the pandemic, how some religious leaders compromised these values to support and inform evidence-based ethical decision-making within global health (Suleman & Sheik, 2021). Thus, despite the level of commitment to religious values, the

pandemic response found in the literature is full of indications of religious interactions with other influential determinants such as political, economic and social etc.

Furthermore, according to media reports, the response of the religious community in Guinea to the COVID-19 pandemic differs in a variety of ways. Implementation of the policy has resulted in many forms of public controversy. A typical example of the doubt about the disease and various responses can be cited from the Ebola crisis, which claimed more than 11000 lives in Guinea, Sierra Leone and Liberia, yet there were some people in affected regions of these countries who were in doubt whether the disease exists or not (Winiger, 2020). Correspondingly, one Imam in the recent Ebola outbreak in Guéckédou - Forest Guinea, invoked that "trust underpins everything", emphasizing to his congregation members that "the disease is real {and} it is a fight that should not be taken lightly… that is why "I felt it necessary to the Ebola response by raising awareness." (WHO - African, 2021). The involvement of religious stakeholders in the dissemination of public health measures is essential. Most public health messaging in Guinea is coordinated by the National Agency for Health and Safety (ANSS) and the Ministry of Health to a lesser extent. However, considering the regard Guineans have for religious leaders, it is envisioned that the efforts of religious leaders would increase the government's success in sensitizing the public on how to minimize the spread of coronavirus. As per Osei-Tutu et a1. (2021), citing DeFranza et al. and Mat et al., public health restrictions in other parts of the world aimed at reducing the virus were met with contempt by some in the religious communities (Osei-Tutu et a1., 2021). Anoko JN et al., (2020) also argued that the disdain of most African communities stems from the structural challenges and vulnerabilities they encountered during the pandemic crisis.

The weak health systems, and informal economy, with more than half of the population living hand to mouth (or in abject poverty), threaten the acceptance and compliance of the restrictive measures (Anoko JN, et al., 2020). While the weakness of the health system meant less access to intensive medical care, prevention of the spread of infection was the most important. Consequently, curtailed social interaction and increased physical distancing have been central to public health strategies which require "co-constructing" solutions that are feasible, and acceptable as well as ones that foster commitment of affected communities.

Moreover, the response literature on Covid-19 tinted more emphasis on lessons learnt from the Ebola crisis in Guinea showing that the co-construction of sociocultural solutions led to the commitment of communities. It has been successful in strengthening community commitment and ownership of the intervention strategy. Often times researchers consider community engagement and co-construction as two complementary concepts: The first being the end of a process, and the second being the method or steps to achieve desired goals. The experience of community engagements and co-construction during the Ebola response showed that when communities are involved in problem analysis and construction of solutions, they took ownership of the response intervention and committed to efforts to curb the epidemics.

However, the concept of religious authority in Guinea is as mentioned not static; it is the subject of political and social change that adjusts to the dynamics of social and local context. The presence of religious leaders as respected personalities, in addition to the government, influences community loyalty and buy-in to government policy. Religious leaders generally have a vital role to play in the management and resolution of the issue facing society.

IV. Conclusion

To conclude, religious officials and religious leaders are often considered through their position in society. They are recognized as potential resources and vehicles for development that can promote unity through their various teachings and serves - an instrumental authority that influences the life of their respective communities. It is clear from the documentation that religious stakeholders in general have played an important role in the fight against the COVID-19 crisis. In Guinea, religious actors have made a major contribution to combating the pandemic and managing its consequences. Thus, it is recommended by WHO that they should always be taken into consideration by state and international actors to involve them in the management of all crises affecting communities. Finally, this review revealed a shortfall in both the descriptive and empirical analyses carried out by researchers on the role and contribution of religious actors to the COVID-19 pandemic in Guinea. So, there is a need for further research that can be an exciting and complex subject area, from which important insights for further and possibly unavoidable health crises can be gained.

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