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The Role of Faith-Based Organizations in Pandemic Response: A Systematic Review of Their Contributions to Health Care During Recent Pandemics in Africa

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Systematic Review

Keywords:

Posted Date: November 2nd, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11542923/v1

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Additional Declarations: No competing interests reported.

The Role of Faith-Based Organizations in Pandemic Response: A Systematic Review of Their Contributions to Health Care During Recent Pandemics in Africa

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ABSTRACT

Faith-Based Organizations (FBOs) have long been central to healthcare delivery in Africa, particularly during public health crises when formal systems are overwhelmed or distrusted. This systematic review investigates the role of FBOs in pandemic response across the African continent, focusing on recent outbreaks including Ebola, COVID-19, SARS-CoV-2, and Marburg. Drawing from peer-reviewed literature, this study aimed to examines how FBOs have contributed to healthcare delivery during the recent pandemics in Africa. Through the integration of religious beliefs with medical guidelines, and navigate complex public health landscapes, FBOs are seen to serve as trusted intermediaries between communities and state health systems, offering not only physical care but also psychosocial support, health care, as well as vaccine advocacy during the recent pandemics in Africa.

Through the lens of Beattie's Model of Health Promotion, this review examines how the work done by FBOs is perceived during pandemics while also categorizing FBO interventions as both top-down and bottom-up, spanning authoritative health education to community-led health advocacy. Additionally, this theoretical framework illustrates how adherence to pandemic protocols alongside religious values. Findings indicate that while FBOs often bridge crucial gaps in care, they also face challenges, including misinformation, logistical constraints, and occasional conflicts between religious beliefs and scientific guidelines which need to be addressed for the due to the crucial roles normally played by FBOs in society.

Evidenced by their influence in society, FBOs are essential social structures that highly contribute to health equity and resilience especially in areas where religion is a crucial aspect of people's lives. The study thus concludes with recommendations for policy, practice and research while emphasizing better integration of FBOs into national pandemic preparedness and future response strategies, increased capacity building and funding for their sustainability, as well as further research on their role that's still limited in some parts of Africa.

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ABBREVIATIONS

FBOs	Faith-Based Organizations
5G	Fifth Generation Mobile Network.
CECA 20	Communauté Évangélique au Centre de l'Afrique 20
CHAG	Christian Health Association of Ghana
CHAL	Christian Health Association of Liberia
CHASL	Christian Health Association of Sierra Leone
COVID-19	Coronavirus Disease 2019
CRS	Catholic Relief Services
EVD	Ebola Virus Disease
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
MPCA	Muslim Psychologist and Counselor Association
NGO	Non-Governmental Organization
RCCG	Redeemed Christian Church of God
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SDA	Seventh Day Adventist
UMCOR	United Methodist Committee on Relief
ADRA	Adventist Development and Relief Agency
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

The role of Faith-Based Organizations (FBOs) in providing health care during pandemics has attracted attention in recent years, particularly in African contexts where these organizations play different roles in providing both spiritual and physical health care. FBOs, which include churches, mosques and other religious institutions, have a long tradition of meeting health needs and often fill gaps left by governmental and secular health services (Boro et al., 2022). In health emergencies such as the Ebola, COVID-19, SARS-CoV-2 and Marburg pandemics, FBOs bridged the gap between religious belief systems and scientific health practices and provided support in a way that complemented official health measures (Muvunyi et al., 2024). In Africa, where religious faith plays a central role in many people's lives of many individuals, FBOs have played a key role in mitigating the impact of pandemics by providing both health care and emotional support to affected communities (Sisti et al., 2023). Understanding the role of FBOs in pandemic preparedness is critical to improving public health strategies, especially in settings such as Africa where faith plays a central role in everyday life.

Despite the critical contributions of FBOs during these health crises, the systematic study of their engagement has remained limited. Previous research has examined the contribution of FBOs in various public health interventions, such as HIV/AIDS treatment, maternal health, and general healthcare delivery (Greyling et al., 2016; Olivier, 2023). However, there is a lack of comprehensive reviews that focus specifically on their role during recent pandemics, particularly in Africa. In the African context, pandemics such as Ebola, COVID-19 and Marburg have presented unique challenges that have required not only medical responses but also community engagement and behavior change, areas in which FBOs have shown influence (Olivier, 2023; Afolabi & Ilesanmi, 2021).

While some studies have addressed the question of how FBOs are involved in public health in times of crisis such as HIV as well as in daily health care there remains a significant gap in understanding the specific mechanisms of their interaction and engagement during recent pandemics, especially in the African context (Olivier, 2023). While previous research has also often considered FBOs as complementary actors in the health landscape (Blevins, 2021), this study will position FBOs as central actors whose contributions can be more effectively integrated into national pandemic response strategies. Studies such as those by Sisti et al. (2023) and Muvunyi et al. (2024) have also documented the direct contributions of FBOs, but they

often focus on past or long-term existing or specific geographical regions, leaving a gap in understanding the broader patterns of FBOs' contributions during recent pandemics across the entire African continent. This systematic review therefore seeks to address this gap by providing a comprehensive analysis of the role of FBOs in health care delivery during recent pandemics across Africa. By synthesizing existing research drawn from a variety of published articles, this study seeks to examine the contributions of FBOs, how they are perceived in the African context, their contributions during pandemic response and the challenges they face in their work during health emergencies, as well as the obstacles created by FBO involvement in pandemic response. Furthermore, this review will critically assess how FBOs navigate the complex intersection between faith-based principles and adherence to public health guidelines, particularly when these principles might conflict with scientific health measures and guidelines during crises (Sisti et al., 2023).

Background and Aim

FBOs as discussed by Sisti et al., (2023), are non-governmental organizations that operate within the framework of a religious faith (These organizations are typically founded, managed, and operated by individuals or groups with religious affiliations and often provide services such as health care, education, social welfare, and humanitarian aid (Sisti et al., 2023). FBOs are thus seen to play different roles in communities especially in regions where government infrastructure may be limited. These organizations, which can range from highly religious institutions to those with a more secular approach, provide important services such as emergency assistance alongside daily healthcare, or even mental healthcare (Olivier et al., 2015). During health crises such as the COVID-19 pandemic, FBOs have been seen to contribute to vaccination campaigns, mental health interventions and disease prevention, often leveraging the trust of their community and their networks to improve public health outcomes (Syed et al., 2023; Vilakati et al., 2020). In sub-Saharan Africa and other low resource settings, religious leaders under FBOs have been instrumental in bridging the gap between health systems and local communities, promoting health education, and addressing misinformation (Boro et al., 2022).

Some FBOs integrate religious teachings into their services, while others take a more secular or interfaith approach. Strongly religious FBOs may provide health care within a theological framework, incorporating prayer, religious counseling, and spiritual healing, while more secular

FBOs may emphasize the provision of services without explicit religious influence (Nanji & Olivier, n.d.; Corey, 2022). These differences impact their approach to social and health interventions, partnerships with government and international organizations, and the populations they serve. For example, Christian health networks in Ghana have played an important role in infection prevention while maintaining their religious identity (Agboh et al., 2024), while Islamic FBOs in some settings such as those Tanzania also focus on direct health interventions without religious engagement (Leichtman & Muhoja, 2024).

More FBOs have also played key roles in public health and humanitarian efforts across Africa especially during pandemics while maintaining their religious values, or even an intersectionality of religious values and secular influence. The Adventist Development and Relief Agency (ADRA), a global Seventh-day Adventist humanitarian organization, provided emergency relief and public health support during the COVID-19 pandemic (Hirata et al., 2021). On a broader scale, the World Faiths Development Dialogue (WFDD), led by Katherine Marshall, has worked globally to bridge religious engagement and development efforts, advocating for faith-based initiatives in health and humanitarian work (Tomalin, n.d.). In Zambia and other African nations, the Faith Matters Initiative has collaborated with faith leaders to educate and mobilize youth on health issues such as HIV prevention and reproductive health (Kanagasabai et al., 2023). Additionally, Catholic health networks have historically provided essential healthcare services across Africa, actively participating in responses to pandemics like Ebola and COVID-19 (Marshall, 2017; Orach, 2025). These organizations highlight the diverse ways in which FBOs contribute to global health and social development under religious, secular and mixed values, and understanding these distinctions is crucial for effectively engaging FBOs in public health and humanitarian efforts.

Recent pandemics in Africa and FBOs

Various pandemics have posed challenges to public health systems worldwide in previous years. The outbreak of the Ebola Virus Disease (EVD) in West Africa (2014-2016) highlighted the critical role FBOs can play in responding to public health emergencies.

The Ebola virus, a highly infectious disease caused by the Ebola virus, spread rapidly in countries such as Guinea, Liberia, and Sierra Leone, leading to widespread fear and chaos. During the Ebola outbreak, FBOs were instrumental in educating the public about the virus, managing isolation and quarantine centers, and providing both physical and emotional support to affected individuals and communities (Greyling et al., 2016). While medical interventions

such as quarantine, contact tracing, and vaccination campaigns were central to the response, FBOs helped bridge gaps in cultural beliefs and public health practices, ensuring that healthcare strategies were accepted and adhered to by local communities (Sisti et al., 2023).

Similarly, the global COVID-19 pandemic, caused by the SARS-CoV-2 virus, presented unique challenges to healthcare systems worldwide. The pandemic, which began in late 2019 and spread rapidly across the globe, brought about unprecedented public health measures, including lockdowns, social distancing, and mass testing campaigns. As the virus spread across Africa, FBOs became key players in providing healthcare services, disseminating public health information, and combating misinformation related to the virus. The World Health Organization (WHO) and the African Union collaborated with local governments to implement COVID-19 vaccination campaigns, but the role of FBOs in distributing vaccines, educating communities, and encouraging vaccine uptake was crucial in overcoming vaccine hesitancy and logistical barriers in remote areas (WHO, 2020). FBOs leveraged their established community trust to influence behavior and mobilize resources, often playing a role in the frontline response alongside governmental health initiatives (Afolabi & Ilesanmi, 2021).

Marburg virus disease (MVD), caused by the Marburg virus, is another example of a deadly viral outbreak that has affected African countries. Marburg virus is a hemorrhagic fever virus closely related to Ebola, with similar transmission patterns and high mortality rates. While Marburg outbreaks have been less frequent than Ebola, the responses to these outbreaks have underscored the important role of FBOs in controlling the spread of the virus and providing community-based health services during such crises (WHO, 2021). In countries such as Uganda, where Marburg outbreaks have occurred, FBOs were instrumental in managing quarantine and treatment centers, providing psychosocial support to affected individuals and families, and engaging in community mobilization efforts to promote hygiene and safety practices (Muvunyi et al., 2024).

This study only focuses on the role of FBOs in responding to recent pandemics in Africa, such as Ebola, COVID-19, SARS-CoV-2, and Marburg, while excluding their contributions to HIV-related healthcare. One key justification for this exclusion is that HIV, unlike these other pandemics, has been a long-standing public health crisis, persisting for decades with established treatment protocols and preventive measures (Blevins et al., 2019). In contrast, Ebola, COVID-19, SARS-CoV-2, and Marburg emerged as acute public health emergencies requiring rapid response, community mobilization, and immediate intervention strategies (Agboh et al., 2024;

Levin et al., 2022). Another critical difference is the mode of transmission. HIV is primarily spread through specific high-risk behaviors, including unprotected sexual contact and needle sharing, which allow for targeted, long-term prevention efforts. On the other hand, diseases like Ebola, COVID-19, SARS-CoV-2, and Marburg spread rapidly through respiratory droplets, direct contact with infected individuals, or contaminated surfaces, requiring urgent containment measures and widespread community engagement (Santibañez et al., 2019; Marshall, 2017). Given these distinctions, the study prioritizes the examination of FBO involvement in addressing sudden and highly transmissible pandemics that necessitate emergency preparedness, large-scale public health messaging, and swift intervention.

The aim of this study is to therefore analyze existing research, drawing from a wide range of published research to examine the roles played by FBOs in recent pandemic responses across Africa. This will be done through analysis of FBOs perception in Africa, how they integrate religion alongside health practices and the challenges they face as well as obstacles they create during pandemic response.

Research Questions

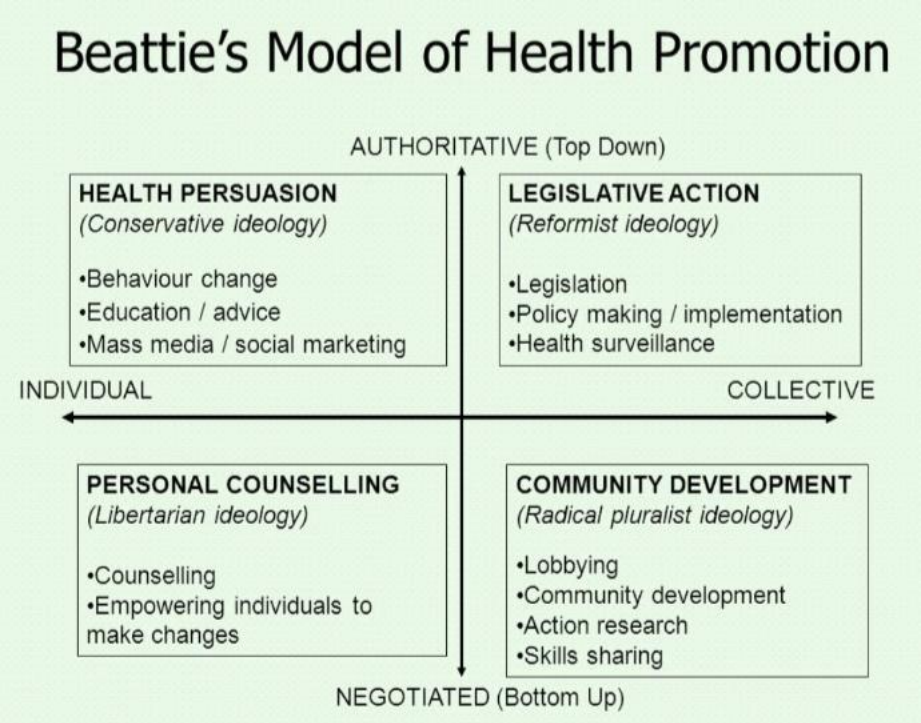
1. How do African communities perceive FBOs and how is religion embedded in the pandemic response activities and health-related work of these organizations?
2. In what ways have FBOs contributed to health systems and healthcare delivery during pandemics such as Ebola, COVID-19, SARS-CoV-2, and Marburg across African contexts?
3. How have FBOs incorporated religious teachings into medical advice and public health guidelines to influence individual and community behavior during pandemic responses?
4. What challenges have FBOs faced in pandemic response efforts, and how can their participation be better integrated into future public health strategies through collaborative and culturally relevant approaches?

THEORETICAL FRAMEWORK

Beattie's Model of Health Promotion

Beattie's (1991) model of health promotion offers a nuanced and structured approach to understanding the range of interventions that can be undertaken to improve public health. Rather than viewing health promotion as a singular or uniform process, the model situates it within a two-dimensional matrix, defined by the axes of top-down vs. bottom-up and individual versus collective focus. This framework produces four distinct quadrants: Health Persuasion, Legislative Action, Personal Counselling, and Community Development each representing different strategies for engaging populations in health-promoting behaviors.

Figure 1. Beattie's Model of Health Promotion (Beattie, 1991).



The top-down axis reflects interventions that are directed by experts or institutions, often involving structured authority, such as government bodies or public health officials. Conversely, the bottom-up axis denotes approaches that emphasize community participation, empowerment, and negotiation, often arising from grassroots movements or collaborative efforts. The horizontal axis differentiates whether the intervention targets individual behaviors or seeks change at the collective or societal level (Beattie, 1991).

1. Health Persuasion (top-down – Individual focused) encompasses traditional, expert-led strategies designed to inform and influence individuals to adopt healthier behaviors, such as public awareness campaigns or moral-religious encouragements to follow hygiene practices.

2. Legislative Action (top-down – collective) refers to policy-oriented, systemic interventions such as state-mandated vaccination programs or lockdown regulations aimed at protecting public health across populations.
3. Personal Counselling (bottom-up – Individual focused) involves tailored, dialogic engagement with individuals to explore and support personal health choices, often in therapeutic, pastoral, or clinical settings.
4. Community Development (bottom-up – collective-focused) prioritizes participatory approaches, working with communities to identify their own needs and co-develop sustainable, contextually appropriate health solutions.

This model is especially relevant in contexts where multiple actors, including FBOs, operate at the intersection of public health, religious identity, and community mobilization such as in the African context.

Applying Beattie's Model to FBOs in Pandemic Response

In many African contexts, FBOs are pivotal health actors simultaneously spiritual, social, and medical in their influence. They often serve as first points of contact for health information, especially in areas where state infrastructure is limited (Olivier et al., 2015; Blevins & Thurman, 2015). Their roles during recent pandemics such as Ebola, COVID-19, SARS-CoV-2, and Marburg virus outbreaks have been varied and complex, making Beattie's model a useful lens to analyze and categorize their health promotion strategies.

In this systematic review, Beattie's model serves as the conceptual framework for examining the roles, responses, and challenges of FBOs during pandemic situations in Africa, enabling a structured yet flexible analysis that respects the diversity of faith-based health promotion strategies. The model is applied to map FBO interventions to the appropriate quadrants within Beattie's framework, analyse the tensions and synergies between top-down and bottom-up approaches, and critically assess the challenges FBOs encounter—such as limited resources, conflicting religious and medical beliefs, and weak integration with formal health systems and how these factors may either hinder or enhance health promotion. Furthermore, it highlights areas of alignment or friction between FBO practices and broader public health agendas at national or international levels. By structuring the synthesis of findings in this way, Beattie's model also facilitates the development of practical recommendations for strengthening the role of FBOs in future public health emergencies through collaboration, mutual understanding, and the integration of both spiritual and scientific authority.

Methodology

This study presents a systematic literature review with the aim of exploring the role of FBOs in pandemic responses, specifically focusing on their contributions to healthcare during recent pandemics in Africa, including the Ebola Virus Disease (EVD), COVID-19, SARS-CoV-2, and Marburg outbreaks. This review was done to identify the healthcare contributions of FBOs, the integration of religious beliefs with medical practices, and the successes and challenges these organizations face in responding to pandemics. Given that FBOs are often deeply embedded within their communities, their role in shaping pandemic responses has been recognized, but there remains a gap in understanding the broader impacts and strategies that FBOs employ in healthcare delivery especially during the recent crises within African health care settings.

This study will not attempt to generalize findings but rather to identify key themes, practices, and barriers in the existing literature on this topic. By synthesizing and critically analyzing the data from multiple sources, this study will contribute to filling knowledge gap, particularly around the study aim.

3.1 Search Strategy

To conduct this systematic review, comprehensive searches were performed across multiple databases relevant to health and social science research. The main databases used were PubMed, Scopus, Google Scholar. These databases were selected because they contain peer-reviewed articles, which are essential for understanding the intersection of faith, health, and community dynamics during pandemics.

The search was conducted using a range of mesh terms to capture studies related to the role of FBOs in healthcare during pandemics, focusing on the African context. The final search strategy involved a combination of mesh terms clustered into three conceptual themes:

Category 1: "Faith-Based Organizations" OR “FBOs” OR Christian* OR Muslim* OR religious

Category 2: "Pandemic Response" OR "Pandemic Preparedness" OR pandemic OR pandemics

Category 3: "Ebola Virus" OR Ebola OR covid-19 OR "Coronavirus Infections" OR "SARS-CoV-2" OR Marburg

Category 4: Africa

By combining the mesh terms under the above categories, searches were conducted to identify relevant literature.

3.2. Ethical Considerations.

This study did not require ethical approval, as it did not involve the collection of primary data or the participation of human subjects, and is not a clinical trial, thus Clinical Trial Number: Not Applicable. It was based exclusively on previously published articles from academic and scientific journals. To ensure academic rigor and minimize bias, a transparent and reproducible methodology was employed, using objective inclusion and exclusion criteria as illustrated below. Sources were carefully selected and evaluated based on their relevance, credibility, and scholarly merit. The literature search strategy included peer-reviewed literature to capture a broader range of perspectives, particularly those relevant to FBOs operating in African contexts.

Additionally, given the sensitive nature of topics related to religion versus public health, particular attention was paid to representing FBOs and their work respectfully and without stigma. Language was carefully chosen to avoid generalizations in the findings while also ensuring cultural sensitivity. This was done with the aim to not only evaluate the validity of religious beliefs but to understand how they interact with health behaviors, institutional trust, and community mobilization during health crises. This approach ensured that the research upheld both scholarly integrity and religious inclusivity, recognizing the complexity and legitimacy of religious worldviews in shaping health responses. Ethical sensitivity in this context was very central not only to protect the dignity of faith communities discussed, but also to produce findings that are respectful, meaningful, and applicable to real-world global health collaborations.

3.3. Inclusion and Exclusion Criteria of Literature.

To ensure a relevant and focused review, the following inclusion and exclusion criteria were applied:

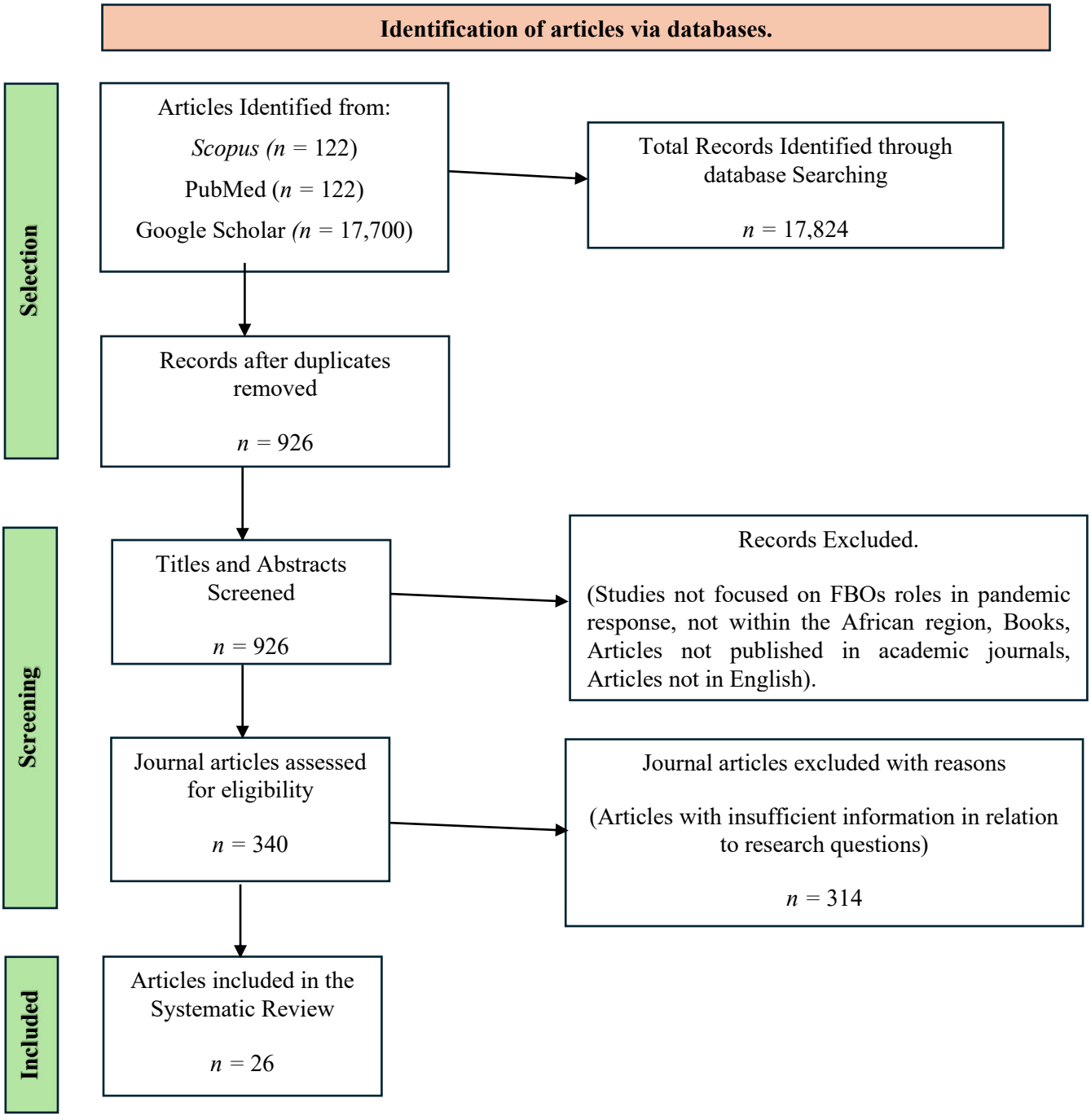
3.3.1. Inclusion Criteria:

1. Studies published between 2015 and 2025 to capture the most recent responses during the Ebola, COVID-19, SARS-CoV-2, and Marburg pandemics.
2. Peer-reviewed articles.
3. Research focused on FBO healthcare responses, including service delivery, community health education, emotional and spiritual support, and integration of faith and medical practices.
4. Studies involving FBOs' roles in pandemic responses in Africa.
5. Full-text availability for review and analysis.

3.3.2. Exclusion Criteria:

1. Studies without a greater focus on Africa or pandemics.
2. Research outside the context of FBOs' healthcare contributions (e.g., general social or educational roles).
3. Studies without a focus on pandemic healthcare or FBOs' contributions to health.
4. Studies not published in English.
5. Articles published before 2015.

Figure 2. **Illustration of the Search Strategy and Inclusion/Exclusion Criteria of Literature.**



EMPIRICAL DATA.

This systematic review consisted of 26 published research articles that were reviewed for this study. Most articles were predominantly of qualitative and mixed-methods (both qualitative and quantitative) research studies that provided rich, context-specific insights into FBOs

engagement during recent pandemics in Africa, and the interplay between religion and public health. Below is a summary of these articles, including their methodologies and key focus on FBOs in the African context. These articles are summarized below

The qualitative study "Wash and Pray" by Chitando & Biri (2021) examines how African Christianity in Zimbabwe responded to the COVID-19 pandemic by encouraging both scientific public health measures and spiritual rituals. The paper demonstrates how religious leaders promoted prayer among their followers while also upholding social separation, mask-wearing, and handwashing by using content analysis of sermons, pronouncements, and church rituals. The article, which focusses only on COVID-19 in Zimbabwe, supports this systematic analysis by emphasizing the role that FBOs) play in health. Because it demonstrates both community-level involvement in health promotion and top-down religious messaging, it aligns with Beattie's model.

"Understanding Faith-Based Organisations: How FBOs are Contrasted with NGOs in International Development", literature by Clarke and Ware (2015) examines the differences between FBOs and secular NGOs through a conceptual and qualitative analysis of the body of development literature. Since it provides a fundamental knowledge of FBO identities, values, and operational models all of which are essential for evaluating their pandemic responses in African contexts the article is closely related to this study. This approach helps interpret FBO acts during COVID-19 and Ebola, particularly regarding community engagement, faith-driven motivation, and legitimacy.

The Role of Religion, Philosophy of Life, Global Health, Traditional Medicine, and Past Experiences in the Covid-19 Pandemic Response: Zambia Case Study, a systematic review by Olivier et al. (2015), evaluates the functions of faith-based health care providers in Africa with an emphasis on their scope, geographic reach, cost-effectiveness, and user satisfaction. The study demonstrates the contribution of FBOs to the delivery of health services throughout sub-Saharan Africa, particularly in underserved areas, by synthesising data from various sources. It supports this study by offering fundamental proof of FBO capacity and influence in health systems, which becomes crucial during pandemics like COVID-19 and Ebola. For long-term effects, the review emphasises the necessity of incorporating FBOs into more comprehensive health policies.

Mutemwa et al. (2022) investigate in a qualitative case study how Zambia's COVID-19 reaction was influenced by religion, philosophy of life, traditional medicine, and past epidemic

experience. The study emphasises the crucial role of faith-based actors in influencing health behaviours, fostering trust in public health messaging, and incorporating spiritual support through interviews and document analysis. By demonstrating the intricate relationship between pandemic response and religious belief systems in an African setting, it is consistent with this review. In order to improve health outcomes during pandemics like COVID-19, the study emphasises how crucial it is to engage FBOs in culturally relevant ways.

Additionally, Ingabire et al. (2023) investigated "The role of Christian health organizations in promoting COVID-19 vaccination in Eastern Congo" using a qualitative study that included focus groups and interviews. According to the report, these organizations are vital in combating vaccine hesitancy and disinformation because of the trust and influence they have in local communities. By emphasizing the role that FBOs play in public health during pandemics in Africa, this strongly relates to the review's main topic. It emphasizes how crucial it is to use religious networks to supply health services and communicate effectively in areas with low resources and during emergencies.

In a qualitative case study, Korsi and Mdiniso (2021) investigated how the COVID-19 epidemic affected religious activities in South Africa's Esikhaleni Settlement. The study looked at how FBOs changed their worship styles in response to public health regulations using participant observation and interviews. By demonstrating how FBOs promoted compliance and community well-being by striking a balance between spiritual demands and health instructions, the article supports this systematic evaluation. Despite being centered on COVID-19, it provides information about the more general adaptive functions of FBOs in times of medical emergency, especially in underserved African communities where religious organizations continue to play a crucial role in providing social and emotional support.

Through document analysis and interviews, Tsuma (2021) uses a qualitative approach to investigate the role of the church during the COVID-19 pandemic in Kenya. While churches faced obstacles such scarce resources and gathering restrictions, the report emphasizes how they helped with the pandemic response by providing spiritual support, health messaging, and humanitarian aid delivery. By demonstrating the diverse contributions of FBOs in pandemic situations, this work is consistent with the present systematic review. With a particular focus on Kenya and the COVID-19 pandemic, it emphasizes the church's function as a stabilizing influence and a health partner in impacted areas.

To investigate how FBOs handled mental health concerns, including anxiety and depression, during the COVID-19 epidemic in African contexts, Ossai & Eseadi (2021) carried out a literature-based qualitative analysis. Through faith-based counselling, prayer meetings, and community outreach, Christian FBOs play a crucial role in offering emotional and spiritual support, according to the report. It also talks about how, despite obstacles including a lack of resources and expertise in mental health, FBOs assisted in eradicating the stigma associated with mental health. This supports FBOs' involvement in providing psychosocial assistance during health emergencies in Africa and is consistent with the current analysis by highlighting their holistic health contributions beyond physical care.

Marshall (2017) examines the involvement of religious players, such as FBOs, in the West African Ebola response using a qualitative case study methodology, with an emphasis on nations like Guinea, Liberia, and Sierra Leone. The study emphasizes the important roles played by Muslim and Christian religious leaders in promoting behavior change, organizing communities, and battling stigma. It also mentions difficulties including early opposition to scientific procedures because of customary funeral customs. The impact and complexity of FBO engagement in African pandemic responses are highlighted in this piece, which strongly relates to the current review by showing how FBOs helped address trust gaps between communities and health systems.

With an emphasis on Africa among other locations, Marshall et al. (2020) employ a qualitative, multi-case study methodology to investigate religious involvement in development, including health crises. The study emphasizes how FBOs use infrastructure, moral authority, and community trust to support development goals. It talks about how to handle medical crises like Ebola and emphasizes how FBOs affect public health results. The paper supports this study by demonstrating that FBOs play a crucial role in bridging the gap between official health systems and communities, despite obstacles like donor skepticism and uneven collaboration with non-sectarian actors.

Chilanga et al. (2022) investigated how politics and religion affected Malawian urban dwellers' perceptions of COVID-19 risk in a mixed-methods study that included surveys and interviews. According to the study, religious convictions had a big impact on people's adherence to public health recommendations. While some religious leaders encouraged people to take precautions, others minimized the seriousness of the infection. This article is pertinent to the current evaluation since it emphasizes how FBOs' messaging can either help or hinder pandemic

response. With an emphasis on Africa, it sheds light on how public health practices during pandemics like COVID-19 are impacted by religious-political intersections.

Sibanda et al.'s (2023) study, Religion and the COVID-19 Pandemic in Southern Africa, explores the complex role that religion plays in the region's pandemic response. Using qualitative approaches including phenomenology, interviews, and document analysis, the study investigates how different religious communities—including Christianity, Islam, Rastafari, and African Indigenous religions—managed the difficulties presented by COVID-19. It emphasizes relationships between public health officials, governmental authorities, and religious leaders that are both cooperative and controversial. The book's emphasis on Southern Africa offers insightful information about the intricate relationship between pandemic response tactics and FBOs.

Religion and the 'Secular Shadow': Responses to COVID-19 in Ethiopia (Østebø et al., 2021) explores how Ethiopian Muslims and Christians saw the pandemic as a form of divine retribution, which prompted congregational worship, fasting, and prayer. Using ethnographic techniques like as focus groups, interviews, and participatory observation, the study draws attention to the conflict between the Ethiopian government's biological approach and religious responses. It highlights the function of religious institutions in public health, demonstrating both cooperation and opposition to governmental regulations. Understanding the intricate relationship between religion and public health in African pandemic reactions is made easier with the help of this research.

Záhořík's (2020) article of "Religion and Health Care in East Africa: Lessons from Uganda, Mozambique, and Ethiopia" examines the role that FBOs play in healthcare delivery in these nations. The study investigates how religious beliefs impact health-seeking behaviors and care delivery using qualitative approaches. It emphasizes how traditional and biomedical methods can coexist, with FBOs frequently filling in when state resources are inadequate. The study emphasizes how crucial it is to take religious viewpoints into account when developing public health plans, especially in areas where FBOs play a major role in community health.

Wild-Wood et al.'s study, "Perceptions of COVID-19 in Faith Communities in DR (2023), explores how religious communities in northeastern Democratic Republic of Congo(DRC)" viewed and dealt with the COVID-19 epidemic. The study reveals a variety of opinions regarding the nature and cause of COVID-19, ranging from considering it a natural disease to

considering it a supernatural or manufactured one, based on semi-structured interviews with members, leaders, and medical professionals from seven faith communities. The study emphasizes the intricate relationship between public health initiatives and faith-based responses, highlighting the necessity of cooperation and mutual understanding between faith communities and health authorities to effectively handle health emergencies.

Through faith-centered interpretations of COVID-19, Nimi Wariboko's The Pentecostal Hypothesis and African Pentecostalism during COVID-19 by Igboin et al (2021). investigates how African Pentecostalism influenced pandemic reactions. The study addresses public health recommendations while highlighting the responsibilities of Pentecostal leaders in providing spiritual coping methods through qualitative analysis of sermons and media. It shows how Pentecostal FBOs affect pandemic resilience and health behaviors in Africa.

Ghana's Christian Health Association's preparedness for Marburg virus outbreaks is evaluated through document reviews and interviews in Agboh et al.'s Infection Prevention and Control: Qualitative Study of the Preparedness and Response of Christian Health Association of Ghana to Marburg Virus Disease (2024). The paper highlights the vital roles that FBOs play in public health infrastructure and infection control, highlighting both their strengths and limitations that are pertinent to pandemic response in Africa.

Herzig (2023) examines donor dynamics with Cameroonian FBOs in healthcare through surveys and interviews in "hidden Catholics," "faith-blind" donors, and "FBO empires": A Mixed-Methods Study on Donor Engagement with FBOs in the Cameroonian Health System. It highlights funding issues and the political economy of faith-based health projects, exposing conflicts between donor expectations and faith identities to understanding FBO sustainability in pandemics.

Ashe & Ojong (2021) evaluate missionary responses to COVID-19 using case study methodology in Christian Missions and COVID-19 in Africa and Latin America: A Case Study of Brazil, Nigeria, and South Africa. It highlights the dual responsibilities of missions in spiritual care and health education, stressing cross-continental FBO adaptability, and highlighting the socio-religious complexity in pandemic situations. Michael (2022) also maps the relationships between Christian prayer ministries and traditional healing in Africa through ethnographic fieldwork in Healing Borders and the Mapping of Referral Systems Across the Territorial

Spaces of African Healing Shrines, Christian Prayer houses, and Hospitals. The study clarifies how referral networks combine biological and spiritual care, illuminating the hybrid roles of FBOs in pandemic response and health service.

In Kauthar's (2022) article, "Hijab and Niqab: A Cross-Religious COVID-19 Safety Measure in Madina Zongo, Islamic veiling customs like the hijab and niqab were viewed and used as preventative measures during the COVID-19 pandemic in Madina Zongo, Ghana. According to the study's qualitative interviews and ethnographic observations, these religious garments were reinterpreted as health-compliant clothing, which improved public health compliance and promoted interfaith harmony. This study demonstrates how religious customs can be modified to aid in health programs in African settings.

Cheboi's 'Epidemics, Pandemics, and Plagues: How the Church Responded Throughout History, and Implications for Churches in Battling the COVID-19 Pandemic' offers a historical examination of how the Christian church dealt with health emergencies, offering insights for current engagement during the pandemic. The essay emphasizes the church's role in delivering care, battling false information, and advancing public health by using historical and theological techniques. The ongoing participation of Christian FBOs in medical situations throughout Africa is contextualized in this study.

Yibeltal et al. (2024) use in-depth interviews to investigate how Ethiopian faith leaders affected public perceptions of COVID-19 and vaccination in their study, "God Protects Us from Death Through Faith and Science": A Qualitative Study on the Role of Faith Leaders in Combating the COVID-19 Pandemic and in Building COVID-19 Vaccine Trust in Addis Ababa, Ethiopia. According to the study, religious leaders were crucial in resolving vaccine hesitancy, promoting health information, and fusing faith with scientific advice.

Cross-Border Contiguous Communities' Interactions and the Consequences for Pandemic Management: Ghana and Burkina Faso's Case The interactions between nearby communities during the Ebola outbreak are examined in During the Ebola Outbreak in West Africa: A Qualitative Study by Chirawurah et al., (2022) with a particular emphasis on the function of religious institutions in cross-border health communication. The study used qualitative approaches to show how FBOs helped spread information and foster trust, both of which are essential for handling health emergencies in border areas.

Boro et al.'s (2022) study, The Role and Impact of FBOs in the Management of and Response to COVID-19 in Low-Resource Settings, examines the ways in which FBOs in African areas with little resources helped manage the pandemic. The study recognizes FBOs as crucial in delivering healthcare services, disseminating aid, and combating disinformation using case studies and qualitative data. In keeping with the emphasis on FBOs' capabilities and limitations during pandemics in Africa, the study highlights the difficulties these organizations encounter, such as a lack of funding and collaboration with state entities.

The global role of FBOs in COVID-19 vaccine campaigns is examined in FBOs and SARS-CoV-2 vaccine: Challenges and Recommendations by Levin et al. (2022), with implications for African contexts. The article addresses the trust that FBOs have in communities, their ability to boost vaccination uptake, and the difficulties they encounter such as logistical obstacles and theological objections through policy analysis and case studies.

3.4. Data Analysis

To analyze the selected articles, I used thematic analysis based on the method developed by Braun and Clarke (2006), a method particularly well-suited for identifying, organizing, and interpreting patterns of meaning within qualitative data. Braun and Clarke's (2006) thematic analysis method is a flexible approach for analyzing qualitative data, focusing on identifying and interpreting patterns (themes) within the data. The process involves six phases: familiarizing with the data, generating initial codes, searching for themes, reviewing and refining themes, defining and naming themes, and writing the report. It can be applied inductively (data-driven) or deductively (theory-driven), with an emphasis on reflexivity and transparent interpretation of the data in relation to the research question. According to Braun and Clarke (2006), this approach because it helps find common ideas, topics, or themes across different texts while allowing flexibility and depth. It worked well when dealing with complex information such as like how faith-based groups responded to pandemics because it does not require a fixed theory from the start. I followed six clear steps from Braun and Clarke. First, I read all the articles several times to understand them better and made notes of anything that stood out. Then, I used NVivo software to start coding by means highlighting parts of the text that shared similar ideas or messages, such as faith-based work, public health, or religious practices. NVivo helped keep everything organized and made it easier to see patterns. After coding, I grouped related codes into themes, both inside NVivo and later in a Word document, where I worked more closely with the data. This part was important because it helped me better understand the deeper

meaning behind the patterns I found. I then checked the themes to make sure they made sense and gave each theme a name that clearly described what it was about. I therefore structured my findings into five themes which are Definition and Perception of FBOs in the African context, FBOs Integration of Religious beliefs alongside medical practices or guidelines during pandemics, Contributions of FBOs during Pandemics, Obstacles created by FBO Involvement in Pandemics, Challenges met by FBOs during service delivery in Pandemics. These themes were used to summarize findings that explained what I had learned about the greater role and involvement of FBOs in health during pandemics in Africa.

Additionally, to critically analyze the perception of FBOs in community health care during pandemics, roles played, integration of faith with medical practices, and challenges met by FBOs in pandemic response across Africa, Beattie's (1991) Model of Health Promotion was employed as a guiding theoretical framework within the discussion phase of this study. This model distinguishes between four quadrants of health promotion based on two axes of the mode of intervention (top-down versus bottom-up) and the target of action (individual versus collective). It's four quadrants of Health Persuasion, Legislative Action, Personal Counseling, and Community Development also offers a way to categorize the diverse roles FBOs undertook during recent pandemics in Africa.

Results

4.1. Perception of FBOs and presence of religion in their pandemic response activities.

FBOs in Africa encompass a broad and diverse range of institutions that blend religious mission with social and health services. Their role extends beyond spiritual guidance to contributions in healthcare, education, welfare, and development, especially in resource-limited settings. Understanding how FBOs are defined and operate within African societies helps explain their major role during health crises and pandemics. This section explores how FBOs and religion are defined and understood, and how they work in Africa based on the following subthemes:

4.1.1. Perception of FBOs' and their work pandemic work in Africa.

Broadly, FBOs in Africa include faith-based non-governmental organizations, informal religious initiatives, churches, mosques, religious leaders, health centers such as Christian

Health Associations, and interdenominational networks. These organizations represent religions like Christianity (Adventists, Catholics, Protestants, Pentecostals), Islam, Buddhism, Hinduism, and indigenous African religions (Olivier et al., 2015). The dual identity of FBOs is key: they are simultaneously development agencies assisting vulnerable populations and religious bodies rooted in spiritual values (Clarke & Ware, 2015). Functionally, FBOs are defined by their role in providing social services, motivated by faith traditions including Christianity, Islam, and African Traditional Religions, regardless of whether they are formally registered (Záhořík, 2020). Some studies, such as Wild-Wood et al. (2023), use the broader term "faith communities" to capture this range, encompassing Catholic, Protestant, Pentecostal churches, Sunni mosques, and indigenous African religious groups like Lam-Te-Kwaro.

Across Africa, FBOs deliver education, healthcare, and welfare services, notably through Christian institutions (Ashe & Ojong, 2021). In research done in Africa, Christian churches have been particularly providers in these sectors. Specific country examples show the diversity and structure of FBOs across the continent. In DRC, FBOs include large religious bodies such as the Roman Catholic Church, Protestant groups under the Eglise du Christ au Congo (ECC), and Pentecostal churches aligned with the Eglises du Réveil au Congo (ERC) (Olivier et al., 2015). In Ethiopia, FBOs consist of churches and mosques such as the Ethiopian Orthodox Tewahido Church, Evangelical Churches, Seventh-day Adventist Church, and Ethiopian Catholic Church, all active in providing community services (Yibeltal et al., 2024). In Cameroon, Christian institutions such as the Baptist Convention Network and Fondation ad Lucem (FALC) collaborate closely with the government to extend health services (Herzig van Wees, 2023). In Ghana, the Christian Health Association of Ghana (CHAG) leads healthcare delivery efforts in underserved areas, often guided by Pentecostal Christian values (Agboh et al., 2024). FBOs are also pivotal in the healthcare sector, particularly in mental health. In Nigeria, Christian faith-based healing centers often address mental illness through spiritual methods but occasionally collaborate with hospitals when medical intervention becomes necessary (Michael, 2022). Globally, faith-based institutions churches, mosques, synagogues have historically been central players in public health and social outreach (Levin et al., 2022).

Looking at the way how FBOs are defined based on the various literature used, religious diversity is remarkable feature within FBOs operating across Africa and globally. They include Christianity, Islam, Buddhism, Judaism, and indigenous belief systems such as the Ndau traditions in Zimbabwe (Boro et al., 2022; Levin et al., 2022). This strongly related to the study

by Olivier et al., (2015) that mentions that by 2012, an estimated 84% of the global population identified with a religion, with many major faith traditions emphasizing the moral duty to care for the sick. In the African context, religion is integrated deeply into social, cultural, and health dimensions of life such as illness and death which extends beyond personal belief to influence how communities understand and respond to crises. Among the Kassena communities living along the Ghana - Burkina Faso border, for instance, traditional funerals as important cultural and religious events continue to unite communities but can also heighten the risk of disease transmission, as seen during the Ebola outbreak (Chirawurah et al., 2022).

Religion in Africa also serves as a pillar of social resilience and cohesion during crises. During the COVID-19 pandemic, FBOs contributed to psychological support, public health messaging, and promoting safety behaviors (Muyambo et al., 2022). In Zambia and across the continent, faith and health are closely linked; Christianity and other religions shape both how people interpret illness and how they respond to healthcare interventions (Mutemwa, 2021).

As noted, many religious health facilities across Africa rely on a mix of government funding, patient fees, international donor support, and local church contributions to sustain their operations (Olivier et al., 2015). This complex financial structure reflects both the strengths and challenges faced by FBOs in fulfilling their vital roles during pandemics and health emergencies.

4.1.2. Faith-Secular Cooperation among FBOs.

During pandemics, the collaboration between FBOs and secular health authorities has proven to be essential in addressing public health challenges, particularly in regions with limited resources. In Uganda, for instance, the government enlisted religious institutions to support the public health system due to its struggle with limited resources. Religious groups also provide healthcare services to the population, helping to bridge gaps in the government's capacity (Záhořík, 2020). Similarly, in Mozambique, a more inclusive approach to healthcare provision is seen, where the government allows various religious groups, including Christian, Muslim, and indigenous African groups, to deliver health services. In rural areas, traditional healers known as curandeiros are particularly trusted, though there is occasional tension between the government and these informal religious healthcare providers (Záhořík, 2020).

While FBOs in Africa are generally open to cooperating with the secular health system, the boundaries of cooperation can vary. For example, many Christian prayer houses in Africa are willing to send patients to hospitals or herbalists for treatment, if necessary, but they often draw the line at traditional healers who use spiritual consultations or divination. Some pastors have stated that while they focus on the spiritual aspects of healing, they are open to referring patients to medical treatment or doctors if prayer alone does not work (Michael, 2022). This demonstrates a pragmatic approach where the spiritual and medical are seen as complementary rather than competing. During pandemics like COVID-19, organizations such as UNICEF and the World Health Organization (WHO) worked directly with religious leaders and faith-based communities to create and implement pandemic response guidelines. These partnerships recognized the crucial role of FBOs in managing crises, ensuring that they were involved in shaping effective solutions (Boro et al., 2022).

4.2 Contributions of FBOs during Pandemics in Africa

During health emergencies like Ebola and COVID-19, FBOs across Africa stepped into critical roles beyond their spiritual engagements. Their contributions ranged from raising awareness to providing essential health services, offering emotional support, and driving vaccine confidence. Their influence, backed by community trust and moral authority, allowed them to reach even the most remote and marginalized populations. Below are key areas in which FBOs made impacts during pandemics across the continent.

4.2.1. Creating Awareness

Religious leaders and faith institutions played a part in spreading accurate and timely health information. In Eswatini, even though some church leaders were initially resistant to COVID-19 restrictions, many eventually supported public health efforts. Their visible compliance with mask-wearing and distancing encouraged followers to adopt the same behavior (Musili, 2023). In South Africa, Pentecostal churches like the Apostolic Christian Church in Johannesburg leveraged platforms such as Twitter and Facebook to share health tips and guidelines (Ashe & Ojong, 2021).

Similarly, in Kenya, Christ Is the Answer Ministries (CITAM) reached over 200,000 people using television, radio, and digital media to educate members on handwashing, sanitizers, and

physical distancing (Tsuma, 2021). In DRC, Catholic churches like CECA 20 in Bunia used their Base Christian Communities to educate members and even invited healthcare professionals to church gatherings for awareness campaigns (Wild-Wood et al., 2023). During the Ebola outbreak, FBOs in West Africa also played a vital communication role. Faith leaders suspended handshakes, discouraged touching during funerals, and spread health information through sermons especially in Liberia and Guinea, where national religious councils collaborated directly with governments to bust myths and reduce stigma (Marshall, 2017).

4.2.2. Faith, Emotional & Psychological Support

Beyond physical assistance, FBOs offered hope and emotional assistance and critical psychosocial support to believers. For example, In Zambia, Pentecostal leaders worked closely with government health teams. Churches paused public worship but continued to support congregants spiritually, offering comfort and counseling via phone calls, organizing small prayer groups over WhatsApp, and providing messages of hope in radio sermons, especially when public gatherings were banned and during periods of uncertainty and isolation (Musili, 2023). The Redeemed Christian Church of God (RCCG) in Nigeria, led by Pastor E. A. Adeboye, also emphasized spiritual reassurance while encouraging members to avoid unnecessary travel and follow safety protocols like using hand sanitizers (Ashe & Ojong**,** 2021).

4.2.3. Giving Aid

FBOs also helped address physical needs during the pandemics. Many provided food, financial help, or essential supplies to families impacted by lockdowns and illness during in both the Ebola (2014, 2016) and COVID-19 (2020) in countries such as Nigeria, Liberia, Seirra Leone and Uganda. World Vision, for example, used its Channels of Hope program, originally meant for HIV and malaria, to support health efforts during the Ebola outbreak (Musili, 2023). A report from a qualitative study also indicates that churches and mosques in various countries served as distribution hubs for both aid and accurate health messaging (Musili, 2023). The Islamic Development Bank donated $35 million to Ebola response efforts in Guinea and Sierra Leone, with another $360 million promised for recovery (Messinger, 2015).

4.2.4. Healthcare Services

FBOs directly supported health service delivery in several countries. In countries like Liberia and Sierra Leone, Christian health networks such as Christian Health Association of Liberia (CHAL) and Christian Health Association of Sierra Leone (CHASL) ran essential services including clinics, pharmacies, and laboratories. These networks ensured that health services continued even when public health systems were overwhelmed. In contrast, in Guinea, the presence of faith-based health services was much lower, and coordination among faith actors was also more limited, impacting the effectiveness of their pandemic response (Olivier et al., 2015). In other parts of Africa, FBOs worked in close collaboration with governments to ensure healthcare delivery. For instance, in Uganda, the government relied on churches to extend services to remote and underserved populations, especially in light of the country's limited public health capacity (Záhořík, 2020). Similarly, in Mozambique, a wide range of religious providers including Christian, Muslim, and indigenous African groups were permitted to offer healthcare. Traditional healers remained trusted figures in rural communities, though their role sometimes brought tension with state-preferred formal providers (Záhořík, 2020).

During the COVID-19 pandemic, churches adapted by bringing healthcare professionals directly into religious spaces. In Bunia, DRC, Catholic churches such as CECA 20 used weekly faith gatherings to provide not only spiritual support but also medical education and guidance from invited health workers (Wild-Wood et al., 2023). Meanwhile, in places like Addis Ababa and Zambia, religious organisations encouraged adherence to health protocols, promoted vaccinations, and transformed their facilities into platforms for health education and outreach (Yibeltal et al., 2024; Musili, 2023). In West Africa, during the Ebola crisis, Christian health networks, such as the Christian Health Association of Liberia (CHAL) and Christian Health Association of Sierra Leone (CHASL), played a central role in supporting the public health response. These organizations ran clinics, pharmacies, and laboratories, providing much-needed healthcare in the face of limited government resources. In contrast, Guinea faced fewer faith-inspired health initiatives, and the coordination between local religious groups and the government was weaker. However, organizations like Tearfund and the United Methodist Committee on Relief (UMCOR) partnered with local churches to support health services, showing the importance of collaboration between faith-based and secular entities (Olivier et al., 2015).

4.2.5. Driving Vaccine Acceptance

When it came to vaccine uptake, FBOs were again a powerful influence. In Addis Ababa, Ethiopia, faith leaders led by example, getting publicly vaccinated to encourage their congregants to do the same and reduce hesitancy (Yibeltal et al., 2024). FBOs in the DRC, especially in South Kivu, promoted COVID-19 vaccination both spiritually and practically. Christian leaders used Bible teachings to help people understand that pandemics are not new, offering reassurance and combating fear. By publicly showing their vaccination cards, these leaders acted as role models and encouraged vaccine uptake. Beyond spreading awareness, FBOs took on logistical responsibilities as well securing cold storage equipment, training local leaders, and even hosting vaccination drives in churches. In one notable instance, a nurse reported vaccinating over 1,000 people through a faith-based initiative (Ingabire et al., n.d.). In Nigeria, the Christian Association of Churches encouraged virtual services to limit the virus spread while educating people about vaccine safety and public health guidelines (Vorvornator & Mdiniso, 2021).

4.3. Integration of Religious Beliefs Alongside Medical Practices or Guidelines to influence individual and community perspectives

In many African contexts, religion is seen to play a central role in how communities understand and respond to health crises, including pandemics. Faith is not just a private matter, it is deeply woven into public life, shaping perceptions of illness, healing, and even government guidelines. During pandemics like COVID-19, religious leaders and faith-based communities have either directly supported medical practices or, at times, challenged them based on theological beliefs.

4.3.1 Religious response to the pandemics

In Zambia, religion played a critical role during the COVID-19 pandemic, deeply influencing how people coped with fear, uncertainty, and loss. Religion is an essential part of daily life for many Zambians, and during the pandemic, faith provided not only comfort but also a practical emotional anchor. It helped individuals to remain hopeful, to find meaning in suffering, and to manage the mental health challenges caused by the pandemic, including anxiety and stress. Religious teachings and practices served as important tools for emotional problem-solving, offering resilience in a time when government and medical interventions alone were insufficient (Ashe & Ojong, 2021).

Similarly, in Ghana, people across different religious traditions increased their spiritual efforts during the pandemic. Ghanaians turned to practices such as prayer, fasting, and offering sacrifices as ways to seek divine intervention against the spread of the virus and to restore normalcy to their lives. The emphasis on spiritual action was widespread, cutting across Christian, Muslim, and traditional African religious communities. Religious leaders and followers alike saw faith-based practices not only as a source of personal strength but as necessary collective actions to overcome the national health crisis (Khamis, 2022).

4.3.2 Combining Religion & Medical guidelines in pandemics

On the other hand, a more balanced approach was evident in Ethiopia and again in Zambia, where religious leaders worked hand-in-hand with the government. Ethiopian clergy encouraged people to accept scientific guidance, often using scripture to justify public health measures. They emphasized that God's protection can come through both prayer and medicine, thereby strengthening public trust in both faith and science (Yibeltal et al., 2024). In Zambia, Pentecostal leaders suspended large worship gatherings, provided education about COVID-19, and offered support to those affected showing that spiritual leaders can play a constructive role in disease prevention without abandoning their faith principles (Igboin, 2021). In Ghana, religious responses to the pandemic were widespread and unified. People from all faiths engaged in spiritual practices like fasting and prayer to seek divine intervention. Even within structured denominations like the Seventh Day Adventist (SDA) Church, integration between religion and medical practice was emphasized. In one study, a pastor explained that the SDA Church promotes vaccination while also encouraging natural ways to stay healthy. Their message to members was clear: science and faith can work together to protect and uplift human life (Muyambo et al., 2022).

4.4 Obstacles created by FBO Involvement in Pandemics

While FBOs played key roles in pandemic response across Africa, findings also revealed several disadvantages linked to their involvement. These challenges were mostly observed under three themes: beliefs or misconceptions about the pandemics, non-adherence to medical guidelines, and influences that contributed to vaccine resistance.

4.4.1. Conflicting beliefs, ideas or misconceptions about the pandemics in relation to health guidelines

In Ethiopia, some religious groups saw COVID-19 as divine punishment for sins such as alcohol use, dishonesty, and violence. As a result, they prioritized prayer and repentance over medical care or vaccination, which undermined public health efforts (Østebø et al., 2021). In Nigeria, Pastor Chris Oyakhilome of Christ Embassy Church suggested that COVID-19 was linked to harmful 5G technology and claimed that the vaccine was part of a "New World Order" orchestrated by the Antichrist, spreading further doubt among followers (Vorvornator & Mdiniso, 2021). In Liberia, during the 2014 Ebola outbreak, the Liberia Council of Churches linked the epidemic to divine punishment, blaming immorality and corruption, or acts such as homosexuality, as the cause of the crisis (Levin et al., 2022).

Similarly, in Nigeria, Pastor Lazarus Muoka of the Lord's Chosen Ministry publicly argued that the real cure for COVID-19 lay not in lockdowns or vaccines but in the power of the gospel. He criticized the closure of churches and claimed that reopening them would lead to the immediate eradication of the virus. His church even published testimonies of individuals who reported being healed of COVID-19 through online prayer sessions (Ashe & Ojong, 2021). Meanwhile, in the DRC, some Muslims interpreted the pandemic as a fulfillment of prophecy, noting that the Qur'an and prophetic traditions had warned that outbreaks and pandemics would occur (Wild-Wood et al., 2023). A minority of respondents among a study by Wild-Wood et al., (2023) also believed that COVID-19 was fabricated by those seeking financial gain (Wild-Wood et al., 2023).

In Ethiopia, various faith communities interpreted COVID-19 as divine punishment for moral transgressions such as lying, gossiping, alcohol consumption, and sexual immorality. Others cited context-specific offenses like ethnic violence and the breaking of Orthodox dietary laws as reasons for God's wrath. Many believed that only divine intervention not medical treatment could cure the virus, emphasizing the need for repentance and trust in God over scientific measures (Østebø et al., 2021). In Malawi, particularly in cities like Mzuzu, Blantyre, and Lilongwe, both Christian and Muslim participants viewed COVID-19 as fulfilling biblical prophecy and signaling the end times. For instance, a pastor in Mzuzu described the virus as "a disease from the darkness" that afflicted only the unrighteous. Respondents often linked COVID-19 to God's punishment for societal sins such as theft, murder, and immorality, drawing parallels to the biblical destruction of Sodom and Gomorrah. Some believers even associated COVID-19 with the number 666, interpreting government-issued national IDs as a sign of the Antichrist's influence. These religious interpretations fueled vaccine hesitancy and lowered

participants' perceived risk of infection (Ashe & Ojong, 2021). Moreover, a widespread misconception among participants was that receiving the COVID-19 vaccine would alter human DNA and turn individuals into zombies (Ashe & Ojong, 2021). In addition, some viewed the pandemic as a form of biological warfare designed to reduce the global population, with Africans being the initial targets (Ashe & Ojong, 2021).

4.4.2. Non-adherence to medical guidelines

In Kenya, Rev. Nathan Kirimi from Meru-Tigania (Eastern Kenya) publicly claimed that COVID-19 was a hoax and defied safety guidelines by continuing to hold in-person services in March 2020. Despite nearly 10,000 global deaths at the time, he stated that God instructed him not to close his church, drawing public backlash (Østebø et al., 2021). Similarly, in Ethiopia, particularly in the Tigray and Amhara regions, Orthodox Christian clergy strongly opposed the closure of churches during lockdowns, arguing that people needed prayer now more than ever. Some individuals, like an elderly woman from Tigray, openly rejected government-imposed restrictions on religious gatherings (Østebø et al., 2021). Resistance to medical guidelines was also recorded in Nigeria, where several churches, including Winners Chapel and branches of the Redeemed Christian Church of God (RCCG), continued services in Lagos despite lockdown orders, ignoring public health directives on social distancing (Østebø et al., 2021). Even in broader public health analyses, some FBOs were flagged as sources of misinformation. In West Africa, during the Ebola outbreak, public health officials observed that FBOs sometimes hindered disease control. Church-led healing sessions where sick individuals were physically touched, such as one tragic case in Liberia, resulted in further spread of Ebola and the deaths of congregation members (Marshall, 2017). The lack of coordination and poor communication between religious groups and health authorities during the 2014/2015 Ebola outbreak also allowed for the continuation of risky religious burial practices, contributing to disease transmission in countries like Sierra Leone and Guinea (Marshall, 2017)

4.4.3. Driving Vaccine Resistance.

Religious misconceptions also affected vaccine uptake. In DRC, some pastors actively discouraged their followers from receiving the COVID-19 vaccine, with one example involving a pastor who advised sick congregants to rely solely on prayer for healing instead of vaccination. This contributed to vaccine hesitancy in several areas (Ingabire et al., n.d.). Broader trends across multiple African countries showed that skepticism toward vaccinations already present

before COVID-19 became deeply intertwined with new fears about the COVID-19 vaccine. This created extra hurdles for health workers trying to increase vaccination rates in these communities (Levin et al., 2022).

4.4.4 Lack of Transparency.

Even though faith is central, not all religious health services operate purely on spiritual ideals. Many Christian-run facilities depend on a mix of funding sources like government support, patient fees, international donors, and local church contributions. However, a big challenge is transparency many of these institutions lack standardized financial records, making it hard to track how funds are used (Olivier et al., 2015).

4.5. Challenges Met by FBOs in Service Delivery During Pandemics

FBOs across Africa and other regions made important contributions during pandemics, but their efforts were not without challenges. These obstacles ranging from lack of resources to social and structural barriers impacted the extent and effectiveness of their service delivery during crises such as COVID-19 and Ebola.

4.5.1.Resource-RelatedChallenges

Across Nigeria, and South Africa, Pentecostal mission groups sought to support vulnerable communities during COVID-19 lockdowns by launching relief initiatives. However, their impact was hindered by limited funding, restricting the scale and consistency of aid delivery (Ashe & Ojong, 2021). In Kenya, the closure of churches during lockdowns led to a sharp drop in tithes and offerings. This financial strain affected the operational capacity of churches, as observed by leaders like G. Lubaale, who pointed out that churches could not provide aid and support as they normally did before the pandemic (Tsuma, 2021). In Ghana, faith-based health facilities under the Christian Health Association of Ghana (CHAG) faced logistical limitations such as inadequate testing materials, insufficient infection control supplies, and poor access to essential training, which compromised their outbreak response capacity (Agboh et al., 2024).

4.5.2. Social Barriers

In Ethiopia, religious leaders were burdened with widespread misinformation circulating within their communities, especially concerning the COVID-19 vaccine. Many of them lacked proper communication tools and up-to-date knowledge, making it difficult to effectively counter rumors and educate congregants (Yibeltal et al., 2024). In West Africa during the Ebola crisis, religious actors including Faith- Health Providers (FIHPs) had to navigate deeply entrenched distrust and cultural sensitivities. Their efforts to maintain health services were challenged by years of conflict and the need to coordinate with unfamiliar government and international systems through complex public–private partnerships (Marshall, 2017).

4.5.3. Unskilled FBO Staff

In Ghana, while CHAG facilities made notable progress in improving hygiene and infection control practices, they were consistently hampered by a shortage of trained health personnel and a lack of regular staff training programs. This gap in human resources weakened their ability to respond effectively during health emergencies (Agboh et al., 2024). The need for strategic investment in workforce development and medical supplies was emphasized as a critical area for strengthening FBO readiness in future pandemics.

Discussion

This research highlights the various ways that FBOs are defined, viewed within public health pandemic responses, emphasizing the complex and dynamic role that FBOs play in Africa's health and social development landscape. The findings obtained are consistent with Olivier et al. (2015)'s finding that African FBOs reflect the religious heterogeneity of the continent by ranging widely from official Christian Health Associations to programs run by mosques, neighborhood churches, and indigenous religions. According to Clarke and Ware (2015), who highlight FBOs' dual identity—acting as both service providers and faith-rooted organizations—this variability calls into question the lack of a single, consistent definition of FBOs. In contrast to many Western contexts, where secular partnerships often downplay faith elements, African

FBOs maintain a strong spiritual foundation embedded in their service delivery (Záhořík, 2020; Wild-Wood et al., 2023).

Beattie's model also provides a useful lens for the complex contributions and challenges of African FBOs at different levels of health promotion and disease prevention. The use of religious authority by FBOs to influence individual behavior by embedding public health messages in faith narratives corresponds to the Health Advocacy quadrant in Beattie's model. This top-down approach has been shown to be particularly effective in contexts such as Nigeria and South Africa, where pastors and imams actively promoted COVID-19 prevention measures such as mask-wearing and vaccination campaigns (Ashe & Ojong, 2021; Musili, 2023). This is also in line with Marshall's (2017) findings that portraying health as a divine duty increases the legitimacy of the message, especially when mistrust of state institutions exists. Similar to this, some sermons in impacted areas during the Ebola outbreak reaffirmed medical guidelines as acts of faith and obedience, showing how spiritual authority can influence behavior (Marshall, 2017). These illustrations highlight Beattie's health persuasion quadrant and demonstrate how FBOs' top-down, individual-focused influence can close gaps between science and culture or religion.

The Legislative Action quadrant of the strategy is also supported by FBO's ability to formally cooperate with governments and international organizations in order to enforce public health laws. When governmental capacity was limited, FBOs helped with lockdowns, vaccination efforts, and medical infrastructure in countries including Uganda, Mozambique, Zambia, and Liberia (Záhořík, 2020; Olivier et al., 2015; Musili, 2023). Even though they are still under-represented in national health frameworks, this balance emphasizes their institutional credibility as policy actors. African FBOs differ from many of their secular Western counterparts in that they are hybrid organizations with roots in both formal and religious health systems. This allows them to adopt a culturally sensitive approach to top-down, collective health governance.

FBOs provide mental health support alongside spiritual needs, a service that is frequently unmet by conventional psychiatric treatments especially during crises. This showcases Personal Counselling level quadrant responsibilities and is seen to demonstrated by groups such as Kenya's Muslim Psychologist and Counsellor Association during Covid-19 (MPCA) (Tsuma, 2021). This strategy, which reflects Beattie's focusing on empowerment through culturally

applicable frameworks, lessens stigma and improves coping, especially in environments with limited resources. By encouraging resilience rooted in faith an element that is frequently disregarded in public health discourse, this counselling supports larger health initiatives and efforts.

FBOs' mobilization of grassroots networks to address pressing issues including food security, sanitation during pandemics can also be highlighted under the Community Development quadrant of Beattie's approach. In countries like Nigeria, Kenya, Liberia, and the DRC, where faith-based clinics are essential hubs for biomedical care, their trusted status allows for culturally responsive medical services and aid during crises (Mbogo, 2020; Ashe & Ojong, 2021; Wild-Wood et al., 2023). This collaborative, community-based effort highlights FBOs' exceptional ability to maintain social and health support in situations where government services might be absent or distrusted.

Although FBOs are found to be strategically important in pandemic response, their engagement also brings to light serious issues that, if ignored, could compromise their efficiency in future outbreaks. These include operational limitations like staffing shortages, limited funding, and insufficient access to accurate information, as well as religious opposition to public health initiatives and false information spread by powerful religious figures (Østebø et al., 2021; Ashe & Ojong, 2021; Tsuma, 2021; Agboh et al., 2024; Yibeltal et al., 2024). For instance, adherence to vaccination and treatment fell short in Ethiopia, Nigeria, and Liberia when the epidemic was framed as divine punishment (Vorvornator & Mdiniso, 2021; Levin et al., 2022). Vaccine hesitancy was further fueled by false information that connected COVID-19 to conspiracies, reaffirming Marshall's (2017) warning that religious convictions have the capacity to both help and impede public health initiatives. These results highlight the intricacy of FBO involvement, which necessitates focused capacity building, training, and resource investment to match spiritual influence with evidence-based health interventions, even in the face of trust and reach (Levin et al., 2022).

Furthermore, many African FBO health facilities, which depend on an uncertain combination of government assistance, patient fees, foreign donors, and religious donations, continue to face serious sustainability challenges (Olivier et al., 2015). Due to the poor institutional integration of FBOs in national health planning, this financial uncertainty highlights vulnerability during emergencies when demand soars. Enhancing coordination, reliable financing, and skills

development for faith leaders is essential for maximizing their potential as partners in health emergencies.

This study suggests broadening Beattie's traditional focus on health promotion to more fully encompass disease prevention and emergency response. African FBOs combine faith with biomedical practice in a faith-informed preventative approach, actively preventing the transmission of disease, treating patients, and stabilizing social systems during pandemics, in addition to educating communities. This reconsideration is therefore especially relevant in situations where religion has an influence on social, cultural, and health-related behaviors (Igboin, 2021). Cases such as the traditional funerals held by the Kassena villages during Ebola outbreaks that include sleeping with dead bodies in graves are one example of how cultural customs interact with the hazards of disease transmission, highlighting the need of disease preventive measures that incorporate both medical and spiritual viewpoints (Chirawurah et al., 2022).

Limitations of this Study:

It is also important to note some limitations to this study. Firstly, this systematic review included only studies published in English which may limit the generalizability of the findings to other African countries that mostly publish in different languages apart from English. Secondly, although this review examined peer-reviewed articles from multiple databases, the exclusion of gray literature could have eliminated literature about the role of FBOs in recent pandemic response that are not published.

5. CONCLUSION

The role of Faith-Based Organizations (FBOs) in pandemic response across Africa has emerged as both powerful and complex. As highlighted throughout this study, FBOs provided critical emotional, spiritual, and at times material support to communities navigating the uncertainty, fear, and trauma of pandemics such as COVID-19 and Ebola. Their deep-rooted moral authority and trust within local populations enabled them to promote public health measures, foster resilience, and bridge often challenging gaps between biomedical systems and religious worldviews. Yet, this influence is not fully researched. In some instances, conflicting theological interpretations, resistance to medical directives, and the spread of misinformation undermined broader health efforts. Structural issues such as underfunding, staffing shortages, and poor coordination with formal health systems further complicated their capacity to contribute effectively.

By drawing on Beattie's Model of Health Promotion as a theoretical framework, this study has illustrated both the promise and the pitfalls of faith-based health engagement in pandemic response specifically in Africa. FBOs who embraced theological alignment with public health guidelines played transformative roles through community mobilization, persuasive health messaging, and vaccine advocacy. Conversely, where faith was used to question or reject science in public health outcomes caused obstacles. As Africa builds preparedness to tackle future pandemics, it is essential to formalize the inclusion of FBOs within national health strategies, provide religious leaders with scientific training and reliable health information, and address disparities in the infrastructure of FBO-run health services. In doing so, governments and health institutions can more effectively leverage the social capital, trust, and reach of FBOs to build resilient, community-driven public health systems that integrate both faith and science in the pursuit pandemic response and health equity.

GLOBAL HEALTH PERSPECTIVES/IMPLICATIONS

This study offers important global health insights by examining the roles of FBOs in pandemic response across diverse African contexts. Through its continent-wide scope and inclusion of Christian, Islamic, and traditional religious actors, the study reveals the multifaceted contributions of FBOs not only in service delivery but also in providing psychosocial support, disseminating public health information, and addressing misinformation within communities. Simultaneously, it critically reflects on challenges posed by some FBOs, such as the promotion of anti-scientific narratives and limitations in coordination with formal health systems.

With the varying perceptions and definitions of FBOs and their work during pandemics, it is crucial to keep in mind FBOs engage with health systems, respond to crises, or work with and policymakers. This also affects the scope of their health interventions during health emergencies. A comparative summary of FBO perceptions and definitions across various African countries is provided in the Annex for further reference

Through applying Beattie's Health Promotion Model, this study highlights the potential of FBOs to bridge public health systems and culturally embedded community networks, which is crucial for pandemic preparedness and response in regions where trust in formal institutions may be limited.

For policy, the findings from this study highlight the need to integrate FBOs more systematically into national and regional health strategies. Governments and international health bodies should foster collaborative frameworks that recognize the legitimacy and reach of FBOs, while also ensuring alignment with evidence-based public health guidelines. In practice**,** capacity building is essential particularly in training FBO leaders in health communication, strengthening logistical support, and improving integration with formal health systems, especially in remote or underserved areas.

From a research perspective, this review identifies significant gaps, including the underrepresentation of Islamic and traditional religious responses and limited attention to less-publicized outbreaks such as the Marburg virus. It also highlights the lack of definitional clarity around what constitutes an FBO, which hampers comparative analysis. Future research should address these gaps through more inclusive, interfaith approaches and by developing clearer conceptual frameworks.

Overall, this study demonstrates the critical yet complex role FBOs play in health emergency contexts and provides actionable insights for leveraging their influence in future public health responses through inclusive collaboration, respectful engagement, and the alignment of spiritual and scientific imperatives.

7. FUNDING DECLARATION

The author received no specific funding for this research from any public, commercial, or not-for-profit funding agency.

Acknowledgement

My deepest thanks go to Elin Thorsén and Karl Wilhelm Kardemark for their unwavering dedication, guidance, supervision and support throughout the journey of writing this manuscript. I am also profoundly grateful to my dear family and friends for the constant encouragement and steadfast presence; your support always means everything.

References

1. Agboh, H. N. K., Adjei, G. A., Okai, G. A., Awotwe, C., Ossom, B. M., & Yarney, L. (2024). Infection prevention and control: Qualitative study of the preparedness and response of Christian health Association of Ghana to Marburg virus disease in Ghana. *Heliyon*, *10*(11), e31953. https://doi.org/10.1016/j.heliyon.2024.e31953
2. Ashe, Muesiri & Ojong, Vivian Besem. (2021). Christian Missions and Covid-19 in Africa and Latin America: A Case Study of Brazil, Nigeria, and South Africa. Journal of Intellectual Disability - Diagnosis and Treatment. 9. 228-235. 10.6000/2292-2598.2021.09.02.10.
3. Boro, Ezekiel & Sapra, Tanvi & Lavison, Jean-François & Dalabona, Caroline & Ariyaratne, Vinya & Samsudin, Agus. (2022). The Role and Impact of Faith-Based Organisations in the Management of and Response to COVID-19 in Low-Resource Settings. Religion and Development. 1. 132 - 146. 10.30965/27507955-20220008.
4. Chirawurah, Dennis & Niagia, Santuah & Apanga, Stephen. (2022). Interactions Among Cross-Border Contiguous Communities and Implications for Managing Pandemics – The case of Ghana and Burkina Faso During the Ebola Outbreak in West Africa: A Qualitative Study. Annals of Global Health. 88. 10.5334/aogh.3807.
5. Clarke, M., & Ware, V.-A. (2015). Understanding faith-based organizations: How FBOs are contrasted with NGOs in international development literature. *Progress in Development Studies, 15*(1), 37–48. https://doi.org/10.1177/1464993414546979
6. Emma Wild-Wood, Yossa Way, Amuda Baba, Sadiki Kangamina, Jean-Benoit Falisse, Liz Grant & Nigel Pearson (2023) Perceptions of COVID-19 in faith communities in DRC, Journal of Eastern African Studies, 17:1-2, 79-100, DOI: 10.1080/17531055.2023.2235659
7. Greyling, Christo & Maulit, Jolly & Parry, Susan & Robinson, David & Smith, Sally & Street, Anne & Vitillo, Robert. (2016). Lessons from the Faith-Driven Response to the West africa Ebola Epidemic. The Review of Faith & International Affairs. 14. 118-123. 10.1080/15570274.2016.1215829.

8. Herzig van Wees, S. (2023). "Hidden Catholics," "faith-blind" donors and "FBO empires": A mixed-methods study on donor engagement of faith-based organisations in the Cameroonian health system. *Health Policy and Planning, 38*(1), 107–120. https://doi.org/10.1093/heapol/czac063
9. Igboin, B. O. (2021). *Nimi Wariboko's The Pentecostal Hypothesis and African Pentecostalism during the COVID-19 pandemic*. Pharos Journal of Theology**,** 103**,** Article 103. https://doi.org/10.46222/pharosjot.103.2012
10. Ingabire, J., Izabayo, O., Gerlach, N., Mendy, E., & Hilber, A. M. The role of christian health organizations in promoting Covid-19 vaccination in eastern congo. Retrieved from ://www.ccih.org/wp-content/uploads/2025/02/The-role-of-Christian-Organizations-in-promoting-Covid-19-vaccination-in-DRC-final-21Oct_clean.pdf
11. Kanagasabai, U., Aholou, T., Chevalier, M. S., Tobias, J. L., Okuku, J., Shiraishi, R. W., Sheneberger, R., Pande, Y. C., Chifuwe, C., Mamane, L. E., Njika, G., Obongo, C., & Thorsen, V. C. (2023). Reaching Youth Through Faith Leaders: Evaluation of the Faith Matters!
12. Katherine Marshall (2017) Roles of religious actors in the West African Ebola response, Development in Practice, 27:5, 622-633, DOI: 10.1080/09614524.2017.1327573
13. Khamis, Kauthar. (2022). Hijab and Niqab: A Cross-Religious COVID-19 Safety Measure in Madina Zongo. Entangled Religions. 12. 10.46586/er.12.2021.9650.
14. Marshall, K. (2017). Roles of religious actors in the West African Ebola response. *Development in Practice*, *27*(5), 622–633. https://www.jstor.org/stable/48538625
15. Michael, Matthew. (2022). Healing Borders and the Mapping of Referral Systems: Across the Territorial Spaces of African Healing Shrines, Christian Prayer houses, and Hospitals. Journal of Religion in Africa. 51. 1-26. 10.1163/15700666-12340198.
16. Muhoja, M., & Leichtman, M. (2024). Dynamics of an International Islamic FBO's Healthcare Interventions during COVID-19: An Ethnographic Case Study of Direct Aid in Urban Tanzania. *Journal of Muslim Philanthropy &Amp; Civil Society*, *8*(2). Retrieved from

17. Musili, Telesia. (2023). Fortune Sibanda, Tenson Muyambo and Ezra Chitando (eds.), Religion and the COVID-19 Pandemic in Southern Africa. Indigenous Religious Traditions. 1. 173-179. 10.1558/irt.26082.
18. Mutemwa, D. (2021). The Role of Religion, Philosophy of Life, Global Health, Traditional Medicine, and Past Experiences in the Covid-19 Pandemic Response: Zambia Case Study. Caritas Et Veritas.
19. Muyambo, Tenson & Sande, Nomatter & Tendere, Jane. (2022). 'Wash and Pray': The Nexus of African Christianity and Science in the Context of COVID-19 in Zimbabwe. Journal of Religion in Africa. 52. 348-373. 10.1163/15700666-12340234.
20. Mwale, N., & Chita, J. (2022). The role of Pentecostal churches in Zambia's COVID-19 response. *Zambian Journal of Religion and Health*, 5(2), 120–135.
21. Olivier, J., Tsimpo, C., Gemignani, R., Shojo, M., Coulombe, H., Dimmock, F., Nguyen, M. C., Hines, H., Mills, E. J., Dieleman, J. L., Haakenstad, A., & Wodon, Q. (2015). Understanding the roles of faith-based health-care providers in Africa: review of the evidence with a focus on magnitude, reach, cost, and satisfaction. Lancet (London, England), 386(10005), 1765–1775. https://doi.org/10.1016/S0140-6736(15)60251-3
22. Ossai, O. V., & Eseadi, C. (2022). Supporting people with depressive and anxiety disorders: The role of faith-based organizations and faith-based mental health interventions during COVID-19. International Journal of Health Sciences, 6(S1), 797-808. https://doi.org/10.53730/ijhs.v6nS1.483world
23. Østebø, Terje & Tronvoll, Kjetil & Østebø, Marit. (2021). Religion and the 'Secular shadow': responses to covid-19 in Ethiopia. Religion. 51. 1-20. 10.1080/0048721X.2021.1943769.
24. Vorvornator, Lawrence & Mdiniso, Joyce. (2021). The Covid-19 Pandemic and Religious Activities: A Case Study of Esikhaleni Settlement. Pharos Journal of Theology. 10.46222/pharosjot.102.213.
25. Yibeltal, K., Workneh, F., Melesse, H., Wolde, H., Kidane, W. T., Berhane, Y., & Herzig van Wees, S. (2024). 'God protects us from death through faith and science': a qualitative study on the role of faith leaders in combating the COVID-19 pandemic and in building COVID-19 vaccine trust in Addis Ababa, Ethiopia. *BMJ open*, *14*(4), e071566. https://doi.org/10.1136/bmjopen-2023-071566

26. Záhořík, Jan. (2020). Religion and Health Care in East Africa: Lessons from Uganda, Mozambique and Ethiopia: by Robert B. Lloyd, Melissa Haussman, and Patrick James. Bristol: Policy Press, 2019. 235 pp, The Journal of the Middle East and Africa. 11. 315-317. 10.1080/21520844.2020.1811582.

Other Articles

Afolabi, A. A., & Ilesanmi, O. S. (2021). Dealing with vaccine hesitancy in Africa: the prospective COVID-19 vaccine context. *The Pan African medical journal*, *38*, 3. https://doi.org/10.11604/pamj.2021.38.3.27401

Beattie, Alan. (1991). Knowledge and control in health promotion (1991).

Blevins, J. B., Jalloh, M. F., & Robinson, D. A. (2019). Faith and Global Health Practice in Ebola and HIV Emergencies. *American journal of public health*, *109*(3), 379–384. https://doi.org/10.2105/AJPH.2018.304870

Braun, Virginia & Clarke, Victoria. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology. 3. 77-101. 10.1191/1478088706qp063oa.

Hirata, Emily & Peach, Michael & Tobing, Sharon. (2021). The Faith-Based Advantage: A Case Study on the Adventist Development & Relief Agency's Response to Humanitarian Impacts of COVID-19 as a Faith-Based Organization. Christian Journal for Global Health. 8. 24-33. 10.15566/cjgh.v8i1.541.

Initiative. *AIDS education and prevention : official publication of the International Society for AIDS Education*, *35*, 82–99. https://doi.org/10.1521/aeap.2023.35.suppA.82

Levin, J., Idler, E. L., & VanderWeele, T. J. (2022). Faith-Based Organizations and SARS-CoV-2 Vaccination: Challenges and Recommendations. Public health reports (Washington, D.C. : 1974), 137(1), 11–16. https://doi.org/10.1177/00333549211054079

Olivier, Jill. (2023). The Intersection of Religion with the Health and Wellbeing Sustainable Development Goal. 10.51952/9781529229066.ch002.

Response Strategies to Marburg Virus Disease Outbreaks. *Diseases*, *12*(12), 309. https://doi.org/10.3390/diseases12120309

Santibañez, S., Davis, M., & Avchen, R. N. (2019). CDC Engagement With Community and Faith-Based Organizations in Public Health Emergencies. *American journal of public health*, *109*(S4), S274–S276. https://doi.org/10.2105/AJPH.2019.305275

Sisti, L. G., Buonsenso, D., Moscato, U., Costanzo, G., & Malorni, W. (2023). The Role of Religions in the COVID-19 Pandemic: A Narrative Review. *International journal of environmental research and public health*, *20*(3), 1691. https://doi.org/10.3390/ijerph20031691

Smith, J. A. (2023). Exploring philanthropic practices in Muslim communities. *Journal of Muslim Philanthropy & Civil Society*, 7(2), 45–60. https://doi.org/10.2979/muslphilcivisoc.7.2.04

Tomalin, E. (n.d.). *Katherine Marshall, Senior Fellow, Berkley Center for Religion, Peace, and World Affairs, Georgetown University, USA; Executive Director, World Faiths Development Dialogue*.

Tucker, T., & Woodbridge, N. (2012). A strategy for developing a sustainable sports ministry through soccer evangelism in the local churches in Tshwane using Browning's multidisciplinary model.

Tucker, T., & Woodbridge, N. (2012). A strategy for developing a sustainable sports ministry through soccer evangelism in the local churches in Tshwane using Browning’s multidisciplinary model. *Conspectus: The Journal of the South African Theological Seminary*, 14(1), 153–172.

World Health Organization (WHO). (2015). *Ebola virus disease: Faith-based contributions in healthcare during the 2014-2015 outbreak*. WHO Health Systems Strengthening Report. https://www.who.int/publications-detail/covid-19-impact-pandemic-healthcare-delivery-fbos

World Health Organization (WHO). (2020). World Health Organization. (2020). *COVID-19 preparedness and response: Guidance for religious leaders and faith-based communities*. https://iris.who.int/bitstream/handle/10665/331707/WHO-2019-nCoV-Religious_Leaders-2020.1-eng.pdf

Appendix

Table 1. Perceptions of FBOs and their work in pandemic response in the African Context as according to the selected literature.

	Title of Article	**Materials method.**	**Context**	**Article Defines FBOs (Yes or No)**	**Article's Definition of FBOs given**	**Religion of FBOs**	**Citation**
1.	'Wash and Pray': The Nexus of African Christianity and Science in the Context of COVID-19 in Zimbabwe.	Mixed methods. (Quantitative and Qualitative)	Zimbabwe	No		Christianity	
2	Understanding faith-based organizations: How FBOs are contrasted with NGOs in international development literature.	Qualitative (systematic review)	General	Yes	"FBOs have two identities. The first is as a development agency seeking to improve the material well-being of the poor, while the second is that of a religious organization whose existence is forged from a faith basis and its understanding of religious tenets."		(Clarke & Ware, 2015)

3.	Understanding the roles of faith-based health-care providers in Africa: review of the evidence with a focus on magnitude, reach, cost, and satisfaction.	Qualitative (systematic review)	Africa.	Yes	"An intersectionality of faith based civil society organizations, informal faith-based programs, initiatives and community-based organizations, congregations such as places of worship, religious leaders, faith-based health-care facilities, and denominational and interdenominational health networks such as the Christian Health Associations."	Christianity (Adventist, Catholic), Islam	(Olivier et al., 2015).
4	The Role of Religion, Philosophy of Life, Global Health, Traditional Medicine, and Past Experiences in the Covid-19 Pandemic Response: Zambia Case Study.	Qualitative (systematic review)	Zambia	No		Christianity (Protestant, Catholic, Pentecostal). Muslims, Buddhists, Hindus Indigenous traditional religion	

5	The role of christian health organizations in promoting Covid-19 vaccination in eastern Congo	Mixed methods. (Secondary Quantitative data and a Qualitative study)	Democratic Republic of Congo	No		Roman Catholic Church -Protestant denominations under the Eglise du Christ au Congo (ECC) Pentecostal churches affiliated with the Eglises du Réveil au Congo (ERC)	
6	The Covid-19 Pandemic and Religious Activities: A Case Study of Esikhaleni Settlement	A qualitative research study	South Africa (Esikhaleni)	No		Christianity. Islam.	
7	The Role of Church Amid COVID-19 Pandemic in Kenya	Qualitative (systematic review)	Kenya	No		Christianity	
8	Supporting People with Depressive and Anxiety Disorders: The Role of Faith-Based Organizations	Qualitative (systematic review)	General	No		Christianity. Buddhism.	

	and Faith-Based Mental Health Interventions during COVID-19						
9	Roles of religious actors in the West African Ebola response	Qualitative (systematic review)	Guinea Liberia Sierra Leone	No		Christianity (Catholic, Adventist). Islam. Traditional African Religion.	
10	Religious Engagement in Development: What Impact Does it Have?	Qualitative (systematic review)	Uganda Nigeria Ethiopia	No		Christianity (Catholic, Pentecostal). Orthodox Buddhism Islam. Indigenous Religions.	
11	Religion, Politics and COVID-19 Risk Perception Among Urban Residents in Malawi	A qualitative research study	Malawi	No		Christianity	
12	Religion and the COVID-19 Pandemic in Southern Africa	A qualitative research study	Zimbabwe South Africa Tanzania	No		Christianity. Islam. Rastafari. African indigenous	

			Kenya Eswatini Zambia Zimbabwe Botswana Malawi			religion (eg Ndau of Zimbabwe).	
13	Religion and the 'Secular shadow': responses to covid-19 in Ethiopia	A qualitative research study	Ethipoia	No		Ethiopian Orthodox Christianity. Islam. Catholicism.	
14	Religion and Health Care in East Africa: Lessons from Uganda, Mozambique and Ethiopia	Mixed methods. (Quantitative and Qualitative)	Uganda Mozambique Ethiopia	Yes	Organizations, with or without non-profit status, that provide social services and are either motivated by religious faith or belief or have affiliations with religious groups.	Christianity. Islam. African Indigenous beliefs.	(Záhoří k, 2020)
15	Perceptions of COVID-19 in Faith Communities in DR Congo	A qualitative research study	Democratic Republic of Congo	Yes	The article defines FBOs by using 'faith communities' as a broader term encompassing various groups and practices beyond institutionalized religions	Christian denominations: Roman Catholic Church, Protestant churches (e.g., Anglican Church, Communauté Evangélique au Centre de	(Wild-Wood et al., 2023).

						l'Afrique), and independent or Pentecostal churches. Islam: Sunni mosques. African Indigenous Religions: Communities such as Lam-Te-Kwaro incorporate ancestor veneration.	
16	Nimi Wariboko's The Pentecostal Hypothesis and African Pentecostalism during the COVID-19 Pandemic	Qualitative (systematic review)	Nigeria	No		African Pentecostalism	
17	Infection prevention and control: Qualitative study of the preparedness and response of Christian health Association of Ghana to Marburg virus disease in Ghana	A qualitative research study	Ghana	Yes	The article defines FBOs as religiously influenced charity institutions with clear goals of delivering healthcare to underserved populations.	Christianity eg. Christian Health Association of Ghana (CHAG).	(Agboh et al., 2024).

18	Hijab and Niqab: A Cross-Religious COVID-19 Safety Measure in Madina Zongo	A qualitative research study	Ghana	No		Islam Christianity.	
19	"HIDDEN CATHOLICS", "FAITH-BLIND" DONORS AND "FBO EMPIRES": A MIXED-METHODS STUDY ON DONOR ENGAGEMENT OF FAITH-BASED ORGANISATIONS IN THE CAMEROONIAN HEALTH SYSTEM	A qualitative research study	Cameroon	Yes	The article defines Faith-Based Organizations (FBOs) as religiously affiliated institutions that provide health services, including hospitals, clinics, and health education, often in partnership with the government. In Cameroon, these organizations are primarily Christian, encompassing Catholic, Protestant, and other Christian denominations.	Christianity (Catholic, Protestant, Evangelical-Lutheran denominations) Baptist Convention Network and Foundation ad Lucem (FALC).	(Herzig van Wees, 2023)
20	Christian Missions and Covid-19 in Africa and Latin America: A Case Study of Brazil, Nigeria, and South Africa.	Qualitative (systematic review)	Nigeria South Africa Brazil	Yes	The article defines FBOs as religiously affiliated institutions that provide services and support to communities, often in the areas of health,	Christianity.	(Ashe & Ojong, 2021).

					education, and social welfare.		
21	Healing Borders and the Mapping of Referral Systems. Across the Territorial Spaces of African Healing Shrines, Christian Prayerhouses, and Hospitals	A qualitative research study	Nigeria Ghana	Yes	The article defines FBOs as Christian healing/prayer houses that specialize in the treatment of mentally ill persons, often attributing such illnesses to spiritual causes. These organizations prioritize spiritual therapies and, in some cases, collaborate with biomedical establishments when spiritual treatments are insufficient.	Christianity	(Michael, 2022).
22	Epidemics, Pandemics, and Plagues: How the Church Responded Throughout History, and Implications for Churches in Battling the COVID-19 Pandemic	Qualitative (systematic review)	Kenya	No		Christianity	
23	God protects us from death through faith and science': a qualitative study on the role of faith leaders in	A qualitative research study	Ethiopia	Yes	The article defines FBOs as organizations rooted in the faith community with a mission to serve the community.	Ethiopian Orthodox Tewahido Church	(Yibelt al et al., 2024)

	combating the COVID- 19 pandemic and in building COVID- 19 vaccine trust in Addis Ababa, Ethiopia				These organizations include churches, mosques, synagogues, and other religious institutions actively involved in community service and outreach.	Islam Seventh-day Adventist Evangelical Churches Fellowship of Ethiopia Ethiopian Kale Heywet Church Ethiopian Evangelical Church Mekane Eyesus Ethiopian Catholic Church	
24.	Interactions Among Cross-Border Contiguous Communities and Implications for Managing	A qualitative research study	Ghana Burkina Faso	No		Indigenous/ Traditional religion	

	Pandemics – The Case of Ghana and Burkina Faso During the Ebola Outbreak in West Africa: A Qualitative Study						
25.	The Role and Impact of Faith-Based Organisations in the Management of and Response to COVID-19 in Low-Resource Settings	Qualitative (systematic review)	Latin America, Africa, Asia	No		Christianity Buddhism Islam	(Boro et al., 2022).
26.	Faith-Based Organizations and SARS-CoV-2 Vaccination: Challenges and Recommendations	Qualitative (systematic review)	Global	Yes	The article defines FBOs as key players historically in public health outreach, including churches, mosques, synagogues, and other religious institutions actively involved in community service and outreach	Christianity Islam Judaism	(Levin et al., 2022).