



**Mennonite
World Conference**

A Community of Anabaptist
related Churches

**Congreso
Mundial Menonita**

Una Comunidad de
Iglesias Anabautistas

**Conférence
Mennonite Mondiale**

Une Communauté
d'Églises Anabaptistes

Day One

Lament

Thus says the Lord: A voice is heard in Ramah, lamentation and bitter weeping.

Rachel is weeping for her children;

she refuses to be comforted for her children, because they are no more.

Jeremiah 31:15

Facts and impact

- **Death:** More than 116 million people have been confirmed to have been infected by COVID-19, and 2.6million people have died from the disease (as of 8 March 2021).
- **Dying alone:** For millions of people, facing death in times of isolation and quarantine has meant a lack of closure, where there was no time to accompany the dying or say goodbye to them. This has contributed to people experiencing immense loneliness, pain, loss and often a sense of guilt.
- **The poor suffer more:** This pandemic has brought suffering and death to people everywhere, but its impact is not shared equally. The poor are at greater risk of contracting and dying from COVID-19 due to crowded living conditions, doing work that makes them more vulnerable to infection and limited access to healthcare. Others who have been disproportionately impacted have been the elderly, homeless people, undocumented migrants, prisoners, and indigenous peoples.
- **Funerals:** The suppression or abbreviation of funeral rituals has been a traumatic experience for bereaved family members, causing immeasurable loss and pain, as they are prevented from fulfilling their last homage to the loved one who has passed away.
- **Loss:** The deaths of parents and grandparents are also having a unique and devastating impact on children. A parent's death also has other significant consequences, such as loss of income or care.

Suggestions for action

- **Accompaniment.** Accompany the bereaved and loved ones by being present and listening, providing bereavement and mental health support and practical help as needed for the short and long term. The response needs to be both from an individual and the community level.
- **Death and Dying.** Work and advocate for support services to be provided, including end of life and palliative care and funeral arrangements, while adhering to measures of social distancing and limitation of numbers for visits and gatherings. Work to maximize participation and support using social media and available technologies.

- *Remembering.* Memorializing and remembering the people we have lost; to speak their names, to honour their lives and to renew the strength of those who they have left behind.
- *Respecting the living and the dead.* Promote policies that ensure that the deceased and their loved ones are treated with respect, with sensitivity to their traditional, cultural, and religious rites within the given public health constraints.

Examples of church and community responses and resources

- [WCC podcast dealing with death and dying](#)
- [COVID-19: Leading the church in a post-crisis world \(LWF\)](#)
- [A Psalm of lament and praise in a time of coronavirus- Methodist Church](#)
- [Covid-19, Tearfund Bible-study on lament](#)



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Day Two

Hurting and Suffering Communities

*For just as the body is one and has many members,
and all the members of the body, though many, are one body, so it is with Christ.
For in the one Spirit we were all baptized into one body—Jews or Greeks, slaves or free—
and we were all made to drink of one Spirit.
If one member suffers, all suffer together with it;
if one member is honored, all rejoice together with it.
1 Corinthians 12: 12, 13, 26*

Facts and impact

- **Hunger and water crisis:** In 2020, the COVID-19 pandemic added 130 million hungry to the 690 million hungry and chronically malnourished.¹ In the first few months of 2021, people who need humanitarian assistance and protection have risen by 40% to 235 million in 2021, almost entirely due to COVID-19. Safe and consistently available water supply and waste management practices are essential to prevent human-to-human transmission of the coronavirus, but 2.2 billion people worldwide do not have safe drinking water, 4.2 billion people do not have safe sanitation, and 3 billion lack basic handwashing facilities².
- **Loss of livelihood and impoverishment:** We witness suffering in all our communities, with large sections of the population having lost their work due to the pandemic. This significantly impacts the informal labour workers, who make up 60 % of the world's workforce and 80% in Sub-Saharan Africa³. It is also estimated that an additional 140 million people descended into living in extreme poverty on less than US\$1.90 per day in 2020⁴. And yet, global food prices rose close to 20% in the last year (January 2020-January 2021)⁵.
- **Increased vulnerability of children:** Child protection services have been disrupted in 104 countries, seriously limiting access to prevention and response services for 1.8 billion children and young people⁶. The pandemic disrupted education systems, forcing 1.6 billion learners out of schools in more than 190 countries, impacting 94 % of the world's student population. The crisis also put at least 85 million more children at risk of violence⁷. As many children are heading back to class, it is estimated that nearly 10 million children who live in low-income countries, in refugee camps and warzones may never return to school – especially girls⁸. There is a reversal of the significant gains made in reducing the

¹ State of Food Security and Nutrition in the World, 2020, <http://www.fao.org/3/ca9692en/online/ca9692en.html>

² WHO 2019, <https://www.who.int/news/item/18-06-2019-1-in-3-people-globally-do-not-have-access-to-safe-drinking-water-unicef-who>

³ Women and men in the informal economy, International Labour Office – Geneva: ILO, 2018, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf

⁴ Poverty and food insecurity could grow dramatically as COVID-19 spreads- IFPRI <https://www.ifpri.org/blog/poverty-and-food-insecurity-could-grow-dramatically-covid-19-spreads>

⁵ World Bank, 2021, Food Security and COVID-19 <https://www.worldbank.org/en/topic/agriculture/brief/food-security-and-covid-19>

⁶ Protecting children from violence in the time of COVID-19: <https://www.unicef.org/reports/protecting-children-from-violence-covid-19-disruptions-in-prevention-and-response-services-2020>

⁷ COVID -19 could put 85 million children at risk of physical, sexual and emotional violence- World Vision <https://www.wvi.org/stories/ghana/covid-19-could-put-85-million-children-risk-physical-sexual-and-emotional-violence>

⁸ Policy Brief: Education during COVID-19 and beyond, UN, August 2020; https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sq_policy_brief_covid-19_and_education_august_2020.pdf

number of child labour cases,⁹ and 13 million extra child marriages are expected to occur in the years immediately following the pandemic¹⁰.

- **Increased vulnerability of women:** There are reports of gender-based violence, especially domestic violence, having increased by 40% in some countries since the onset of this pandemic, the most vulnerable and marginalized women being the most impacted¹¹. Women's work and careers have also been hampered by the burden of unpaid care work and child-care. Women make up a large share of employment in many industries most immediately affected by COVID-19, such as retail and hospitality. They spend significantly more time caring for children than their male counterparts. School closure, home-schooling, and the inability of grandparents to share in responsibilities add extra burdens^{12 1314}.
- **Situations of other vulnerable communities:** Migrants and the nearly 80 million forcibly displaced people worldwide are particularly vulnerable to COVID-19, as the pandemic has aggravated their often-precarious living conditions¹⁵. COVID-19 also poses a significant threat to the 20 countries that experience the most conflict and suffering from severe food emergencies, with more than 19 million people at risk of famine (including Afghanistan, Yemen, Congo, Somalia, and South Sudan)¹⁶. People deprived of their liberty, such as people in prisons and other places of detention, are more vulnerable to the pandemic. The estimated 10.35 million people incarcerated in the world include many people with chronic diseases and complex medical needs who are more vulnerable to COVID-19¹⁷.
- **Increased vulnerability of people living with HIV:** The pandemic has increased the possibility of losing out on the gains made in the struggle to overcome HIV over the last 20 years¹⁸. More than 12 million people have still not accessed HIV treatment, and 1.7 million people became infected with HIV in 2019 because they could not access essential services. The situation was made worse in 2020, with the use of criminal law or other unjustified and disproportionate repressive measures in relation to COVID-19 exacerbating inequalities and perpetuating stigma, resulting in a devastating impact on the most vulnerable in society, including many people living with HIV¹⁹.
- **Increase in overall morbidity:** The impact on the overall health services, compounded by fear and the lockdown and restrictions imposed, meant that suffering and deaths increased in communities. The treatment of people with existing illnesses, chronic disease and cancers were seriously hampered, and the rate of new diagnosis of various diseases dropped.

⁹ Child labour gains since 2000 'could be wiped out by COVID' <https://news.un.org/en/story/2020/06/1066172>

¹⁰ Millions more cases of violence, child marriage, female genital mutilation, unintended pregnancy expected due to the COVID-19 pandemic <https://www.unfpa.org/news/millions-more-cases-violence-child-marriage-female-genital-mutilation-unintended-pregnancies>

¹¹ Gender-based violence and COVID-19 : UNDP May 2020; <https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/gender-based-violence-and-covid-19.html>

¹² Unpaid care work in times of the COVID-19 crisis: Gendered impacts, emerging evidence and promising policy responses, Esuna Dugarova: https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/09/Duragova_Paper_.pdf

¹³ Women at the core of the fight against COVID-19 crisis: OECD Policy Responses to Coronavirus (COVID-19): <https://www.oecd.org/coronavirus/policy-responses/women-at-the-core-of-the-fight-against-covid-19-crisis-553a8269/>

¹⁴ Parents, especially mothers, paying a heavy price for lockdown: Study from the Institute for Fiscal Studies and the UCL Institute of Education <https://www.ifs.org.uk/publications/14861>

¹⁵ World Risk Report (WRR), 2020 edition: <https://weltrisikobericht.de/wp-content/uploads/2020/09/WorldRiskReport-2020.pdf>

¹⁶ Risk of famine in four countries, warns UN agencies' report; <https://www.wfp.org/stories/risk-famine-four-countries-warns-un-agencies-report>

¹⁷ Otugo O, Wages B. COVID-19: The Additional Sentence for the Incarcerated. Health Equity. 2020;4(1):403-405. Published 2020 Sep 30. doi:10.1089/heq.2020.001.

¹⁸ The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV-

<https://www.who.int/news/item/11-05-2020-the-cost-of-inaction-covid-19-related-service-disruptions-could-cause-hundreds-of-thousands-of-extra-deaths-from-hiv>

¹⁹ Rights in a pandemic – Lockdowns, rights and lessons from HIV in the early response to COVID-19 <https://www.unaids.org/en/resources/documents/2020/rights-in-a-pandemic>

Suggestions for action

- *See:* We do not have to travel far to identify hurting people and communities if we are more sensitive, listening and being receptive to pain and suffering. We should start the search from our own homes and our communities but responding to those near us should not make us blind to needs from afar. The neediest and most marginalized people and communities are not often represented around the table of decision-makers; neither are they visible nor audible.
- *Judge:* Discernment is crucial as we analyze the crisis in our contexts, as the impact of COVID-19 is interconnected and complex, deepening and exposing existing vulnerabilities and inequities. Faith communities are best placed to do this due to our interdisciplinary nature and the moral and ethical framework foundational to our belief and practice.
- *Act:* We must respond to needs promptly, without delay, acting in collaboration with others as we cannot overcome the pandemic in isolation. We must approach and work with those in need with humility, acknowledging God's presence and God's agency in the vulnerable community.

Examples of church and community responses and resources

- [WCC, Statement on the dual pandemics of COVID-19 and sexual and gender-based violence.](#)
- [Covid-19 and Sexual and Gender-Based Violence-WCC](#)
- [Lutheran Churches in the frontline against 'silent pandemic'](#)
- [Anglican Alliance: COVID-19: how can churches respond?](#)
- Churches are assisting with multi-month dispensing of HIV treatment, organizing home deliveries of medicines, or providing financial assistance, food and shelter to at-risk groups. [Prevailing against Pandemics by Putting People at the centre, UNAIDS 2020](#)



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Day Three

Leaders

*Know well the condition of your flocks, and give attention to your herds;
for riches do not last forever, nor a crown for all generations.
Proverbs 27:23-24*

Facts and impact

- **Leading by example:** Leaders are in a position to direct or influence the behaviour of others or the course of events in the context of the COVID-19. This is especially true of religious and spiritual leaders, who are trusted by the community. In this pandemic context, an informed leader who is updated with reliable information and takes wise counsel, can guide communities effectively in this crisis. It is vital that leaders are able to read the signs of our times - discern, pray, advise, and work for solutions and a way forward.
- **Shared and holistic leadership:** Countries that address the pandemic holistically, working with the leaders of the different domains, with mutual accountability, had greater success. The 'COVID-19 Global Response Index' has been tracking 36 countries from December 31, 2019, through January 1, 2021 (including G20 nations and several other developing and middle-income countries). The Index tracks national leaders' responses in critical policy areas, including public health directives, financial responses, and fact-based public communications. The ranking reveals that success does not depend on economic prowess. As of 1 January 2021, the top five ranks are held by Kenya (first place), Ghana, Ethiopia, New Zealand, and Australia²⁰.
- **Commitment for international and regional cooperation across boundaries:** Viruses do not need visas to cross borders. The solutions to viruses also need to work across national boundaries. The tremendous and unprecedented advances in the development of tests and vaccines were only possible because of the global scientific community's international and non-partisan collaboration, sharing knowledge and information, even as national borders were sealed. Never before have so many experts in so many countries focused simultaneously on a single topic and with such urgency. The leadership of the scientific community in collaborating and sharing knowledge is an inspiring lesson in working together for the world.
- **Remembering and learning from experience:** The leadership in countries in Asia and Africa with previous experience in facing epidemic diseases, such as Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) and Ebola, set an example to the world on fighting the novel coronavirus pandemic. These countries that took early and effective measures due to their previous experiences were also successful in

²⁰ COVID-19 Global Response Index, Foreign Policy magazine, <https://globalresponseindex.foreignpolicy.com/>

preventing the spread of COVID-19. While previous outbreaks have affected certain regions, the current pandemic has spread across the globe, and much of the world did not heed the experience and wise counsel of those who have suffered in the past.

Suggestions for action

- *Unity in action.* This crisis is an important moment when leaders of diverse faith communities, government, civil society, and the scientific community need to stand shoulder to shoulder. They can bring about visible unity and work together with humility and mutual respect to overcome this pandemic.
- *Advocating for accountability and transparency:* Advocating and ensuring accountability of our leadership and striving for transparency is vital for the recovery of the world. COVID-19 is not just a health, humanitarian, or socio-economic crisis. It is a crisis that tests the resilience of governance systems and institutions. Leadership should ensure accountability and oversight mechanisms are in place to prevent the risks of corruption and fraud so that people will continue to trust their governments and institutions.
- *Personal responsibility:* Each person should take responsibility and leadership in their contexts, to act with deep compassion and care for the people and circumstance that they have influence over.

Examples of church and community responses and resources

- [Pastoral letter to WCC member churches and ecumenical partners](#)
- [Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19](#) (Developed by WHO and Faith-based organizations)
- [UNDP, 2020, Transparency, Accountability and Anti-Corruption Service Offer for COVID-19 Response and Recovery](#)



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Day Four Healing

*For I will restore health to you, and your wounds I will heal, says the Lord,
because they have called you an outcast: "It is Zion; no one cares for her!"
Jeremiah 30:17*

Facts and impact

- **Broken health systems:** The COVID-19 pandemic demonstrates that weak health systems anywhere affect us all. Global health efforts have focused mainly on narrow, disease-specific interventions, and the ideals of overall health care systems strengthening have mostly gone unfulfilled. There is a critical need to reimagine and repair the broken global health systems and invest much more efforts, people, and resources to make health systems more resilient and capable of protecting societies²¹.
- **Diversity of Frontline workers:** As frontline workers are at increased risk of being affected by COVID-19, it is vital to acknowledge the diversity of frontline workers who serve communities:
 - Nurses, doctors, allied health professionals, hospital and community-based health workers, chaplains, care providers in care homes
 - Sanitation workers and those who work to keep the environment clean and healthy
 - Service providers, such as police, drivers and public transportation workers, shop attendants, hairdressers, all who interact with and serve the public and ensure society's smooth functioning
 - Teachers and childcare providers ensuring the formation, training, and provision of a safe environment for children and young adults
 - Pastors, social workers, counsellors who contribute to spiritual and mental wellbeing
 - Humanitarian workers serving the most vulnerable communities around the world
- **The gender dimension of care:** Frontline health-care workers are at increased risk of being affected by COVID-19 compared with the general community²². It is also important to highlight that women form 70% of workers in the health and social sectors but are under-represented in leadership and decision-making processes in these sectors. On average, there is a 28% gender pay gap in the health workforce²³.

²¹ Shamasunder S, Holmes SM, Goronga T, Carrasco H, Katz E, Frankfurter R, Keshavjee S. COVID-19 reveals weak health systems by design: Why we must re-make global health in this historic moment. *Glob Public Health*. 2020 Jul;15(7):1083-1089. doi: 10.1080/17441692.2020.1760915. Epub 2020 Apr 30. PMID: 32352911.

²² Nguyen LH, et al. Risk of COVID-19 among frontline health-care workers and the general community: a prospective cohort study, *Lancet Public Health*, VOLUME 5, ISSUE 9, E475-E483, SEPTEMBER 01, 2020: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30164-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30164-X/fulltext)

²³ Gender equity in the health workforce: Analysis of 104 countries, Health Workforce Working paper 1, WHO, 2019: <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?sequen>

- *Mental health:* Faced with new realities of unemployment, working from home, home-schooling of children, and lack of physical contact with other family members, friends and colleagues, COVID-19 has had a significant impact on our mental and physical health. Religion and spirituality have a strong influence on mental health, especially on the relief of suffering, affecting health outcomes and minimizing the consequences of social isolation²⁴.

Suggestions for action

- *Caring for the carer:* Frontline workers and caregivers have continued to provide care and service despite exhaustion, personal risk of infection, fear of transmission to family members, illness or death of friends, colleagues, and patients. They face many sources of risk, stress and anxiety, and long shifts combined with unprecedented restrictions, including personal isolation²⁵. For the long-term resilience and healing of our communities, it is critical to ensure that support and care are provided for frontline workers and caregivers to take care of themselves, their families, and children.
- *Advocate for strengthening health systems and public health:* The COVID-19 pandemic has laid bare the fragile health systems and the need to build resilient health systems and invest in high-quality universal health coverage (UHC). The world can only achieve a healthy future by placing the health and wellbeing of populations at the centre of public policy. This includes correcting the underinvestment in the health workforce, with estimated global shortages of 18 million health professionals worldwide, mostly in low- and middle-income countries²⁶.

Examples of church and community responses and resources

- [WCC COVID-19 support, episode 1: Mental Health](#)
- [On World Mental Health Day, “expect your colourful life”, WCC](#)
- [Christian Aid, A reflection on love and healing in this time of coronavirus](#)
- [Caring for Caregivers during the COVID-19 Crisis - UNICEF 2020](#)

²⁴ Lucchetti G, Góes LG, Amaral SG, et al. Spirituality, religiosity and the mental health consequences of social isolation during Covid-19 pandemic. *International Journal of Social Psychiatry*. November 2020. doi:10.1177/0020764020970996

²⁵ Mehta, S., Machado, F., Kwizera, A., Papazian, L., Moss, M., Azoulay, É. and Herridge, M., 2021. COVID-19: a heavy toll on health-care workers. *The Lancet Respiratory Medicine*, 9(3), pp.226-228.

²⁶ *Working for health and growth: Investing in the health workforce*, WHO 2016, <https://www.who.int/hrh/com-heeg/reports/en/>



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Day Five

Protection

*Even though I walk through the darkest valley, I fear no evil;
for you are with me; your rod and your staff—they comfort me.
Psalm 23:4*

Facts and impact

- **Prevention is better than cure:** Since 30 January 2020, when WHO declared the COVID-19 outbreak a Public Health Emergency of International Concern, scientists have gained a far better understanding of Covid-19 transmission. They have developed the tools to manage the virus. It is clear that keeping physical distance, avoiding crowds and gatherings, wearing masks, maintaining respiratory and hand hygiene, keeping rooms ventilated, and working or studying remotely when possible have all contributed to protecting people. As these preventive measures continue to be essential, the availability of the vaccines that have been developed in a record time is a game-changer in overcoming the pandemic. Adequate global coverage of vaccinations will allow communities to resume everyday life, children to resume school, and families to recover their livelihoods.
- **Equity and Justice- No one is safe until everyone is safe:** A global vaccination strategy is the only practical way forward. It is also a moral imperative as only a truly global vaccination strategy can ensure that we can overcome the pandemic, giving equal value to the lives of both the rich and the poor. But with just ten countries having administered 75 per cent of all vaccines, and most of the countries in the global South yet to begin vaccinating their people, the challenge of ensuring global coverage is significant. Even if individual countries manage to eliminate their outbreaks and the virus is allowed to spread unchecked in the global South, the virus will keep mutating and keep returning to plague the global North. The COVAX facility²⁷, a global risk-sharing mechanism for pooled procurement and equitable distribution of COVID-19 vaccines, addresses this challenge.
- **Information and misinformation:** There is overwhelming scientific evidence about various facets of the COVID-19 pandemic and the SARS-CoV-2 virus, and reliable information on prevention, care and management of the disease is freely available today. But we are in the era of social media where information sharing is free and without restraint. So, there is also a lot of misinformation on COVID-19. People tend to focus on how much their friends and followers will 'like' their posts and the amount of positive social reinforcement they will get, rather than accuracy. A single non-expert with a large platform, whether a celebrity or a political figure, can have a disproportionate effect on the population²⁸. The battle

²⁷ COVAX Facility: <https://www.gavi.org/covax-facility>

²⁸ 'A guide to overcoming COVID-19 misinformation', National Geographic, published October 22, 2020
<https://www.nationalgeographic.com/science/article/guide-to-overcoming-coronavirus-misinformation-infodemic>

of attention between reliable information and misinformation is a matter of life and death.

- *Vaccine hesitancy*: The reluctance or refusal to vaccinate, despite the availability of vaccines, threatens to reverse progress made in tackling vaccine-preventable diseases. It is a significant problem and made it to WHO's list of top 10 global health threats in 2019²⁹. Despite the excellent safety and efficacy of covid-19 vaccines, public skepticism about the vaccines persists. If people of faith and the health-care community speak with one voice, it will substantially contribute to overcoming distrust and hesitancy.

Suggestions for action

- *Lighted to Light*: Be informed with reliable, up to date knowledge on the subject and share it systematically and in a responsible manner. Counter misinformation and fearmongering. We should go beyond focusing on misinformation, not overlook people's real concerns, and address their uncertainties and anxiety.
- *Strive for justice and equity in accessing vaccinations*:
 - Advocate with leaders of governments to make COVID-19 vaccines a global public good—accessible, available, and equitably distributed—to ensure that frontline workers, people with underlying health conditions and older populations get vaccinated first, as proposed by WHO. Advocate for the COVAX facility to meet financing requirements to successfully provide countries with vaccines, to ensure full vaccination coverage and help overcome the pandemic globally.
 - Advocate for the waiver on Trade-Related Aspects of Intellectual Property Rights (TRIPS) patents to ramp up the production of COVID-19 related diagnostics, therapeutics, and vaccines across many countries on a larger scale, at lower prices. This is justified by the urgency of the situation and due to the fact that governments and the philanthropic sector have massively subsidised the discovery, research efforts, testing (clinical trials) and manufacturing capacities and by securing advance purchase agreements of the vaccines and diagnostics³⁰.
- *Lead by example*: Communities trust religious and spiritual leaders, and they can therefore influence others' behaviour and the course of the COVID-19 pandemic. Leaders must follow the steps for protection visibly and consistently. When it is their turn to receive the vaccination, leaders should also receive the vaccination publicly, inspiring confidence and giving assurance to the community.

Examples of church and community responses and resources

- [Fair allocation mechanism for COVID-19 vaccines through the COVAX Facility](#)
- [Solidarity: "Invitation to reflection and engagement on ethical issues related to COVID-19 vaccine distribution"- A joint statement by the World Council of Churches and the World Jewish Congress](#)
- [Appeals and advocacy: Christian health networks call for global equity and solidarity for COVID-19 vaccine access](#)
- [COVID-19 Vaccine Hesitancy: 12 Things You Need to Know, Dr Sherita Hill Golden, John Hopkins Health](#)
- [COVID-19: Going Beyond Misinformation To Build Vaccine Confidence, Social Science in Humanitarian Action Platform 2020](#)

²⁹ World Health Organization. Ten threats to global health in 2019. <https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019>

³⁰ Big Pharma takes it all: A Public Eye Report, March 2021:

https://www.publiceye.ch/fileadmin/doc/Medikamente/2021_PublicEye_BigPharmaTakesItAll_Report.pdf



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Day Six

Hope

*For I am convinced that neither death, nor life, nor angels, nor rulers,
nor things present, nor things to come, nor powers, nor height, nor depth,
nor anything else in all creation,
will be able to separate us from the love of God in Christ Jesus our Lord.
Romans 8: 38, 39*

Facts and impact

- *Solidarity and love:* Hope manifests when people acknowledge each other, crossing all divisions and boundaries in solidarity, responding to others' needs, manifesting unconditional love.
- *Courage and inspiration:* Hope is nurtured by individuals and groups' courageous and selfless actions, as they risk their lives and health to serve others, building resilient communities.
- *Envisioning the future together:* Hope flourishes when we build a better future together, nurturing compassionate relationships with each other and with the creation.

Suggestions for action

- *Mobilize action without delay:* Let us respond to the needs promptly, in consultation with those whom we are serving, collaborating with other stakeholders, without hesitation, with humility, and seeing God in those whom we serve.
- *Sow seeds of inspiration:* Let us lift up and share inspiring narratives, acknowledging and supporting heroic individuals and communities serving selflessly, building resilient communities.
- *Dialogue and collaboration:* Let us use this crisis as an opportunity to build coalitions and alliances of hope and courage with different sections of society, denominations, and faiths. The virus does not discriminate and impacts all relentlessly. We have to act together to protect and nurture all life.

Examples of church and community responses and resources

- [Building Hope Together- Anglican Communion Responses to the COVID-19 Pandemic](#)
- [ACT Alliance COVID-19 Responses](#)
- [NCCI Constituents responding to COVID 19](#)
- ["Serving a Wounded World": WCC, Pontifical Council for Interreligious Dialogue, 2020](#)
- [Transformational reading camps restore hope in the midst of COVID-19- World Vision](#)
- [Stronger together: A story of solidarity, psychosocial support and hope in the time of COVID-19: PAHO](#)