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Citation for final published version:

Ala, Aftab, Touray, Morro M.L., Shafi, Shuja, Egan, Bernadette, Dar, Osman, Essa, Farhan, Flores, Nubia L.C., Ocama, Ponsiano, Parker, Salim, Maeurer, Markus and Zumla, Alimuddin 2025. Harnessing faith-based organisations for global health equity. *The Lancet* 405 (10472) , pp. 10-13. 10.1016/S0140-6736(24)02614-X

Publishers page: [http://dx.doi.org/10.1016/S0140-6736\(24\)02614-X](http://dx.doi.org/10.1016/S0140-6736(24)02614-X)

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For attention of Executive Editor: Dr Ana Mateus
Revised -acknowledgments aligned with COI disclosures forms

INVITED COMMENT - THE LANCET

Title:

Harnessing Faith-Based Organisations for Global Health Equity: Bridging the Gap in Underserved Communities Globally

Authors:

Aftab Ala, Morro M.L. Touray, Shuja Shafi, Bernadette Egan, Osman Dar, Farhan Essa, Nubia Lilia Catacora Flores, Ponsiano Ocama, Salim Parker, Markus Maeurer, Alimuddin Zumla

Author declarations: All authors declare no conflicts of interests.

Institutional affiliations:

Professor Aftab Ala PhD: Institute of Liver Studies, King's College Hospital NHS Foundation Trust, London, UK; Faculty of Health and Medical Sciences, University of Surrey, Guildford, UK

Dr Morro M.L. Touray PhD: Faculty of Health and Medical Sciences, University of Surrey, Guildford, UK; School of Medicine, University Hospital Wales, Heath Park, Cardiff, UK

Dr Shuja Shafi FRCPath: Mass Gatherings and Global Health Network, London, UK

Dr Bernadette Egan PhD: Faculty of Health and Medical Sciences, University of Surrey, Guildford, UK

Dr Osman Dar FFPH, FRCP Edin: United Kingdom Health Security Agency, London, UK

Professor Farhan Essa, PhD: Dr Essa Laboratory and Diagnostic Centre, Karachi, Pakistan

Dr Nubia Lilia Catacora Flores, MS: Medicina Veterinaria y Zootecnia, Universidad Nacional del Altiplano, Puno, Peru

Dr Ponsiano Ocama PhD: Makerere University, College of Health Sciences, Kampala, Uganda

Dr Salim Parker, MBChB: Department of Medicine, University of Cape Town, South Africa

Professor Markus Maeurer PhD: Centre for the Unknown, Champalimaud Foundation, Lisbon, Portugal

Professor Sir Alimuddin Zumla PhD: Division of Infection and Immunity, University College London, and UCL Hospitals NHS Foundation Trust, London, UK

Word count: 1099 words

References: 16

Displays: 1 Panel

Correspondence: Professor Aftab Ala: Email aftab.ala1@nhs.net

COMMENT

The global health landscape spans high-income, middle-income, and low-income and middle-income countries (LMICs) and has pervasive disparities in health outcomes and access to care, particularly among underserved and marginalised populations, including minoritised ethnic groups. The COVID-19 pandemic underscored these inequities, revealing that underserved communities often have high levels of unmet health needs, which are exacerbated by socioeconomic inequalities, cultural barriers, and low access to health-care services.^{1,2} Faith-based organisations (FBOs) have historically played a crucial role in health-care delivery in LMICs, providing a unique avenue to bridge these inequities.³ The role of religious beliefs in facilitating health-care access and improving outcomes can be instrumental in expanding public health interventions and government programmes, especially for marginalised populations.^{4,5} During disease outbreaks, religious leaders and FBOs have crucially offered front-line humanitarian assistance, providing spiritual support to the community and sharing important health messages. These efforts help to reduce fear, combat misinformation, and prevent stigma.

With more than two-thirds of LMIC populations engaged in some form of religious or spiritual practice, FBOs possess important grass-roots connections, enabling them to mobilise and engage communities effectively.^{6,7}

Despite progress in health-care services in LMICs, substantial gaps in coverage remain.⁸ Chronic illnesses, such as cancer, diabetes, liver disease, and cardiovascular disease are often underdiagnosed and undertreated,⁹ primarily due to inconsistent patient care standards and little awareness or early recognition of these conditions. Minoritised ethnic, underserved, and marginalised groups frequently bear a higher burden of disease due to socioeconomic disadvantages, limited access to health care, and cultural barriers, necessitating tailored public health interventions that address their specific needs in both LMICs and high-income countries.^{10–12} To tackle these barriers effectively in the UK and Europe, the engagement of FBOs in public health initiatives is increasingly being recognised by health-care providers and public health agencies¹² as minoritised ethnic groups and underserved and marginalised populations grow. Collaborative initiatives with FBOs can be locally tailored and globally adopted to advance disease prevention and health promotion, ensuring inclusive support. Faith leaders' influence aids health education, early disease detection, and health-care access.^{4,12} Partnerships with FBOs align public health efforts with cultural and religious contexts, fostering acceptance and participation.

Although FBOs have been integral to health-care delivery in many LMICs,^{6,11–12} incorporating them into health initiatives poses challenges (table). Religious beliefs can sometimes conflict with public health initiatives, especially in areas such as reproductive health and gender equality. For instance, opposition to contraception, including condoms, might stem from doctrinal stances on sexual morality, creating barriers to combating sexually transmitted infections and addressing population health needs. Similarly, restrictive views on women's rights, such as access to education or autonomy in health-care decisions, can hinder efforts to promote maternal and child health. Addressing these tensions requires culturally sensitive strategies that respect religious values while advocating for evidence-based health practices.

To ensure the delivery of effective faith-based or faith-placed (i.e., initiatives are hosted by faith communities, but are secular in content) health programmes, participatory, inclusive, and collaborative planning between health-care professionals, religious leaders, and community members is essential. Partnering health-care providers—including doctors, nurses, and public health workers—with individuals from diverse religious and cultural backgrounds promotes cultural awareness and minimises potential areas of conflict. This collaborative dimension should also be a part of health-care training, equipping professionals with the skills to engage with religious and community leaders effectively to design and implement health initiatives. Engaging leaders, including younger generations, from various doctrines and denominations will be crucial for fostering mutual understanding and identifying common objectives, such as empathy, welfare promotion, and caring for the sick. Community-driven projects supported by influential figures, including religious figures, can foster a sense of joint ownership and reduce areas of conflict or disagreement.^{12,13}

Partnerships between FBOs and public health agencies can enhance community confidence and increase uptake and coverage of immunisation in high-income countries and LMICs.¹¹ Showcasing successful faith-based initiatives that have improved health outcomes can encourage collaboration and enhance uptake across various religious groups. In addition, emphasising doctrines that advocate for health, wellness, and wellbeing; improve stewardship of our shared resources; and establish a more equitable socioecological equilibrium can attract broader approval from all stakeholders, fostering unity among diverse communities.¹⁴

Governments must play a crucial role in developing and implementing health policies that respect religious beliefs while ensuring equitable access to health care for all. Establishing frameworks that promote equality can create an environment in which various religious communities feel secure and valued in participating in health initiatives. Governments and relevant health authorities should be responsible for implementing effective monitoring and evaluation strategies to ensure fairness and effectiveness in health interventions led by FBOs. Such strategies can promptly identify and address issues, preventing instances of religious-based discrimination that could escalate into community tensions.

The global political landscape to date is marked by increasing geopolitical tensions, growing authoritarianism, and a resurgence of violent conflicts in regions, such as Ukraine, Sudan, and the Middle East. At the same time, many societies are facing increasing polarisation, driven by ideological divides, identity politics, religious differences, and the spread of misinformation, all of which are deepening social fragmentation. FBOs can substantially improve areas recovering from conflict, where efforts towards reconciliation and peacebuilding are crucial. For example, in Rwanda, FBOs have spearheaded programmes advocating for forgiveness, reconciliation, and recovery.¹⁵ By connecting health-care interventions with peacebuilding efforts, the effectiveness of both can be enhanced, as health and peace are fundamentally linked objectives aimed at fostering social stability. In this context, FBOs are uniquely positioned to address not only current conflicts, but also the growing polarisation of beliefs in society and prevent future conflicts. Moreover, by integrating peacebuilding efforts with essential services—such as health care—FBOs can create holistic programmes that improve wellbeing while addressing the root causes of division. As

health and peace are deeply interconnected goals, efforts that target both can lead to more stable and resilient communities. In an increasingly polarised world, FBOs have the potential to serve as mediators, facilitating reconciliation and fostering unity in even the most divided societies.

Agreeing on faith-based interventions in countries with religious diversity and divides can be challenging, but is not impossible. Focusing on common humanitarian goals; engaging diverse FBOs, community leaders, cultural institutions, governments, nongovernmental organisations, and other stakeholders; facilitating interfaith dialogue; using indigenous knowledge systems and communities; and ensuring initiatives are inclusive and culturally sensitive can help build trust and foster collaboration across faith lines. These strategies not only enhance the effectiveness of public health interventions, but also contribute to broader goals of peace and social cohesion, respect for nature and ecosystems, and environmental sustainability in divided societies. FBOs have historically played a crucial role in health-care delivery in LMICs, providing a unique avenue to bridge these inequities.³ By leveraging the support of FBOs, the goals of increasing health-care access and narrowing the divide between communities globally can be advanced.¹⁶

Panel

The Roles and Challenges of Faith-Based Organizations (FBOs) in Healthcare and Public Health Interventions in Africa

Key Issues	Interventions/FBO Roles	Challenges	Future Directions
1. Healthcare Access in Remote and Underserved Areas	Geographic barriers and infrastructural deficits hinder healthcare delivery in rural areas. FBOs establish and operate clinics and hospitals in these regions, filling gaps left by government services and improving healthcare access for vulnerable populations.	Low funding and logistical constraints can affect the sustainability of these facilities, particularly in remote areas.	Expand partnerships with local governments and NGOs to secure sustainable funding and resources for long-term operations.
2. Trust and Cultural Sensitivity	FBOs foster trust within communities, which is crucial for overcoming scepticism towards modern medicine. They provide culturally sensitive care, as evidenced during the Ebola virus outbreak, where community engagement led to improved health outcomes.	Overcoming entrenched beliefs and scepticism towards modern healthcare practices can be a gradual process, requiring sustained outreach and education.	Implement continuous community engagement initiatives and training programmes to build trust and adapt services to local needs.
3. Health Inequalities and Social, Ecological and Economic	Economic disparities significantly hinder healthcare access. FBOs, such as St. James Mission Hospital, deliver essential services to economically disadvantaged	Addressing systemic inequities requires multifaceted approaches and collaboration with other sectors, which	Advocate for policies that address social determinants of health and enhance collaboration with sectors like education

Key Issues	Interventions/FBO Roles	Challenges	Future Directions
Determinants of Health	communities and engage in advocacy to address gender inequalities and other social determinants of health.	can be resource-intensive.	and economic development.
4. Disease Burden	FBOs tackle both infectious and non-communicable diseases in Africa by providing treatment, education, and preventive services in areas where government healthcare is insufficient . They often integrate health education into community outreach programs to enhance awareness.	Scarce resources and competing health priorities can constrain FBOs' ability to address the full spectrum of disease burdens effectively.	Develop targeted health campaigns to address emerging diseases and integrate mental health services into existing health programmes.
5. Collaboration with Government and International Agencies	FBOs seek to align policies and programmes with government and international agencies to enhance service delivery and sustainability. They play a crucial role in bridging gaps between communities and formal healthcare systems.	Policy misalignment and bureaucratic challenges can lead to service duplication and inefficiencies, undermining the effectiveness of health interventions.	Foster collaborative networks that include FBOs, governments, and international agencies to streamline efforts and improve policy alignment.
6. Stigma, Biases, and Misconceptions	FBOs actively work to address stigma and biases associated with health issues, such as vaccination hesitancy and diseases like HIV/AIDS. Their community presence helps to increase acceptance and uptake of health services through education and advocacy.	Countering misinformation and deep-rooted cultural stigmas can be challenging and requires ongoing education and community engagement.	Utilize social media and community influencers to disseminate accurate information and counteract misinformation effectively.
7. Human Resources for Health	The shortage of trained healthcare professionals is a pressing issue. FBOs often provide essential training and capacity-building programs for healthcare workers, enhancing the local workforce's skills and availability.	Retaining trained healthcare professionals in underserved areas can be difficult due to better opportunities in urban centres or abroad.	Establish mentorship and career development programmes to support healthcare professionals and incentivise them to remain in rural areas.
8. Integration of Traditional and Modern Medicine and epistemic diversity.	FBOs can facilitate the integration of traditional healing practices with modern medical approaches, promoting holistic care that respects local	Balancing traditional practices with modern medicine requires careful negotiation and mutual respect	Create formal networks that include traditional healers/indigenous knowledge and medical professionals to promote safe practices and

Key Issues	Interventions/FBO Roles	Challenges	Future Directions
	customs and beliefs while improving health outcomes.	among practitioners to ensure safety and effectiveness.	enhance community trust.

FBO = Faith-based organisation. NGO=non-governmental organisation.

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Conflicts of Interest: All authors have an interest in bridging gaps in global health inequities and faith-based health care issues. All authors declare no conflicts of interest.

Acknowledgments: Prof Aftab Ala acknowledges support from the British Association for the Study of the Liver (BASL); National Institute of Health and Care Research (NIHR) -Research for patient benefit award, and NIHR -Research Delivery Network award. Dr. Salim Parker acknowledges support from Merck Sharp & Dohme, Sanofi and Global Centre for Mass Gathering Medicine. Prof Sir Ali Zumla acknowledges support from the Pan-African Network for Rapid Response, Research and Preparedness for Emerging and Re-Emerging Infections (PANDORA-ID-NET) funded by the EU-EDCTP2 - EU Horizon 2020 Framework Program. He is in receipt of a UK NIHR Senior Investigator Award.