

BRIEFING NOTE – COVID-19 RISKS RELATED TO POPULATION MOVEMENT AND GATHERINGS DURING RAMADAN

This note sets out key considerations in relation to COVID-19 during the holy month of Ramadan on the continent of Africa. It provides evidence to support design of protective public health policies, alternative practices and reduction of risk.

As millions of Muslims across Africa prepare for a month of fasting, introspection and prayer, public health planners can anticipate elevated risk of COVID-19 spread during mass gatherings events, such as prayers, pilgrimages, communal meals, feasts and celebrations. Governments across Africa will need to communicate sensitively about infection control measures to prevent this.

Key considerations

- Mass religious gatherings have potential to be “superspreading events” and require careful risk assessment by national authorities. This should happen when events are being planned and involve all stakeholders (scientific experts, officials religious representatives) who can assess the level of stress such an event might place on the local health system and emergency services – and whether this is acceptable.
- It is vital that Islamic religious leaders and scholars are involved in any decisions related to adaptation of Ramadan practices. They can help to ensure that effective measures of infection prevention and control (IPC) are set at mosques, family homes, markets or other areas where Ramadan is celebrated. Messaging should promote safe or alternative approaches.
- Governments can consider a spectrum of measures to prevent the spread of COVID-19 during Ramadan: 1) ban gatherings during the holy month, 2) ensure that appropriate IPC measures are in place, such as installing hand-washing facilities, regulating entry and ensuring physical distance between people, 3) explore alternative ways of safe religious observance with religious leaders and associations.
- Cancellation of religious events can have political and social implications that need careful management from respected institutions. Communication with the population should be simple and clear, highlighting adherence with religious principles and the wider societal obligations, whilst empathizing with the individual emotional and social impacts of cancellation.
- WHO guidance for Ramadan recommends use of alcohol-based hand-gel or sanitiser in circumstances where hand-washing is not feasible. Such products may be viewed as *haram* by some Muslims so promoting them has potential to reduce trust in the guidance. Messages relating to use of such products will need sensitive handling in some contexts. There is precedence of permissible use of alcohol-based products for medical purposes, quoting Fatwa.
- Curfews are being implemented in some contexts, where this is the case, their implications on attending prayers and people’s broader movements during Ramadan should be considered, including indirect consequences (e.g. increased crowding in markets to buy food before curfew starts). Ideally, any alternative measures will be proposed and communicated by trusted *Imams* and other religious leaders. Governments should avoid blanket prohibition of prayer and expressions of faith, but rather negotiate and suggest safe alternative
- Goodwill and donations (*zakat* and *zakat al-fitr*) should be promoted to release the negative impact of distancing policies on families, but national authorities should set guidelines and communication strategies on how to safely do this. For example, promoting the use of digital money transfer systems or providing individual food packages to families.

Risk and practices during the month of Ramadan

- Particular risk factors for the spread of COVID-19 during Ramadan include: increased and extended attendance at mosques in crowded conditions (particularly by men), increased attendance at markets and shops to prepare for feasts (women and girls), large shared meals and other communal gatherings and celebrations (families), e.g. in restaurants, if open, and relatives’ homes. People may also travel extensively, particularly for funerals which usually occur in the three days following death (see Table 1). Religious activity is generally high between days 1-10, medium between days 11-20 and at its peak between days 21-30. Specific risk factors can be clarified by consulting religious leaders and community leaders.

Infection control measures cancelling or altering religious mass-gatherings

- Previous outbreaks have showed that cancelling mass religious gatherings is possible and accepted when there was visible support of religious bodies, global health authorities and other Muslim governments. Ensuring such measures are in-line with *Sharia* principles, emphasise the collective obligation of the faith and are supported with positive messages can help mitigate fear and anger around the decision.
- Where gatherings are not cancelled, WHO currently advises the following measures to mitigate the spread of COVID-19: holding the event outdoors; shortening the length of the event; holding smaller services with fewer attendees; applying physical distancing measures between attendees by creating and assigning fixed spaces for prayers, washing and shoe storage areas; regulating the flow of people in and out of spaces to ensure safe distancing; and considering how to manage contact tracing in the event a COVID-19 case is later identified amongst attendees.
- Building on the Islamic practice of *wudu* – washing before prayers - some Muslim institutions are recommending that people wash their hands for 20 seconds with soap. Other IPC measures may include making available disposable paper towels and waste bins with disposable liners and lids; guaranteeing the safe disposal of waste; encouraging the use of personal prayer rugs to place over carpets; providing visual displays of advice on physical distancing, hand hygiene, respiratory etiquette, messages on COVID-19 prevention, and frequent cleaning of worship spaces using detergents and disinfectants.
- WHO guidelines recommending alcohol-based hand-sanitisers at the entrance to and inside mosques, should be adopted with caution if there is risk of this being considered *haram*: it can be seen as an offence by practitioners, but also can challenge trust in the overall guidance. Consultation with local religious leaders will be required to consider the implications of this measure in different contexts and messages developed accordingly.

Alternative prayers and practices

- Spirituality plays a particularly important role during a crisis such as a public health emergency. It can protect social functioning, cohesion and give people a way to cope with adversity, and as such, any 'blanket bans' during COVID-19 poses its own risks. Alternatives to 'normal' religious practices could be designed and promoted (including virtual alternatives, e.g. see guidance from the Muslim Council of Britain on virtual iftars¹), and communities should be actively involved in the progress. Emphasis should be placed on maintaining key values such as reflection, prayer, sharing, charity for the less fortunate, caring and ensuring that family, friends, and elders can still connect despite physical distancing measures.
- WHO advise that healthy people should be able to fast safely during Ramadan, but that COVID-19 patients might request religious license to break their fast as they would do for other diseases.

Collaborating with religious leaders: trust, politics and implications for messaging

- Religious leaders should be engaged in discussions about measures relating to Ramadan as early as possible; they play a crucial role in understanding risks, in making decisions about appropriate practices and in communicating those decisions. They are central to ensuring that any decision to convene group gatherings is based on a sound risk assessment and in collaboration with national authorities, and that faith-based gatherings, where they do occur, are safe. They also have an important role in strengthening mental and spiritual health, well-being and resilience and in ensuring that accurate information is shared with communities.
- However, careful thought needs to be given to power relations, influence spheres and interests, before setting up partnerships with religious leaders in the context of COVID-19. Ideally existing networks and organizations can be used to engage partnerships with trusted religious associations.

Donations to the poor during Ramadan

¹ See press coverage at <https://www.bbc.co.uk/news/uk-52363397>

- Goodwill and donations given out during Ramadan and before *Eid al-Fitr* have the potential to mitigate some of the challenging situations that families in resource-poor areas face. These *zakat* and *zakat al-fitr* (*fitrana*) activities should be conducted safely to mitigate the spread of COVID-19. Practices vary across contexts, but WHO currently advise that distributions of *sadaqah* or *zakat* should take into account physical distancing, the use of individual pre-packaged boxes/servings of food, and centralised entities to collect, package, store and distribute donations.

Table 1. A description of the daily religious activities of a devout Muslim during Ramadan

Activity	Time/Days	Participants	Venue(s)
Pre-dawn meal (<i>suhoor</i>)	4.00-6.00am	Families at home Small groups in mosque Restaurant gatherings, esp. for people awake all night	Homes, Mosques, Restaurants, Other communal areas
Dawn (<i>fajr</i>) prayers	5.00-7.00am	Families at home. Large groups in mosque.	Mosques (mostly men), Homes (families) Other communal areas
Qur'an school (<i>madrasah</i>)	7.00-9.00am 4.00-6.00pm	Children – mainly boys Adults – a small number, mainly teachers.	Mosques, <i>Madrasahs</i> attached to mosques
Afternoon (<i>zuhr</i>) prayers	12.00-2.00pm	Families at home Large groups in mosque (Many remain in the mosque until <i>asr</i> prayers)	Mosques (mostly men), Homes (families) Other communal areas
Fridays only (<i>Jumua</i>) prayers	12.00-2.00pm	Very large crowds in mosques, mainly men Small mosques: dozens/hundreds Medium-sized mosques: thousands Large mosques: tens of thousands	Mosques (mostly men)
Late afternoon (<i>asr</i>) prayers	4.00-5.00pm	Families at home. Large groups in mosque (Many remain in the mosque until <i>iftar</i> & prayers)	Mosques (mostly men), Homes (families) Other communal areas
Evening religious lecture (<i>dars</i>)	Evening	Large groups in mosque (Many remain in the mosque until <i>iftar</i> & prayers)	Mosques (mostly men)
Breaking of the fast (<i>iftar</i>) at sunset	6.30-7.00pm	Large groups in mosque Families at home Other communal areas	Mosques (mostly men), Home (families) Other communal areas – street <i>iftars</i> Restaurants – very busy all night
Sunset (<i>maghrib</i>) prayers	6.30-7.00pm	Families at home Large groups in mosque (Many remain in the mosque until <i>isha</i> & prayers)	Mosques (mostly men), Homes (families) Other communal areas
Night (<i>isha</i>) prayers	8.00-9.00pm	Families at home Large groups in mosque (Many remain in the mosque until <i>tarawih</i> prayers)	Mosques (mostly men), Homes (families) Other communal areas
Late night (<i>tarawih / qiyam</i>) prayers	9.00pm-12.00am	Large groups in mosque [Sunni] Families at home [Sunni & Shia]	Mosques (mostly men), Homes (families)
Extra night-time (<i>tahajjud / qiyam</i>) prayers	12.00am – 4.00am	Small groups in mosque (mainly men) Small groups at home (families)	Mosques (men) – small groups Homes (families) – small groups
<i>I'tikaf</i> (Spiritual Retreat or Seclusion)	Mainly Days 21-30	Small groups of individuals in mosque (mainly men) Individuals at home (women)	Mosques (men) – small groups Homes (women) – small numbers
<i>Laylat al-Qadr</i> (Night of Power or Destiny)	Days 21-29, but esp. on 27th	Large groups in mosque Families at home Other communal areas	Mosques (mostly men), Homes (families) Other communal areas
<i>Eid al-Fitr</i> celebrations	Days 1-3 after Ramadan;	Eid prayers (families attending mosque or open area, Day 1 only) Family & communal meals all day (Days 1-3)	Mosques (men, women & children), Homes (families) Other communal areas

Source: Usama Hasan, unpublished.

Anthrologica was commissioned to produce this brief, it was reviewed by Usama Hasan. A longer resource document is available. If you have a direct request concerning the response to COVID-19, or regarding this brief please email Olivia Tulloch: olviatulloch@anthrologica.com