

RELIGIONS DURING A PUBLIC HEALTH EMERGENCY: POLICY LESSONS FOR THE EUROPEAN COMMISSION'S DIALOGUE WITH CHURCHES, RELIGIOUS ASSOCIATIONS AND NON-CONFESSIONAL ORGANISATIONS

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Overview

This policy briefing offers evidence-based perspectives and recommendations stemming from a three-year, social scientific research project 'RECOV-19: Religions in Societies Emerging from COVID-19 (2022-2025).¹ We focus on four European contexts: Germany, Ireland, Northern Ireland, and Poland, noting that some recommendations could be applied more generally across other European contexts. The project also included Canada, which provides further comparative insights.

The COVID-19 pandemic profoundly affected religious life, placing new pressures on state–religion relationships, religious freedom, and the public role of religious institutions. Despite differences in religious demographics and governance across Germany, Ireland, Northern Ireland, and Poland, common themes emerge: religious groups played critical roles in public health efforts, supported community resilience, and often complied with restrictions even at the expense of their own freedoms. However, gaps in engagement, disproportionate restrictions, and the need for more inclusive and informed policy approaches were also evident.

Going forward, the European Commission could play a constructive role in communicating with national governments about the importance of including religious perspectives in their responses to public health emergencies.

The dialogue provided for under Article 17 of the [Treaty on the Functioning of the European Union](#) offers a ready mechanism: it could address emergency preparedness directly, make clear that consultation should continue when emergency powers are in force, and promote religious literacy among officials responsible for emergency planning.

Germany: High Compliance Amidst Growing Criticism

In Germany, the major Christian churches and Muslim organizations largely supported public health measures, often implementing even stricter standards internally.

The state offered religious institutions some freedoms not granted to other civic groups, reinforcing mutual trust.

There was strong initial support for vaccinations and restrictions. However, discontent grew over time - particularly regarding isolation of vulnerable groups and exclusion of unvaccinated individuals.

Anthroposophical communities, while often portrayed as anti-scientific in media narratives, showed nuanced positions: while emphasizing that vaccination should be a matter of personal choice, they complied with distancing out of consideration for others, supported vaccination for high-risk groups, and rejected extremist affiliations.

Germany Policy Recommendations

- Conduct a comprehensive public inquiry of pandemic-era decisions, including isolations and exclusions.
- Avoid stigmatizing dissenting religious and/or philosophical voices to maintain trust in institutions.
- Include religious and spiritual care providers in emergency decision-making.
- Protect freedom of religion while ensuring public health.
- Tailor responses to prevent discrimination, especially toward migrants and religious minorities.

Ireland & Northern Ireland: Uneven Political Engagement but Unified Response

We compared the two political jurisdictions on the island of Ireland: the Republic of Ireland and Northern Ireland. In both parts of the island, religious groups – which are generally organized on an all-island basis – were instrumental in promoting mental health, public health compliance, and social support. Clergy were even designated as ‘key workers.’ Yet, engagement with policymakers varied: Northern Ireland’s regional government involved religious leaders via a structured Faith Forum; in contrast, the Republic of Ireland was criticized for minimal consultation with religious and philosophical groups.

While most religious groups supported public health guidelines, minority groups (especially non-Christian) felt marginalized and underrepresented in policymaking. Despite this, the pandemic fostered unprecedented interfaith collaboration—particularly at higher organizational levels like the Irish Council of Churches/Irish Inter-Church Meeting.

Ireland/Northern Ireland Policy Recommendations

- Engage religious institutions early in public health planning.
- Ensure proportional restrictions across all sectors.
- Invest in interfaith dialogue and inclusion of minority religions.
- Strengthen grassroots collaboration through funding and digital support.
- Combat stigmatization through inclusive discourse and partnerships.

Poland: Religion as a Strategic Partner

COVID-19 highlighted the strategic role of religious institutions as partners in public health. The Roman Catholic Church (RCC), Polish Autocephalous Orthodox Church (PAOC), and Jehovah’s Witnesses (JW) all supported health measures to varying degrees.

RCC emphasized moral responsibility, PAOC focused on spiritual responses, and JW showed the highest compliance, often preceding government mandates.

All promoted mental well-being and community resilience, offering pastoral care, online services, and local aid.

The RCC was often privileged in conversations with the government and policymakers; and there is evidence that lockdown restrictions impacted disproportionately on minority religious groups.

Tensions emerged in state-church relations, digital transformation, and growing religious polarization.

Poland Policy Recommendations

- Treat all religious groups as strategic partners in crisis management.
- Ensure proportional restrictions across all sectors.
- Support religious groups to develop digital platforms to reduce exclusion, especially for vulnerable groups.
- Establish ongoing dialogue with all religious groups, including numerically smaller religions.

Canada: Religion as Resource and Partner

Although outside Europe, Canada's experience highlights the disconnect between secular governance structures and the societal roles of religious groups – with lessons to be gained for European contexts. Initial failures to consult with religious communities—stemming from low religious literacy among officials, a lack of liaison bodies, and misinterpretation of state neutrality—meant that places of worship were excluded from early emergency planning. Religious institutions were not only overlooked as safe spaces for gathering but also as partners in service delivery. Despite these oversights, many religious leaders promoted public health compliance, especially within immigrant and ethnic minority communities where they hold significant influence. Interfaith groups like the Quebec Interfaith Round Table played a key mediating role, though often informally. The Canadian case reminds European policymakers of the importance of the continued inclusion of religion when addressing issues of pressing public concern.

Common Lessons for European Policymakers

While some recommendations are context specific, we have identified common lessons for European policymakers:

- Engage religious groups early.
- Protect religious freedom through proportional restrictions across all sectors.
- To avoid stigmatization, invest in the inclusion of minority religions and philosophical groups.
- Support digitalization through training and funding.

Conclusion

Across all contexts, religious institutions proved to be key allies during the pandemic—offering moral leadership, mental health support, and access to hard-to-reach communities. Religious organisations in our contexts generally justified their support for restrictions in secular and public health terms, and few appealed to religious freedom. Their compliance was not conditional on special treatment, which strengthens rather than weakens the case for proportionality.

However, their potential was underutilized due to structural oversight, inconsistent engagement, and occasional stigmatization. Policymakers should treat religious communities as valuable civic actors, not as peripheral or problematic entities. Future crises require better integration of faith voices into governance, particularly in pluralistic, multicultural societies.

Further Reading

1. [Ganiel, Gladys, Solange Lefebvre and Kerstin Radde-Antweiler, eds. 2026. Special Issue: Religion and Covid-19, Journal of Religion in Europe, 19\(1-2\).](#)
2. [Radde-Antweiler, Kerstin, Solange Lefebvre and Gladys Ganiel. 2026. The Changing Role of Religion in Societies Emerging from COVID-19: Research Project Methodology, Bremen: ZeMKI Working Paper No. 55, ISSN 2510-9855.](#)
3. [Colloquium - Religions and the Covid-19 Pandemic, University of Montreal, 13 August 2024.](#)

1. RECOV-19 was funded by the Trans-Atlantic Platform's Recovery, Renewal and Resilience in a Post-Pandemic World programme. Our findings are based on rich qualitative and quantitative data that was gathered across the contexts, including: 1,718 public documents from religious organisations; 800 articles produced by religious media; text-mining of more than 10,000 secular media articles; online questionnaires of 1,333 religious leaders and 1,411 members; and interviews with 328 leaders and members.

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