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A time for Leadership and Hope: A letter to the OAIC member churches

The coronavirus has been declared a pandemic by the World Health Organisation (WHO). The OAIC Secretariat communicated with the regional leaders as soon as the WHO made the announcement. Our message is that we are seeking as AICs, in our uniqueness, to have a common response, even if we live in different regions of Africa.

1.0. The facts:

The coronavirus is transmitted from an infected person through the fluids from coughing and sneezing. This means that the virus can be contracted through touching the places where these fluids are exposed, and through being in close contact (without protective gear) with an infected person.

2.0. Prevention and care

Personal and communal hygiene is important.

- a. Hand washing with soap
- b. Use of hand sanitizer with an alcohol base
- c. Avoiding touching your mouth, eyes and nose with unwashed hands
- d. Avoiding crowded places
- e. Isolating the person/s who are infected (isolation should not mean rejection)
- f. Informing the nearest health facility regarding your health or the health of another person who has the symptoms
- g. Taking precautions by using the information given out by government. Keeping yourself updated so that you can inform others who may not have access to the latest information.

The information from national governments and agencies such as the World Health Organisation should be the basis for our action.

3.0. Who we are and what we bring in responding to the pandemic

- a. *We are communities of the Word and Prayer:* it is through prayer and studying the word of God that we find strength to respond to the challenges that come before us. Let us pray in an informed manner. We should interpret the scriptures in a way in a Christ-like way that does not lead to stigma, denial or complacency.
- b. *Healing is at the centre of our ministry:* let us bring the healing message at this time. Praying and providing the scientific information available is part of our role. We need to re-examine any theologies or beliefs that can lead to denial of the disease. As we trust God for healing, we should also be referring any suspected case to the health authorities for testing.
- c. *We minister in diverse ways:* we minister the holy communion and other ordinances that bring people into contact with each other especially through exposure to body fluids from the nose and mouth. Any

exposure to infection through ordinances will not be positive ministry at this time, and some of our practices may need to be suspended or changed.

- d. *We are community builders* and whatever threatens the wellness of the community requires an immediate and consistent response until the community is well. It is time for us to activate our calling in community building to provide the information that will lead to prevention and care. Let us act out our being community in a way that does not lead to the spread of the virus. There is adequate medical information for us to continue being community in an informed manner.
- e. *Being present is the core to our ministry*: we are present in places where people are struggling to access basic services such as clean water and quality health care. This will be a major challenge as people who live in poverty may even lose hope since their lives are already impacted by multiple hazards. Many of our own people live in these environments, alongside many others who are not our members. Our calling is to show how and where people can find hope. At this time, we need especially, to seek out 'the least of these'.
- f. *We are prophetic communities called to protect the weak*: poverty and other forms of economic exclusion undermine the ability of many people to protect themselves from infection and consequently from the transmission of the virus. These people should be a priority in the design of the responses by public institutions and other agencies. We have to be firmly prophetic as we bring to public institutions the vulnerabilities of all people, especially 'the least of these'.
- g. *We have to deal with the gender and generational realities*: children, men, women, youth, and of all ages should be at the centre of our responses. At this point the elderly need our protection the most because of their vulnerability.

We are People of Hope: our hope comes from our faith in the risen Christ. As we act during this season of lent, let us remember that whatever the uncertainty, we work in the name of the risen Christ and at the end of it all we shall see life affirmed.

Let us act with clarity and hope



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International Chairman



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