

立法會參考資料摘要

《預防及控制疾病條例》 (第599章)

《2020年預防及控制疾病(禁止羣組聚集)(修訂) (第3號)規例》

引言

於2020年5月19日的會議上，行政會議建議，行政長官指令根據《預防及控制疾病條例》(第599章)(下稱《條例》)第8條，訂立《2020年預防及控制疾病(禁止羣組聚集)(修訂)(第3號)規例》(下稱《修訂規例》)(見附件A)以擴闊《預防及控制疾病(禁止羣組聚集)規例》(第599G章)(《規例》)附表1的豁免羣組聚集的範圍以容許在公眾地方進行宗教聚集。

現況及考慮

最新情況

2. 本港的已成功「撫平曲線」(flatten the curve)，2019冠狀病毒病確診個案在過去四星期(由2020年4月20日至2020年5月17日)下跌至僅三宗本地個案、26宗來自巴基斯坦、美國、英國及法國的輸入個案及一宗輸入個案的緊密接觸者。其中，2020年4月20日至2020年5月12日期間，本港有連續23天沒有出現本地個案。

3. 但是，最近本地群組傳染個案的出現，即於2020年5月12日至2020年5月14日期間先後確診、牽涉同一家庭的祖母、祖父及孫女的三宗個案，帶來本地社區有未被發現的病毒傳播的隱憂。

4. 截至2020年5月18日，本港共有**1 056**宗2019冠狀病毒病個案(包括一宗疑似個案)，包括 -

- (a) 67宗本地個案；
- (b) 167宗個案與本地個案有流行病學關連；
- (c) 631宗輸入個案；
- (d) 26宗個案與輸入個案有流行病學關連；
- (e) 103宗可能本地個案；
- (f) 62宗個案與可能本地個案有流行病學關連。

截至2020年5月18日，27名2019冠狀病毒病病人仍然留醫，其中一名情況危殆，另外三名情況嚴重。

新常態

5. 根據世界衛生組織(下稱「世衛」)，引起已於世界各地有超過450萬宗個案的2019冠狀病毒病的病毒很大可能於社區流行，不會輕易消失。任何短期內在香​​港根除或消除2019冠狀病毒病的目標均不切實際，所以我們應該繼續調整減少社交接觸及邊境管制措施的強度，以有效平衡公共衛生、經濟及社會需要。為此，我們一直採用「張弛有度」(suppress and lift)¹的策略。

本港是否有條件進一步放寬措施

6. 我們於2020年5月5日公布，當時是放寬部分減少社交接觸措施的合適時機；同時，我們會保持靈活，在疫情有初步反復跡象時，在達致相對較低的門檻後，盡快收緊有關管制措施回復抗疫狀態。我們在參考世衛建議的六項考慮因素，已放寬羣組聚集的人數限制至八人，及擴闊附表1豁免羣組聚集的範圍。

7. 假如未有發現源頭的本地傳播個案沒有重現，我們或許可在本輪評估時考慮進一步放寬措施。但是，考慮到市民及專家的關注、即將於2020年5月27日開始的復課安排及為監測疾病而大規模增加社區測試所需的時間，我們認為現時並非進一步放寬措施的良機，但亦不應重新引入收緊措施或延遲已公布及安排的復課。在對公共衛生有重要性的新型傳染病預備及應

¹「張弛有度」由劍橋大學數學家高天敏教授(Timothy Gowers)提倡，隨著疫情日新月異，為準備市民習慣新常態，我們應設立較低的門檻以容許經常性的調整。

變計劃下的緊急應變級別督導委員會決定暫時維持現行措施，在微調其他就減少社交接觸措施之外，容許恢復宗教聚會。

改善措施：恢復宗教活動

主要宗教領袖的訴求

8. 民政事務局(下稱「民政局」)一直與六個主要宗教團體的領袖保持緊密聯繫，了解到他們一直希望政府在情況許可下允許在公共場所恢復宗教聚會。其中，所有領袖均表示願意遵守政府訂立合理及可行的預防措施，以便在不構成重大公共衛生風險的情況下恢復宗教活動。例如，所有領袖均接受參與者需要保持社交距離的條件。

9. 儘管大家均明白需要禁止提供食物和飲品，但因為天主教香港教區和基督教團體認為聖餐是宗教禮儀的核心部分、神聖及不可或缺，而並非為一般食物和飲品，故他們均希望把聖餐納入此放寬措施中。他們已提議各項相關的預防措施(包括保持雙手衛生，避免口領聖體，以及參與者於等候領受聖餐時需保持社交距離)。這些措施均符合世衛的最新建議(見附件B)和其他地方(包括意大利和澳門)的做法。

恢復宗教活動的理據

10. 到目前為止，各宗教團體一直非常支持政府應對2019冠狀病毒的防疫抗疫措施。注意到早前的本地感染羣組之一涉及宗教(佛教)處所，各宗教團體均自願採取了措施，以期協助盡量減少本地感染個案。例如，道教團體自發在清明節期間推行管理措施以免掃墓羣眾聚集。雖然教堂仍然開放供人祈禱，但天主教教區亦已採取措施，分隔到教堂祈禱的信眾，並已暫停定期舉行宗教聚會。講道和彌撒亦於網上進行。到目前為止，再沒有本地感染病例源於宗教場合聚會。

11. 宗教團體注意到政府正逐步放寬羣組聚集、表列處所及在該等處所內進行的活動的限制，自然希望政府亦可放寬對宗教活動的限制，藉此為受2019冠狀病毒病疫情影響而需長時間與他人保持社交距離的信眾提供精神及心靈上的支援。

海外做法

12. 我們留意到越來越多疫情比香港嚴峻的國家開始計劃或實施放寬策略。其中，澳洲、德國、意大利、西班牙及美國等多個國家開始逐步放寬減少社交接觸措施，包括宗教活動。

《規例》下的豁免安排

C 13. 現時，禁止在公眾地方進行羣組聚集的《規例》下，附表1指明13種豁免羣組聚集(附件C)。除該13種豁免羣組聚集外，政務司司長可按個別情況，在有關羣組聚集對政府事務運作屬必要，或鑑於有關個案的情況極其特殊，在其他方面符合香港的公眾利益的情況下，准許個別羣組聚集。

14. 我們會在《規例》下新增一項受豁免的羣組聚集，以容許恢復宗教活動。考慮到各個宗教均有不同的禮儀和慣常做法，我們在法例中只列明原則性的規定，即規定活動中須設有措施，將該活動的參與者人數，限制在不多於該處所作為崇拜地點通常可容納的人數的**50%**。至於其他標準衛生規定和減少社交接觸措施，則會藉制訂指引的行政方式處理，以**避免宗教活動受到不必要的干預**，這做法亦考慮到與《規例》下其他受豁免羣組聚集予以同等對待的需要，以及宗教團體已表明願意遵守政府所訂合理及可行的預防措施。

15. 由於無法盡列所有宗教活動的定義，有關放寬措施會以**處所為本**。具體而言，只有在**興建作或慣常用作崇拜地點**(包括教堂、寺、觀、道院、庵、清真寺、猶太會堂或廟)的處所進行宗教活動的羣組聚集才獲豁免。根據此安排，在公園或露天廣場進行的臨時宗教聚集(例如盂蘭勝會)均不屬受豁免的範圍。**除屬宗教禮儀一部分者(例如聖餐)外，一概不可供應食物或飲品**。換言之，回教開齋節的開齋飯等各種餐膳聚集均不屬受豁免的範圍。

各宗教團體根據衛生署的健康建議制定專屬指引

16. 為確保有關規定得以切實執行和嚴格遵守，宗教團體的支持至為關鍵。為此，民政局一直與各主要宗教領袖密切溝通，他們已同意上述建議處理方式。事實上，自2019冠狀病毒病疫

情在香港開始以來，宗教團體已自行主動為信徒公布一些應對疫情的指引。我們已邀請各宗教領袖根據衛生署就宗教聚會的健康建議各自制定最能切合其宗教需要的指引。

就《規例》下准許婚禮的條件的相應修訂

17. 正如第15段所述，宗教聚集期間會容許屬宗教禮儀一部分的食物及飲品。由於部分於崇拜地點進行的婚禮可能包括牽涉食物及飲品的宗教禮儀，有需要協調在崇拜地點進行的婚禮及其他地點進行的婚禮下的安排。

18. 現時，豁免羣組聚集包括於婚禮上不多於50人的羣組聚集，前提是於婚禮上並無供應食物或飲品(即附件C第10項)。考慮到我們決定在宗教聚集容許屬宗教禮儀一部分的食物及飲品，我們為確保條文之間的一致性，就婚禮安排作出相應修訂，繼續禁止婚禮供應食物或飲品，但屬宗教禮儀一部分者除外。由於有關放寬措施僅為確保各豁免羣組聚集的限制一致，我們會維持婚禮的人數上限為50人。

其他方案

19. 我們固然可透過引入崇拜地點為《預防及控制疾病(規定及指示)(業務及處所)規例》(第599F章)下的表列處所，容許恢復宗教活動。但在考慮到《條例》下的兩條緊急規例，即第599F章及《規例》的目的後，我們認為透過修訂豁免羣組聚集的列表以容許恢復宗教活動可向市民清楚傳達我們正**放寬**相關措施，而非引入另一類別需要透過第599F章規管其營運模式的表列處所(如健身中心或公眾娛樂場所)，不論該處所是否公眾地方。

《修訂規例》

20. 《修訂規例》第3條修訂《規例》的附表1以 –

- (a) 增加第14項以豁免宗教聚集(見上文第13至15段)；及
- (b) 相應修訂現行第10項就婚禮的豁免(見上文第17及18段)。

立法程序時間表

21. 立法程序時間表如下—

刊登憲報	2020年5月19日
提交立法會	2020年5月20日
生效	2020年5月22日

建議的影響

22. 建議符合《基本法》，包括有關人權的條文。

公眾諮詢

23. 鑑於情況緊急，公眾諮詢並不可行。

宣傳工作

24. 我們已於2020年5月19日發出新聞公報及於同日的記者會上公布有關法例修訂以及其他減少社交接觸措施。我們亦已安排發言人回應公眾或傳媒查詢。

25. 民政局已備妥一份常見問題，並將上載至2019冠狀病毒病專題網站。

背景

26. 《條例》第8條賦權行政長官會同行政會議可在公共衛生緊急事態的情況下，包括前所未見的病原體的出現或某流行病的逼切威脅甚有可能導致大量人口死亡或罹患嚴重殘疾(不論是否長期殘疾)時，為防止、應付或紓緩公共衛生緊急事態的影響，及為保障公眾健康，訂立公共衛生緊急規例。

其他事項

27. 如對本參考資料摘要有任何查詢，請聯絡食物及衛生局 (電話：3509 8765)。

食物及衛生局
2020年5月22日

《2020年預防及控制疾病(禁止羣組聚集)(修訂)(第3號)規例》

(由行政長官會同行政會議根據《預防及控制疾病條例》(第599章)第8條訂立)

1. 生效日期
本規例自2020年5月22日起實施。
2. 修訂《預防及控制疾病(禁止羣組聚集)規例》
《預防及控制疾病(禁止羣組聚集)規例》(第599章, 附屬法例G)現予修訂, 修訂方式列於第3條。
3. 修訂附表1(豁免羣組聚集)
 - (1) 附表1, 第10項, 在“飲品”之後 ——
加入
“(屬宗教禮儀一部分者除外)”。
 - (2) 附表1, 在第13項之後 ——
加入
“14. 宗教活動(婚禮除外)中的羣組聚集, 前提是 ——
 - (a) 該活動的舉行地點, 是興建作或慣常用作崇拜地點(包括教堂、寺、觀、道院、庵、清真寺、猶太會堂、廟)的處所;
 - (b) 該活動中並無供應食物或飲品(屬宗教禮儀一部分者除外); 及
 - (c) 該活動中設有措施, 將該活動的參與者人數, 限制在不多於該處所作為崇拜地點通常可容納的人數的50%”。

行政會議秘書

行政會議廳

2020年 月 日

註釋

本規例修訂《預防及控制疾病(禁止羣組聚集)規例》(第599章，附屬法例G)附表1，主要目的是就於宗教崇拜處所舉行的宗教活動，訂定一項豁免。

Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19

Interim guidance

7 April 2020



World Health Organization

Background

Religious leaders, faith-based organizations, and faith communities can play a major role in saving lives and reducing illness related to COVID-19.¹ They are a primary source of support, comfort, guidance, and direct health care and social service, for the communities they serve. Religious leaders of faith-based organizations and communities of faith can share health information to protect their own members and wider communities, which may be more likely to be accepted than from other sources. They can provide pastoral and spiritual support during public health emergencies and other health challenges and can advocate for the needs of vulnerable populations.

By sharing clear, evidence-based steps to prevent COVID-19, religious-inspired institutions can promote helpful information, prevent and reduce fear and stigma, provide reassurance to people in their communities, and promote health-saving practices. Religious leaders are integrated into their communities through service and compassionate networks and are often able to reach the most vulnerable with assistance and health information and identify those most in need. Religious leaders are a critical link in the safety net for vulnerable people within their faith community and wider communities.

Purpose of this guidance

This document is based on guidance and recommendations developed by WHO in response to the COVID-19 pandemic. It acknowledges the special role of religious leaders, faith-based organizations, and faith communities in COVID-19 education, preparedness, and response, through:

- Sharing evidence-based information about COVID-19, preparedness, and response
- Avoiding large group gatherings and conducting rituals and faith-related activities remotely/virtually, as required and whenever possible
- Ensuring that any decision to convene group gatherings for worship, education, or social meetings is based on a sound risk assessment and in line with guidance from national and local authorities

- Ensuring safe faith-based gatherings, ceremonies, and rituals when they do occur
- Strengthening mental and spiritual health, well-being and resilience, through individual contact (while observing appropriate physical distancing) and through social and other communications media
- Ensuring that a human-rights-based approach to advocacy, messaging, and service delivery is systematically upheld
- Addressing stigma, violence, and the incitement of hate
- Promoting ecumenical and interfaith collaboration, and peaceful coexistence during the COVID-19 pandemic
- Ensure that accurate information is shared with communities; counter and address misinformation.

Gatherings (where permitted)

Local and national health authorities are the primary source of information and advice about COVID-19 in communities and can provide information about locally mandated restrictions on the movement of people, whether gatherings are permitted and, if so, of what size. Those organizing a gathering should comply with guidance issued by national and local authorities and if a medium or large gathering is planned, the organizers should establish and maintain contact with the authorities in the buildup to and for the duration of the gathering. If gatherings are permitted, religious leaders and faith-based communities should take the following steps to reduce the threat of COVID-19 in their community.² If they are not able to perform these steps to keep their community safe, then the planned physical gatherings should be cancelled. Once decisions have been made, it may be helpful to describe any adjusted practices and measures and visibly present them at the entry of the place of gathering (in writing or drawing).

If remote/virtual gatherings are not feasible, keep the duration of the gathering to a minimum to limit contact among participants.

Maintain at least 1 m (3 feet) of distance between people at all times

¹ For terminology descriptions please refer to http://data.unaids.org/pub/report/2010/jc1786_fbo_en.pdf

² These steps are based on [Key planning recommendations for Mass Gatherings during COVID-19](#)

COVID-19 is spread through respiratory droplets when an infected person sneezes, coughs, or talks. These droplets can land on people or be breathed in by those close by. Religious institutions and faith-based organizations should protect their members by helping them maintain a safe distance between them (“physical distancing”).

- Discourage non-essential physical gatherings and organize virtual gatherings through live-streaming, television, radio, social media, etc.
- If a gathering is planned, consider holding it outdoors. If this is not possible, ensure that the indoor venue has adequate ventilation.
- Regulate the number and flow of people entering, attending, and departing from worship spaces to ensure safe distancing at all times.
- Gatherings with few people are better than crowded sessions. Religious leaders and communities of faith should consider multiple services with a few attendees, rather than hosting large gatherings.
- The numbers and flow of pilgrims at pilgrim sites should be managed to respect physical distancing.
- Seating or standing of participants in faith services should be at least 1 m (3 feet) apart. Where necessary, create and assign fixed seating to maintain safe distances.
- Identify a room or area where a person could be isolated if he or she becomes ill or begins to develop symptoms.

Prevent touching between people attending faith services

Many faith traditions involve physical contact between worshippers. Respiratory droplets containing COVID-19 can settle on a person’s hands and can be passed on to others through physical contact. Religious leaders and faith-based communities should consider how worship practices and community connections can be adapted to prevent touching between participants in services and other faith- or community-based activities.

Create new ways for your community to greet one another that reduce the risk of COVID-19 transmission. Some greetings being adopted within faith communities include:

- Replace hugs, kisses, and handshakes with a bow or peace sign or using a greeting in sign language while maintaining physical distance.
- Greet people at the entry to worship spaces with friendly words and smiles, rather than handshakes or other forms of physical contact.

Many worshippers share a “sign of peace” during services including handshakes and hugs. These are being replaced by, for example:

- Eye contact and a bow while saying “the peace” to others.
- A communal “sign of peace” offered in unison, orally, or through a bow, by the attendees in unison, while staying in place at a safe distance between each other.
- Any form of culturally and religiously sanctioned alternative that avoids physical contact.

Prevent touching or kissing of devotional and other objects that the community is accustomed to handling communally

Many faith traditions include touching or kissing of sacred and symbolic objects during worship services and prayer. The virus that causes COVID-19 can remain on such surfaces for hours or days. Religious leaders and faith-based communities need to protect their members from becoming infected by avoiding practices involving touching or kissing of such surfaces. Leaders can create and help community members accept new ways to reverence these objects and symbols safely. Some religious leaders and faith communities have encouraged their members to:

- Bow before sacred statues or icons, instead of touching them.
- Receive a blessing from at least 1 m away and avoid the distribution of Holy Communion that involves placing the wafer on the tongue or drinking from a common cup.
- Consider using individual pre-packaged boxes/servings of religious or ceremonial foods, rather than shared portions from communal containers.
- Empty fonts of holy water to prevent people from dipping their fingers into a common bowl.
- Eliminate rituals involving touching such as foot washing and substitute appropriate practices.
- Encourage worshippers to perform their ritual ablutions at home before attending the place of worship.

Encourage healthy hygiene among participants in faith services and other activities when gatherings are permitted

- Help attendees maintain healthy hygiene practices by providing handwashing facilities for members before and after the service; foot washing facilities for places where worshippers enter barefoot; or by placing alcohol-based hand-rub (at least 70% alcohol) at the entrance and in the worship space.
- Place disposable facial tissues within easy reach and closed bins for used tissues.
- Ask worshippers to bring their own personal prayer rugs to place over the carpet for daily prayers.
- Encourage worshippers to avoid attending worship services if they have any symptoms of COVID-19 or if they have travelled recently to an area with community spread of COVID-19.
- When attendees enter a site or building barefoot, shoes and sandals should be placed separately and in bags.
- Provide visual displays of advice on physical distancing, hand hygiene, and respiratory etiquette.

Frequently clean worship spaces, sites, and buildings

- Establish routine cleaning with disinfectant of worship spaces, pilgrimage sites, and other buildings where people gather, to remove any virus from the surfaces. This routine should include cleaning immediately before and immediately after all gatherings.

- Frequently clean often-touched objects such as door knobs, light switches, and stair railings with disinfectant.

Conducting faith activities remotely/virtually (as long as required)

It is likely that most religious leaders and communities of faith will make decisions to cancel services and other gatherings for some time in the COVID-19 pandemic. Large gatherings are already banned or are being discouraged in many countries. Religious leaders should remember that they are important community role models for reinforcing these recommendations and showing how communities can still maintain connection by conducting faith activities remotely/virtually. The suggestions below are already being used by many religious leaders to maintain connection with and among their members through high and low technological means. Where online technologies are used, religious leaders can provide information on the potential cybersecurity risks, particularly where children and vulnerable adults are concerned.

Use technology to maintain community and continue worship

Consider how your faith community or organization can use technology to make services and other faith-based events available online. Consider partnering with other organizations to leverage on-line channels. For example:

- Video or audio-tape worship services and ceremonies and broadcast or post them on social media.
- Conduct individual pastoral and care visits by phone or through social media and video chat platforms.
- Use a remote or virtual meeting platform or teleconference facilities for meetings or small group interactive prayer.
- Expand use of television and radio channels.

Use low-technology means to maintain faith-based practices in the community

Not every faith-based organization has the capacity to engage its members using advanced technology. Even so, the community can continue to connect through practices such as:

- Telephone calls between members of the faith community for paired-prayer and use of telephone “chat” services.
- Communicating times when your faith community can observe religious practice remotely (prayer, specific liturgies, etc.) at the same time every day or week, despite being physically apart.
- Encouraging individual and household observance of prayer and other spiritual practices.
- Compiling and circulating requests for prayers from the faith community to be supported by all members.

Safe ceremonies

Many celebrations and solemn ceremonies performed by religious leaders in worship spaces will need to be modified during the COVID-19 pandemic.

- Where gatherings are allowed by local health authorities, religious leaders can perform ceremonies such as weddings and funerals if they follow the guidance for physical distancing as outlined in the “Safe Gatherings” section of this document and by observing the limits set by national or local public health authorities on the number of persons who can participate in such gatherings.
- When in-person gatherings cannot be held in accord with national or local public health guidelines, ceremonies may still be possible with essential members in attendance and a larger number of guests participating through distance, live streaming, and video technologies.
- If/when health authorities issue guidance limiting in-person funeral prayers, extended family members and friends can offer funeral prayers in absentia.

Safe burial practices

Faith leaders can help grieving families to ensure that their departed loved ones receive respectful, appropriate funerals and burial rites, even in the midst of the COVID-19 pandemic. Knowing how to safely plan and perform such funeral rituals and services worship can both protect and comfort mourners and show respect for those who have died without causing any infectious risk to the mourners.

1. When acceptable or appropriate according to respective faith traditions, embalming, burial, and cremation should be allowed for the remains of persons who have died of COVID-19.
2. Religious leaders and local religious communities can work with families to integrate appropriate religious and cultural practices with burial and funeral steps that reduce the chances of infection. For example:
 - If washing the body or shrouding are part of faith traditions, modifications will be needed to protect mourners:
 - At a minimum, people conducting these activities should wear disposable gloves.
 - If splashing of body fluids is possible, additional personal protective equipment may be required for those participating in the ritual (such as disposable gowns, face shields or goggles and medical masks).
 - If the family of the deceased wishes to view the body after its removal from the medical facility where the family member has died, they may be allowed to do so, in accordance with local physical distancing restriction, with no touching or kissing of the body and thorough handwashing before and after viewing.
 - As modifications to burial and funeral rites are adopted, particular attention should be paid to protect children and older adults in attendance.

Strengthening mental health and resilience

Religious leaders and faith communities play a unique role in creating relationships and connections between people across age groups, professions, and neighborhoods. In addition, religious leaders are often linked into other service organizations through their professional and pastoral roles. As a result, these leaders and organizations are uniquely positioned to reinforce connections between people who may be isolated during periods of physical distancing. Maintaining and strengthening relationships during this distressing time can fortify the mental and spiritual health of your members and followers and contribute to resilience in the larger community. Religious leaders can also help their communities respond to COVID-19 with practices appropriate to their organization's mission or faith tradition. Practices such as prayer, inspirational reading, and safe community service can build confidence and create a sense of calm. Below are steps that can help.

Keeping the community connected

Religious leaders and faith-based organizations can strengthen their communities and combat self-isolation through regularly checking in on individual members, preferably via phone. This is particularly important to account for individuals who may be living alone, who are elderly, who have disabilities or are otherwise vulnerable. They can ensure that community contact lists are up-to-date and accessible to their members. Organizations can create "calling trees" in which individual members volunteer to phone several other members regularly to check on their well-being. In-person visits should be avoided where possible and if necessary, should employ appropriate physical distancing and other preventive measures. Additionally, religious leaders are encouraged to prevent family separation and promote family-based care options in situations where children are separated from their families.

Helping others

Helping others who need assistance can benefit the person giving the assistance as well as the person receiving it. Faith communities can identify ways that their members can help others, depending upon individual risk levels (checking on the elderly, people with disabilities, and vulnerable neighbors by phone and offering to deliver groceries, etc.). Religious leaders and faith communities can promote the sharing of resources to provide for those whose livelihoods are disrupted and who cannot provide for themselves and their families. Of particular importance is the care for health workers, law enforcement officers, and workers in essential services who continue to work, sometime away from their families. Religious leaders can encourage those who have the financial means to make donations to those whose livelihoods have been affected by the pandemic. As community members work together, they can create a sense of solidarity and build resilience.

Helping members manage the onslaught of worrying news

Religious leaders can encourage their communities to take steps to manage their stress and to keep up hope during such times of isolation, fear, and uncertainty. The constant torrent of news reports about COVID-19 can cause anyone to feel worried. Religious leaders can encourage community members to seek information on the virus at a few, regular, select times a day, and point members to credible sources of

information, and to maintain hope by reading sacred texts and guidance from their respective faith traditions.

Responding to situations of domestic violence

In settings where movement restrictions are in place, there is the potential for an increase in domestic violence, particularly against women, children, and other marginalized people. Existing vulnerabilities associated with age, religion, migration status, sexuality and ethnicity may be exacerbated. Religious leaders can actively speak out against violence and can provide support or encourage victims to seek help. Where a child is concerned, religious leaders should be informed of child protection and safeguarding policies, including what to report, to whom, and how.

Offer special prayers for the sick alongside messages of hope and comfort

Religious leaders can provide faith communities with appropriate prayers, theological and scriptural reflections, and messages of hope. Highlighting the opportunities presented for reflection, prayer, and time with family members others can prove helpful.

Faith leaders' role in COVID-19 education

Religious leaders, faith-based organizations, and communities of faith are among the most trusted sources of information, as well as both pastoral, health, and social care in our communities. Their followers and community members may trust and follow guidance about COVID-19 coming from faith leaders even more than if delivered by governments and health authorities. The health care and social services of faith-based organizations are often more accessible, especially in rural communities and among marginalized populations. Faith leaders also have a special responsibility to counter and address misinformation, misleading teachings, and rumors, which can spread rapidly and cause great damage. Sermons and messages can build on factual information provided by WHO and national or local public health authorities and is in line with doctrine/teaching and practice of their respective faith traditions.

What to communicate

Accurate information can reduce fear and stigma. Religious leaders can access guidance in formats and lay language that their members can understand. WHO's [guidance has been replicated](#) and shared on certain faith platforms. Religious leaders should also be aware of local and national health authorities websites and other information channels to access local guidance.

The most important protection information religious leaders and faith-based communities can communicate to their members includes the following:

- Avoid touching eyes, nose and mouth. Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
- Practice respiratory hygiene. The virus is spread through respiratory droplets. By following good respiratory hygiene, you protect the people around you from viruses such as flu and COVID-19. This means covering your mouth and nose with your bent

elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately in a bin with a lid and wash your hands.

- Stay home if you feel unwell. If you have fever, cough and difficulty breathing, seek medical care and call in advance. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.
- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water. Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
- Maintain at least 1 m (3 feet) distance between yourself and anyone who is coughing or sneezing. A person who coughs or sneezes sprays small liquid droplets from their nose or mouth, which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.
- Follow the instructions of your local health authority. National and local authorities will have the most current information on the situation in your area. They are best placed to advise on what people in your area should be doing to protect themselves.
- Stay informed and follow advice given by your health care provider, your national and local public health authorities or your employer on how to protect yourself and others from COVID-19. Stay informed on the latest developments about COVID-19 from WHO and national authorities.
- Stay informed about risk; older people and people with underlying medical conditions are more at risk of severe illness.

How to communicate health protection information

Faith leaders are encouraged to use faith channels such as organizational web pages; newsletters; emails; phone tree; and faith publications, radio, or other broadcast media. Social media technologies offer religious leaders, faith-based organizations, and communities of faith new ways to share life-saving messages. COVID-19 messages can also be woven into sermons and prayers to be shared with communities. It will be important for community members to hear these messages and updates frequently on different channels and message platforms.

Because of their influence, religious leaders can be powerful resources for agencies and organizations that are communicating with the public about COVID-19. Leaders should become informed on organizations presenting credible information in their communities and join with them, using and endorsing their messages (e.g. WHO, universities, nongovernmental organizations).

Upholding human rights and addressing stigma and discrimination

Religious leaders have a particularly important role to play in championing attention to and inclusion of, vulnerable populations including minorities, migrants, refugees, internally displaced persons, indigenous peoples, prisons, people with disabilities, and members of other marginalized groups, by creating supportive environments; advocating for their rights and access to diagnosis, treatment, and vaccines; sharing evidence-based accurate information; and publicly standing against statements and acts that encourage violence and human rights violations against people. By drawing on language within their own faith tradition, religious leaders can promote positive messages that affirm the dignity of all people, the need to protect and care of the vulnerable, and inspire hope and resilience in those affected by, or vulnerable to, COVID-19. On the practical side, faith-based organizations can work with health and development agencies to identify mechanisms to increase access to information and services for vulnerable communities, including those that are provided by faith-based organizations themselves. Moreover, most of these faith traditions serve all people in need, without regard to national or ethnic origin, race, sex, or religious affiliation, and are motivated by universal values and ethical principles of “do no harm,” solidarity”, and the “golden rule”.

Conclusion

Various global religious and inter-religious groups have issued guidance, advisory notes, and statements to support the actions and role of religious leaders, faith-based organizations, and faith communities during the COVID-19 pandemic. Many of those same groups have contributed to this guidance, through a common acknowledgement that COVID-19 is a global pandemic, affecting all races, ethnicities, and geographic regions, that demands a global response. Inter-faith collaboration between both majority and minority faiths is crucial, particularly through the sharing of knowledge, resources, and best practices where possible.

The [accompanying decision tree](#) provides a simple flow chart to support decision-making regarding hosting a religious event during the COVID-19 pandemic. When national or local authorities permit gatherings, the organizers of a gathering can make their own informed decision about the risk and plan appropriately based on it.

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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《預防及控制疾病(禁止羣組聚集)規例》(第 599G 章)附表 1 指明
以下 13 種豁免羣組聚集 –

- (1) 交通運輸而進行的羣組聚集，或與交通運輸有關的羣組聚集
- (2) 為執行政府職能而進行的羣組聚集
- (3) 為執行法定團體或政府諮詢機構的職能而進行的羣組聚集
- (4) 在工作地點為工作而進行的羣組聚集
- (5) 為在醫療機構獲得或接受醫院或醫護服務而進行的羣組聚集
- (6) 共住的同一戶人的羣組聚集
- (7) 為以下目的而進行的羣組聚集 –
 - (a) 在法院、裁判法院或審裁處進行法律程序；
 - (b) 執行法官或司法人員的職能；或
 - (c) 處理司法機構的任何其他事務
- (8) 對在立法會或區議會進行的程序屬必要的羣組聚集
- (9) 於喪禮上的羣組聚集，或於哀悼或悼念尚未入土或火化的先人的任何其他場合上的羣組聚集，該等場合包括在先人離世的地點附近，或在其蒙受致命傷害的事發地點附近，為哀悼先人離世而舉行的祭祀或儀式
- (10) 於婚禮上不多於 50 人的羣組聚集，前提是於該婚禮上並無供應食物或飲品
- (11) 於以下任何會議上的羣組聚集，前提是於該會議上並無供應食物或飲品，而如屬多於 50 人的羣組聚集，該會議上亦設有措施，將該等人士分散於不同房間或區隔範圍，每個房間或範圍容納不多於 50 人 –
 - (a) 任何團體的會議，前提是該會議須在指明期間內舉行，以遵守任何條例或符合規管該團體的運作或事務的其他規管性質文書；
 - (b) 任何於《證券及期貨條例》(第 571 章)附表 1 第 1 部第 1 條所界定的認可證券市場上市的公司的股東會議，前提是該會議是按照任何條例或規管該公司的運作或事務的其他規管性質文書舉行
- (12) 為傳揚有助於預防及控制指明疾病的資訊或技巧(或為處理有助於預防及控制指明疾病的供應品或物品)而進

行的羣組聚集

- (13) 在根據《預防及控制疾病(規定及指示)(業務及處所)規例》(第 599 章，附屬法例 F)第 8 條發出的指示所適用的處所(根據該指示須予關閉者除外)進行的羣組聚集