

Safe Ramadan practices in the context of the COVID-19

Interim guidance

15 April 2020



Background

The holy month of Ramadan is marked by social and religious gatherings where Muslim families and friends unite to break their fast together, after sunset during *iftar* or before dawn during *suhour*. Many Muslims increase their attendance at mosques during the month and congregate for longer prayers for *taraweeh*^a and *qiyam*.^b Some Muslims also spend consecutive days and nights at mosques during the last 10 days of Ramadan (*i'tikaf*) for prayers. These traditional and religious practices are regularly observed throughout the month. This year Ramadan falls between late April and late May as the COVID-19 pandemic continues.

The transmission of COVID-19 is facilitated by close contact between people, as the virus is spread through respiratory droplets and contact with contaminated surfaces. To mitigate the public health impact, several countries have implemented physical distancing measures aimed at interrupting transmission by reducing interaction between people. These measures are fundamental control mechanisms to control the spread of infectious diseases, particularly respiratory infections, associated with large gatherings of people. Physical distancing measures, including the closing of mosques, monitoring of public gatherings and other restrictions on movement, will have direct implications for the social and religious gatherings central to Ramadan.

Purpose

Countries around the world are taking different measures to control the spread of COVID-19. This document highlights public health advice for social and religious practices and gatherings during Ramadan that can be applied across different national contexts.

Informed decision making for conducting religious and social gatherings

Cancelling social and religious gatherings should be seriously considered. WHO, therefore, recommends that any decision to restrict, modify, postpone, cancel, or proceed with holding a mass gathering should be based on a standardized risk assessment exercise.¹ These decisions should be part of a

comprehensive approach taken by national authorities to respond to the outbreak.

If cancelling social and religious gatherings, where possible, virtual alternatives using platforms such as television, radio, digital, and social media can be used instead. If Ramadan gatherings are allowed to proceed, measures to mitigate the risk of COVID-19 transmission should be implemented.

National health authorities should be considered the primary source of information and advice regarding physical distancing and other measures related to COVID-19 in the context of Ramadan. Compliance with these established measures should be assured. Religious leaders should be involved early in decision making, so that they can be actively engaged in communicating any decision affecting events connected with Ramadan.

A strong communication strategy is essential to explain to the population the reasons for decisions taken. Clear instructions should be given and the importance of following national policies reinforced. The communication strategy should also include proactive messaging on healthy behaviours during the pandemic and use different media platforms.

Overarching considerations

Advice on physical distancing

- Practice physical distancing by strictly maintaining a distance of at least 1 metre (3 feet) between people at all times.
- Use culturally and religiously sanctioned greetings that avoid physical contact, such as waving, nodding, or placing the hand over the heart.
- Stop large numbers of people gathering in places associated with Ramadan activities, such as entertainment venues, markets, and shops.

Advice to high-risk groups

- Urge people who are feeling unwell or have any symptoms of COVID-19 to avoid attending events and follow the national guidance on follow-up and management of symptomatic cases.
- Urge older people and anyone with pre-existing medical conditions (such as cardiovascular disease,

^a Voluntary prayers performed by Muslims at night after the Isha prayer during the first part of the night. These are organized in congregational manner during the holy month of Ramadan.

^b Voluntary prayers performed by Muslims at night after the Isha prayer but during the last third of any night. These are organized in congregational manner during the holy month of Ramadan.

diabetes, chronic respiratory disease, and cancer) not to attend gatherings, as they are considered vulnerable to severe disease and death from COVID-19.

Mitigation measures for physical gatherings

The following measures should be applied to any gathering occurring during Ramadan, such as prayers, pilgrimages, and communal meals or banquets.

Venue

- Consider holding the event outdoors if possible; otherwise, ensure that the indoor venue has adequate ventilation and air flow
- Shorten the length of the event as much as possible to limit potential exposure
- Give preference to holding smaller services with fewer attendees more often, rather than hosting large gatherings
- Adhere to physical distancing among attendees, both when seated and standing, through creating and assigning fixed places, including when praying, performing *wudu* (ritual ablutions) in communal washing facilities, as well as in areas dedicated to shoe storage.
- Regulate the number and flow of people entering, attending, and departing from worship spaces, pilgrimage sites, or other venues to ensure safe distancing at all times
- Consider measures to facilitate contact tracing in the event that an ill person is identified among the attendees of the event.

Encourage healthy hygiene

Muslims perform *wudu* before prayers, which helps maintain healthy hygiene. The following additional measures should be considered:

- Ensure that handwashing facilities are adequately equipped with soap and water and provide alcohol-based hand-rub (at least 70% alcohol) at the entrance to and inside mosques.
- Ensure the availability of disposable tissues and bins with disposable liners and lids, and guarantee the safe disposal of waste.
- Encourage the use of personal prayer rugs to place over carpets.
- Provide visual displays of advice on physical distancing, hand hygiene, respiratory etiquette, and general messages on COVID-19 prevention.

Frequently clean worship spaces, sites, and buildings

- Enforce routine cleaning of venues where people gather before and after each event, using detergents and disinfectants.
- In mosques, keep the premises and *wudu* facilities clean, and maintain general hygiene and sanitation.
- Frequently clean often-touched objects such as doorknobs, light switches, and stair railings with detergents and disinfectant.

Charity

When the faithful give special attention to those who may be adversely affected while distributing their *sadaqat* or *zakah* during this Ramadan, consider the physical distancing measures in place. To avoid the crowded gathering associated with *iftar* banquets, consider using individual pre-packaged boxes/servings of food. These can be organized by centralized entities and institutions, which should adhere to physical distancing throughout the whole cycle (collecting, packaging, storing and distribution).

Well-being

Fasting

No studies of fasting and risk of COVID-19 infection have been performed. Healthy people should be able to fast during this Ramadan as in previous years, while COVID-19 patients may consider religious licenses regarding breaking the fast in consultation with their doctors, as they would do with any other disease.

Physical activity

During the COVID-19 pandemic, many people are restricted in their movements; but, if restrictions allow, always practice physical distancing and proper hand hygiene even during any exercise activity. In lieu of outdoor activities, indoor physical movement and online physical activity classes are encouraged.

Healthy diet and nutrition

Proper nutrition and hydration are vital during the month of Ramadan. People should eat a variety of fresh and unprocessed foods every day and drink plenty of water.

Tobacco use

Tobacco use is ill-advised under any circumstances, especially during Ramadan and the COVID-19 pandemic. Frequent smokers may already have lung disease, or reduced lung capacity, which greatly increases the risk of serious COVID-19 illness. When smoking cigarettes, the fingers (and possibly contaminated cigarettes) touch the lips, which increases the likelihood of the virus entering the respiratory system. When waterpipes are used, it is likely that mouth pieces and hoses are shared, which also facilitates transmission of the virus.

Promoting mental and psychosocial health

Despite the different execution in practices this year, it is important to reassure the faithful that they can still reflect, improve, pray, share, and care – all from a healthy distance. Ensuring that family, friends, and elders are still engaged in light of physical distancing needs to be considered; encouraging alternate and digital platforms for interaction is paramount. Offering special prayers for the sick, alongside messages of hope and comfort, are methods to observe the tenants of Ramadan while maintaining public health.

Responding to situations of domestic violence

In settings where movement restrictions are in place, incidents of domestic violence, particularly against women,

children, and marginalized people, are likely to increase. Religious leaders can actively speak out against violence and provide support or encourage victims to seek help.

(<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/points-of-entry-and-mass-gatherings>)

Acknowledgment

Thanks to the WHO Regional Office for the Eastern Mediterranean for leading the development of this guidance.

Reference

1. World Health Organization. Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19 – publication, risk assessment tool, decision tree

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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