Health and faith partnerships to strengthen trust: the Georgetown–Lancet Commission on Faith, Trust, and Health

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The role and influence of health systems are shifting support people's mental health with spiritual support in as patterns of trust and mistrust change people's times of crisis.[12] Some faith actors, however, might view perceptions of health and wellbeing.[1] With these health or science-related interventions as conflicting changes, health systems face substantial challenges with their beliefs and practices.[13] Meanwhile, faith actors' in both providing routine health services and potential as equal partners in promoting public health responding to crises. This changing landscape of trust has often been overlooked or partnerships have occurred undermines longstanding public health interventions in uncoordinated and inefficient ways.[14] However, there and creates a vacuum where misinformation and are also many good practice examples from India[15] to distrust thrive.[2] The consequences include declining Fiji.[16] Such examples should be examined to understand vaccination rates[3] and resistance to evidence-based emerging lessons, such as the coproduction of public health interventions,[4] which impede policies and knowledge with religious communities, and to facilitate programmes aimed at controlling infectious diseases long-term relationship building for trusting health–faith and improving population health. These actions lead partnerships. Public health emergencies, such as the to increased vulnerability to existing and new health Ebola and COVID-19 outbreaks, have highlighted both security threats for underserved communities and the power and the challenges of religious dynamics in exacerbate health disparities broadly. Gaps in the public health.[17] Now, more than ever, building bridges COVID-19 response showed the need to examine trust between faith actors and health actors is crucial for public in all aspects of health ecosystems, from individuals trust in health science and mutual learning to strengthen to institutions. All institutions are affected, be they both faith and health institutions' understanding of trust. religious, political, media-related, or health-related. The Georgetown–*Lancet* Commission on Faith, Although there continues to be broad trust in science,[5] Trust, and Health aims to foster dialogue and mutual mistrust in institutions arises from experiences of understanding between faith and health actors across corruption, malpractice, and violence.[6] This mistrust the world, in high-income, middle-income, and low is exacerbated by the rise of alternative media sources income settings. The Commission will establish shared that have amplified the spread of misinformation and learning between these groups on approaches to the politicisation of health institutions and health strengthening trust to enhance global public health interventions.[7,8] Strengthening trust requires innovative and wellbeing. The Commission's work centres on three and thorough approaches that engage not only health- primary objectives. First, we aim to set the research care providers, but also the institutions and individuals that communities already rely on for meaning and guidance.

The public perception of faith actors (ie, religious institutions, religious leaders, faith communities, and faith-based organisations) varies widely: in some instances, they are the most trusted institutions in communities; in others, they are mistrusted due to their own abuses of power. Nevertheless, religious beliefs and associated institutions provide meaning

and purpose to 84% of the population worldwide.[9] Faith actors provide health care in underserved communities,[10] can influence individual decision making and health behaviours,[11] and agenda on faith, trust, and health to reframe and prioritise the intersection of these fields by analysing the evidence base, generating thought leadership through multidisciplinary dialogue, and leveraging high-profile Commissioners to champion this work. Second, we aim to shape policy and practice by developing and recommending strategies and tools that strengthen public trust in health for health and faith practitioners and communities. Third, we aim to strengthen collaboration and network-building by furthering relationships and networks between diverse groups in faith and health and fostering mutual respect and collaboration at local, national, and global levels.

The Commission's composition and research will be global and multidisciplinary, incorporating diverse faith traditions, political perspectives, and geographical contexts. Commissioners come from a range of backgrounds, including faith and public health leaders, but also communications and media experts, trust experts, government, and leaders of non-profit organisations. Crucially, we will endeavour to focus on participatory opportunities for interested stakeholders to engage with the Commission. To this end, we will focus on communications and engagement, producing teaching case studies and toolkits alongside the main Commission report and will hold meetings with key officials, social media campaigns, and partnerships with universities to teach the next generation of public health and faith leaders, among other activities.

The Commission will create a shared space for research, dialogue, and collaboration to strengthen trust and advance global health and wellbeing. To achieve these aims, we will develop models and strategies for effectively bridging between faith and health systems. Such partnerships will help to sustain the positive trajectory of global health outcomes and unleash the 21st century dividends of socioeconomic progress that the world can benefit from today. The Commission represents an opportunity to focus on the possibilities for reimagining trusted and trusting health and faith partnerships well into the future.

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