COVID-19 and Pentecostals in Africa
by Jörg Haustein

As Africa steps up preventative measures against COVID-19, Pentecostals are offering their own protections: “I want to assure you that there is no virus that is going to come near you at all, because it is written that they that dwell in the secret place of the Most High shall abide under the shadow of the Almighty.” This is how Dr Enoch Adeboye, leader of the Redeemed Christian Church of God (RCCG) in Nigeria, recently greeted his followers on Twitter.

A few days later, a Pentecostal prophetess in Ethiopia proclaimed to a rapt audience: “The corona virus is revoked, in Jesus name, it is revoked!!”

What are we to make of this? Are these religious leaders making false promises to their adherents once again? Are they examples of an “inherent African superstition”? Or do they provide a last refuge to Africa’s poor in the absence of capable public healthcare systems?

I am wary of all such blanket pronouncements and their ill-informed imagination about religion in Africa. African Pentecostalism is extremely varied, and the social media pushback against these “prophetic” announcements was instant, from Pentecostal and non-Pentecostal sides alike. Moreover, Pentecostal supernatural assurances do not entail a retreat from this-worldly solutions. Adeboye’s RCCG runs a number of well-regarded hospitals, and the Pentecostal charitable sector is growing all across Africa.

Instead of “exoticising” African Pentecostals, I would rather emphasise points of similarity. After all, spraying disinfectant on public roads and revoking COVID-19 in Jesus’ name are not entirely different: both offer more psychological reassurance than biomedical protection.

This points to a deeper truth about pandemics: beyond what all can and must do, a degree of uncontrollability remains. To close this gap of uncertainty, a measure of faith is needed – be it faith in divine protection, the judgement of experts, or personal fortitude. African Pentecostals provide this measure of faith in their idiosyncratic ways and will at times deserve the public ire. But by the same token, they also collect the aspiration and fears of a substantial population, which makes them an important public health resource if the biomedical sector can develop robust ways of collaborating with them.

As a case in point, Adeboye coupled his outlandish promise with multiple tweets about washing hands, keeping distance, cleaning surfaces, seeking medical help, and obeying health authorities. “Remember,” he said, “being able to abide under His shadow involves you living a life of cleanliness.”

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