PROPHETIC IMAGINATION AND THE THEOLOGICAL ENGAGEMENT OF PUBLIC HEALTH ADVOCACY AMONG AFRICAN DIASPORA COMMUNITIES

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Abstract

The contemporary world faces interconnected public health challenges marked by emerging infectious diseases, food insecurity, ecological degradation, and widening health inequalities. These crises are particularly acute across many African societies and among African diaspora communities whose experiences of migration, socioeconomic vulnerability, and historical marginalisation shape their access to healthcare and environmental resources. This article examines how African diaspora faith communities employ biblical imagination, particularly the covenantal vision of 2 Chronicles 7:14, as a theological resource for public health advocacy and community transformation. Through biblical exegesis, theological analysis, and documentary research, the study explores how the Chronicler's vision of humility, repentance, prayer, and divine healing of the land can be interpreted within contemporary public health contexts. Drawing on Walter Brueggemann's concept of prophetic imagination, African public theology, and liberation theology, the article argues that 2 Chronicles 7:14 should be read not merely as a promise of supernatural intervention but as a summons toward ethical responsibility, social repair, and ecological stewardship. The study demonstrates that African diaspora churches frequently function as important sites of health communication, community mobilisation, and advocacy. The article concludes that stronger partnerships between religious communities, healthcare professionals, and policymakers are necessary for addressing the complex health challenges confronting African populations and their global diaspora networks.

Keywords: 2 Chronicles 7:14; prophetic imagination; public health theology; African diaspora; zoonotic diseases; ecological theology

Introduction

The twenty-first century has witnessed an unprecedented convergence of public health crises that challenge traditional approaches to disease prevention and social wellbeing. Emerging infectious diseases, climate-related health threats, environmental degradation, and widening inequalities have revealed that health cannot be understood merely as a biomedical concern but is deeply connected to social structures, ecological systems, and spiritual worldviews (Kanu, 2022). The COVID-19 pandemic demonstrated the interconnected vulnerability of human communities and exposed longstanding inequalities in access to healthcare, information, and vaccines (World Health Organization [WHO], 2022). For many African communities and African diaspora populations, these challenges intersect with historical experiences of colonialism, economic marginalisation, and migration pressure (Kanu, 2023).

Africa continues to experience significant public health burdens associated with infectious diseases, food insecurity, and environmental vulnerability (Pilani, 2024). Although considerable progress has been made in disease control, many communities remain exposed to recurring outbreaks of cholera, malaria, mpox, and other emerging zoonotic infections (Africa Centres for Disease Control and Prevention [Africa CDC], 2023; Kanu, 2017). These challenges are intensified by climate change, which affects disease transmission, agricultural productivity, and human displacement (Intergovernmental Panel on Climate Change [IPCC], 2023; Kanu et al., 2026). Contemporary public health therefore requires approaches that address not only medical intervention but also ethical responsibility and community participation.

Within this context, religious communities have increasingly become significant actors in public health engagement. Faith communities often possess extensive social networks, moral authority, and grassroots structures capable of reaching populations that formal institutions struggle to access. During the COVID-19 pandemic, religious leaders played important roles in disseminating health information, combating misinformation, and encouraging preventive behaviour (Osei-Tutu et al., 2021; Kanu 2024). Among African diaspora communities, churches frequently serve as social and cultural centres where questions of identity, wellbeing, and collective responsibility are negotiated.

This raises an important question. How can biblical traditions contribute to contemporary responses to health crises without reducing complex social realities to purely spiritual explanations? This question is particularly significant in relation to 2 Chronicles 7:14, in which God promises that if the people humble themselves, pray, seek God's face, and turn from their wicked ways, then God will hear from heaven, forgive their sin, and heal their land. Historically this verse has often been interpreted within contexts of national repentance and divine restoration. Its theological significance nonetheless extends beyond individual spirituality, presenting a vision of covenant responsibility in which human behaviour, communal ethics, and the wellbeing

of the land are interconnected.

This article argues that 2 Chronicles 7:14 provides a valuable theological framework for understanding public health advocacy among African diaspora communities. Read through the lens of prophetic imagination, the text challenges communities to envision alternative realities characterised by healing, justice, and collective wellbeing. Walter Brueggemann's concept of prophetic imagination is particularly useful because it emphasises the role of prophetic communities in resisting destructive social patterns and nurturing alternative visions of human flourishing (Brueggemann, 2001). The study therefore examines how African diaspora faith communities interpret biblical traditions as resources for health advocacy, focusing on how healing, covenant, and communal responsibility contribute to responses to infectious disease, food insecurity, and environmental challenges. It does not suggest that religious belief replaces scientific public health approaches, but proposes that theological traditions can complement public health strategies by providing moral motivation and ethical frameworks.

The objectives of this study are threefold. First, it examines the theological meaning of 2 Chronicles 7:14 through exegetical analysis. Second, it explores how prophetic imagination provides a framework for interpreting contemporary public health challenges. Third, it analyses the role of African diaspora churches in health advocacy and community resilience.

Literature Review

Prophetic Imagination

Walter Brueggemann's concept of prophetic imagination provides a foundational theoretical framework for this study. Brueggemann argues that the task of prophetic ministry involves nurturing consciousness and perception alternative to the dominant culture, which normalises oppression, consumerism, fear, and the concentration of power (Brueggemann, 2001). Against such realities, prophetic communities cultivate a different consciousness rooted in covenant, compassion, and hope. Prophecy therefore involves more than predicting future events, it is the task of helping communities perceive reality differently and act toward transformation.

This framework is particularly relevant for public health theology because many contemporary health crises are not simply biological events but manifestations of social, economic, and ecological disorders. A prophetic theological response asks not only how disease can be treated, but what social conditions produce vulnerability and what moral transformations are necessary for healing. Brueggemann's later work on land theology strengthens this approach, arguing that biblical understandings of land are inseparable from justice, covenant responsibility, and communal wellbeing (Brueggemann, 2002). The land is not merely a possession but a gift requiring responsible stewardship, providing an important theological bridge between biblical interpretation and contemporary ecological health concerns.

African Public Theology and Communal Health

African theological traditions have historically emphasised relationality, community, and the interconnectedness of human existence. African theologians such as Mbiti and Magesa have demonstrated that African worldviews frequently understand humanity within networks of relationships involving God, ancestors, community, and the natural environment (Mbiti, 1990; Magesa, 1997). The individual is not isolated but exists within a communal framework where personal wellbeing is connected to collective flourishing, a perspective that resonates with contemporary public health approaches emphasising community participation and social determinants of health. African public theology extends theological reflection beyond ecclesial boundaries into social concerns such as poverty, injustice, and governance (Pobee, 1992; Orobator, 2008; Kanu & Pilani, 2024). Within diaspora contexts, this orientation becomes especially significant, as migrant churches function not only as places of worship but as centres of social support, cultural preservation, and community organisation, providing assistance related to employment, education, and healthcare navigation (Hanciles, 2021).

Liberation Theology and Health Advocacy

The connection between theology and social transformation has also been developed within liberation theology. Gutiérrez's foundational work argues that Christian faith requires commitment to liberation from structures that produce suffering and injustice (Gutiérrez, 1988), rejecting approaches that separate spiritual salvation from social realities. This perspective has influenced theological approaches to health advocacy, particularly among communities experiencing poverty and exclusion, since health inequalities are often connected to broader systems of economic injustice and racial discrimination. Cone's work on racial injustice further contributes to this discussion by demonstrating how Christian theology must confront systems that dehumanise vulnerable communities (Cone, 2011). For African diaspora communities shaped by histories of colonialism and racial inequality, health advocacy becomes a dimension of the struggle for dignity and justice.

Faith-Based Organisations and Public Health Engagement

Recent scholarship on religion and health demonstrates that faith-based organisations are important partners in global health initiatives, possessing trusted leadership structures and culturally relevant communication systems. During the Ebola crisis in West Africa and the COVID-19 pandemic, religious leaders played significant roles in promoting health education and encouraging protective behaviours (Marshall & Taylor, 2020; WHO, 2021), their effectiveness often depending on their ability to translate scientific information into culturally meaningful narratives. Scholars nonetheless caution that faith-based engagement must operate in constructive partnership with scientific institutions, since religious interpretations attributing disease exclusively to spiritual failure may contribute to stigma and undermine public health responses.

Diaspora Theology and Transnational Responsibility

African diaspora communities occupy unique positions within global health networks, their experiences connecting African societies with countries across Europe, North America, and beyond through financial support, knowledge exchange, and advocacy. Diaspora churches frequently serve as bridges between different healthcare systems and cultural contexts. According to Hanciles (2021; kanu et al., 2025), African migration has produced new forms of global Christianity characterised by transnational networks and social engagement, suggesting that African diaspora churches can contribute significantly to public health advocacy by mobilising resources across geographical boundaries.

Methodology

This study employs a qualitative theological research design integrating biblical exegesis, theological analysis, and documentary research. Rather than treating Scripture as an isolated religious text, the study examines how biblical interpretation functions within communities of faith as a resource for ethical reflection and public engagement. The primary text examined is 2 Chronicles 7:14, selected for its themes of covenant responsibility, repentance, prayer, divine forgiveness, and healing of the land. The exegetical approach considers the literary, historical, and theological dimensions of the passage, attending to the Hebrew terminology underlying key concepts such as humbling oneself, seeking God's face, turning from wicked ways, and healing the land.

The study further employs documentary analysis of contemporary discussions on public health, faith-based organisations, and African health challenges, drawing on sources from the World Health Organization, Africa CDC, and the Intergovernmental Panel on Climate Change, interpreted alongside theological literature on prophetic imagination, liberation theology, and African public theology. The study also adopts an African hermeneutical approach, recognising that biblical interpretation is a communal process in which Scripture engages concrete experiences of suffering, hope, and transformation (Ukpong, 2006; West, 2016). The central assumption guiding the research is that health crises are simultaneously biological, social, ecological, and moral realities requiring integrated responses, rather than a claim that religious faith alone resolves public health problems.

Historical and Theological Context of 2 Chronicles 7:14

The books of Chronicles represent a distinctive theological interpretation of Israel's history, traditionally attributed to the Chronicler and emerging within the post-exilic period, likely the fifth to third centuries BCE. The community addressed by Chronicles lived after the destruction of Jerusalem and the Babylonian exile, and questions of identity, worship, land, and covenant faithfulness were central concerns (Japhet, 1993; Williamson, 1982). Unlike the Deuteronomistic history in Joshua through Kings, Chronicles retells Israel's story with particular emphasis on the temple, priesthood, and

the relationship between obedience and blessing. A major theme is the conviction that God remains faithful despite Israel's failures, exile being interpreted not simply as political catastrophe but as the consequence of covenant unfaithfulness, while restoration remains possible because divine mercy exceeds human failure.

Second Chronicles 7:14 appears within the narrative of Solomon's temple dedication (2 Chronicles 5 to 7). The temple represents more than a religious building, functioning as the symbolic centre of Israel's covenant relationship with God, and its dedication marks a moment of divine-human encounter in which worship, obedience, and communal wellbeing are interconnected. The Chronicler does not present the temple as a magical institution guaranteeing automatic protection. Divine presence remains connected to covenant faithfulness, and when injustice and social corruption dominate, the presence of the temple alone cannot secure communal wellbeing, a perspective important for contemporary reflection since religious institutions cannot assume that spiritual identity automatically produces social transformation.

The phrase “heal their land” reflects the biblical connection between covenant faithfulness and the wellbeing of creation. In biblical theology, land is not merely geographical territory but a theological gift entrusted to human beings, one that responds to human actions, as injustice and disobedience produce disorder while righteousness contributes to communal flourishing (Deuteronomy 28; Leviticus 25). This does not imply a simplistic formula in which every natural disaster or illness is interpreted as direct punishment for sin, but expresses the broader biblical conviction that human moral behaviour affects social and ecological realities, an insight contemporary ecological theology has developed by emphasising that environmental destruction often results from patterns of exploitation and disregard for the interconnectedness of creation (Pope Francis, 2015).

Exegesis of 2 Chronicles 7:14

Second Chronicles 7:14 forms part of God's response to Solomon's prayer after the temple dedication. Solomon's prayer in chapter 6 acknowledges that Israel will experience moments of failure, including drought, famine, military defeat, and disease, and Solomon petitions God to hear the prayers of the people when they turn toward the temple in repentance. God's response directly addresses these concerns, promising that if the people humble themselves, pray, seek God's face, and turn from their wicked ways, then God will hear from heaven, forgive their sin, and heal their land. The verse contains a conditional structure in which human actions are connected to divine response, four human movements being identified, humility, prayer, seeking God, and turning away from destructive ways, followed by three divine actions, hearing, forgiving, and healing. The phrase “my people who are called by my name” establishes covenant identity. The people belong to God, and this relationship carries ethical obligations, since divine belonging is not merely a privilege but a responsibility. In biblical thought a name represents character, authority, and relationship, so those who

bear God's name are expected to reflect God's purposes. Applied to faith communities today, this suggests that religious identity must be expressed through practices that promote life, justice, and wellbeing.

The first required response is humility, which biblically involves recognising human dependence rather than self-sufficiency. Seeking God's face is likewise inseparable from seeking justice, since the prophets repeatedly reject worship disconnected from ethical action (Isaiah 1:11 to 17; Amos 5:21 to 24). Prayer cannot therefore become an escape from social responsibility, and for public health theology this means that prayer should inspire practical action. The final human requirement is repentance, turning from wicked ways. The Hebrew verb shuv means to return or restore, and repentance in biblical theology involves transformation of direction rather than mere emotional regret. In contemporary society, wicked ways may include structures and behaviours that contribute to health injustice, such as environmental exploitation, misinformation, and neglect of vulnerable populations, so repentance has social as well as personal dimensions.

The climax of the verse is God's promise to heal the land. The Hebrew verb rapha means to heal, restore, or make whole, and while often used for physical healing, it carries broader meanings of restoration and renewal. The land includes not only territory but the social and ecological environment in which human life unfolds, so healing involves restoration of relationships between God, people, and creation. This theological vision resonates strongly with contemporary public health approaches that understand health holistically, corresponding with the WHO's definition of health as complete physical, mental, and social wellbeing (WHO, 2022).

Prophetic Imagination and Public Health Theology

Brueggemann's framework suggests that prophetic ministry involves two complementary tasks, the critique of destructive realities and the articulation of alternative visions of human flourishing (Brueggemann, 2001). The prophet does not merely announce divine judgment but exposes realities that diminish life and awakens communities to possibilities shaped by justice and hope. Applied to public health, prophetic imagination challenges communities to move beyond reactive responses to disease outbreaks and examine the deeper social, economic, and ecological conditions that produce vulnerability, asking why certain populations experience disproportionate exposure to illness and why environmental degradation continues despite its consequences for human wellbeing. This aligns with the social determinants of health framework, which emphasises that health outcomes are strongly influenced by income, education, housing, and environmental quality (WHO, 2022).

The first dimension of prophetic imagination is criticism. Prophetic communities resist social systems that create suffering while presenting themselves as inevitable, examining structures such as unequal access to healthcare, poverty-driven exposure to

preventable disease, environmental pollution, and misinformation that undermines public health interventions. For African communities and African diaspora populations, these issues are often connected to historical and contemporary patterns of inequality shaped by colonial legacies and global disparities (Adebisi et al., 2021). A prophetic reading of 2 Chronicles 7:14 therefore requires communities to ask not only whether individuals need repentance, but whether societies must also repent from collective patterns that undermine human dignity.

Prophetic imagination is not limited to criticism, however. Brueggemann emphasises that prophets also cultivate hope by creating alternative visions of reality, imagining communities where healthcare is accessible, vulnerable populations are protected, environmental resources are preserved, and scientific knowledge and cultural wisdom cooperate. This vision corresponds with the biblical idea of healing the land. Divine healing in 2 Chronicles 7:14 does not imply passive waiting for supernatural intervention but creates a moral imagination in which communities participate in restoration. African theological traditions provide important resources for this vision through the philosophy of Ubuntu, which emphasises that human wellbeing is relational, encapsulated in the phrase "I am because we are" (Gyekye, 1997; Ramose, 1999). This principle challenges individualistic understandings of health and highlights collective responsibility, connecting spiritual transformation with social reconstruction and calling theological engagement with public health to move beyond prayer as a private practice toward active participation in healing processes.

African Public Health Challenges and the Need for Theological Engagement

One of the most significant public health challenges facing Africa and the global community is the increasing emergence of infectious diseases. The relationship between human health, animal health, and ecological systems has become increasingly important due to the rise of zoonotic diseases, illnesses transmitted between animals and humans. The COVID-19 pandemic demonstrated the global consequences of infectious disease emergence, exposing weaknesses related to healthcare infrastructure, vaccine access, and misinformation (WHO, 2022). Beyond COVID-19, outbreaks of mpox, Ebola, and viral haemorrhagic fevers continue to demonstrate the importance of integrated approaches recognising the connection between human behaviour, animal ecosystems, and environmental conditions, an emphasis captured in the One Health framework promoted by the WHO, FAO, and other international bodies (WHO et al., 2022). From a theological perspective, this interconnectedness resonates with biblical understandings of creation, which presents humanity as embedded within the wider community of creation.

The COVID-19 pandemic created significant opportunities and challenges for religious communities, which became important spaces for health communication while also facing challenges related to misinformation and tensions between religious gatherings and public health restrictions. Faith leaders possess significant influence within

communities and can effectively support public health interventions when they collaborate with scientific institutions (Osei-Tutu et al., 2021). In many African diaspora communities, churches served as trusted institutions where migrants received information and material support during periods of uncertainty. A prophetic theological approach interprets such actions as expressions of covenant responsibility, in which caring for the sick and promoting truthful information become practical expressions of seeking God's healing.

Cholera remains a significant challenge in several African countries, particularly where communities experience inadequate access to clean water and sanitation, with recent outbreaks linked to climate-related factors, displacement, and conflict (WHO, 2023). The biblical emphasis on healing the land provides an important framework for understanding these challenges, since water is repeatedly presented in Scripture as a symbol of life and divine provision, while biblical theology also assumes human responsibility in protecting life-giving resources. Food insecurity, driven by conflict, climate change, and disrupted agricultural systems, remains one of the most pressing challenges affecting African populations (Food and Agriculture Organisation [FAO], 2023). Biblical traditions consistently connect faithfulness to God with concern for food justice, through the Sabbath and Jubilee traditions, prophetic critiques of exploitation, and Jesus' concern for feeding the hungry, demonstrating that access to basic necessities is a theological concern.

Climate change represents one of the greatest long-term threats to global health, as rising temperatures, extreme weather events, and biodiversity loss increasingly affect disease patterns, food production, and human wellbeing (IPCC, 2023). African communities are particularly vulnerable despite contributing relatively little to global greenhouse gas emissions, raising theological questions about responsibility and solidarity in the face of climate injustice.

African Diaspora Churches as Sites of Public Health Advocacy

African diaspora churches occupy a distinctive position within global health networks, frequently functioning as informal social welfare systems, particularly important where migrant populations experience barriers to healthcare through language differences and distrust of public institutions (Ager & Ager, 2011). From the perspective of prophetic imagination, these churches represent communities capable of imagining and embodying alternative models of care, their theological convictions providing moral motivation for protecting life and pursuing communal wellbeing. During epidemics, faith leaders often serve as mediators between scientific information and community practice, and during the Ebola outbreaks in West Africa religious leaders contributed to public health interventions by promoting safe burial practices and encouraging cooperation with healthcare workers (Marshall & Taylor, 2020). Similarly, during COVID-19, faith-based organisations worldwide contributed through health education, food distribution, and advocacy for responsible public behaviour, activities the WHO

recognised as important given religious leaders' influence and capacity to reach populations beyond formal healthcare structures (WHO, 2021). African diaspora churches participated through health information dissemination via sermons and community meetings, material assistance including food distribution and financial support, emotional and spiritual support during periods of social disruption, and community advocacy for equitable healthcare access.

Vaccination remains one of the most important tools in preventing infectious disease, yet vaccine acceptance is influenced not only by scientific knowledge but by cultural belief, political trust, and religious interpretation. Research demonstrates that trust is a central factor in public health decision-making, with communities more likely to accept health interventions when they perceive institutions as respectful and transparent (Larson et al., 2022). African diaspora churches can contribute positively by functioning as spaces of trusted communication, translating medical information into culturally meaningful messages and demonstrating that science and faith need not be presented as competing authorities. A prophetic interpretation of health advocacy understands vaccination campaigns not merely as technical programmes but as expressions of solidarity, reflecting the biblical command to love one's neighbour.

Food insecurity represents another area of significant contribution, as many diaspora congregations operate food assistance programmes and community kitchens reflecting longstanding Christian traditions of hospitality and care for those experiencing deprivation. Biblically, food is consistently associated with justice and covenant responsibility, the prophets condemning societies where wealth existed alongside hunger and exploitation (Isaiah 58:6 to 7; Amos 5:11 to 15). The growing recognition of the relationship between environmental conditions and human health has further expanded the role of faith communities in ecological advocacy, often rooted in biblical teachings concerning creation care, since Genesis presents humanity as entrusted with responsibility for the earth (Genesis 2:15) and Psalm 24:1 declares that the earth belongs to God. The ecological theology of Pope Francis's Laudato Si' has further encouraged Christian communities to understand environmental responsibility as an expression of faith, arguing that ecological crises cannot be separated from social injustice because environmental harm disproportionately affects vulnerable populations (Pope Francis, 2015). African immigrant churches in Europe and North America became important support structures during the COVID-19 pandemic, functioning as social infrastructures where migrants develop networks of mutual support and resilience (Hanciles, 2021), a role the HIV and AIDS epidemic illustrates as well, since faith-based organisations became important actors in prevention, care, and advocacy after initial responses that sometimes contributed to stigma (Blevins, 2018).

Toward Integrated Healing

A significant challenge for faith-based health engagement is moving beyond temporary charity toward addressing structural causes of illness. While food distribution and

emergency assistance are essential, prophetic theology calls communities to examine why suffering exists, engaging questions of justice, governance, and environmental responsibility, since health crises often emerge from conditions created by human decisions. For African diaspora communities, this may involve advocacy for equitable healthcare access, immigrant health rights, environmental justice, and global vaccine equity.

Effective public health responses require cooperation among governments, healthcare professionals, and religious communities. Faith communities possess social trust and grassroots access, while public health institutions provide scientific expertise and technical capacity, and rather than competing authorities the two can function as complementary partners, with the One Health framework offering a particularly important model of cross-disciplinary cooperation (WHO et al., 2022). Ultimately, the theological significance of 2 Chronicles 7:14 lies in its vision of restoration, in which healing is not limited to individual recovery from illness but involves renewal of relationships, communities, and environments. African diaspora churches contribute to such healing by cultivating resilience through worship, social networks, education, and humanitarian action, creating spaces where communities can respond creatively to crises and transform despair into collective hope.

Conclusion

The contemporary world stands at a critical moment in which public health challenges increasingly reveal the interconnectedness of human societies, ecological systems, and moral responsibilities. This study has examined 2 Chronicles 7:14 as a theological resource for understanding public health advocacy through the framework of prophetic imagination. The passage presents a dynamic relationship between human responsibility and divine restoration, in which God's promise to heal the land is not merely a statement about supernatural intervention but an invitation toward communal transformation.

A theological reading of this passage within contemporary public health contexts reveals several significant insights. The biblical concept of healing extends beyond individual physical recovery to encompass social restoration and ecological renewal, so that healing the land involves addressing conditions that diminish human flourishing, including poverty, environmental destruction, and exclusion. Prophetic imagination provides a valuable framework for connecting biblical theology with public health engagement by exposing social realities that contradict God's vision while creating imaginative possibilities for alternative futures. African theological perspectives further enrich this discussion by emphasising relationality and shared responsibility, offering an important corrective to individualistic approaches to health that resonates with contemporary public health approaches emphasising social determinants and community participation.

The future of public health advocacy requires stronger partnerships between religious communities, healthcare institutions, governments, and development organisations. Faith communities provide moral credibility, cultural knowledge, and grassroots networks, while public health institutions provide scientific expertise and evidence-based interventions, and together these resources can contribute to more effective and culturally responsive health strategies. The theological vision of healing the land also requires renewed attention to ecological responsibility, since climate change and environmental degradation demonstrate that human health is inseparable from the health of creation. For African diaspora communities, this ecological dimension is particularly significant because many maintain strong connections with African societies affected by environmental vulnerability, and their transnational networks create opportunities for knowledge exchange and collaborative response to global health challenges.

Ultimately, 2 Chronicles 7:14 invites communities of faith to imagine healing not as passive expectation but as active participation in God's restorative purposes. Prophetic imagination transforms communities from observers of suffering into participants in healing, calling churches to become spaces where prayer leads to action, worship leads to justice, and faith leads to responsible engagement with the world. In an age of unprecedented health and ecological challenges, African diaspora churches and faith communities can contribute significantly to building communities of resilience, justice, and hope.

Recommendations

Based on the theological and public health analysis developed in this study, the following recommendations are proposed. First, governments and healthcare institutions should develop intentional partnerships with religious communities, recognising their influence and capacity for community engagement, including training programmes that equip religious leaders with accurate health information while respecting theological and cultural perspectives. Second, theological institutions, seminaries, and churches should incorporate public health theology into ministerial formation, so that future religious leaders possess the resources needed to address infectious disease, mental health, environmental responsibility, and health inequality. Third, faith communities should integrate ecological stewardship into preaching, teaching, and community action, understanding environmental protection not merely as a political issue but as a theological responsibility rooted in the biblical vocation of caring for creation.

Fourth, religious leaders should participate in health communication initiatives by promoting accurate information, reducing stigma, and encouraging responsible health decisions, engagement grounded in dialogue between scientific evidence and theological reflection.

Fifth, African diaspora communities should be encouraged to use their transnational

networks to support healthcare development, research collaboration, and advocacy addressing health challenges across Africa. Sixth, public health agencies should establish formal monitoring and evaluation mechanisms for faith-health partnerships, ensuring that collaboration between religious institutions and scientific bodies produces measurable improvements in community health outcomes rather than remaining symbolic.

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