Impact of COVID-19 on Global Religious Tourism and Pilgrimages

Abstract  The past three decades have witnessed an increase in zoonotic infections leading to severe effects on global public health. These emerge and re-emerge when animal infections breach species barriers to infect human beings. At the same time, the world has witnessed an increase in the popularity and commodification of religious tourism and pilgrimages. During religious festivals, there is always the risk of infectious diseases being spread, which may result in these festivals being postponed and/or cancelled. This chapter examines the effects of the COVID-19 pandemic on religious tourism and pilgrimages around the world, especially the Hajj and the Umrah, both hosted in Saudi Arabia. Document analyses supplemented with fine-grain analysis were the preferred methods for collecting and analysing data. The research observed that, globally, iconic religious events had to be cancelled, postponed or significantly scaled down, resulting in reduced tourist arrivals. It also emerged that decisions that were made to cancel, postpone or significantly scale down such festivals or pilgrimages may have saved the world from aggravated circumstances causing a spike in COVID-19 numbers. The chapter recommends that aggressive marketing for religious and pilgrimage tourism be embarked on once COVID-19 has been contained and people are comfortable travelling again. Where possible, some events could be rescheduled, although this will not be possible with religious holidays like Easter and Ramadan. The chapter also acknowledges the interventions made by several governments to mitigate the impacts COVID-19, which could be repeated in future if still effective for similar pandemics.

Keywords  COVID-19 · Pilgrims · Religious tourism · Moria · Hajj · Ramadan · Umrah

11.1  Introduction and Background

Tala and Padurean (2008) maintain that religious tourism (also referred to as spiritual tourism) is gaining popularity and is on an upward trend. Religious tourism associated with pilgrimage is potentially the oldest form of tourism, dating back thousands of years (Wilson 2014). The religious tourism sector comprises a large
number of stakeholders which include governments, religious communities, international organisations, host communities, local authorities, tour operators, transport companies, local tourism service providers and academia as well as other private sector stakeholders such as the air travel and cruise ship industry (ibid). Yakunin et al. (2016) have created a typology for religious tourism, including the following: the celebration of religious rites, self-improvement and affirmation of the spiritual state, raising of personal status in the religious community, worship of the holy place and secular motives. Consequently, several sites globally attract religious tourists for one reason or another.

As early as 2012, the United Nations World Tourism Organization (UNWTO) identified the Asia Pacific region as the world’s religious tourism epicentre. In 2012, the UNWTO estimated that about 600 million national and international religious and spiritual voyages took place across the world to attend different religious events planned throughout the year by different religions (UNWTO 2012). Of these, about 40% took place in Europe and more than 50% in Asia. Apart from Saudi Arabia’s Hajj and Umrah pilgrimages, where religious tourism has been prioritised after oil wealth (Sherbini et al. 2016), Rot et al. (2014) identified the shrine of Mary of Bistrica as one of the key religious attractions in Croatia, although its promotion as a destination remained low at that time. Twenty-two such religious tourism shrines were available in the country. From Greece, Samos and Thessaloniki have been identified as the most suitable sites for religious tourism, given their rich religious and historical monument (Balomenou et al. 2015; Zouni and Digkas 2019). In South Africa, more than a million pilgrims attend the Easter weekend gathering of the Zion Christian Church in the Limpopo province of South Africa (Saayman et al. 2014; Nyikana 2017). With all these religious tourism attractions in place, their maximum utilisation is always disturbed by epidemic and pandemic outbreaks like all other niches of the tourism sector.

Shinde (2015) defines religious tourism as visits to religious places, with the intention of satisfying religious and recreational needs. One of the world’s largest gatherings of religious tourists occurs annually during the Hajj pilgrimage to Mecca in Saudi Arabia. This pilgrimage attracts more than two million Muslims from all over the world for a month-long event that is typified by intense rituals and conditions of overcrowding (Ebrahim and Memish 2020). For Christians, millions visit the Vatican City, which is the home of the Pope and the centre of the Roman Catholic Church. Millions also visit Israel, especially Jerusalem and Bethlehem, during key religious periods such as Easter and Christmas. Infectious diseases that require person-to-person transmission such as coronaviruses and, specifically, COVID-19 are known to be amplified during mass gatherings such as these pilgrimages and have the potential to increase their spread.

Over the past 30 years, several viruses with high effects on public health have emerged after cross-species passage from animal reservoirs to human populations. The Ebola virus and two different coronaviruses causing severe acute respiratory syndrome (SARS-CoV) and the Middle East respiratory syndrome (MERS-CoV) diseases are typical examples. These biological agents are new to humanity, have high epidemic potential but are also prone to disappear if early detection and interventions are implemented (Al-Tawfiq 2020). Other viruses have expanded their
geographical area of existence from the original ecological niche to new places and continents, as recently shown by the extensive outbreaks of the Zika virus (Ippolito and Rezza 2017).

Towards the end of 2019, a new virus called the 2019-novel coronavirus (2019-nCoV) (COVID-19) emerged at a seafood wet market in Wuhan, China (Peng et al. 2020). The virus gradually spread regionally to countries like Thailand, Japan, South Korea, Singapore, Vietnam and Taiwan and then overseas to countries including Italy, Spain, the UK, France, the USA and South Africa (Nishiura et al. 2020). At the time of writing this chapter, COVID-19 had reached every continent of the world and, on 11 March 2020, was declared a pandemic with incidences of over a million globally (WHO 2020a). Coronaviruses are zoonotic because they originate in wildlife. Emergence occurs at the human-animal interface when animal infections breach species barriers to infect human beings. Historically, the emergence of these coronaviruses has been associated with global challenges in public health and has been a matter of concern for both internal and international travellers all over the world (Gallego et al. 2014), including those from the religious and pilgrimage sections. The United Nations has identified the COVID-19 pandemic as the biggest challenge the world has faced since the World War II (United Nations 2020) because the measures imposed to fight the virus have dire socio-economic effects that are unparalleled in the recent past. The new coronavirus disease attacked societies at their core, claiming lives, as well as people’s health and their livelihoods in the process.

Mass gatherings are events attended by enough people to strain the planning and response resources of the host community, state or nation. The decision to host a mass gathering is usually made well in advance by the stakeholders involved such that effective prior planning is executed. Effective prior planning is of key importance because of the need to prevent and respond to communicable disease from religious tourists (WHO 2020b). The crowding of people has a significant impact on public health, exceeding the generally recognised limits of public health. Even when the existing health status of a host community and other support services are adequate to deal with the regular disease burden affecting the normal population, the influx of large numbers of people caused by mass gatherings can place a severe strain on such services (Ahmed and Memish 2020). Effectively, this also compromises the ability to detect a developing problem and carry out an effective response (Ebrahim et al. 2020).

Religion is a key component of the human race and dictates society’s way of life. It can be a source of enormous individual comfort and community resilience in times of crisis. The COVID-19 pandemic has led to unprecedented levels of control and restrictions on mass gatherings in order to try and contain the contagion (Dube et al. 2020). This has led to either adjustments, cancellations or postponement of religious festivals and events, with severe negative effects on religious tourism of different magnitudes. This chapter seeks to determine the effect that the COVID-19 pandemic has had on religious tourism and pilgrimage around the world. Further, the chapter seeks to document the methods used by different religions and religious units to try and mitigate the shock created by the pandemic on their way of
worshipping. This will help the different religions to be prepared for future outbreaks, given the worrying trend of increases in the emergence of new and re-emerging communicable diseases with high mortality rates such as COVID-19.

11.2 Literature Survey

Carbone et al. (2016) highlight that the pilgrimage phenomenon has continued over the centuries. Tourists arrive in Europe by various means of transport from across the world and walk through one of the traditional ways to Santiago linking up France and Spain. However, other destinations, including Italy and Portugal, have been added, as religious tourism continuous to undergo transformation (Rejman et al. 2016). This transformation meant that travel agencies have to package religious tours with luxuries including hotel stays, spas and wellness facilities. Hotel growth has been witnessed in Poland due to Pope John Paul II’s numerous pilgrimages there. Furthermore, growth in hotels and other supporting infrastructure has been massive in Mecca and Medina in Saudi Arabia. This transformation led Ladki and Mazeh (2017) to investigate the cost of Mecca among three groups of religious tourists that involved (1) Indonesia and India, (2) Lebanon and Tunisia and (3) Dubai and Qatar. The three groups were selected based on social class, namely, the most populated and less affluent Islamic countries, the less affluent Arab states with moderate income and the richest Arab Islamic countries. The finding was that countries with wealthy economies charge much higher prices for Hajj packages than those with moderate economies. So, the Hajj remains intertwined with business too.

The historical emergence of coronaviruses has always been associated with a heavy toll on public health systems and serious disruptions to the socio-economic fabric of the affected places. The previous serious coronavirus outbreaks were the 2002/2003 SARS and the 2012 MERS epidemics (Al-Tawfiq et al. 2014). In December 2019, the world saw the emergence of yet another coronavirus named COVID-19. A significant knowledge gap existed in the COVID-19 outbreak, especially when looking at the ratio of mild and asymptomatic cases to fatal cases (surveillance pyramid), which were unknown since it was new. This situation was observed to have seriously hampered the assessment of the epidemic and complicated the response to the outbreak (Al-Tawfiq and Gautret 2019; Peng et al. 2020). In the end, mass gatherings, especially religious festivals, needed to be controlled in order to suppress the spread of the new disease.

The Kingdom of Saudi Arabia has taken a leading role in the management of communicable diseases during mass gatherings. With guidance from the WHO, the country established the Saudi Global Centre for Mass Gatherings Medicine (GCMGM). The Centre studies human gatherings, coordinates international health measures and offers its experience on the patterns and lifestyles of human gatherings in order to ensure collective coordination and the provision of necessary health services. These services include epidemiological surveillance, infection control, planning for disaster prevention, preservation of people’s health and many other
health-associated topics. All this is done in order to promote tourism and the associated benefits from such movements. The Centre has brought together global academic and public health institutions with complementary expertise to gather and translate the most appropriate public health policy evidence for use by countries that host, or are planning to host, mass gathering events (Memish et al. 2014).

Planning and preparing public health systems and services for managing mass gathering is a complex procedure that involves advanced risk assessment and system enhancement. These are critical to identifying potential public health risks and the so-called Black Sky hazards, as well as preventing, minimising and responding to public health emergencies (WHO 2020b). If the gathering draws visitors from different nations, regions and cultures, as do many of the religions ceremonies, the potential for increased risk of importation of infectious diseases creates additional challenges. The potential benefit of the GCMGM became evident when there was an outbreak of MERS in September 2012 (Memish et al. 2014).

Travelling for religious observance has been in existence since antiquity and was the first form of tourism (Handriana et al. 2019). Religious tourism occurs from the instant individuals begin a trip influenced by faith. Religion and pilgrimage tourism is referred to by the UNWTO (1995) as all travel away from the usual environment for religious purposes. However, this excludes travel for professional purposes like a pastor travelling for work. Mintel (2012) broadens the definition of religious tourism to include travel for the purposes of touring places, routes and festivals of spiritual importance. It further covers journeys where the foremost purpose of the visit is participation in activities that have religious significance such as conferences, conventions, ceremonies, retreats and camping. Handriana et al. (2019) highlight the motives of religious tourism as being to increase levels of faith; remind oneself that death is a necessary end; remember and honour the struggle of the saints in that religion; bring children with the hope that they can also increase their levels of faith; obtain peace of mind and get closer to God and obtain his blessings. Table 11.1 shows some of the popular religious tourism sites in the world and the average number of visitors to special events.

It is estimated that about 300–330 million tourists visit the world’s key religious sites annually, with approximately 600 million national and international religious expeditions also realised. However, these numbers could be underestimates because they have been cited by the UNWTO and many other agencies for the best part of a decade. This is despite every indicator of volume suggesting active growth in the sector. It is also estimated that religious tourism is an $18 billion global industry, with North America alone having a significant share of the value, where one in four North American travellers is interested in “spiritual vacations” (Griffin and Raj 2017). This value and benefits of religious tourism stand to be lost when global pandemics such as COVID-19 occur and measures are put in place to control them.

Religious tourism gatherings can also be spontaneous and hosted simultaneously on several locations within a country, across regions or globally, for example, the funeral of a global or prominent religious leader and/or an ordination of a Pope. An estimated 10 million visitors from over 184 countries travel to Saudi Arabia each year to participate in the Hajj pilgrimage, the mini-pilgrimage Umrah or during the
month of Ramadan. The vast majority of these pilgrims come from developing countries with compromised public health systems (Ahmed and Memish 2020). In the context of COVID-19, which has had a severe effect on older people, it is of interest to note that close to 43% of the pilgrims to the Hajj are 56 years of age or older. In addition, two-thirds of pilgrims are from countries with suboptimal disease surveillance systems or travel health counselling services (Ebrahim and Memish 2020). A further 50% usually have pre-existing chronic diseases, and respiratory infections are the most commonly observed illnesses among pilgrims. With constrained social distancing among pilgrims as they engage in religious rituals, continued engagements during the COVID-19 outbreak would have amplified their risk of acquiring and transmitting respiratory diseases.

However, during the MERS outbreak, no cases were recorded among Hajj pilgrims (Waldron and Doherty 2015; Soliman et al. 2015). During the SARS outbreak

| Table 11.1  | Popular religious tourism sites in the world and average visitor during special events |
|-------------|---------------------------------------------------------------------------------------|
| Country     | Nature of Gathering                                                                | Place                              | Visitors/year (million) |
| India       | Kumbh Mela (Hindu)                                                                 | Ganges, River Godavari             | 100                   |
|             | Shrine to Ayyappan (Hindu)                                                          | Sabarimala                         | 30                    |
|             | Harmandir Sahib/Darbar Sahib (Golden Temple) (Sikh)                                 | Punjab                             | 13                    |
| Mexico      | Basilica of Our Lady of Guadalupe (Christian)                                       | Mexico City                        | 20                    |
| Iran        | Qom (Muslim)                                                                        | Qom                                | 20                    |
| Saudi Arabia| Hajj (Muslim)                                                                        | Makkah                             | 10                    |
| Iraq        | Arba’een (Muslim) – visit shrine of Imam Hussain                                    | Karbala                            | 15                    |
| China       | Nanputuo Temple (Buddhist)                                                          | Xiamen                             | 10                    |
|             | Taishan Temple (Daoist)                                                            | Shandong                           | 0.5                   |
| Philippines | The annual feast of the Black Nazarene (Christians)                                | Manila                             | 8                     |
| France      | Sanctuary of Our Lady Lourdes (Christian)                                          | Lourdes                            | 8                     |
| Israel      | Western Wall (Jewish/Christian)                                                     | Jerusalem                          | 8                     |
| Brazil      | Basilica of the National Shrine of Our Lady of Aparecida (Christian)               | Aparecida                          | 6.6                   |
| Poland      | Jasna Gora monastery (Christian)                                                    | Czestochowa                        | 5                     |
| Portugal    | Fatima (Christian)                                                                 | Cova da Iria                       | 5                     |
| South Africa| The Zion Christian Church (Christian)                                               | Moria                              | 5                     |
| Nigeria     | Qadiriyya shrine                                                                    | Kano                               | 3                     |
| UK          | Canterbury Cathedral – St Thomas Becket (Christian)                                | Canterbury                         | 1.5                   |

Source: Authors, based on Griffin and Raj (2017: vii), ARC (2014)
and its aftermath in 2002, Saudi Arabia banned the entry of people who had visited any of the six countries where local SARS transmission had occurred. These countries included China, Hong Kong, Taiwan, Singapore, Vietnam and Canada. Besides, the Saudi trade and diplomatic missions in China, Singapore, Hong Kong and the Philippines were instructed to stop issuing Umrah visas to pilgrims. Consequently, no SARS was imported into the Kingdom of Saudi Arabia, and no case of SARS was detected by airport screening in any pilgrims visiting the country. This was most likely the result of the immediate ban on any incoming visitors from SARS-affected countries with the ban only being lifted in July 2003, following positive reports from the WHO that no new cases had been reported for the previous 20 days (Azhar et al. 2016).

Given the intense and overcrowded conditions that dominate the pilgrims in Saudi Arabia, disease outbreaks have always been of much concern. Although no outbreaks have occurred in the recent past, in 1821 and 1865, cholera outbreaks killed an estimated 20,000 and 15,000 pilgrims, respectively (Zumla et al. 2017). These went on to spread all over the world. Given the risk of a major outbreak, during the pilgrimage season, a mega semi-permanent and highly mobile healthcare system is activated for the Hajj, that is, the months leading from Ramadan to after the Hajj. This provides on-site acute medical care, including acute care for critical illness at all the Hajj sites. Given the enormous effort of the temporary but massive and sophisticated healthcare system for Hajj, many thousands of healthcare workers also travel to the Hajj sites, thereby becoming religious tourists too (Ahmed and Memish 2020). Sometimes they are hired from outside the country, as they seek to serve the “guests of God”.

### 11.3 Materials and Methods

The chapter sought to document the impact of COVID-19 on religious tourism. As such, the chapter uses case studies from all over the globe, particularly those that are very popular with pilgrims and religious tourists. Figure 11.1 shows the countries that have sites which are popular with pilgrims and religious tourists that were used in the study. This chapter mainly used document and critical discourse analysis as a method for data gathering. Document analysis was done systematically by reviewing and evaluating documents from both printed and electronic sources (Bowen 2009). The documents analysed in the study included editorials, scientific papers, professional reports and newspaper and magazine articles. As in other analytical methods in qualitative research, document analysis requires that data be examined and interpreted in order to extract themes and meaning, gain understanding and develop empirical knowledge from them.

The fine-grain analysis then followed the completion and cleaning of the collected document content data. This was performed by making multiple readings of
the collected data, analysing what was present in and/or missing from each. This was followed by the grouping of the data into several broad themes and examining divergences and convergences within and between different documents to address the research question. The themes were then itemised, and content analysis was used to extract meaning from the documents. At this point, a finer examination of themes that may have been previously unnoticed was performed. Finally, a tailor-made narrative was constructed to answer the research objective.

Based on Griffin and Raj (2017), religious tourism products include traditional pilgrimage, religious tourism, church tourism, religious events, missionary tourism, retreats, faith-based cruises and religious routes. The authors classify sacred religious sites. These include single nodal features, archaeological sites, burial sites, detached temples and/or shrines, whole towns, shrine and/or temple complexes, sacred mountains, pilgrimage foci and secular pilgrimage. The next section presents the data and discusses the key findings.

11.4 Presentation of Data and Discussion of Findings

In most countries of the world, religious tourism and pilgrimage were negatively affected by the COVID-19 outbreak. Many religious and pilgrimage events had to be scaled down initially and eventually postponed and/or cancelled altogether. This was in response to the pandemic as it ravaged many parts of the world.
11.4.1 A Focus on Saudi Arabia’s Hajj and Umrah Pilgrimages

Religious tourism and pilgrimage come at a scale and magnitude that are difficult to match anywhere in the world as in Saudi Arabia. Two major pilgrim gatherings were on the horizon when the outbreak of COVID-19 occurred. These were the Umrah and the Hajj. In 2017, more than 2.4 million Muslims visited Mecca for Hajj, with some 1.8 million out of this total coming from outside Saudi Arabia (Cochrane 2018). The numbers are restricted as there are about 1.8 billion Muslims globally (Bensaid 2019). Figure 11.2 shows the main source countries for Hajj.

The pilgrimage starts on the 8th and lasts until the 12th of the last month of the Islamic lunar calendar (Dhu al-Hijjah). Hajj further coincides with the Eid al-Adha holiday that comes immediately after Ramadan, which is the month of fasting in the Moslem faith. The tourists (so-called hajjis) often arrive several days in advance and stay for a week or more. The Hajj is estimated to generate up to $8 billion and comes second only to the country’s big oil industry in terms of revenue generation for the country (Cochrane 2018). In addition, Mecca also hosts Umrah, which is a nonobligatory pilgrimage that takes place throughout the entire year, adding to the already huge arrivals of Hajj. In 2017, eight million pilgrim tourists visited Mecca, generating $4 billion, bringing the total contributed to the GDP of Saudi Arabia by
the two pilgrimages to $12 billion (Times of India 2018). With this, an estimated 25–30% of the private sector income in Mecca and Medina comes from the pilgrims. Overall, the pilgrimage sector contributed about 20% of non-oil GDP and 7% of the total GDP (ibid).

The economics of Hajj and Umrah has resulted in Saudi Arabia’s Government’s Vision 2030 strategy, instituting a massive expansion plan to accommodate +/–30 million visitors for Umrah (Daye 2019). Investments in Mecca and Medina are financed through a sovereign wealth fund, the PIF that had about $230 billion in assets in 2017. The massive investments in Mecca have transformed it into a modern entity with new hotels that include a $3.5 billion Abraj Kudai hotel complex with twelve 45-storey towers. The towers added 10,000 bedrooms with further plans to add 80,000 hotel rooms near the Prophet’s Mosque in Medina (Cochrane 2018). Other infrastructure investments included a railway line, metro and parking for 18,000 buses for pilgrims’ transportation. In 2018, up to 466 flights took Indian pilgrims to Mecca (Times of India 2018) igniting the airlines, travel agents and related tourism sector. An estimated 54 million pilgrims had attended the Hajj in the past 25 years up to 2018. Figure 11.3 summarises Hajj 2019 arrivals in Mecca as per the data provided by the Saudi Arabia General Authority for Statistics (SAGAS). Overall, about 2.49 million pilgrims made it to Mecca. Other numbers for the 2018 Hajj are shown in Table 11.2.

The packages for Hajj differ by country. For example, in the UK, they average £4750, with Umrah sitting at £1050 (Cochrane 2018). These figures bring about £100 to £200 profitability per pilgrim for the operators. Bensaid (2019) gives another range of $800 to $7000 for the trip, depending on the package. This makes it a big tourism industry. However, to manage the numbers during the construction phases of Mecca, especially up to 2017, Saudi Arabia instituted the Hajj quota system. The Hajj quotas permit 1000 pilgrims per million of the total Muslim population in each sending country, although there is some flexibility. However, 75% of non-Saudi Hajj pilgrims come from eight countries including Indonesia, Pakistan, Bangladesh, Iran, Egypt, Nigeria, Turkey and India. Hajj pilgrimage funds have been set up in several countries to assist poorer Muslims and also for those that must wait for many years for a visa, sometimes as long as 30 plus years. In Malaysia, the Tabung Haji (the Pilgrims Fund) established in 1963 had assets of $18.3 billion in 2017 (Cochrane 2018). There were also huge Hajj funds in Indonesian trusts, including Sharia Financial Institutions and BPKH (Hajj Financial Management Agency/Ministry of Religious Affairs) (Jumali 2018). The savings stood at RPH 98.34 trillion in 2018. Looking into the future, both the Hajj and Umrah were predicted to generate up to $150 billion in the 5 years 2018–2022 (Thaqafi 2017), resulting in about 100,000 permanent Hajj-related jobs.

With little sign of containment of the COVID-19, Ahmed and Memish (2020) observed that Saudi Arabia had to take difficult and unprecedented action in the interests of public health, global safety and protecting its citizens. They argued that Islam mandates that the sanctity of human life be placed above all other rights, including the right of God to demand worship by humankind. With this in mind, the cancellation of religious gatherings, including the Hajj 2020, was well
communicated in advance and was very much in line with Islamic ideals. The reasoning was that cancelling it contributed immensely to the safety of humanity. More important is that had the authorities not cancelled the event and allowed it to proceed, then the ramifications would have been global, with even worse reputational damage in the eyes of the touring pilgrims. Given the nature of COVID-19, where many individuals remain asymptomatic, this scenario presented a major risk for spreading the disease if persons were allowed to move freely into shrines during the gatherings (Al-Tawfiq 2020).

On the other hand, the host, Saudi Arabia, was faced with the extremely delicate balance of welcoming religious pilgrims for both Hajj and Umrah in 2020, many of whom will have waited a lifetime to enact their religious rites. Many of the tourists would also have invested lifetime savings to make the journey. Two unprecedented and courageous decisions had to be made. Hence, on 27 February 2020, Saudi Arabia suspended the year-round Umrah pilgrimage in an attempt to slow the spread of the virus. It also suspended visas for Muslims seeking to visit the holy cities of Mecca and Medina (Ahmed and Memish 2020). On 31 March 2020, Saudi Arabia

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**Fig. 11.3** Hajj 2019 pilgrims. (Source: Authors, data from SAGAS (2019: 10))

**Table 11.2** Other Hajj numbers for 2018

| Item                                | Numbers |
|-------------------------------------|---------|
| Pilgrims that took part              | 2 million |
| International and domestic flights operated | 14,000 |
| Buses used to ferry pilgrims        | 21,000 |
| Civil defence employees             | 18,000 |
| Copies of the Quran distributed     | 8 million |

Source: Authors, based on the Times of India (2018)
asked pilgrims to delay their Hajj plans amid the coronavirus pandemic. The pilgrims were told to delay making Hajj contracts until the situation with the pandemic showed signs of containment, with the pilgrimage supposed to take place in July 2020. All international passenger flights to the holy cities were also suspended indefinitely, as well as free movement of people in these areas. The country further suspended its new tourism e-visa launched for 49 selected nations (Abuhjeeleh 2019). This was in addition to banning travel of Saudis to affected countries and closing land borders with the United Arab Emirates (UAE), Bahrain, Kuwait and Jordan. These bans, while impeding the rights of millions of Muslims to fulfill Islamic religious rites, were widely supported by the Organisation of Islamic Cooperation and the World Health Organization (Ahmed and Memish 2020).

In February 2020, Saudi Arabia suspended the year-round Umrah pilgrimage, and, in the end, the transmission of COVID-19 in the country remained relatively low. This contrasts sharply with Iran, which did not intervene in the religious pilgrimage in Qom and has seen large regional outbreaks directly linked to the pilgrimage. The holy city of Qom, which receives up to 20 million pilgrims annually from the whole world, became the starting point of the COVID-19 pandemic in Iran. The religious leaders had vehemently and successfully resisted quarantine and social distancing, even initially downplaying the severity of the virus; hence it spread rapidly across the country. The COVID-19 pandemic, therefore, exposed the social and religious rifts that have been growing in the country and usually come to light during the time of crisis (Sadrzadeh 2020). This was so when religious leaders ignored the advice from health officials to cancel their events in the initial stages of the pandemic. In the end, Qom became a hotspot for the coronavirus outbreak in Iran with 18,407 infections and 1284 fatalities (Ziabari 2020). Furthermore, temporary closure of the holy sites was agreed by the religious authorities only after almost a month of debate on whether such a decision could be authorised.

However, after the closure announcement, groups of firebrands and angry protesters smashed the closed gates of the holy sites trying to forcefully gain access and demanded the complexes be reopened. This led some to call the incident the epitome of sacred ignorance (Sadrzadeh 2020). The decision to allow pilgrims by Iran also had global ramifications: one of the first COVID-19 cases in New Zealand came from a family that had recently taken the pilgrimage to Qom, three of the first cases in Canada had links to the religious event in Qom, and all 33 initial cases in Iraq had links to this event, as well as the first confirmed case in New York City which later became a hotspot of its own. In addition, India evacuated hundreds of Muslim pilgrims from the affected areas, many of whom tested positive to COVID-19 on arrival (Blum 2020). However, the Iranian example shows that early interventions to stop large religious gatherings can help to contain an outbreak rather than just issuing advisories to social distance.

Although it was rather early to assess the extent of the impact of the intervention on tourism and Saudi Arabia’s economy, the suspension of pilgrims for both Hajj and Umrah in 2020 led to potential revenue loss for the country. The intervention also negatively affected revenues for the entire tourism value chain from airlines, to travel agents, hotels, restaurants and local guides that earn a living from these mega
pilgrimage events. However, this loss was not unique to Saudi Arabia as the world over, governments closed borders and also embarked on lockdowns. This meant that even if Saudi Arabia had remained open to the business of the Hajj and Umrah, the arrivals from outbound tourists would still have gone down drastically.

11.4.2 Other Religious and Pilgrimage Cancellations

Religious tourism is big business for many other host countries and a significant source of income. In India, “Hajjomonics” (Hajj linked economics) propels private tour operators as they try to make the most of their share of India’s Hajj market. Some tour operators confirmed that as much as 20% of their business came from religious tourism (Sanghera 2020). However, they faced some handicaps in trying to scale up their market for Hajj tourists as the Indian Government allowed each operator a maximum of only 150 packages per season, and the host puts a cap on the number of pilgrims each country is allowed to send per year. Unfortunately, in the year 2020, when the Saudi Government increased India’s allocation to a total of 200,000 from 170,000, there was the COVID-19 pandemic. Hence the pandemic constituted a loss of potential revenue for the tour operators given India’s 140 million-plus Muslim population. Packages from the tour operators start from US$4220 per pilgrim. These packages offer perks such as conveniently located hotels, comfortable transport options and flexibility with dates. In the process, the operators had found ways to leverage the Hajj pilgrimage to sell add-on holidays such as visits to nearby countries like Turkey (Sanghera 2020).

In Iraq, the majority of pilgrims to Karbala agreed in 2020 to perform the ritual remotely in order to curb the spread of COVID-19 (Ibrahim and al-Salam 2020). With public gatherings including religious visits banned in the country, many in Iraq opted to perform the visits to Karbala’s shrines remotely using free telematic services like telephones, live streaming and television channels dedicated to the pilgrimage. Many pilgrims noted that the visit meant a lot to them and the fact that they could not visit the shrine for their annual pilgrimage was very painful, but they agreed with the decision. However, some observed that remote visits would not feel the same as physical presence, and one would definitely feel the void of not being in Karbala.

In South Africa, Limpopo province is host to one of Africa’s largest pilgrimage by the ZCC, with an estimated membership of 20 million across Southern Africa alone (Saayman et al. 2014). At its headquarters called Zion City Moria, the church receives close to 5 million pilgrims from all over South Africa, Zimbabwe, Zambia, Mozambique, Botswana, Malawi, the UK, the USA, Australia and many more. These pilgrims gather twice a year, during Easter and for the September festival (Ebrahim 2020). The 2020 Easter gathering coincided with the COVID-19 outbreak and a declaration of a state of national disaster in South Africa. The declaration also came with strict measures to control large gatherings, which were banned, and a lockdown that prevented people from leaving their homes. National borders were
also closed. Gatherings of 100 people were initially allowed, but this was scaled down to almost zero by the lockdown which went on for a full month, including the Easter period. So serious was the lockdown that it came in two phases of 3 weeks with an additional extension of 3 weeks. Even the president of the country, Cyril Ramaphosa, had to give a virtual Easter message. All these measures implicitly meant that the ZCC Easter pilgrimage could not take place legally given that the pilgrims would have to come from other parts of South Africa and the world and also given that some of the countries from which the pilgrims would travel were also at the epicentre of the pandemic. Even if South African borders were opened (of which they were not), its neighbours which are major source countries for the ZCC pilgrimage also proclaimed lockdowns.

On Friday 13 March 2020, the ZCC agreed to postpone its Easter pilgrimage indefinitely and promised new dates as soon as the pandemic had been brought under control. Although a new date was promised, the meaning would not be the same as it would no longer be over Easter. During Easter, many Christians globally remember the life of Jesus Christ. The unprecedented decision was made after the church leadership had met both local and national government officials to discuss the impact of the disease and how the church could help in mitigating its effects. The ZCC further called a meeting with its District Property Task Team in which it sought further professional advice from the members of the church who were health professionals. Never in the history of the ZCC since its formation in 1910 had the church postponed or cancelled its Easter pilgrimage (Kekena 2020). The ZCC did not want to risk people’s lives or do anything that would escalate the spread of the pandemic and called on its members to pray for the pandemic and work together with civil society, religious organisations and the government to limit the spread of COVID-19 (Karrim and Raborife 2020).

Figure 11.4 shows the countries that most of the ZCC pilgrims come from. The decision to postpone the pilgrimage may have been a contributory factor to the lower than anticipated spread of the COVID-19 pandemic in South Africa, although this had a telling negative impact on the tourism industry in Limpopo province and the entire regional economic system driven by air travel, hotels, restaurants and small-scale enterprises that thrive on selling ZCC-associated merchandise and other artefacts. This was unlike in other countries, for example, Indonesia, where Muhtada (2020) observed that one of the difficult challenges in the efforts to combat the spread of COVID-19 was the counterproductive attitude exhibited by some religious communities. This came as some religious groups still intended to hold gatherings involving many people despite the government ban on these. This was also combined with government indecisiveness in dealing with religions that defied the threat of COVID-19 spread during such ceremonies, possibly thinking of their economic impacts, especially on the tourism sector. Indonesia is one country that is heavily dependent on tourism. The defiance was also largely attributed to religious understandings that were fatalistic and deterministic which simply implies that everything happens by God’s will and has been well arranged by Him. Furthermore, this understanding in Indonesia was complicated by political sentiments spurred by the wounds of the 2019 elections, the outcome of which some groups still had not
accepted and which found extra reasons to defy government’s call to stop large gatherings.

Although public gatherings in most parts of the world were banned to curb the spread of the coronavirus, including masses in Italy, the Vatican was not spared. The Vatican decreed to its churches the world over that the Easter holy week celebrations for the entire Roman Catholic Church would be held for the first time without the participation of congregants. The move was seen as unprecedented in the modern times of the church. The holy week services that begin with Palm Sunday leading up to Easter are the second most important days in the Roman Catholic liturgical calendar after Christmas for the world’s 1.3 billion members of the church (Pullella 2020). Other events of the holy week held without the participation of the public including the Holy Thursday, Mass of the Lord’s Supper, Good Friday, the liturgy of the Lord’s passion, way to the cross, Easter vigil mass and finally the Easter morning mass. The Church noted that the solemnity of Easter could not be transferred or postponed; hence bishops and priests had to celebrate the rites of the holy week but without the presence of the people. The church noted that the decree to prevent the public from attending was intended to stop the contagion, not the prayer. The church encouraged priests to inform the faithful of the times of the liturgical celebrations so that they could also prayerfully unite in their homes. They encouraged the use of live telematic broadcasts such as the Internet and television and not pre-recorded ones during these celebrations (Vatican 2020). The traditional decoration of St Peter’s Square (the world’s largest church) with olive trees during the Palm Sunday and the traditional tens of thousands of flowers used to decorate the papal altar and the rest of the square flown from the Netherlands were not possible during the COVID-19 outbreak. As a result, the world’s biggest church was forced to change a tradition that had been followed for centuries in order to try and minimise the spread of the virus.

On 17 March every year, the Irish celebrate the St Patrick’s Day, which is a religious and cultural event. The day marks the death of St Patrick, the patron saint of
Ireland, who is credited with bringing Christianity to the country. The day has been celebrated by the Irish for the past 1000 years. Dublin hosts the largest parade, attracting an estimated 500,000 people including religious tourists from all over the world. Parades are also held in several towns in both Ireland and Northern Ireland. Around the globe, the day is also celebrated, with 2019 having over 400 places in 50 countries marking the occasion (Mc Donald 2020). However, in 2020, the parades and events associated with the day were cancelled due to the COVID-19 outbreak. Bishops and priests celebrated the St Patrick Masses via webcam and parish radio stations with most highlighting that the strength of culture was seen not when things are going well but when crisis strikes. They also appealed to the people to listen to the experts and respect measures proposed to combat the spread of COVID-19. They went on to pray for the selfless health workers and medical scientists who were searching for a vaccine and better treatment for the virus (Mc Donald 2020). The festivities and the tourism associated with this event have been noted to have a big economic footprint in the places where it is celebrated, with US$5.3 billion being spent on the event in 2017 in the USA alone (Ogg 2017).

11.4.3 The Consequences of COVID-19 “Disobedience”

A chronicle of some religious events that were allowed to take place amid the COVID-19 pandemic shows that these ended up creating a biological time bomb not only for the countries involved but for the whole world. Therefore, these events need to be managed differently should the world find itself in such a predicament again. In India, for example, there was outrage over a Muslim congregation called Tablighi Jamaat, which sparked a massive cluster of COVID-19 cases. More than 647 cases across the country were traced to the religious event that had been held in Delhi earlier in March 2020, with officials saying the pilgrims had not followed social distancing as advised (Jha and Dixit 2020). As cases directly linked to the event continued to rise, there was also a rise in Islamophobia and vilification of Muslims, raising tensions in a country severely polarised on religious grounds. Health officials claimed a definite spike in COVID-19 cases in the whole country after this gathering. So serious were sentiments towards religious gatherings in India during the pandemic that some went to the extent of calling them “corona terrorism”. In the end, panic gripped much of India as authorities launched a search to identify those who had attended the congregation, with as many as 25,000 Jamaat members and their contacts quarantined across nearly 15 Indian states. Such an incident presents a future real risk to religious tourism. In another case, Indian authorities in the state of Punjab had to quarantine around 40,000 people from 20 villages following a COVID-19 outbreak linked to one person – a religious preacher who had ignored advice to self-quarantine after returning from a trip to Europe. He attended a Sikh religious festival, a 6-day event that attracts over 60,000 people. A week after his death, 19 of his relatives tested positive, and up to 550 people were traced to have had direct contact with him (Frias 2020).
In South Africa, a church that hosted a religious gathering in Free State province which lasted for 6 days in March 2020 led to over 67 infections. The congregants were unwittingly exposed to five international guests from France, Israel and the USA who later tested positive for the virus. With the pandemic taking a strong foothold in South Africa during that period, the event led to the tracing of all the people who had come into direct contact with the infected persons to test and quarantine them. In the end, they identified 1259 people and 67 tested positive, including the church leaders. The COVID-19 infected guests of the church had not presented any symptoms on their arrival in South Africa when they were screened (Hosken and Wicks 2020).

In South Korea, the Shincheonji Church of Jesus was almost singlehandedly responsible for the COVID-19 outbreak in that country. The church’s doctrine exposed its members to the coronavirus in the form of practices like not accepting illness as a valid reason to miss a service, taking a rollcall on attendance using special swipe cards and making strong follow-ups on absenteeism, praying in close proximity and not being allowed to wear anything on your face during a church service including glasses and masks as this was deemed disrespectful to God even when the COVID-19 pandemic was going on (Rashid 2020). Such cultish practices combined with overcrowding during the long hours of church services created the most conducive environment for the spread of the virus.

When the Korean Government traced the COVID-19 outbreak to the church, it was very difficult for them to track down everyone who had been exposed due to the church’s inward-looking doctrine and suspicion of outsiders. For example, most of the 230,000 plus church members do not answer calls from non-members, so the authorities had to persuade close to 200 of the church members to call their fellow members to ask them about the symptoms of the virus. This was after the church’s leaders deliberately withheld information about its membership. In the end, by the 9th of March, South Korea had 7400 COVID-19 cases with almost 63% of these traced to the Church. It was widely believed that a church congregant known as patient number 31 by the Korean Centres for Disease Control and Prevention super-spread the virus to many people during their church services (Rashid 2020). The result was the leader of the church being investigated over some of the coronavirus deaths and potentially facing charges of criminal negligence. Such glaring examples serve as a lesson to prevent or cancel gatherings when the world is in the middle of an epidemic such as that of COVID-19.

The religion to which individuals are affiliated seems to have been a contributory factor to the spread and infection by COVID-19 in the initial phase of the pandemic. The Orthodox Jewish or Haredi communities emerged as a classical case. In Israel, they make up about 12% of the population but accounted for as much as 60% of COVID-19 infections as of 1 April 2020 (Estrin 2020). In the UK they make up less than 0.03% of the population, but as of 31 March 2020, 2.5% of the total tally of fatalities were Jews. In France, Israel, New York and the UK, most places with high incidences of COVID-19 coincided with the Orthodox Jewish neighbourhoods (Liphshiz 2020). The burning question is why Haredi communities had such sharp spikes in COVID-19 cases.
With nothing conclusive, some of the reasons were because the Orthodox Jewish live a closely knit communal lifestyle, and many initially refused to follow social distancing advisories. For weeks they ignored government bans on large weddings, neglected to close schools and held prayer services even when close to a quarter of Israel’s cases were contracted in synagogues. Their teachings are also associated with touching the same surface and the same siddurim or prayer book, which makes them vulnerable to infection if one single member is infected. In Israel, at some point, a popular rabbi told thousands of his followers to defy the health ministry’s advice on social distancing and mass gatherings, but as the coronavirus outbreak took a heavy toll on the community with many experiencing severe outbreaks and religious leaders falling ill, things started to change (Staff 2020). After discussions with senior government officials in Israel and the USA, senior rabbis started to urge their followers to obey the government’s stay home order. Many in the Haredi communities only follow orders from rabbis, not health officials. Some noted the timing of the Jewish holiday Purim which fell on 9 March 2020 as having contributed to the spread of COVID-19 within the Jewish community as it coincided with the outbreak of the coronavirus in Europe. Festivals such as Purim bring even more people together than usual, in the process hastening the spread of the virus. Also noted in the UK was that almost 25% of Jewish adults attend synagogues every week compared to 10% for Christian adults. All this made them more vulnerable as large gatherings were conducive for the virus to multiply (Liphshiz 2020).

Ultimately, deliberate or forced, cancellation of religious gatherings and pilgrimages had a negative impact on the tourism industry. The negative effects were felt across the entire tourism value chain from air travel, airport companies, travel agencies, local tour guides, hotels, B&Bs, backpackers, restaurants and other stakeholders.

11.5 Conclusions

It may be concluded from the chapter that religious activities and, by default, religious tourism were negatively affected by the COVID-19 pandemic. Almost all the major pilgrimages that were planned for the first half of 2020 for all the regions were either scaled down, cancelled or postponed on the advisory of public health experts. Religious activities affected included the Hajj and Umrah, Easter festivities for the Roman Catholic Church, the Moria pilgrimage for the ZCC church in South Africa and St Patrick’s Day. Those who also made losses from these cancellations include service providers at both the host and receiving places who make a living from the commodification of such religious events. This includes travel agencies, hotels, transport and restaurants.

Religion during the COVID-19 outbreak was also used as a source of community resilience. Wherever religious leaders accepted advice from medical experts, there was, in many instances, a harmonious relationship with the government as given by the South African example. This helped the incidence and spread of the virus to remain suppressed in the country. However, religion was also blamed for spiking the
incidence of COVID-19 and making the already bad situation worse. This was mainly in countries and regions where the religious leaders either ignored or defied expert advice to practise social distancing and cancel mass religious gatherings, and in most cases, their relationship with the governments was less cordial.

As a result, it is recommended that in the future, religious gatherings that draw huge numbers of people from different regions or countries should be cancelled during periods of pandemics of an international nature such as COVID-19. Equally important is the need to engage with religious leaders in terms of the role that they can play as leaders to build community resilience to the threat without unilaterally impeding of their right to worship. The use of social influencers and religious and community leaders has been shown to bear good results in the fight against COVID-19 in many places; hence scaling it up to other places affected is strongly recommended. Although global preparedness for emerging infections with pandemic potential has improved by building and learning from past experiences, the focus has mainly been on the action when the infection has emerged not on prevention. It is recommended that more emphasis needs to be placed on prevention which is less costly than taking action when there is already an outbreak, which is more expensive to control in the long term. Adopting this one health approach could substantially improve the situation and reduce the threat from future incidents.

References

Abuhjeeleh, M. (2019). Rethinking tourism in Saudi Arabia: Royal vision 2030 perspective. *African Journal of Hospitality, Tourism and Leisure, 8*(5), 1–16.

Ahmed, Q. A., & Memish, Z. A. (2020). The cancellation of mass gatherings (MGs)? Decision making in the time of COVID-19. *Travel Medicine and Infectious Disease*. https://doi.org/10.1016/j.tmaid.2020.101631.

Alliance of Religions and Conservation (ARC). (2014). Pilgrim numbers. Accessed from http://www.arcworld.org/projects.asp?projectID=500. Accessed Mar 2020.

Al-Tawfiq, J. A. (2020). Asymptomatic coronavirus infection: MERS-CoV and SARS-CoV-2 (COVID-19). *Travel Medicine and Infectious Disease*, 27, 101608. https://doi.org/10.1016/j.tmaid.2020.101608.

Al-Tawfiq, J. A., & Gautret, P. (2019). Asymptomatic Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection: Extent and implications for infection control: A systematic review. *Travel Medicine and Infectious Disease*, 27, 27–32.

Al-Tawfiq, J. A., Zumla, A., & Memish, Z. A. (2014). Travel implications of emerging coronaviruses: SARS and MERS-CoV. *Travel Medicine and Infectious Disease*, 12, 422–428. https://doi.org/10.1016/j.tmaid.2014.06.007.

Azhar, E. I., Lanini, S., Ippolito, G., & Zumla, A. (2016). The Middle East Respiratory Syndrome Coronavirus: A continuing risk to global health security. *Advances in Experimental Medicine and Biology-Advances in Microbiology, Infectious Diseases and Public Health*, Springer, https://doi.org/10.1007/5584_2016_133.

Balomenou, C., Poulaki, P., & Lagos, D. (2015, 25–28 August). Religious tourism in Greece and regional development: The case of Samos Island. In *55th Congress of the European Regional Science Association: “World renaissance: Changing roles for people and places”* Lisbon, Portugal, European Regional Science Association (ERSA), Louvain-la-Neuve.
Bensaid, A. (2019). Is Saudi Arabia unfairly profiting from its holy sites? Accessed from https://www.trtworld.com/magazine/is-saudi-arabia-unfairly-profiting-from-its-holy-sites-28899. Accessed 11 Apr 2020.

Blum, N. (2020). How Iran became a global vector of infection for COVID-19. Tablet. Available at: www.tabletmag.com/amp/sections/israel-middle-east/articles/iran-coronavirus-covid-19. Accessed 26 Mar 2020.

Bowen, G. A. (2009). Document analysis as a qualitative research method. Qualitative Research Journal, 9(2), 27–40. https://doi.org/10.3316/QRJ0902027.

Carbone, F., Corinto, G., & Malek, A. (2016). New trends of pilgrimage: Religion and tourism, authenticity and innovation, Development and Intercultural Dialogue: Notes from the diary of a Pilgrim of Santiago. AIMS Geosciences, 2(2), 152–165. https://doi.org/10.3934/geosci.2016.2.152.

Cochrane, P. (2018). The economics of the Hajj. Retrieved from https://www.accaglobal.com/an/en/member/member/accounting-business/2018/07/insights/economics-hajj.html. Accessed 11 Apr 2020.

Daye, A. S. (2019). Rising tourism in Saudi Arabia: Implications for real estate investment. Cornell Real Estate Review, 17, 98–105.

Dube, K., Nhuno, G., & Chikodzi, D. (2020). COVID-19 cripples global restaurant and hospitality industry. Current Issues in Tourism. https://doi.org/10.1080/13683500.2020.1773416.

Ebrahim, S. (2020). Moria: The largest Christian gathering in SA over Easter. Available at: www.thedailyvox.co.za/moria-the-largest-christian-gathering-in-sa-over-easter-shhaazia-ebrahim. Accessed 26 Mar 2020.

Ebrahim, S. H., & Memish, Z. A. (2020). COVID-19: Preparing for superspreader potential among Umrah pilgrims to Saudi Arabia. Lancet, 395. https://doi.org/10.1016/S0140-6736(20)30466-9.

Ebrahim, S. H., Ahmed, Q. A., Gozzer, E., Schlagenhauf, P., & Memish, Z. A. (2020). Covid-19 and community mitigation strategies in a Pandemic. BMJ, 368, 1066. https://doi.org/10.1136/bmj.m1066.

Estrin, D. (2020). Israel faces challenges in fighting coronavirus in ultra-orthodox communities. NPR. Available at: www.npr.org/2020/04/01/825260941/israel-faces-challenges-in-fighting-coronavirus-in-ultra-orthodox-communities. Accessed 25 Mar 2020.

Frias, L. (2020). Officials say a Covid positive Indian who refused to isolate left 40,000 in quarantine. Business Insider South Africa. Available at: www.businessinsider.co.za/coronavirus-super-spreader-linked-to-quarantine-of-40000-india-2020-3. Accessed 26 Mar 2020.

Gallego, V., Berberian, G., Lloveras, S., Verbanaz, S., Chaves, T. S., & Orduna, T. (2014). The 2014 FIFA World Cup: Communicable disease risks and advice for visitors to Brazil – A review from the Latin American Society for Travel Medicine (SLAMVI). Travel Medicine and Infectious Disease, 12, 208–218.

Griffin, K., & Raj, R. (2017). The importance of religious tourism and pilgrimage: Reflecting on definitions, motives and data. International Journal of Religious Tourism and Pilgrimage, 5(3). https://doi.org/10.21427/D7242Z.

Handriana, T., Yulianti, P., & Kurniawati, M. (2019). Exploration of pilgrimage tourism in Indonesia. Journal of Islamic Marketing. https://doi.org/10.1108/JIMA-10-2018-0188.

Hosken, G., & Wicks, J. (2020). Free State officials still tracking 286 people after COVID-19 church outbreak. TimeLive. Retrieved from www.timeslive.co.za/amp/news/south-africa/2020-03-30-free-state-officials-still-tracking-286-people-after-covid-19-church-outbreak/. Accessed 26 Mar 2020.

Ibrahim, A., & al-Salam, A. (2020). Remote pilgrimage: Iraqis mark Imam al-Mahdi’s birth amid COVID19. Aljazeera. Retrieved from www.aljazeera.com/amp/news/2020/04/remote-pilgrimage-iraqis-mark-imam-al-mahdi-birth-covid19-200408095252041.html. Accessed 26 Mar 2020.

Ippolito, G., & Rezza, G. (2017). Preface – Emerging viruses: From early detection to intervention. Advances in Experimental Medicine and Biology – Advances in Microbiology, Infectious Diseases and Public Health. https://doi.org/10.1007/5584_2016_133.
Jha, N., & Dixit, P. (2020). A cluster of coronavirus cases can be traced back to a single mosque and now 200 million Muslims are being vilified. BuzzFeed News. Retrieved from www.buzzfeednews.com/amphtml/nishitajha/coronavirus-india-muslims-tablighi-jamaat. Accessed 31 Mar 2020.

Jumali, E. (2018). Management of hajj funds in Indonesia. Journal of Legal, Ethical and Regulatory Issues, 21(3), 1–9.

Karrim, A., & Raborife, M. (2020). Trips to Moria on hold until further notice over the coronavirus pandemic, ZCC tells congregants. News24. Retrieved from www.news24.com/southafrica/news/trips-to-moria-on-hold-until-further-notice-over-coronavirus-pandemic-zcc-tells-congregants-20200317. Accessed 30 Mar 2020.

Kekena, S. (2020). ‘Concerned’ ZCC postpones Easter pilgrimage as coronavirus cases rise to 85. SABC. Available at: www.sabcnews.com/sabcnews/concerned-zcc-postpones-easter-pilgrimage-as-coronavirus-cases-rise-to-85/. Accessed 16 Mar 2020.

Ladki, S. M., & Mazeh, R. A. (2017). Comparative pricing analysis of Mecca’s religious tourism. International Journal of Religious Tourism and Pilgrimage, 5(1), 20–28. https://doi.org/10.21427/D76Q7Z.

Liphshiz, C. (2020). Jews are vastly overrepresented in coronavirus deaths in the UK: Here are some theories why. Jewish Telegraphic Agency. Available at: www.jta.org/2020/03/31/global/jews-are-vastly-overrepresented-in-coronavirus-deaths-in-the-uk-here-are-some-theories-why/amp. Accessed 20 Mar 2020.

Mc Donald, S. (2020). With St Patrick’s day canceled by Covid-19, Irish bishops offer prayers. America. The Jesuit Review. www.americamagazine.org/politics-society/2020/03/17/st-patricks-day-canceled-covid-19-irish-bishops-offer-prayers. Accessed 26 Mar 2020.

Memish, Z. A., Zumla, A., McCloskey, B., Heymann, D., Al Rabeaeh, A. A., Barbeschi, M., & Horton, R. (2014). Mass gatherings medicine: International cooperation and progress. The Lancet, 383. https://doi.org/10.1016/S0140-6736(14)60225-7.

Mintel. (2012). Religious and Pilgrimage Tourism – International – February 2012. London: Mintel International Group Ltd.

Muhtada, D. (2020). Religion and COVID-19 mitigation. The Jakarta Post. Retrieved from www.thejakartapost.com/academia/2020/03/26/religion-and-covid-19-mitigation.html. Accessed 31 Mar 2020.

Nishiura, H., Sah, R., & Rodriguez-Morales A. J. (2020, February). The COVID-19 outbreak and implications for the Tokyo 2020 Summer Olympic Games. Travel Medicine and Infectious Disease. https://doi.org/10.1016/j.tmaid.2020.101604.

Nyikana, S. (2017). Religious tourism in South Africa: Preliminary analysis of a major festival in Limpopo. African Journal of Hospitality, Tourism and Leisure, 6(1), 1–8.

Ogg, J. C. (2017). St Patrick’s Day in 2017 to set record for economic impact. 27/7 Wall Street Newsletter. New York.

Peng, X., Xu, X., Li, Y., Cheng, L., Zhou, X., & Ren, B. (2020). Transmission routes of 2019-nCoV and controls in dental practice. International Journal of Oral Science, 12(9). https://doi.org/10.1038/s41368-020-0075-9.

Pullella, P. (2020). Pope in dramatic visit to empty Rome to pray for end if virus. Reuters. Retrieved from www.reuters.com/article/amp/idUSKBN212094. Accessed 26 Mar 2020.

Rashid, R. (2020). Being called a cult is one thing, being blamed for an epidemic is quite another. New York Times. Retrieved from www.nytimes.com/2020/03/09/opinion/coronavirus-south-korea-church.amp. Accessed 26 Mar 2020.

Rejman, K., Maziarz, P., Kwiatkowski, C. A., & Haliniarz, M. (2016). Religious tourism as a tourism product. World Scientific News, 57, 562–575.

Rot, E., Mikinac, K., & Bogdan, B. (2014). General characteristics of religious tourism in Croatia. UTMS Journal of Economics, 5(1), 79–87.

Saayman, A., Saayman, M., & Gyekye, A. (2014). Perspectives on the regional economic value of a pilgrimage. International Journal of Tourism Research, 16, 407–414.

Sadrzadeh, A. (2020). Faith and the coronavirus. Qantara. Retrieved from https://en.qantara.de/content/covid-19-epidemic-in-iran-faith-and-the-coronavirus. Accessed 24 Mar 2020.
SAGAS (Saudi Arabia General Authority for Statistics). (2019). Hajj Statistics 2019 – 1440. Riyadh: Saudi Arabia General Authority for Statistics.

Sanghera, T. (2020). Hajjonomics: The business of getting India’s pilgrims to Mecca. Aljazeera. Retrieved from www.aljazeera.com/ajiimpact/hajjonomics-business-indias-pilgrims-mecca-190808202539949. Accessed 24 Mar 2020.

Sherbini, A., Aziz, Y. A., & Sidin, S. M. (2016). Income diversification for future stable economy in Saudi Arabia: An overview of the tourism industry. International Journal of Economics, Commerce and Management, IV, (11), 173–189.

Shinde, K. A. (2015). Religious tourism and religious tolerance: Insights from pilgrimage sites in India. Tourism Review, 70(3), 179–196.

Soliman, T., Cook, A. R., & Coker, R. J. (2015). Pilgrims and MERS-CoV: What's the risk? Emerging Themes in Epidemiology, 12, 3.

Staff, T. (2020). As virus hits tight-knit Haredi communities, rabbis among the first to fall ill. Times of Israel. Available at: www.timesofisrael.com/as-virus-hit-tight-knit-haredi-communities-rabbis-among-the-first-to-fall-ill/. Accessed 24 Mar 2020.

Tala, M. L., & Padurean, A. M. (2008). Dimensions of religious tourism. Ambitextu Economic, November Special Issue:242–253.

Thaqafi, T. A. (2017). Hajj revenues poised to exceed $150 bn by 2022: Experts. Retrieved from https://www.arabnews.com/node/1151751/saudi-arabia. Accessed 11 Apr 2020.

Times of India. (2018). Why Haj will soon be the new oil for Saudi Arabia. Retrieved from https://timesofindia.indiatimes.com/world/middle-east/why-hajj-will-soon-be-the-new-oil-for-saudi-arabia/articleshow/65469627.cms. Accessed 24 Mar 2020.

United Nations. (2020). 'Sacred ignorance': COVID-19 reveals Iran split. Asia Times. Available at: www.asiatimes.com/2020/03/sacred-ignorance-covid-19-reviews-iran-split/. Accessed 26 Mar 2020.

Wilson, J. A. J. (2014). The halal phenomenon: An extension or a new paradigm? Social Business, 4(3), 255–271.

World Health Organization (WHO). (2020a). Coronavirus disease 2019 (COVID-19) situation report – 51. Retrieved from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200225-sitrep-36-covid-19.pdf?sfvrsn=2791b4e0_2. Accessed 11 Mar 2020.

World Health Organization (WHO). (2020b). Key planning recommendations for mass gatherings in the context of the current COVID-19 outbreak. WHO/2019-nCoV/POE mass gatherings/2020.1. Geneva: WHO.

Zouni, G., & Digkas, D. (2019). Marketing suggestions for multireligious tourism development: The case of Thessaloniki. Journal of Tourism, Heritage & Services Marketing, 5(2), 36–42.

Zouni, G., & Digkas, D. (2019). Marketing suggestions for multireligious tourism development: The case of Thessaloniki. Journal of Tourism, Heritage & Services Marketing, 5(2), 36–42.

Zumla, A., McCloskey, B., Endericks, T., Azhar, E. I., & Petersen, E. (2017). Challenges of cholera at the 2017 Hajj pilgrimage. The Lancet, 17(9), 895–897.