

World Vision[®]

Strategic Engagement of Religious Leaders in COVID Vaccination

October 12, 2021



Inspired by Faith.
Committed to evidence-based practice.

Christian Connections for International Health

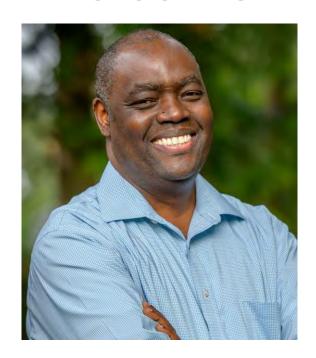


World Vision

Strategic Engagement of Religious Leaders in COVID Vaccination

- Put questions in Q&A Box
- Recording on www.ccih.org > Resources > Immunization

Welcome



Mike Odera is the Vice President for Resource
Development in the International Programs Groups of
World Vision-US (WVUS). Mike has held numerous
leadership positions focused on new business
assessment, acquisition, and risk mitigation, requiring
close collaboration with a broad spectrum of donors
including government entities, private corporations and
foundations, and churches. He has experience in fragile,
post-war emergency relief environments, and in
managing large multi-sectoral development programs.

Moderator



Susan Otchere, MSc, RN is Senior Director, Health-International Programs at World Vision US. She has served as Project Director for World Vision's Birth Spacing and Advocacy projects across five countries. Before joining World Vision, Susan was a Technical Director of Health at Cardno Emerging Markets USA. She has also served as a Maternal and Newborn Health Advisor with Save the Children and a Maternal/Child Health and Family Planning Advisor with the Ministry of Health in Ghana.

Panelist



Ellyn W. Ogden, MPH has been the Worldwide Polio **Eradication Coordinator and Technical Director for USAID**, and a Senior Technical Advisor for Health and Child Survival since 1997. She is responsible for USAID's polio eradication effort and supports disease surveillance, communications, and civil society engagement in over 25 countries. She is a graduate of Tulane University (B.A. International Relations) and the Tulane School of Public Health and Tropical Medicine (MPH International Health with a focus in Epidemiology and Infectious Disease Control), and has over 30 years of international public health experience.

Raising Faith in Immunization: Systematic Engagement and Action of Faith Based Leaders

Webinar

Breaking Down Barriers:
Strategic Engagement of Religious Leaders in Vaccination and COVID Recovery
October 12, 2021

Presentation by Ellyn W. Ogden, MPH USAID, COVID-19 Emergency Operation Center Leader & Worldwide Polio Eradication Coordinator



Engaging Faith Leaders in Immunization

International and National level opportunities.

Islamic Advisory Group for Polio Eradication

Involve Faith Leaders in:

- Planning
- Informing
- Assisting
- Solving Problems
 - Tracking Newborns
 - Addressing barriers when there are few female Vaccinators
 - Improving poor team performance
- Community-based surveillance



Religious factors are the third most frequently cited reason for vaccine hesitancy globally.

Listening and Dialoguing With Religious Leaders

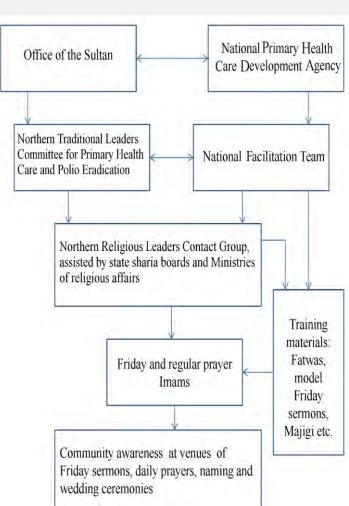


Me, listening to concerned religious leaders, Aligarh, India

Systematic Accountability

Nigeria Religious Leaders Forum for Polio Eradication:

From Intense Rejection to Advocacy: How Muslim Clerics Were Engaged in a Polio Eradication Initiative in Northern Nigeria







Spreading the word about faith and immunizations

What does your faith exempt you from?

eligious Exemption is a term I have heard more in the past three months than the rest of my life combined! Recently I was asked if Christians should be able to claim Religious Exemption when public health is in jeopardy. Their question made me ask myself, "What does my faith in Jesus Christ exempt me from?" Below is a partial list of what came to mind.

My faith in Jesus Christ exempts me from:

-Putting my wants above the needs of others.

"Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, not looking to your own interests but each of you to the interests of the others." -Philippians 2:3,4

-Claiming my freedom in Christ as liberty to act without responsibility.

"You, my brothers and sisters, were called to be free. But do



PASTOR KEITH MARSHALL

not use your freedom to indulge the flesh; rather, serve one another humbly in love. For the entire law is fulfilled in keeping this one command: Love your neighbor as yourself." -Galatians 5:13,14

-Refusing to protect the most vulnerable in our midst.

'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.' - Matthew 25:40

Therefore, my "Religious Exemption" requires I receive the COVID vaccination to safeguard life, and wear a mask to care for my neighbor. Claiming the Christian faith is no justification to refuse these measures. By invoking the name of Jesus to claim exemption, you are using the Lord's name in vain and therefore sinning. Now, you may have your own politi-cal or personal reasons not to do so, but please, stop claiming your faith in Jesus Christ as justification.





Don't preach falsehood as fact' - US-based physician-pastor...

A Christian cleric and medical doctor Dr. Philip Bonaparte has suggested it is un-Christian for people of faith to ignore science and fact put their personal interest above others, amid the spread of misinformation about COVID-19 and its available vaccines.

Elevating the Urgency of the Situation



What more can we do for COVID-19 vaccination?

- Figuring out how to engage with the growing un-networked Pentecostal and Charismatic faiths in Africa or Buddhist and Hindu faiths in Asia, and how to boost confidence in immunization.
- Identifying actions at the country level.
- Advocacy and Urgency.
- Coordinating at the local level. The CORE Group Polio Project is a successful model for collaborative engagement of civil society.



Resources:

2020 Evidence Summit on Strategic Religious Engagement | Faith and Opportunity Initiatives

https://barbadostoday.bb/2021/09/28/dontpreach-falsehood-as-fact-us-based-physicianpastor/

https://ccp.jhu.edu/2021/03/03/covid-19-

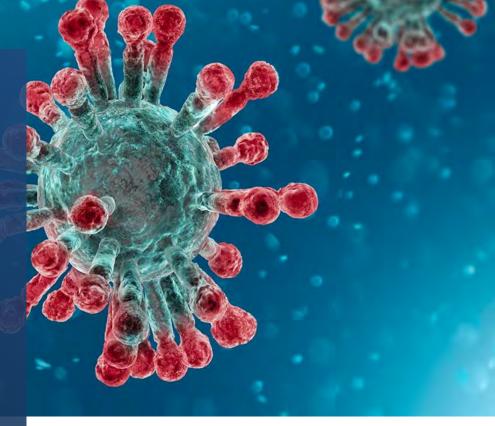
messages-the-last-mile-2/

WHO Africa Raising faith in COVID-19 vaccines in

Lesotho

https://www.usaid.gov/sites/default/files/documents/1875/FBOs_Mini-

Compendium_508_tagged.pdf

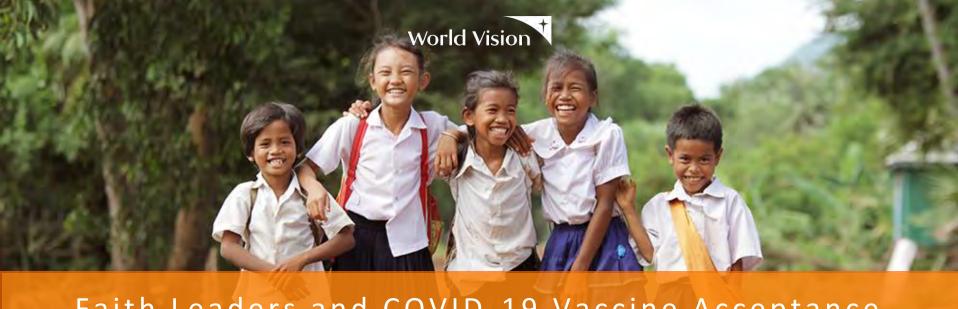




Panelist



Tom Davis, MPH is the Global Sector Lead for Sustainable Health for World Vision International. He has more than 35 years of domestic and international field experience in planning, implementing, and evaluating MCHN and education programs, and SBC activities. He was the 2018 recipient of the Dory Storms Child Survival Recognition Award. Tom was the original developer of the Barrier Analysis methodology and the Education Cascade Group model.



Faith Leaders and COVID-19 Vaccine Acceptance

Tom Davis, MPH Partnership Leader, Health & Nutrition World Vision International 12 October 2021

Mobilizing Faith Leaders in the fight against COVID-19

Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19

Interim guidance

7 April 2020



https://reliefweb.int/sites/reliefweb.int/files/resources/WHO-2019-nCoV-Religious Leaders-2020.1-eng.pdf





Vaccine Hesitancy and Faith: Big Picture Trends

- Religious factors are the **third most frequently cited reason for vaccine hesitancy** globally 25,37,54,56,58,62,105
- Few religious groups' official religious texts explicitly reject immunization ^{34,61,62}
- Religious Leaders and local faith actors are universally recognized as influential to immunization uptake and coverage ^{23, 74}, via:
 - ➤ Influencing caregiver beliefs and values ^{13, 23, 24, 74}
 - Impacting access to resources that facilitate immunization uptake ²³
 - Communicating immunization messages and conducting mobilization ⁷⁴
 - ➤ Providing routine immunization in hard-to-reach areas or humanitarian settings ^{72,74}

Barrier Analysis



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https://en.wikipedia.org/wiki/Barrier analysis

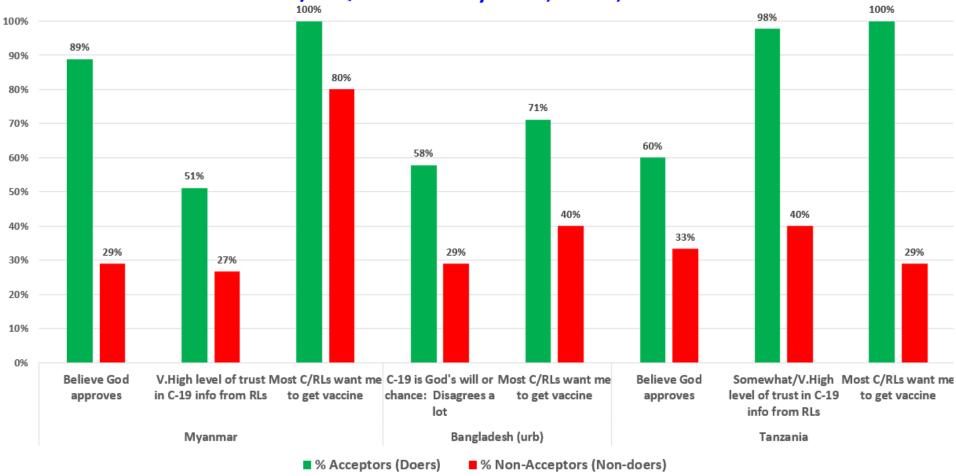
What is it?

Barrier Analysis (BA) is a rapid assessment (formative research) tool to identify behavioral determinants associated with a particular behavior (e.g. mask use, vaccine acceptance) so that one can develop more effective behavior change messages and activities. Based on Health Belief Model and Theory of Reasoned Action. Key feature: Those doing a behavior ("Doers") are compared with those who are not ("Non-doers") so the most important behavioral determinants can be identified. BA has been used in more than 1/3 of LMICs. Analysis is done with a simple spreadsheet. Used extensively during the Ebola outbreak. WV studying vaccine acceptance, comparing people that plan to get a COVID-19 vaccine with those who are vaccine hesitant in 6+ countries.

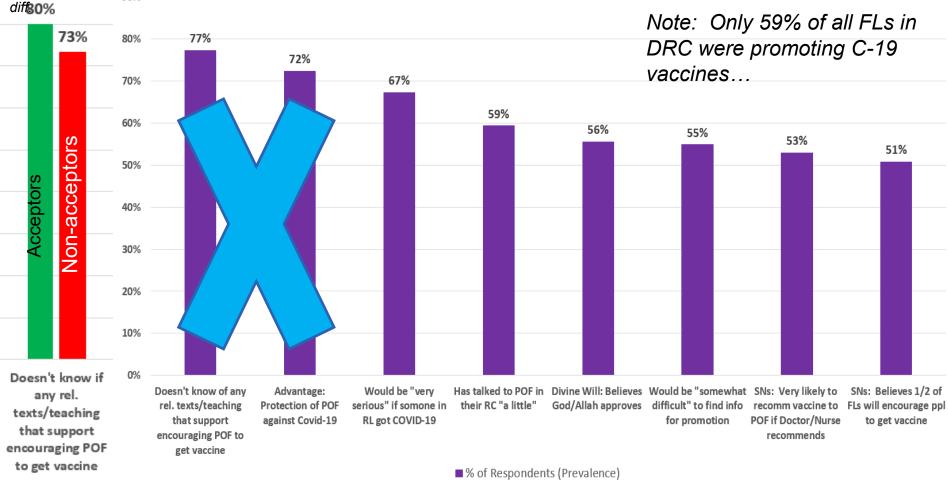
Behavioral Determinants Examined with Barrier Analysis

	•	C-19 Vaccine BA
Perceived Severity	Perceived Susceptibility/Risk	studies in:
Perceived Action Efficacy	Perceived Divine Will	Bangladesh, DRC,
Cues for Action / Reminders	Perceived Social Norms	India, Kenya, Laos,
Perceived Self-efficacy /Skills Consequences	Perceived Positive & Negative	Myanmar, PNG, Sierra Leone, Tanzania, Senegal, Switzerland, ₁₉ US
Access	Policy & Culture	

Acceptor - Non-acceptor Differences on Faith/FL Questions in Myanmar, Dhaka, Tanzania



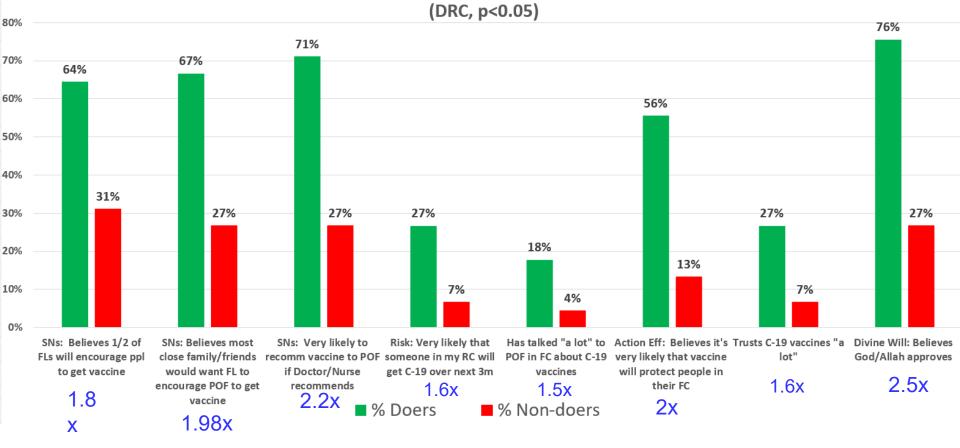




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90%

Barrier Analysis Results: Faith Leaders who are promoting C-19 vaccines among their religious community (Doers) vs. Non-doers (not promoting)



Behavioural Determinant	Suggested Key Messages (Excerpt) or Activities
Perceived Social Norms	In addition to reaching people through health staff to promote Coronavirus vaccines, empower (e.g. teach, give informational flyers to) government, religious, and other community leaders and ask them to reach out to people who do not plan to get the vaccine.
Perceived Positive Consequences	Explain the numerous benefits: Not only <u>protection from dying</u> from Coronavirus, but also <u>avoiding losing one's assets</u> (e.g. home, motorcycle) to pay for Coronavirus hospital care and <u>loss of income from being sick</u> , <u>avoiding infecting other family members</u> , <u>being able to send children back to school</u> , etc.
Perceived Self- efficacy	Devote time to getting all local doctors and chiefs to take a Coronavirus vaccine. Ask these leaders to get their vaccine publicly – in ceremonies, or on video, and share this through social and traditional media. Have local doctors and chiefs share their positive experiences with the vaccine and why they got it.
Perceived Social Norms	Ask people who plan to get the vaccine – or have already done so – to wear a (green, white and blue) ribbon, pin or sticker to increase the perception that most people plan to get the vaccine. Publicize the campaign locally. Publicize (using traditional and social media) the fact that <u>75%</u> of all people in SL currently plan to get a vaccine.
Perceived Susceptibility / Risk	Message: While only 5,306 people have had Coronavirus in Sierra Leone so far, 93 people have died from it, and cases during the week of 27 June were 30 times higher than they were one month ago. Eleven people died in that week compared with zero in the previous month. The deadly Delta variant is also spreading in SL. The pandemic is far from over in SL for people who are not vaccinated.
Perceived Severity	Publicize stories of people (in SL and beyond) who have died or had serious consequences from getting Coronavirus (with their of their family's permission) through social and traditional media. Explain that even people who recuperate from Coronavirus sometimes have "long Covid" with symptoms for months.
Perceived Action Efficacy, Safety and Trust in Coronavirus	Message: Mild to moderate adverse reactions to Coronavirus vaccines usually go away in a day or two, and include injection-site tenderness, headache, and fatigue and several others. Severe adverse reactions to Coronavirus vaccines such as blood clots are very, very rare). Based on the latest reported data, the risk of

Influencing perceived divine will:

- Use the C-19 Vaccines module of <u>Channels of Hope</u>
- Create Christian and Muslim sermon guides for pastors/Imams.
- Have faith leaders promote vaccines in community meetings
- Have FLs use messages through mass and social media.





Links to Tools



- Practical Guide to Barrier Analysis
- Questionnaire used to study C-19 vaccine acceptance in adults (demo)
- Questionnaire used to study FL's promotion of C-19 vaccines (Demo)
- Kobo file for BA questionnaire to use with Faith Leaders
- > See all the study tools and results summaries
- Take the BA survey yourself for fun! (no personal data collected)

Tom_Davis@wvi.org

Panelist



Sara Melillo, MPH is an independent global health technical consultant with a strong interest in faith leader engagement, and has worked at or consulted for a number of faith-based organizations and donor agencies. Sara was engaged by CCIH under the MOMENTUM Country and Global Leadership program to update a literature review, interview global stakeholders and do deep dives on faith leader engagement strategies in four countries, which will be published soon.

Highlights: Promising Practices for Engaging Local Faith Actors (LFAs) to Promote Uptake of COVID-19 Vaccination

Lessons Learned from Four Countries: Ghana, Indonesia, Sierra Leone, and Uganda

Faith Based Engagement Team: Sara Melillo (Consultant), Doug Fountain, Mona Bormet, and Carolyn J. O'Brien

CCIH/World Vision Webinar | October 12, 2021





Top Takeaways











The review found numerous **promising practices for engaging Local Faith Actors** that may be adapted or scaled in similar contexts to encourage COVID-19 vaccine acceptance.



Public COVID-19 vaccination by top religious representatives seems to have a positive effect on **increasing vaccine uptake** in highly religious settings.



COVID-19 vaccine social media disinformation—at times promulgated by LFAs—is an unprecedented threat to vaccine uptake in study countries; it is also an opportunity.



LFAs are currently **being sub-optimally engaged and supported for COVID-19 vaccination promotion** and delivery, a missed opportunity as vaccine supply increases.

COVID-19 VACCINE HESITANCY IN FOCUS

Religiously Driven Vaccine Hesitancy

Religious leaders have endorsed the COVID-19 vaccine and been publicly vaccinated **in all four countries reviewed**, an important step towards championing vaccination among the general population.

- Few major religious objections to COVID-19 vaccines found in four priority countries.
- Pockets of minority religions in countries have publicly objected to COVID-19 vaccination.
- Social media is playing a highly influential role in spreading COVID-19 vaccine misinformation.
- **Perceived divine will** is an important determinant to vaccine acceptance among health workers in rural areas (*Sierra Leone*).
- The inclusion or perception of inclusion of haram (forbidden) ingredients within COVID-19 vaccines or their components may influence uptake of COVID-19 vaccine among Muslim populations (*Indonesia*).

Key Informant Interviews (KIIs) on COVID-19 Vaccine Hesitancy in Ghana

"When I had my first (COVID-19)
jab and I posted it on our
WhatsApp group, someone sent
me a post that I should rest in
peace, as I was going to die."

"What has made people begin to question is in the African context. HIV has been in the system for years since the 1980s and no vaccine has been found...because people have felt it affected more Africans. 'How come the speed with which COVID vaccines were developed?' is feeding into this narrative, unfounded suspicions and myths and misconceptions."

"What is also feeding into vaccine hesitancy is **vaccine apartheid**. It appears that this vaccine is good for X country and not available for our country. You also find delays in greenlighting or approving certain vaccines."

"(Some say that) Western powers want to reduce the population of Africa, that's why they introduced COVID in the first place and the vaccination – to kill us."

PROMISING PRACTICE

The Church of Pentecost in Ghana: Leading Champion for COVID-19 Vaccination

- Chairman of the Church of Pentecost among the first people vaccinated in Ghana.
- Church developed flyers and fact sheets on COVID-19 vaccination.
- Donated space to serve as COVID-19 quarantine centers.



"One out of seven Ghanaians is a Church of Pentecost member in Ghana – it's a big thing to get that support from the church in this national exercise during this time"

- KII on the influence of faith leader engagement on the national COVID-19 vaccine kickoff campaign in Ghana



WHAT WORKS

Promising Practices for Engaging LFAs in COVID-19 Immunization

Promising Practice

- Strengthen support for COVID-19 immunization, including addressing any religiously linked concerns on vaccination through theological and scientific analysis and sensitive dialogue.
- Strengthen collaboration among LFAs and state and civil society actors on COVID-19 vaccination promotion and delivery.
- Leverage faith-based infrastructure to increase acceptance, uptake, and delivery of COVID-19 vaccines.
- Provide technical support and tools to LFAs to increase the effectiveness of their COVID-19 vaccine social mobilization and delivery efforts.

PROMISING PRACTICE

Following the Children: Family Health Days

- Combines social mobilization with immunization service delivery at places of worship quarterly.
- Addressed opportunity cost of a mother waiting at clinic all day for immunization for one child, capitalizing on high church/mosque attendance rates weekly.
- Contributed to <u>substantial increases in MMR and</u> <u>diptheria-pertussis-tetanus (DPT3) uptake</u> among children in 31 lower-performing districts.



Family Health Days

"The churches loved it because they would preach about something that was very visible after the services. And more people went to places of worship...the faithbased organizations saw a real value..."

- KII in Uganda

COVID-19 VACCINATION IN FOCUS

Operational Challenges of Working with LFAs for Immunization

- There are tensions at times between government and religious actors over COVID-19 worship gathering bans, impeding communication (Sierra Leone, Uganda).
- Immunization does not always rank highly on list of local faith actor priorities, requiring dialogue and negotiation.
- Interfaith bodies may include vaccine hesitant LFAs (Sierra Leone).



"These are people who are leaders in their community, and they will decide what they are going to do. I think the other important message is that it doesn't happen in your time frame. It takes a little time."

-KII in Uganda on the often time-intensive process of engaging LFAs in dialogue and project start-up

Useful Additional Relevant Sources



USAID MOMENTUM Global Evidence Summary

Effects of faith actor engagement in the uptake and coverage of immunization in low- and middle-income countries (LMICs)

- www.USAIDMOMENTUM.org
- Christian Connections for International Health (CCIH)
 <u>Immunization</u> web page
- Berkley Center/WFDD/JLI <u>Faith and COVID-19 Response Resource</u> <u>Platform</u> and <u>Religion and Immunization resources</u>
- JLI <u>Immunization Learning Hub</u>

Thank You

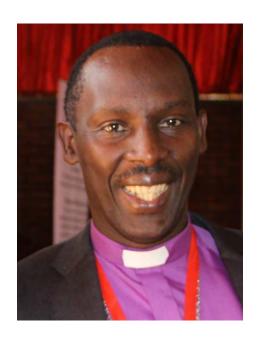
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Panelist

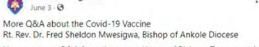


Reverend Dr. Fred Sheldon Mwesigwa is the Bishop of Ankole Diocese in the 13 million member Church of Uganda. He is Chancellor of Bishop Stuart University. He was selected by the Anglican Church in Uganda to identify myths and truths about COVID vaccination to help roll out communications through all dioceses and clergy, a process that has led him to consult many global experts and to share his views in the media.

Social Media: Addressing Myths and Concerns

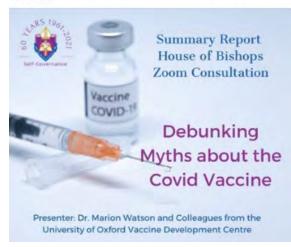
Church of Uganda on Facebook





Church Of Uganda

Here are more Q&A from the recent House of Bishops Zoom meeting with two scientists from Oxford University involved in the development of the Oxford-AstraZeneca Covid vaccine. The Oxford-AstraZeneca vaccine is the vaccine currently being administered in Uganda. Scroll down to read earlier posts answering other questions..., See More





FAQs about the Covid-19 Vaccine Rt. Rev. Dr. Fred Sheldon Mwesigwa, Bishop of Ankole Diocese

Here are more Frequently Asked Questions from the recent House of Bishops Zoom meeting with two scientists from Oxford University involved in the development of the Oxford-AstraZeneca Covid vaccine. The Oxford-AstraZeneca vaccine is the vaccine currently being administered in Uganda. Scroll down to read earlier posts answering other questions... See More

