

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

Phase 1 Global Landscape : Evidence Summary

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MOMENTUM Country and Global Leadership | JUNE 2021

**With a focus on USAID priority MNCH and FP/RH countries*



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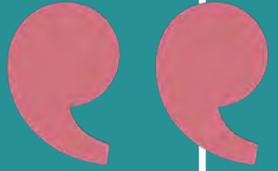


SECTION 01

Background and Methods

Why Is a Global Landscape Analysis on Faith Engagement in Immunization Necessary?

- There is limited information on (and understanding of) how faith actors impact the uptake and coverage of immunizations in LMICs.
- Vaccine hesitancy among faith communities *increasingly threatens coverage of routine immunization.*
- Faith engagement in the promotion of the COVID-19 vaccine(s) will be critical to uptake in 2021 and beyond.



*The polio experience showed us that one word from a religious leader just upset the apple cart. **You had another 10 years of fighting polio and billions of dollars spent.***

Key Informant Interviewee (KII) on the acute danger of vaccine hesitancy among religious leaders

Guiding Questions for Global Landscape Analysis

- 1. How do religious leaders and faith-based organization (FBOs) impact the uptake and coverage of immunization in LMICs?**
 - What effects do local faith actors (LFAs) have in contributing to vaccine hesitancy?
- 2. What successful strategies exist for working with LFAs and communities to improve immunization acceptance and reduce vaccine hesitancy?**
- 3. What evidence gaps exist in relation to faith engagement and immunization?**

Supports MOMENTUM Country and Global Learning Question 3a3: *“How can vaccination programs effectively use community systems to monitor and address rumors that could fuel vaccine hesitancy for current vaccinations or a future COVID vaccine?”*

Global Landscape Analysis Methods

- Builds on learning from earlier literature reviews*
- Includes a **literature review** (110 resources) and 18 **key informant interviews** (see **ANNEX 01: METHODS**)
- **NOTE: PHASE I ANALYSIS** will inform the selection of MCGL **PHASE II: COUNTRY CASE STUDIES** (Program Year 2) which will provide concrete recommendations on effective strategies for engaging religious leaders and faith communities in immunization

**Including the seminal Olivier, J. (2014)⁷⁴*



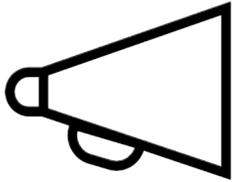
Photo: Karen Kasmauski/MCSP

SECTION 02

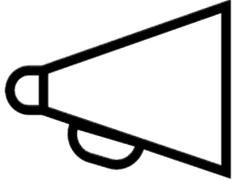
Findings

*Note: Recommendations and promising practices are identified throughout the slide deck in blue font

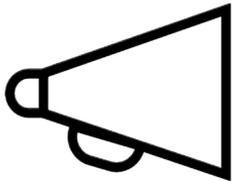
Top 3 Headlines and Takeaways



We know **it's important to engage faith leaders to promote immunization** in LMICs...but we're not quite sure what works best in which context.



Listening and dialogue with faith leaders is critical to finding theologically-acceptable solutions to vaccine hesitancy.



COVID-19 **elevates the urgency of this work**, as vaccine hesitancy is being exported from the West to faith communities.

Other Key Findings



It's hard to tell if vaccine hesitancy stems solely from theology, or if faith-based objections are a **convenient cover for more complex**/inter-related sociocultural/political issues



We know a lot about **polio vaccine hesitancy among Muslim communities** and supporting supplementary immunization campaigns...



....But we know a lot less about engaging with the growing un-networked **Pentecostal and Charismatic faiths in Africa** or **Buddhist and Hindu faiths in Asia**, and how to boost routine immunization



Throughout, **practice-based knowledge reigns** supreme

Religion and Immunization

- Religious leaders and local faith actors are universally recognized as influential to immunization uptake and coverage^{23,74,KII}, via:
 - Influencing caretaker beliefs and values^{13, 23,24,74}
 - Impacting access to resources that facilitate immunization uptake²³
 - Communicating immunization messages and conducting mobilization⁷⁴
 - Providing routine immunization in hard-to-reach areas or humanitarian settings^{72,74}



In Their Words (KII)s): The Power of Religious Leaders

“Everything they say, we believe it, including me... Everything they say is regarded as a word from God.”

“This isn’t a constituency you can write off in a breath. They were involved in medicine much earlier than much of the secular world.”

“Faith leaders we would see as outsized influencers...They are cultural and norms leaders.”

Cross-Religious Views on Vaccination

See **ANNEX 04** for detailed breakdown of the views of specific religions on immunization

- Historic association between religions and vaccination dates to 1000 AD^{34,36, 61}
- Major faiths place shared value of life, health, well-being, equity, and prevention of suffering (*especially among children/innocents*)⁶¹
- Some religions call vaccination a moral imperative (to child, or to community)^{34,103}

EXAMPLE

Historic Example: Religious Actors and Smallpox Vaccination



Buddhism: The first written account of variolation describes a Buddhist nun (bhikkhuni) grounding scabs taken from a person infected with smallpox (variola) into a powder, and blowing it into a non-immune person to induce immunity (c. 1022–1063 CE)³⁴



Judaism: In the late 18th century, Halachic scholars embraced Jenner's anti-smallpox vaccine due to its significantly lower mortality rate as compared to variolation³⁶



Protestantism: Conversely, the Anti-Vaccination League formed in London in 1853 to oppose compulsory vaccination acts, including Jenner's smallpox vaccine³⁴

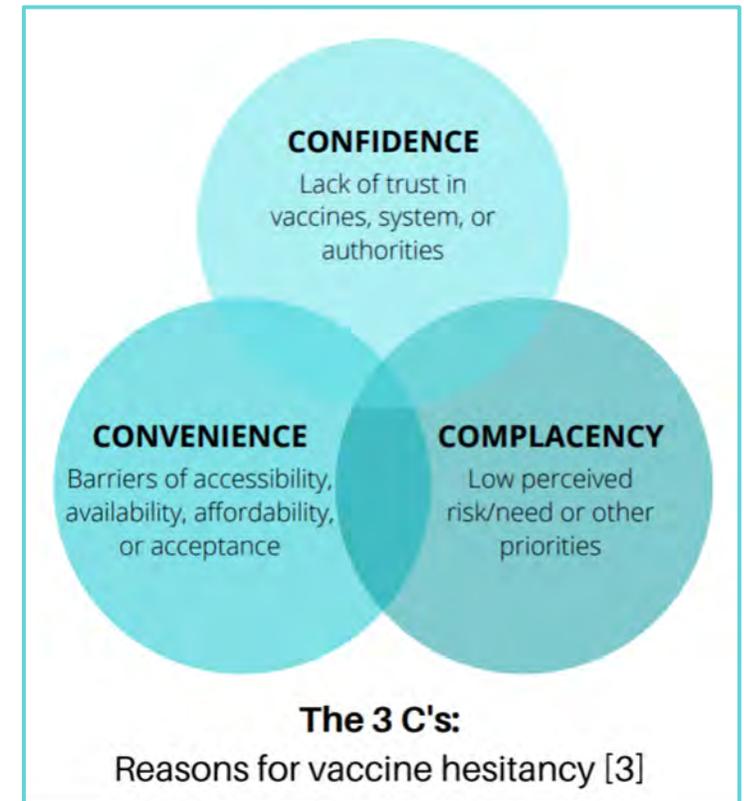
What Major Religions Say About Vaccines*

	<p>ISLAM</p>	<ul style="list-style-type: none"> • Theology generally supports immunization ^{4,5,26,67,82, KII} • Islamic law (hukm), however, prohibits use of haram (forbidden) materials such as porcine-derived products in vaccines/medicines ^{4,79,82} • Exceptions made for “law of necessity” when no alternatives available
	<p>CHRISTIANITY**</p>	<ul style="list-style-type: none"> • Most denominations have no scriptural or canonical objection to the use of vaccines (<i>exception: Roman Catholic fetal cell objections</i>)³⁴ • Biblical support for immunization include Christian service to humanity (being one’s brother’s keeper, loving your neighbor as yourself)
	<p>HINDUISM</p>	<ul style="list-style-type: none"> • Hindus advocate non-violence (ahimsa) and respect for life • Despite veneration of cows, no notable contemporary Hindu concerns with trace bovine components of some vaccines³⁴
	<p>BUDDHISM</p>	<ul style="list-style-type: none"> • Buddhism prohibits killing of humans and animals^{34,82} • Modern Buddhists will generally use vaccines to protect their health^{34,82}

*Note: This is a high-level snapshot, and does not capture all nuance and theological context/debate; see **ANNEX 04: SPECIFIC FAITHS** for additional details on religion-specific vaccine hesitancy characteristics

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}
- Views on vaccines vary within a religious group ^{31,34, 58, 62,82}
- Vaccine hesitancy rising in some predominantly Muslim countries ^{4,9}



Source: IVAC⁴⁵

Common Immunization Objections Across Faiths

- Humans should not attempt to over-ride God's will with man-made solutions/let nature take its course^{34,36, 55}
- God created a perfect world, including a perfect immune system for humankind as a daily miracle: Humanity should not attempt to improve on it³⁶
- The human body is a temple of God – immunizations introduce potentially harmful viruses, bacteria, and/or derivatives of forbidden substances³⁶
- Violations against taking life
 - *20th century: Fetal tissue from abortion is often used immunization cultures. Since abortion is sinful, benefiting from the sinful act is morally unacceptable*^{36,82}
- Violation of dietary laws (pharmaceutical excipients of porcine or bovine origins)³⁴

Other Major Cross-Religious Hesitancy Themes

- Promotion of faith healers and/or the power of prayer^{21,58,83}
- Distrust of Western medicine/fear that vaccines are being tested on them^{83, 21, KII}
- Fear that vaccines will sterilize recipients/impact fertility^{KII}
- Promotion of traditional remedies rather than biomedical solutions^{37,83,88}
- Vaccinators not of the same religion/ socio-cultural background¹

“Vaccinating a child is like ‘making a deal with the devil;’ the act of vaccination was seen as ‘the work of the white witch doctor, contrary to biblical scriptures’ “

Cobos Muñoz, D. et al (2015) on vaccination seen as against the will of God²¹

Vaccine Hesitancy and Faith: A Convenient Cover?

Vaccination hesitancy is often cloaked under the guise of “religion,” without a theologically-grounded objection^{34,62}.

Instead, **religious objections serve as a cover or proxy** for concerns about safety, social norms, socio-cultural issues, political, and economic factors^{34,57, 61, 74, 70, KII}

A woman wearing a white hijab and glasses is looking towards a table. On the table, there is a green glass bottle and some papers. In the background, there is a metal shelving unit with some papers on it. The scene is indoors, possibly a classroom or office.

In Their Words (KIIs): Vaccine Hesitancy and Religion

“There has to be this more intricate analysis of influences. If we just say, ‘This is a religious barrier,’ then most likely it’s not really understanding what’s going on in the context of hesitancy.”

“That mystery around vaccines, how they are developed, where they are sourced...why are they donated? All of those things by themselves bring a lot of suspicion and conspiracy theories.”

“When a vaccine is being developed, the companies have tended to test their effectiveness in developing countries...Why are they being tested ‘with us?’...There is a lot of secrecy within that element of testing.”



VACCINE HESITANCY EXAMPLE

Islam and Vaccine Hesitancy

- Multiple studies demonstrate lower associated coverage of immunization among Muslim populations^{4, 9, 22, 23, 42, 87}
 - *Exceptions: Saudi Arabia, Niger, Bangladesh, Malaysia*
- Muslim religious leaders are especially influential in impacting vaccine uptake and hesitancy^{69,80}
- Halal status of vaccine is an important consideration for Muslim parents in vaccinating their children^{4, 80, 53}
- Vaccination myths are increasing in predominantly Muslim countries due, in part, to social media⁴

EXAMPLES OF ISLAM-LINKED VACCINE HESITANCY:

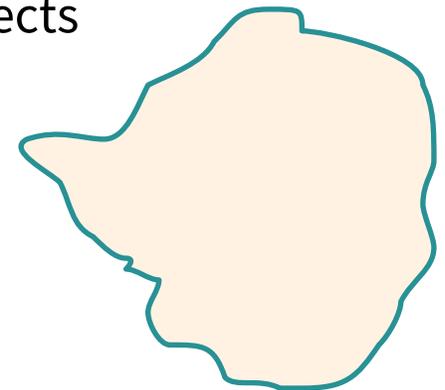
- Northern Nigeria (polio & DPT)^{2,10,16,28,32,68,70,85}
- Pakistan (polio)^{7,14, 52,53 69}
- Afghanistan¹⁶
- India (polio)¹⁴
- Sudan (measles)^{18,86}
- Indonesia^{88,24}
- Malaysia^{3,99}
- Chad¹
- Bangladesh⁸

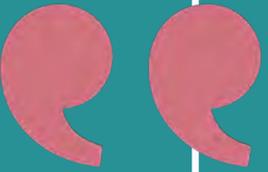
Vaccination and Apostolic Churches in Africa



Originating from the Protestant Pentecostal church, Apostolic churches reflect a desire to emulate first-century Christianity in its faith, practices, and government

- Historically object to most medical interventions in lieu of prayer for healing^{54,58}
- Multiple studies show lower basic **immunization uptake** and **completion** in Zimbabwe^{31,37,38, 54,58}
- Varying attitudes and degree of refusal toward immunization amongst sub-sects
- Large and growing population in **Zimbabwe**^{31,54} (estimated 37% in 2017)
- Additional sizable populations in **Nigeria, Malawi, and Zambia**





Sometimes religious leaders will find verses and passages of scripture to shut down your mouth from questioning, putting you in a place where all you can do is accept their interpretation of the world... These prophets thrive on partial truths and have scientific schizophrenia, rejecting some science but accepting the parts they like.

KII, describing the talents of persuasive religious leaders

“Sophisticated Hesitancy” Among the Catholic Church in Kenya

- The Kenyan Catholic Doctors Association and other researchers have published several accepted (and later retracted) papers alleging Human Chorionic Gonadotropin (HCG) was included within tetanus toxoid vaccines in peer-reviewed journals
- This added scientific gravitas to long-simmering allegations by the Catholic Church in Kenya alleging that vaccines were being used for population control
- The same author group has launched the **new** International Journal of Vaccine Theory, Practice, and Research, “which is notable for its lack of expertise in immunization, vaccines, infectious diseases,” but risks providing a sheen of scientific credibility ^{KII}

Polio Vaccine



- **Pakistan:** Religious-linked concerns a major barrier to immunization^{52,69}
 - Concerns that vaccines include non-halal ingredients⁵³
 - Fear of Western plot to sterilize Muslims following Bin Laden Hepatitis B episode⁴³
 - Multiple studies cite fear that it is part of a plan to reduce Muslim population^{43,69}



- **Nigeria:** Polio vaccine rejection by religious and community leaders impaired coverage^{28,77}
 - *Boycott of 2003-2004 especially notable*^{28,32}



- **Kenya:** Catholic bishops called for boycott in 2015, citing safety concerns, which increased parental refusal⁷¹

Human Papillomavirus (HPV) Vaccine

- Studies in Brazil, Indonesia, and Tanzania show diverse results as to whether and how religion impacts the decision to accept or decline HPV vaccination^{35,37}
- The vaccine's link to sexual activity creates an additional layer of challenges for certain faiths/contexts
 - *Among Muslim communities globally,⁴¹ and in Kenya⁹⁵ and Malaysia¹⁰²*
 - *Among Catholic communities globally²⁵ and in Christian communities of Zambia,⁵⁵ Kenya, Ethiopia, and Uganda^{KII}*
- Reframing the HPV vaccine as a 'cancer preventing vaccine' with religious leaders increased uptake in some countries⁸⁴

COVID-19 Vaccine: Hesitancy Challenges

- Emerging World Vision research in six countries show that endorsement of the COVID-19 vaccine by faith leaders will be critical to vaccine acceptance ^{109,110}
- Social media creating lightning fast sharing of rumors/disinformation via YouTube and WhatsApp – “vaccine hesitancy is being exported from the West” (KII)
- India & Kenya: Initial reported hesitance among health workers to receive vaccine
- Nigeria: Most conspiracy theories around vaccine coming from the South; some Pentecostal Christian leaders have called the pandemic a farce and perpetuated 5G vaccine rumors (KII)
- Global /national faith communities at the forefront for calls on vaccine equity

In Their Words (KII)s: Faith and the COVID-19 Vaccination

“If the Islamic leaders do not make a clear statement and directive on COVID-19 vaccine uptake and take the porcine gelatin issue head on, and clear the path, then you will see mass rejections of the vaccines.”

“When we are in the field, we hear statements such as, ‘This is the disease that has come to punish sinners. This is a disease from the mzungu (white man). The vaccines may contain elements for family planning.’”

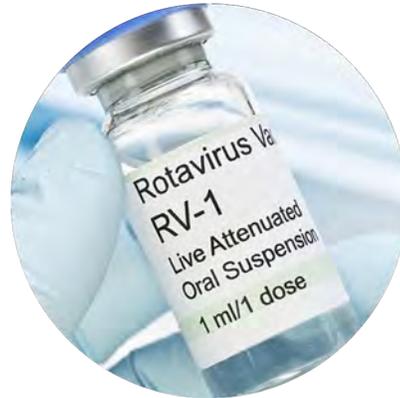
“COVID vaccination is causing anxiety that may play into or exacerbate already existing misinformation and fears about vaccination in general...(we fear) it will run roughshod over years of faith engagement work.”

Other Specific Vaccines with Faith-Based Objectors



MMR

- Indonesia^{24,42}
- Sudan⁸⁶



ROTAVIRUS

- Indonesia⁸⁰
- Zambia⁹⁷



CHOLERA

- Zambia⁸³



PERTUSSIS

- Northern Nigeria^{2,4}

Evidence-Based Recommendations: Immunization and Faith Actors

- Most interventions involved engaging religious leaders and the local community in dialogue based interventions⁴⁹
- Engaging religious leaders and church structures in social mobilization and advocacy ^{11,19, 23,41,74,78,97}

“Historically, there is a lot of big generalized talk about wouldn’t it be good to get more local faith actors involved in immunization. But there is not much specifically useful on how to do this, how to analyze situations in a way that will allow for...full and appropriate engagement of faith actors.” - KII

Evidence-Based Recommendations: Immunization and Faith Actors

- Most effective when part of a multi-pronged strategy, including targeting and increased service delivery availability⁴⁹
- Use of church structures, faith-based health facilities, and rituals for vaccination point, including in humanitarian settings^{55,64,72}
- FBOs should be engaged in the rollout of **new vaccines** (such as COVID-19)^{17, 30, 104}
- Addressing religious concerns to vaccines through theological analyses, dialogue, and sensitivity, as well as understanding alternatives among available vaccines^{14,17,79}
- Communicating effectively on concerns of halal status of vaccines^{4,51}

Implementation: Current & Recently Ended Projects

- **36 total projects:** 17 current projects + 19 recently ended within the past 5 years
 - 33% of projects globally or multi-country focused
 - 83% of country-specific projects focused in Sub-Saharan Africa
 - Multiple projects in Ethiopia, Kenya, Somalia, Nigeria, and Sierra Leone
- **Focus:** Most programs engage religious leaders to promote vaccine uptake through social and behavioral change communication (SBC)

See **ANNEX 06** for a list of current and recent projects focused on faith engagement and immunization

The Importance of Listening

“Don’t ignore other people’s suspicions, pain, fears, worries – you cannot ignore them away by mentioning big medical jargon and statistics and epidemiology. People from the community have big reasons to distrust the government (and the vaccines they are promoting). If you ignore, you won’t make any progress.”

“When the big Ebola outbreak going on, initially it was framed as a health issue. The community-including faith leaders- was viewed as a channel for top down communication. It didn’t work, it didn’t change the situation. **When the community was taken seriously and when their voices were invited**, both to hear the concerns and also to craft strategies, that’s when things turned around.”

“ (Speaking to an immunization advisor, she said): **‘one mistake I will never make again is to give a rational response to an irrational fear.’** If the origin of the fear is not going to be satisfied by science, it’s really about something else. No matter how much science you infuse in your response, it’s not addressing the basis of the fear.”



SECTION 03

Summary of Evidence and Current Research Gaps

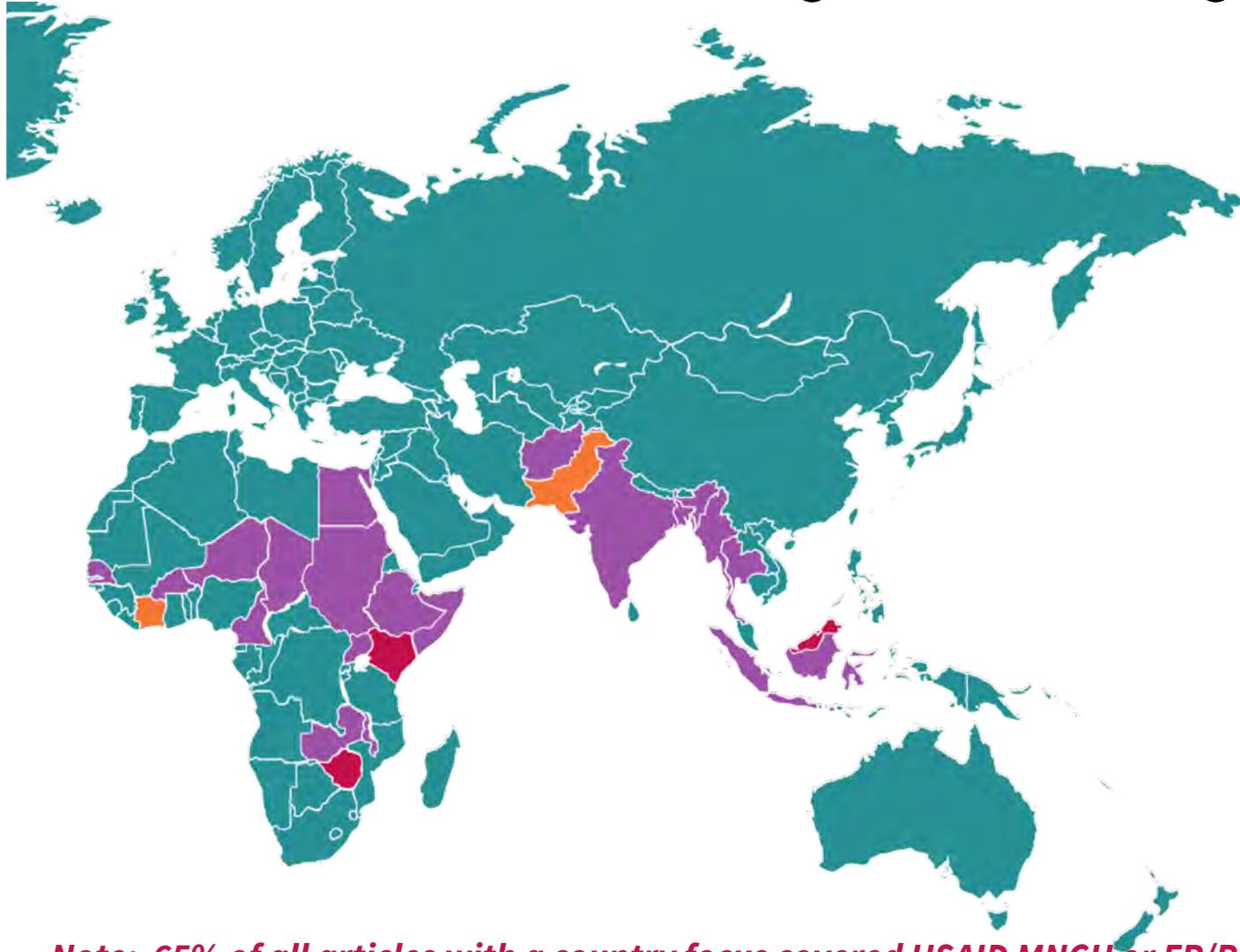
Photo: John Rivera/IMA World Health

Literature Review Findings (see **ANNEX 02** for additional findings)

As of Feb. 2021

 <p>TOPICAL FOCUS</p>	<ul style="list-style-type: none"> • Vaccine hesitancy-focused articles (60%) more frequent than general exploration of religious engagement and vaccines (36%) • Greater focus on campaign-based vaccinations and “hot buttons” (polio, COVID-19, HPV) compared to routine childhood immunization
 <p>TIME PERIOD</p>	<ul style="list-style-type: none"> • Published literature on the topic seems to be increasing, with 70% of resources provided in the past five years of the review
 <p>RESOURCE TYPE</p>	<ul style="list-style-type: none"> • Peer reviewed (69%) vs. gray (31%) articles reviewed • Descriptive studies most popular, including mixed method, cross-sectional surveys, and qualitative studies • Discussion papers and commentaries also popular. • <i>Large quantity of news articles covering vaccine hesitancy (unreviewed)</i>
 <p>RELIGIONS COVERED</p>	<ul style="list-style-type: none"> • 42% of resources focused on multiple religions or general LFA engagement • Islam dominated the remaining single-religion focused studies, with 40% of all articles, followed by Christianity at 15% • 1 study each on Buddhism, traditional/folk religion, and Judaism

Literature Review Findings: Focal Regions and Countries



MAP KEY: GEOGRAPHIC DISTRIBUTION OF ARTICLES

NO. of ARTICLES

- 10 or more
- 5-9
- 1-4
- 0

- Global or multi-region articles (44%)
- Sub-Saharan Africa (34%)
- Southeast or South Asia (19%)

Note: 65% of all articles with a country focus covered USAID MNCH or FP/RH priority countries.

State of the Literature: Religion and Immunization

- **Though it is increasing**, there is still scant published evidence on the role of religion and religious actors on immunization²³
 - Most studies treat religion as a confounding variable, without a detailed examination of the nuanced impact or inter-related factors (social/political/economic) that impact immunization uptake^{23,74}

Box 1: Existing Faith Engagement and Immunization Literature Evidence Gaps^{74, KII}

- Lack of and low quality evidence on impact of religious leader engagement on uptake of vaccines^{22,74, 108}
- Few rigorous study designs, with a heavy focus on gray literature and commentary/discussion papers; few intervention studies – most promising practices are practice-based knowledge and do not always filter up^{KII}
- Heavily focused on polio vaccine hesitancy among Muslim populations (19% of all resources)^{KII}
- Focused on mainline religions; religions with relationships with Global North^{KII}
- Geographic gaps in Latin America and the Caribbean, North Africa, Asia Pacific, and Eastern Europe

State of the Literature: Vaccine Hesitancy and Faith Actors

- Most research on vaccine hesitancy has been conducted in high-income countries²²
- Tools to measure vaccine hesitancy are scarce, and none that exist have been validated in Africa²²
- Hesitancy literature heavily focuses on Muslim countries (*exception: Apostolic faiths within Zimbabwe*)
- Global vaccine hesitancy reviews provide shallow observations on the impact of religious actors
- **ANNEX 03** contains additional recommendations for future research and learning agenda questions on this topic

“Hesitance can be a dangerous assumption in low-resource settings.

The data is not always well-collected or nuanced, so we assume that there is resistance among mothers or communities (rather than probing other factors).”

- KII

Useful Information Sources to Consult

- **Additional future MCGL resources:**

- Phase II: Country case studies on faith engagement and immunization

- **ANNEX 07:** Bibliography
- Berkley Center [Religion and Immunization resources](#)
- CCIH [Christians and Immunization](#) web page
- JLI [Immunization Learning Hub](#)
- The Vaccine Confidence Project [Resource Library](#)
- Berkley Center/WFDD/JLI [Faith and COVID-19 Response Resource Platform](#)

CCIH

ABOUT US MAP MEMBERSHIP EVENTS RESOURCES

IMMUNIZATION

Immunization

Christians and Immunization: Christians and other faith communities are important drivers of immunization uptake. All major religions encourage health-seeking behavior and dispel myths and misconceptions. It is extremely rare for a religion to discourage protecting children and others with vaccination.

Christians and Immunization: Exploring Religious Objections | 2014 | This video features Dr. Richard

2020 Health Systems Initiative
Community Based Prevention and Care
Disability Inclusion

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About the Immunization Learning Hub

The Immunization Learning Hub completed it's work in 2014 led by Dr Jill Olivier.

Announcing JLI/SVRI Faith and GHV H Leadership Council

American Academy of Religion and INSPIRE - Decolonisation, Development and Faith Call for Submissions

BERKLEY CENTER for Religion, Peace & World Affairs
UNIVERSITY OF CALIFORNIA, BERKELEY

JOINT LEARNING INITIATIVE on FAITH & LOCAL COMMUNITIES

WORLD FAITH DEVELOPMENT DIALOGUE

Faith and COVID-19: Resource Repository

This is intended as a living document with up-to-date information. Information posted in the repository is not an endorsement by the organizers and does not necessarily reflect their ideas and opinions. The document aims to reflect diverse perspectives. The links highlighted in yellow

—A QUICK ANALYSIS GUIDE, PART 1: FOR HEALTH AND DEVELOPMENT ACTORS: Engaging faith actors in COVID-19 vaccine rollout—

COVID-19 vaccine rollout poses challenges. Systematic approaches to engaging faith actors proactively, fairly, equitably, and appropriately are critical. Immediate issues where religious actors play significant roles in many places include equity, logistics of delivery, and responding to fears and misinformation. Given wide religious diversity and dynamism, as well as the influence of context (social, economic, political, cultural, etc.), care is needed. Generic guidance can thus be misleading. Instead, you can use the following questions to help explore, for a given context, what, who, where, and how to work with faith actors on vaccines.

WHAT	WHO	WHERE	HOW
<ul style="list-style-type: none">• What specific needs are greatest for partnerships with faith actors (e.g., behavior change at scale, service delivery, community engagement)? What might be the greatest potential for impact, gaps, and blind spots?• What religious traditions are most active and influential in specific contexts? What is the majority and minority group divide, why are those divides in place, and are they relevant for vaccine targeting? Are there particular religious minorities that face special vulnerabilities or patterns of discrimination?• What communications channels are most actively used by religious communities?• What are your assumptions about the drivers of vaccine hesitancy? What are the known political, social, cultural, economic, and environmental drivers of vaccine hesitancy? What are the intersecting factors that influence these drivers (e.g., gender, age, ethnicity, race, ...)	<ul style="list-style-type: none">• Who are the acknowledged faith actors in a relevant context? What is understood/know about their levels of influence? How do the faith actors engage with each other? Are some faith actors dominant? Are some faith actors on the peripheries? Why?• Who are the faith actors involved in health? Do any faith actors have direct experience in vaccinations (anything from delivery to community engagement)? What about communications and messaging in other health crises (e.g., Ebola or HIV)?• How do the active religious communities relate to public health services? How do they relate to local WHO and UNICEF offices? What health services are linked to or managed by religious groups?• How does your organization relate to a religious or non-religious identity and affiliation? What is your direct experience with religious outreach and engagement? Are you aware of biases related to religious en-	<ul style="list-style-type: none">• What is the nature and geographic focus of your previous work in the country or region?• Is there an area where COVID-19 is most prevalent? What religious groups are represented in that area?• Are there areas where vulnerable populations are at risk? What religious groups are represented in those areas?• Where does your geographic experience overlap with your existing religious partnerships/affiliations? Where do you need to expand into new geographic regions to match your religious partnership/affiliations or vice versa?• Can you identify specific groups or communities where specific attention to vaccine equity and openness have priority? This might include schools, refugee settlements, specific minorities, women, or specific institutions such as care homes.	<ul style="list-style-type: none">• How would you approach an effort to establish partnerships built on mutual trust and a commitment to listening to faith voices with the key faith actors you have identified?• How can you avoid sub-contracting or instrumentalizing the faith partnerships?• How can you build on existing networks and partnerships, such as other relationships between faith actors and health authorities?• How can you reach out to sub-groups within faith communities, such as women's groups and youth groups?• How can you find common ground with faith actors to start a dialogue? What interests or links do you have in common? How can you appropriately and sensitively approach conversations, with the awareness that misconceptions and misunderstandings could do more harm?• How can you build technical/health



SECTION 04

Promising Practices and Actionable Recommendations

EXAMPLE

Promising Practices for Faith Engagement & Immunization (from KIIs)

- Use a “top” down approach with religious leaders in hierarchically-organized religions (such as Cambodia, Northern Nigeria) to cascade interventions and get buy-in for messaging in appropriate contexts
- Tap into umbrella inter-religious organizations when appropriate to create a clear and unified message of vaccine acceptance, such as engaging Religions for Peace faith councils, inter-religious councils
- Provide clear scientific information on the safety and efficacy of vaccines
 - Break down complex science into digestible pieces for the audience (faith leaders, families)
 - ...But don't assume that religious leaders are ignorant on health or vaccine issues: Religious leaders provide health services and “do development” on a daily basis in our communities, so meet them where they are ^{KII}
 - Be honest when vaccine science is evolving or there are open ended questions remaining
- Work with male decision makers in tandem with religious leaders and mothers:
 - Use Friday prayer meetings/male religious groups
 - Work with barbers or other places where men gather (Core Group Polio Project India)

EXAMPLE

Promising Practices for Faith Engagement & Immunization (from KIIs)

- Work with religious scholars to examine sacred text and use religious argumentation to promote vaccines
- Tap into health workers – who are members of congregations – to play a leadership role in immunization messaging, building on their esteem and trust in the community
- Work on global faith leader governance/accountability to ensure there is accountability for clergy in vaccine messaging (and education of clergy staff)
- Short, engaging WhatsApp videos are some of the most effective vehicles for sharing of vaccine messaging (good and bad!)
- Partner with faith entities over a period of time – “When we see what has gone well with faith engagement, it is that it goes well when it moves slowly!” ^{KII}

EXAMPLE

Actionable Recommendations (1/2)

Enhance coordination through USAID and with multi-laterals.

1. Engage offices in USAID that can effectively convene and reach multiple faith voices, such as USAID's Center for Faith-Based and Neighborhood Partnerships (FBNP) (in coordination with or under the auspice of the COVID taskforce); and see if there can be a cross-GH platform that draws in the various NPI and other MOMENTUM initiatives that work with FBOs.
2. Share the emerging information with WHO, World Bank, GAVI, UNICEF and others that are focusing on this; coordinate around emerging related strategies (e.g., local financing, local manufacturing) to assure faith leader engagement.

Stimulate research and adaptive learning based on prior work.

1. Support an interfaith research and development team, possibly in conjunction with Gates or Rockefeller to convene leaders and identify issues and messages.
2. Convene NGOs that have worked on this (e.g., Joint Learning Initiative, World Vision, Islamic Relief and others) to compare strategies and evidence.
3. Collaborate with networks of seminaries and theological institutions to engage scholars and thought leaders and develop curricula.

EXAMPLE

Actionable Recommendations (2/2)

USAID should foster national level development and resources to support MOH and LFA engagement, continuing the work of MOMENTUM and liaising with other initiatives as needed.

1. Complete deep dive case studies in diverse countries that have multiple faith groups and structures, with a focus on near term tools and information resources that can be implemented; identify and assess strategies of formal faith structures (e.g., hierarchical structures) and interfaith networks (e.g., interreligious councils).
2. Create and share a simple tool or short resource package to help MOHs engage faith leaders and FBOs
3. Create a policy brief based on findings that can be shared with all missions and MOH
4. Create new information tools, public talking points (e.g., "sermon guides") and web site content to provide facts and address religious concerns
5. Create a traditional and a social media strategy tailored to country contexts
6. Support translation of technical material into multiple languages and for multiple literacy levels



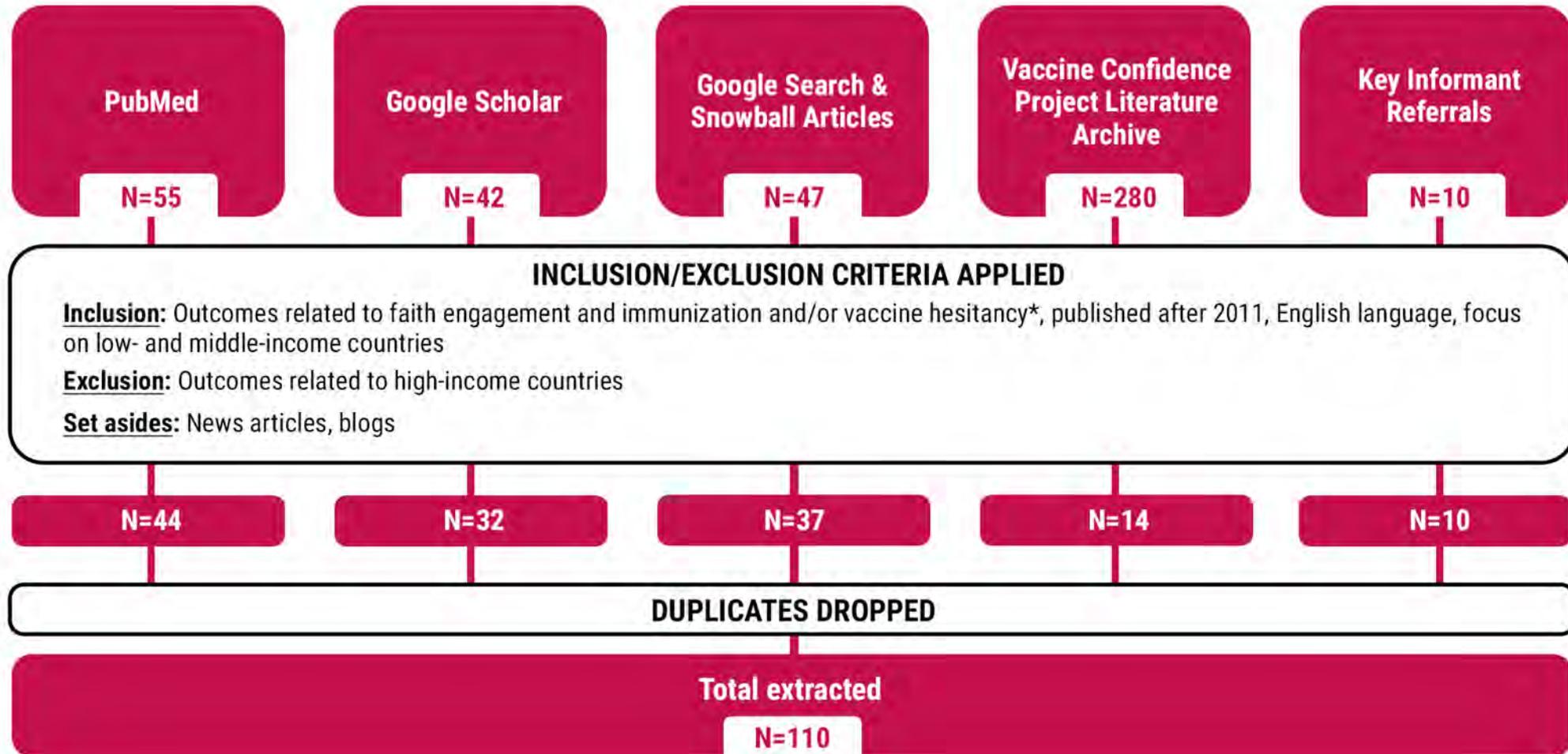
SECTION 05

Annexes

ANNEX 01

Methodology

Literature Review Search Strategy



*Search terms included vaccination/immunization/immunization & faith/faith-based/faith actors/religious leaders/mosque/church/temple/Christian/Islam/Hindu/Buddhism

Key Informant Interview List (Feb. – March 2021)

ORG.	LOCATION
Core Group Polio Project - Ethiopia	Ethiopia
Catholic Health Association	USA
UNICEF	USA
Core Group Polio Project - India	India
CDC	USA
USAID MOMENTUM Routine Immunization Transformation & Equity project	USA
World Vision	USA
International Vaccine Access Center	USA
WHO	Switzerland

Key Informant Interview List (Feb. – March 2021)

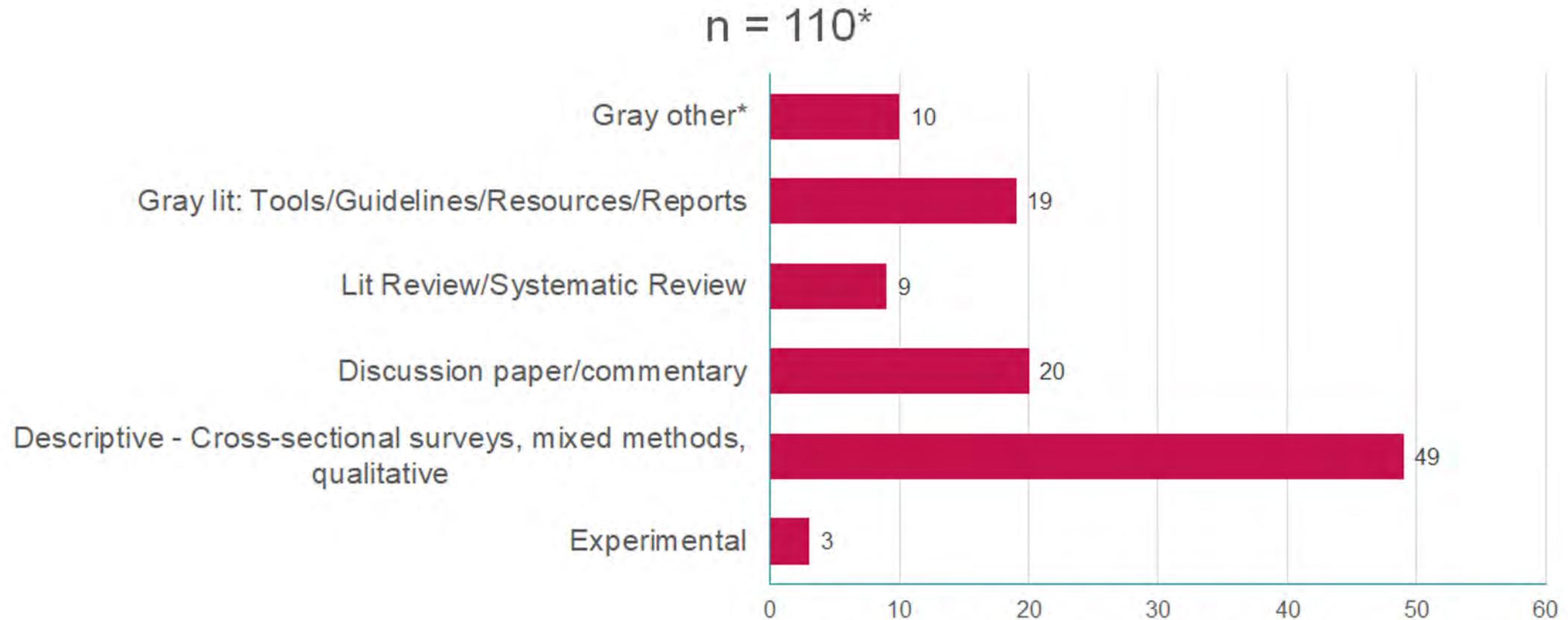
TITLE/ORG.	LOCATION
GAVI CSO Constituency/CSO Steering Committee	Switzerland
World Council of Churches (WCC)	Switzerland
Berkley Center for Religion, Peace & World Affairs/World Faiths Development Dialogue	USA
Johns Hopkins University, International Vaccine Access Center (IVAC)	Senegal
Faith to Action Network	Kenya
Core Group GHSA Project	Kenya
Anglican Alliance	UK
Joint Learning Initiative on Faith and Local Communities (JLI)	USA
USAID MOMENTUM Country & Global Leadership Project	USA

ANNEX 02

Additional Literature Review Findings

Literature Review Findings: Study Design/Doc Type

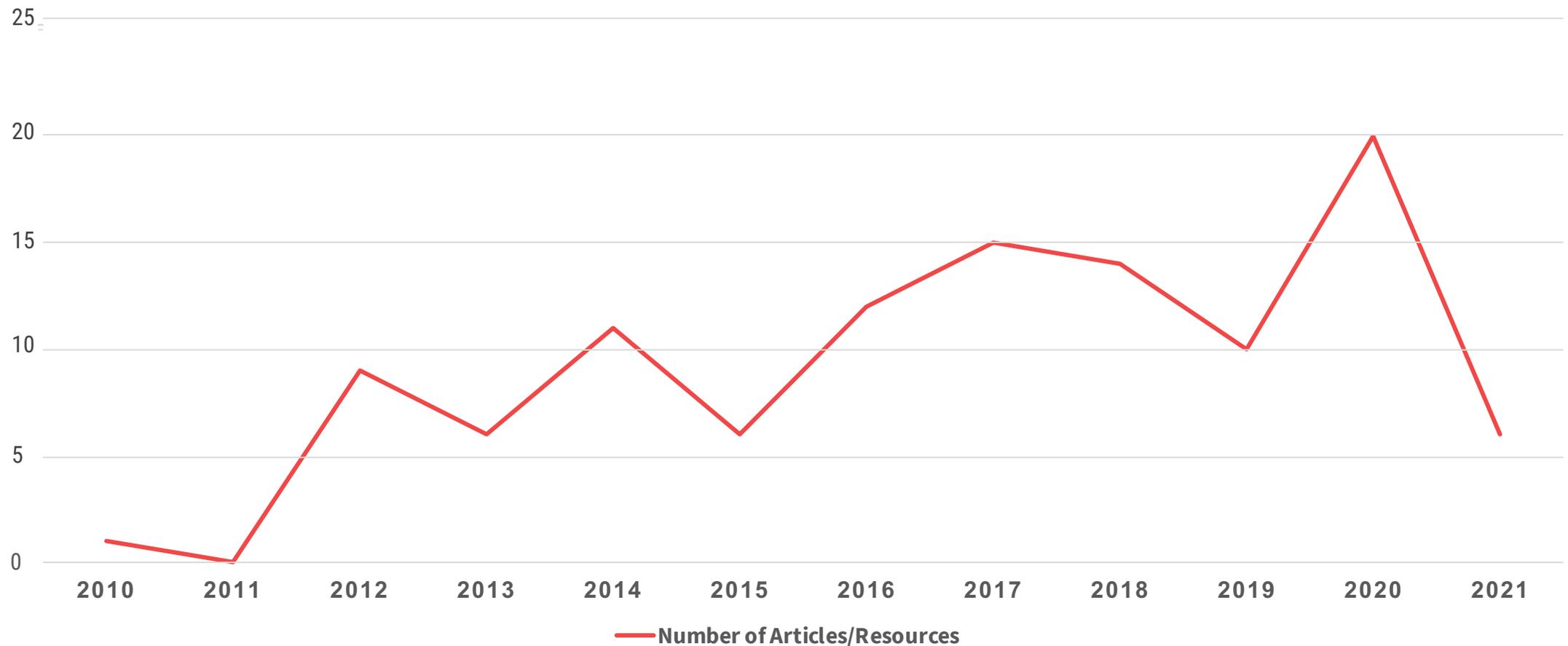
As of February 2021



Notes: *Such as evaluations, poster/oral presentations, book chapters, thesis, etc.

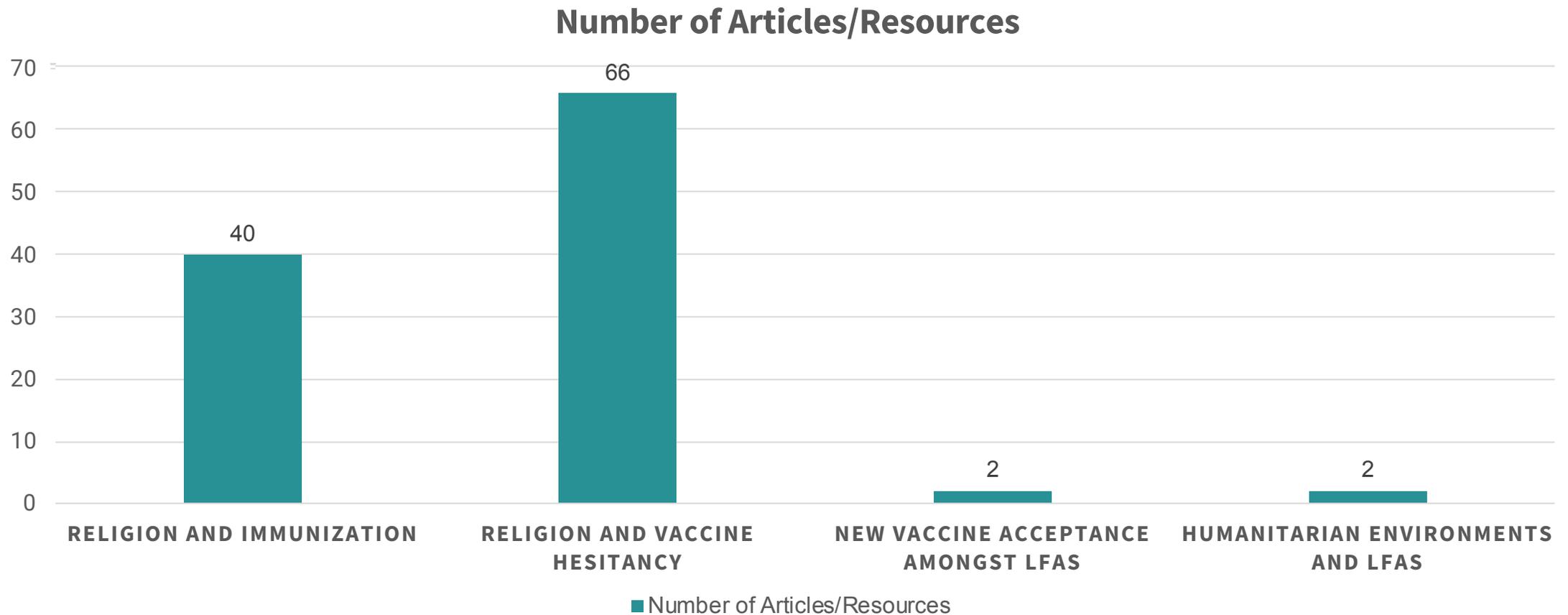
Literature Review Findings: Resources by Date of Publication

As of February 2021



Literature Review Findings: Area of Focus

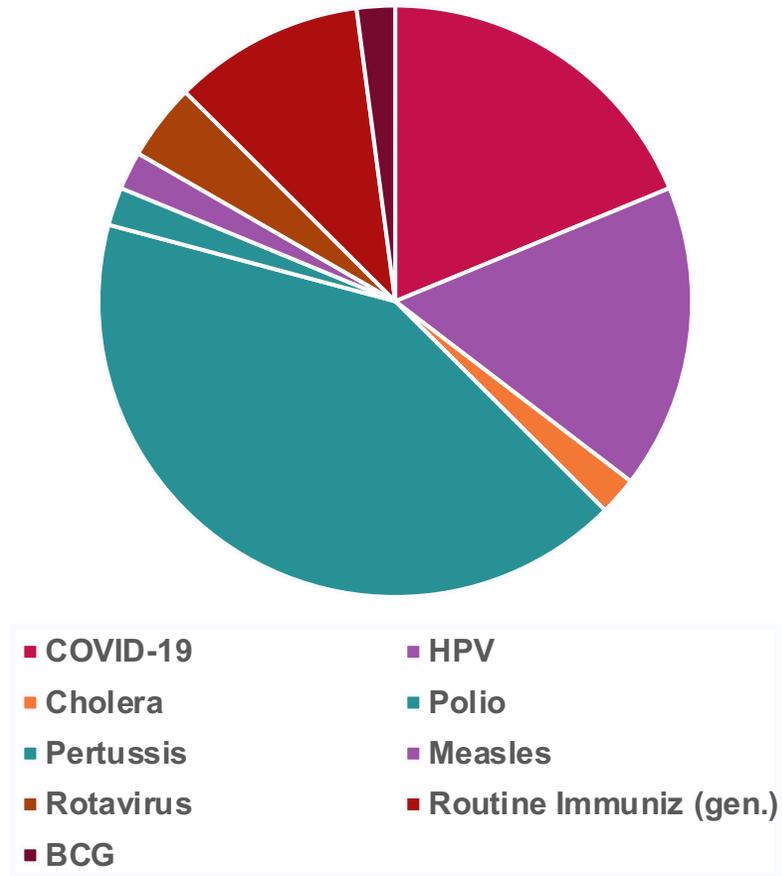
As of February 2021



Literature Review Findings: Vaccine Focus

As of February 2021

Type of Vaccine Covered*

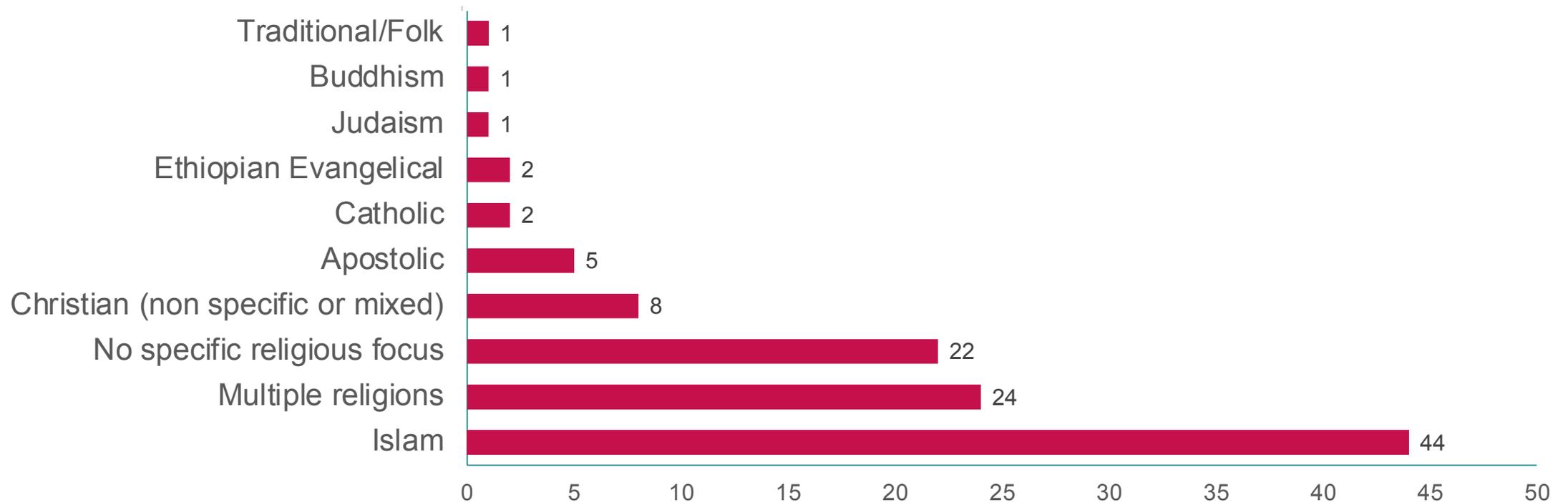


Notes: *Not all articles/resources focused on specific vaccines

Literature Review Findings: Breakdown of Religion

As of February 2021

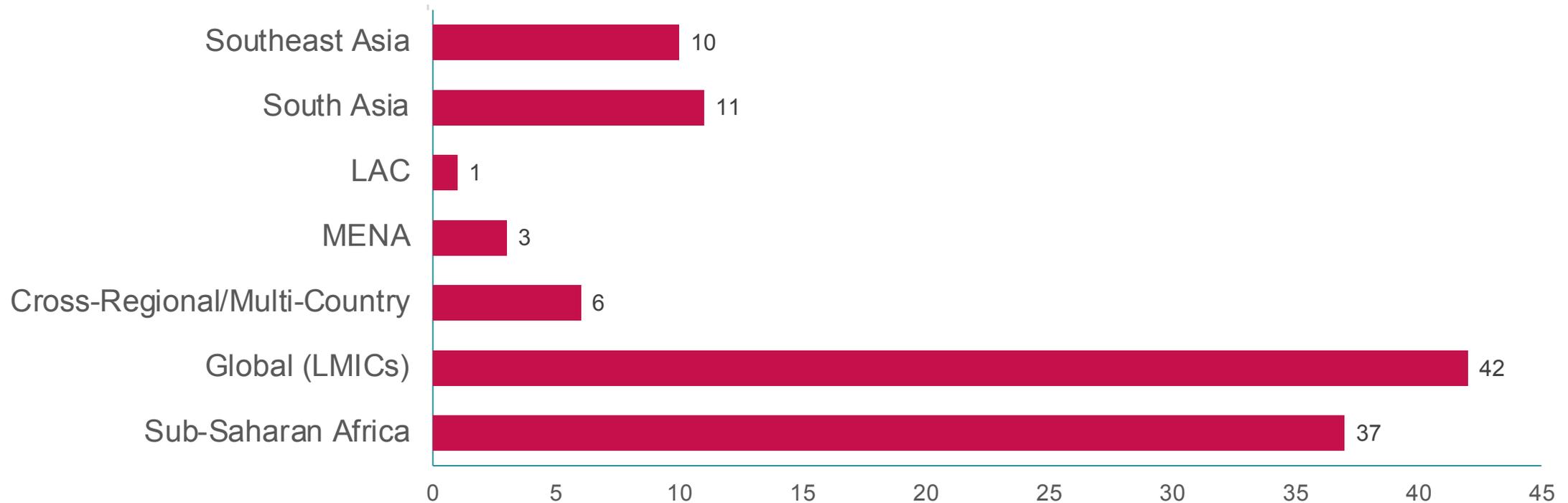
Breakdown of Religions
(n = 110)*



Literature Review Findings – Regional Breakdown

As of February 2021

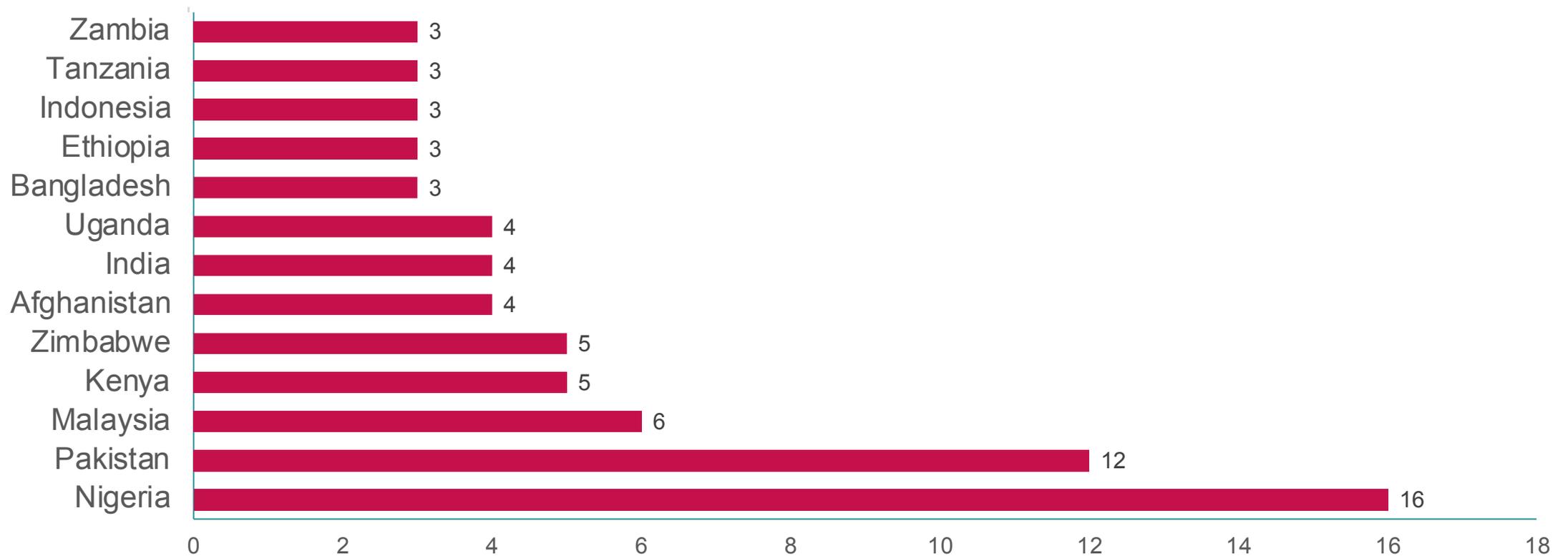
Breakdown of Regions Covered in Articles/Resources
(n = 110)*



Literature Review Findings: Top Focal Countries

As of February 2021

n = 110*



ANNEX 03

Evidence and Research Gaps: Recommendations for Future Learning

What We Found

“There is massive secular bias in development and diplomacy that says we don’t engage with this community (religious actors), until we know their worth.” - KII on “lack of evidence”

- Most **key informants** noted that a wealth of practice-based knowledge resides with local experts, and is not documented and shared globally
- Little public hard evidence of impact of faith engagement on immunization uptake and coverage
 - *When data was available, hard to determine relative contribution of faith given other factors*
- Many studies had weaker study designs, with few studies examining intervention effectiveness
- Little research on faith within fragile or conflict-affected settings outside of Pakistan and Nigeria
- Most research on Muslim countries; growing non-mainline religions under-represented

What We Found, cont.

- However, ***strong resources*** found in support of:
 - Value of religious engagement for immunization promotion and acceptance
 - Studies of vaccine hesitancy amongst Muslim leaders
 - Comparisons of immunization among different faiths within same countries
 - Reviews and discussion papers on the correlation between faith engagement and vaccine acceptance

Immunization and Faith Engagement: Knowledge Gaps

GENERAL

- Inter-relation between religion, immunization, and other socio-cultural, political, and economic factors²³
- Link between political polarization, religious extremism, and populism and vaccination beliefs²⁴
- Contribution and characteristics of immunization provision by faith-based providers/facilities⁷⁴
- Incorporation of religious leaders and FBOs within global immunization strategies, including Gavi and COVAX
- Engagement of religious scholars in immunization research

Immunization and Faith Engagement: Knowledge Gaps

VACCINE HESITANCY	<ul style="list-style-type: none">• To what extent vaccine hesitancy results from religious beliefs¹⁰⁷, especially amongst traditional/folk religions, Pentecostal faiths, un-networked religious groups (growing in LMICs)^{KII}• The impact of online global/high-income anti-vaccine sentiment on contributing to vaccine hesitancy amongst LFAs in LMICs• Ethics to produce halal vaccines en masse⁴
PROMISING PRACTICES	<ul style="list-style-type: none">• Models for engagement for LFAs in immunization interventions• Understanding the quality and nature of social mobilization with religious leaders• Exploring the most effective communication strategies for local faith actors

ANNEX 04

Specific Faiths and Vaccine Hesitancy Characteristics



Impact of faith actors and religious traditions on vaccine hesitancy

Faith in Focus: Vaccination and Islam

31.4% of the global population, 2.2 billion people

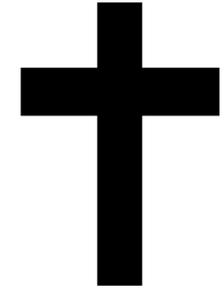
- Theology generally supports immunization^{4,5,26,82}
- However, Islamic law (hukm) prohibits the use of medicines or ingredients from haram sources (such as from porcine sources)^{4,79,82}
 - Exceptions made for “law of necessity” when no Halal alternative available
- Multiple studies demonstrate lower associated coverage of immunization amongst Muslim populations^{4,9,22,23,42}
 - *Exceptions: Saudi Arabia, Niger, Bangladesh, and Malaysia*
- Muslim religious leaders are especially influential in impacting vaccine uptake and hesitancy^{69,80}

Largest Muslim Populations among USAID Priority Countries	
	Estimated Pop. (Millions/% population)
Indonesia	209.1M/77.4%
India	176.2M/14.4%
Pakistan	167.4M/96.4%
Bangladesh	134.4M/90.4%
Nigeria	77.3M/48.8%

Islam and Vaccine Hesitancy: Indonesia



Indonesia witnessed a large drop in vaccine confidence between 2015 and 2019, partly triggered by Muslim leaders questioning the safety of the measles, mumps, and rubella (MMR) vaccine, and ultimately issuing a fatwa—a religious ruling—claiming that the vaccine was haram and contained ingredients derived from pigs and thus not acceptable for Muslims²⁴



Faith in Focus: Vaccination and Christianity*

31.4% of the global population, 2.2 billion people

- Most Christian denominations have no scriptural or canonical objection to the use of vaccines or immune globulins per se (*exception: Roman Catholic fetal cell objections, see next slide*)³⁴
- Immunization advocacy can form the basis of Christian service to humanity (*being one's brother's keeper*)
- Protestantism accentuates individual freedom and gives parents the right to decide whether to vaccinate their children⁸²

Largest Christian Populations among USAID Priority FP/RH and MCH Countries	
	Estimated Pop. (Millions/% population)
Philippines	92.6M/86.4%
Nigeria	78M/49.3%
DRC	63.2M/95.8%
Ethiopia	52.1M/62.8%

*These include Roman Catholicism, Eastern Orthodox and Oriental Orthodox Churches, Amish, Anglican, Baptist, the Church of Jesus Christ of Latter-day Saints (LDS), Congregational, Episcopalian, Lutheran, Methodist (including African Methodist Episcopal), Pentecostal, Presbyterian, and Seventh-Day Adventist Church.



Faith in Focus: Vaccination and Catholicism

16% of the global population, 1.1 billion people (USAID priority countries: DRC and Philippines the largest)

- The Catechism of the Catholic Church does not cover the topic of vaccination directly, though several canons are consulted in support of vaccination⁸²
- In general*, Catholic communities achieve higher immunization uptake and coverage compared to other Christian and Muslim denominations and have more positive attitudes toward vaccination^{62,87}
- **Vaccine hesitancy***: Concern about fetal origins of some cell lines used to manufacture certain types of viral vaccines (including rubella, hepatitis, chickenpox, smallpox, polio, new J&J COVID-19 vaccine)⁸²
 - In case where no alternate available, the use of existing vaccine is morally acceptable to avoid serious risks for children and pregnant women (“passive cooperation”)
 - Notable examples of vaccine hesitance include Kenya (2014) where Catholic bishops claimed the tetanus vaccine administered to women was laced with HCG – this contributed to a later polio vaccine boycott in 2015⁷¹



Faith in Focus: Vaccination and Hinduism

15% of the global population, 1.2 billion people

- Hindus advocate non-violence (ahimsa) and respect for life, because divinity is believed to permeate all beings
- Hindus venerate the cow, and some Hindus embrace vegetarianism to respect higher forms of life
- **Vaccine hesitancy:** No notable contemporary Hindu concerns with trace bovine components of some vaccines ³⁴

<i>Largest Hindu Populations in USAID Priority MNCH and FP/RH Countries</i>	
	Estimated Pop. (Millions/% population)
India	938M/79.5%
Nepal	24.1M/80.7%
Bangladesh	12.7M/8.5%
Indonesia	4M/1.7%
Pakistan	3.3M/1.9%

Faith in Focus: Vaccination and Jainism

.05% of the global population, 4.2M people

- Espouse a path of non-violence to all living beings, including microorganisms
- **Vaccine hesitancy:** Jains do allow use of vaccination and antibiotics, with regret, as necessary to protect other lives
- Jains may benefit from framing of vaccination as addressing more serious diseases to rationalize killing microorganisms during vaccine production³⁴
- Most of the estimated 4.2M Jains live in India, with a small population in Kenya



Faith in Focus: Vaccination and Buddhism

7.1% of the global population, 488 million people

- Buddhism generally prohibits killing of humans and animals^{34,82}
- However, modern Buddhists will generally use vaccines to protect their health^{34,82}
 - Believe that preventing vaccines prevents disharmony in the body³⁴
- **Vaccine hesitancy:** Mixed study findings in terms of vaccine acceptability in Thailand ^{25,62}

<i>Largest Buddhist Populations in USAID Priority FP/RH and MCH Countries</i>		
		Estimated Pop. (Millions/% of overall population)
	India	38.4M/80.1%
	Nepal	9.3M/0.8%
	Bangladesh	2.3M/9%



Faith in Focus: Vaccination and Traditional/Folk Religions*

6% of the global population, 405 million people

- Very few studies have focused on traditional or folk religions
- Literature review found traditional or folk religions had a no consistent effect²³ or negative effect on vaccine uptake and acceptability in Burkina Faso and Uganda^{60,87}

<i>Largest Traditional/Folk Populations in USAID Priority MNCH and FP/RH Countries</i>	
	Estimated Pop. (Millions/% population)
India	5.9M/.5%
South Sudan	3.3M/33%
Myanmar	2.8M/5.8%
Nigeria	2.3M/11.8%

**Difficult to quantify, folk or traditional religions are closely associated with a particular group of people, ethnicity or tribe. They often rely on oral tradition and lack sacred texts.*



Faith in Focus: Vaccines and Judaism

.2% of the global population, 15 million people

- In general, religious scholars support immunization^{34,36,82}
 - Judaic principles emphasize the community benefits of disease over individual preference, based on scriptures such as Leviticus 19:16 that counsel not to stand idly by while a neighbor is in trouble
 - Multiple Jewish authorities agree that limitations on medications with porcine components are only an issue with oral administration, not products given by injection³⁴
- Some ultra-orthodox communities in high-income countries have refused immunization, contributing to transnational measles and mumps outbreaks
 - *More likely to cite concerns about vaccine safety than to invoke specific religious doctrine*
- **No large Jewish populations in USAID MNCH and FP/RH priority countries**

ANNEX 05

Current and Recent Faith and Immunization Projects



Gavi Faith Actor Engagement Efforts

- **Current:** Gavi pushing to engage Civil Society Organization (CSO) Steering Committee to include more FBOs in contributing to new 2021-2025 strategic plan, focused on reaching the most vulnerable and zero-dose children
- **Previously:**
 - Invested heavily in CSOs and FBOs through 24-country CSO immunization platforms through Catholic Relief Services (CRS)-led initiative (2011-2018)¹⁹
 - Partnered with Muslim Aid in Pakistan for social mobilization
 - Received donations from Catholic Church and Latter-Day Saints

FAITH ENGAGEMENT & IMMUNIZATION PROJECTS

Current Projects

Years	Location	Project Name	Topic	Description	Focal Vaccine(s)	Lead	Partners	Donor	Link(s)
2020-present	Global - USAID priority countries	MOMENTUM Routine Immunization Transformation and Equity (MRITE)	Social mobilization of faith leaders, vaccine hesitancy	MOMENTUM Routine Immunization Transformation and Equity focuses on the sustainable strengthening of routine immunization programs to overcome the obstacles contributing to declining immunization rates and address the barriers to reaching zero-dose and under-immunized children with life-saving vaccines and other health services. This includes strengthening the capacity of local organizations and faith-based organizations.	Routine immunization	JSI	PATH, Accenture Development Partnerships, Results for Development, Gobe Group, CORE Group, The Manoff Group	USAID	https://usaidmomentum.org/wp-content/uploads/2020/12/project-fact-sheet-MRITE-2021-1-4-508.pdf
2013-present	Global - with focus on 8 countries in Africa	International HPV Vaccination Introduction and Equity	New vaccine introduction, faith actor engagement for immunization	JSI provides technical assistance to countries rolling out the HPV vaccine, including how to effectively engage religious leaders in countries where there may be hesitance and misinformation surrounding the vaccine, such as in Niger.	HPV	JSI		Gavi	https://www.jsi.com/global-human-papillomavirus-vaccine-introduction/
N/A - present	Global	Engaging faith leaders for vaccine uptake	Vaccine hesitancy	UNICEF works with a variety of local faith actors and religious communities to reduce vaccine hesitancy and promote vaccine uptake, such as within Nigeria, Pakistan, and Bangladesh.	N/A	UNICEF	FBOs and religious leaders	UNICEF	https://unfoundation.org/blog/post/innovation-in-action-fighting-polio-in-nigeria/
2020-present	Global - with pilot in South Africa, and studies in Bangladesh, India, Myanmar, Kenya, Tanzania, and DRC	Channels of Hope	New vaccine acceptance	World Vision is implementing multiple COVID-19 vaccine focused initiatives, including: <ul style="list-style-type: none"> • Conducting a barrier analysis in six LMICs on COVID-19 vaccine acceptance • Holding a weeklong prayer week in April for COVID 19 – with messaging on vaccine uptake for religious leaders • Piloting Channels of Hope for COVID-19 vaccine acceptance in South Africa • Using a 400,000 faith leader platform via WhatsApp to share COVID-19 vaccine messaging 	COVID-19	World Vision		Multiple	https://www.worldvision.org/about-us/media-center/faith-leaders-must-play-key-role-in-covid-19-vaccine-roll-out

FAITH ENGAGEMENT & IMMUNIZATION PROJECTS

Current Projects

Years	Location	Project Name	Topic	Description	Focal Vaccine(s)	Lead	Partners	Donor	Link(s)
2020-present	Global	Religious Responses to COVID-19 project	COVID-19 vaccine acceptance	Through a joint collaboration, Berkley Center, WFDD, and JLI are implementing the Faith and COVID-19 Response Resource Platform, which includes a Resource repository; multiple webinars and learning events; and tools, such as the recent Faith and COVID-19 Vaccines Analysis Matrix.	COVID-19	Berkley Center for Religion, Peace & World Affairs	World Faiths Development Dialogue, Joint Learning Initiative for Faith & Local Communities	Multiple	https://docs.google.com/document/d/1DjXl1bLzO_SxcBThhBgf7kBg3KFc992bO2ECdLIAhoA/edit ; https://jliflc.com/resources/faith-and-covid-19-vaccines-analysis-matrix/
2020-present	Uganda - Lango Region	RHITES-Lango Religious Leader Engagement	Faith leader engagement in immunization and MNCH care	Through the USAID RHITES-North, Lango project that built the skills of Ugandan faith leaders to facilitate dialogues to reduce social and cultural barriers to improving health. The 20 trained leaders, who represented five religious denominations, engaged their members through more than 60 structures, including women's, youth, and community outreach groups. Fora included Bible study meetings, couple and family counseling sessions, and sermons.	Routine immunization	JSI	Another Option	USAID	https://docs.google.com/document/d/1Inyl4E1D-1t9e9zVpb3lsQQbZMfnYBckv6d0esxFLG0/edit ; https://www.jsi.com/engaging-faith-leaders-for-healthy-families-and-communities-in-uganda/
2018-present	Global	Faith and Community Initiative	New vaccine acceptance (COVID-19)	PEPFAR has pivoted its faith leader engagement in HIV work under the Faith and Community Initiative to include COVID-19 response support. The FCI has developed the Messages of Hope on COVID-19, sermon guides, WhatsApp messaging. This includes messaging and approaches for supporting COVID-19 vaccines, building on PEPFAR's lessons learned from more than 15 years' of faith leader engagement in HIV response.	COVID-19	PEPFAR	Multiple implementing partners	PEPFAR (CDC, USAID main donors)	https://www.faithandcommunityinitiative.org/

FAITH ENGAGEMENT & IMMUNIZATION PROJECTS

Current Projects

Years	Location	Project Name	Topic	Description	Focal Vaccine(s)	Lead	Partners	Donor	Link(s)
2020-present	Global	Global Multi-Religious Faith-in-Action COVID-19 Initiative	New vaccine acceptance	This global partnership commits to strengthening multi-religious action and community mobilization, in countering the COVID-19 pandemic, including promoting equitable access to COVID-19 vaccines and uptake of them.	COVID-19	Global Partnership on Faith and Positive Change for Children, Families and Communities	Religions for Peace's Interreligious Councils; interfaith youth and women's networks, with the Joint Learning Initiative of Local Faith Communities (JLI)	UNICEF	https://jliflc.com/2020/04/launch-of-global-multi-religious-faith-in-action-covid-19-initiative/
2001-present	Ethiopia	Core Group Polio Project - Ethiopia	Vaccine promotion and social mobilization	The CGPP focuses on preventing polio through assistance to large-scale vaccination campaigns (SIAs), strengthening immunization systems, and community-based surveillance. The project integrates COVID-19 awareness (at no cost) and community-based surveillance for three priority zoonotic diseases – rabies, anthrax, and brucellosis – to strengthen Global Health Security. As part of this work, CGPP works closely with and engages FBOs and religious leaders as part of vaccine promotion and surveillance.	Polio, routine immunization	Core Group	Consortium of Christian Relief and Development Associations (CCRDA) (lead/secretariat)	USAID	https://coregroup.org/cgp-p-ethiopia/

FAITH ENGAGEMENT & IMMUNIZATION PROJECTS

Current Projects

Years	Location	Project Name	Topic	Description	Focal Vaccine(s)	Lead	Partners	Donor	Link(s)
2014-present	Kenya, Somalia	Core Group Polio Project - Horn of Africa	Vaccine promotion and social mobilization, disease surveillance	CGPP Horn of Africa (Kenya and Somalia) supports interventions to strengthen immunization systems to achieve polio eradication and enhance population immunity among the special populations of nomadic pastoralists, Internally Displaced Persons (IDPs), and hard-to-reach communities along the Kenya-Somalia borders through targeted, integrated immunization and surveillance outreaches.	Polio, routine immunization, COVID-19	Core Group	Secretariat: American Refugee Committee (ARC)/Alight	USAID	https://coregroup.org/cgp-p-kenya-and-somalia/#:~:text=The%20project%20supports%2097%20border,border%20health%20facilities%20in%20Somalia.&text=The%20project%20incorporates%20COVID%2D19,both%20countries%20from%20the%20pandemic.
2019-present	Kenya, Somalia, Nigeria	Core Group Polio Project - Global Health Security Project	New vaccine acceptance, disease surveillance	Working with other CGPP entities, enhancing community surveillance and vaccine promotion with community and faith leaders for leading infectious diseases, including COVID-19.	COVID-19	Core Group	Multiple partner organizations	USAID	https://coregroup.org/our-work/programs/core-group-polio-project/
1999-present	India	Core Group Polio Project - India	Social mobilization	The project maintains population immunity against polio and promotes high routine immunization coverage through social mobilization (SMNet) for polio and other vaccine-preventable diseases like measles. The project engages Muslim, Hindu, and other faith leaders to promote vaccination uptake and coverage.	Polio, routine immunization	Core Group	Secretariat: PCI	USAID	https://coregroup.org/cgp-p-india/
2015-present	South Sudan – Jonglei and Unity States	Core Group Polio Project – South Sudan	Faith leader engagement for disease surveillance	Working with the MOH, CGPP established a community surveillance system which used trusted community informants (many of whom were faith leaders) to sensitize communities and detect/report suspected polio cases, as well as provide information about polio vaccination. This has been expanded to include measles, Ebola, and COVID-19	Polio, measles, COVID-19	Core Group	World Vision	USAID	https://coregroup.org/cgp-p-south-sudan/

FAITH ENGAGEMENT & IMMUNIZATION PROJECTS

Current Projects

Years	Location	Project Name	Topic	Description	Focal Vaccine(s)	Lead	Partners	Donor	Link(s)
2020-Present	Ghana	Life course vaccination	Engaging faith leaders for immunization promotion	JSI used human-centered design and co-creation with mothers, babies, school heads, faith leaders to explore how they could support demand and use of vaccination in the second year of life. Based on the findings, JSI designed and tested activities to boost demand and use, including engagement of faith leaders and community leaders.	Routine immunization	JSI	UNICEF	CDC, Bill & Melinda Gates Foundation	https://www.jsi.com/journey-to-vaccines-for-all-a-virtual-view-of-strengthening-routine-immunization/
2018-present	Nigeria - Kebbi State	Immunization Reminder & Information SMS System (IRISS)	Religious leader engagement in immunization	SMS reminder project to improve immunization uptake in Kebbi State (Northern Nigeria). SMS reminders and tracking for routine immunization. One of the approaches was to have parents register into the platform as well as register RL into platform so that we could send them SMS messages to disseminate to their congregation. Used government to train the religious leaders in SMS and SBC for immunization.	Routine immuniz.	International Vaccine Access Center/Direct Consulting and Logistics (DCL) Nigeria		Bill & Melinda Gates Foundation	https://www.jhsph.edu/ivac/wp-content/uploads/2018/03/IRISS-One-Pager-Briefer_CW-Feb-26-2018.pdf
2020-present	Sub-Saharan Africa - 32 countries	COVID-19 vaccination and faith-based healthcare workers	COVID-19 vaccine hesitancy, faith-based vaccine promotion	Through its 32 member Christian Health Association members, ACHAP is surveying health workers at faith-based health facilities to determine their attitudes toward the COVID-19 vaccine, and developing SBC approaches based upon the findings to encourage vaccination uptake by healthcare workers.	COVID-19	African Christian Health Associations Platform	N/A	N/A	https://africachap.org/covid-19/
2020-present	Global	Advocacy for COVID-19 Vaccine Equity	Vaccine advocacy	Advocating for just and equitable distribution of COVID-19 vaccines.	COVID-19	World Council of Churches	34 FBOs	Unk.	https://www.oikoumene.org/resources/documents/christian-health-networks-appeal-for-global-equity-and-solidarity-in-access-to-covid-19-vaccines

Recently-Ended Projects

Years	Location	Project Name	Topic	Description	Focal Vaccine(s)	Lead	Partners	Donor	Link(s)
2016-2017	India	Routine immunization support in India project	Faith engagement and immunization	JSI provided technical assistance to the Ministry of Health and Family Welfare (MoHFW) to Frequently Asked Questions on Immunization: For Religious Leaders, Media Persons, CSOs, Influencers & Other Stakeholders.	Routine immunization	JSI	MoHFW	Gavi	https://publications.jsi.com/JSIInternet/Inc/Commo n/ download pub.cfm?id=19377&lid=3 https://publications.jsi.com/JSIInternet/Inc/Commo n/ download pub.cfm?id=18221&lid=3
2015-2017	India	Rotavirus Introduction Project	Engaging faith leaders in new vaccine introduction	JSI has provided technical support for rotavirus vaccine introduction in nine states. JSI provides technical support to national and state teams on all aspects of rotavirus vaccine introduction. This includes engaging religious leaders and communities to promote vaccine acceptance, such as the Buddhist community of Tripura who were historically vaccine hesitant.	Rotavirus	JSI	MoHFW	Bill & Melinda Gates Foundation	https://publications.jsi.com/JSIInternet/Inc/Commo n/ download pub.cfm?id=18221&lid=3
2015-2020	Global - USAID MCH and FP priority countries	Maternal and Child Survival Project (MSCP)	New vaccine introduction, routine immunization	Worked with national governments and civil society to strengthen immunization uptake and coverage through multiple strategies, including working with local faith actors to adopt evidence-based social and behavioral change approaches for vaccine promotion.	N/A	Jhpiego	Primary partners: Save the Children, JSI, ICF International, Results for Development Institute, PATH, PSI, and CORE Group;	USAID	https://www.mcsprogram.org/our-work/immunization-2-2/

Recently-Ended Projects

Years	Location	Project Name	Topic	Description	Focal Vaccine(s)	Lead	Partners	Donor	Link(s)
2015-16	Kenya - West Pokot and Isiolo Counties	Immunization	Vaccine hesitancy, faith engagement for immunization	World Vision uses the Channels of Hope program approach to engage Muslim and other religious leaders to promote the uptake of immunization and other health services. This prepares religious leaders to provide evidence-based and theologically-compelling SBC messaging. Channels of Hope Action teams promote social accountability for health and reinforce community messaging.	Routine immunization	World Vision	MOH	Pfizer Foundation	https://www.wvi.org/kenya/pfizer-supported-immunization-project
2019	Zimbabwe - Gokwe North and South Districts	Enhanced Life Course Immunization project	Vaccine hesitancy, faith engagement for immunization	World Vision uses the Channels of Hope for Immunization program model to engage with Apostolic church leaders. This programme catalyzes faith communities and individuals to act on their God-given responsibilities to honor, uphold and restore the dignity and value of every human being and to help ensure that even the most vulnerable experience fullness of life.		World Vision	MOH	Pfizer Foundation	https://www.wvi.org/stories/zimbabwe/improving-childrens-health-breaking-harmful-religious-practices
2018-2020	Eastern DRC	Ebola vaccine promotion	Vaccine hesitancy	More than 70 religious leaders had themselves publicly vaccinated in Mususa district to demonstrate by example that negative rumors about the vaccine were false. The Catholic bishops' Ebola-Free Families Campaign mobilized grassroots women's and youth groups in parishes to meet in neighbors' homes and talk through misunderstandings surrounding Ebola, the vaccine, as well as addressing the stigma faced by Ebola survivors. Muslim and Eglise de Réveil leaders undertook similar activities.	Ebola	Multiple FBOs	Tearfund, multiple FBOs and religious leaders (Catholic and Muslim)	Multiple	https://learn.tearfund.org/media/learn/resources/tools-and-guides/covid-19-tearfund-faith-response-to-covid-19-lessons-from-ebola-response-en.pdf

Recently-Ended Projects

Years	Location	Project Name	Topic	Description	Focal Vaccine(s)	Lead	Partners	Donor	Link(s)
2015-2018	Sierra Leone	Ebola Vaccine Deployment, Acceptance & Compliance (EboDAC) project	New vaccine acceptance	Worked on the ground in West Africa to build trust among communities for the vaccine and to dispel misconceptions about Ebola and about the vaccine itself. One of the project's most important products will be a platform, based on mobile phone technology, dedicated to Ebola vaccines.	Ebola	World Vision	EBODAC consortium	Innovative Medicines Initiative (IMI)	https://www.worldvision.org/about-us/media-center/world-vision-help-bring-community-education-understanding-major-ebola-vaccine; https://www.wvi.org/health/publication/ebodac-ebola-vaccine-trial-brochure
2011-2018	Global	Gavi CSO Country Platform Project	Local capacity building, local faith actor engagement in immunization	Since the start of the Gavi CSO Country Platform Project 24 national CSO platforms for immunization and health systems strengthening, and a francophone regional network have been established. This includes the engagement of FBOs who are involved in immunization promotion and service delivery.	N/A	CRS		Gavi	https://www.crs.org/sites/default/files/tools-research/promising_practices_a4_final_rev071119_online.pdf
2014-2016	Sierra Leone - Bo	Using Knowledge, Attitudes, and Practices surveys to inform social behavior change strategies	KAP survey, social mobilization of religious leaders	Recognizing that community members fears of Ebola BCG, polio were threatening immunization coverage (as mothers feared health workers were injecting their infants with Ebola), the Scaling up Nutrition and Immunization Civil Society Platform conducted a KAP survey within Bo. The findings were used to develop a multi-prong community SBC campaign that engaged cultural and religious influencers with the "No Touch" slogan, which was shared through mosques, churches, radio announcements, and community events.		Scaling up Nutrition and Immunization Civil Society Platform	Focus 1000, UNICEF, CRS, Kombra Media Network	CDC	http://focus1000.org/2020/11/22/ebola/; http://focus1000.org/

Recently-Ended Projects

Years	Location	Project Name	Topic	Description	Focal Vaccine(s)	Lead	Partners	Donor	Link(s)
2015-2016	Zambia - Lusaka District	HPV Project	Community SBC campaign, church group communication messaging and outreach	CHAZ implemented a multi-prong SBC campaign aimed at increasing coverage of HPV coverage (3 doses) of girls ages 9-11. One of the most popular slogans was 'Be a V.I.P. Girl,' which stands for Vaccinated, Immunized and Protected. 94 percent (14,345) eligible girls in Lusaka districts were vaccinated.	HPV	Churches Health Association of Zambia (CHAZ)	Susan G. Komen, the Ministry of Health's Child Health Unit, Lusaka District Health Office,	Susan G. Komen Foundation	
2015-2017	Kenya - Kajiado and Narok Counties	Immunization Sundays	Community sensitization of men and families on vaccination through CHVs and religious leaders; mobile vaccination provision after church services	The project addressed the challenge of under-immunization of children among Narok and Kajiado Counties, which are dominated by nomadic Maasai communities. Working with religious leader champions, HENNET and the MOH dispelled religious-based myths around vaccination and encouraged families to get their children vaccinated. Churches held Immunization Sundays, where immunizations were provided after church services by the MOH.	Routine immunization	Kenyan Health NGOs Network (HENNET)	MOH - Sub-County Health Management Team, churches, CRS	Gavi	
2013-2017	Nigeria - Borno, Yobe, Kaduna, Katsina, and Kano States in the North East and North West.	CORE Group Partners Project - Nigeria	Community surveillance, religious leader social mobilization, immunization service delivery	CGPP also works with religious leaders to promote vaccine uptake, incorporating immunization awareness/services associated with naming ceremonies, called "Suna."). The Iftar Intervention, which the CGPP piloted in Nigeria in 2017, engages non-compliant male household heads following evening prayer during Ramadan. During Iftar, the "breaking of the fast," religious leaders share strategic messages about the polio vaccine and engage in two-way communication to solicit questions and provide clarity about myths and misconceptions.	Polio	CORE Group Partners Project - Nigeria	CRS (secretariat), with IMC, Save the Children, and six local CBOs: Foundation.	USAID	https://coregroup.org/cgp-p-nigeria/

FAITH ENGAGEMENT & IMMUNIZATION PROJECTS

Recently-Ended Projects

Years	Location	Project Name	Topic	Description	Focal Vaccine(s)	Lead	Partners	Donor	Link(s)
2018	Pakistan - Khyber Pakhtunkhwa	Using religious scholars and texts to counter religion-based vaccine hesitancy	Faith engagement to address vaccine hesitancy	The Society provided translations of the Quran and materials on Hadith and Sunnah so that people could look through them and try to reconcile religious messages with messages on health and well-being. The team also presented fatwa by respected Muslim scholars, which widely agreed that vaccination was an important part of the parental responsibility to protect children. Imams also held Friday talks with men during mosque services.		Basic Integrated Rural Development Society		Unknown	
2014-present	Ethiopia	Churches engage as members of CSO platforms	Faith engagement in routine immunization	Local religious leaders are equipped with information on the importance of vaccinating children and pass on this information to their congregations during Sunday worship. local community health workers provide supplementary information on the importance of attending prenatal clinics.	Routine immunizations	Ethiopian Evangelical Church Mekane Yesus	Ethiopian Civil Society Health Forum	USAID, Gavi	
2016-2017	Sierra Leone	Religious leaders lead the development of behavior change messages, immunization advocacy	SBC with religious leaders, social mobilization for immunization, coordination for immunization, advocacy	Religious leaders worked to raise awareness on the importance of immunization across 14 districts, explaining how it helps to prevent illness and death. Imams and pastors sensitized communities through SBC and increased immunization coverage for National Immunization Day. Religious leaders created alliances with traditional healers and local leaders in order to confront community resistance.	Polio, routine immunization and	Focus 1000 Ministry of Health	CRS	Gavi	

Recently-Ended Projects

Years	Location	Project Name	Topic	Description	Focal Vaccine(s)	Lead	Partners	Donor	Link(s)
2015-2016	Ethiopia - Afar Regional State		Vaccine hesitancy, social mobilization, faith leader engagement	PATH provided advocacy and communication support to the Afar Regional Health Bureau to strengthen outreach to religious leaders followed by support to the Social Mobilization Committees (SMCs) at the district and kebele (village) level to plan, execute, and monitor immunization promotion activities. The project focused on five forums: schools, mosques, religious ceremonies, Women's Federation meetings, and market places in the Berhale and Yalo Districts.		PATH		Gavi	https://path.azureedge.net/media/documents/CVIA_ethiopia_rpt.pdf
2018	Nigeria - North		Vaccine hesitancy, faith engagement for immunization	NICEF has engaged 228 religious leaders in 11 northern Nigerian states, particularly in Muslim communities, to mobilize caregivers against social norms that prevent families from vaccinating their children. Muslim and Christian clerics deliver life-saving messages during sermons and other religious gatherings to dispel negative attitudes toward vaccinations and other health services	Polio	UNICEF		UNICEF	https://polioeradication.org/news-post/religious-leaders-fuelling-demand-for-polio-vaccines-and-health-services-in-nigeria/

ANNEX 06

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