



Policy Brief

PROMISING PRACTICES FOR ENGAGING LOCAL FAITH ACTORS TO PROMOTE UPTAKE OF COVID-19 VACCINATION

Lessons Learned from Four Countries:



Ghana



Indonesia



Sierra Leone



Uganda

INTRODUCTION

Engaged local faith actors (LFAs)¹ have long contributed to promoting and achieving increased immunization uptake, coverage, and equity within their communities.² Today, LFAs are vital contributors to the success of the largest global public health vaccination campaign of the past century. Despite crippling COVID-19 vaccination shortages in low- and middle-income countries (LMICs) to date, religious leaders have still drummed up vaccine enthusiasm and quelled their congregants' fears by being publicly vaccinated, issuing theological proclamations on COVID-19 vaccine acceptability, and working closely with Ministries of Health (MOH) to implement COVID-19 messaging campaigns.

Why Work with Local Faith Actors for COVID-19 Vaccination

-  Feature **high levels of trust** among communities
-  Typically **influential in household decision-making** and setting social norms
-  Possess the **infrastructure** to deliver vaccine messaging in a cost-effective manner
-  Often **passionate advocates** for the health of communities

¹ LFAs are defined as religious leaders, faith communities, and/or faith-based organizations working at the local level.

² Melillo, Sara, Doug Fountain, Mona Bormet, and Carolyn J. O'Brien. *Effects of Faith Actor Engagement in the Uptake and Coverage of Immunization in LMICs*. Washington, DC: USAID/USAID MOMENTUM Country and Global Leadership. 2021. https://usaidmomentum.org/wp-content/uploads/2021/07/Faith-Engagement-in-Immunization-Global-Landscape-Analysis-Evidence-Summary-Report-June-2021_Sec508comp-low.pdf

Yet LFAs in many highly-religious LMICs³ are being under-supported and under-utilized for COVID-19 vaccination promotion and delivery by MOH, donors, and partners. This represents a missed opportunity to increase demand for COVID-19 vaccines, as vaccine supply is projected to rapidly increase soon. The policy brief below summarizes findings from a July–August 2021 qualitative review of promising practices for engaging LFAs in promotion, scale-up, and delivery of COVID-19 immunization.

BACKGROUND AND METHODS

Despite their potential, there is still limited understanding of which interventions most effectively engage LFAs in the promotion of COVID-19 immunization. The U.S. Agency for International Development’s (USAID) MOMENTUM Country and Global Leadership conducted a deep dive qualitative research exercise to:

- Identify **actionable recommendations** for engaging LFAs in promoting the uptake and/or delivery of COVID-19 vaccination in USAID partner countries, building on USAID’s earlier global evidence summary on the [effects of faith actor engagement on the uptake and coverage of immunization in LMICs](#).
- Unearth **specific promising practices** and interventions for COVID-19 vaccine promotion that could be adapted in similar contexts.
- Advance **learning and evidence** around how vaccination programs can effectively work with faith-based organizations [FBOs] and religious leaders to address vaccine misinformation and promote vaccine uptake.

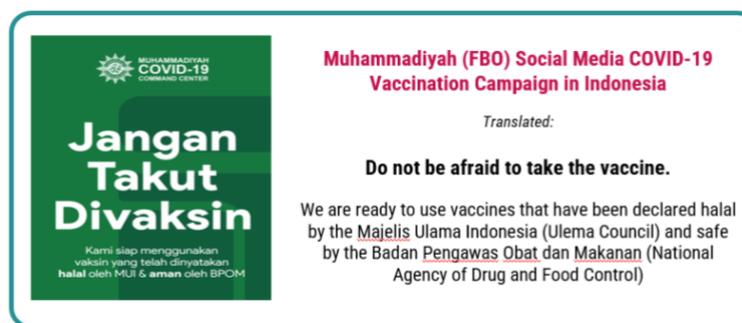
MOMENTUM applied four criteria (see **Figure 1**) to guide selection of four priority countries for this “deep dive” qualitative review; Ghana, Indonesia, Sierra Leone, and Uganda were selected.



In July 2021, we conducted a rapid informal desk review of peer-reviewed and gray literature on COVID-19 immunization in the four selected countries. MOMENTUM then conducted virtual semi-structured qualitative interviews with expert key informants drawn from 17 FBOs, government, and civil society organizations in the four countries to zero-in on lessons learned from past immunization campaigns and current COVID-19 immunization initiatives. We analyzed promising practices across countries to identify common recommendations for this policy brief and the accompanying report.

³ Defined as ranking in the top quarter of countries globally for reported weekly worship attendance and daily prayer (Pew Research Center, [The Changing Global Religious Landscape](#), April 5, 2017).

FIGURE 2: AN EXAMPLE OF AN FBO-LED MASS MEDIA AND SOCIAL MEDIA CAMPAIGN IN INDONESIA, WHICH REASSURES VIEWERS THAT COVID-19 VACCINATIONS ARE THEOLOGICALLY ACCEPTABLE. MORE THAN 100,000 PEOPLE WERE REACHED THROUGH DIFFERENT SOCIAL MEDIA PLATFORMS.



RESULTS AND PROMISING PRACTICES

The review found a range of 15 promising practices for engaging LFAs that may increase the acceptability, uptake, and coverage of COVID-19 in LMICs (see **Table 1**). While these promising practices were recommended by key informants as successful in the current COVID-19 context, few interventions, including those recommended below, have been formally evaluated or published within gray or peer-reviewed literature or more broadly disseminated to date. The evaluation of these practices may be an important next step in adding to the knowledge of what works to increase uptake of COVID-19 vaccination. Grouped in four major thematic buckets, these promising practices range from high-level governance approaches to grassroots-level community interventions. *It is important to underscore that all of these approaches require strong partnerships between global technical agencies and religious governance structures, MOHs, and national LFAs to be successful.*

TABLE 1: PROMISING PRACTICES FOR ENGAGING LFAs IN COVID-19 IMMUNIZATION

1	Engage in dialogue with religious leaders using traditional books/scripture , exploring the theological dimensions of specific antigens and linking COVID-19 interventions and vaccination to spiritual principles.	<ul style="list-style-type: none"> • <i>Ghana, Sierra Leone:</i> World Vision’s Channels of Hope COVID-19 modules provide a framework for engaging faith leaders and communities for COVID-19 vaccination, combining dialogue, analysis of religious texts, and exploring social norms to increase the adoption of vaccination. • <i>Ghana:</i> Muslim Family Counseling Services engaged in Quranic analysis and dialogue with imams to promote routine immunization, increasing uptake under a Gavi activity.
2	Where appropriate (i.e., countries with sizable populations following hierarchically-organized religions), attempt to secure a theological blessing from religious leaders on the acceptability of COVID-19 vaccines and publicize that endorsement.	<ul style="list-style-type: none"> • <i>Indonesia:</i> Ulema Council—the nation’s top body of Islamic scholars—declared the Sinovac COVID-19 vaccine halal in January 2021, paving the way for increased acceptability among the predominantly Muslim population. • <i>Uganda:</i> The December 2020 Vatican pronouncement of the COVID-19 vaccine’s moral acceptability was very helpful in assuaging hesitation among Catholic Ugandans.

	Promising Practice	Selected Country-Based Examples/Interventions
3	Create virtual or in-person safe spaces where religious leaders can ask their questions about COVID-19 vaccination in a private or “closed” setting, airing their own concerns about the vaccine in a non-judgmental environment prior to launching further messaging or outreach campaigns.	<ul style="list-style-type: none"> • <i>Indonesia</i>: FBO Muhammadiyah held “Zoominars” and online COVID-19 consultations with clerical bodies at subnational levels to hear their perceptions of the vaccine and share evidence-based information, reaching 1,500 religious leaders. • <i>Sierra Leone</i>: The Christian Health Association of Sierra Leone held special private sessions in its annual general membership meeting for religious leaders to share concerns around COVID-19 vaccination and address them in advance of rollout.
AUDIENCES: Religious leaders ♦ FBOs ♦ Interfaith councils		
4	Hold joint dialogues with top clerics and scientists and conduct site visits to vaccine production facilities to address vaccine hesitancy concerns related to antigen halal status.	<ul style="list-style-type: none"> • <i>Indonesia</i>: Muhammadiyah and Fatayat NU (FBOs) used this approach in 2017 to address halal-related vaccine hesitancy concerns for polio and measles, mumps, rubella immunizations, engaging the Ulema Council and imams to increase vaccine acceptance.
AUDIENCES: Religious leaders ♦ FBOs ♦ MOH		
Strengthen collaboration among LFAs and state and civil society actors on COVID-19 vaccination promotion and delivery.		
5	Consider working with interfaith councils for COVID-19 vaccine delivery and social mobilization campaigns to harmonize messaging, reduce duplication, and maximize resources (including serving as a harmonized investment platform for donors).	<ul style="list-style-type: none"> • <i>Indonesia</i>: The Humanitarian Forum of Indonesia, a platform of 17 development FBOs, developed a COVID-19 Joint Response Plan,⁴ and is working across its members to develop COVID-19 vaccination messaging (including the halal status of vaccines). • <i>Sierra Leone</i>: The Inter-Religious Council of Sierra Leone disseminated joint COVID-19 vaccine messages through radio, TV, and congregational meetings.
AUDIENCES: Religious leaders ♦ Interfaith councils ♦ MOH ♦ Donors ♦ Global health technical bodies		
6	Hold interfaith discussion forums on COVID-19 vaccination among FBOs to share promising vaccine promotion/delivery practices.	<ul style="list-style-type: none"> • <i>Indonesia</i>: FBO Fatayat NU previously held HIV- and stunting-focused interfaith discussion forums and advocacy campaigns around health issues that were instrumental in developing joint health and social and behavioral change (SBC) campaigns.
AUDIENCES: Religious leaders ♦ Interfaith councils ♦ FBOs ♦ NGOs		
7	Conduct “pulpit swaps” where religious leaders from Christian and Muslim places of worship preach to each other’s congregation, demonstrating unity and harmonized health messaging.	<ul style="list-style-type: none"> • <i>Sierra Leone</i>: During the West Africa Ebola pandemic, World Vision and other FBOs worked with religious leaders to do pastor exchanges and “pulpit swaps” across religions, sharing the message “Ebola impacts us all, so we must act in solidarity”; this could be adapted for COVID-19 vaccination in similar settings with high levels of interfaith collaboration.
AUDIENCES: Religious leaders ♦ Interfaith councils ♦ FBOs ♦ NGOs		

⁴ Humanitarian Forum Indonesia. *A Study on Localization of Responses to Pandemic COVID-19*. December 28, 2020.

	Promising Practice	Selected Country-Based Examples/Interventions
8	<p>Increase government–LFA coordination on COVID-19 vaccination by supporting coordinating bodies with the mandate and authority to address the crisis.</p>	<ul style="list-style-type: none"> • <i>Ghana</i>: The government established a special State-Church COVID-19 Committee to coordinate COVID-19 response and improve collaboration, which recognized the importance of FBO actors for COVID-19 response and funded them.
AUDIENCES: MOH ♦ FBOs ♦ NGOs ♦ Donors ♦ Global health technical bodies		
Leverage faith-based infrastructure to increase acceptance, uptake, and delivery of COVID-19 vaccines.		
9	<p>Encourage respected religious leaders to be publicly vaccinated at houses of worship and serve as vaccine champions.</p>	<ul style="list-style-type: none"> • <i>Ghana, Indonesia, Sierra Leone, and Uganda</i>: Key informants in all four countries emphasized how important public vaccination of religious leaders was to encourage COVID-19 vaccine uptake and reduce vaccine hesitancy in their country.
AUDIENCES: MOH ♦ FBOs ♦ NGOs ♦ Interfaith councils		
10	<p>Capitalize on LFAs’ extensive infrastructure for COVID-19 vaccine promotion and administration/delivery by providing funding and materials (in coordination with government).</p> <p><i>Infrastructure includes: houses of worship, schools/universities, health facilities, community halls, training institutions, seminaries/theological institutions, IT/communications networks, community groups, credit unions/banking institutions, fundraising infrastructure, etc.</i></p>	<ul style="list-style-type: none"> • <i>Ghana</i>: The Christian Health Association of Ghana COVID-19 Response and Institutional Capacity Building Project has sensitized 80 religious leaders on COVID-19 vaccination (along with supporting COVID-19 prevention and treatment efforts at 1,453 public and faith-based health facilities). • <i>Ghana</i>: Persuade faith-owned mass media to provide free/in-kind COVID-19 vaccination messaging, building on the growing network of faith-led radio and TV stations in Ghana. • <i>Indonesia</i>: FBO Muhammadiyah’s COVID-19 Command Center is overseeing extensive self-funded COVID-19 vaccine promotion and delivery efforts, reaching more than 4 million people with a variety of interventions through its networks of 18,000 schools and 427 health facilities, and communication networks.
AUDIENCES: LFAs ♦ FBOs ♦ NGOs ♦ Local media ♦ MOH ♦ donors ♦ Global health technical bodies		
11	<p>Hold discussions on COVID-19 vaccination with men at religious gathering points (mosques, houses of worship, men’s groups), led by respected religious leaders.</p>	<ul style="list-style-type: none"> • <i>Ghana</i>: Under the Gavi/Muslim Family Counseling Services project religious leaders in Muslim communities of Kumasi successfully promoted uptake of routine child immunization after Friday prayers, through community gatherings.
AUDIENCES: LFAs ♦ FBOs ♦ NGOs ♦ MOH		
12	<p>Consider pairing religious leaders with doctors/nurses for COVID-19 vaccine social mobilization campaigns; engage health workers from the same congregation when possible.</p>	<ul style="list-style-type: none"> • <i>Sierra Leone and Uganda</i>: Surveys show that the health system and health workers are the most reported trusted source of information to help someone decide whether to take the COVID-19 vaccine; they can be paired with religious leaders, who may address theological acceptability of the vaccine.
AUDIENCES: LFAs ♦ FBOs ♦ NGOs ♦ MOH		

	Promising Practice	Selected Country-Based Examples/Interventions
13	Support LFAs to conduct evidence-based social media COVID-19 vaccination SBC messaging via existing FBO social media networks.	<ul style="list-style-type: none"> • <i>Indonesia:</i> Muhammadiyah features more than 10,000 users on its WhatsApp group consisting of religious leaders and other key influencers, which it uses to promote COVID-19 vaccination messaging.
AUDIENCES: LFAs ♦ FBOs ♦ NGOs		
Provide technical support and tools to LFAs to increase the effectiveness of their COVID-19 vaccine social mobilization and delivery efforts.		
14	Engage respected scientific intermediaries, such as faith-based health associations, to provide COVID-19 vaccine technical information to religious leaders, understanding that FBOs rely upon these technical bodies as trusted scientific information arbiters.	<ul style="list-style-type: none"> • <i>Ghana:</i> In August 2021, the Christian Health Association of Ghana trained 80 religious leaders across religions on COVID-19 immunization clinical protocols, messaging, and addressed vaccine hesitancy concerns through a large convening. • <i>Uganda:</i> The Uganda Catholic Medical Bureau and Uganda Muslim Medical Bureau played similar critical roles in 2021 conducting individual sensitization sessions with faith-based health facilities on COVID-19 vaccination.
AUDIENCES: FBOs and faith-based health institutions ♦ Health workers		
15	Provide technical assistance and/or fund LFAs to conduct rapid assessments to adapt COVID-19 vaccine promotion campaigns. This will enable LFAs to tweak their SBC messaging and approaches on COVID-19 vaccination to local context, increasing their effectiveness and reducing vaccine hesitancy.	<ul style="list-style-type: none"> • <i>Sierra Leone:</i> World Vision conducted a barrier analysis that identified the main behavioral determinants of COVID-19 vaccine acceptance; findings were used to successfully advocate with the MOH to decentralize vaccination sites.⁵ • <i>Indonesia:</i> FBO Muhammadiyah’s July 2021 COVID-19 vaccine acceptability survey⁶ provided critical insights around lingering COVID-19 vaccine hesitancy related to side effects and vaccine effectiveness; findings have been used to adapt messaging within their national COVID-19 vaccination SBC campaign.
AUDIENCES: FBOs ♦ NGOs ♦ Research institutions ♦ MOH		

*Such as World Health Organization, UNICEF, Gavi, etc.

OPERATIONAL CHALLENGES OF WORKING WITH LFAS

While there are many opportunities to succeed, this review revealed the potential complexities of working with LFAs for COVID-19 immunization. Before implementing promising practices, stakeholders should consider the following:

- Tension exists at times between government and LFAs over COVID-19 bans on worship gatherings (*Sierra Leone, Uganda*). This may spill over into the broader relationship and can impact communications. It requires maximum transparency on decision-making by governments and constant communication. Creating closed WhatsApp groups and providing discussion guides and agenda support for such MOH-LFA meetings may assist in this effort.

⁵ Koroma, S. and M Mutai. *Increasing Vaccine Demand in Sierra Leone: Barrier Analysis Findings*. PowerPoint. July 21, 2021.

⁶ Husein, R. *Vaksinasi di Muhammadiyah*. Muhammadiyah COVID-19 Command Center. PowerPoint. July 2021.

- Immunization does not always rank highly on lists of local faith actor priorities. While this has been less of an issue with COVID-19 vaccination, it still requires dialogue, negotiation, and persuasion on the importance of COVID-19 vaccination among LFAs given competing priorities.
- Engaging with LFAs on health and immunization issues may be a time-consuming process. It requires relationship and trust building over time and dialogue to be successful, particularly in cases where there are fears related to new vaccines.
- Heterogeneously and non-hierarchically-organized religions, such as charismatic, indigenous, and Pentecostal faiths, lack an umbrella structure—adding more time and complexity to their engagement. Conversely, others report that governance diffusion makes engagement easier: fewer layers of permission are needed to implement joint immunization efforts.

Promising Practices Snapshot

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

- Chairman of the Church of Pentecost was among the first vaccinees in Ghana, broadcasting vaccination on TV, social media
- The church developed flyers, fact sheets on COVID-19 vaccination
- It also 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 (COVID-19 vaccination) exercise during this time.” - Key Informant, Ghana



COVID-19 VACCINE HESITANCY AMONG LFAs

While our review found **few major religious objections to COVID-19 vaccines** among religious leaders in all four priority countries, several important trends were identified that may inform interventions:

- Pockets of minority religions in these countries have **publicly** objected to COVID-19 vaccination (indigenous faiths [*Ghana*], National Assemblies of Church [*Ghana*]; Jehovah’s Witnesses, Seventh Day Adventist Communities [*Sierra Leone*]; Abajiri/People of the 666 Gospel [*Uganda*]). *Note: Other vaccine objections by LFAs may be lodged more clandestinely.*
- Social media is playing a highly influential role in spreading COVID-19 vaccine misinformation in all four countries, at times perpetuated by religious leaders within and across borders.
- **Perceived divine will** is an important determinant to COVID-19 vaccine acceptance among health care workers in rural areas and not important to those in urban areas (*Sierra Leone*).³
- The perception of inclusion of haram (forbidden) ingredients within vaccines or their components may influence uptake of COVID-19 vaccine among Muslim populations (*Indonesia*).

The qualitative interviews also identified additional **non-religiously-linked vaccine hesitancy drivers** for the general population, which may have implications for overall vaccine messaging (including that shared by LFAs). These included perceived efficacy of the vaccine (*Indonesia*); reported or feared side effects (*Indonesia*); risk, including viewing COVID-19 as less deadly and low perceived risk of contracting the disease (*Sierra Leone*); hesitation around new vaccines (*Ghana* [H1N1], *Indonesia*, *Sierra Leone* [Ebola]); and questions of vaccine nationalism and the type of vaccines available locally (*Uganda*)/

CONCLUSION

This review found numerous promising practices for engaging LFAs in partner countries that may be adapted and/or scaled in similar contexts to encourage COVID-19 vaccine acceptance. These promising practices extend beyond so-called “sermon guides,” the traditional intervention used to engage LFAs as health and development actors. In particular, public COVID-19 vaccination by top religious representatives seems to have a positive effect on **increasing uptake of COVID-19 vaccination** in highly-religious settings. Interviewees in all four countries noted that there is unprecedented zeal for COVID-19 vaccination among LFAs that may be tapped for COVID-19 immunization. This includes leveraging the millions in cash and in-kind donations that many faith institutions have already invested to date from their own internal fundraising efforts. Immunization stakeholders may benefit from this enthusiasm, and the high level of trust LFAs have in communities, by more robustly **supporting LFAs to engage in COVID-19 vaccination promotion and delivery**. It is not only a missed opportunity, but also a matter of life and death: COVID-19 vaccine social media disinformation, at times promulgated by LFAs, represents an unprecedented threat to vaccine uptake in all countries.

Findings from this review support continued engagement with and investment in LFAs in highly-religious LMICs to serve as central partners to their respective MOHs and to global technical bodies in COVID-19 vaccination. We recommend that critical stakeholders—including MOHs, donors, and global health technical bodies—review the recommended promising practices in **Table 1** and identify where and how their institution can play a role in supporting LFAs in immunization efforts. This includes investing in evaluations or assessments of the promising practices to better understand the full impact of LFA engagement in COVID-19 vaccination uptake. Evaluations may also guide how to successfully adapt and scale LFA engagement approaches in similar settings, recognizing that vaccine acceptance drivers vary by country, requiring tailored approaches by context. Finally, key informants recommend that stakeholders continue documenting and sharing their experiences with engaging LFAs in COVID-19 vaccination uptake more broadly to promote learning and new iterations of existing approaches.

More detail on promising practices can be found in the full PowerPoint report:

Melillo, Sara, Doug Fountain, Mona Bormet, and Carolyn J. O’Brien. *Promising Practices for Engaging Local Faith Actors to Promote Uptake of COVID-19 Vaccination: Lessons Learned from Four Countries (Ghana, Indonesia, Sierra Leone, and Uganda)*. Prepared under USAID MOMENTUM Country and Global Leadership. Washington, DC: USAID. 2021.

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