FAITH AND POSITIVE CHANGE
FOR CHILDREN, FAMILIES AND COMMUNITIES

FPCC 2024 FAITH GUIDANCE DOCUMENT ON IMMUNISATION

Training Faith Leaders on Promoting Childhood Immunisation




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Abbreviations / Acronyms

AEFI	Adverse Events Following Immunisation
ACRL-RfP	African Council of Religious Leaders — Religions for Peace
AU-IFDF	African Union Interfaith Dialogue Forum
COVID-19	The coronavirus disease of 2019
DTaP	Diphtheria, Tetanus, and Pertussis
FBOs	Faith-Based Organisations
FPCC	Faith and Positive Change for Children, Families and Communities
HPV	Human Papillomavirus
IRCK	Inter-religious Council of Kenya
JLI	Joint Learning Initiative on Faith and Local Communities
MEAL	Monitoring, Evaluation, Accountability and Learning
MHD	Mind-Heart Dialogue
MMR	Measles, Mumps, and Rubella
NGO	Non-Governmental Organisations
NIREC	Nigeria Inter-Religious Council
NRA	National Regulatory Authority
PAC	Public Affairs Committee
PWDs	People With Disabilities
PISI	Periodic Intensification of Routine Immunisation
Q&A	Question and Answer
SAGE	Statutory Advisory Group of Experts
SBC	Social Behavioural Change
SSCC	South Sudan Council of Churches
STI	Sexually Transmitted Infection
UNICEF	United Nations Children's Fund
VPDs	Vaccine-Preventable Diseases
WHO	World Health Organization
ZINGO	Zambia Interfaith Networking Group

Preface

The Faith and Positive Change for Children, Families and Communities initiative (FPCC) is a global partnership between UNICEF, Religions for Peace (RfP) — the world's largest interfaith network — and the Joint Learning Initiative on Faith and Local Communities (JLI), as knowledge partner and umbrella membership organisation of Faith-Based Organisations (FBOs) and academic partners.

The FPCC was created in 2018 by UNICEF's Social Behavioural Change (SBC) Section to help UNICEF to move beyond single-sector, small-scale, ad hoc, and sometimes instrumentalist, approaches to faith engagement in development work. FPCC recognises that faith groups also have a mandate and motivation to protect and empower children, families and communities, and that development actors and faith actors need to work together as equal partners to facilitate transformation in communities. Faith actors can play an important role in promoting immunisation, and this can significantly contribute to the health and well-being of communities.

What is in this Guide?

This document is a culmination of efforts by UNICEF, Religions for Peace and the JLI aimed at enabling faith actors to be involved in the design, planning and roll-out of immunisation programmes as part of the FPCC initiative.

The guide is divided into six chapters, detailing:

CHAPTER 1	CHAPTER 2	CHAPTER 3	CHAPTER 4	CHAPTER 5	CHAPTER 6
A background and introduction to the immunisation guide	Understanding Immunisation	Faith and Immunisation	Communication, Outreach & Advocacy Strategies	Promoting Immunisation in the Faith Community using Mind-Heart Dialogue	Monitoring and Evaluating Change

Annexes follow the main body of the document and include:

I. Acknowledgements

II. Vaccine Information Sheets: Common Vaccine-Preventable Diseases

III. Bibliography

CHAPTER 1

About the Immunisation Guide

1.1. History of the Development of this Guide

The initial efforts in the development of this guide were catalysed by the emergence of COVID-19, which affected everyone. There was a growing need for immunisation at a time when vaccine uptake slowed because of a trust deficit. This is especially true from a social behaviour and norms perspective. But it also unearthed how faith is significant in reclaiming lost ground by achieving vaccine and immunisation uptake.

Covid was recently downgraded by the World Health Organization (WHO) and is no longer considered an 'emergency'. The FPCC Initiative will use this new guide to focus on broader application / routine immunisation that does not drop Covid but instead applies **ONE overall integrated vaccine strategy** that promotes uptake of the Covid Vaccine as well as routine immunisation, in line with UNICEF's State of the World's Children 2023 report[1] that specifically highlighted vaccination gaps and reduced trust.

According to mappings of vaccine hesitancy over the past decade,[2] and WHO/UNICEF Joint Immunisation Reporting (2015—2017),[3] religious factors have been the third most frequently cited reason for vaccine hesitancy globally. More recent studies specific to the COVID-19 vaccine (e.g. in Pakistan[4] and Bangladesh[5] in 2021), have demonstrated that conceptions, endorsement and actions by religious leaders strongly determine attitudes towards the vaccine and decisions to vaccinate.

The FPCC is a global initiative which underlines the need for collaborative and equitable engagement between UNICEF, FBOs, faith leaders and communities. The initiative highlights that development and faith partners hold complementary skills and that cooperation should engage the mind and heart to achieve social and behavioural change by integrating scientific evidence, religious teachings and time for reflection.

1.2. Purpose of the Faith Guidance Document on Immunisation

This guide aims to provide non-medical/non-clinical guidance to faith leaders and Mind-Heart Dialogue facilitators in order to equip them with the knowledge and information necessary to promote immunisation of children against diseases and encourage responsible decision-making among parents and guardians. By equipping faith actors with accurate information and effective communication strategies, they can contribute to the health and well-being of the children in their community. The guide is designed to equip faith leaders with the necessary understanding to address common concerns, dispel myths, and promote informed decision-making regarding the immunisation of children against diseases. This guide serves as a valuable resource for faith actors and MHD facilitators in accessing the right information, and providing tools through which they can analyse the social, cultural and faith context, drawing insights and reflections from faith teachings and values to help in promoting positive behaviours and practices that promote the uptake of routine immunisation for children.

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[1] The State of the World's Children 2023. (2023). UNICEF Innocenti — Global Office of Research and Foresight. https://www.unicef.org/reports/state-worlds-children-2023

[2] Dubé, E., Gagnon, D., Nickels, E., Jeram, S., & Schuster, M. (2014). Mapping vaccine hesitancy--country-specific characteristics of a global phenomenon. Vaccine, 32(49), 6649—6654. https://doi.org/10.1016/j.vaccine.2014.09.039

[3] WHO/UNICEF Joint Reporting Process. (2024). Retrieved 15 March 2024, from https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/who-unicef-joint-reporting-process

[4] Roy, D. N., Huda, M. N., & Azam, M. S. (2022). Factors influencing COVID-19 vaccine acceptance and hesitancy among rural community in Bangladesh: A cross-sectional survey based study. Human Vaccines & Immunotherapeutics, 18(5). https://doi.org/10.1080/21645515.2022.2064685

[5] Quaife, M., Torres-Rueda, S., Dobreva, Z., Van Zandvoort, K., Jarvis, C. I., Gimma, A., Zulfiqar, W., Khalid, M., & Vassall, A. (2023). COVID-19 vaccine hesitancy and social contact patterns in Pakistan: Results from a national cross-sectional survey. BMC Infectious Diseases, 23(1). https://doi.org/10.1186/s12879-023-08305-w

The guide addresses the following information:

Disease prevention: Immunisation is vital to protect children from various infectious diseases such as measles, mumps, rubella, polio, diphtheria, pertussis, tetanus, hepatitis and others. This guide outlines the specific vaccines that children should receive and the recommended schedule for administration.

Health promotion: Vaccines not only protect individual children but also contribute to public health by reducing the overall incidence of diseases in communities. Immunisation guides promote the importance of vaccinations to parents, caregivers and healthcare providers, to ensure a high level of immunisation coverage and population health.

Education and awareness: This guide provides general information about vaccines, including their purpose, safety profile and potential side effects. It educates faith actors and MHD facilitators about the benefits of immunisation and addresses any concerns or misconceptions they may have, with the intention of them educating members of their communities.

Addressing vaccine hesitancy and fears: This guide provides practical steps and actions that can be taken by Multi-Faith Action Coordination Committees, country faith engagement mechanisms or other stakeholders to engage in advocacy actions and activities that address vaccine hesitancy, fears, as well as inadequate and incorrect information.

Faith values and principles: This guide provides simple and practical guidance and reflections from faith teachings, practices and scripture that reinforce recommended practices in vaccine and immunisation uptake. Religious leaders will be able to relate their teachings to health promotion actions and messaging and have a readily available guide that helps them communicate this in language that is familiar to them and their community.

Feedback and engagement: This guide as a resource will complement other community and congregational feedback and engagement activities within the FPCC Initiative. This includes informing the Mind-Heart Dialogue facilitation resources with specific information on immunisation promotion, and supporting congregational groups, including women and youth in faith communities, to engage in activities that promote immunisation.

Promote observation of vaccination schedules: This guide attempts to promote adherence to a recommended schedule for each vaccine, taking into account the child's age, immune system development and disease susceptibility. However, this may vary from region to region. Observation of a vaccination schedule[6] helps to ensure that children receive their immunisations at the right time to maximise their protection.

Safety guidelines: This guide emphasises the safety of vaccines by highlighting the rigorous testing and approval processes that vaccines undergo before they are licensed for use. It also provides information on common side effects, their expected duration, and when to seek medical attention if necessary.

Compliance and record-keeping: This guide also aims to promote compliance and proper record-keeping, encouraging faith leaders to remind parents and caregivers about the importance of tracking the vaccines a child has received. This ensures that children stay up to date with their immunisations.

[6] Please refer to the World Health Organization's table of Recommendations for Routine Immunisation: World Health Organization. (2024, April). Table 1 Summary of WHO Position Papers - Recommendations for Routine Immunization. https://www.who.int/publications/m/item/table1-summary-of-who-position-papers-recommendations-for-routine-immunization

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1.3. Why Engage Faith Leaders and Actors as Champions of Immunisation?

Faith leaders influence beliefs and behaviour within their communities in a combination of ways: they provide moral guidance, community identity reinforcement, a source of reverential authority, social influence, crisis support, education, ethical teachings, and a sense of purpose and meaning.

> **The dynamic relationship between faith leaders and their communities plays a crucial role in shaping the collective values and behaviours of the group.**

Faith leaders are often regarded as stewards of life with a calling to nurture existence and protect the health of children in their communities. Faith actors can proactively engage in the promotion of childhood immunisation as a key strategy in championing the culture of life. Guided by the principles of compassion, stewardship and community, faith communities frequently acknowledge that every child is a precious gift deserving of protection from preventable diseases. Drawing upon the teachings of the diverse faith traditions, faith actors can bridge the gap between spiritual beliefs and scientific knowledge. This forsters a harmonious environment where the common good for children, families and communities is respected and observed.

When faith actors advocate for immunisation, it is rooted in their values and understanding of responsibility to the community and humanity. Commonly, faith traditions hold an understanding of the inherent dignity of every human life and, from this basis, they can demonstrate a clear determination to champion the health and well-being of the vulnerable among us. Within their own traditions and by joining with other traditions, they communicate their intention to Preserve Life and Health, Love and Compassion, Uphold Scientific Knowledge, Foster Community Resilience and Promote Social Justice.

1.4. Who Should Use the Faith Guidance Document on Immunisation

The Faith Guidance Document on Immunisation is generally intended for faith leaders, FBOs and communities. Faith leaders are often closest to communities, particularly the vulnerable and hard to reach when it comes to critical healthcare services (vaccines and immunisation). This document's purpose is to provide guidance and support regarding immunisation practices, offering a framework for individual faith groups and their leaders to determine the best way to engage their members. It also serves as a resource for those who may have concerns or questions about immunisation within their religious or spiritual space.

Note: *It is highly recommended that this guide be used within a co-facilitated space where technical information is made available and articulated by technical persons and facilitators/resources.*

CHAPTER 2

Understanding Immunisation

2.1. Understanding Immunisation

Immunisation is a process by which an individual is protected against a disease by using a vaccine. The term is often used interchangeably with vaccination or inoculation. It is important to keep our children safe from vaccine-preventable diseases (VPDs), some of which used to be referred to as 'the childhood killer diseases'. Some of these diseases, like polio, measles, hepatitis B and meningitis are crippling and can kill.

Immunisation protects children from getting infected by stimulating the body's immunity against these diseases. Once children are protected, the community is also safer.

2.2. Evidence of Deaths and Suffering of Children due to lack of Immunisation

Smallpox was a deadly disease that has been eradicated thanks to vaccines. In 2018 alone, an estimated 700,000 children aged under 5 died from VPDs, with over 90% of these deaths happening in low- and middle-income countries.[7] Some of these major killer diseases included pneumonia from streptococcus and Haemophilus influenzae type b, diarrhoea from rotavirus, pertussis (whooping cough) and measles.

2.2.1. How Immunisation Works

Vaccines work by stimulating the body's defence system to develop antibodies or immunity against a particular disease, so that when the disease-causing agent gets into the human body there is already a defence shield in waiting that could fight off the virus or bacteria. This then prevents the disease or reduces its severity.

2.2.2. Herd Immunity and its Benefits

Herd immunity is also called population immunity, which occurs in a situation where several individuals in a community are vaccinated and protected against a disease. Their collective immunity shields the community from the pathogen and prevents outbreaks. Herd immunity helps to prevent or mitigate disease outbreaks as well as keeping a community healthy.

2.3. Common Childhood Diseases & Vaccines

Many childhood diseases can be prevented through vaccines. The table on the following page provides an overview of some of the most common childhood vaccines, along with guidance about those vaccines (more detailed information about the diseases themselves can be found in Annex II).

Immunisation protects children from getting infected by stimulating the body's immunity against these diseases. Once children are protected, the community is also safer.

[7] Frenkel, L. (2021). The global burden of vaccine-preventable infectious diseases in children less than 5 years of age: Implications for COVID-19 vaccination. How can we do better? Allergy and Asthma Proceedings, 42, 378—385. https://doi.org/10.2500/aap.2021.42.210065

Disease Name (Common Name)	Disease Information	Vaccine Guidance
Measles, Mumps, and Rubella (MMR)	Measles, mumps, and rubella are highly contagious viral infections that can lead to serious complications.	The 'MMR vaccine' is administered to protect against all three diseases. It is typically given in two doses.
Polio	Polio is a viral infection that can lead to paralysis.	The 'inactivated poliovirus vaccine' (IPV) is used to prevent polio. Multiple doses are typically administered.
Influenza (Flu)	Influenza is a viral respiratory infection.	Yearly 'influenza vaccination' is recommended for children to prevent seasonal flu.
Hepatitis B	Hepatitis B is a viral infection affecting the liver.	The 'Hepatitis B vaccine' is administered to protect against the virus. It is often given in a series of doses.
Diphtheria, Tetanus, and Pertussis (DTaP	Diphtheria causes respiratory problems, tetanus affects the nervous system, and pertussis (whooping cough) leads to severe coughing spells.	The 'DTaP vaccine' provides immunity against all three diseases and is given in multiple doses.
Pneumococcal Disease	Pneumococcal disease is a bacterial disease. While generally mild, it can be very serious, especially in children under the age of two.	The 'Pneumococcal vaccine' can protect children from the disease and is usually given in three doses.
Chickenpox	Chickenpox is a highly contagious viral infection characterised by itchy skin rashes.	The 'Varicella vaccine' helps prevent chickenpox and is typically given in two doses.
Human Papillomavirus (HPV)	Human Papillomavirus is a group of related viruses that can infect the genital area, as well as the mouth and throat. HPV is the most common sexually transmitted infection (STI) globally, and it can be transmitted through intimate skin-to-skin contact. While the prevalence of HPV increases with sexual activity, it is essential to note that HPV can also affect children through non-sexual routes such as fomites, fingers and mouth, and skin contact.	There are several HPV vaccines available globally.
COVID-19	The disease is caused by the SARS-CoV-2 virus. It has been a global pandemic since 2020.	Preventing the spread of COVID-19 involves a combination of individual actions, community efforts and adherence to public health guidelines, including getting the latest recommended COVID-19 vaccine.

2.4. Understanding Vaccines

Vaccines are biological substances that stimulate the immune system to recognise and fight specific pathogens, such as viruses or bacteria. The primary goal of vaccines is to prevent infectious diseases by providing immunity without causing the disease itself. Vaccination is a key tool in public health, and it has been instrumental in controlling and eradicating many deadly diseases worldwide. Most vaccines work by introducing a harmless form or part of the pathogen (such as a weakened or inactivated virus or a piece of the bacteria), or a synthetic version of the pathogen, into the body to help build up the body's defences against the disease. This exposure triggers the immune system to produce an immune response, including the production of antibodies and memory cells.

2.5. Vaccine Safety and Efficacy

Vaccination is one of the best ways to prevent diseases. It is estimated to save between 2 and 3 million lives every year. Stakeholders including governments, vaccines manufacturers, scientists and medical experts and WHO's vaccine safety programme work to continuously monitor the safety of these vaccines. Before a vaccine is approved for public use, it undergoes rigorous testing in clinical trials. These trials assess the safety and efficacy of the vaccine in different populations. International and national regulatory agencies (e.g. Tanzania Medicines and Medical Devices Authority, Indian National Agency for Drug and Food Control, U.S. Food and Drug Administration), review the data from clinical trials to determine whether a vaccine meets safety and efficacy standards. Approval is granted only if the benefits outweigh the risks. Once a vaccine is in use, ongoing monitoring is essential to identify and evaluate any adverse events. This is typically done through surveillance systems and reporting mechanisms to ensure that any potential safety concerns are addressed promptly. Vaccine components are carefully selected and tested for safety. Common ingredients include antigens (weakened or inactivated forms of the pathogen), adjuvants (substances that enhance the immune response) and preservatives. The amounts of these components are carefully regulated.

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Efficacy refers to how well a vaccine works under ideal conditions, such as in a controlled clinical trial. Effectiveness, on the other hand, measures how well a vaccine performs in real-world conditions and considers factors like population variability and adherence to vaccination schedules. Vaccines continue to be closely monitored even after they are on the market. This helps detect rare side effects or issues that may not have been evident during clinical trials.

Vaccines are very safe. Like with all medicines, side effects can occur after getting a vaccine, but these are usually very minor and only last for a short time, such as a sore arm or a mild fever. While more serious side effects are possible, they are extremely rare.

[8] Toor, J., Echeverria-Londono, S., Li, X., Abbas, K., Carter, E. D., Clapham, H. E., Clark, A., de Villiers, M. J., Eilertson, K., Ferrari, M., Gamkrelidze, I., Hallett, T. B., Hinsley, W. R., Hogan, D., Huber, J. H., Jackson, M. L., Jean, K., Jit, M., Karachaliou, A., Gaythorpe, K. A. (2021). Lives saved with vaccination for 10 pathogens across 112 countries in a pre-COVID-19 world. ELife, 10, e67635. https://doi.org/10.7554/eLife.67635

2.6. Vaccine Development and Testing

Vaccine development is a long, complex process, often involving multiple stages including exploratory, pre-clinical and clinical trials phases lasting 10—15 years, and involving both the private and public sectors. The culmination point is licensing or approval for use in general settings by the WHO and/or the National Regulatory Authority (NRA). During development there are multiple ethical considerations, expertise and checkpoints to ensure the safety of the final product. With technological advancements, the processes are now able to be fast-tracked.

2.7. Vaccine Side Effects and Adverse Effects

Generally, all vaccines are very safe and must have met the highest safety standards during clinical trials before they are approved. Adverse Events Following Immunisation (AEFI) are adverse reactions that may occur following vaccination and include side effects from the vaccine product itself and coincidental events occurring within the vaccination period. AEFIs are very well monitored using surveillance systems to maintain the very high safety standards for vaccines. Some mild reactions such as redness and swelling at the injection site are common, but rare and serious events such as anaphylaxis could also occur. National immunisation programmes often have AEFI monitoring and management protocols.

2.8. Addressing Vaccine Safety Concerns

Effective and appropriate messaging is crucial in addressing vaccine safety concerns for communities. There is an infodemic[9] of misinformation with regards to vaccine safety, which has affected vaccine confidence. The pre-qualification and approvals processes for vaccines are closely monitored by the WHO and respective country NRAs. While communities may not be familiar with the rigour of the vaccine development process, the transparent sharing of relevant information between health ministry officials, faith leaders and their constituents could go a long way in addressing any vaccine safety concerns that parents, caregivers or individuals may have. This also includes when a serious AEFI or side effect is reported or investigated — a causality assessment is often done, and reports shared to allay any concerns and fears. In cases where such causality points to any issue related to the vaccine, serious actions are taken immediately.

2.9. Vaccine Effectiveness

Vaccines have been shown to be one of the most cost-effective public health interventions, with a high return on investment of between 25 and 44 times per dollar spent.[10] Several diseases have been controlled or eliminated, and smallpox was eradicated through the use of potent vaccines. While some countries with low vaccination coverage still battle with basic outbreaks such as measles and diphtheria, these have been eliminated in several countries where the vaccination rates are high enough to build population or herd immunity (see section 2.2.2).

Vaccines have been shown to be one of the most cost-effective public health interventions, with a high return on investment of between 25 and 44 times per dollar spent.[10]

[9] An 'infodemic' is defined by the WHO as 'too much information including false or misleading information in digital and physical environments during a disease outbreak'. World Health Organization. (n.d.). Infodemic. Retrieved 6 May 2024, from https://www.who.int/health-topics/infodemic#tab=tab_1

[10] Ozawa, S., Clark, S., Portnoy, A., Grewal, S., Brenzel, L., & Walker, D. G. (2016). Return On Investment From Childhood Immunization In Low- And Middle-Income Countries, 2011-20. Health Affairs (Project Hope), 35(2), 199—207. https://doi.org/10.1377/hlthaff.2015.1086

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2.10. Recommended Childhood Vaccines

The WHO, through its Statutory Advisory Group of Experts on Immunisation (SAGE), recommends about 23 vaccine antigens for routine immunisation programmes, with 10 of those recommended for all immunisation programmes including the following[11]:

1. BCG
2. Hepatitis B
3. Polio
4. DPT-containing vaccines
5. Haemophilus Influenzas type B
6. Pneumococcal
7. Rotavirus
8. Measles
9. Rubella
10. HPV vaccines

Other vaccines are recommended for certain regions, such as the Japanese Encephalitis vaccine, high-risk groups such as meningococcal, and there are also immunisation programmes with specific characteristics, such as mumps vaccines.

2.11. Catch-Up Immunisation

> **'Catch-Up Immunisation' is where eligible children who have missed their scheduled routine immunisation are provided with the vaccines later on, so they can complete the vaccination schedule and achieve the required immunity and protection against the specific diseases protected by those vaccines.**

Countries are recommended to have a routine immunisation catch-up policy that stipulates what vaccines should be given and when, including the required logistics. The WHO defines catch-up vaccination as 'the action of vaccinating an individual who, for whatever reason, is missing or has not received doses of vaccines for which they are eligible, per the national immunisation schedule'[12]. Catch-up immunisation can be achieved through several avenues, such as through regular routine immunisation service delivery (fixed, outreach, mobile, school-based), periodic intensification of routine immunisation (PIRI) activities,[13] or through innovative local strategies that ensure individuals have the opportunity to receive routine immunisations for which they are overdue and eligible.

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[11] World Health Organization. (n.d.). WHO recommendations for routine immunization — summary tables. Retrieved 19 March, 2024, from https://www.who.int/teams/immunization-vaccines-and-biologicals/policies/who-recommendations-for-routine-immunization---summary-tables

[12] World Health Organization. (n.d.). Catch-up vaccination. Retrieved May 6, 2024, from https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/implementation/catch-up-vaccination

[13] Periodic Intensification of Routine Immunisation (PIRI) are "time-limited, intermittent activities/campaigns used to administer routine vaccinations to under-vaccinated populations and/or raise awareness of the benefits of vaccination". World Health Organization. (n.d.). Immunization campaigns. Retrieved 6 May 2024, from https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/implementation/immunization-campaigns

2.12. Social Dimensions of Immunisation

Immunisation has significant social dimensions that go beyond individual health benefits. The impact of vaccination extends to communities and societies, influencing various aspects of social well-being and functioning. Here are some key social dimensions of immunisation:

Community Protection (Herd Immunity): Immunisation protects individuals but also contributes to community immunity, often referred to as herd immunity. When a significant portion of the population is vaccinated, it reduces the overall spread of infectious diseases, protecting those who may be more vulnerable or unable to receive vaccines.

Disease Eradication: Successful immunisation programmes can lead to the eradication of certain diseases, as demonstrated by the elimination of smallpox through widespread vaccination efforts.

Reduced Healthcare Inequalities: Immunisation campaigns aim to reach all segments of the population, addressing healthcare inequalities by providing equal access to preventive measures.

School Attendance and Educational Impact: Immunisation in schoolchildren helps ensure a safer environment, encouraging regular attendance and reducing disruptions caused by preventable diseases.

Economic Productivity: Vaccinated populations generally experience fewer illness-related absences from work or school, contributing to sustained economic productivity.

Social Cohesion: A population with high vaccination coverage fosters social cohesion by collectively working to protect vulnerable individuals and prevent the spread of infectious diseases within communities.

Public Trust in Healthcare Systems: Successful immunisation programmes depend on public trust in healthcare systems, including the safety and efficacy of vaccines. Open communication and transparency play a crucial role in maintaining this trust.

Emergency Response and Preparedness: Immunisation programmes enhance a society's ability to respond to public health emergencies by establishing infrastructure, protocols and networks for efficient vaccine distribution.

Global Health Equity: Global vaccination efforts contribute to health equity by ensuring that individuals worldwide have access to life-saving vaccines, reducing disparities in disease burdens between countries.

Social Norms and Acceptance: Social acceptance of vaccination as a norm is vital for the success of immunisation programmes. Cultural factors, community engagement and awareness campaigns play a role in shaping attitudes toward vaccines.

Parental and Community Empowerment: By providing information and empowering parents and communities to make informed decisions about vaccination, immunisation programmes contribute to public health literacy and active participation in healthcare decisions.

Prevention of Stigmatisation: Successful vaccination campaigns help prevent the stigmatisation of individuals affected by VPDs, reducing social isolation and discrimination.

> **While immunisation can have an impact on these social dimensions, there are social *determinants* of health which can have an effect on immunisation, by predicting or 'determining' behaviour towards immunisation. Such determinants, including literacy, education, income, geography, ethnicity, and even faith and religion, are shown to influence the uptake of immunisation services.**

For example, education as a social determinant can have a positive impact on immunisation uptake, because the children of educated mothers have been shown in several instances to make better use of immunisation services. On the other hand, low income as a social determinant can have a negative influence on immunisation uptake, since children from poor households or with low socio-economic status tend to have more limited access to and therefore limited use of immunisation services.

Understanding and addressing these social dimensions and determinants is essential to the effectiveness and sustainability of immunisation programmes. It requires collaboration and alignment of communications and messaging between healthcare providers, policymakers, community leaders and the public, to ensure that vaccines are widely accepted, accessible and integrated into comprehensive public health strategies.

In the next chapter, we take a deeper look at religion and faith as a social determinant, and the role that faith leaders and religious texts can play in helping to promote immunisation.

2.13. Vaccine Hesitancy

2.13.1. Understanding Vaccine Hesitancy

The WHO defines vaccine hesitancy as a 'delay in acceptance or refusal of vaccines despite the availability of vaccination services'.[14] Vaccine hesitancy does not always translate into denial or refusal. The key concerns are around efficacy, safety, and religious, social, political and cultural reasons.

Vaccine hesitancy is therefore a complex set of challenges influenced by various factors and could typically arise from a position of uncertainty. In faith-based communities, some may wonder whether vaccination aligns with their religious or cultural beliefs. However, it is crucial to stress that vaccines are a tool for the preservation and protection of life, which is a significant core value enshrined in almost all faith traditions. With reference to Chapter 3 of this guide, it may be helpful to engage with religious texts and teachings that support appreciation for preserving life and preventing harm to oneself and others.

[14] *Vaccine hesitancy: A growing challenge for immunization programmes.* (n.d.). Retrieved 15 March 2024, from https://www.who.int/news/item/18-08-2015-vaccine-hesitancy-a-growing-challenge-for-immunization-programmes

2.13.2. Common Concerns and Misconceptions

Addressing concerns and misconceptions is crucial to addressing vaccine hesitancy. Faith leaders centred in the community may be privy to a plethora of such misconceptions. As a first step in addressing any concerns, faith leaders could seek to better understand where such hesitancy comes from.

Some common misconceptions or concerns are listed below, along with brief suggestions on how faith leaders may intervene:

1

Fear of vaccine side effects: Little or no information about the side effects of vaccines lead communities to have some fears or concerns about vaccination. Since most vaccine hesitancy arises from misinformation or a lack of information, faith leaders could engage with health sector officials in their locality/area to become better informed, while also requesting vaccine-related information to share with their communities. Such resources could be in the form of posters, pamphlets or banners that could be posted in public places or on notice boards in places of worship, or verbal announcements or information that could be aired over the radio or shared during a religious gathering.

2

Natural Immunity: An excuse often given by those who resist vaccines is natural/herd immunity. Some people may feel that they should allow themselves to catch the disease in order to develop 'natural' immunity. However, the benefit of receiving a vaccine and achieving herd immunity is proven to be better than how natural immunity occurs on a larger scale in a non-vaccine situation.[15] In this case, it is important that faith leaders emphasise the communal responsibility to care for their neighbours, as some people in the community could have other illnesses that would be aggravated if they were exposed to a disease requiring a vaccine. Preventing severe illness and protecting the most vulnerable members of the community is also about preserving life in the community. The best way to foster natural immunity is to receive the vaccines and achieve herd immunity levels as recommended by health authorities.

3

Religious Belief: While faith communities commonly accept the benefits of vaccination when their religious authorities support it, according to results from the 10-country UNICEF-VIAMO survey on Covid and immunisation of under 5s conducted in 2023, some religious traditions oppose vaccination as an unnecessary or potentially harmful human intervention. In these cases, it could help to promote the perspective that vaccines should be perceived as a gift from the divine to protect creation. It could also be seen as a moral and ethical duty of faith-based communities, especially in interfaith settings, to receive vaccines and prevent the spread of harm to others in the spirit of compassion.

> **In addition to the brief suggestions mentioned above, we will see in Chapter 4 how building trust, holding open dialogue, and having empathy and compassionate listening skills are among the most effective communication strategies for addressing vaccine hesitancy.**

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[15] *Idem.*

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CHAPTER 3

Faith and Immunisation

3.1. Introduction

This chapter explains faith teaching and reflections on vaccine and immunisation, and the role of faith leaders in mobilising their communities. The chapter's goal is not to present an exhaustive theology or creed, but rather to highlight crucial theological principles that are most clearly related to the aims of this guide. Religious leaders and faith-based institutions are at the forefront of providing crucial services to the most disadvantaged and vulnerable. Furthermore, according to a recent national survey[16] of 34 African countries, religious leaders are trusted social actors by their communities. This social influence can either help or hinder the uptake of life-saving services, as well as overall well-being and social growth. These voices can be amplified to further safeguard and protect children and vulnerable people in their communities.

There are also numerous scripture teachings across faith practices that support the prevention of diseases and illness. In the context of this guide, immunisation is one of the most beneficial public health measures. There is therefore a need for collaboration between and within faith communities and healthcare providers to further distil the scriptural basis for promoting immunisation and child protection. How can faith and science coexist? It is widely assumed that faith and science are at odds. However, the foundations of faith are trust and truth. Scientists seek truth based on the trust they have in the tools available to them.

The next sections present the faith teachings, values, practices and scriptural foundations for fostering societal well-being, such as vaccines and safeguarding of children. The analysis will cover teachings from Baha'i, Buddhist, Christian, Hindu, Islamic and Jewish faiths, while appreciating that these are not the only faith communities represented within the FPCC. Subsequent texts and teachings from other faith communities will be covered in other editions of the guide.

[16] Katenda, L. M. (2022). *For religious leaders in Africa, popular trust may present opportunity, challenge in times of crisis* (536; Afrobarometer Dispatch). https://www.afrobarometer.org/publication/ad536-for-religious-leaders-in-africa-popular-trust-may-present-opportunity-challenge-in-times-of-crisis/

3.2. Faith Mandates to Dispel Myths, Misconceptions and Rumours About Immunisation Uptake.

The COVID-19 pandemic outbreak posed a difficult situation for civil authorities and religious leaders alike. It did, however, produce opportunities for collaboration in addressing public health issues, including vaccine hesitancy, false information and rumours. Faith leaders worked with public health officials around the world to promote vaccine use, address misinformation and emerging community worries, and identify knowledge gaps.[17] Faith leaders are well placed to address false and misleading information. They also have a faith mandate to address lies and rumours, since they have a moral and spiritual responsibility to defend truth and integrity. Below are examples cited from the Christian and Islamic religious texts which provide a context for this mandate for truth-sharing.

Christians' faith compels us to a life of honesty (10 Commandments), to speak the truth in love *(Ephesians 4:15)* and to let their yes mean yes *(Matthew 5:37)*. *Proverbs 13:3* says, *'He who guards his lips guards his life, but he who speaks rashly will come to ruin.'*

Furthermore, *James 3:5* tells us, *'Likewise the tongue is a small part of the body, but it makes great boasts. Consider what a great forest is set on fire by a small spark.'* Meanwhile, *1 Peter 3:15* tells us *'Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect'*; and *2 Timothy 4:2* tells us *'Preach the word; be prepared in season and out of season; correct, rebuke and encourage — with great patience and careful instruction'.*

Within the Muslim faith community, religious leaders are called upon to serve the people with love, kindness and dedication, that they offer them help, assistance and support on a faith, spiritual and material level. Faith leaders must be a cause of reform in this land so that Allah grants people a 'good life' and blesses them with all goodness in this world.

- God has made the Qur'an, with blessings, goodness and mercy, a reason for healing. Allah the Exalted says: *'We send down the Qur'an as a healing and mercy for the believers, but it only increases the wrongdoers in loss'* (Al-Isra, 17:82). The same is said in remembrance, supplication, and legal Ruqyah.

- And God Almighty has made the 'honey' that comes out from bees, a material cause for healing. Allah the Exalted says: *'From their bellies comes forth liquid of varying colours, in which there is healing for people. Surely in this is a sign for those who reflect'* (An-Nahl 16:69).

The same is said in all material causes of medication and therapy. It is clear that every scientific discovery or achievement made by people of knowledge and specialists in the medical field — including the development of vaccines and pharmaceutical drugs — is thanks first and foremost to Allah Almighty.

- Because none of that would have been possible without Allah's determination, guidance and facilitation to achieve it, Allah the Exalted says: *'Who created and ˹perfectly˺ fashioned ˹all˺, and Who ordained precisely and inspired accordingly'* (Al-A'la 87:2-3).

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[17] Essa-Hadad, J., Abed Elhadi Shahbari, N., Roth, D., & Gesser-Edelsburg, A. (2022). The impact of Muslim and Christian religious leaders responding to COVID-19 in Israel. Frontiers in Public Health, 10, 1061072. https://doi.org/10.3389/fpubh.2022.1061072

Religious leaders have experience in guiding people in faith, but they are also responsible for encouraging members of their communities to obtain accurate information about their health. They also have a duty to adopt the right decisions that will preserve their health as individuals.

The positive impact of this will go beyond the limits of the personal to become public; their directives contribute to preserving public safety and ensuring the prosperity of society. Thus, when rumours and incorrect information spread, religious leaders and members of the community must refer to 'experienced people' to verify the validity of this information, to avoid being partners in spreading rumours in the community.

Faith leaders are therefore called to contribute to the fullness of life for their communities; helping and shepherding them as they make decisions for themselves and their families. While faith leaders are certainly experts in spiritual well-being, they also have a role to play in encouraging communities to seek out accurate information about their health and make decisions that promote not only their own health but also the health and physical well-being of their community.

3.3. Scriptural/Faith-specific Rationale for Involvement in Promoting Immunisation and Child Protection

3.3.1. Baha'i Perspective

Within the Bahá'í faith, the Miscellaneous Exhortations of Kitáb-i-Aqdas, Bahá'u'lláh advises believers to *'Resort ye, in times of sickness, to competent physicians'*[18]. Furthermore, the Bahá'í writings stress the importance of science. *'Great indeed is the claim of scientists ... on the peoples of the world'*, Bahá'u'lláh observed. *'Abdu'l-Bahá wrote that the 'sciences of today are bridles to reality'* and repeatedly emphasised that *'religion must be in conformity with science and reason'*. Overall,

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the sacred teachings of the Bahá'í emphasise the importance of compassion, service, and the well-being of all people — and encourages their faith community to make informed choices based on available scientific evidence.

3.3.2. Buddhism Perspective[20]

The *Tipitaka* places great importance on personal responsibility and the pursuit of well-being. It resonates with the core principles of wisdom, compassion and the alleviation of suffering.

Every Buddhist has a duty to cleanse their own being and strive towards the ultimate state of Nibbana while also aiding others in their journey. Just as a person safeguards themselves, they must extend this care to their surroundings (*Tipitaka Siamese Volume 22:325*). This is achieved through four key dimensions of practice, encompassing physical, interpersonal, mental and spiritual or wisdom development.

By advocating for individual and communal health and well-being, we align with the essence of Buddhism, as emphasised in the final sermon of Lord

[18] The Kitáb-i-Aqdas | Bahá'í Reference Library. (n.d.). Retrieved 15 March 2024, from https://www.bahai.org/library/authoritative-texts/bahaullah/kitab-i-aqdas/8#461985480
[19] The Universal House of Justice. (11 February 2021). https://bahai-library.com/pdf/uhj/uhj_vaccination_covid-19_5.pdf
[20] Bhikkhu, Thānissaro. (n.d.). *Medicine | The Buddhist Monastic Code, Volumes I & II.* Retrieved 6 May 2024, from https://www.dhammatalks.org/vinaya/bmc/Section0044.html

Buddha: *'Accomplish your benefit through diligence' (Tipitaka Siamese Volume 10:143)*. This underscores the idea that Buddhism encourages the realisation of our inherent potential, fostering self-development from a holistic perspective, with a focus on benefiting both the individual and society.

The comprehensive approach from a Buddhist perspective believes in the following principles:

- The Four Noble Truths guide our understanding of life and suffering.
- The law of cause and effect (Karma) plays a fundamental role in our lives.
- The Four Seals or Reminders (in Vajrayana) are essential for our spiritual path.
- Reincarnation and Karma are central to our beliefs.
- The Five Precepts and Suggestions (Five Silas and Five Dhammas) provide a moral and ethical framework.

Buddhism teaches us that we are called to:

- Cultivate Physical Loving-kindness (*mettaṁ kāya-kammaṁ*).
- Promote Verbal Loving-kindness (*mettaṁ vacī-kammaṁ*).
- Develop Mental Loving-kindness (*mettaṁ mano-kammaṁ*).
- Engage in Social Services (*sādhāraṇa-bhogī*) to share any lawful gains with virtuous individuals.
- Uphold the same behavioural conduct and rules (*sīla-sāmaññagato viharati*) to maintain the rules of conduct without blemish, both in public and private.
- Share a common mindset of non-violence, humanity, charity and other noble purposes (*diṭṭhi-sāmaññagato viharati*) by embracing right views along with our fellow practitioners, both openly and in private.

Scriptural teachings and practices within Buddhism that promote/support immunisation uptake and child protection

In Buddhism, discussions often revolve around the nature of suffering and its root causes. However, this perspective is not pessimistic. The Noble Truths and other scriptures suggest that finding peace and happiness is achievable by cultivating mindfulness and perceiving things as they truly are, aligning our physical and mental states with the reality of the present moment.

Notably, the Buddhist canon emphasises the promotion of healthcare, addressing mental, physical, and spiritual well-being. The support provided by the Buddha and his disciples to both monastics and laypeople can be broadly categorised into two approaches: addressing physical ailments such as headaches, back pain, burning sensations, diarrhoea, etc., and addressing mental health.

The canon describes various treatments for physical ailments, including the use of nearby herbs like turmeric, lotus rhizome, lotus root, neem leaves, sweet basil leaves, Chebulic Myrobalan, Indian gooseberry and, in some cases, surgical interventions. Mental well-being is also extensively addressed, incorporating practices such as chanting, praying, reciting, sermons, and spiritual guidance/dialogue to elevate the quality of the mind. This approach fosters a harmonious connection between the body and mind, promoting mutual support.

Additionally, the text describes the causes of disease. For example, *'Sīvaka, certain feelings arise on account of the disturbance of bile... phlegm... wind... the coming together of these... the change of seasons... use of things in wrong ways... exertion... or born as results of karma' (Common Buddhist Text: Guidance and Insight from the Buddha: 174).*

It is essential to note that these teachings extend beyond the realm of monks, nuns, or adults, and encompass the youth as well. As reflected in the statement, *'Children are the ones to whom humankind is entrusted' (Tipitaka Siamese Volume 15:165) and 'The wise wish for a son who is either superior or as good. They do not wish for an inferior son, who will lead the family to downfall' (Tipitaka Siamese Volume 25:252)*, there is a recognition that the youth represent the future and the foundation of humanity.

The teachings aspire to the youth surpassing the older generation in various dimensions, including a healthy body, wholesome relationships, mature mental states, and a spiritually righteous path. To further emphasise the compassionate nature of Buddhism, consider the teaching, *'In order to alleviate the pain of sentient beings, the old, the young, and the sick, grant remuneration of land to doctors and surgeons in your country' (Common Buddhist Text: Guidance and Insight from the Buddha: 160)*. This underscores the commitment to mitigating suffering and promoting the well-being of all living beings.

3.3.3. Christian Perspective

The biblical basis for promoting societal health and well-being, from a Christian perspective, teaches that religious communities and people are not disconnected from the world, because they are in the world and are God's instruments in offering life in all its fullness (John 10:10), in collaboration with other instruments that God has put in place, such as scientists. God desires that humanity be spiritually, physically, and mentally well (John 10:10). In the Old Testament, God shows how plagues were diseases which travelled from person to person — in Numbers 5, God commands the Israelites to send out of the camp everyone who has a skin disease, a discharge, or is unclean because of a dead body. This is when the Israelite community was attacked by a disaster (Numbers 25) — leadership was required to make decisions that ensured public health. More importantly, the Bible teaches that faith communities should care for the poor and the sick (Matthew 25:35). The following Guiding Principles encompass shared values, understandings, norms and beliefs common among Christian denominations.

Christians believe that:

- God is love. His love, as demonstrated in the relationship of God the Father, Son and Holy Spirit, is both the source and model of all human relationships.
- All humans are created in God's image, called to be united in love with God and one another.
- God created a perfect world where humans could have fellowship with Him and one another. However, our relationship with God, ourselves, others and the environment became broken due to our sin, resulting in pain and suffering.
- Jesus Christ is the hope for all healing, reconciliation and restoration of all humanity and creation.
- The love of God compels the body of Christ, the Church, to act to make God's Kingdom visible on earth.

Christians are called:

- To serve all people with acts of love and compassion
- To seek the wisdom of the Holy Spirit as we search for answers and solutions
- To accept others with the same grace as Christ accepted us
- To recognise and protect the equal worth and dignity of every human being
- To promote peace and overcome violence
- To break the silence by speaking the truth in love
- To strive for justice that brings the fullness of life, healing, restoration and reconciliation

Scriptural teachings and practices within Christianity that promote/support immunisation uptake and child protection

Scripturally, faith and science are not contradictory but complementary. In Genesis 1: 27—29 for example, we see faith and science in conversation:

> *Verse 27: So, God created humankind in his image, in the image of God, he created them male and female, he created them.*
>
> *Verse 29: God said, 'See, I have given you every plant yielding seed that is upon the face of all the earth, and every tree with seed in its fruit; you shall have them for food'.*

From these verses, we can see that God created human beings in His own image. This is a faith process because God created the universe out of nothing (EX-nihilo) but by God's Word (Let there be...). God made provision for food from plants, trees, seeds and fruits for them to take care of their bodies. The means by which we get food from plants, trees and fruits is a scientific process. God loves and has value for the human body and has made provisions to take care of it, even as much as God values the soul. From his provision of plants, trees, seeds and fruits, God has also bestowed knowledge on some people to use scientific processes to turn these trees and plants into medicine to heal and prevent our bodies from sickness.

Furthermore, children and vulnerable persons in economically disadvantaged communities are defenceless; they require protection from diseases and abuse. Thus, the scriptural basis for immunisation and child protection is what Jesus says in *Matthew 22:37-39* concerning two big commands in law: the love of God and neighbour urges faith communities to care for all people, regardless of their social standing.

There are also many examples in the Bible of miraculous healing, especially during the time of Jesus' earthly ministry. Some include the importance of faith *(Mark 2:5, 5:36, 9:23-24)*, while others have no references to faith *(Mark 3:1-6, 6:53-56, 7:31-37, 8:22-26)*.

There are also examples of healing through medication *(2 Kings 20:4-7)*, as well as encouraging the use of wine for medicine *(1 Timothy 5:23)*. Nowhere in the Bible do we see medication being condemned. Neither do we see people being condemned for using medication. Although Jesus healed in miraculous ways, he still made room for people to visit a doctor and exercise healthy behaviours to prevent disease (like washing hands). While Jesus ultimately conquered death, the Bible seems to indicate that until Christ's second coming, sin, sickness and death will continue. While God can and does sometimes heal, we cannot and should not expect it in all cases *(Isaiah 53)*.

The Bible acknowledges the development of culture and technology since the time of Adam and Eve. *Isaiah 2:4, Joel 3:10 and Micah 4:3* all indicate that God wants technology to be used for good and not for war. Technology should be a servant of God's shalom. God has given us wisdom and knowledge to survive and flourish. Therefore, the use of medication and vaccines for prevention need not be a lack of faith. There are several biblical examples where Christians are expected to attend to physical needs (e.g., *Matthew 25:34-40*) and where giving spiritual help instead of physical help is criticised (*James 2:14-16*). In the scriptures, we have a responsibility to care for our bodies. The body is the temple of the Holy Spirit. God asks us to be stewards of our bodies. *Leviticus 11, 1 Corinthians 10:31.* Faith calls all believers to be stewards, meaning to care for the body, including medically when necessary, by treating it and protecting it from disease.

Therefore:

- Getting the vaccine is a way to express love for a neighbour — faith leaders should get vaccinated themselves and encourage people to get vaccinated.
- The Bible is clear that the Great Commandment is to love God and love our neighbour (Matthew 22:36-40).
- As faith leaders and communities, while we aren't given specific guidance on how to love our neighbour in every possible circumstance, we can apply that principle and follow Christ's example on how to love. We can take actions to protect and preserve our neighbours. We can share knowledge and information that contributes to fullness of life.
- Doing no harm, supporting the health and well-being of communities, and looking to the good of others is a clear Biblical principle (I Corinthians 10:24).
- Caring for strangers and providing hospitality (including food, shelter and other basic needs) is a key component of loving our neighbours (Hebrew 13:1-2).
- The Good Samaritan parable shows that loving our neighbour extends to taking significant action to support the health, recovery and physical well-being of our neighbours (Luke 10:25-37).

3.3.4. Hindu Perspective

Working to overcome disease is a form of worship that is supported by Hindu teachers.

Hinduism teaches the following:

- The dignity and value of children in Hinduism derive from the fact that God exists equally in all. Dignity is not dependent on age.
- The profound sacred value for the child matters little unless it motivates practices that support the physical, mental and emotional well-being of children, and promotes their well-being through the provision of fundamental needs such as nutrition, healthcare and education.
- The cardinal Hindu ethical principle is non-injury (ahimsa). Positively, ahimsa means active compassion and care for the well-being of others.
- Our children are among the most vulnerable in our families and communities and our willingness to protect them from disease is a test of commitment to ahimsa.
- The centrality of non-injury (ahimsa) must become the foundation upon which Hindus build a vigorous campaign on behalf of the well-being of children and their protection and freedom from violence, exploitation and abuse.
- Hinduism is not antagonistic to medical science and there is no history of conflict with the established facts of science.
- Hinduism commands that we consider the common good in all actions and choices.
- It is an established scientific fact that immunisation protects children and the community from the suffering caused by the spread of childhood diseases.
- Hindu theology and ethics support and encourage child immunisation. Support for immunisation demonstrates our care for children. Such care in practice is regarded as a form of worshipping God.

Hinduism tells us that:

- Hindu leaders have a religious obligation to use their moral influence and vast outreach to educate about the benefits of immunisation.
- Hindu leaders have a religious obligation to refute untruths about the benefits of vaccination.
- Hindu leaders have a religious obligation to cooperate with medical practitioners and public health workers to ensure that disadvantaged children have access to immunisation.
- Hindu religious leaders have a religious obligation to provide spaces and other resources to help with the immunisation of children.
- Hindu religious leaders should, wherever possible, cooperate with leaders and practitioners of other faiths, to protect children from disease and violence and to support their holistic well-being.

Scriptural teachings and practices within Hinduism that promote/support immunisation uptake and child protection

Religious leaders are honoured and their authority is respected within the Hindu faith. Respect for life, promotion of good health and non-violence are all emphasised in Hindu sacred texts; these ethical ideals can serve as the foundation for preserving human life through immunisation and the protection of vulnerable members of society. Non-violence, for example, is lauded, and believers are prohibited from impeding the progressive life of other living beings through thought, speech or deed. The Bhagavad Gita 16:1-3 states:

> *'The Supreme Divine Personality said: O scion of Bharat, these are the saintly virtues of those endowed with a divine nature — fearlessness, purity of mind, steadfastness in spiritual knowledge, charity, control of the senses, sacrifice, study of the sacred books, austerity, and straightforwardness; non-violence, truthfulness, absence of anger, renunciation, peacefulness, restraint from fault-finding, compassion towards all living beings.'*

A well-known Hindu prayer, used often in temples and homes, is as follows:

> *Sarve bhavantu sukhinah (May all be happy)*
> *Sarve santu niramayah (May all be free from disease)*
> *Sarve bhadrani pashyantu (May all experience goodness)*
> *Ma Kaschid dukhabhagbhavet (May no one suffer)*

The Ramayana is one of the most loved of Hindu sacred texts. It tells the life story of Rama, venerated by Hindus as a divine incarnation (avatar). In a sixteenth century version of this text, the poet-saint, Tulsidas, wrote of a utopian human community governed by God (Ramrajya). His vision is a beautiful one.

> *There was no premature death nor suffering of any kind; everyone was healthy and beautiful. There was no poverty, want or sorrow; all were intelligent and virtuous.*

It is significant that both in the prayer and sacred text good health and freedom from disease are sought and valued. Divine rule is associated with freedom from disease. At the same time, a human community that is free from disease and poverty is not brought about by a miraculous divine intervention. It is the result of divine-human partnership, and the story of the Ramayana is a story of the divine working in cooperation with human beings to overcome suffering. Ramrajya (the kingdom of God) on earth cannot be accomplished without the active striving and cooperation of human beings.

The Hindu tradition proposes four goals for a meaningful and fulfilling human life. These are *dharma* (virtue), *artha* (wealth), *kama* (pleasure) and *moksha* (spirituality). The goal of wealth emphasises that Hinduism has never given its blessing to involuntary poverty and material deprivation. The tradition recognises the need of every human being to access necessities (food, clothing, shelter) that make a dignified life possible.

A key component of *artha* is good health, which is valued for everyone. Kalidasa (4th-5th CE), one of the most famous writers of ancient India, spoke of the importance of a healthy physical body, and physical well-being is a central feature of the Yoga tradition. Yoga recommends various practices of body and breath to enhance health.

India developed a thriving indigenous system called Ayurveda (literally meaning knowledge of life) for diagnosing and treating disease. In a beautiful poetic invocation of the Atharva Veda (19.67.1-8), worshippers pray for a life of a hundred autumns:

For a hundred autumns, may we see,
For a hundred autumns, may we live,
For a hundred autumns, may we know,
For a hundred autumns, may we rise,
For a hundred autumns, may we thrive,
For a hundred autumns, may we be,
For a hundred autumns, may we become,
Aye, and even more than a hundred autumns.

The hope here is not just for a long life, but for one that is full of physical and mental vitality. These texts and traditions affirm that, for Hindus, the overcoming of disease and the attainment of good health are valued. Measures that promote good health are encouraged and supported.

At the heart of the Hindu tradition is the teaching that God exists equally in all beings. The Bhagavadgita 13:28 states this teaching clearly, '*The supreme God exists equally in all beings.*' Based on this teaching, no one is excluded and there are no qualifications that can be introduced. Children not excluded. The second disclosure about God's presence is the emphasis on the equality of that presence. God's reality is not greater or lesser in any being. There is no question of degrees of presence.

The traditional system of medicine among the Hindu religion community can be traced back to ancient Hindu scriptural songs dedicated to ailment healing. For example, in Book 1, Hymns I, III and XXIII speak about charms for healing constipation, urine suppression, dysentery and leprosy.

Book 1, Hymn XXII: A charm against leprosy: O Plant, thou sprungest up at night, dusky, dark-coloured, black in hue! So, Rajani, re-colour thou these ashy spots, this leprosy. Expel the leprosy, remove from him the spots and ashy hue: Let thine own colour come to thee; drive far away the specks of white.

It is God's existence in all beings that gives them dignity and significance. In the Hindu tradition, children have the same dignity and worth as adults. Dignity or worth is not dependent on biological age, sex, or emotional and intellectual maturity. Dignity and worth flow from the equal existence of God in all. This means that the worth of the child is intrinsic and not instrumental. Theologically, there is no basis for privileging the male child over the female child. Children are not valuable because they serve adult needs and fulfil adult purposes; their dignity is inherent and does not come from their relationship with adults.

Children are loved and welcomed by Hindus and one of the purposes of marriage in the Hindu tradition is parenthood. The value of the child and the concern for the child's well-being is powerfully evident in the traditional Hindu life cycle sacraments. The purpose of these sacraments, known as *samskaras*, is to protect the child and to ensure the child's health and well-being. Several of these life cycle rituals are even performed before birth, testifying to the value of the child and his or her well-being. Hindus delight in the presence of God in their children and this is signified by the choice of a name such as the child-Krishna (Balakrishna) or the child-Rama (Balarama), or the naming of a girl after one of the feminine forms of God such as Lalita, Minakshi, Radha, Sita, and Parvati.

What does this religious value of the child and the child's health and well-being mean? The profound value of the child in Hinduism matters very little unless it leads to practices that nurture and promote the flourishing of the child. The cardinal ethical value in all Hindu traditions is non-injury (*ahimsa*). *Ahimsa* requires that we minimise suffering and express the value of life. The great champion of non-injury in recent times, Mahatma Gandhi, emphasised that ahimsa means love and compassion for all and the

active striving to overcome suffering. He also emphasised that the helpless among us are most deserving of our protection. Our children are among the most vulnerable in our families and communities and our willingness to protect them from harm is a test of our practice of *ahimsa*.

It is an undisputed scientific fact that immunisation protects children from a variety of diseases and promotes their healthy growth. Hindu teachings about the importance of good health, the overcoming of suffering in the form of diseases, avoiding harm (ahimsa), the protection of children and their sacred value, require that we promote and support immunisation. Hindu religious leaders have a religious and moral obligation to disseminate truthful information about immunisation, challenge untruths, and to work with public health practitioners to implement immunisation in their communities. We do not express how we value children by ignoring their health needs.

There are other important reasons in the Hindu tradition for supporting immunisation. Twice in the Bhagavadgita (3:20:3:25) we are urged to consider the common good in all actions. The Sanskrit equivalent in the Bhagavadgita for the common good is *lokasangraha*. *Lokasangraha* is inclusive. It includes all human beings, but also the world of nature. It excludes the pursuit of personal and institutional interests in ways that impede the good of all. Immunisations prevent the spread of infectious diseases in communities and thus contribute to the common good and the alleviation of suffering.

For Hindus, faith in God is not opposed to, or tested by refusing, medical treatment. Turning to medicine is not turning away from God. There is a long history of concord between religion and science in Hinduism. Religious teachings should not contradict or be opposed to established facts. Shankara (8th CE), a great Hindu teacher, said that one cannot prove that fire is cold or that the sun does not shine by appealing to scripture. The purpose of scripture is to teach us about the nature of God and the means to happiness. Scripture is not authoritative in diagnosing diseases or recommending treatment. Medical science is the authority for the diagnosis and treatment of disease.

The Ramayana described a moment in the war between Rama and Ravana when Rama's younger brother, Lakshmana, was gravely wounded in the chest by a spear released by Ravana's son. Hanuman, the foremost among the servants of Rama, lifted the limp body of Lakshmana and brought him before Rama. They were all very distraught but knew that locating the most qualified physician, Sushena, was a matter of urgency. Many among them believed that Rama was divine, but no one objected or argued; none condemned the efficacy of medical practice or called for a miraculous cure. No one saw recourse to medical therapy as indicative of a lack of faith in the divine.

Hanuman found Sushena and returned with him to the battlefield. After he examined Lakshmana, Sushena recommended a herbal medication located on a distant mountain. The rest of the story is well known. Hanuman travelled to the mountain but was unable to identify the specific herb. Leaving no stone unturned, he lifted the mountain and returned to Sushena and Rama. Sushena prepared the medication, applied it and Lakshmana recovered from his wound.

Hinduism's support for vaccination was well illustrated during the Covid pandemic. There were no divisions within Hindu communities centred on debates about prioritising prayer or divine intervention over medical science. No theological arguments were offered against vaccination. Temples, in fact, became centres for vaccine dispensation and Hindu leaders encouraged vaccination as fully consistent with Hindu teachings about compassion and care for the suffering. Hindu leaders did not grant vaccine exemptions on religious grounds.

At the core of the teachings of Hinduism is the equal existence of God in all beings. This truth, as we saw before, is the source of human dignity and value. It also means that serving and caring for others is a form of worship. Hindus are encouraged to engage in seva, or the service of others, without the expectation of reward as worship. The tradition speaks of this way of worshipping God as karmayoga, or the path of action.

Swami Vivekananda (1863—1902) is one of the most influential Hindu teachers. He made the service of others, inspired by the vision of God existing in all, one of his core teachings. In a famous and often-quoted lecture delivered at the Rameshwaram Temple in Southern India in 1897, Vivekananda explained the meaning of worship in Hinduism.

This is the gist of all worship — to be pure and to do good to others. He who sees Shiva in the poor, in the weak, and in the diseased, really worships Shiva; and if he sees Shiva only in the image, his worship is but preliminary. He who has served and helped one poor man, seeing Shiva in him without thinking of his caste or creed, or race, or anything, with him Shiva is more pleased than with the man who sees Him only in temples.

3.3.5. Islamic Perspective

In the Islamic faith, Masjid, or Allah's dwellings, are to be the incubator and starting point for earth reform and change in order to achieve a better world. Muslims are Allah's servants, and it is their job to carry out the project of earth reform and positive transformation to attain Allah's will.

Allah the Most High praises the efforts of the faithful and directs their steps along the correct path as they try to serve others with love and compassion. Therefore, Allah the Exalted describes himself as the 'Just'. He commands us to dispense justice, defends the principle of justice and upholds it by rejecting unjust and unfair practices, confronting them, and seeking to change them to establish justice on earth and rehabilitate individuals and society as a means of coming closer to Allah.

The following Islamic principles contain, among other things, values, concepts, norms and faith principles that are agreed upon.

Muslims are called upon to:

- Serve all people and to show love and compassion towards them.
- Search for answers and wise solutions, guided by the guidance of Allah, the Exalted and His Prophet (Peace be upon Him).
- Accept others, as Allah accepts all those who come to Him.
- Emphasise the necessity of preserving and safeguarding the dignity of every human being.
- Spread peace and avoid violence and clashes.
- Tell, speak and advocate the truth in all conditions and stop being silent about it.
- Advocate the truth and dispense justice to let people live a good life, beautified by well-being, reconciliation and tolerance.

Scriptural teachings and practices within Islam that promote/support immunisation uptake and child protection

In the Islamic faith, the basis for religious leaders supporting public health are the Jurisprudential Rules (Maxims). The COVID-19 pandemic is an evil that requires vaccination, especially among the children. Muslim faith leaders should encourage vaccination and can supplement this message with the verses of *'Enjoining the good'* and *'Forbidding the evil'* using the prophetic tradition (Hadith) *'Whosoever of you sees an evil, let him change it with his hand: and if he is not able to do so, then with his tongue, and if he is not able to do so, then with his heart — and that is the weakest of faith.'* Sahih Muslim 49, Book I, Hadith 84.

Islamic Maxim No 1: *Harm (Darar) must be eliminated.* This maxim is derived from the prophetic traditions such as Abu Sirmah (may Allah be pleased with him), who reported that the Prophet (may

Allah's peace and blessings be upon him) had said: *'Anyone who causes harm to a Muslim will be harmed by Allah, and anyone causes hardship to a Muslim will be caused hardship by Allah.'* (Tirmith No 1940).

- **Perspective:** harm should always be eliminated whenever it arises and wherever it is encountered.
- **Rationale:** ensuring safety and well-being of oneself and others.
- **Goal:** well-being for all people is achieved.
- **Method of eliminating harm:** in this context it is vaccination/immunisation.

Islamic Maxim No 2: *The Origin of Things in Islamic Law is Permissibility.* This maxim is derived from the Holy Qur'an: *'It is He who created for you all of that which is on the earth...'* (Qur'an 2:29).

- **Perspective:** All things are permissible (Halal) until a verdict is deduced from the Qur'an or Hadith.
- **Rationale:** Allah has opened wide avenues that enable mankind to live a good life, of which good health is a prerequisite.
- **Goal:** Man must pursue all possible means to achieve well-being, most importantly the right to a good and healthy life.

Islamic Maxim No 3: *The greater evil is repelled by lesser evil.* This maxim is derived from the following verse and many others like it *'But whoever is compelled by necessity — neither driven by desire nor excess — he commits no sin. Allah is Forgiving and Merciful'* (Qur'an 2:173).

- **Perspective:** the effects of death have no measure and comparison to the effects of vaccination. On the assumption that it is 'dangerous', based on the above maxim we therefore opt for the lesser effects. Both the COVID-19 pandemic and vaccination are presumably harmful to human life, but it is only the former that has been conclusively confirmed to lead to loss of life, whereas vaccination is intended to prevent death caused by Covid with some reservations on the part of some believers.
- **Rationale:** man is permitted to use all possible ways to safeguard life.
- **Goal:** vaccination saves lives.

Islamic Maxim No 4: *Hardships compels easiness.* This maxim is derived from many sources, including the following Hadith *'Whenever the Prophet* (صلى الله عليه وسلم *(was given an option between two things, he used to select the easier of the two as long as it was not sinful)*" (Sahih al-Bukhari 6786).

- **Perspective:** Islamic law seeks to find an easy way of removing hardship.
- **Rationale:** Sharia always provides solutions to hardships to make life easier.
- **Goal:** the hardship of VPDs should be removed by vaccination.

In Islamic faith, God has made the Qur'an, with blessings, goodness and mercy, a reason for healing. Allah the Exalted says:

> *We send down the Qur'an as a healing and mercy for the believers, but it only increases the wrongdoers in loss (Al-Isra 17:82).*

The same is said in remembrance, supplication, and legal Ruqyah. God Almighty has made the 'honey' that comes from bees a material cause for healing. Allah the Exalted says:

> *From their bellies comes forth liquid of varying colours, in which there is healing for people. Surely in this is a sign for those who reflect (An-Nahl 16:69).*

The same is said for all material causes of medication and therapy. Every scientific discovery or achievement made by people of knowledge and specialists in the medical field — including the development of vaccines and pharmaceutical drugs — is thanks first and foremost to Allah Almighty.

Because none of this would have been possible without Allah's determination, guidance and facilitation, Allah the Exalted says:

> *Who created and ˹perfectly˺ fashioned ˹all˺, and Who ordained precisely and inspired accordingly (Al-A'la 87:2-3).*

3.3.6. Jewish Perspective[21]

Vaccination is seen as one of the most effective tools in modern medicine for preventing the spread of infectious diseases and safeguarding public health. In Jewish communities, the discourse on vaccination weaves together religious teachings, ethical considerations, legal rulings and communal responsibilities. Jewish faith perspectives support and endorse immunisation as a means of fulfilling the responsibility to protect the health of individuals, to enhance public safety, and to build responsible and healthy communities.

The theological and legal (halachic) roots of such rulings are also reflected in practice among the mainstream denominations within Judaism. There is general consensus among contemporary rabbinic authorities regarding the permissibility — and, at times, the obligation — to vaccinate, which leans on precedent, law, morals and values within the tradition. An understanding of these values, rulings and practices is important, given the rise of vaccine hesitancy and the societal dangers inherent in these trends, and can be a basis to support and promote vaccine roll-out protocols on many scales.

Scriptural teachings and practices within Judaism that promote/support immunisation uptake and child protection

Core Jewish Principles: Saving Life & Healing.
The core tenet which drives the halachic (Jewish legal) imperative to vaccinate is the biblical principle of '*Pikuach Nefesh*', which dictates that the preservation of human life takes precedence over almost all other religious doctrines and obligations. Throughout biblical scripture and subsequent rabbinic rulings, saving a life is of highest priority (*Tosefta, Shabbat, 16:13*). This is so much so that it overrides other *Mitzvot* (commandments), and applies even in scenarios in which there is doubt as to its efficacy.

In other words, if something may save a life, one should still do the action even if it certainly entails breaking (most) other laws (*Tosefta, Shabbat, 16:14*). This principle is further bolstered by the assertion that the Mitzvot are intended to be life-affirming, '*uchai bahem*', or 'and he shall live by them' *(Vayikra 18:5*). As the commentators explain in Sifra, Acharei Mot, Chapter 13:13, *'live by them, not die by them.'* The promotion of human life is preeminent.

[21] Muravsky, N. L., Betesh, G. M., & McCoy, R. G. (2023). Religious Doctrine and Attitudes Towards Vaccination in Jewish Law. Journal of Religion and Health, 62(1), 373—388. https://doi.org/10.1007/s10943-021-01447-8
Rabbi Dr Aaron Glatt. (2019, 11 April). Vaccination is Pikuach Nefesh. RAA Igud HaRabbonim. https://rabbinicalalliance.org/2019/04/10/vaccination-is-pikuach-nefesh/
Rashi, T. (2020). Jewish Ethics Regarding Vaccination. Public Health Ethics, 13(2), 215—223. https://doi.org/10.1093/phe/phaa022Rashi, T. (2021). The Moral and Religious Obligation to Vaccinate Children in Jewish Ethics. Acta Paediatrica, 110. https://doi.org/10.1111/apa.16024

Another biblical principle of great importance for the sages is the ethical imperative to prioritise health and healing in general. Jewish ethics mandates medical intervention for healing, and promotes other practices of cleanliness and hygiene. Communities have developed rituals of hygiene, as well as a myriad mystical and folk practices to promote life, and health and protect from disease and illness.

The prominent sage, legalist, commentator, philosopher and doctor, Rabbi Moses Ben Nachman, the Ramban (Spain, 1194—1270), was an important proponent of this view. He stated that *'It is a commandment to heal and is included within saving life... And saving life is a great commandment. Whoever is quick is praiseworthy... who asks questions spills blood, and all the more so the one who gives up and does nothing. And accordingly, every doctor who knows this science is obliged to heal, and if he does not do so he is spilling blood'* (Ramban Torah Commentary, *Leviticus 26:11*).

The Tosafists (earlier commentators) also explained that the Torah, in Exodus 21:18—19, teaches that it is permissible to heal not just an injury caused by man but also a sickness that is heaven-sent, and even though the cure appears to contradict the King's edict, this healing is permitted. The sages were thus clear on allowing medical intervention for healing. Rather than seeing it as contradicting the 'way of heaven', it was seen as mandatory from a religious perspective (Jewish Ethics Regarding vaccination, Tsuriel Rashi).

The Jewish ethical tradition also mandates 'distancing from danger.' The Talmud rules that *'danger is more serious than a prohibition'* (*Bavli, Chulin 10 A*). One must place 'guardrails' around danger, and prevent and distance oneself from danger (Rambam, Laws of the Murderer, Chapter 11, Law 14).

The sages thereby created a legal and value system by which preventing danger, healing illness and saving life — including through medical intervention — became religiously permissible and mandated. These values are the theological basis for mandated medical intervention both as prevention of illness and for distancing oneself from danger (lechatchila, a priori), and as treatment for and healing of illness (*bediavad*, or after the fact).

Jewish perspectives on vaccination are rooted in a deep-seated commitment to the covenantal duty of protecting health. From theological foundations to rabbinic endorsements and real-world examples, the argument for requiring or encouraging t immunisations within Jewish communities is compelling and widespread. The integration of religious principles with contemporary medical practices reinforces the communal responsibility to ensure the well-being of all. As vaccination campaigns continue, it is valuable to draw upon the close alignment of religious values and public health initiatives within Jewish traditions.

3.4. Role of Religious and Faith Leaders in Promoting Immunisation and Primary Healthcare

Faith leaders and faith communities can play an important role in increasing immunisation uptake across all levels of society. For example, in situations where members of the public do not have access to reputable sources of information, religious leaders can play a vital role to assist in effective community engagement.[22]

According to a study conducted in fifteen African nations on religious affiliation and immunisations, the presence of religious leaders is critical to increasing vaccine coverage.[23]

The success of any public health initiative is contingent on community as well as individual compliance. In some parts of Africa, FBOs may be the sole reliable source of crucial services. In these places, state authorities rely on religious leaders to safeguard community health and safety. During the COVID-19 pandemic and routine immunisation campaigns, some religious leaders and faith communities were chastised for failing to support public health programmes. However, as in the examples seen above, many others have endorsed and taken the lead in encouraging immunisation. According to a study conducted in fifteen African nations on religious affiliation and immunisations, the presence of religious leaders is critical to increasing vaccine coverage.[23]

1

On a personal level: Faith leaders can encourage vaccination uptake in their personal lives by providing reliable vaccine information to followers who come to seek assistance. For example, the Bahá'i faith authorities have published online letters in response to congregations' worries concerning vaccination. Individual acts by religious leaders with families can influence how the public engages in vaccine discussions. Religious leaders, for example, can set a good example by getting their own children immunised.

2

At congregational (place of worship, church, mosque, temple) level: Some groups in society, such as teenagers, women and people with special needs, have difficulty accessing public information channels, which are frequently used to increase people's awareness. Under such circumstances, religious leaders may collaborate with health ministries to plan vaccination education sessions and immunisation drives. Places of worship play an important role in community mobilisation and awareness-building in rural areas.

During public health emergencies, faith leaders can encourage open dialogue regarding VPDs, which can influence informed choices.

3

At community level: Several religious groups in Africa have distinct mandates and leadership structures for large-scale healthcare and health-related operations. These faith-based health interventions are typically centred in economically disadvantaged areas of any country. In such cases, religious leaders might build multi-stakeholder coalitions with the goal of using these health programmes to educate the public about immunisations.

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[22] Soni, G. K., Bhatnagar, A., Gupta, A., Kumari, A., Arora, S., Seth, S., Rastogi, A., Kanagat, N., & Fields, R. (2023). Engaging Faith-Based Organizations for Promoting the Uptake of COVID-19 Vaccine in India: A Case Study of a Multi-Faith Society. Vaccines, 11(4), 837. https://doi.org/10.3390/vaccines11040837

[23] Costa, J. C., Weber, A. M., Darmstadt, G. L., Abdalla, S., & Victora, C. G. (2020). Religious affiliation and immunization coverage in 15 countries in Sub-Saharan Africa. Vaccine, 38(5), 1160—1169. https://doi.org/10.1016/j.vaccine.2019.11.024

In this sense, religious associations, conferences and councils can carry out campaigns to promote vaccination uptake and awareness among their members about immunisation. The following section below illustrates how community-level mobilisation can be linked to national initiatives through national interfaith councils and conferences.

4

At national level: Inter-faith councils and conferences provide forums through which faith communities and religious leaders can mobilise people and advocate for positive social change. National and continental inter-faith councils have previously collaborated with national governments and international organisations to address health emergencies such as polio, HIV/AIDS, malaria, and the COVID-19 pandemic.

Through these councils, religious leaders can organise, join or promote national campaigns to encourage immunisation uptake and address vaccine hesitancy and false information.

The following examples from Africa illustrate the point:

The Zambia Interfaith Networking Group (ZINGO) collaborated with local media outlets and the health ministry to increase the public's awareness about COVID-19 and promote vaccine uptake. ZINGO also mobilised its members to make their places of worship available for testing and vaccination, allowing many people access to these services, particularly on worship days.

In **Malawi, the Public Affairs Committee** (PAC) has previously successfully organised religious and traditional leaders in five districts to promote vaccination against polio, COVID-19, measles, and cholera.

The South Sudan Council of Churches (SSCC) built awareness among religious leaders on how to respond to the COVID-19 pandemic by disseminating information in their worship places, holding seminars, broadcasting on local community radio and distributing fliers, which were translated into Arabic for residents' ease of understanding.

During the COVID-19 epidemic, interfaith committees in **Tanzania** mobilised religious leaders for prayer sessions to build trust among the people and collaborated with government agencies to promote vaccination at churches and mosques.

In **Burkina Faso**, Christian and Muslim faith leaders worked with the health ministry to educate the public about the COVID-19 epidemic, as well as to address people's worries and advocate for immunisation. To attract different audiences, the team employed outlets such as caravan marches, printed leaflets, and social media.

The **Nigeria Inter-Religious Council** (NIREC) organised 200 Christian and Muslim leaders to work with state officials to educate the public about the coronavirus.[24]

The **Inter-religious Council of Kenya** (IRCK) collaborated with the government and development partners: UNICEF and IRCK facilitated religious leaders' endorsement of vaccination by Christian, Muslim and Hindu theologists.[25]

During the COVID-19 pandemic, the **African Union Inter-faith Dialogue Forum** (AU-IFDF) issued a continent-wide call to all believers to support and collaborate with health authorities by following the rules and educating the public about COVID-19 risk prevention.[26]

UNICEF and the African Council of Religious Leaders — Religions for Peace (ACRL-RfP) convened an interfaith meeting to advocate for the continued COVID-19 vaccination and routine immunisations for children throughout the Eastern and Southern Africa region in March 2023.

These and many other examples help illustrate the vital role faith communities play in advancing health and well-being in their communities.

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[24] *Coronavirus: Lagos meets religious leaders - P.M. News.* (4 March 2020). https://pmnewsnigeria.com/2020/03/04/coronavirus-lagos-meets-religious-leaders/

[25] *Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19: Interim guidance.* (2020). WHO. https://iris.who.int/bitstream/handle/10665/331707/WHO-2019-nCoV-Religious_Leaders-2020.1-eng.pdf

[26] *African Union Interfaith Dialogue Forum (AU-IFDF) - A Call to Prayer and Action to Counter the COVID-19 Pandemic | African Union.* (8 May 2020). https://au.int/en/pressreleases/20200508/african-union-interfaith-dialogue-forum-au-ifdf-call-prayer-and-action

CHAPTER 4

Communication, Outreach and Advocacy Strategies for Religious Leaders and Faith Actors

In this chapter, we explore how to reach the intended audience with effective social and behaviour change communication.

4.1. Building Trust and Open Dialogue

Trust and trust-building is an operational cornerstone of faith-based communities. There is much faith leaders could work upon in building trust and to support their own communities to address vaccine hesitancy.

Based on scientific evidence and reliable information provided by the health sector, faith leaders could be trust-builders in rolling out vaccine programmes. Faith leaders could host vaccine information sessions as well as mobile vaccine clinics in their religious premises that would reinforce the element of trust.

> **Example: in Sri Lanka where vaccine coverage is typically high compared to the South Asian region, faith actors play a pivotal role in opening their premises to conduct health clinics and vaccine drives.[27]**

Faith leaders could also request that health experts from their own faith traditions conduct information sessions for their communities. That would reinforce trust and enable the trust-building process. Alternatively, faith leaders could channel community leaders to the health sector and encourage them to learn more about vaccine roll-outs that would reinforce communal trust.

4.2. Empathy and Effective Communication Strategies

Effective communication, strengthened by empathy and active listening, will help to dispel misconceptions and to promote vaccinations that would enhance the quality of life of served communities. Many faith actors possess an intrinsic aptitude for essential skills like **active listening** and **empathetic engagement** with others. This inherent capacity underscores the potential for vaccine-related discussions to adopt a similar approach. These skills within faith communities can be leveraged to foster **constructive dialogues** around vaccination. Just as faith leaders demonstrate empathy and attentiveness in addressing the concerns and needs of their congregations, conversations about immunisation can be approahed with patience, understanding and a willingness to listen. Embracing these principles can help bridge gaps in understanding and promote **informed decision-making** regarding vaccines, ultimately contributing to the health and well-being of individuals and communities alike.

Understanding and acknowledging the fears and hesitancy of community members plays an important role in understanding the origin of communal hesitancy. After showing empathy and listening compassionately, faith actors could then communicate these fears to the health sector and public health promotion drivers in their localities so that these health agents could better **tailor their interventions and approaches to health communication**. At the same time, understanding

[27] Wijesinghe, M. S. D., Ariyaratne, V. S., Gunawardana, B. M. I., Rajapaksha, R. M. N. U., Weerasinghe, W. M. P. C., Gomez, P., Chandraratna, S., Suveendran, T., & Karunapema, R. P. P. (2022). Role of Religious Leaders in COVID-19 Prevention: A Community-Level Prevention Model in Sri Lanka. *Journal of Religion and Health*, 61(1), 687—702. https://doi.org/10.1007/s10943-021-01463-8

the fears will also enable faith leaders themselves to address and dispel misinformation, and to also refer people with special concerns for specialised care during mobile clinics. For example, if someone is chronically ill and is concerned about receiving vaccines, faith actors could request that health officials specifically engage with such people or vulnerable groups to accommodate their concerns and doubts.

The whole approach of building **trust**, creating **open dialogue**, showing **empathy** and **listening compassionately** helps to create safe spaces for community members to be heard, supported and actively engaged through positive health promotion messages, to safeguard their own health and safety along with that of the wider community.

Crafting messages with faith values such as responsibility towards others, communal aspirations and compassion, will strengthen the process when communicating to people. In doing so, it is also essential to include health actors to bring the knowledge about vaccines. Bringing in health actors to the community will build effective bridges between faith-oriented assurance and current health messaging. This will further validate your approach to promoting community health, as the health authorities take responsibility for the vaccine and its implementation in the community.

Health actors could come from faith backgrounds similar to that of the community to reinforce trust. The communication material (banners, pamphlets, posters) sourced could be obtained by the health authorities, as they typically have different types of material for communication purposes when vaccine roll-outs take place.

In sermons and routine faith engagements highlighting and emphasising how vaccines protect individuals, the community and the country at large is crucial when using faith-based teachings. Sermon integration is a successful strategy for communicating positive messaging in faith-based communities.

In terms of routine vaccine programmes — previously vaccinated community members could be asked to come and share their experiences. This could be to highlight their experience of receiving a vaccine, and how they have not been exposed to diseases. This could be particularly successful for children's routine vaccines.

As discussed earlier, organising vaccine clinics at local faith institutions or community halls will help promote immunisation efforts. This could also be an opportunity to arrange Q&A sessions with the support of health experts. When these happen over a longer period of time (i.e.: during the Covid pandemic), you could organise feedback mechanisms to evaluate how communities themselves feel about receiving vaccines. This would encourage vaccine-hesitant individuals to change their mindset.

Faith actors could arrange peer-to-peer public conversations to dispel myths and to promote community health in terms of religious teachings. This could even be extended to the level of interfaith panels, where faith actors share experiences with an interfaith background.

> **Remember that every community is unique in their positioning and each faith leader is in a better position to tailor communication strategies to fit their own community. It is also vital that this information is shared with the community health actors as well.**

People of faith that embrace compassion and empathy towards communities could play a greater role in terms of addressing concerns around the community's public health endeavours. It is an act of compassion and of solidarity and building collaborative partnerships with other sectors that serve the same communities. By building trust with greater understanding, in a spirit of greater engagement and dialogue, faith actors can significantly and effectively contribute to a healthier and safer community and thereby a safer world.

4.3. Tailoring Messages for Different Audiences

Faith leaders minister to a wide range of people with varying information and communication needs. People's views, attitudes and values may influence how they accept health messages and whether they resonate with them. Thus, by adapting messaging to varied audiences, this will address, among other things, the targeted audience's individual needs and values. This in turn could increase the possibility of social action. In this guide, tailoring refers to individualised communication according to demographic and cultural factors.

Here are some factors to consider in tailoring messages for different audiences:

Create an audience profile which includes demographic (age, gender, ethnicity, educational level, etc.), psychographic (attitudes, beliefs and perceptions towards vaccination) and behavioural (vaccination status, barriers to vaccination and information sources) data.

Identify and cultivate credible messengers (including youth and women leaders). The credibility of the messenger is critical: here, faith leaders can offer scriptural teachings supporting vaccination as well as their own personal vaccination experiences.

Frame the message to assist the target audience in identifying the action you want them to take, the rationale for doing so, and the critical evidence behind it. Framing ensures that the message is consistent with the audience's values and beliefs. Use scriptural texts that emphasise believers' moral responsibility to protect the vulnerable.

Address audience issues — address specific community concerns or myths by delivering correct information and dispelling widespread vaccination misconceptions. Encourage and build a venue for early adopters to come out and share their stories; this will help to humanise the process.

Collaborate with healthcare providers and authorities — invite health professionals to places of worship to share information and respond to health-specific issues.

Adapt your messaging — the circumstances of health emergencies change quickly, and what drives individuals' vaccination decisions at different points is likely to shift over time. As a result, faith leaders and health communicators have to adapt their messaging as circumstances change.

4.4. Addressing Cultural and Religious Beliefs

Faith leaders, in partnership with healthcare professionals, have a responsibility to communicate culturally sensitive messages that improve the quality of health communication and health outcomes in the context of vaccines and immunisation. People are divided by culture and religious beliefs, and it is these differences that affect how people view health and the causes of illness.

- In some cases, cultural and religious beliefs can obstruct life-enhancing health practices. Misinformation about vaccination, for example, has generated mistrust and reticence among the populace during prior country-wide immunisation efforts.
- In certain cases, existing religious exemptions have been used to threaten public health by causing people to withdraw from life-saving health programmes.
- Stigma and discriminatory practices have undermined trust in public health programmes in countries with minority groups. Religious leaders must therefore devise measures to tackle the potential barriers that culture and belief may pose to attaining health outcomes for all.
- Faith leaders, in collaboration with healthcare providers, must deliver culturally sensitive and religiously informed education.
- Work with community influencers who can speak about the safety and importance of vaccines in the context of their culture or religious beliefs.
- Create culturally relevant immunisation campaigns that take into account the beliefs and practices of various cultures.
- Use their influence and networks to spread messages during religious services, organise educational activities, and encourage their congregations to be vaccinated.[28]

[28] COVID-19 Vaccination Field Guide: 12 Strategies for Your Community. (2022). U.S. Department of Health and Human Services: Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/community.html

4.5. Using Stories and Personal Testimonies

The use of personal testimonies and stories to encourage vaccine uptake has the potential to change people's perceptions of health and well-being. Faith leaders may share the stories and experiences of vaccinated people, underlining the positive impact of vaccination on their health and well-being.

Personal testimonies can improve vaccination uptake in the following ways:

Humanise the public health emergency. Communicators must organise forums for people to share relatable experiences and messages that resonate with the target audience — personal experiences connect real people to the experiences of others and allow healthcare professionals to personalise their messaging.

Enhance trust. Individuals are more likely to trust information that comes from those close to them — personal testimony can help dispel misconceptions, hesitancy, and enhance confidence in the immunisation campaign.

Inspire social action. Hearing the stories of those who witnessed their loved ones suffer as a result of a lack of vaccination can motivate others to take action. People may be persuaded to get vaccinated or to advocate for vaccination in their communities after hearing personal stories.

Engage audiences. Because different audiences may be more open to different types of stories, faith leaders must use their understanding of the communities to tailor the personal stories.

4.6. Hosting Immunisation Awareness Events

Religious leaders can help raise immunisation awareness and access in their communities.

Here are some suggestions for organising immunisation awareness events:

Identify the main call to action. Determine what you want people to do, for example attend the event, share their stories, express their support for your purpose, schedule an appointment and get vaccinated.

Identify suitable partners (local healthcare providers, government agencies, community organisations, and social groups). This ensures that your event has the necessary resources, such as vaccines, educational resources, volunteer facilitators, and community mobilisers. Form an organising committee comprising representatives from all major stakeholders; this group will assist with event preparation and resource mobilisation.

Communication and outreach. Identify suitable information and communication channels based on the audience profile.

Invite speakers from various backgrounds. This might include health professionals, religious leaders of other faiths, parents and vaccinated children. Having speakers from various backgrounds will guarantee that the event is informative and engaging for all attendees.

Plan interactive sessions. To engage the audience in various elements of vaccination, design interactive sessions such as panel discussions, one-on-one meetings, demonstration tents and workshops.

Make the event family-friendly. Provide activities and day care for families so that parents can attend without worrying about their children.

Make it as simple as possible for people to get vaccinated. If at all possible, set up a vaccination clinic tent or mobile clinic at the event so that participants get vaccinated promptly. If you are unable to hold a vaccination clinic, make sure to provide information about nearby places where individuals can get vaccinated.

Gather feedback. After the event, collect feedback from participants to evaluate its effect and plan. Surveys or unstructured conversations can be used to accomplish this.

4.7. Encouraging Immunisation in Sermons and Congregation Gatherings

Religious leaders have a significant role in influencing the beliefs and behaviours of their congregations. In the context of this guide, faith leaders have a responsibility to use their platform during worship gatherings to encourage the uptake of life-saving services such as immunisation and routine health checks.

Here are some ways religious leaders can achieve this:

Share Personal Stories. Relatable experiences and personal stories can be effective communication tools. Here faith leaders are encouraged to create personalised narratives they can share with their congregations about life-saving health services as well as stories of individuals who have benefited from positive health decisions. These personalised stories can help congregations connect with the topic and feel more at ease with the idea of immunisation.

Integrate Scripture into Healthcare Messaging. Here religious leaders might draw connections between their faith's teachings and the need for vaccination and the protection of children and vulnerable members of the community. As illustrated in the preceding sections, scriptural verses and teachings that emphasise the obligation to care for one's own health as well as the well-being of the community can be used for social action.

Address Ethical Values. Use sermons and fellowship gatherings to emphasise that every member of the congregation has a moral and ethical duty to safeguard those who are vulnerable (children, the elderly and the infirm) in their community. Use the community's current moral code to explain that getting vaccinated is an act of love and compassion that is consistent with the ideals of any faith community.

Invite Healthcare Professionals. Invite public health officials to speak at fellowship meetings and congregation gatherings to provide factual information about vaccines, dispel myths/rumours and address concerns. This can help to reduce anxieties and doubts about immunisation drives.

Organise Vaccination Drives. Work with local healthcare providers to organise vaccination drives at your place of worship. This may help to create a welcoming environment and easy access for congregants to be vaccinated.

Encourage Dialogue and Open Discussion. Provide a safe space for congregation members to raise questions and share their concerns. Fears and worries can be alleviated via open communication.

4.8. Educating Parents and Guardians About Immunisation

People frequently consult their spiritual leaders when it comes to vaccines and immunisation because they have faith in them and want to know if their health-related decisions align with religious teachings. Similarly, faith leaders can help shape people's attitudes towards vaccination by providing viewpoints that are supportive of life-saving healthcare treatments. As a result, religious leaders can play an important role in educating parents and guardians about vaccines and immunisation by leveraging their authority and trust within their communities.

Here are some ideas on how they can effectively educate parents on this critical subject:

Incorporate Immunisation into Religious Instruction. Use religious instruction sessions to underline the importance of immunising children to protect their health. Share religious texts or stories that emphasise the concept of caring for and protecting children.

Host Immunisation Sensitisation Workshops. Faith leaders can host vaccine and immunisation campaigns in partnership with healthcare professionals in the community or place of worship — these sessions can be used to address any religious concerns people may have, and for presenting a theological perspective on life-saving healthcare interventions.

Form a Local Interfaith Health Team. Within the local faith community, form a group drawn from diverse faith groups tasked with the role of tackling health-related issues, such as immunisation and vaccines. This group can be used to plan educational events, conduct research and address any emerging health-related concerns.

Establish a Safe and Open Space for Families. Use existing fellowship groups to establish a safe and open space for parents and guardians to ask questions and share their concerns. Occasionally, healthcare practitioners can help with facilitating dialogue on vaccination uptake.

4.9. Collaborating With Healthcare Providers and Others to Promote Immunisation Uptake

The role of faith leaders in helping their followers embrace life-saving health practices has been underlined throughout this guide because of the trust in and influence of religions. Members of the congregation frequently consult their faith leaders on healthcare matters. We also see cases in which faith leaders discourage immunisation and this can lead to anti-vaccine movements. The influence of faith can be both positive and negative, and disagreements within faith communities are common. We cannot assume a faith leader represents the views of their whole community, but we also see that their voice can be influential in spreading misinformation about immunisation.

Faith leaders have a moral duty to collaborate with healthcare providers to promote vaccine uptake for individual well-being and for the good of society.

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Planning vaccination and immunisation drives

Faith leaders and healthcare providers can collaborate to offer immunisation clinics at their churches, mosques, synagogues or other places of worship. This can make it easier for members of their communities to get immunisations, particularly those who may encounter transportation or childcare challenges.

Advocacy

Faith leaders can play an active role in or encourage vaccine awareness initiatives launched by healthcare providers and government health agencies. Thus, FBOs will play an important role in communities — by participating in vaccine campaigns, faith-based groups will help foster community trust and engagement. Collaboration between healthcare providers and faith leaders will help create and implement successful vaccine communication strategies that are suited to the community's individual needs and cultural circumstances.

Reporting

Multisectoral health interventions require a robust monitoring, evaluation and learning framework — such a framework helps partners document and share their experiences, which will contribute to the growth of knowledge on faith-led interventions and their impact on immunisation uptake and community health. As such, a reporting framework can be developed by integrating existing frameworks and guidelines for public health interventions, vaccine programmes and equity considerations.

4.10. Planning and Preparing for Future Pandemics

4.10.1. Considerations

There are efforts underway to plan and prepare for future pandemics with the goal of mitigating their impact on public health, economies and society. All formations, including faith actors, are called upon to reflect on and discuss what they can do to prepare for future pandemics.

Below is some common thinking about steps and considerations:

Risk Assessment and Surveillance. Continuously monitor and assess global health risks, including emerging infectious diseases, to identify potential pandemic threats early on.

Pandemic Preparedness Plans. Develop comprehensive and flexible pandemic preparedness plans at national, regional and global levels. These plans should outline strategies for early detection, containment, treatment and communication during a pandemic.

Healthcare Infrastructure and Capacity Building. Strengthen healthcare infrastructure and build capacity to respond to surges in demand for medical care, including increasing hospital bed capacity, stockpiling essential medical supplies, and training healthcare workers in pandemic response protocols.

Vaccination and Immunisation Programmes. Invest in research and development for vaccines targeting potential pandemic pathogens. Establish robust vaccination and immunisation programmes to ensure widespread access to vaccines once they become available.

Public Health Education and Communication. Implement public health education campaigns to promote preventive measures such as hand hygiene, mask-wearing and social distancing. Clear and transparent communication from health authorities is essential to maintaining public trust and compliance.

International Collaboration and Coordination. Strengthen international collaboration and coordination mechanisms among governments, public health agencies and international organisations to facilitate information-sharing, resource allocation and coordinated response efforts across borders.

Surge Capacity for Testing and Contact Tracing. Develop and maintain surge capacity for testing, contact tracing and surveillance to quickly identify and isolate cases during a pandemic.

Supply Chain Resilience. Diversify supply chains for essential medical equipment and pharmaceuticals to reduce dependence on a single source and mitigate disruptions during a pandemic.

Research and Development. Prioritise research and development in areas such as antiviral drugs, diagnostics and novel therapies, to improve treatment options and reduce the severity of illness during a pandemic.

Community Engagement and Support. Engage communities in pandemic preparedness and response efforts, including vulnerable populations, to ensure their needs are addressed and that they have access to the necessary support services.

Lessons Learned and Continuous Improvement. Continuously evaluate and learn from past pandemic experiences to improve future preparedness and response efforts. This includes conducting after-action reviews, updating pandemic preparedness plans, and investing in research to address gaps in knowledge and capabilities.

By implementing these measures and fostering a culture of preparedness, we can better protect public health and minimise the impact of future pandemics on society.

4.10.2. How the FBOs Can Prepare for Future Pandemics

In addition to sharing messages encouraging vaccine uptake, faith leaders and faith institutions also have much to offer in terms of logistical support for public health campaigns and immunisation efforts.

In preparing for any known or unknown future public health crisis or pandemic, faith actors can focus on the following areas:

In preparing for any known or unknown future public health crisis or pandemic, faith actors can focus on the following areas:

Education and Awareness. FBOs can educate their members about pandemics, including how they spread, preventive measures, and the importance of vaccinations. They can disseminate accurate information through sermons, newsletters, social media and other channels.

Hygiene Practices. Encourage and enforce good hygiene practices within places of worship, such as handwashing, sanitising, and respiratory etiquette. Provide hand sanitisers and ensure proper ventilation in enclosed spaces.

Adaptation of Religious Practices. Be prepared to adapt religious practices to minimise the risk of transmission. This might include modifying rituals such as communion or greetings, to maintain physical distancing or switching to virtual gatherings during periods of high transmission.

Collaboration with Health Authorities. FBOs can collaborate with local health authorities to stay informed about the latest developments and guidelines. They can also support public health initiatives, such as vaccination drives or testing campaigns, by offering their facilities as vaccination centres or testing sites.

Mental Health Support. Recognise the mental health impacts of pandemics and provide support to those who are struggling. This could involve offering counselling services, creating support groups, or promoting mental wellness resources.

Community Outreach. Engage with vulnerable populations within communities, such as the elderly or those with underlying health conditions, to ensure they have access to essential services and support networks.

Emergency Preparedness Plans. Develop and regularly update emergency preparedness plans that outline procedures for responding to pandemics or other health crises. This includes protocols for closing or limiting gatherings, communicating with members, and providing assistance to those in need.

Technology Integration. Embrace technology to enhance communication and connection with members, especially during times when in-person gatherings are limited. This could involve live-streaming services, hosting virtual meetings or events and using social media platforms for outreach.

Resource Mapping. Perform a 'resource and asset mapping' exercise of their institution or organisation to identify infrastructure, material or human resources and services that can be leveraged when needed.

Vaccine Storage. Many faith institutions run healthcare facilities such as hospitals or clinics that can be used as vaccination storage or distribution sites. Their healthcare personnel including doctors, nurses and community health volunteers who could help reinforce messaging and also help carry out the vaccinations..

Vaccination Venues. Beyond healthcare infrastructure, faith institutions may also have schools, guest houses, places of worship or other community facilities which can also be used as vaccination sites or to provide refrigeration for storage when a cold chain is needed, while vehicles could aid in the transportation and delivery of vaccines.

CHAPTER 5

Promoting Immunisation in the Faith Community Using the Mind-Heart Dialogue

Faith leaders and others are encouraged to use the FPCC Initiative's Mind-Heart Dialogue approach when promoting immunisation in their communities, as it has proven to be an effective communication tool and behaviour change methodology, particularly when discussing vaccination-related topics.

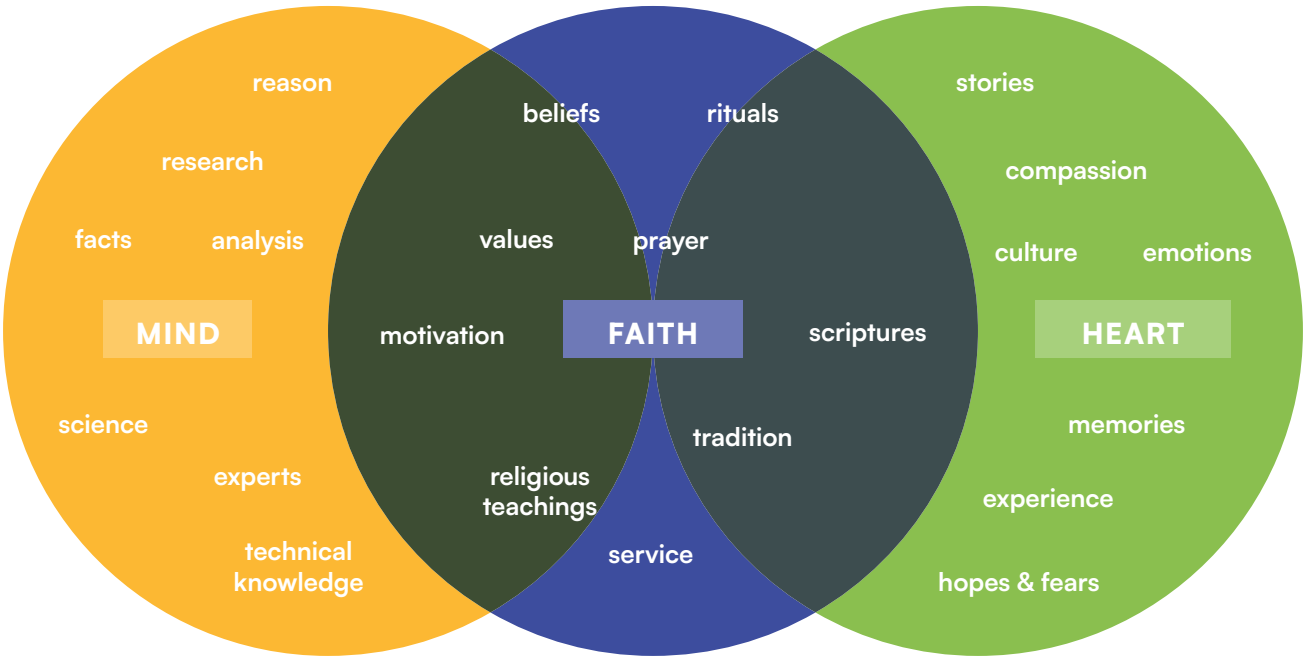
5.1. About Mind-Heart Dialogue

Mind-Heart Dialogue is a reflective and experiential learning process, exploring faith convictions, lived experiences and knowledge to influence positive social and behaviour change, specifically aimed at enhancing immunisation uptake. It supports faith groups and development partners to work together to protect and empower children, families and communities. Three critical components of the Mind-Heart Dialogue approach engage the Mind, Faith and Heart.

Faith: explores spiritual beliefs, values and motivations, creating space to reflect on and positively interpret faith teachings and practices, integrating prayer/meditation into processes of change.

Mind: draws on technical knowledge, resources, tools, processes and people to provide evidence of the importance of immunisation, showcasing the benefits of adopting positive immunisation practices.

Heart: reflects on experiences and emotions to understand the underlying drivers of behaviours around immunisation, developing empathy and personal motivation for change, while analysing cultural and power dynamics to identify norms influencing immunisation uptake.



5.2. Applying the Mind-Heart Dialogue Approach

The Mind-Heart Dialogue approach is an effective tool for generating dialogue and action that can promote vaccine uptake. It has been instrumental in analysing, planning and developing practical and context-specific solutions to respond effectively to issues affecting children's welfare and can be instrumental in promoting immunisation challenges. Key benefits of the approach include that it is:

1

Experience-Based. Encouraging individuals to draw from their own experiences and reflections, ascribing a personal connection to the importance of immunisation.

2

Context-Specific Solutions. Analysing and planning within the specific context of immunisation ensures relevant and practical solutions for faith communities.

3

Social Behaviour Change. Utilising social behaviour change approaches to better understand and address deeply rooted social, cultural, and religious norms and dynamics which influence immunisation uptake.

4

Emotion and Belief Exploration. Investigating emotions and beliefs to support lasting change in immunisation behaviours, encouraging authentic communication within groups.

5

Rational and Emotional Balance. Acknowledging the importance of rational thinking (mind), emotional connection (heart) and the interconnectedness of both in promoting immunisation uptake.

6

Well-being of Children and Communities. Reinforcing positive immunisation norms and practices to promote the well-being of children, families and communities.

7

Effective Group Dynamics. Encouraging open and authentic communication to support decision-making and create a supportive environment for immunisation promotion.

Facilitating difficult public health conversations and increasing vaccination uptake is crucial to protecting vulnerable members of society and children. Employing strategies such as the Mind-Heart Dialogue Initiative can build trust, engage audiences effectively and provide emotional support specifically tailored to immunisation promotion.

5.3. How Mind-Heart Dialogue Can Be Used to Promote Immunisation Through the FPCC Initiative

The Mind-Heart Dialogue (MHD) approach has been instrumental in addressing critical issues surrounding immunisation within various faith communities. Its application has facilitated the prioritisation of concerns and the formulation of targeted responses to immunisation challenges. Examples abound of how MHD has been effectively utilised by diverse groups to address these pressing issues and continues to do so with great results.

i

Employing strategies such as the Mind-Heart Dialogue Initiative can build trust, engage audiences effectively and provide emotional support specifically tailored to immunisation promotion.

By using the MHD approach to engage religious leaders and faith actors, who often hold significant influence within communities, it is possible to leverage their existing assets, resources, platforms and mechanisms to promote immunisation along with other positive behavioural outcomes for children and the wider community.

> **Through MHD, faith communities have engaged in constructive dialogues, encouraging understanding, collaboration and action towards enhancing immunisation uptake and addressing associated obstacles.**

The following highlights underscore MHD's significant contributions to immunisation efforts:

1

Uptake and Demand for Immunisation Services: supporting access to and completion of childhood immunisation to protect children's health and well-being.

2

Improved Parenting/Caregiving and Well-being Practices: promoting child health and well-being through immunisation as a foundational aspect of positive parenting and children's overall development.

3

Reinforcement of Positive Immunisation Practices and Abandonment of Harmful Norms: advocating for immunisation to prevent incidence of VPDs and addressing misinformation within communities.

4

Engagement and Empowerment of Marginalised Groups and Communities: inclusion of vulnerable groups in immunisation initiatives to ensure equitable access to vaccination services.

5

Increased Responsiveness from Faith Institutions towards Immunisation Promotion: integrating immunisation promotion into faith-based policies, strategies and advocacy efforts.

6

Peaceful and Secure Communities: creating environments where children can thrive free from VPDs through community-wide immunisation efforts.

Employing an MHD approach is effective in addressing both the factual and emotional aspects of promoting immunisation. It also provides a powerful foundation for analysing, planning, and faith engagement to devise practical and context-specific solutions to issues affecting children, such as vaccination. Religious leaders and faith actors play a crucial role in shaping attitudes and beliefs, making them influential advocates for immunisation within their communities. By integrating rational thinking, emotional understanding and faith perspectives, communities can be mobilised to support immunisation efforts.

5.4. What Spaces and Opportunities Exist for Using MHD in Promoting Immunisation?

MHD should be championed within faith groups, between faith groups and communities, and across organisations to promote immunisation uptake effectively. These 'spaces may include inside places of worship or meetings, conferences, training sessions, public health campaigns, community gatherings, and through networks, women's groups and youth groups. Each space provides opportunities and platforms for dialogue and action on immunisation promotion.

5.5. Examples of Exercises in the MHD

See more in the MHD Facilitators' Guide.

POSSIBLE ACTIVITY 1:
Journey of Childhood — Exploring Immunisation Behaviours

Objective: To identify and explore the role of faith and other factors that promote or hinder positive behaviour change related to immunisation

Time: 1 hour

Group size: 6—10 per small group

Resources: Flip chart and pens or local materials to draw on the ground

Procedures/Steps:

1. Form groups of about six of the same sex, similar age, and any other factor that will ensure they are comfortable to talk. Divide into same-sex groups.

2. Each facilitator draws a road on a section of flip chart or on the ground, representing the journey of a child's life, with birth at the beginning and their current age at the end. Participants divide that journey into key stages of childhood relevant to immunisation (e.g.: Birth-2 months, 2—6 months, 6—12 months, 12—18 months), drawing lines on the road to separate stages.

3. Select a 'secretary' to keep detailed notes on the discussion in a table like the one below:

Stage of childhood	Main activities	Greatest challenges/causes of suffering	Causes of suffering
0-2 months			
2-6 months			
6-12 months			
12-18 months			

4. For each stage of life in turn, ask participants the main activities expected of the children during immunisation milestones. They draw a symbol/picture of the activity for each stage (e.g. receiving vaccines, doctor visits, parental education on immunisation).

   Once every stage has been discussed and the responses noted down, ask them to draw and label the biggest problems/causes of suffering for each stage related to immunisation in a different colour, especially thinking of ones that they think their sex faces but the other does not (or does to a different extent). They should circle the greatest 2—3 issues. If nothing related to immunisation challenges has emerged, ask them to reflect on common challenges and add it to their chart.

   Discuss:
   - What decisions led to your top 2—3 issues related to immunisation?
   - What are the consequences of people's behaviour regarding immunisation?
   - Who has control over these decisions regarding immunisation? Is that right?
   - How does our own faith or that of those around us help or hinder positive changes in behaviour related to immunisation?
   - What could be done to change behaviours for the better in relation to immunisation? What support is needed from others?

5. Come back together for the plenary. Each group presents their results to the others, focusing on immunisation-related challenges and behaviours.

   Everyone discusses together:
   - What is something new you have learned from listening to the other groups, especially regarding immunisation?
   - What role does faith play in helping or hindering positive changes in behaviour related to immunisation that increase your sense of safety and well-being?
   - What can be done differently to change behaviours regarding immunisation for the better?
   - How can understanding be increased from those that make decisions over which people have little or no control?

POSSIBLE ACTIVITY 2:
Stakeholder Mapping — Venn Diagram Mapping for Immunisation Promotion

Objective: To identify various stakeholders and their levels of influence on immunisation promotion

Time: 50-80 mins

Group size: 4-8 people

Resources: Flip chart or whiteboard and pens or local materials to draw on the ground

Procedures/Steps:

1. Participants brainstorm everyone who has any influence on immunisation in the community, both from within the community and from external organisations/actors (e.g. parents, healthcare workers, community leaders, religious leaders, local government officials, NGOs, international organisations).

2. As each stakeholder is mentioned, participants write their name within a circle on a flip chart or whiteboard. The size of the circle should correspond to how important or influential they are in the community. They then place the circle on the flip chart. The distance from the 'community circle and other stakeholder circles should represent the level of contact between them.

   Use different symbols to represent the relationship between stakeholders:
   - Lines for a strong relationship
   - Dotted lines for a working relationship
   - Zigzag lines for a strained relationship
   - Arrows if there is one-way influence

3. **Discuss:**
   - What strikes you about the mapping you have created in relation to immunisation promotion?
   - Are any relationship patterns surprising when it comes to immunisation stakeholders?
   - Are any stakeholder groups missing that are crucial for successful immunisation promotion?
   - How does this mapping help us decide who we need to work closely with to promote immunisation effectively?
   - Who needs to be informed about our immunisation promotion efforts?
   - Who will be useful to partner with to share resources for immunisation promotion?
   - How can relationships be improved with the most important groups for immunisation promotion and mitigate risks from those that cannot be changed?

POSSIBLE ACTIVITY 3:
Drivers of Immunisation Behaviours — Bean Ranking

Objective: Understand the drivers of immunisation behaviour and behavioural changes needed

Time: 1-2 hours

Group size: 4—10 per small group

Resources: Post-it notes, flip chart and pens, dry beans or small stones

Procedures/Steps:

1. **Group Brainstorm**
   Gather participants and initiate a brainstorming session around the question: 'What factors influence people's decisions about immunisation?' Encourage participants to discuss and share their ideas about various factors affecting immunisation behaviour, such as cultural beliefs, access to healthcare, fear of side effects and trust in vaccines.

2. **Post-it Note Exercise**
   Divide participants into small groups and provide each group with post-it notes. Instruct them to write down each idea generated during the brainstorming session on separate post-it notes. Afterwards, have each group provide feedback in a plenary session, where they can share their ideas, and similar ideas are clustered together to create a consolidated list of the most frequently mentioned factors influencing immunisation behaviour.

3. **List Compilation**
   Each group transfers the consolidated list onto a flip chart, either pictorially or in words, and places it in the centre of their workspace.

4. **Bean Allocation**
   Distribute eight beans to each participant. Instruct them to score the listed factors by allocating their beans according to what they perceive as most important for influencing immunisation behaviour. Participants can distribute their beans freely among the listed factors, assigning all, none, or any number of beans to each factor.

5. **Review and Discussion**
   Examine together the factors that received the most beans. If scores are close, count the beans to determine consensus. Encourage a discussion on whether everyone agrees that these factors are the most important influencers of immunisation behaviour. Prompt participants to articulate their reasoning behind their allocations.

6. **Consensus Building**
   Facilitate a discussion where participants can step forward and adjust the placement of the beans on the flip chart, reallocating them as they engage in dialogue. Encourage participants to reach a consensus on the ranking of factors influencing immunisation behaviour. Once consensus is achieved, count up the final scores and write the ranking next to each option before removing the beans. This will provide a clear ranking of the factors influencing immunisation behaviour according to the group's consensus.

CHAPTER 6

Monitoring and Evaluating Change

6.1. Monitoring, Evaluation, Learning and Accountability (MEAL) for the Immunisation Guide

The FPCC's MEAL framework exists to regularly help check in on progress and intermittently evaluate the longer-term impact of the initiative. The framework is designed to provide reliable, useful, ethical and easy-to-use evaluation guidance and methodology that can be applied alongside ongoing monitoring work; and intends to capture evidence of change as a direct result of the FPCC programme.

The MEAL framework is intended to track change in three domains, namely:

1. The MHD foundational approach
2. The coordination and collaboration mechanism
3. Changes in factors affecting and influencing children, families and communities.

These three domains of change have directly informed the formulation of three major outcomes as highlighted in the table below with respective outputs, activities and indicators, tailored in this case to immunisation.

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Activities/Work Packages (WP)	Outputs	Outcomes
WP1: Capacity building of faith and other development actors on the MHD approach used in promoting immunisation. **WP2:** Development of faith-specific resources and knowledge assets to promote immunisation uptake using faith-based reflections, scriptures and theologians/scholars as content co-creators and validators.	**Output 1:** Increased use and application of MHD approach to promote immunisation adoption by faith and development actors. **Output 2:** A mobilised faith community working with development partners such as UNICEF on the promotion of routine immunisation.	**Outcome 1.0:** Improved capacity of faith actors to utilise the MHD approach when intervening on issues regarding the promotion of immunisation. **Outcome 2.0:** Enhanced coordination and collaboration among different stakeholders and faith actors on issues regarding the promotion of immunisation.

WP3: Mobilisation and advocacy events on promoting childhood immunisation **WP4:** Community/Congregational feedback, dialogues, engagement activities and Positive Parenting sessions roll-out especially targeting women, youth and congregational leaders/faith actors in exploring the benefits of routine immunisation. **WP5:** Formation and operationalisation of faith engagement coordination mechanisms **WP6:** Research, monitoring, learning reflections and evaluation	**Output 3:** Functioning coordination and collaboration mechanisms at national, regional and global levels on children's issues. **Output 4:** Inclusive and balanced partnerships among faith actors and/with development partners on issues related to childhood immunisation.	**Outcome 3.0.** Secured positive practices and social change actions to benefit children, i.e.: improved immunisation uptake.
FPCC Indicators on Immunisation		
National level	**Regional level**	**Global level**
(3.1) # of individuals engaged through faith community platforms in reflective dialogue towards the adoption of childhood immunisation. **(3.2)** % of individuals in faith communities that can cite accurate reasons why immunisation is beneficial for [self, others, child and adolescent] well-being and development as a result of FPCC activities. **(3.3)** % of individuals in faith communities who believe it is important to adopt immunisation as a result of FPCC activities. **(3.4)** % of individuals in faith communities who feel confident to adopt child immunisation as a result of FPCC activities. **(3.5)** % of individuals in faith communities who believe that people in their community expect them to adopt immunisation.	**(3.6)** % of countries with operable strategy documents jointly developed by faith and development actors to enhance adoption of child immunisation. **(3.7)** # of FPCC tools and communication materials developed to enhance adoption of child immunisation.	**(3.8)** % of surveyed faith and development actors who agree that FPCC implementation has contributed to adoption of child immunisation. **(3.9)** # of individuals engaged through faith community platforms in reflective dialogue towards the adoption of immunisation.

6.2. Data Collection

The FPCC's MEAL framework comprises a mixed-method approach that offers a range of data collection tools implemented according to what is most appropriate for the indicator, rather than a one-size-fits-all approach. In this case, a developmental evaluation approach utilising Outcome Mapping, Most Significant Change, and event-based surveys to capture and analyse information is needed for a robust MEAL process, and should also be considered for monitoring and evaluating the use and impact of the immunisation guide.

The following are different types of data collection methods that can be used to monitor and measure changes in attitude and behaviour regarding immunisation uptake:

Focus group discussions and key informant interviews. These will seek to collect qualitative data collection on a regular basis to gather feedback on the FPCC's contribution to child immunisation.

Surveys. Surveys and questionnaires will be used to measure specific indicators associated with MHD training outputs, including in-person and blended learning events. A core set of competencies/skills will form the basis of evaluating how participants are applying and implementing what they have learned to influence the adoption of child immunisation.

Sense-making/reflection workshops. These will be used to ensure implementing partners at different levels jointly make sense of information, and develop a shared understanding of various issues concerning FPCC roll-out. Sense-making workshops are based on an assumption that individuals have different interests and perspectives, and often see information in different ways.

Partnership stocktaking checks. The stocktaking exercise will be utilised annually to capture and map the main processes, resources, capacities and coordination throughout FPCC implementation on immunisation. It will seek to offer insights on the extent of the FPCC work done and provide an indication of its added value as an initiative.

Case studies and stories of change. Case studies and stories will be collected and collated, highlighting change across different thematic areas and regions.

Photo and video diaries. Documentation of photos and videos to explain change will also be utilised.

Advocacy reporting tools. Utilisation of advocacy tasks and logs reporting tools will be considered for Multi-Faith Action Coordination Committees (MFACCs) efforts to document progress in raising awareness, lobbying and policymaking regarding children's rights.

It is recommended that those involved in promoting immunisation at the local level become familiar with the FPCC's MEAL framework and data collection methods, and seek to identify enumerators and rapporteurs within country faith engagement mechanisms to carry out regular monitoring and reporting. For more information, please refer to the FPCC MEAL framework, which can be found on the FPCC Website.[29]

[29] https://www.faith4positivechange.org/

ANNEXES

I. Acknowledgements

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ANNEXES

II. Vaccine Information Sheets: Common VPDs

1

Measles, Mumps, and Rubella (MMR)

The MMR vaccine protects against three diseases, namely measles, mumps and rubella.

Measles is a very contagious disease caused by a virus. It spreads through the air when an infected person coughs or sneezes. Measles can kill 1—2 children per 1,000 cases. Two doses of MMR vaccine are about 97% effective at preventing measles; one dose is about 93% effective.

Mumps is a contagious viral disease that causes puffy cheeks and swollen jaw. Mumps spreads easily through coughing and sneezing. Getting infected with Mumps can result in prolonged health problems. Two doses of the vaccine are recommended.

2

Polio

Polio, or poliomyelitis, is a disabling and life-threatening disease caused by the poliovirus which can infect a person's spinal cord, causing paralysis (where someone can't move parts of their body). Paralysis caused by poliovirus occurs when the virus replicates in and attacks the nervous system. The paralysis can be lifelong, and it can be deadly. Oral drops or injectable polio vaccines protect against the disease.

3

Influenza (Flu)

Flu — influenza — is a disease caused by the influenza viruses. These viruses infect the nose, upper airways, throat and lungs and spread easily to cause serious illness, especially for young children, older people, pregnant women, and people with certain chronic conditions like asthma and diabetes. A yearly flu vaccine is the best way to protect your child from flu and its potentially serious complications.

4

Hepatitis B

Hepatitis B is a highly contagious liver disease caused by infection with the hepatitis B virus. Infection with the virus, which happens through contact with blood and bodily fluids like saliva and semen, can cause 'acute' (short-term) and chronic (long-term) infection. Hepatitis B can cause liver damage and cancer. The hepatitis B vaccine is very safe and is effective at preventing hepatitis B, and is often given in multiple doses starting at birth.

5

Diphtheria, Tetanus, and Pertussis (DTaP)

This vaccine protects against three the diseases of diphtheria, tetanus, and pertussis, which are caused by bacteria and their toxins. Tetanus is a serious disease that causes painful muscle stiffness and can be deadly. 1 in 5 children who get diphtheria die, while pertussis, also known as whooping cough, is also serious for children. The vaccine for these three diseases comes as either DTaP (or Tdap), DPT or in Pentavalent.

6

Pneumococcal Disease

Pneumococcal disease is a disease caused by bacteria called pneumococcus; although mild it can be very serious, mostly affecting children <2 yrs. Pneumococcal vaccines are safe and can protect children from the disease, and are mostly given in three doses.

7

Chickenpox (Varicella)

This is a viral disease which presents with rashes all over the body. Chickenpox is usually mild but can cause serious illness in infants under 12 months of age, adolescents, adults, pregnant people, and people with a weakened immune system. Two doses of the vaccine given at intervals provides protection.

7

Human Papillomavirus (HPV)

HPV is a group of more than 150 related viruses that infect men and women through intimate skin-to-skin contact, including having vaginal, anal, or oral sex with someone who has the virus. These viruses infect about 13 million people and are implicated as a causative agent for cancer of cervix, which causes serious disease and death among women, and also in the causation of genital warts. The vaccines available are recommended to be given as single or as multiple doses to eligible girls as young as nine, and in some cases boys too. It has been shown to be highly effective in preventing cancer of the cervix.

8

COVID-19

Caused by the SARS-CoV-2 virus, which has infected several millions of people and caused several deaths as a pandemic. The virus is more serious in individuals with underlying co-morbidities. There are several vaccines available recommended in multiple doses with boosters.

ANNEXES

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