

Faith and Immunizations Meeting Report January 25, 2012

On January 25, 2012, the WFDD and Berkley Center hosted a consultation to discuss how faith-inspired organizations can be strategically engaged in the provision, administration, distribution, and advocacy of immunization. Convening a small group of development practitioners, policymakers, and faith leaders engaged or interested in immunization or children's health, the consultation aimed to explore the views and work of faith-inspired organizations on the broad range of issues surrounding immunization, while augmenting a recent WFDD draft report with wisdom from the field and comments on how to move from discussion to action.

Katherine Marshall (WFDD) and Loraine Smedley (GAVI Alliance) launched the discussion by framing the issue: namely, that 36 percent of childhood deaths worldwide occur because of diarrhea and pneumonia. As a result, the rotavirus and pneumococcal vaccines that prevent these diseases, respectively, are in high demand. With the 2015 deadline approaching for the Millennium Development Goals (MDG), the fulfillment of MDG 4, which aims to reduce child mortality by two-thirds, relies heavily on the distribution and administration of these two vaccines. GAVI, whose two major goals are to accelerate the uptake of new and underused vaccines and to strengthen the capacity to deliver health products, identifies the faith community as a strategic partner in these efforts. Smedley argued that the faith community's reach, authority, and credibility on the ground, in many cases, bring distinctive, comparative advantages that would help to reach the 80 percent threshold for immunization coverage, a goal of the global health community.

Key Results of WFDD's Research

Presenting the findings and arguments of the WFDD draft report, Lynn Aylward argued that, with the exception of safe water, vaccinations save more lives than any other intervention, preventing more than 2.5 million child deaths per year. However, there are 20 million children worldwide, or 20 percent, who are not vaccinated. With pneumonia killing more children under five than any other illness, and diarrhea closely following in second, there is an urgent need for new vaccines to be administered on a global scale. Immunization, however, is complicated and expensive, with logistical challenges, administering problems, and cultural issues that could make parents reluctant to seek needed services.

FIOs are heavily involved in global health, Aylward reported, and their presence in the field in some cases precedes that of government or international organizations. One source estimates that FIOs run 20 percent of HIV and AIDS and health work in poor countries, and the Catholic Church estimates that it does more than that alone. Faith-inspired actors and organizations are very diverse, from huge international organizations, like ADRA and CRS, to small, community-based organizations in remote villages. FIOs often have distinctive features that enhance health work, including, for example, high commitment, shared values, emphasis on compassion, extensive networks, trustworthy faith leaders, and an ability to unite people across regions, countries, and political views, across vastly different levels of development.

However, religion is also the basis for some objections to immunization in low-income countries. In northern Nigeria in 2003, rumors abounded in the Muslim community that a polio vaccination campaign was a Western ploy to reduce fertility and spread HIV and AIDS. While religion was not the underlying factor in that particular argument against vaccination, a lack of trust in outside actors fueled it. As a result, UNICEF later decided not to carry out immunization campaigns without faith partners.

Many FIOs are involved in direct immunization services: administering vaccines to children, offering health trainings, and, in some cases, distributing solar-powered fridges to rural areas to support cold

chain¹ supply. Others have launched social mobilization campaigns: some Muslim communities in India blanketed their mosques with posters in support of immunization campaigns, and the Church of the Latter Day Saints (LDS) broadcasted a jingle on measles prevention over the radio in Latin America. However, the two major areas of faith-inspired involvement are in advocacy and fundraising. Many churches in industrialized countries raise large amounts of money for overseas projects, providing a powerful model for congregations in rich countries to connect with fellow congregants in poor countries. These strengths of many faith communities suggest they can be leveraged further, especially with illnesses associated with dire poverty, like diarrhea and pneumonia.

Participant Discussion

Based on her discussions with faith leaders over the years, Marshall stated that the primary need of the faith community is coordination; the fragmented field of FIOs could significantly benefit from increased communication and coordination with other FIOs, international organizations, and country governments and agencies.

As part of that coordination effort, documentation plays a major role in connecting FIOs working on the same objective and attracting mutual donors. The reality of FIOs and NGOs on the ground is complex, and further documentation would also help to dispel misperceptions about faith-inspired work. There are a number of assumptions about FIOs on the ground among faith advocates, of which Marshall outlined the following three major claims:

- (1) Faith advocates often assume that faith-inspired work is a huge share of the market. The data is unclear as to whether this is the case, why faith-inspired work matters is a more important question, particularly at the country level.
- (2) They also assume faith-inspired work is better because people care more, are more engaged, are more familiar with the people, and have continuity. The problem is that this is very complex to measure, so the quality of faith-based work is largely unknown.
- (3) Faith-advocates assume that their work is focused on reaching the most vulnerable children, the fifth child, although the reality is enormously variable.

A mapping exploration would give the international community a more nuanced understanding of the role of faith-inspired actors and would identify gaps in understanding and engagement by faith-advocates, allowing discourse to begin answering questions of how quality of performance, data, and coordination can improve.

As an example of one of those gaps in sufficient engagement, Sonya Funna (ADRA) emphasized the need for urban health programs to scale up immunizations, citing the global shift towards urbanization. Large populations in slums in large urban areas are not receiving necessary care, and there is an increasing disparity among different castes, classes, religions, and other groups, signifying the increasing importance of urban health.

Wisdom from the Field: Immunization Experiences of FIOs

Fred Riley presented many of the ongoing immunization initiatives of the Church of Latter Day Saints (LDS), as well as the significant lessons learned from their experiences. Since 2003, the Measles Immunization Initiative has sought to assist measles partnerships and GAVI in saving children's lives, to teach members of the LDS and others to be true volunteers by serving without expecting compensation, and to help build sustainability of local health systems. Approximately 59,000 volunteers have devoted

¹ "Cold chain" refers to the storage and transport equipment that ensures that vaccines are kept at the necessary and narrow temperature range (2 to 8 °C, or 36-48 °F) from the point of manufacture to the point of use in an immunization session or a clinic.

700,000 hours of service, and a jingle, written by a member of the church in Africa, gained widespread popularity, as it advocated various preventive measures and was later translated into 30 different languages and broadcasted on major radio stations globally. This initiative in particular, Riley stated, demonstrated the importance of learning from the people in-country and supporting their efforts, while providing resources sensible to people at the local level. In 2012, LDS will be partnering with the United Nations on a measles immunization project and with GAVI on a rotavirus/pneumococcal vaccine campaign.

Next, Danielle Tirello, of Episcopal Relief and Development (ERD), a nonprofit working closely with the Episcopal Church in the United States and the Anglican Church internationally, introduced their budding immunization program. Working with the Zambian Anglican Council, ERD has focused on bringing together a coalition of partners as the pneumococcal vaccine gets rolled out in Zambia in 2012. ERD is exploring the community-based organization model – involving local government, NGOs, and civil society – to actuate the program from all sides, with a pilot initiative in the Northeast province, a region with one of the worst child health indicators. ERD partners with Ministries of Health to address the challenges and gaps of the immunization campaign and to identify how to better coordinate these efforts. With a focus on strengthening the cold-chain supply and the actual cold-chain system, Tirello stressed the need to identify the comparative strengths of partners so that immunization initiatives can be effective and other child health interventions can be more successful.

Participant Discussion

The major topic of discussion was the nature of volunteer work and how to maximize the strengths and minimize weaknesses of a diffuse network of actors. According to Tirello, one of ERD's greatest strengths is its local volunteers, embedded in local networks, and she underscored the success of their malaria program in empowering local communities to implement these programs, since the people who live and work in the community are able to monitor the issue on a daily basis. Likewise, Riley stated that a majority of volunteers working with LDS are from those local communities, with the exception of two specialists who deal with budget and program management. However, the reach of LDS volunteers depends on the country, with some programs reaching across the nation and others focusing on a region or a few particular cities.

Bram Bailey (Salvation Army) expressed a concern about the expectations for volunteers, citing the importance of simple, specific messages for volunteers to focus on getting out to the community, rather than a complex portfolio that transforms the volunteer work into more of a full-time job. Bailey stressed that FIOs be realistic about what they expect from volunteers and the communities. Further, when it comes to volunteer training, most volunteers are committed and well-intentioned, but they often are not equipped with appropriate skills. With training, volunteers could make a significant impact, said Rudi Maier (ADRA), but often churches in local communities do not have the resources, time, or administrative support to do so, and the potential for this huge network has been largely untapped. LDS has experimented with this issue: two decades ago, LDS regularly sent people to train volunteers in a specific program, but now they have learned, Riley noted, that at some point that training needs to be taught and learned from people within the country. LDS now works closely with Ministries of Health, cross-training and educating volunteers in country, but existing FIOs in countries remain potential partners that have not been sufficiently explored.

Perhaps connecting with existing NGOs, including FIOs, and enhancing them through networks would address some of the current major issues, one of which Nicole Bates (Gates Foundation) noted, which is that of scale. Leveraging small-scale initiatives, such as volunteers, knowledge materials, and jingles, and translating them to a broader system is the challenge, she said. These activities are helpful in driving down disparity across regions that national partners have not reached, but the question remains whether it

is possible to translate the capacity and balance of the corporate decision-making areas to local, implementing areas.

Brainstorming by Participants on Faith, Immunizations and Global Development

Peg Willingham (Shot@Life, United Nations Foundation) sparked a brainstorming discussion by asking participants to share potential strategies for carrying over this discussion to action. She, first, introduced the UN Foundations' work, beginning with its original partnership with UNICEF and WHO on polio vaccinations when it was founded 14 years ago. As part of a new initiative, the UN Foundation has launched Shot@Life, an awareness campaign aiming to create a new wave of interest in Americans to do immunization work around the world or to help support that work.

Shifting the discussion toward the global challenge, Leith Greenslade (GAVI) emphasized keeping eyes on the Millennium Development Goal on child mortality, or MDG 4. The difference between achieving MDG 4 and not is a matter of saving the lives of four million children, and the best estimate suggests that vaccines will save about one million lives. The biggest contributions come from the pneumococcal and rotavirus vaccines, Greenslade noted, necessitating the impact of those vaccines to be maximized through powerful partnerships, particularly with faith communities, and the distribution of those vaccines to the places where children are dying: mostly, India, Nigeria, Pakistan, Afghanistan, and Ethiopia.

An emerging issue was whether FIO networks should develop a supply system to supplement the current vaccine supply system managed by UNICEF. The frequent problem of stock outages of vaccines has led many to invite pursuits of an additional cold-chain supply system, but the group agreed that in reality single sourcing may be strategically preferable for vaccines. Some countries are struggling to provide the resources to support one cold-chain supply system, let alone two, Smedley said, and maintaining a well-managed system is challenging. However, as Mike McQuestion (Sabin Vaccine Institute) emphasized, immunization is a public good, which the government should provide in the long run, alongside private supplies. More importantly, he said, people need to see that their government is delivering, and the government needs to be made accountable. In this way, a network of FIOs is a mechanism for making the social contract, between the government and the people, function in places where it is not currently.

To build such a network, the issue of coordination with interfaith organizations or Ministries of Health was also discussed. In explaining CRS's partnership with Ministries of Health in various countries, Elena McEwan (CRS) underscored the critical role community and religious leaders play in mobilizing communities. Strengthening these actors through partnerships across structures, McEwan stated, is a way to form a sustainable model. Leila Nimatallah (GAVI) expanded on the importance of partnerships, explaining how GAVI – itself an alliance of a number of organizations, including WHO, UNICEF, World Bank, etc. – seeks the input of an advisory group to ensure that they are identifying civil society organizations interested in supporting Ministries of Health in immunization activities. Nimatallah stressed GAVI's commitment to strengthening organizations that have a voice to determine the need, how the funds are allocated, and in which communities.

Ray Martin (CCIH) pointed out the need for mapping faith-inspired assets so that FIOs have a better understanding of what markets and resources are available, and Funna cited mapping projects in the works by ADRA and an Adventist university in California. Martin also suggested that communication between FIOs in the U.S. and in poor countries is a primary way to expedite the process of getting new countries to sign on to new vaccines, underscoring the potential of increased information sharing of messages, targets, and strategies.

Maier proposed that the crucial missing assets of FIOs are the faith institutions they are loosely affiliated with that could contribute on a much larger scale. However, Riley stated that the discourse on

immunization strategy would be short-sighted if it continually focused on fundraising in the U.S.; he emphasized the need to shape immunization advocacy of FIOs in a way that aids and prepares countries for financial independence.

Lastly, Marshall returned to one of the constant concerns that WFDD encounters while trying to put FIOs on the table, namely, proselytism and evangelism. She and Sarah Dreier, representing the Evangelical and Lutheran Church, asked the group if there was a boundary to be drawn. Expanding on that, Dreier also asked the group, “Are FIOs’ relationships and connections predictors for where they identify projects, and, if so, how can FIOs negotiate the important distinction between serving those in need without leading into proselytization? Or avoid giving preferential treatment to individuals who share their religious identity?” In response, Riley acknowledged the active evangelism of the Mormon Church, but stated that there was a boundary in immunization work. LDS volunteers are trained not to discuss their faith because of the sensitivities surrounding it, and instead are encouraged to see their work as being about one human reaching out to another so that their life is made better. From a political standpoint, Riley asserted, it would be “suicide” to do development work any other way. Likewise, Sister Jenna (Brahma Kumaris) highlighted the importance of education ultimately motivating volunteer work. While religious inspirations for development work are part of the reality, it is central to effective distribution and administration of vaccines, due to the potentially negative effects in the immunization field particularly, that faith traditions have a common, singular purpose of service. Specific guidelines that articulate the desire of these faith traditions to help people and not to share their faith could be an effective way of addressing the issue, she suggested.

Next Steps

Briefly summing up the wide range of topics discussed, Marshall requested that these comments and additional feedback be submitted to WFDD by February 8, 2012, in order to reflect these nuances into the final draft report.

Lastly, Marshall noted that messages on public health issues are likely to be more powerful when linked to national programs, recommending advocacy to be targeted on a national level to address current gaps in knowledge. A significant challenge, she said, is how to extend the reach of these messages in an effective way, avoiding many of the major obstacles, e.g. preventing the spread of rumors that FIOs are doing harm. Expressing an interest in partnering with GAVI and the UN Foundation to investigate this further, Marshall recommended a continuation of this discussion on the successes and limitations of volunteer-based programs at a Berkley Center event on the ethics and complexity of proselytizing in May.

Participants

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| Rudi Maier | ADRA |
| Sonya Funna | ADRA |
| Sister Jenna | Brahma Kumaris |
| Meredith Paddock | Catholic Medical Missions Board |
| Elena McEwan | Catholic Relief Services |
| Ray Martin | CCIH |
| Fred Riley | Church of Latter Day Saints Humanitarian Services |
| Katie Taylor | CIFA |
| Danielle Tirello | Episcopal Relief and Development |
| Sarah Dreier | Evangelical Lutheran Church |
| Dr. Nicole Bates | Gates Foundation |
| Leith Greenslade | GAVI Campaign |
| Leila Nimatallah | GAVI Campaign |
| Loraine Smedley | GAVI Campaign |
| Theresa Raphael | PATH |
| Mike McQuestion | Sabin Vaccine Institute |
| Bram Bailey | Salvation Army |
| Jeanne Koepsell | Save the Children |
| Peg Willingham | Shot@Life Campaign, United Nations Foundation |
| Devi Thomas | Shot@Life Campaign, United Nations Foundation |
| Maggie Carter | Shot@Life Campaign, United Nations Foundation |
| Shannon Trilli | United Methodist Committee on Relief (UMCOR) |
| Katherine Marshall | WFDD, Georgetown University's Berkley Center |
| Hahna Fridirici | World Faiths Development Dialogue |
| Lynn Aylward | World Faiths Development Dialogue |