



MARCH 16, 2021

# FAITH AND COVID VACCINATION CHALLENGES: GLOBAL INITIATIVES

## OVERVIEW

Vaccination is the latest frontier in faith engagement and its varied roles in the COVID-19 pandemic. Faith actors can be involved in everything, from providing correct information and hosting vaccination sites to advising how to reach people facing various vulnerabilities. Engaging faith actors should be a vital component of global vaccine equity and rollout efforts, yet different barriers impede integrated partnerships from reaching their full potential. Nonetheless, collaborative efforts are laying the foundations for more strategic engagement.

An [event on March 16, 2021](#), explored these and other issues related to faith engagement and vaccination in the context

of international health and development work, building on an earlier [webinar on February 24](#) and a [Berkley Forum blog series](#). It launched a quick [analysis matrix](#) that aims to help health and development professionals and faith actors work together on COVID-19 vaccines at the country level, presented World Vision International's recent [research report on faith leaders](#) and COVID-19 response, and shared [guidance from UNICEF engagement with faith actors](#) on vaccination.

This event was co-sponsored by the Joint Learning Initiative on Faith and Local Communities (JLI), World Faiths Development Dialogue (WFDD), and Georgetown University's Berkley Center for Religion, Peace, and World Affairs.

*This webinar was the twelfth in a series of public conversations focused on faith engagement in the COVID-19 crisis and response, organized by the [Religious Responses to COVID-19 project](#). A video recording is available on the [Berkley Center website](#).*

## KEY TAKEAWAYS

- The COVID-19 vaccination drive is an unprecedented worldwide effort that exposes structural inequalities within global health systems and is highly contextual, with distinctive features in every community.
- Drivers of vaccine hesitancy are localized and complex; generic and technical advice risks overriding nuances and essentializing particular elements. National and community actors need tools to analyze their own context and find specific answers.
- Recognition that strategic collaboration between faith actors, public health services, and development agencies is vital for effective and equitable vaccine rollout is increasing. Yet a capacity gap remains for each of these actors about how to partner well; siloed work continues.
- Faith leaders are trusted authorities within communities who can help people navigate the “infodemic” and make wise choices by speaking out and modeling good practice. Embedded in communities, they respond to people’s practical needs, understand the drivers of vaccine hesitancy in their area, and can create safe spaces for dialogue.
- Connecting with public health institutions that have vital data, scientific expertise, and the capacity to provide services needed at the community level is essential.
- Development agencies can support coordination and communication between health and faith actors while

helping to contextualize global tools and guidance.

- The “[Faith and COVID-19 Vaccines Analysis Matrix](#)” offers a series of questions to begin exploring effective local and national partnerships between faith, health, and development partnerships for vaccination.
- Equitable vaccination rollout is important at global, regional, and national levels. Partnerships must continue to challenge “vaccine nationalism” and advocate for and support equitable vaccination rollout. Faith actors can play an important role in ensuring that women and other vulnerable groups are not missed in vaccine rollout.

## PARTICIPANT INTERVENTIONS: CHALLENGES AND OPPORTUNITIES

**Katherine Marshall, Berkley Center and WFDD**  
(Moderator)

The impact of COVID-19 has been tragic for billions of people around the world, both through direct death tolls and wider societal repercussions. Although its effects have manifested themselves differently in every context, it has everywhere exacerbated inequalities between and within countries and communities.

The JLI/WFDD/Berkley Center [Religious Responses to COVID-19](#) project has focused on many dimensions, including hunger, effects on children, and the exacerbation of conflict and violence. Vaccination rollout has further exposed national and global inequities (sometimes called “vaccine apartheid”).

The vaccination rollout is distinctive in being so global, with basic principles of operation

regulated internationally and nationally, but it is equally very local. Each context has distinctive features, and most countries have substantial authority over the details of their rollout: equity (the priority list), the practical logistics, and their approach to public messaging. This global diversity underlines the distinctive value of faith leaders for their depth of local understanding and trusted positions. Religious communities have already responded in various ways, such as modeling positive behavior and addressing specific concerns.

**Olivia Wilkinson, Joint Learning Initiative on Faith and Local Communities (JLI)**

The Religious Responses to COVID-19 project is launching the “Faith and COVID-19 Vaccines Analysis Matrix,” which is a quick analysis guide for health, development, and faith actors to support effective collaboration in the COVID-19 vaccination rollout. This analysis matrix builds on the reported experiences of those actors so far. The matrix is:

- timely: available immediately as people are making decisions
- short: convenient when people do not have much time (one page for health and development actors and one for faith actors)
- phrased as questions: generic advice can mislead in such diverse situations, whereas questions enable people to analyze their own context and find specific, localized answers

Health and development actors everywhere can start thinking about what, who, where, and how to work with faith actors on vaccines,

in their respective contexts. Likewise, faith actors can examine the opportunities and gaps in their area and what, who, where, and how they want to be involved.

For health and development actors, “what” questions explore the issues and opportunities, such as specific drivers of vaccine hesitancy; “who” questions examine issues such as power imbalances; “where” questions map those most at risk; and “how” questions discourage duplication by identifying existing work on which to build.

*“All research and evidence we’ve seen has shown that we should not isolate or essentialize the religious aspect as the only part that’s driving hesitancy or resistance. In almost every case, the religious aspect is deeply interwoven with other aspects.”*

— *Olivia Wilkinson*

Faith actors reflect on questions such as “what” health and development organizations need to know about their community; “who” might act as a bridge; if and “where” they have sites to offer for vaccination rollout; and “how” to find common ground and build partnerships that are fair and equitable.

**Kathryn Kraft and Andrea Kaufmann, World Vision International**

World Vision’s recent research into the COVID-19 responses of faith leaders highlighted their vital role. It joins a growing body of evidence that faith leaders are central partners who are trusted by their communities

in humanitarian and development spaces. Their importance is acutely visible in public health crises such as HIV/AIDS, Ebola, and now COVID-19. World Vision's survey showed:

- **Faith leaders help navigate the “infodemic” as trusted authorities.** Coined by WHO, “infodemic” describes the overload of facts and misinformation with which people are bombarded. Social media is a particularly insidious source, and many lack the tools to distinguish myths from truth. Despite behavioral science evidence that information alone rarely drives behavior, too much information can paralyze people into doing nothing. Here, faith actors can step into the gap. When faith actors have access to accurate information from trustworthy sources, they frequently pass that on to their communities, helping people to process what they are hearing and to make good decisions. They are well-positioned to do so, as experienced communicators with platforms where they can share information with a wide range of people.

*“Faith leaders know what is going on in the hearts of their communities: They hear the heartbeat of the people that they work with.”*

— *Kathryn Kraft*

- **Faith leaders understand their communities.** Barriers to vaccine acceptance are very localized. Through their existing relationships and long-term position at the heart of communities, faith leaders are sensitive

to these barriers and can create space for people to dialogue about their concerns, building bridges to vaccine acceptance.

- **Faith leaders connect different actors to bring a cohesive message.** Faith leaders can play an important networking role, bringing together stakeholders from government, community leaders, NGOs, and other influencers so that communities are more confident in their direction.
- **Faith leaders combine words with action.** Faith actors are often sensitive to people's practical needs and support others in their communities with challenges around food, education, livelihoods, and other issues exacerbated by COVID-19.
- **Faith leaders model wise behavior.** By leading by example, faith leaders can encourage positive health and hygiene practices and demonstrate that it is safe to take the vaccine.

A vital question remains about how to develop increasingly effective and sustainable cross-sector partnerships with faith actors—partnerships that support effective information flow, build trust, and enable access to services for the most vulnerable.

**Deepa Risal Pokharel, UNICEF**

Certain factors make the COVID-19 vaccine unique and challenging in terms of communication tactics and messaging. Firstly, high levels of vaccine hesitancy are driven by multiple factors, including the influence of misinformation from social media, the short period in which the vaccine was produced, difficulties understanding the rigor of scientific evidence and processes that

have been followed, and the different and varied age-range and priority groups. The second challenge is managing expectations and explaining to those that do want to be vaccinated how and why supplies are constrained. It is important to understand the range of communication channels that exist at the national and community levels.

In this complex context, collaboration with religious leaders is vital. UNICEF works in over 190 countries and has long recognized the importance of working with faith actors at all levels: global, regional, national, and, most importantly, community.

At the global level, a UNICEF working group supports countries' vaccine readiness, demand, and delivery. They develop tools and guidelines to support governments as they plan, consider stakeholders' roles and training, develop databases, and use quantitative and qualitative tools for rapid surveys. An important question is how global guidance flows into country-level implementation: how to select, adapt, contextualize, and translate to ensure everyone can understand the key messages.

Faith actors are key partners to bridge the gap between this wealth of global knowledge and vital knowledge within communities due to their deep understanding of the fears and drivers of vaccine hesitancy. Faith leaders are ideal influencers to channel knowledge in both directions and combat misinformation at the community and national levels. As people approach their local faith leaders with their concerns, if the faith leaders are well-informed and working in partnership with governments and global institutions, they can explain that vaccines are for the greater good, to protect the children and vulnerable groups within the population.

*“Every religion teaches us that, besides faith, if there’s one thing which is common to all of us, it’s the well-being of the population that we serve.”*

— *Deepa Risal Pokharel*

## QUESTIONS AND EXCHANGE

### Women's Roles and Challenges in Vaccine Rollout

To achieve equitable and effective vaccine rollout, it is important to engage groups that are led by women within faith structures. The easiest sectors to engage with are often overwhelmingly male and overlook informal leadership and the importance of women's roles within faith communities. Yet oftentimes women are as active, if not more so, as their male counterparts. Moreover, they often play a particular role in psychosocial support, drawing attention to people's experience of isolation and other mental health concerns. Failing to engage female faith actors loses vital expertise and connection with vulnerable groups.

The intersectional barriers that women face make them particularly vulnerable within the vaccine rollout, as they have been throughout every phase of the COVID-19 crisis. Global data evidences how much heavier the burden on women grew. Due to their frequent role as primary caregivers, school closure has increased their workload, in addition to exposing both women and children to mental health issues caused by stress and isolation. Gender-based violence is exacerbated, and family tension may be taken out on children. Furthermore, women who live with

comorbidities or other vulnerabilities are priority groups for vaccines, yet they are more likely to be missed than more visible men. There must be a conscious effort to ensure that national planning includes approaches to reach populations who are likely to be missed, an effort which faith actors can support.

### **Faith Communities and Social Protection**

There has been a major, though difficult to map, outpouring of social protection responses by faith communities addressing the COVID-19 crisis. Faith leaders were already active in their communities before COVID-19 and have remained so throughout. As well as sharing accurate information and addressing misinformation, they have been seeing the needs of the most vulnerable and taking action: advocating for children's educational needs, responding to lost livelihoods, distributing food, and providing mental health and psychosocial support. As the burden on communities continues to grow, it is important to leverage faith actors' insider knowledge of vulnerabilities and partner to build on their work.

### **Resources for Faith Leaders in COVID-19 Response**

Timely trainings that empower faith leaders to respond to the pandemic at the community, national, and global levels are vital. Yet many of the lessons from past crises like Ebola about the importance and complexity of religious engagement have not been very well-integrated into the public health response. Barriers remain—intellectual, ideological, and emotional—that contribute to an ongoing separation and make it challenging to access resources for coordinated, strategic engagement with faith actors.

At the local and national levels, relationships with faith actors often already exist, giving a solid foundation for coordination around the COVID-19 response. Many faith leaders have participated in public health-related training in the past, and they already have a level of understanding of the issues and the kind of role that they could play.

At the global level, there have been incremental improvements in faith engagement, especially in the recognition of the essential nature of an integrated response that includes faith leaders from the beginning. Although this was partly due to negative associations, such as “super spreader” gatherings, their role was nonetheless recognized as key players in the response. Organizations including UNICEF and WHO have made a significant effort to engage faith communities in more structured ways. Yet for many others, gaps remain in practice. The need to re-establish working groups that were shut down after the Ebola crisis demonstrates that, for many organizations, engagement with faith leaders remains issue-based, not strategic and ongoing.

Perhaps as a result, there remains an issue in accessing funding for integrated religious engagement. However, various actors are now putting together proposals that include faith leaders from the beginning, suggesting that the humanitarian and development sectors have recognized their importance and we will see more integrated responses in the future.

### **Moving from Talking to Practice**

Investing in strengthening relationships and building equitable partnerships for effective collaboration is foundational to move “from talk to walk.” Significant efforts are being

made towards this goal, such as the “Faith and COVID-19 Vaccines Analysis Matrix.” Where people are seeking faith engagement but do not know how to begin, examples of good practice can overcome some of the barriers preventing action, such as the lack of existing relationships or deep mistrust between health and faith actors.

There is increasing behind-the-scenes coordination between different organizations working on faith engagement, such as a recent meeting of faith-based organizations with UNICEF at the global level, and among faith leaders themselves, through collective declarations and action. Similar collaboration is happening at the national level and even from city to city. More is required, but significant steps in sharing learning and avoiding duplication are taking place. Furthermore, there are countries that are already deeply engaged in vaccination campaigns—learning from their experiences can support effective action in other countries.

### **Doubts and Divisions within Faiths about the COVID-19 Vaccine**

Within every religious community, there are many different views on COVID-19 vaccination. For example, the Vatican’s guidance is clear that vaccination is both ethical and acceptable, yet resistance within the Catholic Church persists. The diverse range of concerns and questions about the vaccine from people of every faith around the world calls on those supporting vaccination rollouts to listen and seek to understand their doubts. The evidence suggests that, as people gain knowledge, they are more willing to be vaccinated. The key to unlocking behavior change appears to be personal experience and hearing positive experiences from others in their area.

### **Equity Issues: Access to Vaccines**

Highly respected faith actors have spoken out on equity issues and access to vaccines for vulnerable populations. There is potential for more robust faith engagement to help address and mitigate these specific vulnerabilities and to challenge vaccine apartheid or vaccine nationalism: the tendency of wealthy countries to focus initially on their own populations.

Coordination is important for vaccine equity. While faith actors provide vital practical support at many levels, they need to connect with health systems and services provided by the government to see an even greater impact. Faith, health, and development actors must be more forthcoming to find intersecting interests and support one another. Development actors can bridge the gap between communities and health systems, ensuring everyone is at the table.

### **CONCLUSIONS AND NEXT STEPS**

Two major factors make faith engagement especially important within the current vaccination campaign where trust is a critical issue: Firstly, despite assumptions that religion is less important in the contemporary world, surveys suggest that more than 80% of people have a religious affiliation; secondly, although data is mixed, faith leaders are often more trusted by communities than any other groups. Evidence from thousands of reports makes it clear that there is strong compatibility between religious institutions and public health worldwide. Although there are widely reported doubts between public health and religion in some areas, in general, religious institutions have led the way in adapting gatherings and practices, and faith leaders have worked closely with WHO, CDC,

UNICEF, and others in trying to contend with the pandemic.

The vaccination rollout faces many challenges, but important opportunities exist for health, development, and faith actors to work together to increase its equity and effectiveness. These include:

- greater collaboration at every level—from interpreting the landscape to design, implementation, and evaluation of vaccine plans—as World Vision has demonstrated through their [Channels of Hope module](#)
- coordination mechanisms to ensure knowledge and resources are shared and all actors' expertise is valued
- analyzing the key drivers of vaccine hesitancy and barriers in local contexts, consulting with faith leaders and communities in the process

*“It is never too early or too late to start building these relationships, establishing common ground and speaking of ways to move forward for successful collaboration between faith, health, and development partners in the vaccine rollout.”*

— *Olivia Wilkinson*

- equipping local actors to contextualize global tools, recognizing that social and behavior change is most effective at the community level

- engaging female faith leaders and networks, both formal and informal
- making a conscious effort to ensure that national planning for rollout strategizes how to reach those likely to be missed, especially those facing intersectional barriers
- establishing ongoing mechanisms for collaboration on global issues, not just in crises
- funding proposals that include faith leaders from the beginning as key actors
- collective advocacy for fair and equitable distribution of vaccines and assurance that they reach the most vulnerable

Vaccination rollout at this scale is an unprecedented global challenge with which faith actors are engaging at all levels. Highly respected religious leaders are speaking out on COVAX, vaccine equity, financial support, debt relief, and other issues related to the crisis. Around the world, faith communities are coming together and responding to COVID-19. While challenges can provoke division, they are also an opportunity to commit to the common good.

## EVENT PARTICIPANTS



**Andrea Kaufmann** is senior advisor for faith and external engagement at World Vision International, where she previously served as director of faith partnerships for



development. Prior to joining World Vision International, Kaufmann worked at World Relief and Counterpart International.



**Kathryn Kraft** is senior research advisor for faith and development at World Vision International and a lecturer in international development at the University of East London. She has worked in a variety of different roles within the international development and humanitarian aid field, in various countries across the Middle East and the wider Arab world, as well as Southeast Asia, Haiti, and West Africa.



**Katherine Marshall** is a senior fellow at the Berkley Center for Religion, Peace, and World Affairs at Georgetown University. She helped to create and now serves as

the executive director of the World Faiths Development Dialogue.



**Deepa Risal Pokharel** is a communication for development specialist with the UNICEF immunization team. Deepa has been engaged in the development of guidelines and tools for supporting countries to prepare for introduction of the COVID-19 vaccine. A national of Nepal, Deepa has worked at various UNICEF country and regional offices.



**Dr. Olivia Wilkinson** is the director of research at the Joint Learning Initiative on Faith and Local Communities. Her research focuses on secular and religious influences in humanitarian action, and she is the author of *Secular and Religious Dynamics in Humanitarian Response* (2020).

## Religious Responses to COVID-19 Project

The event on “Faith and COVID Vaccination Challenges: Global Initiatives” was sponsored by the [Religious Responses to COVID-19](#) project. The project, launched in March 2020 as a collaborative effort between the Berkley Center for Religion, Peace, and World Affairs at Georgetown University, the World Faiths Development Dialogue, and the Joint Learning Initiative on Faith and Local Communities, explores the responses of religious actors to the COVID-19 pandemic and organizes information so that it can be quickly found and used by development policymakers and practitioners and religious actors who seek to work together in the COVID-19 response. Through a series of events, publications, and the establishment of an evolving [online resource repository](#), the project draws upon the experience and insights of experts on global health and formal and informal religious leaders as the foundation for further strategic reflections towards a positive path ahead.

**BERKLEY CENTER**  
*for Religion, Peace & World Affairs*  
**GEORGETOWN UNIVERSITY**

**The Berkley Center for Religion, Peace, and World Affairs at Georgetown University** seeks a more just and peaceful world by deepening knowledge and solving problems at the intersection of religion and global affairs through research, teaching, and engaging multiple publics. Two premises guide the center's work: that a comprehensive examination of religion and norms is critical to address complex global challenges, and that the open engagement of religious and cultural traditions with one another can promote peace.

**JOINT LEARNING INITIATIVE on  
FAITH & LOCAL COMMUNITIES**

**The Joint Learning Initiative on Faith and Local Communities (JLI)** is an international collaboration and knowledge platform on evidence for faith groups' activities and contributions to local development and humanitarian challenges. JLI brings together international humanitarian and development organizations, UN agencies, academic institutions, and faith-based organizations and religious bodies for joint learning and collaboration.



WORLD FAITHS  
DEVELOPMENT  
DIALOGUE

**The World Faiths Development Dialogue (WFDD)** is a not-for-profit organization working at the intersection of religion and global development. Housed within the Berkley Center in Washington, DC, WFDD documents the work of faith inspired organizations and explores the importance of religious ideas and actors in development contexts. WFDD supports dialogue between religious and development communities and promotes innovative partnerships, at national and international levels, with the goal of contributing to positive and inclusive development outcomes.

**About this Brief**

This event summary highlights contributions to a virtual meeting on "Faith and COVID Vaccination Challenges: Global Initiatives," held on March 16, 2021. It was prepared by Steffi Kemp, a research assistant at JLI.

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For additional event content, see <https://berkeleycenter.georgetown.edu/events>.