OVERVIEW

Challenging equity issues—including allocation of limited supplies of vaccines, setting priorities for vaccination, and significant vaccine hesitancy—could complicate efforts to address the COVID-19 emergencies in the months ahead. Religious communities and leaders can play significant roles in addressing these challenges.

A consultation on “Religious Responses and Engagement on COVID-19 Vaccines” explored these issues on December 18, 2020. The invitation-only event included about 20 representatives of faith-inspired organizations, public health experts, and development practitioners.

Participants explored specific ways in which religious institutions, beliefs, leaders, and practices can contribute strategically to an expedited rollout of COVID-19 vaccines. The discussion, as a continuation of ongoing exchanges, focused on faith engagement in immunization by drawing on experience from past health crises, including the Ebola outbreaks and HIV/AIDS epidemic. Experts also considered what is known and what needs to be ascertained in assessing contemporary responses, as well as practical solutions looking forward.
KEY TAKEAWAYS

- Faith networks know or can find out and distill answers to questions people have about vaccine safety and ethics.

- Religious leaders and institutions can continue to serve as bridges between communities and health experts.

- Existing research on faith engagement in immunization can be built upon and adapted for the current crisis.

- Significant challenges that can lead to vaccine hesitancy include misinformation, mistrust, ethical concerns, and religiously linked doubts and fears.

- Also important are histories of poor experiences with health care provision, especially vaccination programs.

- Religious concerns tend to focus on the bioethics of vaccine production, which can best be addressed through theological analyses and dialogue, as well as understanding alternatives among available vaccines.

- Harmonization among efforts is key. Several networks are motivated to align approaches and messaging but commonly fail to work in concert, which could damage response efficacy.

- As a short-term step, existing groups working on faith and COVID-19 can collaborate with the World Health Organization (WHO) to build a tailored set of guidance and information products on vaccines for faith communities.

- Prioritization and equitable access are immediate and central issues. Long-term development challenges such as hunger and economic recovery also need to be acted upon.

- Integrating vaccine efforts with broader health care improvements, as well as economic and social relief, will make all efforts more effective.

- Meeting people where they are and addressing their own highest priority concerns is vital.

PARTICIPANT INTERVENTIONS: KEY TRENDS AND CONCERNS

Olivia Wilkinson (Director of Research, JLI) and Katherine Marshall (Executive Director, WFDD; Senior Fellow, Berkley Center), conveners of the consultation, opened the discussion, arguing that a strategic and ethical approach to COVID-19 vaccine rollout is the “clearest and most pressing need” for 2021.

Wilkinson highlighted significant lessons from research about faith engagement in immunization, including JLI’s 2014 scoping study. This work can be built upon and adapted for the current crisis.

Marshall highlighted contextual issues that shape discussions including significant evidence of vaccine hesitancy, debates on priorities, doubts on delivery systems, and concerns on diverse responses from ethnic communities (particularly in the United States). Highlighting religious dimensions of these issues and possible areas for action
is the goal for defining a collective strategic approach.

**Doug Fountain** (Executive Director, Christian Connections for International Health [CCIH]) underlined a broader global health perspective. CCIH realized early on in the pandemic that going back to the basics was appropriate—investing in health systems; explaining what faith-based health care looks like; and undertaking a mapping project to add factual information on the nature, scope, and location of faith-based health assets.

CCIH plans to launch a new project in January 2021 on vaccine hesitancy, including a global landscape survey to discover which players and what resources are influencing specific parts of faith health systems around vaccines. The survey will be followed by a six-country deep dive to determine pertinent mechanisms in specific countries. Fountain would “love to see a consortium formed with a 24-month lifespan to promote messaging and coordinate action, so that everybody knows who to go to.”

**Bruce Compton** (Senior Director of Global Health, Catholic Health Association of the United States [CHA]) shared principles regarding equity and the common good that CHA released in July. He also sees a reflection from Andrew Natsios, former administrator at USAID, on vaccine hesitancy as relevant.

**David Boan** (Director, Department of Relief and Development, World Evangelical Alliance) listed four main concerns he is hearing from national alliances: 1) paranoia; 2) mistrust; 3) misinformation; and 4) ethical concerns related to the use of fetal cells in vaccines, connecting to abortion issues.

He cautioned that each challenge requires different strategies. He stressed that a primary focus needs to be long-term development threats—including hunger; economic recovery; and reported threats to the COVAX program, which aims to ensure equitable access to COVID-19 vaccines.

**Sarah Hess** (Technical Officer, Health Emergencies Program, WHO) sees opportunities available to enable a strategic approach. She cautioned that with so many people and institutions interested in vaccines, risks of fragmentation are significant. She advocates for vaccine literacy and aligning approaches, languages, and messaging to distill the information and tailor it to different contexts and different faiths.

The global crisis of mistrust in governments, science, and systems offers opportunities to partner with trusted faith and community leaders and enable them to act as communicators. Vaccines might not be the most pressing concerns in communities with massive socioeconomic concerns. It is vital to meet people where they are.

**Bee Khan** (Head of Civil Society Partnerships, UNICEF) highlighted UNICEF’s goal to approach faith in a coherent manner without duplicating efforts in the faith-based space. The supply chain for vaccines and assuring equity are central issues. Media messaging, engaging trusted faith leaders in advocacy, and maintaining calm in communities are priorities. UNICEF prefers to pursue a topical focus rather than a technical one.
“We are trying to have an initial conversation between a small group of faith organizations and the UNICEF advocacy and immunization team to kick-start a conversation about what kind of meaningful partnership we can have around advocacy and messaging on COVAX…still trying to see how best to organize this.”

Katherine Marshall explored the potential merit in working towards a common story that aligns approaches. Socioeconomic and mental health issues are important aspects of the overall COVID-19 challenges, with many intersections with specific vaccination challenges. It will be important to keep a watch on actions by the G20 and other major global organizations in early 2021, particularly as the new U.S. presidential administration takes the helm.

Reported levels of doubt about vaccine safety and ethics are shocking and highlight the large challenges of rebuilding trust in global and local health authorities and delivery systems. The dangers of any appearance of instrumentalization must be kept in mind. A pertinent question is: “How do we create a constructive framing that is meaningful and builds trust but is also open to hearing doubts and alternative perspectives?”

Christina Tobias-Nahi (Director of Communications and Public Affairs, Islamic Relief USA) and Abdullah Shawky (Regional U.S. Programs Coordinator, Islamic Relief USA) highlighted difficulties in disseminating information in Muslim communities since there is no hierarchical structure compared to some Christian denominations.

Stakeholder buy-in and coalitions of trusted sources that speak to peoples’ concerns are vital. A concern raised in some Islamic communities is about whether the vaccines will be considered halal.

Mary Dalsin (Program Associate, GHR Foundation) suggested a meeting with representatives from interreligious or interfaith networks that have a central structure, as well as “networks of networks” such as the interreligious councils and regional councils of Religions for Peace. It is important to appeal to such existing communications networks: “We’ve seen the impact of their work to make sure communities have the right information and to stop misinformation.”

Kirsten Laursen Muth (CEO, JLI) supports efforts to build towards universal language and platforms for dissemination. A meeting with a diverse group of people—like the Multi-Faith Advisory Council to the UN Interagency Task Forces on Religion and Development, which already has a COVID-19 working group—would be helpful.

Interested networks could nominate one person to work with WHO and UNICEF and thus interface with the universal language and platforms for dissemination, creating a working group that is a cross-section of different networks. This group would be made up of not just faith actors but also health workers. It could examine the questions of “What is the problem and how can our networks collaborate and act on it?”

Lachlan Forrow (Associate Professor of Medicine, Harvard Medical School) highlighted the merits of musical metaphors, reinforcing concerns that many efforts are not communicating with each other. Harmonization is an urgent need
and can support efforts to know where to find accurate and trustworthy information. Useful resources include open-source tools that the Ad Council, partnering with the COVID Collaborative, is developing. These will be designed for easy adaptation of universal themes and messages in locally targeted ways.

CONCLUSIONS AND NEXT STEPS

**Olivia Wilkinson** highlighted the need to harmonize as a central takeaway looking to next steps. The group should think strategically about how to achieve harmony.

> “WHO could work with this group and the other groups that have been convened to put out a next step of guidelines put out in April that summarize the key messages for religious leaders on this ‘same script’ idea on vaccine information.”

**Sarah Hess** agreed: “We hope the community of practice on communications can take this forward.”

**Lachlan Forrow** suggested potential steps:

1. This group, perhaps with others, offers a proposed outline or framework of what success will require, including specific kinds of messages and tools; and concrete ways in which the group is eager and able to be helpful.

2. Collaborate to develop those messages and tools, including specific examples where universal language is adapted in “targeted” local variations.

3. Work in a “learning collaborative” way in which successes, failures, and lessons are rapidly shared.

While COVID-19 vaccine issues are a “hot” topic, and there is an urgent need to figure out and show how faith community engagement can be most helpful in a practical sense, vast other issues should not be neglected—including hunger and economic challenges, for example. These have longer-term implications with great human costs (or benefits) at stake. Groups collaborating in the short term need to be able to grow into bodies that can address larger and continuing issues as well.

**Religious Responses to COVID-19 Project**

The virtual consultation on “Religious Responses and Engagement on COVID-19 Vaccines” 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.
About this Brief

This event summary highlights contributions to a virtual consultation on “Religious Responses and Engagement on COVID-19 Vaccines,” held on December 18, 2020. The event featured health experts and development leaders, who reflected on faith engagement in COVID-19 vaccination.

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.

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.

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.

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