

KEY LESSON LEARNT FROM ENGAGEMENT OF RELIGIOUS LEADERS TO CREATE DEMAND FOR UPTAKE OF COVID-19 VACCINE – A CASE STUDY FROM TANZANIA

Background (introduce the problem identified)

Around the world, billions of people identify themselves as members of a religious group and embrace worship as an essential part of life. Therefore, faith-based organizations (FBOs) and religious leaders play an important role in many communities, particularly in times of crisis, providing a source of information, comfort, and often a link to essential services. Since the beginning of the COVID-19 pandemic, religious leaders and FBOs have been identified as important leaders in the COVID-19 response. This has been especially true since the introduction of COVID-19 vaccines, which have been accompanied by widespread myths, misinformation, and disinformation. As trusted authorities and influencers in their community, religious leaders are being engaged by Governments, global and local actors, and USAID-funded programs to promote COVID-19 vaccine uptake.

Describe the challenges faced and objective of the effort

In Tanzania, USAID-funded and FHI 360-led projects, EpiC and USAID Tulonge Afya, have been working to identify and address factors driving high levels of vaccine hesitancy in the country, including working with religious leaders and groups. Through rapid information gathering with key audiences, we confirmed that religious leaders were viewed as trusted sources of information related to COVID-19 in Tanzania, but that they did not have sufficient knowledge about COVID-19 vaccines to counter misinformation and address the questions and concerns of their community members. A Sheikh from Kisarawe District shared, *“Make a good use of religious leaders, people are listening to them, but first you will have to orient them so they can provide correct information to community members. People have questions, religious leaders have questions, these questions need to be answered, if we want to increase vaccine uptake.”*

Describe the solution(s) that was selected and how it was implemented

In response to this, the FHI 360 team worked directly with FBOs and religious leaders to develop toolkits and materials that would equip and empower them to be effective advocates for COVID-19 vaccine uptake. We drew on their expertise to ensure materials and messages were locally appropriate and supported by religious verses that would resonate with their communities. Trainings were conducted with 35 religious leaders and FBOs from various denominations to prepare them to use the toolkits and integrate COVID-19 vaccine promotion within their routine activities. During the training, all participants made a public commitment to promote vaccine uptake in their places of worship. Additionally, following the training, media representatives were present to interview six prominent religious leaders, all of whom publicly endorsed the COVID-19 vaccine and encouraged their followers to get vaccinated. Our team is continuing to work closely with FBOs, religious leaders, and the Government of Tanzania to coordinate provision of vaccine services at places of worship, focusing on worship sites with high attendance.

Identify any results to date

Engagement of religious leaders is part of a larger approach to promote COVID-19 vaccine uptake in the country, which has led to reaching the vaccination rates of 2.9% to date. The project has collaborated with other USAID partners to extend the use of the toolkits and materials through their networks with FBOs and religious leaders, with a total of 14,000 toolkits distributed across all regions of the country.

Considerations for adaptation in other countries

Use of influential, high-level religious leaders to promote COVID-19 vaccine uptake has been important in shifting attitudes and creating trust in the vaccines. However, we have found that it is also critical to work directly with individual religious leaders and local FBOs to address their vaccine concerns and engage them as advocates for vaccine uptake. Securing the commitment of individual religious leaders has been essential to obtain acceptance for provision of vaccine services at places of worship.

When seeking to engage religious leaders and faith communities to support COVID-19 vaccine uptake, other countries and programs should consider the dynamics within faith communities, including understanding the levels of influence among groups and individuals. A comprehensive approach that engages leaders at multiple levels is likely necessary to achieve widespread shifts in factors driving vaccine uptake.



Photo 1. A religious leader (from BAKWATA) makes his commitment to promote COVID-19 vaccine uptake within his community



Photo: A client getting a vaccine shot during religious leader's orientation