

# Promoting Covid-19 Vaccine Equity and Reducing Vaccine Hesitancy in Africa through Faith-Based Networks



IMA WORLD HEALTH  
A Corus International organization



## Introduction

Vaccination against the novel coronavirus is one of the most effective strategies for combating the global Coronavirus disease (COVID-19) pandemic. However, vaccine hesitancy emerged as a major obstacle in several regions of the world, including Africa, due to mistrust and disinformation, including among faith leaders.

IMA World Health implemented a project “Promoting Covid-19 Vaccine Equity and Reducing Vaccine Hesitancy in Africa through Faith-Based Networks” from April 2022 – March 2024 in partnership with Africa Christian Health Associations Platform (ACHAP) and Internews in Zimbabwe and Sierra Leone.



## Why Faith Leaders?

- Faith is a key personal and social driver that can influence beliefs, health behavior, and practices.
- Faith leaders are trusted messengers in their communities.
- Involvement of faith-based organizations and faith leaders in health promotion programs have proven effective in bringing about positive change in community health.

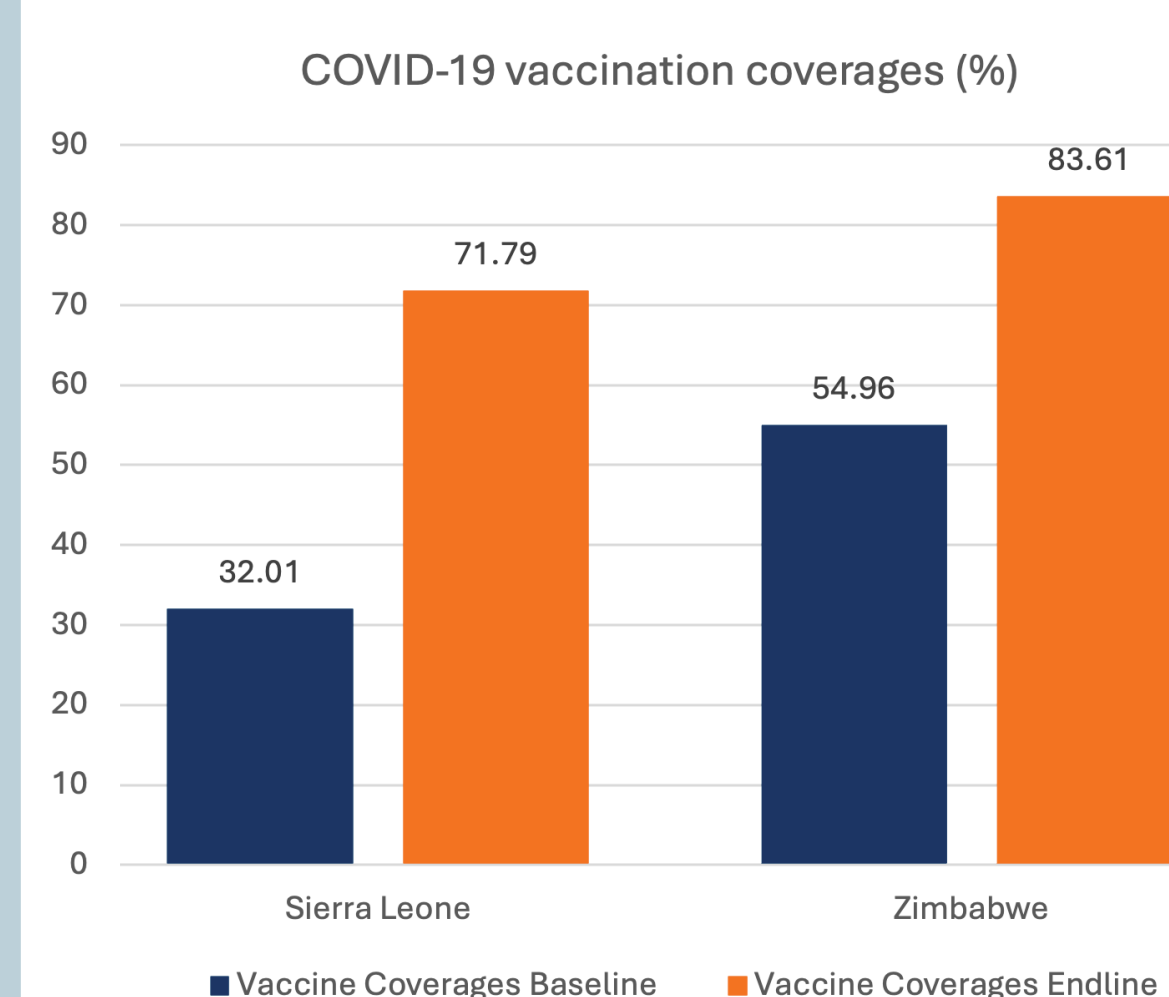
## Methods

1. A needs assessment was conducted to identify key stakeholders and community leaders within diverse faith groups.
2. Tailored education and awareness materials, dubbed “faith and science” toolkits, were developed in collaboration with health care professionals and clergy members to disseminate information about COVID-19 vaccines (e.g. Sermon guides).
3. Engagement activities were also conducted, including 5-minute health talk sessions on COVID-19 vaccinations before congregational worship/prayers and information dissemination during community events like when a place of worship hosted a vaccination clinic.
4. A cross-sectional study employing a mixed-methods approach was conducted at project outset and conclusion, collecting both quantitative and qualitative data.

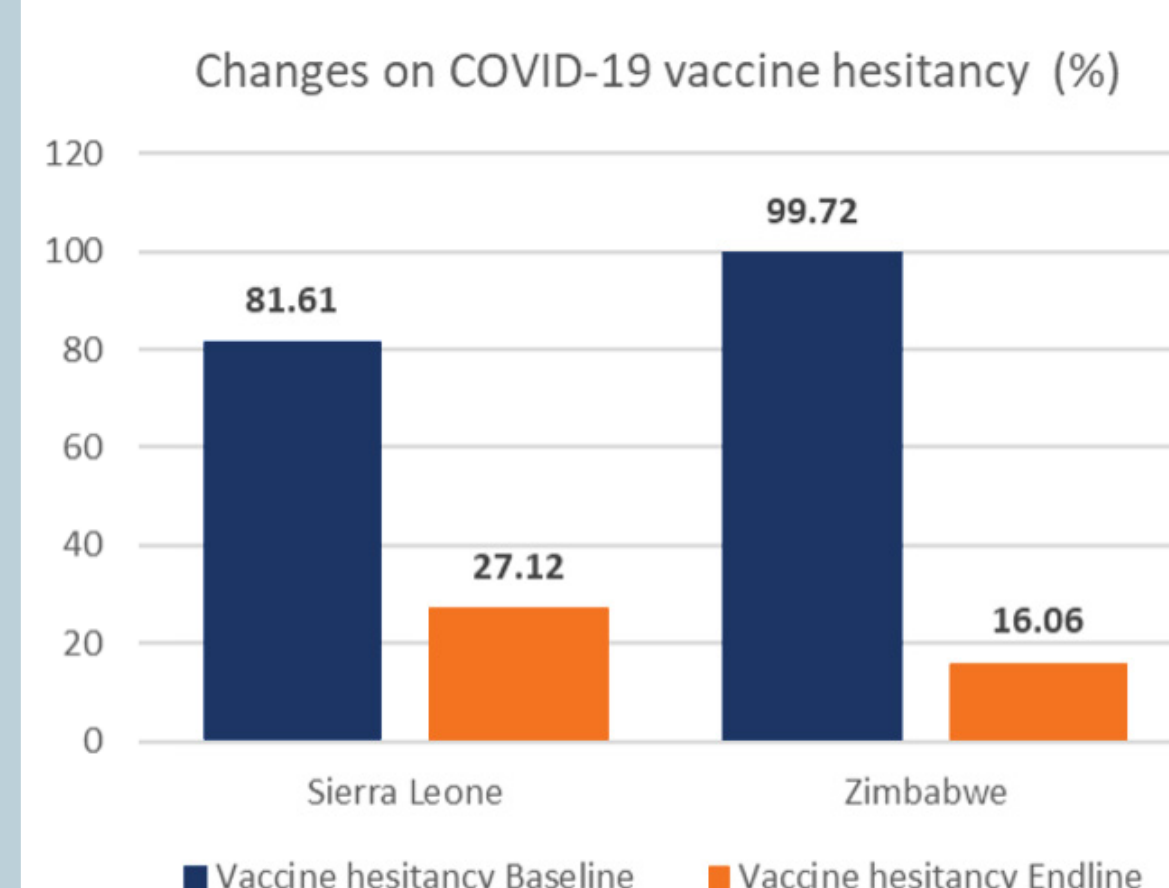


## Results

- From baseline to endline, vaccination rates in project communities in Sierra Leone increased from 32.01% to 71.79% and in Zimbabwe from 54.96% to 83.61%.



- Vaccine hesitancy in project communities in Sierra Leone decreased from 81.61% to 27.12% and in Zimbabwe from 99.72% to 16.06%.



- Of the 2.7 million vaccinations administered by the project, approximately 11% (303,385) were as a result of direct influence by the faith leaders.

Influential Factors: Educational levels and chronic illness status were significant predictors of vaccination attitudes, with higher education levels correlating with higher vaccine uptake.

## Implications

- Faith-based networks are effective in advancing vaccine equity and mitigating hesitancy.
- It is important to tailor behavior change educational campaigns, particularly in rural and underserved regions, and involve respected community leaders in public health endeavors.
- Faith leaders can play a key role in advancing uptake of routine immunization.

**“The project’s success was greatly influenced by the training and participation of religious leaders who raised awareness about the vaccine using their trusted positions. Their engagement with congregational members emphasized the importance of vaccination.”**

- Daniel S. Caulker, Community Health Worker, Sierra Leone

## Conclusion

- The project significantly reduced COVID-19 spread by boosting vaccine uptake.
- Data highlight the crucial role of faith-based organizations in enhancing immunization rates, fostering community trust, and setting a precedent for future community-driven health initiatives.
- Faith leaders are influential stakeholders who bear potential to enhance public confidence in vaccine campaigns

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