PROMOTING VACCINATION
A Toolkit for Collaborating with Faith Communities

MOMENTUM Country and Global Leadership

December, 2022
MOMENTUM works alongside governments, local and international private and civil society organizations, and other stakeholders to accelerate improvements in maternal, newborn, and child health services. Building on existing evidence and experience implementing global health programs and interventions, we help foster new ideas, partnerships, and approaches and strengthen the resiliency of health systems.

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# TABLE OF CONTENTS

Acknowledgements .................................................................................................................. 2  

Toolkit Introduction .................................................................................................................. 3  
  Background and Purpose ......................................................................................................... 3  
  Intended Audience .................................................................................................................. 5  
  Faith Actors as Vaccine Advocates and Influencers ............................................................... 5  
  Vaccine Background ................................................................................................................. 6  

Theological Dimensions of Vaccination .................................................................................. 9  
  Responding to Common Vaccination Objections Across Faiths .............................................. 9  
  Christian-Specific Messages .................................................................................................... 10  
  Muslim-Specific Messages ....................................................................................................... 11  
  Hindu-Specific Messages ......................................................................................................... 12  

Guidance for Holding Discussions on Vaccination .................................................................. 13  
  Drivers of Vaccine Uptake ..................................................................................................... 13  
  Vaccine Confidence Mindsets ............................................................................................... 14  
  Developing a Message Framework .......................................................................................... 15  
  Overall Principles for Vaccine Communication ..................................................................... 16  
  Addressing Common Myths and Misinformation .................................................................. 17  

Social Media Messaging ......................................................................................................... 20  
  Testimonial Campaigns ........................................................................................................ 20  
  Christian Faith Messages ....................................................................................................... 20  
  Muslim Faith Messages .......................................................................................................... 21  
  Hindu Faith Messages ............................................................................................................ 22  
  Social Media Guidelines ........................................................................................................ 23  

Annexes .................................................................................................................................. 24  
  Annex 1: Guide for Holding Interfaith Discussion Forums on Vaccine Promotion ................. 24  
  Annex 2: Guide for Harmonized Interfaith Vaccine Campaigns ............................................ 26  
  Annex 4: Bibliography: Vaccine Hesitancy Toolkit ................................................................. 31
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MOMENTUM Country and Global Leadership is part of a suite of innovative awards funded by the U.S. Agency for International Development (USAID) to holistically improve voluntary family planning (FP) and maternal and child health (MCH) in partner countries around the world. The project focuses on technical and capacity development assistance to ministries of health and other country partners to improve outcomes.
TOOLKIT INTRODUCTION

BACKGROUND AND PURPOSE

Vaccination is one of the greatest advances in global health and development. Vaccines have safely eradicated the once common risk of devastating diseases like polio, measles, and smallpox in most regions of the world—saving millions of lives each year that were previously lost to these conditions. Vaccines are a safe and effective means of preventing disease and helping children and communities grow and thrive. Vaccines are considered one of the most cost-effective means of advancing global welfare.

Despite the overwhelming benefits of vaccination, some portions of the global population—often the most impoverished, remote and marginalized groups, and those in conflict and fragile settings—do not receive life-saving vaccines. Low vaccination rates contribute to limited progress in global maternal and child health, education, and poverty reduction goals. Vaccination coverage has plateaued at 85% over the last decade and declined during the COVID-19 pandemic, and thus initiatives are needed that partner with key influential stakeholders to reach the most disadvantaged communities.

In 2019, the World Health Organization (WHO) declared vaccine hesitancy to be one of the top threats to global health. Particularly in a social and communication landscape that is saturated with misinformation and rapidly changing media, there are numerous competing influences on vaccination uptake. Further evidence has emerged on the barriers and enablers to vaccination and the tailored activities needed to improve vaccine uptake. While access to vaccination and other challenges exist preventing some individuals from receiving life-saving vaccination, low vaccine confidence remains a significant barrier across the globe.

Religious leaders and local faith actors offer unique opportunities for partnership on raising demand for vaccination and addressing vaccine hesitancy. Regardless of whether vaccine hesitancy stems from religious convictions, widespread myths and misinformation, or cogent beliefs and fears, faith actors are highly influential in promoting health behaviors such as vaccination. Engaged local faith actors have made essential contributions to the success of the largest global vaccination campaigns of the past century by promoting and achieving increased vaccination uptake, coverage, and equity within their communities.

This toolkit is funded as a part of the U.S. Agency for International Development’s (USAID’s) MOMENTUM Country and Global Leadership project, which includes an initiative to identify and address concerns among religious leaders and faith-based communities around vaccination. From 2020 to 2021, the project completed a global landscape analysis and key informant interviews of key efforts for engaging faith leaders in vaccination. The summary of findings and corresponding actionable recommendations that emerged from the analysis, identified a set of promising practices that could be synthesized into a toolkit to address the role that faith leaders can play in generating vaccine demand and addressing vaccine hesitancy, as it arises. Building on these efforts, focus group discussions were held with religious leaders to solicit their direct feedback on how faith communities can collaborate to generate vaccine demand and increase vaccine confidence.

This toolkit is designed to equip faith actors and related stakeholders—such as Ministries of Health, medical and scientific bodies, and non-profit organizations that partner with or work alongside faith actors—with the information and tools needed to raise awareness, reduce misinformation, and address barriers that prevent faith communities, in particular, from engaging in vaccination. Ultimately, this toolkit is intended to promote innovative partnerships that drive vaccine acceptance and uptake and to inspire increased strategic discussion and investment among stakeholders in the vaccine space. This document can aid individuals and entities working to enhance immunization coverage.
WHAT IS IN THE TOOLKIT?

**How-To Guide:** Step-by-step guidance on how to engage faith communities to promote vaccination through “vaccine advocates and influencers”

**Theological Dimensions:** Faith-specific messages for promoting vaccination and responding to vaccine hesitancy

**Holding Vaccination Discussions:** Understanding barriers and facilitators to behavior change and recommendations for communicating about vaccination

**Social Media Messages:** Examples of faith-tailored social media messages

**Guidance Briefs:** for holding inter-faith discussion forums on vaccine promotion, developing harmonized inter-faith campaigns, and engaging faith-based scientific technical bodies

HOW TO USE THE TOOLKIT

- The guidance in this toolkit was designed for a global audience to help structure thinking about engaging faith communities and provide resources for promoting vaccination.
- Start with the Toolkit Introduction and Vaccine Background section. Then use the Table of Contents to identify the sections that are most relevant to you.
- Tools and messaging terminology may be adapted to fit your local context and language that will be understood by the audience. Supplement the toolkit as needed with local statistics or contextual information that reflects the tribal, cultural, or national context.
- Conversation guides, religious text references, meeting templates, and social media messages can be printed out for easy reference or pulled out as stand-alone tools.

*After using this toolkit, scan this QR code to take a three-question survey to help the developers understand how the toolkit is being used and how future versions could be improved.*
INTENDED AUDIENCE

The engagement of faith actors in community strengthening initiatives such as vaccine promotion is highly impactful. It is estimated that four out of five people belong to a major faith group. Therefore, both faith actors and other local leaders can join together in order to meet holistic needs of large numbers of people. Many major religions share a belief that vaccination supports their moral imperative to protect life, health, and wellbeing among all community members, particularly the most vulnerable. This toolkit is intended for local faith actors as well as those who can support, encourage and foster partnership with these faith actors—such as Ministries of Health, national policy-makers and legislators, non-governmental organization program managers and technical staff, private-sector stakeholders with an interest in vaccine adoption, interfaith councils, health workers, medical and science bodies, and other actors working to improve vaccine uptake. When each of these entities unite towards a common goal of improved human wellbeing through vaccination, the community change that can be achieved is magnified.

The vision for faith engagement is broad: Religious leaders can use their trusted position to inform and influence their faith communities towards vaccination and participate in vaccine service delivery; governments can foster and allocate appropriate funding for partnerships with faith actors to promote vaccination; implementing health organizations and frontline health workers can utilize an understanding of the theological dimensions to vaccination to tailor efforts appropriately. Together these stakeholders can achieve collective change. Developing and fostering ongoing relationships and communication channels among faith actors and other key stakeholders builds a foundation of trust that can be leveraged when community challenges or emergencies arise.

“How can I use my respected position as a faith leader to promote vaccine adoption in my community? What are partnership opportunities?”

— Faith Actors

“How can I engage and partner with faith actors to overcome vaccine obstacles in our communities?”

— Government, Program Implementer, and Medical Actors

FAITH ACTORS AS VACCINE ADVOCATES AND INFLUENCERS

Faith actors or religious leaders (someone who is recognized by a religious group as having authority) are well positioned to be “vaccine advocates and influencers”—change agents for promoting vaccination. As faith actors in the community, these individuals can be supported and encouraged to use their trusted position of influence, unique understanding of their congregants, and important insights from behavioral science to engage in personalized vaccine promotion outreach in their networks. In many contexts, “elder” faith leaders, denominational leads, and tribal leaders have particular influence and authority and are ideal vaccine advocates. Research has shown that trusted individuals such as faith leaders are the best way to reach individuals who may be unsure of vaccination. Faith leaders as Vaccine Advocates and Influencers can address several barriers to vaccination, including prevailing social norms, mistrust and misinformation, and cultural and religious relevance. Faith leaders can also couple demand generation with improving access by partnering with vaccination distributors to identify the means of vaccination that will best reach community members. This interpersonal outreach is even more impactful if it addresses the specific concerns of the
hesitant person and if messages are repeated over time. Messages can be shared formally during religious gatherings or informally through conversations with community members at common gathering places such as the market. Faith leaders and elders can inspire vaccine enthusiasm and address their faith community’s fears by making theological statements on vaccine acceptability and working closely with the Ministries of Health to disseminate evidence-based, faith-informed vaccination behavior change communication messages.

FIGURE 1. VACCINE ADVOCATE AND INFLUENCER AIMS

1. Gain knowledge and skills to provide evidence-based, faith-informed vaccination information
2. Learn to have conversations about vaccination that address the specific concerns and barriers of your community members
3. Be equipped with the knowledge and tools to engage your faith community with consistent, tailored messages to promote vaccine uptake

VACCINE BACKGROUND

WHAT IS VACCINATION AND WHY IS IT IMPORTANT?

Vaccination—also referred to as immunization—is one of the most successful global developments across history. Vaccination is a safe, and effective way to prevent disease and save lives. Vaccines protect you against harmful diseases before you come into contact with them. There are now vaccines that protect against at least 25 diseases, saving the lives of millions of people every year. There are many sicknesses that killed or disabled large numbers of children and adults in the past, which are no longer a danger due to vaccination. Childhood vaccines alone are estimated to save over 4-5 millions lives each year.

What is a Vaccine?

“Vaccines have helped answer the question of unknown causes to many sicknesses in communities.”

“Sicknesses were causes of many community disputes (like elderly widows being accused of being witches and causing polio). Now that polio is almost eradicated, there is no such dispute anymore. Thanks to vaccines and medical science!”

— Traditional Healer in Sierra Leone
Smallpox Success Story

Smallpox was one of history’s most deadly diseases, which killed more than 300 million people. But a massive global vaccination effort put a complete end to the disease in 1977—making it the first disease ever eradicated.

Most vaccines are given by an injection into the arm or thigh of the leg, though some vaccines are given orally (by mouth) or sprayed into the nose. Vaccines safely prevent specific illnesses that could otherwise make a child or adult seriously sick or cause death. Vaccines strengthen the body’s immune system, the part of the body that fights against infections and diseases so the body can stay healthy and strong.

HOW DO VACCINES WORK TO PROTECT INDIVIDUALS AND COMMUNITIES?

Vaccines are made of a small weakened or inactive form of germs (viruses or bacteria), which trains your body to stop similar germs in the future without giving you the risk of disease. Vaccines use your immune system’s ability to “remember” to protect against a disease for years or even a lifetime. Rather than trying to treat a serious disease after it affects a person, vaccines prevent the person from ever getting sick.

FIGURE 2. HOW VACCINES LOWER THE RISK OF GETTING A DISEASE BY USING YOUR BODY’S NATURAL DEFENSES

This means vaccines are a safe and effective way to give your body’s immune system the tools it needs to prevent a disease without causing the illness. Each vaccine is made to prevent a specific disease for a certain length of time. Some vaccines need to be given more than once to give the body the full protection against the disease. A “booster” is a vaccine given after the initial vaccination to remind the body how to fight off the disease. It is important to attend all well-check visits and to confirm with a healthcare provider which vaccines are recommended at which ages throughout life, from newborns to adults.

People of faith are motivated by two important reasons to get vaccinated: to protect themselves and to protect those around them. Many religious communities honor their faith and love their neighbors by protecting their own bodies from disease and by protecting others who are most vulnerable. A very small number of people may have contraindications to vaccination—and depend on a caring community to be fully vaccinated to protect them. This is an act of love and part of a religious responsibility for the common good.

When most people in a community are vaccinated against a disease, it protects everyone.
HOW ARE VACCINES DEVELOPED, TESTED, AND ENSURED TO BE SAFE?

Vaccines are safe and effective. Vaccines do not give the illness. Some people may experience minor and temporary side effects such as a headache or mild fever. These “side effects” mean the vaccine can temporarily make you feel mildly sick, which is an indication that the vaccine is working well in your body to create natural defenses against the disease. Serious side effects are extremely rare. Each individual may respond slightly differently to a vaccine. This toolkit is not a replacement for talking with a trusted healthcare provider, who can provide more detailed information about vaccines’ safety, efficacy, and side effects.

Concerns about safety of vaccines are common. Providing simple, factual statements about the safety of vaccines through repeated communication can make individuals feel more informed and comfortable. Every vaccine goes through extensive testing to make sure it is safe before it can be used in a country. Testing especially should be done to evaluate the safety of vaccines in special groups such as pregnant women or individuals with underlying health conditions. Scientists rigorously evaluate all of the ingredients and constantly monitor vaccines for any signs of risk. New vaccines are first tested in animals for safety and effectiveness in preventing disease. Then the vaccine is carefully tested in numerous human clinical trials and monitored before it can be used widely. Scientific authorities ensure that vaccine safety is of highest priority and is never compromised by manufacturer benefit. Even a vaccine that needs to be rapidly developed for a new disease, like the global COVID-19 pandemic, goes through the same amount of rigorous testing and has to meet the same standards for effectiveness and safety. Thankfully, new vaccines can be developed quickly due to years of previous research about similar viruses and vaccine development.

Sources of Reliable Vaccine Information

WORLD HEALTH ORGANIZATION—VACCINES AND IMMUNIZATION

Vaccine Fact Sheets
Vaccine Myths and Misconceptions
How Do Vaccines Work?
How are Vaccines Developed?
Manufacturing, Safety, and Quality Control of Vaccines

To view vaccination trends in your local context, visit the World Health Organization Immunization Dashboard, which includes regional and country-level statistics. These data monitor reported cases of vaccine-preventable diseases and vaccination coverage over time.

COVID-19 Pandemic

COVID-19 (coronavirus) was a new disease that was a global pandemic. At first, there were no vaccines available and millions of people died as the virus spread quickly around the world. Fortunately, because vaccines for similar types of viruses already existed, new vaccines to prevent COVID-19 from spreading were developed within a year.
Misinformation—false or inaccurate information—as well as disinformation that is deliberately intended to deceive others, spreads quickly and must be guarded against. In many contexts, traditional healers are trusted for their healing practices. It is important to acknowledge the important and valuable role of traditional healers and involve them in vaccine efforts, while also comparing traditional beliefs and practices against reliable, evidence-based information. It is important to follow the advice of trusted sources, including local public health authorities and relevant reputable regional and international organizations like the European Centre for Disease Prevention and Control and the World Health Organizations. Rely on these sources to get dependable information instead of sharing unverified statements that may spread from untrustworthy sources. When confronted with myths or misinformation about vaccination, ask about the source of the information and support critical thinking about its reliability. Refer to reliable sources to confirm or deny information.

WHAT IS VACCINE HESITANCY?

Vaccination confidence and acceptance exist across a spectrum ranging across opposition, skeptical, reluctance, hesitancy, and full support. This spectrum is discussed in more detail in Table 2 on Vaccine Confidence Mindsets, which indicates that the “middle” or moderate mindsets are often the most open to change. Vaccine hesitancy—a delay in the acceptance, or a complete refusal, of vaccines despite their availability—\(^{20,21}\) is encompassed in the middle range of the spectrum. There are many underlying reasons why individuals are hesitant to be vaccinated or to vaccinate their families. Before getting vaccinated, people have the right to have their questions and concerns addressed so they can feel confident they are making the best choice for themselves and their family. It is important to take time to understand the specific reasons an individual or group is hesitant in order to have meaningful, personalized communication. Communities often turn to traditional healers and faith actors for guidance on health decisions. Faith actors can provide important theological and religious context in support of vaccination and can address mistrust and misinformation.

THEOLOGICAL DIMENSIONS OF VACCINATION

RESPONDING TO COMMON VACCINATION OBJECTIONS ACROSS FAITHS

Across religious groups, several vaccination objections have been raised, which can be addressed with thoughtful, faith-informed communication. By familiarizing yourself with these common concerns and sample responses, you can be prepared as a faith actor for informal or planned discussions with individuals in your community or be educated as a community partner to support faith actors in this role. It is important to emphasize that vaccination is not in conflict with local traditions and can align with personal beliefs and convictions. It can be helpful to role-play a dialogue about vaccination with another person to practice your response to common statements.

Did you Know?

Religious leaders have played an important role in promoting vaccination. See examples of religious leader messaging to advocate for the Coronavirus vaccine in Tanzania [here](#).
<table>
<thead>
<tr>
<th>Common Inter-Faith Vaccine Objections</th>
<th>Possible Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humans should not try to override God’s will with man-made solutions. Let nature take its course.</td>
<td>Humans were made to learn, think and create. God works with or through humans to care for people’s physical needs and to prevent needless suffering and death.</td>
</tr>
<tr>
<td>We should have faith in traditional healers or faith in God and the power of prayer rather than</td>
<td>Our faith should be in the power of God and those to whom he gives wisdom for healing. Faithfulness and obedience to God includes taking responsibility for preventing harm to our bodies. All healing ultimately comes from God, who can use modern medicine as a means of healing.</td>
</tr>
<tr>
<td>biomedical solutions from science.</td>
<td></td>
</tr>
<tr>
<td>The body is a “temple” or gift from God—we should not introduce foreign substances like viruses,</td>
<td>Rather than foreign substances, vaccines utilize your body’s natural defense system to create antibodies, which are already produced by your body. Vaccines are made of small weakened or inactive forms of viruses or bacteria so that your body can fight off a life virus or bacteria.</td>
</tr>
<tr>
<td>bacteria, or materials that come from forbidden substances.</td>
<td>There is no overarching prohibition against vaccination by Hinduism, Islam, and most Christian denominations. Nearly all religions’ lead authorities have proclaimed that vaccination does not violate religious obligations and that the moral good achieved by vaccination far outweighs any ethical concerns.</td>
</tr>
<tr>
<td>• e.g. Fetal tissue from abortion is often used in the development of vaccinations. Since abortion</td>
<td></td>
</tr>
<tr>
<td>takes a human life, it is morally prohibitive to benefit from this sinful act.</td>
<td></td>
</tr>
<tr>
<td>• e.g. Putting vaccines into your body is a violation of Hindu religious dietary laws (such as</td>
<td></td>
</tr>
<tr>
<td>pharmaceutical porcine or bovine origins.)</td>
<td></td>
</tr>
<tr>
<td>Western cultures and vaccinators do not share our religion or socio-cultural background and have an</td>
<td>Vaccines are developed for global use and are not distinguished between population groups. All modern vaccines have undergone rigorous testing and must meet safety standards ensuring there are no harmful effects. It is not possible for vaccines to contain alternate substances such as tracking devices.</td>
</tr>
<tr>
<td>agenda they are trying to achieve. We cannot trust that vaccines may have harmful effects, like geo-</td>
<td></td>
</tr>
<tr>
<td>tracking or impacting fertility.</td>
<td></td>
</tr>
</tbody>
</table>

**CHRISTIAN-SPECIFIC MESSAGES** 1,6,8,13,16,17,18

Sickness and suffering are not what God intended for creation. Diseases caused by viruses have caused tremendous suffering and death in the world, particularly among the most poor and vulnerable. Christians can celebrate the development of vaccines as one of the greatest achievements in alleviating suffering and saving millions of lives.
Some people believe that faithfulness and obedience to God alone will protect them from disease and disasters. This is contrary to the teachings of the Bible. The Old Testament teaches that knowledge about diseases can help avoid illness and the lack of knowledge can lead us to suffering.

- “My people are destroyed for lack of knowledge.” (Hosea 4:6)
- “The prudent see danger and take refuge, but the simple keep going and pay the penalty.” (Proverbs 27:12)

The Bible encourages Christians to use gifts that God has given us for the good of others. The development of life-saving modern medicine is one of the gifts that God has so generously given us to decrease suffering and death. Ultimately, all healing comes from God. God works with or through humans to extend His mercy and grace.

Jesus was clear that as His followers, we are called to be a “light to the world” (Matthew 5:14) and to “love your neighbor as yourself” (Mark 12:31). By vaccinating ourselves and our family, we are loving those around us who may be vulnerable to disease and ineligible for vaccination. Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, not looking to your own interests but each of you to the interests of the others.” (Philippians 2:3-4).

The people of God have been entrusted to follow Jesus Christ’s example of “proclaiming the good news of the kingdom, and healing every disease and sickness among the people” (Matthew 4:23). Vaccines are a safe and effective way of preventing suffering, disease, and death—serving as a pathway to holistic individual and broader community wellbeing.

**MUSLIM-SPECIFIC MESSAGES**

One of the highest values of Islamic law is to preserve and protect human life. Every human life is a precious creation of Allah. The development of vaccines to reduce the burden of deadly disease has always been linked to the noble aim of reducing or eliminating harm.

Muslims have a strong history of contributing to rigorous scientific efforts that have advanced medicine and healing. Ibn Sina is considered to be one of the fathers of modern medicine and associated Islamic culture with a reputation of scientific progress.

Many imams and other Islamic leaders have issued clear statements asserting that vaccination is consistent with Islamic principles. The Organization of Islamic Conference and 15th annual conference of the International Fiqh Council both concluded that vaccination is acceptable under Islam.

Abu Darda, a companion of the Prophet Peace Be Upon Him (PBUH), reported: The Messenger of Allah, said, “Verily, Allah sent down the disease and the cure, and for every disease he made a cure. Seek treatment, but do not seek treatment by the unlawful” [Sunan Abī Dāwūd 3874].
While some Muslim individuals have concerns that vaccines may not be *Halal*, the Islamic Organization for Medical Sciences concluded that porcine gelatin used in vaccines is acceptable.

- “The Gelatin formed as a result of the transformation of the bones, skin and tendons of a judicially impure animal is pure, and it is judicially permissible to eat it.”
  — 1995 decision by the Islamic Organization for Medical Sciences

By ensuring you are vaccinated, you are preventing harm to others and therefore can be rewarded by Allah for this noble intention. There is a verse in the *Holy Quran* [5:32], that “if anyone saved a life, it would be as if he saved the life of all mankind.” By being vaccinated, we are expressing gratitude towards Allah for creating treatment for disease and performing in an honorable act of worship — protecting life. Furthermore, the survival of human life depends on everyone respecting other human beings and in contributing actively to the survival and protection of others.

God gives good things to those who persevere through trial in a positive way. “And certainly we shall test you with something of fear, hunger, loss of wealth, lives and fruit but give glad tidings to those who patiently persevere.” *Holy Quran* [2:155].

Muslims must take all necessary precautions to ensure they do not contract disease. “Run away from plague the way you would have run from a lion.” *Bukhari* 5707 and *Ahmad* 9722.

We have a moral obligation to protect ourselves and those around us. As the Prophet Muhammad PBUH said, “We are one body, and if part of it aches, the rest should respond with sleeplessness and fever” [*Ṣaḥīḥ al-Bukhārī* 6011, *Ṣaḥīḥ Muslim* 2586] and “No one will have true faith until he or she has the same love for others as they have for themselves.” Muslims throughout the world should be at the forefront of maximizing efforts to save the lives of their families, neighbors, friends and communities.

**HINDU-SPECIFIC MESSAGES** 8,12,13

“Lokah Samastah Sukhino Bhavantu.” This universal Hindu prayer—“May all beings everywhere be happy and free, and may the thoughts, words, and actions of my own life contribute in some way to that happiness and to that freedom for all,” is a call for Hindus to embrace and promote life-saving vaccination for all.

Aiming for the wellbeing of all humankind is a moral duty in Hinduism. Hindus share a deep love and care for all humanity and an aim of alleviating suffering. The ancient Hindu text Bhagavad-Gita reminds us, “...the wise work for the welfare of the world, without thought for themselves...Perform all work carefully, guided by compassion.”

Vaccination has long been integrated into Hindu life. Ayurveda, “The Science of Life”, the traditional Hindu system of medicine, can be discovered in the religious texts of the *Atharva Veda*. One of the earliest references to vaccination is in the *Harivamsa Purana* and is attributed to Dhanwantari, “God of Ayurveda.” As stated by pathologist and bioethicist, Dr Sridevi Seetharam, “society has long respected the medical profession for its commitment to service and the alleviation of suffering. It is apparent that *dharma* and medical science have a common aim—to make humanity happier by reducing suffering.” Ayurveda practitioner, Charaka, similarly wisely shared millennia ago, “*Bhuta daya*, compassion for suffering humanity, should be the singular motive for medical practice.”
The Bhagavad Gita (4:38) teaches that right knowledge (jñāna) is the greatest purifier. As devout Hindus, our practices should be informed by true knowledge that comes from expert sources. Regarding vaccination, medical science is the most trustworthy source of pure knowledge to guide us to take the actions needed to protect human life.

- The material world is full of contaminations, and one who is immunized by accepting prasādam of the Lord (food offered to Viṣṇu) is saved from the attack, whereas one who does not do so becomes subjected to contamination. [Bhagavad Gītā 3.14]

Hinduism has no prohibition against vaccines. Though Hindus venerate cows, trace bovine components of certain vaccines have not been identified as a theological concern. Many Hindu leaders have declared that the global benefit of keeping people healthy and safe takes precedence over any potential ethical concerns. Hindus can care for humanity by acting in love to protect the lives of all through vaccination.

**GUIDANCE FOR HOLDING DISCUSSIONS ON VACCINATION**

**DRIVERS OF VACCINE UPTAKE**

In order to hold impactful discussions on vaccination, it is important to have a basic understanding of the various behavioral and social drivers of vaccine uptake. Behaviors are influenced by a combination of what people think and feel, societal norms and pressures, individual motivation, and practical and access issues. The following framework\(^3\) (Figure 3) can provide scaffolding for listening to the concerns of vaccine hesitant members of your faith community and tailoring support accordingly. Faith leaders may be able to directly address some areas related to vaccine hesitancy (e.g. motivation and support as an influential, trusted leader) or indirectly address other issues (e.g. vaccine convenience by offering a place of worship as an accessible location for vaccination).

**FIGURE 3. BEHAVIORAL AND SOCIAL DRIVERS OF VACCINATION FRAMEWORK\(^3\)**
VACCINE CONFIDENCE MINDSETS

Research has identified several different behavioral “mindsets” around vaccination. Being aware of which mindset an individual or group may hold can help faith actors align messages that will be most receptive to shifting people’s mindset towards getting vaccinated. It is not necessary to label or formally categorize people into a particular archetype, but becoming familiar with these classifications and the corresponding recommended approaches can make your messaging more personal and impactful. Reinforce your communication by repeating messages regularly.

### TABLE 2. VACCINE CONFIDENCE MINDSETS

<table>
<thead>
<tr>
<th>Vaccine Advocates</th>
<th>Reluctant Vaccinators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Already vaccinated or actively seeking to adopt vaccination.</td>
<td>• Not opposed to vaccination but have serious concerns and thoughtful questions</td>
</tr>
<tr>
<td>• Highly value the benefits of vaccination and are eager to see everyone vaccinated</td>
<td></td>
</tr>
<tr>
<td><strong>RECOMMENDATION:</strong></td>
<td><strong>RECOMMENDATION:</strong></td>
</tr>
<tr>
<td>• Leverage these individuals as community motivators and encourage them to share their stories among your faith community</td>
<td>• Don’t restate myths or focus on fears</td>
</tr>
<tr>
<td></td>
<td>• Focus on messages about vaccines as safe and effective at preventing disease and alignment with religious teachings</td>
</tr>
</tbody>
</table>

**I am eager to keep myself and my children up to date on vaccinations. I may need support on where the nearest vaccination site is and confirming the correct schedule for our vaccines.”**

**I have been doing some research about the benefits of vaccination. I need a little more information before making a decision.”**

<table>
<thead>
<tr>
<th>Cautious Supporters</th>
<th>Indifferent Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recognize the need for community-wide vaccine protection but concerned about individual risk and safety</td>
<td>• Relatively healthy, often younger individuals who are not motivated by self-protection but by social approval</td>
</tr>
<tr>
<td>• May consider vaccination out of concern for the elderly or other vulnerable groups</td>
<td>• Vaccination feels unnecessary personally, but may take action to make others feel comfortable</td>
</tr>
<tr>
<td><strong>RECOMMENDATION:</strong></td>
<td><strong>RECOMMENDATION:</strong></td>
</tr>
<tr>
<td>• Motivated to vaccinate by well-communicated evidence of vaccine safety</td>
<td>• Emphasize convenience and the social/lifestyle benefits of vaccination</td>
</tr>
<tr>
<td>• Outreach directly from trusted health professionals or faith leaders can ease fears</td>
<td>• Provide multiple “nudges” to overcome their aversions to vaccination</td>
</tr>
</tbody>
</table>

**I want a way to protect my child against common diseases. But I do not know if these vaccines are safe and I fear possible side effects.”**

**The diseases vaccines prevent don’t seem to affect anyone anymore. I don’t feel any risk of these diseases; but if I could protect others by being vaccinated, I might consider it.”**
Concerned Skeptics

- Not overly informed about vaccines, but feel unconvinced about the testing and safety claims of vaccines due to their unique conditions or concerns
- Willing to make other lifestyle modifications while taking more time to weigh the risks and benefits

RECOMMENDATION:
- Reach through thoughtful, personalized communication, emphasizing that vaccination will not have a negative impact on their physical, social or religious status

Steadfast Opponents**

- Adamantly against vaccination and have no interest in exploring vaccination
- Believe in their own ability to manage the risks of disease and/or have deep-seated moral oppositions to vaccination

RECOMMENDATION:
- Hold community listening sessions and individual tailored discussions to have their concerns listened to and recognized before any evidence-based messaging is shared
- Reduce their influence on other segments

** In contexts with strong contingencies of “steadfast opponents” to vaccines, it is important to prioritize the safety and wellbeing of health workers and other individuals promoting vaccination. Hostility, threats, and violence against health workers by individuals who are adamantly and aggressively resistant to vaccination remains a disturbing trend globally. If a hostile environment is suspected, the best course of action is to not engage with antagonistic individuals. Focus efforts instead on individuals and groups from the other vaccine confidence mindsets. In the case that threats or violence occurs, seek immediate support from trusted law enforcement representatives as well as mental health support for the affected individual.

DEVELOPING A MESSAGE FRAMEWORK

Every individual has unique determinants, or underlying reasons, why they adopt or do not adopt particular behaviors, such as vaccine acceptance and uptake. Understanding the specific determinants that are most relevant for an individual or group leads to more effective behavior change messages or activities.3,4,7,9,11,15

UNDERSTANDING THE BARRIERS—CHALLENGES AND CONTEXT

Some of the common barriers23 that have been identified to most closely affect vaccine adoption include:

PERCEIVED POSITIVE / NEGATIVE CONSEQUENCES — what are the advantageous and disadvantageous outcomes of vaccinations?

PERCEIVED RISK — how much it is believed that vaccination includes personal or community risk (e.g., What are the long-term effects of getting this disease compared to getting the vaccine?)

PERCEIVED SEVERITY — the degree of negative impact of not engaging in vaccination (e.g., How serious or life-threatening is the illness if I do not get vaccinated?)
PERCEIVED SOCIAL NORMS—how much the individual believes his community/culture or spouse/family network approves or disapproves of vaccination (e.g., Does my faith community approve of children receiving vaccinations at their well-checks?)

PERCEIVED DIVINE WILL—how much the individual believes God approves of vaccination (e.g., Does vaccination align with God’s will and teachings of our religious text?)

PERCEIVED SELF-EFFICACY—how much the individual believes they can engage in vaccination if he or she wants to (e.g., Do I have the knowledge and abilities needed to get vaccinated?)

UNDERSTANDING THE FACILITATORS—WHO AND WHAT

It is also important to understand what facilitates, or helps, a person adopt a behavior like vaccination. These influencing factors make it easier to adopt the action: an enabling environment that ensures access and ease of vaccination, social support and approval of key influential individuals, and clear information from trusted sources. Faith leaders are uniquely positioned to influence vaccination uptake by disseminating public health information backed by religious texts and theological frameworks and through de-stigmatizing vaccination by showing the collective support and enthusiasm of their faith community. Faith leaders can play a role in engaging members of their faith community as well as other faith leaders who may be reluctant to engage in the vaccination space. Vaccination endorsement by trusted faith leaders who can connect with an individual’s identity amplify messages that promote vaccine adoption.

OVERALL PRINCIPLES FOR VACCINE COMMUNICATION

Motivational vaccine communication is an evidence-based and culturally sensitive approach to speaking with unvaccinated individuals about getting vaccinated. The ultimate goal is to support individuals to navigate their mixed thoughts and feelings about vaccination and assist with moving them towards vaccination adoption. Messages often need to be repeated many times for them to have impact. In your conversation with individuals in your faith community, you can engage in discussions along the following pathway:

<table>
<thead>
<tr>
<th>ASK</th>
<th>PROVIDE</th>
<th>ENCOURAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask open-ended questions about what information the individual knows about vaccines and what concerns they may have.</td>
<td>Acknowledge concerns and share clear, concise information on vaccines, using personalized stories whenever possible.</td>
<td>Invite dialogue based on information shared. Encourage action based on this conversation.</td>
</tr>
<tr>
<td>“What do you already know about vaccination?” “Why do you feel that way?”</td>
<td>”It sounds like you have taken time to think about this topic and still have concerns. Could I provide some information on vaccines from a trusted, reputable source, based on what you shared?”</td>
<td>“Given our discussion, what will you do with this information? Remember, I am here to talk through any remaining concerns you may have.”</td>
</tr>
</tbody>
</table>
### TABLE 4. “DO’S AND DON'TS IN VACCINE COMMUNICATION”

<table>
<thead>
<tr>
<th>“DO’s” of Vaccine Communication</th>
<th>“DON'Ts” of Vaccine Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO communicate in a compassionate and empathetic way.</td>
<td>DON'T use shame, critical statements or judgment in communication.</td>
</tr>
<tr>
<td>DO be aware of vaccine rumors, misinformation and myths common in your faith community.</td>
<td>DON'T repeat the misinformation or try to debate it. This can increase false beliefs. Instead focus on sharing evidence-based information.</td>
</tr>
<tr>
<td>DO listen to and acknowledge people’s fears and concerns before advising them. “I understand your concerns. It’s okay to have questions or want more information” goes a long way to build trust and open communication.</td>
<td>DON'T ignore or dismiss people’s fears, suspicions, or concerns. Real or exaggerated fears are not overcome with medical jargon or statistics. People may have valid reasons to distrust authorities and the best way to build trust is to validate their feelings and concerns.</td>
</tr>
<tr>
<td>DO offer the time and space for people to process new information and ask questions.</td>
<td>DON'T rush or pressure people to make an immediate commitment.</td>
</tr>
<tr>
<td>DO use positive emotions when communicating about vaccines like excitement and positivity.</td>
<td>DON'T overly focus on the negative aspects of not vaccinating or on vaccine hesitancy.</td>
</tr>
<tr>
<td>DO find ways to praise, encourage, and celebrate community members who engage in vaccination.</td>
<td>DON'T try to mandate, coerce, or shame people who are not yet convinced to adopt vaccination.</td>
</tr>
<tr>
<td>DO highlight personal stories and include easy guidance on how to vaccinate.</td>
<td>DON'T make information feel highly medical or overly fact heavy.</td>
</tr>
<tr>
<td>DO keep messages short and concise, repeating key messages regularly.</td>
<td>DON'T use technical jargon or complex words.</td>
</tr>
<tr>
<td>DO link vaccine messages to local available vaccination services and information resources.</td>
<td>DON'T make negative statements about any individuals, organizations or institutions.</td>
</tr>
<tr>
<td>DO share openly about information you know confidently.</td>
<td>DON'T offer responses to questions you don’t know how to answer, but rather refer individuals to other trusted sources.</td>
</tr>
</tbody>
</table>

### ADDRESSING COMMON MYTHS AND MISINFORMATION

Faith actors can play an important role in social listening by being attuned to myths or concerns that emerge in their communities and sharing these details with health workers and service providers to appropriately adapt their vaccination demand generation approaches and messaging to combat misinformation. Likewise, health entities working in the vaccination space should ensure regular, open communication with faith actors to ensure that vaccination messaging is current and relevant to the local context. While it is not beneficial to repeat misinformation or try to debate myths, it is important to share evidence-based information to counter common misconceptions. The following table outlines factual statements that can be shared to dispel fears or inaccurate communication.
### TABLE 5. EVIDENCE-BASED INFORMATION TO COUNTER COMMON MISCONCEPTIONS\(^{21, 22}\)

<table>
<thead>
<tr>
<th>Misinformation</th>
<th>Evidence-Based Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines reduce the effectiveness of the immune system.</td>
<td>Vaccines actually increase the effectiveness of our immune system by prompting it to respond to a virus when it comes in contact with it.</td>
</tr>
<tr>
<td>Large numbers of people have died because of vaccine side effects.</td>
<td>Death from adverse reactions to vaccines are extremely rare. In contrast, millions of children and adults have died from severe illness and health complications from vaccine-preventable disease.</td>
</tr>
<tr>
<td>Vaccines were developed to control certain populations through microchip tracking.</td>
<td>There are no microchips inside vaccines, and there is no way for injected vaccines to track individuals or gather information about them.</td>
</tr>
<tr>
<td>Vaccines can cause the diseases they are intended to prevent.</td>
<td>It is impossible to get a disease from vaccines made with dead (killed) bacteria or viruses. For immunizations made from weakened (altered) live viruses, the risk of disease is extremely small and much less severe than if infected with the disease-causing virus itself. Unless a person has certain diseases with a weakened immune system, it is very unlikely a vaccine will give the person the infection.</td>
</tr>
<tr>
<td>Vaccines cause cancer.</td>
<td>Vaccines do not cause cancer. In fact, some vaccines (e.g., the vaccine against the human papillomavirus [HPV]) are used to prevent several types of cancer. The global increase in cancer cases over the past several decades is caused by many factors, including changes in lifestyles, longer life expectancy, and better diagnostic techniques.</td>
</tr>
<tr>
<td>Vaccines can cause infertility or impotency.</td>
<td>There is no vaccine that causes infertility or impotency.</td>
</tr>
<tr>
<td>Vaccines can change your DNA.</td>
<td>Some vaccines are referred to as “mRNA vaccines” (a type of vaccine that teaches cells to make a protein that will activate the immune response). There is no way that mRNA (messenger ribonucleic acid) can turn into DNA and no way that mRNA can change the DNA of our human cells. Most vaccines are developed by giving a protein or giving a small, tiny component of the germ the vaccine is preventing. mRNA vaccines give instructions to the body to make the protein that our natural immune system can respond to.</td>
</tr>
<tr>
<td>Vaccines contain harmful chemicals.</td>
<td>Every component that goes into vaccines is heavily tested to be sure that everything that it is safe and in an appropriate dose. Before a vaccine is ever given to a human, it is rigorously tested in animals. Only then is a vaccine tested in clinical trials with tens of thousands of people receiving the vaccines and monitored for safety before they’re authorized for use in the general public. Finally, vaccine manufacturing has a constant oversight of quality so that every single ingredient that goes into the vaccine is ensured to be of the highest quality and safe for use in humans.</td>
</tr>
<tr>
<td>Misinformation</td>
<td>Evidence-Based Information</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Vaccines are not necessary because of herd immunity.</td>
<td>“Herd immunity” is a way of being protected against a contagious disease because a sufficient amount of a population has become immune to an infection through previous infection or vaccination, thus reducing the likelihood of infection for individuals who lack immunity. To achieve herd immunity, you need a very high proportion of a population to have immunity or antibodies (e.g., 95% for the measles virus). Without vaccination, achieving this high rate naturally can take a very long time and will result in many deaths. Widespread vaccination achieves herd immunity safely and quickly.</td>
</tr>
<tr>
<td>Vaccines are not necessary because the diseases they prevent are not present in my country.</td>
<td>While vaccination has enabled us to reduce many vaccine-preventable diseases to very low levels in many countries, some are very prevalent in other parts of the world. Travelers can unknowingly bring these diseases into any country and the disease can quickly spread to thousands of cases without protection given by vaccines. There are also a small number of people who cannot be vaccinated (e.g., because of a severe allergy or compromised immune system) and their only hope of protection is that people around them will not pass the disease to them. Vaccination prevents disease transmission.</td>
</tr>
<tr>
<td>Diseases will not spread if we just ensure proper hygiene and sanitation.</td>
<td>Many infections spread regardless of how clean people are. If individuals are not vaccinated, diseases that have become uncommon—such as polio and measles—will quickly reappear.</td>
</tr>
<tr>
<td>Giving children multiple vaccines for different diseases at the same time can harm them.</td>
<td>Scientific studies have shown that simultaneous vaccination with multiple vaccines has no adverse effect on the normal childhood immune system. Studies show that vaccines are as effective in combination as they are individually and that combinations have no harmful side effects.</td>
</tr>
<tr>
<td>Vaccines cause autism.</td>
<td>There is no evidence of a link between any vaccine and autistic disorders. A single study in the 1990’s that raised concerns about a possible link between the measles-mumps-rubella vaccine and autism was later found to be seriously flawed and the publication was retracted by the journal that published it.</td>
</tr>
<tr>
<td>Vaccines are expensive.</td>
<td>In many contexts, vaccines are paid for by government or non-governmental organizations because they are so beneficial for the good of communities. However, in some contexts, vaccines are not subsidized, and the cost may be prohibitive for some populations. These groups can be supported by referrals to low- or no-cost vaccine options and by helping them consider the cost of treating illness that frequently is higher than the preventive cost of a vaccine.</td>
</tr>
</tbody>
</table>
SOCIAL MEDIA MESSAGING

TESTIMONIAL CAMPAIGNS

Social media is a powerful tool for influencing behavior change in today’s global society. Repeating messages across many platforms can increase impact. Local faith actors, faith-based organizations, and faith-engaging nonprofit organizations can use their influential position to encourage and promote vaccination.\(^{13}\) Ministries of Health, medical and science bodies, and non-governmental organizations can increase their influence among people of faith by highlighting the support of faith leaders in their social media messaging.

Personal testimonials from trusted sources like faith leaders can be very effective means of promoting a behavior. These testimonies can be shared via social media or during in-person public events. Public vaccination “camps” with faith actor leadership can provide mutual support needed to encourage group immunization and can overcome social stigma barriers that may exist related to gender or socioeconomic status. Personal stories can include individuals who chose to be vaccinated, people who changed their mind about getting vaccinated (e.g., went from hesitation to accepting vaccines), survivors of vaccine-treatable diseases, or people who have tragically lost friends or family from vaccine-preventable disease.

Faith actors can influence social acceptance of vaccination through social media that demonstrates the religious support of vaccine adoption. The following sample social media messages for Christian, Muslim, and Hindu audiences contain simple, concise messages that can be used directly or adapted to the local community.

CHRISTIAN FAITH MESSAGES

- Vaccination is a safe and effective way to prevent disease and save lives. Protect yourself, your family, and your community. Get vaccinated today!

- Getting vaccinated will keep your family and our Christian community healthy and safe from serious disease. Visit your local community health center to see if you and your family are up to date on their vaccinations.

- Every life is valuable to God. If not prevented, many diseases lead to lifelong complications or even death. Vaccines are safe and effective, and they save lives. Choose life! Get your family vaccinated today at your nearest health center.

- Vaccines can create a world where no one dies from vaccine-preventable disease. Vaccines are a safe and effective way to give everyone the opportunity to reach their God-given potential.

- Your community and family need you. Get your vaccine today, or as soon as it is available at your nearest health center.

Personal Testimony Example and Template

“I want my children to be protected from life-threatening illnesses. I know vaccines are safe and effective at preventing disease. I took my child to get all her vaccines.”

I chose to be vaccinated / to have my child vaccinated because ________________.

Now I know I am / my child is protected against ________________.”
• Let’s make our community strong. No one is safe until everyone is safe. Protect yourself and our community by making sure you and your friends and family are up to date on all available vaccinations.

• Children are a gift from God and deserve our best. Vaccine-preventable diseases are serious and can lead to severe complications like pneumonia, blindness, and even death. This suffering can be prevented with vaccines. Protect our children! Make sure they get all the needed doses!

• As a Christian, I have a moral duty to protect others from dangerous diseases. Vaccines are the most safe and effective way to prevent disease and save lives—not only for our health, but also out of solidarity with the most vulnerable.

• As the Church, we need to speak out to ensure that everyone takes action to be fully vaccinated against preventable diseases. The Church can lead the way in this important step towards a more just, inclusive, and equitable world.

• The burden of disease falls heavily on the poor and socially disadvantaged. In the spirit of following Jesus’ example, we cannot forget the most vulnerable and needy throughout the world. Ensuring you have all the vaccines available to you prevents the spread of disease and is an act of love.

• The flourishing of our community depends on vaccines. When families are protected from disease and disability and the financial burden of medical care, this benefits them and our society as a whole.

• Our community values _________________________, therefore we must embrace vaccines!

MUSLIM FAITH MESSAGES

• Vaccination is a safe and effective way to prevent disease and save lives. Protect yourself, your family, and your community. Get vaccinated today!

• Eid Mubarak! Healthy together is better. Getting vaccinated will keep your family and our Muslim community healthy and safe from serious disease.

• Every life is precious to Allah. If not prevented, many diseases lead to lifelong complications or even death. Vaccines are safe and effective, and they save lives. Get your family vaccinated today at your nearest health center.

• Vaccines can create a world where no one dies from vaccine-preventable disease. Vaccines are a safe and effective way to give everyone the opportunity to reach their potential.

• Your community and family need you. Get your vaccine today, or as soon as it is available at your nearest health center. Make sure you get all the needed doses!

• We have a moral obligation to protect ourselves and those around us. As the Prophet Muhammad PBUH said, “We are one body, and if part of it aches, the rest should respond with sleeplessness and fever.”

• “If anyone saved a life, it would be as if he saved the life of all mankind.” No one is safe until everyone is safe. Honor Allah and protect yourself and our community by making sure you and your friends and family are up to date on all available vaccinations.
• Children are a gift from Allah and deserve our best. Vaccine-preventable diseases are serious and can lead to severe complications like pneumonia, blindness, and even death. This suffering can be prevented with vaccines. Protect our children!

• As a Muslim, I have a moral duty to protect others from dangerous diseases. Vaccines are the most safe and effective way to prevent disease and save lives—not only for our health, but also out of solidarity with the most vulnerable.

• For every disease Allah made a cure. As the faith community, we need to speak out to ensure that everyone takes action to be fully vaccinated against preventable diseases.

• The burden of disease falls heavily on the poor and socially disadvantaged. In the spirit of following the Prophet Muhammad’s example, we cannot forget the most vulnerable and needy throughout the world. Ensuring you have all the vaccines available to you prevents the spread of disease and is an act of love.

• The flourishing of our community depends on vaccines. When families are protected from disease and disability and the financial burden of medical care, this benefits them and our society as a whole.

• Our community values ________________________________, therefore we must embrace vaccines!

HINDU FAITH MESSAGES

• Vaccination is a safe and effective way to prevent disease and save lives. Protect yourself, your family, and your community. Get vaccinated today!

• We must commit to bhuta daya, compassion for suffering humanity. Getting vaccinated will keep your family and all Hindus healthy and safe from serious disease.

• Life is sacred. If not prevented, many diseases lead to lifelong complications or even death. Vaccines are safe and effective, and they save lives. Get vaccinated today at your nearest health center.

• Vaccines can create a world where no one dies from vaccine-preventable disease. Vaccines are a safe and effective way to give everyone the opportunity to reach their God-given potential.

• Vaccination and dharma share a common aim: to make humanity happier by reducing suffering. Get vaccinated today! Make sure you get all the needed doses!

• Vaccines save lives. In the spirit of our life contributing to the happiness and freedom for all, we have a moral obligation to protect ourselves and those around us.

• No one is safe until everyone is safe. Honor and protect every life by making sure you and your friends and family are up to date on all available vaccinations.

• Children are a gift. Vaccine-preventable diseases are serious and can lead to severe complications like pneumonia, blindness, and even death. This suffering can be prevented with vaccines. Protect our children!
• As a Hindu, I have a moral duty to protect others from dangerous diseases. Vaccines are the most safe and effective way to prevent disease and save lives—not only for our health, but also out of solidarity with the most vulnerable.

• The burden of disease falls heavily on the poor and socially disadvantaged. In the spirit of caring for humanity above ourselves, we cannot forget the most vulnerable and needy throughout the world. Ensuring you have all the vaccines available to you prevents the spread of disease and is an act of love.

• The flourishing of our community depends on vaccines. When families are protected from disease and disability and the financial burden of medical care, this benefits them and our society as a whole.

• Our community values _________________________, therefore we must embrace vaccines!

SOCIAL MEDIA GUIDELINES
Repeating vaccine communications several times and across multiple social media platforms reinforces key messages and reaches broader audiences. Short, succinct messages directly from faith actors, with an engaging image or graphic when possible, are often the most powerful. Refer to the following guidelines to tailor messages appropriately.

TABLE 6. SOCIAL MEDIA GUIDELINES

<table>
<thead>
<tr>
<th>Social Media Platform</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>Ideal length is 40-50 characters</td>
</tr>
<tr>
<td>Twitter</td>
<td>Limit of 280 characters</td>
</tr>
<tr>
<td>LinkedIn</td>
<td>Limit of 700 characters; Ideal length is 100 characters</td>
</tr>
<tr>
<td>Instagram</td>
<td>Limit of 2,200 characters; Ideal length is 125 characters</td>
</tr>
<tr>
<td>WhatsApp</td>
<td>Limit of 700 characters for status text updates</td>
</tr>
<tr>
<td>TikTok</td>
<td>Limit of 2,200 characters for video descriptions</td>
</tr>
<tr>
<td>Vaccine Hashtags</td>
<td>#VaccinesWork [UNICEF initiated global vaccination campaign]</td>
</tr>
</tbody>
</table>
ANNEXES

ANNEX 1: GUIDE FOR HOLDING INTERFAITH DISCUSSION FORUMS ON VACCINE PROMOTION

This guidance brief is intended to support religious leaders, interfaith councils, faith-based organizations, faith-engaging nonprofit organizations, traditional healers, Ministries of Health, and non-governmental organizations to hold interfaith discussion forums on vaccine promotion. Facilitating interfaith conversations fosters cooperative dialogue and collaboration in developing joint health and social and behavioral change campaigns and advocating for an enabling environment that supports vaccine uptake. Additionally, innovative partnerships between faith leaders and supportive actors who share common, mutually agreed upon objectives can improve access to immunization for priority populations. It is important not to wait until there is an emergency to engage the faith community, but rather to develop and foster relationships among various actors to establish a foundation of communication and trust. Integrating faith-based organizations and representatives into technical working groups can promote long-term engagement and collaboration with the broader faith community. Holding community feedback sessions regularly, which allow individuals to voice their concerns and hear responses from trusted officials and faith leaders, can assuage fears and concerns and inform future messaging.

1. Develop relationships between key members of each stakeholder group. Facilitate introductions and an opportunity for individuals to get to know one another.

2. Initiate a forum by communicating with key leaders of each relevant faith community. Share the goal of the interfaith discussion forum—to leverage the shared values across faith communities to jointly develop vaccine promotion messages and initiatives.

3. Invite an equal number of representatives from each faith group along with MOH and NGO stakeholders—including both leadership and lay members—to convene at a mutually agreed upon time and location.

4. Place participants’ chairs in a circle to facilitate conversation. Start the forum with a prayer by one member of a faith group. Then focus on finding common ground with other faith actors to start a dialogue.

   • What general interests or goals for the community do we have in common? [Reference local statistics of key concerns areas if possible.]

   • How can widespread vaccination contribute to achieving these goals?

   • How can we work together to sensitively and appropriately hold conversations on overcoming misconceptions and misunderstandings about vaccination?

   As each of these questions are posed and responded to, have a note taker record key points on a whiteboard or poster paper.

5. Conclude the forum with a prayer by a member of another faith group. Continue with a request for written actionable commitments and assigned roles and responsibilities among stakeholders. Schedule the next time for the forum to reconvene.

What are Innovative Partnerships to Promote Vaccination?

Partnerships between vaccine-focused and faith actors who share mutually agreed objectives and use their unique strengths to work together to achieve a common goal.
EXAMPLE ACTION ITEMS:

- Host a vaccine discussion panel in which members across faith groups are invited to ask questions of a panel of trusted faith leaders and medical science experts. Rotate the host faith institution location to encourage diverse participation.

- Design a radio interview piece with scripted question and answer with diverse faith leaders, who can provide the theological response to common vaccine objections.

- Create a unified social media post or written statement by trusted Christian, Muslim, and Hindu faith leaders (that everyone will share) stating that vaccines are safe and effective.
ANNEX 2: GUIDE FOR HARMONIZED INTERFAITH VACCINE CAMPAIGNS

This guidance brief is intended to support religious leaders, interfaith councils, Ministries of Health, traditional healers, global health technical bodies and donors to develop and disseminate interfaith vaccine promotion campaigns. There is significant power in united messaging across faith groups and repeating clear, concise messages across numerous communication channels.

After holding an interfaith discussion forum and identifying primary and supporting behavior change messages per the Guide for Holding InterFaith Discussion Forums on Vaccine Promotion, key representatives from each stakeholder group can utilize the following template to develop an interfaith vaccine message framework and campaign. Refer to the following recommendations for ensuring a human-centered, high-impact campaign.

- Segment your audience based on their vaccine uptake readiness and tailor the campaign according to the messaging that will best progress them towards vaccine acceptance.
  
  - **Make It Known**: Groups who already advocate for or support vaccines benefit from increased awareness of the availability and access of local vaccines and recommended schedule of vaccines.
  
  - **Make It Relevant**: Groups who seem unconcerned and unmotivated benefit from health literacy information to understand the benefit of vaccines, and the personal risk and severity of vaccine-preventable disease.
  
  - **Make It Trusted**: Groups who are hesitant or opposed to vaccination benefit from clear statements of support by trusted faith leaders and health professionals that vaccines are safe and effective.

- Personalize messaging to address the context-specific barriers to vaccination. Refer to the drivers of behavior change and sample messaging in the Promoting Vaccination: A Toolkit for Collaborating with Faith Communities.

- Design a vaccination campaign across multiple modes of communication to reach the broadest audience. Consider those with technology access and those without it.

- Personal testimonies and unity across faith groups is powerful. Whenever possible, include the names, voices, faces of trusted faith leaders concurrently.

- Leverage other global successes: Consider adapting lessons learned from four countries’ examples of promising practices for increasing vaccine uptake through strategic engagement of faith actors.
## TEMPLATE FOR DEVELOPING AN INTERFAITH VACCINE MESSAGE FRAMEWORK AND CAMPAIGN

<table>
<thead>
<tr>
<th><strong>Audience:</strong> List your priority audience segment (complete a separate table for each audience)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaccine Behavior Change Objective:</strong> List the objectives for this audience regarding vaccine uptake.</td>
</tr>
<tr>
<td><strong>Concerns, Questions, Barriers:</strong> What barriers may this audience have about vaccines? Consider the drivers of vaccine uptake—what people think and feel, societal norms and pressures, individual motivation, and practical and access issues.</td>
</tr>
<tr>
<td><strong>Primary Message:</strong> Summarize in one to three sentences what you would say to the target audience if you had just one minute during a brief interaction with them. In that short time, how could you address their concerns from an interfaith perspective and share a motivating message to promote vaccination.</td>
</tr>
<tr>
<td><strong>Supporting Messages:</strong> Write up to three messages for this target audience that specifically address their concerns, questions, or barriers to vaccination. Discuss among the interfaith forum the most appropriate facts, examples, personal testimonies, and supporting religious statements to include that would help the target group overcome vaccine hesitancy. Refer to the recommendations for each vaccine mindset archetype earlier in this toolkit.</td>
</tr>
<tr>
<td><strong>Supporting Message 1:</strong></td>
</tr>
<tr>
<td><strong>Campaign Next Steps:</strong> Through what channels will you share these messages and who will be responsible? Consider social media platforms, radio, TV, and congregational meetings. How can the campaign be framed as unified across faith groups? Over what timeline will the campaign take place?</td>
</tr>
<tr>
<td><strong>Communication Channels:</strong></td>
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</table>
ANNEX 3: GUIDE FOR ENGAGING FAITH-BASED SCIENTIFIC TECHNICAL BODIES

This guidance brief is intended to support faith-based organizations, faith-based health institutions, Ministries of Health, non-governmental organizations, and health workers to engage faith leaders on vaccine messaging and promotion. Proactively forming relationships and communication channels between these actors establishes rapport and trust that is the foundation of collaborative endeavors. Establish regular and ongoing forms of communication to maintain open dialogue. Engaging local faith actors can inform the work of scientific health organizations to meet the specific needs of the communities they serve and to extend the reach of these entities to disseminate evidence-based information, dispel myths and misinformation, and increase social acceptance of vaccines.

The following flowchart\textsuperscript{7,9,11,15} provides the steps to identify and engage relevant local faith actors in order to engage in cross learning sessions and joint development of tailored messages that address local vaccination barriers.

- Identify Local Faith Actors
- Conduct a rapid landscape mapping of local faith actors
- Identify a point of contact for each stakeholder group
- Invite Stakeholders to Sensitization Session
- Invite 3-4 representatives from each faith stakeholder group to a sensitization session
- Share the goal of the session—to facilitate cross-learning between medical and faith actors
- Hold Listening Session on Barriers to Vaccination
- Invite faith actors to share and document the specific local barriers to vaccination identified in their faith communities
- Consider what people think and feel about vaccination, the social environment, and practice issues
- Conduct Medical Panel Addressing Identified Barriers
- Conduct a panel discussion of representatives from scientific/medical entities who can address each concern identified in the listening session
- Provide space for faith actors to ask further questions to the panel to clarify concerns and correct misinformation
- Facilitate Groups to Develop Tailored Messages
- Following the panel discussion, break into small groups consisting of both scientific/medical representatives and faith actors
- Encourage group work to develop simple, clear, concise messages that both health and faith actors can use to address common vaccine concerns
## NOTE TAKING TEMPLATE

<table>
<thead>
<tr>
<th>Local Barriers to Vaccination Identified by Faith Actors</th>
<th>Evidence-Based Scientific Details Response to Local Barriers</th>
<th>Vaccine Messages Developed by Medical Science/Faith Actors</th>
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## ACTION PLAN TEMPLATE

Worksheet for stakeholders to establish a collaborative action plan, steps, and responsibilities

<table>
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<tr>
<th>#</th>
<th>Key Activity to Disseminate Vaccine Messages</th>
<th>Responsible Party</th>
<th>Expected Timeline</th>
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ANNEX 4: BIBLIOGRAPHY: VACCINE HESITANCY TOOLKIT


17. UNICEF. (2022). Immunization. Available at: https://www.unicef.org/immunization


