



ACT Alliance Africa Forum:

## **“Faith actors tackling vaccine inequity and hesitancy”**

**Speakers from:**

- Christian Council of Nigeria
- All African Conference of Churches
- The Network for Religious and Traditional Peacemakers
- Amref Health Africa
- WHO

**Date: 30 September 2021**

**Time: 13-1600 Nairobi time**

Join us on Zoom Webinar  
(with Portuguese and French Interpretation)

## **REPORT**

### **ACT ALLIANCE AFRICA FORUM**

#### **Vaccine Equity & Hesitancy Workshop**

**Thursday, 30<sup>th</sup> of November 2021, 1-4pm  
Nairobi time**

Action by Churches Together (ACT) Alliance is a coalition of more than 140 churches and church-related organisations working together in over 120 countries to create positive and sustainable change in the lives of poor and marginalised people regardless of their religion, politics, gender, race or nationality in keeping with the highest international codes and standards. ACT Alliance is faith-motivated, rights-based, impact focused, committed to working ecumenically and inter-religiously, with the communities we seek to serve and accompany at the centre of our work.

ACT Alliance convened an Africa Workshop on Vaccine Equity and Hesitancy on the 30<sup>th</sup> of September of 2021. With 132 registered participants and graced by over 60 participants who managed to be present throughout the meeting, the consultation was inspired by fruitful exchanges and deep reflections that

draw on the wealth of expertise of speakers, moderators and participants across the Africa continent and beyond. French and Portuguese interpretation was provided to ensure inclusivity.

This report provides a summary of the main points raised by speakers and participants during the workshop. A more detailed account can be found through the video recording which is available [here](#). The biographies of all speakers are available [here](#). For data protection issues, the list of registered participants will only be shared if all participants agree to have their details disclosed with others. Final agenda available [here](#).

## Inaugural session

### Keynote Addresses

- **13:00-13:10**

**The Most Rev. Dr. Benebo Fubara-Manuel, President of the Christian Council of Nigeria**

**Opening prayers and welcome** to bless the workshop discussions and lift up the main issues being discussed, seeking wisdom and clarity and the tools to take fruitful action. Rev. Benebo mentioned Hosea 4:6 which states: *'My people are destroyed for lack of knowledge. Because you have rejected knowledge, I will also reject you as My priests. Since you have forgotten the law of your God, I will also forget your children.'* This passage highlights that we are all God's children and that the lack of knowledge puts that in jeopardy. In a context of lack of knowledge, you find rebellion in the midst of God's people. The rebellion occurs not simply because people want to rebel but because they lack knowledge. The COVID-19 situation is permeated by lack of knowledge and false teachers. There are people who are ignorant because of the contradiction in their lives, their actions contradict their words. False prophets link disinformation with their perceptions on how the world will end and all of this contributes to the lack of knowledge. We cannot be ignorant. If we are ignorant, we will be destroyed. Silence becomes a means of lack of knowledge, and it's important as Christians to be well informed and take wise decisions. Rev. Benebo's wishes this to be a time of knowledgeable conversations and, more importantly, of commitments. When we ensure access to knowledge and the right engagement with people then we honor God.

- **13:10-13:20**

**Rev. Dr Fidon Mwombeki, All Africa Conference of Churches**

The global vaccines divide and the role of faith actors in working together to tackle inequity and hesitancy at different levels. The address reflected on the global context to vaccines access and hesitancy shaping the African context as well as on the theology demanding action on vaccine equity. Vaccine equity has been devastating across the African continent.

The pandemic is increasing faster across the African continent in comparison to other regions and this is mostly due to lack of access to vaccines. Is there justice in this? Just a fraction, less than 3 percent of global doses have reached Africa. There have been pledges and promises from certain countries but as long as this does not translate into action they will be meaningless. When we analyse the data of vaccine distribution, we see that only 10 of the 54 countries are expected to

reach coverage of 10 percent of their populations. The COVAX programme experiences shortfalls with only 17 percent of distribution of the facility promised doses by the end of 2021.

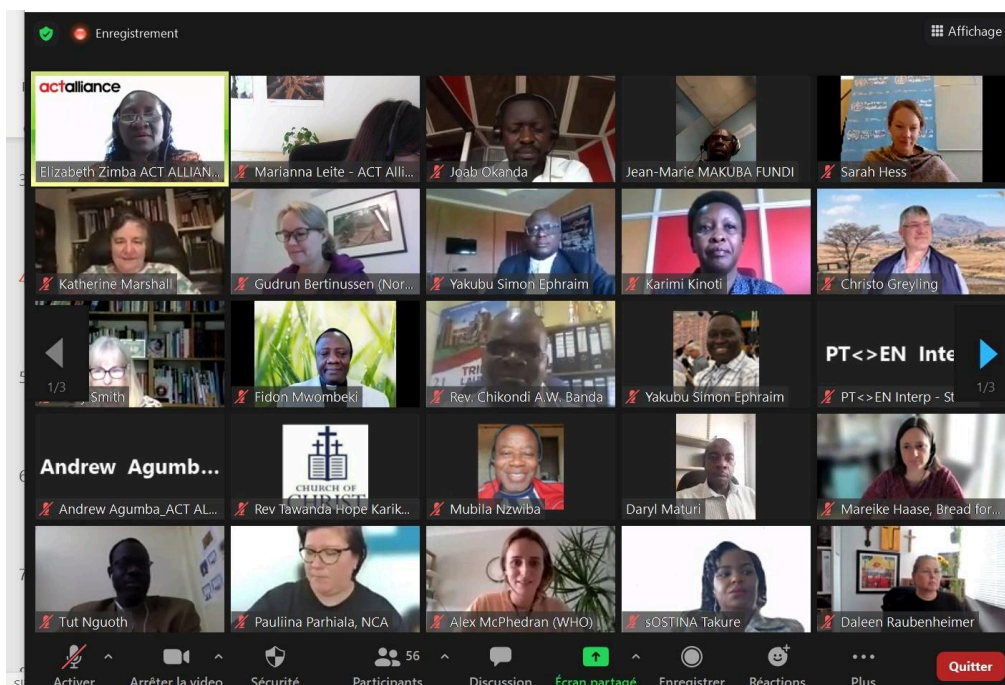
At the same time, there are discussions in some countries about boosters which demonstrates that globally we already have enough vaccines produced, the challenge now is ensuring these doses reach the right people. Because of hoarding by rich countries, poorer countries do not get what they need. Countries in Africa that have had more vaccination (such as Sycheless, Morocco, South Africa, Comoros, Cape Verde etc) are smaller and have higher income.

Donations from rich countries will not be sufficient. Some of these donations are made when they are about to expire. This means that the vaccines do not have sufficient shelf life to be administered wherever they need to go. We also need to take into account the distribution and infrastructure needs, particularly in rural areas.

Some country narratives such as that of the previous government of Tanzania eroded the trust on vaccines. To revert this, we must rely on faith actors who are able to change the narrative and share knowledge with faith communities. We as faith leaders have a significant calling and responsibility to challenge conspiracy theories. We must advocate for vaccine equity but most importantly we must work to enhance vaccine confidence.






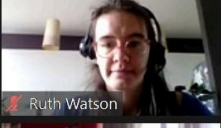



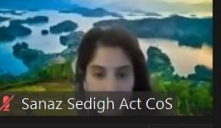

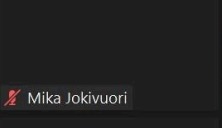

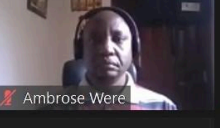

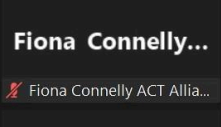


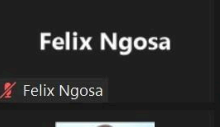



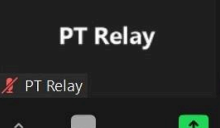


In the history of the book of Genesis, when Cain killed his brother, he said he was the keeper of his brother. We must therefore ask ourselves if we are looking after our brothers and sisters wherever they are.

#### GROUP PHOTOGRAPH TAKEN ON ZOOM:










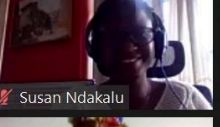


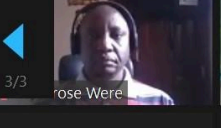
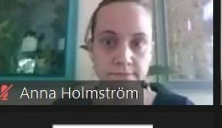
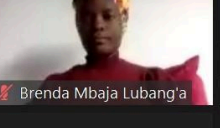

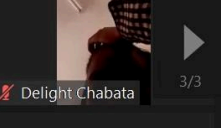


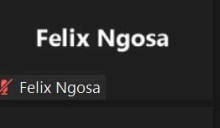


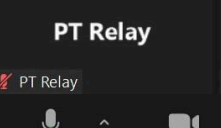
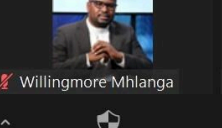
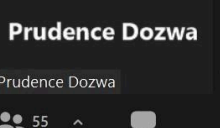
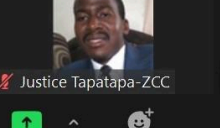



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 Susan Ndakalu	 Mika Jokivuori	 Lolem Ngong, Amref Hea...	 Ambrose Were	 Dellimah Kai
 Fiona Connelly ACT Allia...	 Anna Holmström	 Ashmeer Joseph	 Felix Ngosa	 Lisa Menning
 Colleb Mugisha	 Jude Aidam	 PT Relay	 Willingmore Mhlanga	 Prudence Dozwa

Activer Arrêter la video Sécurité Participants 55 Discussion Écran partagé Enregistrer Réactions Plus Quitter

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 REV. DR. EVANS ONYEMA...	 Robert Mwanyumba	 Ruth Watson	 Justina Mike Ngwobia	 Alison Kelly
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 Ambrose Were	 Anna Holmström	 Brenda Mbaja Lubang'a	 Jude Aidam	 Delight Chabata
 Dellimah Kainomugisha	 Ashmeer Joseph	 Felix Ngosa	 Lisa Menning	 Colleb Mugisha
 PT Relay	 Willingmore Mhlanga	 Prudence Dozwa	 Justice Tapatapa-ZCC	 David Mugadzi

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- **13:20-13:40**

**Sarah Hess and Sally Smith Representatives of the World Health Organisation Faith and Research Community of Practice with [Lisa Menning](#) (Team Leader for Vaccine Demand and Behavioural Science)**

Protecting people and faith communities while waiting for the vaccine and the most recent health advice on vaccine hesitancy. The WHO Faith and Research Community of Practice has developed regular coordination with initiatives to mobilise and inform widely with faith actors. The presentation drew on their extensive engagement with forums examining issues related to vaccine equity and hesitancy.

It is clear to everybody that during health emergencies, or any emergency, it is vital that people have access to information. This is partly the work done by the WHO EPPI 1 Team which is the WHO Information Network for Epidemics. The team is trying to facilitate knowledge exchange and creation during times of health emergencies so that people have increased access to vital information. At an individual level, the current pandemic caused quite a lot of destruction and distrust, in science, in governments, in systems. This has been exacerbated by this huge divide in access to vaccines. The uptake of vaccines and addressing hesitancy is key. This is why the WHO thinks it is crucial to work with those that have direct access to communities. The barrier now is the greed of those controlling the resources.

The faith community, which has been working with the WHO, has focused on providing access to technical information and packaging it in a way that faith communities understand. This entails taking into account faith values, tradition, practices and beliefs. The work on justice that mirrors the work on human rights is core for promoting dignity and the value of human life. Faith actors have a massive health and community infrastructure. Faith actors are not only working on service delivery but also on activism, i.e. calling out oppression and injustice. The work faith actors have done in pushing against inequity on COVID-19 vaccines has been crucial.

Vaccination uptake is driven by people and communities, their beliefs etc as well as the social setting in which they exist. The existing evidence available helped the WHO team develop a framework which looks at the 4 main drivers of vaccine uptake: (i) thinking and feeling - often easy to understand but hard to change; (ii) influences and processes - family, neighbors, doctors, nurses, etc; (iii) motivation - willingness to want to get vaccinated; and (iv) practical factors - how easy it is to get vaccination and access to point of service.

Thinking and feeling	Motivation	Social processes	Practical issues	Demographics
<ul style="list-style-type: none"> <li>✱ Confidence in vaccine benefits</li> </ul>	<ul style="list-style-type: none"> <li>✱ Intention to get child vaccinated</li> </ul>	<ul style="list-style-type: none"> <li>✱ Family norms</li> </ul>	<ul style="list-style-type: none"> <li>✱ Know where to get vaccination</li> </ul>	Gender
<ul style="list-style-type: none"> <li>● Confidence in vaccine safety</li> </ul>		<ul style="list-style-type: none"> <li>● Provider recommendation</li> </ul>	<ul style="list-style-type: none"> <li>✱ Affordability</li> </ul>	Age
<ul style="list-style-type: none"> <li>○ Confidence in providers</li> </ul>		<ul style="list-style-type: none"> <li>● Descriptive social norms</li> </ul>	<ul style="list-style-type: none"> <li>● Took child for vaccination</li> </ul>	Caregiver to child(ren) under 5 years old
		<ul style="list-style-type: none"> <li>● Community leader norms</li> </ul>	<ul style="list-style-type: none"> <li>● Missed or delayed vaccine</li> </ul>	Relationship to child
		<ul style="list-style-type: none"> <li>○ Religious leader norms</li> </ul>	<ul style="list-style-type: none"> <li>● Ease of access</li> </ul>	Child age
		<ul style="list-style-type: none"> <li>○ Mother's travel autonomy</li> </ul>	<ul style="list-style-type: none"> <li>● Reasons for low ease of access</li> </ul>	Child gender
			<ul style="list-style-type: none"> <li>● Vaccination availability</li> </ul>	Child vaccination status
			<ul style="list-style-type: none"> <li>● Service satisfaction</li> </ul>	
			<ul style="list-style-type: none"> <li>● Service quality</li> </ul>	
			<ul style="list-style-type: none"> <li>● Information needs</li> </ul>	

● Main survey item.  
 ✱ Core item in main survey.  
 ○ Optional item.

Hesitancy is normally defined as a state of being undecided. It is important to understand it as just that. It is not just about knowledge and attitudes, it is also making sure access and entry points are as easy as possible. In Africa, the main trends are: access problems (lack of vaccines but also making sure vaccines reach the right people and places), safety concerns, and dimensions of trust (vaccine safety, providers, systems, policy makers, etc).

What can we do? There is so much more that can be done to engage communities. Sharing information only will not be enough. Having an honest and caring conversation is often more useful in understanding concerns and helping people overcome them. Faith actors have the ability to create platforms of dialogue. Faith actors can also be champions. Similarly, faith actors can leverage on existing opportunities to influence systems and policies to make sure they are responsive to communities' needs. There are other opportunities through youth networks and schools can also be crucial in shaping attitudes.

WHO has a strong presence through regional and country offices across Africa. For follow up, they would be happy to make connections with colleagues working across Africa.

Q: Anna, FELM - Tanzania: Radio episodes tackling misinformation in Tanzania have been able to reach out to 4 million people. Is there anyone that could review the episodes to make sure the episodes are having the impact they should have?

A: Sarah to follow up directly with Anna.

Chat: vaccines is not an independent health issue but one which has a societal context: civic space, limited media freedoms and healthcare access.

- **13:40-14:00**

**Lolem Ngong, Chief of Staff at Amref Health Africa**

Zooming into the state of play of vaccine access and acceptance on the continent. The presentation highlighted contributing factors to increase vaccine access now and to ensure we are prepared for future health emergencies. It included suggestions for advocacy messages and efforts that faith leaders and their communities could mobilise around.

Appreciated that there is quite a lot of work that has been done by ACT Alliance on this area and great outputs such as the [policy brief on vaccine equity](#). Noticed and underlined the [statement on vaccine apartheid](#).

We are at 8.3 million COVID positive cases across Africa, which is a cumulative number that include those that recovered. Considering the overall Africa population of 1.2 billion people and the target of reaching 60-70% of vaccine coverage by September of 2023, it is quite daunting and overwhelming to imagine how we would do so. Even if we take 50% and take into account the eligibility criteria of 18 and up, even then we face a huge undertaking, i.e. 600 million people to be vaccinated by next year. This is where we need every member of our community. We need faith leaders, ACT Alliance, to work with organisations such as WHO and Amref to provide the technical expertise need to address existing gaps. Today, we are only at 3% of vaccination coverage. There are many factors for low vaccine coverage in Africa which includes access and hesitancy.

Up to date, Africa received 185 million vaccines, and every possible vaccine imaginable such as Pfizer, Johnson and Johnson etc. Of this total, 106 million has already been administered. These numbers suggest 75% of vaccine acceptance. If you look at historical vaccination campaigns such as child immunisation you reach the conclusion that Africans are not anti-vaccines. There has been quite a lot of innovation to ensure vaccines reach people even in the most remote places. For example, strategies have been created to set up vaccination campaigns in spaces where women gather to ease their access to vaccines. Why is COVID any different? If we take away hesitancy, there must be more to that. Amref worked with a lot of health workers remotely and educated them on the different technical information on COVID-19. There is also an infiltration of the system to ensure our health workforce are helping to combat the infodemic.

The way out of the pandemic is complex. Some suggested action and ideas of what we must do now  
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1. If we were to say today we were to get the amount of vaccines the continent needs, we would need to ensure our health systems are able to handle this number of vaccines. We do not have

that yet. Based on Amref experience and looking at the landscape of previous speakers, it is important to implement the ACT Alliance Vaccine Equity Brief. It is important to ensure follow up on the asks on the ACT brief.

2. It is important to ensure your voice and advocacy is very much heard in regional spaces and government spaces. We need to ensure rich countries stop vaccine hoarding. We need to ensure COVAX has the doses it needs to distribute to African countries. If rich countries have stock piles, reserves and booster shots while African countries do not have vaccines to distribute to eligible population then something is wrong.
3. The faith community has an extremely loud voice within the walls of government. We cannot only see those voices during political campaigns. Faith leaders across Africa have more access to governments than many other actors often do. Faith actors have to have a frontline role to advocate on behalf of civil society before governments.
4. Demand for investment in people-centred health systems. It is extremely disheartening to see that the majority of health systems across Africa are funded by external donors. We can't be in 2021 with health systems not financed by our own tax money. The onus is on all of us. As faith communities with access to government, the role is to demand the increase of investment in social sectors. We must be very uncomfortable with the status quo. Faith actors are fantastic service providers with examples such as the Cameroon Baptist Convention as blueprint for delivery. It is important to leverage on that when advocating before governments.

What is needed to ground our voices? There are many initiatives now such as the People's Vaccine Alliance, the ACT brief which was beautifully done as well as the work Amref did on the Biden COVID Summit. Amref is putting up a 5 point plan on grassroot mobilisation around vaccine injustice which includes: ending stock piles, limiting boosters, encouraging governments to share more and faster, and sharing of licenses and technology. What do we do to ensure we are not in this situation again in the next pandemic? We need to pandemic proof our own systems. Amref is more than happy to collaborate as it has hands and feet on the continent.

C: Karimi Kinoti, Christian Aid Nairobi - In times of huge debts, what is the money for health system strengthening? We must bring that into the conversation.

Q: Ruth Watson, ACT AU - At EU level, there is a lot of talks about powerful statements on vaccine production and sharing to stakeholders at EU and AU level. What is your perspective on the interaction between faith communities and our role in the AU?

A: The AU, and the Africa CDC, and also the regional economic blocs and the new Africa Free Trade Agreement are important. There is a role to be played by the faith communities before regional bodies on their role challenging vaccine inequity. It is not only about challenging vaccine equity to the Global North. It is also about our own government policy responses. It isn't just about an externally created problem, we have inequities within our countries: in Kenya Nairobi is 40% vaccinated but many areas are without access. Regional bodies such as ECOWAS and the Africa Association of Parliamentarians also have an important role to play in challenging vaccine equity and the internal shortfalls. When you look at countries such as Kenya, there is huge inequities across urban and rural areas. We need to tackle both the external and internal factors.

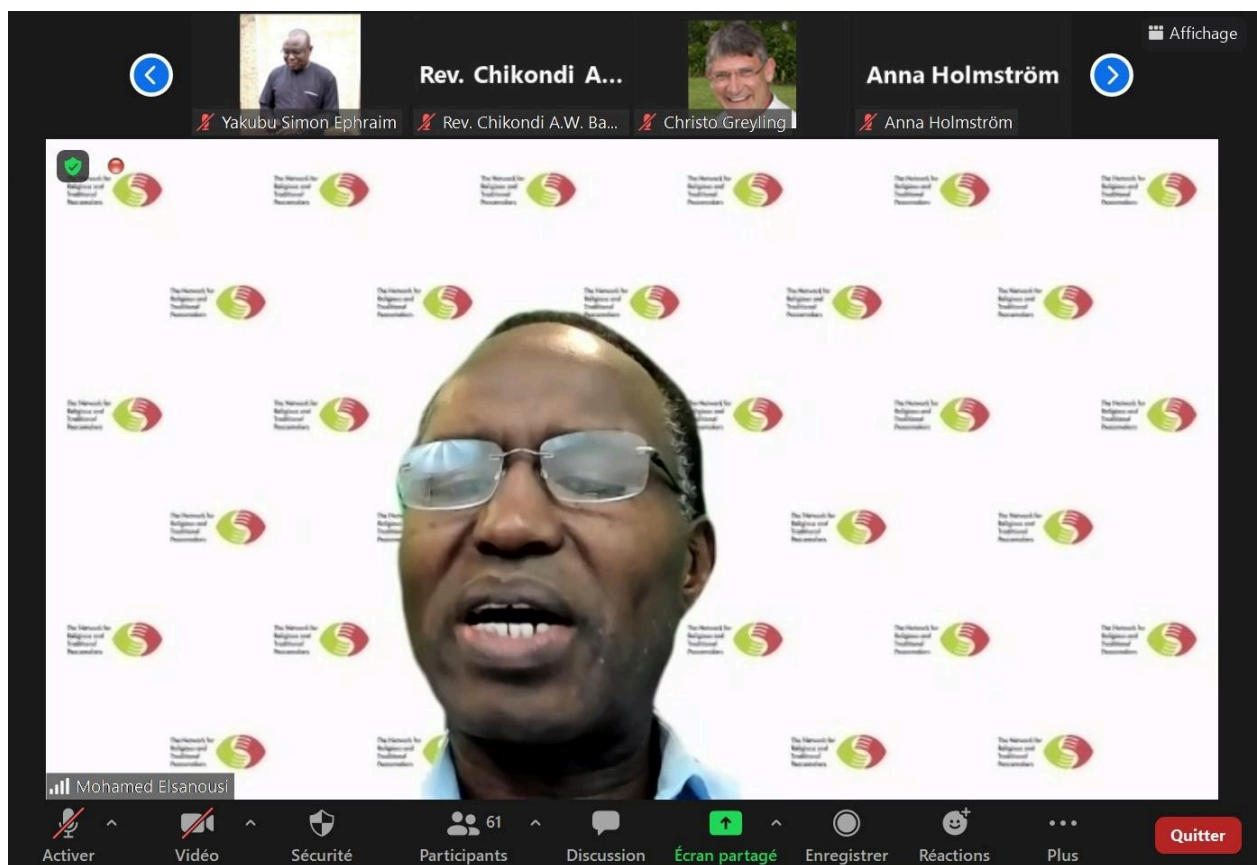


**Session 1 - Finding Concrete and Transformative Solutions and sharing instances of where faith leaders have worked with people on informed choices on the vaccination & advocated to international level.**

- **14:10-14:30**

**Dr. Mohamed Elsanousi, Executive Director of the Network for Religious and Traditional Peacemakers**

Setting the scene for collective thinking on effective initiatives for action on vaccines equity and the role of faith leaders and actors in informing people with accurate health information. Mohamed Elsanousi shared the experiences of the Faiths4Vaccines initiative, signalling possible in-roads for coordinated action and pointers on mobilising effective national campaigns.



The faith community has shown willingness to support vaccine uptake and distribution. This should not be a surprise as religious traditions are rooted in the notion of services. Many faith actors have been involved in actions such as health drives, blood drives etc. In the US, the experience engaging with faith actors on vaccine distribution has been very positive. We understand that the context might be different but that are learnings that can be carried over.

In the US, faith actors convened in February 2021 to decide on how best to address the gap between the role and capacity of faith leaders and the Biden administration goals to vaccinate the whole

population. As with everything else related to COVID, they started with more questions than answers. There were some faith leaders that had COVID testing in their places of worship who wanted to explore the possibility of turning these locations into vaccination sites. Through listening and their testimonies and learning from their experiences, they started to identify how to address the vaccination offer. For example, many faith leaders wanted to host vaccination clinics but did not know how to connect with governments and health professionals. As a result of multiple consultations, it was agreed that herd immunity would only be achieved if utilising trusted locations such as houses of worship and trusted messengers such as faith leaders. They were therefore able to put together Faiths4Vaccines which is an inclusive multi faith movement comprised by local, national faith leaders and health professionals working in the US.

Since February, Faiths4Vaccines have been hosting bi-weekly roundtables that evolved into a national platform to support and acknowledge best practices on vaccine distribution and equity. They formed a strong collaboration with the Biden administration and invited senior White House officials to learn from and engage in dialogue with faith leaders.

Faith4Vaccines also collaborated with national organisations and territorial health officials to get to the grassroots as private health entities: This collaboration was essential in amplifying the efforts of faith leaders. Through months of collaboration and advocacy, they were delighted to know that pharmacies would partner up with faith communities to bring the necessary resources to a house of worship and run a vaccination site.

They partnered up with Facebook as a way to use social media to deliver their key messages. They produced several videos in which houses of worship are featured as vaccination sites. Facebook gave an in-kind donation to promote these videos. Millions of views took place in a short amount of time. Faith4Vaccines also convened several events including a conference attended by hundreds of faith leaders across the US to engage in dialogue and tackle key issues re. distribution and acceptance. They also recognise the critical role of youth to enhance vaccine confidence. They gave a role for the youth to do a youth-focused roundtable: This gave an opportunity to engage with high-level officials in the US.

Dr. Elsanousi also share a video from the Faiths for Vaccine Love thy Neighbor Campaign: [https://faiths4vaccines.org/my\\_stories/love-thy-neighbor-get-vaccinated/](https://faiths4vaccines.org/my_stories/love-thy-neighbor-get-vaccinated/). The video shared provides a good example of the kind of video that we'd like to see used in Africa.

Today we are neighbors. We are living in this global village. Recognising that the global community needs to be vaccinated to end the pandemic, Faiths4Vaccines is now looking at how to work with faith actors beyond the US. There are dire cases such as those of Nigeria. Vaccination is still at 2.3 per cent. Despite government assurances, citizens of Nigeria are reluctant to taking vaccines. The situation in Nigeria is not unlike the situation of other countries in the region. Nigeria is a critical country for Africa. We need to ensure that we as faith communities are collaborating to maximise efforts and impacts.

One way of faith leaders to advocate is to promote gaps in vaccination efforts and equitable vaccine distributions. Faith actors are able to reach those left behind as well as to tackle misinformation.

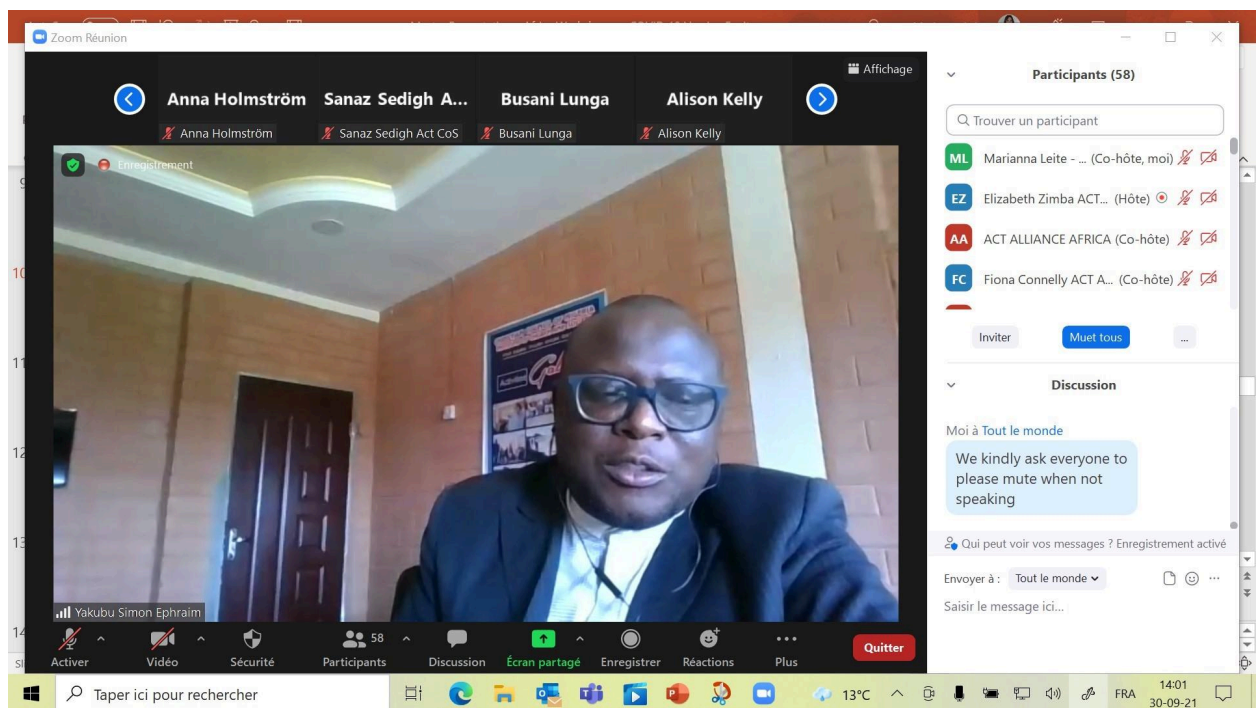
Faith leaders could use houses of worship as vaccination site. Faith leaders could include contextual theology on their weekly sermons. Another way is to assist community members in registration in order to receive vaccines. It is important to worth collaborating with inter-faith councils.

The Global Faith Movement must work on two tracks: (i) pushing at the global level for vaccine equity and the inclusion of faith leaders; and (ii) design and implement social media campaign on vaccine uptake. More information available at their website. Ended by emphasizing the importance of collaboration and the implementation of SDG16.

- **14:30-14:50**

- **Conversations with faith leaders from Nigeria and Zimbabwe**

**With the facilitation of Rev. Ephraim, Yakubu Simon, Director of the CCN Peace Building & Trauma Healing Centre,** we engaged with faith leaders on the challenges as well as good practices among faith leaders for concerted efforts on vaccines production and access, as well as on initiatives to address the national context.



- **Rev. Willingmore Mhlanga, Ecumenical Liaison Officer, Zimbabwe Council of Churches**

Rev. Mhlanga shared, on behalf of the Zimbabwe Council of Churches, a presentation which is available [here](#). The issue of vaccine hesitancy has been one of the main challenges identified in Zimbabwe. Third wave of COVID has been more acute and led to more people wanting to take vaccines. This has led by long lines outside vaccination centres. There are also a lot of issues of mistrust such as myths that say that the vaccines are the mark of the beast. Good practices: The

government improved the stocking of vaccines. Faith based organisations are encouraging vaccination and uptake. Many organisations have partnered up with the government to tackle misinformation and myth busting. The use of mobile vaccination sites was also key for uptake.

- Dr. Evans Oyanmera, General Secretary of the Christian Council of Nigeria

The Christian Council of Nigeria as the premier Christian organisation of Nigeria is made up by 17 denominations and accounts for 60 million people in Nigeria. It is also on the campaign to enhance COVID vaccine uptake. The African Methodist Church helped to put in place protocols. CCN did not hesitate to call on members to take advantage of vaccine availability. CCN has taken part in symposia led by the federal governments. CCN's position is that vaccines are safe and that people should take them. They are leading by example. Every member of the council had availed themselves to be vaccinated and be vocal about it. They are aware of the challenges. All in all, there are some improvements. People are gradually accepting vaccines. Churches should try to become vaccination centres. We can also collaborate together as members of the ACT Alliance to promote a campaign to ensure there is an increase in vaccine confidence across Africa. We must ensure the advocacy gets down to the grassroots. The biggest challenge however is still having access to vaccines.

**14:50-15:20**

**Breakout sessions:** All participants were divided into groups (7 groups) to find ways to work together and consider if it is relevant to implement a campaign on the issue of vaccine misinformation and lack of access to correct information.

The screenshot displays a Zoom meeting interface. At the top, there are participant avatars and names: Marianna Leite..., PT Relay, and others. Below this, a central panel lists participants in three breakout rooms:

- Salle 1:** Anna Holmström, Daryl Maturi, Justice Tapatapa-ZCC, Prudence Dozwa, Robert Mwanyumba, Sanaz Sedigh Act CoS, Tut Nguoth.
- Salle 2:** Alex McPhedran, Busani Lunga, Felix Ngosa (non rejointe), Jude Aidam (non rejointe), Mwakana Msukwa, Paul Mmbando, ELCT.
- Salle 3:** Finna Connolly ACT Alliance.

On the right, a 'Discussion' sidebar shows messages:

- From 'Moi à Tout le monde': 'Thank you very much Reverend. We wish you a good flight'.
- From 'ACT ALLIANCE AFRICA à moi (Message direct)': 'Sorry Marianna. I don't know what happened. I just found myself logged out of zoom, as I proceeded with the assignments.'

The bottom status bar indicates the time is 14:20 on 30-09-21, with a temperature of 14°C and other system icons.

### **Sostina Takure moderated and provided Guidance for Groups:**

- Session aimed to find joint priorities and concrete action we could undertake together
- In order to get there, participants were be randomly divided into groups
- The group work lasted 15 minutes at most
- Every group decided at the start which group member would take notes (bullet points) and report back to plenary
- The representatives from each group used these notes to report 2 to 3 top priorities back to plenary
- The feedback to plenary lasted no more than 10 minutes

#### **Group 5 - Ambrose**

Reflections: faith leaders as key voices and examples; and joint efforts dealing with misconceptions, conspiracy theory and myths

Actions: Faith leaders to hold government accountable to ensure we have more vaccination centres and reserves in terms of resources to purchase vaccines; Joint crafting appropriate messages that reach the population; Create platforms to build the capacity of faith leaders to be the good voices and examples that mobilise communities for transformative change

#### **Group 6 - Rev. Mhlanga**

Actions: There is need for some theological rebuttal of misconceptions and myths and using various media channels; Religious voices and perspectives needs to be broadened possible on a country by country basis (for churches present in more than one country it is easier to have regional initiatives); There may be need to engage with governments and international bodies on vaccine equity and distribution

#### **Group 3 - Karimi**

Actions: Grassroots mobilisation with churches playing a big role in busting myths; Concerted efforts on advocacy to demand adequate supply of vaccines (at national; regional and global level) which means there is a big role for ACT; Churches and faith places should explore possibility in setting up vaccination centres and collaborating with governments in addressing the gap

#### **Group 1 - Anna**

Reflections: faith leaders as key voices; and

Actions: Develop a mapping -identify effort and challenges on making vaccines more readily available, reaching out to the AU and the African Development Bank and other relevant stakeholders; Awareness Raising - Multitude of faith actors to change norms on vaccines and working with public and private actors to address challenges; Multimedia campaign - Using Facebook and Radio based on the materials developed by LWF and implementing it now



### **Group 2 - Susan**

Actions: Share the correct technical COVID messages with our communities in an open and non-judgemental way; Lead by example and ensure we are vaccinated ourselves; Create and work in partnerships with NGOs, public and private sectors; Advocacy for adequate storage and distribution of vaccines

### **Group 4 - Ruth**

Actions: Engaging with governments (ex. of Nigeria); Actively engaging on how to be critical about information and conflicting information; Linking advocacy the Global North and efforts in the Global South within churches and faith communities; Developing a video for the Africa video with faith voices; Using media to disseminate message

### **Group 7 - Bussani**

Actions: Political will mobilisation - enhancing dialogues with public stakeholders; Creation of capacity building platforms - for faith leaders regardless of their geographical location; Adequate knowledge of regional initiatives and spreading out good practices on social media

### **Overall Comments from breakout groups:**

- Reaching governments to highlight that they cannot act in isolation regarding vaccines: advocacy (through format such as the video shared by Dr Elsanousi) and other means is important to demonstrate that they cannot act in isolation. It is about mobilising political will.
- Churches can be encouraged to avail buildings to be used as vaccines centres.
- We should make the links with the WHO campaigns that link Africa and the Global North.
- It is important for faith actors to be educated and educate about critical thinking: how to deal critically with the information out there on vaccines and to realise when something is misinformation and when it is information which can be used to form a wise decision.
- There should be demands made by faith leaders for adequate supplies at global and regional level
- Accountability from governments for storage and distribution.
- Access to capacity platforms & bridging the knowledge gap

### **Session 2 - Identifying, Synergies, Collaborations and Commitments**

**15:20-15:40**

**As there was no time working on a joint declaration, Dr Marianna Leite quickly mentioned the proposed process for putting together a joint declaration based on the discussions and points raised during the workshop. The declaration would also take into account the report / summary of**

highlights and action points to take forward to national and regional action. All speakers and participants are invited to actively contribute to this process.

Shared document for the proposed declaration - [Proposed Structure - ACT Africa Vaccine Workshop - Possible Declaration September 2021.docx - Google Docs](#)

### Session 3 - Leveraging on our Joint-Power and Charting the Way Forward

- **15:40-16:00 - Leveraging on our Joint-Power and Charting the Way Forward**

**15:40 - 15:50**

**Key Takeaways and Way Forward, Ruth Watson, ACT EU**

Summarising the main points raised by participants and noting some possible future work together. Important to highlight the need to mobilise capacity at national and regional level regardless of what happens at Global level. Equally important to link messages and efforts at various levels. Interesting to remember the role of youth. Crucial to remember the opening prayer and opening remarks on how we must not stay silent and therefore tackle misinformation and myths. While doing that, we must rely on social media to reach out as widely as possible. We must empower people to make sure they have access to the right information and the tools to distinct conflicting information. Finally, it is important to tackle the root causes and making sure to push for health system strengthening and related issues.

C - Elizabeth: The Africa Advocacy Group will still provide leadership to further our engagement and advocacy work at regional level. At national level, it is important for participants to summarise the discussion, report back, deliver on action points, prioritise and contextualise. The report is served to harvest action points which should help members contextualise national level engagement which are linked to regional and global level. While doing that, we must work together with others and take everyone on board.

**15:50 - 16:00**

**Rudelmar Bueno de Faria, General Secretary, ACT Alliance – via video**

Highlighting the importance of faith actors to work on vaccine equity and hesitancy and how that connects to the previous work done by ACT Alliance.

- Welcoming the initiative of the Africa Forum and the leadership of the Africa Advocacy working group in this area
- Thanking all the speakers and the wealth of expertise they have shared with us during the workshop as well as the continued partnership and collaboration
- Noting that although there are signs of easing of the pandemic in the Global North, this issue is far from being resolved in Global South countries, with countries across Africa bearing the worst brunt of inequitable vaccine access

- Highlighting that we as faith actors have a moral obligation to denounce the moral failings of vaccine inequity as well as supporting our communities to access the latest scientifically-sound information and help build confidence and vaccine uptake (You could note or give an example of either COVAX or WHO discussions you took part on that also stress the fundamental role of faith actors)
- Closing the video asking that our action points and future work is blessed and that we can promote the sort of transformative change Africa is in dire need of

Video available at

<https://www.dropbox.com/s/2711bm7kfnatnzc/Vaccine%20workshop.MP4?dl=0>

### **Closing Prayer:**

Rev. Willingmore Mhlanga blessed our work moving forward and prayed for us to have courage to rise to the challenge

