# **Ensuring equitable, affordable, timely and universal access for all to vaccines**

Christian Aid submission

Recommendations

* Rich countries need to do more to promote global vaccine equity in pursuit of the 70% coverage target.
* Lower income countries need support to increase ‘fiscal space’ in the face of the economic impacts of Covid-19.
* Localisation of programmatic interventions is important, particularly building on existing networks and partnerships.
* Faith leaders can play an integral role in encouraging take-up of vaccines.

Summary

Christian Aid welcomes the opportunity to submit evidence to the Office of the High Commissioner on Human Rights’ call for inputs on ensuring equitable, affordable, timely and universal access for all countries to vaccines in response to the coronavirus (Covid-19) disease pandemic.

Christian Aid is a member of the ACT Alliance - a global alliance of more than 145 churches and related organisations from over 120 countries to provide humanitarian aid for poor and marginalized people. Much of the programme, policy and advocacy work we have undertaken in response to Covid-19 has been as part of the ACT Alliance. Christian Aid is also a member of the People’s Vaccine Alliance.

In response to Covid-19, Christian Aid launched an emergency appeal. The generous funding from supporters in the UK and Ireland has supported programme work in five African countries, as well as increasing our capacity to engage directly and with others at national, regional and global level to press for greater vaccine equity. One consistent theme in our advocacy work has been to demonstrate and facilitate the integral role that faith leaders and organisations can make in promoting access and take-up of Covid-19 vaccines, and as part of the call for improved vaccine equity. We have also highlighted the importance of increasing ‘fiscal space’ in lower income countries to improve responses to Covid-19 – including through vaccines – and help ensure a just recovery.

The need for greater vaccine equity

In March 2022 Christian Aid published our [Covid vaccine equity index](https://www.christianaid.org.uk/news/vaccine-inequity-down-rich-countries-policies). The index was developed from data analysis undertaken for Christian Aid by the [Overseas Development Institute](https://odi.org/en/publications/monitoring-g20-contributions-to-global-covid-19-vaccine-equity-issues-and-options/). The index scored G20 countries on how far their financing, procurement of vaccines and relevant policies supported greater global vaccine equity. The results show that no G20 country is doing nearly as much as it could have done, and that most are only doing around half of what might be expected of a ‘good global citizen’. Many rich countries hoarded vaccines and did not support the TRIPS waiver proposed by South Africa and India. Our analysis of the recent data shows that G20 countries have not improved in the months since we published the index, demonstrating a lack of urgency to fix the structural problems which have led to gross inequity in access to Covid-19 vaccines around the world.

By the time of the United Nations General Assembly 2022, all countries should have been able to achieve 70% coverage of Covid-19 vaccines across their populations according to the target agreed by world leaders over a year ago. Yet new Christian Aid analysis reveals that no Low-Income country has achieved this target, whereas 35 High Income Countries have reached 70%. Conversely, only 1 in 4 High Income Countries have missed the 70% target, whereas a majority of Lower-Middle and Low Income Countries have missed the 70% coverage target.

The data underscore the continuing reality of global vaccine inequity. This inequity is the result of policy decisions taken individually and collectively by rich (and now well vaccinated) countries at the expense of lower income countries. Christian Aid continues to advocate for policy and practice changes that will improve Covid vaccine equity so that everyone can have the same level of vaccine protection, making us all safer.

Christian Aid’s programme insights

From October 2021 – 30th June 2022, Christian Aid implemented a first phase multi-country Covid-19 vaccine advocacy project in Nigeria, Sierra Leone, Zimbabwe, Burundi and Kenya. The project aimed at advocating for equitable access and distribution of effective Covid-19 vaccines for the most vulnerable.

To achieve the desired outcomes, the project employed a multi-faceted approach which included partnering with the media, faith leaders, Ministries of Health and national Covid-19 taskforces in implementing countries to address misinformation that hugely contributed to vaccine apartheid. This advocacy was informed by research that was conducted in each of the countries with the aim of identifying barriers to vaccines access and who would be the most credible message bearers. The team worked with church leaders and other allies to call for an end to vaccine apartheid that was hindering developing countries’ access to COVID-19 vaccines.

While addressing the myths and misinformation which were identified as leading barriers to vaccines uptake, the project teams also partnered with different stakeholders particularly the Ministries of Health to facilitate mobile vaccination and information centres in hard-to-reach areas, and also worked with faith leaders who allowed places of worship (churches and mosques) to act as centres for vaccination.

Within each of the five countries, project activities engaged communities, decision-makers and faith leaders to improve information, coordination and access to Covid-19 vaccines. Analysis from the project shows that vaccine equity and take-up improved within each country, undoubtedly due to a wide range of influencing factors. In Burundi, Christian Aid’s analysis showed that following information dissemination and engagement, a majority of people were willing to have the vaccine, despite the difficult context and low stocks across the country.

Different methods were used to engage communities from events to media to physical outreach. The project facilitated learning between countries, for example hosting a webinar bringing together faith leaders from the different countries to exchange experiences and ideas about how to positively engage congregations and wider communities in vaccine campaigns.

The project also worked at the regional level. At the African Union Summit, we coordinated the drafting and handing over of the civil society memoranda to [the African Heads of State and Government](https://www.linkedin.com/pulse/icymi-joint-memoranda-african-union-heads-state-government-/?trackingId=c5oewTsYDZBpZCKYtDQozw%3D%3D) where among other things called on African leaders every person in Africa gets a safe and effective Covid-19 vaccine, swiftly and free of charge; and that African governments address vaccine hesitancy by proactively investing in public health education, addressing misinformation and move away from militaristic approaches being adopted by many African countries. While acknowledging receipt of the memoranda, Senegal’s delegation to the Africa Union committed to engage more with civil society. [COVID-19 response took centre stage during the AU Summit deliberations](https://theglobalherald.com/news/african-union-holds-summit-amid-crises-over-coups-and-covid/).

Ahead of the AU-EU Summit, the project team working with partners organised a [civil society webinar](https://www.linkedin.com/posts/christian-aid-africa_dignity-equality-justice-activity-6897807066782908416-ioBq/) aimed at elevating the voices of African and European civil society working on the EU-AU partnership and, most importantly, movements and organisations to ensure that health and vaccines justice was given priority during the Summit. We also worked with the People’s Vaccine Alliance to put together a press release that showed that the EU was set to throw away [55 million doses – 25 Million more than they have donated to Africa - of COVID-19 vaccines by end of February](https://twitter.com/peoplesvaccine/status/1493868875078905861) 2022.Our messaging on how the vaccine has become a private profit opportunity, raking in billions for pharmaceutical corporates and the EU itself while almost 9 out of 10 Africans are still unvaccinated madeit to the People’s Vaccine Alliance [Press Release](https://app.box.com/s/5gm3zmhrxsi53pe0ztoim9qkzdaufncz) and was also [picked up](https://www.eureporter.co/world/africa/2022/02/14/eu-set-to-bin-25-million-more-vaccine-doses-than-it-has-donated-to-africa-this-year/#.Yg0XFXDkg90.twitter) by [various media](https://www.commondreams.org/news/2022/02/16/shameful-eu-set-trash-more-vaccine-doses-it-has-donated-africa) outlets ahead of the official start of the EU-AU Summit.

In the project evaluation, some key lessons were identified. Multi-stakeholder partnerships yield the greatest impact. This meant Christian Aid partnering with local actors, government agencies such Ministries of health and COVID taskforces, and the media, which led to coordinated vaccination drives and media messaging. Edutainment and social media are powerful tools for behavioural change. The initiation of entertainment as a form of awareness raising helped in getting increased response from communities to Covid-19 vaccine uptake.

Analysis of engagement with faith leaders

Christian Aid has evaluated our engagement with faith leaders in response to Covid-19. Faith leaders and groups are diverse entities, which include organised, globalised and formalised faith institutions, and more locally determined and sometimes informal expressions of religious belief and practice – including spiritual healers, and medicine men and women.

Christian Aid’s engagement included working with established actors like councils of churches and Buddhist welfare charities, as well as local imams, priests and lay community organisations (like zakat groups). All these actors, whether formal or informal, have a long-term presence in their community, which suggests that they may also be a trusted actor.

Christian Aid’s localisation approach involves recognising, respecting and strengthening leadership and decision-making capacity of local and national actors. We aim to achieve this through partnership approaches based on mutuality, capacity development, transfer of financial resources and coordination roles; enabling local leadership in agenda setting; and acting globally to complement local response and action.

In all country contexts, faith actors or faith-based partners were engaged early on as part of the response to the pandemic. This early engagement was often attributed to learning from the Ebola crisis of 2014-16, as well as the HIV/ AIDS crisis. Many of the faith actors Christian Aid worked with were long term partners that had been made during the Ebola and HIV/AIDS crises.

In addition, we found that religious leaders are powerful actors in addressing entrenched beliefs and misconceptions around vaccines. The project worked with interfaith councils to advocate for vaccine uptake and also used their churches and mosques as vaccination centres. In reviewing our work in Bangladesh, we found that involving faith leaders is not just a matter of engaging their influence for the good, but also countering some of their existing beliefs and practices that may support and facilitate ineffective public health practices. In such scenarios faith leaders can situate scientific messages within the doctrine of religion, as sacred scriptures and the traditions arriving from them can be a powerful tool in transforming behavioural and health seeking practices. It is important to conduct power analysis to ensure that engagement with faith leaders does not exacerbate inequalities, including of gender.

In practical terms, Christian Aid and partners supported faith actors to communicate regulations and protocols in a way that would be meaningful for their specific communities. For example, in Bangladesh this included linking public health messaging to teaching in the Qur’an on cleanliness. In all country contexts, local faith actors played key roles in teaching about basic hygiene protocols, and reassuring community members regarding the viability of such protocols. The faith actor was often seen as more trustworthy than local or national state actors.

Faith leaders had enhanced community confidence and trust and led to increased compliance with Covid regulations and protocols. For example, in Sierra Leone, the high capacity of the Council of Churches in ‘risk communication’ was identified as an important contribution in the response. In South Sudan the Council of Churches also worked closely with Christian Aid to combat misinformation regarding the virus as well as the vaccines.

Another example is from Nigeria. There was a high level of misinformation and suspicion related to Covid-19, with many believing the virus was a scam, and so the role of accurate, trusted health messaging was crucial. Faith actors were able to play key roles, especially via radio messaging to combat misinformation. Faith actors were also instrumental in Nigeria in reaching the poorest and most vulnerable due to their inbuilt networks within communities. As with the Ebola crisis of 2014-16, faith actors were found to be important due to the trust and legitimacy they had at community level, their physical presence in communities, and the spiritual care role they play in communities.

Alongside a communications role, faith actors, as local actors were key to service delivery- such as distributing hygiene kits- in many country contexts. In addition to a communications role, faith actors directly supported programme implementation. For example, in Myanmar CA worked with a Buddhist group to distribute food, masks and cash in two displacement sites, and also engaged Muslim faith leaders to support 500 households with cash and Covid-19 prevention supplies.

With funding from Christian Aid, the Evangelical Alliance of Malawi built the capacity of various community governance structure and also procured and distributed Personal Protective Materials for Health workers, teachers and students in the Karongo district.

Christian Aid produced a recent podcast to examine the role of faith leaders and groups in our programme response in Bangladesh: [Faith in the time of corona](https://www.christianaid.org.uk/our-work/research/evidence-development-podcast). We also published [Keeping the Faith: The role of faith leaders in the Ebola response (christianaid.org.uk)](https://www.christianaid.org.uk/sites/default/files/2016-03/keeping-the-faith-research-report-jul-2015.pdf) jointly with CAFOD, Tearfund and Islamic Relief.

Recommendations

* International organisations – including the Office for the High Commission for Human Rights – should use human rights standards to promote Covid vaccine equity across countries.
* Economic and social rights can only be upheld where everyone is safe from severe health impacts, including Covid-19.
* The 70% coverage target needs greater focus and resourcing, especially by rich, highly vaccinated countries. International Organizations should use their power to encourage greater collaboration in support of the target.
* Lower income countries need support to increase their ‘fiscal space’ to meet the economic challenges posed by Covid-19.
* Localisation of programmatic interventions is important, particularly building on existing networks and partnerships.
* Build broad alliances locally and regionally between vulnerable groups.
* Ensure rigorous power analysis when engaging with faith actors so as to mitigate the marginalisation of groups, especially those who are excluded due to their gender.
* Conduct needs and/or baseline assessments which include data collection of attitude and behaviours to understand better the impact of local actor involvement.
* Faith leaders and groups can play a significant and positive role in disseminating information and encouraging access to Covid-19 vaccines.

For further information, please contact Oliver Pearce: [opearce@christian-aid.org](mailto:opearce@christian-aid.org)