

Religious Engagement in Polio Campaigns

Key findings – Survey of 13 Countries | August 2025

Introduction



Religious leaders are trusted figures who play a vital role in shaping public attitudes and behaviors.



This assessment maps strategies used to engage religious leaders in polio outbreak responses across 13 countries.



Identify existing practices , challenges in religious engagement in polio campaign and provide recommendations for future improvement

13 Countries surveyed:

Angola, Algeria, South Sudan, Nigeria, Democratic Republic of Congo (DRC), Somalia, Kenya, Djibouti, Yemen, Benin, Cameroon, Chad, and Ethiopia

Key findings

Engagement models:



38% of countries have formal partnerships with religious institutions (Algeria, Angola, Nigeria, Somalia and Yemen)



54% engage religious leaders consistently without formal agreements (Benin, Cameroon, Chad Djibouti, DRC, Ethiopia and South Sudan)



1 country (Kenya) engages religious leaders occasionally.

Implementation levels:

- 7 countries implemented engagement at all health system levels (Algeria, Cameroon, Chad, Djibouti, DRC, Kenya and South Sudan)
- Others showed partial implementation, often limited by operational capacity or strategic priorities.

Effective strategies implemented(1/2)



Identification and engagement of influential religious leaders in refusal management in Benin, Algeria, Somalia, Ethiopia and Nigeria



Early advocacy and strategic planning in Cameroon, Angola and Chad



Capacity building and tailored messaging in Ethiopia, Djibouti and Algeria.



Integration of health messages into religious platforms in Somalia, Ethiopia, South Soudan, Algeria and Nigeria

Effective strategies implemented(2/2)



Gender-sensitive outreach in Algeria and Yemen



Structured and decentralized engagement in Angola and Chad



Continuous feedback and adaptation in Algeria and Angola



Collaboration with Religious associations in Angola, Cameroon, DRC, Nigeria, Somalia, Chad, Djibouti and Kenya



Integration with broader health initiatives in Angola and Ethiopia

Outcomes of religious engagement

Positive Impacts:



Increased awareness and message dissemination



Resolution of vaccine refusals



Improved vaccine acceptance and trust-building.



Use of religious spaces for health communication

Challenges identified

Key barriers:



Late or limited involvement in planning
(campaign-only engagement)



Diverse beliefs and limited scientific literacy



Logistical, political, and financial constraints



Engagement fatigue and passive communication



Resistance from conservative groups and overreliance on
voluntarism

Key recommendations

Actionable steps:



- Formalize and institutionalize partnerships
- Engage religious leaders early and continuously
- Build capacity and provide tailored resources.
- Strengthen coordination and microplanning
- Enhance gender-sensitive approaches and allocate resources

Next steps



- Use survey findings to develop a road map to strengthen religious engagement strategy in Polio outbreak response
- Develop result and M&E framework for religious engagement in Polio outbreak response
- Conduct series of webinars on Religious engagement in Polio outbreak response