LETTER TO THE EDITOR

Enhancing public trust in COVID-19 vaccination during ramadan 2022: A call for action

Abstract
Ramadan is the ninth month of the Islamic lunar calendar in which it is compulsory for Muslims to abstain from eating and drinking during the daytime. The COVID-19 pandemic posed additional challenges for Muslims as the crowded religious gatherings could give a new breath to the spread of the virus. Similar measures were adopted during Ramadan in 2021. The initiation of COVID-19 vaccination across the globe in combination with the need to maintain personal protective measures against COVID-19, result in new needs and challenges. At this juncture, Ramadan 2022 offers a growing opportunity to unite a global voice for solidarity, equal distribution of COVID-19 vaccines, and tackling the challenge of vaccine hesitancy.

Highlights
- COVID-19 vaccine hesitancy continues to pose significant public health challenges worldwide.
- The holy month of Ramadan brings a critical opportunity to enhance public trust in COVID-19 vaccination and address vaccine hesitancy.
- Muslim-populated countries and their faith leaders can utilise the spiritual aspect of Ramadan to deliver evidence-based awareness about COVID-19 vaccines.
- Governments should collaborate with stakeholders in the fields of healthcare and social sciences in order to implement vital public health measures.

1 | INTRODUCTION

Ramadan is the ninth month of the Islamic lunar calendar (Hijrah calendar) and is considered the most sacred month by Muslims all around the world. In this month, it is compulsory for adult Muslims to fast. Fasting is abstaining from eating, drinking, and sexual intimacy from dawn to sunset. Pregnant women and patients who may be negatively affected by fasting are exempted. The Quran describes this practice as 'O believers fasting is prescribed for you—as it was for those before you so perhaps you will become mindful of Allah (God) (2:183)'. During Ramadan, spiritual gatherings and charities are frequent amongst other religious and cultural activities with the aim of gaining reward from God. This month is practiced amongst the Muslim communities during which people also gather to break their fast in what is called 'iftar'. It has been over a year since the World Health Organization (WHO) declared the outbreak of COVID-19 as a Public Health Emergency of International Concern in the form of a global pandemic. The world has experienced an unpredictable amount of change and uncertainty with social distancing measures, nationwide lockdowns, and the emergence of novel variants along with an array of hope with the development of COVID-19 vaccines. As we continue to adjust with this 'new normal', there is an impeccable need to prioritise vaccination of vulnerable populations worldwide. This is particularly true for the lower-middle-income countries (LMICs) that faced inequitable losses and negligence with global support during these times. Amongst these vaccine-deprived nations, the Muslim-dominated popu-
lations constitute a large proportion of people affected by the pandemic. As of 17 March 2022 (SESRIC COVID-19 Pandemic Database, 2022), The Organization for Islamic Corporation (OIC) member countries have reported over 52 million confirmed cases and over 700,000 deaths due to COVID-19. According to recent data from worldometer Indonesia, one of the largest numbered Muslim countries, has had around 6 million COVID-19 cases till date, with more than 150,000 deaths. Even though it is the fifth most vaccinated country worldwide, only 56.4% of the population is fully vaccinated.

At this juncture, Ramadan 2022 offers a growing opportunity to unite a global voice for solidarity, equal distribution of COVID-19 vaccines, and tackling the global challenge of vaccine hesitancy. This paper aims to highlight the growing concern of vaccine challenges in Muslim-dominated countries and provide recommendations for change by utilising the holy month of Ramadan.

1.1 Challenges with vaccination in Muslim-dominated countries

One of the most significant challenges faced by the Muslim-dominated countries since the advent of COVID-19 is vaccination awareness and hesitancy. In 2019, WHO identified vaccine hesitancy as one of the leading global threats. Not only does it contribute significantly to decreased rates of vaccination among the whole population but also markedly increases chances of development of new variants. It has time and time again proven to be a key challenge for public health in terms of containing infectious diseases and in pandemic prevention.

A huge disparity between HICs and LMICs is in the resources. HICs with their enormous resources have been able to contain the pandemic compared to LMICs. Majority of the Muslim countries falls in LMICs category. Thus, the challenges Muslim countries are facing are significant, thereby, hindering the containment of the pandemic. Challenges include vaccine hesitancy, shortage of medical staff, personal protective measures, medical supplies, drugs, and hospitals. Adding to this challenge is the low rates of COVID-19 vaccination in Muslim-dominated countries. With Ramadan 2022 approaching, the ability to work in a tedious and overwhelming environment with minimum resources, while fasting would significantly lower the productivity of frontline workers who are fighting the pandemic for more than 2 years now.

One of the barriers to success is that LMICs heavily rely on COVAX for vaccine deployment. COVAX, with its limited capacity is only able to provide limited vaccines for LMICs. While HICs with high monetary capacity are securing enormous doses of vaccines, Muslim countries that are also included in the LMICs have faced shortage of vaccines due to insufficient monetary budget. Not only does it limit the distribution and procurement of vaccines, it also further adds to the burden on the healthcare system in these countries.

1.2 Recommendations for change

The field of science is surrounded by doubts, assumptions and theories that evolve, conceptualise, and strengthen our understanding of reality. Thus, it is inevitable to face varying views and challenging perspectives as part of scientific discourse—both from scientists and the public at large. In the Muslim world, hesitancy in vaccine uptake is a major hurdle in protection against the virus. This rising challenge also brings multi-faceted opportunities within the Muslim population. During Ramadan, Muslims gather to listen to Islamic sermons at mosques. This socio-spiritual gathering, which is meant to bring closeness to Allah and the chance to re-connect with other Muslims is an engaging platform to promote science. As the sermons often convey messages of duty to the community, the integration of vaccine promotion as part of sermons can serve as a moral obligation that complements spiritual unity.

The role of culture as a strong influencer of public health practices cannot be underestimated. In Ramadan, Muslims follow certain rituals and prayers that involve close contact, limitations on physical distancing, and mass gathering. This could increase the risk of viral transmission amongst COVID-19 positive worshippers, as observed
during a mass congregational Islamic event in India,\textsuperscript{10} which resulted in 4000 confirmed cases and 27 deaths related to COVID-19. A strategic policy should be implemented by governments and delivered to by religious scholars to inform worshippers to maintain social precautions and prioritise vaccine-uptake during this time.

Community engagement is also paramount to enhancing vaccine confidence. This also involves the use of diverse mediums of engagement including social media as a tool for understanding vaccine perception and hesitancy in the community.\textsuperscript{11} Social media campaigns focussed on discussions led by Muslim public health experts regarding vaccine safety can be a promising source of community awareness along with tackling existing misinformation from a religious context. It is the responsibility of the government to liaise with healthcare and community leaders in Muslim communities to engage in the advocacy and education surrounding COVID-19 vaccines. Therefore, faith leaders and Muslim healthcare workers can help address the existing concerns related to vaccines in the Muslim populations. Misinformation related to vaccines can be tackled by the use of religious and scientific evidence in favour of vaccine uptake. Positive views on vaccination are also observed in Islamic laws (\textit{Shariah}), where preserving life is aligned with preserving religion.\textsuperscript{12} Muslims who decline COVID-19 vaccines may be regarded as acting against \textit{Shariah} law. Muslim healthcare professionals can further clarify the clinical side of vaccine development and thus collectively emphasise the benefits of vaccination in the Muslim population. Muslim social workers can be recruited to lead discussions and campaigns promoting vaccination in this month. The establishment of remote vaccine clinics close to mosques can be a crucial method of vaccine promotion. In this context, health promotion experts and relevant stakeholders need to collaborate with religious leaders to enhance health literacy in Ramadan. Evidence shows that a failure in maintaining consistency, competence, fairness, objectivity, empathy, or sincerity in a public crisis response could lead to widespread distrust and fear, especially when the public is not seen as an integral part of health policy enactment.\textsuperscript{13}

A number of additional measures and strategies ought to be considered, to avoid a surge in COVID-19 cases during Ramadan. Electronic and print press, alongside social media, can be used before and during Ramadan to enhance health literacy. Government and health officials along with religious leaders need to develop tailored COVID-19 screening and mitigation strategies in case of an increase in cases during the festivities. Worshippers with a higher risk of diseases can be advised not to attend ceremonies and gatherings, particularly in regions with an increased crowding and viral transmission. All forms of physical contact including handshaking, hugging, sharing of artefacts (prayer rugs, etc.) between people should be discouraged. The mosque administration needs to supervise the use of masks, the appropriate sanitation of the spaces and washing of hands, the adherence to physical distancing, and adequate ventilation of indoor spaces. Furthermore, charity is considered to be one of the highest virtues during this month. It can be greatly beneficial for mosques and healthcare organisations to the strategizing crowdfunding initiatives to support the lack of vaccine-related funding in such regions.

2 CONCLUSION

Harmonising religious practices with public health crises to promote health literacy can combat the rising challenge of COVID-19 in LMICs. As the month of Ramadan emphasises on compassion, patience and empathy for the community, it is the responsibility of Muslim scholars and healthcare professionals to utilise this timely opportunity to encourage pro-vaccination activities. We have learnt from the past two Ramadans that ethical and responsible behaviour of the faithful, religious, and civil authorities are pertinent for the safe celebration of religious festivals amidst the COVID-19 pandemic. The implementation of key measures cannot only help mitigate the COVID-19 burden but also foster a movement of solidarity for communities on a global scale.

KEYWORDS
COVID-19, ramadan, vaccination
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DATA AVAILABILITY STATEMENT

Not applicable.

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