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COVID-19, cults, and the anti-vax movement

Rochelle Burgess and colleagues¹ eloquently described participatory community engagement as essential for successful COVID-19 vaccination, which involves appreciating the heterogeneous public and working with communities and their leaders to enable bottom-up approaches. They suggested that COVID-19 has drawn attention to the structural violence that is embedded within society, with the pandemic furthering the marginalisation of historically oppressed and excluded groups. Burgess and colleagues¹ drew attention to how people who might have suffered disproportionate economic and health consequences from COVID-19 are now being asked "to trust the same structures"1 that failed to provide adequate resources and social protection during the pandemic. Failure to address these contextual dimensions can worsen mistrust, damaging vaccine uptake. However, Burgess and colleagues make a distinction between "people wholly opposed to vaccinations (anti-vaxxers) and...vaccine hesitancy",1 and imply participatory community engagement as a means to engage only people with vaccine hesitancy.

Lessons from studying cults (which are less pejoratively called new religious movements, describing movements that emerged in the late 20th century) can inform approaches to the antivax movement. A cult has come to mean a non-conforming ideology, or a religion that is disliked, with beliefs that are unacceptable to mainstream society. Just as cults are grouped together as sinister, bad, or wrong, the discourse surrounding anti-vaxxers in both academic and popular circles can be dismissive and derogatory. The pejorative label and negative attitudes towards cults promote an us-andthem viewpoint, creating martyrs^{2,3} and extending the length of time that members hold the new beliefs, thus encouraging further involvement in the movement and radicalisation.4

Learning from these consequences, a more constructive perspective could view the anti-vax movement as a religious phenomenon, involving a whole spectrum of ideas, and focus on the essential need to understand the beliefs that are involved to avoid further marginalisation. Hence, implying that anti-vaxxers are beyond the reach of community engagement activities could result in increased anti-vax activities. We suggest a more inclusive approach, where the same inquisitive dialogue and contextual understanding that was suggested for vaccine hesitancy should be extended to members of the anti-vax movement

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Health systems in the ACT-A

The attention to health systems in the headline of Ann Usher's World Report¹ about the Access to COVID-19 Tools Accelerator (ACT-A) is most welcome. However, we were disappointed that the World Report focused on medical oxygen and personal protective equipment (PPE), interventions that, although important, are better described as components of clinical

