METHODOLOGY

1,058 Interviews in Cameroon

QC Quality control checked by in-country research teams and centrally in London, UK

F2F Face-to-face methodology using random household probability sampling

¼ Quarterly fieldwork planned for 2022

LOCATIONS SURVEYED IN CAMEROON

TOPLINE FINDINGS Structure

1. Vaccines Deployed vs Vaccines Administered
2. Demand for COVID-19 Vaccines
3. VCI Index
4. MIS/Disinformation

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COVID-19 VACCINES DEPLOYED VS ADMINISTERED JAN-22 BY COUNTRIES SURVEYED

585m COVID-19 vaccines delivered across 54 countries in Africa

227m More than twice the amount delivered since Nov-21

61% Of delivered vaccines in Jan-22 have been administered

21.5m Vaccines delivered to Cameroon

9.1m Vaccines administered in Cameroon

Based on Africa CDC data provided to ORB International
18% of participants in Cameroon have received either one or two doses of the COVID-19 vaccine.

1 in 3 participants who have had one dose of vaccine were not told which brand they had received. Almost the same amount with two doses did not remember which vaccine they have received.

Around 1 in 5 of those with two doses received a Janssen / J&J vaccine.

**COVID-19 VACCINES ADMINISTERED: BY BRAND**

- **Janssen / J&J:** 21% one dose, 18% two doses
- **AstraZeneca:** 16% one dose, 14% two doses
- **Pfizer:** 1% one dose, 2% two doses
- **Other:** 33% one dose, 22% two doses
- **I was not told which brand it was:** 31% one dose, 16% two doses
- **I do not remember:** 31% one dose, 16% two doses

*Other includes Covovax, Novovax, Moderna, Sinovac, Sinopharm and Sputnik*
THE VACCINATED

COVID-19 VACCINES ADMINISTERED: CAMEROON

Cameroon have a high rate of unvaccinated respondents, and there are large regional differences for those who have received COVID-19 vaccines. Just over half of respondents in Adamawa remain unvaccinated, whereas West and Southwest regions have more than 97% of respondents unvaccinated.

<table>
<thead>
<tr>
<th>Region</th>
<th>One dose</th>
<th>Two doses</th>
<th>Unvaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>13%</td>
<td>22%</td>
<td>68%</td>
</tr>
<tr>
<td>Far North</td>
<td>35%</td>
<td>6%</td>
<td>68%</td>
</tr>
<tr>
<td>North</td>
<td>53%</td>
<td>22%</td>
<td>74%</td>
</tr>
<tr>
<td>Northwest</td>
<td>77%</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>East</td>
<td>77%</td>
<td>3%</td>
<td>17%</td>
</tr>
<tr>
<td>South</td>
<td>81%</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>Center</td>
<td>84%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Littoral</td>
<td>88%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>West</td>
<td>89%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Southwest</td>
<td>97%</td>
<td>3%</td>
<td>98%</td>
</tr>
</tbody>
</table>

All interviews: n= 1,058
THE VACCINATED

COVID-19 VACCINES ADMINISTERED: CAMEROON

Those in younger age groups are more likely to be unvaccinated than those in older age groups. Female respondents in Cameroon were also much more likely to be unvaccinated than males. There are minimal differences by level of education.

- One dose
- Two doses
- Unvaccinated
DEMAND FOR COVID-19 VACCINES: THE UNVACCINATED

Within the unvaccinated populations in Cameroon, 52% would either definitely take a COVID-19 vaccine or are unsure leaning towards yes – leaving 38% who are likely to refuse a vaccine. More than half of participants with children in their care reported they are likely to accept a vaccine for their child.

**NET REFUSAL HIGHER AMONGST...**

- **47%** Those who are hesitant across the VCI Index (safety, effectiveness and importance)
- **42%** Females
- **46%** Those who disagree the government handled the pandemic ‘well’ (compared to 28% of think the government did)
- **44%** Those who think the threat of COVID-19 is generally exaggerated

**COVID-19 VACCINE ACCEPTANCE: TO PROTECT MYSELF**

- **40%** Definitely yes
- **12%** Unsure, but leaning towards yes
- **10%** Unsure leaning towards no
- **28%** Definitely no
- **10%** Don’t know

**COVID-19 VACCINE ACCEPTANCE: TO PROTECT FRIENDS, FAMILY AND/OR AT-RISK GROUPS**

- **49%** Definitely yes
- **13%** Unsure, but leaning towards yes
- **7%** Unsure leaning towards no
- **21%** Definitely no
- **9%** Don’t know

**COVID-19 VACCINE ACCEPTANCE: FOR CHILDREN IN PARTICIPANTS CARE**

- **43%** Definitely yes
- **12%** Unsure, but leaning towards yes
- **8%** Unsure leaning towards no
- **36%** Definitely no
- **1%** Don’t know

Unvaccinated: n= 872

*Those who have self-reported responsibility for decisions relating to the vaccination of children: n= 609
DEMAND FOR COVID-19 VACCINES: THE UNVACCINATED

There are clear regional differences for those who are unvaccinated and willing to accept a COVID-19 vaccine. For example, 97% of respondents in the West region remain unvaccinated despite there being a clear demand for vaccines (65% would definitely accept a COVID-19 vaccine or were unsure but leaning towards yes). A high proportion of respondents in Littoral also remain unvaccinated (89%), however only 26% agreed they would definitely accept a COVID-19 vaccine or were unsure but leaning towards yes – less than half compared to respondents in the West.

Adamawa respondents have the highest vaccination rate (almost half of participants), but also have the greatest percentage report they would definitely not accept a COVID-19 vaccine.

COVID-19 VACCINE ACCEPTANCE: TO PROTECT YOURSELF – BY REGION

Unvaccinated: n= 872
DEMAND FOR DIFFERENT COVID-19 VACCINE BRANDS

Participants ranked the importance of attributes if they were to decide which brand of vaccine to take...

66% Agree it is important that the brand is recommended by a trusted healthcare practitioner

60% Agree that must be a brand that has a good reputation

61% Agree it must be developed in a country that makes them confident of its quality

59% Agree it is important it must be a brand they are already familiar with

### COVID-19 VACCINE ACCEPTANCE: BY BRAND

<table>
<thead>
<tr>
<th>Brand</th>
<th>Definitely yes</th>
<th>Unsure, but leaning towards yes</th>
<th>Unsure, but leaning towards no</th>
<th>Definitely no</th>
<th>Unfamiliar with brand</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANSSEN/ J&amp;J</td>
<td>16%</td>
<td>7%</td>
<td>10%</td>
<td>27%</td>
<td>27%</td>
<td>14%</td>
</tr>
<tr>
<td>ASTRazeneca</td>
<td>15%</td>
<td>9%</td>
<td>9%</td>
<td>27%</td>
<td>26%</td>
<td>13%</td>
</tr>
<tr>
<td>SPUTNIK</td>
<td>15%</td>
<td>7%</td>
<td>10%</td>
<td>27%</td>
<td>28%</td>
<td>13%</td>
</tr>
<tr>
<td>MODERNA</td>
<td>15%</td>
<td>9%</td>
<td>9%</td>
<td>26%</td>
<td>28%</td>
<td>14%</td>
</tr>
<tr>
<td>NOVOVAX</td>
<td>15%</td>
<td>7%</td>
<td>9%</td>
<td>26%</td>
<td>29%</td>
<td>14%</td>
</tr>
<tr>
<td>PFIZER</td>
<td>14%</td>
<td>8%</td>
<td>8%</td>
<td>27%</td>
<td>29%</td>
<td>13%</td>
</tr>
<tr>
<td>COVOVAX</td>
<td>14%</td>
<td>7%</td>
<td>9%</td>
<td>27%</td>
<td>29%</td>
<td>13%</td>
</tr>
<tr>
<td>SINOVAC</td>
<td>14%</td>
<td>8%</td>
<td>9%</td>
<td>29%</td>
<td>27%</td>
<td>14%</td>
</tr>
<tr>
<td>SINOPHARM</td>
<td>14%</td>
<td>7%</td>
<td>9%</td>
<td>28%</td>
<td>29%</td>
<td>13%</td>
</tr>
</tbody>
</table>

All interviews: n= 1,058

Unvaccinated: n= 872

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MOTIVATION AND REASONS FOR REFUSAL

Amongst those who are unvaccinated and are either unsure about getting a COVID-19 vaccine or outright refused, we asked them what would make them more likely to get a vaccine, and secondly what their reasons for refusing a vaccine are...

19% If the vaccine was proven to be safe

Highest amongst healthcare workers, those who have seen COVID-related disinformation, women over 35, and those who are retired or disabled.

17% If the government made a vaccine mandatory

Highest amongst University educated populations, those who agree the Government have handled the pandemic well, and women over 55.

13% If I needed to have a vaccine to access health services

Highest amongst males over 35, those with children < 18 years old, rural populations and those in the Far North.

17% If my employer required me to get one

Highest amongst men, 18-24 year olds, University educated, and rural populations.

25% I do not feel I am at risk of catching the virus

Highest amongst men under 35, students, and rural populations.

25% I do not yet know enough about the vaccine to make a decision

Highest amongst 18-24 year olds, University educated and those who have been exposed to Covid-19 related misinformation.

15% I am worried that I will get seriously ill/die from the vaccine

Highest amongst women over 35 and those who do not believe COVID-19 vaccines are safe.

16% I do not believe the virus exists

Highest amongst men over 35, vaccine hesitant, and those without children < 18 years old.
PERCEIVED THREAT OF COVID-19: ALL COUNTRIES

RANKING THE LEVEL OF PERSONAL THREAT... THOSE WHO NET AGREE THERE IS HIGH/MODERATE THREAT...

80% Malaria
63% Lack of access to food
72% Lack of access to clean water
46% COVID-19
46% Tuberculosis
45% HIV/AIDS

PERSONAL THREAT FROM COVID-19: BY COUNTRIES SURVEYED

Uganda 85% NET: High/ moderate threat 15% NET: Low/ no threat
Mali 82% 17%
Kenya 79% 20%
Cote D’Ivorie 77% 19%
South Africa 75% 21%
Senegal 70% 28%
Ghana 69% 30%
DRC 67% 30%

Liberia 65% 31% 5%
South Sudan 62% 33% 5%
Nigeria 53% 41%
Sierra Leone 56% 42%
Cameroon 46% 49% 5%
Niger 41% 55% 5%

AVERAGE - 67%

Don’t know

All interviews: n= 15,375

Cameroon: n= 1,058

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Malaria
Lack of access to food
Lack of access to clean water
COVID-19
Tuberculosis
HIV/AIDS

NET: High/ moderate threat  NET: Low/ no threat  Don’t know
### Perceived Threat of COVID-19: Cameroon

**Those Who Net Agree There Is High/Moderate Threat From COVID-19**

<table>
<thead>
<tr>
<th>Region</th>
<th>High/Moderate Threat</th>
<th>Low/No Threat</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>79%</td>
<td>21%</td>
<td>0%</td>
</tr>
<tr>
<td>Southwest</td>
<td>64%</td>
<td>31%</td>
<td>5%</td>
</tr>
<tr>
<td>Center</td>
<td>62%</td>
<td>32%</td>
<td>6%</td>
</tr>
<tr>
<td>Northwest</td>
<td>55%</td>
<td>40%</td>
<td>5%</td>
</tr>
<tr>
<td>West</td>
<td>55%</td>
<td>41%</td>
<td>4%</td>
</tr>
<tr>
<td>Adamawa</td>
<td>50%</td>
<td>48%</td>
<td>2%</td>
</tr>
<tr>
<td>Littoral</td>
<td>48%</td>
<td>47%</td>
<td>5%</td>
</tr>
<tr>
<td>Ondo</td>
<td>44%</td>
<td>50%</td>
<td>6%</td>
</tr>
<tr>
<td>East</td>
<td>33%</td>
<td>61%</td>
<td>6%</td>
</tr>
<tr>
<td>North</td>
<td>29%</td>
<td>68%</td>
<td>2%</td>
</tr>
<tr>
<td>Kano</td>
<td>29%</td>
<td>71%</td>
<td>0%</td>
</tr>
<tr>
<td>Far North</td>
<td>11%</td>
<td>82%</td>
<td>7%</td>
</tr>
</tbody>
</table>

**By Region**

- **University educated**: 61%
- **Women under 35**: 55%
- **Urban**: 55%

**Average**: 58%

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All interviews: n= 1,058
PERCEPTIONS OF THE EXAGGERATION OF COVID-19

PROPORTION OF PARTICIPANTS WHO BELIEVE THAT THREAT FROM COVID-19 IS EXAGGERATED, UNDERESTIMATED OR ABOUT RIGHT

Survey data shows there is some variation in demographics amongst those who feel the threat from COVID-19 is exaggerated.

As well as women and 18-24 year olds agreeing with the sentiment that the threat is exaggerated, it is also higher amongst:

- Those who **disagree** that the government handled the pandemic well
- Those who are **University educated**

The main differences we observe are across regions (see next slide).

<table>
<thead>
<tr>
<th></th>
<th>Generally exaggerated</th>
<th>Generally correct</th>
<th>Generally underestimated</th>
<th>I have not heard of it before</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>27%</td>
<td>29%</td>
<td>5%</td>
<td>5%</td>
<td>29%</td>
</tr>
<tr>
<td>Men</td>
<td>28%</td>
<td>30%</td>
<td>29%</td>
<td>30%</td>
<td>32%</td>
</tr>
<tr>
<td>Women</td>
<td>26%</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
<td>30%</td>
</tr>
<tr>
<td>18-24</td>
<td>28%</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
<td>30%</td>
</tr>
<tr>
<td>25-34</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>32%</td>
</tr>
<tr>
<td>35-44</td>
<td>22%</td>
<td>30%</td>
<td>38%</td>
<td>38%</td>
<td>36%</td>
</tr>
<tr>
<td>45-54</td>
<td>23%</td>
<td>32%</td>
<td>36%</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>55+</td>
<td>22%</td>
<td>30%</td>
<td>30%</td>
<td>32%</td>
<td>35%</td>
</tr>
</tbody>
</table>

All interviews: n= 1,058
PERCEPTIONS OF THE EXAGGERATION OF COVID-19

PROPORTION OF PARTICIPANTS WHO BELIEVE THAT THREAT FROM COVID-19 IS EXAGGERATED, UNDERESTIMATED OR ABOUT RIGHT: BY REGION

All interviews: n= 1,058

<table>
<thead>
<tr>
<th>Region</th>
<th>Exaggerated</th>
<th>Correct</th>
<th>Underestimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>28%</td>
<td>46%</td>
<td>26%</td>
</tr>
<tr>
<td>Center</td>
<td>31%</td>
<td>44%</td>
<td>24%</td>
</tr>
<tr>
<td>South</td>
<td>19%</td>
<td>37%</td>
<td>44%</td>
</tr>
<tr>
<td>West</td>
<td>5%</td>
<td>26%</td>
<td>31%</td>
</tr>
<tr>
<td>Littoral</td>
<td>5%</td>
<td>18%</td>
<td>41%</td>
</tr>
<tr>
<td>North</td>
<td>5%</td>
<td>16%</td>
<td>41%</td>
</tr>
<tr>
<td>Northwest</td>
<td>6%</td>
<td>20%</td>
<td>35%</td>
</tr>
<tr>
<td>East</td>
<td>8%</td>
<td>58%</td>
<td>8%</td>
</tr>
<tr>
<td>Southwest</td>
<td>29%</td>
<td>43%</td>
<td>24%</td>
</tr>
<tr>
<td>Far North</td>
<td>10%</td>
<td>24%</td>
<td>23%</td>
</tr>
</tbody>
</table>
There are large differences in the extent to which participants NET agree with statements on the VCI Index for COVID-19 vaccines vs. vaccines in general. Participants in Cameroon are much more hesitant towards COVID-19 vaccines than vaccines in general. 3 in 5 believe vaccines are compatible with their religious beliefs.

Those who are less likely to agree with statements in the index are...

- Women
- University educated
- Urban
- Unvaccinated against COVID-19
### MIS/DISINFORMATION

#### EXPOSURE TO COVID-19 DISINFORMATION (A LOT/SOME) - SIMILAR INTERNET PENETRATION COMPARISON

<table>
<thead>
<tr>
<th>Internet Penetration</th>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>53%</td>
<td>Ghana</td>
<td>73%</td>
</tr>
<tr>
<td>46%</td>
<td>Senegal</td>
<td>72%</td>
</tr>
<tr>
<td>42%</td>
<td>Kenya</td>
<td>65%</td>
</tr>
<tr>
<td>38%</td>
<td>Cameroon</td>
<td>64%</td>
</tr>
<tr>
<td>51%</td>
<td>Nigeria</td>
<td>58%</td>
</tr>
</tbody>
</table>

When comparing to countries with similar internet penetration, Cameroon has the second lowest percentage of self-reported exposure to mis/disinformation.

#### SOURCES OF MIS/DISINFORMATION

- **25%** Family or friends
- **34%** Social media
- **40%** TV
- **25%** Radio
- **21%** Internet

70% of respondents also cited that they trust their family or friends for reassurance about the COVID-19 vaccine. This was on par with the WHO (73%) and behind religious leaders at 65%.

### PROPORTION OF PEOPLE WHO BELIEVE STORIES OR INFORMATION AROUND COVID-19 TO BE TRUE OR FALSE

- **People in Africa are being used as guinea pigs in vaccine trials**
  - Yes, true: 37%
  - Yes, false: 7%
  - Yes, but don’t know enough: 17%
  - Not heard: 35%

- **Our government supports a new COVID-19 vaccine to further its own interests (e.g. for financial gain)**
  - Yes, true: 32%
  - Yes, false: 7%
  - Yes, but don’t know enough: 16%
  - Not heard: 41%

- **The vaccines offered in Africa are inferior to others elsewhere in the world (for example Europe)**
  - Yes, true: 31%
  - Yes, false: 8%
  - Yes, but don’t know enough: 15%
  - Not heard: 43%

- **COVID-19 is a planned event by foreign actors/governments**
  - Yes, true: 29%
  - Yes, false: 5%
  - Yes, but don’t know enough: 14%
  - Not heard: 48%

- **Drinking plenty of water helps prevent you from catching COVID-19**
  - Yes, true: 17%
  - Yes, false: 9%
  - Yes, but don’t know enough: 12%
  - Not heard: 58%