

AFRICA CDC WORKING GROUP KENYA REPORT

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE

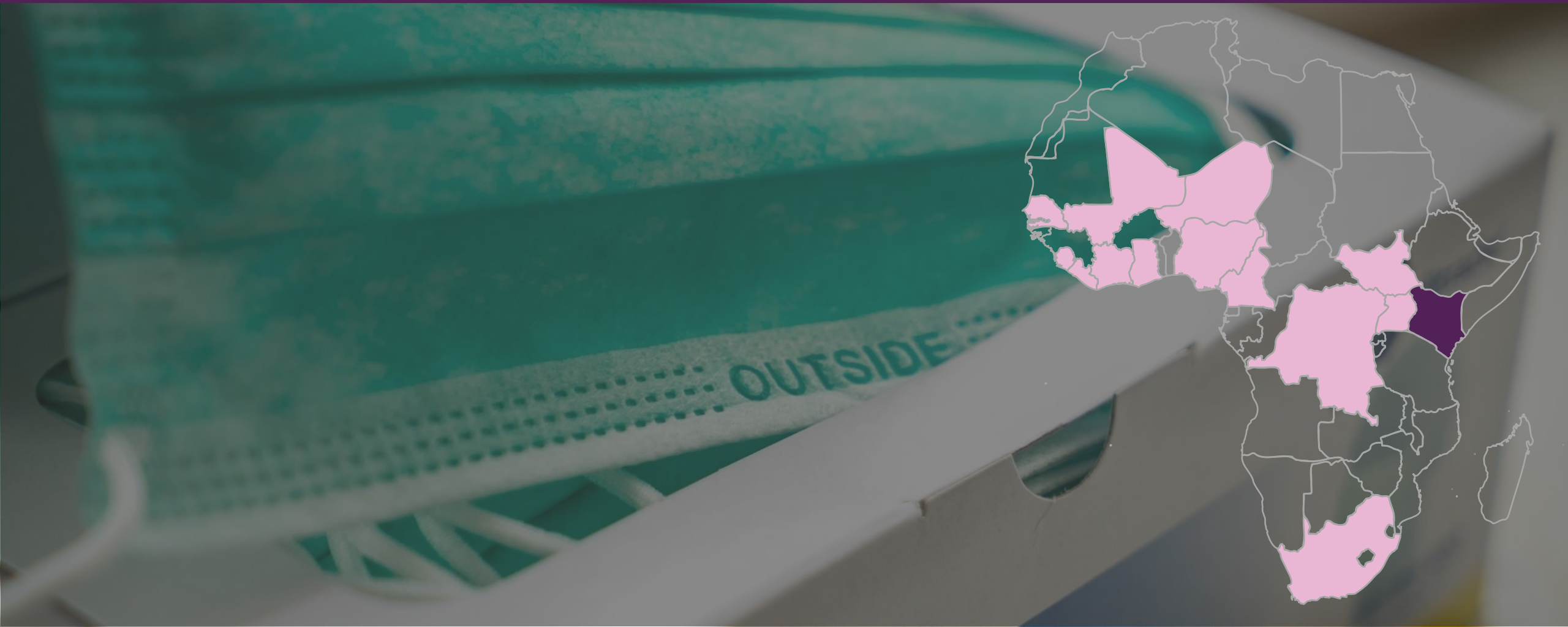


AFRICA CDC
Centres for Disease Control and Prevention
Safeguarding Africa's Health



VACCINE
CONFIDENCE
PROJECT™

ORIB
International



METHODOLOGY

1,024 Interviews in Kenya

1/4 Quarterly fieldwork planned for 2022

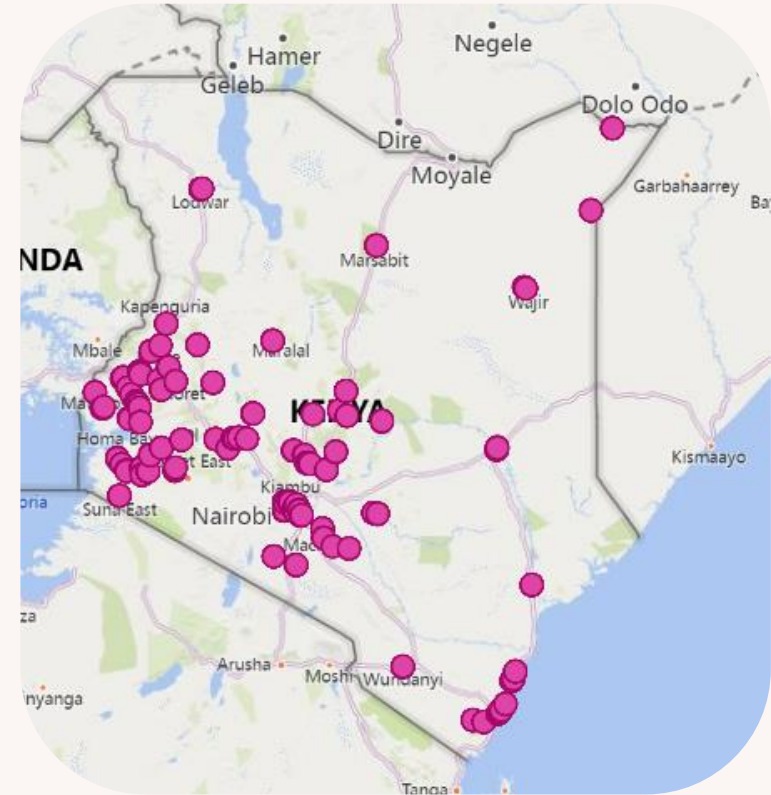
QC Quality control checked by in-country research teams and centrally in London, UK

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

TOPLINE FINDINGS STRUCTURE

- 1. VACCINES DEPLOYED VS VACCINES ADMINISTERED**
- 2. DEMAND FOR COVID-19 VACCINES**
- 3. VCI INDEX**
- 4. MIS/DISINFORMATION**

LOCATIONS SURVEYED IN KENYA



● = Sampling units

COVID-19 VACCINES DEPLOYED VS ADMINISTERED

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

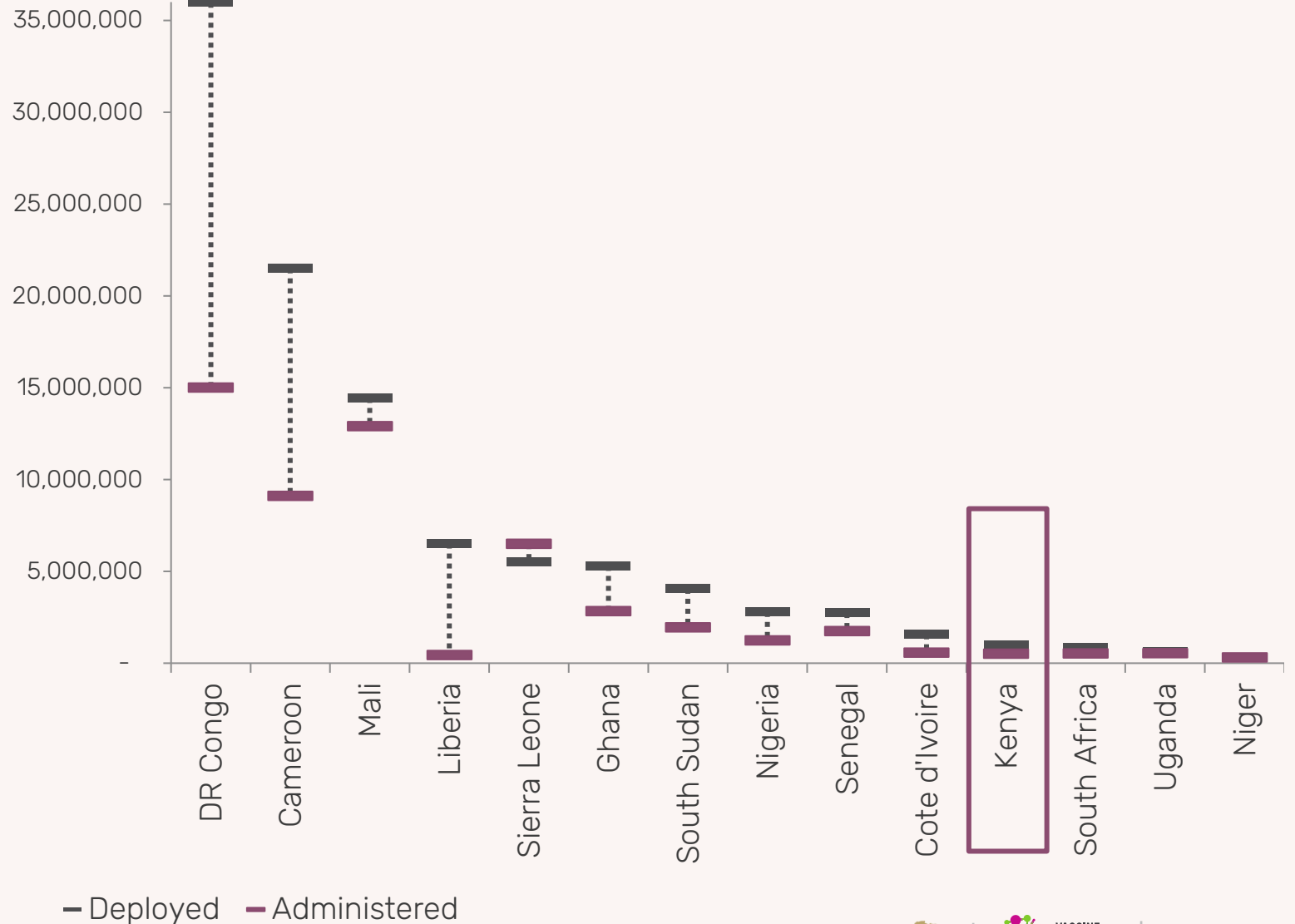
227m More than twice the amount delivered since Nov-21

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

990k Vaccines delivered to Kenya

500k Vaccines administered in Kenya

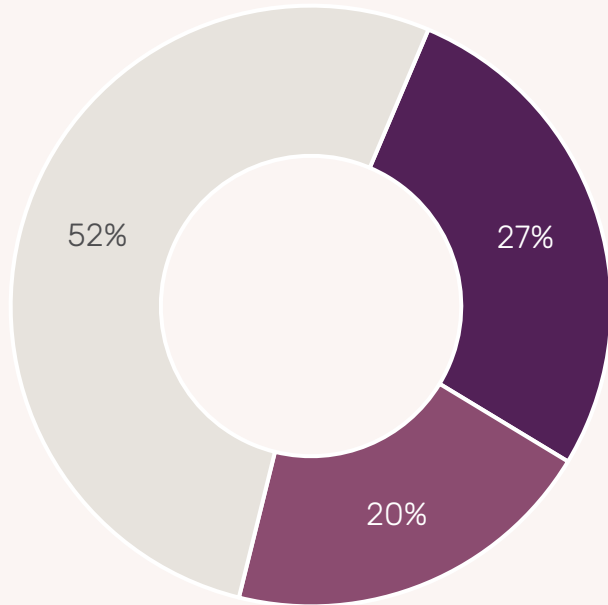
COVID-19 VACCINES DEPLOYED VS ADMINISTERED JAN-22 BY COUNTRIES SURVEYED



Based on Africa CDC data provided to ORB International

THE VACCINATED

48% of participants in Kenya have received either one or two doses of the COVID-19 vaccine.



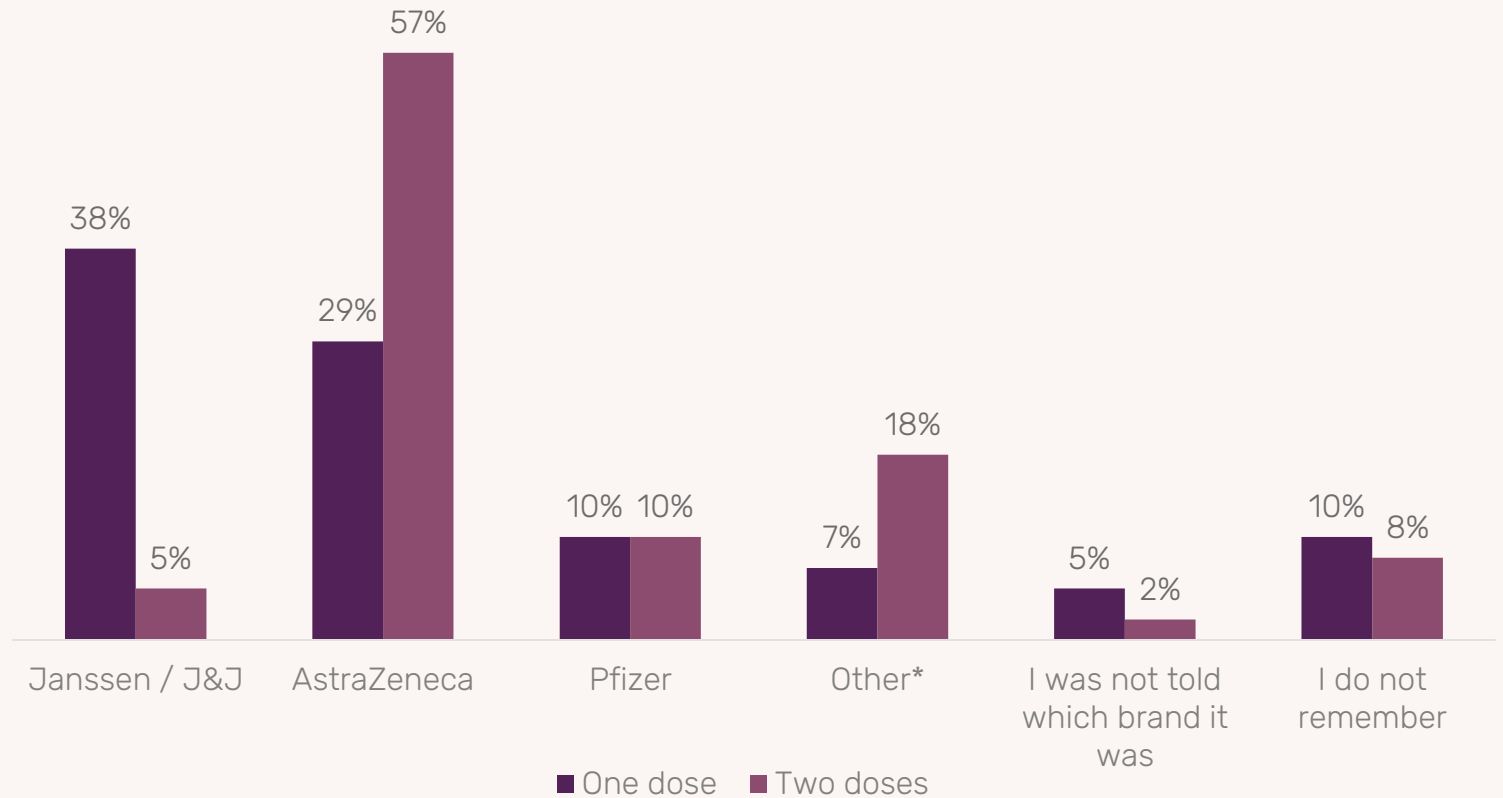
■ One dose ■ Two doses □ Unvaccinated

All interviews: n= 1,024

Janssen / J&J and AstraZeneca are the most common brand of vaccine for respondents who have only received one dose. More than half of respondents (57%) had AstraZeneca as their second vaccine.

Most respondents were told which brand of vaccine they had been administered for both their first and second dose.

COVID-19 VACCINES ADMINISTERED: BY BRAND



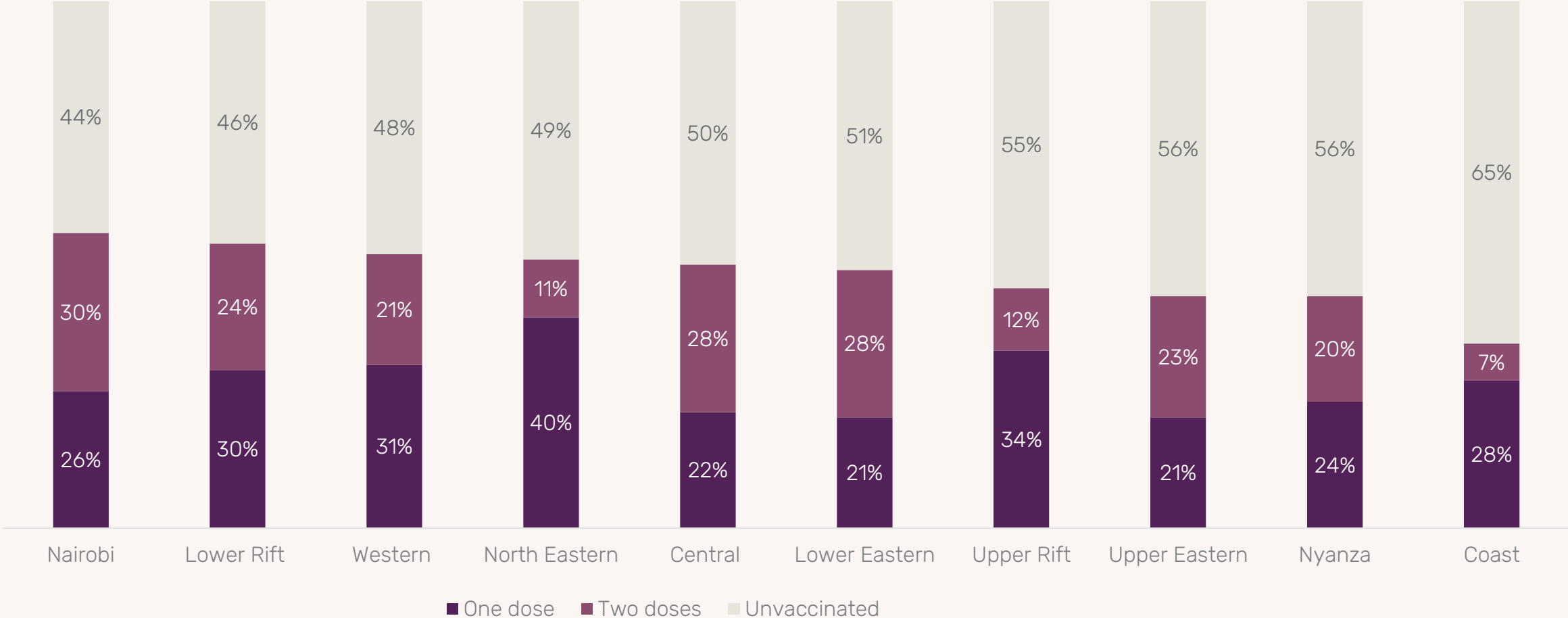
All vaccinated: n= 280

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

THE VACCINATED

COVID-19 VACCINES ADMINISTERED: KENYA

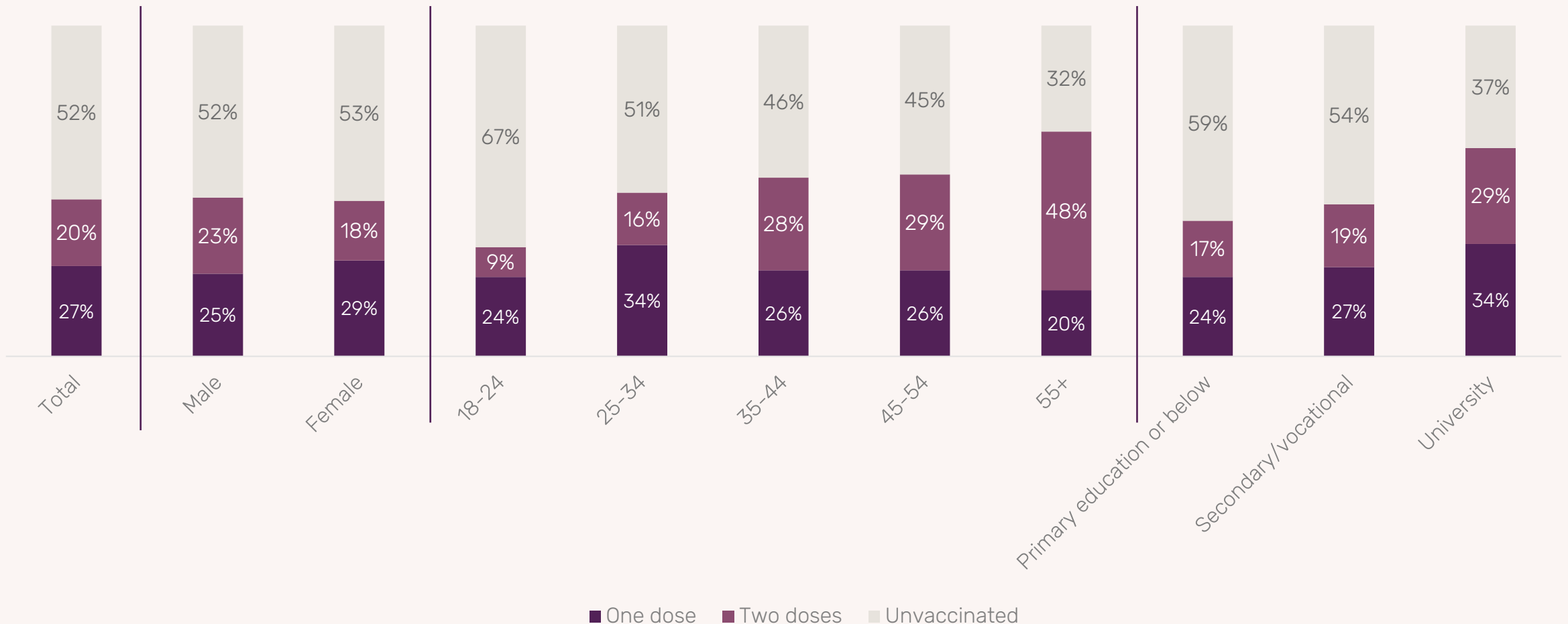
A breakdown of those who have received COVID-19 vaccines shows few regional differences. The Coast region has the highest rate of unvaccinated, and the lowest percentage of respondents with their second vaccine.



THE VACCINATED

COVID-19 VACCINES ADMINISTERED: KENYA

Though there are no gender differences between the unvaccinated, female respondents are less likely to have received their second dose of vaccine. There is a clear correlation between age and vaccine take-up, with those aged **18-24** more likely to be unvaccinated. There is also a relationship between vaccine take-up and level of education, with more **university educated** respondents reporting to be vaccinated.



DEMAND FOR COVID-19 VACCINES: THE UNVACCINATED

Unvaccinated respondents are more likely to accept a vaccine to protect their friends, family and/or at-risk groups than to protect themselves. Around 7 in 10 participants reported they are likely to accept a vaccine for children in their care.

NET REFUSAL HIGHER AMONGST...

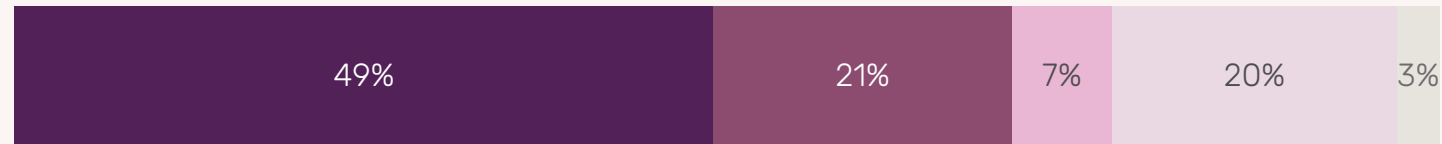
32% Those who are hesitant across the VCI Index (safety, effectiveness and importance)

38% Men under 35

40% Those who disagree the government handled the pandemic 'well' (compared to 21% of think the government did)

48% Those who think COVID-19 vaccines are unsafe

COVID-19 VACCINE ACCEPTANCE: TO PROTECT MYSELF



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



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



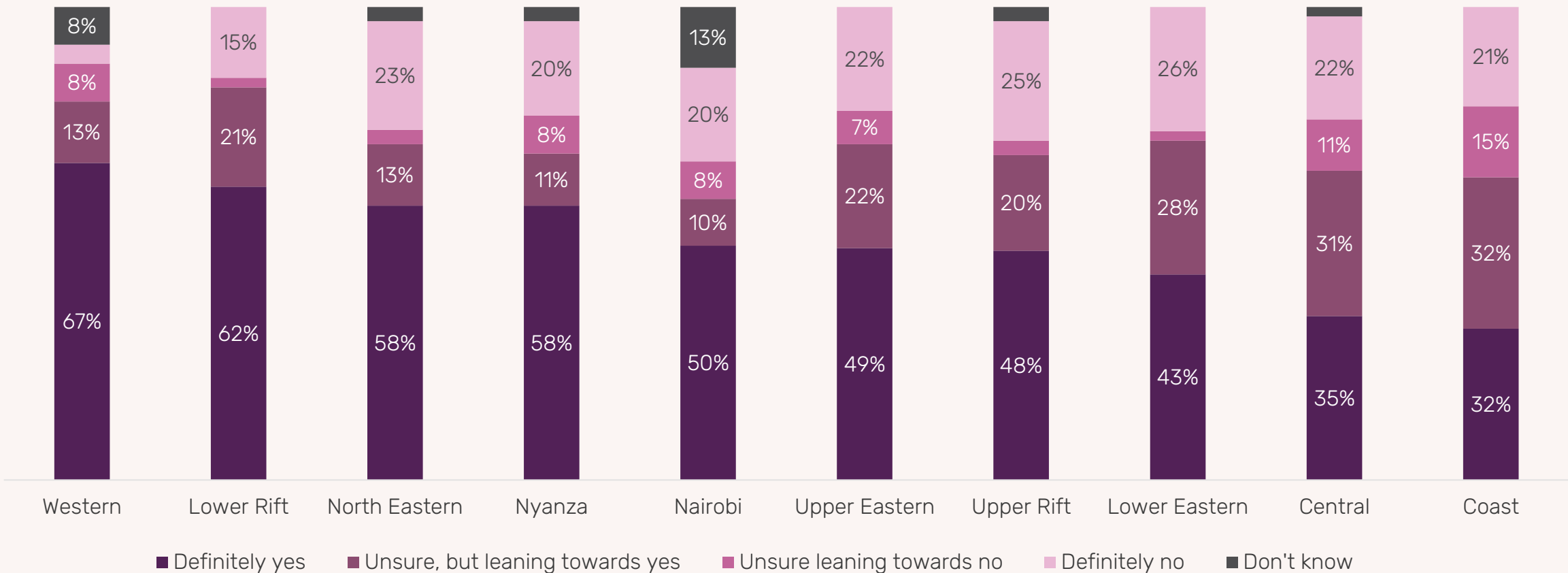
■ Definitely yes ■ Unsure, but leaning towards yes ■ Unsure leaning towards no ■ Definitely no ■ Don't know

DEMAND FOR COVID-19 VACCINES: THE UNVACCINATED

There are few regional differences for those who are unvaccinated and willing to accept a COVID-19 vaccine. Overall, willingness to accept a COVID-19 vaccine is high, with **more than half of respondents demonstrating definitive attitudes towards accepting a COVID-19 vaccine** in Western, Lower Rift, North Eastern, Nyanza, and Nairobi regions.

Central and Coast regions have a greater proportion of respondents reporting uncertainty around whether they would accept the vaccine, with more than 4 in 10 suggesting they are unsure.

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



DEMAND FOR DIFFERENT COVID-19 VACCINE BRANDS

PARTICIPANTS RANKED THE IMPORTANCE OF ATTRIBUTES IF THEY WERE TO DECIDE WHICH BRAND OF VACCINE TO TAKE...

84% Agree it is **important** that the brand is recommended by a trusted healthcare practitioner

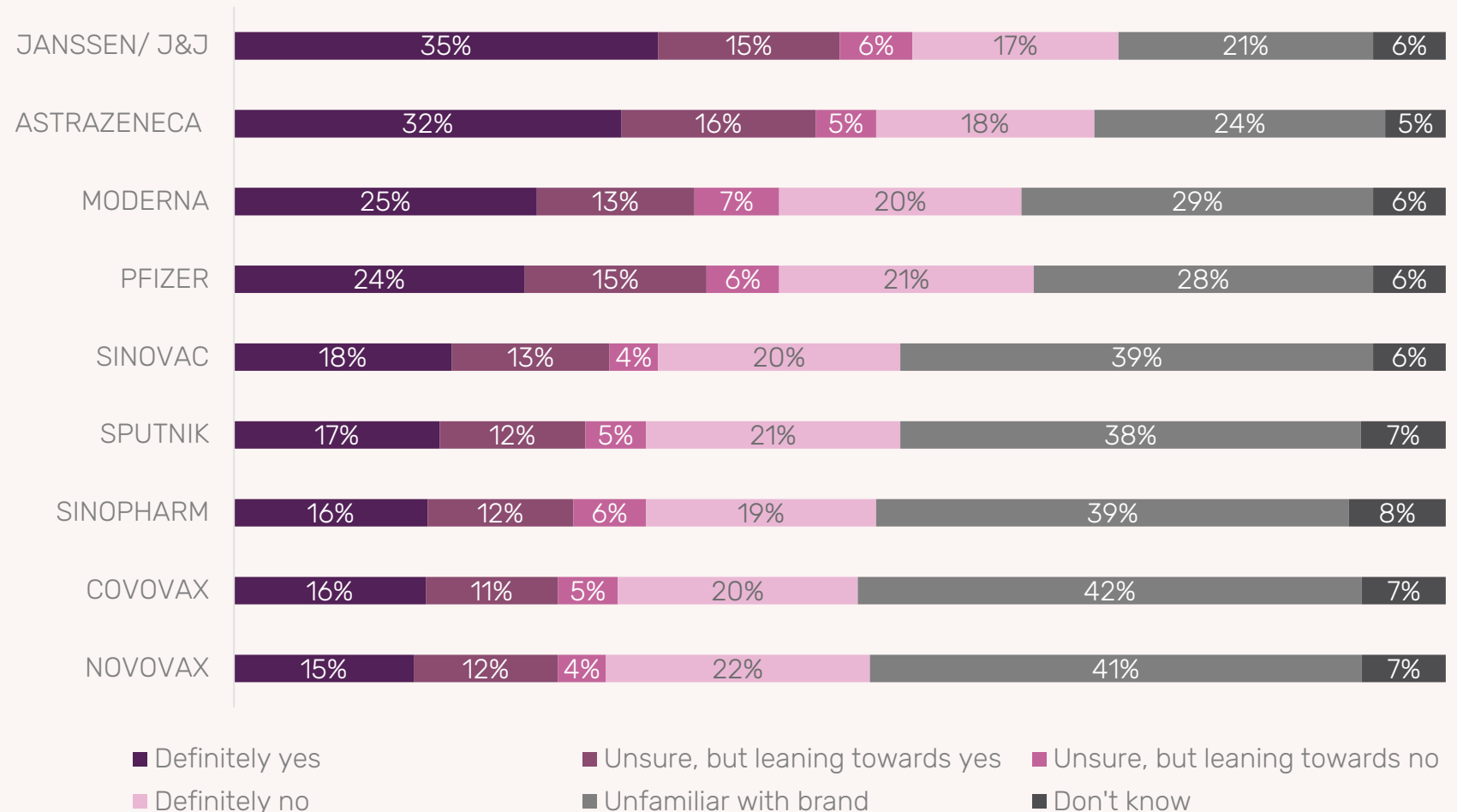
82% Agree that must be a **brand** that has a **good reputation**

72% Agree it must be developed in a country that makes them **confident of its quality**

79% Agree it is **important** it must be a **brand** they are **already familiar with**

All interviews: n= 1,024

COVID-19 VACCINE ACCEPTANCE: BY BRAND



Unvaccinated: n= 537

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...

29% If the vaccine was proven to be safe

Highest amongst **45-54 year olds, women, working, urban populations, and vaccine hesitant.**

17% If the government made a vaccine mandatory

Highest amongst **men under 35, secondary/vocational educated, students, and urban populations**

9% If I needed to have a vaccine to access health services

Highest amongst **women over 35 and students.**

5% If my employer required me to get one

Highest amongst **men, healthcare workers, secondary/vocational or university educated.**

27% I am worried that I will get seriously ill/die from the vaccine

Highest amongst **women, those aged 55+, students, and those exposed to some COVID-related disinformation.**

22% I do not yet know enough about the vaccine to make a decision

Highest amongst **men, under 45s, vaccine hesitant, those who disagree the government has handled the pandemic well.**

8% I do not feel I am at risk of catching the virus

Highest amongst **men, urban populations, and students.**

5% I do not believe the virus exists

Highest amongst **men, 45-54 year olds, and stay-at-home parents.**

PERCEIVED THREAT OF COVID-19: ALL COUNTRIES

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

79% COVID-19

67% HIV/AIDs

66% Malaria

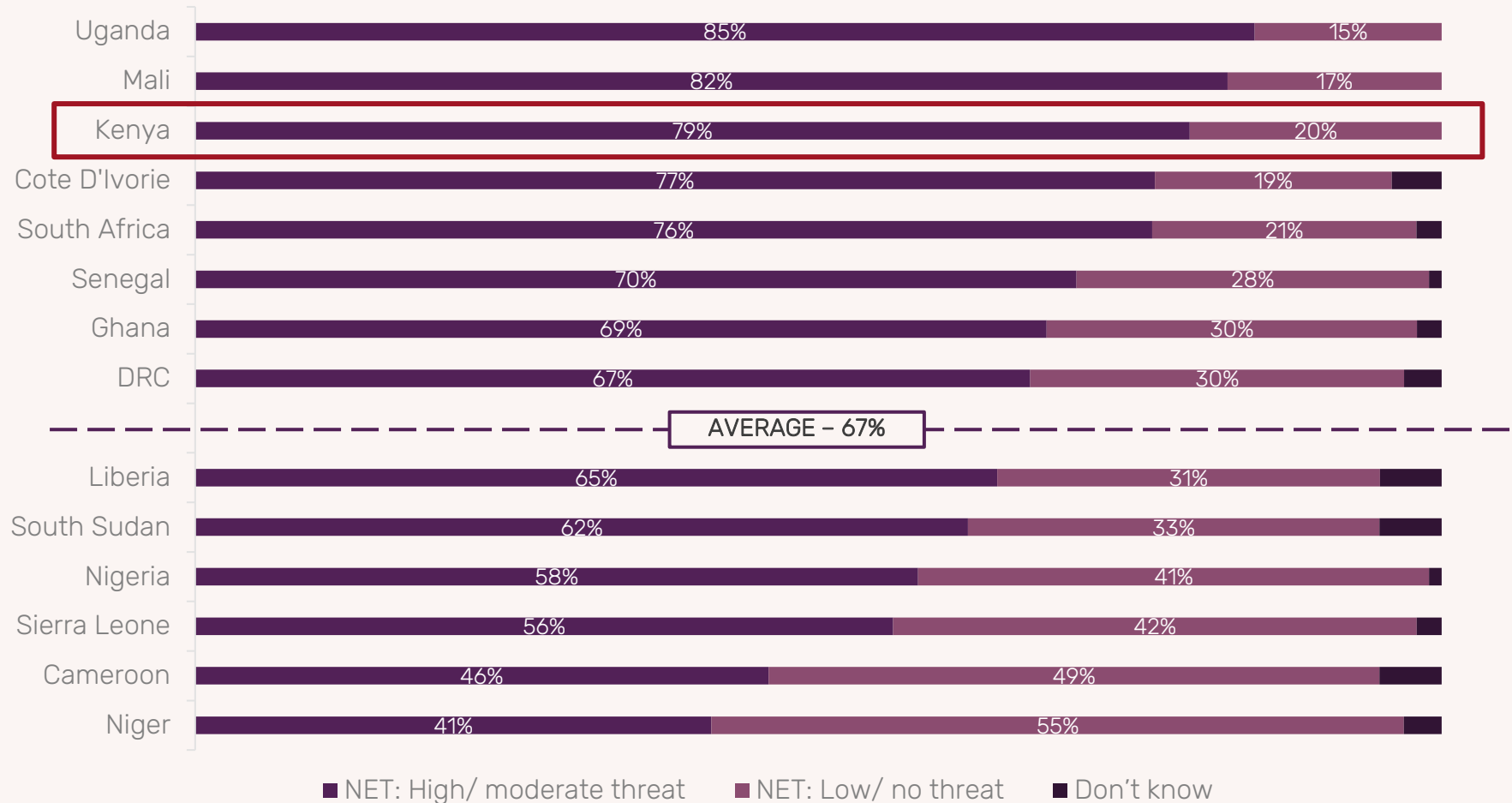
65% Lack of access to clean water

63% Lack of access to food

62% Tuberculosis

Kenya: n= 1,024

PERSONAL THREAT FROM COVID-19: BY COUNTRIES SURVEYED



All interviews: n= 15,375

PERCEIVED THREAT OF COVID-19: KENYA

THOSE WHO NET AGREE THERE IS HIGH/MODERATE THREAT FROM COVID-19

80% Vaccine confident group

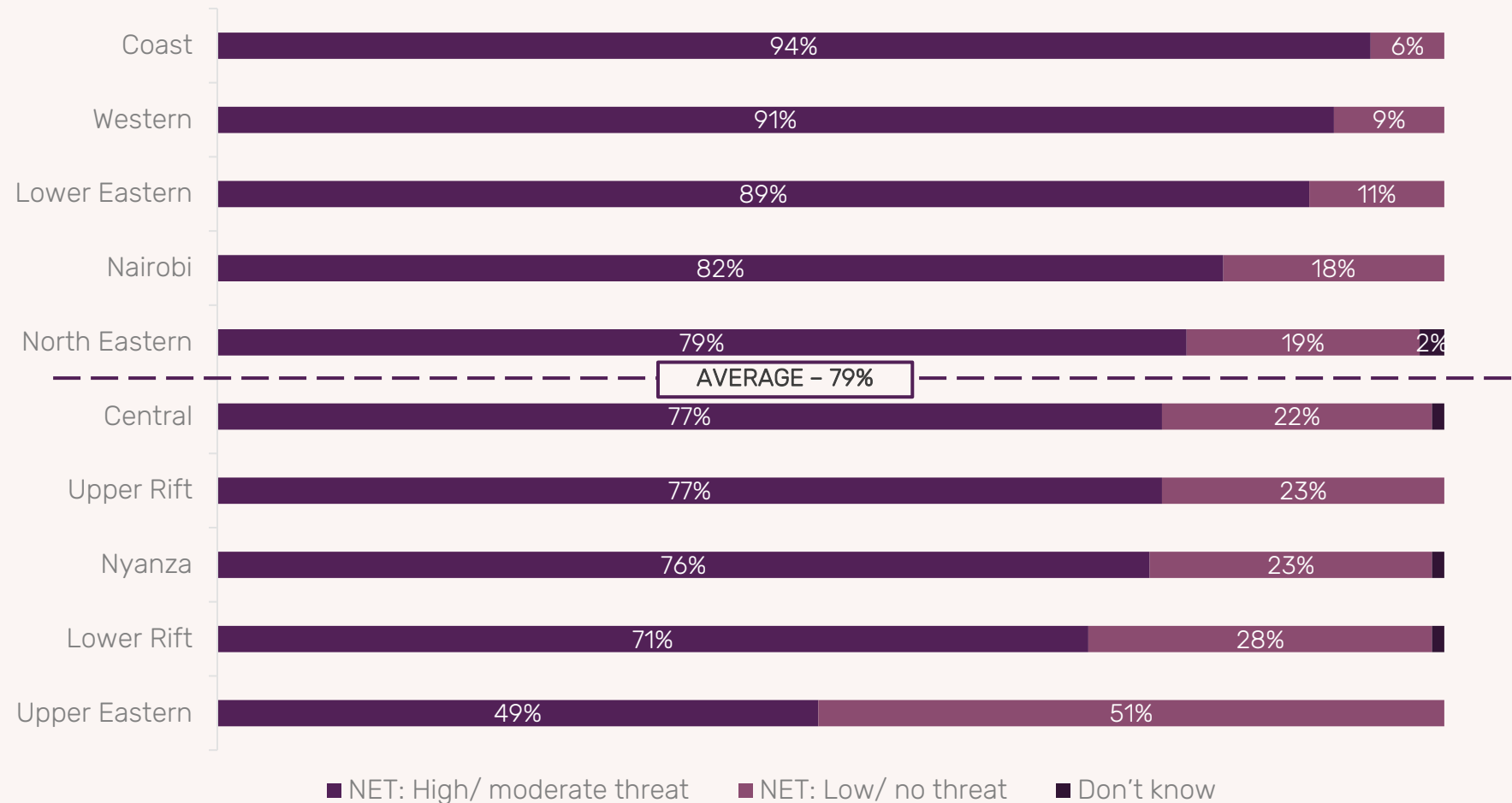
83% Unemployed

83% Urban

86% Healthcare workers

All interviews: n= 1,024

PERSONAL THREAT FROM COVID-19: BY REGION



All interviews: n= 1,024

PERCEPTIONS OF THE EXAGGERATION OF COVID-19

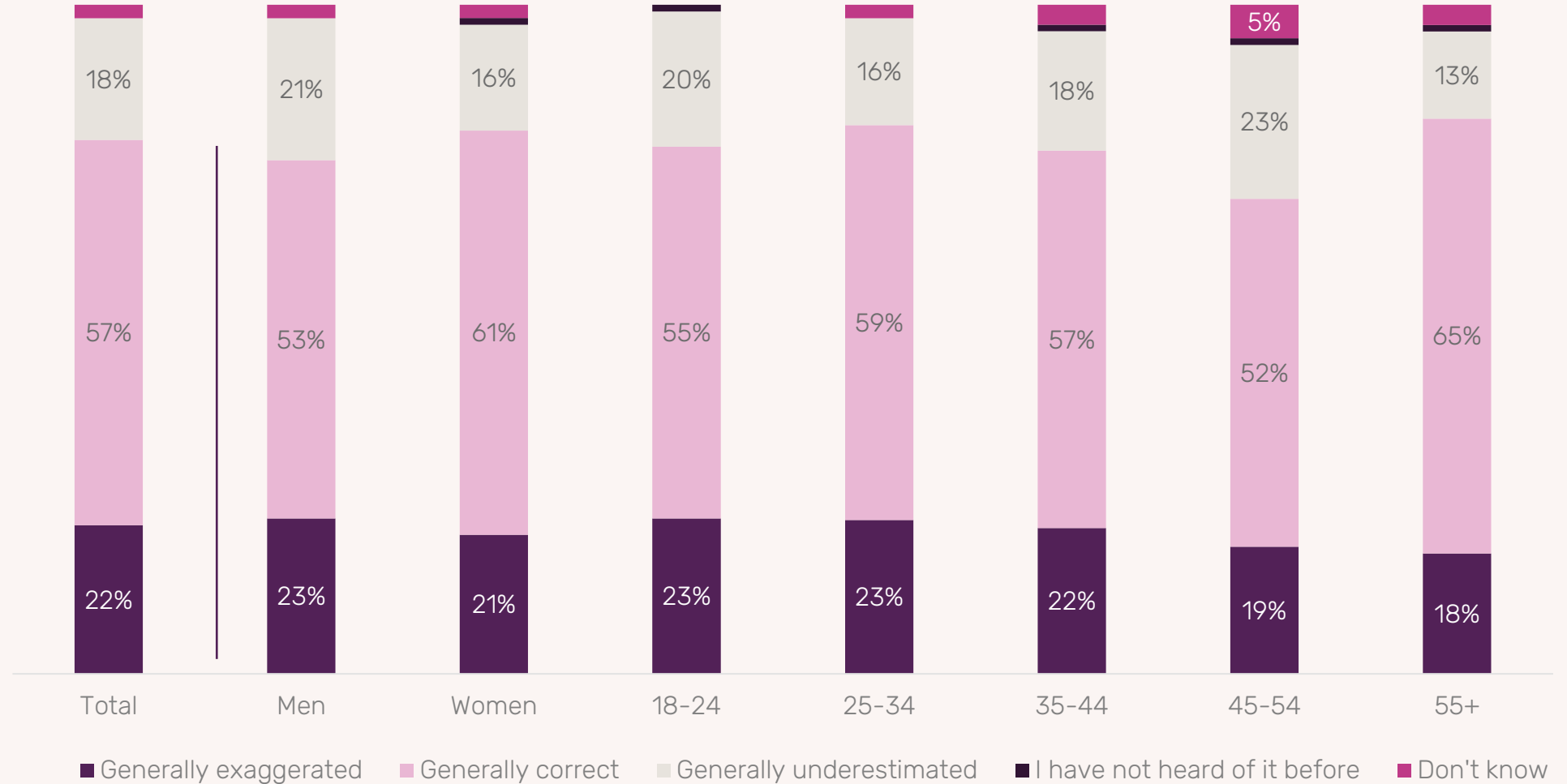
PROPORTION OF PARTICIPANTS WHO BELIEVE THAT THREAT FROM COVID-19 IS EXAGGERATED, UNDERESTIMATED OR ABOUT RIGHT

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

Those who are more likely to agree the threat is exaggerated:

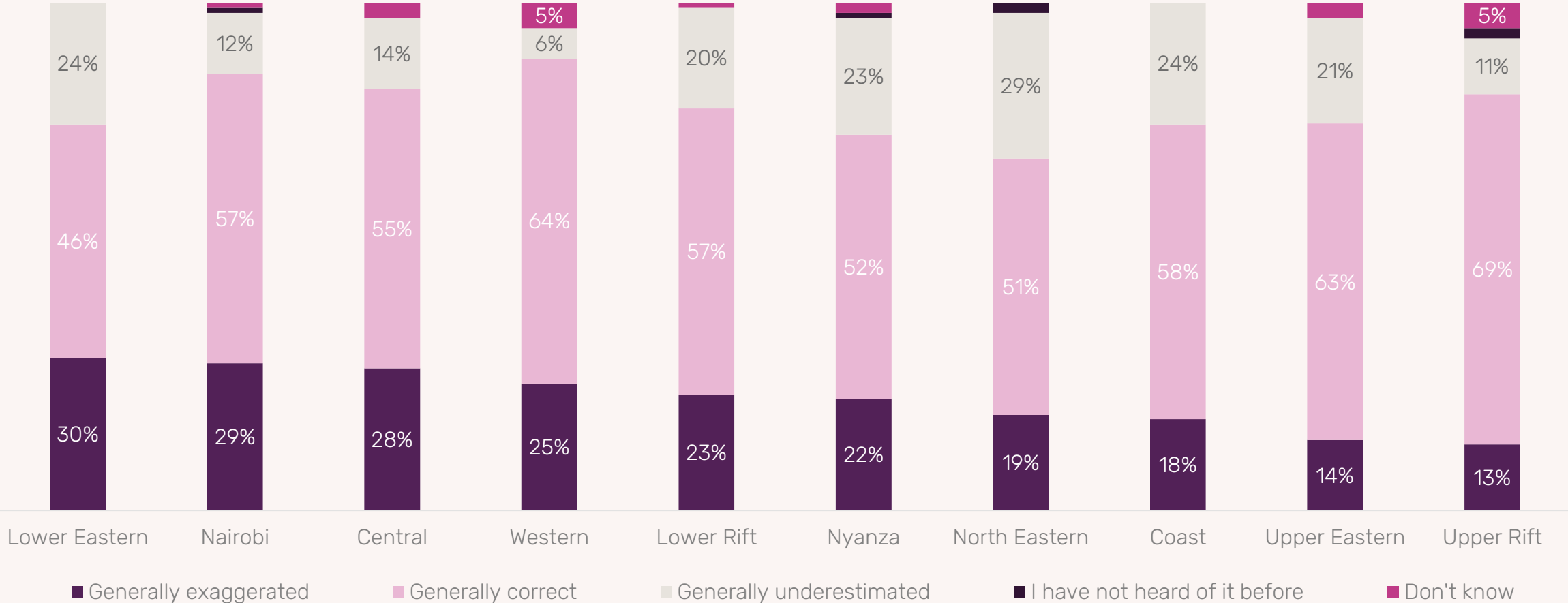
- Men under 35
- Students
- Urban populations
- Vaccine hesitant
- Those who disagree the government has handled the pandemic well

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



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

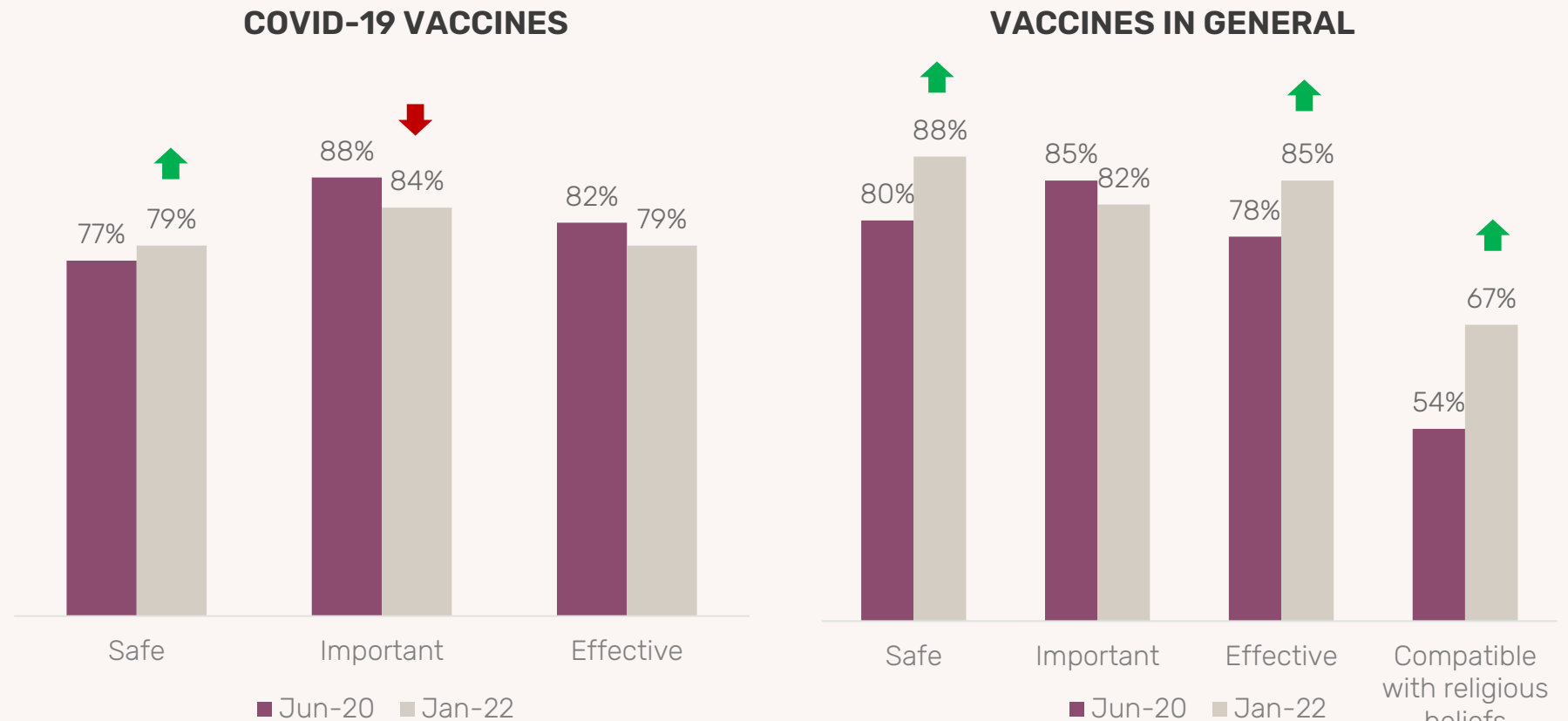


VCI INDEX: COTE D'IVOIRE

Between June 2020 and January 2022, there is a real mix of changes in opinion on VCI index statements for both COVID-19 and vaccines in general. Certainly there is a drastic increase in those who believe vaccines in general are compatible with religious beliefs.

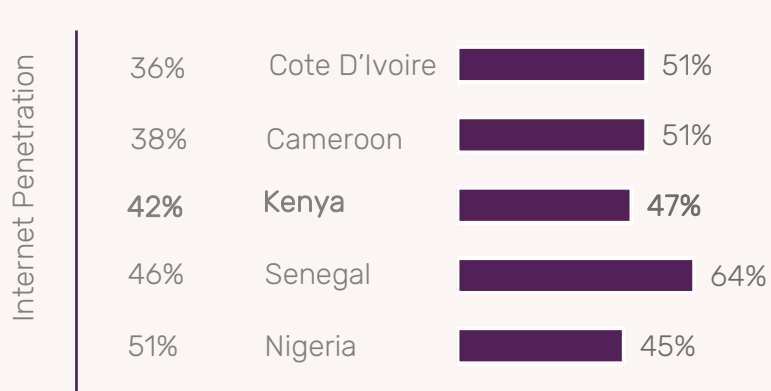
Those who are less likely to agree with statements in the index are...

- University educated
- Urban populations
- Non-healthcare workers
- Those who think the government have not handled the pandemic well
- Unvaccinated against COVID-19



MIS/DISINFORMATION

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



Of the 14 countries surveyed, Kenya's internet penetration falls within the top quartile.

When comparing to countries with similar internet penetration, Kenya has a relatively low amount of self-reported exposure to mis/disinformation.

SOURCES OF MIS/DISINFORMATION

41% Family or friends



78% of respondents also cited that they trust their family or friends for reassurance about the COVID-19 vaccine.

34% Social media

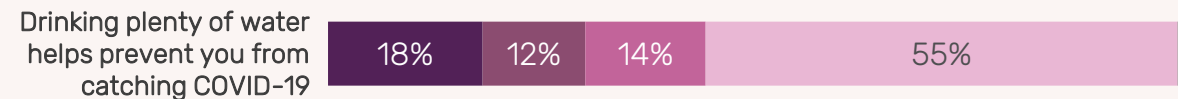
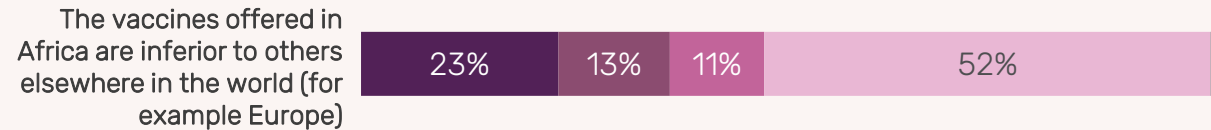
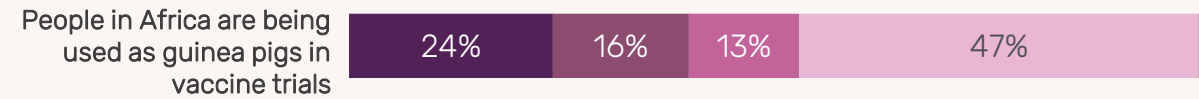
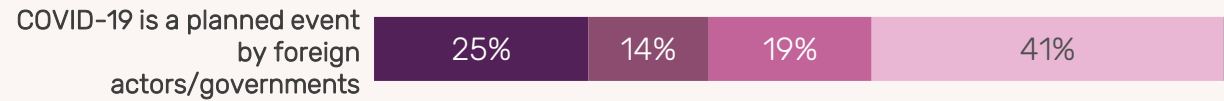
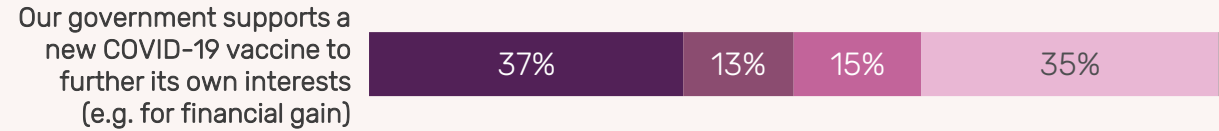
30% TV

26% Radio

14% Internet

This was on par with the government (78%) and pharmaceutical companies (78%) and behind the WHO (88%).

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



■ Yes, true ■ Yes, false ■ Yes, but don't know enough ■ Not heard ■ Don't know