

# AFRICA CDC WORKING GROUP SENEGAL 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

**1,152** Interviews in Senegal

**1/4** Quarterly fieldwork planned for 2022

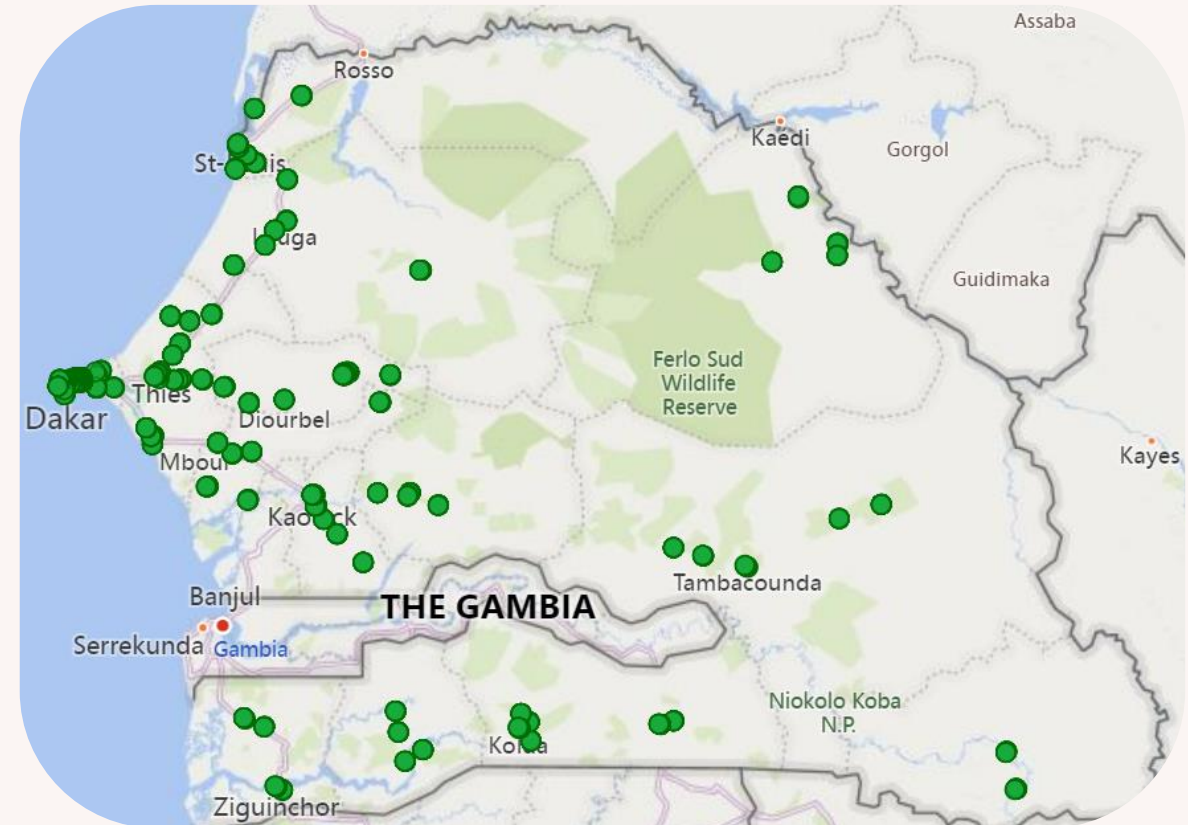
**QC** Quality control checked by in-country research teams and centrally in London, UK

**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 SENEGAL



● = Sampling units

# COVID-19 VACCINES DEPLOYED VS ADMINISTERED

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

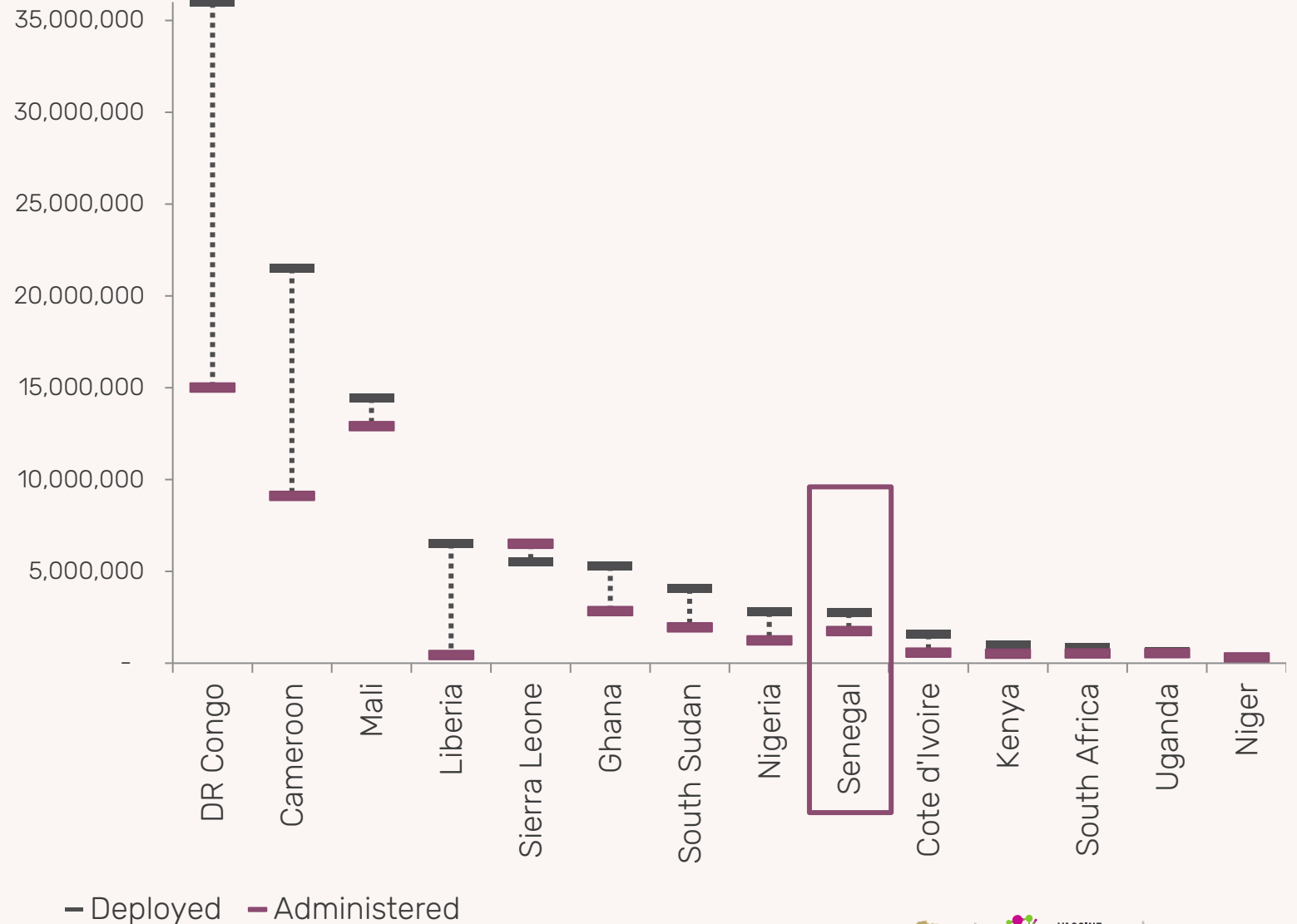
**227m** More than twice the amount delivered since Nov-21

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

**2.74m** Vaccines delivered to Senegal

**1.74m** Vaccines administered in Senegal

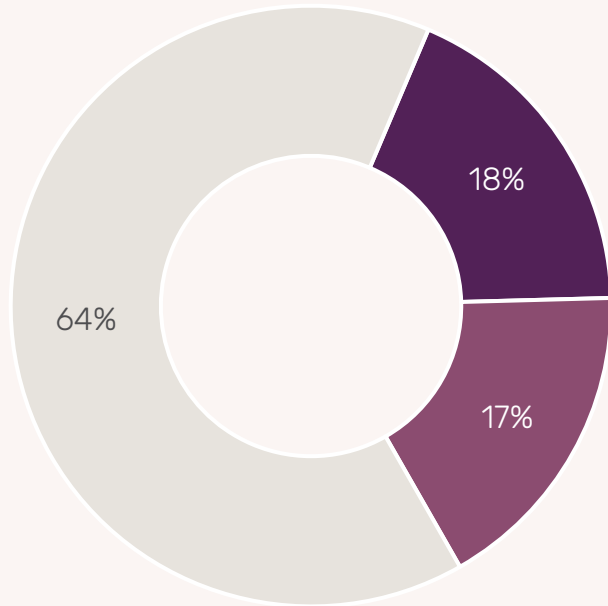
## COVID-19 VACCINES DEPLOYED VS ADMINISTERED JAN-22 BY COUNTRIES SURVEYED



Based on Africa CDC data provided to ORB International

# THE VACCINATED

36% of participants in Senegal have received either one or two doses of the COVID-19 vaccine.



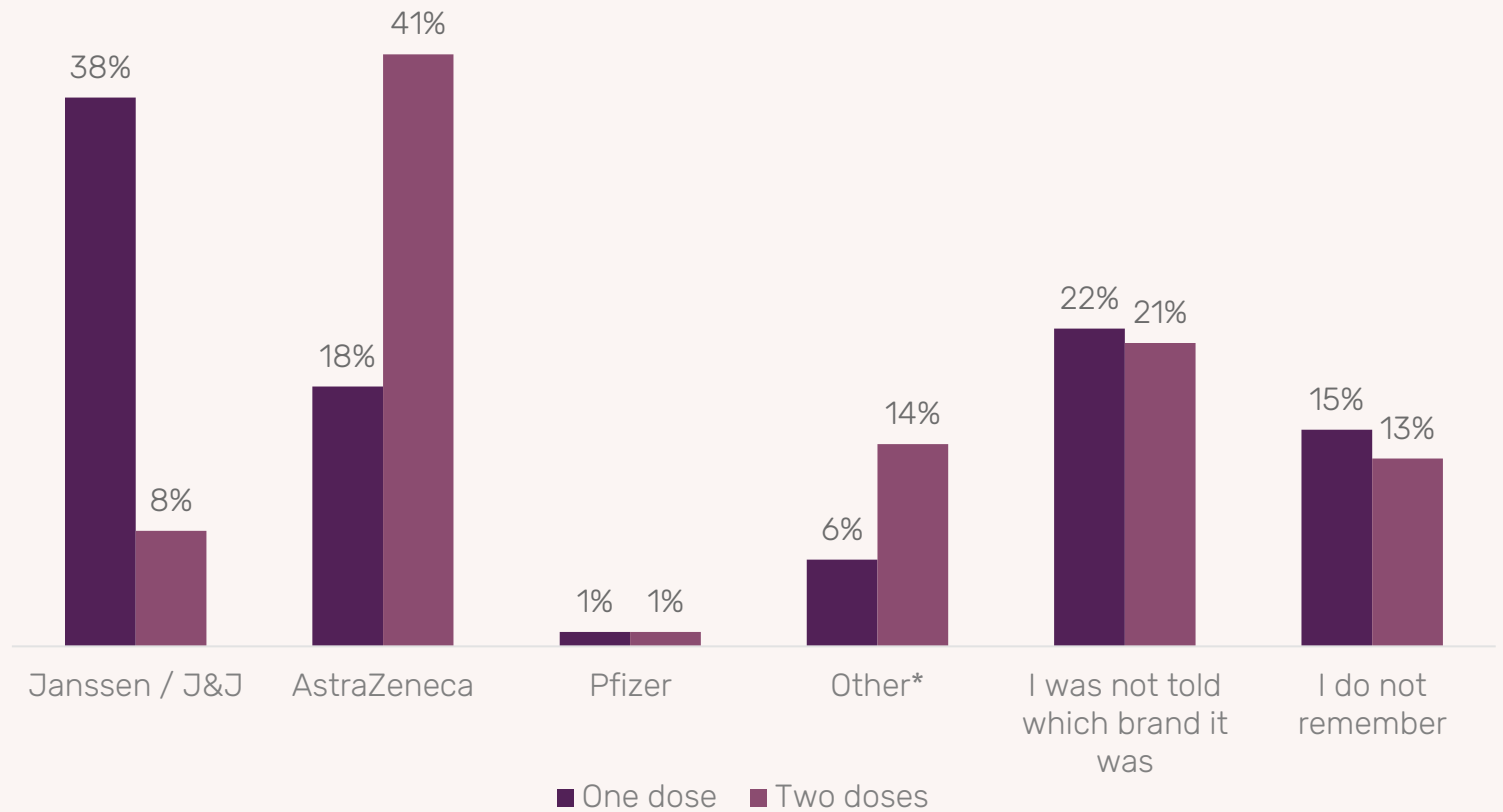
■ One dose ■ Two doses □ Unvaccinated

All interviews: n= 1,152

41% of those with two doses received an AstraZeneca vaccine, whilst 38% with one dose received a Janssen / J&J vaccine.

Around 1 in 5 participants were not told which brand they received for either doses.

## COVID-19 VACCINES ADMINISTERED: BY BRAND



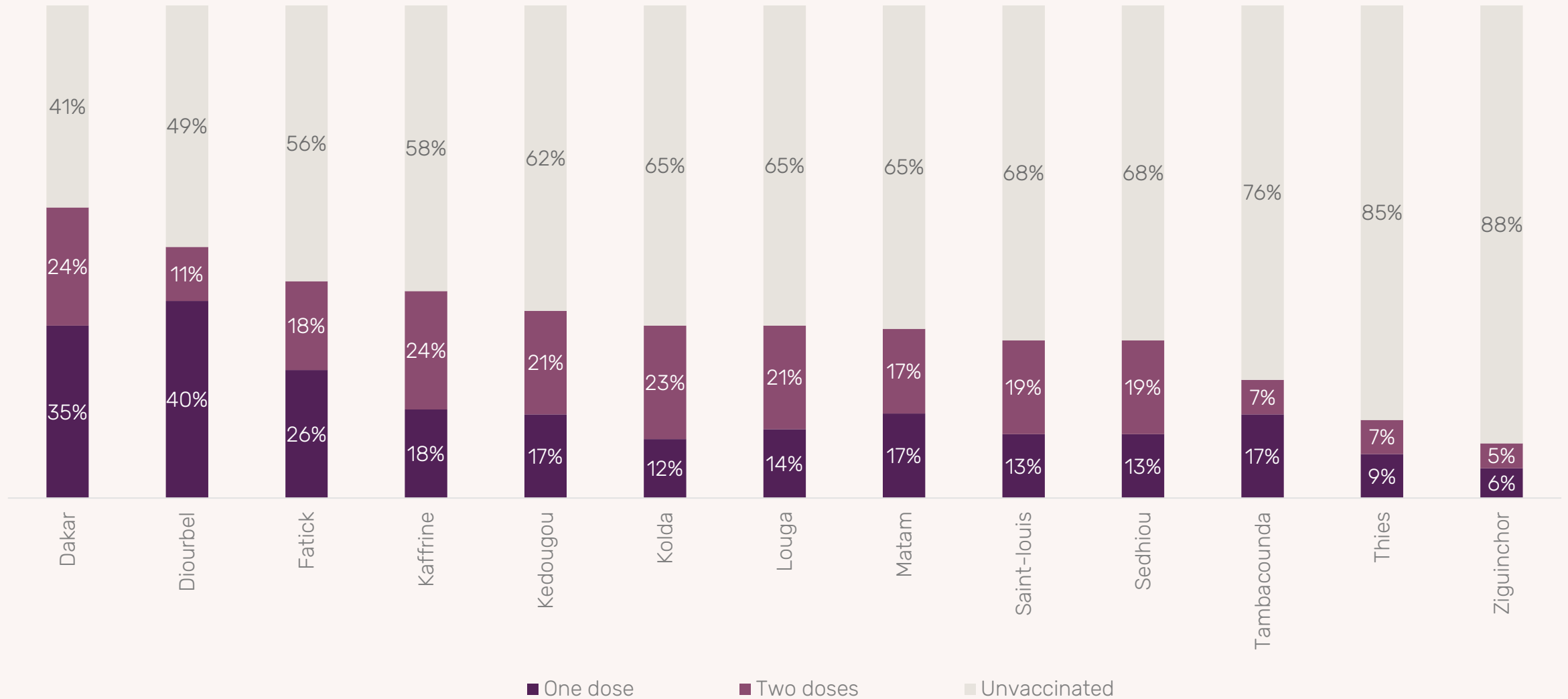
■ One dose ■ Two doses

All vaccinated: n=413

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

# THE VACCINATED

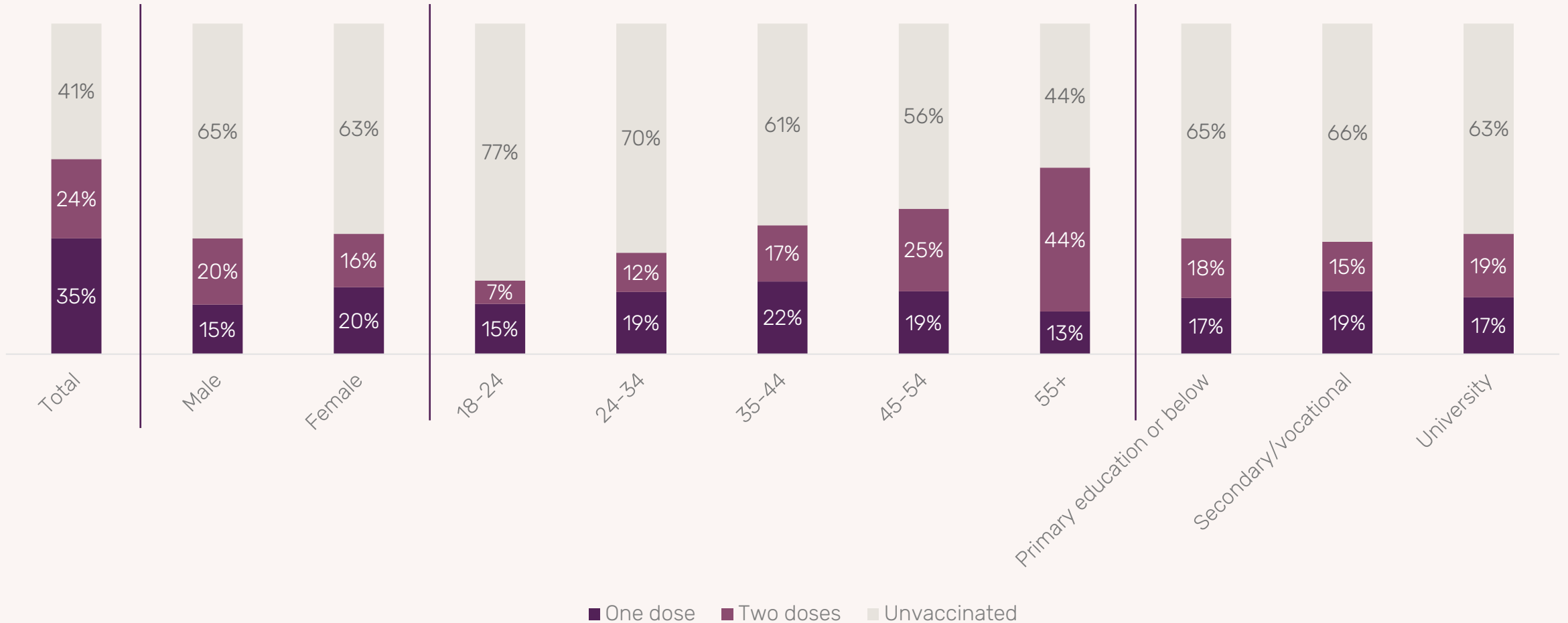
## COVID-19 VACCINES ADMINISTERED: SENEGAL



# THE VACCINATED

## COVID-19 VACCINES ADMINISTERED: SENEGAL

A demographic breakdown of those who have received vaccines shows little difference between men and women or any correlation by education. However, perhaps unsurprisingly, those in **younger age groups** are **significantly less likely to have received two doses of vaccines than those in older** and more likely vulnerable **age groups**.



■ One dose ■ Two doses ■ Unvaccinated

# DEMAND FOR COVID-19 VACCINES: THE UNVACCINATED

Within the unvaccinated populations in Senegal, 50% would either definitely take a COVID-19 vaccine or are unsure leaning towards yes – leaving 50% who are likely to refuse a vaccine.

## NET REFUSAL HIGHER AMONGST...

**56%** Those who are hesitant across the VCI Index (safety, effectiveness and importance)

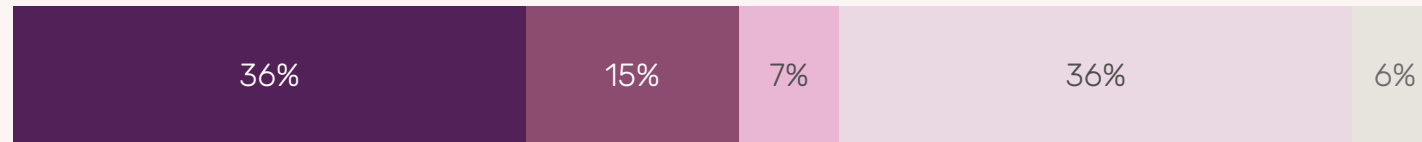
**51%** Those who disagree that the government handled the pandemic well

**48%** 25-34 year olds

**47%** 35-44 year olds

**47%** Those who believe the threat from COVID-19 is exaggerated

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



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



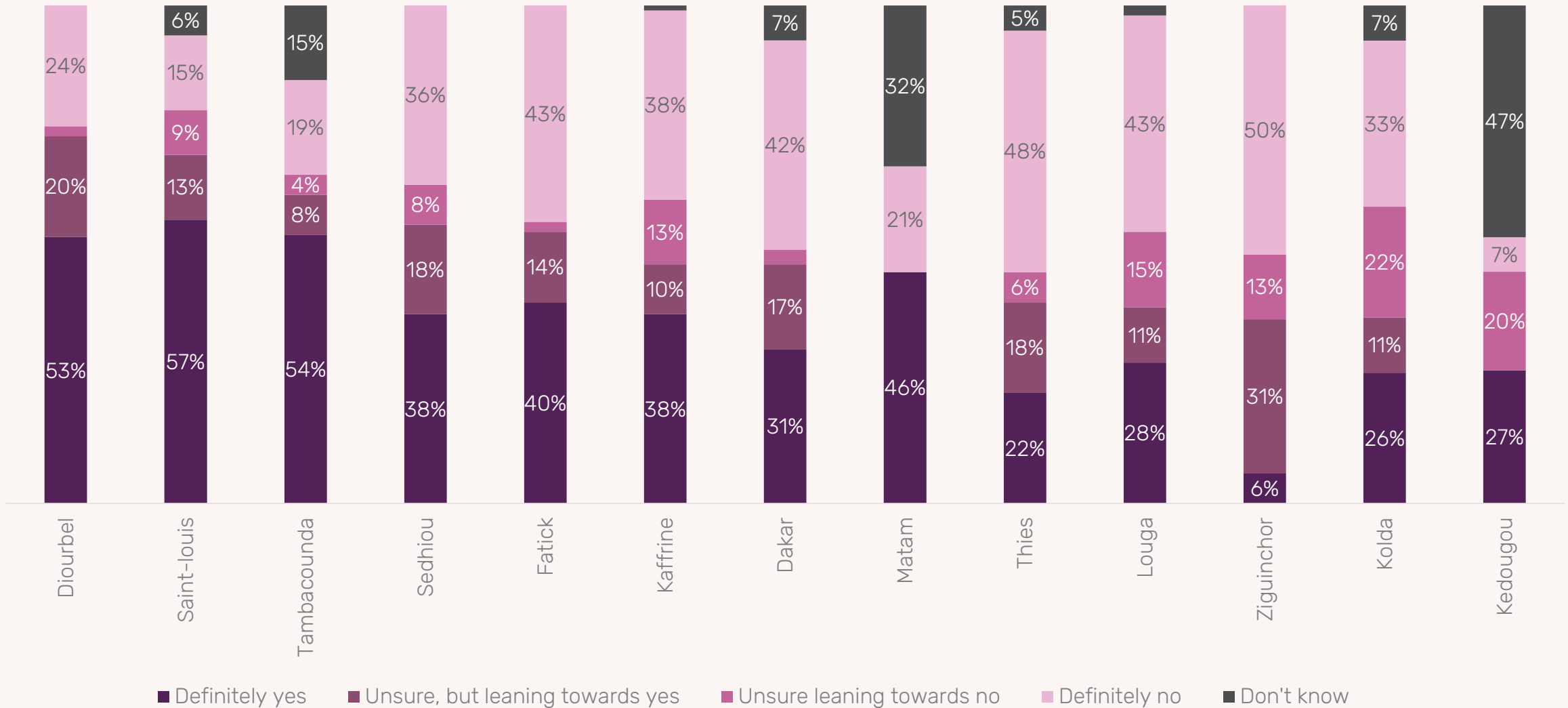
### COVID-19 VACCINE ACCEPTANCE: FOR CHILDREN IN PARTICIPANTS CARE\*



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

# DEMAND FOR COVID-19 VACCINES: THE UNVACCINATED

## COVID-19 VACCINE ACCEPTANCE: TO PROTECT YOURSELF – SENEGAL





# DEMAND FOR DIFFERENT COVID-19 VACCINE BRANDS

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

81%

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

75%

Agree that must be a **brand they can trust** and with a good reputation

74%

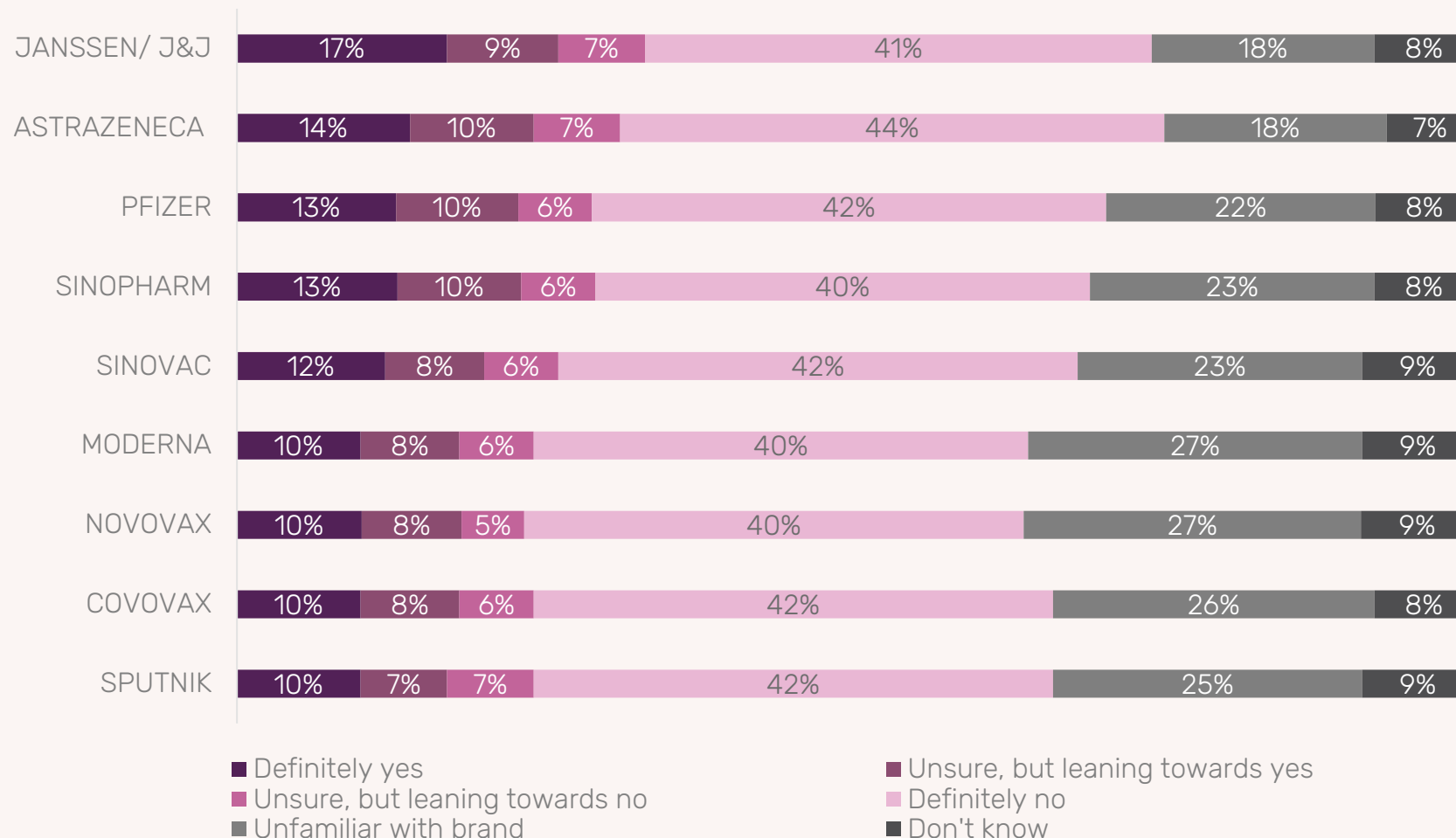
Agree it must be developed in a country that makes them **confident of its quality**

71%

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

All interviews: n= 1,152

## COVID-19 VACCINE ACCEPTANCE: BY BRAND



Unvaccinated: n= 739

# 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...

Of the unvaccinated and COVID-19 vaccine hesitant population – **10%** cited that nothing would make them more likely to take a COVID-19 vaccine.

**34%**

If the vaccine was proven to be safe

Highest amongst **University educated populations** and those who are retired

**14%**

If the government made a vaccine mandatory

Highest amongst **women under 35** and those who **agree the Government have handled the pandemic well**

**6%**

If I needed to have a vaccine to access health services

Highest amongst **women under 35, students and University educated populations.**

**6%**

If my employer required me to get one

Highest amongst **men and rural populations**

**21%**

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

Highest amongst **women over 35, students and urban populations**

**21%**

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

Highest amongst **women, stay at home parents and rural populations**

**11%**

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

Highest amongst **males over 35, those who are retired or unemployed, healthcare workers and those without children <18.**

**11%**

I do not believe the virus exists

Highest amongst **men over 35, vaccine hesitant, and non-healthcare workers.**

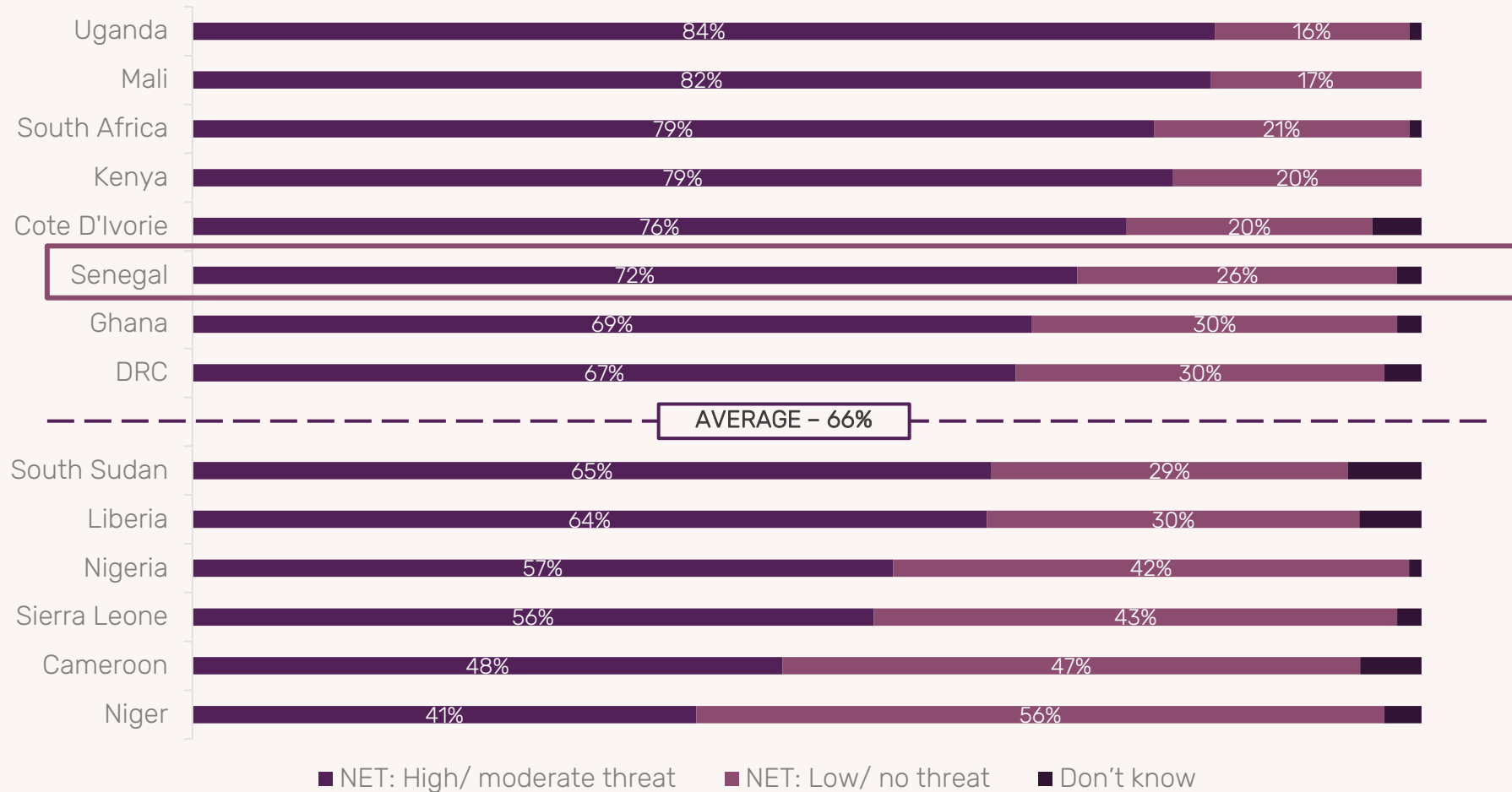
# PERCEIVED THREAT OF COVID-19

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

- 78%** Malaria
- 71%** Lack of access to food
- 70%** Lack of access to clean water
- 70%** COVID-19
- 60%** Tuberculosis
- 53%** HIV/AIDs

All interviews: n= 1,152

## PERSONAL THREAT FROM COVID-19: BY COUNTRIES SURVEYED



All interviews: n= 13,914

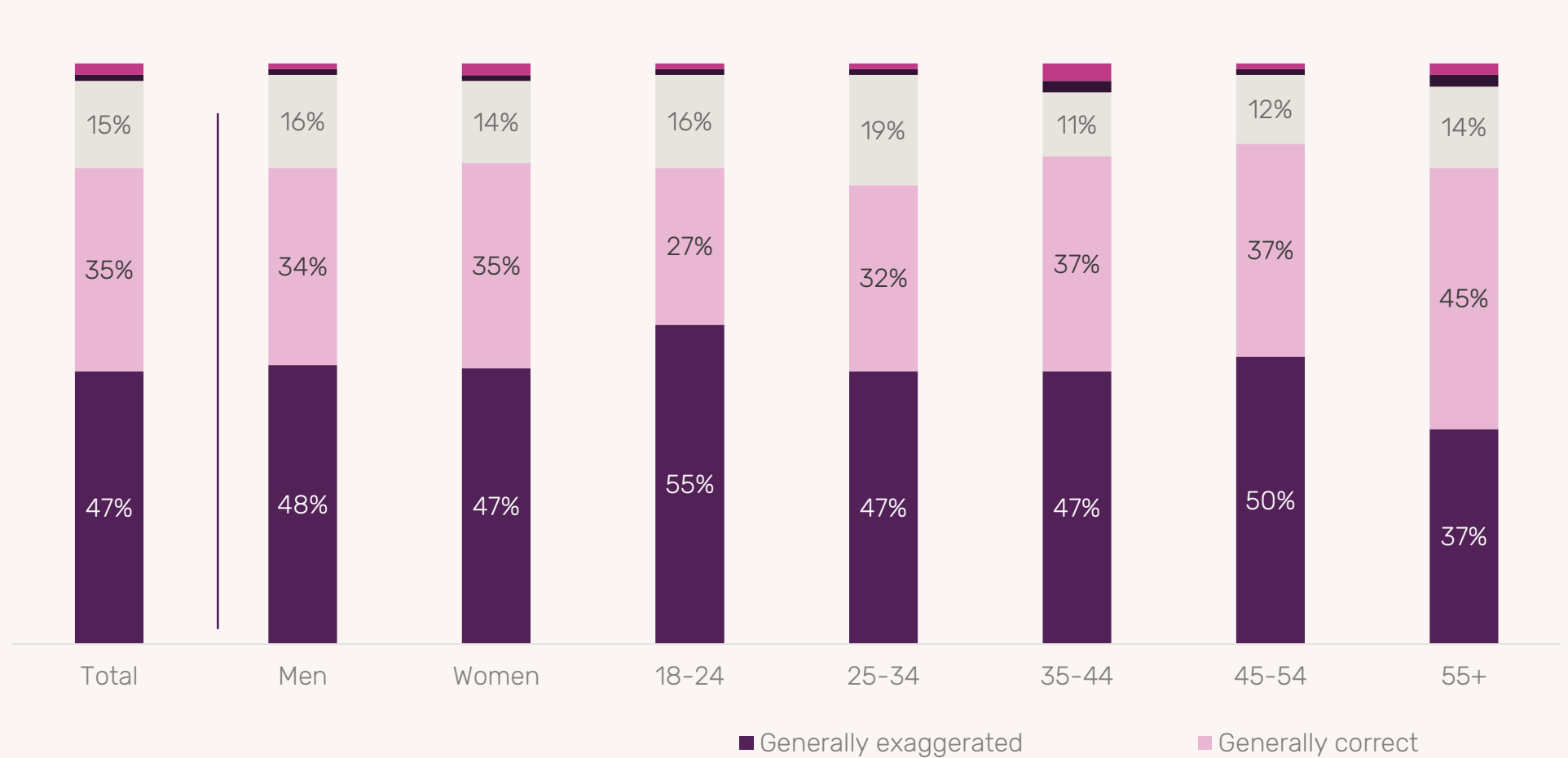
# PERCEPTIONS OF THE EXAGGERATION OF COVID-19

## 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..

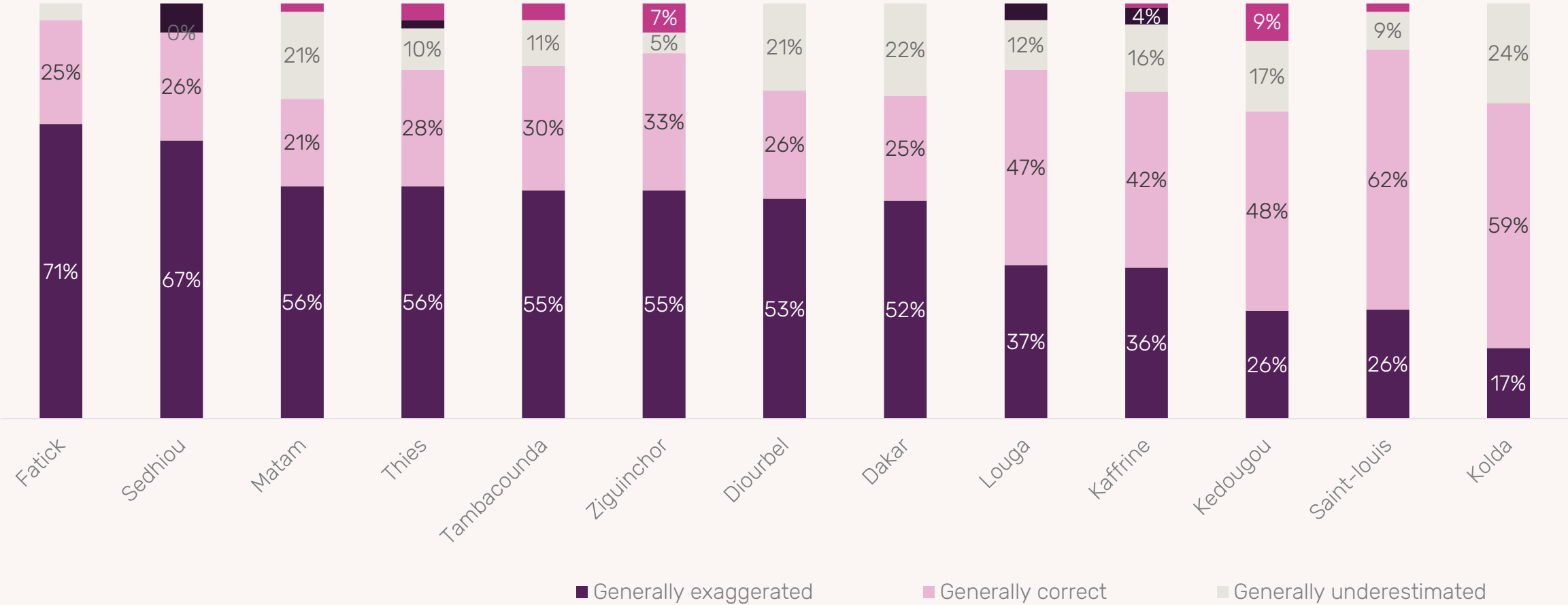
As well as younger generations agreeing with the sentiment that the threat is exaggerated, it is also higher amongst:

- **Students** and those with **secondary** or **university** education
- Those in **urban** settings
- **Unvaccinated** populations
- Those who score **'hesitant'** on the **VCI Index**



# 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



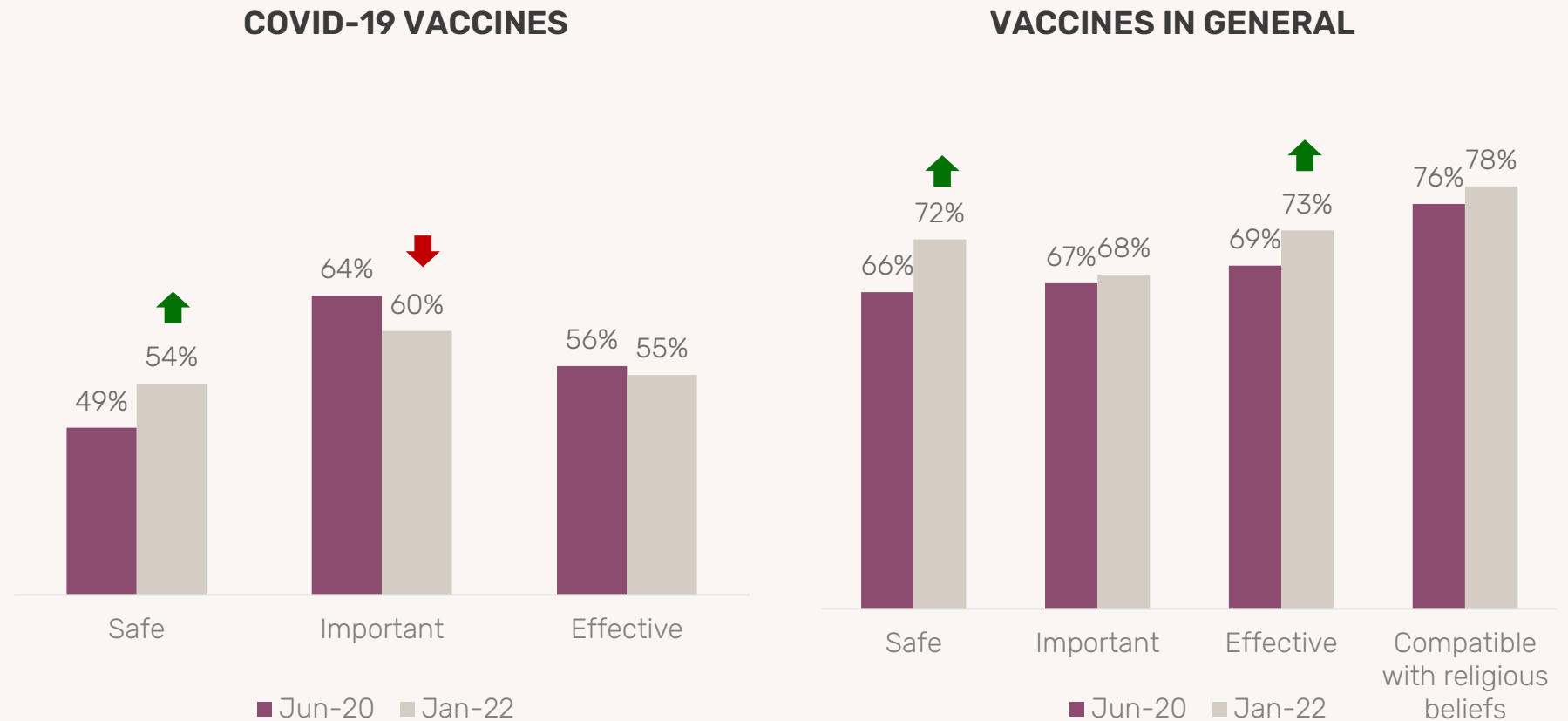
# VCI INDEX: OVERALL

Between June 2020 and January 2022, there has been a fall in the percentage of participants who agree that vaccines (both COVID-19 and in general) are important.

The other points in the index (safety and effectiveness) however have remained consistent.

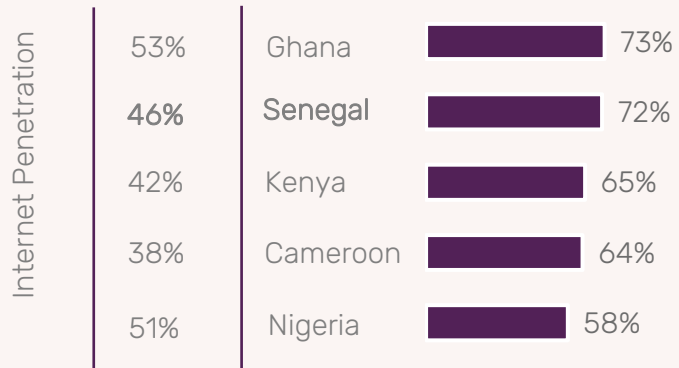
Those who are less likely to agree with statements in the index are...

- Younger generations, particularly those under 24
- Those in urban settings
- Students and Stay at home parent
- Believe the threat from COVID-19 is generally exaggerated



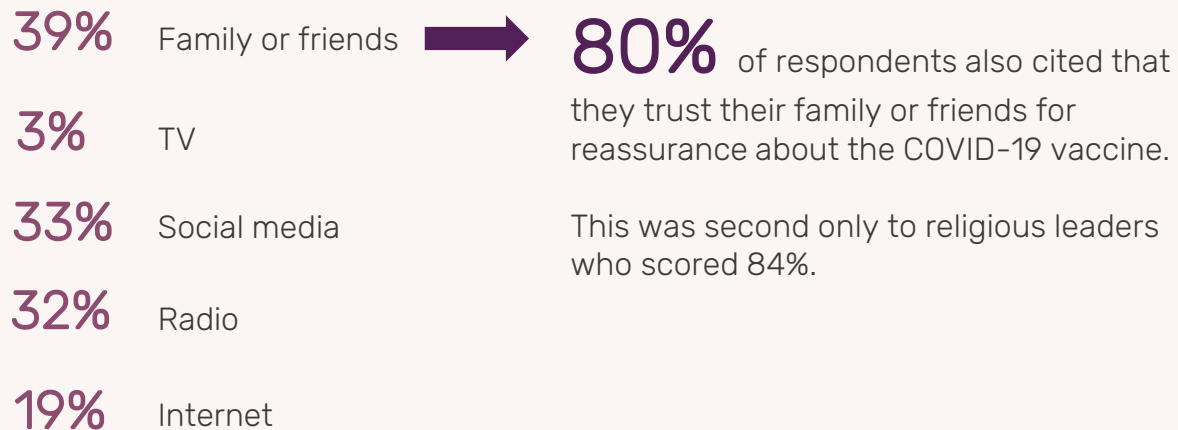
# MIS/DISINFORMATION

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



When comparing to countries with similar internet penetration, only Ghana had a higher proportion of respondents who had been exposed to some or a lot of disinformation about COVID-19.

## SOURCES OF MIS/DISINFORMATION



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

