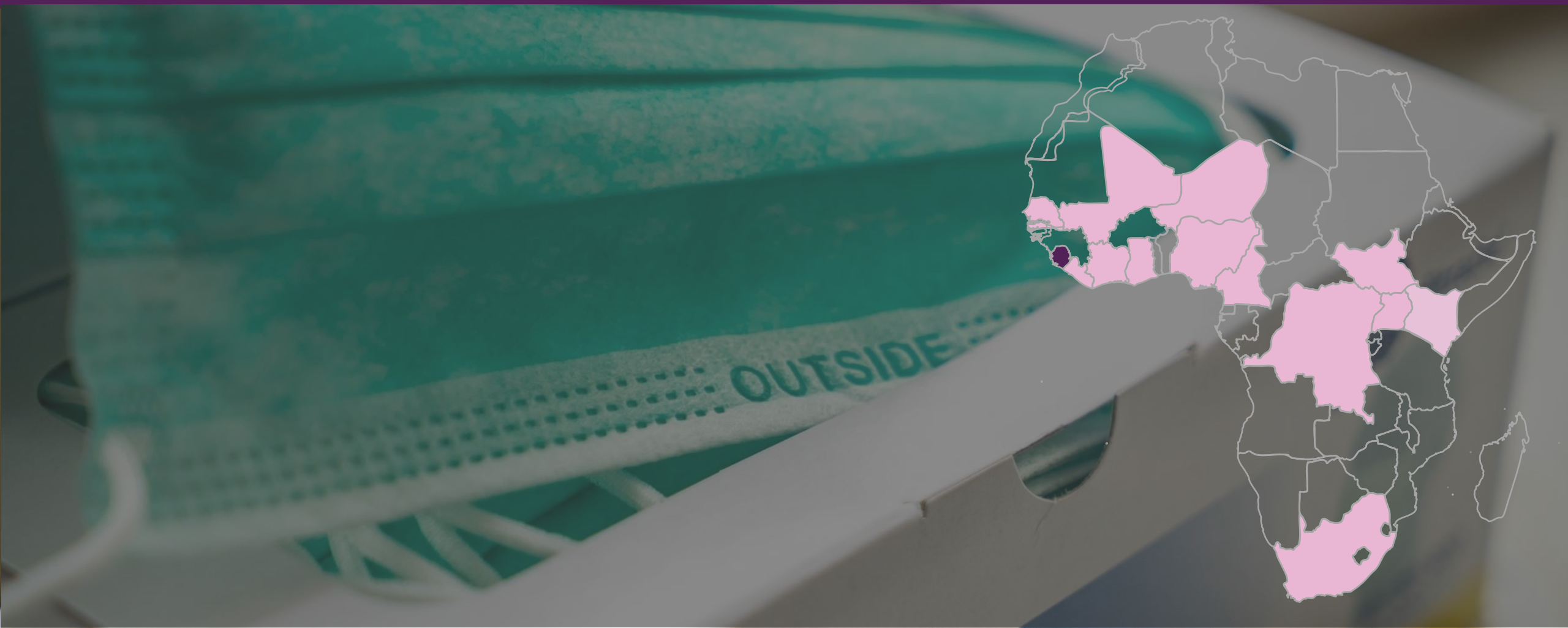


AFRICA CDC WORKING GROUP SIERRA LEONE REPORT



METHODOLOGY

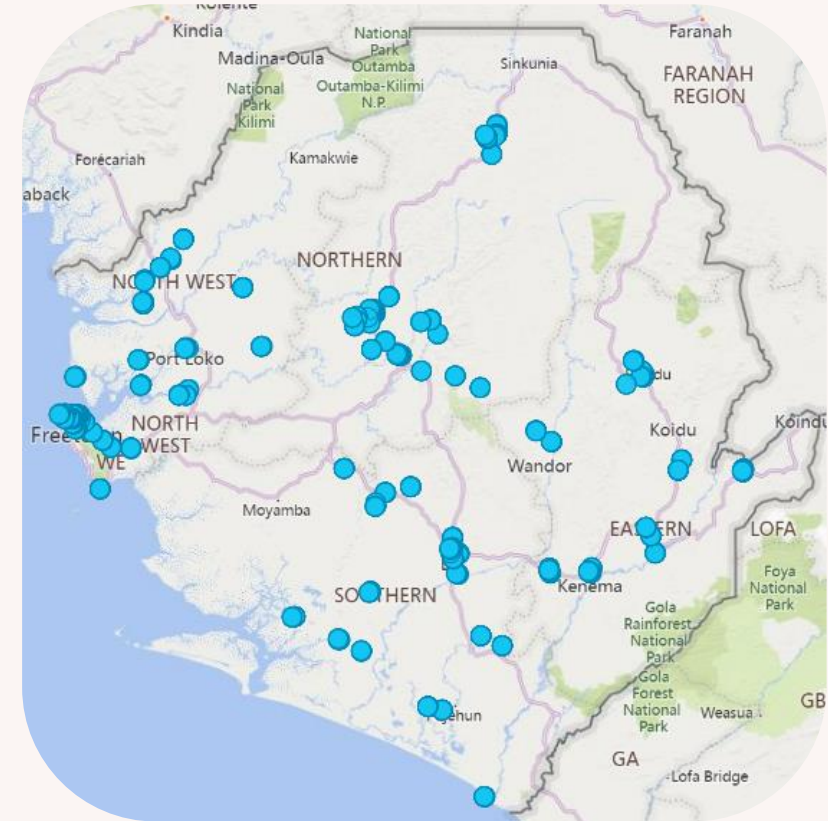
1,171 Interviews in Sierra Leone

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

LOCATIONS SURVEYED IN SIERRA LEONE



● = Sampling units

TOPLINE FINDINGS STRUCTURE

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

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

5.5m Vaccines delivered to Sierra Leone

6.5m Vaccines administered in Sierra Leone

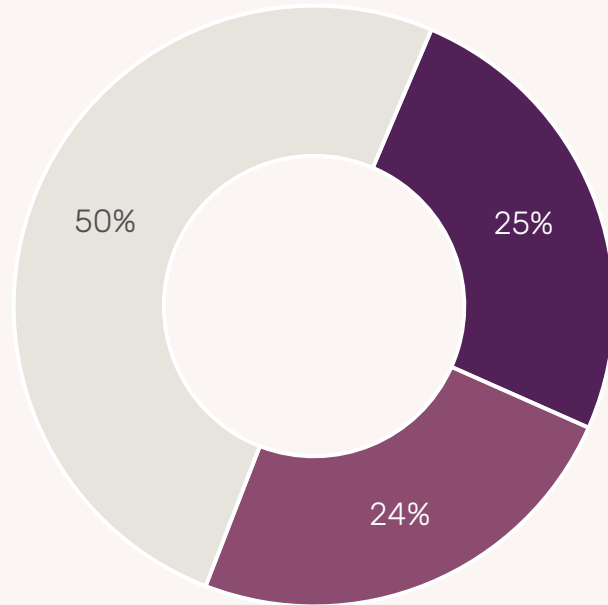
COVID-19 VACCINES DEPLOYED VS ADMINISTERED JAN-22 BY COUNTRIES SURVEYED



Based on Africa CDC data provided to ORB International

THE VACCINATED

50% of participants in Sierra Leone have received either one or two doses of the COVID-19 vaccine.

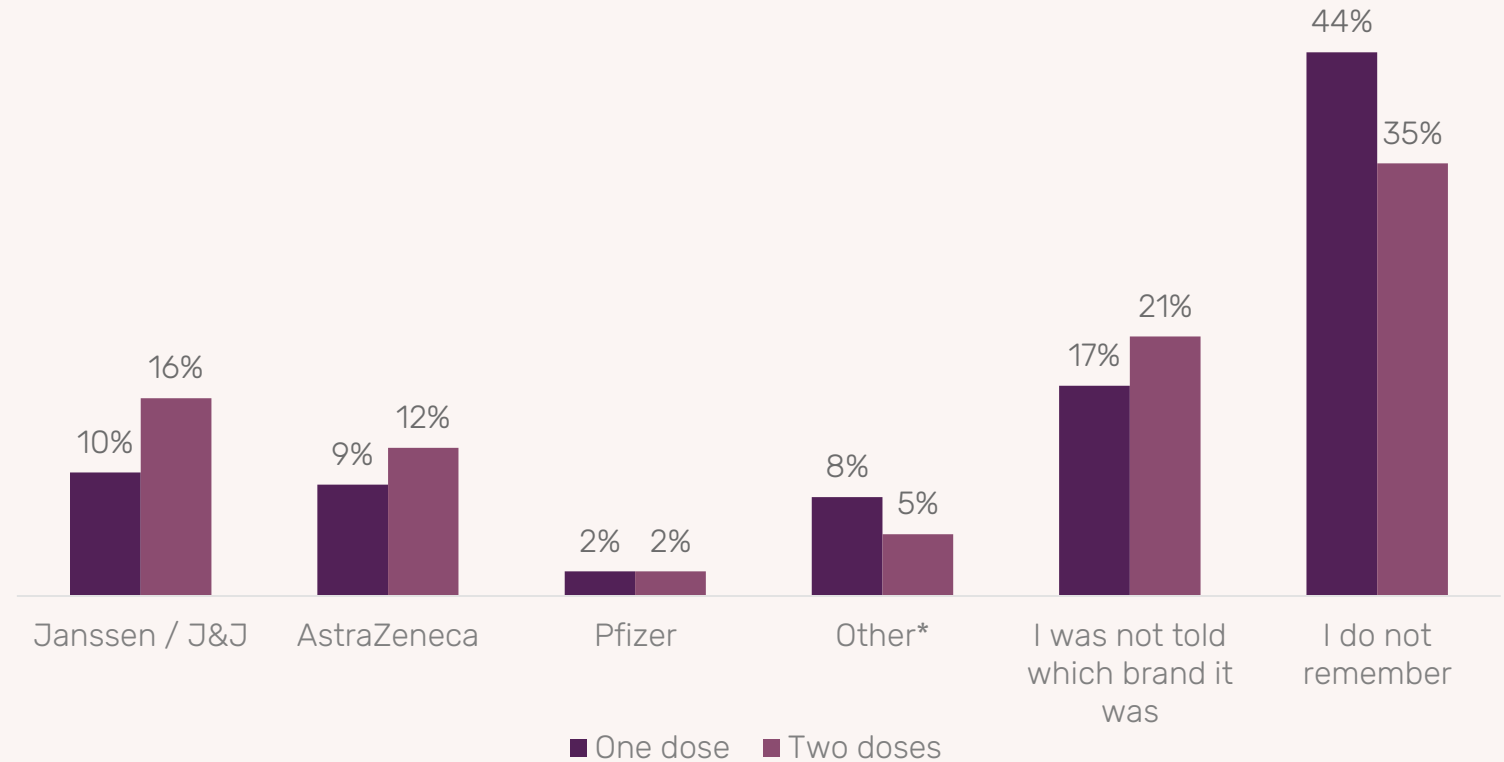


■ One dose ■ Two doses □ Unvaccinated

All interviews: n= 1,171

Janssen / J&J and AstraZeneca are the most popular vaccines brands amongst respondents in Sierra Leone. However, a large proportion of the sample were not told which brand they had been given or did not remember.

COVID-19 VACCINES ADMINISTERED: BY BRAND



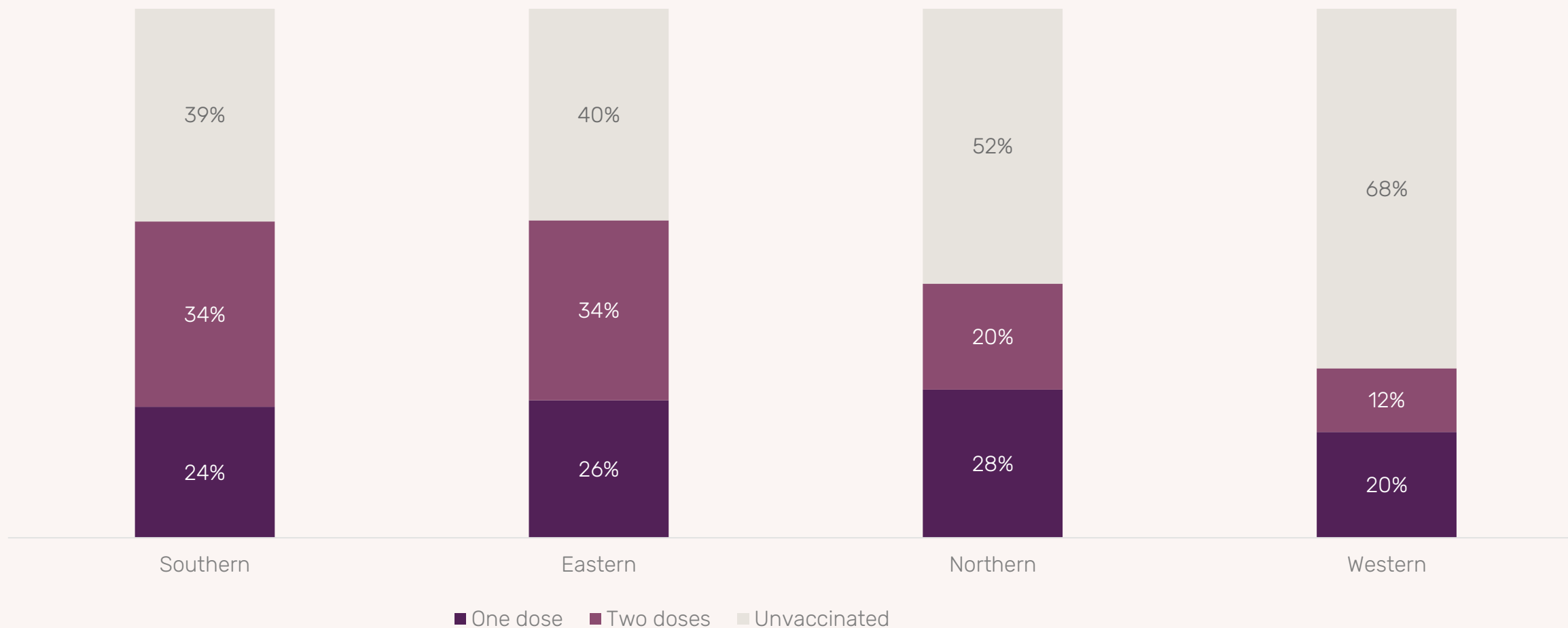
All vaccinated: n= 294

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

THE VACCINATED

COVID-19 VACCINES ADMINISTERED: SIERRA LEONE

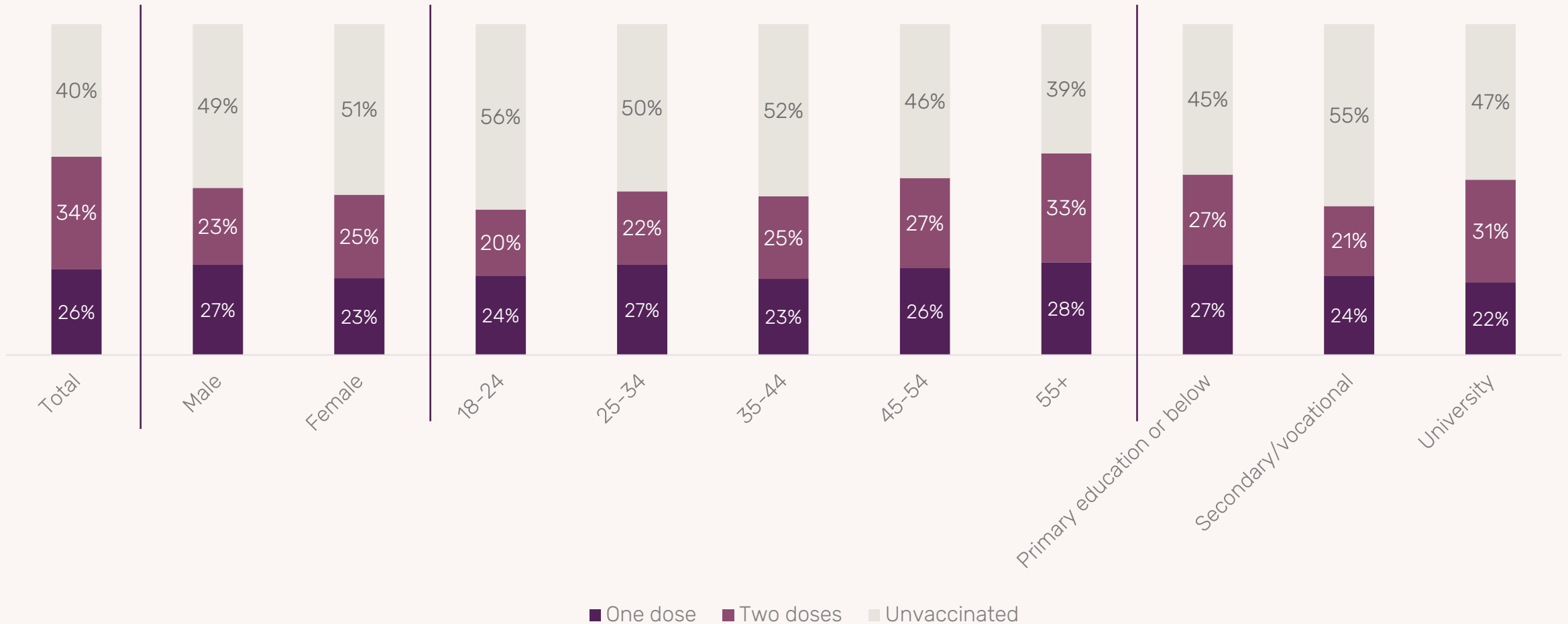
A breakdown of those who have received COVID-19 vaccines shows differences between the regions. **Southern and Eastern** regions have comparable vaccine uptake, with around 6 in 10 participants reporting to have received one or two doses of the vaccine. Northern and Western regions have lower uptake, with only 1 in 3 participants receiving a vaccine in the West.



THE VACCINATED

COVID-19 VACCINES ADMINISTERED: SIERRA LEONE

There are no notable gender differences for COVID-19 uptake in Sierra Leone. Differences are evident between age groups and level of education – those aged 18-24 are more likely to be unvaccinated than those in older age groups, as are those with secondary/vocational education.



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 8 in 10 participants reported they are likely to accept a vaccine for children in their care.

NET REFUSAL HIGHER AMONGST...

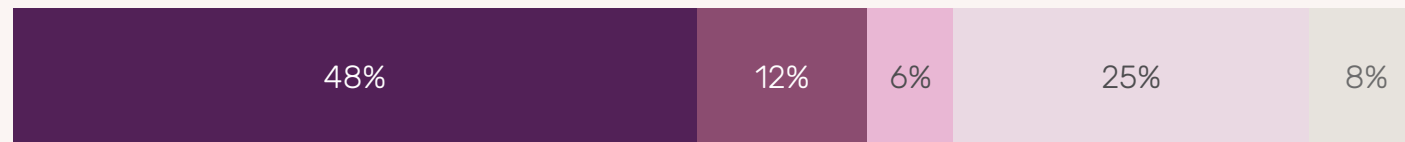
68% Those who think COVID-19 vaccines are unsafe

43% Those who disagree the government handled the pandemic 'well' (compared to 29% of think the government did)

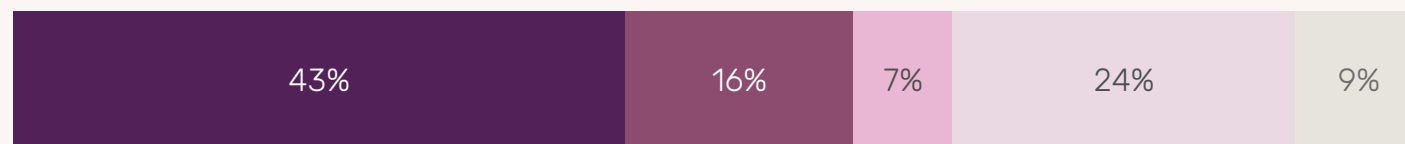
42% Those who are hesitant across the VCI Index (safety, effectiveness and importance)

38% Urban populations

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*

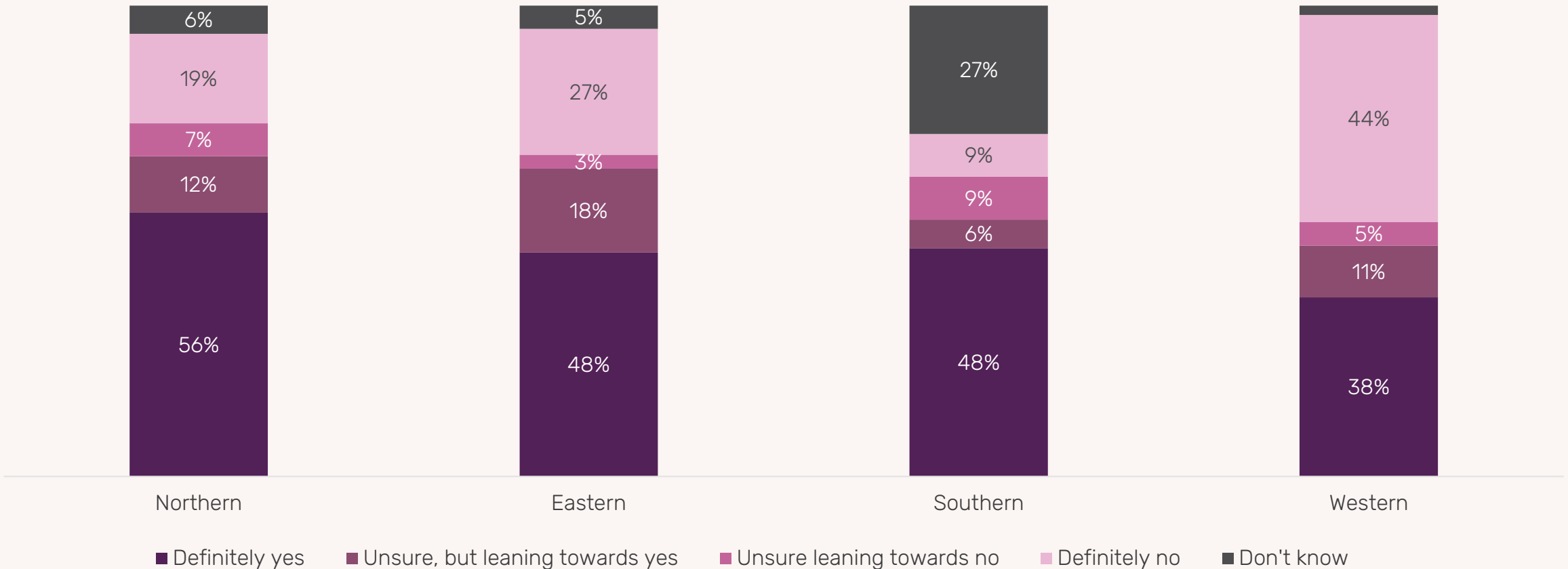


■ Definitely yes ■ Unsure, but leaning towards yes ■ Unsure leaning towards no ■ Definitely no ■ Don't know

DEMAND FOR COVID-19 VACCINES: THE UNVACCINATED

There are clear regional differences for those who are unvaccinated and willing to accept a COVID-19 vaccine. Despite the **Western region having the largest percentage of respondents unvaccinated against COVID-19 (68%)** they also report to be the **least likely to accept a vaccine**, with only 1 in 2 agreeing they would definitely accept a vaccine or were unsure but leaning towards yes. The Northern region had the second largest percentage of unvaccinated participants, yet would be much more willing to accept a vaccine.

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...

82% Agree it is **important** that the brand is recommended by a trusted healthcare practitioner

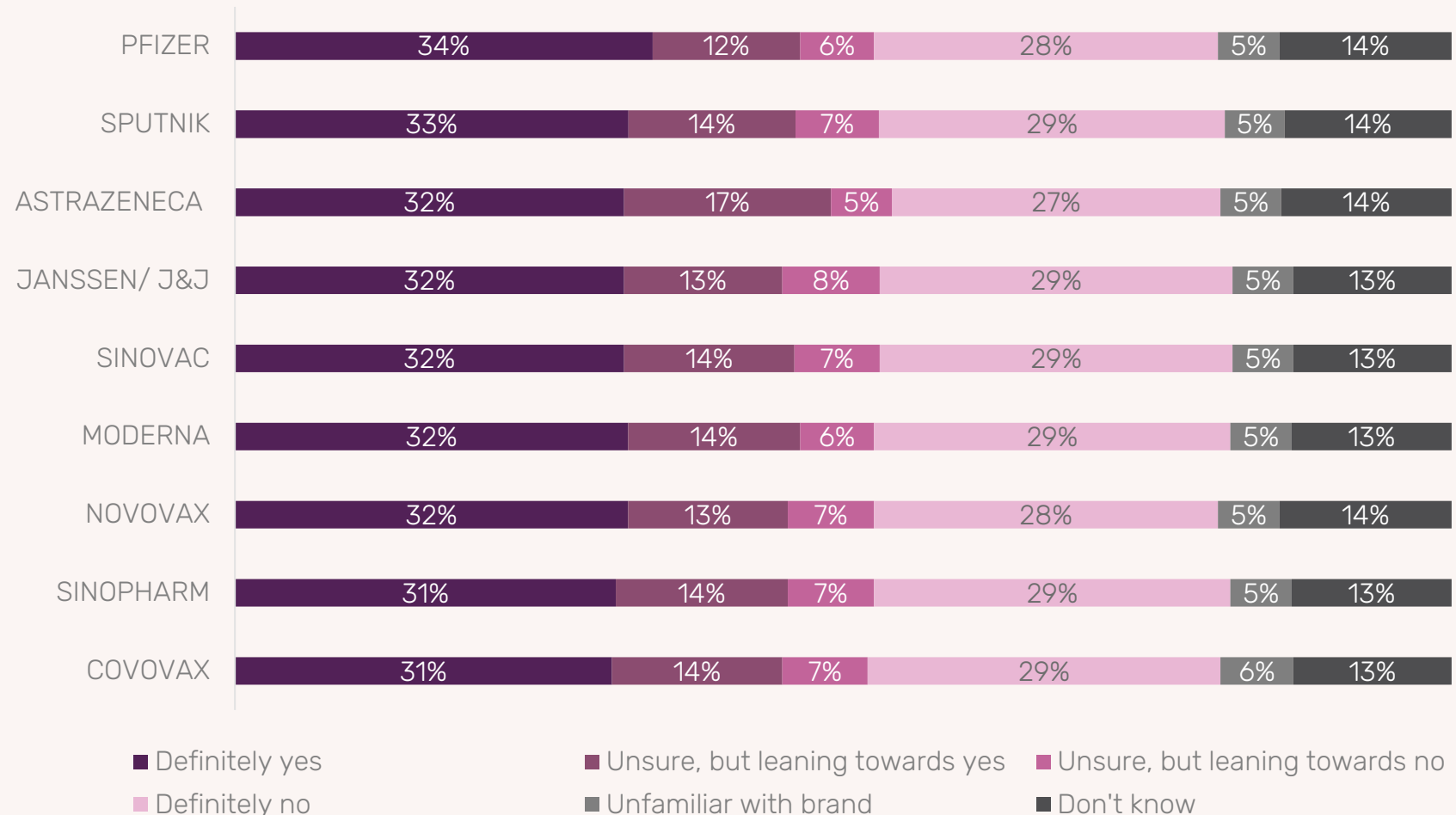
80% Agree that must be a **brand** that has a **good reputation**

78% Agree it must be developed in a country that makes them **confident of its quality**

75% Agree it is **important** it must be a **brand** they are **already familiar with**

All interviews: n= 1,171

COVID-19 VACCINE ACCEPTANCE: BY BRAND



Unvaccinated: n= 595

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...

20% If the vaccine was proven to be safe

Highest amongst those under **35 year olds, healthcare workers, students** and working populations.

20% If I needed to have a vaccine to access health services

Highest amongst **men over 35, secondary/vocational educated, working populations**, and those who have been exposed to disinformation.

17% If the government made a vaccine mandatory.

Highest amongst **populations aged 18-24 year olds** and those who generally believe that the threat from COVID-19 is exaggerated.

10% If my employer required me to get one

Highest amongst **men, those aged 55+, healthcare workers** and university educated.

33% I do not feel I am at risk of catching the virus

Highest amongst **men under 35 year olds, primary or below educated**, and retired population.

23% I am worried that I will get seriously ill/die from the vaccine

Highest amongst **women under 35, those aged 55+, those unemployed** and rural populations.

11% I do not yet know enough about the vaccine to make a decision

Highest amongst **men aged 35+, those retired** and those living in urban settings.

10% Vaccines are not easily available / convenient to access in my community

Highest amongst **men, 18-24 year olds, and unemployed population, students** and secondary/vocational educated.

PERCEIVED THREAT OF COVID-19: ALL COUNTRIES

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

84% Malaria

75% Lack of access to food

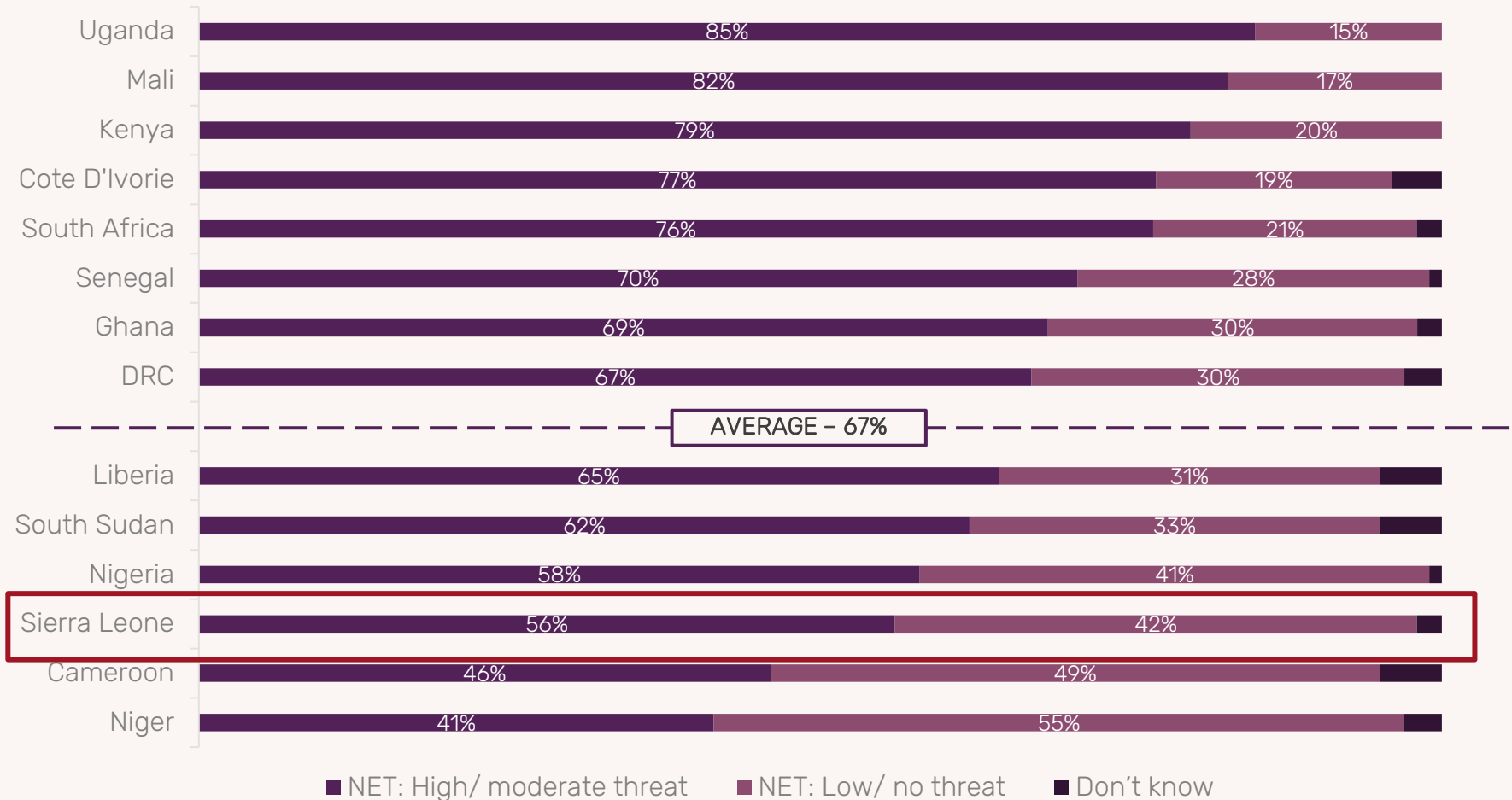
73% Lack of access to clean water

56% COVID-19

47% Polio

47% Tuberculosis

PERSONAL THREAT FROM COVID-19: BY COUNTRIES SURVEYED



Sierra Leone: n= 1,171

All interviews: n= 15,375

PERCEIVED THREAT OF COVID-19: SIERRA LEONE

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

88% Healthcare workers

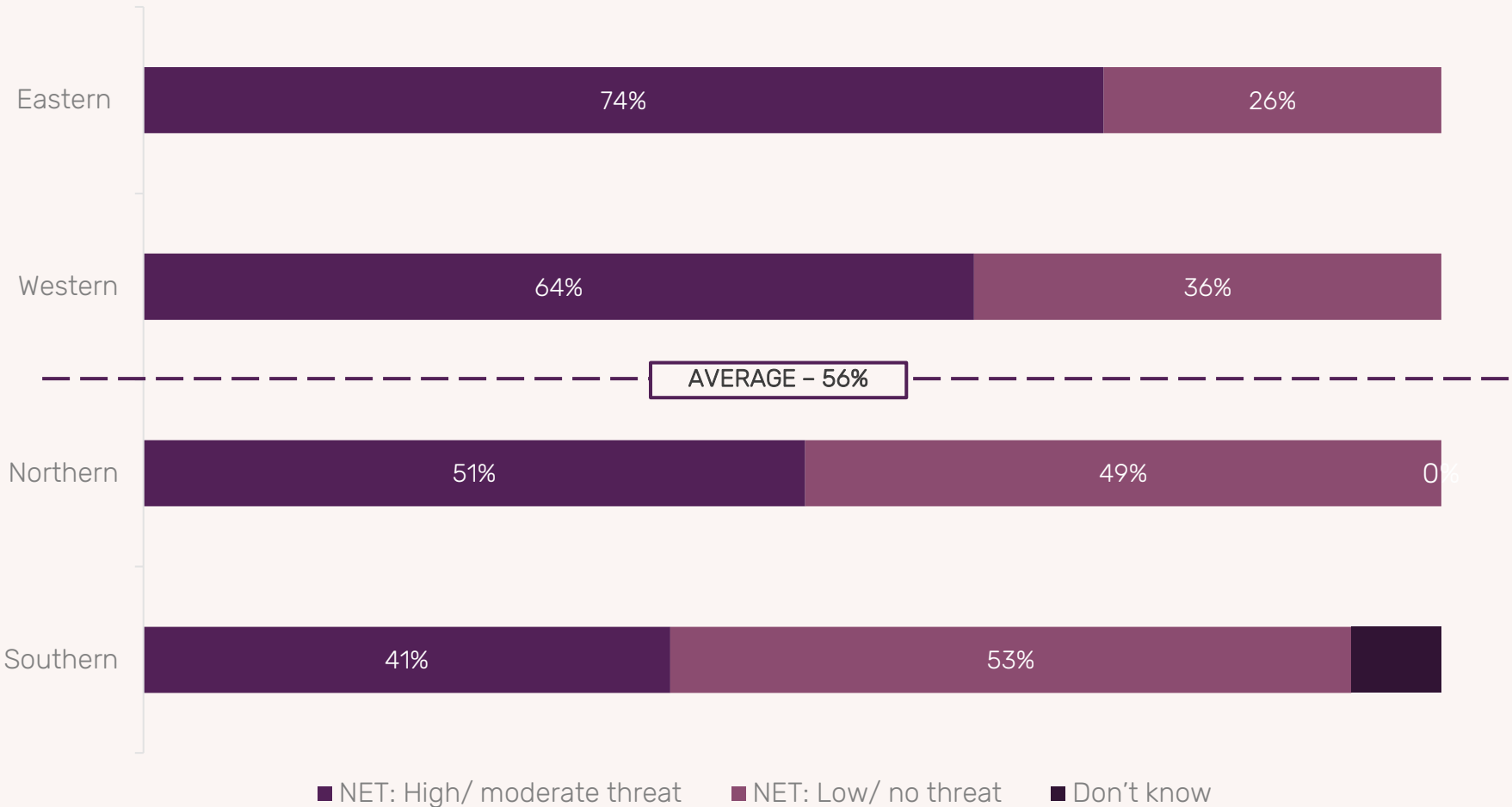
67% Retired

64% Stay at home parent

61% Urban population

All interviews: n= 1,171

PERSONAL THREAT FROM COVID-19: BY REGION



All interviews: n= 1,171

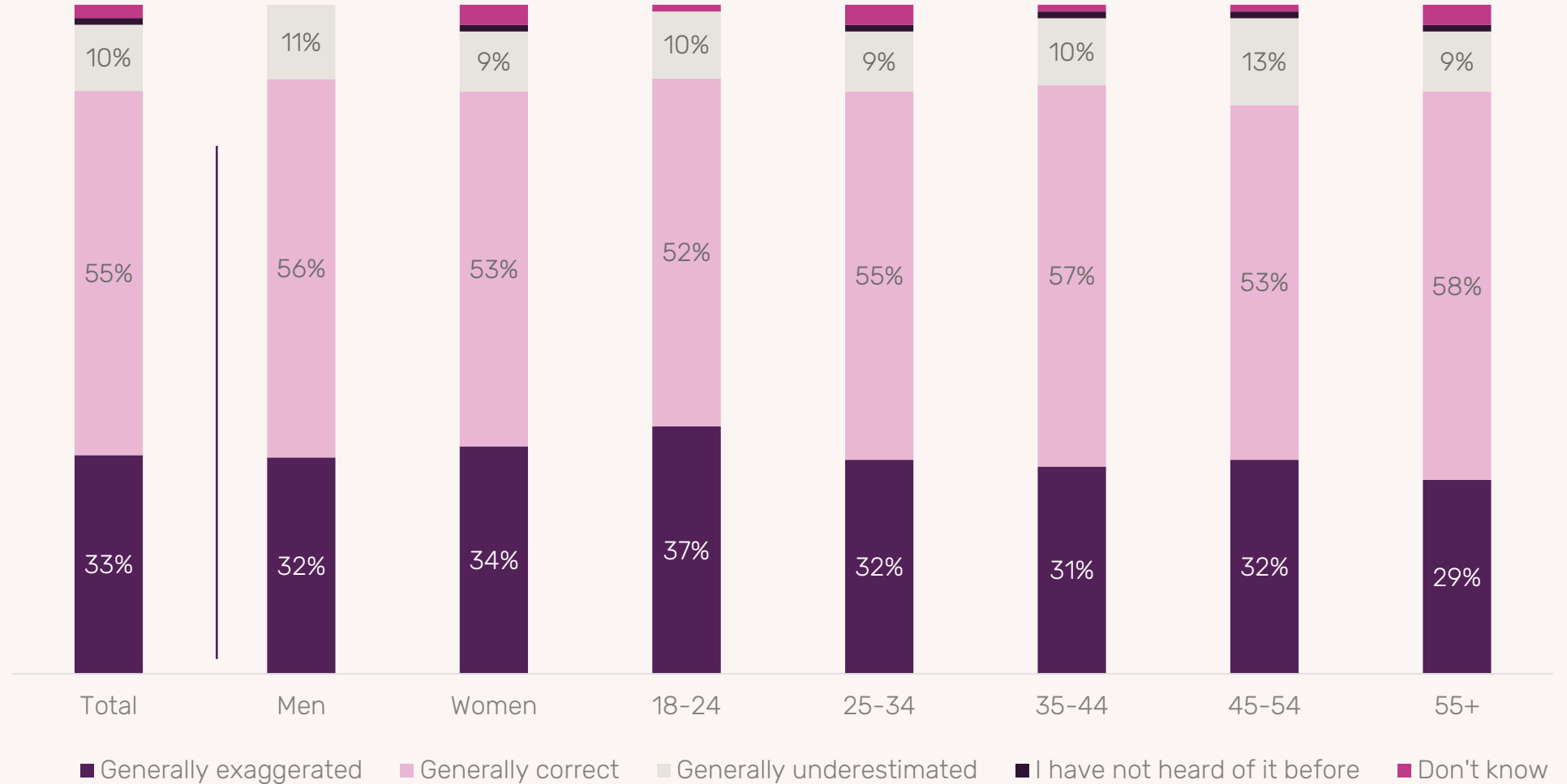
PERCEPTIONS OF THE EXAGGERATION OF COVID-19

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.

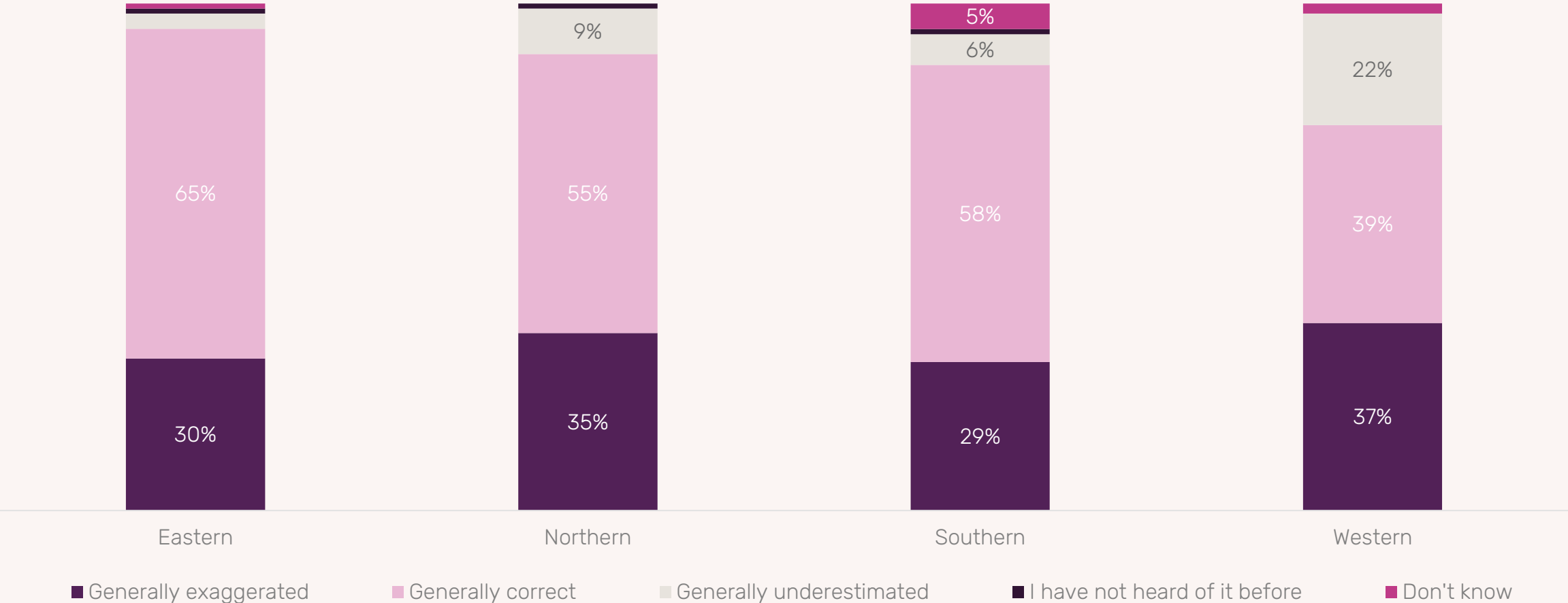
Those who are more likely to agree the threat is exaggerated:

- Those under 35
- Healthcare workers
- Urban populations
- Those with university education
- Stay at home parents
- 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



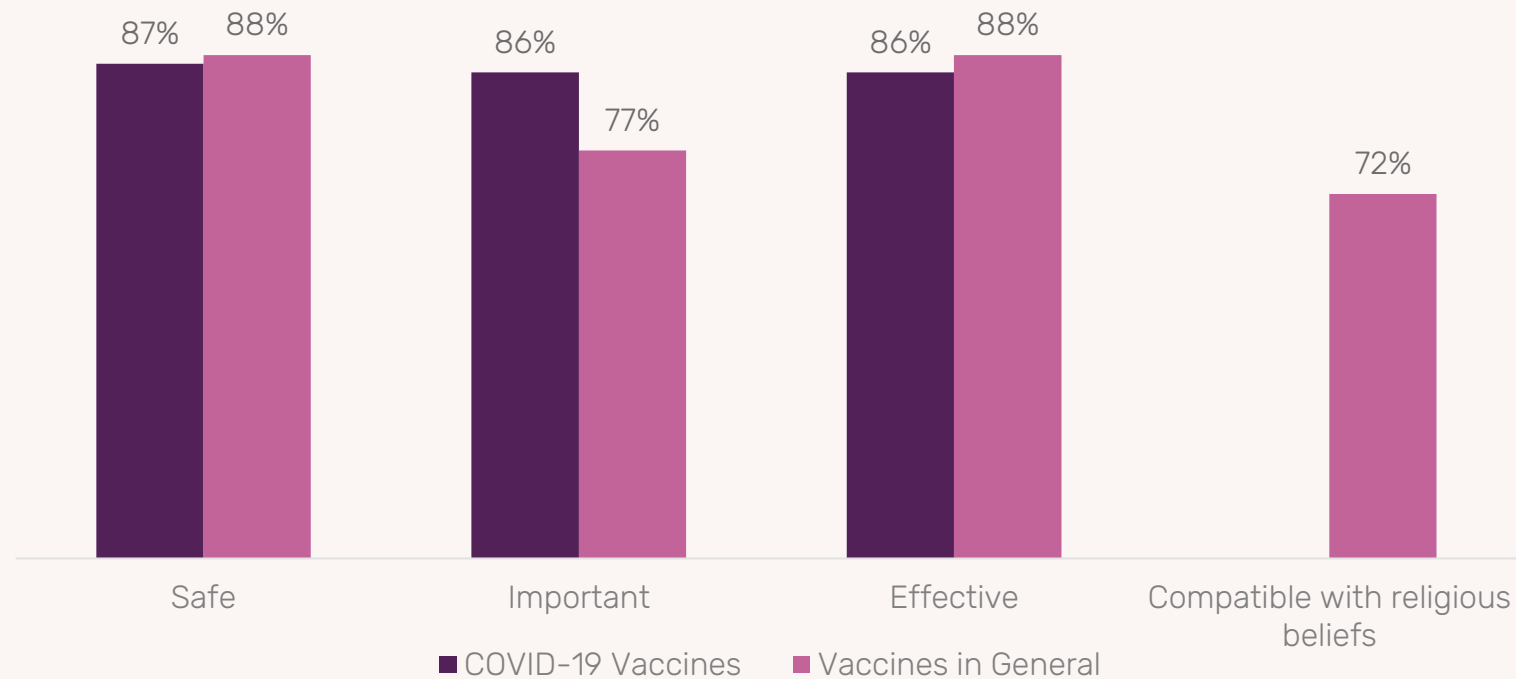
VCI INDEX: SIERRA LEONE

There are minimal differences in the extent to which participants NET agree with statements on the VCI Index for COVID-19 vaccines vs. vaccines in general. However, a greater percentage of participants agreed that **vaccines in general** are safe and effective, compared to COVID-19 vaccines specifically. More participants agreed that a COVID-19 vaccine would be important compared to vaccines in general.

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

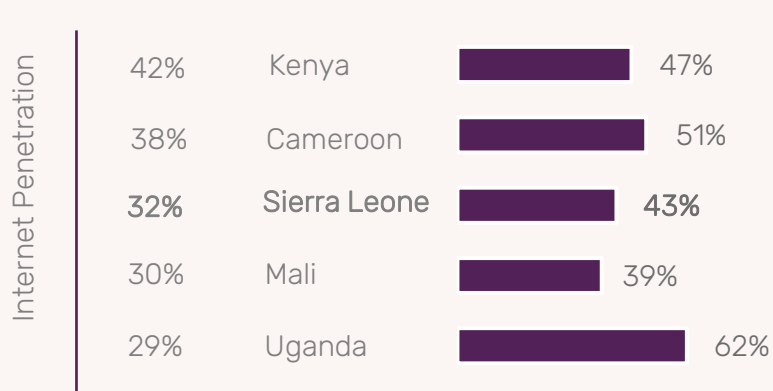
- Those living in urban settings
- Those without children
- Those who think the threat of COVID-19 is generally underestimated
- Students

COVID-19 VACCINES & VACCINES IN GENERAL



MIS/DISINFORMATION

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



Of the 14 countries surveyed, Sierra Leone's internet penetration falls in the middle.

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

SOURCES OF MIS/DISINFORMATION

49% Radio

33% Family or friends

28% Social media

12% Communications apps

10% Television



90% of respondents also cited that they trust their family or friends for reassurance about the COVID-19 vaccine.

This was on par with religious leaders (90%) and behind the WHO (92%).

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

Our government supports a new COVID-19 vaccine to further its own interests (e.g. for financial gain)



Drinking plenty of water helps prevent you from catching COVID-19



COVID-19 is a planned event by foreign actors/governments



People in Africa are being used as guinea pigs in vaccine trials



The vaccines offered in Africa are inferior to others elsewhere in the world (for example Europe)



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