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• Research design
• Vaccines deployed vs administered

INTERIM FINDINGS
• The vaccinated
• The unvaccinated
• Vaccinating children
• VCI Index and other vaccines
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• Trust
• Mis/disinformation
RESEARCH DESIGN
METHODOLOGY

**1k**
N= 1,023 interviews per country; nationally representative sample

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

**2/4**
Quarterly fieldwork planned for 2022

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

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WAVE 2 PRIMARY SAMPLING POINTS:

COUNTRIES SURVEYED:

- Wave 1 and 2
- Wave 1 only
COVID-19 VACCINES DEPLOYED VS ADMINISTERED (AUGUST 2022)
DEMOGRAPHICS
All interviews: n= 1023
DEMOGRAPHICS

78% Urban

22% Rural

68% Have children in the household under 18

28% Healthcare workers

EMPLOYMENT STATUS:

- Working: 42%
- Unemployed: 28%
- Student: 17%
- Retired: 1%
- Stay-at-home parent: 5%

RELIGION:

- Christian: 39%
- Catholic: 24%
- Protestant: 12%

All interviews: n = 1001
THE VACCINATED
THE VACCINATED

There has been a slight increase in the vaccinated population with nearly 1 in 5 having received one dose of COVID-19 vaccine, this is a 9% increase from January-22. However, more than 4 in 5 of the total sample remain unvaccinated.

Those aged 45-55 and over are considerably more likely to having been vaccinated than the younger population (29% of those over 55’ compared to 15% of those aged 18-24).

Men are also generally more likely to being vaccinated than women – 24% vs 16%.
THE VACCINATED

Men over 35 are the most likely to have received at least one dose of the COVID-19 vaccine while women under 35 are the least likely.

Healthcare workers (35%), those living in the Kasai Oriental region (37%) and those who had a family member sick from COVID-19 (41%) are more likely to having received a dose compared to those living in the Congo Central (8%), those living in rural areas (15%) and the unemployed population (16%).

NET COVID-19 VACCINE ACCEPTANCE:

<table>
<thead>
<tr>
<th>Category</th>
<th>Unvaccinated</th>
<th>One or more dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men over 35</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>Women over 35</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Men under 35</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Women under 35</td>
<td>13%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Those vaccinated n= 207
NET COVID-19 VACCINE ACCEPTANCE: REGION

- Kinshasa: 14% (One or more dose), 86% (Unvaccinated)
- Nord Kivu: 20% (One or more dose), 80% (Unvaccinated)
- Sud Kivu: 21% (One or more dose), 79% (Unvaccinated)
- Equateur: 28% (One or more dose), 72% (Unvaccinated)
- Kongo Central: 8% (One or more dose), 90% (Unvaccinated)
- Maniema: 10% (One or more dose), 90% (Unvaccinated)
- Province Oriental: 25% (One or more dose), 75% (Unvaccinated)
- Bandundu: 8% (One or more dose), 92% (Unvaccinated)
- Katanga: 19% (One or more dose), 81% (Unvaccinated)

All interviews: n=1023
Unsurprisingly, Janssen is the most popular amongst those with just one dose of the vaccine with close to 1 in 3 having received this brand. Interestingly, around a quarter of respondent was not told which brand it was or do not remember which they had for their first vaccine.

Whilst there is slight geographic variation with the brand of vaccines there are no stand out demographic differences.

Please note the base size of those with an additional/booster dose is small (n=13).
**THE VACCINATED**

**TOP THREE REASONS FOR GETTING VACCINATED:**

- **81%** To protect myself
  - Highest amongst:
    - Stay-at-home parents (100%)
    - Students (91%)
    - Those living in rural areas (94%)
    - Women over 35 in comparison to men over 35 – 83% vs 74%

- **72%** To protect family
  - Highest amongst:
    - Those living in rural areas (94%)
    - Students (84%)
    - Those aged 55+ (83%)

- **32%** To gain access to spaces that require a COVID-19 vaccine
  - Highest amongst:
    - Those aged 35–44 (43%)
    - Those working (40%)
    - Stay-at-home parents (40%)

Those vaccinated: n= 207
ATTITUDES TOWARDS BEING VACCINATED:

79% Relieved about being vaccinated against COVID-19

62% Doubts/reservations at the time of getting vaccinated

21% Regret having been vaccinated

Those aged 18-24 are the most likely to have had doubts at the time of getting their COVID-19 vaccine.

Surprisingly and unlike other countries surveyed, those the least likely to feel relieved after having received a dose are those 55+, while the most are those aged 45-54.

However, those in the oldest aged group (55+) are the least likely to have had doubts and reservations at the time of getting their vaccine, while the youngest (18-24) had the most doubts.

Those vaccinated: n= 207

Those vaccinated n= 338
THE UNVACCINATED
THE UNVACCINATED

For the unvaccinated population which makes up 80% of the total sample, 51% would take a COVID-19 vaccine to protect themselves, this is similar to January-22, while more than 3 in 5 (63%) would take a dose to protect others.

Those most likely to accept a dose for themselves are those living in the Kasai Occidental region (80%), those confident on the VCI Index (61%) and those unemployed, while the most likely to take the vaccine to protect their friends and family are those confident on the VCI Index (72%) and healthcare workers (70%).

The brand of vaccine does not affect the acceptance of the vaccine.

39% of this sample agrees that they would take a COVID-19 vaccine as soon as it was available to them – a further 23% would do so after 6 months.
THE UNVACCINATED

TOP THREE REASONS FOR REFUSAL:

37% Do not feel at risk of catching the virus

24% Do not yet enough about the vaccine to make a decision

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

Top reasons for refusal remain the same as they were in January-22. Respondents not feeling at risk of catching the virus remains the number one reason for refusal with more than 1 in 3 citing it.

Jan-22 Aug-22
- Do not feel at risk of catching the virus: 37% 35%
- I do not yet know enough about the vaccine to make a decision: 24% 19%
- Do not believe the virus exists: 15% 14%

Those unwilling to get a vaccine: n= 581
1 in 5 (20%) say that nothing would make them more likely to get a vaccine this is a 8% increase from January-22. This is mostly cited by those aged 55+ (31%) and those living in rural areas (28%).

There has been a 9% decrease in those stating they would get a dose if the vaccine was proven to be safe, while acceptance if the government made the vaccine mandatory remains the number one acceptance motivator.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Jan-22</th>
<th>Aug-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the government made a vaccine mandatory</td>
<td>24%</td>
<td>23%</td>
</tr>
<tr>
<td>If my employer required me to get one</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>If I needed to have a vaccine to access health services</td>
<td>15%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Those unwilling to get a vaccine: n= 581
VACCINATING CHILDREN
Attitudes towards the vaccination of children’s in participation’s care has remained the same since January-22 with close to 7 in 10 agreeing that they would accept a COVID-19 vaccine for their child(ren).

While there was a drop in January-22 in participants agreeing that vaccinations are important for children to have, in August-22, 4 in 5 of the sample agree with the statement, which is similar to respondents views in June-20.
VCI INDEX AND OTHER VACCINATIONS
Since January-22 there has been an increase in confidence across all measures in the VCI index – for both vaccines in general. Data from August-22’s increase make those results comparable to pre-vaccine levels.

However, there has been no significant change since January-22 in the perceived safety, importance and effectiveness of COVID-19 vaccines. Perception of importance and effectiveness have dropped since pre-vaccine time but the perceived safety has remained consistent with about half of participants agreeing that a COVID-19 vaccine would be safe.
VCI INDEX: BY AGE AND GENDER

VACCINES IN GENERAL:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Safe</th>
<th>Important</th>
<th>Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men over 35</td>
<td>77%</td>
<td>81%</td>
<td>75%</td>
</tr>
<tr>
<td>Women over 35</td>
<td>72%</td>
<td>73%</td>
<td>76%</td>
</tr>
<tr>
<td>Men under 35</td>
<td>68%</td>
<td>72%</td>
<td>68%</td>
</tr>
<tr>
<td>Women under 35</td>
<td>73%</td>
<td>71%</td>
<td>71%</td>
</tr>
</tbody>
</table>

COVID-19 VACCINES:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Safe</th>
<th>Important</th>
<th>Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men over 35</td>
<td>51%</td>
<td>50%</td>
<td>54%</td>
</tr>
<tr>
<td>Women over 35</td>
<td>45%</td>
<td>44%</td>
<td>45%</td>
</tr>
<tr>
<td>Men under 35</td>
<td>53%</td>
<td>55%</td>
<td>52%</td>
</tr>
<tr>
<td>Women under 35</td>
<td>45%</td>
<td>44%</td>
<td>46%</td>
</tr>
</tbody>
</table>

All interviews: n=1023
OTHER VACCINATIONS

Of the total sample, 1 in 3 report having rejected a vaccine (of any type): leaving 64% who have not. Of those who have rejected a vaccine, 4 in 5 did so for COVID-19.

Those hesitant on the VCI Index (42%), healthcare workers (40%), students (39%), and those hesitant on the VCI Index are the most likely to have rejected a vaccination.

REJECTION OF VACCINES:

- Yes
- No
- I have never received an invite for any vaccinations

All interviews: n= 1023

Those who ever rejected a vaccination: n= 331
OTHER VACCINATIONS

1 in 5 of the total population (20%) feel they are more likely to get vaccinated as a result of the pandemic, while 1 in 3 report that they are less likely (30%).

Respondents are most motivated to get vaccinated against Malaria, followed by Polio and Influenza.

When asked specifically whether respondents would accept a new Malaria vaccine, 67% reported ‘definitely yes’ and a further 10% reported ‘unsure leaning towards yes’, leaving only 21% likely to refuse the vaccine.

There has been no change in my views to vaccines.

WILLINGNESS TO GET VACCINATED AS A RESULT OF THE PANDEMIC:

- A lot more likely
- Somewhat more likely
- Somewhat less likely
- A lot less likely
- There has been no change in my views to vaccines

- Malaria: 50%
- Polio: 48%
- Influenza: 48%
- MMR (Measles, Mumps and Rubella): 43%
- Yellow Fever: 42%
- Diphtheria, Pertussis, and Tetanus (DPT): 35%
- Hepatitis B: 33%
- Pneumococcal: 31%
- Bacillus CalmetteGurin (BCG): 30%
- Human papillomavirus (HPV): 27%

All interviews: n= 1023
THREAT FROM COVID
More than half (55%) of the total sample are concerned about contracting COVID-19 for themselves, while a further 58% are concerned for their friends and family.

As seen in the charts, there are no significant differences between age and gender groups in concerns over getting COVID-19 for oneself of friends and family.

Groups that are most likely to be concerned over getting COVID-19 are; those residing in urban areas compared to rural areas – 58% vs 44%, and stay-at-home parents compared to those working – 64% vs 54%.

<table>
<thead>
<tr>
<th>Age</th>
<th>Yourself:</th>
<th>Friends/Family:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yourself</td>
<td>Friends/Family</td>
</tr>
<tr>
<td>Women over 35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men over 35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women under 35</td>
<td>21%</td>
<td>26%</td>
</tr>
<tr>
<td>Men under 35</td>
<td>18%</td>
<td>21%</td>
</tr>
</tbody>
</table>

All interviews: n= 1023
PERCEIVED THREAT OF COVID-19

Around 2 in 5 of respondents (37%) agree that the threat from COVID-19 is exaggerated, which is slightly lower than in January-22 (42%).

This leaves 32% of the total sample who agree that the perceived seriousness/threat from COVID-19 has been generally correct; and 22% who see it has generally underestimated.

7 in 10 of this population agree that they are at a personal threat from COVID-19, this is slightly higher (5%) than in January-22.

COVID-19 comes as one of the lowest perceived threat, ranking just higher than Polio and Monkeypox.

NET AGREE THAT THREAT FROM COVID-19 IS EXAGGERATED:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Jan-22</th>
<th>Aug-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>55+</td>
<td>40%</td>
<td>36%</td>
</tr>
<tr>
<td>45-54</td>
<td>38%</td>
<td>47%</td>
</tr>
<tr>
<td>35-44</td>
<td>34%</td>
<td>41%</td>
</tr>
<tr>
<td>25-34</td>
<td>37%</td>
<td>39%</td>
</tr>
<tr>
<td>18-24</td>
<td>38%</td>
<td>35%</td>
</tr>
</tbody>
</table>

PERSONAL THREAT FROM COVID-19:

- Unemployment and jobs: 85% (Jan-22) 86% (Aug-22)
- Malaria: 85% (Jan-22) 86% (Aug-22)
- Lack of access to clean water: 74% (Jan-22) 86% (Aug-22)
- Lack of access to food: 70% (Jan-22) 84% (Aug-22)
- HIV/Aids: 63% (Jan-22) 79% (Aug-22)
- Inflation: 74% (Jan-22) 74% (Aug-22)
- Tuberculosis: 64% (Jan-22) 73% (Aug-22)
- COVID-19: 67% (Jan-22) 72% (Aug-22)
- Polio: 56% (Jan-22) 63% (Aug-22)
- Monkeypox: 47% (Jan-22)

All interviews: n=1023
Since January-22, there has been a general slight decrease with levels of compliance with protective and preventive measures against COVID-19 – however not statistically significant for all of them.

Healthcare workers, those who have already received a vaccination against COVID-19 and those university educated are some of the most likely to comply with preventive measures.
TRUST
Healthcare workers are the most trusted to do the right thing, and are closely followed by religious leaders. Politicians rank the worst in this question – this is true across demographics. Outside of health related groups or institutions, pharmaceutical companies rank highly.

<table>
<thead>
<tr>
<th>Group</th>
<th>NET: A lot/ somewhat</th>
<th>NET: Not much/ not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare workers</td>
<td>79%</td>
<td>19%</td>
</tr>
<tr>
<td>Religious leaders</td>
<td>75%</td>
<td>24%</td>
</tr>
<tr>
<td>Pharmaceutical companies</td>
<td>71%</td>
<td>27%</td>
</tr>
<tr>
<td>International health authorities (e.g. Africa CDC, WHO)</td>
<td>70%</td>
<td>27%</td>
</tr>
<tr>
<td>National health authorities</td>
<td>69%</td>
<td>29%</td>
</tr>
<tr>
<td>Community leaders</td>
<td>58%</td>
<td>41%</td>
</tr>
<tr>
<td>The government</td>
<td>51%</td>
<td>47%</td>
</tr>
<tr>
<td>Multinational companies</td>
<td>48%</td>
<td>45%</td>
</tr>
<tr>
<td>National military</td>
<td>45%</td>
<td>52%</td>
</tr>
<tr>
<td>Politicians</td>
<td>32%</td>
<td>65%</td>
</tr>
</tbody>
</table>

All interviews: n= 1023
74% of the total sample personally have the final say about getting vaccinated against COVID-19: leaving a quarter of participants having another person have the final say on the issue.

Women are significantly more likely than men to have someone else weigh in on the final decision about getting vaccinated against COVID-19.

**FINAL SAY ABOUT COVID-19 VACCINE UPTAKE:**

- **74%** Myself
- **12%** My parents
- **7%** My spouse / partner

**% OF THOSE WHO HAVE ANOTHER PERSON HAVE THE FINAL SAY ABOUT RECEIVING A COVID-19 VACCINE:**

- **Net:**
  - Another family member: 5%
  - Me: 94%

- **By Age and Gender:**
  - Men over 35: 29%
  - Men under 35: 69%
  - Women over 35: 18%
  - Women under 35: 38%

All interviews: n=1023
When seeking information about their general health, respondents most often turn to family doctor or personal healthcare provider (43%), family members (39%), and friends (29%). The most used platform to access this information are traditional news (51%), social media (27%) and the internet (14%).

Trust in healthcare providers administering COVID-19 vaccines has increased since January-22 especially in male respondents (8%) and those aged 18-24 (11%). There has been an increase across all categories surveyed apart for those aged 55+ which has remained the same as it was in January-22.

**THREE MOST TRUSTED SOURCES FOR REASSURANCE ABOUT COVID-19 VACCINES:**

- **72%** Family and friends
- **72%** Religious leaders
- **71%** World Health Organization (WHO)

**TRUST IN LOCAL HEALTHCARE PROVIDERS ADMINISTERING COVID-19 VACCINES:**

<table>
<thead>
<tr>
<th>% Change in Net Trust</th>
<th>Jan-22:</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td>71%</td>
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<td>72%</td>
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<td>70%</td>
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<td>69%</td>
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<td>71%</td>
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<tr>
<td></td>
<td>73%</td>
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<td></td>
<td>69%</td>
</tr>
<tr>
<td></td>
<td>76%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55+</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>18%</td>
<td>21%</td>
<td>NET Yes</td>
<td>NET No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>80%</td>
<td>76%</td>
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<td></td>
</tr>
<tr>
<td>78%</td>
<td>80%</td>
<td>76%</td>
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</tbody>
</table>

All interviews: n=1023
MISINFORMATION
65% of the total sample self-report seeing at least some mis/disinformation about COVID-19 and the pandemic. While there is a slight increase – however not statistically significant – in respondents being exposed to “a lot”, there has been a drop of 5% in those reporting exposure to ‘some’ mis/disinformation.

There has been no significant change in sources of mis/disinformation since January-22. Social media, family or friends and television remain the main sources for mis/disinformation whereas respondents.

67% of those who have seen or heard information about COVID-19 report sharing these stories, either by discussing them with friends or by sharing them online.
The most common misinformation stories seen and believed to be true by around 1 in 3 of the total sample relate to COVID-19 being a planned event by foreign actors and that the government supports a new COVID-19 vaccine to further its own interests. Those stories are particularly believed by those with men under the age of 35, those hesitant on the VCI Index and students.

Stories that COVID-19 is linked to 5G and that vaccines developed before the Omicron variant are not effective, are the least likely to be believed to be true and to have been heard of.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes, true</th>
<th>Yes, false</th>
<th>Not heard</th>
<th>Yes, don't kow</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 is a planned event by foreign actors/governments</td>
<td>32%</td>
<td>17%</td>
<td>33%</td>
<td>15%</td>
</tr>
<tr>
<td>Our government supports a new COVID-19 vaccine to further its own interests (e.g. for financial gain)</td>
<td>29%</td>
<td>13%</td>
<td>42%</td>
<td>14%</td>
</tr>
<tr>
<td>People in Africa are being used as guinea pigs in vaccine trials</td>
<td>27%</td>
<td>15%</td>
<td>43%</td>
<td>12%</td>
</tr>
<tr>
<td>The vaccines offered in Africa are inferior to others elsewhere in the world (for example Europe)</td>
<td>26%</td>
<td>13%</td>
<td>47%</td>
<td>12%</td>
</tr>
<tr>
<td>Drinking plenty of water helps prevent you from catching COVID-19</td>
<td>22%</td>
<td>16%</td>
<td>48%</td>
<td>11%</td>
</tr>
<tr>
<td>Vaccine trials in Africa have led to the death of several children</td>
<td>21%</td>
<td>13%</td>
<td>52%</td>
<td>11%</td>
</tr>
<tr>
<td>Vaccines that were developed before the Omicron variant will not be effective</td>
<td>16%</td>
<td>10%</td>
<td>59%</td>
<td>11%</td>
</tr>
<tr>
<td>The spread of COVID-19 is linked to 5G</td>
<td>11%</td>
<td>12%</td>
<td>63%</td>
<td>9%</td>
</tr>
</tbody>
</table>
THANK YOU