

AFRICA CDC WORKING GROUP SENEGAL



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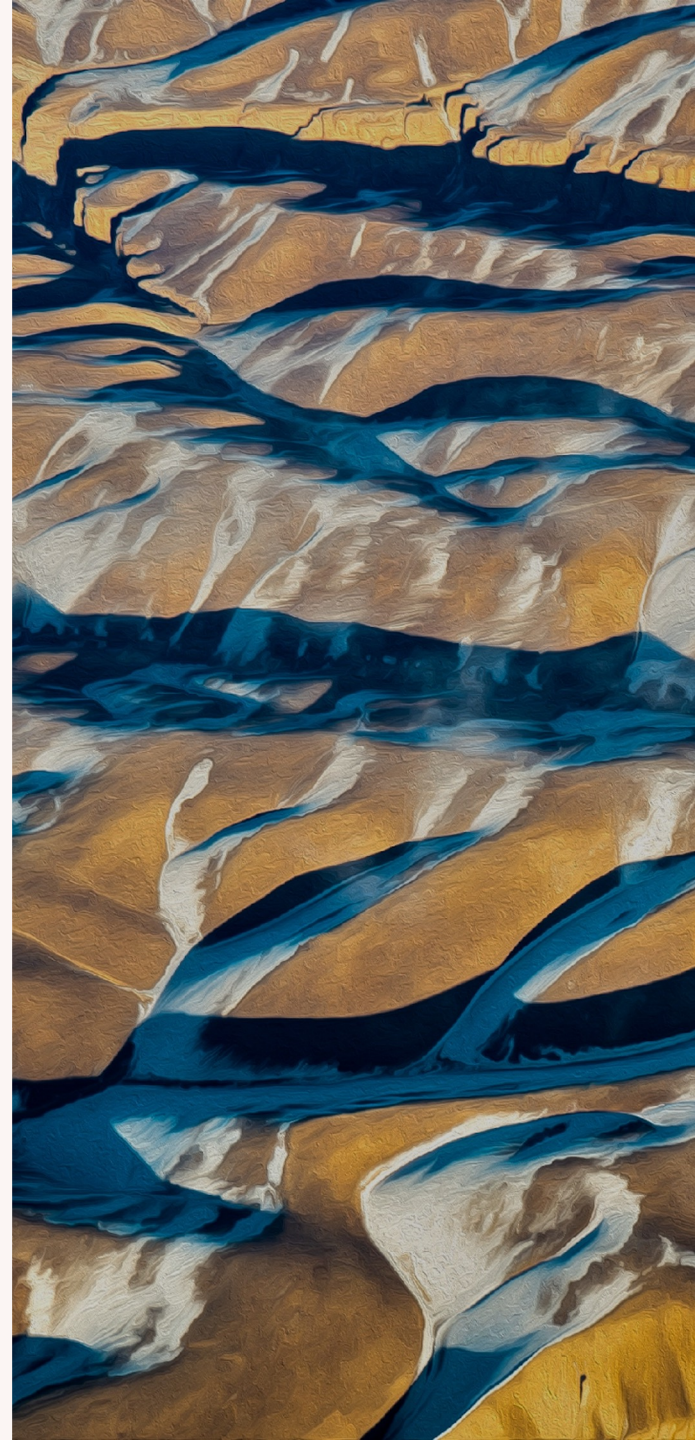


INTRODUCTION

- Research design
- Vaccines deployed vs administered

INTERIM FINDINGS

- The vaccinated
- The unvaccinated
- Vaccinating children
- VCI Index and other vaccines
- Threat from COVID-19
- Trust
- Mis/disinformation



RESEARCH DESIGN

METHODOLOGY

1k N=1,001 interviews per country; nationally representative sample

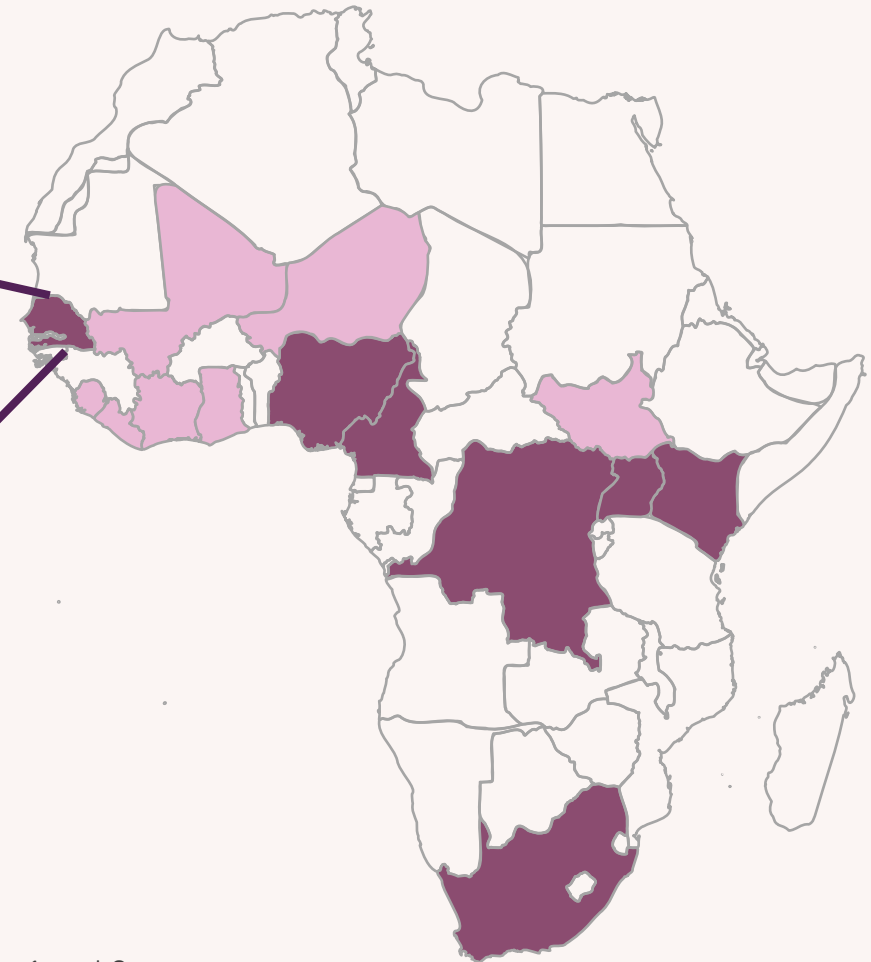
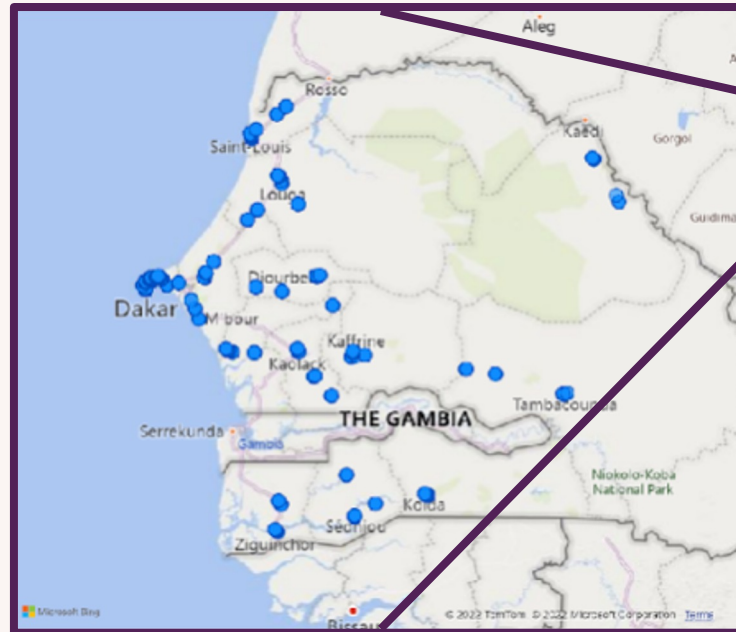
QC Quality control checked by in-country research teams and centrally in London, UK

2/4 Quarterly fieldwork planned for 2022

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

COUNTRIES SURVEYED:

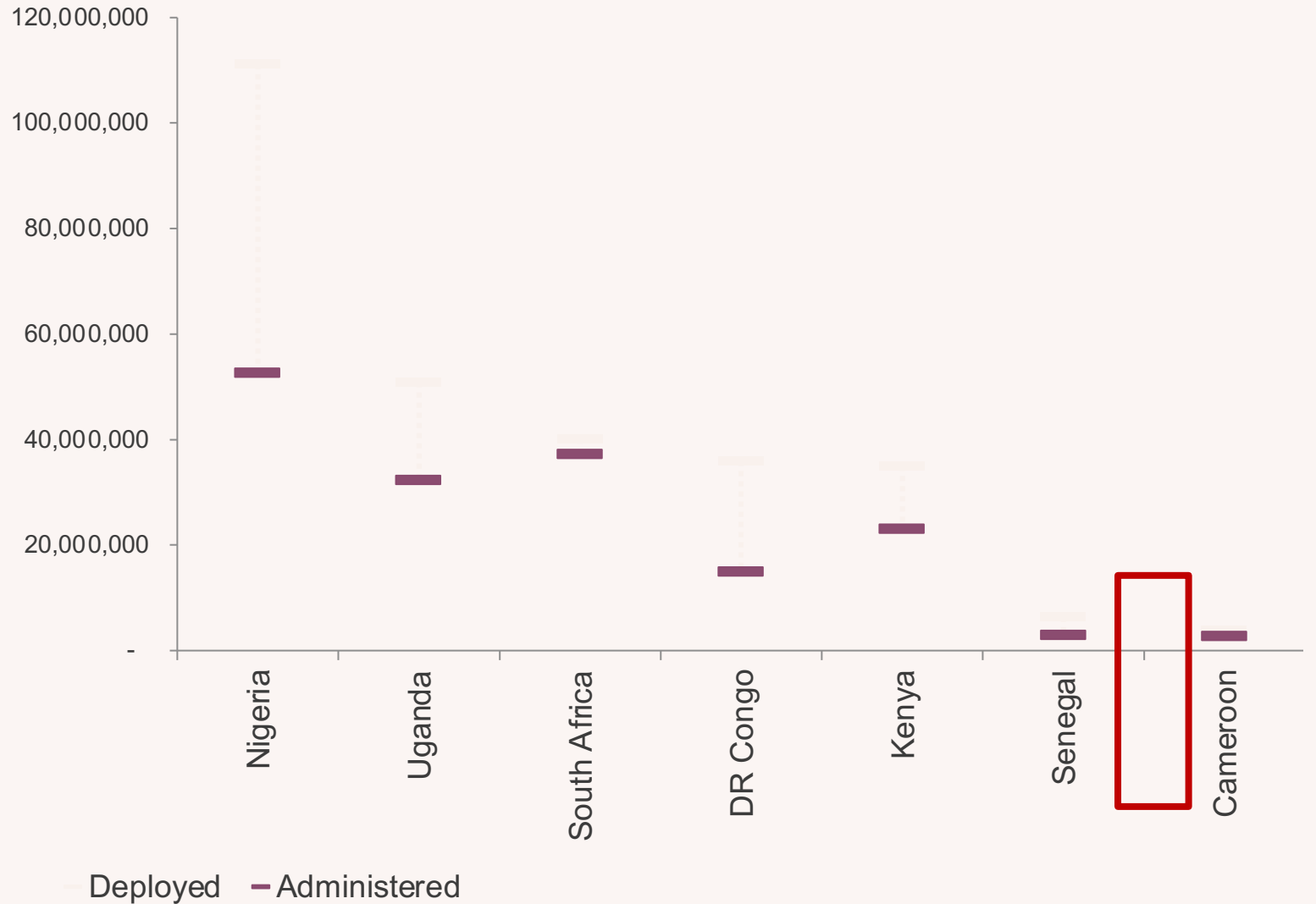
WAVE 2 PRIMARY SAMPLING POINTS:



Wave 1 and 2
 Wave 1 only



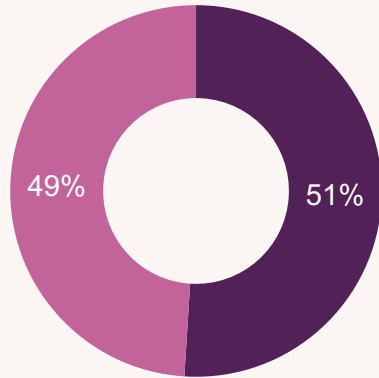
COVID-19 VACCINES DEPLOYED VS ADMINISTERED (AUGUST 2022)



DEMOGRAPHICS

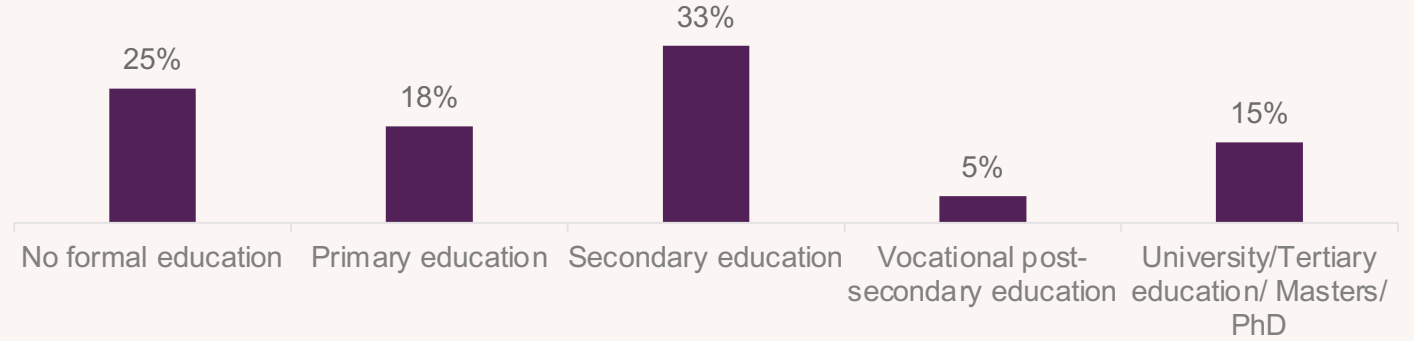
DEMOGRAPHICS

GENDER:

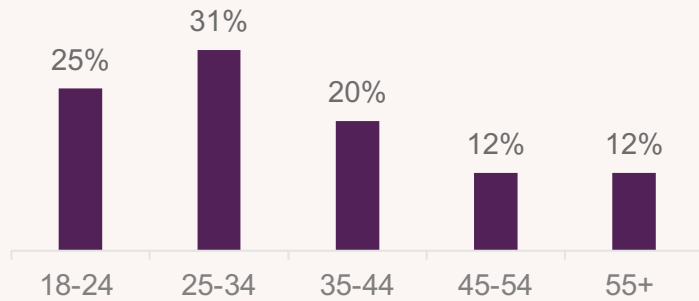


■ Male ■ Female

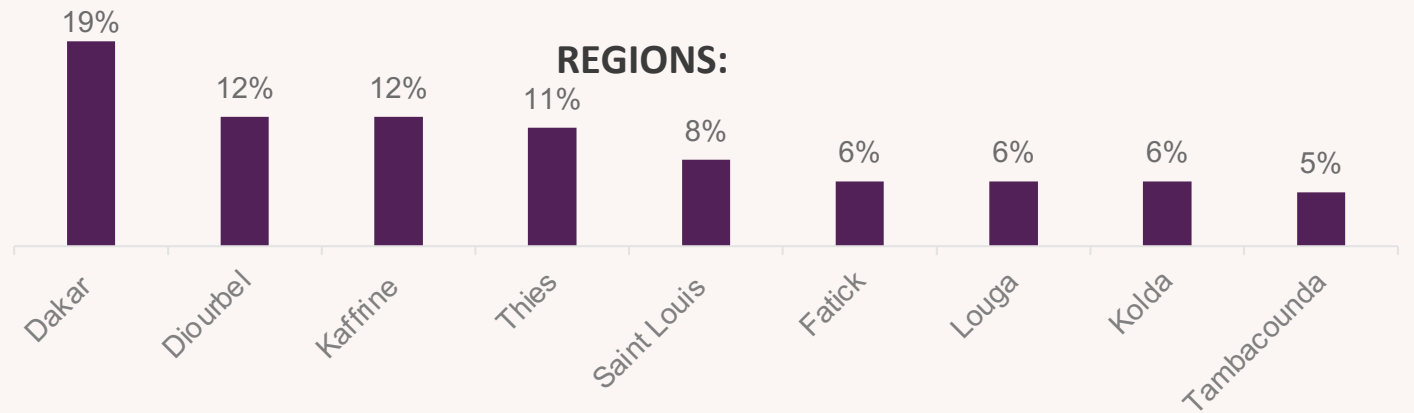
EDUCATION:



AGE GROUP:



REGIONS:



All interviews: n= 1001

DEMOGRAPHICS

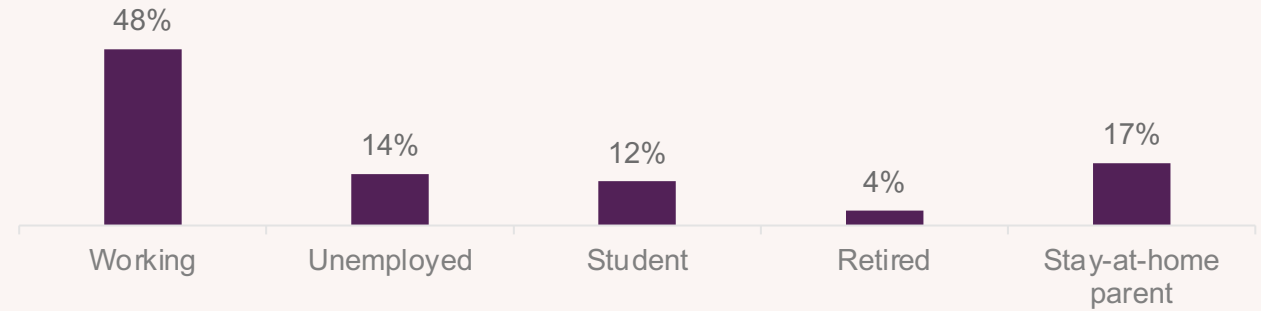
61% Urban

39% Rural

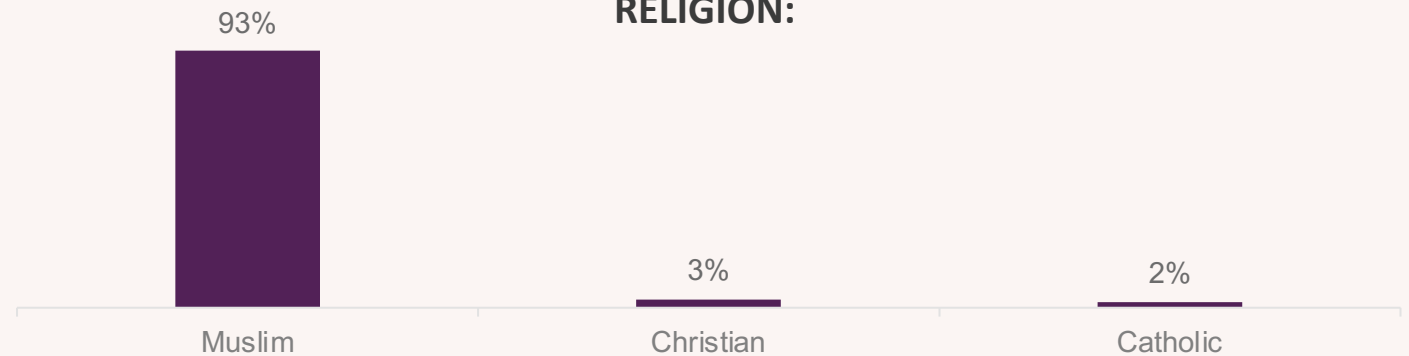
41% Have children in the household under 18

6% Healthcare workers

EMPLOYMENT STATUS:



RELIGION:



All interviews: n= 1001

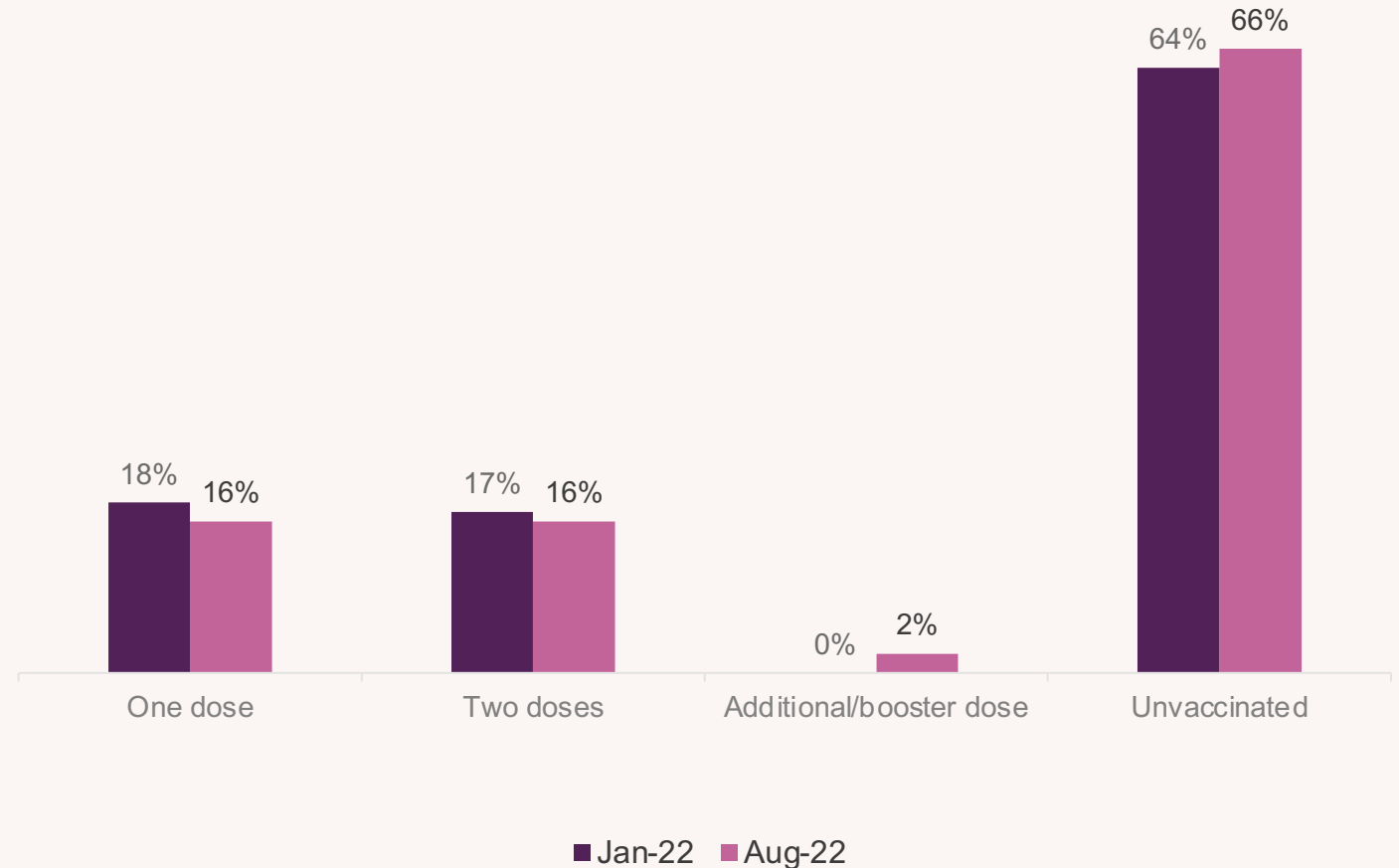
THE VACCINATED

THE VACCINATED

There has been no significant increase in the vaccinated population. The unvaccinated population still makes for more than 3 in 5 of the total sample.

Over 55's are considerably more likely to have two doses of the vaccine (41% compared to 10% of those aged 18-24). Men over 35 are also generally more likely to being vaccinated than women over 35 – 28% vs 20%.

COVID-19 VACCINES ADMINISTERED:



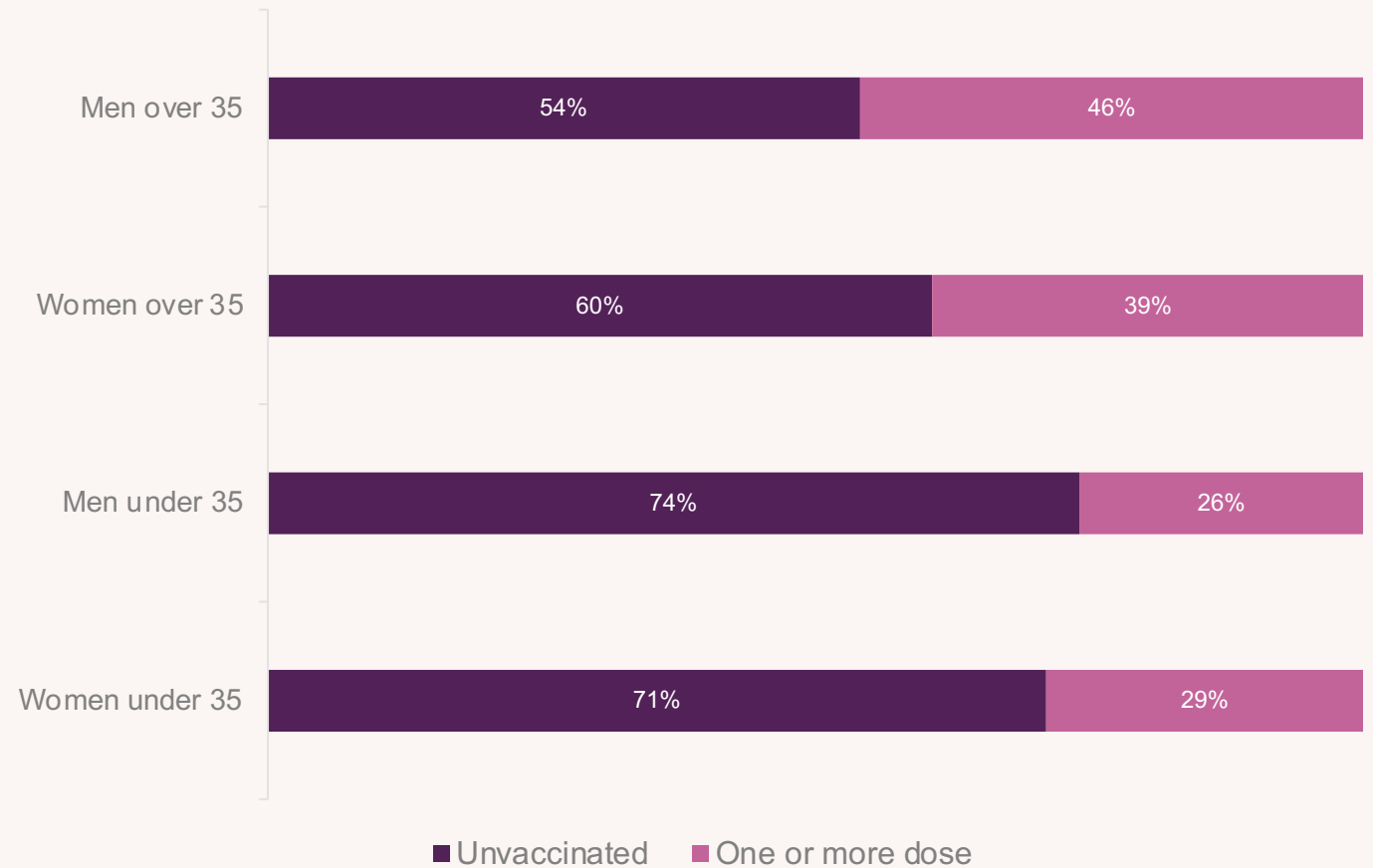
All interviews: n= 1001

THE VACCINATED

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

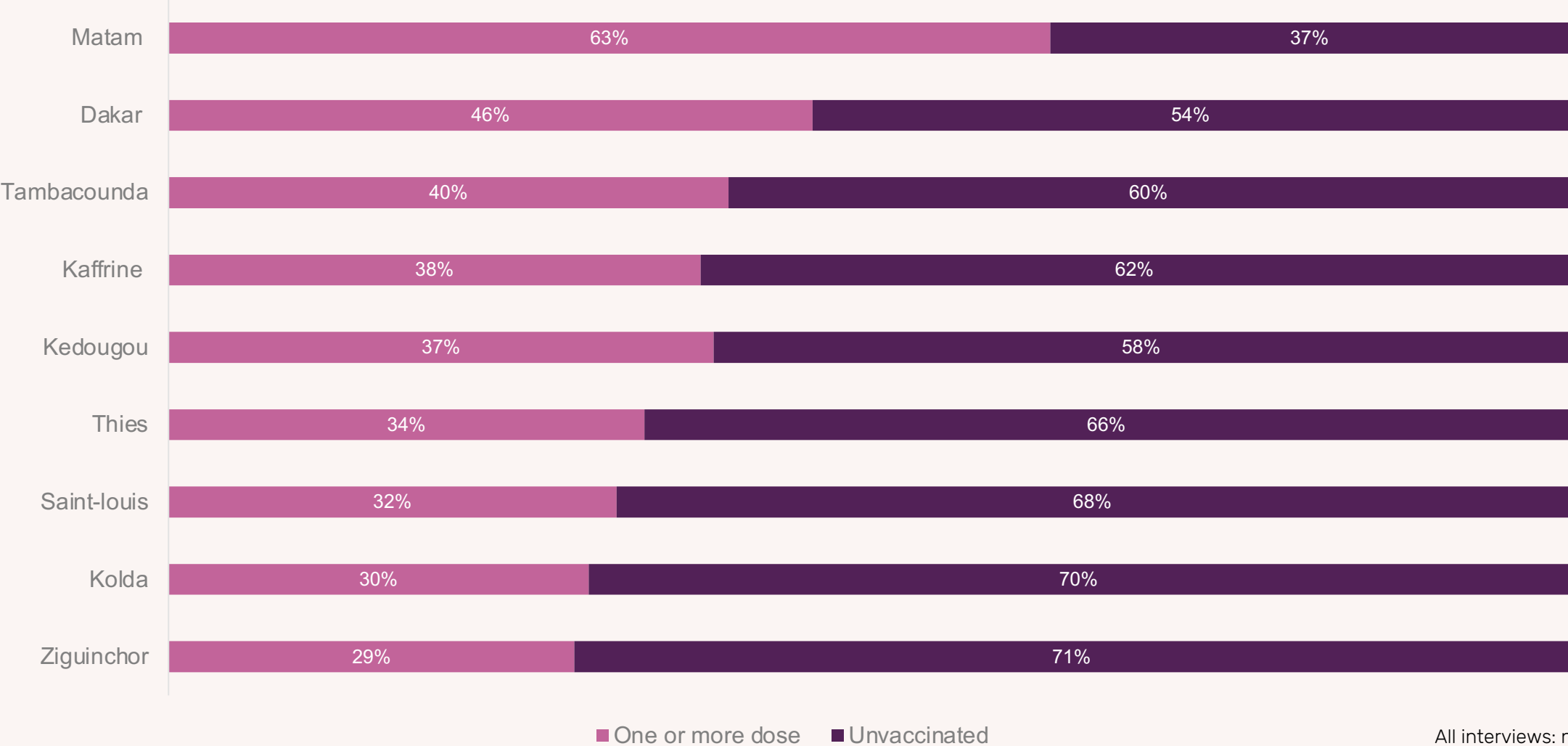
Healthcare workers (50%), those confident on the VCI Index (43%) and stay-at-home parents (40%) are more likely to be vaccinated with at least one dose compared to students (25%) and those hesitant on the VCI Index (22%).

NET COVID-19 VACCINE ACCEPTANCE:



Those vaccinated n= 338

NET COVID-19 VACCINE ACCEPTANCE: REGION



All interviews: n= 1001

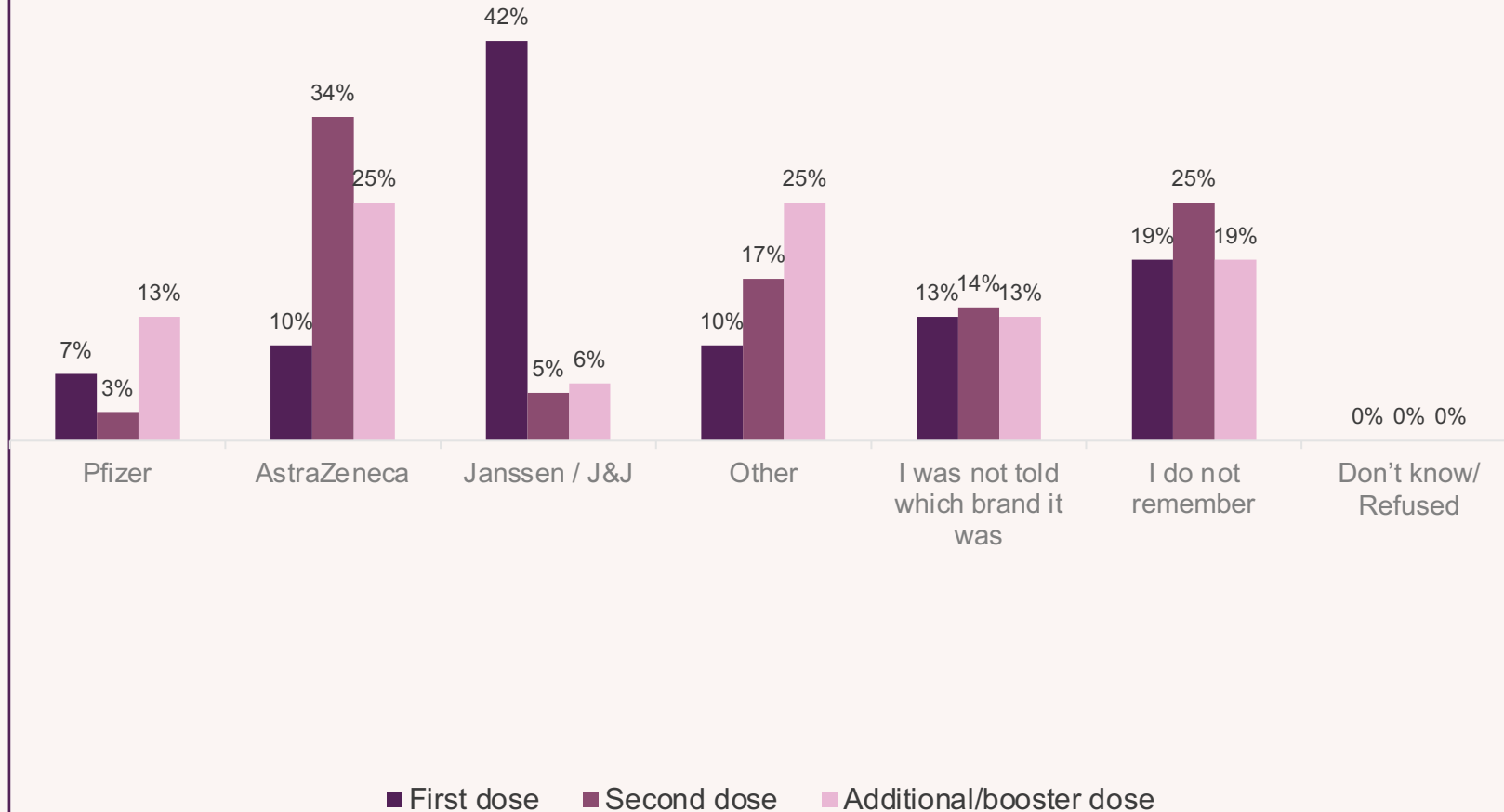
THE VACCINATED

Unsurprisingly, Janssen is the most popular amongst those with just one dose of the vaccine while the AstraZeneca has been the most received for second and additional/booster dose.

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=16).

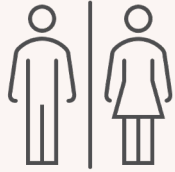
COVID-19 VACCINES ADMINISTERED: BY BRAND



The vaccinated: n= 338
 First dose: n= 161
 Second dose: n= 161
 Additional/booster dose: n= 16

THE VACCINATED

TOP THREE REASONS FOR GETTING VACCINATED:



88% To protect myself

Highest amongst:

- Men under 35 (92%)
- Those with secondary or vocational education (92%)
- Those who believe the threat from COVID-19 is generally underestimated (98%)



72% To protect family

Highest amongst:

- Students (83%)
- Those living in Thies region (82%)
- Those university educated (82%)



12% To gain access to spaces that require a COVID-19 vaccine

Highest amongst:

- Those university educated (30%)
- Healthcare workers (29%)
- Those who have a family member who had COVID-19 (29%)

Those vaccinated: n= 338

THE VACCINATED

ATTITUDES TOWARDS BEING VACCINATED:

89%

Relieved about being vaccinated against COVID-19

57%

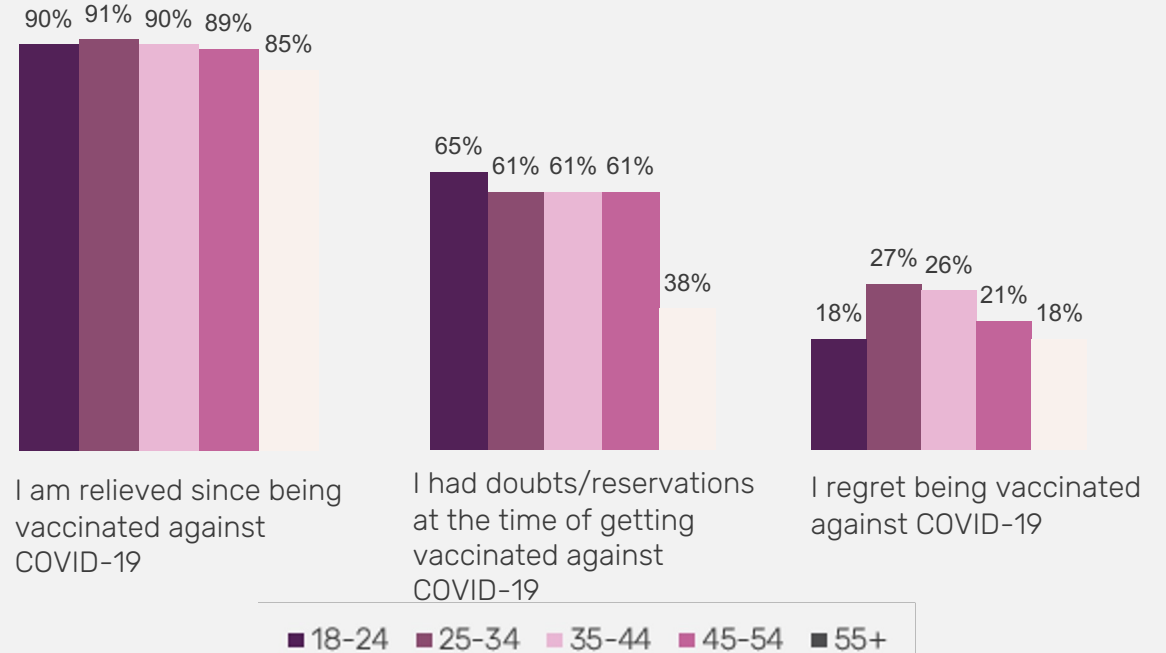
Doubts/reservations at the time of getting vaccinated

22%

Regret having been vaccinated

Those aged 25-34 and 35-44 are the most likely to have feelings of regret about being vaccinated against COVID-19 while the youngest (18-24) and the oldest (55+) are those regretting their decision the least.

Relief over vaccination is steady across age groups while those in the oldest aged group (55+) are the least likely to have had doubts and reservations at the time of getting their vaccine.



Those vaccinated: n= 338

Those vaccinated n= 338



THE UNVACCINATED

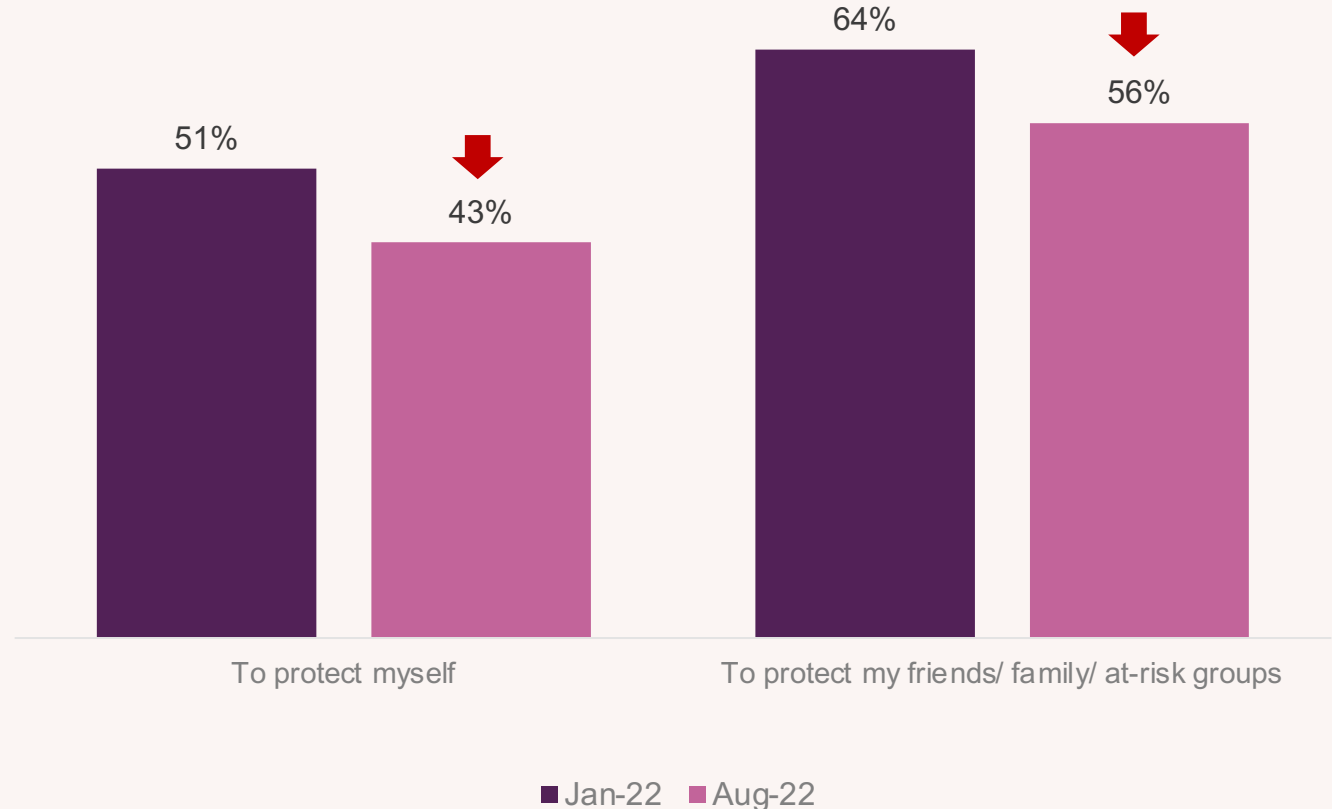
THE UNVACCINATED

For the unvaccinated population which makes up 66% of the total sample, 43% would take a COVID-19 vaccine to protect themselves and more than half (56%) to protect others. The desire for the unvaccinated to get a jab for others opposed to themselves is consistent with the previous round of research.

The Janssen brand of vaccine has the highest level of acceptance (19%) compared to other brands when asked, it is closely followed by AstraZeneca (18%) and Pfizer (15%).

28% of this sample agrees that they would take a COVID-19 vaccine as soon as it was available to them – a further 16% would do so after 6 months.

NET COVID-19 VACCINE ACCEPTANCE:



Those unvaccinated: n= 663

THE UNVACCINATED

TOP THREE REASONS FOR REFUSAL:

20%

Do not feel at risk of catching the virus

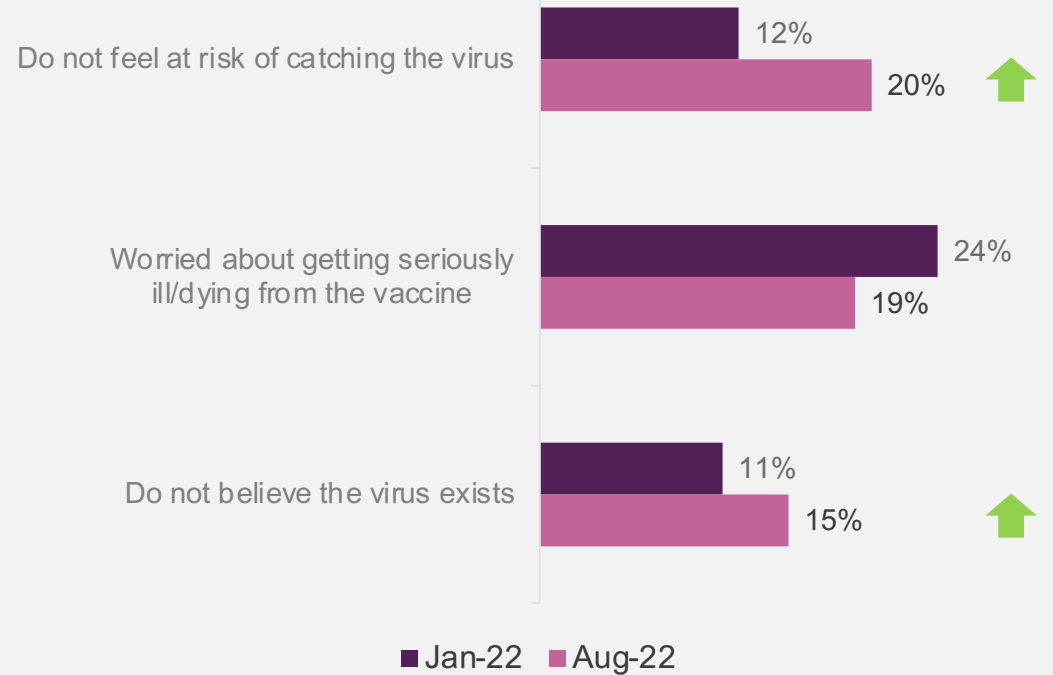
19%

Worried that I will get seriously ill/die from the vaccine

15%

Do not believe the virus exists

Since January-22, there has been a shift in the top reasons for refusal. Not feeling they are at risk of catching the virus is now the number one reason for refusal, followed by being worried about getting seriously ill/ dying from the vaccine.



Those unwilling to get a vaccine: n= 561

THE UNVACCINATED

TOP THREE REASONS MOTIVATORS:

23%

If the vaccine was proven safe

20%

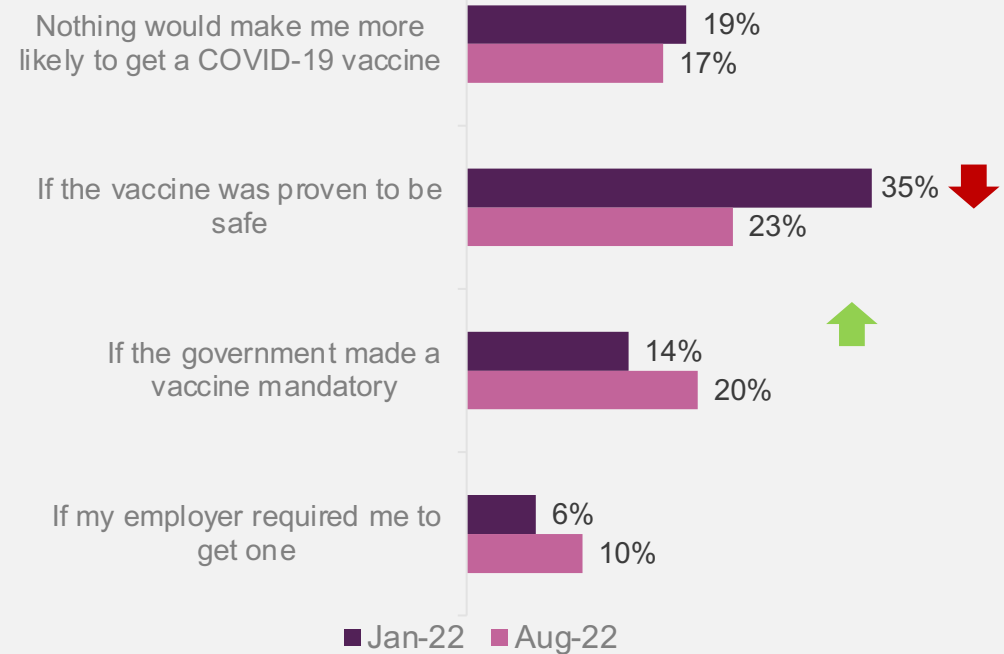
If the government made a vaccine mandatory

10%

If I needed to have a vaccine to access health services

Almost 1 in 5 cite that nothing would make them more likely to get a vaccine – this is slightly lower than in January-22 however not statistically significant.

There has been a 12% decrease in those stating they would get a dose if the vaccine was proven to be safe and a 6% increase in those reporting they would be persuaded if the government made it mandatory.



Those unwilling to get a vaccine: n= 561

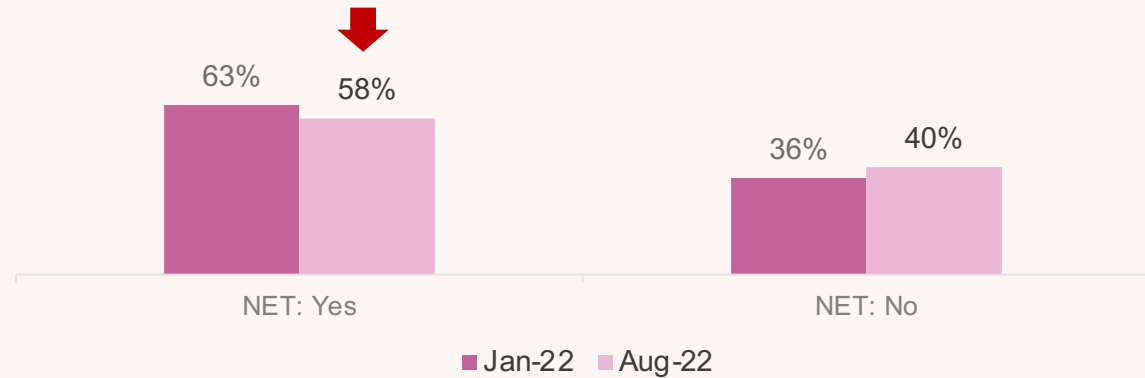
VACCINATING CHILDREN

VACCINATING CHILDREN

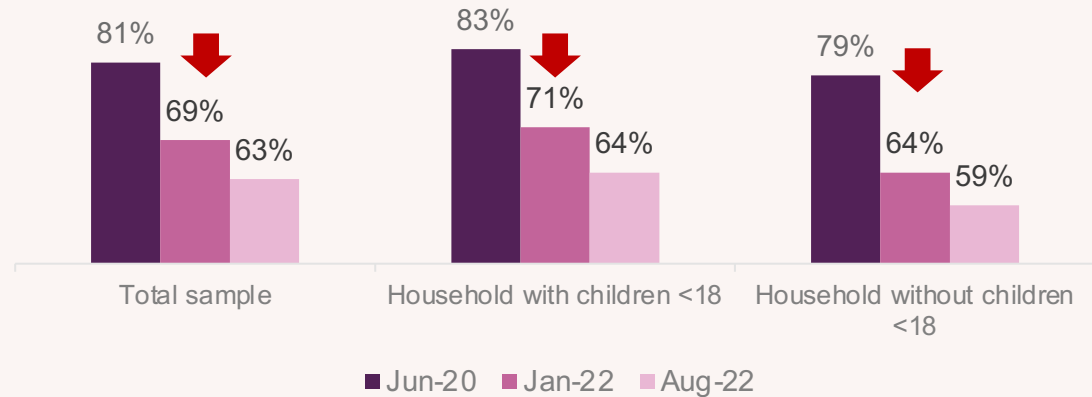
There has been a slight drop of 5% in those responsible for the vaccination of children willing to accept a COVID-19 vaccine.

There is however a significant decrease in the 2022 data collected compared to June-20 in the proportion of those who agree that vaccines in general are important for children to have. This is true for the total sample, households with children under 18 and those without.

NET COVID-19 VACCINE ACCEPTANCE FOR CHILD(REN) IN PARTICIPANTS CARE:



NET AGREE THAT VACCINES ARE IMPORTANT FOR CHILDREN:



Those responsible for the vaccination of children: n= 412

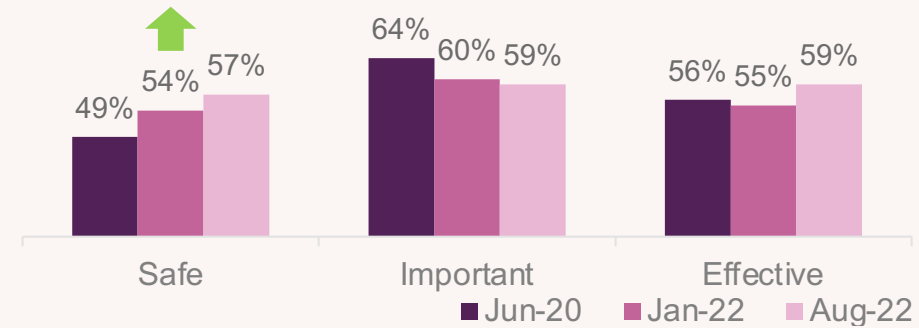
VCI INDEX AND OTHER VACCINATIONS

Since January-22 there has been no significant change in confidence across some measures in the VCI index – for both vaccines in general and COVID-19 specifically.

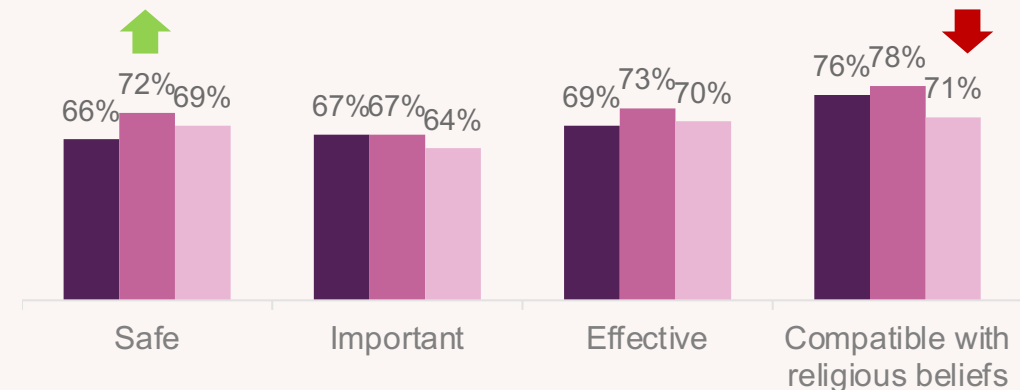
Following an increase in January from June-20 in the perceived safety and effectiveness of vaccines in general, data from August-22 shows a slight decrease making those results comparable to pre-vaccine levels. The only significant change is the drop in respondents agreeing that vaccines in general are compatible with their religious beliefs, it is 7% lower than in January-22 and 5% lower than in June-20.

On the contrary, there has been a slight increase in people perceiving COVID-19 vaccines as safe and effective however this is not statistically significant. Agreement on the importance of COVID-19 vaccines has remained consistent.

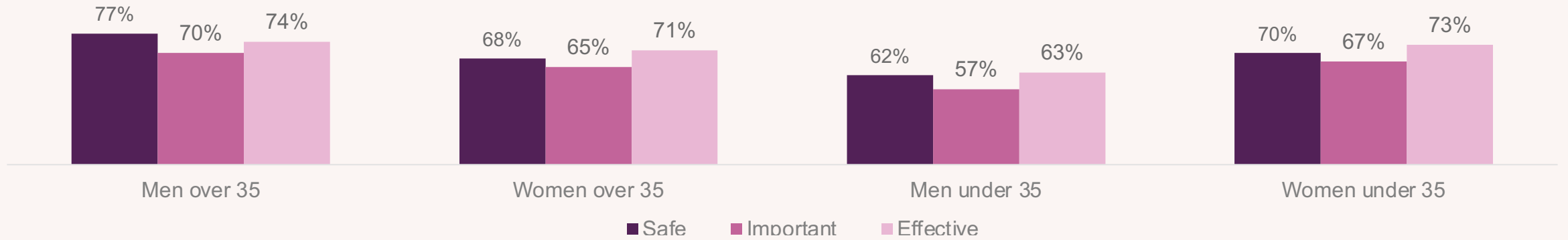
COVID-19 VACCINES:



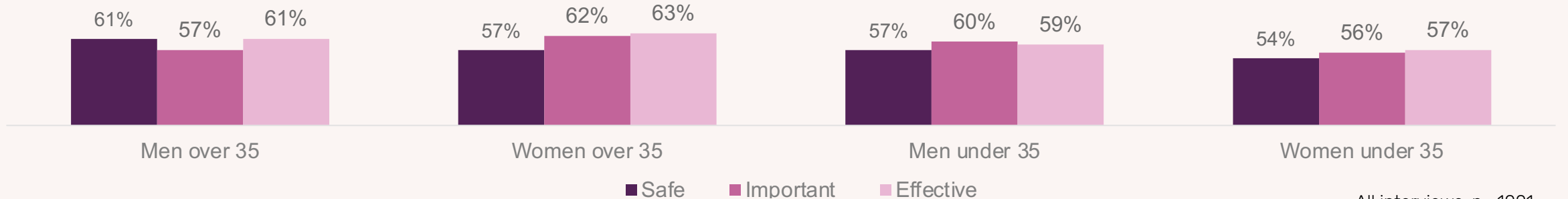
VACCINES IN GENERAL:



VACCINES IN GENERAL:



COVID-19 VACCINES:



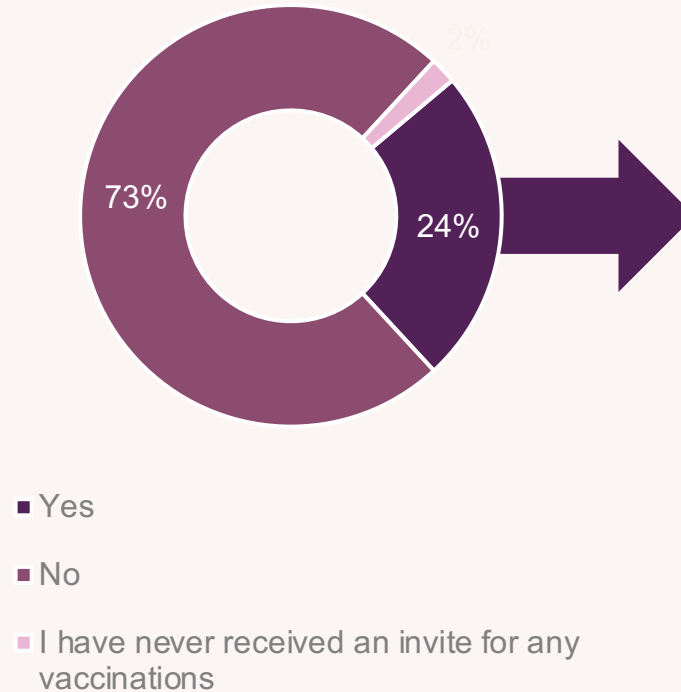
All interviews: n= 1001

OTHER VACCINATIONS

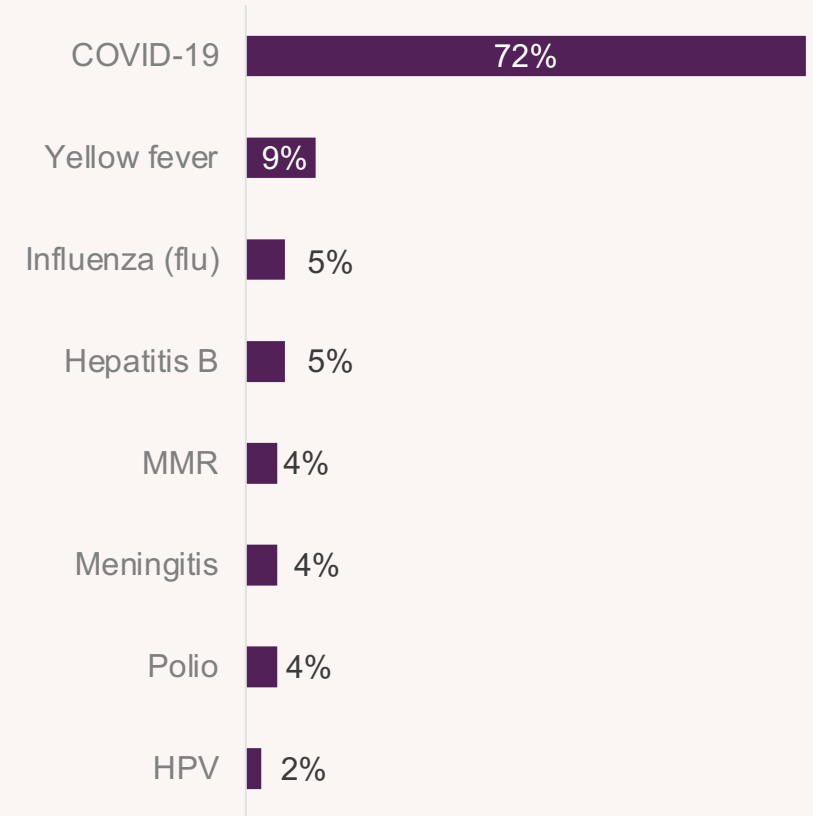
Of the total sample, a quarter report having rejected a vaccine (of any type): leaving 73% who have not. Of those who have rejected a vaccine – 72% did so for COVID-19.

Healthcare workers (32%), those hesitant on the VCI Index (33%) and those who report having seen some mis/disinformation on COVID-19 (41%) are the most likely to have rejected a vaccination.

REJECTION OF VACCINES:



All interviews: n= 1001



Those who ever rejected a vaccination: n= 242

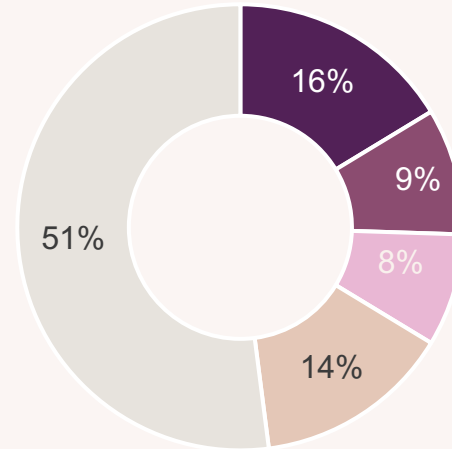
OTHER VACCINATIONS

A quarter of the total population (25%) feel they are more likely to get vaccinated as a result of the pandemic.

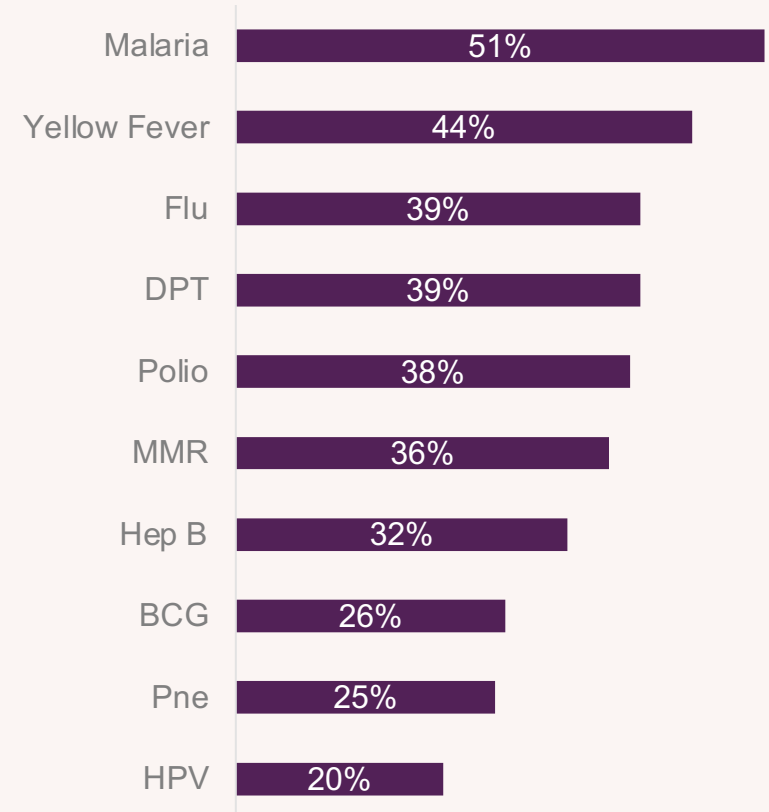
Respondents are most motivated to get vaccinated against Malaria, followed by Yellow Fever and the Flu.

When asked specifically whether respondents would accept a new Malaria vaccine, 72% reported 'definitely yes' and a further 10% reported 'unsure leaning towards yes', leaving only 17% likely to refuse the vaccine.

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



All interviews: n= 1001

THREAT FROM COVID

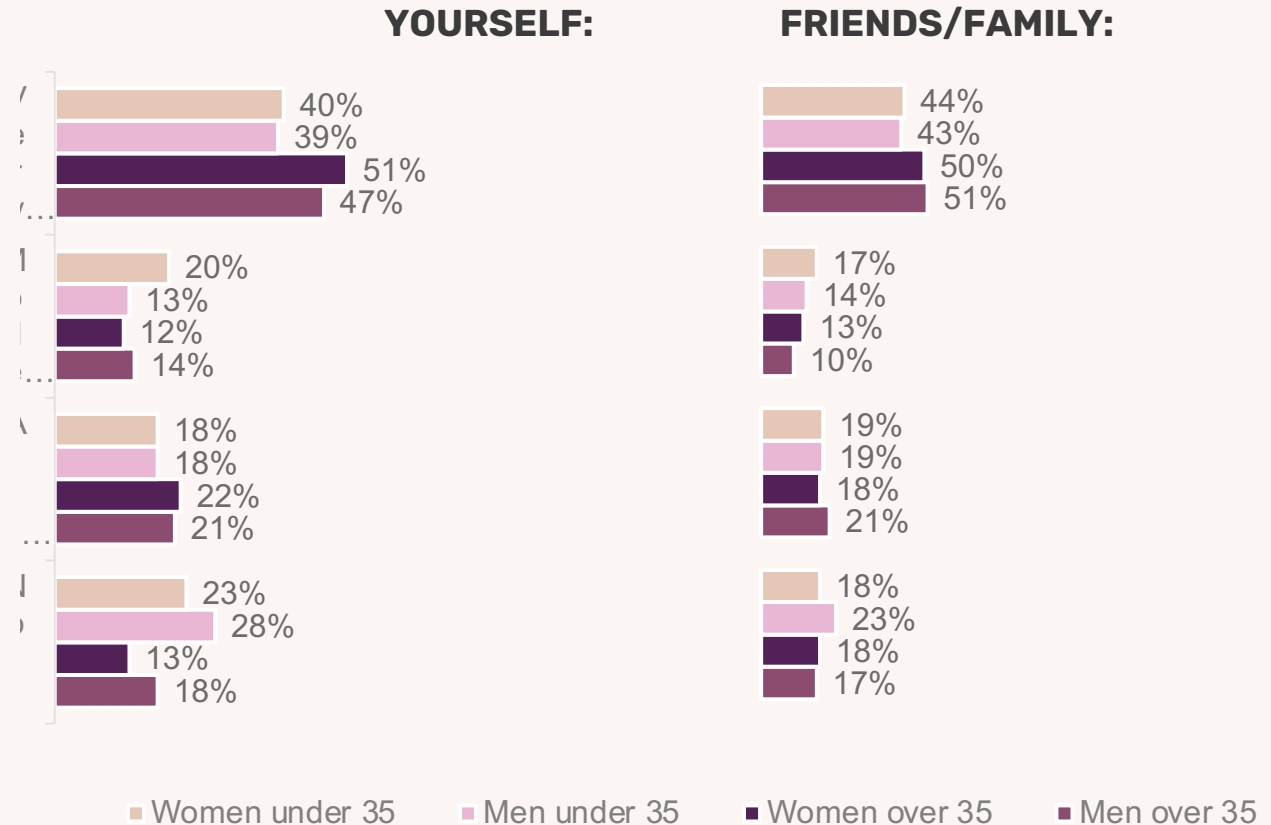
PERCEIVED THREAT OF COVID-19

3 in 5 of the total sample are concerned about contracting COVID-19 for themselves or their friends and family.

As seen in the charts, the older population is significantly more likely to be 'very concerned' to get COVID-19 for themselves or their friends and family. Women are generally more likely to be concerned of contracting it than men – 61% vs 56%.

Groups that are most likely to be concerned over getting COVID-19 are; those who already received a vaccination against the virus, those university educated and those aged 45-54.

CONCERN ABOUT GETTING COVID-19 FOR...



All interviews: n= 1001

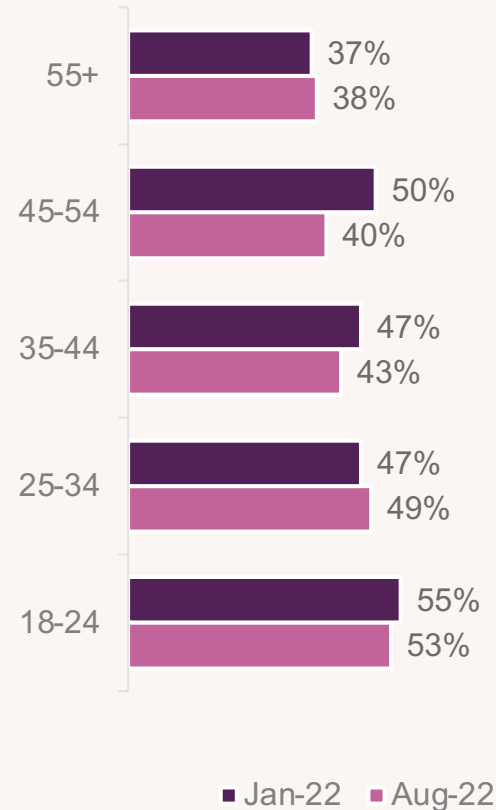
PERCEIVED THREAT OF COVID-19

Nearly half of respondents (46%) agree that the threat from COVID-19 is exaggerated – which is consistent with the January-22 data (47%).

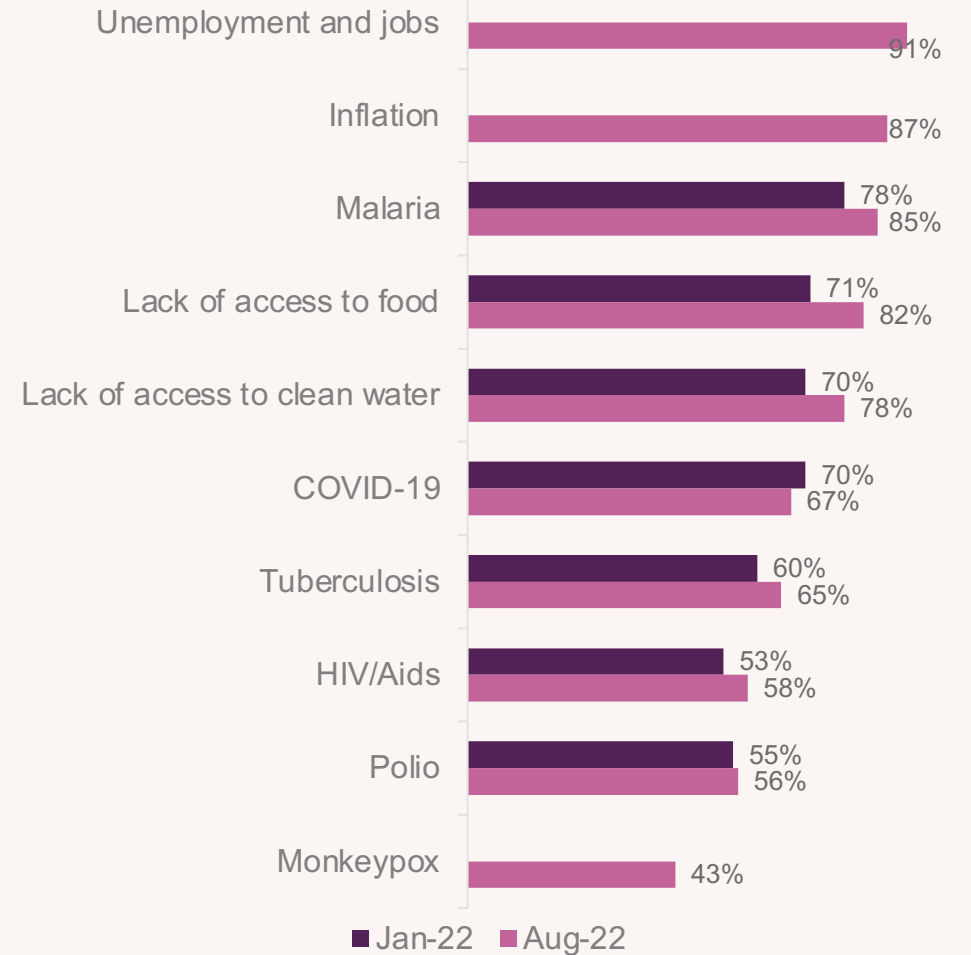
This leaves 34% of the total sample who agree that the perceived seriousness/threat from COVID-19 has been generally correct; and 16% who see it has generally underestimated.

Two thirds of the population agree that they are at a personal threat from COVID-19; this is the same as it was in January. Whilst COVID-19 is dwarfed by concern over inflation and unemployment – it ranks as the second highest health issue after Malaria and compared to HIV/AIDs, TB, Monkeypox and Polio.

NET AGREE THAT THREAT FROM COVID-19 IS EXAGGERATED:



PERSONAL THREAT FROM COVID-19:



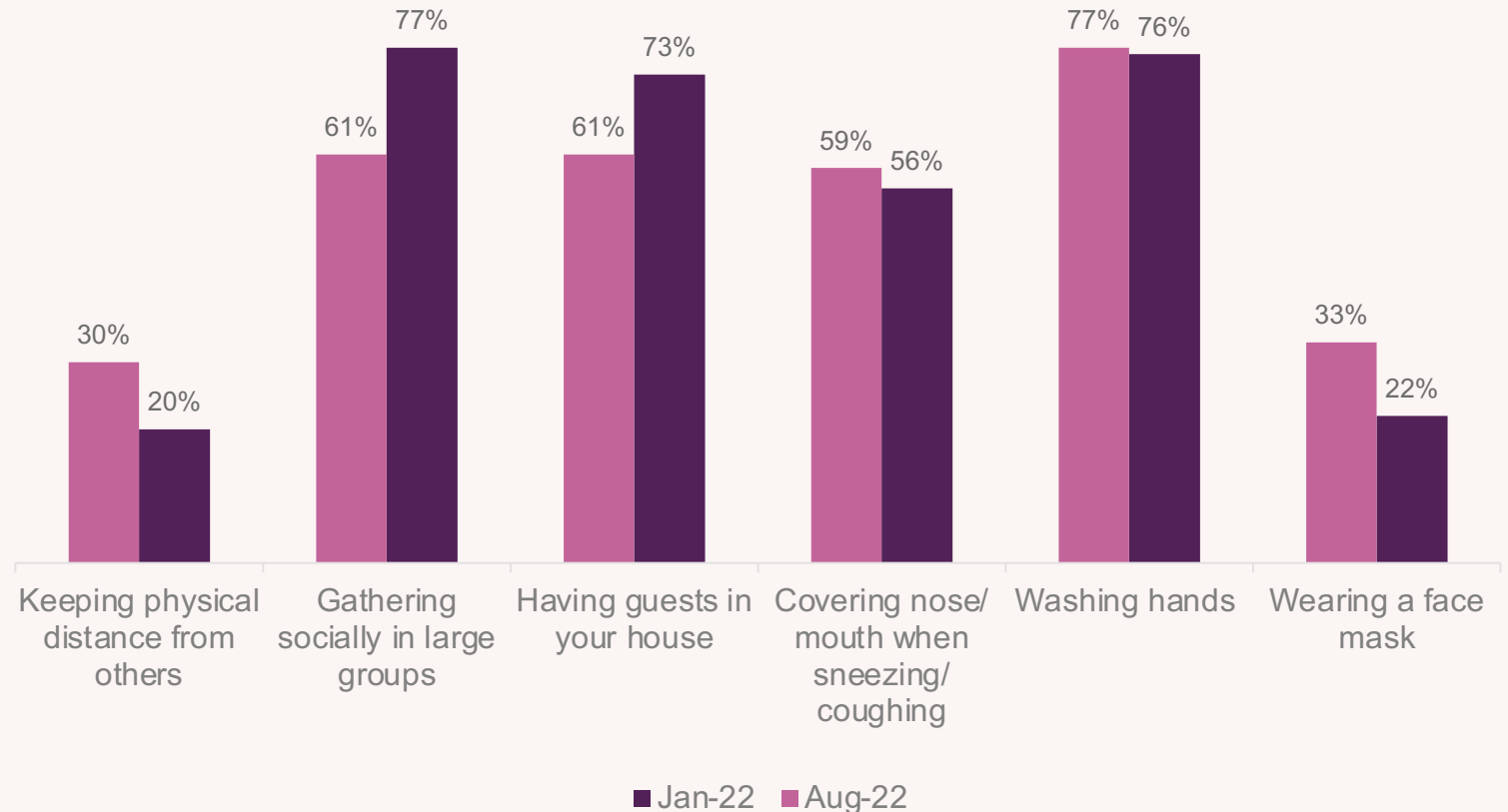
All interviews: n= 1001

PERCEIVED THREAT OF COVID-19

Since January-22, there has been an increase with levels of compliance with protective and preventative measures against COVID-19 – respondents are 10% more likely to wear a face mask and keep physical distance from others while there are less likely to having guests in their house and gather in large groups.

Those university educated and the unemployed are those generally most likely to comply with protective and preventive measures against COVID-19.

COMPLIANCE WITH PROTECTIVE AND PREVENTATIVE MEASURES:



All interviews: n= 982

TRUST

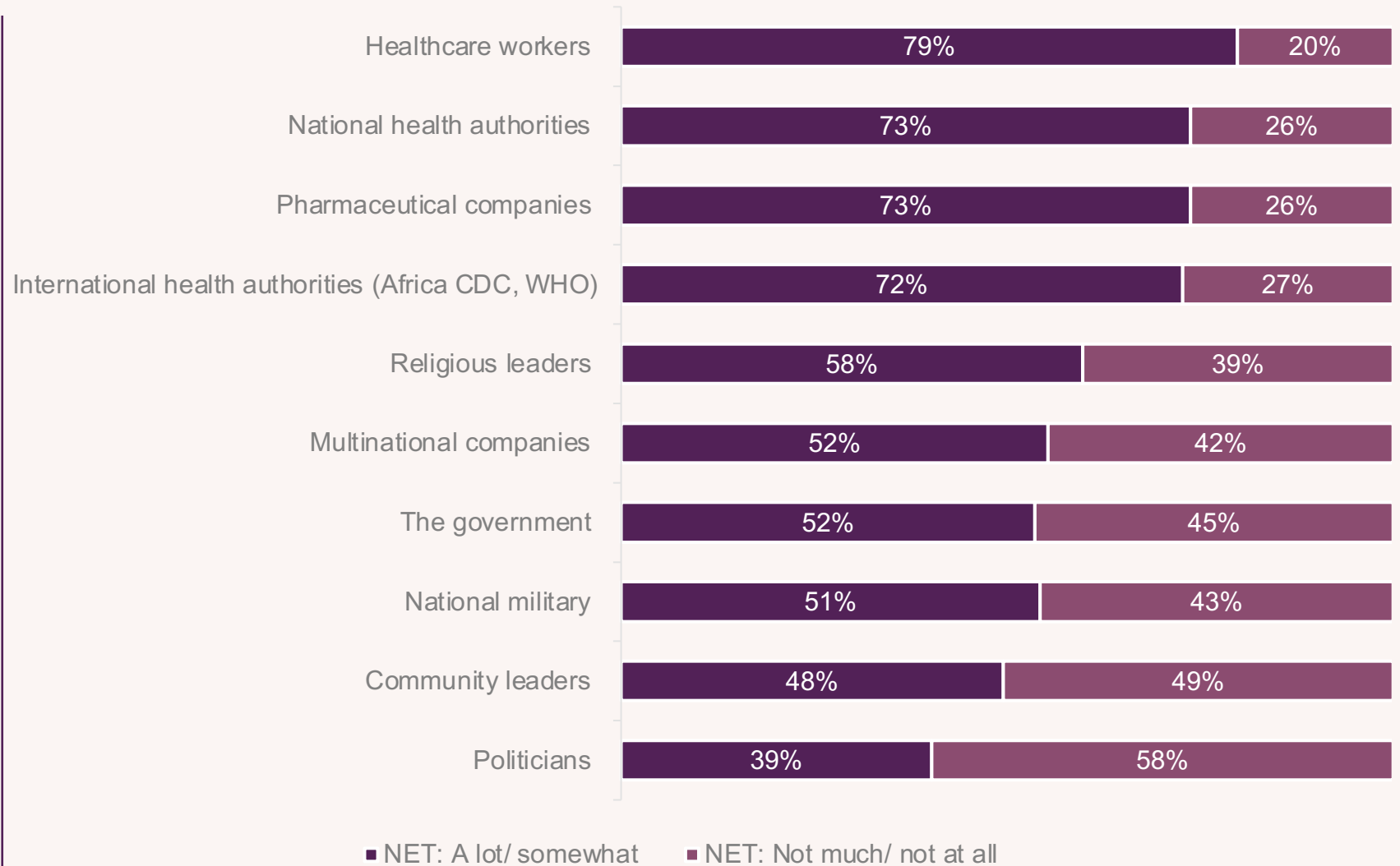
MIS/DISINFORMATION

When asked whether respondents trust the following groups to 'do the right thing' – the data shows clearly that health related groups come out on top.

Politicians rank the worst in this question – this is true across demographics.

Outside of health related groups or institutions, religious leaders rank highly.

TRUST IN FOLLOWING GROUPS TO DO THE RIGHT THING:



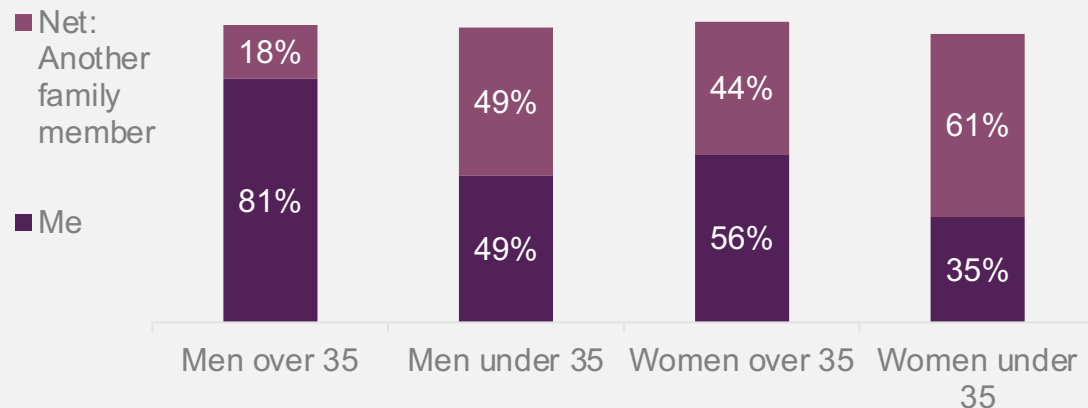
All interviews: n= 1001

TRUSTED VOICES IN VACCINE ACCEPTANCE

54% of the total sample personally have the final say about getting vaccinated against COVID-19; leaving 44% of respondents having another person and 38% another family member having the final say.

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

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



FINAL SAY ABOUT COVID-19 VACCINE UPTAKE:

54%

Myself

12%

My spouse / partner

10%

My parents

All interviews: n= 1001

TRUSTED VOICES IN VACCINE ACCEPTANCE

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

86% Religious leaders

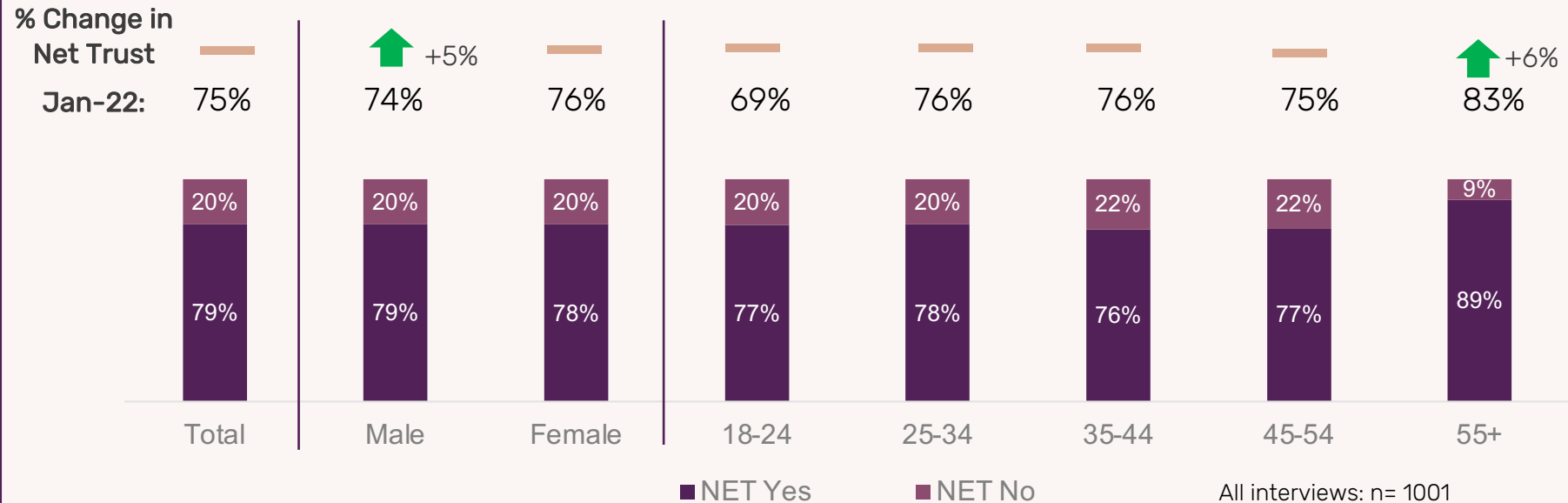
83% Pharmaceutical companies

64% World Health Organization (WHO)

When seeking information about their general health, respondents most often turn to family doctors or healthcare providers (44%), family members (37%) and friends (25%), while traditional news (64%), social media (22%) and messaging platforms are the most used platform to access this information.

Trust in healthcare providers administering COVID-19 vaccines has increased since January-22 especially in male respondents (5%) and those aged 55+ (6%). There has been an increase across most categories surveyed however not statistically significant.

TRUST IN LOCAL HEALTHCARE PROVIDERS ADMINISTERING COVID-19 VACCINES:



MISINFORMATION

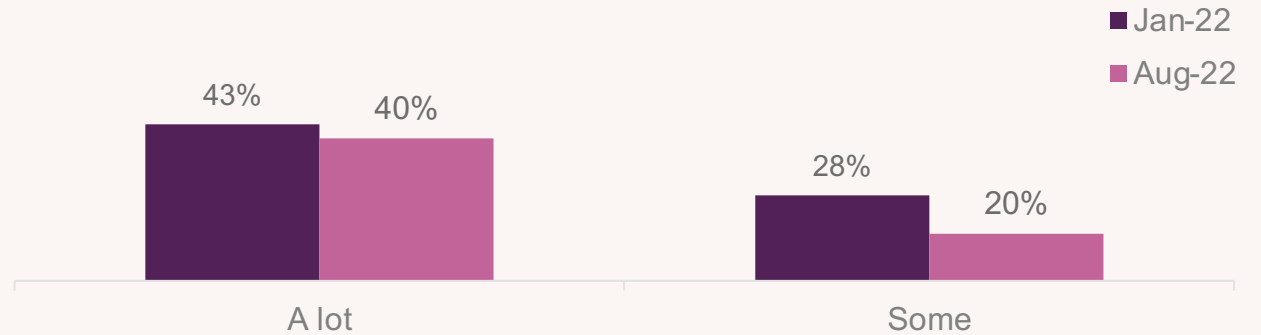
MIS/DISINFORMATION

60% of the total sample self-report seeing at least some mis/disinformation about COVID-19 and the pandemic. While there is a slight decrease – however not statistically significant – in respondents being exposed to “a lot”, there has been a drop of 8% in those reporting exposure to ‘some’ mis/disinformation.

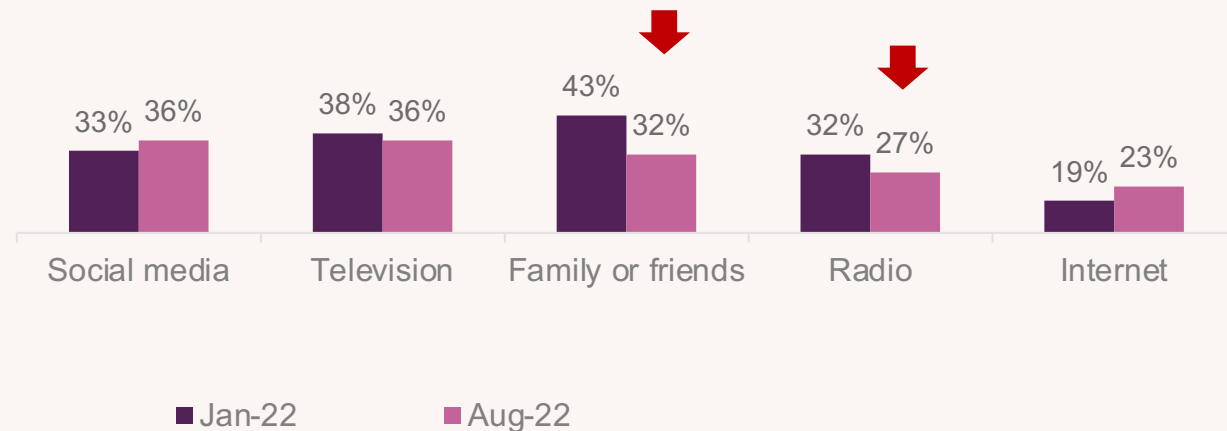
Social media and television are the main sources for mis/disinformation whereas respondents are less likely to report coming across such content through their family or friends than they were in January-22.

61% of those who have seen or heard information about COVID-19 report sharing these stories, either by discussing them with friends or family or by sharing them online.

SELF REPORTED EXPOSURE TO MIS/DISINFORMATION:



SOURCE OF MIS/DISINFORMATION:



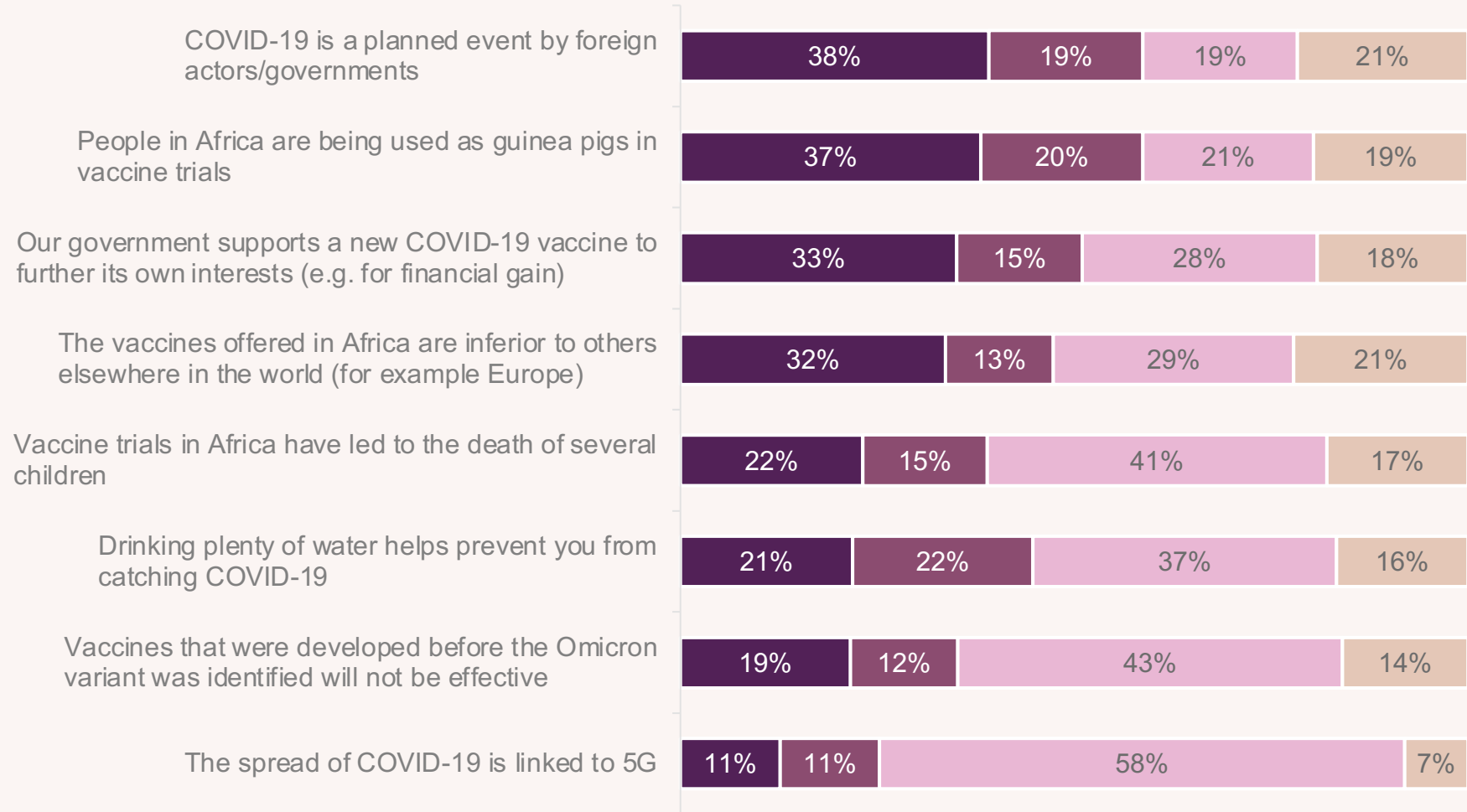
Those who have seen or heard news recently about the COVID-19 vaccine: n=596

The most common misinformation stories seen and believed to be true relates to COVID-19 being a planned event by foreign actors and people in Africa being used as guinea pigs in vaccines trials.

This is mostly believed by men under 35 and healthcare workers.

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.

MIS/DISINFORMATION STORIES SEEN AND BELIEVED TO BE TRUE:



■ Yes, true ■ Yes, false ■ Not heard ■ Yes, don't know

All interviews: n= 1001

THANK YOU