

Africans are split on COVID-19 vaccination, don't trust government to ensure vaccine safety

Afrobarometer Dispatch No. 553 | Josephine Appiah-Nyamekye Sanny

Summary

Modelling by the World Health Organization (WHO) projects about 166.2 million COVID-19 cases and 23,000 deaths in Africa during 2022, a 94% drop in COVID-19 deaths compared to 2021 (350,000). About 70,000 deaths are expected if we encounter a deadlier variant of the coronavirus (World Health Organization, 2022a).

The WHO attributes the drastic decline in estimated COVID-19 deaths to "increasing vaccination, improved pandemic response, and natural immunity from previous infections." However, only 21.2% of Africans were fully vaccinated by the end of August 2022 (Africa Centres for Disease Control and Prevention, 2022), one-third the global average (62.56%) and far short of the 70% target set for mid-2022 (World Health Organization, 2022b; 2021). By June 2022, only three African countries – Mauritius, Seychelles, and Rwanda – had achieved or almost achieved the global 70% target (World Health Organization, 2022c).

When COVID-19 vaccines first came into use, Africa struggled to access and acquire them, with some African leaders condemning what they termed "vaccine nationalism" and travel bans imposed on several African countries (Mlaba, 2021). But with hundreds of millions of doses made available through the COVID-19 Vaccines Global Access (COVAX), the African Vaccine Acquisition Trust, bilateral deals, and donations, the continent has enjoyed an increasing supply of vaccines since mid-2021. To reduce dependence on imported vaccines, 10 manufacturing companies in Africa began local production of vaccines in 2021, and five more are expected to join this year. But low patronage of their vaccines threatens the sustainability of these facilities (Kagina, 2022).

For Africa, the challenge has shifted from vaccine acquisition to vaccine administration. A central issue is vaccine hesitancy. The WHO describes vaccine hesitancy as the refusal or delay in acceptance of vaccines despite the availability of vaccine services (World Health Organization, 2019). In Africa, false anti-vaccination narratives on social media have fuelled concerns about the safety and efficacy of vaccines (Cubbon & Dotto, 2021). Other causes of vaccine hesitancy include beliefs in religious protection and lack of trust in governments and health authorities to ensure the safety of vaccines (Alhassan et al., 2021; American Association of Family Physicians, 2021; Maina, 2022).

Afrobarometer surveys in 16 African countries in 2020/2021 show that while awareness of the pandemic and efforts to mitigate it was high, only about half of citizens said they were likely to try to get vaccinated. A majority of Africans said they don't trust their governments to ensure that COVID-19 vaccines are safe, and this lack of confidence has a significant impact on people's willingness to accept vaccines. Many said they think prayer is more effective than vaccines in preventing the coronavirus infection.

Afrobarometer surveys

Afrobarometer is a pan-African, nonpartisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life.

Eight rounds of surveys have been completed in up to 39 countries since 1999. Round 8 surveys (2019/2021) cover 34 countries. The findings presented here are based on a module of questions related to COVID-19 that was included in 16 Round 8 countries surveyed between October 2020 and July 2021 – after the onset of the COVID-19 pandemic (see Appendix Table A.1 for a list of countries and fieldwork dates).¹

Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples² of 1,200-2,400 adult citizens that yield country-level results with margins of error of +/-2 to +/-3 percentage points at a 95% confidence level.

The data are weighted to ensure nationally representative samples. When reporting multi-country averages, all countries are weighted equally (rather than in proportion to population size). Due to rounding, reported totals may differ by 1 percentage point from the sum of sub-categories.

Key findings

- On average across 16 countries, more than eight in 10 citizens (84%) said they were “somewhat well informed” or “very well informed” about the COVID-19 pandemic and efforts to combat it.
- One-third (33%) of citizens said a member of their household had lost a job, a business, or other primary source of income due to the pandemic, while 6% said a household member had become ill with COVID-19.
- Fewer than four in 10 citizens (37%) said they trust their governments “somewhat” or “a lot” to ensure the safety of COVID-19 vaccines offered to them.
 - Morocco was the only country where a strong majority (74%) expressed confidence in the government's ability to ensure vaccine safety.
- On average across the 16 countries, not quite half (48%) of respondents said they were “somewhat likely” or “very likely” to try to get vaccinated, while 51% said they were unlikely to take the vaccine.
 - Willingness to be vaccinated ranged from a high of 81% in Morocco to just one in five citizens (21%) in Senegal and the Gambia.
 - Citizens who trust their government “a lot” to ensure vaccine safety were about five times as likely to want the vaccine as those who expressed no such trust in the government (87% vs. 16%).
- Almost six in 10 citizens (57%) said they believe that prayer is more effective than vaccines in preventing COVID-19 infection.

Awareness of COVID-19

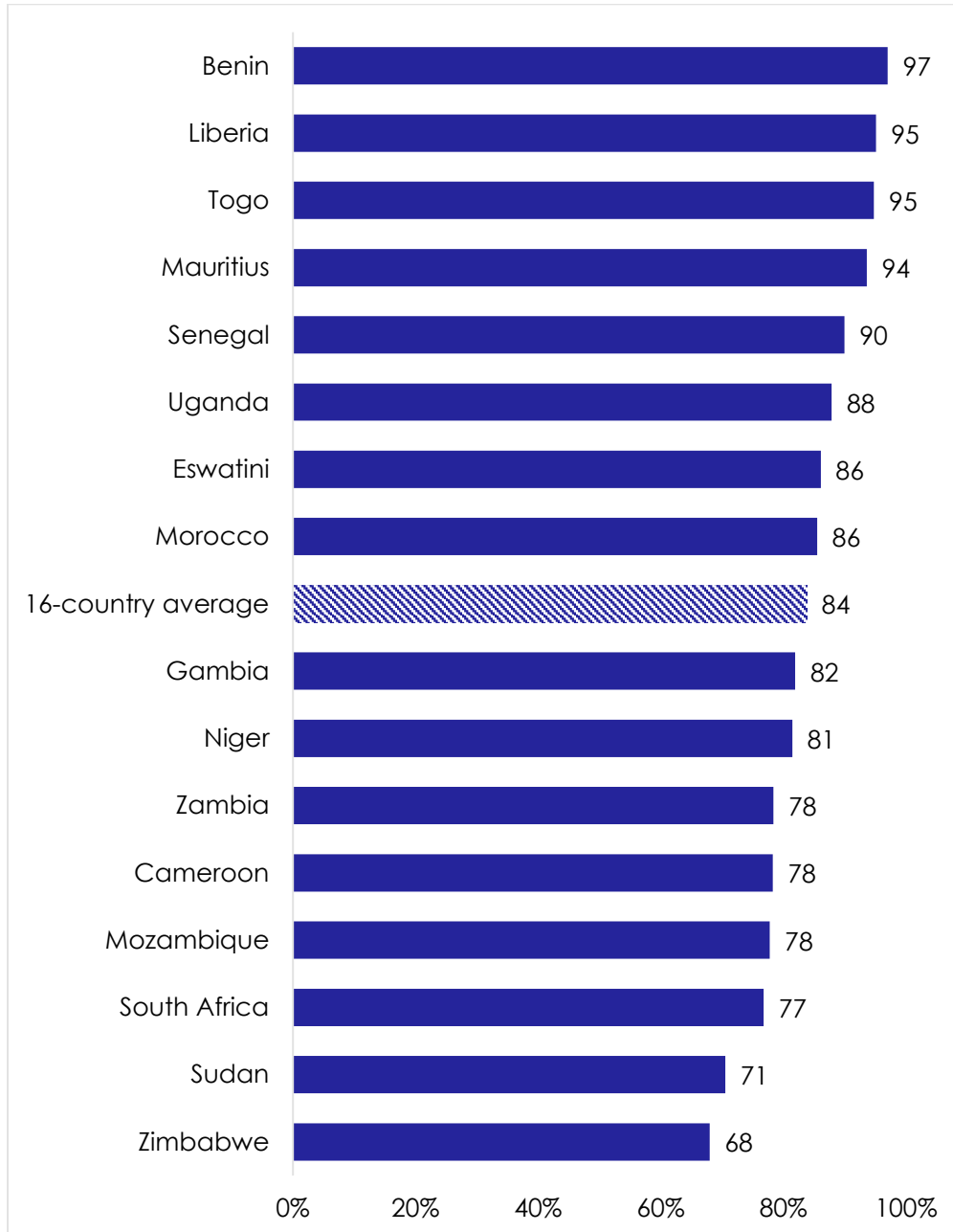
On average across 16 countries, more than eight in 10 citizens (84%) said they were informed about the COVID-19 pandemic and efforts to combat it, including 53% who said they were

¹ Findings related to COVID-19, including vaccination rates and vaccine hesitancy, in countries surveyed during Afrobarometer Round 9 (2021/2022) are being reported separately as they become available. See dispatches from [Gabon](#), [Lesotho](#), [Mauritius](#), [Namibia](#), and [Nigeria](#).

² The weighted Mozambique Round 8 sample is nationally representative except that it excludes rural Cabo Delgado, comprising 6.3% of the adult population of Mozambique. Insecurity and resulting difficulties in obtaining necessary fieldwork clearances prevented Afrobarometer from collecting sufficient data in this area.

“very well informed” (Figure 1). Only 14% said they were not well informed about the pandemic or had not heard about COVID-19 at all. Awareness of COVID-19 was almost universal in Benin (97%), Liberia (95%), and Togo (95%).

Figure 1: Awareness of COVID-19 | 16 countries | 2020/2021

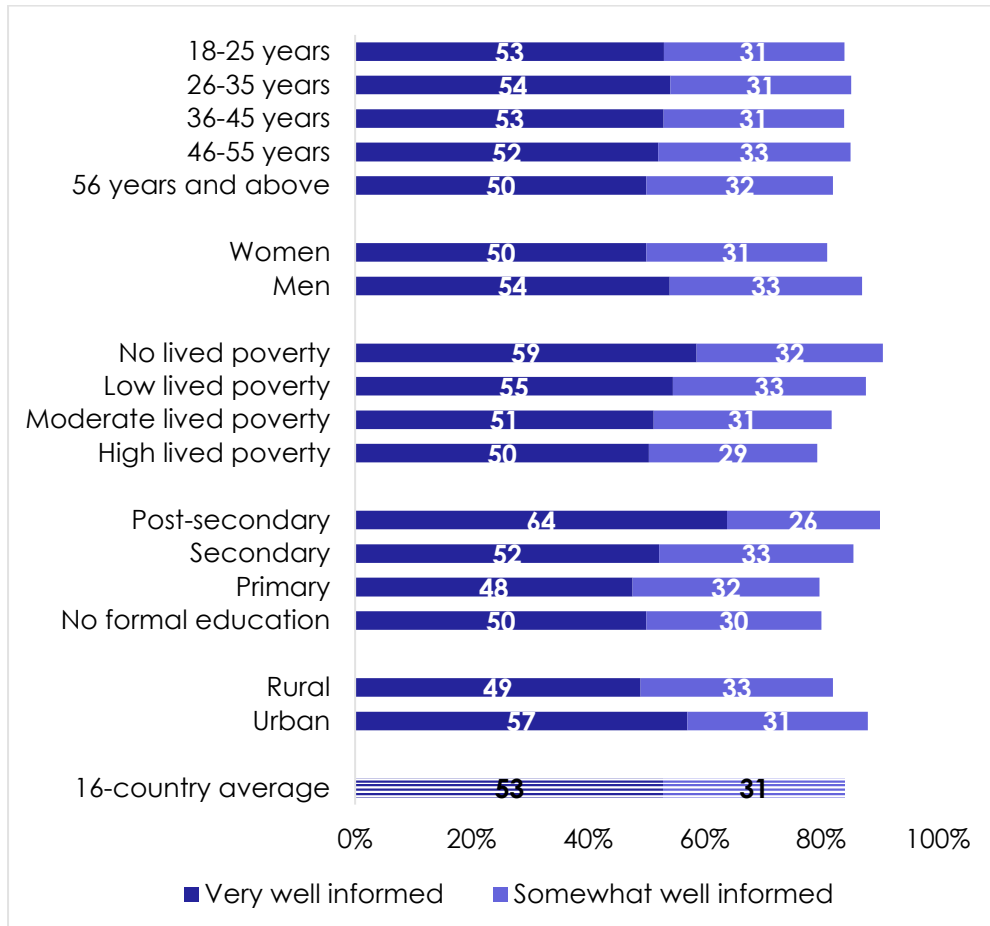


Respondents were asked: How well informed would you say you are about the coronavirus, or the COVID-19 pandemic, and efforts to combat it? (% who said “somewhat well informed” or “very well informed”)

Awareness of the pandemic was widespread across key socio-demographic groups. However, urban citizens were more likely to be informed than rural dwellers (87% vs. 81%) (Figure 2). Being “very well informed” about the pandemic increased with respondents’ level of education (64% among citizens with post-secondary education vs. 50% among those with no formal education) and was more common among economically well-off citizens (59%

among those experiencing no lived poverty) than poor citizens (50% among those experiencing high lived poverty³).

Figure 2: Awareness of COVID-19 | by demographic group | 16 countries
 | 2020/2021



Respondents were asked: How well informed would you say you are about the coronavirus, or the COVID-19 pandemic, and efforts to combat it?

Impact of COVID-19

On average across the 16 countries, one-third (33%) of citizens said they or a member of their household had lost a job, a business, or other primary source of income due to the pandemic (Figure 3). The economic fallout of the pandemic was felt most widely in Uganda, Eswatini, Zimbabwe, and Senegal, where around half of citizens reported the loss of a job or major source of income in the household. On the other hand, fewer than two in 10 citizens in Benin (18%) and Niger (15%) shared this experience.

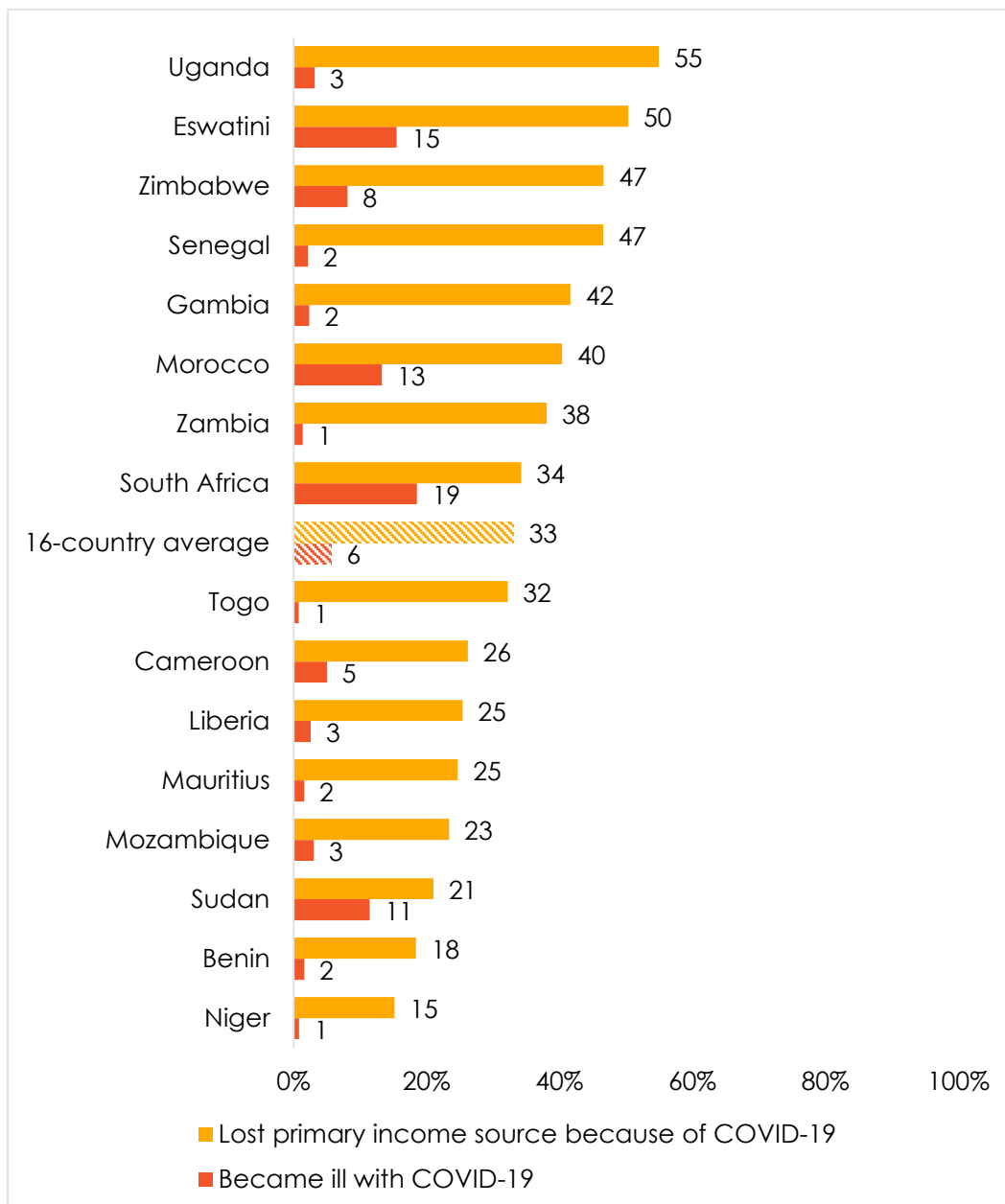
About one in 20 respondents (6%) said they or a member of their household had become ill with COVID-19, ranging from just 1% in Zambia, Togo, and Niger to double digits in South Africa (19%), Eswatini (15%), Morocco (13%), and Sudan (11%).

³ Afrobarometer’s Lived Poverty Index (LPI) measures respondents’ levels of material deprivation by asking how often they or their families went without basic necessities (enough food, enough water, medical care, enough cooking fuel, and a cash income) during the preceding year. For more on lived poverty, see Mattes (2020).

The loss of a primary income source was less common among elderly citizens (26%), the wealthiest respondents (26%), those with no formal education (27%), and rural residents (30%) (Figure 4).

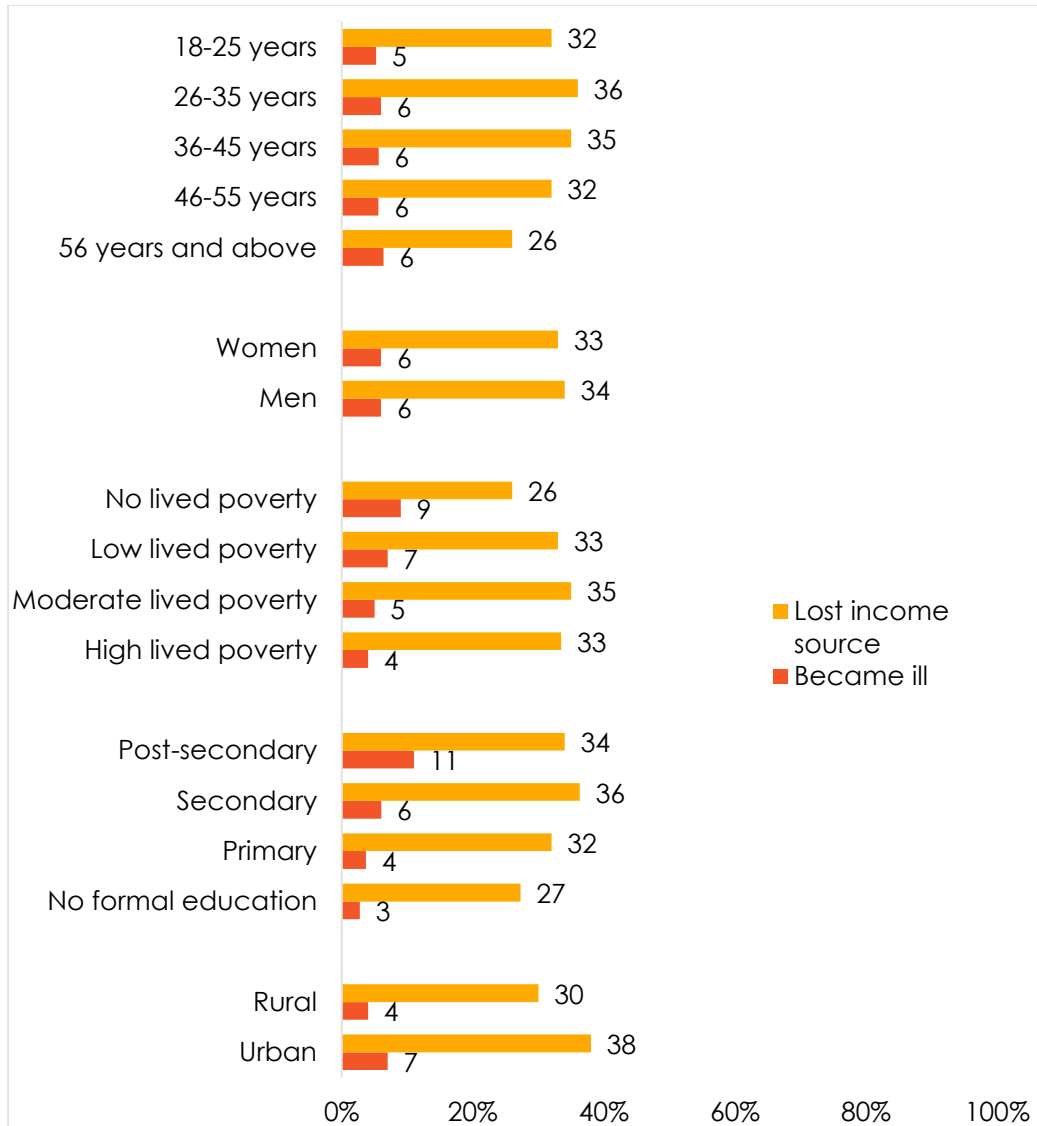
Urban residents (7%) and the wealthiest citizens (9%) were about twice as likely as rural dwellers (4%) and the poorest citizens (4%) to say that they or a household member had become ill with COVID-19. Meanwhile, those with post-secondary education were almost four times as likely as those with no formal education to report a COVID-19 illness in the household (11% vs. 3%).

Figure 3: Impact of the COVID-19 pandemic | 16 countries | 2020/2021



Respondents were asked: Please tell me if you personally or any other member of your household have been affected in any of the following ways by the COVID-19 pandemic: Became ill with COVID-19? Temporarily or permanently lost a job, business, or primary source of income? (% who said "yes")

Figure 4: Impact of the COVID-19 pandemic | by demographic group | 16 countries
 | 2020/2021



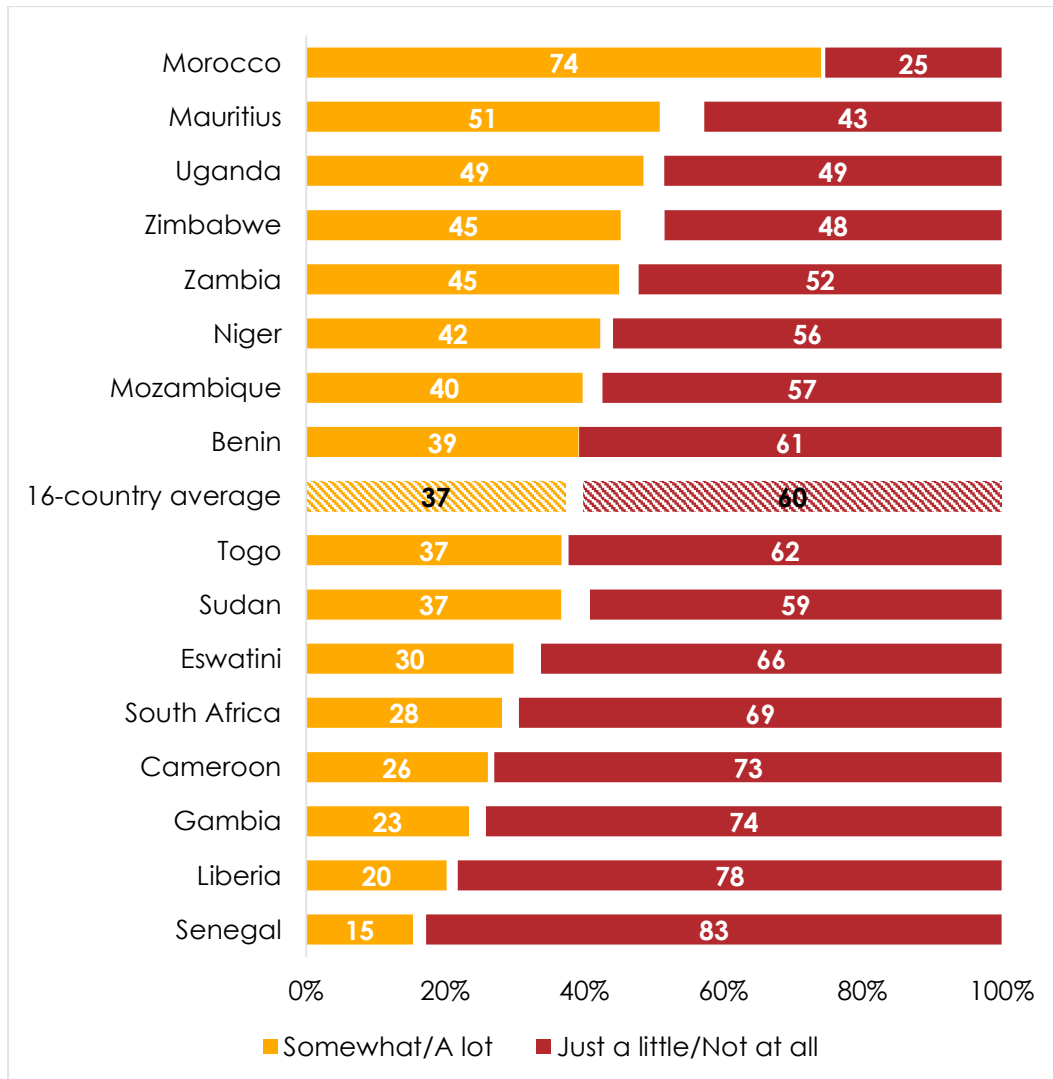
Respondents were asked: Please tell me if you personally or any other member of your household have been affected in any of the following ways by the COVID-19 pandemic: Became ill with COVID-19? Temporarily or permanently lost a job, business, or primary source of income? (% who said "yes")

Attitudes toward vaccines

On average across the 16 African countries, fewer than four in 10 citizens (37%) said they trust their governments "somewhat" or "a lot" to ensure the safety of COVID-19 vaccines offered to them, while 60% expressed "just a little" or no trust at all (Figure 5).

The only country where a strong majority expressed trust in the government's ability to ensure vaccine safety was Morocco (74%), which won international attention for its rapid response to the pandemic, including being among the first African countries to order vaccines from various laboratories and to conclude a partnership with China to set up a vaccine-production facility in the country (Eljechtimi, 2021; New Africa, 2021). Senegal (15%), the Liberia (20%), the Gambia (23%), and Cameroon (26%) recorded the least confidence in the government's ability to ensure the safety of vaccines.

Figure 5: Trust government to ensure safety of COVID-19 vaccine | 16 countries
 | 2020/2021



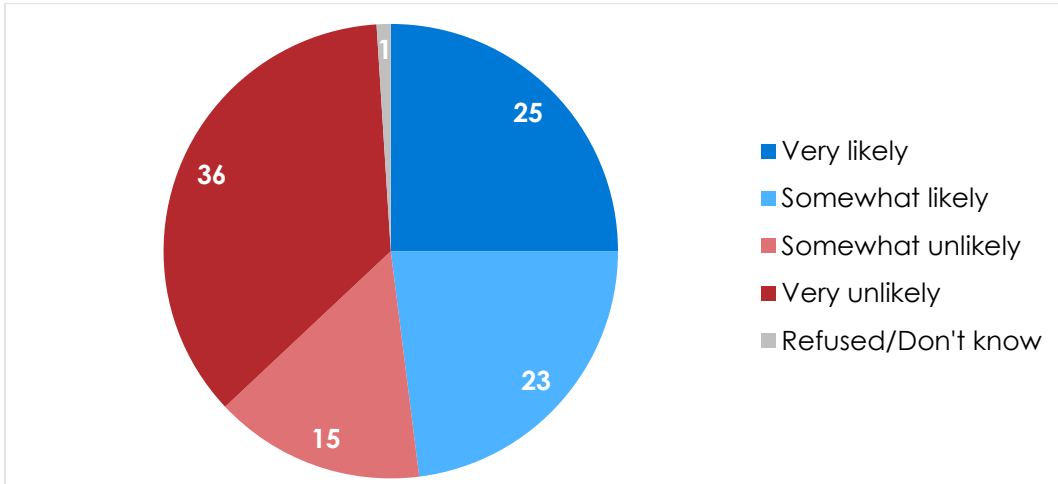
Respondents were asked: How much do you trust the government to ensure that any vaccine for COVID-19 that is developed or offered to [citizens of this country] is safe before it is used in this country?

Doubts about the government's ability to guarantee vaccine safety were mirrored in Africans' limited willingness to get vaccinated. While almost half (48%) said they were "somewhat likely" (23%) or "very likely" (25%) to try to get vaccinated, 51% said they were unlikely to take the vaccine (Figure 6).

Morocco, with Africa's second-highest number of COVID-19 cases, showed the highest level of vaccine acceptance (81%), followed by Mauritius (72%), Uganda (71%), Mozambique (59%), and Zambia (59%) (Figure 7). Views were more evenly split in Sudan (51% vs. 47%), Benin (51% vs. 49%), and Togo (50% vs. 49%).

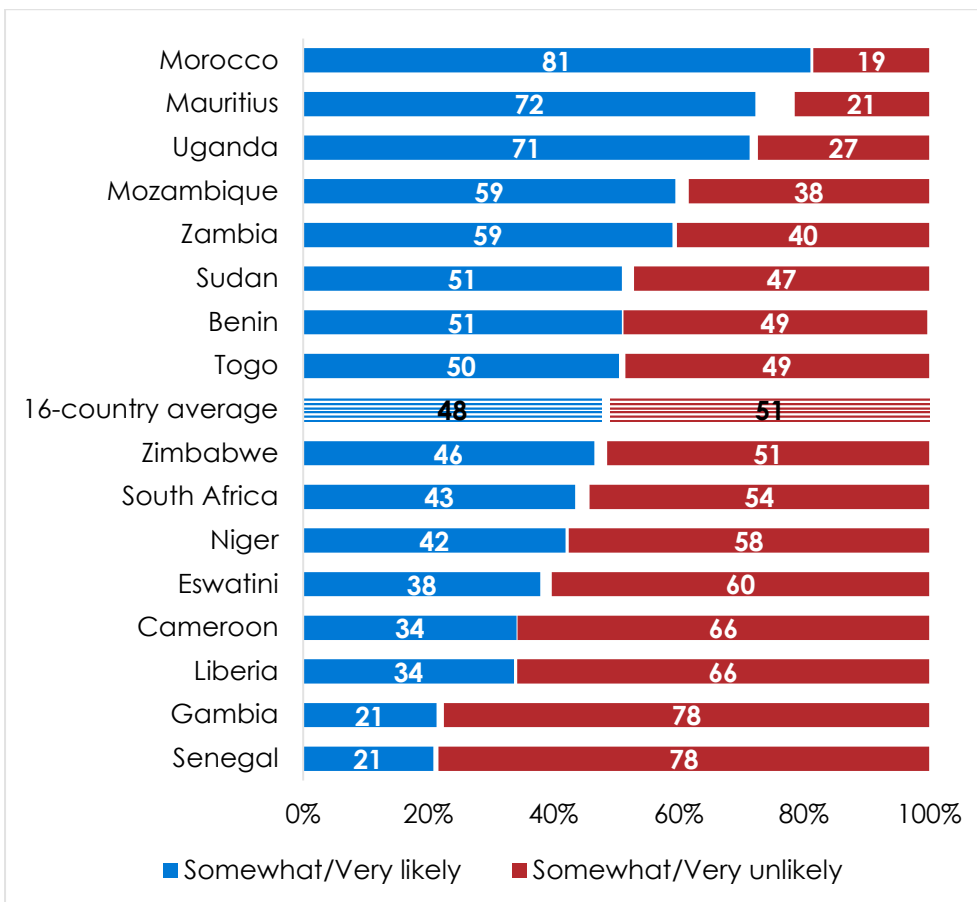
Majorities were vaccine hesitant in eight of the 16 countries, most notably Senegal and the Gambia (78% each) – two of the countries that also recorded extremely low trust in the government's ability to ensure the safety of vaccines (15% and 23%, respectively). But even in South Africa, which has recorded the highest number of cases on the continent (and the highest rate of illness in the household among these 16 countries), only 43% said they were likely to get vaccinated.

Figure 6: Likelihood of trying to get vaccinated | 16 countries | 2020/2021



Respondents were asked: *If a vaccine for COVID-19 becomes available and the government says it is safe, how likely are you to try to get vaccinated?*

Figure 7: Likelihood of trying to get vaccinated | 16 countries | 2020/2021



Respondents were asked: *If a vaccine for COVID-19 becomes available and the government says it is safe, how likely are you to try to get vaccinated?*

Previous studies have shown that low trust in the government's integrity or capacity to manage disease outbreaks leads to low compliance with preventive policies among citizens

(medRxiv, 2021). Across the 16 countries surveyed in 2020/2021, citizens' likelihood of trying to get vaccinated increased with their level of trust in the government to ensure the safety of vaccines. On average, those who trusted their government "a lot" to ensure vaccine safety were about five times as likely to want the vaccine as those who didn't trust it at all (87% vs. 16%) (Figure 8). But this varied widely across countries, from a ratio of 3 to 1 in high vaccine-acceptance countries like Morocco to 13 to 1 in the Gambia.

Figure 8: Likely to try to get vaccinated | by level of trust in government to ensure vaccine safety | 16 countries | 2020/2021

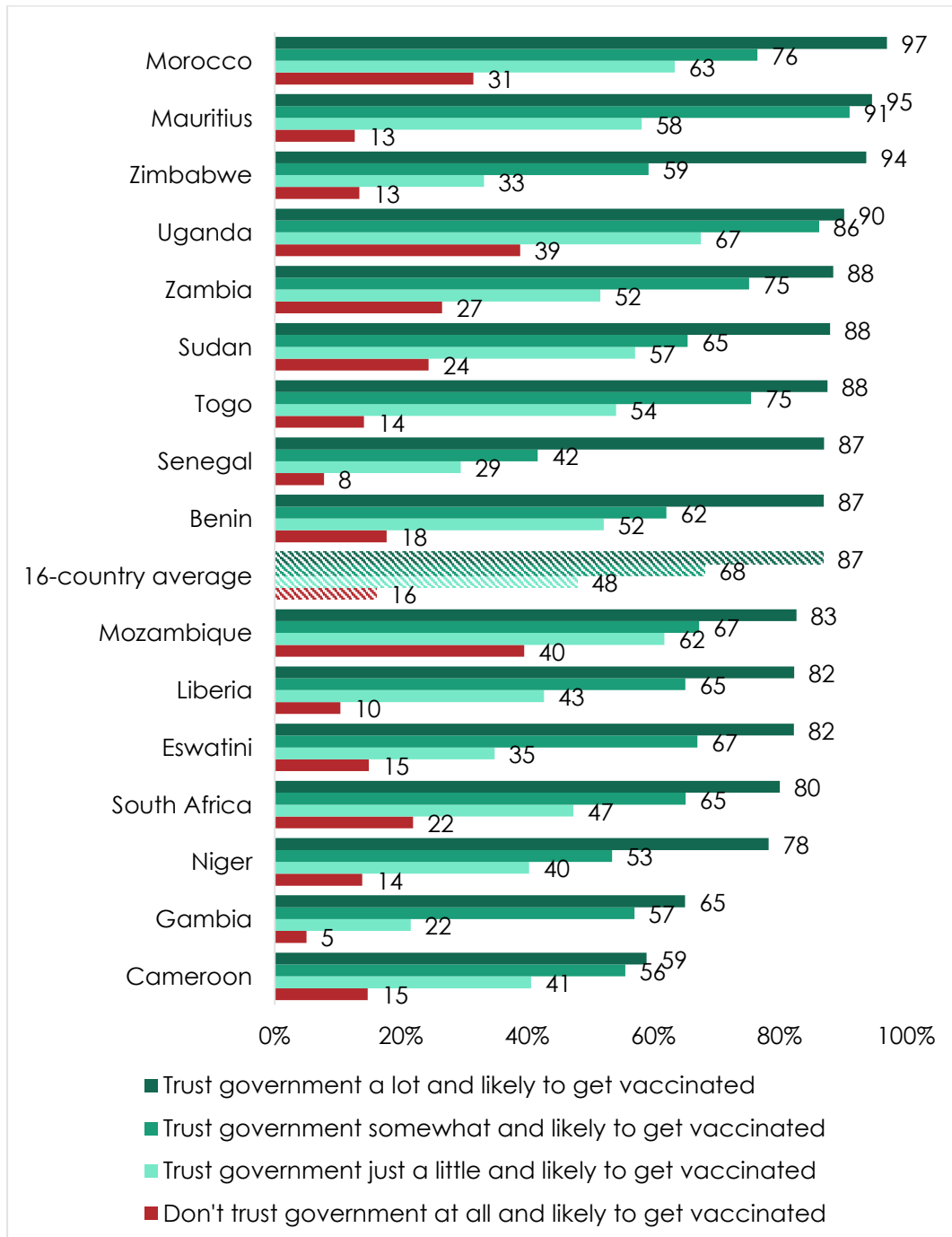
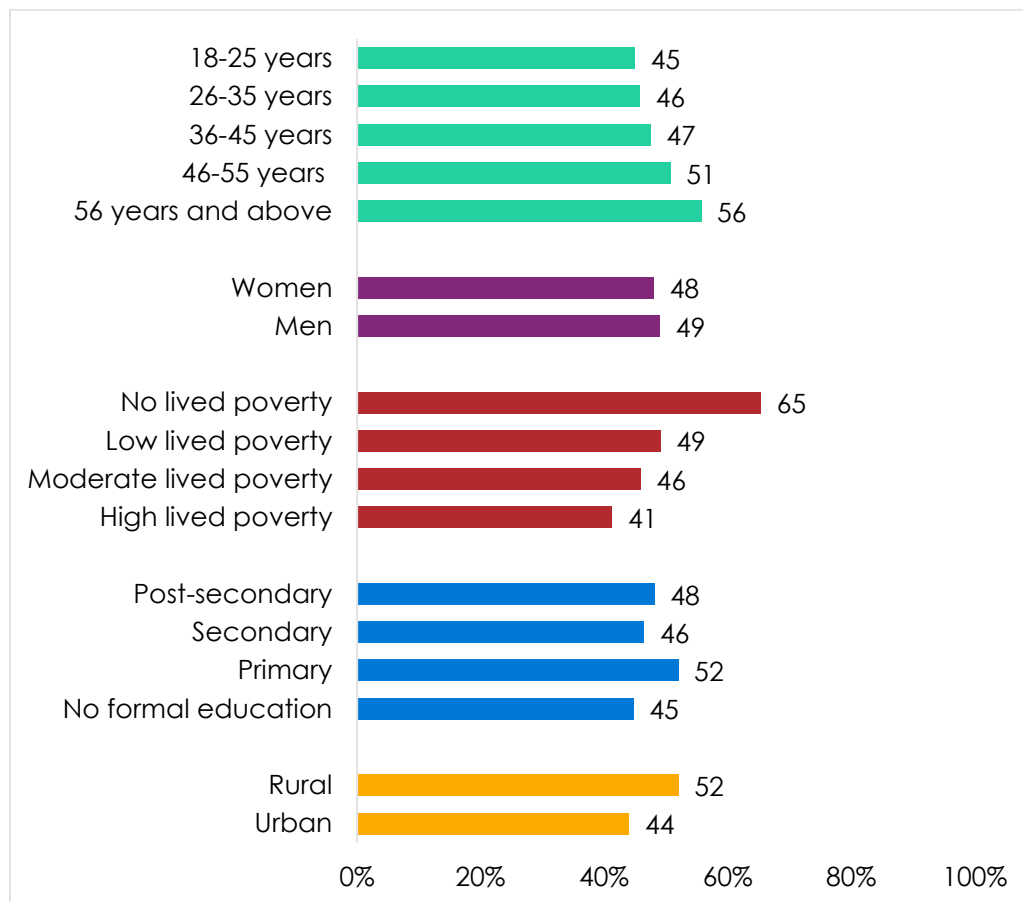


Figure shows % of respondents who said they were "somewhat likely" or "very likely" to try to get vaccinated, disaggregated by whether they trust their government "a lot," "somewhat," "just a little," or "not at all" to ensure that the vaccine is safe.

Who wants to get vaccinated?

On average, older citizens (age 56 and above) were 11 percentage points more likely than young adults to express a willingness to take the vaccine (56% vs. 45%) (Figure 9). Wealthier people (those who experienced no lived poverty) were considerably more willing than those who experienced high levels of poverty to take the vaccine (65% vs. 41%). And rural residents expressed a greater willingness than urban residents to take the job (52% vs. 44%).

Figure 9: Likely to try to get vaccinated | by demographic group | 16 countries
 | 2020/2021



Respondents were asked: *If a vaccine for COVID-19 becomes available and the government says it is safe, how likely are you to try to get vaccinated? (% who said “somewhat likely” or “very likely”)*

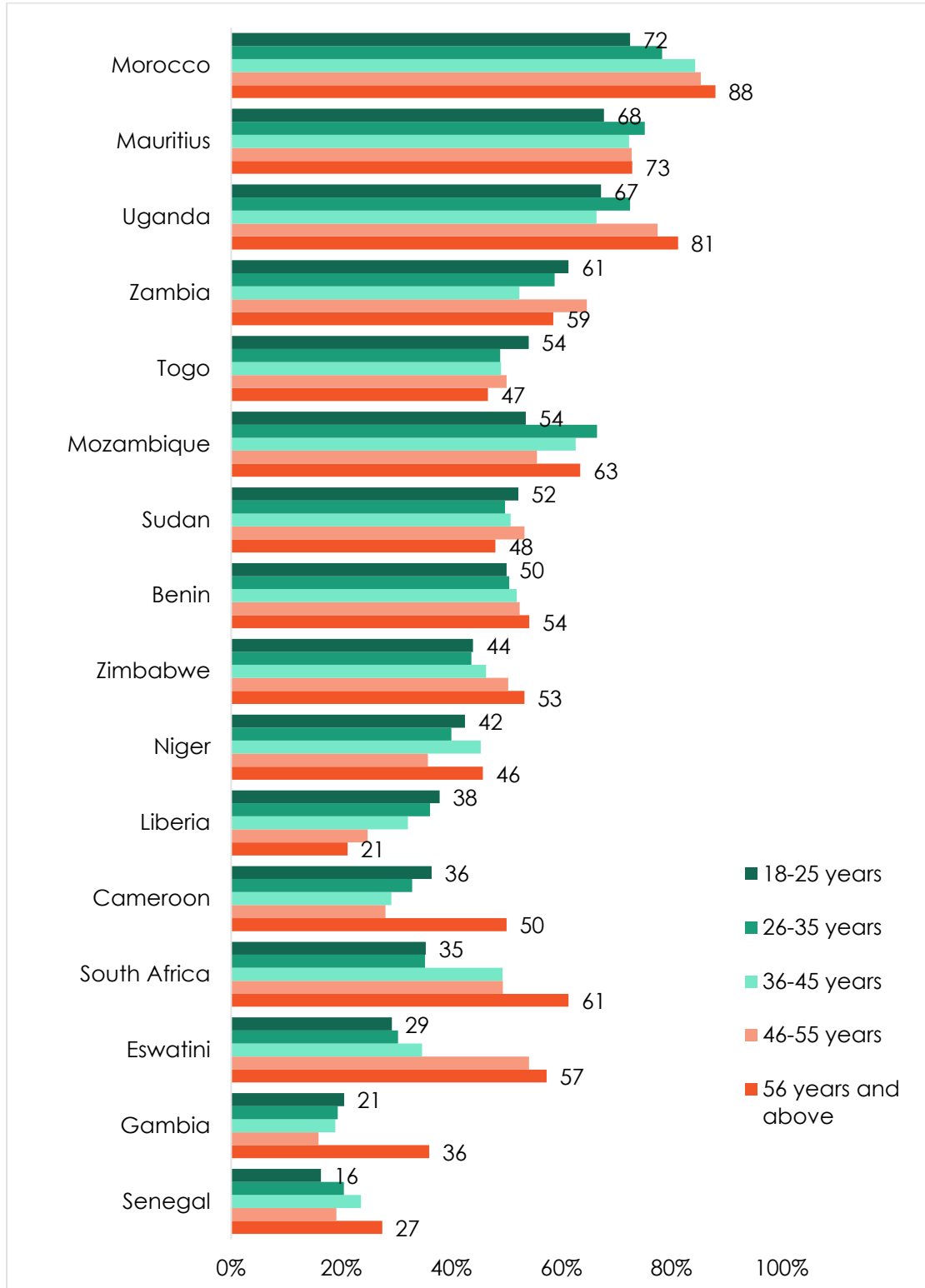
However, there were interesting country-level variations. The willingness to get vaccinated increased with age in 11 of the 16 countries, with the widest gaps between elder citizens and young adults recorded in Eswatini (29 percentage points) and South Africa (26 points) (Figure 10). Liberia and Togo were the only two countries where young adults were more likely than senior citizens to want vaccines (17- and 7-point gaps, respectively).

On average, vaccine acceptance showed no clear pattern based on respondents' level of education. But in five countries, uneducated citizens were more willing than those with post-secondary qualifications to get vaccinated, with the largest gaps recorded in Eswatini (21 points), Uganda (19 points), Benin (18 points), and Zambia (16 points). In contrast, vaccine acceptance increased with education level in Liberia, the Gambia, and Sudan (Figure 11).

Again, Sudan, Liberia, and the Gambia were the only countries where urban residents were somewhat more willing than rural dwellers to get vaccinated (differences of 3 percentage

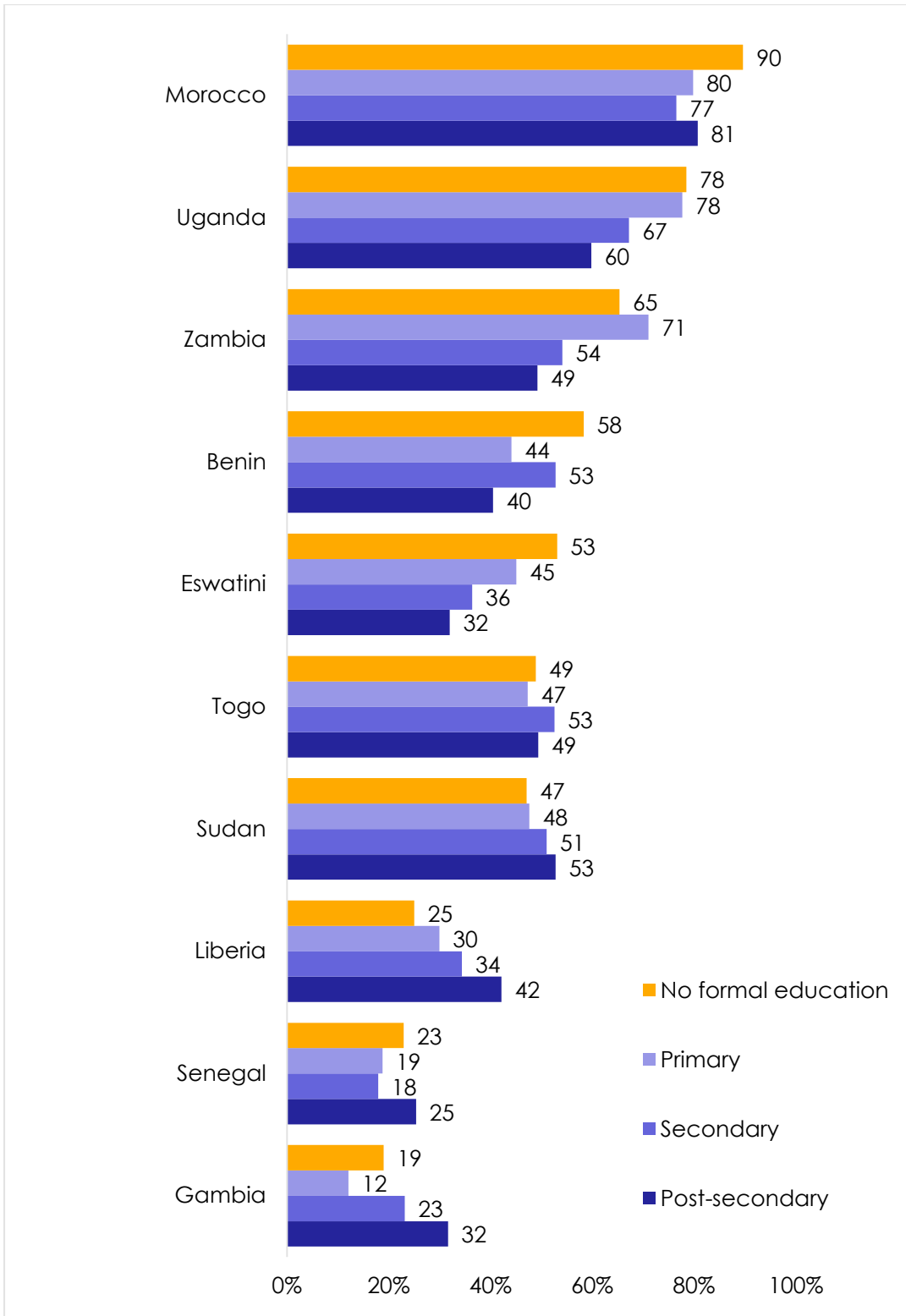
points or less are not statistically significant). In 10 of the 16 countries, vaccine acceptance was higher in rural areas than in cities (Figure 12).

Figure 10: Likely to try to get vaccinated | by age | 16 countries | 2020/2021



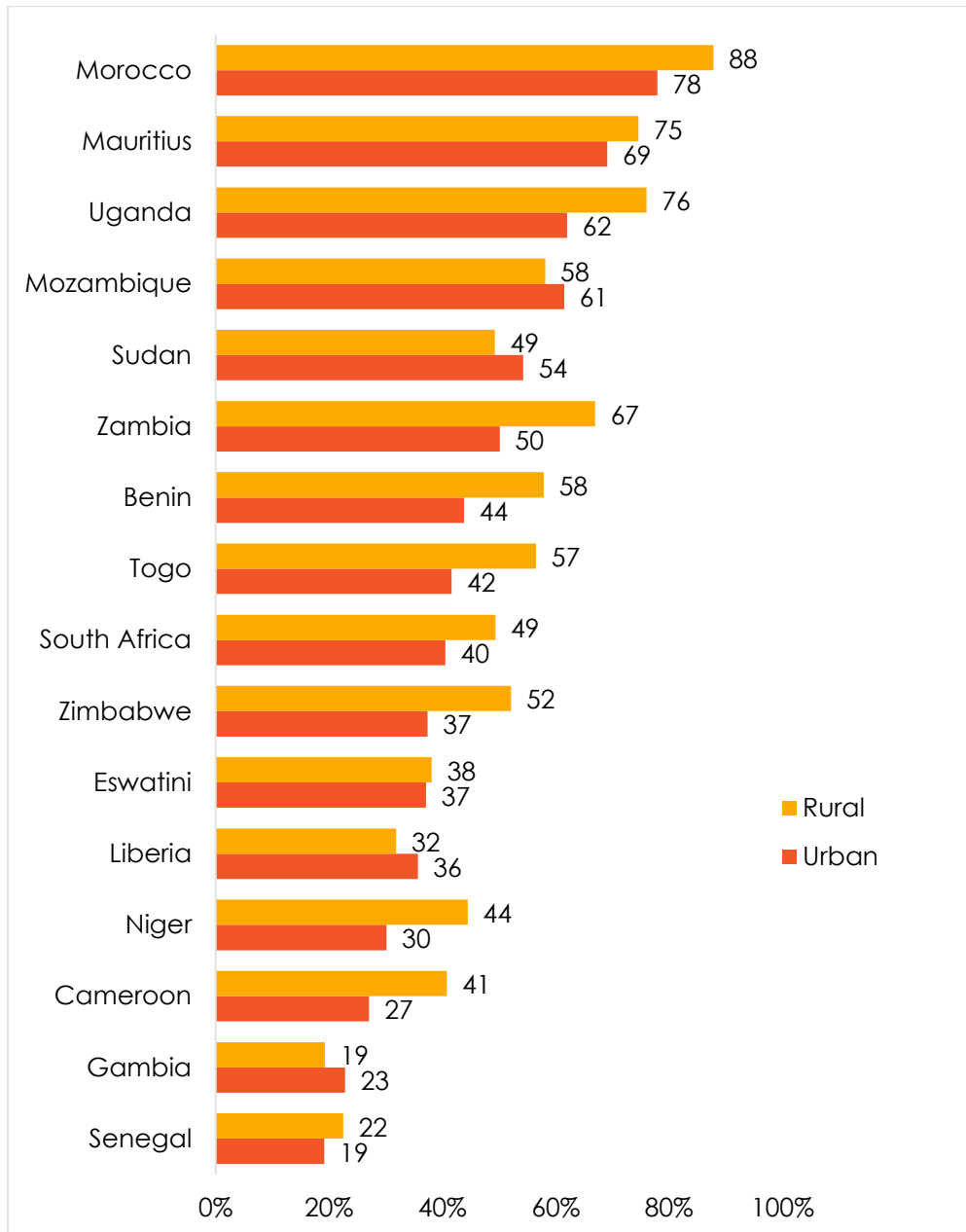
Respondents were asked: If a vaccine for COVID-19 becomes available and the government says it is safe, how likely are you to try to get vaccinated? (% who said “somewhat likely” or “very likely”)

Figure 11: Likely to try to get vaccinated | by education | 10 countries* | 2020/2021



Respondents were asked: *If a vaccine for COVID-19 becomes available and the government says it is safe, how likely are you to try to get vaccinated? (% who said “somewhat likely” or “very likely”)*
 * Results are not shown for Cameroon, Mauritius, Mozambique, Niger, South Africa, and Zimbabwe because the sub-samples of respondents with either post-secondary education or no formal education were too small to provide meaningful results.

Figure 12: Likely to try to get vaccinated | by rural-urban residence | 16 countries | 2020/2021



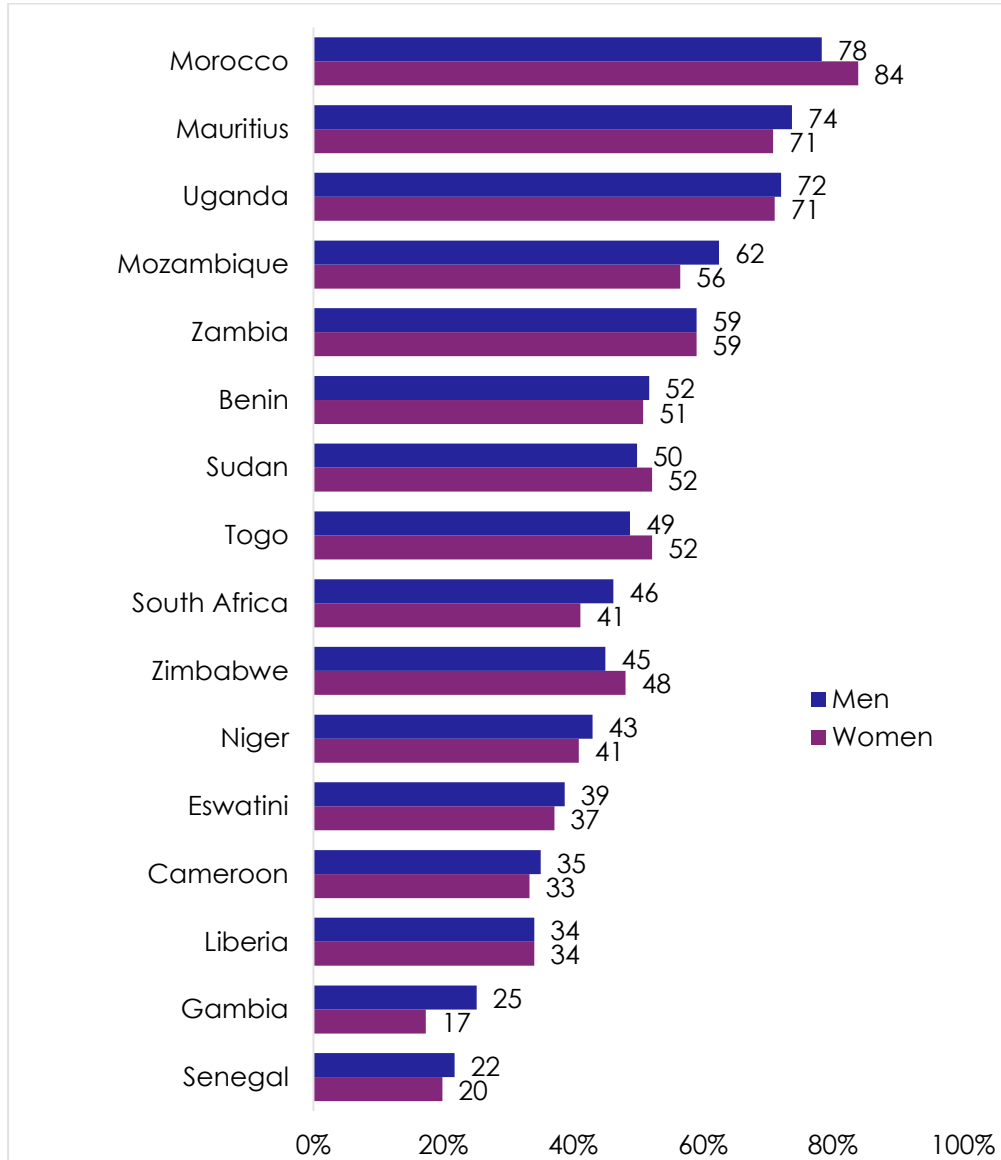
Respondents were asked: *If a vaccine for COVID-19 becomes available and the government says it is safe, how likely are you to try to get vaccinated? (% who said “somewhat likely” or “very likely”)*

In most of the surveyed countries, men and women were about equally likely to want to get vaccinated. Morocco was the only country where significantly more women than men expressed a willingness to get vaccinated (84% vs. 78%), while vaccine acceptance was significantly higher among men than among women in the Gambia, Mozambique, and South Africa (Figure 13).

The relationship between wealth and vaccine acceptance showed the greatest consistency across countries (Figure 14). Wealthy citizens were more likely than their poor counterparts to accept vaccines in Liberia (by 13 percentage points), Mozambique (12 points), South Africa

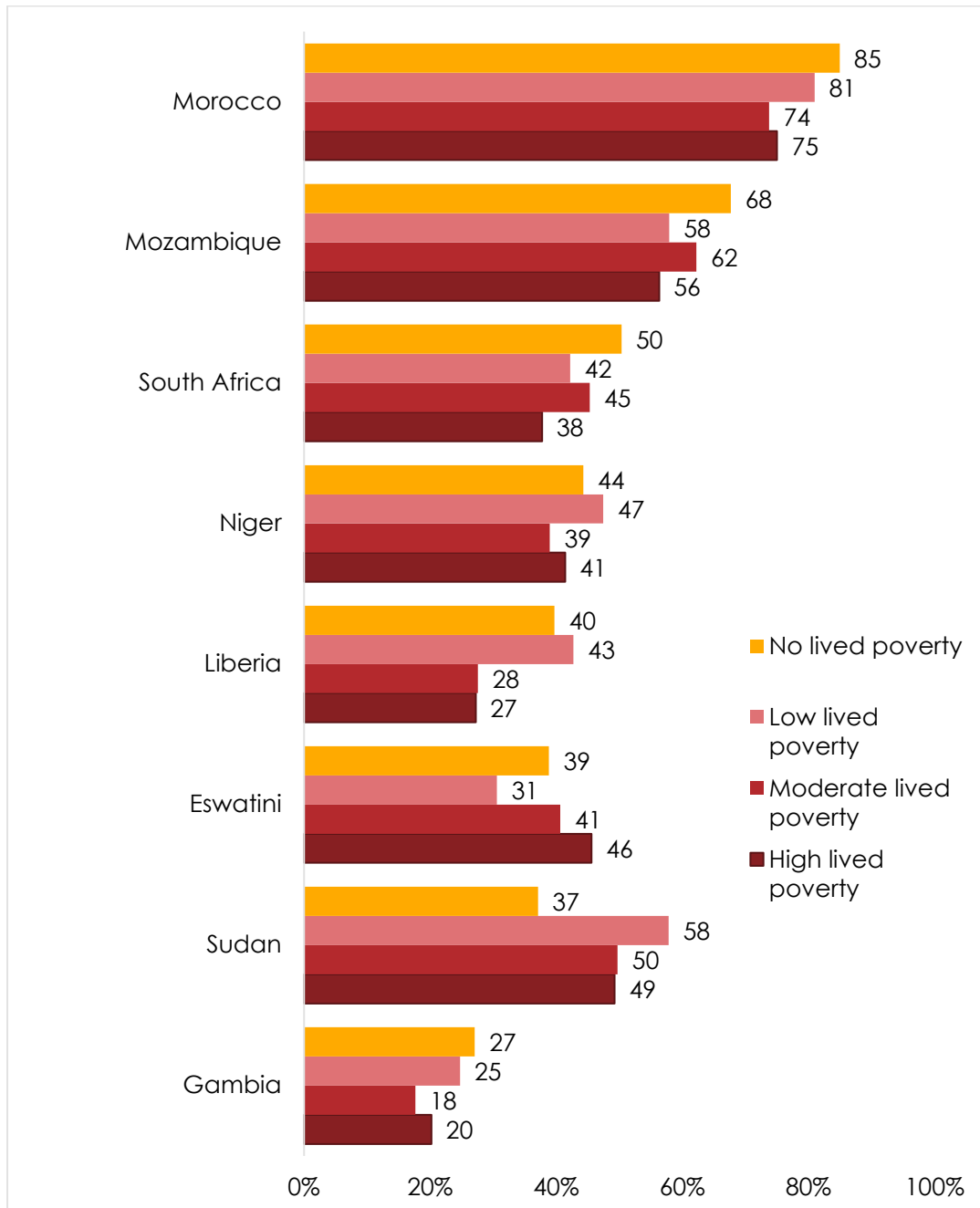
(12 points), Morocco (10 points), and the Gambia (7 points). In Sudan and Eswatini, poor citizens were more likely to accept the vaccines.

Figure 13: Likely to try to get vaccinated | by gender | 16 countries | 2020/2021



Respondents were asked: *If a vaccine for COVID-19 becomes available and the government says it is safe, how likely are you to try to get vaccinated? (% who said "somewhat likely" or "very likely")*

Figure 14: Likely to try to get vaccinated | by lived poverty | 8 countries*
 | 2020/2021



Respondents were asked: *If a vaccine for COVID-19 becomes available and the government says it is safe, how likely are you to try to get vaccinated? (% who say "somewhat likely" or "very likely")*

* Results are not shown for Benin, Cameroon, Mauritius, Senegal, Togo, Uganda, Zambia, and Zimbabwe because the sub-samples of respondents with no lived poverty and/or high lived poverty were too small to provide meaningful results.

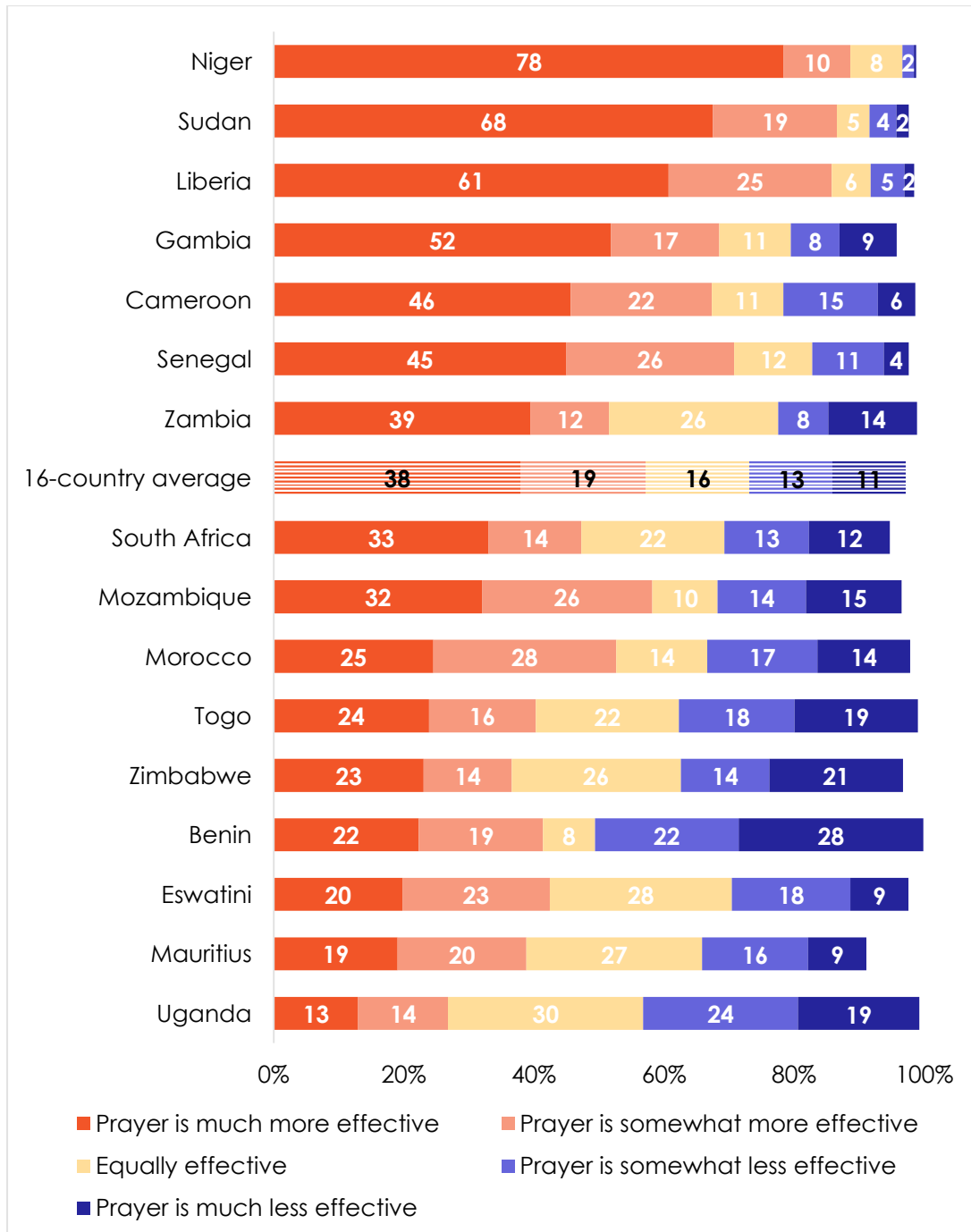
Prayer vs. vaccine

Almost six in 10 citizens (57%), on average, said they believe that prayer is more effective than vaccines in combating COVID-19 infections, including 38% who said prayer is "much more effective" (Figure 15). One-fourth (24%) said prayer is less effective than vaccines, while 16% said the two are equally effective.

The view that prayer is more effective was strongest in Niger (88%), Sudan (87%), and Liberia (86%). Benin and Uganda were the only countries where significant proportions believe more in the efficacy of vaccines (50% and 43%, respectively). Togolese and Zimbabweans were almost evenly split on this question.

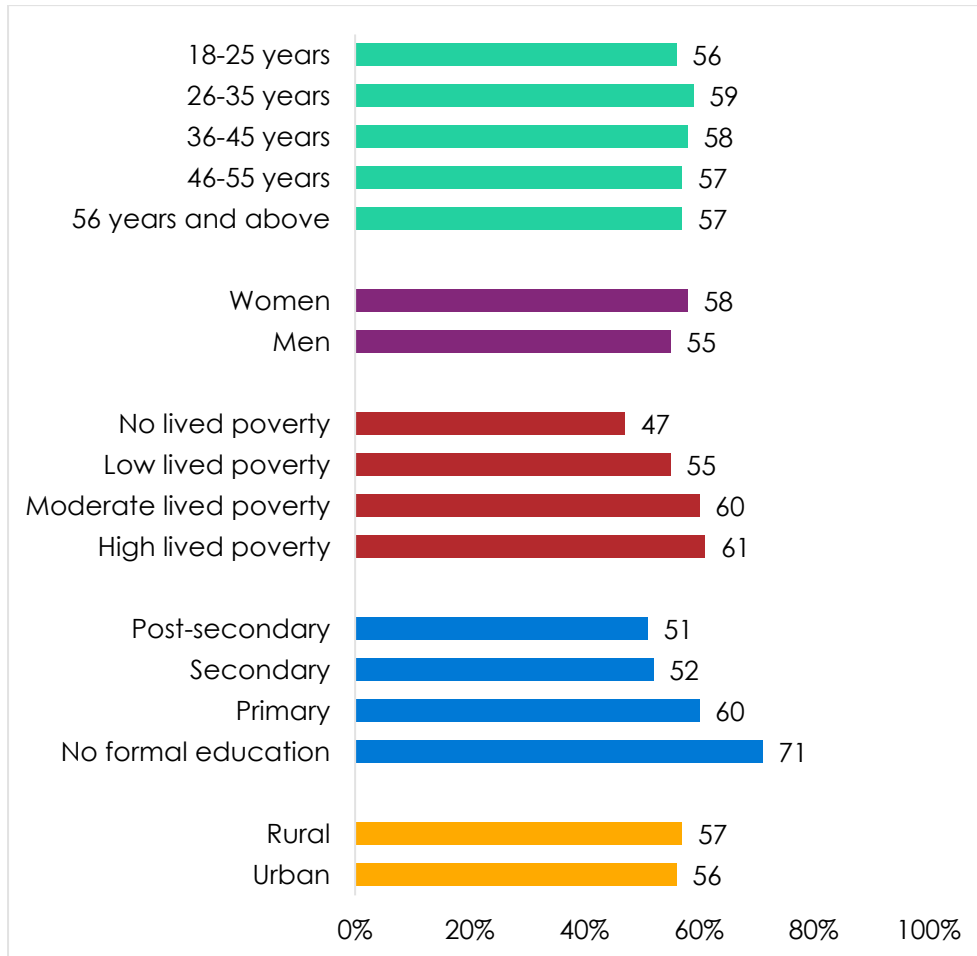
Faith in prayer increased with respondents' experience of lived poverty and decreased with rising education levels, ranging from 71% of those with no formal schooling to 51% of those with post-secondary education (Figure 16).

Figure 15: Prayer vs. vaccines: Which is more effective against COVID-19?
 | 16 countries | 2020/2021



Respondents were asked: Do you think that prayer is more effective or less effective than a vaccine would be in preventing COVID-19 infection?

Figure 16: Prayer is more effective than vaccines | by demographic group
 | 16 countries | 2020/2021



Respondents were asked: Do you think that prayer is more effective or less effective than a vaccine would be in preventing COVID-19 infection? (% who said prayer is “somewhat more effective” or “much more effective”)

On average, the belief in the greater effectiveness of prayer was about equally common among men and women. Women have greater confidence in prayer than men in eight countries, with the gap reaching 12 percentage points in Mauritius and 8 points in Togo (Figure 17). Niger was the only country where men believed more in prayer than women (by 5 percentage points).

Confidence in prayer was slightly higher among rural residents in the Gambia, Morocco, Senegal, Cameroon, and Sudan. In Togo, Mauritius, and Uganda, more urban residents expressed the belief that prayer is more effective than vaccines. There were no significant rural-urban differences (of more than 3 percentage points) in the eight other countries.

In half of the countries, older respondents were more likely than the youngest to consider prayer more effective than vaccines, with double-digit differences reported in Morocco (21 percentage points), Mauritius (19 points), Cameroon (11 points), and Eswatini (10 points). More youth than elders placed greater faith in prayer than in vaccines only in Mozambique (by 10 percentage points) and Zimbabwe (6 points).

In most of the countries, confidence in the superior power of prayer was more common among uneducated citizens than among those with post-secondary education, with gaps

reaching 35 percentage points in Morocco, 30 points in Senegal, and 26 points in the Gambia.

Figure 17: Prayer is more effective than vaccines | gaps by gender, rural-urban location, age, and gender (percentage points) | 16 countries* | 2020/2021

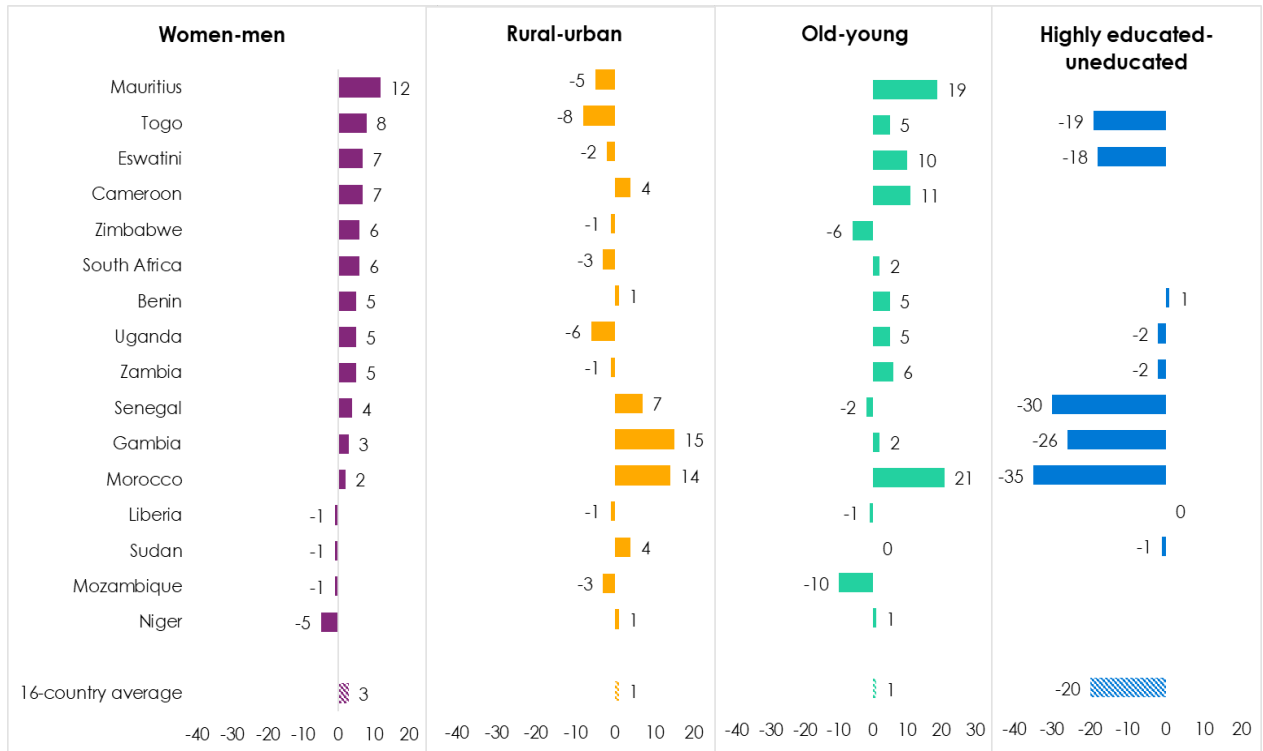


Figure shows the following differences (in percentage points) in the proportions who said prayer is “somewhat” or “much” more effective than vaccines in preventing COVID-19 infection:

Women minus men. Positive numbers indicate that women were more likely to believe in the efficacy of prayer.

Rural residents minus urban residents. Positive numbers indicate that rural residents were more likely to believe in the efficacy of prayer.

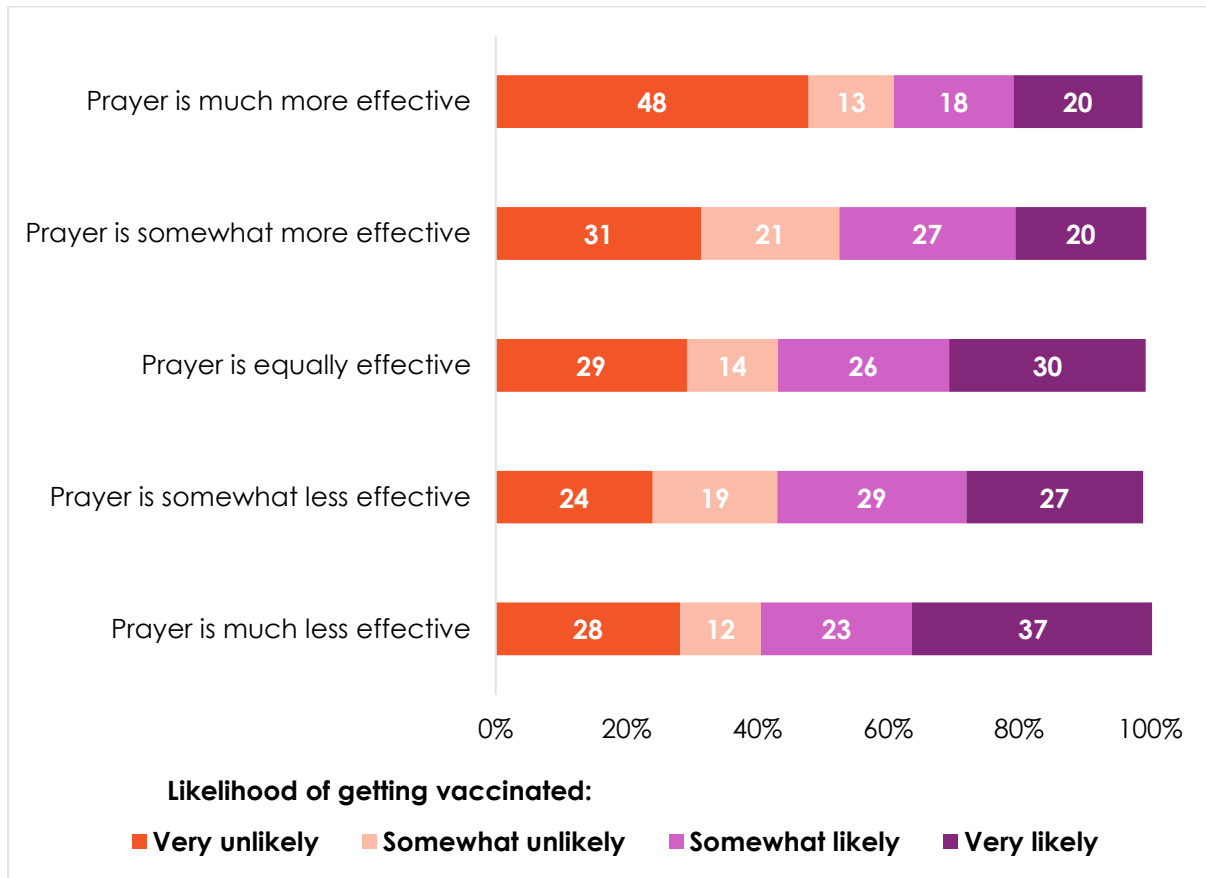
The oldest age group (56 years and above) minus the youngest (18-25 years). Positive numbers indicate that the oldest group was more likely to believe in the efficacy of prayer.

Respondents with post-secondary education minus those with no formal education. Positive numbers indicate that the post-secondary group was more likely to believe in the efficacy of prayer.

* Educational gaps are not shown for Cameroon, Mauritius, Mozambique, Niger, South Africa, and Zimbabwe because the sub-samples of respondents with either post-secondary education or no formal education were too small to provide meaningful results.

Respondents' belief in the efficacy of prayer appears to be correlated with their likelihood of rejecting vaccines. Those who saw prayer as much more effective than vaccines were 21 percentage points more likely to say they probably would not try to get vaccinated than those who said prayer was much less effective (61% vs. 40%) (Figure 18).

Figure 18: Likelihood of trying to get vaccinated | by belief in efficacy of prayer
 | 16 countries | 2020/2021



Respondents were asked:

*If a vaccine for COVID-19 becomes available and the government says it is safe, how likely are you to try to get vaccinated?
 Do you think that prayer is more effective or less effective than a vaccine would be in preventing COVID-19 infection?*

Religion and attitudes toward vaccines⁴

Willingness to accept COVID-19 vaccines was about equal among Christians (47%) and Muslims (46%), and somewhat higher among those affiliated with other religions or no religion (54%) (Figure 19).

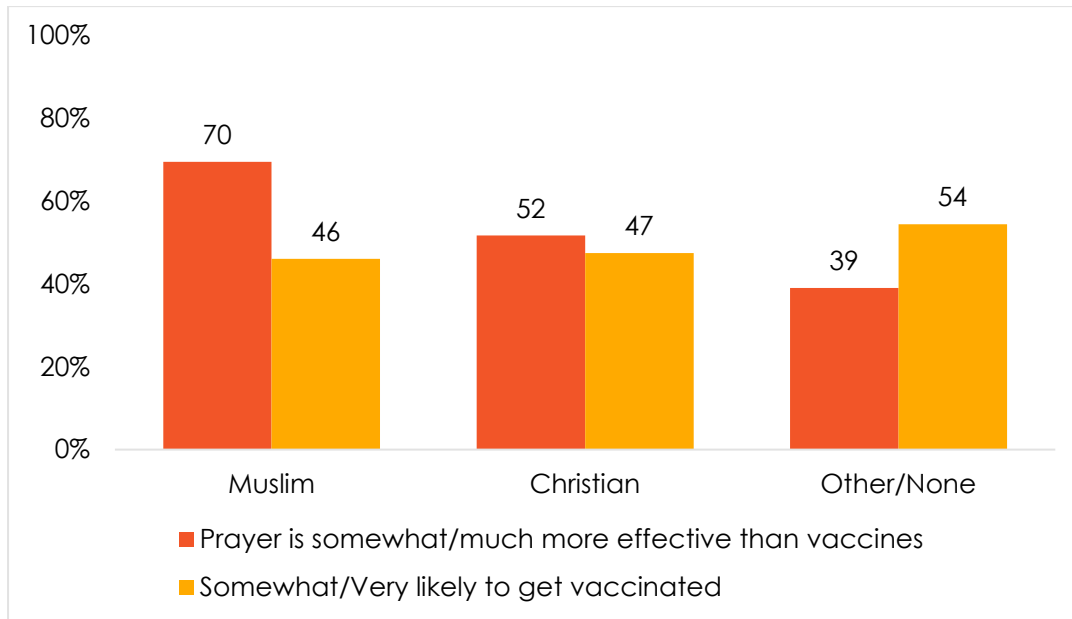
The belief that prayer is more effective than vaccines in preventing COVID-19 infection was considerably more widespread among Muslims (70%) than among Christians (52%) and others (39%).

Trust in religious leaders does not appear to be associated with vaccine hesitancy. On the contrary, citizens who said they trust religious leaders “somewhat” or “a lot” were more open to vaccination than those who expressed no trust in religious leaders (49% vs. 37%) (Figure 20).

But citizens who trust religious leaders “a lot” were also somewhat more likely to believe that prayer is more effective than vaccines (62%, vs. 54%-58% among those with less trust in religious leaders).

⁴ See Katenda (2022) for more on religion and attitudes toward vaccines.

Figure 19: Attitudes toward vaccines | by religious affiliation | 16 countries
 | 2020/2021

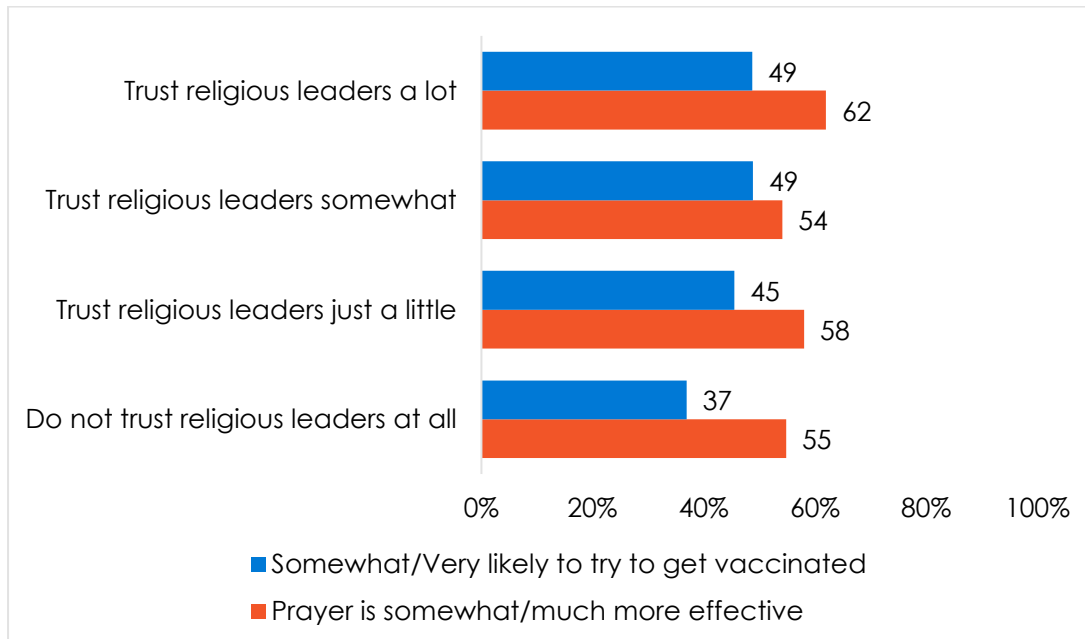


Respondents were asked:

If a vaccine for COVID-19 becomes available and the government says it is safe, how likely are you to try to get vaccinated?

Do you think that prayer is more effective or less effective than a vaccine would be in preventing COVID-19 infection?

Figure 20: Trust in religious leaders and attitudes toward vaccines | 16 countries
 | 2020/2021



Respondents were asked:

If a vaccine for COVID-19 becomes available and the government says it is safe, how likely are you to try to get vaccinated?

Do you think that prayer is more effective or less effective than a vaccine would be in preventing COVID-19 infection?

Country profiles: Attitudes toward vaccine

Table 1 summarises country findings on three indicators of vaccine acceptance – trust in the government to ensure the safety of vaccines, likelihood of trying to get vaccinated, and belief that vaccines are more effective than prayer in preventing COVID-19 infection.

No country records high percentages on all three indicators of vaccine acceptance. Morocco scores in the high categories on likelihood of trying to get vaccinated and trust in government, but in the lower range on vaccine effectiveness vis-à-vis prayer. Uganda and Mauritius show fairly high willingness to accept vaccines, but only moderate trust in government. Cameroon, Eswatini, the Gambia, Liberia, and Senegal record low acceptance across all three indicators.

Table 1: Summary of attitudes toward vaccines | 16 countries | 2020/2021

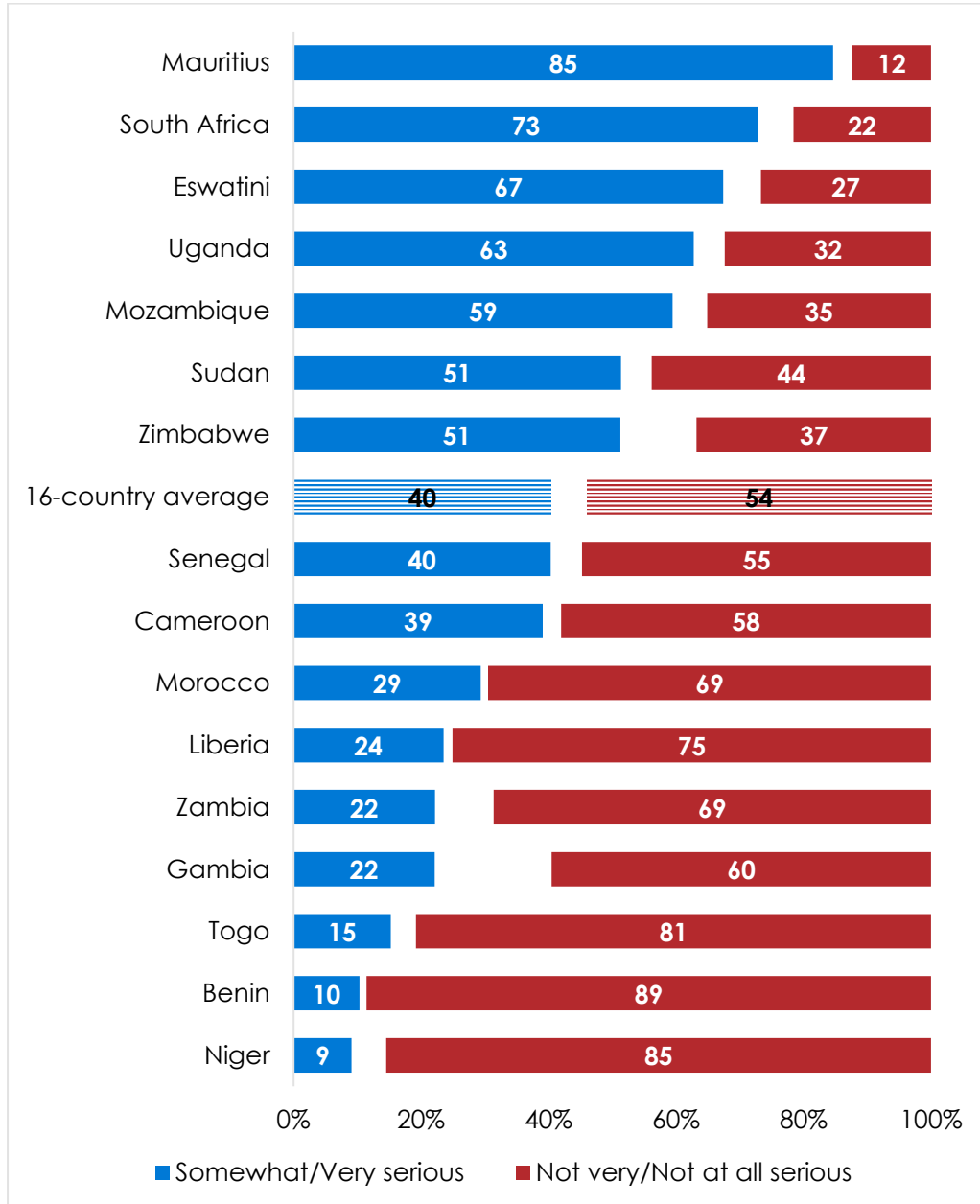
Country	Trust government somewhat/a lot to ensure vaccine safety	Somewhat/Very likely to try to get vaccinated	Vaccines are somewhat/much more effective than prayer
Benin	39%	51%	50%
Cameroon	26%	34%	20%
Eswatini	30%	38%	27%
Gambia	23%	21%	16%
Liberia	20%	34%	7%
Mauritius	51%	72%	25%
Morocco	74%	81%	31%
Mozambique	40%	59%	28%
Niger	42%	42%	2%
Senegal	15%	21%	15%
South Africa	28%	43%	25%
Sudan	37%	51%	6%
Togo	37%	50%	37%
Uganda	49%	71%	42%
Zambia	45%	59%	21%
Zimbabwe	45%	46%	34%
16-country average	37%	48%	24%
	<20%	20-39%	40-59%
	60-79%	>=80%	

Looking ahead

Looking ahead, when these questions were asked in 2020 and 2021, four in 10 citizens (40%) expected that the COVID-19 pandemic would be a “somewhat serious” or “very serious” problem for their country over the next six months (Figure 21). While more than two-thirds of citizens in Mauritius (85%), South Africa (73%), and Eswatini (67%) anticipated serious problems

from the pandemic, only one in 10 adults in Niger (8%) and Benin (10%) shared those concerns.

Figure 21: Seriousness of COVID-19 in the next six months | 16 countries | 2020/2021



Respondents were asked: Looking ahead, how serious of a problem do you think the COVID-19 pandemic will be for [your country] over the next six months?

But expectations that the pandemic would be a serious problem do not appear to make people more likely to try to get vaccinated against COVID-19. On average, both groups – those who anticipated serious pandemic-related problems and those who did not – were about equally willing to get vaccinated (49% vs. 47%) (Figure 22). Only Uganda, Togo, Mozambique, and Niger recorded a significantly greater willingness to be vaccinated among people who were concerned that the pandemic would be a major problem. In seven countries, people who were more concerned were actually less likely to say they will get vaccinated.

Figure 22: Likely to try to get vaccinated | by views on seriousness of the pandemic
 | 16 countries | 2020/2021

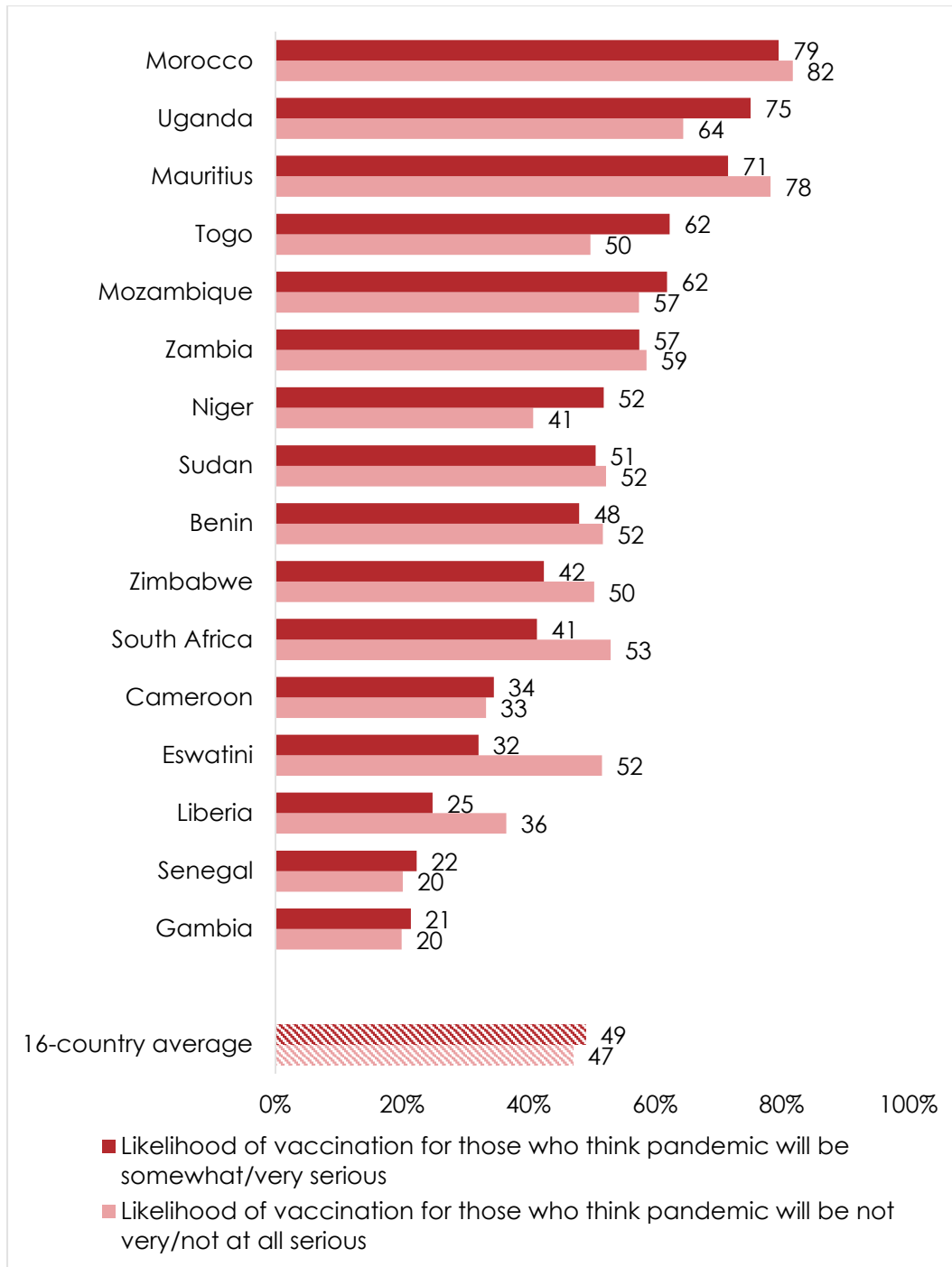


Figure shows % of respondents who said they were “somewhat likely” or “very likely” to try to get vaccinated, disaggregated by whether they thought the COVID-19 pandemic would be a somewhat/very serious problem or a not very/not at all serious problem in the next six months.

Conclusion

Afrobarometer findings from 16 African countries show that despite high levels of awareness of the pandemic and government efforts to mitigate it, citizens were sharply divided on whether to get vaccinated. Majorities in eight of the 16 countries were vaccine hesitant,

including more than three-fourths of Senegalese and Gambians. Most people said they do not trust their government to ensure that COVID-19 vaccines are safe. And significant numbers are more willing to put their faith in prayer than in vaccines to protect them against COVID-19. These attitudes help explain the challenges many governments have faced in reaching vaccination targets.

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Appendix

Table A.1: Afrobarometer fieldwork dates in countries where Round 8 questions related to COVID-19 were asked

Country	Round 8 fieldwork	Previous survey rounds
Benin	Nov.-Dec. 2020	2005, 2008, 2011, 2014, 2017
Cameroon	Feb.-March 2021	2013, 2015, 2018
Eswatini	March-April 2021	2013, 2015, 2018
Gambia	Feb. 2021	2018
Liberia	Oct.-Dec. 2020	2008, 2012, 2015, 2018
Mauritius	Nov. 2020	2012, 2014, 2017
Morocco	Feb. 2021	2013, 2015, 2018
Mozambique	May-July 2021	2002, 2005, 2008, 2012, 2015, 2018
Niger	Oct.-Nov. 2020	2013, 2015, 2018
Senegal	Dec. 2020-Jan. 2021	2002, 2005, 2008, 2013, 2014, 2017
South Africa	May-June 2021	2000, 2002, 2006, 2008, 2011, 2015, 2018
Sudan	Feb.-April 2021	2013, 2015, 2018
Togo	Dec. 2020-Jan. 2021	2012, 2014, 2017
Uganda	COVID-19 questions were asked in the Uganda Round 8.5 survey, Dec. 2020-Jan. 2021	2000, 2002, 2005, 2008, 2012, 2015, 2017, 2019
Zambia	Nov.-Dec. 2020	1999, 2003, 2005, 2009, 2013, 2014, 2017
Zimbabwe	April-May 2021	1999, 2004, 2005, 2009, 2012, 2014, 2017

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Afrobarometer, a non-profit corporation with headquarters in Ghana, is a pan-African, non-partisan survey research network. Regional coordination of national partners in about 35 countries is provided by the Ghana Center for Democratic Development (CDD-Ghana), the Institute for Justice and Reconciliation (IJR) in South Africa, and the Institute for Development Studies (IDS) at the University of Nairobi in Kenya. Michigan State University (MSU) and the University of Cape Town (UCT) provide technical support to the network.

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