

# COVID-19 VACCINE ACCEPTANCE BY TEACHERS AND HEALTH WORKERS IN THE MIDDLE EAST AND NORTH AFRICA

## MULTIPLE FACTORS AFFECT VACCINE UPTAKE (2020-2021 DATA)

Low vaccine acceptance among teachers and health workers was driven by individual, social and environmental factors. These should be considered when formulating policy, programmes, and interventions.



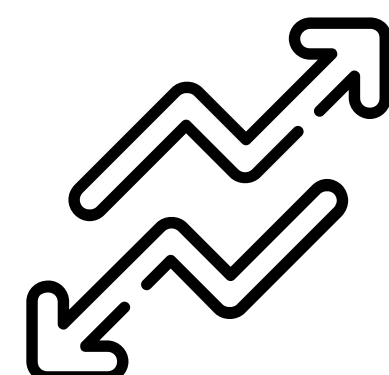
There were very limited data on the behaviour or attitudes of teachers regarding the COVID-19 vaccine in the Middle East and North Africa.



Available evidence showed a high willingness among teachers to get vaccinated.



Vaccine acceptance rates were relatively low among health workers across the region, but with wide variation between countries.



Acceptance rates tended to be higher among teachers than among health workers.

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## ENVIRONMENTAL DRIVERS FOR VACCINE ACCEPTANCE AMONG TEACHERS AND HEALTH WORKERS

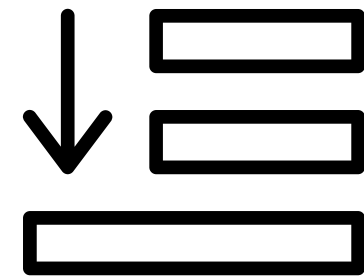
Several environmental factors influenced vaccine *acceptance* among teachers and health workers, with very limited data on the *behaviours* and *attitudes* of teachers especially.

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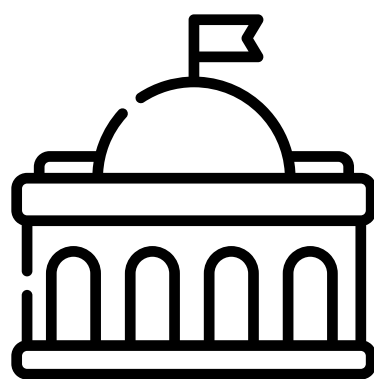
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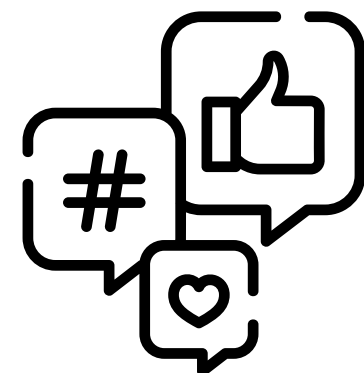
DOI: [10.19088/SSHAP.2021.039](https://doi.org/10.19088/SSHAP.2021.039)



**Low prioritisation** of teachers in the vaccine rollout across the Middle East and North Africa might have been a reason for low uptake.



Lack of **trust in the government's health policies and in vaccine producers** was a strong predictor for reduced vaccine acceptance among health workers in the region.



Social media was the **channel** for information about COVID-19 most used by health workers in many countries in MENA.



**Perceived lack of information and less knowledge** were associated with lower acceptance rates among health workers in the region.



**Misinformation** circulated widely and was thought to have contributed to lower vaccine acceptance among health workers in the region.

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## SOCIAL DRIVERS FOR VACCINE ACCEPTANCE AMONG TEACHERS AND HEALTH WORKERS

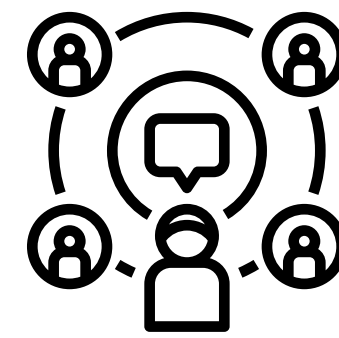
Data were limited on the social barriers or enablers to vaccine acceptance among teachers and health workers in the region.

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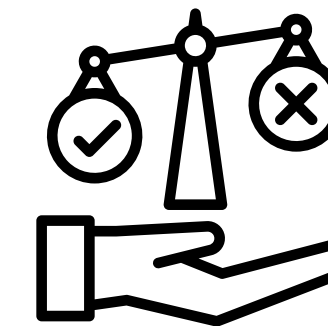
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Vaccine acceptance among health workers appeared to have been affected by **social norms and cohesion**, as well as **pressure or influences from others**.



Data suggested that **religion** might have an influence on vaccine acceptance among health workers.



**Decision-making patterns and moral norms** were predictors for vaccine acceptance among health workers.

# COVID-19 VACCINE ACCEPTANCE BY TEACHERS AND HEALTH WORKERS IN THE MIDDLE EAST AND NORTH AFRICA

## INDIVIDUAL DRIVERS FOR VACCINE ACCEPTANCE AMONG TEACHERS AND HEALTH WORKERS

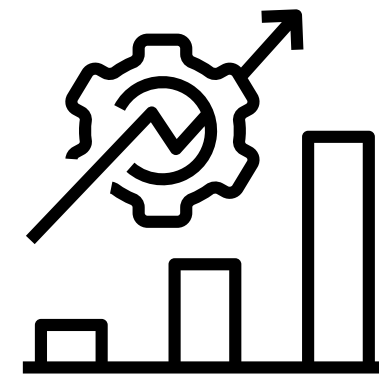
Concerns about the safety and efficacy of the vaccine were the greatest individual barriers to uptake. There were very limited data about individual drivers for teachers.

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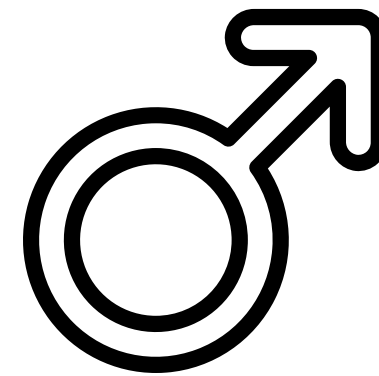
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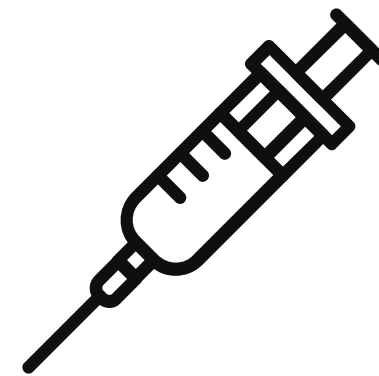
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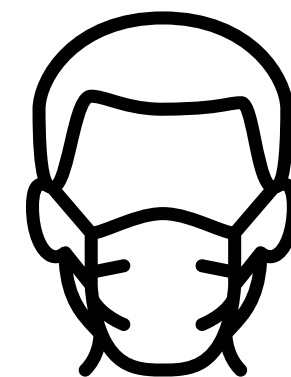
Confidence in the **vaccines' safety and efficacy** was associated with higher acceptance rates among health workers and teachers.



**Men** were overwhelmingly more willing to get vaccinated than women among health workers and teachers.



**Lack of reliable information** about the **types of vaccine** was associated with lower acceptance among health workers in several countries, especially Arab countries.



Health workers who **perceived COVID-19 as a great risk** were much more likely to accept the vaccine.

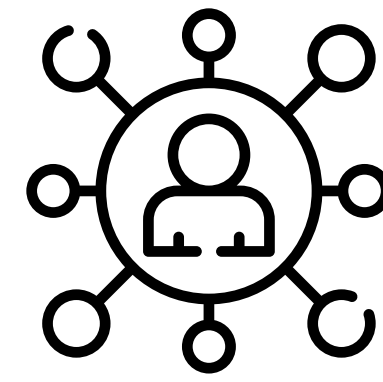


**A sense of collective responsibility and altruism** were predictors for vaccine acceptance among health workers in several countries across the region.

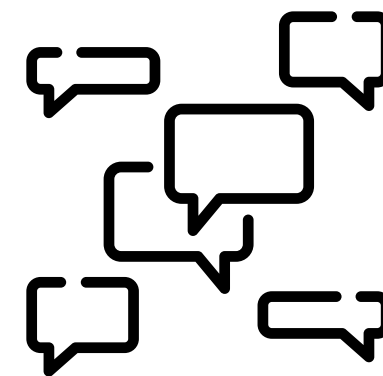
# COVID-19 VACCINE ACCEPTANCE BY TEACHERS AND HEALTH WORKERS IN THE MIDDLE EAST AND NORTH AFRICA

## BUILDING VACCINE ACCEPTANCE AMONG TEACHERS AND HEALTH WORKERS IN MENA

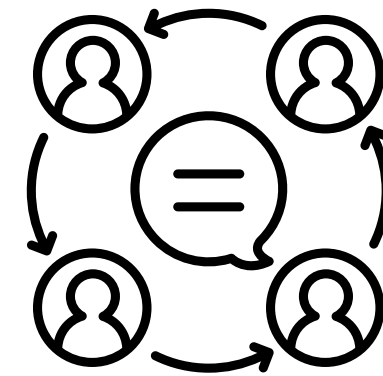
More data are needed to understand vaccine acceptance among teachers and health workers and to inform interventions.



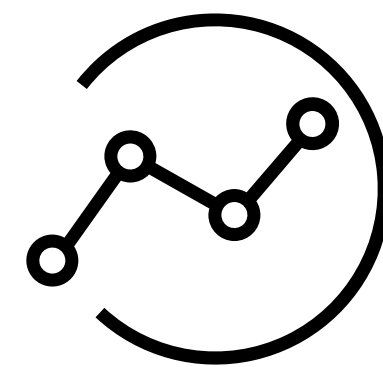
Risk communication and community engagement efforts should focus on teachers and health workers.



Local healthcare providers, peers, experts, and other key influencers should be engaged to communicate and share accurate information.



Preferred approaches for engagement should be identified and harnessed. Communication should be continuous.



Accurate, clear, and up-to-date information about vaccine safety and efficacy, risks, and the social benefits of vaccination should be a priority.



Positive vaccination norms should be publicised and amplified.