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# COVID19 VACCINE HESITANCY AND ACCEPTANCE IN CONFLICT AND HUMANITARIAN CONTEXTS

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# AGENDA

- . Introduction
- . Method
- . Results and Discussion
- . Conclusion
- . Recommendation





# METHOD

A systematic search of the peer-reviewed literature articles indexed in reputable databases, mainly Pub Med, Elsevier, and Science Direct, was performed. Twenty-five articles met the inclusion criteria and formed the basic structure of the review.



## RESULTS AND DISCUSSION

One of the most important tactics for reducing the spread of COVID-19 is vaccination. According to the WHO, vaccines are a quick, safe, and reliable way to prevent individuals from contracting serious diseases. It strengthens body's natural defences against specific infections while enhancing immune system (5,6). All currently available vaccinations that are authorized for use in the general population and for which clinical efficacy data have been published use the viral spike protein (S), either alone or, in the case of inactivated virus vaccines, combined with other viral proteins present in the viral particle (7).

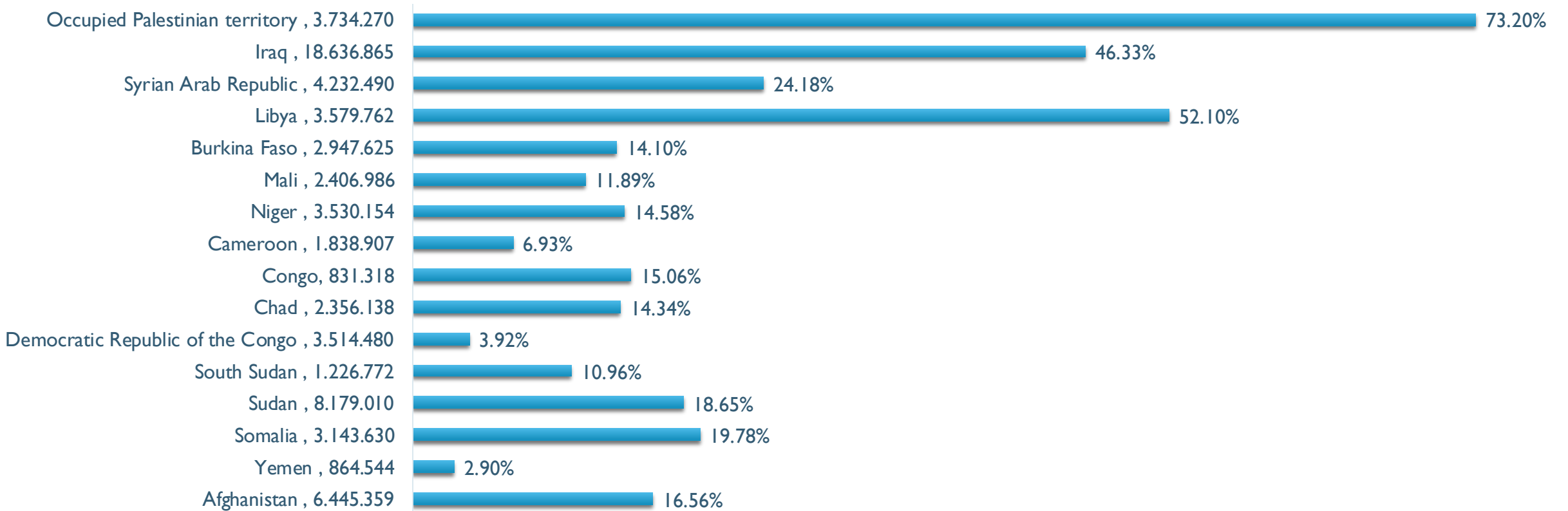


- Around 13,229,471,213 doses of vaccine have been administered worldwide, more than 5 billion people have been vaccinated with at least one dose, and the number of people fully vaccinated has exceeded 4.5 billion by July 2022 (3). Due to the difficulties in providing and administering vaccines, vaccination rates are typically especially low in nations afflicted by conflict and those experiencing humanitarian disasters. Figure (1) shows the vaccination rate in some conflict-affected countries (11). (WHO COVID-19 Dashboard. Geneva: World Health Organization, 2020).



## The vaccination rate in some conflict-affected countries

■ The vaccination rate in some conflict-affected countries



- Vaccine acceptance and rejection depend heavily on context and shouldn't be boiled down to personal preferences. People's perceptions and vaccination decisions are influenced by social, cultural, economic, organizational, historical, and political factors (such as cultural values, social norms, accessibility to healthcare services, recommendations from healthcare professionals, social networks, and the vaccine communication environment) (6). Vaccine hesitation has been described by WHO as a "delay in accepting or refusing vaccination regardless of the availability of the vaccine" (12). Previous research has demonstrated that vaccination hesitation is a widespread issue in the world, with a wide range of justifications given for vaccine rejection (13).





The decision-making process that results in vaccine hesitancy is influenced by numerous individual and group factors, as well as factors specific to the vaccine, including communication and media, historical influences, religion/culture/gender/socioeconomic, political, geographic barriers, prior vaccination experience, risk perception, and vaccination program design (14). Other causes of vaccine hesitation are lack of knowledge, essential resources and trust in vaccines and providers, apathy regarding the necessity of immunization, and difficulty related to vaccines in terms of affordability and expenses.



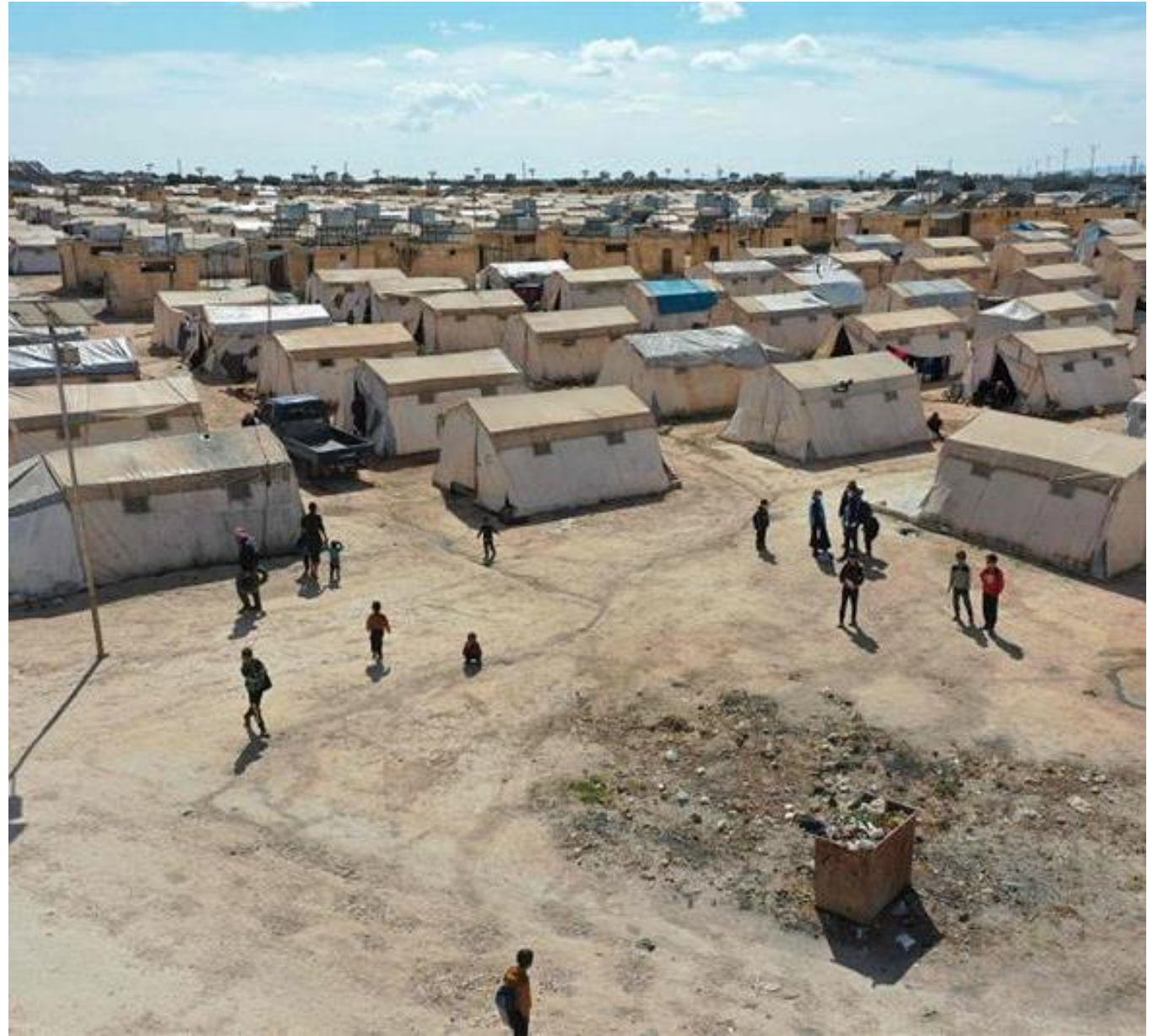
There is regional variation in how people perceive the **safety and efficacy of vaccination**, according to other studies that evaluated attitudes regarding vaccination. The lack of confidence in the safety of vaccines was greatest in higher-income areas. Although most residents of lower-income communities thought that immunizations were safe (13,17). In addition to geographical differences, global reluctance to receive COVID-19 vaccines has also been shown to be time-dependent, with hesitancy rates ranging from 21% in April 2020 to 36% in July 2020 and subsequently declining to 16% in October 2021 (18, 19).



According to recent data, as of December 4, 2021, more than 44% of the world's population has received full COVID-19 vaccinations. A breakdown of the data by country shows that, due to widespread vaccine inequity, at least 68% of those who have received all recommended vaccinations come from high-income countries (HIC), while only 3.1 per cent come from low-income countries (LIC) (18,20).



Aside from LICs, vaccination inequities could be especially devastating in conflict zones that are already struggling with logistical challenges and a healthcare system that is on the verge of collapse (21). During the first two weeks of the COVID-19 spread in Yemen, as an example of a conflict zone in the world, in April 2020, a survey was conducted that showed an even higher rate of vaccinations up to 61%. However, this was only viable if the vaccine was provided at no charge. However, it has been found that if they have to pay for it, the acceptance rate decreases to 43% (18,22). Two studies in Syria also revealed lower acceptance rates of 37% and 36% (22), while research in Somalia revealed a higher acceptance rate of 76.8% (18,24).



# CONCLUSION



It has been challenging to provide Covid-19 vaccinations to people in poor nations, but it has been even more challenging to get them to those in war zones or refugee camps. Many people have poor access to healthcare, live in cramped, unhygienic settings, and are more likely to be exposed to infectious diseases like Covid. Some nations that accept refugees have incorporated them into their Covid immunization campaigns.

However, in areas of the world where there are no government, de facto bodies, bureaucracy has made it difficult to immunize individuals.

The COVAX global vaccine equity initiative allowed aid groups working in those regions to apply for vaccines, but they were unable to take on the risk of legal liability and compensate those who experienced severe vaccine-related side effects.

The alarm about the pandemic's potential spread in conflict countries has been raised by bad findings regarding the population's knowledge and awareness levels of the COVID-19 vaccination adoption as well as the worsening state healthcare system in each COVID-19 wave.

# RECOMMENDATION

- Design Evidence-based “Raising public awareness programme of a variety of immunization-related topics, such as vaccine formulae, mechanisms of action, and side effect probabilities, through media campaigns to eliminate rumours.
- Quantitative and Qualitative studies on the barriers of COVID-19 vaccine hesitancy is fundamental in conflict and humanitarian contexts.
- Most importantly, it is advised to secure an adequate supply of vaccines through the coordinated efforts of all relevant parties.



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**THANK YOU**

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