COVID-19 Vaccine Uptake in Iraq

As of August 12, Iraq had registered 1.74 million cases of COVID-19 and 19,402 deaths from COVID-19. As of August 6, the country had administered 2.1 million doses of COVID-19 vaccine.¹ Just over 1% of Iraq’s population is fully vaccinated. As vaccination efforts continue, it is critical to increase people’s confidence in vaccines to ensure they are willing to take the vaccines as they become available. Giving people the information they need to feel safe taking vaccines in a format that is useful for them is key to successfully combatting COVID in Iraq.

CARE Iraq conducted a study with 3,770 people (2,067 men and 1,703 women) in Ninewa and Duhok in mid-July 2021. The data specifically looks at the needs of marginalized people, and covers refugee, Internally displaced people (IDPs), returnee, and host communities in several districts in each governorate. To complement the quantitative data, qualitative data was collected from community focus group discussions and interviews with key health personnel to understand people’s knowledge, attitudes, and practices about COVID-19 vaccines. This data will inform COVID-19 vaccine promotion campaigns and allow more effective messaging. The study provides critical insights into key messages that are most likely to be useful and effective for people in different demographics and locations.

¹ https://ourworldindata.org/grapher/cumulative-covid-vaccinations?tab=map
Key Findings

- **Vaccine hesitancy is high.** 68% of people (67% men and 68% women) say they are NOT willing to receive a COVID-19 vaccine. 62% of people would not get the COVID-19 vaccine even if it was easily available to them. Only 50% of people (52% men and 48% women) think the vaccine is safe for them.

- **Women have less access to, knowledge of, and willingness to accept the COVID-19 vaccine then men.** Women score lower than men on essentially every indicator of knowledge, attitudes, and practices about the COVID-19 vaccine: 64% of men and 52% of women know where they could get a vaccine. 50% of men and only 30% of women know how to register for a vaccine, and only 10% of them have registered for vaccines.

- **Barriers to access are still high, and higher for women than for men.** 51% of women and 32% of men say that vaccine availability is the biggest barrier to access. Additionally, 55% of women and 42% of men would have to travel more than 30 minutes to get a vaccine. In Ninewa, 18% of people live more than an hour away from vaccination sites.

- **Fear of side effects is the biggest obstacle.** For people who are not willing to get a vaccine, their biggest concern is fear of side effects—including fever, death, and severe allergic reactions. Another side effect people commonly cite as a reason they will not get vaccinated is the the vaccines will make them infertile. Many people have said they are waiting to see what happens to people who got the vaccine, and would be more willing to get vaccinated if more people they knew who had safely gotten the vaccine.

- **There is little trust in the vaccination process.** One of the most common reasons people give for not being willing to get a vaccine is that they do not believe the vaccines are actually designed to prevent COVID-19, but they are used for other purposes. Another common fear is that the vaccines are counterfeit, or not the brand an individual prefers.

- **Many people do not believe vaccines are important.** Only 47% of men and 42% of women think vaccines are essential (45% of people total).

- **People are not confident they have enough accurate information.** Many people are not sure that there is enough evidence the vaccines are safe, or that they can access accurate information that would help them make the right decision.

Information and messaging insights

Social media can be a primary channel for vaccine messaging. 60% of men and 46% of women say that social media is their main source of information about COVID-19. Of social media, people are most likely to be using Facebook, Instagram, Twitter, and Whatsapp. Women are more likely to be using television news as a source of information than men are (28% of women and 20% of men).

It’s critical to counteract misinformation. When people discuss the source of their fears about vaccines, people list information they have received on social media as one of the primary reasons.
they are hesitant to take the vaccine. They also site news reports about blood clots as another reason they do not want to take a vaccine.

**Multiple sources of information are critical.** When asked what would reassure them to take the vaccine, many people point to information—especially information coming from the Ministry of Health, local doctors they trust, and the WHO. For people who are willing to take the vaccine, they are more likely to be getting information from multiple sources—especially health centers and news outlets—instead of just one source.

**Focus messaging for women and religious leaders.** Women—particularly housewives, religious leaders, and daily wage laborers are least likely to have correct information about COVID-19, vaccines, and side effects. This translates to higher hesitancy among those groups, and more difficulty registering for vaccines. People over 50 years old are also less likely to have accurate information.

**Develop different messages in different areas.** Of the 8 districts in this study, there are differences in terms of messaging and reasons for hesitancy. Sinjar and Sumel need a particular focus for messaging. The Ninewa governorate has higher gaps between men and women than Duhok. Host communities also are less likely to accept vaccines and have information than refugees or returnee populations. IDPs in camps also need specific outreach, especially as they are the least likely to have smart phones and internet access.

**Build on people’s willingness to be convinced with good information.** People said they could be convinced to take the vaccine if they were sure it was safe, with no side effects. They also said that if they had more information, or if their employers mandate it, they would be more willing to get vaccinated. Religious leaders, health officials, doctors, and teachers can all be trusted messengers for vaccine campaigns.