

Annex 2. Description of the items included in the grid

Influences arising due to historic, socio-cultural, environmental, health system/institutional, economic or political factors

Communication and media environment Negative exposure to media	Influential leaders, immunization programme gatekeepers and anti- or pro-vaccination lobbies Violation of human rights	Historical influences	Religion/culture/gender/socio-economic Religious fatalism	Politics/policies	Geographic barriers	Conspiracy theories	Perception of the pharmaceutical industry.
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Communication and media environment Negative exposure to media:

Negative exposure to the media as a determinant of hesitation. Such exposures include having heard, read or seen, in the general media, unverified information and myths about vaccines.

Influential leaders, immunization programme gatekeepers and anti- or pro-vaccination lobbies Violation of human rights:

Perception that vaccines are imposed on the population and violate human rights.

Historical influences: Hesitation to vaccinate related to a specific historical period (historical influences)

Religion/culture/gender/socio-economic Religious fatalism:

Religious fatalism that includes the belief that "we must trust in God's decisions" or that human beings were created as they should have been and therefore vaccines are not needed

Politics/policies:

Fear that vaccines are introduced for government and political interests (specific mandates).

Geographic barriers:

Hesitation to vaccinate relative to a geographical area.

Conspiracy theories:

Conspiracy theories (in general).

Perception of the pharmaceutical industry:

Fear that vaccines are introduced to contribute to the economic interests of pharmaceutical companies.

Influences arising from personal perception of the vaccine or influences of the social/peer environment

<p>Personal, family and/or community members' experience with vaccination, including pain. Healthy bodies. Previous negative experiences</p>	<p>Beliefs, attitudes about health and prevention. Vaccination not a priority. Against vaccination in general. Alternative prevention methods. Diseases are beneficial. Healthy bodies. Low risk/severity of disease.</p>	<p>Knowledge/ awareness. Lack of information</p>	<p>Health system and providers – trust and personal experience. Mistrust in health institutions.</p>	<p>Risk/benefit (perceived, heuristic). Responsibility if something bad happens. Vaccine safety. Vaccines not effective. Fear of injection. Humans too weak to fight vaccines.</p>	<p>Immunization as a social norm vs. not needed/harmful. Social norms</p>
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Personal, family and/or community members' experience with vaccination, including pain. Healthy bodies. Previous negative experiences:

Negative experience of previous vaccinations (personal and/or family).

Beliefs, attitudes about health and prevention. Vaccination not a priority. Against vaccination in general. Alternative prevention methods. Diseases are beneficial. Healthy bodies. Low risk/severity of disease:

Belief that there is a very low risk of contracting very serious diseases and clinical forms. The perception that the vaccine is not effective or able to prevent the disease. Belief that people are healthy enough to allow their immune system to be able not to need vaccinations.

Knowledge/awareness. Lack of information:

Scarcity of information and knowledge leading sometimes to a distorted perception of vaccination risk.

Health system and providers – trust and personal experience. Mistrust in health institutions:

Mistrust in health systems and in the provision of health services. General mistrust of the institutions.

Risk/benefit (perceived, heuristic). Responsibility if something bad happens. Vaccine safety. Vaccines not effective. Fear of injection. Humans too weak to fight vaccines:

Belief that vaccines are not safe. It is believed that they can cause serious diseases and side effects, that their long-term effect is unknown, that the risks are greater than the benefits.

Immunization as a social norm vs. not needed/harmful. Social norms:

Social norms and pressure from family and friends (determinants of hesitation and not acceptance).

Vaccine/vaccination – specific issues

Directly related to vaccine or vaccination

Risk/ benefit (epidemiological and scientific evidence). No medical need	Vaccine novelty. Introduction of a new vaccine or new formulation or a new recommendation for an existing vaccine	Mode of administration	Design of vaccination programme/Mode of delivery (e.g., routine programme or mass vaccination campaign)	Reliability and/or source of supply of vaccine and/or vaccination equipment	Vaccination schedule	Access	Costs. Financial cost	The strength of the recommendation and/or knowledge base and/or attitude of healthcare professionals. Lack of recommendation from providers. Inconsistent advice from providers
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Risk/ benefit (epidemiological and scientific evidence). No medical need:

Some people do not understand the risks/benefits of scientific evidence and the medical necessity of taking some vaccines.

Vaccine novelty. Introduction of a new vaccine or new formulation or a new recommendation for an existing vaccine:

Refusal with respect to new vaccines or a new formulation and a consequent fear that vaccines are based on an insufficient number of tests and knowledge (low guarantee of effectiveness).

Mode of administration:

Fear of the way of administration of the vaccine.

Design of vaccination programme/Mode of delivery (e.g., routine programme or mass vaccination campaign):

Hesitation with respect to the mode of administration / delivery of the vaccine.

Reliability and/or source of supply of vaccine and/or vaccination equipment:

Reliability of vaccine supply.

Vaccination schedule:

Tailor vaccines/vaccinations to needs.

Access:

Problem related to access in terms of time and availability of vaccines.

Costs. Financial cost:

Problem related to cost.

**The strength of the recommendation and/or knowledge base and/or attitude of healthcare professionals
Lack of recommendation from providers. Inconsistent advice from providers:**

Lack of recommendations or inconsistency in the information provided by health professionals and poor communication skills of health workers.