**Annex –1:**

**Very high levels of association (ERR > 8)** were found between COVID-19 vaccines acceptance and (1) perceived social norms (Bangladesh, Kenya and Tanzania), (2) perceived positive consequences (Bangladesh, DRC and Tanzania), (3) perceived susceptibility/risk of getting COVID-19 (Bangladesh and Tanzania), (4) trust in COVID-19 vaccines (DRC, Kenya and Tanzania), (5) perceived safety of COVID-19 vaccines (Kenya and Tanzania), and (6) perceived self-efficacy (DRC).

**Table 2: Very high level of association between the determinants and vaccine acceptance, ERR > 8.0**

| **Question** | **Degree of association*****Est. Relative Risk > 8.0 (p<0.05)*** | **Behavior Determinant** |
| --- | --- | --- |
| *If a vaccine for COVID -19 were available to* ***people in your community*** *in the coming month free of charge,* ***what portion of the people you know do you think would get the vaccine****?*  | Acceptors were more likely to say **most close family and friends will get the vaccine** (100% of Acceptors vs. 38% of Non-acceptors, p<0.001, **ERR>13.8)** and Non-acceptors were more likely to say they **don’t know / won’t say** **if they would** (0% Acceptors vs. 40% Non-acceptors, p<0.001, **ERR>8.3)**. (*Bangladesh)*Acceptors were more likely to say that **most of their close family and friends will get a COVID-19 vaccine** than Non-acceptors (100% of Acceptors vs. 16% of Non-acceptors, p<0.001, **ERR>23.3**). *(Tanzania)*Non-acceptors were more likely to say that most **community leaders** and **religious leaders would not want them to get COVID-19 vaccine** than Acceptors (0% Acceptors vs 29% Non-acceptors, p<0.001*,* **ERR>9.8)** *(Kenya)*Acceptors were more likely to say that **most of their community leaders and religious leaders want them to get a COVID-19 vaccine** (100% of Acceptors vs. 29% of Non-acceptors, **ERR>18.3**, p<0.001). *(Tanzania)*Non-acceptors were more likely to say that they would **“not [be] likely” to get a COVID-19 vaccine if a doctor or nurse recommended it** (0% of Acceptors vs. 93% of Non-acceptors, **ERR>27.1,** p=0.001). *(Tanzania)* | **Perceived Social Norms** |
| *If a vaccine for COVID -19 were available to you in the coming month free of charge, what would be the advantages of getting that vaccine?*  | Non-acceptors were more likely to say that there were **“no advantages” of getting a COVID-19 vaccine** (0% of Acceptors vs. 100% of Non-acceptors, **ERR>30.3,** p=0.001). *(Tanzania)*Acceptors were more likely to say that an advantage of getting the vaccine would be that **they would not get the COVID-19 disease** (100% of Acceptors vs. 53% of Non-acceptors, p<0.001, **ERR>9.8**). *(Bangladesh)*Non-acceptors were **8.9** times more likely to say that there were “no advantages” of getting a COVID-19 vaccine (p<0.001). *(DRC)* | **Perceived Positive Consequences** |
| *To your knowledge,* ***what proportion of people*** *in the community where you live* ***have had COVID-19 disease****? Would you say that very many people, some people, very few people, or no one has had COVID-19 where you live?* | Non-acceptors were more likely to say that **“very few people” in their community have had COVID-19** (0% of Acceptors vs. 87% of Non-acceptors, **ERR>24.2**, p<0.001). (*Tanzania*)Surprisingly, Acceptors were more likely to say that **“no one” in their community has had COVID-19 (**100% of Acceptors vs. 13% of Non-acceptors, **ERR>24.2**, p<0.001) (*Tanzania*) | **Perceived susceptibility/ risk** (of getting COVID-19) |
| *How* ***concerned*** *are you about getting COVID-19? Would you say that you are not at all concerned, a little concerned, moderately concerned, or very concerned?*  | Non-acceptors were likely to say that they were **“a little concerned” about getting the COVID-19 disease** (vs. other responses; 44% of Non-acceptors vs. 0% of Acceptors, ERR>9.3), and 5 times more likely to say that they were **“not concerned at all” about getting COVID-19** (p=0.002). (*Bangladesh*) | **Perceived Severity / Perceived Susceptibility** |
| *How much would you* ***trust*** *a new COVID-19 vaccine if it were available to you in the coming month free of charge? Would you say you would not trust it at all, trust it a little, trust it a moderate amount, or trust it a lot?*  | Non-acceptors were more likely to say that they **don’t trust COVID-19 vaccine “at all”** than Acceptors (0% of Acceptors vs. 51% of Non-acceptors, **ERR>12**, p<0.001)**.** (*Tanzania*)Non-acceptors were 17.9 times more likely to say that they would **not trust COVID-19 vaccines “at all”** (p<0.001). (*Kenya*) | **Trust** (in the vaccine) |
| *How difficult is it for you to* ***get to the clinic*** *where vaccines are normally offered?*  | Non-acceptors were **17.7** times more likely (than Acceptors) to say that it would be “**very difficult**” to get to the clinic where vaccines are normally offered (p<0.001). (*DRC*) | **Access** |
| *If a vaccine for COVID -19 were available to you in the coming month free of charge, what might make it* ***easier*** *for you to get that vaccine?*  | Non-acceptors were more likely to say that having **“no trust in the C19 vaccines”** makes it difficult (0% of Acceptors vs. 71% of Non-acceptors, p<0.001, **ERR>18.3**).(*Tanzania*). | **Trust** (in the vaccine) |
| *Some people are concerned about the safety of vaccines – such as the likelihood for having a serious reaction – and some people are not. How* ***safe*** *do you think it would be for you to get a COVID-19 vaccine? Would you say it would not be safe at all, it would be mostly safe, or it would be very safe for you to get the vaccine?*  | Non-acceptors were **16.8** times more likely to say that they it would **“not be safe at all” for them to get a COVID-19 vaccine** (p<0.001). (*Tanzania*).Non-acceptors were **9.7** times more likely to say that it is **“not safe at all” to get a COVID-19 vaccine** (p<0.001). (*Kenya*) | **Safety** |
| *If a vaccine for COVID -19 were available to you in the coming month free of charge, what would be the* ***advantages*** *of getting that vaccine?*  | Non-acceptors were **8.9** times more likely to say that there were “**no advantages**” of getting a COVID-19 vaccine (p<0.001). (DRC) | **Perceived Positive Consequences (Advantages)** |
| *If a vaccine for COVID -19 were available to you in the coming month free of charge, what might make it* ***difficult*** *for you to get that vaccine?*  | Non-acceptors were **8.9** times more likely to say that having “**no certainty about the existence of the disease because it is a plan to exterminate the African population**” would make it **difficult** to get the vaccine than Acceptors (p<0.001). *(This responses came up when asking about “What would make it difficult?” but is related to an expected negative consequence – extermination.) (DRC)* | **Perceived Negative Consequences** |
| *If a vaccine for COVID -19 were available to you in the coming month free of charge, what might make it* ***difficult*** *for you to get that vaccine?*  | Non-acceptors were **15.4** times more likely to say that “**I don’t know (or wouldn’t say)**” would ***make it easier*** to get a COVID-19 vaccine (p<0.001). (DRC) | **Perceived Self-efficacy** |

**Annex -2**

**High levels of association (ERR = 4.0-7.9)** were found between COVID-19 vaccine acceptance and (1) perceived self-efficacy, (2) perceived social norms, (3) trust in COVID-19 vaccines, (4) trust in the information that community and religious leaders provide on the safety and effectiveness of COVID-19 vaccine (5) perceived access to vaccines; (6) perceived divine will, (7) perceived action efficacy (of the COVID-19 vaccines), (8) perceived positive consequences, (9) perceived negative consequences, (10) perceived severity, and (11) cultural reasons for not getting a vaccine.

**Table 3: High level of association between the determinants and vaccine acceptance, ERR = 4.0 – 7.9**

| **Question** | **Degree of association*****Est. Relative Risk =4.0 – 7.9 (p<0.05)*** | **Behavior Determinant** |
| --- | --- | --- |
| *If a vaccine for COVID -19 were available to you in the coming month free of charge, what might make it* ***difficult*** *for you to get that vaccine?*  | Non-acceptors were **4.6** times more likely to say that the **amount of time required to get the vaccine would make it more difficult** (p<0.001).Non-acceptors were **4** times more likely to say that **having a prolonged illness** would make it more difficult (p<0.001). (*Myanmar*)Non-acceptors were **5.1** times more likely to say that **lack of information about the COVID-19 vaccine** would make it more difficult to take the COVID-19 vaccine (p<0.025). (*India*)Non-acceptors were **4.4** times more likely to say that there was **nothing** that would make it difficult (p=0.049). (*India*) | **Perceived Self-efficacy** |
| *If a vaccine for COVID -19 were available to* ***people in your community*** *in the coming month free of charge,* ***what portion of the people you know do you think would get the vaccine****?* *If a* ***doctor or nurse recommended*** *that you get the COVID-19 vaccine, how likely would you be to get it? If a vaccine for COVID -19 were available to you in the coming month free of charge, who are the people that would* ***approve*** *of your getting the vaccine?*   | Non-acceptors were **6.1** times more likely to say that **very few people they know** would get a COVID-19 vaccine than Acceptors (p=0.001). (*India*) Non-acceptors were more likely to say that they would be “not likely” (vs. very likely or somewhat likely) to get the vaccine if a **doctor or nurse recommended it** (p<0.001, **ERR>4**). (*Mynamar*).Non-acceptors were **4.8** times more likely to say that it was “**not likely**” that they would get a COVID-19 vaccine if a doctor or nurse recommended it (p<0.001). *(DRC)*Non-acceptors were more likely to say that they **“do not know/won’t say”** if the people they know would get a COVID-19 vaccine (0% of Acceptors vs. 16% of Non-acceptors, **ERR>5.3,** p=0.005) (*India*) | **Perceived Social Norms** |
| *How much would you* ***trust*** *a new COVID-19 vaccine if it were available to you in the coming month free of charge?*  | Non-acceptors were **7.1** times more likely to say that they **“do not trust [COVID-19 vaccines] at all**” (p<0.001). (DRC)Non-acceptors were **5** times more likely to say that they **“do not trust [COVID-19 vaccines] at all”** (0.002), and **3.7** times more likely to say that they **“trust them a little”** (p<0.001), while Acceptors were **2.1** times more likely to say that they **trust the COVID-19 vaccines “a lot”** (p<0.001). **(***Bangladesh***)**Non-acceptors were **4.9** times more likely to say that they would **trust a COVID-19 vaccine “a little”** (vs. not trust at all, trust a moderate amount, or trust a lot) (p<0.001). (*Myanmar*) | **Trust** (in COVID-19 vaccines) |
| *Would you trust the information that religious leaders provide on the safety and effectiveness of COVID-19 vaccines?* *Do you think that there are some people or leaders who want people to get a COVID-19 vaccine as a way to either control them or harm them?*  | Non-acceptors were **6.9** time more likely to say that they had a **“somewhat low level of trust”** in the information that religious leaders provided on the safety and effectiveness of COVID-19 vaccines (p<0.001). (*Tanzania*)Non-acceptors were **5.1** times more likely to say that they “don’t know or won’t say” if there are some people or leaders who **want people to get a COVID-19 vaccine as a way to either control them or harm them.** (p=0.03). (*India*) | **Trust** (in COVID-19 vaccine information and messengers) |
| *How much would you trust a new COVID-19 vaccine if it were available to you in the coming month free of charge?* | Non-acceptors were **7.1** times more likely to say that they do “**not trust [COVID-19 vaccines] at all**” (p<0.001). *(DRC)* | **Trust** (in COVID-19 vaccines) |
| *If a vaccine for COVID -19 were available in the country in the coming month free of charge, do you think that it would be available within 30 minutes’ walk from your home?**If a vaccine for COVID -19 were available in the country in the coming month free of charge, how much time in minutes or hours do you think people would need to wait in queue, on average, to receive the vaccine?* | Acceptors were **5.8** times more likely to say that they expect the vaccine to be **available within 30 minutes of their home** (p<0.001). (*Myanmar*)Non-acceptors were **5.2** times more likely to say that they **do not expect the vaccine to be available within 30 minutes** of their home (p<0.001). (*Myanmar*) Non-acceptors were more likely to say that they would **expect a 31-60 min queue time** to get a COVID-19 vaccine (0% of Acceptors vs. 27% of Non-acceptors, **ERR>5.9**, p<0.001). (*Tanzania*)Non-acceptors were more likely to say that they **don’t know / won’t say if they think that COVID-19 vaccines will be available 30 min** from their home (0% of Acceptors vs. 22% of Non-acceptors, **ERR>4.9**, p=0.001). (*Tanzania*) | **Access** |
| *Do you think that God [or Allah or the gods] approve(s) or disapprove(s) of people getting a COVID-19 vaccine?**Do you agree or disagree with the following statement? “Whether I get COVID-19 or not is purely a matter of God’s will or chance. The actions I take will have little bearing on whether or not I get COVID-19.”* | Non-acceptors were **4** times more likely to say that they “don’t know or won’t say” if **Allah approves of people getting the COVID-19 vaccines** (p<0.001). (*Bangladesh*)Non-acceptors were **5.7** times more likely to say that they **believe God/ Allah/ gods “doesn’t approve or disapprove”** of people getting vaccine (p=0.015). (*Kenya*)Non-acceptors were **6.7** times more likely to say that they **“agree a lot”** (vs. agreeing a little or disagreeing) that **“whether I get COVID-19 or not is purely a matter of God’s will or chance”** (p<0.001). (*Bangladesh*) | **Perceived Divine Will** |
| *If you were to get the vaccine for COVID-19, how likely would it be that you would get COVID-19 Disease after that?* | Non-acceptors were **7.8** times more likely to say that they **did not know or would not say if they would be likely to get COVID-19 once they were vaccinated against it** (i.e. if they believed the vaccine would work, p<0.001), while Acceptors were **2.6** times more likely to say that it was **“not likely at all” that they would get COVID-19 once they were vaccinated against it** (p<0.001). (*Bangladesh*) | **Perceived Action Efficacy** |
| *If a vaccine for COVID -19 were available to you in the coming month free of charge, what would be the* ***advantages*** *of getting that vaccine?*  | Non-acceptors were **6.7** times more likely say that they **don’t know of any advantages** of getting a COVID-19 vaccine (p=0.006). (*India*) | **Perceived Positive Consequences** |
| *If a vaccine for COVID -19 were available to you in the coming month free of charge, what would be the* ***disadvantages*** *of getting that vaccine?*  | Non-acceptors were more likely to say that **fear of impotence is a disadvantage** of getting the COVID-19 vaccine (0% of Acceptors and 40% of Non-acceptors, p<0.001, **ERR>4.9**). (*Tanzania*)Non-acceptors were more likely to say that **reduction in life expectancy is a disadvantage** (0% of Acceptors vs. 20% of Non-acceptors, p=0.001, **ERR>4.5**). (*Tanzania*)Non-acceptors were **5.6** times more likely to say that “causing other dangerous diseases in the human body” would be a disadvantage of getting a COVID-19 vaccine (p=0.002). *(DRC)* | **Perceived Negative Consequences** |
| *How* ***serious*** *would it be if you or someone who lives in your household contracted COVID-19?* | Non-acceptors were **4.6** times more likely to say that it would be **“not serious at all” if someone in their household got COVID-19** (p=0.004) and **2.6** times more likely to say that they **“did not know or would not say” how serious it would be** (p=0.01). Meanwhile, Acceptors were **2** times more likely to say that it would be **“very serious” if someone in their household got COVID-19** (p<0.001). (*Bangladesh*)Acceptors were **4.2** times more likely to say that it would be **“very serious” if someone in their household got COVID-19** (p=0.007). (*Kenya*) | **Perceived Severity** |
| *If a vaccine for COVID -19 were available to you in the coming month free of charge, are there any cultural or religious reasons that you would not get the vaccine? (What are those reasons?)* | Acceptors were more likely to say that they **did not know of any cultural or religious reasons they would not get a COVID-19 vaccine** (100% of Acceptors vs. 67% of Non-acceptors, p<0.001, **ERR>6.8**), while Non-acceptors were more likely to say that they did not know or would not say if that were so (0% of Acceptors vs. 33% of Non-acceptors, p<0.001, **ERR>6.8**). (*Bangladesh*)Acceptors were more likely to say that they **had not heard of anything that would stop them or others from getting the COVID-19 vaccines** (p<0.001, ERR>**6.4**). (*Bangladesh*)Non-acceptors were more likely to say that they **did not know or would not say if they had heard of anything that would stop them or others from getting the COVID-19 vaccines** (0% of Acceptors vs. 24% of Non-acceptors, p<0.001, **ERR>5**). (Bangladesh)Non-acceptors were **5.1** times more likely to say that they **did not know or would not say about seeing or hearing anything that would stop them or others** from seeking to get the COVID-19 vaccines (p=0.03). (*India*)Non-acceptors were **4.1** more likely to say that “**These are signs of the end of time as the word of God predicts**” as a cultural or religious reason they would not get a COVID-19 vaccine (p=0.015). *(DRC)* | **Culture** |