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### WP2 – EU-JAV Stakeholder Analysis

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**HELLENIC CENTER FOR  
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MINISTRY OF HEALTH

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## Executive Summary

This report presents the results of the stakeholder mapping performed in the framework of the European Joint Action on Vaccination (EU-JAV) project. The stakeholder mapping aims at informing all project work-packages, particularly concerning their outreaching activities and actions, such as communication activities for project promotion or research. It does not in any way prescribe obligatory action but provides the insight and the information necessary for partners and Work Package Leaders in order to design and implement any communication or stakeholder engagement activity as they see fit. The stakeholder mapping involves the collection of information in the Stakeholders identification stage and the analysis of this data using Social Analysis methods.

All project partners were asked to provide input for the identification of stakeholders in their respective countries. Stakeholders relevant to the main project issues (Children's & Adults' Vaccination, Seasonal Vaccinations, Vaccine hesitancy, Vaccine demand forecasting and supply information, Vaccine research and development) were identified and a set of their characteristics, such as power, interest and their legitimacy to engage in the project, were assessed. The analysis of the data, carried out by Hellenic Center for Disease Control and Prevention (HCDPC) allowed for their characterisation into seven main categories: Dominant, Forceful, Influential, Dormant, Concerned, Vulnerable, Marginal, each one corresponding to certain levels and methods of engagement with the project.

Partners in the EU-JAV countries identified 526 national and fifty-three (53) international stakeholders, and provided data on the characteristics of four hundred forty four (444) of them. The analysis was carried out for the stakeholders of each country, where data were available, and compiled to give information for stakeholder in the whole of the EU-JAV area of implementation. Conclusions included recommendations on the appropriate level of engagement of stakeholders, information on the resources of groups and sectors of stakeholders and indications of the prevalence of the significant issues among stakeholders.

Almost half of the identified stakeholders have the power and the resources to meaningfully engage with EU-JAV and influence the project progress and outcomes (Dominant category). Most of the national Authorities are within the first category, along with Research and Academia and most of the Healthcare professionals' representatives. This results represents an opportunity for furthering the EU-JAV influence and at the same time widening the pool of knowledge and valuable input for the project research. This could be achieved by involvement of these stakeholders in outreach activities of the project (workshops, web-conference, etc.) or throughout to direct collaboration on appropriate tasks and activities (advisory groups, etc.).

The second largest category (Vulnerable) includes stakeholders who regardless of their high net benefit or losses from the project and their high legitimacy to engage with the project through right or responsibility, do not have the resources to influence the project and its outputs. It is noteworthy that the healthcare sector belongs to the first or to the

second category, -depending on the partner country. In some of the EU-JAV Member States the medical and other health professional associations have little resources, influence or authority. We recommend that the EU-JAV supports these stakeholders by enhancing their ability and access to participation and meaningful engagement in the significant issues of the project.

Regarding the EU-JAV significant issues, Vaccine hesitancy is of particular importance in countries that have lately gone through outbreaks of contagious diseases such as measles. Together with Seasonal Vaccinations, they are the two issues of importance across all stakeholder groups and categories. Finally, Children and adults' vaccinations are the most prevalent issue, being the most inclusive, and one where the EU-JAV project can anticipate a lot of attention, collaborations and engagement opportunities.

The Stakeholder Mapping is quite comprehensive in some of the EU JAV Member States. Although the results of the Mapping are very useful for the project implementation and offers a valuable tool for many of the outreaching activities and actions, limitations arose from lack of data due to limited resources available. A stakeholders' questionnaire has been designed to collect some of the missing data and provide additional information regarding the communications methods preferable to the EU-JAV audience. A continuous/regular update is recommended between partners and their identified stakeholders in order to enrich the lists of stakeholders throughout the duration of the project.

## 1 Introduction

The European Union Joint Action on Vaccination (EU-JAV) Stakeholder Mapping aims to contribute to the effective engagement and the maximization of the impact of any planned activity of the project on its potential stakeholders. The EU-JAV Stakeholder Mapping will inform all Work Packages (WPs) and most importantly the Strategic Communication Plan, which outlines the information, communication and stakeholder involvement activities. It will lead to the identification of the most appropriate means of communication and meaningful key messages required to best communicate the project outcomes. The first step in its development and design is to accurately identify and understand the different actors (groups, institutions and individuals) that could influence/affect or be influenced/affected by the Project at the regional, national and international level. It is necessary to understand the complexities of the relationships between stakeholders and their association to the project, in order to engage with any of them meaningfully and effectively for the benefit of the project and the stakeholders themselves.

### 1.1 Objective

The objective of the Stakeholder Mapping is to identify all categories of the population who could directly either benefit from the project (professionals, population groups, patients, citizens), or be the best advocates (policy makers, Member State governments, health managers, private sector) or develop resistance (anti-vaccination movement, health professionals). The stakeholder mapping aims at informing all

project work-packages, particularly concerning their outreaching activities and actions, such as communication activities for project promotion or research. It does not in any way prescribe obligatory action but provides the insight and the information necessary for partners and Work Package Leaders in order to design and implement any communication or stakeholder engagement activity as they see fit. Their activities can be implemented at both the national and international levels. It is therefore a useful tool and guide for all Work Packages that interact with Stakeholders. Additionally, the goal of the Mapping exercise is to design a comprehensive Strategic Dissemination Plan of the project's results and outcomes and implement it efficiently.

## 1.2 Stakeholder Analysis

Stakeholder engagement is a planned process, aiming to build long-term relationships between a project and stakeholders. Through its steps and activities, it promotes meaningful contribution from all actors and promotes public/stakeholder ownership of the project's outputs and outcomes. Furthermore, stakeholder engagement supports effective and long-term results, as well as the optimum use of resources (Schmeer, 2000).

Stakeholder identification and analysis is integral to the engagement planning process (IAP2, 2006), such as the activities requiring the participation of stakeholders in the EU-JAV. While it may be time consuming and sometimes complex, the time spent in this initial phase can reduce the risk of encountering obstacles that could have otherwise been anticipated. It may also highlight opportunities that serve to enhance the information and communication efforts. In addition, undertaking a stakeholder analysis can lead to a better understanding of those stakeholders who are less obvious, but have the potential to enhance or undermine the outcomes of the project. Stakeholder mapping in the EU-JAV aims at mapping the stakeholders involved in vaccination in all MS/partner countries, including existing networks and EU-funded or international projects.

### 1.2.1 Methodology

The Stakeholders' Mapping in the MS/partners involved in the Joint Action (JA) was scheduled for the beginning of the project. As a starting point, each country has been asked to provide a detailed list of key stakeholders involved in vaccination before the beginning of the project at both the national and international levels. The available list mostly included international stakeholders, but provided very few national stakeholders and very little information on the stakeholders themselves. Therefore, a detailed procedure for stakeholder analysis based on the methodology of Social Analysis was implemented to meet the needs and circumstances of the EU-JAV.

The first step in Stakeholders Identification and Analysis in the EU-JAV initially involved defining the main issues of the project according to the Work Packages and the project proposal (IAP2, 2006). These were labeled as follows:

- Children's and Adults' Vaccination

- Seasonal Vaccinations
- Vaccine hesitancy
- Vaccine demand forecasting and supply information
- Vaccine research and development

A set of generic stakeholder groups was drafted, containing policy makers, authorities, health managers, health professionals, civil society groups, etc., based on the issues and the activities of the EU-JAV and literature on similar issues. The list of stakeholders selected comprises the following groups:

1. International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD) who are active in the EU-JAV countries through projects, campaigns, donations funding programmes, etc.;
2. Relevant Authorities, policy & decision makers (Ministries of Health, Public health and Drug agencies) at national and regional levels;
3. Research and Academia (Educational institutes, Research institutes, Universities, Life and human science experts, Relevant European scientific societies);
4. Healthcare professionals representatives (e.g. doctors associations, nursing sector) at national level, and other significant healthcare professionals groups or associations due to population or special communities coverage, or necessity/special circumstances (e.g. in geographical areas with higher needs in vaccination);
5. Pharmaceutical industry and manufacturers' representatives, as well as other representatives of the private for-profit sector including Small and Medium Enterprises (SMEs) and other industries (Vaccine Europe, EFPIA);
6. Patients and civil society representatives (including parents' associations) and Non-Governmental Organisations (NGO) at national level;
7. Religious institutions; and
8. Media (public and private), opinion makers.

Using these issues and stakeholder groups as a starting point, the EU-JAV partners in each country were asked to identify stakeholders through a desktop survey and assess their characteristics. Detailed guidelines for the identification were provided by the Hellenic Center for Disease Control and Prevention (HCDPC), along with a Glossary and a stakeholder identification form. The HCDPC team provided additional help and guidance upon request.

The analysis of the collected data ultimately aims to map stakeholders according to the relevant issues, their interest, power and influence, and provide information for any further detailed analysis according to the needs of the project work packages. Furthermore, it provides information for the stakeholders' engagement strategy, such as the level of engagement, possible tools and techniques to be used, etc.



## 1.2.2 Stakeholder Categories Description

The methodology used for the stakeholder characterisation in the EU–JAV is Social Analysis . The methodology is more suitable for the effective planning of any engagement activity within the framework of the project since it allows the further analysis of a significant number of stakeholder characteristics (Chevalier & Buckles, 2008). The data collected by the EU-JAV Project partners were processed in order to produce a profile for each stakeholder through Social Analysis methods. These profiles are based on the combination of the levels of the stakeholder's (i) power, (ii) interests, (iii) legitimacy, as the partners estimated them

Power is understood as the sum of a stakeholder's economic assets, their political authority and social prestige, their ability to influence others, their access to information (knowledge and skills), and their access to means to communicate to other potential stakeholders. Therefore, partners were asked to assess stakeholders' Economic Assets, Authority, Influence, Prestige and Status, Social Ties and Connections, Information and Communication Control, Knowledge and Skills, and rate them as high, medium or low/none.

Interest as a characteristic for a stakeholder in the overall project illustrates the potential net gains and losses for the stakeholder from the EU-JAV implementation, outputs and outcomes. Partners were asked to rate the stakeholders' gains or losses as high (H+ or H), medium (M+ or M-) and low or none (L) for stakeholders with little to gain or to lose.

Legitimacy regarding vaccines and vaccinations refers to how stakeholders are recognised or seen by their peers. Legitimacy can be provided by law or local custom and includes the rights and responsibilities of the stakeholder and the level of resolve or determination of the stakeholder to exercise these rights and responsibilities. Partners were asked to rate stakeholders' legitimacy as high (H), medium (M) or low (L). Additionally, educated assumptions were made on their attitude and awareness in order to draw data for Work Package 2, and information on their status as Primary, Secondary and Key stakeholders, as well as on whether they were already committed to the project (Internal/External stakeholder), was recorded.

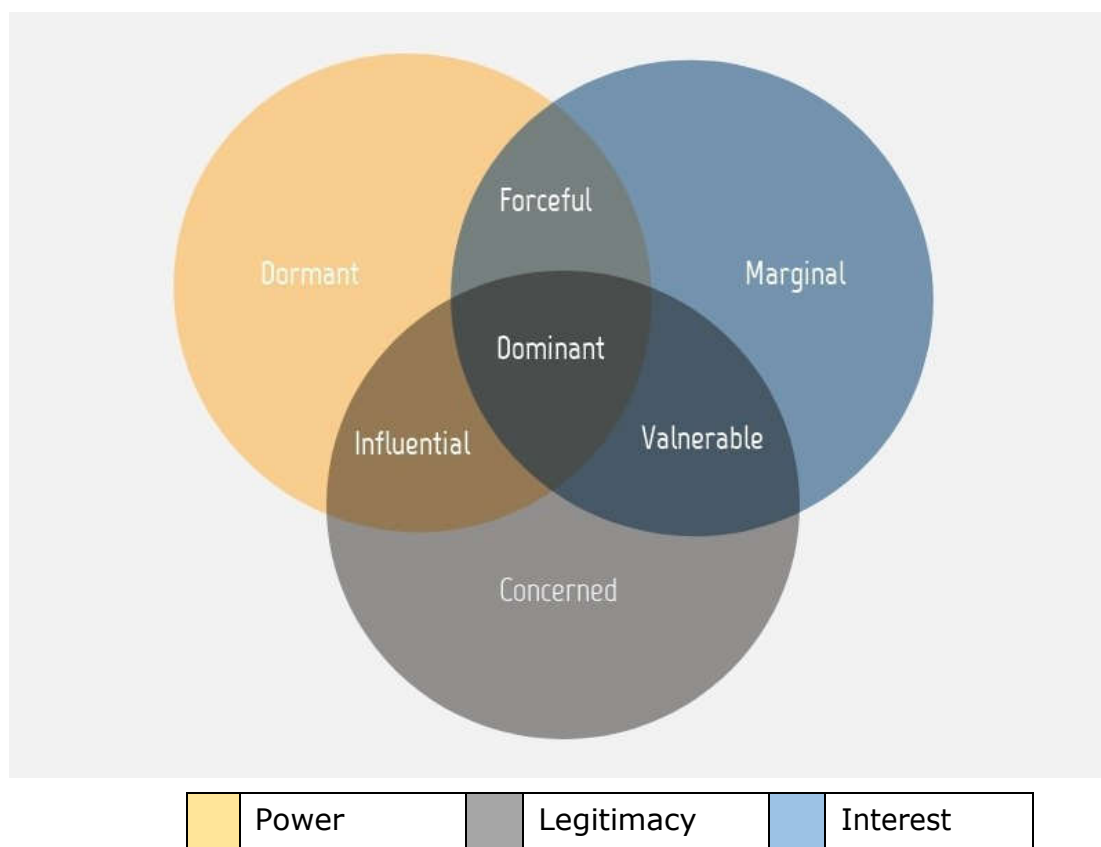
According to the collected characteristics and the analysis of the combination of their power, interest and legitimacy on the issue of vaccines and vaccinations, stakeholders have been described as: 1) Dominant, 2) Forceful, 3) Influential, 4) Dormant, 5) Concerned, 6) Vulnerable and 7) Marginal. Each description has helped to categorise the stakeholders leading to an assessment of the appropriate level and method of their engagement in the project see also Table 2.2):

**Table 1-1. Stakeholder categories based on their characteristics, EU-JAV, 2019.**

Stakeholders Categories	
Descriptor	Characteristics
<b>Category 1: the level of Power that a stakeholder can exercise</b>	
<b>Dominant</b>	Power high, net gain/loss high, legitimacy high
<b>Forceful</b>	Power and net gain/loss high, legitimacy low or none
<b>Category 2: the Interests of stakeholders</b>	
<b>Influential</b>	Power and legitimacy high, net gain/loss low or none
<b>Dormant</b>	Power high, legitimacy and net gain/loss low or none
<b>Concerned</b>	Legitimacy high, power and net gain/loss low or none
<b>Category 3: the level of Legitimacy</b>	
<b>Vulnerable</b>	Legitimacy and net gain/loss high, power low or none
<b>Marginal</b>	Net gain/loss high, power and legitimacy low or none

In the diagram below, the position of the different categories relative to the project and their interconnections are illustrated, with the Dominant stakeholders taking up a central role in the engagement efforts, and Forceful, Influential and Vulnerable stakeholders being the next three categories where efforts should be directed in accordance with their needs and characteristics.

**Diagram 1-1. Stakeholder categories and their interconnections according to Power, Interest and Legitimacy, EU-JAV, 2019.**



The above-mentioned categories provide an indication of the optimum level of engagement suitable for the stakeholders based on their Power (ability and resources to engage meaningfully and influence the project and its outputs) Legitimacy to engage (perceived right, responsibility or resolve to engage with the project) and Interest (the net benefit or loss from engaging with the project). However, the choice of engagement activity always lies with the project team and is dependent on many factors relevant to the nature and resources of the project. For each level, there are a number of useful tools and methods of engagement that may be employed for the meaningful participation of the project stakeholders (IAP2, 2006). The higher levels of engagement (Involvement, Collaboration, etc.) do not exclude primary engagement (Information, Consultation), but rather build on these.

**Table 1-2. Engagement level for Stakeholders Categories, EU-JAV, 2019.**

Descriptor	Suggested engagement level		
Dominant	Involve	Collaborate	Empower
Forceful	Inform	Consult	Involve
Influential	Consult	Involve	Collaborate
Dormant	Inform	Consult	
Concerned	Involve	Collaborate	Empower
Vulnerable	Collaborate	Empower	
Marginal	Collaborate	Empower	

The EU-JAV is essentially operating within the three first levels of engagement (Inform, Consult, Involve). The levels described are as follows:

The Inform level simply offers to provide information throughout a process about the project and its products and outputs and aims to enhance understanding of the EU-JAV. No input or feedback is sought from stakeholders or the public.

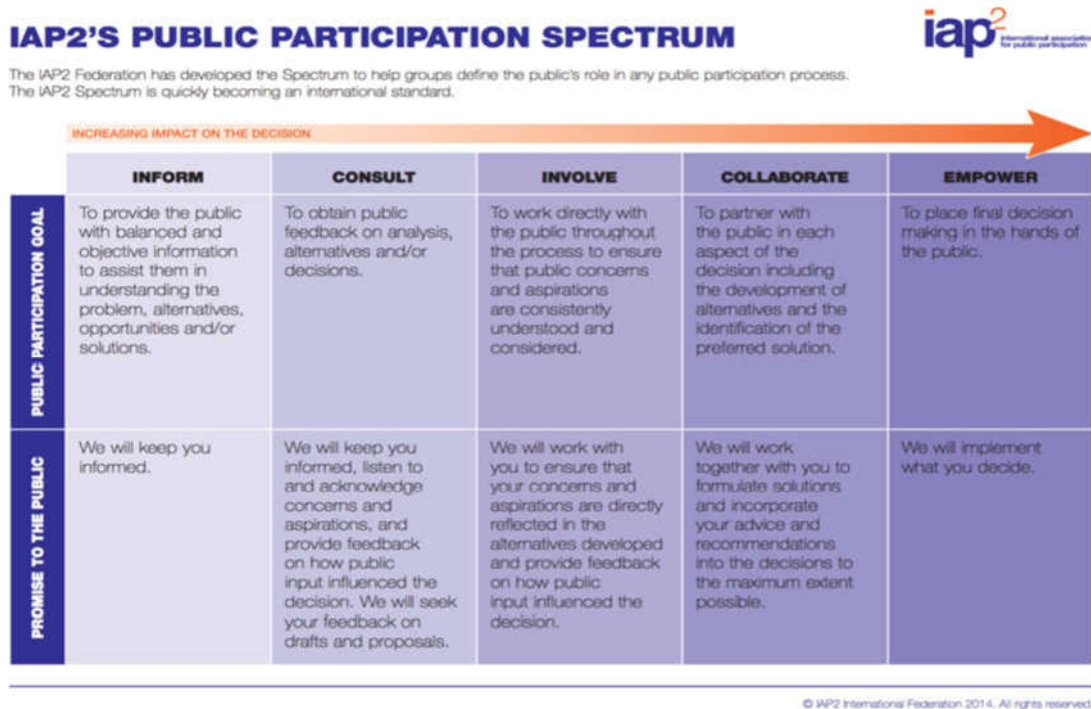
The Consult level seeks feedback on the EU-JAV's activities and outputs, from stakeholders and/or public, and clearly recounts how this feedback has been taken into account.

The Involve level invites input and ideas from stakeholders to help develop options/potential outputs of the EU-JAV and typically follows the consultation level. The final decisions and outputs are developed by the project but they are informed by ideas and input from the stakeholders.

The Collaborate level is about partnering to the maximum extent possible with stakeholders, in more time consuming and more demanding procedures, whereas the Empower level is essentially delegated decision-making.

The International Association for Public Participation (IAP2) has developed the Public Participation Spectrum to demonstrate the possible types of engagement with stakeholders and communities. The spectrum also shows the increasing level of public impact as you progress from 'inform' to 'empower'.

Diagram1-2 The IAP2 Public Participation Spectrum (<https://www.iap2.org/>)



Looking at the spectrum from left to right – inform to empower - there is a corresponding increase in expectation for public participation and impact. In simply 'informing' stakeholders there is no expectation of receiving feedback, and consequently there is a low level of public impact. It is also worth noting that the level of tasks can be high at the 'inform' end of the spectrum, while the strength of the relationship between a project and the stakeholder/public may be low. Moving through the spectrum, tasks begin to differ and the strength of relationships increases through consult, involve, collaborate and finally empower, where the main focus is not the task but the importance of the relationship.

## The stakeholders in the EU-JAV

Nineteen (19) EU-JAV countries that provided data for the Stakeholder Mapping identified a total of fifty-three (53) international and 526 national stakeholders. Partners in the EU-JAV countries provided further data on the characteristics of four hundred forty four (444) out of the total five hundred seventy nine (579) stakeholders, allowing for their characterization and analysis. In some countries the international stakeholders have particular presence or are considered as more involved through projects or other activities. In almost all cases they are listed as dominant stakeholders, underlining their importance in a project of such a range.

Out of the 444 stakeholders, 205 of the identified stakeholders are recognized as having **high power, high interest and high legitimacy**, the **Dominant** stakeholders category, which is mainly characterised by the Power and the resources that they have available in order to engage effectively with the EU-JAV. **These are stakeholders central to the implementation of the Joint Action.** Apart from keeping them up to date with the project's progress, EU-JAV should ideally involve them or even collaborate with them in planned project activities aiming to reach and promote results. All but a few of the national chapters of the International organisations active in the EU-JAV Member States (MS) are included in this category. Most of the national Authorities are also within this category, along with Research and Academia and most of the Healthcare professionals' representatives. It is very important that the **core stakeholder group of the JA are to be found in this category**, from which they can meaningfully participate in the EU-JAV.

The second largest category is this of **Vulnerable (high legitimacy and interest, but low or no power)**, i.e. stakeholders who regardless of their potential high net gain or losses from the project and their high legitimacy, they do not have the resources to influence the project and its outputs. It is noteworthy that the healthcare sector belongs either to the first (Dominant) or to the second group (Vulnerable), depending on the partner country. In some of the EU-JAV MS the medical and other health professionals associations have little economic assets, influence or constitutional authority. This gives an incentive to the EU-JAV to support these stakeholders and enhance their ability and access to participation and meaningful engagement in the significant issues of the EU-JAV.

Following close as the third category in number of stakeholders is the **Marginal (net gain/loss high, power and legitimacy low or none)** stakeholders. These are stakeholders meriting engagement due to their interest, even though seen as having low legitimacy and little or no power to influence the project. The EU-JAV should aim to collaborate with these stakeholders through appropriate means in order to enable them to engage meaningfully on issues that are particularly close to them, and for the benefit of the project's progress. It is indicative that on the issue of Vaccine research and development these stakeholders have a larger share than in other issues. This is explained by the fact that pharmaceutical companies are often characterised as

marginal by partners, mostly due to their lack of power apart from economic assets, and a perceived lack of legitimacy to engagement. Some of the anti-vaccination groups are also found in this category and contrary to previous stakeholders, when it comes to anti-vaccination groups, the EU-JAV can only monitor these stakeholders in case their circumstances change (therefore changing category) and try to counter misinformation.

Regarding the important issues to the EU-JAV stakeholders, **Children and adults' vaccinations** is the most prevalent issue, being the most inclusive, and one where the EU-JAV can anticipate a lot of attention, collaborations and engagement opportunities. **Seasonal Vaccinations**, and **Vaccine hesitancy** are the two issues of equal importance, across all stakeholder groups and categories. It is interesting but expected that Vaccine hesitancy is of particular importance in countries that have lately gone through outbreaks of contagious diseases such as measles. The issue of Vaccine demand forecasting and supply information is more relevant to Authorities, Healthcare professionals and the Pharmaceutical industry, while Vaccine research and development, as expected, is relevant primarily to researchers and the Academia, as well as are more specialised stakeholders such as the Pharmaceutical industry, healthcare professionals and the Authorities.

### 2.1.1 Limitations

The stakeholders mapping makes use of the best personal knowledge and experience of the EU-JAV partners, bibliographic research on background information from stakeholders' web pages, professional chambers information and other secondary information sources (e.g. relevant reports and references), and is quite comprehensive in some of the EU-JAV Member States. The results of the Mapping are very useful for the EU-JAV implementation and they offer a valuable tool for many of the outreaching activities and actions, however, due to limitations of budget, time and resources, it is not possible to conduct detailed research, such as focus groups, stakeholder workshops or interviews with stakeholders in the MS, narrowing thus the available information on their characteristics and potentially missing other relevant stakeholders.

A stakeholders' questionnaire has been designed to collect some of the missing data and provide additional information regarding the communications methods preferable to the EU-JAV audience. The results will be incorporated in any subsequent amended versions of the mapping. It is proposed that the first such update is provided in October 2019. It is also recommended that partners consult further with their identified stakeholders in their countries in order to enrich the lists of stakeholders throughout the duration of the EU-JAV.



## 2.2 Characteristics of the stakeholders

The stakeholder groups in the different categories are listed in the following tables. The analytical list containing the stakeholders, the countries and the main issues of relevance can be found in ANNEX1. There are disparities on the categorization of sectors or stakeholder groups in the EU-JAV countries, reflecting the different resources and stakeholder needs in the various countries - most notably on the healthcare sector where stakeholders are either Dominant (high resources therefore higher Power) or Vulnerable (low resources therefore low or no power). These findings can be very useful for the selection of engagement tools and techniques in order to enhance participation and raise capacity in a particular MS country through tailor-made procedures, such as workshops, training activities, advisory panels, consultations or any other appropriate activities depending on the stakeholder category.

Out of the 444 stakeholders, 205 are considered as dominant stakeholders, (i.e. high power, high interest, high legitimacy), 26 forceful (high power and interest, low or no legitimacy), 26 influential (high power and legitimacy, low or no interest), 12 dormant (high power, low or no legitimacy and interest), 23 concerned (high legitimacy, low or no power and interest), 74 vulnerable (high legitimacy and interest, low or no power) and 73 as marginal (high interest, low or no power and legitimacy). For a number of stakeholders, the partners provided limited or no further data.

The 205 dominant stakeholders (high power, high interest, high legitimacy) comprise the most prevalent and most numerous category, which can be explained by the fact that these are the most obvious stakeholders to identify. As already discussed above, the EU-JAV should aim to work closely with these stakeholders, keep them informed of the project's progress and results and ideally involve them or even collaborate with them in its planned activities. Apart from the international and European stakeholders (23), this category consists of Authorities, policy makers, healthcare professionals and research and academia. In few countries (e.g. France) civil society organizations are also found in this category; however this mostly applies to relevant international or European organizations.

**Table 2-1. Composition of Dominant Stakeholders in the EU-JAV**

Dominant stakeholders	no
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies) at national and regional level</b>	52
<b>Research and Academia (Research institutes, Universities, Life and human science experts, Relevant European scientific societies)</b>	38



<b>Healthcare professionals representatives, (e.g. doctors associations, nursing sector) at national level</b>	55
<b>Pharmaceuticals industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>	11
<b>Patients and civil society (including parents' associations) representatives, Non-Governmental Organisations (NGO) at national level</b>	16
<b>Religious institutions</b>	1
<b>Media, opinion makers</b>	8
<b>Others (other projects, or any suitable stakeholder)</b>	1
<b>Total</b>	182 <sup>1</sup>

The 26 forceful stakeholders' category (high power and interest, low or no legitimacy) is one of the categories with the fewer stakeholders and mostly made up of researchers, academia and healthcare professionals. They are perceived as having little or no official responsibility on the issues of vaccinations while having the power to influence the EU-JAV. These should be kept well informed by the EU-JAV, consulted whenever possible and involved in appropriate activities.

**Table 2-2 Composition of Forceful Stakeholders in the EU-JAV**

<b>Forceful stakeholders</b>	<b>no</b>
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies) at national and regional level</b>	0
<b>Research and Academia (Research institutes, Universities, Life and human science experts, Relevant European scientific societies)</b>	9
<b>Healthcare professionals representatives, (e.g. doctors associations, nursing sector) at national level</b>	5
<b>Pharmaceuticals industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>	2

<sup>1</sup> The total number (182) varies from the number of identified stakeholders (205) due to lack of full set of data regarding their other characteristics e.g group they belong to.

<b>Patients and civil society (including parents' associations) representatives, Non-Governmental Organisations (NGO) at national level</b>	1
<b>Religious institutions</b>	0
<b>Media, opinion makers</b>	3
<b>Others (other projects, or any suitable stakeholder)</b>	4
<b>Total</b>	24 <sup>2</sup>

The category of influential stakeholders (high power and legitimacy, low or no interest) includes 26 organisations and actors from authorities, research, academia, the media and some religious institutions. The EU-JAV should aim to consult with stakeholders from this category (e.g. research and academia) and to involve them in its activities, especially as far as communicating its products and outputs is concerned. *(Note: This should not be confused with the net influence of a stakeholder used in order to calculate the Power of a stakeholder)*

**Table 2-3 Composition of Influential Stakeholders in the EU-JAV**

<b>Influential stakeholders</b>	<b>No</b>
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies) at national and regional level</b>	8
<b>Research and Academia (Research institutes, Universities, Life and human science experts, Relevant European scientific societies)</b>	9
<b>Healthcare professionals representatives, (e.g. doctors associations, nursing sector) at national level</b>	0
<b>Pharmaceuticals industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>	0
<b>Patients and civil society (including parents' associations) representatives, Non-Governmental Organisations (NGO) at national level</b>	0
<b>Religious institutions</b>	2
<b>Media, opinion makers</b>	7
<b>Others (other projects, or any suitable stakeholder)</b>	0

<sup>2</sup>The total number (24) varies from the number of identified stakeholders (26) due to lack of full set of data regarding their other characteristics e.g group they belong to.

<b>Total</b>	26
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The smallest category in the EU-JAV is that of the dormant stakeholders (high power, low or no legitimacy and interest), with 12 members (11 national and 1 international stakeholders). These are stakeholders who could influence the EU-JAV under particular circumstances. The EU-JAV should keep them informed and observe closely for any changes in their position.

**Table 2-4 Composition of Dormant Stakeholders in the EU-JAV**

<b>Dormant stakeholders</b>	<b>No</b>
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies) at national and regional level</b>	3
<b>Research and Academia (Research institutes, Universities, Life and human science experts, Relevant European scientific societies)</b>	3
<b>Healthcare professionals representatives, (e.g. doctors associations, nursing sector) at national level</b>	0
<b>Pharmaceuticals industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>	0
<b>Patients and civil society (including parents' associations) representatives, Non-Governmental Organisations (NGO) at national level</b>	3
<b>Religious institutions</b>	0
<b>Media, opinion makers</b>	2
<b>Others (other projects, or any suitable stakeholder)</b>	0
<b>Total</b>	11 <sup>3</sup>

<sup>3</sup>The total number (11) varies from the number of identified stakeholders (12) due to lack of full set of data regarding their other characteristics e.g group they belong to.

In the category of 23 concerned stakeholders (high legitimacy, low or no power and interest) healthcare professionals, research and academia and patients and civil society are the main groups. Due to their high legitimacy (the sum of their rights, responsibilities and resolve in engaging in the JA), the EU-JAV should aim to involve them and even collaborate with them when appropriate, in the project activities.

**Table 2-5 Composition of Concerned Stakeholders in the EU-JAV**

Concerned stakeholders	no
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies) at national and regional level</b>	1
<b>Research and Academia (Research institutes, Universities, Life and human science experts, Relevant European scientific societies)</b>	6
<b>Healthcare professionals representatives, (e.g. doctors associations, nursing sector) at national level</b>	8
<b>Pharmaceuticals industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>	0
<b>Patients and civil society (including parents' associations) representatives, Non-Governmental Organisations (NGO) at national level</b>	4
<b>Religious institutions</b>	0
<b>Media, opinion makers</b>	4
<b>Others (other projects, or any suitable stakeholder)</b>	0
<b>Total</b>	23

The second largest category numbers 74 vulnerable stakeholders (high legitimacy and interest, low or no power), i.e. stakeholder who regardless of their high net gain or losses from the JA and their high legitimacy, they do not have the resources to influence the JA and its outputs. The EU-JAV should aim to collaborate, where possible or appropriate, with those stakeholders who have a lot to gain from its products and outputs and, if possible, enable them to engage with EU-JAV more effectively.

**Table 2-6. Composition of Vulnerable Stakeholders in the EU-JAV**

Vulnerable stakeholders	no
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies) at national and regional level</b>	9

<b>Research and Academia (Research institutes, Universities, Life and human science experts, Relevant European scientific societies)</b>	7
<b>Healthcare professionals representatives, (e.g. doctors associations, nursing sector) at national level</b>	31
<b>Pharmaceuticals industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>	4
<b>Patients and civil society (including parents' associations) representatives, Non-Governmental Organisations (NGO) at national level</b>	11
<b>Religious institutions</b>	0
<b>Media, opinion makers</b>	3
<b>Others (other projects, or any suitable stakeholder)</b>	8 <sup>4</sup>
<b>Total</b>	70 <sup>5</sup>

The category of marginal stakeholders (high interest, low or no power and legitimacy) includes 73 stakeholders (6 international and 67 national stakeholders), including most of the pharmaceutical industry and manufacturers' representatives. This may be attributed to how the sector is perceived by the EU-JAV partners. The EU-JAV should aim to collaborate with this category of stakeholders when appropriate and for the benefit of its progress.

**Table 2-7 Composition of Marginal Stakeholders in the EU-JAV**

<b>Marginal stakeholders</b>	<b>No</b>
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies) at national and regional level</b>	1
<b>Research and Academia (Research institutes, Universities, Life and human science experts, Relevant European scientific societies)</b>	11
<b>Healthcare professionals representatives, (e.g. doctors associations, nursing sector) at national level</b>	10
<b>Pharmaceuticals industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>	15

<sup>4</sup>Incomplete data provided by partners rendering their categorization inconclusive

<sup>5</sup>The total number (70) varies from the number of identified stakeholders (74) due to lack of full set of data regarding their other characteristics e.g group they belong to.

<b>Patients and civil society (including parents' associations) representatives, Non-Governmental Organisations (NGO) at national level</b>	11
<b>Religious institutions</b>	2
<b>Media, opinion makers</b>	10 <sup>6</sup>
<b>Others (other projects, or any suitable stakeholder)</b>	7 <sup>7</sup>
<b>Total</b>	67

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<sup>6</sup>The total number (67) varies from the number of identified stakeholders (73) due to lack of full set of data regarding their other characteristics e.g group they belong to.

<sup>7</sup>Incomplete data provided by partners rendering their categorization inconclusive

## 2.3 The main issues

### 2.3.1 Children's & Adults' Vaccination

From the available data 277 stakeholders are particularly relevant to general issues of children and adults' vaccinations. The stakeholders' groups and categories are listed below. This is the most prevalent issue, being the most inclusive, and one where the EU—JAV can anticipate a lot of attention, collaborations and engagement opportunities.

**Table 2-8 Children and Adults vaccinations relevant stakeholders composition**

	Authorities	Research & Academia	Healthcare professionals	Pharmaceuticals industry	Patients and civil society	Religious institutions	Media	Others	Total
Dominant	43	30	43	9	11	0	5	1	142
Forceful	0	0	5	1	1	0	3	2	12
Influential	6	8	0	0	0	0	3	0	17
Dormant	3	0	0	0	2	0	0	0	5
Concerned	0	4	7	0	3	0	3	0	17
Vulnerable	7	7	19	3	10	0	2	1	49
Marginal	1	7	10	3	10	1	3	0	35
<b>Total</b>	60	56	84	16	37	1	19	4	

### 2.3.2 Seasonal Vaccinations

From the available data 260 stakeholders are particularly relevant to issues of seasonal vaccinations. The stakeholders' groups and categories are listed below. This is an issue of similar value to children's' and adults' vaccinations although it holds less of an interest for the civil society.

**Table 2-9 Seasonal vaccinations relevant stakeholders composition**

	Authorities	Research & Academia	Healthcare professionals	Pharmaceuticals industry	Patients and civil society	Religious institutions	Media	Others	Total
Dominant	41	29	44	9	6	0	5	1	135
Forceful	0	0	5	1	1	0	3	2	12
Influential	6	8	0	0	0	0	3	0	17
Dormant	2	0	0	0	2	0	0	0	4
Concerned	1	4	7	0	2	0	3	0	17
Vulnerable	7	7	15	3	8	0	2	1	43
Marginal	1	7	9	2	10	1	2	0	32
<b>Total</b>	58	55	80	15	29	1	18	4	

### 2.3.3 Vaccine hesitancy

From the available data, 260 stakeholders are particularly relevant to issues of vaccine hesitancy. The stakeholders' groups and categories are listed below. This controversial issue is getting a lot of publicity in recent years and is one for which the EU-JAV can expect to find collaborators as well as opponents.

**Table 2-10 Vaccine hesitancy relevant stakeholders composition**

	Authorities	Research & Academia	Healthcare professionals	Pharmaceuticals industry	Patients and civil society	Religious institutions	Media	Others	Total
Dominant	33	29	38	4	12	1	7	1	125
Forceful	0	0	1	2	1	0	2	4	10
Influential	1	8	0	0	0	2	6	0	17
Dormant	2	3	0	0	2	0	0	0	7
Concerned	0	4	6	0	2	0	4	0	16
Vulnerable	5	7	20	3	10	0	3	0	48
Marginal	0	5	10	1	9	2	10	0	37
<b>Total</b>	41	56	75	10	36	5	32	5	



### 2.3.4 Vaccine demand forecasting and supply information

From the available data 115 stakeholders are particularly relevant to issues of Vaccine demand forecasting and supply information. The stakeholders' groups and categories are listed below. This is an issue of strong interest to the pharmaceutical industry and manufactures as expected.

**Table 2-11 Vaccine demand forecasting and supply relevant stakeholders composition**

	Authorities	Research & Academia	Healthcare professionals	Pharmaceuticals industry	Patients and civil society	Religious institutions	Media	Others	Total
Dominant	32	3	15	9	2	0	1	1	63
Forceful	0	0	0	1	0	0	0	0	1
Influential	6	0	0	0	0	0	0	0	6
Dormant	1	0	0	0	0	0	0	0	1
Concerned	1	0	1	0	1	0	0	0	3
Vulnerable	6	6	7	4	0	0	0	1	24
Marginal	1	2	1	13	0	0	0	0	17
<b>Total</b>	47	11	24	27	3	0	1	2	

### 2.3.5 Vaccine research and development

From the available data 145 stakeholders are particularly relevant to issues of Vaccine research and development. The stakeholders' groups and categories are listed below. As expected, this is another issue of greater interest to research and academia and the pharmaceutical industry and manufactures.

**Table 2-12 Vaccine research and development relevant stakeholders composition**

	Authorities	Research & Academia	Healthcare professionals	Pharmaceuticals industry	Patients and civil society	Religious institutions	Media	Others	Total
Dominant	24	33	10	9	1	0	2	1	80
Forceful	0	4	1	2	0	0	1	2	10
Influential	2	0	0	0	0	0	3	0	5
Dormant	1	0	0	0	0	0	0	0	1
Concerned	0	0	3	0	0	0	0	0	3
Vulnerable	6	6	5	3	0	0	0	1	21
Marginal	0	8	5	10	1	0	0	0	24
<b>Total</b>	33	51	25	24	2	0	6	4	

### 3 Conclusion

Partners in the EU-JAV countries identified 526 national and fifty-three (53) international stakeholders, and provided data on the characteristics of four hundred forty four (444). Almost half of these (205) are recognized as having the Power and the resources to engage effectively with the EU-JAV and influence its progress and outcomes. The second largest category is this of stakeholders who regardless of their high net gain or losses from the EU-JAV and their high legitimacy to participate, they do not have the resources to influence the JA or its outputs.

Most of the national Authorities are also within the first category, along with Research and Academia and most of the Healthcare professionals' representatives. The core stakeholder groups of the EU-JAV are in this category, from which they can meaningfully participate in EU-JAV. It is noteworthy that the healthcare sector belongs either to the first or to the second category, depending on the partner country. In some of the EU-JAV MS the medical and other health professionals associations have little resources, influence or authority. The EU-JAV has to support these stakeholders and enhance their ability and access to participation and meaningful engagement in the significant issues of the JA.

Regarding the EU-JAV significant issues, Children and adults' vaccinations is the main issue, being the most inclusive, and one where the EU-JAV can anticipate a lot of attention, collaborations and engagement opportunities. Seasonal Vaccinations, and Vaccine hesitancy are the two issues of equal importance, across all stakeholder groups and categories. Vaccine hesitancy is of particular importance in countries that have lately gone through outbreaks of contagious diseases such as measles. The issue of Vaccine demand forecasting and supply information is more relevant to Authorities, Healthcare professionals and the Pharmaceutical industry, while Vaccine research and development, as expected is relevant primarily to researchers and the Academia, as well as to more specialised stakeholders such as the Pharmaceutical industry, healthcare professionals and the Authorities.

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## 5 ANNEX I

### The stakeholders analysis per EU JAV participating Countries

**Note:** In some countries data on a number of stakeholders may be missing or incomplete, leading to them being partially excluded from the analysis. This leads to discrepancies between the numbers of stakeholders simply identified and those analysed and presented in the tables.

## 5.1 Belgium

There are 25 stakeholders identified by the national partner in Belgium. No full data were provided for these or other stakeholders.

Stakeholder	
BE1	Interministerial Conference
BE2	Intercabinet Working Group for the Prevention Protocol - Technical Working Group Vaccinations
BE3	Scientific advice (High Health Council) -Federal policy
BE4	Scientific advice (Federal Knowledge Centre Health Care) - Federal policy
BE5	Social Security - National Institute for Health and Disability Insurance (RIZIV) - Federal policy
BE6	Federal Agency for Medicines and Health Products (FAGG) - Federal policy
BE7	Scientific advice and technical support (Sciensano) - Federal policy
BE8	Ministerial Cabinet (Jo Vandeuren - Minister for Welfare, Public Health and Family) Policy Flemish Community
BE9	Agency for Health and Care Policy Flemish Community
BE10	Scientific concertation (High Health Council) Policy Flemish Community
BE11	Implementation Concertation (Vlaamse Vaccinatiekoepel) Policy Flemish Community
BE12	Ad hoc scientific assistance Policy Flemish Community
BE13	Well Baby Consultations- Policy Flemish Community
BE14	School Health Services -Policy Flemish Community
BE15	Occupational Health Services - Policy Flemish Community
BE16	Nursery Home Services -Policy Flemish Community
BE17	General Practitioners - Policy Flemish Community
BE18	Pediatricians -Policy Flemish Community
BE19	Gynecologists - Policy Flemish Community
BE20	Mobile Vaccination Team (less reached population groups) - Policy Flemish Community
BE21	Bill and Melinda Gates foundation
BE22	PATH - <a href="https://www.path.org/about/">https://www.path.org/about/</a>
BE23	Wellcome Trust - <a href="https://wellcome.ac.uk/">https://wellcome.ac.uk/</a>
BE24	International Task Force for Disease Eradication (ITFDE)
BE25	Task force for global health

## 5.2 Bosnia and Herzegovina

There are 12 identified EU JAV stakeholders in Bosnia and Herzegovina, mainly international organizations, national authorities and healthcare associations. There are three categories of stakeholders Dominant (power high, net gain/loss high, legitimacy high) with 3 stakeholders, Forceful (power and net gain/loss high, legitimacy low or none) with 3 stakeholders, and Marginal (net gain/loss high, power and legitimacy low or none) with 5 stakeholders.

Table 0-1 Bosnia and Herzegovina national stakeholders

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
BIH6	Federal Ministry of Health	X	X		X		Involve; Collaborate
BIH7	Cantonal Ministries of Health	X	X		X		
BIH8	Federal Public Health Institut	X	X				
Forceful Stakeholders							
Healthcare professionals representatives,							
BIH10	Association of Pediatricians in BiH	X	X				Inform; Consult; Involve
BIH11	Association of Infectologist in Bosnia and Herzegovina	X	X				
BIH12	Association of family medicine doctors of FBiH	X	X				
Marginal Stakeholders							
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
BIH1	ECDC						Collaborate
BIH2	WHO Europe, office in Sarajevo						
BIH3	UNICEF, office in Sarajevo						
BIH4	CDC						
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
BIH5	Ministry of Civil Affairs of B&H	X	X		X		Collaborate

### 5.2.1 Dominant (power high, net gain/loss high, legitimacy high)

All National Authorities, but one, belong to the first category. They are the stakeholders with the most resources and influence on issues of vaccinations; all have a positive attitude towards the EU JAV project, being already involved in the project. All stakeholders have high Interest in the project, i.e. they stand to gain from the implementation and the outputs of the project. These are the stakeholders with which the project should and is collaborating closely.

### 5.2.2 Forceful (power and net gain/loss high, legitimacy low or none)

The second category comprises of the healthcare professionals stakeholders, which, although having fair power and resources and a fair benefit from the project, they lack legitimacy on issues of vaccination, whether due to their institutional position or lack of resolve to get involved. The project has a lot to gain from informing them on the project activities, consult them on issues of their concern (Children's & Adults' Vaccination and Seasonal Vaccinations) and involve them in activities designed for the EU JAV audience.

### 5.2.3 Marginal (net gain/loss high, power and legitimacy low or none)

The third category consists of 5 stakeholders, most of them from the International and European organizations active in Bosnia and Herzegovina through their local offices.

These are stakeholders with a fair positive gain from the project and its outcomes, but with little resources or legitimacy vested specifically on issues of vaccination. The project should collaborate with these stakeholders due to their positive interest, keeping in mind that their circumstances (resources, legitimacy) may change.

#### **5.2.4 Significant issues**

The prevailing issues relevant to the stakeholders are mainly Children's & Adults' Vaccination and Seasonal Vaccinations, and secondly Vaccine demand forecasting and supply information. No stakeholders relevant to Vaccine hesitancy or Vaccine research and development were identified.



## 5.3 Bulgaria

The stakeholder mapping in Bulgaria includes 13 identified stakeholders in the groups of national Authorities (3), Research and Academia (1), Healthcare professionals (4), Patients and Civil Society (4) and the pharmaceutical industry (1). The stakeholders have varied characteristics of power, interest and legitimacy, even within the same group, e.g. authorities with varying degree of resources.

### 5.3.1 Dominant (power high, net gain/loss high, legitimacy high)

The first category of stakeholders central to the project include two authorities (including the Ministry of Health, which is already committed to the project) and the National Centre of Infectious and Parasitic Diseases, both of which are valuable to the project and therefore the EU JAV should aim for close collaboration. The Ministry of Health appears to have slightly more resources.

### 5.3.2 Forceful (power and net gain/loss high, legitimacy low or none)

The pharmaceutical sector is the only stakeholder group in the second category of stakeholders with high resources, and affair amount of positive interest from the project outcomes. The EU JAV should aim to keep them informed on project activities and outputs, consult them on issues of their expertise, considering they have knowledge on the subject, and involve them in project activities when appropriate.

Table 0-2 Bulgaria national stakeholders

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
BG1	Ministry of Health	X	X	X	X		Involve; Collaborate
BG2	National Health Insurance Fund	X					
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
BG4	National Center of Infectious and Parasitic Diseases	X	X	X			
Forceful Stakeholders							
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
BG9	ARPharM - Association of the Research-Based Pharmaceutical Manufacturers in Bulgaria	X	X	X		X	Inform; Consult Involve
Vulnerable Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
BG3	Regional Health Inspectorates	X	X	X	X		Collaborate
Marginal Stakeholders							
Healthcare professionals representatives,							
BG5	Bulgarian Medical Association	X	X	X			Collaborate
BG6	National Association of general practitioners	X	X	X	X		
BG7	Bulgarian Scientific Society for Epidemiology of Infectious and Non-infectious Diseases	X	X	X			
BG8	Bulgarian Pediatric Association	X	X	X			
Patients and civil society (including parents) representatives, NGOs							
BG10	National Network of Health Mediators	X		X			
BG11	Bulgarian Association of innovative medicine		X				
BG12	Bulgarian Association of Preventive Medicine	X	X				
BG13	National Patients Organization	X	X	X			

### 5.3.3 Vulnerable (legitimacy and net gain/loss high, power low or none)

In the third category the stakeholder Regional Health Inspectorates represents collectively the inspectorates of the 28 administrative regions in the country. These are

stakeholders who stand to gain from the project, and have both the right and the responsibility to engage in vaccination issues, but lack in power and resources. They are considered key stakeholders and regardless of their lower power, they have significant social ties, information control and knowledge. The project should aim to collaborate with these stakeholders and enable them to engage with EU JAV more effectively.

#### **5.3.4 Marginal (net gain/loss high, power and legitimacy low or none)**

The largest category in Bulgaria is that of marginal stakeholders, with 8 stakeholders, equally from healthcare sector and the patients and civil society. The project should aim to collaborate closely with these stakeholders and to enable them to better engage with the project, either by enhancing their power and resources or by strengthening their constitutional status in order to gain legitimacy, since these are stakeholder groups, which would directly benefit from the outcomes of the EU JAV.

#### **5.3.5 Significant issues**

All identified stakeholders have a relevance to Children's & Adults' Vaccination, Seasonal Vaccinations, and Vaccine hesitancy. Vaccine demand forecasting and supply information is relevant to three stakeholders across the categories and mainly to authorities, while Vaccine research and development is only relevant to the pharmaceutical sector.

## 5.4 Croatia

The 17 identified stakeholders in Croatia belong to 6 different groups, Authorities (7), Research and Academia (2), Healthcare professionals (2), Patients and civil society (4), pharmaceutical sector (1) and the media (1). The stakeholders have varied characteristics of power, interest and legitimacy, fitting into three categories.

### 5.4.1 Dominant (power high, net gain/loss high, legitimacy high)

The largest category of stakeholders (9), includes three national Authorities, all the research and Academia stakeholders, the healthcare professionals representatives and the pharmaceutical sector as represented by the Innovative Pharmaceutical Initiative iF!\*. It also includes the Croatian Radio-television. These are stakeholders with resources, the interest and the legitimacy that make them valuable to the project.

### 5.4.2 Influential (power and legitimacy high, net gain/loss low or none)

This group consists of 3 Authorities who also have good knowledge on issues of vaccination. These are stakeholders that the project can consult on issues of their expertise, involve them in activities aiming to promote the project and collaborate with them when appropriate.

Table 0-3 Croatian national stakeholders

Stakeholder	Issues					Level of engagement
	Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders						Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)						
CRO1	The Ministry of Health	X	X	X	X	
CRO4	Croatian Institute of Public Health	X	X	X	X	
CRO5	Croatian network of public health institutes	X	X	X	X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)						
CRO8	The "Andrija Štampar" School of Public Health	X	X	X		
CRO9	Center for Excellence for Research in Viral Immunology and Development of New Vaccines				X	
Healthcare professionals representatives,						
CRO10	Croatian Medical Association	X	X	X		
CRO11	Croatian Medical Chamber	X	X	X		
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)						
CRO12	Innovative Pharmaceutical Initiative – iFI*				X	
Media, opinion makers						
CRO17	Croatian Radiotelevision	X	X			
Influential Stakeholders						
Authorities, policy & decision makers (Ministries of Health, Public health agencies)						
CRO2	Constitutional Court of the Republic of Croatia	X				
CRO6	The Croatian Health Insurance Fund	X	X	X		
CRO7	The Agency for Medicinal Products and Medical Devices	X	X	X		
Vulnerable Stakeholders						
Authorities, policy & decision makers (Ministries of Health, Public health agencies)						
CRO3	The Institute of Immunology				X	
Patients and civil society (including parents) representatives, NGOs						
CRO13	Coalition of Health Associations	X	X	X		
CRO14	Croatian Association for Patients Rights	X	X	X		
CRO16	Parents in action – Roda (the Croatian word for stork)	X	X	X		
CRO15	Croatian Association of Parents Activists - Civil Initiative "Vaccination – right of choice"	X	X	X		

### 5.4.3 Vulnerable (legitimacy and net gain/loss high, power low or none)

The last category has 5 stakeholders, with one authority and all the patients and civil society stakeholders belonging here. These are stakeholders that although having a positive gain from the project outcomes, they lack the means and resources to engage effectively. These are the stakeholders with which the project should make an effort to collaborate, particularly in issues of Children's & Adults' Vaccination, Seasonal Vaccinations, and Vaccine hesitancy where this is appropriate in order to enhance their capacity to engage.

One of the stakeholders in this group (Croatian Association of Parents Activists - Civil Initiative "Vaccination – right of choice") appears to have a highly negative attitude towards vaccinations and high resolve to express their opposition. The project could choose to address their concerns in order to dispel them, or otherwise, keep record of their circumstances in case these change, altering the category of the stakeholders.

### 5.4.4 Significant issues

The issues of Children's & Adults' Vaccination and Seasonal Vaccinations are common ground to all the identified stakeholders. Vaccine hesitancy is the third issue most relevant to all apart from three authorities, who also happen to belong to the category of the Influential stakeholders. The issue of Vaccine demand forecasting and supply information is associated with 5 Authorities.

The issue of Vaccine research and development is particularly relevant to two Authorities, one research institute and the pharmaceutical industry, most of which have different levels of power and legitimacy. The project should find the common ground of all these stakeholders in order to try to engage them regarding this issue.

## 5.5 Denmark

In Denmark the list includes 19 stakeholders from International and European organizations (4), Authorities (3), Research and Academia (3), Patients and civil society (3), Healthcare professionals (5), and 7 projects relevant to EU JAV's WP7. The stakeholders have a range of resources or power and different levels of interest and legitimacy.

Table 0-4 Danish national stakeholders

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
DK5	Ministry of Health	X	X	X	X		
DK6	Danish Health Authority	X	X	X	X	X	
DK7	Danish Medicines Agency	X	X	X			
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
DK8	Statens Serum Institut	X	X	X	X	X	
Patients and civil society (including parents) representatives, NGOs							Involve; Collaborate
DK19	Kræftens Bekæmpelse	X		X		X	
Forceful Stakeholders							Inform; Consult; Involve
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
DK1	ECDC						
DK2	WHO						
Dormant Stakeholders							Inform; Consult
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
DK3	EMA						
Patients and civil society (including parents) representatives, NGOs							
DK17	Vaccinationsforum	X	X	X			
Concerned Stakeholders							Involve; Collaborate
Patients and civil society (including parents) representatives, NGOs							
DK18	Ældresagen	X	X	X			
Vulnerable Stakeholders							Collaborate
Healthcare professionals representatives,							
DK12	Society of General Practitioners	X	X	X	X		
DK13	Danish Society for nurses	X	X	X			
DK14	The Danish Medical Doctors association	X	X	X			
Others, please specify							
	ADVANCE*						
	VENICE						
	GO-FAIR*						
	Trillium II*						
	EuroMOMO*						
	Joint Action of Health Information*						
	PARENT*						
Marginal Stakeholders							Collaborate
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
DK4	EC, E-health Network,						
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
DK9	Bandim Group SSI	X		X		X	
Healthcare professionals representatives,							
DK15	Society for health visitors for children	X		X			
Pharmaceutical industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
DK16	Vaccine Europe						
Others, please specify							
	ADVANCE*						
	VENICE*						
	GO-FAIR*						
	Trillium II*						
	EuroMOMO*						
	Joint Action of Health Information*						
	PARENT*						

### 5.5.1 Dominant (power high, net gain/loss high, legitimacy high)

The stakeholders in this category are mainly from the Authorities and policy makers, one patients' society (KræftensBekæmpelse), and the Statens Serum Institut, all of which are prestigious and knowledgeable organizations on their fields. The project should aim ideally to involve them or even collaborate with them in the planned project activities.

### 5.5.2 Forceful (power and net gain/loss high, legitimacy low or none)

This category includes two of the International health organisations reflecting the prestigious role of these organizations, who may have little or no official responsibility on

the issues of vaccinations on the national level, but have the power to influence the project. These should be kept well informed by the project, consulted whenever possible and involved in appropriate activities.

### **5.5.3 Dormant (power high, legitimacy and net gain/loss low or none)**

These are stakeholders who could influence the project under particular circumstances. This category includes two very different stakeholders, the European Medicines Agency on one hand, an international organisation with a positive attitude towards the EU JAV, and a society critical towards vaccination (Vaccinations forum) on the other. Although not very powerful the latter it has a degree of information control and therefore the EU JAV project should observe closely for any changes in their position.

### **5.5.4 Concerned (legitimacy high, power and net gain/loss low or none)**

The civil society Ældresagen (Society for the elderly population) is the only stakeholder in this category who is also thought to have a positive attitude towards vaccinations. The EU JAV should aim to involve them and even collaborate with them when appropriate, in project activities relevant to the issues of Children's & Adults' Vaccination, Seasonal Vaccinations, Vaccine hesitancy.

### **5.5.5 Vulnerable (legitimacy and net gain/loss high, power low or none)**

This category includes almost all the healthcare professionals, indicating that the sector lacks the resources to meaningfully engage on issues of vaccinations or to influence the project and its outputs. The project should aim to collaborate, where possible, with this category of stakeholders, who have a lot to gain from the project products and outputs.

This category includes the projects relevant to EU JAV's WP7 mainly due to the fact that while they appear to have low resources and we have no data on their legitimacy. Since these are projects relevant to vaccinations, we must assume that they do not lack legitimacy. However, they are included in the following category as well, out of caution.

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### **5.5.6 Marginal (net gain/loss high, power and legitimacy low or none)**

This category includes a variety of stakeholders (an authority, the pharmaceutical sector, a research institute section, and a healthcare professionals representative), which although having an interest in the project, they lack the resources and the position to

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<sup>8</sup> Due to incomplete data stakeholders highlighted in yellow can be placed either in the Vulnerable or Marginal category.

influence the project. The EU JAV should aim to collaborate with this category of stakeholders when appropriate and for the benefit of the project progress.

### 5.5.7 Significant issues

The general issue of Children's & Adults' Vaccination is the one which is relevant to all stakeholders, while Vaccine hesitancy is the second most common issue. Both issues are relevant to all the Dominant category of stakeholders, meaning the project will find valuable collaborations for these. Furthermore, out of the four stakeholders relevant to Vaccine research and development, three are to be found in the Dominant category as well.

## 5.6 Finland

The stakeholder list in Finland includes 23 stakeholders, of which 4 authorities (two committed to the project), one University, 6 healthcare professionals representatives, representatives of the pharmaceutical sector (2), religious institutions (1) and opinion makers (6). All identified stakeholders have a positive attitude towards vaccinations and the project.

Table 0-5 Finish national stakeholders

Stakeholder	Issues					Level of engagement
	Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders						Involve; Collaborate
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)						
F1 WHO Europe	X	X	X	X	X	
F2 ECDC	X	X	X	X	X	
F3 EMA				X		
Authorities, policy & decision makers (Ministries of Health, Public health agencies)						
F4 Ministry of Social Affairs and Health	X	X				
F5 Finnish Medicines Agency Fimea	X	X			X	
F6 National Institute for Health and Welfare	X	X	X	X	X	
F17 NITAG	X	X	X			
Healthcare professionals representatives,						
F11 Finnish association of public health nurses	X	X				
F12 Finnish Paediatric Society ry	X	X				
F13 Duodecim	X	X	X			
F14 Suomen Infektiolääkärit ry	X	X				
F19 Finnish Medical Association	X	X				
Pharmaceutical industry and manufacturers' representatives (Vaccine Europe, EFPIA)						
F16 Lääketieteellinen ry	X	X		X		
Media, opinion makers						
F18 Hanna Nohynek	X	X	X	X	X	
F20 Timo Vesikari-Tampere University Vaccine Research Center					X	
Forceful Stakeholders						Inform; Consult; Involve
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)						
F18 Tampere University Vaccine Research Center					X	
Healthcare professionals representatives,						
F10 General Practitioners in Finland	X	X				
Media, opinion makers						
F19 Heikki Peltola	X	X			X	
F22 Markus Granholm	X	X	X			
F23 Mediutiset	X	X	X			
Marginal Stakeholders						
Pharmaceutical industry and manufacturers' representatives (Vaccine Europe, EFPIA)						
F15 Lääketietokeskus	X	X		X		
Religious institutions						
F17 Finnish Church Research Institute			X			

### 5.6.1 Dominant (power high, net gain/loss high, legitimacy high)

Most of the identified stakeholders belong to the first category of high power, high interest and high legitimacy on issues of vaccines and vaccinations. The category has a good mixture of all stakeholder groups, with most of the Authorities (3), the healthcare professionals (4), the pharmaceutical industry representative (1), and two prominent opinion makers. The EU JAV should aim to involve and even collaborate with these stakeholders in appropriately planned project activities.

### 5.6.2 Forceful (power and net gain/loss high, legitimacy low or none)

The second category includes the Tampere University Vaccine Research Center, the General Practitioners and three opinion makers, (two of them prominent specialists in their field of medicine). The project aims to keep these stakeholders informed of the work done within the EU JAV, consult them whenever possible on issues of their expertise, and



involve them when appropriate in planned activities for the progress and the promotion of the project.

### **5.6.3 Marginal (net gain/loss high, power and legitimacy low or none)**

This category includes the Pharmaceutical Information Centre Lääketietokeskus and the Finnish Church Research Institute, both of which have a positive attitude towards vaccinations but lack the resources to influence significantly the issues. The latter also lacks the specific knowledge or awareness regarding vaccinations. The project could collaborate with this category of stakeholders when appropriate and for the benefit of the project progress.

### **5.6.4 Significant issues**

All EU JAV significant issues are represented in the stakeholder mapping, with the Children's& Adults' Vaccination and Seasonal Vaccinations being relevant to 19 out of 23 stakeholders, and relevant to almost all dominant stakeholders. There are 9 stakeholders relevant to Vaccine hesitancy, 7 relevant to Vaccine demand forecasting and supply information, and 8 relevant to Vaccine research and development. Specifically the Tampere University Vaccine Research Center and Timo Vesikari, whose opinion is regarded as very influential, are a stakeholder dedicated to this issue.

## 5.7 France

In France 42 national and 6 international stakeholders were identified, from a variety of stakeholder groups, Authorities (3), Research and Academia institutions (6), Healthcare professionals (13), pharmaceutical industry representatives (1), civil society (4) and the media (2). For a small number of stakeholders there are no data available regarding their power, interest and legitimacy, therefore they are kept as stakeholder contacts with whom the project may communicate (some are considered Key stakeholders) but not processed any further at present. Additionally it is worth noting that all Healthcare professionals representatives are key stakeholders for the progress of the EU JAV project in France.

Table 0-6 French national stakeholders

Stakeholder	Issues					Level of engagement
	Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders						Involve; Collaborate;
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)						
FR2	European center for disease prevention and control					
FR3	European medicines agency					
FR4	WHO Europe					
FR5	WHO (Geneva)					
FR6	OECD					
Authorities, policy & decision makers (Ministries of Health, Public health agencies)						
FR10	Haute Autorité de Santé (French National Authority for Health)					
	French National Agency for Medicines and Health Products Safety (ANSM)					
FR11	European deputies from Envi Group at european parliament					
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)						
FR17	UK Vaccine Network					
Healthcare professionals representatives,						
FR30	Association internationale de la Mutualité					
FR31	International Federation of Pharmaceutical Manufacturers					
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)						
FR32	European federation of pharmaceuticals industries and associations/ Vaccines Europe					
Patients and civil society (including parents) representatives, NGOs						
FR33	EPF European Patients Forum					
FR35	European Public Health Alliance					
FR37	VEDEM - Civilians for Vaccination Association (Hungary)					
FR36	Active citizen network					
Forceful Stakeholders						
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)						
FR13	Assistance Publique Hôpitaux de Paris/CHU Trousseau					
FR14	COREVAC					
FR15	Advanced course in vaccinology					
FR18	Epiconcept					
FR16	Noni MacDONALD					
Dormant Stakeholders						
Media, opinion makers						
FR38	Le Monde					
FR39	Le Quotidien du médecin					
Vulnerable Stakeholders						
Healthcare professionals representatives,						
FR19	International Council of Nurses					
FR20	Family doctors association					
FR21	Standing Committee of European Doctors					
FR22	European Academy of Paediatrics					
FR23	European Specialist Nurses Organisations					
FR24	European Health Management Association					
FR25	European Pharmaceutical Students Association					
FR26	European Medical Students Association					
FR27	Pharmaceutical group of European Union					
FR28	European Society Pediatric Infectious Diseases					
FR29	European Public Health Association					
Patients and civil society (including parents) representatives, NGOs						
FR34	France Assos Santé					

#### **5.7.1 Dominant (power high, net gain/loss high, legitimacy high)**

This category includes stakeholders from all groups, all the international and European organizations, all the Authorities, one of the Research Institutes, two key Healthcare professionals of international status, the pharmaceutical industry representative and all but one of the civil societies. The civil society stakeholders also have a European status, not just of national resonance. The EU JAV should aim to work closely with these stakeholders, keep them informed of the project's progress and results and ideally involve them or even collaborate with them in the appropriate activities.

#### **5.7.2 Forceful (power and net gain/loss high, legitimacy low or none)**

In this category all the stakeholders are researchers and research institutes, all of which are thought to have a positive attitude towards the project and whom the project should keep well informed, consulted them whenever possible and involve them in appropriate activities, since they have the power to influence the project positively.

#### **5.7.3 Dormant (power high, legitimacy and net gain/loss low or none)**

The media are the only stakeholder group in this category, who do have the power to influence the project, and therefore the EU JAV should keep them informed and enlist their assistance in publicising the progress and outcomes in France and beyond.

#### **5.7.4 Vulnerable (legitimacy and net gain/loss high, power low or none)**

The second largest category includes almost all the healthcare professional representatives and one civil society organization. These are all stakeholders with very positive attitude, high legitimacy, and high social connections, but otherwise low resources or power to influence the project outcomes. Therefore the project should aim to collaborate, where possible or appropriate, with those stakeholders who have a lot to gain from the project products and outputs and, if possible, enable them to engage with EU JAV more effectively, more so since they are considered to be key stakeholders as well.

#### **5.7.5 Significant issues**

No information has been provided regarding the specific relations between stakeholders and the significant issues of the project.

## 5.8 Greece

The stakeholder identification procedure in Greece yielded 72 stakeholders from almost all stakeholder groups, 7 Authorities, 24 Research and Academia institutes, 15 healthcare professionals representatives, 14 civil society organisations, 3 religious institutions, 7 media and opinion makers including 3 anti-vaccination groups and a fact checking site. Apart from the anti-vaccination groups, all stakeholders are perceived as having a positive attitude and various levels of power, interest and legitimacy.

### 5.8.1 Dominant (power high, net gain/loss high, legitimacy high)

The largest category of stakeholders with the ability to influence the project and its outcomes includes all Authorities, most of the research and academia institutes (17), including the medical schools, most of the healthcare professionals representatives (11), the major NGOs and civil societies (7), the central media agency and the health journalists accredited by the Ministry of Health and the Standing Committee on Social Affairs of the Hellenic Parliament. The project should aim to keep these stakeholders informed of the project's progress and results and ideally involve them or even collaborate with them in the planned project activities. It has to be noted that the major NGOs in this category are of special importance lately in Greece due to the fact that they deal with the influx of refugees in the border islands, Athens and the north of Greece.

### 5.8.2 Forceful (power and net gain/loss high, legitimacy low or none)

This category includes 3 research institutes and the Supreme Confederation of Pupils' parents in Greece. These are stakeholders who have power and resources (knowledge, social connections, influence etc) and stand to gain from the project in one way or the other, however they are perceived as having little or no official responsibility on the issues of vaccinations. It should be noted that the three research institutes are all relevant to the Vaccine research and development. The EU JAV should keep these stakeholders well informed, consult them whenever possible on issues of their expertise and involve them in appropriate activities.

### 5.8.3 Influential (power and legitimacy high, net gain/loss low or none)

The only stakeholder in this category is the Church of Greece, which although it has no specific knowledge of vaccination issues, it has a lot of resources and social ties to influence public opinion. The EU JAV may involve them in the appropriate activities, especially as far as communicating the project's products and outputs is concerned.

### 5.8.4 Dormant (power high, legitimacy and net gain/loss low or none)

The stakeholders in this category are all media departments in three universities and they are all related to the issue of vaccine hesitancy. These are stakeholders who could influence the project under particular circumstances, especially since these universities

inform the press and media of the future. The EU JAV project should keep them informed and educated in matters of vaccinations.

#### **5.8.5 Concerned (legitimacy high, power and net gain/loss low or none)**

The only stakeholder in this category is the fact-checking site Ellinika Hoaxes, which is seen as a credible source of on-line information, dispelling conspiracy theories and other hoaxes. The project could collaborate with the site in order to counter misinformation online.

#### **5.8.6 Vulnerable (legitimacy and net gain/loss high, power low or none)**

This category includes one educational institution, three healthcare professionals representatives and one NGO. These are stakeholders, which despite their net gain in the project and their legitimacy to participation, they lack the power to influence the project or engage effectively. The project should aim to enhance the capacity of these stakeholders to engage in appropriate project activities.

#### **5.8.7 Marginal (net gain/loss high, power and legitimacy low or none)**

This category includes two of the lesser NGOs and four Facebook groups, one pro-vaccination and three anti-vaccination groups. The project could aim to collaborate with the two NGOs and the pro-vaccination Facebook group when appropriate and for the benefit of the project progress. Regarding the three anti-vaccination groups, despite the fact that they are marginal stakeholders, the project should monitor their circumstances in case these change, changing therefore their category.

#### **5.8.8 Significant issues**

All significant issues are represented by relevant stakeholders in the mapping. Vaccine hesitancy is the issue relevant to most stakeholders (54), having gained more interest due to the recent outbreaks of measles and flu. Almost all stakeholders in the Dominant category are relevant to all the significant issues.

Table 0-7Greek national stakeholders

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
GR2	Hellenic Center for Disease Control & Prevention	x	x	x	x		Involve; Collaborate
GR3	Ministry of Health, General Secretariat of Public Health	x	x	x	x	x	
GR4	National Immunization Committee	x	x	x	x	x	
GR5	National Organization of Healthcare Services Provision				x		
GR6	National Drug Organization				x	x	
GR7	Ministry of Education, Research and Religious Affairs			x		x	
GR8	Ministry for Migration Policy	x	x		x		
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
GR9	National School of Public Health	x	x	x	x	x	
GR10	Medical School, National and Kapodestrian University of Athens	x	x	x		x	
GR11	Medical School, Aristotelian University of Thessaloniki	x	x	x		x	
GR12	Medical School, University of Patras	x	x	x		x	
GR13	Medical School, University of Ioannina	x	x	x		x	
GR14	Medical School, University of Crete	x	x	x		x	
GR15	Medical School, University of Thessaly	x	x	x		x	
GR16	Medical School, Democretus University of Thrace	x	x	x		x	
GR18	Institute of Child's Health	x	x	x			
GR19	HELMISIC	x	x	x		x	
GR21	Pharmacy Department, National and Kapodestrian University of Athens					x	
GR22	Pharmacy Department, Aristotelian University of Thessaloniki					x	
GR23	Pharmacy Department, University of Patras					x	
GR24	Nursing Department, National and Kapodestrian University of Athens	x	x	x		x	
GR25	Nursing Department, University of Peloponnese	x	x	x		x	
GR29	Scientific Society of Hellenic Medical Students	x	x	x		x	
GR30	Hellenic Pasteur Institute					x	
Healthcare professionals representatives,							
GR33	Hellenic Medical Association	x	x	x	x		
GR34	Medical Association of Athens	x	x	x	x		
GR35	Hellenic Society for Infectious Diseases	x	x	x		x	
GR36	Hellenic Pediatric Society	x	x	x	x	x	
GR37	Hellenic Society for Infectious Diseases Control	x	x	x		x	
GR38	Panhellenic Pharmaceutical Association	x	x	x	x	x	
GR39	Hellenic College of Pediatricians	x	x	x	x	x	
GR42	Hellenic Obstetrical and Gynaecological Society		x	x			
GR43	Hellenic Pediatric Academy	x	x	x	x	x	
GR44	Hellenic Society for Paediatric Infectious Diseases	x	x	x	x	x	
GR46	Hellenic Association of Pharmaceutical Companies "SFEE"				x	x	
Patients and civil society (including parents) representatives, NGOs							
GR48	Mission Anthropos, Hellenic Medical & Humanitarian Support (NGO)	x	x	x			
GR49	Doctors of the World, Greece (NGO)	x	x	x			
GR50	Doctors without Borders, Greece (NGO)	x	x	x			
GR51	Prolepsis Institute of Preventive Medicine Environmental and Occupational Health (NGO)			x			
GR53	Hellenic Red Cross	x	x	x			
GR56	The Smile of the Child in Athens (NGO)	x	x	x			
GR57	Together for Children (NGO)	x	x	x			
Media, opinion makers							
GR65	Athens News Agency (APE-MPE)	x	x	x			
GR66	Accredited Health Journalists by the Ministry of Health	x	x	x			
Others, please specify							
GR72	Hellenic Parliament - Standing Committee on Social Affairs	x	x	x	x	x	
Forceful Stakeholders							
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
GR17	Biomedical Research Foundation, Academy of Athens					x	
GR31	Technology and Research Institute					x	
GR32	Biomedical Sciences Research Center "Alexander Fleming"					x	
Patients and civil society (including parents) representatives, NGOs							
GR52	Supreme Confederation of Pupils' parents in Greece	x	x	x			
Influential Stakeholders							
Religious institutions							
GR62	The Church of Greece			x			
Dormant Stakeholders							
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
GR26	Department of Communication, Media, Culture, Panteion University of Social & Political Sciences			x			
GR27	Department of Communication and Media, National and Kapodestrian University of Athens			x			
GR28	Department of Journalism and Media, Aristotelian University of Thessaloniki			x			
Concerned Stakeholders							
Media, opinion makers							
GR71	Ellinika Hoaxes			x			
Vulnerable Stakeholders							
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
GR20	Public Health & Community Health Department (Health Visitors), Technological Educational Institute	x	x	x			
Healthcare professionals representatives,							
GR40	Association of Private Pediatricians of Attica	x	x	x	x	x	
GR45	Panhellenic Association of Health Visitors	x	x	x			
GR47	Hellenic Regulatory Body of Nurses	x	x	x			
Patients and civil society (including parents) representatives, NGOs							
GR55	Arsis, Association for the Social Support of Youth (NGO)	x	x	x			
Marginal Stakeholders							
Patients and civil society (including parents) representatives, NGOs							
GR63	NGO Apostoli	x	x	x			
GR64	NGO Ark of the World	x	x	x			
Media, opinion makers							
GR67	THE TRUTH ABOUT VACCINES (FB Public Group)			x			
GR68	THE TRUTH ABOUT VACCINES (FB Closed Group)			x			
GR69	NO mandatory vaccines (FB Group)			x			
GR70	Sideeffects of vaccines (FB Closed Group)			x			

## 5.9 Italy

More than 33 stakeholders were identified in Italy, including Authorities (3), Universities (6), healthcare professionals' representatives (13), pharmaceutical sector (4), civil society organizations (2), and specialist media (2). All stakeholders appear to have positive attitude towards vaccines and vaccinations.

### 5.9.1 Dominant (power high, net gain/loss high, legitimacy high)

The largest category includes all international stakeholders (3), all the Authorities (3) and all the Healthcare professionals (13). The latter are also key and influential stakeholders for the EU JAV in Italy. The project should aim to work closely with these stakeholders, keep them informed of the project's progress and outcomes and ideally involve them or even collaborate with them in project activities.

Table 0-8/Italian national stakeholders

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
IT2	Ecdc	X	X	X	X	X	
IT1	WHO	X	X	X	X	X	
IT3	EMA	X	X		X	X	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
IT5	Ministry of Health, Italy	X	X	X	X		
IT6	AIFA- Italian Medicine Agency	X	X		X		
IT7	Regional Health Authorities, Prevention Departments (21 regions)						
Healthcare professionals representatives,							
IT14	FIMMG - Italian federation of primary care physicians	X	X	X			
IT15	SIMG- Italian Society of General Practitioners	X	X	X			
	AIMEF- Italian Academy of Family Physicians	X	X	X			
	ASSIMEFAC- Italian Association of Family and Community Physicians						
	SIP- Italian Society of Pediatrics	X	X	X			
IT16	ACP- Cultural Association of Pediatricians						
IT17	SIMPe- Italian Society of Pediatricians	X	X	X			
IT18	FIMP- Italian Federation of Pediatricians						
IT19	SIPPS- Italian Society of Social and Preventive Pediatrics	X	X	X			
	SIGO- Italian Society of Obstetrician-Gynecologists	X	X	X			
IT20	AOGOI- Italian Association of Hospital Obstetricians and Gynecologists						
IT21	ANMA- Italian Association of Occupational Physicians	X	X	X			
IT22	SIML Italian Society of Occupational Physicians	X	X	X			
IT23	SIII- Italian Society of Hygiene and Preventive Medicine	X	X	X			
	ANMDO- Italian Association of Hospital Directors						
IT24	FNOMCEO- Italian federation of Colleges of Physicians and Dentists	X	X	X			
IT25	Italian Society of Pediatric Nurses	X	X	X			
IT26	FNOPO- Italian federation of College of Midwives						
Dormant Stakeholders							Inform; Consult
Patients and civil society (including parents) representatives, NGOs							
IT31	Lions Club International	X	X	X			
	Genitori Più						
Concerned Stakeholders							Involve; Collaborate
Media, opinion makers							
IT32	Io Vaccino	X	X	X			
IT33	VaccinarSi	X	X	X			
Vulnerable Stakeholders							Collaborate
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
IT8	University of Pisa	X	X	X	X	X	
IT9	University of Foggia	X	X	X	X	X	
IT10	University San Raffaele, Milan	X	X	X	X	X	
IT11	University Tor Vergata, Rome	X	X	X	X	X	
IT12	University Cattolica, Rome	X	X	X	X	X	
IT13	University Sapienza, Rome	X	X	X	X	X	
Marginal Stakeholders							Collaborate
Pharmaceutical industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
IT30	Vaccine Group- Farindustria						
IT27	MSD				X	X	
IT28	Pfizer				X	X	
IT29	Sanofi Pasteur				X	X	

### 5.9.2 Dormant (power high, legitimacy and net gain/loss low or none)

This category includes two civil society stakeholders, on account of their potential social connections. These are stakeholders who could influence the project under particular circumstances. The EU JAV project should keep them informed on work progress and outcomes.

### 5.9.3 Concerned (legitimacy high, power and net gain/loss low or none)

The identified media are occupying this category, since these are specialized publications on vaccines and therefore have high legitimacy in engaging on the subject. They do not seem to have particular power, but they do appear to have a highly positive attitude. The EU JAV should aim to involve them and even collaborate with them, when appropriate, in the project activities, particularly aimed at the promotion of the project.

### 5.9.4 Vulnerable (legitimacy and net gain/loss high, power low or none)

Like it is the case in many countries, the Universities in Italy have low resources and power, despite having both positive gains from the project and the legitimacy to engage in the subject. The six Universities occupy this category, with which the project should aim to collaborate, where possible or appropriate since they have a lot to gain from the project products and outputs and, if possible, enable them to engage with EU JAV more effectively.

### 5.9.5 Marginal (net gain/loss high, power and legitimacy low or none)

The pharmaceutical industry (four stakeholders) is perceived as bordering the category of marginal stakeholders in Italy, i.e. as having considerably high interest on the project and its outputs, considerable economic assets, but low prestige and moderate resources such as social ties and connections, information control, or authority. This may be attributed to how the sector is perceived by the Italian EU JAV partners. The project should aim to collaborate with this category of stakeholders when appropriate and for the benefit of the project progress.

### 5.9.6 Significant issues

There are identified stakeholders relevant with all significant issues. However, as most of the stakeholders relevant to issues of Vaccine demand forecasting and supply information and Vaccine research and development are either vulnerable or marginal, the project should make special efforts in engaging effectively on the specific issues.



## 5.10 Latvia

The 51 Latvian identified stakeholders include almost all stakeholder groups, with 6 International and European organisations (four of which are already engaged in the project), 9 national Authorities, 8 Research and Academia institutions, 12 healthcare professionals representatives, 8 representatives of the pharmaceutical sector, 4 patients societies and civil society organisations, and 5 media stakeholders including medical publications. All have a positive attitude and a varied level of power, interest and legitimacy.

Table 0-9 Latvian national stakeholders

Stakeholder		Issues					Level of engagement	
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development		
Dominant Stakeholders							Involve; Collaborate	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)								
LV7	Ministry of Health of the Republic of Latvia	X	X	X	X	X		
LV8	Centre for Disease Prevention and Control of Latvia (the CDPC is under the supervision of the MoH)	X	X	X	X	X		
LV11	State Immunization Advisory Council	X		X	X	X		
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)								
LV1	ECDC	X	X	X				
LV2	WHO Europe	X	X	X	X	X		
LV3	EMA				X	X		
LV5	European Commission EC	X	X	X	X	X		
Forceful Stakeholders							Inform; Consult Involve	
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)								
LV35	Vaccines Europe			X	X	X		
Influential Stakeholders							Consult; Involve Collaborate	
LV48	'Latvijas ārsts' magazine for medical professionals doctors	X	X	X		X		
LV49	'Doctus' magazine for doctors and pharmacists	X	X			X		
Dormant Stakeholders							Inform; Consult	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)								
LV12	The Ombudsman of the Republic of Latvia	X		X				
LV14	Saema of the Republic of Latvia, Social and Employment Matters Committee	X	X					
Concerned Stakeholders							Involve; Collaborate	
Healthcare professionals representatives,								
LV23	Latvian Medical Association	X	X	X		X		
LV26	Latvian Association of Healthcare Management Professionals				X			
LV27	Latvian Nurses Association	X	X	X				
LV30	Rural Family Doctors Association of Latvia	X	X	X		X		
LV32	Latvian Public Health Association	X	X	X				
LV33	Latvian Association of Gynaecologists and Obstetricians	X	X	X				
LV34	Employers' Confederation of Latvia (LDDK)	X	X					
LV29	Latvian Family Physicians Association	X	X	X		X		
Patients and civil society (including parents) representatives, NGOs								
LV44	Organization 'Papardes zieds' (Latvia's Family Planning and Sexual Health association)	X		X				
LV45	Health Projects for Latvia (Latvian: Veselības projekti)				X			
LV46	The Latvian Red Cross (LatRC)	X	X					
Media, opinion makers								
LV50	Web page for parents 'www.delfi.lv/calls.lv'	X	X	X				
Vulnerable Stakeholders								Collaborate
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)								
LV4	OECD	X						
Authorities, policy & decision makers (Ministries of Health, Public health agencies)								
LV9	National Health Service (the NHS is under the supervision of the MoH)	X	X		X			
LV10	State Agency of Medicines Republic of Latvia (the SAM is under the supervision of the MoH)	X	X		X	X		
LV13	WHO Country Office in Latvia	X	X	X		X		
Healthcare professionals representatives,								
LV24	Latvian Pediatric Association	X	X	X		X		
LV25	Society for Specialized Paediatrics of Latvia	X	X	X		X		
LV28	Latvian Children's Infectology Association	X	X	X		X		
LV31	Latvian Prophylactic Medicine Association	X	X	X	X	X		
Patients and civil society (including parents) representatives, NGOs								
LV43	Ltd. 'Applied Creativity Group' established organisation 'Mothers club' (org. 'Māmiņu klubs')	X	X	X				
Media, opinion makers								
LV47	LETA Media Monitoring	X	X	X				
LV51	Latvian parent web organization 'www.mammamunietiem.lv'	X	X	X				
Marginal Stakeholders							Collaborate	
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)								
LV6	UNICEF	X		X	X			
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)								
LV15	ECDC Venice project	X	X	X	X			
LV16	WHO European Observatory on Health Systems and Policies				X			
LV17	DRIVE project on influenza vaccine effectiveness		X			X		
LV18	Riga Stradiņš University (RSU)	X	X	X		X		
LV19	Institute of Public Health (RSU)	X	X	X				
LV20	The University of Latvia	X	X			X		
LV21	Latvian Biomedical Research and Study Centre (BMC)					X		
LV22	Latvian Council of Science					X		
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)								
LV36	Ltd. Oriball Riga				X			
LV37	Ltd. Vakcina				X			
LV38	Ltd. GlaxoSmithKline				X	X		
LV39	Ltd. B.Braun Medical				X	X		
LV40	Sanofi Pasteur SA				X	X		
LV41	Novartis Vaccines and Diagnostics GmbH				X	X		
LV42	Merck Sharp&Dohme				X	X		

#### **5.10.1 Dominant (power high, net gain/loss high, legitimacy high)**

Apart from most of the International and European stakeholders, this category includes three of the national Authorities, including two who are already engaged in the project. The project should aim to work closely with these stakeholders, keep them informed of the project's progress and results and ideally involve them or even collaborate with them in the planned project activities.

#### **5.10.2 Forceful power and net gain/loss high, legitimacy low or none**

The only stakeholder in this category is Vaccines Europe, from the pharmaceutical sector, which also has a higher prestige and more resources than the rest of the sector. They are perceived as having little or no official responsibility on the issues of vaccinations while having sufficient power to influence the project. This stakeholder should be kept informed by the project, consulted if possible and involved in appropriate activities.

#### **5.10.3 Influential power and legitimacy high, net gain/loss low or none**

The two medical publications are perceived as having sufficient power and legitimacy as to influence the project and its outcomes. The EU JAV should aim to involve them in the project activities, especially as far as communicating the project's products and outputs are concerned.

#### **5.10.4 Dormant (power high, legitimacy and net gain/loss low or none)**

Two authorities in Latvia comprise this category, having the power and resources to influence the project under particular circumstances especially on account of their information control. The EU JAV project should keep them informed and observe closely for any changes in their position.

#### **5.10.5 Concerned (legitimacy high, power and net gain/loss low or none)**

This category includes most of the healthcare professionals' representatives (8), most of the civil society organisations (3) and a popular parents' web page. These are stakeholders who, although entitled to engage in the subject of vaccinations by right or resolve, have very low resources to do so effectively and a varying level of gain in the project. The EU JAV should aim to involve them and even collaborate with them when appropriate, in the project activities, particularly the healthcare professionals, aiming at an increase of their awareness and positive attitude.

#### **5.10.6 Vulnerable (legitimacy and net gain/loss high, power low or none)**

This category includes a varied mixture of stakeholders, from authorities (3), healthcare professionals (4), one very popular parents association and two media stakeholders, one of them being the leading media monitoring and content analysis provider in Latvia and

the Baltics. This stipulates the lack of resources hindering stakeholders, who otherwise have to gain from the project, to influence the project and its outputs. The project should aim to collaborate, where possible or appropriate, with these stakeholders and, if possible, enable them to engage with EU JAV more effectively.

#### **5.10.7 Marginal (net gain/loss high, power and legitimacy low or none)**

The last category consists almost entirely of Research and Academia organizations (8) and the pharmaceutical industry (7). This indicates a low availability of resources for research on vaccines in Latvia, but also the perception of Research and Pharmaceuticals as having little legitimacy when it comes to policy making on the subject of vaccines. The project should aim to collaborate with this category of stakeholders when appropriate and for the benefit of the project progress, particularly aiming at engaging Research on relevant EU JAV issues.

#### **5.10.8 Significant issues**

All EU JAV significant issues are represented in the stakeholder mapping, and relevant to almost all dominant stakeholders. The issue of Vaccine research and development is particularly relevant to stakeholders in the Vulnerable and Marginal categories of stakeholders. As mentioned before, the project should take special care into collaborating with these stakeholders on this issue, putting more effort on finding the most suitable way of collaboration.

## 5.11 Lithuania

There are 18 identified stakeholders in Lithuania, relevant to the EU JAV project, 5 national Authorities, 2 Universities, 4 parents associations, 2 media and 2 online medical portals. All stakeholders are characterised by fair net gain in the project and its outcomes and general awareness on immunisation issues.

**Table 0-10**Lithuanian national stakeholders

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
LT1	Ministry of Health of the Republic of Lithuania	X	X	X	X	X	
LT2	National Health Insurance Fund under the Ministry of Health	X	X	X	X		
LT3	Centre for Communicable Diseases and AIDS	X	X	X	X		
LT4	National Public Health Centre under the Ministry of Health	X	X	X			
LT5	The State Medicines Control Agency under the Ministry of Health of the Republic of Lithuania	X	X			X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
LT6	Vilnius University Faculty of Medicine	X	X	X		X	
LT7	Lithuanian University of Health Sciences	X	X	X		X	
Forceful Stakeholders							Inform; Consult; Involve
Others, please specify							
LT17	Visuomenės sveikata	X	X	X		X	
LT18	e.medicina	X	X	X		X	
Marginal Stakeholders							Collaborate
Healthcare professionals representatives,							
LT8	Association of infectologists	X	X	X		X	
LT9	Association of pediatricians	X	X	X		X	
LT10	Lithuanian Public health Association	X	X	X		X	
Patients and civil society (including parents) representatives, NGOs							
LT11	Association "Objektyviai apie sveikatą"	X	X	X			
LT12	Association "Nacionalinis aktyvių mamų sambūris"	X	X	X			
LT13	Association "Lietuvos tėvų forumas"	X	X	X			
LT14	Lietuvos pacientų organizacijų atstovų taryba	X	X	X			
Media, opinion makers							
LT15	Lietuvos sveikata	X	X	X			
LT16	Sveikatos radijas	X	X	X			

### 5.11.1 Dominant (power high, net gain/loss high, legitimacy high)

All the authorities and the two Universities in Lithuania have the resources, the interest and the legitimacy to engage with the project in issues of vaccines and vaccinations. These are the stakeholders that the project should aim to work closely with, keep them informed of the project's progress and results and ideally involve them or even collaborate with them in the planned project activities.

### 5.11.2 Forceful (power and net gain/loss high, legitimacy low or none)

This category includes a medical journal and portal for healthcare workers, both of which have the resources and the prestige to influence the project, despite having little or no official responsibility on the issues of vaccinations. On account of their popularity, their prestige and their control of information they should be kept well informed by the project, consulted whenever possible and involved in appropriate activities, such as the promotion of the project outputs.

### 5.11.3 Marginal (net gain/loss high, power and legitimacy low or none)

The last category includes all the healthcare professionals' representatives, the patients and civil society associations and the mainstream media. This reflects on the lack of resources or institutional framework for these stakeholders to effectively engage with the

project. The EU JAV should aim to collaborate with this category of stakeholders when appropriate and for the benefit of the project progress and the stakeholders.

#### **5.11.4 Significant issues**

All issues are represented by the identified stakeholders in Lithuania. The least represented issue is that of Vaccine demand forecasting and supply information, which is relevant only to the national Authorities in the Dominant stakeholders' category. The project should investigate whether more stakeholders have something to contribute to the issue.

## 5.12 Malta

No data were made available by the Maltese partners.

## 5.13 Netherlands

There are 54 stakeholders in the Netherlands identified as relevant to the EU JAV project, 8 Authorities, 11 research and academia institutes, 13 Healthcare professionals' representatives, 8 stakeholders from the pharmaceutical sector, two patients associations, two religious institutions, 7 media and opinion makers in their field, and two vocal anti-vaccination groups. Apart from the anti-vaccination groups, three more stakeholders have expressed critical opinions regarding vaccinations.

### 5.13.1 Dominant (power high, net gain/loss high, legitimacy high)

The dominant stakeholders is the largest category and it includes 5 national authorities, including 2 already engaged in the project, all but one (10) of the research and academia institutions, almost half (6) of the Healthcare professionals' representatives, 4 pharmaceutical sector, both patients associations, 2 opinion makers (1 prominent Professor and a popular comedian and presenter), and 1 religious institution that is highly negative towards vaccinations.

### 5.13.2 Forceful (power and net gain/loss high, legitimacy low or none)

The two anti-vaccination groups are to be found in the category of forceful stakeholders, on account of their influence, social connections and information control. They are groups of high resolve but low overall legitimacy, and they might have the power to influence the project negatively. The EU JAV project should observe closely for any changes in their position.

### 5.13.3 Influential power and legitimacy high, net gain/loss low or none

Two of the authorities and the media comprise the category of influential stakeholders. These are stakeholders with the resources and the position to influence the project while having little to gain or lose. Two of the newspapers in this category are tabloids which have been noted as being moderately critical towards vaccinations. The project should aim to consult with the authorities from this category and aim to involve the newspapers in the project activities, especially as far as communicating the project's products and outputs is concerned, in such a way as to eliminate misinformation and to dispel misconceptions regarding vaccines.

### 5.13.4 Dormant (power high, legitimacy and net gain/loss low or none)

There is only 1 stakeholder from the authorities group in this category, Nederlandse Zorgautoriteit, which could influence the project under particular circumstances. The EU JAV project should keep it informed and observe closely for any changes in their position, particularly since they seem to be relevant to all significant issues of the project.

Table 0-11 Dutch national stakeholders

Stakeholder	Issues					Level of engagement
	Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders						Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)						
NL1	Ministry of Health, Welfare and Sport	X	X	X	X	
NL3	Netherlands pharmacovigilance centre Lareb	X	X	X	X	
NL7	Zorginstituut NL (ZIN)	X	X	X	X	
NL4	Health Council	X	X	X	X	
NL8	RIVM	X	X	X	X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)						
NL9	Erasmus University	X	X	X	X	
NL10	Leiden University	X	X	X	X	
NL11	Wageningen University	X	X	X	X	
NL12	VU Amsterdam	X	X	X	X	
NL13	UvA Amsterdam	X	X	X	X	
NL14	Radboud University	X	X	X	X	
NL15	University Utrecht	X	X	X	X	
NL16	University of Groningen	X	X	X	X	
NL17	Maastricht University	X	X	X	X	
NL18	IntraVacc	X	X	X	X	
Healthcare professionals representatives,						
NL20	GGD GHOR Nederland	X	X	X	X	
NL21	Actiz	X	X	X	X	
NL22	Nictiz	X	X	X	X	
NL23	SNPG		X	X	X	
NL30	Travel clinics	X	X	X	X	
NL32	VVJN verpleegkundigen	X	X	X	X	
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)						
NL34	GSK NL	X	X	X	X	
NL35	MSD NL	X	X	X	X	
NL36	Pfizer NL	X	X	X	X	
NL37	Sanofi NL	X	X	X	X	
Patients and civil society (including parents) representatives, NGOs						
NL41	Stichting Olijf	X		X	X	
NL42	Meningitis Stichting	X		X	X	
Media, opinion makers						
NL49	Roland Pierik			X		
NL50	Arjen Lubach			X		
Religious Institutions						
NL43	Gereformeerde Bond			X		
Forceful Stakeholders						
Others, please specify						
NL52	VaccinVrij			X		
NL53	NVKP			X		
Influential Stakeholders						
Authorities, policy & decision makers (Ministries of Health, Public health agencies)						
NL2	Medicines Evaluation Board	X	X		X	
NL5	Health and Youth Care Inspectorate	X	X	X	X	
Media, opinion makers						
NL45	NRC newspaper			X		
NL46	Volkskrant newspaper			X		
NL47	AD newspaper			X		
NL48	Telegraaf newspaper			X		
Dormant Stakeholders						
Authorities, policy & decision makers (Ministries of Health, Public health agencies)						
NL6	Nederlandse Zorgautoriteit (NZa),	X	X	X	X	
Vulnerable Stakeholders						
Healthcare professionals representatives,						
NL24	NHG	X	X	X		
NL25	COA	X	X	X	X	
NL26	NOVEZ	X		X		
NL27	NVOG	X		X		
NL28	KNOV	X		X		
NL31	Vereniging voor Antroposofische huisartsen	X	X	X	X	
NL29	AJN	X	X	X		
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)						
NL38	Abbott Biologicals BV	X	X	X	X	
NL39	Seqirus Netherlands B.V.	X	X	X	X	
NL40	Holland BIO	X	X	X	X	
Media, opinion makers						
NL51	Ruud Koole			X		
Marginal Stakeholders						
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)						
NL19	Virtuvax	X	X		X	
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)						
NL33	Bilthoven Biologicals	X			X	



#### **5.13.5 Vulnerable (legitimacy and net gain/loss high, power low or none)**

This category includes almost half (7) of the healthcare professionals' representatives, three stakeholders from the pharmaceutical sector, and one opinion maker. These are stakeholders that do not have the resources to engage effectively with the project. EU JAV should aim to collaborate, where possible or appropriate, with those stakeholders who have a lot to gain from the project products and outputs and, if possible, enable them to engage with EU JAV more effectively.

#### **5.13.6 Marginal (net gain/loss high, power and legitimacy low or none)**

This category includes one research institute in the development of vaccines and one pharmaceutical company, both of which have considerable potential gains from the project, but apart from knowledge, they lack the resources and the resolve to engage with the project. The project should aim to collaborate with this category of stakeholders when appropriate and for the benefit of the project progress.

#### **5.13.7 Significant issues**

All significant issues are represented by relevant stakeholders in the mapping. The issue of Vaccine hesitancy seems to be relevant to most stakeholders, most possibly due to outbreaks of measles in recent years.

## 5.14 Norway

In Norway, 16 stakeholders were identified from different stakeholder groups. The available data give us an indication on their power (as the sum of their resources) however due to lack of their other characteristics (interest, legitimacy), it has not been possible to categorize Norwegian stakeholders in the similar way as the stakeholders from other countries. Generally speaking, the authorities have more power, followed by research and academia stakeholders, the pharmaceutical sector representatives, the representatives of healthcare professionals and finally the media.

**Table 0-12** Norwegian national stakeholders

Stakeholder	Issues					Level of engagement
	Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)						
NO1	CEPI				x	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)						
NO2	Ministry of Health and Care Services	x	x	x	x	
NO3	Norwegian Institute of Public Health	x	x	x	x	
NO4	Norwegian Directorate of Health	x	x	x		
NO5	Norwegian Medicines Agency	x	x		x	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)						
NO6	Norwegian Research Council					x
NO7	University of Oslo	x	x			x
NO8	University of Bergen	x	x			x
NO9	Norwegian University of Science and Tehnology (NTNU)					x
NO10	University of Tromsø					x
NO11	Norwegian University of Life Sciences (NMBU)					
Healthcare professionals representatives,						
NO12	Norwegian Medical Association	x	x			
NO13	Association of Public Health Nurses	x				
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)						
NO14	The Norwegian Association of the Pharmaceutical Industry (LMI)	x	x		x	x
Media, opinion makers						
NO15	Dagens medisin	x	x	x		
NO16	Aftenposten	x	x	x		

### 5.14.1 Significant issues

The issues of Children's & Adults' Vaccination and of Seasonal Vaccinations are the two issues relevant to most stakeholders (11 and 10 respectively). Vaccine research and development is following, being relevant to 8 stakeholders, including almost all the Universities. Finally, Vaccine hesitancy and Vaccine demand forecasting and supply information are relevant to 5 and 4 stakeholders. Vaccine hesitancy has also preoccupied the media. The project should investigate other characteristics of the stakeholders in order to find the most appropriate level and means of engagement.

## 5.15 Romania

In Romania 40 stakeholders have been identified. They include stakeholders such as international and European stakeholders (3), 7 Authorities, 12 research and academia institutes, 4 Healthcare professionals' representatives, 4 Pharmaceutical companies, 4 patients associations, one religious institution and 5 media and opinion makers. Of these stakeholders 2 of the opinion makers are opposing vaccines.

Table 0-13 Romanian national stakeholders

Stakeholder		Issues					Level of engagement	
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development		
Dominant Stakeholders								
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)								
RO1	WHO	X	X	X			Involve; Collaborate	
RO2	UNICEF	X		X				
RO3	ECARO United Nation's Children Fund	X		X				
	ECDC							
	EMA							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)								
RO4	Ministerul Sănătății, DGAMSP	X	X	X	X			
RO6	Casa Națională de Asigurări de Sănătate	X	X					
RO7	Agentia Nationala a Medicamentului si a Dispozitivelor Medicale	X	X		X	X		
RO8	Institutul Național de Sanatate Publica							
RO9	Institutul Național de Boli Infecțioase „Prof. Dr. Matei Balș”	X		X				
Healthcare professionals representatives,								
RO23	Societatea Română de Microbiologie	X	X	X				
RO24	Societatea Națională de Medicina Familiei			X	X			
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)								
RO27	Pfizer Romania SRL	X	X		X	X		
RO28	GlaxoSmithKline (GSK) SRL	X	X		X	X		
RO29	Merck Sharp & Dohme Romania SRL	X	X		X	X		
RO30	SANOFI Romania	X	X		X	X		
Patients and civil society (including parents) representatives, NGOs								
RO31	Asociația „Salvați Copiii”	X		X				
RO32	Asociația SAMAS - Sănătate pentru Mame și Sugari	X		X				
Media, opinion makers								
RO36	CE SE ÎNTÂMPLĂ DOCTORE?	X	X	X				
Influential Stakeholders								
Research and Academia (Research Institutes, Universities, Life and human science experts Relevant European scientific societies)								
RO11	Universitatea de Medicină și Farmacie „Carol Davila” București	X	X	X			Consult; Involve Collaborate	
RO12	Universitatea „Lucian Blaga” Sibiu - Facultatea de Medicină	X	X	X				
RO14	Universitatea de Medicină și Farmacie „Grigore T. Popa” Iași	X	X	X				
RO15	Universitatea de Vest „Vasile Goldiș” din Arad - Facultatea de Medicină	X	X	X				
RO16	Universitatea de Medicină și Farmacie „Iuliu Hațieganu” Cluj-Napoca	X	X	X				
RO17	Universitatea de Medicină și Farmacie „Victor Babeș” Timișoara	X	X	X				
RO18	Universitatea de Medicină și Farmacie din Craiova	X	X	X				
RO19	Universitatea de Medicină, Farmacie, Științe și Tehnologie din Târgu Mureș	X	X	X				
Religious Institutions								
RO35	Biserica Ortodoxă Română			X				
Concerned Stakeholders								
Research and Academia (Research Institutes, Universities, Life and human science experts Relevant European scientific societies)								
RO13	Universitatea „Ovidius” din Constanța - Facultatea de Medicină	X	X	X			Involve; Collaborate	
RO20	Universitatea din Oradea - Facultatea de Medicină și Farmacie	X	X	X				
RO21	Universitatea Transilvania din Brașov - Facultatea de Medicină	X	X	X				
RO22	Universitatea „Dunărea de Jos” Galați Facultatea de Medicină și Farmacie	X	X	X				
Vulnerable Stakeholders								
Healthcare professionals representatives,								
RO24	Centrul Național de Studii pentru Medicina Familiei			X			Collaborate	
RO25	Grupul de vaccinologie al SNMF	X	X	X	X			
RO26	Societatea Română de Pediatrie	X		X	X			
Patients and civil society (including parents) representatives, NGOs								
RO33	Mame pentru Mame	X		X				
RO34	Mămica	X		X				
Marginal Stakeholders								
Media, opinion makers								
RO37	Totalul despre Mame	X		X			Collaborate	
RO38	Revista TEO			X				
RO39	LionMentor Association			X				
RO40	NII VACCINURILOR			X				

#### **5.15.1 Dominant (power high, net gain/loss high, legitimacy high)**

The largest category, apart from the international and European organisations, includes 5 of the Authorities, 2 of the Healthcare professionals' stakeholders, all the Pharmaceutical companies, 2 of the Patients associations, and 1 specialised publication. The project should aim to work closely with these stakeholders, keep them informed of the project's progress and results and ideally involve them or even collaborate with them in the planned project activities.

#### **5.15.2 Influential (power and legitimacy high, net gain/loss low or none)**

The category of the influential stakeholders includes 8 of the Research and Academia institutions and 1 Religious institution. The project should aim to consult with stakeholders from this category (e.g. Research and Academia) and involve them in the project activities, especially as far as communicating the project's products and outputs are concerned.

#### **5.15.3 Concerned (legitimacy high, power and net gain/loss low or none)**

The remaining 4 Research and Academia institutions belong to the concerned stakeholders' category. These are stakeholders that have high legitimacy (the sum of their rights, responsibilities and resolve) in engaging in the project, though not the power or resources. The EU JAV should aim to involve them and even collaborate with them when appropriate.

#### **5.15.4 Vulnerable (legitimacy and net gain/loss high, power low or none)**

This category includes 3 Healthcare professionals' representatives, and 2 Patients associations, which don't have the resources to influence the project and its outputs. The project should aim to collaborate, where possible or appropriate, with those stakeholders who have a lot to gain from the project products and outputs and, if possible, enable them to engage with EU JAV more effectively.

#### **5.15.5 Marginal (net gain/loss high, power and legitimacy low or none)**

This category includes 4 Media and opinion makers, 2 of which are opposing vaccinations. The project should aim to collaborate with the first 2 stakeholders from this category when appropriate for the promotion of the project outputs and monitor the 2 anti-vaccination groups in case their circumstances change.

#### **5.15.6 Significant issues**

All significant issues are represented from the identified stakeholders. Vaccine hesitancy is the issue relevant to most stakeholders, from all stakeholder categories, not least because of the recent measles outbreak. The issues with the least relevant stakeholders are Vaccine demand forecasting and supply information with 9 and Vaccine research and development with 5 relevant stakeholders.

## 5.16 Serbia

There are 10 stakeholders identified in Serbia, 2 International Organisations, 3 Authorities, 1 University, 2 Healthcare professional representatives, 1 representative of the Pharmaceutical sector and the Serbian national broadcaster. The characteristics of 7 of these stakeholders were assessed.

Table 0-14 Serbian national stakeholders

Stakeholder	Issues					Level of engagement
	Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders						
	International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)					
RS1	WHO Europe, Country Office Serbia	x	x		x	
RS2	UNICEF, Country Office Serbia		x		x	
	Authorities, policy & decision makers (Ministries of Health, Public health agencies)					
RS3	Ministry of health of Serbia		x		x	
	Research and Academia (Research Institutes, Universities, Life and human science experts Relevant)					
RS6	Faculty of Medicine, University of Belgrade				x	
Vulnerable Stakeholders						
	Authorities, policy & decision makers (Ministries of Health, Public health agencies)					
RS4	Institute of Public health of Serbia	x	x	x	x	x
RS5	Institute of Public health of Vojvodina					
	Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)					
RS9	Institute of Virology, Vaccines and Sera "Torlak"			x		

### 5.16.1 Dominant (power high, net gain/loss high, legitimacy high)

In this category there are 2 International Organisations, 1 Authority (the Ministry of Health) and the Faculty of Medicine of the University of Belgrade. The project should aim to work closely with these stakeholders, keep them informed of the project's progress and results and ideally involve them or even collaborate with them in the planned project.

### 5.16.2 Vulnerable (legitimacy and net gain/loss high, power low or none)

There are 2 Authorities in this category and 1 representative of the Pharmaceutical sector. These stakeholders do not have the resources to influence the project and its outputs. The project should aim to collaborate with them and, if possible, enable them to engage with EU JAV more effectively.

### 5.16.3 Significant issues

Even though there are not many identified stakeholders, the significant issues are still underrepresented in the mapping. More should be done in finding stakeholders relevant to the EU JAV significant issues.

## 5.17 Slovakia

There are 15 identified stakeholders in Slovakia, including 3 International and European stakeholders, 3 national Authorities, 1 University, 3 Healthcare professionals representatives, one Pharmaceutical sector representative representing vaccines manufactures, one Patients association, one Religious institution, the News Agency of Slovak Republic and the Association of Health Insurance Companies in Slovakia. It is quite a representative mixture of stakeholders and of various levels of power, interest and legitimacy.

**Table 0-15Slovakian national stakeholders**

Stakeholder	Issues					Level of engagement
	Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders						Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)						
SKK4	Ministry of Health	X	X	X	X	
SKK5	National Public Health Authority	X	X	X	X	
Forceful Stakeholders						Inform; Consult; Involve
Healthcare professionals representatives,						
SKK10	Slovak Epidemiological and Vaccinology Association	X	X		X	
Influential Stakeholders						Consult; Involve; Collaborate
Media, opinion makers						
SKK14	The News Agency of Slovak Republic	X	X		X	
Vulnerable Stakeholders						Collaborate
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)						
SKK6	National Immunisation Committee	X	X	X	X	
Others, please specify						Collaborate
SKK15	Association of Health Insurance Companies Slovakia	X	X	X	X	
Marginal Stakeholders						
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)						Collaborate
SKK7	Slovak Medical University, Faculty of Public Health	X	X	X	X	
Healthcare professionals representatives,						
SKK8	Slovak Paediatric Association	X	X		X	
SKK9	Association of general practitioners of Slovakia	X	X		X	
Pharmaceutical industry and manufacturers' representatives (Vaccine Europe, EFPIA)						
SKK11	Association of innovative pharmaceutical industry	X	X	X	X	
Patients and civil society (including parents) representatives, NGOs						
SKK12	Association for the protection of patients' rights (OAPP)	X	X		X	
Religious Institutions						
SKK13	Episcopal Conference of Slovakia	X	X			

### 5.17.1 Dominant (power high, net gain/loss high, legitimacy high)

This category includes 2 Authorities, which are key stakeholders and already engaged in the project. The project should work closely with these stakeholders and involve them or even collaborate with them in the planned project activities.

### 5.17.2 Forceful (power and net gain/loss high, legitimacy low or none)

This category includes 1 Healthcare professionals' representative with power to influence the project regardless of their constitutional position. This stakeholder should be kept well informed by the project, consulted whenever possible and involved in appropriate activities.

### 5.17.3 Influential (power and legitimacy high, net gain/loss low or none)

This is another category with only 1 stakeholder, the News Agency of Slovak Republic, who could influence the project under particular circumstances. The EU JAV project should keep them informed and observe closely for any changes in their position.

#### **5.17.4 Vulnerable (legitimacy and net gain/loss high, power low or none)**

There are 2 stakeholders in this category, one national Authority and the Association of Health Insurance Companies in Slovakia. These are stakeholders, which have the legitimacy for engaging in the project and stand to gain from the project's outputs and outcomes, however, they lack the power and resources to engage effectively with EU JAV. Therefore the project should aim to collaborate, where possible or appropriate, with those stakeholders who have a lot to gain from the project products and outputs and, if possible, enable them to engage with EU JAV more effectively.

#### **5.17.5 Marginal (net gain/loss high, power and legitimacy low or none)**

The largest category in Slovakia is that of the marginal stakeholders, including a University,<sup>2</sup> Healthcare professionals' representatives, 1 Pharmaceutical Industry representative, 1 Patients society and a Religious Institution. These stakeholders all stand to gain from the implementation of the project and its outcomes, however they lack the resources and the legitimacy to engage effectively and influence the project. Therefore the EU JAV should make the effort to collaborate with this category of stakeholders when appropriate and for the benefit of the project and the stakeholders alike.

#### **5.17.6 Significant issues**

All issues are represented by the identified stakeholders.

## 5.18 Slovenia

There are 8 stakeholders identified in Slovenia, relevant to the EU JAV project. They include 2 national Authorities, 4 Healthcare professionals and 2 Patients and civil society organisations. All stakeholders are positively disposed towards vaccines and vaccinations.

**Table 0-16 Slovenian national stakeholders**

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
SLO1	Ministry of Health	X	X	X			
SLO2	NIJZ	X	X	X	X	X	
Healthcare professionals representatives,							
SLO3	Pediatric Association	X	X	X			
SLO4	NITAG	X	X	X	X	X	
SLO5	Family Medicine Association	X	X	X			
SLO6	Section for School, Student and Adolescent Medicine	X	X	X			
Vulnerable Stakeholders							Collaborate
Patients and civil society (including parents) representatives, NGOs							
SLO7	Imuno (Slovenian Medical Students' International Committee Ljubljana)	X	X	X			
SLO8	Vakcinet (Medical Students' Association Maribor)	X	X	X			

### 5.18.1 Dominant (power high, net gain/loss high, legitimacy high)

This is one of the two categories of stakeholders identified that include more than half of the stakeholders, 2 Authorities and 4 Healthcare professionals' representatives. These are stakeholders with power, interest and the legitimacy to engage with the project. The project should work closely with these stakeholders, informed them of the project's progress and results, involve them and collaborate with them in the planned project activities.

### 5.18.2 Vulnerable (legitimacy and net gain/loss high, power low or none)

This smaller category includes the 2 Patients and civil society organizations reflecting their lack of resources hindering their effective engagement with the project. The EU JAV should overcome these difficulties and collaborate with these stakeholders in order to enable effective and meaningful engagement with these stakeholders.

### 5.18.3 Significant issues

The issues of Children's & Adults' Vaccination, Seasonal Vaccinations and Vaccine hesitancy are well represented, since they are relevant issues to all stakeholders. However, Vaccine demand forecasting and supply information and Vaccine research and development are relevant to only 2 dominant stakeholders.



## 5.19 Spain

There are 46 stakeholders identified in Spain, including 3 national Authorities, 35 Healthcare professionals' representatives and associations, the Pharmaceuticals industry generally, two Patient associations, the main Media provider and 4 Research Institutions. Due to the limited amount of information provided about the stakeholders' characteristics, few conclusions can be deducted on their attitude, legitimacy of engagement as well as interest and potential gain or loss from the project.

Table 0-17 Spanish national stakeholders

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
ESP1	Ministry of Health	X	X	X	X	X	
ESP3	Agencia Española de Medicamentos y Productos Sanitarios (AEMPS)	X	X	X	X	X	
	Regions (Autonomous Communities)	X	X	X	X	X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
ESP2	Institute of Health Carlos III						
Influential Stakeholders							Consult; Involve; Collaborate
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
	Universities						
Concerned Stakeholders							Involve; Collaborate
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
	Other Institutes of health						

### 5.19.1 Dominant (power high, net gain/loss high, legitimacy high)

The Authorities all have the resources, interest and constitutional legitimacy for engaging effectively with the project. The same is true for the Research Institute of Health Carlos III. Thus the EU JAV should work closely with these stakeholders, involve them when possible.

### 5.19.2 Influential power and legitimacy high, net gain/loss low or none

The Universities are thought to have resources and the right to engage with the project. The project should aim to consult with stakeholders from this category and to involve them in the project activities.

### 5.19.3 Significant issues

The identified authorities have a connection to all significant issues. More effort should be made for the other stakeholder groups in order to establish a connection between stakeholders and the EU JAV significant issues.

## 5.20 Sweden

In Sweden 12 stakeholders were identified as relevant to the EU JAV project, including 1 International organisation, 5 national Authorities, 1 University and 5 Healthcare professionals representatives. With a reservation regarding some of the Authorities, the general attitude towards vaccinations of all stakeholders is positive.

**Table 0-18 Swedish national stakeholders**

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
SW1	Expanded Programme on Immunization, Department of Immunization, Vaccines and Biologicals, WHO	X	X	X			
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
SW12	Public Health Agency of Sweden	X	X	X		X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
SW6	Society for Clinical Microbiology & Lund University	X				X	
Healthcare professionals representatives,							
SW7	Pediatric Health Services	X	X			X	
SW8	Swedish Society for Infectious Diseases	X	X				
SW9	School Health Services	X		X			
SW10	Swedish Society for General Practice	X	X				
SW11	Swedish Society for Pediatrics	X	X	X			
Influential Stakeholders							Consult; Involve Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
SW2	Swedish Medical Products Agency				X		
SW3	Regional Infectious Disease Prevention and Control	X	X		X		
SW4	National Board of Health and Welfare		X		X		
Concerned Stakeholders							Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
SW5	Swedish Association of Local Authorities and Regions		X		X		

### 5.20.1 Dominant (power high, net gain/loss high, legitimacy high)

The largest category includes 1 International organisation, 1 of the Authorities and all the Healthcare professionals' representatives (5). These stakeholders should be kept informed of the project's progress and results. Ideally the project should work closely with them and try to involve them or even collaborate with them in planned project activities.

### 5.20.2 Influential (power and legitimacy high, net gain/loss low or none)

This category includes 3 of the Authorities, which have the power and the legitimacy of influencing the project, no matter how little they have to gain from the project and its outcomes. The project should aim to consult with these stakeholders and to involve them in the project activities.

### 5.20.3 Concerned (legitimacy high, power and net gain/loss low or none)

This category includes only 1 Authority, the Swedish Association of Local Authorities and Regions, which is justified by its constitutional role to engage with the project, but has little power and resources to do so effectively. The EU JAV therefore should aim to involve them and even collaborate with them when appropriate, in the project activities.

### 5.20.4 Significant issues

All significant issues are represented in the mapping, however Vaccine demand forecasting and supply information is relevant only to influential and concerned



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stakeholders, meaning the project should take care to engage appropriately on this issue.

## 6. ANNEX II

EU JAV Stakeholders list – attached file EU JAV SA.xls

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EU JAV Stakeholders list – attached file EU JAV SA.xls

Dominant Stakeholders		Country	Issues				
			Children’s & Adults’ Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
FI1	WHO Europe	FINLAND	X	X	X	X	X
FI2	ECDC	FINLAND	X	X	X	X	X
FI3	EMA	FINLAND				X	
FR2	European center for disease prevention and control	FRANCE					
FR3	European medicines agency	FRANCE					
FR4	WHO Europe	FRANCE					
FR5	WHO (Geneva)	FRANCE					
FR6	OECD	FRANCE					
IT2	Ecdc	ITALY	X	X	X	X	X
IT1	WHO	ITALY	X	X	X	X	X
IT3	EMA	ITALY	X	X		X	X
LV1	ECDC	LATVIA	X	X	X		
LV2	WHO Europe	LATVIA	X	X	X	X	X
LV3	EMA	LATVIA				X	X
LV5	European Commission EC	LATVIA	X	X	X	X	X
RO1	WHO	ROMANIA	X	X	X		
RO2	UNICEF	ROMANIA	X		X		
RO3	ECARO United Nation's Children Fund	ROMANIA	X		X		
	ECDC	ROMANIA					
	EMA	ROMANIA					
RS1	WHO Europe, Country Office Serbia	SERBIA		x	x		x
RS2	UNICEF, Country Office Serbia	SERBIA			x		x
SW1	Expanded Programme on Immunization, Department of Immunization, Vaccines and Biologicals, WHO	SWEDEN	X	X	X		
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
BiH6	Federal Ministry of Health	BiH	X	X		X	
BiH7	Cantonal Ministries of Health	BiH	X	X		X	
BiH8	Federal Public Health Institut	BiH	X	X			
BG1	Ministry of Health	BULGARIA	X	X	X	X	
BG2	National Health Insurance Fund	BULGARIA	X				
CRO1	The Ministry of Health	CROATIA	X	X	X	X	X
CRO4	Croatian Institute of Public Health	CROATIA	X	X	X	X	
CRO5	Croatian network of public health institutes	CROATIA	X	X	X	X	
DK5	Ministry of Health	DENMARK	X	X	X	X	
DK6	Danish Health Authority	DENMARK	X	X	X	X	X
DK7	Danish Medicines Agency	DENMARK	X	X	X		

[illegible]

BG4	National Center of Infectious and Parasitic Diseases	BULGARIA	X	X	X		
CRO8	The "Andrija Štampar" School of Public Health	CROATIA	X	X	X		
CRO9	Center for Excellence for Research in Viral Immunology and Development of New Vaccines	CROATIA					X
DK8	Statens Serum Institut	X	X	X	X	X	
FR17	UK Vaccine Network	FRANCE					
GR9	National School of Public Health	GREECE	x	x	x	x	x
GR10	Medical School, National and Kapodestrian University of Athens	GREECE	x	x	x		x
GR11	Medical School, Aristotelian University of Thessaloniki	GREECE	x	x	x		x
GR12	Medical School, University of Patras	GREECE	x	x	x		x
GR13	Medical School, University of Ioannina	GREECE	x	x	x		x
GR14	Medical School, University of Crete	GREECE	x	x	x		x
GR15	Medical School, University of Thessaly	GREECE	x	x	x		x
GR16	Medical School, Democritus University of Thrace	GREECE	x	x	x		x
GR18	Institute of Child's Health	GREECE	x	x	x		
GR19	HELMSIC	GREECE	x	x	x		x
GR21	Pharmacy Department, National and Kapodestrian University of Athens	GREECE					x
GR22	Pharmacy Department, Aristotelian University of Thessaloniki	GREECE					x
GR23	Pharmacy Department, University of Patras	GREECE					x
GR24	Nursing Department, National and Kapodestrian University of Athens	GREECE	x	x	x		x
GR25	Nursing Department, University of Peloponnese	GREECE	x	x	x		x
GR29	Scientific Society of Hellenic Medical Students	GREECE	x	x	x		x
GR30	Hellenic Pasteur Institute	GREECE					x
LT6	Vilnius University Faculty of Medicine	LITHUANIA	X	X	X		X
LT7	Lithuanian University of Health Sciences	LITHUANIA	X	X	X		X
NL4	Health Council	NETHERLANDS	X	X	X	X	X
NL8	RIVM	NETHERLANDS	X	X	X	X	X
NL9	Erasmus University	NETHERLANDS	X	X	X		X
NL10	Leiden University	NETHERLANDS	X	X	X		X
NL11	Wageningen University	NETHERLANDS	X	X	X		X
NL12	VU Amsterdam	NETHERLANDS	X	X	X		X
NL13	UvA Amsterdam	NETHERLANDS	X	X	X		X
NL14	Radboud University	NETHERLANDS	X	X	X		X
NL15	University Utrecht	NETHERLANDS	X	X	X		X
NL16	University of Groningen	NETHERLANDS	X	X	X		X
NL17	Maastricht University	NETHERLANDS	X	X	X		X
NL18	IntraVacc	NETHERLANDS	X	X	X		X
ESP2	Institute of Health Carlos III	SPAIN					
RS6	Faculty of Medicine, University of Belgrade	SERBIA					x
SW6	Society for Clinical Microbiology & Lund University	SWEDEN	X				X

Healthcare professionals representatives							
CRO10	Croatian Medical Association	CROATIA	X	X	X		
CRO11	Croatian Medical Chamber	CROATIA	X	X	X		
FI11	Finnish association of public health nurses	FINLAND	X	X			
FI12	Finnish Paediatric Society ry	FINLAND	X	X			
FI13	Duodecim	FINLAND	X	X	X		
FI14	Suomen infektio­lääkärit ry	FINLAND	X	X			
FI9	Finnish Medical Association	FINLAND	X	X			
FR30	Association internationale de la Mutualité	FRANCE					
FR31	International Federation of Pharmaceutical Manufacturers	FRANCE					
GR33	Hellenic Medical Association	GREECE	x	x	x	x	
GR34	Medical Association of Athens	GREECE	x	x	x	x	
GR35	Hellenic Society for Infectious Diseases	GREECE	x	x	x		x
GR36	Hellenic Pediatric Society	GREECE	x	x	x	x	x
GR37	Hellenic Society for Infectious Diseases Control	GREECE	x	x	x		x
GR38	Panhellenic Pharmaceutical Association	GREECE	x	x	x	x	x
GR39	Hellenic College of Pediatricians	GREECE	x	x	x	x	x
GR42	Hellenic Obstetrical and Gynaecological Society	GREECE		x	x		
GR43	Hellenic Pediatric Academy	GREECE	x	x	x	x	x
GR44	Hellenic Society for Paediatric Infectious Diseases	GREECE	x	x	x	x	x
GR46	Hellenic Association of Pharmaceutical Companies "SFEE"	GREECE				x	x
IT14	FIMMG - Italian federation of primary care physicians	ITALY	X	X	X		
IT15	SIMG- Italian Society of General Practitioners	ITALY	X	X	X		
	AIMEF- Italian Academy of Family Physicians	ITALY	X	X	X		
	ASSIMEFAC- Italian Association of Family and Community Physicians	ITALY					
	SIP- Italian Society of Pediatrics	ITALY	X	X	X		
IT16	ACP- Cultural Association of Pediatricians	ITALY					
IT17	SIMPe- Italian Society of Pediatricians	ITALY	X	X	X		
IT18	FIMP- Italian Federation of Pediatricians	ITALY					
IT19	SIPPS- Italian Society of Social and Preventive Pediatrics	ITALY	X	X	X		
	SIGO- Italian Society of Obstetrician-Gynecologists	ITALY	X	X	X		
IT20	AOGOI- Italian Association of Hospital Obstetricians and Gynecologists	ITALY					
IT21	ANMA- Italian Association of Occupational Physicians	ITALY	X	X	X		
IT22	SIML Italian Society of Occupational Physicians	ITALY	X	X	X		
IT23	SIH- Italian Society of Hygiene and Preventive Medicine	ITALY	X	X	X		
	ANMDO- Italian Association of Hospital Directors	ITALY					
IT24	FNOMCEO- Italian federation of Colleges of Physicians and Dentists	ITALY	X	X	X		
IT25	Italian Society of Pediatric Nurses	ITALY	X	X	X		
IT26	FNOP- Italian federation of College of Midwives	ITALY					
NL20	GGD GHOR Nederland	NETHERLANDS	X	X	X	X	
NL21	ActiZ	NETHERLANDS	X	X	X	X	
NL22	Nictiz	NETHERLANDS	X	X	X	X	
NL23	SNPG	NETHERLANDS		X	X	X	
NL30	Travel clinics	NETHERLANDS	X	X		X	



NL32	VVJN verpleegkundigen	NETHERLANDS	X	X	X		
RO23	Societatea Română de Microbiologie	ROMANIA	X	X	X		
RO24	Societatea Națională de Medicina Familiei	ROMANIA			X	X	
SLO3	Pediatric Association	SLOVENIA	X	X	X		
SLO4	NITAG	SLOVENIA	X	X	X	X	X
SLO5	Family Medicine Association	SLOVENIA	X	X	X		
SLO6	Section for School, Student and Adolescent Medicine	SLOVENIA	X	X	X		
SW7	Pediatric Health Services	SWEDEN	X	X			X
SW8	Swedish Society for Infectious Diseases	SWEDEN	X	X			
SW9	School Health Services	SWEDEN	X		X		
SW10	Swedish Society for General Practice	SWEDEN	X	X			
SW11	Swedish Society for Pediatrics	SWEDEN	X	X	X		
<b>Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>							
CRO12	Innovative Pharmaceutical Initiative – iPI*	CROATIA					X
FI16	Lääketeollisuus ry	FINLAND	X	X		X	
FR32	European federation of pharmaceuticals industries and associations/ Vaccines Europe	FRANCE					
NL34	GSK NL	NETHERLANDS	X	X	X	X	X
NL35	MSD NL	NETHERLANDS	X	X	X	X	X
NL36	Pfizer NL	NETHERLANDS	X	X	X	X	X
NL37	Sanofi NL	NETHERLANDS	X	X	X	X	X
RO27	Pfizer Romania SRL	ROMANIA	X	X		X	X
RO28	GlaxoSmithKline (GSK) SRL	ROMANIA	X	X		X	X
RO29	Merck Sharp & Dohme Romania SRL	ROMANIA	X	X		X	X
RO30	SANOFI Romania	ROMANIA	X	X		X	X
<b>Patients and civil society (including parents) representatives, NGOs</b>							
DK19	Kræftens Bekæmpelse	DENMARK	X		X		X
FR33	EPF European Patients Forum	FRANCE					
FR35	European Public Health Alliance	FRANCE					
FR37	VEDEM - Civilians for Vaccination Association (Hungary)	FRANCE					
FR36	Active citizen network	FRANCE					
GR48	Mission Anthropolos, Hellenic Medical & Humanitarian Support (NGO)	GREECE	x	x	x		
GR49	Doctors of the World, Greece (NGO)	GREECE	x	x	x		
GR50	Doctors without Borders, Greece (NGO)	GREECE	x	x	x		
GR51	Prolepsis Institute of Preventive Medicine Environmental and Occupational Health (NGO)	GREECE			x		
GR53	Hellenic Red Cross	GREECE	x	x	x		
GR56	The Smile of the Child in Athens (NGO)	GREECE	x	x	x		
GR57	Together for Children (NGO)	GREECE	x	x	x		
NL41	Stichting Olijf	NETHERLANDS	X		X	X	
NL42	Meningitis Stichting	NETHERLANDS	X		X	X	
RO31	Asociația „Salvați Copiii”	ROMANIA	X		X		
RO32	Asociația SAMAS - Sănătate pentru Mame și Sugari	ROMANIA	X		X		
<b>Religious Institutions</b>							
NL43	Gereformeerde Bond	NETHERLANDS			X		

Media, opinion makers							
CRO17	Croatian Radiotelevision	CROATIA	X	X	X		
FI18	Hanna Nohynek	FINLAND	X	X	X	X	X
FI20	Timo Vesikari-Tampere University Vaccine Research Center	FINLAND					X
GR65	Athens News Agency (APE-MPE)	GREECE	x	x	x		
GR66	Accredited Health Journalists by the Ministry of Health	GREECE	x	x	x		
NL49	Roland Pierik	NETHERLANDS			X		
NL50	Arjen Lubach	NETHERLANDS			X		
RO36	CE SE ÎNTÂMPLĂ DOCTORE?	ROMANIA	X	X	X		
Others, please specify							
GR72	Hellenic Parliament - Standing Committee on Social Affairs	GREECE	x	x	x	x	x

Forceful Stakeholders		Country	Issues				
			Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
DK1	ECDC	DENMARK					
DK2	WHO	DENMARK					
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
FI8	Tampere University Vaccine Research Center	FINLAND					X
FR13	Assistance Publique Hôpitaux de Paris/CHU Trousseau	FRANCE					
FR14	COREVAC	FRANCE					
FR15	Advanced course in vaccinology	FRANCE					
FR18	Epiconcept	FRANCE					
FR16	Noni MacDONALD	FRANCE					
GR17	Biomedical Research Foundation, Academy of Athens	GREECE					x
GR31	Technology and Research Institute	GREECE					x
GR32	Biomedical Sciences Research Center "Alexander Fleming"	GREECE					x
Healthcare professionals representatives							
BIH10	Association of Pediatricians in BiH	BiH	X	X			
BIH11	Association of Infectologist in Bosnia and Herzegovina	BiH	X	X			
BIH12	Association of family medicine doctors of FBIH	BiH	X	X			
FI10	General Practitioners in Finland	FINLAND	X	X			
SKK10	Slovak Epidemiological and Vaccinology Association	SLOVAKIA	X	X	X		X
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
BG9	ARPharM - Association of the Research-Based Pharmaceutical Manufacturers in Bulgaria	BULGARIA	X	X	X		X
LV35	Vaccines Europe	LATVIA			X	X	X
Patients and civil society (including parents) representatives, NGOs							
GR52	Supreme Confederation of Pupils' parents in Greece	GREECE	x	x	x		
Media, opinion makers							
FI19	Heikki Peltola	FINLAND	X	X			X
FI22	Markus Granholm	FINLAND	X	X	X		
FI23	Mediuutiset	FINLAND	X	X	X		
Others, please specify							
NL52	VaccinVrij	NETHERLANDS			X		
NL53	NVKP	NETHERLANDS			X		
LT17	Visuomenės sveikata	LITHUANIA	X	X	X		X
LT18	e.medicina	LITHUANIA	X	X	X		X

Influential Stakeholders		Country	Issues				
			Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
CRO2	Constitutional Court of the Republic of Croatia	CROATIA	X				
CRO6	The Croatian Health Insurance Fund	CROATIA	X	X		X	
CRO7	The Agency for Medicinal Products and Medical Devices	CROATIA	X	X		X	
NL2	Medicines Evaluation Board	NETHERLANDS	X	X			X
NL5	Health and Youth Care Inspectorate	NETHERLANDS	X	X	X	X	X
SW2	Swedish Medical Products Agency	SWEDEN				X	
SW3	Regional Infectious Disease Prevention and Control	SWEDEN	X	X		X	
SW4	National Board of Health and Welfare	SWEDEN		X		X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
RO11	Universitatea de Medicină și Farmacie „Carol Davila” București	ROMANIA	X	X	X		
RO12	Universitatea „Lucian Blaga” Sibiu - Facultatea de Medicină	ROMANIA	X	X	X		
RO14	Universitatea de Medicină și Farmacie „Grigore T. Popa” Iași	ROMANIA	X	X	X		
RO15	Universitatea de Vest „Vasile Goldiș” din Arad - Facultatea de Medicină	ROMANIA	X	X	X		
RO16	Universitatea de Medicină și Farmacie „Iuliu Hațieganu” Cluj-Napoca	ROMANIA	X	X	X		
RO17	Universitatea de Medicină și Farmacie „Victor Babeș” Timișoara	ROMANIA	X	X	X		
RO18	Universitatea de Medicină și Farmacie din Craiova	ROMANIA	X	X	X		
RO19	Universitatea de Medicină, Farmacie, Științe și Tehnologie din Târgu Mureș	ROMANIA	X	X	X		
	Universities	SPAIN					
Religious Institutions							
GR62	The Church of Greece	GREECE			x		
RO35	Biserica Ortodoxă Română	ROMANIA			X		
Media, opinion makers							
LV48	'Latvijas ārsts' magazine for medical professionals doctors	LATVIA	X	X	X		X
LV49	'Doctus' magazine for doctors and pharmacists	LATVIA	X	X			X
NL45	NRC newspaper	NETHERLANDS			X		
NL46	Volkskrant newspaper	NETHERLANDS			X		
NL47	AD newspaper	NETHERLANDS			X		
NL48	Telegraaf newspaper	NETHERLANDS			X		
SKK14	The News Agency of Slovak Republic	SLOVAKIA	X	X	X		X

Dormant Stakeholders		Country	Issues				
			Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
DK3	EMA	DENMARK					
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
LV12	The Ombudsman of the Republic of Latvia	LATVIA	X		X		
LV14	Saema of the Republic of Latvia, Social and Employment Matters Committee	LATVIA	X	X			
NL6	Nederlandse Zorgautoriteit (NZa),	NETHERLANDS	X	X	X	X	X
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
GR26	Department of Communication, Media, Culture, Panteion University of of Social & Po	GREECE			x		
GR27	Department of Communication and Media, National and Kapodestrian University of	GREECE			x		
GR28	Deparment of Journalism and Media, Aristotelian University of Thessaloniki	GREECE			x		
Patients and civil society (including parents) representatives, NGOs							
DK17	Vaccinationsforum	DENMARK	X	X	X		
IT31	Lions Club International	ITALY	X	X	X		
	Genitori Più	ITALY					
Media, opinion makers							
FR38	Le Monde	FRANCE					
FR39	Le Quotidien du médecin	FRANCE					

Concerned Stakeholders		Country	Issues				
			Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
SW5	Swedish Association of Local Authorities and Regions	SWEDEN		X		X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
RO13	Universitatea „Ovidius” din Constanța - Facultatea de Medicină	ROMANIA	X	X	X		
RO20	Universitatea din Oradea - Facultatea de Medicină și Farmacie	ROMANIA	X	X	X		
RO21	Universitatea Transilvania din Brașov - Facultatea de Medicină	ROMANIA	X	X	X		
RO22	Universitatea „Dunărea de Jos” Galați Facultatea de Medicină și Farmacie	ROMANIA	X	X	X		
	Other Institutes of health	SPAIN					
Healthcare professionals representatives							
LV23	Latvian Medical Association	LATVIA	X	X	X		X
LV26	Latvian Association of Healthcare Management Professionals	LATVIA				X	
LV27	Latvian Nurses Association	LATVIA	X	X	X		
LV30	Rural Family Doctors Association of Latvia	LATVIA	X	X	X		X
LV32	Latvian Public Health Association	LATVIA	X	X	X		
LV33	Latvian Association of Gynaecologists and Obstetricians	LATVIA	X	X	X		
LV34	Employers' Confederation of Latvia (LDDK)	LATVIA	X	X			
LV29	Latvian Family Physicians Association	LATVIA	X	X	X		X
Patients and civil society (including parents) representatives, NGOs							
DK18	Ældresagen	DENMARK	X	X	X		
LV44	Organization 'Papardes zieds' (Latvia's Family Planning and Sexual Health association)	LATVIA	X		X		
LV45	Health Projects for Latvia (Latvian: Veselības projekti)	LATVIA				X	
LV46	The Latvian Red Cross (LatRC)	LATVIA	X	X			
Media, opinion makers							
GR71	Ellinika Hoaxes	GREECE			x		
IT32	Io Vaccino	ITALY	X	X	X		
IT33	VaccinarSi	ITALY	X	X	X		
LV50	Web page for parents 'www.delfi.lv/calis.lv'	LATVIA	X	X	X		

Vulnerable Stakeholders		Country	Issues				
			Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
LV4	OECD	LATVIA	X				
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
BG3	Regional Health Inspectorates	BULGARIA	X	X	X	X	
CRO3	The Institute of Immunology	CROATIA					X
LV9	National Health Service (the NHS is under the supervision of the MoH)	LATVIA	X	X		X	
LV10	State Agency of Medicines Republic of Latvia (the SAM is under the supervision of the MoH)	LATVIA	X	X		X	X
LV11	State Immunization Advisory Council	LATVIA	X	X	X	X	X
LV13	WHO Country Office in Latvia	LATVIA	X	X	X		X
SKK6	National Immunisation Committee	SLOVAKIA	X	X	X	X	X
RS4	Institute of Public health of Serbia	SERBIA	x	x	x	x	x
RS5	Institute of Public health of Vojvodina	SERBIA					
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
GR20	Public Health & Community Health Department (Health Visitors), Technological Educational Institute of Athens	GREECE	x	x	x		
IT8	University of Pisa	ITALY	X	X	X	X	X
IT9	University of Foggia	ITALY	X	X	X	X	X
IT10	University San Raffaele, Milan	ITALY	X	X	X	X	X
IT11	University Tor Vergata, Rome	ITALY	X	X	X	X	X
IT12	University Cattolica, Rome	ITALY	X	X	X	X	X
IT13	University Sapienza, Rome	ITALY	X	X	X	X	X
Healthcare professionals representatives							
DK12	Society of General Practioners	DENMARK	X	X	X	X	
DK13	Danish Society for nurses	DENMARK	X	X	X		
DK14	The Danish Medical Doctors association	DENMARK	X	X	X		
FR19	Internation Council of Nurses	FRANCE					
FR20	Family doctors association	FRANCE					
FR21	Standing Committee of European Doctors	FRANCE					
FR22	European Academy of Paediatrics	FRANCE					
FR23	European Specialist Nurses Organisations	FRANCE					
FR24	European Health Management Association	FRANCE					
FR25	European Pharmaceutical Students Association	FRANCE					
FR26	European Medical Students Association	FRANCE					
FR27	Pharmaceutical group of European Union	FRANCE					
FR28	European Society Pediatric Infectious Diseases	FRANCE					
FR29	European Public Health Association	FRANCE					
GR40	Association of Private Pediatricians of Attica	GREECE	x	x	x	x	x
GR45	Panhellenic Association of Health Visitors	GREECE	x	x	x		
GR47	Hellenic Regulatory Body of Nurses	GREECE	x	x	x		
LV24	Latvian Pediatric Association	LATVIA	X	X	X		X

LV25	Society for Specialized Paediatrics of Latvia	LATVIA	X	X	X		X
LV28	Latvian Children's Infectology Association	LATVIA	X	X	X		X
LV31	Latvian Prophylactic Medicine Association	LATVIA	X	X	X	X	X
NL24	NHG	NETHERLANDS	X	X	X		
NL25	COA	NETHERLANDS	X	X	X	X	
NL26	NOVEZ	NETHERLANDS	X		X		
NL27	NVOG	NETHERLANDS	X		X		
NL28	KNOV	NETHERLANDS	X		X		
NL31	Vereniging voor Antroposofische huisartsen	NETHERLANDS	X	X	X	X	
NL29	AJN	NETHERLANDS	X	X	X		
RO24	Centrul Național de Studii pentru Medicina Familiei	ROMANIA			X		
RO25	Grupul de vaccinologie al SNMF	ROMANIA	X	X	X	X	
RO26	Societatea Română de Pediatrie	ROMANIA	X		X	X	
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
NL38	Abbott Biologicals BV	NETHERLANDS	X	X	X	X	X
NL39	Seqirus Netherlands B.V.	NETHERLANDS	X	X	X	X	X
NL40	Holland BIO	NETHERLANDS	X	X	X	X	X
RS9	Institute of Virology, Vaccines and Sera "Torlak"	SERBIA				x	
Patients and civil society (including parents) representatives, NGOs							
CRO13	Coalition of Health Associations	CROATIA	X	X	X		
CRO14	Croatian Association for Patients Rights	CROATIA	X	X	X		
CRO15	Croatian Association of Parents Activists - Civil Initiative "Vaccination – right of choice"	CROATIA	X	X	X		
CRO16	Parents in action – Roda (the Croatian word for stork)	CROATIA	X	X	X		
FR34	France Assos Santé	FRANCE					
GR55	Arsis, Association for the Social Support of Youth (NGO)	GREECE	x	x	x		
LV43	Ltd. 'Applied Creativity Group' established organisation 'Mothers club' (org. 'Māmiņu klubs')	LATVIA	X	X	X		
RO33	Mame pentru Mame	ROMANIA	X		X		
RO34	Mămica	ROMANIA	X		X		
SLO7	Imuno (Slovenian Medical Students' International Committee Ljubljana)	SLOVENIA	X	X	X		
SLO8	Vakcinet (Medical Students' Association Maribor)	SLOVENIA	X	X	X		
Media, opinion makers							
LV47	LETA Media Monitoring	LATVIA	X	X	X		
LV51	Latvian parent web organization 'www.mammamuntetiem.lv'	LATVIA	X	X	X		
NL51	Ruud Koole	NETHERLANDS			X		
Others, please specify							
	ADVANCE*	DENMARK					
	VENICE	DENMARK					
	GO-FAIR*	DENMARK					
	Trillium II*	DENMARK					
	EuroMOMO*	DENMARK					
	Joint Action of Health Information*	DENMARK					
	PARENT*	DENMARK					



SKK15	Association of Health Insurance Companies Slovakia	SLOVAKIA	X	X		X	X
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Marginal Stakeholders		Country	Issues				
			Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
BiH1	ECDC	BiH					
BiH2	WHO Europe, office in Sarajevo	BiH					
BiH3	UNICEF, office in Sarajevo	BiH					
BiH4	CDC	BiH					
DK4	EC, E-health Network,	DENMARK					
LV6	UNICEF	LATVIA	X		X	X	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
BiH5	Ministry of Civil Affairs of B&H	BiH	X	X		X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
DK9	Bandim Group SSI	DENMARK	X		X		X
LV15	ECDC Venice project	LATVIA	X	X	X	X	
LV16	WHO European Observatory on Health Systems and Policies	LATVIA				X	
LV17	DRIVE project on influenza vaccine effectiveness	LATVIA		X			X
LV18	Riga Stradiņš University (RSU)	LATVIA	X	X	X		X
LV19	Institute of Public Health (RSU)	LATVIA	X	X	X		
LV20	The University of Latvia	LATVIA	X	X			X
LV21	Latvian Biomedical Research and Study Centre (BMC)	LATVIA					X
LV22	Latvian Council of Science	LATVIA					X
NL19	Virtuvax	NETHERLANDS	X	X			X
SKK7	Slovak Medical University, Faculty of Public Health	SLOVAKIA	X	X	X		X
Healthcare professionals representatives							
BG5	Bulgarian Medical Assosiation	BULGARIA	X	X	X		
BG6	National Association of general practitioners	BULGARIA	X	X	X	X	
BG7	Bulgarian Scientific Society for Epidemiology of Infectious and Non-Infectious Diseases	BULGARIA	X	X	X		
BG8	Bulgarian Pediatric Association	BULGARIA	X	X	X		
DK15	Society for health visitors for children	DENMARK	X		X		
LT8	Association of infectologists	LITHUANIA	X	X	X		X
LT9	Association of pediatricians	LITHUANIA	X	X	X		X
LT10	Lithuanian Public health Association	LITHUANIA	X	X	X		X
SKK8	Slovak Paediatric Association	SLOVAKIA	X	X	X		X
SKK9	Association of general practionioners of Slovakia	SLOVAKIA	X	X	X		X
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
DK16	Vacine Europe	DENMARK					
FI15	Lääketietokeskus	FINLAND	X	X		X	
IT30	Vaccine Group- Farindustria	ITALY					
IT27	MSD	ITALY				X	X
IT28	Pfizer	ITALY				X	X
IT29	Sanofi Pasteur	ITALY				X	X

LV36	Ltd. Oribalt Riga	LATVIA				X	
LV37	Ltd. Vakcina	LATVIA				X	
LV38	Ltd. GlaxoSmithKline	LATVIA				X	X
LV39	Ltd. B.Braun Medical	LATVIA				X	X
LV40	Sanofi Pasteur SA	LATVIA				X	X
LV41	Novartis Vaccines and Diagnostics GmbH	LATVIA				X	X
LV42	Merck Sharp&Dohme	LATVIA				X	X
NL33	Bilthoven Biologicals	NETHERLANDS	X			X	X
SKK11	Association of innovative pharmaceutical industry	SLOVAKIA	X	X	X	X	X
Patients and civil society (including parents) representatives, NGOs							
BG10	National Network of Health Mediators	BULGARIA	X		X		
BG11	Bulgarian Association of innovative medicine	BULGARIA		X			
BG12	Bulgarian Association of Preventive Medicine	BULGARIA	X	X			
BG13	National Patients Organization	BULGARIA	X	X	X		
LT11	Association "Objektyviai apie skiepus"	LITHUANIA	X	X	X		
LT12	Association "Nacionalinis aktyvių mamų sambūris"	LITHUANIA	X	X	X		
LT13	Association "Lietuvos tėvų forumas"	LITHUANIA	X	X	X		
LT14	Lietuvos pacientų organizacijų atstovų taryba	LITHUANIA	X	X	X		
SKK12	Association for the protection of patients' rights (OAPP)	SLOVAKIA	X	X	X		X
GR63	NGO Apostoli	GREECE	x	x	x		
GR64	NGO Ark of the World	GREECE	x	x	x		
Religious Institutions							
FI17	Finnish Church Research Institute	FINLAND			X		
SKK13	Episcopal Conference of Slovakia	SLOVAKIA	X	X	X		
Media, opinion makers							
GR67	THE TRUTH ABOUT VACCINES (FB Public Group)	GREECE			x		
GR68	THE TRUTH ABOUT VACCINES (FB Closed Group)	GREECE			x		
GR69	NO mandatory vaccines (FB Group)	GREECE			x		
GR70	Sideeffects of vaccines (FB Closed Group)	GREECE			x		
LT15	Lietuvos sveikata	LITHUANIA	X	X	X		
LT16	Sveikatos radijas	LITHUANIA	X	X	X		
RO37	Totul despre Mame	ROMANIA	X		X		
RO38	Revista TEO	ROMANIA			X		
RO39	LionMentor Association	ROMANIA			X		
RO40	NU VACCINURILOR	ROMANIA			X		
Others, please specify							
	ADVANCE*	DENMARK					
	VENICE*	DENMARK					
	GO-FAIR*	DENMARK					
	Trillium II*	DENMARK					
	EuroMOMO*	DENMARK					
	Joint Action of Health Informtion*	DENMARK					
	PARENT*	DENMARK					

## 7. ANNEX III

Countries Stakeholders lists– attached files

# ANNEX III

## EU JAV Stakeholders per Country

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### Stakeholder characterisation

Stakeholders are given a descriptor based on their characteristics, as these were assessed by the EU JAV Project Partners during the Stakeholder Assessment Task. Project Partners have full contact details for their own countries' stakeholders, in compliance with GDPR rules.

Stakeholders highlighted in orange have a negative Attitude towards vaccination and vaccination issues. For Stakeholders highlighted in yellow, there is uncertainty in their categorisation due to the lack of full set of data. An asterisk denotes that partners have indicated stakeholders as belonging in the category 'Other' with no further information as to how they find these relevant.

Stakeholders Categories	
Descriptor	Characteristics
Category 1: the level of Power that a stakeholder can exercise	
Dominant	Power high, net gain/loss high, legitimacy high
Forceful	Power and net gain/loss high, legitimacy low or none
Category 2: the Interests of stakeholders	
Influential	Power and legitimacy high, net gain/loss low or none
Dormant	Power high, legitimacy and net gain/loss low or none
Concerned	Legitimacy high, power and net gain/loss low or none
Category 3: the level of Legitimacy	
Vulnerable	Legitimacy and net gain/loss high, power low or none
Marginal	Net gain/loss high, power and legitimacy low or none

## 1. Bosnia and Herzegovina

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
BiH6	Federal Ministry of Health	X	X		X		Involve; Collaborate
BiH7	Cantonal Ministries of Health	X	X		X		
BiH8	Federal Public Health Institut	X	X				
Forceful Stakeholders							
Healthcare professionals representatives,							
BiH10	Association of Pediatricians in BiH	X	X				Inform; Consult; Involve
BiH11	Association of Infectologist in Bosnia and Herzegovina	X	X				
BiH12	Association of family medicine doctors of FBiH	X	X				
Marginal Stakeholders							
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
BiH1	ECDC						Collaborate
BiH2	WHO Europe, office in Sarajevo						
BiH3	UNICEF, office in Sarajevo						
BiH4	CDC						
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
BiH5	Ministry of Civil Affairs of B&H	X	X		X		Collaborate

## 2. Bulgaria

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							Involve; Collaborate
BG1	Ministry of Health	X	X	X	X		
BG2	National Health Insurance Fund	X					
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
BG4	National Center of Infectious and Parasitic Diseases	X	X	X			
Forceful Stakeholders							
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							Inform; Consult; Involve
BG9	ARPharM - Association of the Research-Based Pharmaceutical Manufacturers in Bulgaria	X	X	X		X	
Vulnerable Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							Collaborate
BG3	Regional Health Inspectorates	X	X	X	X		
Marginal Stakeholders							
Healthcare professionals representatives,							Collaborate
BG5	Bulgarian Medical Association	X	X	X			
BG6	National Association of general practitioners	X	X	X	X		
BG7	Bulgarian Scientific Society for Epidemiology of Infectious and Non-Infectious Diseases	X	X	X			
BG8	Bulgarian Pediatric Association	X	X	X			
Patients and civil society (including parents) representatives, NGOs							
BG10	National Network of Health Mediators	X		X			
BG11	Bulgarian Association of innovative medicine		X				
BG12	Bulgarian Association of Preventive Medicine	X	X				
BG13	National Patients Organization	X	X	X			

### 3. Croatia

Stakeholder		Issues					Level of engagement
		Children’s & Adults’ Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							Involve; Collaborate
CRO1	The Ministry of Health	X	X	X	X	X	
CRO4	Croatian Institute of Public Health	X	X	X	X		
CRO5	Croatian network of public health institutes	X	X	X	X		
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
CRO8	The “Andrija Štampar” School of Public Health	X	X	X			
CRO9	Center for Excellence for Research in Viral Immunology and Development of New Vaccines					X	
Healthcare professionals representatives,							
CRO10	Croatian Medical Association	X	X	X			
CRO11	Croatian Medical Chamber	X	X	X			
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
CRO12	Innovative Pharmaceutical Initiative – iFI*					X	
Media, opinion makers							
CRO17	Croatian Radiotelevision	X	X	X			
Influential Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							Consult; Involve; Collaborate
CRO2	Constitutional Court of the Republic of Croatia	X					
CRO6	The Croatian Health Insurance Fund	X	X		X		
CRO7	The Agency for Medicinal Products and Medical Devices	X	X		X		
Vulnerable Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							Collaborate
CRO3	The Institute of Immunology					X	
Patients and civil society (including parents) representatives, NGOs							
CRO13	Coalition of Health Associations	X	X	X			
CRO14	Croatian Association for Patients Rights	X	X	X			
CRO16	Parents in action – Roda (the Croatian word for stork)	X	X	X			
CRO15	Croatian Association of Parents Activists - Civil Initiative "Vaccination – right of choice"	X	X	X			



## 4. Denmark

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							Involve; Collaborate
DK5	Ministry of Health	X	X	X	X		
DK6	Danish Health Authority	X	X	X	X	X	
DK7	Danish Medicines Agency	X	X	X			
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
DK8	Statens Serum Institut	X	X	X	X	X	
Patients and civil society (including parents) representatives, NGOs							
DK19	Kræftens Bekæmpelse	X		X		X	
Forceful Stakeholders							
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							Inform; Consult Involve
DK1	ECDC						
DK2	WHO						
Dormant Stakeholders							
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							Inform; Consult
DK3	EMA						
Patients and civil society (including parents) representatives, NGOs							
DK17	Vaccinationsforum	X	X	X			
Concerned Stakeholders							
Patients and civil society (including parents) representatives, NGOs							Involve; Collaborate
DK18	Ældresagen	X	X	X			
Vulnerable Stakeholders							
Healthcare professionals representatives,							Collaborate
DK12	Society of General Practioners	X	X	X	X		
DK13	Danish Society for nurses	X	X	X			
DK14	The Danish Medical Doctors association	X	X	X			
Others, please specify							
	ADVANCE*						
	VENICE						
	GO-FAIR*						
	Trillium II*						
	EuroMOMO*						
	Joint Action of Health Informtion*						
	PARENT*						

## ANNEX III EU JAV STAKEHOLDERS PER COUNTRY

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Marginal Stakeholders							Collaborate
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
DK4	EC, E-health Network,						
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
DK9	Bandim Group SSI	X		X		X	
Healthcare professionals representatives,							
DK15	Society for health visitors for children	X		X			
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
DK16	Vaccine Europe						
Others, please specify							
	ADVANCE*						
	VENICE*						
	GO-FAIR*						
	Trillium II*						
	EuroMOMO*						
	Joint Action of Health Informtion*						
	PARENT*						

## 5. Finland

Stakeholder	Issues			
	Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information
<b>Dominant Stakeholders</b>				
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)				
FI1 WHO Europe	X	X	X	X
FI2 ECDC	X	X	X	X
FI3 EMA				X
Authorities, policy & decision makers (Ministries of Health, Public health agencies)				
FI4 Ministry of Social Affairs and Health	X	X		
FI5 Finnish Medicines Agency Fimea	X	X		
FI6 National Institute for Health and Welfare	X	X	X	X
FI17 NITAG	X	X	X	
Healthcare professionals representatives,				
FI11 Finnish association of public health nurses	X	X		
FI12 Finnish Paediatric Society ry	X	X		
FI13 Duodecim	X	X	X	
FI14 Suomen infektio­lääkärit ry	X	X		
FI9 Finnish Medical Association	X	X		
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)				
FI16 Lääketeollisuus ry	X	X		X
Media, opinion makers				
FI18 Hanna Nohynek	X	X	X	X
FI20 Timo Vesikari-Tampere University Vaccine Research Center				
<b>Forceful Stakeholders</b>				
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)				
FI8 Tampere University Vaccine Research Center				
Healthcare professionals representatives,				
FI10 General Practitioners in Finland	X	X		
Media, opinion makers				
FI19 Heikki Peitola	X	X		
FI22 Markus Granholm	X	X	X	
FI23 Mediuutiset	X	X	X	
<b>Marginal Stakeholders</b>				
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)				
FI15 Lääketietokeskus	X	X		X
Religious Institutions				
FI17 Finnish Church Research Institute			X	

## 6. France

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
FR2	European center for disease prevention and control						
FR3	European medicines agency						
FR4	WHO Europe						
FR5	WHO (Geneva)						
FR6	OECD						
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
FR10	Haute Autorité de Santé (French National Authority for Health)						
FR12	French National Agency for Medicines and Health Products Safety (ANSM)						
FR11	European deputies from Envi Group at european parliament						
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
FR17	UK Vaccine Network						
Healthcare professionals representatives,							
FR30	Association internationale de la Mutualité						
FR31	International Federation of Pharmaceutical Manufacturers						
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
FR32	European federation of pharmaceuticals industries and associations/ Vaccines Europe						
Patients and civil society (including parents) representatives, NGOs							
FR33	EPF European Patients Forum						
FR35	European Public Health Alliance						
FR37	VEDEM - Civilians for Vaccination Association (Hungary)						
FR36	Active citizen network						
Forceful Stakeholders							Inform; Consult; Involve
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
FR13	Assistance Publique Hôpitaux de Paris/CHU Trousseau						
FR14	COREVAC						
FR15	Advanced course in vaccinology						
FR18	Epiconcept						
FR16	Noni MacDONALD						

## ANNEX III EU JAV STAKEHOLDERS PER COUNTRY

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
<b>Dormant Stakeholders</b>							
Media, opinion makers							
FR38	Le Monde						Inform; Consult
FR39	Le Quotidien du médecin						
<b>Vulnerable Stakeholders</b>							
Healthcare professionals representatives,							
FR19	International Council of Nurses						Collaborate
FR20	Family doctors association						
FR21	Standing Committee of European Doctors						
FR22	European Academy of Paediatrics						
FR23	European Specialist Nurses Organisations						
FR24	European Health Management Association						
FR25	European Pharmaceutical Students Association						
FR26	European Medical Students Association						
FR27	Pharmaceutical group of European Union						
FR28	European Society Pediatric Infectious Diseases						
FR29	European Public Health Association						
Patients and civil society (including parents) representatives, NGOs							
FR34	France Assos Santé						

## 7. Greece

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
GR2	Hellenic Center for Disease Control & Prevention	x	x	x	x		
GR3	Ministry of Health, General Secretariat of Public Health	x	x	x	x	x	
GR4	National Immunization Committee	x	x	x	x	x	
GR5	National Organization of Healthcare Services Provision				x		
GR6	National Drug Organization				x	x	
GR7	Ministry of Education, Research and Religious Affairs			x		x	
GR8	Ministry for Migration Policy	x	x		x		
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
GR9	National School of Public Health	x	x	x	x	x	
GR10	Medical School, National and Kapodestrian University of Athens	x	x	x		x	
GR11	Medical School, Aristotelian University of Thessaloniki	x	x	x		x	
GR12	Medical School, University of Patras	x	x	x		x	
GR13	Medical School, University of Ioannina	x	x	x		x	
GR14	Medical School, University of Crete	x	x	x		x	
GR15	Medical School, University of Thessaly	x	x	x		x	
GR16	Medical School, Democretus University of Thrace	x	x	x		x	
GR18	Institute of Child's Health	x	x	x			
GR19	HELMSIC	x	x	x		x	
GR21	Pharmacy Department, National and Kapodestrian University of Athens					x	
GR22	Pharmacy Department, Aristotelian University of Thessaloniki					x	
GR23	Pharmacy Department, University of Patras					x	
GR24	Nursing Department, National and Kapodestrian University of Athens	x	x	x		x	
GR25	Nursing Department, University of Peloponnese	x	x	x		x	
GR29	Scientific Society of Hellenic Medical Students	x	x	x		x	
GR30	Hellenic Pasteur Institute					x	
Healthcare professionals representatives,							
GR33	Hellenic Medical Association	x	x	x	x		
GR34	Medical Association of Athens	x	x	x	x		
GR35	Hellenic Society for Infectious Diseases	x	x	x		x	
GR36	Hellenic Pediatric Society	x	x	x	x	x	
GR37	Hellenic Society for Infectious Diseases Control	x	x	x		x	
GR38	Panhellenic Pharmaceutical Association	x	x	x	x	x	
GR39	Hellenic College of Pediatricians	x	x	x	x	x	
GR42	Hellenic Obstetrical and Gynaecological Society		x	x			
GR43	Hellenic Pediatric Academy	x	x	x	x	x	
GR44	Hellenic Society for Paediatric Infectious Diseases	x	x	x	x	x	
GR46	Hellenic Association of Pharmaceutical Companies "SFEE"				x	x	

## ANNEX III EU JAV STAKEHOLDERS PER COUNTRY

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
Patients and civil society (including parents) representatives, NGOs							Involve; Collaborate
GR48	Mission Anthropos, Hellenic Medical & Humanitarian Support (NGO)	x	x	x			
GR49	Doctors of the World, Greece (NGO)	x	x	x			
GR50	Doctors without Borders, Greece (NGO)	x	x	x			
GR51	Prolepsis Institute of Preventive Medicine Environmental and Occupational Health (NGO)			x			
GR53	Hellenic Red Cross	x	x	x			
GR56	The Smile of the Child in Athens (NGO)	x	x	x			
GR57	Together for Children (NGO)	x	x	x			
Media, opinion makers							
GR65	Athens News Agency (APE-MPE)	x	x	x			
GR66	Accredited Health Journalists by the Ministry of Health	x	x	x			
Others, please specify							
GR72	Hellenic Parliament - Standing Committee on Social Affairs	x	x	x	x	x	
Forceful Stakeholders							
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							Inform; Consult Involve
GR17	Biomedical Research Foundation, Academy of Athens					x	
GR31	Technology and Research Institute					x	
GR32	Biomedical Sciences Research Center "Alexander Fleming"					x	
Patients and civil society (including parents) representatives, NGOs							
GR52	Supreme Confederation of Pupils' parents in Greece	x	x	x			
Influential Stakeholders							
Religious Institutions							Consult; Involve Collaborate
GR62	The Church of Greece			x			
Dormant Stakeholders							
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							Inform; Consult
GR26	Department of Communication, Media, Culture, Panteion University of of Social & Political Sciences			x			
GR27	Department of Communication and Media, National and Kapodestrian University of Athens			x			
GR28	Department of Journalism and Media, Aristotelian University of Thessaloniki			x			
Concerned Stakeholders							
Media, opinion makers							Involve; Collaborate
GR71	Ellinika Hoaxes			x			
Vulnerable Stakeholders							
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							Collaborate
GR20	Public Health & Community Health Department (Health Visitors), Technological Educational Institute of Athens	x	x	x			
Healthcare professionals representatives,							
GR40	Association of Private Pediatricians of Attica	x	x	x	x	x	
GR45	Panhellenic Association of Health Visitors	x	x	x			
GR47	Hellenic Regulatory Body of Nurses	x	x	x			
Patients and civil society (including parents) representatives, NGOs							
GR55	Arsis, Association for the Social Support of Youth (NGO)	x	x	x			
Marginal Stakeholders							
Patients and civil society (including parents) representatives, NGOs							Collaborate
GR63	NGO Apostoli	x	x	x			
GR64	NGO Ark of the World	x	x	x			
Media, opinion makers							
GR67	THE TRUTH ABOUT VACCINES (FB Public Group)			x			
GR68	THE TRUTH ABOUT VACCINES (FB Closed Group)			x			
GR69	NO mandatory vaccines (FB Group)			x			
GR70	Sideeffects of vaccines (FB Closed Group)			x			

## ANNEX III EU JAV STAKEHOLDERS PER COUNTRY

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
Patients and civil society (including parents) representatives, NGOs							
GR48	Mission Anthropolos, Hellenic Medical & Humanitarian Support (NGO)	x	x	x			
GR49	Doctors of the World, Greece (NGO)	x	x	x			
GR50	Doctors without Borders, Greece (NGO)	x	x	x			
GR51	Prolepsis Institute of Preventive Medicine Environmental and Occupational Health (NGO)			x			
GR53	Hellenic Red Cross	x	x	x			
GR56	The Smile of the Child in Athens (NGO)	x	x	x			
GR57	Together for Children (NGO)	x	x	x			
Media, opinion makers							
GR65	Athens News Agency (APE-MPE)	x	x	x			
GR66	Accredited Health Journalists by the Ministry of Health	x	x	x			
Others, please specify							
GR72	Hellenic Parliament - Standing Committee on Social Affairs	x	x	x	x	x	
Forceful Stakeholders							Inform; Consult; Involve
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
GR17	Biomedical Research Foundation, Academy of Athens					x	
GR31	Technology and Research Institute					x	
GR32	Biomedical Sciences Research Center "Alexander Fleming"					x	
Patients and civil society (including parents) representatives, NGOs							
GR52	Supreme Confederation of Pupils' parents in Greece	x	x	x			
Influential Stakeholders							Consult; Involve; Collaborate
Religious Institutions							
GR62	The Church of Greece			x			
Dormant Stakeholders							Inform; Consult
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
GR26	Department of Communication, Media, Culture, Panteion University of of Social & Political Sciences			x			
GR27	Department of Communication and Media, National and Kapodestrian University of Athens			x			
GR28	Department of Journalism and Media, Aristotelian University of Thessaloniki			x			
Concerned Stakeholders							Involve; Collaborate
Media, opinion makers							
GR71	Ellinika Hoaxes			x			
Vulnerable Stakeholders							Collaborate
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
GR20	Public Health & Community Health Department (Health Visitors), Technological Educational Institute of Athens	x	x	x			
Healthcare professionals representatives,							
GR40	Association of Private Pediatricians of Attica	x	x	x	x	x	
GR45	Panhellenic Association of Health Visitors	x	x	x			
GR47	Hellenic Regulatory Body of Nurses	x	x	x			
Patients and civil society (including parents) representatives, NGOs							
GR55	Arsis, Association for the Social Support of Youth (NGO)	x	x	x			



## ANNEX III EU JAV STAKEHOLDERS PER COUNTRY

Stakeholder		Issues					Level of engagement
		Children’s & Adults’ Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Marginal Stakeholders							
Patients and civil society (including parents) representatives, NGOs							Collaborate
GR63	NGO Apostoli	x	x	x			
GR64	NGO Ark of the World	x	x	x			
Media, opinion makers							
GR67	THE TRUTH ABOUT VACCINES (FB Public Group)			x			
GR68	THE TRUTH ABOUT VACCINES (FB Closed Group)			x			
GR69	NO mandatory vaccines (FB Group)			x			
GR70	Sideffects of vaccines (FB Closed Group)			x			

## 8. Italy

Stakeholder		Issues					Level of engagement	
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development		
Dominant Stakeholders							Involve; Collaborate	
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)								
IT2	Ecdc	X	X	X	X	X		
IT1	WHO	X	X	X	X	X		
IT3	EMA	X	X		X	X		
Authorities, policy & decision makers (Ministries of Health, Public health agencies)								
IT5	Ministry of Health, Italy	X	X	X	X			
IT6	AIFA- Italian Medicine Agency	X	X		X			
IT7	Regional Health Authorities, Prevention Departments (21 regions)							
Healthcare professionals representatives,								
IT14	FIMMG - Italian federation of primary care physicians	X	X	X				
IT15	SIMG- Italian Society of General Practitioners	X	X	X				
	AIMEF- Italian Academy of Family Physicians	X	X	X				
	ASSIMEFAC- Italian Association of Family and Community Physicians							
	SIP- Italian Society of Pediatrics	X	X	X				
IT16	ACP- Cultural Association of Pediatricians							
IT17	SIMPe- Italian Society of Pediatricians	X	X	X				
IT18	FIMP- Italian Federation of Pediatricians							
IT19	SIPPS- Italian Society of Social and Preventive Pediatrics	X	X	X				
	SIGO- Italian Society of Obstetrician-Gynecologists	X	X	X				
IT20	AOGOI- Italian Association of Hospital Obstetricians and Gynecologists							
IT21	ANMA- Italian Association of Occupational Physicians	X	X	X				
IT22	SIML Italian Society of Occupational Physicians	X	X	X				
IT23	SItI- Italian Society of Hygiene and Preventive Medicine	X	X	X				
	ANMDO- Italian Association of Hospital Directors							
IT24	FNOMCEO- Italian federation of Colleges of Physicians and Dentists	X	X	X				
IT25	Italian Society of Pediatric Nurses	X	X	X				
IT26	FNOPO- Italian federation of College of Midwives							
Dormant Stakeholders								Inform; Consult
Patients and civil society (including parents) representatives, NGOs								
IT31	Lions Club International	X	X	X				
	Genitori Più							
Concerned Stakeholders							Involve; Collaborate	
Media, opinion makers								
IT32	Io Vaccino	X	X	X				
IT33	VaccinarSi	X	X	X				

## ANNEX III EU JAV STAKEHOLDERS PER COUNTRY

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Vulnerable Stakeholders							Collaborate
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
IT8	University of Pisa	X	X	X	X	X	
IT9	University of Foggia	X	X	X	X	X	
IT10	University San Raffaele, Milan	X	X	X	X	X	
IT11	University Tor Vergata, Rome	X	X	X	X	X	
IT12	University Cattolica, Rome	X	X	X	X	X	
IT13	University Sapienza, Rome	X	X	X	X	X	
Marginal Stakeholders							Collaborate
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
IT30	Vaccine Group- Farindustria						
IT27	MSD				X	X	
IT28	Pfizer				X	X	
IT29	Sanofi Pasteur				X	X	

## 9. Latvia

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							Involve; Collaborate
LV7	Ministry of Health of the Republic of Latvia	X	X	X	X	X	
LV8	Centre for Disease Prevention and Control of Latvia (the CDPC is under the supervision of the MoH)	X	X	X	X	X	
LV11	State Immunization Advisory Council	X	X	X	X	X	
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
LV1	ECDC	X	X	X			
LV2	WHO Europe	X	X	X	X	X	
LV3	EMA				X	X	
LV5	European Commission EC	X	X	X	X	X	
Forceful Stakeholders							
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							Inform; Consult; Involve
LV35	Vaccines Europe			X	X	X	
Influential Stakeholders							
LV48	'Latvijas ārsti' magazine for medical professionals doctors	X	X	X		X	Consult; Involve; Collaborate
LV49	'Doctus' magazine for doctors and pharmacists	X	X			X	
Dormant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							Inform; Consult
LV12	The Ombudsman of the Republic of Latvia	X		X			
LV14	Saema of the Republic of Latvia, Social and Employment Matters Committee	X	X				
Concerned Stakeholders							
Healthcare professionals representatives,							Involve; Collaborate
LV23	Latvian Medical Association	X	X	X		X	
LV26	Latvian Association of Healthcare Management Professionals				X		
LV27	Latvian Nurses Association	X	X	X			
LV30	Rural Family Doctors Association of Latvia	X	X	X		X	
LV32	Latvian Public Health Association	X	X	X			
LV33	Latvian Association of Gynaecologists and Obstetricians	X	X	X			
LV34	Employers' Confederation of Latvia (LDDK)	X	X				
LV29	Latvian Family Physicians Association	X	X	X		X	
Patients and civil society (including parents) representatives, NGOs							
LV44	Organization 'Papardes zieds' (Latvia's Family Planning and Sexual Health association)	X		X			
LV45	Health Projects for Latvia (Latvian: Veselības projekti)				X		
LV46	The Latvian Red Cross (LatRC)	X	X				
Media, opinion makers							
LV50	Web page for parents 'www.delfi.lv/calis.lv'	X	X	X			

## ANNEX III EU JAV STAKEHOLDERS PER COUNTRY

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Vulnerable Stakeholders							
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							Collaborate
LV4	OECD	X					
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
LV9	National Health Service (the NHS is under the supervision of the MoH)	X	X		X		
LV10	State Agency of Medicines Republic of Latvia (the SAM is under the supervision of the MoH)	X	X		X	X	
LV13	WHO Country Office in Latvia	X	X	X		X	
Healthcare professionals representatives,							
LV24	Latvian Pediatric Association	X	X	X		X	
LV25	Society for Specialized Paediatrics of Latvia	X	X	X		X	
LV28	Latvian Children's Infectology Association	X	X	X		X	
LV31	Latvian Prophylactic Medicine Association	X	X	X	X	X	
Patients and civil society (including parents) representatives, NGOs							
LV43	Ltd. 'Applied Creativity Group' established organisation 'Mothers club' (org. 'Māmiņu klubs')	X	X	X			
Media, opinion makers							
LV47	LETA Media Monitoring	X	X	X			
LV51	Latvian parent web organization 'www.mammamunteti.lv'	X	X	X			
Marginal Stakeholders							
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							Collaborate
LV6	UNICEF	X		X	X		
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
LV15	ECDC Venice project	X	X	X	X		
LV16	WHO European Observatory on Health Systems and Policies				X		
LV17	DRIVE project on influenza vaccine effectiveness		X			X	
LV18	Riga Stradiņš University (RSU)	X	X	X		X	
LV19	Institute of Public Health (RSU)	X	X	X			
LV20	The University of Latvia	X	X			X	
LV21	Latvian Biomedical Research and Study Centre (BMC)					X	
LV22	Latvian Council of Science					X	
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
LV36	Ltd. Oribalt Riga				X		
LV37	Ltd.Vakcina				X		
LV38	Ltd. GlaxoSmithKline				X	X	
LV39	Ltd. B.Braun Medical				X	X	
LV40	Sanofi Pasteur SA				X	X	
LV41	Novartis Vaccines and Diagnostics GmbH				X	X	
LV42	Merck Sharp&Dohme				X	X	

## 10. Lithuania

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
LT1	Ministry of Health of the Republic of Lithuania	X	X	X	X	X	
LT2	National Health Insurance Fund under the Ministry of Health	X	X		X		
LT3	Centre for Communicable Diseases and AIDS	X	X	X	X		
LT4	National Public Health Centre under the Ministry of Health	X	X	X			
LT5	The State Medicines Control Agency under the Ministry of Health of the Republic of Lithuania	X	X			X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
LT6	Vilnius University Faculty of Medicine	X	X	X		X	
LT7	Lithuanian University of Health Sciences	X	X	X		X	
Forceful Stakeholders							Inform; Consult; Involve
Others, please specify							
LT17	Visuomenės sveikata	X	X	X		X	
LT18	e.medicina	X	X	X		X	
Marginal Stakeholders							Collaborate
Healthcare professionals representatives,							
LT8	Association of infectologists	X	X	X		X	
LT9	Association of pediatricians	X	X	X		X	
LT10	Lithuanian Public health Association	X	X	X		X	
Patients and civil society (including parents) representatives, NGOs							
LT11	Association "Objektyviai apie skiepus"	X	X	X			
LT12	Association "Nacionalinis aktyvių mamų sambūris"	X	X	X			
LT13	Association "Lietuvos tėvų forumas"	X	X	X			
LT14	Lietuvos pacientų organizacijų atstovų taryba	X	X	X			
Media, opinion makers							
LT15	Lietuvos sveikata	X	X	X			
LT16	Sveikatos radijas	X	X	X			

**11. Malta**  
No data

## 12. Netherlands

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
NL1	Ministry of Health, Welfare and Sport	X	X	X	X	X	
NL3	Netherlands pharmacovigilance centre Lareb	X	X	X		X	
NL7	Zorginstituut NL (ZiN)	X	X	X	X	X	
NL4	Health Council	X	X	X	X	X	
NL8	RIVM	X	X	X	X	X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
NL9	Erasmus University	X	X	X		X	
NL10	Leiden University	X	X	X		X	
NL11	Wageningen University	X	X	X		X	
NL12	VU Amsterdam	X	X	X		X	
NL13	UvA Amsterdam	X	X	X		X	
NL14	Radboud University	X	X	X		X	
NL15	University Utrecht	X	X	X		X	
NL16	University of Groningen	X	X	X		X	
NL17	Maastricht University	X	X	X		X	
NL18	IntraVacc	X	X	X		X	
Healthcare professionals representatives,							
NL20	GGD GHOR Nederland	X	X	X	X		
NL21	ActiZ	X	X	X	X		
NL22	Nictiz	X	X	X	X		
NL23	SNPG		X	X	X		
NL30	Travel clinics	X	X		X		
NL32	VVJN verpleegkundigen	X	X	X			
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
NL34	GSK NL	X	X	X	X	X	
NL35	MSD NL	X	X	X	X	X	
NL36	Pfizer NL	X	X	X	X	X	
NL37	Sanofi NL	X	X	X	X	X	
Patients and civil society (including parents) representatives, NGOs							
NL41	Stichting Olijf	X		X	X		
NL42	Meningitis Stichting	X		X	X		



## ANNEX III EU JAV STAKEHOLDERS PER COUNTRY

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
Media, opinion makers							
NL49	Roland Pierik			X			
NL50	Arjen Lubach			X			
Religious Institutions							
NL43	Gereformeerde Bond			X			
Forceful Stakeholders							
Others, please specify							
NL52	VaccinVrij			X			
NL53	NVKP			X			
Influential Stakeholders							Consult; Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
NL2	Medicines Evaluation Board	X	X			X	
NL5	Health and Youth Care Inspectorate	X	X	X	X	X	
Media, opinion makers							
NL45	NRC newspaper			X			
NL46	Volkskrant newspaper			X			
NL47	AD newspaper			X			
NL48	Telegraaf newspaper			X			
Dormant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
NL6	Nederlandse Zorgautoriteit (NZa),	X	X	X	X	X	
Vulnerable Stakeholders							
Healthcare professionals representatives,							
NL24	NHG	X	X	X			
NL25	COA	X	X	X	X		
NL26	NOVEZ	X		X			
NL27	NVOG	X		X			
NL28	KNOV	X		X			
NL31	Vereniging voor Antroposofische huisartsen	X	X	X	X		
NL29	AJN	X	X	X			
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
NL38	Abbott Biologicals BV	X	X	X	X	X	
NL39	Seqirus Netherlands B.V.	X	X	X	X	X	
NL40	Holland BIO	X	X	X	X	X	
Media, opinion makers							
NL51	Ruud Koole			X			

## ANNEX III EU JAV STAKEHOLDERS PER COUNTRY

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Marginal Stakeholders							
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							Collaborate
NL19	Virtuvax	X	X			X	
Pharmaceu <b>t</b> ical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
NL33	Bilthoven Biologicals	X			X	X	

### 13. Norway

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							Involve; Collaborate
BG1	Ministry of Health	X	X	X	X		
BG2	National Health Insurance Fund	X					
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
BG4	National Center of Infectious and Parasitic Diseases	X	X	X			
Forceful Stakeholders							
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							Inform; Consult; Involve
BG9	ARPharM - Association of the Research-Based Pharmaceutical Manufacturers in Bulgaria	X	X	X		X	
Vulnerable Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							Collaborate
BG3	Regional Health Inspectorates	X	X	X	X		
Marginal Stakeholders							
Healthcare professionals representatives,							Collaborate
BG5	Bulgarian Medical Association	X	X	X			
BG6	National Association of general practitioners	X	X	X	X		
BG7	Bulgarian Scientific Society for Epidemiology of Infectious and Non-Infectious Diseases	X	X	X			
BG8	Bulgarian Pediatric Association	X	X	X			
Patients and civil society (including parents) representatives, NGOs							
BG10	National Network of Health Mediators	X		X			
BG11	Bulgarian Association of innovative medicine		X				
BG12	Bulgarian Association of Preventive Medicine	X	X				
BG13	National Patients Organization	X	X	X			

## 14. Romania

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
RO1	WHO	X	X	X			
RO2	UNICEF	X		X			
RO3	ECARO United Nation's Children Fund	X		X			
	ECDC						
	EMA						
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
RO4	Ministerul Sănătății, DGAMSP	X	X	X	X		
RO6	Casa Națională de Asigurări de Sănătate	X	X				
RO7	Agentia Nationala a Medicamentului si a Dispozitivelor Medicale	X	X		X	X	
RO8	Institutul Național de Sanatate Publica						
RO9	Institutul Național de Boli Infecțioase „Prof. Dr. Matei Balș”	X		X			
Healthcare professionals representatives,							
RO23	Societatea Română de Microbiologie	X	X	X			
RO24	Societatea Națională de Medicina Familiei			X	X		
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
RO27	Pfizer Romania SRL	X	X		X	X	
RO28	GlaxoSmithKline (GSK) SRL	X	X		X	X	
RO29	Merck Sharp & Dohme Romania SRL	X	X		X	X	
RO30	SANOFI Romania	X	X		X	X	
Patients and civil society (including parents) representatives, NGOs							
RO31	Asociația „Salvați Copiii”	X		X			
RO32	Asociația SAMAS - Sănătate pentru Mame și Sugari	X		X			
Media, opinion makers							
RO36	CE SE ÎNTÂMPLĂ DOCTORE?	X	X	X			
Influential Stakeholders							
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
RO11	Universitatea de Medicină și Farmacie „Carol Davila” București	X	X	X			
RO12	Universitatea „Lucian Blaga” Sibiu - Facultatea de Medicină	X	X	X			
RO14	Universitatea de Medicină și Farmacie „Grigore T. Popa” Iași	X	X	X			
RO15	Universitatea de Vest „Vasile Goldiș” din Arad - Facultatea de Medicină	X	X	X			
RO16	Universitatea de Medicină și Farmacie „Iuliu Hațieganu” Cluj-Napoca	X	X	X			
RO17	Universitatea de Medicină și Farmacie „Victor Babeș” Timișoara	X	X	X			
RO18	Universitatea de Medicină și Farmacie din Craiova	X	X	X			
RO19	Universitatea de Medicină, Farmacie, Științe și Tehnologie din Târgu Mureș	X	X	X			

Consult; Involve Collaborate						
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## ANNEX III EU JAV STAKEHOLDERS PER COUNTRY

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Influential Stakeholders							
Religious Institutions							
RO35	Biserica Ortodoxă Română			X			Consult; Involve; Collaborate
Concerned Stakeholders							
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
RO13	Universitatea „Ovidius” din Constanța - Facultatea de Medicină	X	X	X			Involve; Collaborate
RO20	Universitatea din Oradea - Facultatea de Medicină și Farmacie	X	X	X			
RO21	Universitatea Transilvania din Brașov - Facultatea de Medicină	X	X	X			
RO22	Universitatea „Dunărea de Jos” Galați Facultatea de Medicină și Farmacie	X	X	X			
Vulnerable Stakeholders							
Healthcare professionals representatives,							
RO24	Centrul Național de Studii pentru Medicina Familiei			X			Collaborate
RO25	Grupul de vaccinologie al SNMF	X	X	X	X		
RO26	Societatea Română de Pediatrie	X		X	X		
Patients and civil society (including parents) representatives, NGOs							
RO33	Mame pentru Mame	X		X			
RO34	Mămica	X		X			
Marginal Stakeholders							
Media, opinion makers							
RO37	Totul despre Mame	X		X			Collaborate
RO38	Revista TEO			X			
RO39	LionMentor Association			X			
RO40	NU VACCINURILOR			X			

## 15. Serbia

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
RS1	WHO Europe, Country Office Serbia		x	x		x	
RS2	UNICEF, Country Office Serbia			x		x	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
RS3	Ministry of health of Serbia			x		x	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant)							
RS6	Faculty of Medicine, University of Belgrade					x	
Vulnerable Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
RS4	Institute of Public health of Serbia	x	x	x	x	x	
RS5	Institute of Public health of Vojvodina						
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)							
RS9	Institute of Virology, Vaccines and Sera "Torlak"				x		

## 16. Slovakia

Stakeholder			Issues					Level of engagement
			Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders								Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)								
SKK4	Ministry of Health	X	X	X	X	X		
SKK5	National Public Health Authority	X	X	X	X	X		
Forceful Stakeholders								inform; Consult; Involve
Healthcare professionals representatives,								
SKK10	Slovak Epidemiological and Vaccinology Association	X	X	X		X		
Influential Stakeholders								
Media, opinion makers								Consult; Involve; Collaborate
SKK14	The News Agency of Slovak Republic	X	X	X		X		
Vulnerable Stakeholders								
Authorities, policy & decision makers (Ministries of Health, Public health agencies)								Collaborate
SKK6	National Immunisation Committee	X	X	X	X	X		
Others, please specify								
SKK15	Association of Health Insurance Companies Slovakia	X	X		X	X		
Marginal Stakeholders								
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)								Collaborate
SKK7	Slovak Medical University, Faculty of Public Health	X	X	X		X		
Healthcare professionals representatives,								
SKK8	Slovak Paediatric Association	X	X	X		X		
SKK9	Association of general practionioners of Slovakia	X	X	X		X		
Pharmaceuatical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)								
SKK11	Association of innovative pharmaceutical industry	X	X	X	X	X		
Patients and civil society (including parents) representatives, NGOs								
SKK12	Association for the protection of patients' rights (OAPP)	X	X	X		X		
Religious Institutions								
SKK13	Episcopal Conference of Slovakia	X	X	X				

## 17. Slovenia

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							Involve; Collaborate
SLO1	Ministry of Health	X	X	X			
SLO2	NIJZ	X	X	X	X	X	
Healthcare professionals representatives,							
SLO3	Pediatric Association	X	X	X			
SLO4	NITAG	X	X	X	X	X	
SLO5	Family Medicine Association	X	X	X			
SLO6	Section for School, Student and Adolescent Medicine	X	X	X			
Vulnerable Stakeholders							
Patients and civil society (including parents) representatives, NGOs							Collaborate
SLO7	Imuno (Slovenian Medical Students' International Committee Ljubljana)	X	X	X			
SLO8	Vakcine! (Medical Students' Association Maribor)	X	X	X			



## 18. Spain

Stakeholder		Issues					Level of engagement
		Children’s & Adults’ Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
ESP1	Ministry of Health	X	X	X	X	X	
ESP3	Agencia Española de Medicamentos y Productos Sanitarios (AEMPS)	X	X	X	X	X	
	Regions (Autonomous Communities)	X	X	X	X	X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
ESP2	Institute of Health Carlos III						
Influential Stakeholders							
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							Consult; Involve; Collaborate
	Universities						
Concerned Stakeholders							Involve; Collaborate
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
	Other Institutes of health						

## 19. Sweden

Stakeholder		Issues					Level of engagement
		Children's & Adults' Vaccination	Seasonal Vaccinations	Vaccine hesitancy	Vaccine demand forecasting and supply information	Vaccine research and development	
Dominant Stakeholders							Involve; Collaborate
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)							
SW1	Expanded Programme on Immunization, Department of Immunization, Vaccines and Biologicals, WHO	X	X	X			
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
SW12	Public Health Agency of Sweden	X	X	X		X	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)							
SW6	Society for Clinical Microbiology & Lund University	X				X	
Healthcare professionals representatives,							
SW7	Pediatric Health Services	X	X			X	
SW8	Swedish Society for Infectious Diseases	X	X				
SW9	School Health Services	X		X			
SW10	Swedish Society for General Practice	X	X				
SW11	Swedish Society for Pediatrics	X	X	X			
Influential Stakeholders							Consult; Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
SW2	Swedish Medical Products Agency				X		
SW3	Regional Infectious Disease Prevention and Control	X	X		X		
SW4	National Board of Health and Welfare		X		X		
Concerned Stakeholders							Involve; Collaborate
Authorities, policy & decision makers (Ministries of Health, Public health agencies)							
SW5	Swedish Association of Local Authorities and Regions		X		X		

## 8. ANNEX IV

Countries Stakeholders names and description lists– attached files

## 8. ANNEX IV

Countries Stakeholders names and description lists– attached files

Bulgaria		
S.ID	Name of Stakeholder	Stakeholder role, responsibilities and competences
Authorities, policy & decision makers (Ministries of Health, Public health agencies)		
BG1	Ministry of Health	Procures vaccines for mandatory immunizations scheduled in Bulgarian Immunization Calendar
BG2	National Health Insurance Fund	Performs compulsory health insurance; Pays the doctors for mandatory immunizations scheduled in Bulgarian Immunization Calendar and for those included in national programmes for prevention (such as vaccines against rotavirus and human papillomavirus).
BG3	Regional Health Inspectorates	Control of the medical specialists in terms of immunizations - planning, reporting, ext.
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)		
BG4	National Center of Infectious and Parasitic Diseases	priority setting, planning, research, analysis of immunization programme, elaboration and dissemination of guidelines, standards, instructions, manuals
Healthcare professionals representatives,		
BG5	Bulgarian Medical Association	Professional organization
BG6	National Association of general practitioners	Professional organization
BG7	Bulgarian Scientific Society for Epidemiology of Infectious and Non-Infectious Diseases	Professional organization
BG8	Bulgarian Pediatric Association	Professional organization
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)		
BG9	ARPharM - Association of the Research-Based Pharmaceutical Manufacturers in Bulgaria	non-profit self-governed organization; the organization contribute to the safety and supply of better human health and human life providing high-quality medical products for prevention, diagnostics and treatment of diseases
Patients and civil society (including parents) representatives, NGOs		
BG10	National Network of Health Mediators	The job position of the Health Mediator is the bridge between the Roma communities and the health and social services
BG11	Bulgarian Association of innovative medicine	

BG12	Bulgarian Association of Preventive Medicine	to promote and advocate preventive medicine in the Republic of Bulgaria ,aimed at healthy people , healthy environment , increased readiness to combat infectious and non-infectious diseases.
BG13	National Patients Organization	Development and strengthening of citizen participation in the management and control of the health system.
<b>Bosnia and Herzegovina</b>		
S.ID	Name of Stakeholder	Stakeholder role, responsibilities and competences
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)		
BiH1	ECDC	Technical assistance
BiH2	WHO Europe, office in Sarajevo	Technical assistance
BiH3	UNICEF, office in Sarajevo	Technical assistance
BiH4	CDC	Technical assistance
Authorities, policy & decision makers (Ministries of Health, Public health agencies)		
BiH5	Ministry of Civil Affairs of B&H	Defining basic principles, coordinating activities and harmonizing plans in the relevant field of health care
BiH6	Federal Ministry of Health	Planning the health and care sector, promoting innovative solutions and experimental initiatives regarding health and care of citizens, designing the necessary strategies to improve the sector and the interoperability with other sectors. It has the capacity to assure the widest and broadest implementation and mainstreaming of the developed strategies. It will provide cooperation and help with its experience in project research data, develop strategies assuring solution in our region and beyond.
BiH7	Cantonal Ministries of Health	
Public Health Institute		
BiH8	Federal Public Health Institute	
	Federal Public Health Institute	
BiH9	Cantonal Public Health Institutes	
Healthcare professionals representatives,		
BiH10	Association of Pediatricians in BiH	Information, education and support for increased immunization coverage
BiH11	Association of Infectologists in Bosnia and Herzegovina	Information, education and support for increased immunization coverage
BiH12	Association of family medicine doctors of FBiH	Information, education and support for increased immunization coverage
<b>Croatia</b>		
S.ID	Name of Stakeholder	Stakeholder role, responsibilities and competences
Authorities, policy & decision makers (Ministries of Health, Public health agencies)		
CRO1	The Ministry of Health	Central authority in charge of health care and welfare.

CRO2	Constitutional Court of the Republic of Croatia	Monitors conformity of laws and regulations with the Constitution.
CRO3	The Institute of Immunology	Production of biotechnological products, pharmaceuticals, pharmaceutical products and scientific research.
CRO4	Croatian Institute of Public Health	Central public health authority in the Republic of Croatia for; public health, health promotion and education, disease prevention, microbiology, environmental health, school medicine, mental health care and addiction prevention.
CRO5	Croatian network of public health institutes	Regional public health authorities.
CRO6	The Croatian Health Insurance Fund	Reimbursement for vaccination services
CRO7	The Agency for Medicinal Products and Medical Devices	Quality control, registration and authorisations of medicinal products
<b>Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)</b>		
CRO8	The "Andrija Štampar" School of Public Health	Scientific and teaching activities in the field social medicine and epidemiology, training activities, medical sociology, primary health care, particular family medicine, etc.
CRO9	Center for Excellence for Research in Viral Immunology and Development of New Vaccines	Development of viral immunology and vaccinology in Croatia.
<b>Healthcare professionals representatives,</b>		
CRO10	Croatian Medical Association	Professional and scientific training of doctors. advancement of scientific research work, advancement of medical teaching through collaboration with medical and dental faculties, nurturing medical ethics etc.
CRO11	Croatian Medical Chamber	Issuing the Codex of Medical Ethics and Deontology, professional oversight of physicians and rendering decisions in the event of code violations, maintaining a register of all members, participating and giving opinions on regulations and bills (laws) relevant to the development of the health profession and health system
<b>Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>		
CRO12	Innovative Pharmaceutical Initiative – iFI	Promotion of innovation, research and development of medicines.
<b>Patients and civil society (including parents) representatives, NGOs</b>		
CRO13	Coalition of Health Associations	Keeping a database of organizations in health care and other subjects of Croatian health system, strengthening the role of Croatian associations in health care, coordination and implementation of joint actions and projects of its members
CRO14	Croatian Association for Patients Rights	Protection and promotion of the rights of patients, member of the European Council,

<b>CRO15</b>	<b>Croatian Association of Parents Activists - Civil Initiative "Vaccination – right of choice"</b>	Main goal of Initiative is achieving non-compulsive vaccination in Croatia,
<b>CRO16</b>	<b>Parents in action – Roda (the Croatian word for stork)</b>	Civil Association with focus on four program areas: Reproductive Rights, Breastfeeding Promotion and Protection, Responsible Parenting, Legal Advocacy to Protect and Improve Children and Parents' Rights
<b>Media, opinion makers</b>		
<b>CRO17</b>	<b>Croatian Radiotelevision</b>	Responsible for providing a reliable and objective news service, guarantor of the free formation of public opinion in all important parts of society.
<b>Spain</b>		
<b>S.ID</b>	<b>Name of Stakeholder</b>	<b>Stakeholder role, responsibilities and competences</b>
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies)</b>		
<b>ESP1</b>	<b>Ministry of Health</b>	Coordination at National level
<b>ESP2</b>	<b>Carlos III Institute of Health</b>	Technical advisor
<b>ESP3</b>	<b>Agencia Española de Medicamentos y Productos Sanitarios (AEMPS)</b>	Technical advisor
<b>Healthcare professionals representatives,</b>		
<b>ESP4</b>	Sociedad Española de Medicina de Familia y Comunitaria (SEMFyC)	
<b>ESP5</b>	Sociedad Española de Médicos de Atención Primaria (SEMERGEN)	
<b>ESP6</b>	Sociedad Española de Medicina General (SEMG)	
<b>ESP7</b>	Sociedad Española de Neumología y Cirugía Torácica (SEPAR)	
<b>ESP8</b>	Sociedad Española de Cardiología	
<b>ESP9</b>	Sociedad Española de Hipertensión (SEH)	
<b>ESP10</b>	Asociación Española de Enfermería en Cardiología	
<b>ESP11</b>	Sociedad Española de endocrinología y nutrición (SEEN)	
<b>ESP12</b>	Sociedad Española de Medicina Interna (SEMI)	
<b>ESP13</b>	Sociedad Española de Geriatria y Gerontología (SEGG)	
<b>ESP14</b>	Sociedad Española de Medicina Geriátrica (SEMEG)	
<b>ESP15</b>	Sociedad Española de Hematología y Hemoterapia (SEHH)	
<b>ESP16</b>	Sociedad Española de Nefrología (SEN)	

<b>ESP17</b>	Sociedad Española de Neurología	
<b>ESP18</b>	Asociación Española de Pediatría (AEP)	
<b>ESP19</b>	Asociación Española de Pediatría de Atención Primaria (AEPap)	
<b>ESP20</b>	Sociedad Española de Pediatría Extrahospitalaria y Atención Primaria (SEPEAP)	
<b>ESP21</b>	Sociedad Española de Pediatría Social (SEPS)	
<b>ESP22</b>	Sociedad Española de Epidemiología (SEE)	
<b>ESP23</b>	Asociación Española de Vacunología (AEV)	
<b>ESP24</b>	Asociación Española de Especialistas en Medicina del Trabajo (AEEMT)	
<b>ESP25</b>	Sociedad Española de Salud Laboral en la Administración Pública (SESLAP)	
<b>ESP26</b>	Sociedad Española de Ginecología y Obstetricia (SEGO)	
<b>ESP27</b>	Asociación de Enfermería Comunitaria (AEC)	
<b>ESP28</b>	Federación de Asociaciones de Matronas de España (FAME)	
<b>ESP29</b>	Federación de Asociaciones de Enfermería Comunitaria y Atención Primaria (FAECAP)	
<b>ESP30</b>	Consejo General de Colegios Oficiales de Farmacéuticos	
<b>ESP31</b>	Sociedad Española de Salud Pública y Administraciones Públicas (SESPAS)	
<b>ESP32</b>	Sociedad Española de Medicina Preventiva, Salud Pública e Higiene (SEMPSPH)	
<b>ESP33</b>	Sociedad Española de Infectología Pediátrica (SEIP)	
<b>ESP34</b>	Sociedad Española de Patología cervical y colposcopia	
<b>ESP35</b>	Sociedad Española de Alergología e Inmunología Clínica (SEAIC)	
<b>ESP36</b>	Asociación Española de Gastroenterología (AEGASTRO)	
<b>ESP37</b>	Sociedad Española de Neumología y Cirugía Torácica	
<b>ESP38</b>	Sociedad Española de Inmunología (SEI)	
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)		



ESP39	Farmaindustria	
Patients and civil society (including parents) representatives, NGOs		
ESP40	Foro Español de Pacientes	
ESP41	Alianza General de Pacientes	
Media, opinion makers		
ESP42	Radio Televisión Española (RTVE)	
Others, please specify		
ESP43	Instituto de Salud Pública de Navarra	Research
ESP44	Universidad de Barcelona	Research
ESP45	Universidad de Alicante	Research
ESP46	FISABIO	Research
Finland		
S.ID	Name of Stakeholder	Stakeholder role, responsibilities and competences
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)		
FI1	WHO Europe	
FI2	ECDC	
FI3	EMA (Vaccines Working Party)	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)		
FI4	Ministry of Social Affairs and Health	Decisions on national immunisation programme, procurement of vaccines
FI5	Finnish Medicines Agency Fimea	Carries out adverse events registration,
FI6	National Institute for Health and Welfare	National vaccination programme advice, development etc.
FI7	NITAG	NIP advice to policy makers and programme managers on policy issues related to immunization and vaccines.
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)		
FI8	Tampere University Vaccine Research Center	clinical trials of vaccines
Healthcare professionals representatives,		
FI9	Finnish Medical Association	Union of doctors
FI10	General Practitioners in Finland	Union of general practitioners
FI11	Finnish association of public health nurses	Union of public health nurses
FI12	Finnish Paediatric Society ry	Union for pediatricians
FI13	Duodecim	Union of doctors
FI14	Suomen infektio­lääkärit ry	Society for infectious disease specialists
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)		
FI15	Lääketietokeskus	Pharmaceutical Information Centre
FI16	Lääketeollisuus ry	Pharma Industry Finland (PIF)

Religious Institutions		
FI17	Finnish Church Research Institute	
Media, opinion makers		
FI18	Hanna Nohynek	opinion leader
FI19	Heikki Peltola	opinion leader
FI20	Tampere University Vaccine Research Center	opinion leader
FI21	Duodecim	Media
FI22	Markus Granholm	opinion leader
FI23	Mediuutiset	Media
France		
S.ID	Name of Stakeholder	Stakeholder role, responsibilities and competences
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)		
FR1	EU-JAMRAI	
FR2	European center for disease prevention and control	
FR3	European medicines agency	
FR4	WHO Europe	
FR5	WHO (Geneva)	
FR6	OECD	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)		
FR7	Comité technique de vaccination	
FR8	Daniel Lévy-Bruhl/Sylvie Quélet	
FR9	Santé Publique France	
FR10	Haute Autorité de Santé (French National Authority for Health)	
FR11	European deputies from Envi Group at european parliament	
FR12	French National Agency for Medicines and Health Products Safety (ANSM)	
Research & académia		
FR13	Assistance Publique Hôpitaux de Paris/CHU Trousseau	
FR14	COREVAC	
FR15	Advanced course in vaccinology	
FR16	Noni MacDONALD	
FR17	UK Vaccine Network	
FR18	Epiconcept	

Healthcare professionals representatives,		
FR19	Internation Council of Nurses	
FR20	Family doctors association	
FR21	Standing Committee of European Doctors	
FR22	European Academy of Paediatrics	
FR23	European Specialist Nurses Organisations	
FR24	European Health Management Association	
FR25	European Pharmaceutical Students Association	
FR26	European Medical Students Association	
FR27	Pharmaceutical group of European Union	
FR28	European Society Pediatric Infectious Diseases	
FR29	European Public Health Association	
FR30	Association internationale de la Mutualité	
FR31	International Federation of Pharmaceutical Manufacturers	
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)		
FR32	European federation of pharmaceuticals industries and associations/ Vaccines Europe	
Patients and civil society (including parents) representatives, NGOs		
FR33	EPF European Patients Forum	
FR34	France Assos Santé	
FR35	European Public Health Alliance	
FR36	Active citizen network	
FR37	VEDEM - Civilians for Vaccination Association (Hungary)	
Media, opinion makers		
FR38	Le Monde	
FR39	Le Quotidien du médecin	
FR40	Que Choisir Santé	
Others, please specify		
FR41	Fondation Mérieux	
FR42	European Institute for Women's Health	
FR43	Val-de-Grace school/MesVaccins.net	
FR44	Association of European Cancer Leagues	
FR45	EuroHealthNet	
FR46	Global research collaboration for infectious disease preparedness	

FR47	GAVI, Vaccine Alliance	
FR48	Coalition for Life-Course Immunization	
<b>Greece</b>		
<b>S.ID</b>	<b>Name of Stakeholder</b>	<b>Stakeholder role, responsibilities and competences</b>
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)		
GR1	Pharmaceutical Group of the European Union	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)		
GR2	Hellenic Center for Disease Control & Prevention	
GR3	Ministry of Health, General Secretariat of Public Health	
GR4	National Immunization Committee	
GR5	National Organization of Healthcare Services Provision	
GR6	National Drug Organization	
GR7	Ministry of Education, Research and Religious Affairs	
GR8	Ministry for Migration Policy	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)		
GR9	National School of Public Health	
GR10	Medical School, National and Kapodestrian University of Athens	
GR11	Medical School, Aristotelian University of Thessaloniki	
GR12	Medical School, University of Patras	
GR13	Medical School, University of Ioannina	
GR14	Medical School, University of Crete	
GR15	Medical School, University of Thessaly	
GR16	Medical School, Democritus University of Thrace	
GR17	Biomedical Research Foundation, Academy of Athens	
GR18	Institute of Child's Health	
GR19	HELMSIC	
GR20	Public Health & Community Health Department (Health Visitors), Technological Educational Institute of Athens	
GR21	Pharmacy Department, National and Kapodestrian University of Athens	
GR22	Pharmacy Department, Aristotelian University of Thessaloniki	
GR23	Pharmacy Department, University of Patras	

GR24	Nursing Department, National and Kapodestrian University of Athens	
GR25	Nursing Department, University of Peloponnese	
GR26	Department of Communication, Media, Culture, Panteion University of Social & Political Sciences	
GR27	Department of Communication and Media, National and Kapodestrian University of Athens	
GR28	Department of Journalism and Media, Aristotelian University of Thessaloniki	
GR29	Scientific Society of Hellenic Medical Students	
GR30	Hellenic Pasteur Institute	
GR31	Technology and Research Institute	
GR32	Biomedical Sciences Research Center "Alexander Fleming"	
Healthcare professionals representatives		
GR33	Hellenic Medical Association	
GR34	Medical Association of Athens	
GR35	Hellenic Society for Infectious Diseases	
GR36	Hellenic Pediatric Society	
GR37	Hellenic Society for Infectious Diseases Control	
GR38	Panhellenic Pharmaceutical Association	
GR39	Hellenic College of Pediatricians	
GR40	Association of Private Pediatricians of Attica	
GR41	Athens Association of Midwives	
GR42	Hellenic Obstetrical and Gynaecological Society	
GR43	Hellenic Pediatric Academy	
GR44	Hellenic Society for Paediatric Infectious Diseases	
GR45	Panhellenic Association of Health Visitors	
GR46	Hellenic Association of Pharmaceutical Companies "SFEE"	
GR47	Hellenic Regulatory Body of Nurses	
Patients and civil society (including parents) representatives, NGOs		
GR48	Mission Anthropos, Hellenic Medical & Humanitarian Support (NGO)	
GR49	Doctors of the World, Greece (NGO)	
GR50	Doctors without Borders, Greece (NGO)	

GR51	"Prolepsis" Institute of Preventive Medicine Environmental and Occupational Health (NGO)	
GR52	Supreme Confederation of Pupils' parents in Greece	
GR53	Hellenic Red Cross	
GR54	World Pharmacists, Greece (NGO)	
GR55	Arsis, Association for the Social Support of Youth (NGO)	
GR56	The Smile of the Child in Athens (NGO)	
GR57	Together for Children (NGO)	
GR58	Hellenic Health Foundation (NGO)	
GR59	Hellenic Federation of Cancer	
GR60	Panhellenic Association of Kidney Transplants	
GR61	Panhellenic Federation of Associations - Unions of People with Diabetes Mellitus	
Religious Institutions		
GR62	The Church of Greece	
GR63	NGO Apostoli	
GR64	NGO Ark of the World	
Media, opinion makers		
GR65	Athens News Agency (APE-MPE)	
GR66	Accredited Health Journalists by the Ministry of Health	
GR67	THE TRUTH ABOUT VACCINES (FB Public Group)	
GR68	THE TRUTH ABOUT VACCINES (FB Closed Group)	
GR69	NO mandatory vaccines (FB Group)	
GR70	Sideeffects of vaccines (FB Closed Group)	
GR71	Ellinika Hoaxes	
Others, please specify		
GR72	Hellenic Parliament - Standing Committee on Social Affairs	
Italy		
S.ID	Name of Stakeholder	Stakeholder role, responsibilities and competences
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)		
IT1	WHO	
IT2	Ecdc	
IT3	EMA	
IT4	OECD	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)		

IT5	Ministry of Health, Italy	
IT6	AIFA- Italian Medicine Agency	
IT7	Inter-regional coordinating Group for Prevention	
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)		
IT8	University of Pisa	
IT9	University of Foggia	
IT10	University San Raffaele, Milan	
IT11	University Tor Vergata, Rome	
IT12	University Cattolica, Rome	
IT13	University Sapienza, Rome	
Healthcare professionals representative		
IT14	FIMMG - Italian federation of primary care physicians	the names of the societies are self descriptive, we have selected the main associations of professionals who have an important role in promoting vaccinations
IT15	SIMG- Italian Society of General Practitioners	
IT16	ACP- Cultural Association of Pediatricians	
IT17	SIMPe- Italian Society of Pediatricians	
IT18	FIMP- Italian Federation of Pediatricians	
IT19	SIPPS- Italian Society of Social and Preventive Pediatrics	
IT20	AOGOI- Italian Association of Hospital Obstetricians and Gynecologists	
IT21	ANMA- Italian Association of Occupational Physicians	
IT22	SIML- Italian Society of Occupational Physicians	
IT23	SIfI- Italian Society of Hygiene and Preventive Medicine	
IT24	FNOMCEO- Italian federation of Colleges of Physicians and Dentists	
IT25	SISIP Italian Society of Pediatric Nurses	
IT26	FNOPO- Italian federation of College of Midwives	
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)		
IT27	MSD	
IT28	Pfizer	
IT29	Sanofi Pasteur	
IT30	Vaccine Group- Farmaindustria	
Patients and civil society (including parents) representatives, NGOs		
IT31	Lions Club International	

Media, opinion makers		
IT32	Io Vaccino	
IT33	VaccinarSi	
Lithuania		
S.ID	Name of Stakeholder	Stakeholder role, responsibilities and competences
Authorities, policy & decision makers (Ministries of Health, Public health agencies)		
LT1	Ministry of Health of the Republic of Lithuania	Legislation, coordination
LT2	National Health Insurance Fund under the Ministry of Health	Supply of vaccines
LT3	Centre for Communicable Diseases and AIDS	coordination, surveillance, central store of , vaccines, trainings
LT4	National Public Health Centre under the Ministry of Health	surveillance, case and outbreak investigation
LT5	The State Medicines Control Agency under the Ministry of Health of the Republic of Lithuania	marketing authorisation, pharmacovigilance
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)		
LT6	Vilnius University Faculty of Medicine	studies, research
LT7	Lithuanian University of Health Sciences	studies, research
Healthcare professionals representatives,		
LT8	Association of infectologists	
LT9	Association of pediatricians	
LT10	Lithuanian Public health Association	
Patients and civil society (including parents) representatives, NGOs		
LT11	Association "Objektyviai apie skiepus"	sharing of information about vaccines
LT12	Association "Nacionalinis aktyvių mamų sambūris"	Parents organisation
LT13	Association "Lietuvos tėvų forumas"	Parents organisation
LT14	Lietuvos pacientų organizacijų atstovų taryba	Patients organisation
Media, opinion makers		
LT15	Lietuvos sveikata	Newspaper
LT16	Sveikatos radijas	Radio
Others, please specify		
LT17	Visuomenės sveikata	Journal
LT18	e.medicina	portal for health care workers
Latvia		
S.ID	Name of Stakeholder	Stakeholder role, responsibilities and competences
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)		
LV1	ECDC	
LV2	WHO Europe	



LV3	EMA	
LV4	OECD	
LV5	European Commission EC	
LV6	UNICEF	
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies)</b>		
LV7	<b>Ministry of Health of the Republic of Latvia</b>	The MoH develops the national immunization policy, organizes, coordinates and monitors its implementation, as well as, develops an immunization and infectious diseases regulations and policy planning documents.
LV8	<b>Centre for Disease Prevention and Control of Latvia (the CDPC is under the supervision of the MoH)</b>	The CDPC implements national health policy in the field of epidemiological safety and disease prevention, to ensure the implementation and coordination of health promotion policies. The main functions of CDPC are to perform epidemiological surveillance and monitoring of infectious diseases, registration, investigation, collection of statistical data on infectious diseases, to organize measures for prevention of infectious diseases and limitinf the spread thereof; to participate in the management of emergencies and prevention of epidemic threats; to plan, coordinate and monitor implementation of the immunization program, to plan vaccination of the population, to compile vaccine orders by bodies responsible for vaccination and prepare vaccine orders for medical product whosalers, to provide vaccination monitoring and preparation of statistical data, to perform epidemiological investigation of cases of vaccination related complications.
LV9	<b>National Health Service (the NHS is under the supervision of the MoH)</b>	The NHS ensures vaccine procurements, tendering, payments. The NHS together with the CDPC evaluate the results of vaccination and the use of vaccines, as well as plan and take actions in order to ensure that maximum number of inhabitants is vaccinated. The NHS purchase vaccines in accordance with the procedures laid down in the Public Procurement Law.
LV10	<b>State Agency of Medicines Republic of Latvia (the SAM is under the supervision of the MoH)</b>	The SAM implements local and international pharmaceutical, vaccine legislation.
LV11	<b>State Immunization Advisory Council</b>	The State Immunization Advisory Council is comprised of group of an experts whose main objective is to evaluate issues related to vaccination and national immunization policy. The State Immunization Advisoty Council were established by the MoH in 2000.
LV12	<b>The Ombudsman of the Republic of Latvia</b>	The Ombudsman is the official in charge of protection of the rights of each and every inhabitant of Latvia, fosters legitimate actions on part of the State.
LV13	<b>WHO Country Office in Latvia</b>	

LV14	<b>Saema of the Republic of Latvia, Social and Employment Matters Committee</b>	The Committee works in a specific field or carry out other tasks, prepare matters to be considered at plenary sittings. Upon the decision of the Saeima, committee condires draft laws, proposals and submissions.
<b>Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)</b>		
LV15	<b>ECDC Venice project</b>	The Vaccine European New Integrated Collaboration Effort project in the field of vaccination.
LV16	<b>WHO European Observatory on Health Systems and Policies</b>	The European Observatory on Health Systems and Policies supports and promotes evidance-based policy-making.
LV17	<b>DRIVE project on influenza vaccine effectiveness</b>	Sudy on brand-specific influenza effectiveness in the EU.
LV18	<b>Riga Stradiņš University (RSU)</b>	The RSU is one of the biggest medical university in Latvia that offer study programmes in the field of medicine, conduct researches and organize scientific conferences.
LV19	<b>Institute of Public Health (RSU)</b>	The RSU Institute of Public Health carry out researches, undertake academic trainings in the area of public health.
LV20	<b>The University of Latvia</b>	The University of Latvia (LU) (Latvian: Latvijas Universitāte) is a state-run university located in Riga, Latvia. At the University of Latvia, research is conducted in over 50 research fields which represent four main areas of inquiry: the humanities, natural sciences, social sciences.
LV21	<b>Latvian Biomedical Research and Study Centre (BMC)</b>	The BMC is the leading scientific institute in molecular biology and biomedicine in Latvia.
LV22	<b>Latvian Council of Science</b>	The Latvian Council of Science is a collegiate institution of the scientists under the supervision of the Ministry of Education and Science. The Council is a counsellor of the Latvian Government on research and researchers training issues. It advises on the formulation and implementation of science, higher education and R&D policy. The Council takes active part in project based competitive R&D funding, as well as promotes the development of Latvian researcher resources and fosters the international scientific cooperation.
<b>Healthcare professionals representatives,</b>		
LV23	<b>Latvian Medical Association</b>	The objectives of this association are to disseminate health information to its members, improve health care organization, improve health education programs, promoting and maintain standart of professional ethics among members.
LV24	<b>Latvian Pediatric Association</b>	Colloboration between physicians, governmental and non governmental organizations, international organisations.

<b>LV25</b>	<b>Society for Specialized Paediatrics of Latvia</b>	Colloboration between physicians, governmental and non governmental organizations, international organisations.
<b>LV26</b>	<b>Latvian Association of Healthcare Management Professionals</b>	Association focusses on enhancing the capacity and capability of health management to deliver high quality healthcare.
<b>LV27</b>	<b>Latvian Nurses Association</b>	The main aim of this association is to contribute to the improvement of the health of citizens by fostering nursing education, research, care and management. The objectives of the association are to stimulate the promotion, welfare and professional development of nurses, improve the standarts of professional practice through continuing education.
<b>LV28</b>	<b>Latvian Children's Infectology Association</b>	Colloboration between physicians, governmental and non governmental organizations, international organisations.
<b>LV29</b>	<b>Latvian Family Physicians Association</b>	Colloboration between physicians, governmental and non governmental organizations.
<b>LV30</b>	<b>Rural Family Doctors Association of Latvia</b>	Colloboration between physicians, governmental and non governmental organizations.
<b>LV31</b>	<b>Latvian Prophylactic Medicine Association</b>	Colloboration between epidemiologists, hygienic physicians, physicians, governmental and non governmental organizations.
<b>LV32</b>	<b>Latvian Public Health Association</b>	The main aim of this association is to promote public health in Latvia by strengthening the scientific basis and to develop the practice by bringing together professionals working in the field.
<b>LV33</b>	<b>Latvian Association of Gynaecologists and Obstetricians</b>	The association plays an active role in informing the public about the issues of reproductive health, organizing congresses and meetings for specialists and/or other members of society and in other issues related to the public health. Also association works in close cooperation with different institutions of public administration, including the Ministry of Health, with a goal to achieve positive changes to the health of the public.
<b>LV34</b>	<b>Employers' Confederation of Latvia (LDDK)</b>	The LDDK is the largest organisation that represents employers (including health care professionals) in Latvia.
<b>Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>		
<b>LV35</b>	<b>Vaccines Europe</b>	Specialised vaccines group within the European Federation of Pharmaceutical Industries and Associations, the professional association of the pharmaceutical industry in Europe.

LV36	Ltd. Oribalt Riga	Ltd. Oribalt Group is pharmaceutical wholesale and logistic service company that offering Baltic wide service solution for pharmaceutical manufacturers. Oribalt Riga provides such vaccines as 'Varivax', 'M-M-R Vax Pro', 'Rotateq', 'Imovax dT Adult', 'Verorab', 'Synflorix'.
LV37	Ltd.Vakcina	Ltd. Vakcina is pharmaceutical wholesale and logistic service company. The pharmaceutical company provides such vaccines as 'BCG', 'Pentaxim', 'Hexacima', 'Tetraxim', 'Dultavax', 'Tico Vac'.
LV38	Ltd. GlaxoSmithKline	Ltd. GSK is pharmaceutical manufacturer, wholesale and logistic service company. The pharmaceutical company provides such vaccines as 'Engerix B', 'Cervarix', 'Encepur Children', 'Encepur Adult'.
LV39	Ltd. B.Braun Medical	Ltd. B.Braun Medical is medical device company. The company provides syringes for BCG vaccination.
LV40	Sanofi Pasteur SA / Ltd. 'Sanofi-aventis Latvia'	Vaccine manufacturer (Dultavax, Hexacima, Imovax dT Adult, Pentaxim, Rotateq, Tetraxim, Verorab, Influenza).
LV41	Novartis Vaccines and Diagnostics GmbH	Vaccine manufacturer (Encepur children).
LV42	Merck Sharp&Dohme	Vaccine manufacturer (Varivax).
<b>Patients and civil society (including parents) representatives, NGOs</b>		
LV43	Ltd. 'Applied Creativity Group' stablished organisation 'Mothers club' (org. 'Māmiņu klubs')	Community, parents' organization with weekly TV program, Parent's School, internet website about parenting and babies. The Mother Club is parents organization with more than 50 000 members in Latvia.
LV44	Organization 'Papardes zieds' (Latvia's Family Planning and Sexual Health association)	The association is volunteer and one of the biggest NGO on reproductive health.
LV45	Health Projects for Latvia (Latvian: Veselības projekti)	"Health Projects for Latvia" is an independent non-governmental organization - member of the international organization Health Action International, the only NGO in Latvia working exclusively on medicines policy from the public health perspective.
LV46	The Latvian Red Cross (LatRC)	The LatRC is a non-governmental non-profit volunteer-led humanitarian organization. Its operations cover the whole territory of Latvia. LatRC supports the public authorities in their humanitarian tasks, according to the needs of the people of Latvia. LatRC helps people in crisis, regardless of their nationality, race, religious beliefs, class or political opinions.
<b>Media, opinion makers</b>		
	Media Monitoring	
LV47	LETA Media Monitoring	LETA Media Monitoring is the leading media monitoring and content analysis provider in Latvia and the Baltics.

	<b>Magazines</b>	
<b>LV48</b>	<b>Latvijas ārstu' magazine for medical professionals doctors</b>	Magazine for doctors.
<b>LV49</b>	<b>Doctus' magazine for doctors and pharmacists</b>	Publications for physicians (include section about infectious diseases).
	<b>Webpages</b>	
<b>LV50</b>	<b>Web page for parents 'www.delfi.lv/calis.lv'</b>	Web page for parents, forums.
<b>LV51</b>	<b>Latvian parent web organization 'www.mammamunteti.lv'</b>	Web page for parents, forums. The average monthly statistics for mammamunteti.lv are 180 000 unique users from Latvia.
<b>Romania</b>		
<b>S.ID</b>	<b>Name of Stakeholder</b>	<b>Stakeholder role, responsibilities and competences</b>
<b>International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)</b>		
RO1	WHO Country Office, Romania	
RO2	UNICEF Country Office România	
<b>RO3</b>	<b>ECARO United Nation's Children Fund</b>	
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies)</b>		
RO4	MS Ministerul Sănătății, DGAMSP	
RO5	MS Despre vaccin	
RO6	CNAS Casa Națională de Asigurări de Sănătate	
RO7	ANMDM Agentia Nationala a Medicamentului si a Dispozitivelor Medicale	
RO8	INSP/CNSCBT Centrul Național de Supraveghere și Control al Bolilor Transmisibile (CNSCBT)	
RO9	INSP/CNSCBT Centrul Național de Supraveghere și Control al Bolilor Transmisibile (CNSCBT)	
RO10	INBI Institutul Național de Boli Infecțioase „Prof. Dr. Matei Balș”	
<b>Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)</b>		
RO11	UMF Universitatea de Medicină și Farmacie „Carol Davila” București	
RO12	ULB Universitatea „Lucian Blaga” Sibiu - Facultatea de Medicină	
RO13	UO Universitatea „Ovidius” din Constanța - Facultatea de Medicină	
RO14	UMF Universitatea de Medicină și Farmacie „Grigore T. Popa” Iași	

RO15	UVVG Universitatea de Vest „Vasile Goldiș” din Arad - Facultatea de Medicină	
RO16	UMF Universitatea de Medicină și Farmacie „Iuliu Hațieganu" Cluj-Napoca	
RO17	UMF Universitatea de Medicină și Farmacie „Victor Babeș” Timișoara	
RO18	UMF Universitatea de Medicină și Farmacie din Craiova	
RO19	UMF Universitatea de Medicină, Farmacie, Științe și Tehnologie din Târgu Mureș	
RO20	FMF Universitatea din Oradea - Facultatea de Medicină și Farmacie	
RO21	UNITBV Universitatea Transilvania din Brașov - Facultatea de Medicină	
RO22	UGALUniversitatea „Dunărea de Jos” Galați Facultatea de Medicină și Farmacie	
Healthcare professionals representatives,		
RO23	SRM Societatea Română de Microbiologie	
RO24	SNMF Societatea Națională de Medicina Familiei	
RO25	SNMF Grupul de vaccinologie al SNMF	interested in the subject of vaccination and implementation of interventions to be carried out at European level.
RO26	SRP Societatea Română de Pediatrie	
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)		
RO27	Pfizer Romania SRL	
RO28	GlaxoSmithKline (GSK) SRL	
RO29	Merck Sharp & Dohme Romania SRL	
RO30	SANOFI Romania	
Patients and civil society (including parents) representatives, NGOs		
RO31	ASC Asociația „Salvați Copiii”	
RO32	SAMAS Asociația SAMAS - Sănătate pentru Mame și Sugari	
RO33	Mame pentru Mame	
RO34	Mămica	
Religious Institutions		
RO35	BOR Biserica Ortodoxă Română	
Media, opinion makers		
RO36	CE SE ÎNTÂMPLĂ DOCTORE?	

RO37	Totul despre Mame	
RO38	Revista TEO	
RO39	LionMentor Association	
RO40	NU VACCINURILOR	
<b>Slovakia</b>		
<b>S.ID</b>	<b>Name of Stakeholder</b>	<b>Stakeholder role, responsibilities and competences</b>
<b>International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)</b>		
<b>SKK1</b>	European confederation of primary care paediatricians (ECPCP)	international authority
<b>SKK2</b>	ECDC	
<b>SKK3</b>	WHO	international authority
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies)</b>		
<b>SKK4</b>	Ministry of Health	national authority
<b>SKK5</b>	National Public Health Authority	national authority
<b>SKK6</b>	National immunisation committee	national authority
<b>Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)</b>		
<b>SKK7</b>	Slovak Medical University in Bratislava, Faculty of Public Health	research and academic platform
<b>Healthcare professionals representatives,</b>		
<b>SKK8</b>	Slovak Paediatric Association	health care professionals and providers association
<b>SKK9</b>	Association of general practitioners of Slovakia	health care professionals and providers association
<b>SKK10</b>	Slovak epidemiological and Vaccinology Association	health care professionals association, opinion leader,
<b>Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>		
<b>SKK11</b>	Association of innovative pharmaceutical industry	represents vaccine producers
<b>Patients and civil society (including parents) representatives, NGOs</b>		
<b>SKK12</b>	Association for the protection of patients' rights (AOPP)	civil society, influence to public awareness
<b>Religious Institutions</b>		
<b>SKK13</b>	Episcopal Conference of Slovakia	opinion leader of the special target community
<b>Media, opinion makers</b>		
<b>SKK14</b>	The News Agency of Slovak Republic	independent information institution
<b>Others, please specify</b>		
<b>SKK15</b>	Association of Health Insurance Companies Slovakia	health insurance service
<b>Slovenia</b>		
<b>S.ID</b>	<b>Name of Stakeholder</b>	<b>Stakeholder role, responsibilities and competences</b>

Authorities, policy & decision makers (Ministries of Health, Public health agencies)		
SLO1	Ministry of Health	
SLO2	NIJZ	
Healthcare professionals representatives,		
SLO3	Pediatric Association	
SLO4	NITAG	
SLO5	Family Medicine Association	
SLO6	Section for School, Student and Adolescent Medicine	
Patients and civil society (including parents) representatives, NGOs		
SLO7	Imuno (Slovenian Medical Students' International Committee Ljubljana)	
SLO8	Vakcinet (Medical Students' Association Maribor)	
Denmark		
S.ID	Name of Stakeholder	Stakeholder role, responsibilities and competences
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)		
DK1	ECDC	Experience with IIS
DK2	WHO	Experience with estimations of vaccine coverage
DK3	EMA	Knowledge on vaccine products
DK4	EC, E-health Network,	Knowledge on interoperability of health data in Europe
Authorities, policy & decision makers (Ministries of Health, Public health agencies)		
DK5	Ministry of Health	National decision maker regarding vaccinations
DK6	Danish Health Authority	Advisor for Ministry
DK7	Danish Medicines Agency	authorises and inspects pharmaceutical companies and licenses medicinal products in the Danish market
Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)		
DK8	Statens Serum Institut	Research in vaccines
DK9	Bandim Group, Statens Serum Institut	Research in vaccines
DK10	Statens Serum Institut	Research in vaccines
Healthcare professionals representatives,		
DK11	European Academy of Paediatrics	Information on access to vaccine data from pediatric electronic patient records at the regional level
DK12	Society of General Practitioners	Labour union for GPs
DK13	Danish Society for nurses	Labour union for nurses
DK14	The Danish Medical Doctors association	Labour union for medical doctors



DK15	Society for health visitors for children	Society of health visitors
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)		
DK16	Vaccine Europe	Interest in improved estimations of vaccine coverage
Patients and civil society (including parents) representatives, NGOs		
DK17	Vaccinationsforum	Society critical towards vaccination
DK18	Ældresagen	Society for the elderly population
DK19	Kræftens Bekæmpelse	Danish Cancer Society
Netherlands		
S.ID	Name of Stakeholder	Stakeholder role, responsibilities and competences
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)		
	Gates Foundation	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)		
NL1	Ministry of Health, Welfare and Sport	The Ministry of VWS encourages people to adopt healthy life styles: to exercise more, to refrain from smoking, to use alcohol moderately, to practise safe sex and to eat healthily. People who have problems with their health should be able to call on their general practitioner, the hospital or other forms of health care on time. They are insured for this care and therefore have a right to health care. Together with health insurers, health care providers and patient organisations, the Ministry of VWS ensures that there are sufficient facilities and that people have sufficient choices.
NL2	Medicines Evaluation Board	The MEB is an independent authority that regulates the quality, efficacy and safety of medicines, and encourages better use of medicines for the right patient. This includes everything from pain relievers available from drugstores, to treatments prescribed by medical specialists. From medicines that have been in use for decades, to completely new medicines. From medicines in the Netherlands, to medicines across Europe - in co-operation with European colleagues.
NL3	Netherlands pharmacovigilance centre Lareb	The Netherlands Pharmacovigilance Centre Lareb identifies risks associated with the use of medicines in daily practice and is the Knowledge Centre for adverse drugs reactions (ADRs). Lareb is an independent foundation and is funded by the MEB and the Ministry of Health.

<b>NL4</b>	<b>Health Council</b>	The organization comprises a Council and a Secretariat. This section of the website contains further information on the organizational structure. It also describes with which national and international organizations the Health Council cooperates and how the Health Council has developed itself since its establishment in 1902.
<b>NL5</b>	<b>Health and Youth Care Inspectorate</b>	In the Netherlands, we can rely on good healthcare and youth care. For everyone, any time, anywhere. We would like to keep it that way, also for generations to come. This is why we supervise and promote good and safe care. Basically we trust the providers of healthcare and youth care. On the other hand, we expect trust in our supervision and independent judgement. We are the Health and Youth Care Inspectorate, the IGJ, part of the Dutch Ministry of Health, Welfare and Sport.
<b>NL6</b>	<b>Nederlandse Zorgautoriteit (NZa),</b>	We check whether care providers and health insurers comply with the rules. For example, it is important that health insurers accept everyone for the basic insurance. Age, income, lifestyle or health should not matter. Healthcare providers and health insurers must also ensure that the healthcare policy is correct, And that they provide citizens with correct information about the healthcare in advance.
<b>NL7</b>	<b>Zorginstituut NL (ZiN)</b>	The National Health Care Institute (Zorginstituut Nederland) carries out tasks relating to two Dutch statutory health insurance schemes: the Health Insurance Act (Zorgverzekeringswet) and the Long-Term Care Act (Wet langdurige Zorg, Wlz). The National Health Care Institute's role in maintaining the quality, accessibility and affordability of health care in the Netherlands involves four tasks: managing the basic health care package, encouraging improvements in health care quality, advising on innovations in health care professions and education funding
<b>NL8</b>	<b>RIVM</b>	RIVM works to prevent and control outbreaks of infectious diseases. We promote public health and consumer safety, and we help to protect the quality of the environment. RIVM collects and collates knowledge and information from various sources, both national and international. We apply this knowledge ourselves, and we place it at the disposal of policy-makers, researchers, regulatory authorities and the general public. Each year, RIVM produces numerous reports on all aspects of public health, nutrition and diet, health care, disaster management, nature and the environment.
<b>Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)</b>		

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<b>NL9</b>	<b>Erasmus University</b>	Erasmus University Rotterdam is a highly ranked, international research university, based in the dynamic and diverse city of Rotterdam. Founded in 1913, it is currently one of the biggest universities of the Netherlands with a student population of 29,000 and a research community of circa 1,400. Scholars and students in seven faculties and two institutions work on global social challenges in the areas of health, wealth, governance, culture. As part of a large global network of academic partnerships, in strategic alliance with Leiden University and Delft University of Technology and in a unique collaboration with city and port, the dynamic city of Rotterdam serves as our laboratory.
<b>NL10</b>	<b>Leiden University</b>	Leiden University was founded in 1575 and is one of Europe's leading international research universities. It has seven faculties in the arts, humanities and sciences, spread over locations in Leiden and The Hague. The University has over 6,700 staff members and 29,520 students. The motto of the University is 'Praesidium Libertatis' – Bastion of Freedom.
<b>NL11</b>	<b>Wageningen University</b>	The Wageningen University is part of Wageningen University & Research, is the only university in the Netherlands that specifically focuses on the theme 'healthy food and living environment'. We do so by working closely together with governments and the business community. Our research and education are based on a fundamental scientific approach and accordingly strongly geared toward application in practice. This is achieved through the close collaboration between different fields of expertise including both natural and social sciences. This allows Wageningen University to obtain an integrated approach of actual societal themes, such as: climate change, unhealthy lifestyles the continued pressure on our natural environment and animal welfare.

NL12	<b>VU Amsterdam</b>	VU is an open organization, strongly linked to people and society. Academic integrity is high on the agendas of Dutch universities. Vrije Universiteit Amsterdam and VU Medical Center work hard to ensure that all their academic staff have a good knowledge of the national VSNU Code of Conduct and remain informed of the latest developments regarding academic integrity policy. VU Amsterdam has a clear vision and a clear set of ambitions when it comes to sustainability. Sustainability is an integral part of teaching and research, operations management and the buildings at the VU campus.
NL13	<b>UvA Amsterdam</b>	The University of Amsterdam (UvA) is a leading international research institution that values, promotes and rewards excellent research. The UvA enables researchers to perform groundbreaking research and combines a broad research palette with quality by investing selectively in research priority areas.
NL14	<b>Radboud University</b>	Radboud University is a comprehensive, internationally-oriented university that aspires to be one of the best in Europe. Together with Radboudumc, we have created an intellectual environment that inspires and challenges our students and staff so that they can extend the scope of academic disciplines and benefit society. Radboud University challenges its students to actively participate in the academic community and trains them to be critical and committed academics, with their own views regarding scholarship and society, who will take up responsible positions in a society which is becoming increasingly internationalised.
NL15	<b>University Utrecht</b>	Utrecht University is an international research university of the highest quality. This has been demonstrated for many years by its high positions in international rankings such as the Shanghai Ranking and the Times Higher Ranking. The University is the alma mater of many leading names, academics and scientists who have made an important contribution to the quality of society. These include Nobel Prize winner Christiaan Eijkman, one of the first to discover vitamins, neuro-pharmacologist David de Wied and the most recent Nobel Prize winner, theoretical scientist Gerard 't Hooft. All these scientists and academics, from far in the past up to the present day, are what makes Utrecht University what it is today. Through innovative research and education, they have contributed to the University's mission in society: Bright Minds, Better Future.

NL16	University of Groningen	The University of Groningen is a research university with a global outlook, deeply rooted in Groningen, City of Talent. Quality has had top priority for four hundred years, and with success: the University is currently in or around the top 100 on several influential ranking lists.
NL17	Maastricht University	Maastricht University (UM) is the most international university in the Netherlands and, with 16,300 students and 4,300 employees, is still growing. The university stands out for its innovative education model, international character and multidisciplinary approach to research and education. Thanks to its high-quality research and study programmes as well as a strong focus on social engagement, UM has quickly built up a solid reputation. Today it is considered one of the best young universities in the world
NL18	IntraVacc	Vaccine development
NL19	Virtuvax	Vaccine development
Healthcare professionals representatives,		
NL20	GGD GHOR Nederland	GGD GHOR Nederland is the Association of GGD's (regional Community Health Services) and GHOR-(Regional Medical Emergency Preparedness and Planning) offices in the Netherlands. Our task is to look after the interests of the 25 GGD's and GHOR-offices, to plea for public health and safety and to improve the quality within the public health. GGD's and GHOR-offices contribute to guarding, improving and protecting the health of the Dutch people.
NL21	ActiZ	ActiZ is the trade association of nearly 400 organizations active in the field of care and support for the elderly, (chronic) sick and youth. Our members are very diverse; in size and service. With 380,000 employees they provide care and support to approximately 2 million clients. Together we feel a social responsibility to keep healthcare close, professional, affordable and accessible.
NL22	Nictiz	Nictiz is the centre of expertise for eHealth and helps to enable these connections in different ways. As such, we at Nictiz are conducting research and are involved with large national eHealth programmes. We are also monitoring eHealth trends and we interpret these to help with the establishment of Netherlands national policies of various parties, such as the Ministry of Health, Welfare and Sport, nation-wide umbrella organisations and the Informatieberaad Zorg (national healthcare consultation).

<b>NL23</b>	<b>SNPG</b>	SNPG coordinates, supports and facilitates the implementation of large-scale vaccination programs, where general medical care is provided, with the aim of promoting the health of the residents of the Netherlands. Specifically, but not only, this is the National Program for Flu Prevention
<b>NL24</b>	<b>NHG</b>	The Dutch General Practitioners Association is the scientific association of general practitioners and aims to promote a scientifically sound practice by the general practitioner. By translating science into GP practice, the NHG contributes to the professionalisation of the profession
<b>NL25</b>	<b>COA</b>	The COA means the Central Agency for the Reception of Asylum Seekers (Centraal Orgaan opvang asielzoekers). We are responsible for the reception of asylum seekers and support them in preparing a future in the Netherlands or elsewhere. In doing so we closely collaborate with other organisations in the chain, for instance the Immigration and Naturalisation Service (IND), the Royal Netherlands Marechaussee and the Repatriation and Departure Service (DT&V). Each of these partners has its own tasks and responsibilities
<b>NL26</b>	<b>NOVEZ</b>	NOVEZ, Dutch Organization of Obstetricians and Pregnant Women, is an association founded in the summer of 2016 consisting of obstetricians and pregnant women. NOVEZ is not just an organization of and for front-line midwives. NOVEZ is an association in which all pregnant women in the Netherlands occupy an equal position as primary care midwives. So pregnant women can become full members of NOVEZ. This is the purest expression of the trust that midwives and pregnant women have in each other and a unique structure in which the natural care partnership between midwives and pregnant women is formalized nationally
<b>NL27</b>	<b>NVOG</b>	In January 1887, the 'Amsterdam Gynecological Society' was established, with Professor Van der Mey as chairman. When Prof. Treub from Leiden, as a guest at the November meeting of the same year, proposed to open the association to fellow professionals from the rest of the country, his proposal was unanimously accepted by the eight attendees and thus on November 16, 1887, the Dutch Gynecological Society 'born
<b>NL28</b>	<b>KNOV</b>	The KNOV is a professional association of obstetricians who supports its members individually and collectively and continuously improves their expertise as a specialist in the physiological birth process for the welfare of mother, child and their environment.

NL29	AJN	AJN Jeugdartsen Nederland is the scientific association of and for youth doctors, often working in the JGZ. The AJN has the ambition to position prevention in the field of (health) care for young people. It actively contributes to the quality, scientific underpinning and innovation of this care and to the development of youth policy, particularly in youth health care. Youth practitioners promote prevention as a specialist for the growing youth: as a connector, as a community doctor, as a healthcare provider, as a policy advisor and as a researcher
NL30	Travel clinics	Travel Clinic helps persons who are travelling to a (sub) tropical country for a short or long visit or stay. Whether going on holiday, taking a round-the-world trip or travelling for business reasons, everyone experiences the same concern: How do I remain healthy whilst abroad? Travel Clinic can provide you with all the up-to-date information that you need to ensure good health, and relevant personal travel advice. You can also come to us for vaccinations, medical examinations and certification, anti-malaria tablets and travel accessories.
NL31	Association of antroposofic general practitioners	Approximately 135 anthroposophical (house) doctors and specialists work in the Netherlands. Many of them are associated with an anthroposophic health center (often called therapeutic); others have their own independent practice. Their individual and supportive approach to each person is based on the ideas of Dr. Rudolf Steiner and the Dutch physician Dr. Ita Wegman. In their view, man is a being of spiritual origin who connects on earth with a body and lives his life on earth as a citizen of the spiritual and physical world. From this vision, anthroposophic health care offers therapy and medicines
NL32	V&VN nurses	V & VN is with over 70,000 members the largest professional association in the Netherlands. V & VN is there for nurses, carers and nursing specialists. The mission of V & VN is to enable professional groups to practice their profession with pride, passion and professionalism
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)		
NL33	Bilthoven Biologicals	Our ambition is to protect children worldwide against infectious diseases. We started with the development and production of vaccines at the National Institute for Public Health and the Environment (RIVM). It is estimated that more than 30% of current vaccines based on technology from Bilthoven are produced worldwide. In 2003, the activities for the national vaccination program continued under the name Netherlands Vaccine Institute (NVI).

<b>NL34</b>	<b>GSK NL</b>	We are a science-led global healthcare company with a special purpose: to help people do more, feel better, live longer. We have three global businesses that research, develop and manufacture innovative pharmaceutical medicines, vaccines and consumer healthcare products. Everyone at GSK focuses on three priorities: Innovation, Performance and Trust.
<b>NL35</b>	<b>MSD NL</b>	The company was established in 1891 as the United States subsidiary of the German company Merck, which was founded in 1668 by the Merck family. Merck & Co. was expropriated by the US government during World War I and subsequently established as an independent American company in 1917. The original Merck based in Darmstadt holds the rights to the Merck name everywhere else. Merck & Co. is the world's seventh largest pharmaceutical company by market capitalization and revenue. Its headquarters is located in Kenilworth, New Jersey. The company ranked No. 78 in the 2018 Fortune 500 list of the largest United States corporations by total revenue.
<b>NL36</b>	<b>Pfizer NL</b>	Pfizer is one of the world's premier innovative biopharmaceutical companies, discovering, developing and providing over 160 different medicines, vaccines and consumer healthcare products to help improve the lives of millions of people in the UK and around the world every year. Our purpose is grounded in our belief that all people deserve to live healthy lives. This drives our desire to provide medicines that are safe and effective.
<b>NL37</b>	<b>Sanofi NL</b>	Self-care can enhance wellbeing, prevent disease, curb illness and restore health. We believe that empowering individuals, the community and healthcare professionals to promote and practice self-care, will lead to people all over the world being healthier. This, in turn, will contribute significantly to more sustainable healthcare systems.
<b>NL38</b>	<b>Abbott Biologicals BV</b>	We are here for the people we serve in their pursuit of healthy lives. This has been the way of Abbott for more than a century—passionately and thoughtfully translating science into lasting contributions to health. Our products encircle life, from newborns to ageing adults, from nutrition and diagnostics through medical care and pharmaceutical therapy.



NL39	Seqirus Netherlands B.V.	In July 2015, bioCSL and the influenza vaccines of Novartis joined forces to create Seqirus, now the second largest influenza vaccine company in the world. With extensive research and production expertise and manufacturing plants in the US, UK, Germany and Australia, Seqirus is a transcontinental partner in pandemic preparedness and a major contributor to the prevention and control of influenza globally.
NL40	Holland BIO	HollandBIO is the interest group of biotech companies in the Netherlands. Together we work on our ideal for the future: a society in which biotechnology contributes maximally to health, sustainability and economic growth.
Patients and civil society (including parents) representatives, NGOs		
NL41	Foundation Olijf	Foundation Olijf offers support and information to women who have (had) gynecological cancer and their loved ones. Gynecological cancers are ovarian cancer, cervical cancer, uterine cancer, vulvar cancer or vaginal cancer. Olijf wants to contribute to prevention and good quality of care and life based on experiential expertise
NL42	Meningitis association	The main goal of the NMS is: to eliminate meningitis. This goal is not realistic, meningitis will always continue to exist given the multitude of pathogens. That is why we have a number of sub goals. Information about the disease, possible consequences, treatment and prevention for both the patient and his immediate environment. Support for (ex-) meningitis / sepsis patients and their families in their search for information, recognition and recognition of their illness and the possible consequences. Familiarize the disease and disease symptoms to promote rapid recognition. Advocacy of patients towards government, doctors, employers and others. Encouraging scientific research to prevent meningitis / sepsis, medication and research into the consequences of this disease
Religious Institutions		
NL43	Gereformeerde Bond	The emergence of the Gereformeerde Bond must be seen from the necessity to stand up in the Dutch Reformed Church for the doctrine of the Reformation, as expressed in particular in the confessions. In the opinion of the Gereformeerde Bond, deviation from this can be observed in the whole of theology, ecclesiastical policy, but also in preaching within the municipalities. This applies equally to the whole of the Protestant Church in the Netherlands, so that our work is undiminished.

NL44	Bevindelijk gereformeerden (pietistic reformed)	The Protestant Reformed form an orthodox Protestant movement, which distinguishes itself within Reformed Protestantism and specifically Orthodox Reformed by emphasizing the importance of finding or personal experience of faith. By sticking to old customs and rejecting certain technological and scientific developments, they can also be distinguished as sociological groups in society.
Media, opinion makers		
NL45	NRC newspaper	We still see the highest attainable ideal in the free development of the gifts hidden in the individual man. This, high-spirited, sentence forms the core of 'Our principles' of October 1, 1970. That day the first issue of the first volume of NRC Handelsblad appeared, the merger newspaper of the Algemeen Handelsblad (1828) and the Nieuwe Rotterdamse Courant (1844). . Later nrc.next, NRC De Week and especially nrc.nl would form new branches of NRC
NL46	Volkskrant newspaper	De Volkskrant is originally a Roman Catholic, Dutch newspaper. The newspaper has been focusing on the higher educated readers since the 1960s and, until the nineties, moved to the left of the political center. Later the newspaper moved more to the right. The newspaper is seen alongside NRC Handelsblad and Trouw as a Dutch quality newspaper. Due to, among other things, the rise of the Internet and a decreasing circulation, the daily newspaper has set sail for the interest of the highly educated. More attention was paid to art and lifestyle, and the layout of the paper became more focused on attract young readers. Since 2009, De Persgroep Nederland has been the owner of De Volkskrant
NL47	AD newspaper	Het Algemeen Dagblad or AD is a Dutch national newspaper with a circulation of more than 409 thousand copies in 2013, the second largest paid newspaper in the Netherlands. The newspaper appears in tabloid format. The editorial staff is based in Rotterdam. Since 2016 the editors make the global and national part for ADR Nieuwsmedia. This includes 57 former regional newspapers that appear as the edition of the Algemeen Dagblad and seven former Wegener titles. All these publications are owned by Persgroep Nederland, the Dutch part of the Belgian company De Persgroep.

NL48	Telegraaf newspaper	De Telegraaf is typified as a popular newspaper because of a relatively large amount of entertainment, including many sensational messages, at least a page filled with articles from the magazine Privé and a large sports section. In this typing, the newspaper is distinguished from the so-called 'quality newspapers' together with the Algemeen Dagblad, in which '(political) information' ('quality') prevails. De Telegraaf, however, cannot be seen as a real boulevard leaf such as the German Bild and the English The Sun. The tone is more moderate and less use is made of images. The financial supplement De Financiële Telegraaf is also 'more serious' than the rest of the newspaper
NL49	Roland Pierik	Roland Pierik is Associate Professor of Legal Philosophy at the University of Amsterdam. Since 2013, his research mainly focuses on the (legal) regulation of vaccination against infectious diseases. He is currently co-authoring a monograph with Marcel Verweij entitled Inducing Immunity: The Regulation of Vaccination. In this book, they analyse the conditions under which a liberal-democratic government should make vaccination against infectious diseases such as such as measles, polio and whooping cough mandatory.
NL50	Arjen Lubach	Arjen Henrik Lubach (Dutch pronunciation born 22 October 1979) is a Dutch comedian, author and television presenter. He hosts the weekly news satire television show Zondag met Lubach. Lubach's parents were both lawyers and his father was a professor at the University of Groningen. Lubach is a great-grandson of Mayor Obbe Norbruis of Schoonebeek and Zuilen (1895–1970)
NL51	Ruud Koole	Rudolf Anton Koole is professor of political science at Leiden University. Before that, he was Chairman of the Labor Party from March 17, 2001 to December 9, 2005. Between April 25 and October 6, 2007, he was interim chairman of that party. On 7 June 2011, Koole was sworn in as a member of the Senate
Others, please specify		
NL52	VaccinVrij	Anti-vaccination
NL53	NVKP	Anti-vaccination
Norway		
S.ID	Name of Stakeholder	Stakeholder role, responsibilities and competences
International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)		
NO1	CEPI	
Authorities, policy & decision makers (Ministries of Health, Public health agencies)		
NO2	Ministry of Health and Care Services	
NO3	Norwegian Institute of Public Health	

<b>NO4</b>	Norwegian Directorate of Health	
<b>NO5</b>	Norwegian Medicines Agency	
<b>Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)</b>		
<b>NO6</b>	Norwegian Research Council	
<b>NO7</b>	University of Oslo	
<b>NO8</b>	University of Bergen	
<b>NO9</b>	Norwegian University of Science and Tehnology (NTNU)	
<b>NO10</b>	University of Tromsø	
<b>NO11</b>	Norwegian University of Life Sciences (NMBU)	
<b>Healthcare professionals representatives,</b>		
<b>NO12</b>	Norwegian Medical Association	
<b>NO13</b>	Association of Public Health Nurses	
<b>Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)</b>		
<b>NO14</b>	The Norwegian Association of the Pharmaceutical Industry (LMI)	
<b>Media, opinion makers</b>		
<b>NO15</b>	Dagens medisin	
<b>NO16</b>	Aftenposten	
<b>Sweden</b>		
<b>S.ID</b>	<b>Name of Stakeholder</b>	<b>Stakeholder role, responsibilities and competences</b>
<b>International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)</b>		
	Ann Lindstrand	Expanded Programme on Immunization, Department of Immunization, Vaccines and Biologicals, WHO
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies)</b>		
	Charlotta Bergquist	Swedish Medical Products Agency
	Veronica Arthurson	
	Helena Hervius Askling; Malin Bengnér	
		Regional Infectious Disease Prevention and Control
	Carl-Erik Flodmark	
	Eva Nyman	National Board of Health and Welfare
	Agneta Andersson	
	Mikael Svensson	Swedish Association of Local Authorities and Regions
	Adam Roth	
	Tiia Lepp	

	Sören Andersson	
	Charlotta Nilsson	Public Health Agency of Sweden
<b>Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)</b>		
	Kristian Riesbeck	Society for Clinical Microbiology & Lund University
<b>Healthcare professionals representatives,</b>		
	Ann Sofie Cavefors	Pediatric Health Services
	Sven-Arne Silfverdal	
	Charlotta Rydgård	Swedish Society for Infectious Diseases
	Christina Stenhammar	School Health Services
	Mats Swensson	
	Margareta Ehnebom	Swedish Society for General Practice
	Kathy Falkenstein-Hagander	Swedish Society for Pediatrics
<b>Serbia</b>		
<b>S.ID</b>	<b>Name of Stakeholder</b>	<b>Stakeholder role, responsibilities and competences</b>
<b>International and European organisations, Donors (ECDC, WHO Europe, EMA, OECD)</b>		
<b>RS1</b>	WHO Europe, Country Office Serbia	Several projects related to vaccination were conducted and/or are currently in progress in cooperation with the WHO
<b>RS2</b>	UNICEF, Country Office Serbia	Several projects related to vaccination were conducted and/or are currently in progress in cooperation with the UNICEF
<b>Authorities, policy &amp; decision makers (Ministries of Health, Public health agencies)</b>		
<b>RS3</b>	Ministry of health of Serbia	Significant role and responsibility in making final decisions that affect the policies on vaccinations
	Ministry of health of Serbia	
<b>RS4</b>	Institute of Public health of Serbia	Competences and responsibilities in all relevant public-health issues in Serbia
	Institute of Public health of Serbia	Competences and responsibilities in vaccines- and vaccinations-related issues in Serbia
<b>RS5</b>	Institute of Public health of Vojvodina	Competences in conducting of vaccination-related investigation
<b>Research and Academia (Research institutes, Universities, Life and human science experts Relevant European scientific societies)</b>		
<b>RS6</b>	Faculty of Medicine, University of Belgrade	Competences in conducting of vaccination-related investigation
<b>Healthcare professionals representatives,</b>		
	Institute of Public health of Serbia	Commpetences in collecting, analyzing and evaluating the validity of the vaccination-related data, Writing guides and national programs in the field of vaccination

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RS7	Serbian Medical Chamber	Issue the licences to MDs
RS8	The Chamber of Nurses and Healthcare Technicians of Serbia	Organizing continual medical education for nurses
Pharmaceutical Industry and manufacturers' representatives (Vaccine Europe, EFPIA)		
RS9	Institute of Virology, Vaccines and Sera "Torlak"	national production of vaccine
Media, opinion makers		
RS10	Radio Television of Serbia	Serbian national broadcaster