

## Dr Chizoba Wonodi Kiran Maharaj Transcript

**Francesca Montalto:** Welcome to Sabin Vaccine Institute's *Community Conversations on Vaccines*, presented by Immunization Advocates.

**Vince Blaser:** In this podcast, we speak with professionals closest to vaccine delivery and decision-making in low and middle-income countries to hear the latest in immunization challenges and explore programs and tools to build and maintain community trust and vaccine equity.

**Francesca:** We're your hosts, I'm Francesca Montalto.

**Vince:** I'm Vince Blaser.

**Francesca:** Hello, and welcome to our third episode of season 4. After the UN General Assembly and several other major global health conferences and events these last couple of months, I really think, Vince, that we've had some time to reflect on what we've heard at these sessions and what it could mean for us working in vaccine acceptance and demand in the coming year.

**Vince:** Francesca, I was just recently at the World Health Summit in Berlin, and during that summit, there was \$2.6 billion in new pledges coming into the Global Polio Eradication Initiative. That case of polio, where there's been new cases in several countries that we haven't seen in years or sometimes decades, it, unfortunately, epitomizes the situation we're currently in with some of the backsliding on immunization during the COVID-19 pandemic.

**Francesca:** I agree, Vince, and Sabin also heard from health workers and workforce leaders at the WISH Summit in Doha this past month in October, and I think a big topic of discussion at these meetings and events is how we move forward, what strategies do we need to implement to increase vaccine acceptance, demand, and equity as countries really evaluate the impact of the pandemic.

**Vince:** Of course, the flurry of information, both factual and not, that the World Health Organization has deemed the "infodemic" has been a consistent issue raised at these meetings and on this podcast that we really have to grapple with. Today, we're really thrilled to have two guests with us who can dive into this topic a little bit more. A veteran journalist and media owner, Kiran Maharaj, co-founder and president of the Media Institute of the Caribbean and the Caribbean Investigative Journalism Network. She's also past president of the Trinidad and Tobago Publishers and Broadcasters Association where she's based.

Dr. Chizoba Wonodi, a public health physician with over 27 years of research and program experience across Africa, Asia, and the Americas. She's currently the

Nigeria Country Director of one of Sabin partners International Vaccine Access Center or IVAC. She's also the founder of Women Advocates for Vaccine Access and as well as a research partner of Sabin's Social and Behavioral Research Grants program.

**Francesca:** Chizoba and Kiran, welcome to the show.

**Kiran Maharaj:** Thank you for having us.

**Chizoba Wonodi:** Thank you. I'm excited to be here.

**Vince:** Well, Kiran, let's start with you. As a veteran journalist and a media trainer with 30 years experience and someone who's really dedicated your life to information based on facts, what does this term infodemic mean to you? How do you think the way that information and communications has really changed in recent years, especially in the way that the pandemic has impacted people in the Caribbean?

**Kiran:** Vince, let's break it down for the listeners and let me say hello to all of your listeners as well and for being interested in this topic. We have to break on infodemic and understand this deluge of misinformation, disinformation, and malinformation. Misinformation is what people spread without realizing that it's untruthful, that it's incorrect. Then you have disinformation, which is purposely spreading incorrect and false information. Then you have malinformation, which relates to people's medical conditions, health records that really should not be in the public domain, it's private, but they release it and reveal it anyway with the intent to cause harm.

When you look at all of that together, it's all part of this infodemic, and really, it's about psychological harm with possible prolonged effects. That is what it means to me. This is taking information and allowing it to be manipulated or manipulating itself, others are manipulating it, and it will remain in perpetuity. The danger is that we have cyberspace. We live in this online world, several social communities, and on the world wide web. The effect of this manipulated information means that you are going to tort and distort information forever. That to me is the real danger of the infodemic.

**Francesca:** Chizoba, you've been around the issue of communication on vaccines from the research and advocacy side for 27-plus years. You founded in 2011 the Women Advocates for Vaccine Access. Like Vince said, you are Nigeria Country Director for IVAC, which is the Sabin partner. What is your impression of how the infodemic has impacted decision-making on immunization? What do you believe to be the proper role of research in addressing current challenges?

**Chizoba:** Thanks for that question. Also, thanks, Kiran, for setting the stage. I completely agree with what you have said about misinformation. For me, this infodemic is actually a new phenomenon. Well, in the vaccine spaces, it's really a new phenomenon that we're dealing with at the intensity and the level that we're

dealing with them, particularly because of social media and the availability of platforms for people to broadcast themselves.

What I can see from my experience in the last 25 years is that the work of the health communicator is now much more difficult. Previously, health communicators or people who communicate about vaccines were dealing with a lack of information. Community members did not know about a vaccine. For example, the PCV vaccine, when it was being introduced in Nigeria, had been available in the global market for several years. PCV is the pneumococcal conjugate vaccine. You go to communities and talk to them about the vaccine and they're like, "Oh, we didn't know there was a vaccine for pneumonia." There was a vacuum there, a lack of information that you could now fill with the proper information.

With COVID, what we're dealing with is already an existing abundance of disinformation, misinformation, and malinformation. You're starting from a position of disadvantage because you have to address the misinformation people have before you even have an opportunity to provide them the proper information. For health communicators, the job has really doubled or tripled or even quadrupled. We need more innovative ways to reach people. We need more channels. We need to identify where people are getting their information, who they trust to provide that information, and then partner with those channels and the messengers to provide the right information.

I think research has an important role to play because you have to understand where people are first before you can provide them with the right information. You have to understand the kinds of message framing that's important to them. You have to understand the types of messengers that they relate to. Research should be the starting point for coming up with a communication approach to address misinformation that we're dealing with in immunization.

**Francesca:** Research plays such an important role in informing policy and practice. Can you tell us a bit about the research you've been working on? We mentioned that you're a grant partner with Sabin's Social Behavioral Research Grants program. What research have you been working on? Why did your team propose this research? Can you share any key findings?

**Chizoba:** With the Sabin grants, we have been able to identify 50 trusted community members who are working tirelessly within their communities at different community forums to ask on and engage in dialogue on COVID. We've reached more than 2,000 people with targeted messages during this period. We've also visited community meetings, women's meetings, markets, shops. We've had clinical activities and had advocacy meetings with community leaders. This has had the effect, really, of increasing committee members' awareness about the location and schedule of COVID vaccine services in Gwagwalada. We've done this via SMS messaging.

Then, in addition to this, during the project, we conduct monthly poll surveys to track vaccine uptake. I can tell you with pride that more than 30% of the individuals who were hesitant at the beginning of baseline have actually adopted vaccination. We know that this approach works and we couldn't have known it without doing the research. This, again, is thanks to Sabin for providing that funding that allows this tiny, small research to be done, that can then feed into the broader national strategy, because we're linked up with the National Immunization Program and are going to share these findings with them. That's, again, something I would like to pass on.

**Vince:** Chizoba, you talk a lot about the added layer of complexity that health communicators have now, and you also touched on that your research really focused on engaging that adult population and vaccination, which typically a lot of the immunization programs have been centered around delivery of vaccination mostly in childhood.

Kiran, I'm curious how you felt that that has played out in the Caribbean, and especially in how some of the journalists are framing stories and producing stories and providing that information because it was a very different type of population that was targeted for the COVID vaccination. Just curious about your observations as to how that has gone and questions that there has been for the media the last couple of years in the Caribbean region.

**Kiran:** It's very interesting that what Dr. Chizoba has pointed to, actually, we relate to very well. I think that what we have to remember, though, is in the Caribbean, we do follow that oral tradition, that village news, it travels fast, but now it's enabled by technology with things like WhatsApp. It was quite a challenge because speed is really the advantage that this infodemic has.

There's a business premise that it's not the big that eats the small, it's the fast that eats the slow. It's the same way with information, especially in communities where there is a tendency to believe in things like homeopathic medicine, to believe in herbal remedies. You go out in your garden, you're growing things, everybody takes their ginger and turmeric and all of these things. You had a sense of that, of how do we grapple with this way of living, this way of life for so many people and tell them, "Listen, vaccines are important."

There are a lot of people, too, who belong to different belief systems. We did a story, for instance, in the Rastafarian community, and you can't take away from them the fact that they believe that everything that can help them comes from the Earth. It's a different premise. There is a challenge. In those communities, you're grappling with both that and their belief in the Creator, and similarly for a lot of other religions.

What the media had to do was really say to ourselves, "Okay, we need to get the nuts and bolts out of this," because when it comes to health reporting, the journalists are not doctors and we're not scientists, so we need to figure out how we break this down and what is the reality. We chose to focus a lot on human interest stories. The

human interest story of the father who lost a daughter, of the brother who lost a sister, of the healthcare workers who didn't care how much sleep they were losing, relentlessly walked those wards day and night to be able to save lives. We had to get to the heart of the matter.

What we found is a lot of the infodemic, the information, the infodemic, it started to get cut away. We were able to bring it down a bit. Apart from that, in our region, you had joint efforts by the private sector organizations to do campaigns and to talk to people. In the example of Trinidad, we actually did online Zoom sessions with companies, where company leaders would bring the doctors in and we were able to address 100, 50, 300, 400 people to ask them what their issues were with taking these vaccines and have the doctors talk to them, because there was a lot of fear.

Fear really is probably one of the prime reasons why people shied away from vaccination. It's the unknown. All of the chatter that was happening on social media really drove that fear into them. It took many strategies to be able to come up with decreasing those fears. We also had credible messengers. The same as Dr. Chizoba said, we had to get credible messengers involved.

We're fun, happy people culturally in this region. People come here because it's paradise. Paradise just got hit by lightning, so what do we do? We have to call out the people who other people look up to, and that's what we had to do. Those are some of the strategies and ways we had to deal with it, apart from journalists having regular meetings with healthcare professionals to be able to break down some of the jargon.

**Vince:** Chizoba, I'm curious your thoughts on what Kiran shared, especially regarding these valid concerns that community members have and how you listen to those concerns and be culturally appropriate to those concerns at the same time that there is this emergency happening and people are dying of this disease and need to roll out the vaccines as quickly as possible.

**Chizoba:** I completely agree with what Kiran said, and it resonates with me quite strongly. What we found is that as healthcare workers, healthcare workers are actually one of the trusted members or one of the people that are trusted to provide health information. They would be the number one touch point for the community members. However, not every community member is in touch with healthcare workers. They're not interfering with them. If you're not sick, you probably won't see a nurse or a doctor, so then how do you get the right information to these people?

From our study, from our research, we identified opportunities to reach people in the normal spaces where they interact. Our trusted messengers had outages in markets. They'll go to the market, set up shop and then start talking to people. There was a lot of interest actually generated by distrusted messengers. Even though people hear that if you take the COVID vaccine, after two years you'll die, or that it's magnetic and all that, even though people have all the information coming from

various social media platforms, they still want to be able to discuss their fears with knowledgeable people.

They want to be able to have a two-way communication. Yes, social media is ubiquitous, it is sending out information, but it's just a one-way communication. If you put people who are knowledgeable, who are trusted in the communities and they are able to provide that back and forth, where somebody would ask you a question, "What about this information that I heard that COVID will make your arm magnetic?" They need people who are knowledgeable to respond to them and you have a dialogue.

Those community dialogues are really, really critical, but then the question is, how do you ramp up the human resource that's required for those community dialogues? Certainly, the government cannot employ a community of 300,000 people. Most likely you would have maybe about ten healthcare workers or, let's say, 100 healthcare workers. 100 healthcare workers may not be enough for those dialogues. That is where the volunteers come in, that is where the trusted messengers come in.

In the community where we worked in, we found out that teachers were seen as credible sources of information, teachers in primary school, so you can harness that resource. Community leaders, every community has a chief. Community leaders were also seen as credible sources. Religious leaders, if you are a Christian, you're pastor, if you're a Muslim, you're Imam. These are community assets that need to be leveraged.

I think when the government or the healthcare system leverages these community assets, there is a sense of respect that comes with working with the government for the good of the community. This is something that immunization programs and governments should not shy away from. I think even beyond immunization, those relationships that are built with trusted messengers, with trusted community leaders can continue to function and support other primary healthcare interventions. Beyond vaccines, it might be child health, beyond child health, it might be women's health. I really think this has provided an opportunity to go beyond our comfort zone, beyond the health sector to identify partners and assets that we can use to really foster public health and community participation.

**Francesca:** Another issue that has been subject to misinformation, disinformation is climate change. Kiran, I'm curious what parallels you see between vaccines and climate change in terms of the sharing of information. Chizoba was talking about a lot of lessons learned and how we can move forward based on the COVID-19 pandemic, but what do you feel we can learn, in addition to COVID-19 vaccine misinformation, what can we learn from climate change misinformation?

**Kiran:** Let's be very honest, neither of those are sexy. I'm just going to say it. [chuckles] There is a favor for anything that sounds or seems sexy, and climate change does not come to mind, neither does vaccination. I think that the challenge

is how do we get people interested? Once we recognize that, we need to recognize that people really lack understanding. They don't want to hear the big words. They're also very visual now. One of the things we have to do is to ensure that as media, we properly explain it and we employ methods to be able to convey the information.

For instance, in terms of the trusted or credible messengers, we actually had social media clips of them being vaccinated, of them sharing their stories. Some of the stories weren't great, but they were able to connect so that you were able to build this resource and this community of information. The other thing is that we are subtle advocates as the media, and so we can change not just people's minds, but sometimes policies around how information is given. I think it's the same with climate change. We function the same way with regard to that, with our impact on policy frameworks.

Simple things like sometimes we wanted to interview certain doctors or nurses and we couldn't because they had to seek top-level approval that would take days or weeks. You're in a pandemic, you're not going to get that approval overnight, and so that was a challenge. I think that by being able to explain that that was a challenge, we were able to change it. Then what happened was that we saw more interaction and more facilitation for the information, but we had to give a voice to what the challenge was.

I think with regards to both issues, we have to ensure that we make the information appealing in the way it is put out there. It can't just be a newspaper clip, it can't just be words on paper, it can't have the big words, it needs to be broken down. That's the first thing that we have to do because this is about a battle of the mind, this is warfare of the mind, that's what we're dealing with.

**Chizoba:** I just wanted to jump in and add something in terms of how do we make information appealing and sexy to the public, the information that otherwise they would tune off to? I think, in Nigeria particularly, there is an opportunity with this burgeoning talent. We have what we call skit makers, so they make skits, like short dramatization. A lot of them are funny, some are poignant and all that. I think that we need to begin to partner with such content producers or providers. Many, many people are tuned into these skits and they share them so widely on social media or WhatsApp and all. I think that's a huge, huge opportunity.

These skit makers can take a very mundane topic and make it interesting. If we work with them, we will ensure that while they're transforming the information that we want into something that's appealing, that the messages are not lost, that the gravitas, if you will, is still maintained, but the interest and the, should I say, entertainment value is still there so that those messages will propagate themselves. You don't have to tell people, "Share this," they are so interesting to people that they share it anyway.

The partnerships that we form outside our usual suspects I think it's what's going to take us to the next level because the listening public right now has so many things competing for their eyes and their ears, we need able to compete with our health information by making them attractive, exciting, but still informative and credible.

**Vince:** What do you think about that, Kiran? I know this week you're about to start as a lead trainer for a partnership with Sabin, the International Women's Media Foundation, and the Media Institute of the Caribbean, which you're the president of, where you're going to be training several journalists across the Caribbean who are interested in covering vaccines.

Of course, I agree with you, the fear that drove a lot of interest in vaccines early in the COVID pandemic is waning and the sexiness of the topic is wary enough, which makes it tougher to get stories published. How are you approaching this training with these journalists and trying to get this very vital information out, but knowing that it's not going to be front page news in the same way that it was maybe last year?

**Kiran:** Well, Vince, first of all, let me thank Sabin and IWMF for recognizing the importance of such an initiative and embracing it and not leaving the Caribbean out. Sometimes we think we're a forgotten child in this region. I think that we're going to definitely look at the need for constant reporting on how the public is impacted. That's one of the key things. The public doesn't realize how it affects their day-to-day lives, these basic decisions that they make, whether it's the daily routine changes they make with regard to climate change, its use, simple at-home things, or whether it is how they deal with their health and their lifestyle and their choices when it comes to that.

I think we have to break it down because they also feel overwhelmed by anything that sounds medically complicated. They need to realize vaccination does not have to be medically complicated if you understand it. Our job with this workshop and with the journalists is to get them to understand the types of vaccines, what they do, what it means, what can be the effects or not, what are the alternatives to it. We also need to show the necessity for constant collaboration with the health sector and with the experts.

The experts are going to be involved in this process in the workshop because they need to understand they have to break down all of the technical tombs. They can't hold a press conference and use all of these big tombs and then expect the media to translate that for the public. It can't be done. Journalists are not doctors, we need their assistance with it. Of course, we have to find ways to clamp down on fake news.

Somehow, collaboratively in this region, and we actually spoke about it in other spaces that dealt with this information, there has to be a regional collaboration where there is almost an information hub. Whether that hub is formalized in terms of a website with terms and definitions, or a chat that's live, or you just set up a phone tree system on WhatsApp or Signal, but there has to be a constant collaboration.

We have to also build the in-network support system with healthcare professionals. Who do I call if I need in for an A, B, C? Who at WHO or PAHO or anywhere else, who do we get in touch with? Once that is done, and I'm happy to say that I think we're getting there because we recognize what the issue is and what the challenge is, once we recognize this, then who's to say it's not going to be front-page news more often?

**Francesca:** Yes, exactly. As we come to a close on this episode, Chizoba, do you have a closing message for vaccine decision-makers and leaders of the world?

**Chizoba:** Yes, sure. I think that COVID has provided us an opportunity to be frontline news. At least we've been frontline in the vaccine space for the past two years. A lot of people who didn't know what public health was now know what it is. I think even as we come to the post-pandemic era, we should take all the lessons that we've learned around clear communication, building partnerships, providing information in ways that are accessible to people, we should really take that award and integrate that into the way we do business in public health so that public health is not just for the experts, but it's for everyone.

I believe that there are so many opportunities in routes that we've made with COVID that will really serve us well in the work that we do, be it for immunization or for child health or for maternal health. I'm quite optimistic that these partnerships will endure and we'll reap much more fruits in the future. Public health communicators, kudos to you for all the work you've done. Continue to make great strikes in informing the public about their health and the kinds of actions and behaviors that they need to take to maintain those health and build their welfare.

**Vince:** Just to wrap up, I think that what you both shared in terms of that connection between the decision-making that people make in communities every day on vaccination or other health issues, connecting that to the leaders in the health industry, connecting it to other cross-sector areas, a lot of that, as Chizoba and Kiran, you both have alluded to, a lot has been created during the pandemic to try to get that messaging out there. Our Vice President for Global Immunization, Stacey Knobler, said last month that we've learned a lot during the pandemic. Let's not lose that.

I think we're at that moment where was a lot created, a lot of networks created, a lot of learnings happening, but we're at that moment that often goes from panic to neglect, and we're hoping that we can channel all of this great networking, all of this great work that has been done in engaging communities and continue to try to push for engagement on building and maintaining that trust in vaccines and immunization. We really appreciate you both joining us today. Kiran, just wanted to maybe give you the closing word with any final messages that you have in terms of how the health community could better engage with media and communicators on making sure that these messages get out there.

**Kiran:** We are here to provide a voice to the voiceless and inform the uninformed and champion information that will allow for a better, safer, and healthier lifestyle for the publics we serve. It's about public information and their safety, and we need to work together to be able to achieve that. My thanks to Sabin and IWFM for providing this platform and launching this initiative in the Caribbean region because I know it will benefit us all.

**Vince:** Thank you all so much. We look forward to continuing to work with you both and other leaders across the world as we head into a very critical year to build and maintain that trust in vaccines.

**Francesca:** Thank you so much for joining us.

**Kiran:** Thank you.

**Chizoba:** Thanks for having me.

**Francesca:** *Community Conversations on Vaccines* is brought to you by the Sabin Vaccine Institute and presented by Immunization Advocates. To find out more about the Sabin Vaccine Institute and how our programs are working toward a world free from vaccine-preventable diseases, visit [sabin.org](http://sabin.org). Find community conversations on vaccines at [immunizationadvocates.org/podcasts](http://immunizationadvocates.org/podcasts) or wherever you get your podcasts. Be sure to click subscribe to be the first to hear future episodes. On behalf of the team here at the Sabin Vaccine Institute, thanks for listening.