

**Community Conversations on Vaccines, Season 5, Episode 1:**  
**VARN 2023 Preview: Vaccine acceptance research, solution co-creation with**  
**Daniela Da'Costa Franco and Deepa Risal Pokharel**  
**English Transcript**

**Francesca - 00:00:10:** Welcome to Sabin Vaccine Institute's community conversations on Vaccines presented by immunization advocates.

**Vince - 00:00:17:** 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 - 00:00:32:** We're your hosts. I'm Francesca Montalto.

**Vince - 00:00:35:** And I'm Vince Blaser.

**Francesca - 00:00:38:** Hello, and welcome to season five of Community Conversations on Vaccines. I'm Francesca Montalto.

**Vince - 00:00:44:** And I'm Vince Blaser.

**Francesca - 00:00:45:** And we are really excited to be here for another season of the podcast. This season is especially cool because we will be focusing around Sabin's Vaccination Acceptance Research Network conference. It's co-convened by UNICEF, and it's happening June 12th through 15th in Bangkok, Thailand. And the goal of this conference and these conference sessions is to provide a space to explore and facilitate the wide dissemination of knowledge, practice, and evidence informed strategies for driving action across vaccination acceptance, demand, and delivery ecosystem.

**Vince - 00:01:19:** Yeah, Francesca, we're really excited. This is the second annual conference of the Vaccination Acceptance Research Network, or VARN, but this is the first one that's going to be happening in person. And so we're really excited today to have two guests who are going to be in Bangkok for the conference to talk a little bit about the moment that we're currently at in vaccine acceptance and demand from a couple of different angles and really help us explore where we are and what we can expect in the months and years to head in terms of the research needed and where we need to go in terms of vaccine acceptance and demand.

**Vince:** So our first guest is Deepa Risal Pokharel. She is the immunization demand team lead for the Health Section of UNICEF headquarters in New York. So, Deepa, welcome to the show.

**Deepa- 00:02:03:** Thank you.

**Vince - 00:02:04:** And we also have with us Daniela Da'Costa Franco. She's a research guest and technical advisor for the Ministry of Health in Guatemala, as well as a Sabin Vaccine Acceptance research partner. Daniela, welcome to the show.

**Daniela - 00:02:20:** Hello. Hi. Happy to be here.

**Vince - 00:02:22:** Well, so Deepa, you've been in the field of communication for development for the last 20 or so years starting in Nepal, where you're from and all around the world. Can you reflect a little on the course of your career and how the field of vaccine acceptance, confidence, research and

approaches have evolved to the moment that we're in now facing public health field with significant increases both in the number of vaccinations recommended by public health authorities, but also this vast increase in discussion on vaccines in general.

**Deepa - 00:02:53:** Thank you, Vince, for that question.

**Deepa:** So, as you said, I've actually worked for more than 25 years in the development field, in communication for development. Now it's called social and behavior change within UNICEF. So I've been very closely associated with vaccine campaigns from the time that I started with the UNICEF. So I was brought in as a measles communication officer back then in 2004, so it's almost 20 years next year. But I've worked in other organizations also.

**Deepa:** So what I've seen over the period is we used to focus a lot on information, education, communication. So when there was a vaccine campaign or a supplemental immunization activities, which used to be periodic, a lot of focus was on letting people know what the vaccination campaign is about, the age group and where to take the kids for vaccination. There were not that many vaccines those days, maybe four or five, the primary series, but it was more about informing the people.

**Deepa:** And then it was also quite straightforward because there was no social media those days, so we relied a lot on community health workers or social mobilizers going house to house and letting people know that vaccination is happening and for routine immunization, what is the age group that they need to take the children to and most of the time it was under one. However, there has been a lot of vaccines which has been introduced afterwards and so some of them are also given after the child has completed his first birthday, which used to be different from what it was in the beginning.

**Deepa:** And then gradually mass media started coming in. There was radio, television, so a lot of focus on mass media started to happen. With a plethora of community radios from my country, for example, we had about 250 plus community radio stations so you could use the radio stations in different languages to reach out to different people. We started working not just as health, but also we collaborated with Ministry of Education, with local development and youth groups, mothers groups. So I think the evolution of the vaccines and vaccination has really been very interesting throughout. But then of course, with social media coming in that gave a totally different dimension altogether because people started accessing information through the social media.

**Deepa:** It has a plus. But also there are some of the challenges with the social media, especially after the COVID-19 started. There has been a lot of misinformation, even disinformation, rumors, about all kinds of information that people were looking for social media because there was no vaccine, it was a pandemic and people wanted to get information on whatever channels they could get from. So the social media has really been one of the communication channels which has given us people easy access to information.

**Deepa:** Information really spreads very very quickly but at the positive side, if you were to look at it then the digital communication has also evolved quite a bit in the past few years which has allowed us to test rapidly, test vaccine messaging, reach out to millions of people. At the same time we've been able to monitor what people are saying in social media, offline media, which has helped us to really understand the concerns and perceptions of populations, which is huge benefit. And then quickly and rapidly we've been able to develop quality message content and reach out to different people.

**Deepa:** We've worked with private sector such as Meta and also with academia like Yale to really test the messages in a very rapid turnaround, but in a very scientific rigorous way. In a way we are forced, as social and behavior change people, to look at innovative ways. So in the early days when we

would just tell the communities that this is what you should be doing now, the mind shift has changed the interest and also the importance of behavior science has been huge in the past few years.

**Deepa:** So there's a lot of investment from different partners to understand what the community perception is, what are they saying, and it's not a very long research like it used to be. Like that knowledge attitude practice we had focusing a lot on using digital media, also to do research, but also do rapid inquiry using human centered designs, things which have really helped us to understand and work with communities. And then we've been working with communities to co create very much tailored solutions which helps us to reach the zero dose children.

**Deepa:** So over the period of almost like 20 years, things have changed so much. No longer is it just a by-the-way thing to be talking about social and behavior change. It's a science and art combined. So I think we are really on right track. A lot of challenges, of course, to having to deal with misinformation, disinformation, but also vaccine hesitancy.

**Francesca - 00:07:42:** Thanks.

**Francesca:** And Daniela, you work very close with communities. You've talked about the importance of multidisciplinary research, of transdisciplinary research teams and really just value diverse research methods and teams to help improve the outcome of research, specifically in this case on vaccine acceptance and demand. Can you speak a little bit more about your research that you and your team are presenting at the VARN and your experience working with indigenous communities in Guatemala?

**Daniela - 00:08:10:** Sure. As you were saying, I'm a researcher in Guatemala and Guatemala is amongst the Latin American countries that still have indigenous communities.

**Daniela:** So regarding the value of diverse research methods and what this brings to the outcome within the framework of vaccine acceptance and demand, it's mainly in the creation of a more culturally pertinent solutions, as Deepa was saying, more human centered solutions. So instead of having top down implementations that we have seen historically that don't work, we are creating a pathway that builds together with the participants a solution, or not just a solution, but a series of recommendations that have different components that are very important within societies and within communities, like cultural components, contextual components and especially historical components.

**Daniela:** And in the framework of Immunization, because let's remember that immunization is a mechanism that is framed within the healthcare system, and healthcare systems come from this colonial and westernized system, you know? This westernized structure. And it is important to not forget that there were a lot of unethical practices that several doctors and research institutions had not so long ago. And one thing we saw during the COVID pandemic was that there was a lot of hesitancy. And even though some of the fears that people had regarding the vaccines were not true, the fear was legitimate.

**Daniela:** So the importance of incorporating other perspectives, especially indigenous perspectives, or the perspective of the communities, vulnerable communities, in understanding how campaign can be implemented or how can a vaccination process can be implemented within the community is important because they are incorporating their perspectives. So you're having a more horizontal dialogue between researchers, between institution, between government, and between participants. So it's like a problem we're all solving together.

**Vince - 00:10:17:** Daniela, you just used the term transdisciplinary methods, and I know that that is a big part of the methodology of the research that you and your colleagues have been conducting. Can

you say a little bit more about what that is and about the exact methodology of your research program and what some of the findings so far have been?

**Daniela - 00:10:37:** Yes. Well, transdisciplinary methods is this framework where you're incorporating different perspectives in a more horizontal way, aiming to solve a problem. And the research we conducted was to build a transdisciplinary team to collect data of what was the vaccine, hesitancy or vaccine rejections reasons in a community in Guatemala and to deliver back to the community those results with the transdisciplinary team.

**Daniela:** So basically we had four phases; training and team building phase, then data collection, then data analysis, where they help us to analyze the data. And we had historical, cultural, and contextual data lines for mentioning in a way, they help us incorporate certain views that we had not collected through the data in the surveys and the focus groups. And after that, they help us to deliver back to the community the results. And lastly, well, you can all see this in a documentary we built from the Sabin Project, which you can find in the Sabin Network.

**Francesca - 00:11:44:** Yes, and we will post this documentary on [immunizationadvocates.org](https://immunizationadvocates.org), where you can also find this podcast episode and previous seasons.

**Vince - 00:11:54:** So Deepa. Maybe that's a good transition of that approach that Daniela is talking about. You talked about the importance in the kind of evolution of human centered design and maybe it's just a good transition to start talking a little bit about the VARN 2023 Conference and how this conference has kind of come together and come about.

**Vince:** I know there are hundreds of researchers from many different disciplines kind of coming together. I mean, I'm just going to read a few of the concurrent sessions and Plenaries titles. There's the full agenda that's online. All of these sessions eventually are going to end up online. The opening plenary is going to be live streamed.

**Vince:** So sessions on recovering and reimagining childhood essential immunization, inequities creating zero dose communities and gender gaps in immunization, inequities within conflict settings, vaccinating across the life course, the complexities of vaccine equity, challenges of online and offline circulating misinformation relating to zero dose children and vaccine introduction, and tools and approaches to boost vaccine confidence. Can you just say a little bit about how you and other organizers of this conference put it together and kind of what you're hoping kind of comes out of this conference?

**Deepa - 00:13:06:** So, as Francesca started in the beginning about the VARN and what it aims to achieve, it has been a flagship program for Sabin for, this is the second one as we know. However, UNICEF is co-convenor with Sabin this year with support from Gavi Secretariat and in support of the COVID Delivery Partnership. So there are quite a number of actors who are engaged in it.

**Deepa:** And it's at a very opportune moment when we have just released the State of World Children from UNICEF, which is a flagship program for us. And it's quoted by many people who work in childhood immunization. And what we've seen from WHO UNICEF estimate of immunization from last year, is that there have been millions of children, 67 million children have missed out from immunization in the past three years and many of them are zero dose who have never received one vaccine. Among the 67 million, 48 million have never received even one dose of the vaccine. So it's really at a time where we've seen the biggest sustained decline in vaccination in the past 30 years.

**Deepa:** So the VARN comes at a time where we are bringing people from different parts of the world together, the researchers, the practitioners and academic people, ministry of Health, and really CSO

representative together. So what we really want to aim for is to look at the three thematic areas that you mentioned, Vince, equity, life course and integration and reimagining childhood immunization. What we want to know is what have been the really practical strategies and things that have worked in different parts of the world? What are people doing in terms of reaching the marginalized communities in that equity part of the pillar? Whether it could be zero dose, it could be different marginalized communities, it could be geographical context. So we're really looking at understanding what has worked and what could be the evidence-based strategy because the VARN is about research and what has worked. And also there's quite a lot of practice sessions in it.

**Deepa:** The idea is that people would be able to learn from each other from this huge knowledge base. And most of the time, as we know, when we talk about research, it's mostly from the developed world that we talk about. The uniqueness of VARN is that we provide a lot of opportunities from the lower- and middle-income countries to come together and share their experience on what has worked, which is phenomenal even when you look at the people who would be coming and presenting, it's not the usual people that you would see. It has provided an opportunity for people from a lot of countries to come together.

**Deepa:** But also there are site sessions which we are organizing like how does it work for service experience, how do you address the misinformation and disinformation? And we also have got some sessions on skill building such as human centered design and I was so glad to hear Daniela speak about the human-centered design because this is something which is very close to my heart and then we've been using it as an approach in many different countries that units have support.

**Deepa:** So what we want to get out of it at the end of the day is to really have this knowledge sharing among people. And the information that we get would hopefully be able to not only advocate for commitment from the global leaders to make sure that we are focusing on recovering from the loss that has been seen in the region immunization, but also to be able to have different people look at it and see what country A has done can be replicated in a country B or something that we can really resonate with and relate to among the participants, which would hopefully help to inform policies and strategies as well.

**Vince - 00:16:45:** You had talked about applying human centered design in several different settings and talking about the largest sustained decline in routine immunization coverage in 30 years, which was found in last year's WHO UNICEF Report. And then you talked about the State of the World's Children Report, very important report and we'll post that on our site as well for this episode.

**Vince:** But that report, in addition to highlighting that and highlighting UNICEF, WHO, Gavi, Gates Foundation, others joint sort of campaign for the big catch up to kind of restore and sustain a higher immunization coverage. It took a look at a little bit of what Daniela was talking about, the kind of public perception of vaccination in 55 countries and I know that it found that the public perception of importance of vaccines decline in 52 of those 55 countries.

**Vince:** Now that could paint a pretty broad negative picture but of course the picture is more nuanced than that and depends on the time and context in place, yes? So could you kind of just talk about how your work at UNICEF and other partners you work with, how you kind of approach that complexity of this issue?

**Deepa - 00:17:52:** As you rightly said, the State of the World Children has included some data from the Vaccine Confidence Project which was done in the UK and they've looked at the data from 2015 to 19 and then not 20, but 21 and 22 as well. So 55 countries is quite a big sample and they've looked at hundreds of thousands of data.

**Deepa:** So yes, we have seen 52 out of 55 countries with a declining vaccine confidence and the question were asked was about the importance of vaccination. However, we also have to understand that vaccine confidence is very volatile and it's very context specific. So while we are concerned we don't know whether it's going to translate into the uptake of the vaccine or not. What we've seen may or may not because there's more research needed to understand what are the things that people are being concerned about that they are not coming for vaccination? Could it be COVID's effect or could it be other things? Because in some of the lower middle income countries that UNICEF has been working on, we have actually seen that the vaccine confidence for routine has been more or less the same.

**Deepa:** But also the good news is that, and the report talks about it, is that though there has been a decline in vaccine confidence, 80% of people still believe in vaccination. They still say that it's 80% of the people think that vaccination is important. So I think the message here is yes, we are concerned, but also most of the countries, if you look at it, are from the high income countries and upper income countries. However, no matter where the child is, we still take it seriously because every child matters, for us. What it means is that this is an alert and we do need to take vaccine confidence seriously. But at the same time it's so context specific and country specific that we need more research, more information to understand why it's happening.

**Deepa:** And it also could be that vaccine confidence is not just a matter of vaccine. It's affected by so many things, whether supplies are there or not. Like for example, during the COVID-19, people were very scared to take their children for the vaccination centers and health workforce was so overwhelmed that their whole shift was towards the COVID-19. So obviously the routine immunization is going to be affected as well.

**Deepa:** So the supply side of the programming also needs to be looked at. When we looked at the vaccine confidence, is it that because the supplies were not there or is it that it was too far away? Or what are the other factors which may have affected the vaccine confidence is something we really want to look at.

**Deepa:** UNICEF and partners, like some of the partners you mentioned WHO, CDC, BMG, USAID and all, IFRC we all are working together to make sure that we try to invest in social data that's why I talked about social data in the beginning. It's so important to understand, listen to communities, what is going on before we come up with the solutions. And that's exactly what we are doing, developing more of local, tailored solutions to boost the vaccine confidence.

**Francesca - 00:20:44:** Now, Daniela, in the communities and the populations you work with in Guatemala, how have you seen the perceptions or questions change from the start of the pandemic from COVID-19 vaccines to how that has affected routine immunization both before and after the pandemic?

**Daniela - 00:21:01:** The routine immunizations were very affected after the pandemic and during the pandemic, especially in 2021 and 2022. Especially the people that had rejected the vaccine didn't want it to go to put the vaccine to their children.

**Daniela:** And as Deepa was saying, we found a very strong determinant factor to be the confidence and the agency of the participants. And confidence is not just the fact that they accept the healthcare service, but it's also the fact that if they're being provided with a good service and as the healthcare workers were overwhelmed because of the burden and the pressure to increase the vaccination coverage because this was a direct order from the central headquarters of the Ministry of Health and they were the only responsible of increasing the vaccination coverage. So they had this burnout from the pandemic and also the resources, because in Guatemala, I don't know if in other countries, but in

Guatemala you had to wait for at least 10 to 20 people to open the vaccination bio because otherwise there were unused doses. And the country had had a big loan to get the vaccines and a lot of vaccines were donated. So there were a lot of different issues around confidence.

**Daniela:** So we found that confidence was a very strong determinant in the because we did a regression model. So after adjusting for a lot of variables, confidence was still a significant variable, as some epidemiologists say. But how you understand confidence? What is the criteria of the population to trust someone and what do the population understands of how the vaccine works? We know how the vaccine works in technical matters, but how the population understands the vaccine is important to also understand it, as Deepa was saying, like the social data, what does the social information is telling us of what is the mental model of the people of the vaccine? What is the mental model, how this immunization is being built within their bodies?

**Daniela:** So this information is important for healthcare workers and healthcare professionals and institutions behind immunization to understand, because this information could be useful to transmit, to share, give the information back to the population in certain ways.

**Daniela:** So yes, we found that there was a decline in routine immunization for children, which is something that right now it's trying to lift up in Guatemala because healthcare workers are trying to regain the trust in their populations because they are no longer pressuring for the COVID vaccine. Because the problem we found was that because there was this international agenda to promote and to increase the vaccination coverage of COVID-19 because obviously it was a pandemic, this was not a priority at local communities. So they were having this kind of fight, like interest fight, between what communities thought it was important in terms of their health and what healthcare workers had the order to promote, which it was the COVID pandemic. So now they are no longer promoting or pressuring the population to take the COVID-19 vaccine. They are trying to lift up the childhood routine immunization coverage.

**Francesca - 00:24:15:** You both mentioned the need to support health workers as well as the importance of including communities in these programs and in human centered design. As we head to VARN 2023, to Bangkok, do you have a short closing message for leaders across disciplines who are working to increase immunization, to increase competence?

**Daniela - 00:24:38:** For international leaders, I believe two key messages are important in this matter. First of all, there is a very big need to audit the government because at least what we saw in a lot of Latin American countries, the decision of which vaccine to buy or to get should have been more evidence based in this matter because this created a lot of mistrust in the healthcare workforce. The vaccine that they had, because it was a governmental arrangement. And secondly, to listen to the communities to be more social evidence based information of how to increase the vaccination uptake.

**Francesca - 00:25:16:** Deepa, would you like to add? Do you have a short message?

**Deepa - 00:25:19:** Yeah, I think for me there are a couple of things for the leaders and decision makers through the VARN that we want to say, first of all, to have their attention on this situation of more than 67 million having missed one or more of the vaccination in the past three years. So the urgency of a commitment from the leaders and decision makers to prioritize immunization in terms of program, but also in terms of investment, that's something that I would really like to ask for a call for action from the leaders.

**Deepa:** The second thing is also to invest in vaccine confidence. In the past few years we have seen, of course, investment going up, particularly from the Gavi Vaccine Alliance. The others also like

USAID and UNICEF and EWH, all have been increasing. But however, their message is that financial resources needs to go both for the overall program, including the vaccine demand part.

**Deepa:** And the third is the catch up campaigns and recovery. The big catch up campaign which has started now, which would go on for one year as an advocacy campaign, is going to focus exactly on making sure that the children who've missed out in the past three years are covered with vaccination so there are no outbreaks. We can reduce the number of outbreaks and we also reach at least to the levels or the rates of vaccination which we had at least before the pandemic, while we try to strengthen the primary health care.

**Vince - 00:26:43:** Well, just listening to both of you today, I think it's good to end on a very hopeful note in the sense of just hearing the conversations that Daniela has had with her team and her research in Guatemala. And Deepa , are you sharing how you felt about the evolution of human center design and on the evolution of these programs, social behavior change in the sense that there is a lot more effort going on now to listen and be responsive to communities.

**Vince:** Of course, we've talked about some of the challenges and certainly the pandemic presented many of them, to which this community needs to continue to have conversations. And so I'm really looking forward to hearing some of the conversations and some of the collaborations that take place out of the VARN conference, because, of course, as you say, the big catch up is a vital campaign for public health, but it can't just be a big global advocacy campaign. It has to work in communities all around the world, and to do that, we need to understand and apply those nuances of the local context in every setting.

**Vince:** And so I'm looking forward to hearing about how those conversations go. I really enjoyed the conversation today and really excited to hear in our next episode of some of the outcomes from the VARN conference.

**Francesca - 00:28:04:** Thank you both so much for joining us.

**Deepa - 00:28:06:** Thank you so much.

**Daniela - 00:28:07:** Thank you so much.

**Francesca - 00:28:08:** 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 [immunizationadvocates.org/podcast](http://immunizationadvocates.org/podcast) or wherever you get your podcast. 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.