



Act now: Delivering vaccines to the last mile in Malawi as Omicron spreads

“The vaccines are here but support for delivery is most needed, especially at the last mile.” – District Health Management Team member, Ntcheu District

As of January 10, 2022, Malawi had delivered 1.84 million vaccine doses of the 3.12 million doses it had received.¹ Many doses in the country have rapidly approaching expiration dates, and if they do not get to people fast, they may expire sitting on the shelves. To make sure the 1.26 million doses left go to the people who need them most, we must invest more in communication, engagement, and delivery. The [\\$30M granted by the World Bank](#) in June 2021 is sufficient for covering only 8% of Malawi’s total population. As the highly contagious Omicron variant spreads worldwide, it is increasingly critical that more people are vaccinated now. We cannot assume that the Government of Malawi and its current health system can do it alone.

The government and other health actors in Malawi are working tirelessly to vaccinate people, while facing multiple health crises. The health system is building on a base of committed (if overstretched) health workers, an openness to community feedback, and a long expertise of delivering

CARE supports delivery of COVID-19 vaccinations in Ntcheu and Salima districts.

Ntcheu: 16,833 people (including 8,758 women) are fully vaccinated; 7.8% of the vaccine target population in the district has been reached.

Salima: 11,448 people are fully vaccinated; 13.8% of the vaccine target population in the district has been reached.

Data as of December 2021

¹ <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard> & <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/malawi/> (accessed January 10, 2022)



vaccines (childhood vaccination rates in Malawi are as high as 95%).² The government is coordinating closely with many actors to reduce gender gaps, get vaccines to the last mile, and keep existing health services open. Nonetheless, the Ministry of Health is under-resourced and operating in a global system where the vaccine supply that arrives may be close to expiring. For example, doses of the Astra-Zeneca vaccine had to be **destroyed last spring** after arriving in Malawi with only two and a half weeks left before their expiration date.

More investment is needed. To take one example, the national government has been able to provide just one van per district to support mobile vaccination sites that get vaccines to the last mile. Mobile vaccinations are the most effective way to serve people who live far away from health centers and do not have access to easy forms of transportation. That means that in Ntcheu, **one van is expected to serve a target population of 214,929 people living over 3,424 square kilometers (1,322 square miles)**. One van cannot serve those people fast enough to make sure vaccines get where they need to in time, especially when an inconsistent and

unpredictable vaccine supply could have doses expiring at any time.

Working with communities, health service providers, and local and national governments, here are the solutions CARE is hearing from people on the ground in Malawi. Most of the critical issues voiced are at the community-level and require a localized response as well as funding at the district level.

- **Expand mobile vaccination.** Do more to move the vaccination effort from static sites based at health centers to mobile outreach that serves people where they are. This is especially important for women—who have less access to transportation and have additional household tasks—and people in rural communities. Mobile vaccination efforts must come with the capacity and equipment to handle several types of vaccines, including those that require ultra-cold chain.
- **Invest in recurring logistical costs.** The government is asking for partners like CARE to support with additional equipment (e.g., more vans). They are also asking for help with recurring costs like fuel. When a district gets a van, they are not getting the fuel to send that van to all the places it needs to go. Fuel is an ongoing operational cost that theoretically comes from existing budgets. But leaning on theory and existing budgets alone means vaccines cannot go out, even if there has been some investment in new equipment.
- **Invest in staff.** Like with fuel for vans, staff costs are not included in government budgets. Without health workers in the vans to administer the vaccines and without drivers to drive the vans, the shots are not going to make it into arms. Staff need to be able to make decisions quickly based on what they see happening in their communities. Currently, long chains of communication and paperwork for approving shifts are slowing down vaccination operations, and every minute counts. Health workers need the training, resources, and freedom to make decisions in situations where circumstances change quickly depending on the type of vaccine available, unpredictable expiration dates, and differing local attitudes on vaccinations.

² <https://www.statista.com/statistics/1276799/vaccination-coverage-of-children-in-malawi/> (Data from August 25, 2019)

- **Do more to mobilize communities.** We need to invest much more in the health workers and community volunteers who are needed to generate demand for COVID-19 vaccines. Working with faith leaders, local leaders, and leaders in women and youth groups to mobilize vaccine education is critical to closing the gaps. Vaccine hesitancy is one of the barriers that makes it harder for countries to use all their vaccines before they expire. Many people are unsure about who should get the vaccines, if the vaccines are safe, where and when the vaccines are available, and which vaccines to get. These uncertainties are compounded by conflicting information from various sources, and information and recommendations that change over time. Vaccine hesitancy continues to hamper efforts to improve vaccine equity and coverage³, and in some contexts, hesitancy is more common among women than men.⁴

Improve coordination of planning and delivery. Organizing vaccine clinics on days when most community members are available and in places where they can most easily access services makes an enormous difference for getting more vaccines into arms. Reports indicate that people have shown up for vaccines only to be turned away. Unfortunately, those turned away may never return for vaccines, and, moreover, may discourage others from seeking services because of their experience. Additionally, local health workers report they are afraid to be responsible for wasting vaccine doses, and as a result, will only open a vial if they are sure they can use all the doses contained in it. Mobile and outreach clinics should target communal gatherings that are held in designated points on a regular basis, such as markets or churches. Ntcheu district has more than ten trading centers where weekly markets are held that draw patrons from local communities and traders from neighboring districts

- **Continue to engage local people and tap into the energy of youth groups and activists.** Community dialogue is key to building the trust required to get people to show up for vaccines. It is also a critical component of both planning vaccine campaigns that will work at the last mile and adapting those campaigns as they face new challenges. Open communication between community members—including women and young people—and health workers who are empowered to make decisions is key for a successful vaccination campaign. This has been true for childhood vaccinations and family planning, and it holds true for COVID-19 vaccines. We should leverage the enthusiasm of youth groups, local chiefs, and religious leaders in Malawi's Ntcheu and Salima districts, all of whom have expressed interest in disseminating accurate information to their communities and are interested in getting the vaccine themselves.

Authors

This brief was written by Kriss Chinkhota, Emily Janoch, Anushka Kalyanpur, Patience M'goli Mwale, and Caitlin Shannon. It was edited by Corinne Paul. The information in this brief is up to date as of **January 10, 2022**. Further updates will be made as more data becomes available.

³ <https://www.devex.com/news/are-myths-about-infertility-fuelling-vaccine-hesitancy-in-malawi-102194>

⁴ <http://www.careevaluations.org/evaluation/community-scorecard-for-covid-19-vaccines-in-malawi/>