



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

As of January 10, 2022, Malawi had delivered 1.84 million doses of vaccine out of the 3.12 million doses it has received so far.¹ Many doses in 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 \$37M granted by the World Bank over the past year is sufficient for covering only 8% of Malawi’s total population. What is more, as the highly contagious Omicron variant spreads worldwide, it is even more 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 Ntcheu and Salima districts to delivery COVID-19 vaccinations.

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 individuals 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 in the spring, after arriving in Malawi with only two and a half weeks left before their expiration date.

More investment is needed. To take just one example, the national government has been able to provide one van per district to support mobile vaccination sites, to 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.** 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—one 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 vaccine, including ultra-cold chain.
- **Invest in recurring logistical costs.** The government is asking for partners like CARE to support with additional equipment (more vans). Even more than that, they are asking for help with recurring costs. 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. Leaning on theory and existing budgets means vaccines cannot go out, even though there has been some investment in new equipment.
- **Invest in staff.** Like with fuel for the new vans, staff costs are not included in part of the new budgets. Without health workers in the vans to administer the vaccines, without drivers to drive the vans, the shots are not going to make it into arms. More than that, staff need to be able to make decisions quickly based on what they see happening in their communities. Right now, long chains of communication and paperwork for approving a shift are slowing down the process, and every minute counts. Health workers need the training, the resources, and the freedom to make decisions in a situation where everything changes quickly from the type of vaccine available to unpredictable expiration dates to local attitudes towards 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 vaccines is critical to closing the gaps. Vaccine hesitancy is a barrier to using the vaccines before they expire. People are still confused about who should get the vaccine, if the vaccine is safe, where and when the vaccines are available, and which vaccines to get. In some cases, they are convinced vaccines are not safe for them. 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, is more common among women than men.⁴
- **Improve coordination of planning and delivery.** Mobilizing enough people makes an enormous difference in getting vaccines into arms, including organizing clinics on days when people can come for services and in places where they can most easily access services. Reports indicate that people have shown up for vaccines only to be turned away. Local health workers report they are afraid to be responsible for wasting vaccine doses, and as a result, they will only open a vial if they are sure they can use all the doses. Unfortunately, those turned away may never return for vaccines, and moreover, may discourage others from seeking services.

In addition, mobile and outreach clinics should target communal gatherings, such as markets, held in designated points on a weekly basis. For instance, Ntcheu district has over ten trading centers where they do weekly markets. Patronage includes local communities and other traders from neighboring districts. Churches have also been identified as potential vaccine delivery points, given the proportion of Malawians that attend church.

- **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 showing up for vaccines. It is also a critical component of 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 one of key to success. This has been true for childhood vaccinations and family planning, and it is still true for COVID-19 vaccines. Leverage enthusiasm of youth groups, local chiefs, and religious leaders in Ntcheu and Salima districts, all of whom have expressed interest in disseminating accurate information to communities and are interested in getting vaccine themselves.

Authors

This brief was written by Kriss Chinkhota, Emily Janoch, Anushka Kalyanpur, Patience Mowgli, and Caitlin Shannon. 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/>