



COVID-19 Vaccine Delivery Reaching the Last Mile

More than two years into the COVID-19 pandemic, infection rates are dropping dramatically in much of the U.S., but the challenge is far from over. **No one is safe while much of the world remains unvaccinated** – leaving the potential for additional troubling variants to emerge. At present 66.3% of people worldwide – but only 17.8% of people in low-income countries – have received at least one dose.¹ The World Health Organization has renewed its urgent call for 70% of the world's population to be fully vaccinated.

CARE is supporting efforts to improve **desperately low vaccination rates** in places like remote, hard-to-access villages, refugee and internally displaced people's camps, and densely populated urban areas. Some countries continue to fall far short of goals. In Nigeria – Africa's most populous nation – just 9.5% of people have received at least one dose. In the Democratic Republic of the Congo (DRC), the rate is 1.3% – in Burundi, 0.1%.

We are also committed to bridging the vaccine gender gap, which remains very real. Only about half of all countries track vaccination rates by gender. In many places, the data show women are left behind. In Cameroon, for example, 59% of people who have received two doses of vaccine are men, and only 41% are women. In Pakistan, the ratio is 64% men to 36% women.²

The good news is that more countries than ever are gaining access to vaccines. However, **steep barriers remain to last-mile delivery,** including the failure of wealthier countries to provide adequate funding for vaccine distribution. As we gain more on-the-ground experience, it is increasingly clear that the global vaccination effort has **vastly underestimated the cost** of "tarmac-to-arm" delivery.

"Just 1 in 10 people are fully vaccinated in low-income countries. We have a long way to go toward the goal of 70% fully vaccinated in every country."

– Madhu Deshmukh, Vice President of Program Strategy and Impact, CARE

Your gift is helping CARE strengthen last-mile delivery of vaccines.

CARE's Crisis Response Campaign is tackling obstacles to vaccine delivery – from misinformation to logistical gaps. We work alongside volunteer, faithbased and other community groups; national governments; and international agencies, in areas such as community outreach and education; staff training and safety; delivery logistics; and vaccine data management. Together with our partners we are making progress toward the global target of 70% fully vaccinated by the end of 2022. Since January 2021, CARE's vaccine response has reached 39 countries and counting, including some of the world's most challenging environments, contributing to the vaccination of 146.4 million people.



Latin America/Caribbean:

olombia	Haiti
luba	Hondur
cuador	Peru
iuatemala	

Sub-Saharan Africa:

Benin	Rwanda	
Burundi	Sierra Leone	
Cameroon	South Suda	
Cote d'Ivoire	Somalia	
DRC	Tanzania	
Ghana	Uganda	
Kenya	Zambia	
Malawi	Zimbabwe	
Nigeria		
Middle East/North Africa:		
Afghanistan	NW Syria	
Iraq	Turkey	
	,	

Jordan	
Asia:	
Bangladesh	Pa
Cambodia	Gu Ph Th
India	
Laos	
Nepal	Tir
Pakistan	

Papua New Guinea Philippines Thailand Timor Leste

Harnessing the power of social media

Since early 2021, CARE has partnered with Meta® (formerly Facebook®) to run pro-vaccine public service announcements in 20 countries. Through the partnership, 90 CARE country office staff received training and crafted social media approaches targeted to their local community – including the use of trusted messengers such as medical professionals, celebrities, faith leaders and people sharing their personal stories. We ran more than 45 three-week campaigns in 20 countries. Collectively CARE's pro-vaccine boosted posts have been viewed 1.3 billion times by 461 million people. Overall, thanks to the campaign, 12.5 million people moved one step closer to vaccination.



CARE is working to overcome the remaining obstacles to vaccination worldwide. Our priorities include:

Increasing vaccine confidence

- Working with community leaders and other influencers, and conducting dialogues to address rumors, misinformation, social and gender norms and other barriers to vaccine acceptance. In DRC, for example, this work has been particularly effective in areas that have been impacted by Ebola and other health threats.
- Bringing together healthcare providers and community members to identify and address issues negatively impacting vaccine delivery. In Malawi, this process highlighted the importance of addressing vaccine hesitancy among healthcare providers as well as community members. In Bangladesh, CARE worked with the government to extend vaccine training to healthcare staff working at garment factories – enabling factory workers to access vaccines without taking time off.

Improving last-mile distribution

- Mobilizing funding to cover logistical costs, such as transportation, to bring vaccines to remote areas.
- Ensuring the availability of healthcare staff and community mobilizers to provide accurate information, promote vaccine confidence and administer vaccines.
- Supporting deployment costs of vaccinators, volunteers and healthcare workers, including training, transportation, salaries and funds to offset food and travel expenses.
- Providing materials and supplies such as personal protective equipment and handwashing stations.

Protecting and empowering frontline health workers (FLHWs)

- Raising awareness that the well-being, training and compensation of FLHWs – over 70% of whom are women – are critical to vaccine rollout.
- Working to mentor, train, compensate and support new and existing FLHWs to meet the increased demand for vaccines. In South Sudan, where only half of children received routine vaccinations even before COVID-19, CARE is supporting vaccinators who receive the same training as long-term staff and rotate between the COVID-19 vaccination campaign and routine childhood vaccinations.

Strengthening overall healthcare

- Helping ensure the continuity of sexual and reproductive health (SRH) services that have been drastically affected by impacts of the pandemic. In Bangladesh, CARE is leveraging our innovative model for private skilled health entrepreneurs to ensure provision of essential SRH services. In Guatemala, we are overcoming financial barriers to SRH by supporting refugees, migrants and vulnerable host community members with cash vouchers.
- Improving the overall state of primary healthcare systems that are critical to controlling the COVID-19 pandemic – especially in remote and marginalized communities.
- Supporting administrative functions. In Zambia, CARE provides meals and financially supports data clerks responsible for updating vaccine databases. In Tanzania, CARE trains community health workers to track and follow up with community members who have not shown up for their second dose.



Meeting the true cost of vaccination

Vaccine delivery in-country can cost as much as **seven times more** than initial projections, according to CARE's recent studies in Nepal and Zambia. Costs include:



Personnel: Training, equipping and compensating frontline health workers to deliver vaccines.



Community mobilization: Combatting misinformation and bolstering public awareness about the safety and efficacy of vaccinations.



Logistics: Reaching poor and disadvantaged communities with targeted delivery strategies such as mobile vaccination units.



Information: Improving the capacity of systems and staff to track vaccinations and ensure follow-up.



Vaccine justice in action

In countries like **Uganda,** CARE has advocated successfully to extend vaccine access to **marginalized communities, including refugees.**

We conducted a **survey of 300+ households** to better understand barriers to getting the vaccine; invited **media professionals** to a workshop to address rumors; sponsored **radio talk shows** featuring healthcare providers, religious leaders and other influencers; trained community mobilizers; and helped develop improved delivery plans.

Other advocacy priorities include urging G7/G20 countries **to pay their fair share** toward last-mile delivery costs. In hard-toreach areas, these can be as much as seven times the original estimated cost.

CARE is advocating for the U.S. to commit to investing \$5 billion in vaccine delivery, especially in frontline health workers – the majority of whom are women.

Leveraging CARE's experience in epidemics

CARE has long been a leader in response to epidemics – Ebola in West Africa and DRC, cholera in Haiti and Nigeria, and many others. That experience gives CARE a strategic advantage in:

- **Readiness:** From prepositioned supplies and personnel to longer-term systems and infrastructure strengthening.
- **Local Leadership:** Management that ensures quick action but puts decision-making close to affected populations.
- Community Engagement: CARE's trusted reputation built on decades of local relationships – enabling effective outreach for vaccines and disease surveillance.
- **Sustainability:** Programs designed with an exit strategy in mind to strengthen local systems and hand over activities to local partners.

Help us maintain our momentum

The world urgently needs a renewed commitment to effective COVID-19 vaccine delivery that increases vaccine confidence, overcomes last-mile barriers, ensures access for women and marginalized communities, addresses broader healthcare needs, and leaves behind a stronger and more resilient primary healthcare system.

CARE is helping make these goals a reality in 39 countries – and counting. Your continued support to CARE's Crisis Response Campaign is vital. We offer our sincere gratitude for your solidarity and generosity.

