

# When COVID-19 Vaccines Are Not Enough:

Ensuring Delivery to the Last Mile





A **recent analysis found** that 87% of COVID-19 vaccine doses have been given in wealthier countries, despite new surges in cases and deaths in conflict and crisis-affected countries. As variants drive up infections and intensify pressure on **already-strained health systems**, countries such as the US and the UK have pre-purchased enough doses to vaccinate their populations more than two times over. Inequity in vaccine supply and access **remains a tremendous concern**. Without an equal distribution of doses, cases will continue to surge around the world, increasing the likelihood of new variants developing that will only continue the trajectory of this pandemic.

The **recent pledge from the US** to share excess doses with low-income countries through the COVAX Facility, alongside calls **from world leaders** for the G7 to make COVID-19 vaccines readily available for all, are both critical steps to increasing equitable access to vaccine supply. Yet, vaccines alone are not enough. The international community is not currently devoting the necessary resources to support vaccine delivery in low-income countries. It normally takes years of planning to introduce new vaccines. This includes technical support for governments to plan distribution as well as generate demand for the vaccines. Without these key components, we will continue to see doses **expire, be returned/reallocated, go back into storage**, and **be mistrusted**.

COVER: Rahima, a refugee and mother of 5 from Afghanistan, helps with cleaning and hygiene promotion at Moria Camp.

BOTTOM: IRC Colombia takes measures to mitigate the risk of COVID-19 contagion at a community health center near the Venezuelan border.



**Additional doses and resources to support distribution and demand must go hand in hand. Here are five ways to ensure the effective delivery of COVID-19 vaccines to the last mile:**

## 1. Increase Technology and Skills Transfers

With supply scarcity continuing, people who received their first doses in early 2021 are now at risk of missing their second dose — and millions more have yet to see any doses at all. There has been a lot of focus around waiving intellectual property rights to boost the manufacturing of vaccines, yet patents **are just one piece of a complex puzzle**. For more countries to effectively manufacture the already-approved COVID-19 vaccines, investments must also be made in sharing relevant technology and know-how. Mechanisms like the **COVID-19 Technology Access Pool** have been set up to facilitate this process, which could ultimately help build the capacity of manufactures to not only produce COVID-19 vaccines, but other life-saving resources in the future.

## 2. Empower Those Already on the Ground

Already, **low-income countries** do not have the capacity nor the resources to quickly and efficiently roll out mass vaccination campaigns. Governments and international actors — including the United Nations — need to expand the footprint of NGOs already working in-country to not only help physically deliver the vaccines, but to also support in planning efforts including community engagement and planning for storage and distribution. Civil society organizations have the technical expertise to help train health workers and to strengthen cold chain supply as well as the relationships needed to help build trust and address local concern driving vaccine hesitancy.



LEFT: IRC Area Manager Georgia Mitsika at Lesbos RIC in Greece.

RIGHT: IRC Staff member Naman Bachir prepares boxes for distribution to refugee families.





### 3. Adequately Fund the Entire Vaccine Cycle

While advocacy efforts continue around sharing COVID-19 vaccine doses, little if any funding has been allocated for distribution or for the technical support needed to help countries roll out the vaccines once secured. Recent calls for funding have focused on the purchase of additional vaccines with funding for distribution and demand generation largely unmentioned. For example, total donor pledges to COVAX amounted to \$6.7 billion in **early May 2021**, yet less than \$1 billion was committed to vaccine delivery and/or logistics.

Enike Soduku, a refugee at the Bidi Bidi Settlement in Uganda, receives the COVID-19 vaccine.

### 4. Build Trust and Proactively Tackle Misinformation

Through decades of experience delivering vaccines across low-income countries, the International Rescue Committee has witnessed the impacts of misinformation and mistrust in driving vaccine hesitancy. An effective vaccine campaign requires a community engagement plan customized to the local context and local concerns. To proactively **address these challenges**, community health care workers should be empowered with accurate information; community leaders should be engaged as trusted messengers; two-way communication should be facilitated between leaders and their communities to address; women should be equally engaged in communications efforts; and information must be shared across accessible platforms with local culture and customs considered.

## 5. Strengthen Health Systems for the Long Haul

Strong and inclusive health systems are essential in providing life-saving services to the last mile, for COVID-19 and post pandemic. **Investments must be made** in health worker protection and capacity, infrastructure, supply chains, data collection systems, and more. This also includes enacting long-term, flexible financing to ensure the sustainable provision of quality, affordable, and accessible health services, and developing national policies that promote equitable access to health services including for refugees and internally displaced persons.

Vaccines do not deliver themselves. Supply remains critical but attention and resources must also be directed to the full distribution chain (transporting vaccines to people, having skilled healthcare staff trained to administer doses, adequate storage, etc.) as well as toward building trust among communities to generate the necessary demand. No one is safe until we are all safe.



Ndema Benzamine prepares to administer COVID-19 vaccines at Bidi Bidi Refugee Settlement in Uganda.