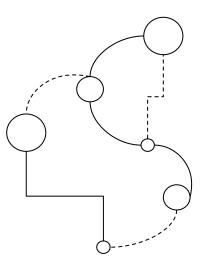






### Last-Mile Delivery of Vaccines in Remote Areas: A Randomized Controlled Trial in Rural Sierra Leone

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## The Problem

#### Situation overview

- Vaccination rates in LMIC are low
- The high global demand for vaccines and limited supply have benefited countries with payment capacity and geopolitical importance
- Arce et al (Nature Medicine 2021):
   Covid-19 vaccine acceptance is higher in many LMIC (average 80%), compared to USA or Russia
- Focus on **last-mile delivery challenges**

#### Problem statement

- In Sierra Leone: just 20% of the eligible population (7 million) is fully vaccinated.
- In rural areas, **just 6%.**
- 88% say they are willing to take a vaccine if available
- Vaccines **are available** in clinics
- It takes (on average) **3 hours** to get to a vaccination center each way, and it costs **6.5 USD** each trip





### The Solution

#### **Actions**

- Partnership between Sierra Leone Ministry of Health, Concern Worldwide, the International Growth Centre (IGC), Yale and Wageningen University.
- 150 communities in rural Sierra Leone,
- Cluster Randomized Trial, 1:2 ratio
- 1 Control Group
- 2 Last Mile Delivery (LMD)

  Mobile Vaccination Team Visits

  Village on motorbikes, prepares the community
- 3 LMD + Individual versus group outreach

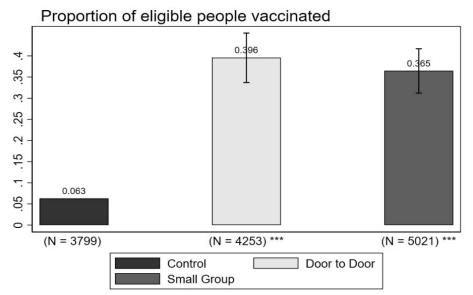
- Primary outcome: vaccination rate among eligible population
  - measured using a respondent-level question on whether they took the vaccine (any type) and inspection of their vaccination card (if consented)



## Outcomes and Key Learnings

#### Outcomes and Impact

- 48-72 hour intervention produced a
   27 percentage point increase in adult vaccination rates
- Increase is beyond most existing studies
- Larger impact on men and elderly
- Increase in knowledge and attitudes



#### **Key Learnings**

- A proof-of-concept: we can get large numbers vaccinated even in the most remote, rural areas quickly and cost-effectively
- Extends beyond COVID-19.
  - Vaccination campaigns in "zero uptake" areas
  - More pandemics will happen, we now need to invest in preparedness.
- Scale up locally and in other nations with similar last-mile delivery challenges
- Further improve cost-effectiveness
  - Address mis-information
  - Performance-based incentives for providers
- Conduct advocacy in partnership with Unicef, GoSL
- Message to HICs and Pharmaceutical companies: Hesitancy and last-mile delivery challenges are not a good excuse to withhold doses.
- Message to LMICs: Invest in creative last-mile delivery infrastructure







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# THANK YOU











