

Why GAO Did This Study

Vaccination remains critical in the federal response to the COVID-19 pandemic. Vaccine implementation—prioritizing, allocating, distributing, and administering doses—requires coordination among federal, state, and local levels and other stakeholders. HHS agencies—including CDC and HRSA—set up federal vaccine distribution programs, such as CDC’s retail pharmacy program that sends doses directly to pharmacies. The federal government also sends vaccine doses to states for further distribution.

The CARES Act includes a provision for GAO to report on its ongoing monitoring and oversight efforts related to the COVID-19 pandemic. This report examines (1) stakeholder perspectives on federal programs to distribute and administer COVID-19 vaccines, (2) efforts to inform health officials, providers, and the public about vaccination, and (3) actions HHS agencies are taking to evaluate their vaccine implementation efforts.

GAO reviewed data and documents from HHS, CDC, and HRSA, and reviewed information from and interviewed state and local health officials in four states and one city selected, in part, for geographic variation. GAO also interviewed other stakeholders, including 12 national associations representing health care providers and others.

What GAO Recommends

GAO is making four recommendations, including that CDC and HRSA obtain input from and share lessons learned with key stakeholders as they conduct their future reviews. HHS concurred with GAO’s recommendations.

View [GAO-22-104457](#). For more information, contact Alyssa M. Hundrup at 202-512-7114 or hundrupa@gao.gov

COVID-19

HHS Agencies’ Planned Reviews of Vaccine Distribution and Communication Efforts Should Include Stakeholder Perspectives

What GAO Found

In late 2020 and early 2021, agencies within the Department of Health and Human Services (HHS) set up federal programs for vaccine distribution and administration. State and local health officials and other stakeholders GAO interviewed said these programs helped higher-risk populations access COVID-19 vaccination. For example, the Health Resources and Services Administration’s (HRSA) health center program provided vaccinations in medically underserved areas. However, these stakeholders also cited challenges, such as initially having limited or no information on the doses federal programs were sending to pharmacies and health centers in their communities. They said this made it difficult to decide which sites, including pharmacies and health centers, to send their own allocated doses when supply was limited.

Stakeholders told GAO the Centers for Disease Control and Prevention’s (CDC) education materials, such as provider toolkits, were useful to address the public’s concerns about the safety of COVID-19 vaccines, but providers would have liked them sooner to be able start promoting vaccination earlier. These stakeholders, including health officials, said they had difficulty managing public expectations and responding to questions about vaccine availability when they did not receive advance notice about changes in federal priority groups for vaccination.

Individual Being Vaccinated as Part of a Federal Program



Source: Defense Visual Information Distribution Service. | [GAO-22-104457](#)

Officials from HHS agencies—CDC and HRSA—stated they intend to conduct after action reviews to identify lessons learned from their COVID-19 vaccine distribution and communication efforts. However, officials said they have not finalized their plans for conducting such reviews, nor do they plan to do so while they continue to respond to the pandemic and have ongoing programs. Thus, it is uncertain whether they will gather input, including on an ongoing basis, from key stakeholders instrumental in vaccine distribution and communication efforts, such as state and local health officials, or whether the results will be shared with those stakeholders. Doing so will help ensure CDC and HRSA learn what worked well and identify areas for improvement to inform future vaccination efforts.