Make COVID jab free for everyone in India to boost uptake and curb death toll

June 1 2021

Credit: CC0 Public Domain

The COVID-19 jab should be made free for everyone in India to boost uptake and curb the death toll from the infection, urge experts in a personal view (commentary) published in the online journal *BMJ Global*

Health.

And approval of foreign vaccines already deployed elsewhere around the globe should be speeded up as a matter of urgency, argue the authors from the ICMR-National Institute of Malaria Research and the Indian Council of Medical Research, New Delhi.

India is now reporting the largest daily number of COVID-19 infections in the world amid critical shortages of hospital beds, ICU beds, medicines, ventilators, oxygen and healthcare staff.

Despite international aid pouring into the country and emergency use authorisation for several vaccines, poor planning of home-grown vaccine production and deployment means that India doesn't have enough vaccines to go round, say the authors. Only around 3% of the population has been vaccinated.

While there are plans to significantly ramp up production of the Covaxin and Covishield vaccines, the target to vaccinate around 1 billion people may still not be reached this year, warn the authors.

"As any protection conferred by COVID-19 vaccine is expected to take at least 2 weeks after both doses, and with large demands, India will require many more sources of vaccines in the coming days and weeks to stem the current uptick in infections," they write.

Initially, COVID-19 vaccination was available only in government hospitals and centres, free of cost, but to expand coverage, the government has allowed private hospitals to vaccinate.

These charge anything from $3 to $15, meaning that very few people can afford this cost. "Therefore, for stemming COVID-19, vaccinations must be free for all in India," the authors insist.

A further complication is that when the Indian government decided to lower the age criteria for the jab it procured 50% of vaccines for its 36 states specifically for the over 45s, with the other half to be procured by state governments and private hospitals for those aged 18-44.

State governments have therefore been left to negotiate the costs themselves, which are higher than those negotiated by the government. For instance, one dose of Covaxin costs central government around $2, rising to around $5.4 for state governments, and to around $16 for private hospitals, they point out.

"This differential pricing....is likely to be detrimental to public health at this time of grave crisis in India," creating inequitable distribution and potentially sparking public mistrust, they argue.

"For India to stem COVID-19, the nation cannot allow any differential approach for its residents," they write.

And in an attempt to create a vaccination records infrastructure for adults and ensure that no one is missed, the Indian government has mandated pre-registration via a mobile app. But only around a third of people in rural areas have an internet connection, point out the authors. A simple vaccination card may be a better option, they suggest.

The Indian government has committed around $120 million for COVID-19 vaccine research, most of which is being used to scale up vaccine production, with the rest invested in new vaccine candidates, including those against variant strains.

"However, the funding pledged by the government is far from adequate," warn the authors. "This will be concerning in scenarios where a 3rd booster shot is required. Hence, India needs a corpus of funds for the above that covers all future eventualities of vaccine deployment," they

argue.

"India may need to reset its vaccine strategies, enhance the competence level of pandemic management and spur the bureaucratic machinery so that vaccine equity can be achieved in a very short span of time," they conclude.

More information: The COVID-19 vaccination programme in India needs a shot in the arm, urgently and sustainably, *BMJ Global Health*, DOI: 10.1136/bmjgh-2021-006324

Provided by British Medical Journal