

BY INVITATION

5 things vaccine drive needs to get right to tackle this wave, and next

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The policy decision to include the 18-44 age group for Covid-19 vaccinations has resulted in a nearly threefold increase in the target population (from 330 million to 940 million) while the vaccine supply remained largely unchanged (reportedly 70-80 million doses a month). So, it does not come as a surprise that several Indian states have announced either a delay in start of vaccinations for this additional group, or a scaled down roll-out.

This when India's national immunisation program is amongst the better performing government health programs. Every year, it reaches nearly 27 million infants and 30 million pregnant women, through around 9 million sessions conducted across the country. Over the last decade, the program has been further strengthened with improved vaccine logistics, cold chain storage capacity, regularly trained vaccinators and stronger adverse events following immunisation (AEFI) reporting and management system. All this gave us reason to believe that India would have a smooth Covid-19 vaccine rollout, yet the country seems to have faltered.

It's imperative to get the vaccination strategy right so that we are prepared for a third wave of Covid-19. The success of any vaccination program requires getting many things right: policies, implementation strategies, supplies and the delivery to beneficiaries. While there have been discussions around the need for 'one nation one vaccine price'; and on why the Centre should cover the cost of Covid vaccines, it's time to critically review operational approaches from solution perspectives to iron out the challenges. Here are a few immediate areas for consideration... The Centre should immediately increase the recommended gap between two jabs of Covishield to 12 weeks. There is enough scientific evidence that a longer gap results in higher efficacy and many countries have already followed this strategy. Alongside that, people in all age groups with RT-PCR confirmed Covid infection in the last six months and those who got infected after the first jab can consider delaying vaccination. These steps will free up a few million doses for those waiting for their first shot and help buy time as manufacturing capacity and supplies increases.

Considering that state governments are responsible for cost, procurement and delivery of vaccines to the 18-44 age group, they should be given a free hand in developing a state-specific strategy on whether they want to open up vaccinations for the entire age group. It is likely that factoring in vaccine supply issues, a few states — especially those with large populations — might prefer to adopt a more calibrated and phased opening up of vaccinations. Irrespective of this, each state should prepare a detailed vaccine roll-out plan for the next 6 to 9 months, including supply forecast and other aspects. They should also pay special attention to ensure that priority and vulnerable population groups such as low-income groups, people with comorbidities and migrant workers are not excluded. Mobile vans for under-served localities such as jhuggi jhopdi clusters, slums and areas predominantly habited by construction workers and migrants should be considered. Similar approach may be needed for rural, hilly and other difficult to access areas. The learnings from polio program and routine immunisation micro-planning should be optimally utilised for equitable and timely delivery of Covid-19 vaccines till the last mile and last person.

The success of any largescale vaccination drive demands that the vaccination and AEFI treatment centre staff be regularly re-trained and resensitised to identify and manage any rare adverse event after vaccination.

As more people turn up for shots, special attention should be given to crowd management at the vaccination centres. It will be important that these facilities do not end up spreading the infection.

In India, government health facilities are used for nearly 30% of total non-hospitalised care (the outpatient consultations) and nearly 45% of the total inpatient and admission-based healthcare services. However, nearly 85% of total vaccination happens through government healthcare facilities. One of the key reasons is that in the government system, the provision of immunisation services is far more assured than other health services and there lies a very important message for the success of Covid-19 vaccinations in India. Covid-19 vaccine supplies should be assured before opening up vaccinations for additional population groups. Leaving the decision to states provides an opportunity for corrective measures.

Effective and timely delivery of Covid-19 vaccines is going to be an important tool to come out of the pandemic. It will also determine the impact the third wave will have in India.

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SHOT CUT: There are ways to buy time such as increasing Covishield dose gap