

- **BEFORE THE SHOT**

**APART FROM PLANNING STOCKPILING & ON- GROUND TRAINING NEEDS, THE GOVT MUST DECIDE PRIORITISATION IN THE EARLY, STAGE, WHEN VACCINE-SUPPLY COULD BE LOW**

## Preparing for rolling out a Covid-19 Vaccine

**WITH THE PROSPECTS** of Covid- 19 vaccines by the end of the year or early next year looking to be real, at least high, the prioritization of, and preparation for, vaccine distribution must become the primary subject matter of debate. The government of India (GOI) will need to come up with a strategy and plan on the Covid-19 vaccination programme soon. It is understood an expert group is looking into this.

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While there has been some debate on prioritization, there has been little discussion on the planning process, which is of critical importance, and needs to be prepared in micro-detail and put quickly in the public domain for feedback. There are a number of planning or supply-chain issues that should be kept in mind which would make the distribution easier.

It is assumed that MoHFW will centrally procure vaccines. Ideally, however, the government should itself invest in local production.

At the outset, while national-level coordination, led by MoHFW, NITI Aayog and other agencies, is already happening, there is a need to quickly set up a coordinating, group in each state. The state-level group also needs to engage all relevant stakeholders, including the private sector, who are part of, say, the nationwide EPI and pulse polio programmes. It may eventually be that the polio programme coordinators are tasked to coordinate with this group, with UNICEF-WHO and other teams of immunization experts to support, etc. Similar discussion is expected at the district level. Therefore, some early guidance from MoHFW will facilitate this process.

There is currently no robust MIS or state-wise data on the number of people with co-morbidities, or type of co-morbid conditions. However, some proxy data could be used, such as Covid prevalence, the severity of Covid cases needing ICU admission or leading to deaths. This exercise could start forthwith.

State governments should carry out sero-positivity tests at the community level as carried out in Delhi and a few other states, but in a planned and sequenced manner. These surveys, especially those to be carried out in the latter part of the year, will reveal individuals who already have antibodies, even if these survive for a short duration. Therefore, whether such people would be a priority for vaccination is a matter for a decision. If not the priority list would exclude these people. Our data-base must be able to record all such people on a continuing basis. This could become an essential part of the strategy for vaccine distribution.

A question poses itself. Should there be blood tests taken before any individual is vaccinated? This requires a decision. If desirable, it would need SOPs which would become part of the distribution programme.

There should be a clear estimate of how many doses of which vaccine would be available for the country each month, starting, say, January 2021. It is presumed that 50 million doses may be available starting January, which may increase every month. It may even be more if there are multiple vaccines.

Safe storage and secure supply chain of vaccines have always been a challenge. Since this vaccination in large numbers would be carried out in addition to the existing programmes, the requirements of all ancillary equipment down the line must be carefully assessed and then provided for. The stockpiling capacity, and arrangements of state governments, particularly in districts/town which have a high burden of Covid, needs to be reviewed. How will the stock of vaccines vials, injections, etc, be sent to all centres, where will they be stored, how will they be distributed, who will do the work, all this need to be reviewed. This in itself would be a big task, and work on it should start now. It will also be prudent to expect pilferage or losses for a vaccine that will be in short supply.

**Serosurveys, a little before the vaccine is expected, could help identify those who have antibodies (even if short-lived ones) A decision can be taken on if their inclusion, at roll out, can be made secondary.**

The identification of the vaccination centres in each district, as also training of the relevant staff, is an important last-mile activity. Interactive online training programmes need to be prepared and imparted before the vaccine is introduced in the programme.

Mapping of actual mechanics of distribution- who all will go, where and how-will be of great help. Perhaps, pilot exercises could be undertaken before to test these plans and tweaked if required.

There has been a lot of general discussion about prioritization. This has two aspects. First, who should get priority, and second, plan to identify people within the selected categories and how would distribution be done to them first. Obviously, the basic criteria would be saving lives and ensuring a productive workforce can work.

In June, WHO laid out its own rough "Strategic allocation", suggesting countries give priority to nearly two billion people, such as the "healthcare system workers," adults older than 65 or as young as 30 if they are at higher Covid-19 risk due to co-morbidities such as cardiovascular disease, cancer, diabetes or chronic respiratory disease. As already suggested, such people need to be identified and listed. If Phase 3 results of the vaccines which are likely to be launched in India point towards safety and efficacy of use among high risk population groups, then this kind of data analysis needs to be carried out by the government for each state.

In case GOI joins the WHO COVAX platform, these and other WHO guidance will form an important element for national-level actions.

Other than the health workforce, doctors, nurses, paramedics, etc, those carrying out essential services, both in public and private sectors, should surely be considered. GOI could carry out a consultation and make a tiered approach as to which sectors will be prioritized. Those that come up upfront include defense, law and order, communications and IT, energy, petroleum. Transport, followed by rest of government officials, bank staff, people involved in the supply chain including all grocery/milk/ration/vegetable shops and finance sectors, both in public and private domains.

If opening schools is a priority, then teachers and staff of all schools, public and private, starting from class 12 downwards, should be considered.

All this would involve a GPS based mapping exercise for each *mohalla* in urban areas, and each panchayat in rural areas. This task must begin now.