

Meeting of Vaccine Panel

Why in News

Recently, the **National Expert Group on Vaccine Administration for Covid-19** held its first meeting to consider the **logistics and ethical aspects** of procurement and administration of Covid-19 vaccine.

 The <u>World Health Organisation</u> (WHO) chief scientist has cautioned against 'vaccine nationalism' and held that it is in everybody's self-interest to take an equitable approach to vaccine distribution and deployment.

Key Points

- India would leverage domestic vaccine manufacturing capacity as well as engage with all international players for the early delivery of vaccines in India and also in low and middle-income countries.
- Discussions were held on:
 - 'Conceptualisation and Implementation Mechanism' to create a digital infrastructure for inventory management and delivery mechanism of the vaccine, including tracking of the vaccination process, with particular focus on the last-mile delivery.
 - **Financial resources required for procurement** of vaccines and various options for financing the same.
 - Available options in terms of delivery platforms, cold chain and associated infrastructure for the rollout of Covid-19 vaccination.
 - India's support to its key neighbours and development partner countries for vaccines.
- This group is also expected to deliberate on the availability of a vaccine to Indians after it is fully developed.
 - The <u>Serum Institute of India (SII)</u>, <u>Pune</u> is in the <u>process of developing</u> around 100 million doses by the end of 2020 but it is not clear how many of them will be available to Indians.
 - The <u>Drugs Controller General of India</u> (**DCGI**) has given approval to the SII to conduct Phase II/III clinical trials of **Covishield** in India.
 - Russia has also given regulatory approval to its home-grown vaccine (Sputnik V).
 However, details on its early trial performance are not available and Indian officials have not commented on whether there is any <u>India-Russia</u> partnership to either test or procure the vaccine.

Vaccine Nationalism

- Vaccine nationalism occurs when a country manages to secure doses of vaccine for its own citizens or residents before they are made available in other countries. This is done through prepurchase agreements between a government and a vaccine manufacturer.
 - Currently, there are over 200 Covid-19 vaccine candidates in development and 27 of them

- on clinical trials across the world.
- Countries like India, the USA and Russia have not joined the Access to Covid-19
 Tools Accelerator, which was launched by the WHO to promote collaboration among
 countries in the development and distribution of Covid-19 vaccines and treatments.

Concerns:

- It would be impossible for the world to go back to normal and for the economies to recover if only pockets of people are protected as it will create imbalance by allocating vaccines to moderately at-risk populations in wealthy countries over populations at higher risk in developing economies.
 - During the <u>Swine Flu</u> (H1N1) pandemic, high-income countries cornered vaccines leaving very little for low-income countries.
 - They gave up some of their stockpiled vaccines for distribution in low-income countries only after knowing that the pandemic was not so serious.
 - <u>Covid-19 pandemic</u> is far severe as apart from the <u>other spreading methods</u>, there is a fear of **aerosol transmission** too which could happen in certain situations in what is called as "opportunistic aerosolisation".
 - In opportunistic aerosolisation, airborne infections transmit under favourable conditions like a closed environment and poor ventilation where the virus could circulate in the environment for hours.
- It disadvantages countries with fewer resources and low bargaining power and deprives populations from timely access to vital public health goods.
- Vaccine nationalism also runs against the fundamental principles of vaccine development and global public health which involve several parties from multiple countries.
- **Political leaders have a responsibility towards their own** people so they will think about protecting their own people first.
- Getting a consensus on which set of people would get the vaccine first, is a big concern in itself.

Suggestions:

- The first batch of the vaccines should be made available to all frontline, health and social care workers, police and others who are at high risk of getting the infection, instead of the otherwise healthy adult population.
 - 10% of all infections have occurred in healthcare workers and it would be unfair not to protect them before everyone.
- Vaccines distribution can learn from the example of the WHO's <u>Solidarity Trials</u> in which 25 countries participated and over 6,500 patients were recruited.
- Pre-purchase agreements and contracts should not trump equitable access to global public health goods and developed countries should pledge to refrain from reserving vaccines for their populations during public health crises.
- **International institutions,** including the WHO, should **coordinate negotiations** to produce a framework for equitable access to vaccines during public health crises.

Way Forward

- Vaccine candidates are being developed in India which will allow it to play a major role in manufacturing and scaling of vaccines apart from the research and development.
- Nations should stop engaging in overly nationalistic behaviours as it harms patient populations across the globe. It can eventually harm a nation's own citizens and residents and perpetuate structural inequalities in the health care system.
- A nationalistic stance toward the pandemic will prolong this global health and economic crisis so there is a need to have a multilateral or global approach to vaccine deployment and distribution.
- A vaccine can end the pandemic but only if all countries ensure timely, equitable, global access to it and if it is allocated on the basis of the best evidence of what will stop transmission and protect the most vulnerable groups.

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