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19

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21
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Managing an upheaval

Universal vaccination is a necessary goal, but India is nowhere near achieving it

A combination of panic, public pressure and comprehension of the magnitude of the crisis that India is in seems to have prompted the Centre to authorise vaccines to anyone above 18 and give States more control over procurement. This is despite the problems in scaling up production, and in the supply and management of vaccines amid the surge in cases. The step could not have been easy to take. For one, the processes initiated by the government in early January to expand India's manufacturing capacity were under the assumption that it would be at least August before vaccines could be fully opened up for all. In December, it was announced that India's priority would be to fully inoculate 300 million of the most vulnerable. Given that about 127 million doses have been administered, including a section of those above 45 without underlying health conditions, around 17 million have been fully inoculated – or about 5% of the intended beneficiaries. At the optimistic rate of three million doses a day, it would take at least 260 days from today for every adult to get at least a single shot.

Eight months ago, India had begun a decline in daily infections to the extent that by January, India's leadership itself – going by its own policy actions – believed that a devastating second wave was unlikely. There is no other explanation why India, following the example of the U.S. and the U.K., did not tie up orders to inoculate most of its adults within this year. India also applied different standards: waiving critical trials for Covaxin, but having stringent requirements for foreign companies. The supply lines are thus inadequate. The second wave, the hospitalisation and medical-oxygen crisis, have derailed all previously laid out plans. Opening up vaccines for all on May 1 and letting States negotiate deals with manufacturers does sound like the government is 'listening to the people', but given the background of supply constraints until June, there is a likelihood that the story of 'vaccine shortage' will surface more acutely. Leading international vaccinators such as Pfizer and Moderna have supply commitments already tied up and it is unclear if merely the policy move of liberalising vaccine supply will leave States in India with the finances and negotiating power to procure enough stocks of vaccines. Moreover, given that this is the hottest month in India, lockdowns are resurfacing in cities, and no end is in sight for the second wave, the logistics of administration will continue to be challenging. It was always going to be impossible to rapidly inoculate a nation of a billion. But chaos and confusion, which now seem inevitable, could have been averted with some foresight and planning. Pragmatism and preparedness should replace hope that runs on nothing more than hype.