

PRIORITY LIST FOR COVID-19 VACCINATION IN INDIA: A TENTATIVE APPROACH

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As per a report published - the initial supply of any successful corona virus vaccines are expected to fall short of what is needed even for high priority group like health care worker in USA due to various constraints. India with its exceptional diversities and paucity of resources need to be more cautious while planning and implementing COVID-19 vaccination. I hope my observation would help in “stimulating planners though process” while they are working on a holistic and practicable vaccination plan for India.

COVID-19 vaccination planning would need to put rigorous efforts in identifying priority groups and stacking sub-groups under each priority group as per criticality of role played as part of COVID-19 health emergency response system (COV-HERS). Key components of COV-HERS include – (1) COV emergency call centre, (2) COV-ambulances, (3) COV-hospital, (4) COV-morgue and crematorium. Each one of these group will need to be further divided in to “role based sub-group” viz. COV-hospital can be divided into – admission / discharge sub-group, general / cottage ward sub-group, ICU / emergency care sub-group, Laboratory sub-group, postpartum sub-group. Similar division would need to be worked out for each of the proposed groups (1-4) above for drawing a final priority list for COVID-19 vaccination. This is one example of how priority grouping in “patient attendance chain” would look like. But there will be more such chain with multiple groups working in the day-to-day management and mitigation of COVID-19 pandemic.

Planners responsible for COVID-19 vaccination in each country should start working concurrently on different fronts including – (A) vaccine procurement Plan – A1: estimations on number of vaccine A2 Estimated number of each type of vaccine ; (B) Vaccine Administration Plan – B1: Logistics and handling needs for vaccines at different level (District / Taluka/ Panchayat or village level) B2: Human resources and skill requirement at each level; (C) Priority Vaccination – C1: Health service management system C2: Agencies falling in supply chain between vaccine manufacturing and vaccine transportation / deliver C3: Agencies involved in manufacturing and supply of critical equipment / medicines used in COVID-19 management D: Other emergency services E:Office worker involved in public relations / contacts every day ; E: High risk community E1: children and women.... Etc...

A committee may be formed under MoHFW with participation from – manufacturers of vaccine / medication / gears, LBSNAA (Mussoorie,), NDMA, ICMR, IIM-A, IISc, DCMHO (selected), other invitee (expert / strategist) for working on COVID-19 vaccination strategy / Plans. Each of these plans would need to be rehearsed through mock exercises for ensuring that vaccination project works in a very effective way as planned. Corrections for improvement of plan should be incorporated into plan after exercise / drills and /or while implementation of the project.

