Liberalised Pricing and Accelerated National Covid-19 Vaccination Strategy

India’s National Covid-19 Vaccination Strategy is based on scientific and epidemiological evidence and focuses on systematic end-to-end planning. This strategy derives guidance from Global Best Practices, SoPs of WHO as well as recommendations of India’s foremost experts in the National Expert Group on Vaccine Administration for Covid-19 (NEGVC). National Covid-19 Vaccination Strategy encourages domestic R&D, domestic manufacturing and efficient administration of vaccination to protect and strengthen country’s Healthcare System as well as protect the most vulnerable.

2. The Union Govt., in close collaboration with State Governments/U.T administration, has been working over a period of time to ensure that maximum number of Indians are able to get the vaccine in the shortest possible time.

3. Phase-I of the National Covid-19 Vaccination Strategy was launched on 16th January 2021 and focussed on protecting Health Care Workers (HCWs) and Front Line Workers (FLWs). Phase-II was initiated from 1st March 2021 and 1st April 2021 and focussed on protecting the most vulnerable i.e. population more than 45 years of age that accounts for more than 80% Covid mortality in the country.

4. India has been following a dynamic mapping model based on availability of vaccines & coverage of vulnerable priority groups to take decisions of when to open up vaccination to other age groups. Significant coverage of vulnerable groups is expected by 30th April 2021.
5. Throughout these phases, Government has coordinated and worked with research institutes, private companies and has leveraged the strength of India’s vaccine manufacturing capability as well as brought about far-reaching governance changes in India’s drug/vaccine regulatory system. This resulted in grant of “Restricted Use in Emergency Situation” (also referred to as “Emergency Use Authorisation-EUA) to two indigenously manufactured vaccines and one vaccine that is presently manufactured abroad but would eventually be manufactured in India. Govt. of India has been in regular touch with each vaccine manufacturer to facilitate public private collaborative research, trials and product development. Multiple Inter-Ministerial teams have been deputed by Govt. of India to various manufacturing sites to understand each one’s requirements and to provide pro-active and customized support in the form of grants, advance payments, facilitating more sites for production etc. to significantly augment vaccine production capacities.

6. Govt. of India has ensured participation of the private sector in the vaccination drive right from the beginning. Now, as the vaccination capabilities and processes have stabilized, the public as well as private sector have the experience and confidence to rapidly scale up.

7. In its phase-III, the National Vaccine Strategy aims at liberalized vaccine pricing and scaling up of vaccine coverage. This would, on the one hand, incentivize vaccine manufacturers to rapidly scale up their production and on the other hand, it would also attract new vaccine manufacturers. It would make pricing, procurement and administration of vaccines more flexible and ensure augmented vaccine production as well as wider availability of vaccines in the country.
8. The main elements of the Liberalised Pricing and Accelerated National Covid-19 Vaccination Strategy that would come in effect from 1\textsuperscript{st} May 2021, are as follows:-

(i) Vaccine manufacturers would supply 50\% of their monthly Central Drugs Laboratory (CDL) released doses to Govt. of India and would be free to supply remaining 50\% doses to State Govts. and in the open market (hereinafter referred to as other than Govt. of India channel).

(ii) Manufacturers would in a transparent manner make an advance declaration of the price for 50\% supply that would be available to State Govts. & in open market, before 1\textsuperscript{st} May 2021. Based on this price, States, private hospitals, industrial establishments may procure vaccine doses from the manufacturers. Private Hospitals would have to procure their supplies of Covid-19 vaccine exclusively from the 50\% supply earmarked for other than Govt. of India channel. The price charged for vaccination by private hospitals would be monitored.

(iii) Consequently the present dispensation where private Covid vaccination centres receive doses from Govt. and can charge up to Rs.250 per dose will cease to exist.

(iv) For Govt. of India vaccination centres, the eligible population would be the same which exists today i.e. Health Care Workers (HCWs), Front Line Workers (FLWs) and population above 45 years of age. For other than Govt. of India channel, the eligibility would be all adult citizens of the country i.e. everyone above the above of 18.
(v) Covid-19 vaccination will continue to be free for eligible population groups in all those Government Covid Vaccination Centres which receive vaccine doses from Govt. of India.

(vi) All vaccination (through Govt. of India vaccination centres and other than Govt. of India channel) would be part of the National Vaccination Programme, will follow all existing guidelines, will be captured on CoWIN platform alongwith the stocks and price per vaccination applicable in all vaccination centres, will comply with Adverse Event Following Immunization (AEFI) management and reporting, digital vaccination certificate & all other prescribed norms.

(vii) The division of vaccine supply 50% to Govt. of India & 50% to other than Govt. of India channel would be applicable uniformly across for all vaccines manufactured in the country.

(viii) However, the fully ready to use imported vaccine would be allowed to be utilized entirely in the other than Govt. of India channel.

(ix) Govt. of India, from its share, will allocate vaccines to States/UTs based on the criteria of performance (speed of administration, average consumption), extent of infections (number of active Covid cases). Wastage of vaccine will also be considered in the criteria & will affect the allocation negatively. Based on the above criteria, State-wise quota would be decided and communicated to the States in advance.

(x) Second dose of all existing priority groups i.e. HCWs, FLWs and population above 45 years, where ever it has become due, would be given priority, for
which a specific and focused strategy would be communicated to all stakeholders.

(xi) This policy would come into effect from 1\textsuperscript{st} May 2021 and will be reviewed from time to time.

9. Govt. of India will make advance purchase offer for a maximum quantity that the manufacturers commit to supply by a pre-defined period. Such an advance purchase provision signals Government’s willingness to pay upfront to the vaccine manufacturers to enable them to augment their production and supply capacities.

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