

“TIKAM”GARH : VACCINE POLITICS OF THE DUMB

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Tikamgarh is small , poor district of Madhya Pradesh with relatively high number of mentally stunted people...The current vaccine politics- globally , nationally , locally appears to reflect Tikamgarh .**Globally**, many rich nations ordered as much as four times the vaccines than their population .They’re stockpiling (hoarding) for a possible third jab or a repeat cycle after one year and / or whenever half the globe gets vaccinated –whichever is earlier.. .Countries with massive population like India exported over 6 cr. vaccines - more than the other five UNSC permanent members China , Russia , US , France and UK put together .Brain fade or madness ?

At the **national** level , India required smart vaccination production and clever distribution. Instead , we opted for dumb production and moronic distribution. In place of decentralized production and centralised distribution we got the reverse. Moreover ,the case of dividing the **production** half and half between Centre and states defies logic...If most other things – including funds by Finance Commission - are in the ratio of 58: 42 (Centre: States) vaccine too should’ve been in the same ratio. Next is the fuzzy nature of **distribution** between public and private sector . Ideally, it should be in the ratio of development viz . If a state has 30 % population below poverty line , that many should be reserved for the public sector and the rest shared between the two -based on their share in health infra .Even the **pricing** revealed no clues ... Rationally speaking , since government spends around 30% of the GDP the cost in open market could’ve been upto 70 percent higher .That is, if the indigenous vaccine was supplied to the government for 150 rupees , in the open market its price could’ve been pegged at 250 rupees - that way the consumer will notice no change at the last mile irrespective of policy change. A further tweaking of upto 6.25% could be linked to the prevailing infection rate of the region. Any higher price –even in private hospitals may breed suspicion about more expensive being more effective.

Finally, the **priority** of vaccination was fixed in broad swipes- Frontline workers , Senior citizens , 45 plus with co- morbidities , all 45 plus and finally

all 18 plus. That should've been far more calibrated for correct priority. Major factors may include : co-morbidity, age , those living in congested places , the ones staying in polluted spaces , Financial – *Antyodaya* / APL / BPL / ; Caste –incl. 10% of poor upper caste ; relatives of Corona warriors and parents of young children – who cannot stay alone in ICU(Below age 12)...For private sector priority ought to be on the negative listing of the abovementioned factors. These could then be woven into an algorithm. Thus for instance, if there was only one shot of vaccine available it must go to someone who has co- morbidities , is poor , low caste , a relative of corona warrior et al.- who scores highest on all / most debilitating factors considered cumulatively.

The tentative **timeline**- demands vaccinating at least additional 50 cr. by Oct .2021 (over and above the 18 odd cr. already jabbed).This deadline is in view of the third wave which is sure to come irrespective of vaccination - given the fact that at least 2 months are needed for antibody production even after the jab...Thus only the extent and severity may be reduced by smart management. The current rate is 6.5 cr max. per month – the ramped up production targets are 10 cr. post June.Hence it is mathematically impossible to achieve this target by Oct end – by indigenous means alone . It works out roughly to be the double than the current rate – 6.5 cr in June and 10 cr in each of the following three months. Hence unless the supply chain is boosted by massive imports we're likely to fall short by 10 cr even for the minimum threshold. So, we must prepare for the worst case scenario of third wave like a country –of 10 cr people comprising majority of rural folk and children -with no vaccines. The role of **state/local** governments is critical in this phase. Asking them to procure vaccines internationally is moronic-they lack resources and scale ; besides, such large quantities of vaccines aren't available off the shelf. Alternatively, as a first step , the states must **stop** all second doses till half the population gets the first dose .Even a single dose is sufficient guarantee against death –at least to those without co-morbidities – though the overall infections may be higher. The second dose for the ones with co- morbidities may be resumed Oct. onwards. Carry out maximum immunisation , survey, testing and ramping of infrastructure , manpower, medication of the last ones in **algorithmic priority**. The journey from Tikamgarh to "**Teeka**" **garh** (fortified by vaccine) will be anything but easy. It'll be a teaser of India's trajectory into the post Covid future.

P.S.-I : The losses are shocking -both in lives and livelihood; Something which was possible in 70 K cr will cost around 2L cr. now...The avoidable deaths too would be in matching proportion -double- half of them could have been saved. Covid 2.0 messy handling which converted India from a vaccine provider to vaccine seeker put the nation **in reverse gear**.

P.S. II: Leave out vaccination for all those who've had Covid infections-for three months -till Oct. Besides , take the help of rural workers/ youth to formulate the priority in villages esp,. for vulnerable children and young parents (with Kids below age 12).