

**All India Peoples Science Network (AIPSN) Statement**  
**On Government's Phase-3 Vaccine Strategy**

**21 Apr 2021**

**Government unmasked: Abdicates vaccination responsibility**

After a Meeting chaired by the Prime Minister, [the Central Government announced on 19 April 2021](#) a “liberalized and accelerated” strategy for Phase-3 of India’s vaccination drive against the Covid-19 disease to take effect from 1 May 2021. On the face of it, the new strategy appears to meet demands of several stakeholders viz, for opening up the vaccination drive to all above the age of 18, to permit private institutions and State governments to directly acquire 50% of total vaccine production from manufacturers at unregulated prices set by the latter, grant State governments the liberty to tailor vaccination roll-out as per local needs, and provide additional finances to the two Indian Covid-19 vaccine manufacturers for scaling up production. Government has claimed that the new strategy aims to ensure that [“maximum numbers of Indians are able to get the vaccine in the shortest possible of time: PM \(sic\).”](#)

AIPSN welcomes the financial assistance, even though belated, extended to Serum Institute of India (SII) (Rs.3, 000 Crores) and Bharat Biotech (BB) (Rs.1500 Crores) against future supplies, to enable them to scale-up production. This measure should have been taken at the very start of the vaccination drive instead of the meager advance then given against limited orders, which would have significantly reduced the time that will now be required to make available greater volumes of vaccine. Regrettably, adequate financial support for the several PSU vaccine manufacturers presently lying idle due to ideological bias of the Government was not announced simultaneously. This blinkered view had also led to the PSUs not even being called for discussions or consultations or being involved in non-vaccine related activities that are needed for the Covid-19 pandemic management. Now after the second wave disaster the Government wakes up to call up upon PSUs to make [oxygen cylinders](#), [bed manufacturing](#) etc. What prevented the Government from involving the PSUs last year itself to ensure sufficient vaccine and non-vaccine materials are available when needed?

All other aspects of the [new strategy, however, are highly counter-productive](#). By surrendering 50% of vaccine availability to the open market including for procurement by States and private hospitals, the Central government has at one stroke abdicated its responsibility for the vaccination drive and will henceforth freely blame States for any inadequacies. The strategy will pit States against each other in dog-eat-dog competition. A similar policy at early stages of the pandemic in early 2020 regarding procurement of test kits and PPEs failed miserably, forcing the Centre to centralize procurement. Only

Central procurement and distribution can ensure reasonably equitable access by all States.

Opening up vaccine procurement and administration to private health facilities, corporates and other institutions at market prices will encourage price gouging and a black market in vaccine doses. It will also adversely impact the on-going vaccination programme which will henceforth have only 50% of the earlier vaccine supply, and with only government hospitals continuing free vaccinations with the empanelled private hospitals compelled to buy vaccines at market prices which will result in higher vaccination charges impacting the middle classes. This dual system can be expected to open the doors to all kinds of manipulation, favoritism and malpractices.

[Privatizing 50% of vaccinations will also undoubtedly exacerbate inequities in vaccinations, in favor of urban, rich and well-connected sections of society.](#)

**No other major country, including the most market friendly nations, has adopted a vaccination strategy of this kind, precisely for the reasons enumerated here.**

Even the seemingly welcome strategy of expanding the eligibility criteria to everyone above 18 years of age, without first increasing vaccine supply, may prove to be problematic in practice, at a time when there is acute vaccine shortage even for the currently eligible and more vulnerable 45+ population. Increased demand without matching supply will only increase problems in the inoculation drive which may in turn fuel vaccine hesitancy. [The assertion in the new policy](#) that enlarging the eligible population because “a good amount of coverage of vulnerable groups is expected by 30th April,” is belied by the facts.

*The new strategy is not a win-win solution as propagated. Corporates, private health care institutions and the well-off will win, while the poor and the middle class will lose big time.*

**AIPSN calls for rolling back of this new strategy and for a recalibrated fully public funded and universal vaccination programme, backed by adequate government support for vaccine manufacturers including PSUs.**

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