

# Procurement Mechanism For Covid-19 Vaccination In India: A Comparative Study

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## Abstract

When we hear the word Covid, there is fear and uncertainty and with the chances of third wave, the only ray of hope is Covid Vaccination and strict Covid Protocols issued by Government of India (GoI). For every citizen it is crucial to understand that the mechanism of Procuring Covid Vaccination. The entire drive of vaccination in India can be divided into three phases. On 16th January, 2021 Phase-I was launched targeting to protect those sections of society who were more vulnerable to Covid, i.e., Health Care Workers and Front Line Workers. Phase-II was initiated from 1st March, 2021 and 1st April, 2021 which focused on protecting the next vulnerable, Phase-III launched on 1st May, 2021 with the aim to reach larger mass, the policy was liberalized and was opened to private players to purchase the vaccination. The most difficult task in this entire pandemic must have been procurement of Covid Vaccination for each and every State. Since in India, there is no centralized Procurement Legislation, the process of procuring vaccination has been facing several challenges, viz-a-viz modus operandi, fair treatment to each State, chances of black marketing, and unavailability of sufficient human resources. In this research paper, the key highlights are methods and tools used by GoI and various States to procure Covid Vaccinations to its citizen and its comparison with the developed nations.

**Keywords:** - Covid 19 Vaccination, GoI, Procurement.

## INTRODUCTION

In the year 2020, The World Health Organization (WHO) declared the outbreak of a new corona virus SARS-CoV-2 (COVID-19) a pandemic. Since then, globally it continues to accelerate in terms of rage and number of deaths continuously raising concerns for each and every nation. Nearly 5 million deaths have been reported by the end of September 2021 in entire world and nearly billion of citizens are affected by Covid-19 virus globally. There is no doubt of the fact that despite its superb growing speed, effective and safe vaccines have been developed by scientist in entire world. In the time when new wave can again push the health care system to a breaking point, the only ray of hope is Vaccination and Booster Doses. Some survivors are suffering serious long term affect and increasing creating insecurity among the masses.

Vaccinating broadly is the only way out to deal with the transmission of the virus and its number will decline when high number of population is under the category to vaccinated. Many of the world leaders believe that in order to bring this fetal disease under control it is important to fully vaccinate at least 70% of the world's population including adults, adolescent and those who are more vulnerable sections specially who already have some or the other serious disease.

Many of the world organization like UNICEF is making efforts as a part of Global Vaccine Plan to procure and supply COVID-19 vaccines as fast as possible. This strategy is a part of Vaccine Global Access Facility.

The World Wide COVID-19 vaccination plan is to minimize deaths, reduce the impact of new variant, lessen and lessen the severity of disease, to help the health care system and to give push to socio –economic activity again.

The Worldwide COVID-19 vaccination goal and targets have set some principle to help each and every nation irrespective of its economic status. The first one is equitable treatment to all countries, its population and citizens to access vaccine without incurring financial hardship. The second principle is to maintain quality of vaccination as per international norms which are well backed by WHO. Thirdly, integrated efforts need to make by each nation for uniform treatments and social measures. Lastly, that segment of population must also be kept in target which is targets which are in imprisoned, displaced, vulnerable etc.

If we understand the strategy of India, it has also taken strong measures to curb the disease through effective treatment and better diagnostics facilities to its citizens.

As earlier than and as fast as possible, Government of India's research and development capacity have proved that Indian is no less than any other developed nation. From the beginning India encouraged for manufacturing of vaccination and its commitment proved its metal very soon. In order to procure vaccination with India, GoI have deputed multiple Inter-Ministerial teams to different manufacturing units so that to produce vaccination all the requirements are filled as early as possible. It has also planned to customize demands in form of grants, relief and advance payments to fasten the production capacities.

Vaccines by Bharat Biotech and Serum Institute of India (SII) were formally approved by the Central Drugs and Standards Committee of India in Jan 2021 and it officially allowed the vaccines — Covishield from SII and based on the Oxford AstraZeneca vaccine, and Covaxin from by Bharat Biotech were administered in India as per the strategy.

Also, in order to implement the vaccination program speedily and efficiently, Government of India had established important committees early in 2020. Headed by Principal Scientific Advisor to GoI, a "Task Force for Focused Research on Corona Vaccine" was formulated to boost the research department of drugs, diagnostic and vaccines. In order to formulate immediate action plan for vaccine administration, a National Expert Group on Vaccine Administration for COVID-19 (NEGVAC) was formed.

There were reports in India that vaccination was not procured properly and is not used with proper optimization, thus in order to make the procurement more clear, easy and to achieve best technology to manufacture vaccination to its best capacity a "Empowered Group on Vaccine Administration for COVID-19" was constituted in January, 2021 headed by apex member National Health Authority.

### **Commencement of Mass Covid Vaccination Drive in India**

As stated above the major task in front of GoI was to maintain transparency in procurement of vaccination and to administer it to majority of masses. Once the Vaccines Covishield and Covaxin were approved, the campaign started to inject to most vulnerable sections.

The strategy to cover health care workers prima facie for vaccination was a goal based on world based study. It is obvious that to strengthen the country's healthcare the plan to vaccinate health care workers was based on scientific evidence and was based on study of other develop countries model.

The entire program of vaccination was strategically divided as initially the professionals, health and frontline workers, vulnerable population groups were more at risk. Thus, the program was out reached to more masses with time to include vaccination to those workers who were giving its services to those in need as they were more prone to Covid Vaccination along with individuals above 60 years of age, then to other citizens who had more chances to be infected by the disease.

The entire Covid-19 Vaccination strategy can be divided into three phrases. Phase-I which started on 16th January 2021 focused on those who are in the category of health care worker and those who were rigorously involved during pandemic i.e front line workers. After that on March 2021 along with Phase I category, new class of citizens were added in Phase-II. It targeted those who were more vulnerable and as per data the population more than 45 years of age that accounts for more than 80% Covid mortality in the country.

### **Policy Framework for Procurement of Vaccination in India**

Throughout these phases, the back end work of Government to coordinate for procurement of vaccination was well coordinated. Be it bringing changes in Drug Regulatory system or managing with research institutes, involving private players. Through this coordinated efforts the capacity to India to manufacture the vaccine increased many folds brought about far-reaching governance.

The Serum Institute of India and Bharat Bio Tech were the two companies which helped India in the process of vaccination to its citizens. Through these companies the supply of vaccination was possible at the earnest. A smooth chain was created through which the entire procurement procedure was easy and India was able to reach larger masses for injection of vaccination. As in the three phases the vaccination named Covishield and Covaxin were procured solely by these companies directly by central government and in turn it was distributed to various States. In the continuous chain of distribution, State distributed the vaccination to government health care centre which administered the same to the masses as per the planning by the central government. As per the planning the stock circulated by Central Government to the State agencies were distributed to the state vaccination centre's free of cost and to non-state funded hospitals who charged recipients Rs 250 per dose from individuals.

But from May 2021, the policy of 100% procurement by Centre was changed. In order to scale the coverage of vaccine, the National Vaccine Strategy relaxed the vaccine pricing policy. To ensure continuous production of vaccination without much burden on centre funds, Government bring the policy that states could procure vaccination directly from

the manufacturers. Centre Government stated that this would scale up the production more speedily and will also attract new manufacturers to enter in the production of vaccination.

In the new policy self runned hospitals and agencies that have facilities to administer the vaccine, will be able to procure doses directly from manufacturers. It was decided that half of the monthly doses will be released by Vaccine manufacturers to Govt. of India and for rest half they would be allowed to State Governments and to the other than Govt. agencies.

In order to maintain transparency, it was decided that declaration of the price in advanced would be made by the manufactures and accordingly States will be at the liberty to decide in advance as per the budget for the doses that will be required for their respective State individuals. Based on this price, States, private hospitals, industrial establishments through their hospitals may procure vaccine doses from the manufacturers. As the Private Hospitals could also procure vaccination from this 50% state allotted quota, there price charged to the individuals was into to be monitored by respective state government.

Clearly through this move of relaxation in the pricing and procurement policy by the central government gave the hint that centre wants to put burden on States budget .However, government did not planned about the cartels that could be formed because only two manufacturers were available in the market. As predicted the change in the policy gave advantage to only two competitors who were available for manufacturing of vaccination .Soon after the decision, Covishield vaccine was hiked at Rs 600 a shot for private providers by the Serum Institute of India Pvt. Ltd and Rs 400 for states, later scaled down to Rs 300. At a flat Rs 600 Bharat Biotech International Ltd has priced a single dose of its Covaxin. Every individual must take two doses of either vaccine.

Along with the sudden spark in the pricing of vaccination, the important aspect related to distribution of vaccination to States was doubtful and ambiguous policy lead to passing control to private vaccine producers and defeated the purpose of distribution of vaccine on social basis.

The supporters of the concept of Welfare State slammed the decision of Central Government and advocated that this might lead to black marketing and will add to the misery of Covid Pandemic situation.

Looking at the mass agitation from the stakeholders, the Guidelines for National COVID Vaccination Program was reframed and revised accordingly.

#### **Main Elements of the Revised Guidelines in India**

As per the revised guidelines again the major vaccination procured will be by the Central Government of India. In nutshell, 75% of the vaccines will be purchased by Centre from the manufactures and in return the vaccines as per the previous strategy will be provided free of cost to States/UT's. In this chain of process the doses will be administered free of cost by the States through local governmental vaccination centre's. In terms of quota of distribution, it was clear that factors will depend upon the population size, spread of disease, age factors and the cover of vaccination drive in the States/UT's. There will be negative criteria as well if the vaccinations are not stored properly and there will be Wastage of vaccine will affect the allocation negatively.

#### **Policy Framework for Procurement of Vaccination in Australia**

The Australia's Covid-19 Vaccine and Treatment Strategy provided easy and feasible access of vaccines and other required treatment for getting cured from Covid-19. This working culture of Australia depicted that the government there is serious about the health conditions of its citizens and invested a huge fund to find a solution to cure the disease and ways to stop its widespread. The government tried to supply medicines and vaccines as fast as they can without discriminating.

#### **Implementing the COVID-19 Vaccine and Treatment Strategy in Australia**

The Government of Australia focused on five important aspects to provide early vaccines and effective treatment its people. These aspects are as follows:

##### **Research and development**

- Australia recognized and supported world-leading research to speed up development and manufacture of promising COVID-19 vaccines and treatments.
- The Government of Australia spend a huge amount strategically to develop vaccines, therapies and best possible cure to its citizens. Funding from the MRFF targeted. The medical and health research just like any other country focused on production of vaccination and aimed at:
  - Therapies to recover from the deadly disease.
  - Prospective treatments for Covid-19 and its clinical trials.
  - Improving the overall health system's response to COVID-19.
- Various Health department of Australia had sanctioned individual budget to carry out research effectively.

## Procuring the Vaccination Vs Manufacturing

The Australian Government was of the few nations who believed that key focus should be to frame investment policies which help to establish manufacturing within the nation. They aimed to set up an investment portfolio which is diversified as that will promise quick access to treatment and vaccination.

Just like rest of the countries direct procurement under the license of Australia vaccinations were manufactured as well as purchased. The Government was far more progressed in buying and manufacturing through:

- advance purchase agreements to secure direct purchase of vaccine or treatment doses, once they're accessible;
- capability expansion by manufacturing agreements for Australian manufacturers
- international and multilateral agreements to support and facilitate access for Australia and its region;
- Well planned mechanism to buy goods, materials needed for manufacturing of and distribution of vaccination through procurement contracts.

The Australian Government had ensured to collect information from the sectors timely so that if there is a gap in any chain, it can be resolved immediately. This helped to maximize Australia's role in the supply of COVID-19 vaccines and treatments.

## International Partnerships

Australia was very clear in terms of international collaboration. It focused on affordable, effective and safe vaccination which is available globally. The government tried to enter into partnership with Pacific and South East Asia neighbors, focusing on immunization policy and coverage.

One of the international organizations named Coalition for Epidemic Preparedness Innovations (CEPI), helped in the distribution and access of vaccination globally. Here also, Australian Government contributed to enable access of vaccination to lower income countries, and effective vaccines for 20 per cent of their population.

One of the crucial steps of Australian government was to involve its citizens in the development of the vaccination. The Government filed an expression of interest to participate in the COVAX Facility, so that the locals of Australia could also contribute in its design and implementation.

The Australian Government challenge was movement of people and goods. It provided support to its neighbor countries for easy access which showed progressive health outcomes, and helped to open up movement of people and goods, providing for economic recovery and longer-term resilience of the Pacific and South East Asia.

It was obvious that countries having similar mind sets will achieve their goals more faster and effectively. The Australian government move in collaborating with like mind countries helped in the purchasing power capacity.

## Regulation And Safety

Australia used Therapeutic Goods Administration (TGA) regulatory processes to enable early access to COVID-19 vaccines and treatments. To provide safe and fast approval for Australia, the TGA continued to work with its international counterparts, sharing information on vaccine clinical trials, manufacturing and safety.

While not compromising with safety and security, the Australian government streamlined regulatory processes which ensured quick and effective advantage of global development of the vaccination and its treatment. The review and registration assured safety as well as helped in rapid scale of production.

A uniform system of manufacturing criteria was followed wherein all manufacturers were made to comply with Good Manufacturing Processes (GMP), regardless of their location. The TGA advised manufacturers on GMP and prioritized approvals, including through virtual inspections.

The TGA continued to work on international developments for COVID-19 through the aid and joint collaboration of the International Coalition of Medicines Regulatory Authorities and the World Health Organization

## Conclusion

No doubt every government had made efforts to procure vaccination and administer to each and every citizen of the country as early as possible. However the system, producer adopted to vaccinate its citizens differ from country to country. Whether it is India or Australia both had planned well to manufacture and administer the vaccination.

To the best capacity, every government tried to spend a huge budget on COVID-19, however India being a developing country had to face a lot of criticism while dealing with vaccination allocation strategy. With the challenge of black marketing and fraud India puts all efforts to curb such practices.

India being a quasi-federal country had to face challenges in terms of dealing of distribution of vaccination to various States. Initially due to lack of uniform policy there was no due process to check the State government as to how they are

dealing with the vaccination supplied by central government. There were reports that vaccination doses are not stored properly due to which they are not adequate to be injected to the citizens.

The decision of the central government to procure vaccination majorly through its own channel is a step forward as this will help to tackle black marketing and unnecessarily increase in the price of the each dose of vaccination.

Whereas, the developed nations invested more money than the Indian government invested. The investments made by Canadian and Australian governments were much more inclined towards finding a solution as soon as possible due to great minds, practical way of thought process, technological advances, etc.

Like both the developed nations, had the Indian government entered into agreements before the vaccine was made, it would have ample of doses and other medicinal treatment to cure the disease. The lack of proper treatment, precautions for before and after use of vaccines caused death of people in huge number which indirectly degraded the economic condition in India being a developing nation.

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