**[Vaccine roll-out](https://www.dawn.com/news/1613561/vaccine-roll-out)**

[Arif Azad](https://www.dawn.com/authors/161/arif-azad)Published March 20, 2021

The writer, a public health consultant, is the author of Patient Pakistan: Reforming and Fixing Healthcare for All in the 21st Century.

THE roll-out of the Covid-19 vaccine dominates the global public discourse as countries zero in on the mammoth task of immunising their populations. As of March 18, 9.96 million doses of the Covid-19 vaccine were being administered daily across the world in 132 countries.

The developing world, as expected, was left behind by a plethora of factors ranging from financial constraints, lack of planning and vaccine nationalism, the last resulting in rich countries buying up large quantities of still-in-production vaccine, with India and Brazil being notable exceptions.

Both countries are well advanced in vaccine research and manufacturing. India was not only able to procure manufacturing licences for the Moderna, AstraZeneca and Sputnik vaccines but also to produce its own. This has enabled India to donate the vaccine to neighbouring countries (except Pakistan) as part of its vaccine diplomacy outreach. Meanwhile, in the first phase of its vaccination plan, India aims to vaccinate 300m people.

On the other hand, Pakistan’s vaccine roll-out plan is far from settled. Despite an impetus to vaccinate healthcare workers and the elderly, the task of immunising the larger population, however, requires a clear-cut policy based on equity and protection of human rights.

A clear roadmap is needed for Covid-19 immunisation.

This task will be no easier for a number of reasons. First, the vaccination roll-out is predicated on the donated Chinese Sinoph­arm vaccine. The donated vaccine stock will not last long and when it expires the government will have to look at other options.

Second, the other source of donated vaccine supply is the WHO-driven Covax mechanism that will take some time to materialise due to the worldwide claim on limited stocks.

Third, most developing countries placed purchase orders with vaccine producers quite early on, but the Pakistani government does not appear to be negotiating with vaccine manufacturers.

Duke University’s vaccine tracker project lists Chinese-donated Sinopharm as the mainstay of Pakistan’s vaccination campaign. This is worrying since most of the developing countries are relying on a range of vaccines, both purchased and Covax-donated. Presently, Pakistan is administering 10,505 doses per day compared to Bangladesh’s 67,100-plus daily doses.

At the end of November 2020, the authorities indicated they had set aside $150m to purchase vaccines. Whether this pledged amount was to come out of the government’s kitty or financed through a request of a similar amount made to the World Bank is not yet clear. So far, no coherent account of government-purchased vaccines has emerged.

In fact, one minister was quoted as saying that the government bears no responsibility for vaccinating its population. This statement has been further reinforced by a follow-up declaration made to the Public Accounts Committee of the National Assembly by the federal health secretary that the government has no intention of buying vaccines in the near future.

These two statements appear to belie the government’s earlier stance of setting aside funds for purchasing vaccines. Thus, in the absence of a coherent public vaccination drive, the government seems to be leaning on the private sector to plug the demand-supply gap. The private sector has been given the go-ahead to import vaccines. Earlier it was also to be allowed to offer them to the public at industry determined prices. This decision was reversed after it was criticised by doctors’ associations, the Human Rights Commission of Pakistan, and even a former health minister for its implications related to equity, fairness and accessibility in distribution. The Indian government too has allowed provision of privately procured vaccine, but is strictly regulating the prices.

The vaccine-outsourcing plan, however, is in line with the government’s philosophy of privatising healthcare, demonstrated by enactment of the Punjab Medical Teaching Institutions (Reforms) Act 2020, seeking to turn public hospitals into private clinics, restricting patients’ access to public hospitals by dividing them into affording and non-affording categories, and, withdrawal of free medicines while simultaneously allowing an unregulated price hike.

The government needs to set out a clear roadmap for Covid-19 immunisation relying on multiple sources of vaccine supply. The approval of Johnson and Johnson’s single-dose vaccine by the US Food and Drug Administration offers Pakistan an opportunity to place an ‘early bird’ order and expand vaccination plans to cover the larger population. The role of the private sector, on the other hand, should be limited and strictly monitored so that the vaccine becomes affordable and accessible to the public at government-determined prices.

*The writer, a public health consultant, is the author of Patient Pakistan: Reforming and Fixing Healthcare for All in the 21st Century.*

[**drarifazad@gmail.com**](http://mailto:drarifazad@gmail.com)

**Twitter:** [**@arifazad5**](https://twitter.com/arifazad5)

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