



## 1. To meet its target of 100% immunisation cover, India must bring procurement and provisioning of vaccines under public health

- What are the challenges being faced by Indian vaccine manufacturers?
- What should government do to bring the balance between the functioning of India and Chinese vaccine manufactures?
- Despite steady progress in India's immunization programme, why an estimated 38% of children fail to receive even necessary vaccines ?

**GS paper 2 (Issues related to health, education and human resources)**

Date: 22 August, 2019



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**In this video, you can find detailed answers for all the above questions.**

**The above article has been retrieved from:**

Adar Poonawalla . ( 2019, August , 20). India's vaccine industry needs a level-playing field | Analysis. Hindustan times. Retrieved from

<https://www.hindustantimes.com/analysis/india-s-vaccine-industry-needs-a-level-playing-field-analysis/story-FhYQSPZZIVHfTT1QE52V0H.html>



## What is the context about?



A strong public health care system is the backbone of a developing country such as India. However, India's status in the immunisation sector is disheartening.



While the country's total immunisation coverage is at 65%, China's at 99%.



It is alarming that the country invests only about 1.02% of its gross domestic product on it. The procurement and provisioning of vaccines, and other preventive medicines, are yet to be covered under public health. This problem must be addressed.



## What are the challenges being faced by Indian vaccine manufacturers?



Aided lenient policies, China and Korea's vaccine industry is dominating Indian vaccine industry. For instance, a foreign manufacturer can enter the Indian market and sell its vaccines without any tough quality check.



The lack of restrictions and regulations on the import of vaccines has created a lot of problems. For instance, ineffective rabies vaccine provided by Chinese companies recently led to a major problem in many parts of the country.



For instance, a foreign manufacturer can enter the Indian market and sell its vaccines without any tough quality check. Indian vaccine manufacturers, however, can only export to other countries such as China only if they enter into a 50-50 partnership with a local manufacturer, and share the technology with them.



## What should government do to bring the balance between the functioning of India and Chinese vaccine manufactures?



The Indian government must push foreign manufacturers to invest capital on R&D and share the requisite knowledge to develop new vaccines for the Indian market.



The Indian government must also ensure stricter quality checks on the imported vaccines to ensure substandard vaccines don't enter the country.



The government also needs to build infrastructure (storage facilities and a seamless transportation mechanism), and ensure a steady supply of skilled personnel to improve the reach of immunisation programmes in the country.

They must reduce the mundane paperwork and digitise the processes to let Indian vaccine manufacturers function in a systematic and more efficient manner.

## Despite steady progress in India's immunization programme, why an estimated 38% of children fail to receive even necessary vaccines ?

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Despite steady progress, a 2016 study showed that an estimated 38% of children fail to receive even necessary vaccines in the first year of life. Much of this is because chunks of the population are still nomadic or mobile while others are in isolated or difficult to reach locations.



**Misinformation:** Another big reason the rate of vaccinations is not rising fast enough is that awareness is not at its peak. An underinformed and misinformed population that fear side effects and are influenced by anti-vaccination messages require much greater outreach access to scientifically sound information and education to change their minds.



Limited numbers of trained staff, particularly in marginalised areas is a big problem. Ensuring better management of the demand-supply balance is key to improving vaccine delivery to everyone.

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In order to be effective, vaccines must be refrigerated from the moment they are manufactured until they are given to someone. But reports had shown that well over 25% of vaccines lose their efficacy by the time they reached doctors. With limited funding, any wastage means the final program takes a big hit especially in remote areas where logistics and infrastructure are already reasonably basic.