

Letter to the Editor

COVID-19 vaccination in rural India: a battle to be won!

Sir,

As of 22nd July 2021, 13.3% of world's population are fully vaccinated and 26.8% of world's population have received at least one dose of COVID-19 vaccine.¹ COVID-19 vaccination drive was launched in India on 16th January 2021 with two government approved vaccines Covishield® and Covaxin®. About 65.53% of India's population resides in rural areas. As vaccination is progressing, a gap (of number of vaccines administered) between urban and rural vaccination centers is clearly becoming evident. By mid-May, 30.3% of India's urban population had received at least one dose of the vaccine compared to 19.2% in semi-urban areas, 15.1% in semi-rural areas and just 12.7% in rural areas.² Vaccine roll out in rural areas is adversely affected probably because of unequal access in rural area, vaccine hesitancy due to misinformation and myths being circulated through social media and low educational status of rural population as compared to the urban peers. A successful COVID-19 vaccination drive depends on maximum possible coverage. Through this manuscript we aim to draw attention to objective and feasible strategies in order to bridge the existing urban-rural vaccination gap.

Many strategies and models were planned and implemented to attain a particular core objective. Conditional cash transfers were started in Latin American countries in late 1990s where in financial incentive were provided to poor families or health care workers when they got vaccination.³ A similar initiative to provide financial incentives for healthcare workers at village level for each successful full 2 doses vaccination in the village can be considered. Many countries came up with innovative non-financial incentives too. Ohio state in USA has initiated a scholarship at any university for the young COVID-19 vaccinees.⁴ In states like Rajasthan, India, metal plates with fixed amount of grain were offered to parents of the children getting vaccinated under the Universal immunization programme (UIP).⁵ Few other incentives can enhance COVID-19 vaccination drives in rural India like mobile phone talk-time, voice call alerts for vaccination, display posters and sensitizing mother coming for immunization of child, engaging local and national celebrities to promote vaccination, involvement of rural gram panchayats and local NGOs and health bodies to educate and dismiss myths and false rumours about COVID-19 vaccination in rural areas through mono acts and role plays.

The urban-rural divide of COVID-19 vaccination has greatly hampered the vaccination drive in India. Through this manuscript we wanted to provide few suggestions to

improve rural COVID vaccination through various strategies to achieve workable solutions in order to fill the urban-rural gap that is hampering successful COVID-19 vaccination drive in India. As the majority of population in India is residing in villages, it is essential to formulate practical strategies in order to enhance rural vaccination, by financial as well as non-financial incentives and by engaging the grass root level health care workers and villagers in order to execute these strategies. Our fight against COVID-19 relies on preventing this disease; this is a battle we cannot afford to lose.

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