

Original Research Article

COVID-19 vaccination in India: private sector inclusion mandatory?

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ABSTRACT

Background: Health services delivery system varies from country to country based on the available resources and the funding in that country. Both public and private system of health delivery work with the primary focus of providing the good health services. India has a multi-payer health care model that is paid for by a combination of public and private. Himachal Pradesh (HP) also has both public and private health institution infrastructure with penetration of public infrastructure more in the rural areas. To describe the utilization pattern of COVID-19 vaccine beneficiaries in district Kangra of HP among public and private healthcare delivery points.

Method: Study was done in district Kangra with all the beneficiaries included in the COVID vaccination registered in Cowin portal.

Results: Amongst the total vaccination done in dist. Kangra, 99.35% of the total doses were given in the govt setting and only 0.65% were contributed by the private setup

Conclusions: Since decades most of the developing world has been struggling for healthcare access and with complex delivery systems. It becomes pertinent to note that Indian COVID-19 vaccination reached heights of success through technology driven approach reaching each and every corner of the country and crossing milestones to achieve set targets. It was not unreasonable to expect that the public sector may not be able to provide effective, sustained and uninterrupted healthcare including COVID vaccination services, which could be the reason that private health sector was also involved for the later. Dist. Kangra has worked to prove the efficacy of the public sector providing most of its vaccination through government CVCs.

Keywords: COVID vaccination, Healthcare system, Public and private

INTRODUCTION

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition” said Dr. Tedros Adhanom Ghebreyesus, director-general, world health organization.¹ Health services delivery system varies from country to country based on the available resources and the funding in that country. This variation further increases the issues of access, affordability, acceptability, and accountability to the general population of different

countries. Both public and private system of health delivery work with the primary focus of providing good health services but affordability and acceptability of the services is the main criteria for the decision of the individual to choose one out of both.

India has a multi-payer health care model that is paid for by a combination of public and private health insurance funds along with the element of almost entirely tax-funded public hospitals.² General population has the option to visit any public or private hospital to seek health services. However, reliance on public or private

healthcare services varies significantly among the different state or for that matter, regions of the country. Several reasons are cited for relying on the private rather than public sector; the main reason at the national level is poor quality of care in the public sector, with more than 57% of households pointing to this as the reason for a preference for private health care.³

Himachal Pradesh (HP) also has both public and private health institution infrastructure with penetration of public infrastructure more in the rural areas. HP has total of 671 hospitals amongst which 516 are primary health centers and the rest are higher hospitals, whereas there are only 122 private hospitals in the state with most of them in the urban setting.^{4,5} In the mentioned setting most of the beneficiaries in HP rely on the public healthcare delivery system for any curative or preventive services including immunization.

On introduction of COVID vaccination in both Private and public healthcare facilities the beneficiaries had the option to visit any type of the health facilities and get the vax. With availability of the same vaccine in both settings it gave liberty to the masses so as to choose their point of healthcare delivery.

With this background this study is aimed to describe the utilization pattern of COVID-19 vaccine beneficiaries in the largest district of HP.

Aims and objective

Aim and objectives of the study were to describe the utilization pattern of COVID-19 Vaccine beneficiaries in district Kangra of HP among public and private healthcare delivery points.

METHOD

Study area and setting

Study was done in dist. Kangra with all the beneficiaries included in the COVID vaccination registered in Cowin Portal from the inception of the COVID vaccination drive till achievement of 100% completion of 2nd dose of eligible beneficiaries.

There were total of 657 govt. covid vaccination centers (CVCs) whereas only 3 sites were run as private CVCs.

In dist. Kangra as also for the state of HP only Covishield vaccine was being supplied in the govt setup. Covaxin was not supplied in the govt supply for adult vaccination in HP. Private hospitals were allowed to purchase any vaccine directly from the source, which was available but two out of three opted for Covishield only whereas one opted for both Covishield and Covaxin.

RESULTS

Amongst the total vaccination done in dist. Kangra, 99.35% of the total doses were given in the govt setting and only 0.65% were contributed by the private setup. As per the availability of the vaccine private setup had Covishield and Covaxin both unlike only Covishield in the govt setup. Even in the private setup also the major share was of Covishield vaccine with over 83.2% doses and rest 16.8% of Covaxin. Private setup had even lower percentage of HCW and FLW with only 3.5% of total vaccination in private setup, as the provision of the vaccination in the same was initiated later than the govt. setup and HCW and FLW were vaccinated in the beginning of the drive.

Table 1: Comparison of provision of COVID-19 vaccine in private and government facilities.

Facility	Government	Private		
Age (Years)	Covishield total (%)	Covishield	Covaxin	Total (%)
18-44	1158958 (99.03)	9534	1804	11338 (0.97)
45 and above	743434 (99.85)	752	303	1055 (0.15)
HCWs	7382 (98.83)	67	20	87 (1.17)
FLWs	52258 (99.31)	333	25	358 (0.69)
Grand total	1962032 (99.35)	10686	2152	12838 (0.65)

DISCUSSION

Since decades most of the developing world has been struggling for healthcare access and with complex delivery systems. It becomes pertinent to note that Indian COVID-19 vaccination reached heights of success through technology driven approach reaching each and every corner of the country and crossing milestones to achieve set targets. This has been the one of its kind vaccination drives which accounts to the credibility of the government that healthcare delivery can be done with organized efforts right from grass root level with respect to public and private healthcare delivery system.

Public private partnership (PPP) projects in health care are a recent phenomenon in India. Health care is provided in developing countries, in a milieu of acute shortages of health care infrastructure and personnel including the vaccination services.⁶ India's health infrastructure is grossly inadequate, with government spending on healthcare being only 1.17% of GDP. Private-sector healthcare accounts for 55% of the total hospital bed capacity and 90% of the doctors, despite of this the fact the population showed higher faith in government's free vaccine availability.⁷ It was not unreasonable to expect that the public sector may not be able to provide effective, sustained and uninterrupted

healthcare including COVID vaccination services, which could be the reason that private health sector was also involved for the later.⁸ Dist. Kangra has worked to prove the efficacy of the public sector providing most of its vaccination through government CVCs.

With the availability of the data, it is easier to say that if the COVID vaccination rollout would have been done only in the public healthcare system, as it was done in some other nation, then also the process could have been a success, as around 98% of the total run sessions daily are in the public sector only.^{9,10}

CONCLUSION

Since decades most of the developing world has been struggling for healthcare access and with complex delivery systems. It becomes pertinent to note that Indian COVID-19 vaccination reached heights of success through technology driven approach reaching each and every corner of the country and crossing milestones to achieve set targets. It was not unreasonable to expect that the public sector may not be able to provide effective, sustained and uninterrupted healthcare including COVID vaccination services, which could be the reason that private health sector was also involved for the later. Dist. Kangra has worked to prove the efficacy of the public sector providing most of its vaccination through government CVCs.

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