

What can we learn from leading COVID-19 vaccine programmes? An insider look at India and the UK
Executive Summary- March 2021



Introduction

Vaccines are a critical tool in the battle against COVID-19. In record time a number of vaccines have been developed and are now being rolled out to people in vaccination programmes around the world. Countries have set ambitious targets to vaccinate their populations quickly but in order to achieve these will need to overcome a number of challenges.

India and the UK are two of the countries leading the way in the total number of vaccine doses administered. A webinar, organised by the BMJ and the Asian Development Bank, explored what can be learned from these countries. Experts on the ground discussed the strategies used and the practicalities of delivering a successful mass vaccination programme.

The webinar was well attended with over 750 people registered from 49 countries. Five key messages came out of the webinar:

5 key messages

1. Train a wide range of vaccinators

Who will administer the vaccine is a key question that must be considered when rolling out a successful COVID-19 vaccination programme. In the UK at the beginning of the vaccine programme general practice was quieter so the majority of the vaccinators were nurses and GPs. However, as general practice became busier this was no longer sustainable in the long-term. The solution was to use a wider mix of trained vaccinators. These include retired doctors or nurses as well as dentists, pharmacists and medical students. In addition non-medics are being trained up to be vaccinators.

2. Ensure there is a strong IT system

Keeping track of who has had the vaccine and when they are due to get a second dose is crucially important. A strong IT system is also necessary to record which vaccine has been given, its batch number and if there are any adverse reactions. In the UK the call and recall system for a COVID-19 vaccine is based on GP records and is automatically updated once someone receives a dose of vaccine. India also has a robust IT system in place called CoWIN which allows people to make appointments at a place of their choice.



“Learn from each other – share knowledge and experience. Not just on a one to one level but globally.”

Dr Liz Avital, Operation Lead for a vaccination centre in London

Countries should invest in science. Create systems to work together in teams. International collaboration is important as the world is one family.”

Dr Vinod Paul, Head of the COVID-19 task force and National Institution for Transforming India (NITI) Aayog member



3. Reach out to communities

Vaccine hesitancy and scepticism are barriers to uptake of the vaccine across the globe. The spread of misinformation and confusing messages across social media is a real issue. In India there has been a concerted and multipronged effort to tackle vaccine hesitancy using the media and appeals by prominent politicians and others in the public eye. In the UK vaccine centres have ensured that information leaflets are available in different languages. Working with community leaders and religious councils to encourage vaccine take up also pays dividends. Running pop up clinics can also increase take up in hard to reach communities. Ensuring the experience in the vaccination centre is as pleasant as possible means that people will go back and spread the word to their friends and in their community.

4. Invest in science.

Both India and the UK prepared early by investing in vaccine development and delivery. India set up a vaccine task force in March 2020 followed by a national group for vaccine administration to look at the practicalities of delivering vaccines. In the UK, Oxford University worked with AstraZeneca to develop a COVID-19 vaccine that is cheap and is easy to administer. India manufactures this vaccine locally through the Serum Institute of India and is supplying it not only to its own population but to the rest of the world. A second vaccine, Covaxin, was developed initially by the Indian Council of Medical Research and a number of other vaccines are in development.

5. Work collaboratively

Successful vaccination programmes rely on teams of people working together. Medical professionals have worked alongside armies of volunteers to run vaccination centres safely and efficiently. Doctors and nurses have worked with religious and community leaders in order to combat vaccine hesitancy and increase vaccine uptake. In India the private and state system has worked together to administer the vaccine to as many people as possible. Collaboration is also vital between countries – not only to share vaccines but to share knowledge of what works.

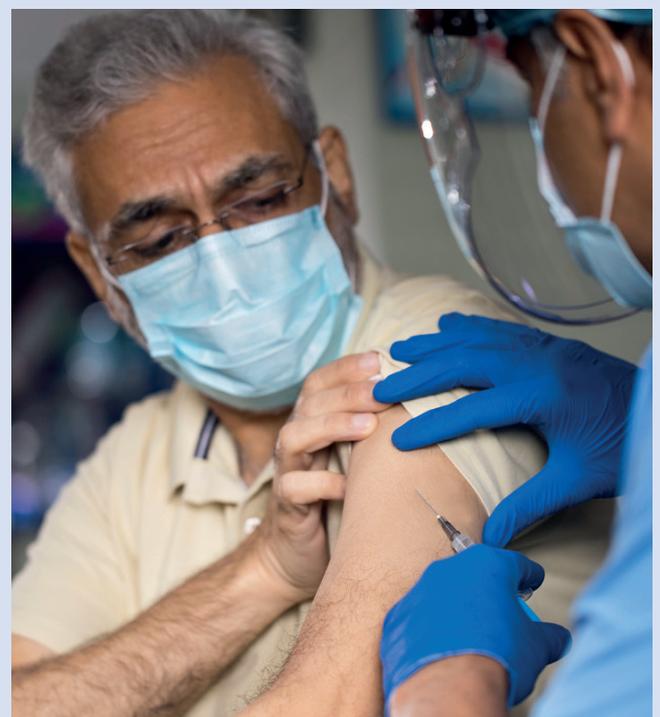


“The world is one family,” as Dr Vinod Paul, head of India’s COVID-19 task force told the webinar.

“You can set very ambitious targets and with very good organisation that brings together all sectors of society these can be achieved. We have seen for example with India, the US, Israel and the UK that with a concerted effort, strong leadership, good organisation and resources you can vaccinate significant numbers of people in 2021 if the vaccines are available.”



Dr Patrick Osewe, Chief of the Health Sector group, Asian Development Bank



About the BMJ and ADB partnership

BMJ and the Asian Development Bank (ADB) launched the [COVID-19 \(coronavirus\): ADB Information Centre](#) to support frontline health professionals manage patients with COVID-19, its relevant differential diagnosis and common comorbidities in real-time, at the point of care.

The Information Centre provides free access to digital health tools such as clinical decision support from BMJ Best Practice, accredited e-learning courses from BMJ Learning as well as patient information leaflets and procedural videos. Evidence on COVID-19 is rapidly changing and frontline healthcare professionals can benefit from trusted, evidence-based and continually updated international guidelines.