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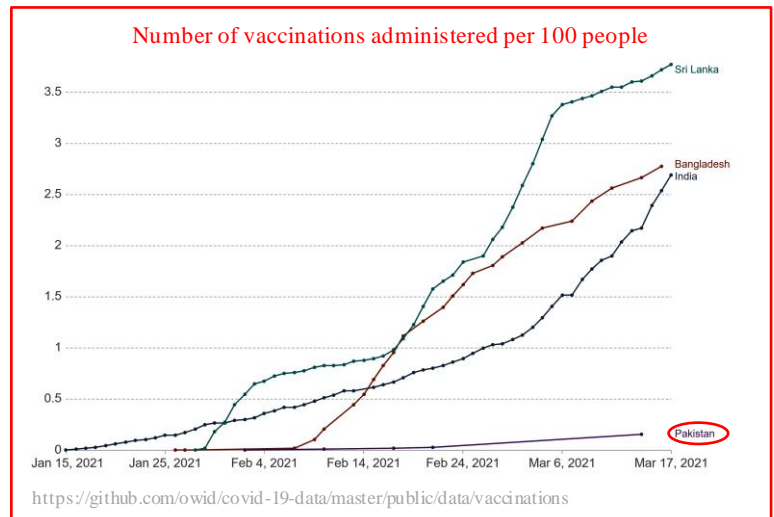
COVID-19 BULLETIN

No. 22

VACCINE FOR ALL

We had the first wave, then a second wave and are currently going through the third wave. The COVID-19 virus is here to stay; this we are almost certain now. Adherence to the COVID-19 precautionary SOPs remain the first line of defence but what makes the third wave different from the first two in Pakistan is the availability of the vaccine which was not there in the first two waves.

With the nature and consequences of the pandemic unfolding more than a year back, different countries started their efforts for the development of a vaccine for COVID-19, and a few came out in the market, sooner than expected, with quite high efficacy rates. With the arrival of the vaccine, countries rushed to get hold of it in keeping with population requirements. Financial resources notwithstanding, priority given to the cause appeared to be a major factor in these acquisitions.



Pakistan lags behind all other countries of the region in vaccination (see box). We were the last ones to take up the vaccine and the rate of administering it continues to be slower than in other countries. Sri Lanka, with its traditional focus on health, leads all the South Asian countries in the COVID-19 vaccination drive, while Pakistan lies far behind everyone else.

Make COVID-19 Vaccine Part of the SOPs in Pakistan

We believe that the vaccination should now be included in the SOPs as in Box 1.

At the moment, the Drug Regulatory Authority of Pakistan (DRAP) has approved three vaccines to be used in the country: China's Sinopharm, Russia's Sputnik V and Oxford University-AstraZeneca. Sinopharm has mainly come free till now, AstraZeneca is reportedly part of the COVAX deal, while the first batch of Sputnik V reached the country a few days back, the price of which in the Pakistani market remains unknown.

Box 1: SOPs must be maintained

- Limit public gathering
- Social distancing
- Washing hands regularly and use of sanitizers
- Extensive testing and isolation
- Track and trace and quarantine
- Limitation of travel into the country without vaccination and testing.
- Even internal travel should require testing and vaccination.
- Get vaccinated if of the eligible age

Lack of information, on the type of vaccine, its source (free from a country, COVAX or paid for) and pricing is a major issue to have a reliable estimate on how much the government needs to spend to get all the vulnerable population vaccinated. For instance, different reports put the WHO-led COVAX access to Pakistan in a wide range of 2.8 million to 17 million doses. Likewise, varying figures are afloat regarding the Sinopharm doses from China to be received gratis, but most reports put it at a million doses.

Financing Vaccination for All

Every eligible person (medical opinion suggests older than 18 years old) in Pakistan needs to be vaccinated and the government of Pakistan has to treat this as an emergency. The biggest challenge in doing so is to allocate ample funds needed to serve the cause, more so in the financial crunch prevailing in the country.

The federal government has allocated Rs. 25 billion for the procurement of the COVID-19 vaccine but much more is needed. Since no funds are allocated in the PSDP, money has to be withdrawn from the existing heads. This can be worked out either by cutting from all heads in equal proportion or by withdrawing major chunks from heads with heavy allocations.

To estimate how many funds are exactly needed remains elusive because, as mentioned earlier, the price of the vaccines bought/meant to be bought by Pakistan is not yet known. In its absence, we have to rely on whatever information we can gather from health practitioners, media and other related sources.

Box 2: The Scene Shots needed and finances

1. Population	221 million
2. Population to be vaccinated- aged 18 and above <i>(trials are still on for many brands for those aged under 18 years of age)</i>	137 million
3. Number of total vaccine shots required <i>(2 each)</i>	274 million
4. Funds allocated by GoP for COVID vaccine <i>(US\$ 150m)</i>	Rs 24 billion
5. GDP (2020, US\$284b)	Rs 45,440 trillion

Depending on the above-given scenario, we now estimate the cost of vaccinating all the eligible population (those 18 and above). Pakistan has approved three vaccines. As mentioned earlier, we still do not know their prices in Pakistan, but the WHO and NBR sources put their average per dose price as follows:

1. Sputnik V: US\$10
2. Oxford AstraZeneca: US\$ 6
3. Sinopharm/Sinovac: US\$ 33

The good aspect of all these vaccines is that they can be stored at regular temperatures, as against some others which need temperatures that are unfeasibly low to be maintained in Pakistan's poorly developed cold chains. The latter includes Pfizer's BioNTech that needs to be kept at a temperature of -70 degrees.

Sinopharm, the only vaccine administered in the country so far, is too expensive to be bought, and if bought in smaller numbers the price can go up to as much as US\$ 145 per dose. In the given circumstances, Oxford AstraZeneca and Sputnik V seem to be the most viable choices.

Box 3: Financing the COVID-19 Vaccine for All

	Scenario I AstraZeneca	Scenario II Sputnik V	Scenario III A mix of I & II	Scenario IV High ³
1. Cost per person ¹ (US\$)	12	20	16	-
2. Cost per person (Rs.) ²	1920	3200	2560	4000
3. Total cost (billion Rs.) <i>(cost*population)</i>	263	438	351	548
4. % of GDP	0.58	0.96	0.77	1.21

Note: 1: Two doses per person. 2: Converted using US\$ 1 = Rs. 160. 3: Based on the price reported by the AKUH.

Box 3 shows different scenarios based on the cost of the vaccine obtained by the government of Pakistan. In the absence of price capping, its value in the market can be very unpredictable but estimates based on the basic cost show that vaccine for all should range between 0.58% to 1.21% of the previous year's GDP. If we take the cost of vaccines received free from China and those expected under the Covax, these estimates can go even a little lower.

TIME TO ACT IS RIGHT NOW

We are already too late! Spending near to 1% of the GDP is not an easy financial decision but, in this case, it is an unavoidable one. The country's economic outlook for the financial year 2019-20, which was marred by complete to partial lockdowns due to the COVID-19 pandemic, provides enough support to this idea. It would be a public expenditure that can protect the country from future lockdowns that have the potential to damage the economy.

Countries that bought/ordered the vaccine early and in bigger quantities got a better deal. Pakistan, sadly, is among those lagging far behind. It is about time we act, and there should be a focus on the following:

- Make bulk orders to get a better rate.
- The initial reluctance to get vaccinated is waning with time. There seems to be a demonstration effect taking place with those getting vaccinated giving a positive feedback that is convincing others to get vaccinated as well. Improved information can help to further drown down the rumours that develop negative attitudes towards the COVID-19 vaccine. Rumours like it causes impotency or cannot be taken during the month of Ramzan need to be dispelled effectively. For the latter cause, the edict of the Imam-i-Kabba can also be used.
- Our pharmaceutical industry has to gear up for the local production of a COVID-19 vaccine. As stated earlier, COVID-19 is here to stay and the reliance on imports cannot go on forever. Local vaccines, considering local variants and genetics, can help improve the efficacy of the vaccine as well if done right.

No matter how huge the expenditure is to vaccinate all the eligible population. It should be considered as a matter of life and death- which it actually is. It is an expenditure that is linked to both, lives and livelihoods. We cannot let ourselves get back to a situation where lives and businesses come to a halt, and we repent not spending the money when it was the time.

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PIDE COVID-19 Bulletin is an initiative by the Institute in response to the current pandemic, which is bound to have serious consequences for the country, specifically for its economy. The Bulletin would carry research that would aid in an informed policymaking to tackle the issue.

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