

F. No. 2079203/2021/Immunization  
Ministry of Health & Family Welfare  
Department of Health & Family Welfare

Nirman Bhawan, New Delhi  
Date: 8<sup>th</sup> June 2021.

Office Memorandum

To,

Additional Chief Secretary/Principal Secretary/Secretary,  
Public Health & Family Welfare,  
All States/UTs.

Subject: Fixation of maximum price per dose for COVID-19 vaccination – reg.

Dear Sir,

The Revised Guidelines for implementation of National COVID Vaccination Program, issued on 8th June 2021 (copy enclosed), provide that – “the price of vaccine doses for private hospitals would be declared by each vaccine manufacturer, and any subsequent changes would be notified in advance. The private hospitals may charge up to a maximum of Rupees 150 per dose as service charges. State Governments may monitor the price being so charged”.

In view of the above, based on the prices currently declared by the manufacturers for the three vaccines currently being administered under the National Vaccination Drive, following price caps are applicable –

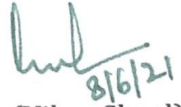
S.No.	Vaccine	Price per dose as declared by manufacturer (Rs.) *	GST @ 5% (Rs.)	Maximum Service charge per dose inclusive of all taxes (Rs.)	Maximum price that can be charged by the private CVCs (Rs.)
1	COVISHIELD	600	30	150	780
2	COVAXIN	1200	60	150	1410
3	SPUTNIK V	948	47.40 ~ 47	150	1145

\*Price per dose declared by the manufacturer is the price at CVC, inclusive of all expenses.

It is informed that the Co-WIN is putting the required validations in place to ensure that the prices declared by various private COVID Vaccination Centers (CVCs) do not exceed the maximum price indicated above. The Co-WIN system will also reset the prices declared by private CVCs to the maximum value indicated above for respective vaccines, wherever the price declared by a CVC exceeds the maximum value. It may be noted that the maximum prices indicated above have been worked out on the basis of the

prices per dose declared by the vaccine manufacturers and can be suitably modified in future in case any manufacturer declares changed prices.

As provided in the Revised Guidelines for implementation of National COVID Vaccination Program (dated 08/06/21), you are requested to regularly monitor the prices being charged by the private CVCs from the citizens. It is also requested that wherever instances of over-charging as compared to the price declared by the CVC come to notice, appropriate strict action is taken against any such private CVCs. Suitable instructions may also be issued to all concerned in this regard.



(Vikas Sheel)

Additional Secretary

Copy to:-

1. Dr. R. S. Sharma, Chairperson, Empowered Group on Vaccine Administration & C.E.O., N.H.A.
2. PPS to Secretary, Health & Family Welfare, Government of India
3. PPS to AS&MD, NHM, MoHFW
4. PPS to AS(MA)
5. Mission Director, National Health Mission – All States/UTs.

## **Revised Guidelines for implementation of National COVID Vaccination Program**

India's National COVID Vaccination Program is built on scientific and epidemiological evidence, WHO guidelines and global best practices. Anchored in systematic end-to-end planning, it is implemented through effective and efficient participation of States/UTs and the people at large.

Government of India's commitment to the vaccination program has been unwavering and proactive from the beginning, from strengthening Research and Development capacity, to encouraging and enabling manufacturing and vaccinating each and every adult Indian safely, as fast as possible.

For the COVID vaccination program, Government of India initiated early and proactive steps as far back as April 2020:

- "Task Force for Focused Research on Corona Vaccine" (constituted in April 2020), to encourage domestic R&D of Drugs, Diagnostics and Vaccines, headed by Principal Scientific Advisor to the Government of India.
- "National Expert Group on Vaccine Administration for COVID-19" (NEGVAC), (constituted in August 2020), to formulate a comprehensive action plan for vaccine administration, co-chaired by Member (Health) NITI Aayog and Union Health Secretary.
- "Empowered Group on Vaccine Administration for COVID-19" (constituted in January 2021), to facilitate optimal utilization of technology to make COVID vaccination all inclusive, transparent, simple and scalable, headed by CEO, National Health Authority.

India's COVID vaccination program incorporates recommendations of the foremost experts in the field of immunization, public health, disease control and information technology. Based on scientific and epidemiological evidence, the programme gives priority to strengthening the country's healthcare system by protecting the professionals, health and frontline workers, manning it, as well as protecting the most vulnerable population groups.

COVID vaccination in the country commenced with vaccination to all Health Care Workers. The program was expanded with time to include vaccination of Front Line Workers, citizens more than 60 years of age, citizens more than 45 years of age and eventually citizens more than 18 years of age.

Under the National COVID Vaccination Program, from 16<sup>th</sup> January to 30<sup>th</sup> April 2021, 100% of vaccine doses were procured by Government of India and provided free of cost to State Governments. State Governments were in turn to administer vaccination free of cost to defined priority groups. To increase the pace of vaccination, participation of private hospitals was also enlisted where individuals could also chose to get vaccinated at a prescribed rate.

In response to the suggestions of many State Governments to be permitted the flexibility to procure vaccine directly and administer them as per their own prioritization based on local requirements, Government of India revised the Guidelines. Under the revised Guidelines effective from 1<sup>st</sup> May, 2021, Government of India was procuring 50% of the vaccine produced and was continuing to provide them to States free of cost for administering to priority groups. The State Government and private hospitals were now also empowered to directly procure from the remaining 50% vaccine pool.

Many States have however now communicated that they are facing difficulties in managing the funding, procurement and logistics of vaccines, impacting the pace of the National COVID Vaccination Program. It has also been noted that smaller and remoter private hospitals are also facing constraints.

Keeping in view the aforesaid aspects, the experiences gained from 1<sup>st</sup> May 2021 and the repeated requests received from States, the Guidelines for National COVID Vaccination Program have been reviewed and revised.

The main elements of the Revised Guidelines are as follows -

- Government of India will procure 75% of the vaccines being produced by the manufacturers in the country. The vaccines procured will continue to be provided free of cost to States/UTs as has been the case from the commencement of the National Vaccination Programme. These doses will be administered by the States/UTs free of cost to all citizens as per priority through Government Vaccination Centres.
- In respect of the vaccine doses provided free of cost by Government of India to the States, vaccination will be prioritized as the following:
  - Health Care Workers
  - Front Line Workers
  - Citizens more than 45 years of age
  - Citizens whose second dose has become due
  - Citizens 18 years & above

- Within the population group of citizens more than 18 years of age, States/UTs may decide their own prioritization factoring in the vaccine supply schedule.
- Vaccine doses provided free of cost by Government of India will be allocated to States/UTs based on criteria such as population, disease burden and the progress of vaccination. Wastage of vaccine will affect the allocation negatively.
- Government of India will provide States/UTs advance information of vaccine doses to be supplied to them. States/UTs should similarly, further allocate doses well in advance to districts and vaccination centers. They should also put in the public domain the information about the above availability at district and vaccination center level, and widely disseminate it among the local population, maximizing the visibility and convenience of citizens.
- In order to incentivize production by vaccine manufacturers and encourage new vaccines, domestic vaccine manufacturers are given the option to also provide vaccines directly to private hospitals. This would be restricted to 25% of their monthly production. States/UTs would aggregate the demand of private hospitals keeping in view equitable distribution between large and small private hospitals and regional balance. Based on this aggregated demand, Government of India will facilitate supply of these vaccines to the private hospitals and their payment through the National Health Authority's electronic platform. This would enable the smaller and remoter private hospitals to obtain timely supply of vaccines, and further equitable access and regional balance.
- The price of vaccine doses for private hospitals would be declared by each vaccine manufacturer, and any subsequent changes would be notified in advance. The private hospitals may charge up to a maximum of Rupees 150 per dose as service charges. State Governments may monitor the price being so charged.
- All citizens irrespective of their income status are entitled to free vaccination. Those who have the ability to pay are encouraged to use private hospital's vaccination centres.

- To promote the spirit of “Lok Kalyan”, use of non-transferable Electronic Vouchers which can be redeemed at private vaccination centers, will be encouraged. This would enable people to financially support vaccination of Economically Weaker Sections at private vaccination centres.
- The CoWIN platform provides every citizen the facility of conveniently and safely pre-booking vaccination appointments. All government and private vaccination centers would also provide onsite registration facility, available both for individuals as well as groups of individuals, for which detailed procedure is to be finalized and published by States/UTs, in order to minimize any inconvenience to citizens.
- States may also optimally utilize the Common Service Centres and Call Centres to facilitate prior booking by citizens.

The above revised program provides States/UTs with additional central government support across funding, procurement and logistics. It also facilitates scientific prioritization, wider access, harnessing of private sector capacity and flexibility at the state and local level.

The revised guidelines will come into effect from 21<sup>st</sup> June 2021 and will be reviewed from time to time.