



Ensure equitable access to the COVID-19 vaccines, and health care resources

April 29, 2021. India is in a crisis. As people across the country battle the second wave of COVID-19, ensuring equitable, fast and easy access to healthcare, medicines and the vaccines is critical. The undersigned organizations and persons call on the Central Government, State Governments, Health Secretaries of the Union and the States, and the District Magistrates to ensure that the vaccination process focuses on increasing reach and accessibility, that there are no onerous ID requirements, including Aadhaar, for access to health services or vaccinations, and that health data is not misused.

1. Don't let the "largest" vaccination drive become the most discriminatory

On 23 April, 2021, the Government of India announced the "largest vaccination drive," in Phase III of the National Vaccination Strategy under the "[Liberalised Pricing and Accelerated National COVID-19 Vaccination Strategy](#)". The Ministry of Health and Family Welfare has subsequently sent a [letter](#) to State Secretaries. These two documents lay out the following conditions for Phase III of the vaccination, in which persons between the ages of 18-45 are eligible for the vaccine:

- State governments and private hospitals will have to directly procure the vaccines from manufacturers
- The price for the vaccines will be self-set/declared in advance by vaccine manufacturers.
- There is no regulation, but only "monitoring," of the price that private hospitals will charge for vaccination.
- Persons in the 18-45 age group will not be provided vaccination by the Central Government but will instead have to be taken care of by the state governments (whether paid or without payment).
- Those in the 18-45 age group can only register for the vaccine online, through the CoWIN platform, without an option to walk-in and register.



These measures will only exacerbate difficulties in accessing the vaccine.

The [class and rural-urban divide](#) in the previous vaccination phases have already been highlighted by civil society groups like the [All Indian People's Science Network](#) and [others](#). We echo these [concerns](#):

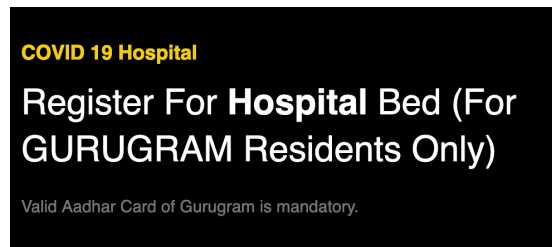
- Leaving the pricing of vaccines to the free market and the responsibility of vaccination of a large population to states who are low on resources and where negotiating capacity can impose a barrier to peoples' access to vaccination.
- Mandating online self-registration for vaccination without a walk-in facility will further entrench inequities in access to the vaccine. Only those with access to the internet and who can operate an app-based system will be able to register themselves, or will register themselves ahead of others, leaving the poor and vulnerable behind, creating an enormous divide in access to the vaccine.

Unless these conditions are changed, the “largest” vaccination drive could turn into the most discriminatory, and further entrench inequities.

2. No to Aadhaar for access to Healthcare

Amidst distressing reports of hospitals running out of oxygen and medicines, there have been accounts that hospitals, private suppliers and state governments are **mandating Aadhaar for access to diagnostics, medicines, oxygen supplies, and the vaccine**. This must be stopped immediately. **Onerous identity requirements cannot be made a precondition to access lifesaving resources.**

- In [Maharashtra](#), it is mandatory to show Aadhaar card, the results of a positive test and a doctor's prescription for citizens to purchase Remdesivir and Tocilizumab.
- The Bombay High Court has made it mandatory for all those venturing out on the roads, including doctors and medical staff, in 11 districts of Marathwada, Maharashtra [to carry their Aadhaar cards](#).
- In [Ahmedabad](#), admission in AMC run COVID hospitals mandate needs Aadhaar card with local address.
- In Gurgaon, on the [government's emergency portal](#), persons cannot register for a hospital bed without Aadhaar cards that too with a Gurugram address.
- Across multiple states [and cities](#), the Aadhaar card of the patient and attendant are being mandated to hand over oxygen cylinders.



Screenshot from Gurugram's portal

3. The pandemic cannot be used to test out new technology

Persons in power, like RS Sharma, the CEO of the National Health Authority, have made irresponsible statements about introducing new technologies for the vaccination process, including rolling out facial authentication, which civil society groups have [strongly opposed](#). India is the only country to test facial recognition for the vaccination process. **The pandemic, which has stretched our people and societies to the breaking point, is not a time to test out new technologies.**

4. No to the “data tax”

The National Health Authority, (NHA), which does not function under any enabling law, has been rolling out [National Health IDs](#) as part of the vaccination drive, for all persons who register for the vaccine using their Aadhaar numbers. This is unwise, not backed by law and unethical. It would take significant time to ensure informed consent is obtained from those who register before a National Health ID is issued. The NHA itself has not disclosed how this process works and is silently rolling it out without informing the general public. **We cannot permit the government or private entities to piggyback**

on a crisis, and use it to roll out the National Health ID, or use this data in any manner, without public debate or a law.

The pandemic should not be used to collect more data and develop the National Digital Health Stack. As public interest technologist, Anivar Aravind, has warned, mandating that all vaccinations are routed through the government's Co-WIN platform, without a clear understanding of how the data will be used, amounts to enforcing a "[data tax](#)" by the Government of India. The Co-WIN platform includes a hidden consent collection method for health ID generation, is designed to permit the sharing of health data, and the generation of a [Digilocker](#) linked Vaccination certificate (Digilocker is the government's document sharing system which can be accessed via Aadhaar numbers or cell-phone linkage).

The demand to safeguard health data is not an abstract right. It lies at the heart of the right to privacy, to dignity and protects people from private health players and data brokers. Any measures seeking to encroach on this right must be backed by a law, and meet the constitutional standard of being necessary and proportionate for a legitimate aim.

Our Demands

The undersigned persons and organisations call on the government to:

1. Increase access to vaccinations

- a. Allow walk-in access for all vaccinations.
- b. Remove all onerous identity requirements for access to the vaccine.
- c. Ensure the vaccines are taken to eligible populations at community level.
- d. Ensure Vaccination certificates do not affect peoples' right to movement. and access and further entrench inequities.

2. Ensure there are no barriers, including mandating Aadhaar, for access to diagnostics, hospital beds, oxygen cylinders, medication or any other treatment.

3. Protect peoples' rights over their data

1. Ensure the CoWin platform is not made mandatory for registrations for vaccinations.
2. Ensure that vaccination is not used to as a way for hidden consent collection for health ID generation & data sharing

3. Ensure that Proof of vaccination must not be linked to Digilocker, or Aarogya Setu.
4. Move the Adverse Effect Following Immunisation (AEFI) reporting to a system without direct linkage to patient's data. The alternate system must be built with participatory consultation, involving health care expertise and ground level involvement of state health departments, Hospitals and ICMR.

4. Permit vaccination for all without ID proof or proof of residence.