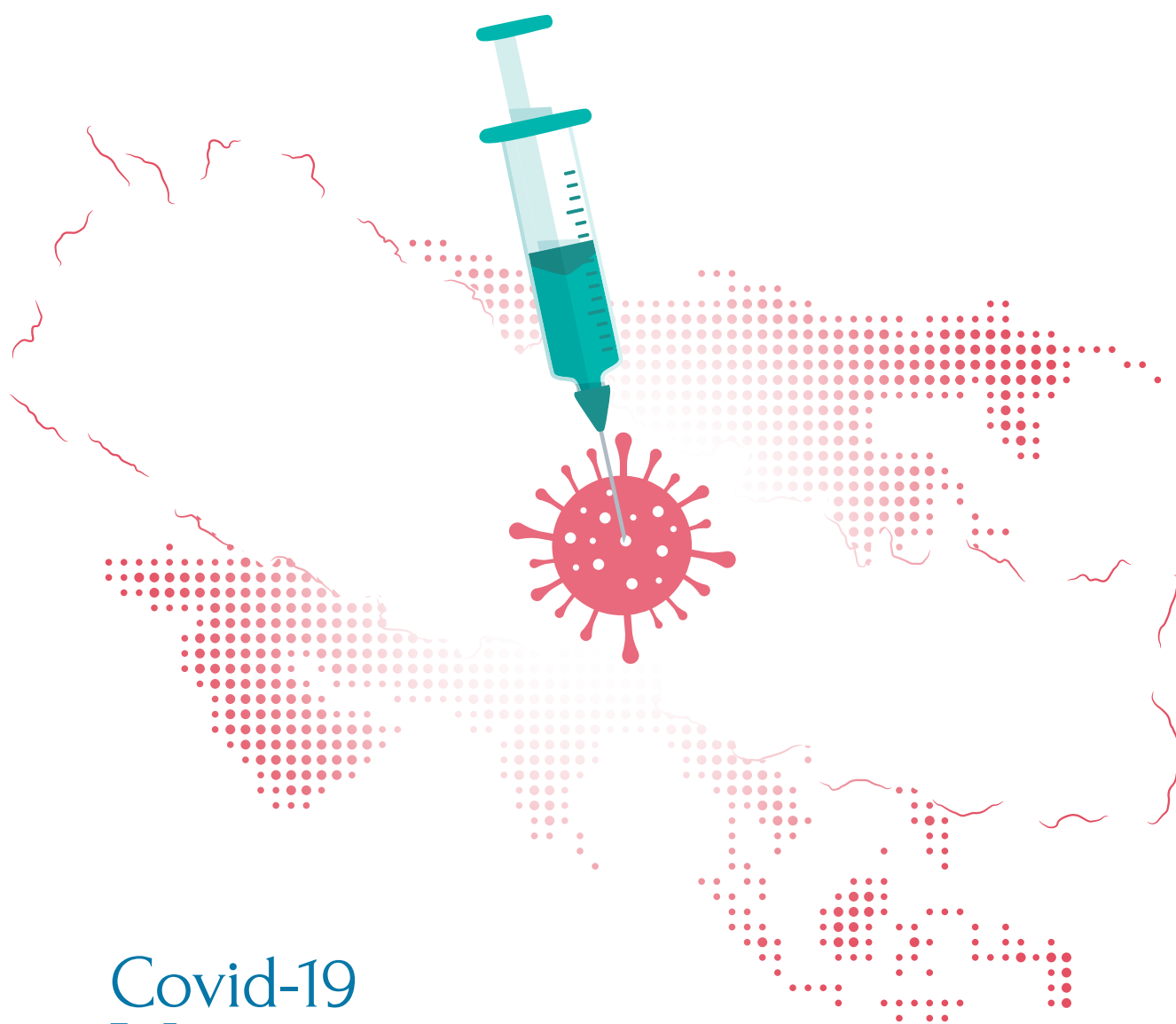


# NEPAL RISK OUTLOOK

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## Covid-19 Vaccination

POLICY BRIEF

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**NIPoRe**  
Nepal Institute for Policy Research

## Summary

*Fifteen months since the first case of Covid-19 was confirmed in December 2019 in Wuhan, pharmaceutical companies and suppliers around the world have been in a global race to manufacture vaccines adequate enough to vaccinate people against the virus. Already, some countries have been able to vaccinate sizeable proportions of their population while many others are in the process of doing so. However, for the vast number of countries in the Global South adequate supplies of vaccines have been difficult as of March end. As the key global economies are hoarding vaccines - more than their populations oftentimes - the Global South, most certainly all nations in the much-populated South Asia, are struggling to secure minimum vaccine doses to vaccinate a reasonable share of their populations. Internally, they are also facing additional challenges in equitably distributing whatever little vaccine doses they have managed to secure. To this end, we recommend GoN to strengthen its coordination efforts among the three tiers of governments as well as with relevant health and development agencies (local and global), international vaccine manufacturers and suppliers, the neighbouring countries but also countries that have made special contributions to Nepal's economy (e.g. destination countries for the Nepali migrant workers and Nepali students, and key trade partners) to help meet the target of vaccinating at least 72 percent of the national population.*

## Introduction/Background

As of 29 March 2021<sup>1</sup>, a total of 126,890,643 confirmed Covid-19 cases have been reported around the world, of whom, 2,778,619 people have lost their lives. Similarly, a total of 462,824,374 vaccine doses have been administered globally as of 24 March 2021. In South Asia<sup>2</sup>, as of 25 March 2021, Saarc member countries have reported a total of 13,449,474 confirmed cases – including 189,496 deaths in the reporting period. Nepal, as of 29 March 2021<sup>3</sup>, has reported a total of 276,980 confirmed cases, including 3,027 deaths. Thus, South Asia accounts for about 11 percent of the confirmed cases and about seven percent of Covid-19-related global deaths. Nepal accounts for two percent of total confirmed cases and 1.6 percent of the total deaths of the Covid-related fatalities in South Asia.

Since the WHO gave Pfizer/BioNTech vaccine an emergency use authorization on 31 Dec. 2020, a year after the first case of the virus was reported in Wuhan, eleven new vaccines – BBIBP-CorV, Convidecia, CoronaVac, Covaxin, CoviVac, EpiVacCorona, Johnson & Johnson, Oxford–AstraZeneca (produced as Covishield in India), Moderna, RBD-Dimer and Sputnik V – have been approved by at least one national regulatory authority for public use<sup>4</sup>. As countries around the world prepare to open up to the local population and the foreigners, the idea of ‘Vaccine Passport’ has also been on the rise. However, given the nature of these documents (vaccine passports), this idea has become a subject of global controversy<sup>5</sup>.

To ensure fair and equitable global access of the vaccines through coordination with governments and vaccine manufacturers, WHO launched the COVAX program in late 2020 to assist low- and middle-income countries which, by our reporting period, 165 countries had joined the alliance<sup>6</sup>.

As of 30 March 2021<sup>7</sup>, COVAX had shipped more than 32 million doses of vaccines to 70 participating countries. Nepal received the first consignment of vaccines under COVAX Facility on 7 March 2021<sup>8</sup>, one of the first countries in South Asia to do so. It is set to receive a total of 1.92 million vaccine doses under this facility to vaccinate 20 percent of the population by the end of May 2021. From a number of interviews with Kathmandu-based international agencies and public health officials, it would be safe to infer that the Government of Nepal has remained proactive in coordinating with the WHO for early procurement of the vaccines.

In terms of vaccination per 100 people in South Asia (as of 28 March 2021), Maldives tops the list with 42.95 followed by Nepal (5.49), India (4.39), Sri Lanka (4.18), Bangladesh (3.12), Pakistan (0.16) and Afghanistan (0.14). In Bhutan, the vaccination drive began only on 27 March<sup>9</sup> but had covered 186,000 individuals within the first two days from 1,217 sites. Nepal started its vaccination on 28 Jan. 2021.

South Asia

**13,449,474**  
Cases

**189,496**  
Death

*Nepal accounts for two percent of total confirmed cases and 1.6 percent of the total deaths of the Covid-related fatalities in South Asia.*

Nepal

**276,980**  
Cases

**3,027**  
Death

# Economics of COVID-19 Vaccination

## State of human development and healthcare financing in South Asia

The Human Development Report 2020<sup>10</sup> ranks Saarc member countries poorly. Sri Lanka (72) and Maldives (95) are ranked as the countries with high human development conditions while Bhutan (129), India (131), Bangladesh (133), Nepal (142) and Pakistan (154) are ranked as the medium human development countries while Afghanistan (169) is ranked as the low human development country. Globally, South Asia has Human Development Index of 0.641 – the second lowest regional average after Sub-Saharan Africa (0.547) - against the global average of 0.737 (HDI value of 1 indicates the best human development conditions). The available data from 2018<sup>11</sup> show that South Asian countries' current health expenditure as percentage of GDP - Afghanistan (9.40%), Bangladesh (2.34%), Bhutan (3.06%), India (3.54%), Maldives (9.41%), Nepal (5.84%), Pakistan (3.20%) and Sri Lanka (3.76%) – is clearly uneven.

In addition, region-wise, the South-East region (which includes South and East Asia as per the World Bank classification) has a lower HDI index (4.37) as compared with five other regions<sup>12</sup>. This clearly shows that most countries in South Asia have a poor track record of investments in public health, thus making them further vulnerable to the pandemics and other health hazards and consequent socio-economic

*Most countries in South Asia have a poor track record of investments on public health, thus making them further vulnerable to the pandemics and other health hazards and consequent socio-economic damages.*

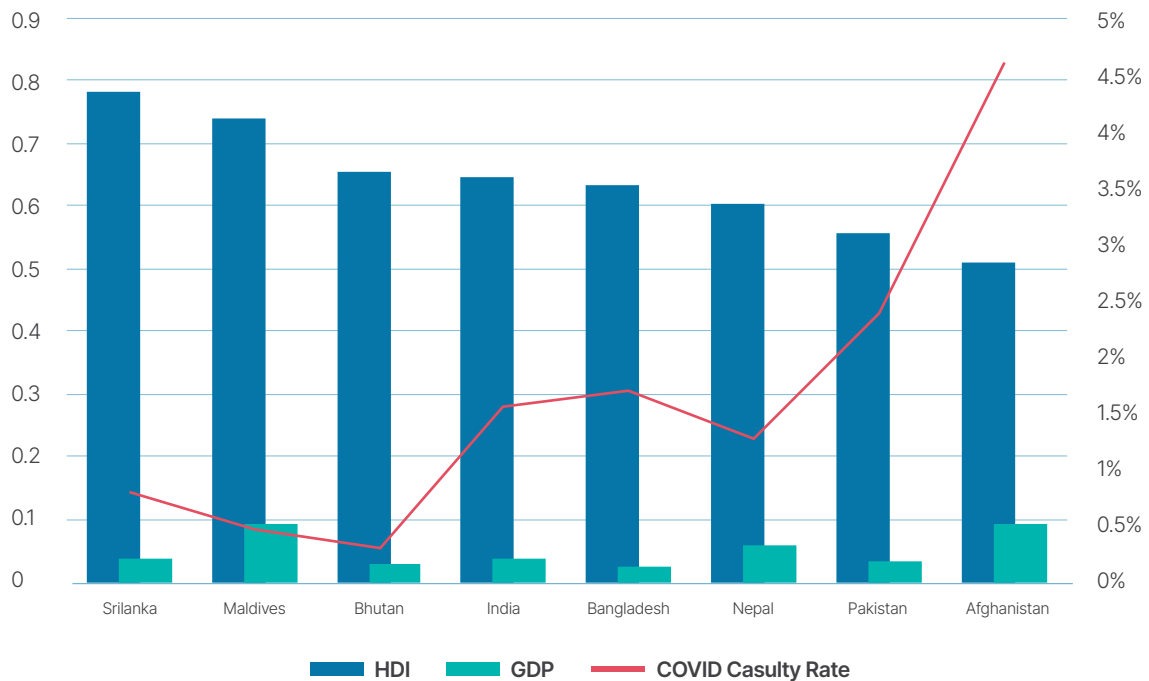
damages. However, the Covid-19-related deaths trends for Saarc members countries, as of 25 March<sup>13</sup>, show that past public health expenditures by individual member countries alone are not enough to better manage the Covid-19 crisis. Within the region, Afghanistan has the highest casualty rate (4.4%) followed by Pakistan (2.2%), Bangladesh (1.51%), India (1.36%), Nepal (1.09%), Sri Lanka (0.61%), Maldives (0.29%) and Bhutan (0.11%).

From this we can conclude that the South Asian countries need to ensure that their overall annual healthcare expenditure go into right sub-sectors under overall national healthcare sectors to achieve the required major improvements in their respective health systems.

Countries	HDI	GDP	COVID Casualty Rate
Sri Lanka	0.782	3.76%	0.61%
Maldives	0.74	9.41%	0.29%
Bhutan	0.654	3.06%	0.11%
India	0.645	3.54%	1.36%
Bangladesh	0.632	2.34%	1.51%
Nepal	0.602	5.84%	1.09%
Pakistan	0.557	3.20%	2.20%
Afghanistan	0.511	9.40%	4.40%

[As of March 25, 2021]

*Nepal received the first consignment of vaccines under COVAX Facility on 7 March 2021, one of the first countries in South Asia to do so.*



[As of March 25, 2021]

## Financial Support for Nepal from Major Global and Regional Development Partners, Foundations and Private Companies

Key global multilateral institutions and INGOs have been generous in disbursing their committed funds for Covid-19 related causes. As of March-end 2021, Nepal has received a total of USD 529 million against a commitment of USD 544 million to cope with the impact of the Covid-19 pandemic from various donors. It received concessional loans of USD 250 million from the Asian Development Bank (ADB), USD 214 million from IMF, and USD 5.8 million (against the commitment of USD 29 million) from the World Bank. ADB has further committed USD 3 million as a grant under the technical assistant framework.

Other bilateral donors, the UN agencies, and international NGOs have provided a total support of nearly USD 60 million under various programs and projects as technical assistance grants. Three multilateral agencies, namely ADB, IMF, and the World Bank, have provided the bulk of the financial assistance constituting about 89 percent of the total external funding.

We can therefore conclude that despite a poor record of securing most of the committed funds in the past, including those for the post-earthquake (the 2015 Gorkha Earthquake) recovery and reconstruction works, Nepal has been able to secure almost all the committed funds for Covid-related programs. However, this accomplishment was possible not only by the GoN efforts but also due to the fact that the key global institutions - ADB, IMF and the World Bank - had prioritized low- and middle-income countries for their concessional loans and grants.

## Roles Played by Nepal's Financial System for Equitable Vaccination Drive

Nepal earns foreign exchange through three major channels, namely the Official Development Assistance (ODA), remittance and earnings from exports. The ODA contributes significantly to the overall development budget of the country as it constitutes 76 percent of the capital expenditure amounting to 3.9 percent of the GDP (average of the last 10 years). In addition, it is the second most important source of foreign exchange after remittance but ahead of the earnings from exports.

For Nepal, the foreign exchange reserve has reached a new high of USD 12.57 billion in mid-February 2021, an increase of 30 percent from a year earlier amidst a significant decline in trade deficit, higher than expected remittance inflows, and robust inflows of ODA. The sound external balance has provided the economy an important safeguard against domestic economic vulnerabilities arising from Covid-19. However, the sudden increase in the country's reserve does not qualify Nepal to purchase all required doses of the approved Covid-19 vaccines on its own as vaccine procurement, distribution and proper vaccination involves additional resources and efforts from the GoN and other key national and global stakeholders - including those representing Nepal's private sector.

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# Politics of COVID-19 Vaccination

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## COVID-19 Vaccination Diplomacy

Nepal has been moderately successful<sup>14</sup> in controlling the spread of Covid-19<sup>15</sup> by this reporting period, and also had some success in procuring Covid-19 vaccines. By the end of March 2021, Nepal has received a total of 3.248 million doses<sup>16</sup>. Nepal is awaiting a second shipment of one million doses purchased from Serum Institute of India, whose Covishield had been the only vaccine Nepal has used since it launched its vaccination drive in January 2021 - until March-end 2021. Additionally, 1.92 million doses are expected to be procured by the end of May through COVAX<sup>17</sup>. On 29 March 2021, Nepal received 800,000 doses of vaccine developed by the Chinese company Sinopharm as a government grant. So far, Nepal's Department of Drug Administration has given emergency use authorization to three vaccines – Oxford–AstraZeneca vaccine, which is produced as Covishield in India by Serum Institute of India; India's homegrown vaccine Covaxin produced by Bharat Biotech; and the Sinopharm vaccine.

These are reasons to be hopeful, but the number falls significantly short of Nepal's plan to vaccinate 22 million people<sup>18</sup>. Hence, Nepal should enhance its diplomatic outreach<sup>19</sup> and consider regulated use of its private sector to bring in effective vaccines.

### Vaccine Procurement: Lack of Inter-Agency Cooperation

Despite its seeming success, the procurement process has not been as smooth as many had expected. GoN had formed eight committees

in early December 2020 to coordinate with the eight global vaccine manufacturers, which were already conducting phase III trials. A separate committee<sup>20</sup> consisting of secretaries from Finance, Home Affairs, and Foreign Affairs ministries was also formed to procure vaccines. Surprisingly, the senior-most bureaucrat at the MoHP, the Health Secretary – a key stakeholder – was not represented in the committee. Additionally, there was a distinct lack of coordination among the committees and key relevant ministries and the departments in their outreach efforts. For instance, MoHP wrote letters to Covid-19 vaccine producing companies, whereas MoFA sent diplomatic cables to the major vaccine producing countries – India, China, Russia, the UK, and the US. Nepal's embassy in India was also said to be actively involved in the procurement process. Nepal's Ambassador in New Delhi Nilambar Acharya met with senior Indian government officials as well as senior managers of Serum Institute of India and Bharat Biotech.

However, some embassies in other vaccine producing countries were kept completely out of the loop, and had not received any directive from MoFA to pursue vaccine procurement. The Nepali Embassy in Beijing was neither engaged in any effort to procure vaccine from China nor it was asked to connect with the Chinese vaccine producers. Similarly, Nepal's embassy in Russia was unaware of unfounded claims of Russian intent to provide 25 million doses of Sputnik V vaccine to Nepal<sup>21</sup>, as

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<sup>15</sup> Lowy Institute, a think-tank in Australia, ranked Nepal at 66 out of 102 countries, and before Pakistan, India and Bangladesh in South Asia.

<sup>16</sup> One million from India as grant (received on 20 Jan 2021), one million bought from Serum Institute of India (received on 21 Feb 2021), 348,000 under WHO's COVAX (received on 7 March 2021), 800,000 vaccines from China as grant (received on 29 March 2021), and 100,000 from Indian Army to Nepal Army (received on 29 March 2021).

<sup>17</sup> COVAX aims to provide vaccines to cover 20% of the population.

reported in sections of Nepal's media. This gives a clear picture that Nepal has not yet used the full potential of its diplomatic missions for the acquirement of vaccines.

Additionally, a lack of coordination among different government agencies and vague standard operating procedures have exposed Nepal's policy gaps and added to a new confusion. The incident involving the Bahrain Prince Sheikh Mohamed Hamad Mohamed al-Khalifa is a case in point.<sup>22</sup> The Bahrain Government claimed that the Prince's team visiting Nepal had received 'permission' from Nepal's Embassy in Bahrain to bring 2,000 doses of Sinopharm vaccine (which had not been rolled out in Nepal by March-end, though the vaccine had been given authorization), and that MoFA was aware of the vaccine being brought to Nepal. Meanwhile, the Department of Drug Administration, which issues permits for vaccine imports and their use in Nepal, was oblivious of the whole situation.

## Vaccine Procurement: India and China

Nepal's coordination with vaccine suppliers has been lacking as well. The vaccine procurement from China was delayed by nearly a month. Some reasoned that it was Chinese expression of displeasure at domestic political instability in Nepal. However, it largely appears that it was hampered by discrepancies in logistics management between Beijing and Kathmandu. Nepal expected China to deliver the consignment. Finally, Nepal had to arrange its own logistics, and bear the cost. At a time when vaccines are critical to control the pandemic, it is insensitive to have such a sense of entitlement. And if GoN actually was not keen about getting the Chinese vaccines, as was reported by some foreign media outlets because of their lower rates of efficacy, the Nepali public deserved to know as much. (GoN has subsequently dismissed the claims)

As much as it makes sense to get affordable and easy-to-store Indian vaccines, Nepal's dependency on India for Covid-19 vaccines is equally troubling. Outside COVAX<sup>23</sup>, Nepal has primarily relied upon India. Of the vaccines procured so far, more than two-third came directly from India. Nepal has in fact been approaching India to meet 20% of the national need. It is logical given the possible genetic similarities of Nepali and Indian peoples, logistical ease of transportation and distribution of Covishield and Covaxin, and cost effectiveness, but such a dependence on a single producer carries high risks should policies in India change due to internal or external factors. Already, Indian efforts to limit the exports of vaccines<sup>24</sup>, following a massive surge of 'second wave' of infections, have delayed in the supply of second batch of Covishield vaccines that was to be delivered to Nepal by Serum Institute of India by 10 March. COVAX has also informed that it would not be able to deliver<sup>25</sup> the second batch of 1.92 million vaccines by the end of May – also due to the Indian limitation on exports. Hence, for Nepal to vaccinate a reasonable share of its population within a deadline, the need to diversify vaccine suppliers is greater than ever.

## Overt Vaccine Diplomacy or Mutual Cooperation?

South Asian countries, like most other developing economies, have received extensive support in terms of vaccine supplies from India and China, which have been able to vaccinate only a tiny share of the national populations themselves. President Xi Jinping has said that any vaccine developed in China would be a 'global public good',<sup>26</sup> a point the Chinese Ambassador to Nepal Hou Yanqi reiterated while delivering the first batch of Sinopharm vaccine (800,000 doses) on 29 March 2021. Similarly, India, a vaccine-manufacturing powerhouse with 60% of global vaccines supply, has introduced 'vaccine maitri' (Vaccine Friendship) initiative to deploy its vaccines all over the world, not least in its neighborhood. By

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<sup>23</sup> India is key contributor to COVAX as well.



the last week of March, India and China had supplied more than 63 million<sup>27</sup> and 17 million doses<sup>28</sup> respectively. This has been in stark contrast to other vaccine producers in the West, whose vaccines have largely been bought by developed countries, though some have provided support through COVAX. Some advanced countries<sup>29</sup> have even resorted to 'hoarding'. The UN Secretary-General Antonio Guterres has rightly called out the developed countries, saying 'vaccine equity is the biggest moral test.'<sup>30</sup>

While India and China have received much acclaim in the developing world (India<sup>31</sup> more so than China) and beyond for their 'altruistic' gestures, they have also been criticized by some for engaging in overt 'vaccine diplomacy'.<sup>32</sup> However, it would be wrong to view the actions of both the countries in black and white. Rather, it should be understood as a convergence of strategic concerns, diplomatic currency, and altruism. The narratives and literature around India's vaccine diplomacy have given a sanguine thrust to its position as a prospective global leader and improved its global status as a responsible rising power. However, the recent Indian decision to limit exports of vaccines in the face of the second wave of Covid-19 in India could put a blight to its fast-growing international reputation for now.

Interestingly, the distribution of vaccines by China and India follows the expected patterns. China has focused on South-East Asia, the Middle-East, Africa and South America, regions which are key cogs in the Chinese supply-chain. Meanwhile, South Asia (including Myanmar but barring Pakistan) has been the major beneficiary of Indian vaccine grant<sup>33</sup>, receiving 73% of the total vaccines deployed worldwide. The diplomatic dividends are obvious. The vaccine exports have lowered the tensions between India and its neighbors, such as Bangladesh and Nepal, whose relations with India had soured recently due to Citizenship Amendment Act<sup>34</sup> and border dispute, respectively. Indian Ocean island states, South-East Asia, Central Asia and Africa are the other major beneficiaries of the Indian gesture. This aligns with India's 'Neighborhood First', 'Act East', and 'Indo-Pacific' policies.

Nevertheless, Chinese and Indian approaches differ in crucial ways. Beijing is trying to rebuild its image after it mishandled the Covid-19 diplomacy in early stages. China has got the leaders<sup>35</sup> of some beneficiary states

***Nepal has received guidance and support from organizations such as the WHO, who have been involved in Covid-19 vaccination programs in South Asia - from manufacturing, funding, procuring, and delivering Covid-19 vaccines to increasing vaccine awareness and advocating for an equitable vaccine distribution.***

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<sup>28</sup> Out of more than 100 million produced, China has administered 82 million at home.

<sup>34</sup> The controversial law passed in 2019 provides a pathway to persecuted religious minorities of most religions except Muslims from neighboring regions.

<sup>35</sup> Pakistan Prime Minister Imran Khan, Turkish President Recep Tayyip Erdogan, Hungarian President Victor Orban, and Indonesian President Joko Widodo were vaccinated publicly. Ironically, the Pakistan PM contacted Covid-19 two days after receiving the vaccination.

to receive the jab publicly to boost trust in its vaccines. Yet, because of lack of transparency surrounding the trial results of its vaccines and the questionable efficacy in some cases, trust in Chinese vaccine remains comparatively low.<sup>36</sup> Even in its steadfast ally like Pakistan<sup>37</sup>, people have not fully trusted the Chinese vaccines. The UAE, one of the first countries outside China to use Sinopharm vaccine extensively, has invited recipients to inoculate a third dose<sup>38</sup> of the vaccine due to limited efficacy of the first two doses.

Chinese and Indian militaries have also participated in the vaccine diplomacy in their own ways. People's Liberation Army (PLA)<sup>39</sup> provided 500,000 vaccines to the army of its 'all-weather strategic partner' Pakistan by 17 March. And the Indian Army<sup>40</sup> provided 100,000 doses of Covishield vaccines to the Nepal Army on 29 March even after the Indian government had already put a limit on exports of the Covid-19 vaccines. Nepal Army was allocated 15,000 jabs earlier from India donated vaccine (1 million doses) but that was not enough for the 90,000-strong army. Hence, NA had requested the Indian Army for additional support. It seems like an attempt by the two to generate goodwill among the military elites, who have significant domestic influences (in Pakistan far more so than in Nepal). The army-to-army support boosts mutual confidence-building efforts, but also risks securitizing the vaccine distribution.

The Quad, an alliance of the US, India, Japan and Australia, has found a new priority area to cooperate. The members have decided to prioritize vaccine production and distribution. In the context of vaccine distribution, all four countries<sup>41</sup> will pool in financial resources to produce one billion vaccines by 2022. And India will be the production hub. This could provide a key opportunity for the grouping to show that Quad is not merely about keeping an eye on China, but also aimed at addressing global public health concerns. Any significant boost in India's production capacity will increase Nepal's chances of procuring additional vaccines, just like for many others around the world.

Multinational organizations and multilateral efforts have been a key element of Nepal's foreign policy. The pandemic has further underscored the point. Nepal has received guidance and support from organizations such as the WHO, who have been involved in Covid-19 vaccination programs in South Asia - from manufacturing, funding, procuring, and delivering Covid-19 vaccines to increasing vaccine awareness and advocating for an equitable vaccine distribution. Nepal is among the first countries to receive vaccines under COVAX and its support remains critical for Nepal.

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# Policy Recommendations

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## To the Government of Nepal

### **Proper Allocation of Vaccines:**

We ask the MoHP to work in close collaboration with the provincial and local government healthcare mechanisms to ensure an equitable distribution of vaccines to the local units with active participation of the local bodies. GoN needs to ensure proper allocation of vaccine doses depending upon the targeted demographics but special emphasis should be given to marginalized communities (including geographically distant populations) and low-income groups who may not always be easy to reach.

### **Nepal should enhance its diplomatic outreach to continue bringing in effective vaccines:**

Nepal's diplomatic missions have not been fully engaged in facilitating the Covid-vaccine procurement from the vaccine producing countries. GoN should provide a clear guideline to its diplomatic missions abroad to facilitate vaccine procurement from these countries.

### **Nepal needs to diversify vaccine procurement as broadly as possible:**

Nepal has looked to India to supply a significant portion of its vaccine needs. That would be risky should India change its policies on vaccine exports or have its own supply-chain disrupted. Hence, Nepal should also approach other producers in China, the US and the European countries to complement the vaccine supply.

### **Nepal needs to better coordinate with different agencies within the country, and also with vaccine manufacturers and the suppliers:**

Lack of inter-agency coordination has hurt and delayed Nepal's vaccine procurement process. GoN should form competent teams representing individuals with technical expertise, understanding and with sound international outreach, as well as involve key government agencies.

## To the Political Parties and Political Leaders

### **Lead by example and support ruling party during the crisis period:**

Considering the ongoing Covid-19 crisis and its effects on Nepal's key

sectors, we request the country's political parties to act sensibly by avoiding unnecessary mass gatherings and rallies to prevent large masses, and also ensure that the participants in these gatherings use masks and follow social-distancing measures.

### **Do not spread unfounded, unscientific claims:**

It has been noticed during the pandemic that a number of political leaders, including those in the government, have given false information while discussing Covid-19 (in their parliamentary addresses, political speeches, mass rallies and in interviews). Since many of the leaders have massive followings, a large section of the public will be misled by what they say. On the other hand, dissemination of scientific and well-established facts about Covid-19 and explaining them in the language the mass understands would be a huge public service political parties and their leaders could do.

## **To the Private Sector**

### **Public-Private Partnership for Vaccine Storage:**

As Nepal does not have highly resourced government hospitals and labs for proper storage of vaccines, we ask GoN to consider taking help from the private sector to support its efforts and make efficient use of available private hospitals and clinics. GoN should also work closely with the private sector for sub-national and local-level distributions of the vaccine. GoN should also consider mobilizing the private sector in the purchase of authorized vaccines but such imports and distributions should be closely monitored by the concerned government agencies and price ceilings must be put on the vaccine for public use.

## **To the Media and Civil Society**

### **Proper Factchecking and Disseminating MoHP's messages and WHO Verified News/Protocol:**

As the challenging incidents demand for proper factchecking and sharing of authentic news and updates, Nepal's media, subject experts and the civil society leaders have a very important role to play in disseminating the correct information, and crosschecking and verifying details and even dismissing unfounded claims made by political leaders. This will also go a long way in checking rumours and unfounded claims.

## **Regional Grouping/South Asia**

### **Regional Collaboration:**

As the countries in South Asia face domestic resource crunch in financing overall national and regional vaccination drives, it is the best time to activate and create Saarc and Bimstec healthcare mechanisms so that the citizens

across the region get easy, affordable and equitable access to vaccines.

### **Vaccine Passport:**

As the global debate of 'Vaccine Passport' takes a new form, we ask the South Asian countries to form a common understanding on this controversial issue. Since the countries from this region represent one of the largest source nations for global supply of low- and medium-skilled migrant workers and foreign students, lack of an early consensus on this may force the member countries to face unintended consequences later if major destination countries – the Middle East and East Asia for the migrant workers and OECD countries for the students – decide to employ 'vaccine passports' to manage international travels, movement of students and to regulate their domestic labour markets.

## **Thematic Areas: Vaccine Nationalism; Vaccine Hesitancy.**

### **Vaccine Nationalism:**

As vaccine nationalism is most likely to result in people's unequal access to vaccines, we call on all concerned stakeholders in Nepal and in the region not to fall prey to these issues, equitably distribute the available vaccines. A continued spread of Covid-19 in one country/region means that there is a danger for the pandemic to remain a global threat in this age of globalization.

### **Vaccine Hesitancy:**

For broader use of available vaccines, we recommend the governments and other key stakeholders to make use of credible public figures and health experts to use and communicate better side of getting vaccinated.

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## Institute for Integrated Development Studies [IIDS]

Institute for Integrated Development Studies (IIDS) is an independent, non-partisan, and not-for-profit think-tank headquartered in Kathmandu, Nepal. Since its inception in 1979, it has proven its commitment to research and policy advocacy based on evidence, and a holistic approach to sustainable development through a distinguished body of work. IIDS's impact on several development sectors have been extensive through its numerous products and their influence in the policy making process. It aims to be recognized as one of the region's leading institutes that contributes to evidence-based policymaking, trains professionals, and broadens public understanding of sustainable development challenges in the 21st century across South Asia. The executives of the organization are highly qualified and globally recognized for their expertise and competencies while the team members have diverse experience in research, policy development and advocacy, and incubation of innovation.

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## Nepal Institute for Policy Research [NIPoRe]

Nepal Institute for Policy Research (NIPoRe) is an independent and non-partisan policy institute based in Kathmandu, Nepal. It aims to generate evidence-based debates among citizens and critical actors of development in both the public and private sectors on contemporary policy issues from Asia across four thematic areas - Economic Policy, Humana Development, National Security and Technology. Our team members represent the diversity of academic disciplines, professional backgrounds, and geography. We adopt a multi-disciplinary approach in our analysis of policies and research, supported by researchers trained at universities and professional environments (from) across the globe.

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