

Digital divides in Covid-19 vaccination must be resolved strategically

Such divides may lead to inequities and hamper processes of re-opening the economy, writes Sabyasachi Saha.

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People click photos showing victory sign after receiving the dose of the COVID19 vaccine at Patna Women's College campus in Patna on Thursday.

As the country recuperates from the second wave, Prime Minister has once again reassured the nation on vaccine supplies and the pledge towards nationwide vaccination drive with firm policy commitments. With easing of supply shortages on vaccines, there is realistic expectation for faster inoculation in a country with the world's second largest population and significant spread of the disease. Going forward, there is greater need for accelerating the pace as well as bringing uniformity in the vaccination process countrywide vaccination. While levels of awareness has steadily gone up and vaccine hesitancy has significantly come down, barriers to vaccination has to be pragmatically and strategically resolved.

As stated by the Prime Minister, India has been able to innovate and leverage indigenous vaccine production capabilities to cater to a large share of the domestic needs. Equally impressive has been India's own efforts at creating digital public goods, big and small, starting with tracking and testing models. Launch and large-scale application of Co-WIN as a comprehensive digital tool offering end-to-end solution connecting beneficiaries, delivery agents and suppliers has been a global model. However, expecting digital solutions to resolve pre-existing digital divides would be naïve. The feedback loop emerging from such divides have the potential to lead to inequities and severe self-selection bias. In the long run, this could hamper processes of re-opening the economy and adversely affect the informal sector workforce in the age group of 18-44, large proportion of which lack adequate digital skills widened further by the notional distance between urban and rural areas.

Recent media reports and commentaries have tried to highlight the magnitude of challenges posed by digital divides existing in India and the implications for the vaccination process. For obvious reasons, such divides exist, despite significant progress achieved in recent years on penetration of mobile telephony and data consumption. However, the methodology of assessment of digital divides has often been crude and lacks precision to guide or impact policy making in a significant way. Appropriate indicators and comprehensive assessment on digital divides in so far as vaccine delivery mechanisms are concerned are urgently needed to plug the gaps in India's vaccination drive in the coming months. For example, while smart-phone ownership may be low, smart-phone ownership per se is not leading to its optimal use due to poor education levels and learning quotient and low cognitive abilities. This is reflected in the general fear of following online steps for any digital process for the man on the street.

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We have often missed the fact that digital literacy is far beyond abilities to navigate the ubiquitous smart-phone. The complementary roles of access to PC or laptops and the ability to use them in some fashion by all age groups greatly enhance digital awareness and bring down skill gaps. Most indicators mapping digital divides suffer from data gaps, availability and quality. We need to also reckon with the fact that women lag further, creating gender divides within digital divides. Quality of internet speed adds another layer to the question of digital divide. Access, equity and inclusion for technologies have long been a policy and implementation challenge, but cumulative administrative experience need to be leveraged for rapid adaptation and equitable access to technology as well as vaccines, particularly as we race against the virus. Quick surveys on the beneficiaries already inoculated would also be critical in bridging the gaps in digital delivery mechanisms.

First and foremost, it is extremely important to urgently address the language barriers to online platforms. This is being done in case of Co-WIN and testing and successful rolling out of the advanced and customized versions of the platform should be monitored at senior levels. Appropriate feedback on the usability and ease of transacting on the platform in vernacular languages need to be taken not only from the technical perspective but also drawing on the domain expertise in linguistics and behavioral sciences. Image based indicators as well as audio guides can be built in the platform itself. With India's tremendous ICT prowess and by bringing in the sense of purpose this can be achieved in a short time span.

Second, dedicated television and radio advisories demonstrating the use of Co-WIN and other related platforms need to be launched without delay to educate more and more citizens. Most practical challenges faced by people include confusions on terminologies like App or Browser and how to proceed. While, the large share of population falls in the 18-44 bracket, significant share of the vulnerable population in the senior category also need to be brought under fold of vaccination given the realities of vaccine and technology hesitancy. One has to bear in mind that a large number of people are more conversant with social media applications. Hence adequate messaging and sharing of information on the platform through these mediums would also be helpful, including online streaming.

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Third, it is important to note that with increasing supplies of vaccine newer models of vaccine delivery would be tried where arrangements like spot registrations can be possible. However, as we scale up the process, over dependence on spot and aided registration could overwhelm the vaccination sites. This would be a particular administrative challenge. Therefore, it is important that prior registration and appointment remains the preferred route for faster delivery and common citizens are appropriately guided to make use of the online process. Finally, to cover the last mile, we need to leverage our network of anganwadi and ASHA members, panchayats and local body officials, civil society organisations, and volunteers to spread the message and help in faster adoption of digital tools. This would go a long way in speedily overcoming the existing digital divides and its various manifestations for the rapid scaling up of the vaccination process that the country is planning in the coming months.

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