LETTER TO EDITOR

The COWIN portal – current update, personal experience and future possibilities

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Sir,

India began one of the biggest COVID-19 vaccination drives on 16 January 2021, marking the beginning of the mammoth effort to vaccinate more than 1.3 billion people. The vaccination programme to protect people has started globally to combat the pandemic, which has killed more than 3.1 million people globally and infected 149 million people as of 29 April (1).

India started its vaccine drive with two vaccines- Covishield by the Serum Institute of India and Covaxin by Bharat Biotech. Around 12,000 private hospitals, empanelled under PM-JAY (National Health Insurance), and hospitals under the CGHS (Central Government Health Scheme) are the vaccination sites. The monitoring of inoculation drive and to track the listed beneficiaries on a real-time basis, Co-WIN application has been developed for planning, implementation, monitoring, and evaluation of the whole drive in India. This software was developed by Union Health Ministry, and their experience with electronic Vaccine Intelligence Network (eVIN) software has ensured the versatility and utility of this dedicated Co-WIN software(2)

Here I am sharing the personal experience of working in a COVID vaccination site in a tertiary care hospital of Western Rajasthan, India. The initial phase of the COVID-19 vaccination drive started in mid-January with an aim to vaccinate nearly three crore healthcare workers. In March, the focus was on those above 60 years and people with co-morbidities in the age group of 45 to 60. Self-registration was started via the Aarogya Setu app or CoWIN website. Subsequently, the vaccination drive in April was for a population above 45 years. Vaccination for all above 18 years is planned from the month of May.

However, like any new technology, there remain glitches that are continuously being worked on. The portal at times is unresponsive, thereby creating a bottleneck hampering the drive. Unstable internet services and data storage infrastructure need to be overcome so that technological advancement can be efficiently streamlined. Also, the website has, at times, cross-platform issues in easy navigation. It is tedious to use the dedicated software on a smartphone which becomes challenging in vaccination sites with the non-availability of desktop computers or laptops.

The beneficiaries are given the option to self-register. It would be better if the beneficiaries are given the option of time slot selection. The COWIN platform can also be used for the dissemination of vaccine-related information-education-communication materials.

Change management is usually difficult, but because of the COVID-19 pandemic, changes were better acceptable, as seen with the health system during the peak of cases or with the vaccine development process. Adequate preparedness has to be maintained, and any glitches regarding the Co-WIN software needs to be addressed in real-time. In a country like India, where technical glitches and internet outage in combination with illiteracy rates and access to technology, there is a need for a parallel system to enlist the beneficiaries and have a system of non-portal entry as well.

Long term vision of policymakers should be to utilize this platform for other adult vaccinations in the future.

References

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