

Annex A: Proposed strategic approach

1. Proposed investment priorities

- 1.1 Continued support to India will be focused on **targeted, catalytic support guided by seven overarching principles**, which were endorsed by the PPC and Board in May and June 2021: equity; time-bound support; sustainability; learning; innovation; alignment with national plans and donors; and accountability and transparency¹.
- 1.2 **The Alliance has an opportunity to support India in reaching 1.4 million zero dose children and save ~118,000 lives through the introduction of equity-focused vaccines with modest catalytic investments of US\$ 250 million over the next five years²**. Based on PPC and Board guidance and further consultations with the Government of India and partners, the investment amounts proposed earlier this year were recalibrated, resulting in a modest shift of ~US\$ 20 million from vaccine introductions (primarily from TCV) to the zero-dose agenda. Therefore, the proposal is that ~US\$ 129 million in funding would be invested in reaching zero dose children, and ~US\$ 122 million would be earmarked for vaccine introductions³. Figure 1 summarises the updated investment proposal.

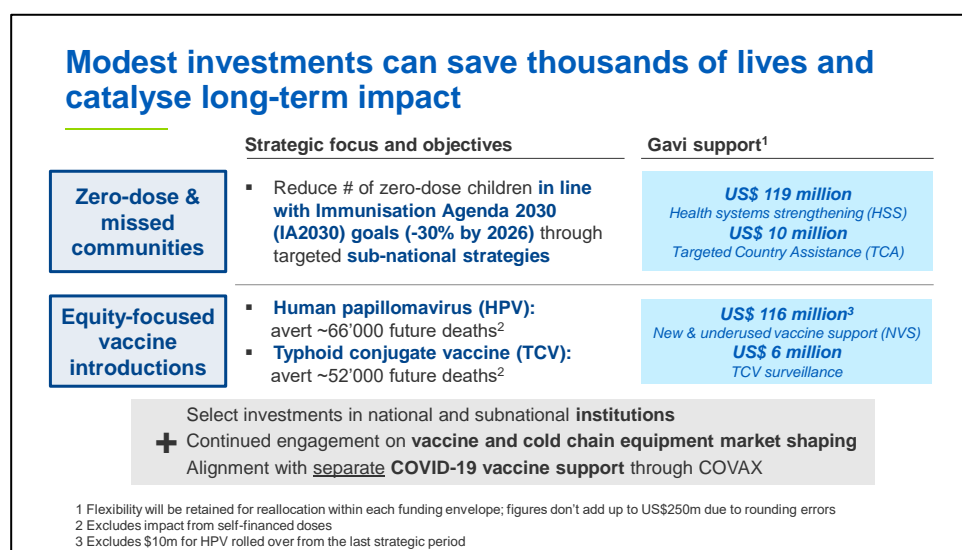


Figure 1

Zero-dose children & missed communities

- 1.3 Building on its impressive progress in expanding the reach of immunisation services before the pandemic, **Gavi's strategic partnership with India will aim to further decrease the number of zero-dose and under-immunised children and expand full immunisation coverage (FIC) in the next five years**. The proposed target of a 30% reduction in zero-dose children by 2026 against the 2019 pre-pandemic baseline aligns with the Alliance's ambitious

¹ For more details, see the May 2021 PPC Paper on the Strategic Partnership with India

² Approximately US\$ 200 million of this total amount are expected to be disbursed in Gavi 5.0 (2021 to 2025). An additional US\$ 10 million in vaccine funding for HPV are being rolled over from the last strategic period.

³ Rounded numbers explain that US\$122 million and US\$ 129 million equal US\$ 250 million.

equity agenda and Gavi 5.0 targets, Immunisation Agenda 2030 objectives, as well as with India's national FIC strategy. While the trajectory of the pandemic remains hard to predict, the proposed targets rest on the assumption that RI services will recover relatively swiftly from the impacts of COVID-19, as they appear to have done after the first wave of infections in 2020. The Government of India is also putting significant effort and investments into vaccinating previously missed children through catch up campaigns, thus limiting the need for Gavi to support substantial efforts to restore RI systems. The Alliance will closely monitor the situation and remain flexible and responsive to adjust its support if needed.

- 1.4 **To maximise the impact of its catalytic funding, Gavi's support will be focused on specific subnational geographies.** First, the Alliance will concentrate its work on about five states to allow for deeper engagement with state governments. This will include three large states, Uttar Pradesh, Bihar and Rajasthan that collectively account for 51% of zero-dose children based on 2019 data from the Institute for Health Metrics and Evaluation (IHME), as well as a subset of the smaller Northeastern states with the highest relative share of zero-dose children. All of these states are also less economically developed and spend less on health per capita than the average Indian state. Second, districts with high concentration of zero-dose and under-immunised children, including urban slums, will be prioritised within each state to further increase the effectiveness of Alliance support.

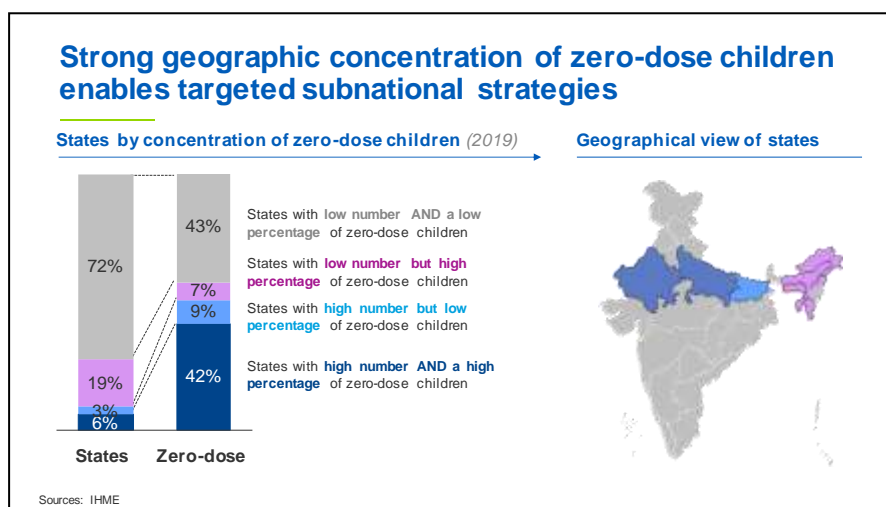


Figure 2

- 1.5 Marking a clear shift from the current health systems strengthening support to India, **Alliance funding will pivot towards interventions to identify zero-dose children, reach them with a full course of childhood vaccines, monitor and measure the performance of interventions, and advocate for continued political attention and resources.** An assessment of barriers to immunisation based on literature review and stakeholder consultations indicates the need for a strong focus on data and demand-side interventions. The main challenges and select interventions are described below and in more detail in the draft Theory of Change (ToC) in Annex B.

- a) *Identify zero-dose and under-immunised children:* Complementing existing efforts such as concurrent monitoring of RI in key geographies,

Gavi will fund activities to understand who and where zero-dose children and missed communities are, and why they continue being missed. This may include more innovative approaches such as expanding the use of geospatial analyses or strengthening the use of existing data for corrective action and decision making, such as surveillance data.

- b) *Reach children with a full course of childhood vaccines:* Past efforts such as Mission Indradanush (MI) and Intensified Mission Indradanush (IMI) as well as activities funded through Gavi's HSS2 grant in 2017-2021 focused predominantly on supply-side interventions (e.g., eVIN⁴ vaccine logistics and cold chain equipment platform). Reaching the remaining zero-dose and under-immunised children will, however, require a stronger focus on demand and data. This may include the digitisation of microplanning, evidence generation and social and behavioural interventions to boost demand (for RI as well as new vaccines), and investments in workforce capacity and performance. Selected supply-side interventions may continue where Gavi funding can bring innovative approaches to scale, such as the expansion and further integration of the eVIN and CoWIN⁵ platforms to benefit RI system's performance.
- c) *Measure & monitor performance:* To improve the real-time understanding of programmatic performance, the Alliance may fund interventions such as more frequent independent spot-checks or rapid surveys and the triangulation of administrative and survey data to track zero-dose and under-immunised children.
- d) *Advocate to sustain progress:* Gavi will also invest in activities designed to build political will and capacity to sustain progress beyond Gavi support, in particular at sub-national levels. This includes a concerted effort on documenting the impact of RI interventions and adapted messaging aligned with broader political priorities of national and subnational stakeholders. The Alliance will also advocate with other relevant actors to scale-up primary health care (PHC) interventions to reach missed communities, as they often face multiple deprivations beyond immunisation.

1.6 Interventions will build on lessons learned from past experience. For example, India's MI and IMI campaigns highlighted the importance of multisectoral approaches to sustainably reach missed communities. Gavi's evaluation of its HSS2 grant points to opportunities to scale-up successful innovations such as the RISE⁶ platform. The relative focus will depend on the specific needs in each subnational geographic area. Select small investments will also be envisaged in national institutions, such as the creation of a national center of excellence on demand.

1.7 **Gavi's investments will complement the engagement of other donors and development partners in India.** For example, the Bill and Melinda Gates Foundation (BMGF) is strengthening RI data and review mechanisms in Uttar

⁴ Electronic Vaccine Intelligence Network

⁵ COVID Vaccine Intelligence Network; builds on the eVIN platform to support Covid-19 vaccine roll-out.

⁶ Rapid Immunisation Skills Enhancement

Pradesh and Bihar, and supports demand generation, RI programme planning and governance in priority areas of Uttar Pradesh. In select Northeastern states, USAID provides technical assistance to support PHC service delivery and the World Bank supports performance management and health-cadre skilling. Gavi will also ensure the complementarity of the recently approved COVID-19 delivery support (CDS) funding of US\$ 15 million.

Equity-focused vaccine introductions

1.8 **Equitable immunisation will also be strengthened through catalytic support for the introduction of HPV and TCV in India.** While the ongoing pandemic and the strong current focus on the roll-out of COVID-19 vaccines as well as vaccine-specific challenges described below, have delayed these introductions, the Government of India and in-country partners remain fully committed to introducing them with Gavi’s support within the next five years. Given the uncertain environment, some flexibility will be retained within the vaccine funding envelope while maintaining sufficient minimum funding for both vaccines to ensure successful introductions, impact and scale-up.

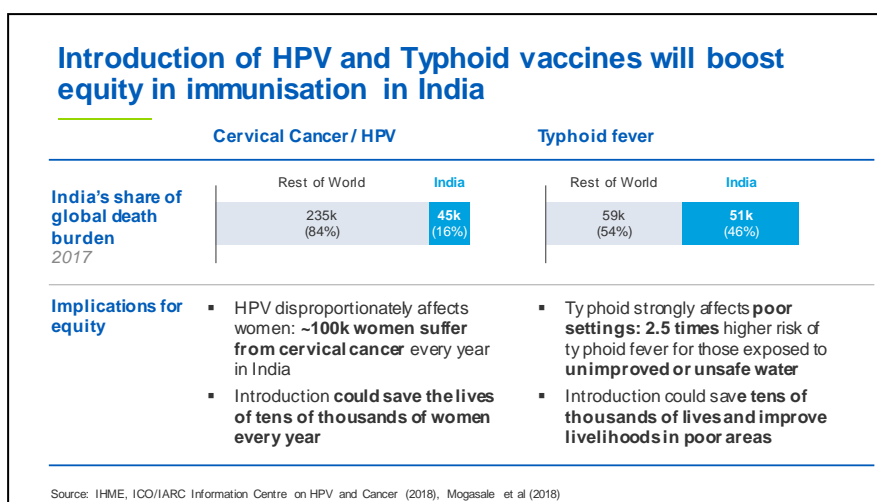


Figure 3

1.9 **The introduction of HPV vaccines, originally planned to take place during the Gavi 4.0 period, could save thousands of women’s lives, thus contributing to improving gender equity in immunisation.** While the legal and non-COVID-related supply-side challenges that have held back the national introduction remain, a gradual introduction starting in 2024 looks reasonable as more manufacturing capacity from more suppliers (including an Indian manufacturer) becomes available. Maintaining the ambition presented to the PPC and Board in May and June, Gavi still forecasts that ~5.8 million girls could be immunised in this strategic period, averting up to ~66,000 future deaths. This impact would be multiplied by the eventual nation-wide roll-out with self-procured/financed doses.

1.10 **Introducing TCV could further boost equity by expanding immunisation in poor areas, while helping combat antimicrobial resistance.** Typhoid fever is closely associated with poor access to water and sanitation, and nearly half of the 50,000 annual deaths attributed to this disease in India occur in the three states with the highest concentration of zero-dose children, Uttar

Pradesh, Bihar and Rajasthan. Positive impacts on disease burden reported in other Gavi-supported countries such as Bangladesh, Pakistan and Malawi, and encouraging results from an ongoing study in Mumbai, lend further support to the introduction of TCV in India. Because supply remains constrained in the immediate short term, complementary surveillance data will help to target the right subnational areas and use vaccines efficiently. Gavi will initially invest limited funding of US\$ 6 million to set-up sentinel surveillance sites to enhance available data and establish vaccine impact. An introduction and concurrent multi-age cohort catch-up campaigns in high burden areas will likely happen from 2025 onwards. With Gavi support a total of ~50 million people could be immunised, saving up to ~52,000 lives. Additional impact is expected from the future self-financed scale-up in India.

- 1.11 **Gavi continues to engage closely with the Government of India and partners to refine and cost the proposed interventions.** The detailed proposal is expected to be brought to the Independent Review Committee in the first half of 2022, which will ensure compliance with Gavi policies, as clarified to the PPC in October.