

SUBJECT: STRATEGIC PARTNERSHIP WITH INDIA

Agenda item: 10

Category: For Decision

Section A: Executive Summary

In June 2021, the Board signalled strong support to continue Gavi's strategic partnership with India for five years (from 2022 to 2026). Since then, a better understanding of COVID-19 impacts on routine immunisation systems (resulting in an increase in zero-dose children in 2020), has reinforced the case for supporting India's ambitious immunisation agenda. This paper presents the case for catalytic investments in reaching zero-dose and under-immunised children, as well as equity-focused vaccine introductions, in India during the period 2022 to 2026. Timelines and proposed investment amounts were refined based on Programme and Policy Committee (PPC) and Board guidance and further consultations with the Government of India and partners, resulting in a modest shift of ~US\$ 20 million from vaccine introductions to the zero-dose agenda.

Based on the October PPC recommendation, the Board is requested to approve the renewal of the strategic partnership with India, including proposed investments of US\$ 250 million to introduce the two equity-focused vaccines (human papillomavirus (HPV) and typhoid conjugate vaccine (TCV)) and to reduce the number of zero-dose children by 30% in the period 2022-2026.

Section B: Content

1. Context

- 1.1 **At its June 2021 meeting, the Board signalled universal support to renew Gavi's strategic partnership with India for five years from 2022 to 2026.** It agreed that the partnership should focus on zero-dose and under-immunised children, as well as on missing introductions of HPV and TCV. The Board provided guidance to refine timelines, recalibrate investment amounts for vaccine introductions in light of the pandemic, and to keep some level of flexibility with regards to the allocation of funding within the new vaccine support (NVS) and health systems support (HSS) envelopes. On zero-dose, the Board reiterated the importance of sustainably reaching missed children with a full course of vaccines and highlighted the need to work more extensively with community-based and civil society organisations (CSOs) at the local level. This updated proposal incorporates this guidance.

- 1.2 **Since then, a clearer understanding of the impacts of COVID-19 based on newly published data has reinforced the case for supporting India in its ambitious immunisation agenda.** WUENIC (WHO and UNICEF Estimates of National Immunization Coverage) estimates released in July 2021 indicate that owing to pandemic-related disruptions, the number of zero-dose children in India more than doubled from 1.4 million in 2019 to over 3 million in 2020, meaning that India overtook Nigeria as the Gavi-supported country with the highest number of zero-dose children. While there is hope for a rapid recovery as infections subside and the pace of vaccination picks up, government capacity and attention to routine immunisation (RI) strengthening and the zero-dose agenda will likely remain constrained for some time. What’s more, RI services appear to have been more affected by the pandemic in states with more zero-dose children such as Uttar Pradesh and Bihar, thus exacerbating existing inequities.
- 1.3 **In October 2021, the PPC recommended to the Board that it approve the renewal of Gavi’s strategic partnership with India.** They highlighted the need to clarify further the main paradigm shifts of the future partnership compared to the current one and encouraged the exploration of multi-sectoral approaches. This paper and related proposal for investment were revised to address this feedback.

2. Proposed investment priorities

- 2.1 **The Alliance has an opportunity to support India in reducing the number of zero-dose children by 30% and save ~118,000 lives through the introduction of equity-focused vaccines with modest catalytic investments of US\$ 250 million over the next five years¹.** Figure 1 summarises the updated investment proposal.

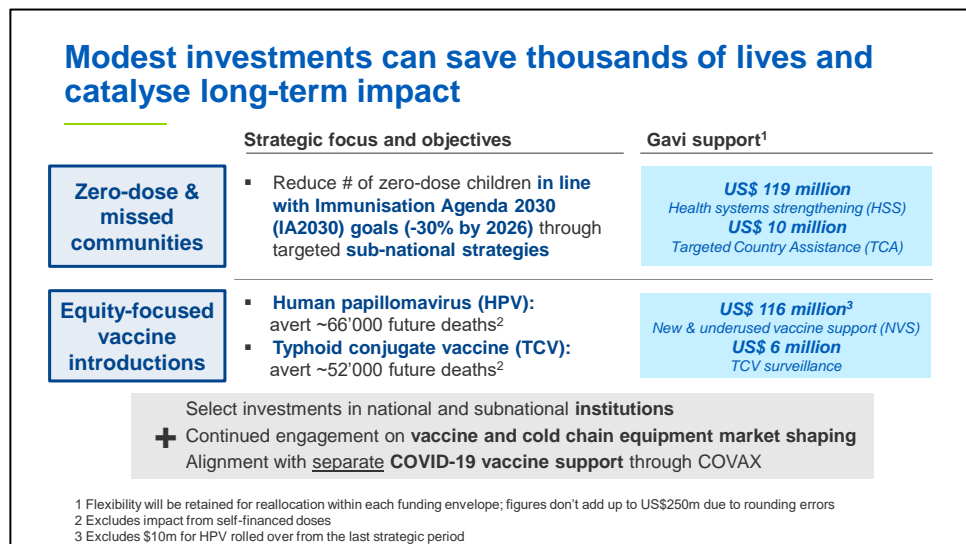


Figure 1

¹ 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 is being rolled over from the last strategic period.

- 2.2 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 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 introductions².

Zero-dose children & missed communities

- 2.3 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 equity agenda and Gavi 5.0 targets, Immunization 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 Alliance will closely monitor the situation and remain flexible and responsive to adjust its support if needed.
- 2.4 **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 North-eastern states with the highest relative share of zero-dose children. 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.
- 2.5 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.** 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.

² Rounded numbers explain that US\$ 122 million and US\$ 129 million equal US\$ 250 million.

- b) *Reach children with a full course of childhood vaccines:* While past efforts focused predominantly on supply-side interventions, reaching the remaining zero-dose and under-immunised children will 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 eVIN³ and CoWIN⁴ 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, including through 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.

2.6 Interventions will build on lessons learned from past experience. For example, India's Mission Indradhanush (MI) 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 RISE⁵ 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**.

2.7 **Gavi's investments will complement the engagement of other donors and development partners in India.** For example, the Bill & Melinda Gates Foundation (BMGF) is strengthening RI data and review mechanisms in Uttar Pradesh and Bihar, and supports demand generation, RI programme planning and governance in priority areas of Uttar Pradesh. In select North-eastern 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.

³ electronic Vaccine Intelligence Network

⁴ COVID Vaccine Intelligence Network; builds on the eVIN platform to support COVID-19 vaccine roll-out.

⁵ Rapid Immunisation Skills Enhancement

Equity-focused vaccine introductions

- 2.8 **Equitable immunisation will also be strengthened through catalytic support for the introduction of HPV and TCV in India.** While the ongoing pandemic and 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.
- 2.9 **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 2021, 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.
- 2.10 **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. 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 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.
- 2.11 **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 2021.

3. Operationalisation

- 3.1 **Successfully implementing the proposed zero-dose approach and equity-focused vaccine introductions will require a multi-sectoral approach and an expansion and adaptation of partnerships.** Given the multiple deprivations faced by missed communities, engaging other actors in the PHC space will be critical to maximise opportunities to reach them

not just with vaccines but also with other services. The role of community-based and civil society organisations (CSOs), which had already been prioritised in the previous partnerships, is even more critical for all interventions to advance the zero-dose agenda and in particular for those focused on demand issues.⁶ Consultations with the Government of India and partners will explore ways of systematically engaging with such organisations under a cohesive and enhanced coordinated approach. The Alliance is also exploring appropriate funding modalities that promote timely and efficient funding of immunisation activities while building country ownership and ensuring fiduciary risk assurance and mitigation in line with its new approach to financial management that was approved by the Board in June 2021.

- 3.2 **The Government of India, Gavi and partners will regularly review progress and take corrective action where needed based on an agreed accountability framework** (See Annex D). This framework builds upon effective mechanisms from the previous strategy, such as quarterly Immunisation Action Group meetings to review progress and trigger course-correction as needed and will incorporate the finalised monitoring and learning plan including core metrics to be regularly reported against. It further includes aspects for financial monitoring and reporting as well as incorporating the need for adequate levels for oversight and assurance.
- 3.3 **Gavi will proactively manage the risks related to the ongoing COVID-19 pandemic.** The impacts of potential further lockdowns and the roll-out of COVID-19 vaccines will continue to divert attention and resources from strengthening RI systems and introducing new vaccines. The risk of slower restoration of pre-pandemic vaccine coverage levels could put ambitious targets for the reduction in zero-dose children at risk. The Alliance will proactively mitigate these risks through its parallel support and engagement on COVID-19 vaccination and through flexible adjustments in its support to India based on needs, for example to prevent further backsliding. The Alliance will also monitor other key risks, including the legal and supply challenges on vaccine introductions highlighted above.
- 3.4 At its meeting on 19 October 2021, the Audit and Finance Committee (AFC) confirmed the availability of funding related to this recommendation.

Section C: Actions requested of the Board

The Gavi Alliance Programme and Policy Committee **recommends** to the Gavi Alliance Board that it:

- a) **Approve** the strategic approach set forth in Annex A to Doc 10 to continue Gavi's strategic partnership with India for five years (2022-2026); and
- b) **Approve** the associated investment of US\$ 250 million for 2022-2026, of which US\$ 199 million will be implemented in Gavi 5.0 (2022-2025).

⁶ Gavi's broader approach to Civil Society and Community Engagement was covered at the October PPC and is on the consent agenda for this December Board.

Annexes

Annex A: Proposed strategic approach

Annex B: Theory of Change

Annex C: High-level budget

Annex D: Accountability Framework