Transcript from Marketlinks Webinar: "Experiences and Lessons Learned in Engaging with the Private Sector for Immunization"
Tuesday, November 30 at 8:00am EST

Julie Neill:
Please share where you're joining and when you're where you're joining us from today, that would be great. And we are recording this section. And as well it will be streamed on Facebook Live. But without further ado, since I know our time is tight, on behalf of the Marketlinks production team, I'd like to hand it over to Dr. Folake Olayinka who is the USAID immunization team lead and lead technical advisor for the COVID-19 access and delivery unit. Dr. Olayinka, over to you.

Dr. Olayinka:
Thank you very much, Julie. Good morning. Good afternoon and good evening to all a very warm welcome to all of you participating in the webinar today. Really thanks to the organizers for inviting me to say a few words. And welcome to all of you from all around the globe. As you know, immunization has been a USAID priority for over 30 years. We work closely with partners around the world, including national governments, Gavi, UNICEF, the WHO, of course, our key US government partner the CDC, and many others, including civil society and private sector to build strong routine immunization systems and extend equitable access to life-saving vaccines to all USAID's diverse portfolio of immunization programming contributes to our agency's priority to end preventable child and maternal deaths worldwide. USAID has been a strong advocate of private sector engagement, particularly local private sector actors. You may have heard us IDs administrative power speech recently that reaffirm our commitment to working with the private sector and local partners. So we are honored to have representatives from Apollo Tyres, Hewlett Packard Enterprise in India with us today to learn from their experiences. Since the start of the pandemic, there have been many examples of governments working with the private sector in the COVID-19 response for testing, contact tracing, health information, isolation treatment, maintaining essential health services, and of course, the rollout of COVID-19. vaccines. While USAID has had a lot of private sector engagement with many of our health programs, such as family planning, and child health, in the space of immunization, it's still relatively new for the delivery of immunization services. But it's an area that we are committed to supporting and growing in this work. We aim to learn from help areas that have worked with the private sector while addressing specific needs to ensure equitable vaccines access. This webinar today, aims to stimulate thinking and share practical ways to engage with and support the private sector to expand immunization. No global crisis in our lifetime has matched COVID 19 in scope in complexity, and scale. So, fighting this pandemic will take every type of resource we have at our disposal. It requires urgent collective effort among governments civil society, and private sector, philanthropy, multilateral organizations and other development international partners. The US government is leading the global fight against COVID 19 to end the pandemic and stem recovery from the pandemic's widespread secondary effects. USAID's, leadership is pivotal. And efforts to beat the pandemic include, as we all may recollect, on September 22, President Biden convened the first of its kind, global COVID-19 summit, ended the pandemic

and building back better. This was to spur ambitious action among global heads of state international organizations. The private sector, philanthropies, NGOs and other partners around the goals of vaccinating the world, saving lives now and building back better. As we move into the webinar today, let me just conclude by saying a few last words. We know that the pandemic has really resulted in increased number of zero dose children, those who have not received a single vaccine. We know that the efforts in ensuring equitable and high uptake has really gone backwards for more than 10 years, with more than 3 million children more not receiving a single vaccine in 2020 Compared to 2019. This is very concerning. But we know that partnership with the private sector will be an important intervention and partnership for us to reach zero dose children. They are particularly found in urban fragile settings, conflict settings, remote and very hard to reach, where thoughtful engagement with the private sector is needed. So with this, I'm also pleased to announce that momentum private health delivery, which is a USAID-funded project, in collaboration with other momentum partners, is continuing to build on existing work and expanding the learning agenda, so that USAID can be an effective partner with the private sector to expand equitable immunization for all. With that, I would like to turn it over to Dr. Chris Morgan, who is a Senior Technical Advisor immunization advisor. He's also Jhpiego's senior advisor, and also to Arvin Pandia, who is our senior advisor, partnerships, strategic partnerships in USAID India mission. And with that, I really look forward to a very productive consultation and webinar today. Over to you, Chris, for the first presentation.

Dr. Chris Morgan:
Right, thank you Folake and Good Day to everybody. Thank you for joining us, it's an honor to represent the momentum suite of USAID activities and particularly the private healthcare delivery stream within that next slide please. So, as Folake has said, the COVID vaccine rollout is demanding a whole of society response and momentum private health care delivery, which who and others did a call to action around this particular topic in early 2021. But, as mentioned, immunization traditionally as public sector and highly centralized so the idea of engaging with nongovernment providers to deliver vaccines and immunization programs is relatively new and relatively unstudied. Our focus in Momentum private healthcare delivery is to really look at how the COVID vaccine rollout emergency response is working to include new actors and new sites of vaccination such as factories, or workplaces and new private health care providers in their vaccination process. Next slide, please. However, having said that, there is some evidence because the idea of private sector engagement in immunization programs has been of interest, at least for the last decade or so. And momentum private health care delivery has been collating the evidence that is out there to date. And as you can see in this in the blue box on the right, there are a number of key evidence reviews that have been pulled together. And they're resulted in 2017 in an initial World Health Organization guidance document on how immunization programs could engage with nongovernment providers, and in 2017 the vision 20 Picture of classic immunization program was one that was really oriented to the under five year old child, it was that classic childhood vaccination program. And obviously with COVID vaccine rollout, things have changed. But from this evidence before COVID, we can say a few key things that are helpful. First is that in most settings, private providers proportionally have played a small role in immunization rollout compared for example, to family planning. Are there areas where private providers are actually generally quite active, private providers find a number of dip

barriers to engaging in immunization provision. Looking at these reviews, so there's a few different topologies which can help us to understand this.

The first typology is particularly in fragile and conflict-affected settings. DRC is one example, where in some parts of the country, the nongovernment providers, whether they be faith-based organizations or NGOs, or even for-profits, essentially replaced government services because they reach places that government services don't access. The second typology that we see is quite different. That's in places like India, Indonesia, and Kenya, where the market is essentially segmented. And there are some healthcare clients who use private providers for vaccination exclusively, and others who use the public sector exclusively. And in that mixed system, there's less interaction between public and private. And in that system, the private sector often provides quite a different mix of immunization services than the government. In many countries, though, the third topology operates where the private sector or nongovernment sector has a lesser role. And you'll notice them including nonprofits and faith-based organizations within our broader definition of private for the purposes of immunization discussion, which is different perhaps to other healthcare, private sector discussions. From the literature though, we can derive a few system interventions that are likely to work if scaled up. So direct funding of private providers, or the franchising effect where private primary health care services in Kenya is one example. Branded to provide high-quality care across immunization and other family care. The integration of both supply chain and supplies and information systems and training programs has been the key to any example in the past literature, where the private sector engagement has been helpful. Okay, next slide, please. So from all of this, there are some key risks and considerations that maybe will come out in the fireside chat, but particularly where on the left hand side, private providers are providing immunization services that are not standard, and do not necessarily align with the government scheduled for vaccines, or types of vaccines that are provided. But I want to highlight the boxing pink at the bottom for you. This is the most important point that in terms of where momentum private health care delivery is sitting now is that we've got some evidence from the past that can apply to COVID vaccines. But what we're seeing in most countries is this rapid scramble just to roll the vaccines out against COVID. What we are really keen to do, which is on the next slide, please. And this is my last slide is to invite you to a learning agenda. So as countries are rapidly rolling out COVID vaccination services, how can we document and there's three chaos in the box on the right, how can we document the new players that have been brought in to provide COVID vaccine? How can we understand what are the barriers and enablers to engaging those new players? And how can we use that information for the future to help us build back better and stronger immunization programs beyond COVID into the long term, particularly programs that reach beyond childhood into older age groups, adolescents and adults. And I'll leave this slide in the notes for you to review after that we are really calling for partners to help us in this learning agenda. I'd now like to hand over after a very quick review to Arvind from USAID India. To present the USA, India offers viewpoint on this. And thank you for your attention.

Arvind Kumar:
Thank you very much, Dr. Morgan. And good morning. Good afternoon. Good evening to all of you. Thank you for having us today to share a brief overview about our experiences and lessons

on engaging the private sector. My presentation would be largely focused on our experience of engaging the private sector for COVID programs. But it also has the same sort of lessons for both the routine immunization programs as well as broader public health systems programs. Before I get into my presentation, I just want to start with three important points. One, as Folake mentioned, engaging the private sector is definitely an agency mandate, USAID's agency mandate, but it is also becoming more a necessity to address public health priorities. Second, some of the activities and approaches that I will be covering have been rolled out and then some are still at an ideation stage. So please keep that in mind as I'm presenting to you. And third important point is that engaging the private sector can be fun and interesting and also sometimes tough and challenging. As you see in the slide, India's healthcare industry is about 370 to a million growing at a very rapid pace of about 12% annually. 70% of the healthcare is provided by the private sector, the healthcare providers themselves 70% are in the private sector. Startups and innovations in healthcare is booming. Government is much more open to engaging the private sector compared to a few years back example is the Irishman. But India's flagship universal health coverage program, it has got a health and wellness center step program which reaches about 100. And they have 150,000 health and wellness centers, reaching to the most rural populations, the Irishman Bharath also has outsourcing and strategic purchasing of the private sector. COVID has actually amplified the partnerships between the public and the private sector for public health programs. Certainly from this slide, you will see that a lot more companies have been engaging contributing not only for not only are contributing as in CSR, corporate social responsibility, resources, but they have also been very mindful about their communities and the employees and investing a lot for their welfare. Also, there have been a lot of efforts from the government side in terms of providing loan guarantees both for green and brownfield projects. In the box, you'll see a few examples of some of the companies that have been partnering with us are two of them are already there, Hewlett Packard and Apollo, who will be also sharing the experience. Next slide, please. In fact, the COVID pandemic resurfaces some of the challenges that India's public health system and routine immunization programs are facing. Many of you may have seen the news from PPE kits to oxygen supplies, transportation, cold chain, vaccines, human resource gaps, quality of healthcare services, lack of an early warning system and financing many of these challenges was faced by India. It was a very grim situation, when particularly the pandemic wave hit these challenges. And and and the need for an emergency response actually required greater partnerships with the private sector. And while the private sector actually contributed from philanthropy, donations, corporate social responsibility, volunteering, market-based solutions, they were keen, but however, there was a lot of uncertainty even with the private sector on what to do, how do we navigate the whole process? How do we ensure that there are real selves? So that's where USAID, he and several of the development partners played a crucial role in leveraging and channelizing the private sector expertise and resources.

Just to the next two slides, I'm not going to take too much time on the next two slides, these are some examples as to how we have supported the private sector to be focused on improving the execution plans, the infrastructure, the surveillance, the capacity building and financing. The slides will be available to you so you will get more information about that. But I just wanted to highlight about the process that we had adopted, there was a surge of private sectors support

and we were really in the initial stages, unable to manage the demand and supply. The government on the other side had their own priorities. They said these products only we need support. This is the type of services that we want support foreign funding. were flowing, and we didn't know how to channelize the spines. So all those as well as the distribution in the monitoring of the various donations that were coming to us at and to some of our partners to some of the programs. So a lot of discussions engagements, coordinations, were initially required to work with both private sector, NGOs, healthcare facilities, governments, particularly the Ministry of External Affairs. And USAID had to actually take a lead role in that, and in some of the activities that was coordinated by the program. So this is how it started. After a certain point of time, the interest from the private sector start to slowly wane out because the supply was more than the demand. But then we really wanted to have the partners active private sector to be more actively engaged. So some of our programs started with what we called is the carrying CEO forum. And this carrying CEO forum now has about 35 companies as part of the forum. And largely it's an alliance mainly meant to share the experiences because the companies themselves have been doing our workplace programs, donations, some social support. So it's more it was mostly a sharing of experiences, understanding how vaccines work, or rollouts can be happening in workplace programs, and sort of investing in some of the opportunities. So that was the second approach that we took in terms of building an alliance and I think some of our partners, particularly Apolo types, who's got some experience in alliances will also be sharing that. Third, we wanted to make sure that we give targeted messaging to the corporate so we are started organizing, PSE, private sector engagement, roadshows in partnership with business associations. Again, in the PSE investment, Pac roadshows, we gave them clear investment manuals, for example, we had a VAX now program, which was to tag which was giving about for one and a half dollars, they were able to reach vulnerable and hard to reach populations with vaccines. Of course, the vaccines were given by the government or private sector in duration, but the whole cost, so Vax, now vaccine on wheels, demand generation pairing partners, private sector partners, because some of them come with big resources. Some of them don't have the resources, some will come with cash, some will come in kind. So the entire pairing all those things was was sort of structured through PSE roadshows, which we had and we had one now so far, and the second one is being planned. But this is the third approach that we are taken. And the fourth one is all about market-shaping support several new and promising ideas, whether it's wastewater surveillance, whether it's telecare, whether it's financing, blended financing, one of my colleagues Gowtham will be speaking more about it. All these were new ideas where the private sector was scheme. So that entire market-shaping was supported by us. Next slide, please. Finally, to conclude, these are some of the lessons. What we, as an agency, as USAID India experience, I would say is that our four points that I would like to highlight, one having a dedicated agency to channelize be the interface between nongovernmental organizations, private sector, GM and development partners really matters. They were able to do outreach. They're able to work with private partners and come to a closure on the deals, they were able to provide technical assistance to implementing partners on what the private sector is looking for, and how do you want to construct your structure your programs, they gave us, the dedicated agencies was also working on some big ideas. And they played both at the retail space ls as well as the wholesale space when I'm saying wholesale, taking a concept like digital health, or surveillance and working this

through or when it comes to retail, it's taking one company and connecting them to a particular partnership opportunity. So having a dedicated agency is the first key lesson I would say. Second is identifying the interest and chart charting appropriate pathways. Many organizations come as just philanthropy. They come with CSR, they come with outcome-based financing, returnable capital, so the interest of the private sector also is varied. So identifying the specific interests what is the private sector's interest would be as a first-hand understanding would be very helpful because that could clear the expectations and also the success. My last two points having a flexible fund because some organizations have deep pockets on how organizations have resources, some organizations have smaller pockets. So having a flexible fund is very helpful. And finally, providing recognition to corporates, whether it's big, small, medium, large size, whatever is it giving the right spaces for them to be recognized and rewarded is also enabling private sector engagements into public health programs. I'll stop here over to Dr. Susan Ross, senior private sector engagement advisor The Global Head, Office of maternal child health and nutrition, nutrition USA.

Susan Rae Ross:
Thanks so much Arvind. And I'd love for the panelists to also come on camera. It is my honor to be able to moderate this session with our distinguished panelists from India. You've heard my colleagues talk about the fact that we really need a system to be able to develop, or to vaccinate people. So it's not just about service delivery, there are many things as supply chain information systems. And so I think, you know, in order for us to really effectively engage with the private sector, we actually need to listen to the private sector. So today, we're going to hear from two corporate representatives on why and how they are working to expand immunization platforms. And then my colleague from USAID India is going to talk about the work that they've been doing on financing. So please put your questions in the chat. Chris will follow up when we go to audience q&a. So now, I'd like to hand it over to the panelists to introduce themselves and provide some brief opening comments. Rinika, over to you.

Rinika Grover:
Thank you, thank you to USA. It's greetings to everyone. I'm Rinika Grover, and I had sustainability and CSR for Apollo Tyres. Just to give you a bit of a context, we run a healthcare program for the trucking community, given the fact that they are our target audience as well. So there is a business linkage, definitely because we have a maximum share coming up from that. But more so we started this program, because the healthcare system for this community, which is a truck drivers community is very, very frail. And it scattered. So we started this program back in 2000, where usually what you hear is the most of the stuff that comes out of it is out of CSR. But that time, corporate social responsibility was nowhere in the limelight as well. So what we started as a healthcare program was HIV/AIDS prevention program, in partnership with ILO and, and deferred as well gave us some kind of grand, but over a period of time, we realized that the truck drivers, given the fact that tedious lifestyles, and they were almost like always on the road, their lifestyles was so tedious that they needed a proper health care system, which was accessible to them at their doorstep. So we introduced other healthcare, emergency healthcare conditions, you know, provision of other health care conditions as well, such as vision, because, I mean, in India, if you look, still look at it, how many drivers you see, were skeptical. So that's

something we started with, we also included a provision of other healthcare, emerging needs, such as tuberculosis, because I'm in the incidence rate of TB in India is the highest. And of course, noncommunicable diseases, which is diabetes and high blood pressures, when all of these emerging conditions, which, which I'm talking about is something that we figured out were prevailing within the community. And that's where we started to provide the drivers' community with, you know, with the with a service, where we have healthcare centers, which are established in the transshipment hubs, where like, these are commercial hubs where the drivers have accessibility, and they can actually approach it as well. So it's, it's a model that we introduced from the time of 2002. Now, we have actually grown exponentially, we have 32 health care centers across 19 states of India. And it's, I mean, of course, I'll talk about it a little more, but it's more on partnership model, because we realized that there was an essential need to involve other private players who were providing health care needs and not work in silos. We'll also look at having some kind of meaningful government partnerships. And the way when we're talking about is independent organizations who could do what could provide us the conduit between, you know, like a linkage between government and private players. So we looked at those as well. And lastly, just wanted to highlight in terms of as we progress, it was just not limited to tuberculosis. We've also started to look at providing provision of vaccination to the truck drivers community again, which is something more accessible to them because the first thing in India that was a bit you know, like an uphill task was to create awareness amongst the community to actually get vaccinated as well. So that's something we've Started as well last year in this year rather in partnership with the government. So overall, it's I would say it's just a holistic service, which is a provision of essential needs to the drivers' community, which we called, is the lifeline of the country. So So that's about the program in a nutshell. Over to us, Susan.

Suan Rae Ross:
Great, Ankur?

Ankur Malhotra:
So thank you very much for having me here. So I think, let me give you a very brief background of what we have achieved. So let me see the say the punch line first that since May 2020, we have managed to vaccinate around 1 million people in India, we managed to test 1 million people in India. So now let me give you the story behind this punch line, you know, because by the end of three minutes, if I make it, maybe you ring the bell and not allow me to say the punch line itself. So to start with that. So the whole idea was that around eight odd years back when we started our CSR program in India, we actually had a very nice opportunity that one of our software teams was developing a hospital management system. So what we decided was that why don't we use that hospital management system and try to come up with cloud-enabled e health centers. So we picked up a shipping container and a 40 foot shipping container and been converted into a state of party Health Center was started six years back then got different layers added to it something like you know, we added a call center, we establish a studio and PGI, Chandigarh. Now, we are sitting at 950 help centers who so far have served more than 2 million Indians. They provide around 70 diagnostic tests, they enable telemedicine facility and they like completely state of art, you know, and they have a cloud, a private cloud which had been set up

to store the EMR and it which is fully integrated to any medical, you know, software in the country, whether in private sector, public sector. Now, what happened was in May, or March, when COVID happened, what we desire was at why can't we reorient our eHealth network into a form that we can play some role in this COVID paradigm or COVID Challenge which was facing we got in touch with IG IV The Institute of genomics and integrated biology and we came up with our COVID OPD or outpatient units, where the people can be tested and kept in isolation for two days till the time the symptoms show up. And then they can be shifted to a better facility, you know, at least what would happen is the other patients which are now bereft of using the hospital emergency services can come back to the hospital, you know, why because the isolation aspect can be taken care of. We started doing that we have currently 50 of these COVID OPD is operational around in 14 states in the country. Subsequently, when vaccination started happening, again, the government had challenged that the primary health care ecosystem was not just meant to take care of the vaccine hygiene which was required, you know, so what we did was that we picked up 100 health centers in again, 1415 states, and fully converted them into state of our vaccination centers with all the medical equipment also thrown in. So that in future when they want to revert back to a proper eHealth, center, a cloud, enable el center, and carry on with your diagnostic test and whatnot, they can do that. So that's the story what we have done so far. So 100 vaccination centers, 50, COVID, OPDs, functioning fine. They're all in collaboration with government, state government or the central government, because that's the mandate right now in India is. So far we haven't faced any challenges. For vaccination, we started the tier one cities right now we're in rural areas, because the vaccines have started reaching there. Earlier, the challenge was that the vaccine was just available in few urban pockets to start with. So at the groan,

Susan Rae Ross:
that's very impressive. I'm sorry, I'm gonna have to cut you off. But it's good to put the punch line first. Really impressive. Gautam, over to you to talk a little bit about financing, and then we'll come back with some questions.

Gautam Chakraborty:
Thanks. Thanks, Susan. So I believe as far as USAID is concerned, most of us are really aware of the USAID focus on involving the private sector in the work that we do, especially in health and or when the enemy has spoken about the different approaches that we have in USAID, India. To involve the private sector. I would like to highlight a few points or when did cover the involvement of the corporate social responsibility and the philanthropic funding, and also the investments. But I would just like to go into a bit details of that, from the USAID point of view, when we engage the private sector, I believe, we need to understand there are two different appeals. So when we are involving the philanthropies and corporate social responsibility, the appeal is more the human side of the story, the qualitative, basically appealing to the heart. And therefore the way we mobilize the private sector and the way we mobilize money is very different from when we are looking for private investments. And that to inhale specially primary health care where the revenue streams might not be very clear, or very few, the margins might be very low. So instead of appealing to the heart, we are basically appealing to the mind. And instead of qualitative discourse, it's more like quantitative, cold numbers and projections. So for

USAID colleagues, and also other partners, I think, these two separate ways of really approaching the private sector and mobilizing needs to be understood needs to be internalized, because although in totality all have to come together, whereas whether it's a government donor partners like USAID, the philanthropic portion of the private sector, and the investment portion of the private sector, but the way you really pitch a case, develop a business case for it, and really bring in the fund and the time horizon that we are looking at, like a typical USAID funding of three, four years, might not be very conducive for a private investment, which might be actually looking at 10-15 year horizon. So with that caveat, I think, even within USAID, we do have the opportunity of using various tools. Traditionally, for mobilizing the private resources. Traditionally, we had relied on loan guarantees, but I think that does have a limited benefit. But really to build on it. Maybe different ways of looking at innovative blended capital solutions, many of which currently with us at grants we are not permitted to do, but that is where the other private sector that is the private financial sector, the banks and the financial institutions, the venture capitalists, they come in, and if we can all pull together, and I'll also later talk about some of the experiments that we have done. So in a blended finance way, whether we are going for interest, subvention whether we are going for returnable grants, so all these things that USAID funds can't be used for. That is where the others come in. So privacy engagement, not only for delivering the services but also for financing, for delivering the services, there are different ways that we can do. So I'll just stop there. And maybe later I'll explain a bit more. Thank you. Over to you, Susan.

Susan Rae Ross:
Great, thanks. So, maybe I'll combine the two questions, because we're a little short on time. But I think, first of all, I'd love to hear kind of what lessons you've learned, particularly from working with the government. And then you know, as Folake said, we really see COVID as an opportunity in the long run to strengthen overall immunization systems. And so I would love to hear your thoughts on that.

Ankur Malhotra:
Is that question to me?

Susan Rae Ross:
Yes, please.

Ankur Malhotra:
Okay. So, the lessons which we have learned so far is that the partnerships have to be at local government level. That's the first lesson that we have learned because health is such a complicated subject that even a state level partnership sometimes doesn't work. So we've had examples of Arielle centers were failing, just because the local administration was not even engaged in the whole exercise. So as much local as you can go, it would be better for the sustainability of it, number one, number two. One lesson which we have learned and right now we don't have a solution to this is that, you know, there is already a container in place in terms of when I say container, or conduit or a vehicle in place, which now needs to be augmented with more and more features. So we've been reaching out to all other partner companies and other

companies in the ecosystem, but you know, really not getting any solutions which can be loaded onto it because probably is not falling within the ambit of a CSR. Or maybe they would be more interested in selling it to a private sector hospital or something to start because we still have servers in a supercomputer company, if I may say so. So only that much we can do, frankly speaking in terms of and massaging a certain ETL solution. Right now, I know my solution works well, but Of course, there are much better things in place. So. So one thing which probably USAID can help is that this, you know, the solution which are developed, let's say, by American companies in healthcare, or by American intrapreneurs, or maybe by the ecosystem, which is managed by the Indo US corridor can be, you know, brought together to create a bouquet of services. And we already have a vehicle for that DVL centers and vaccination Labs, which we have set up. So that's what I'd like to see on this, Susan.

Susan Rae Ross:
Great, thanks. So Rinika over to you, I know you also work a lot with the government and other private partners. So it would be great to hear any challenges you have as well.

Rinika Grover:
Sure, um, and I kind of resonate with what uncle mentioned them. And the level of partnership really helps, but it's at the local level. And that's something similar for us as well. But one thing I would also like to add, because we work with mobile population, which is very, very difficult to kind of reach out to as well. So one thing that really works, which was a challenge earlier was community engagement, because you have to have some kind of trust and goodwill built in this community for them to actually get vaccinated as well. So what we did was, we have basically, a pool of what we call peer educators or volunteers who are a part of the trucking community, who are the people who actually take the placard and kind of spread the message. And over a period of in the last, because we've been running the service for nearly 20 years, we have over 1000 active volunteers across India who are actually not on our payroll, but they really, really helped support us. So that's one clearly a very distinguishing side. The other thing that thought factor, of course, with the government, of course, being on, you know, on onboard with us as well, and that's something our vaccinations have kind of accelerated, as well. The third thing is, is the partnership with our, you know, like-minded private sector. So what we did was, we formulated during the COVID times in June, July, we formulated partnerships with our OEs who had something similar going on. So one of our keys always is chocolate. And so we actually formulated a partnership with them to spread on, you know, on round awareness through telephone helplines, which was, which was started within like one month of when COVID started to spread. So it was just, we started that because we had to make drivers and it was in six languages. So we had to create that awareness. So these are the things which we had to kind of really, really, you know, accelerate. Overall. I mean, if I am an uncle kind of triggered it, I should have actually mentioned, we've reached out to nearly over like 6 million drivers community, but our vaccination in just a span of three months, we've managed to reach out to over about 100,000 drivers vaccination 75% Is the people who've actually received vaccination for the first time first doses, and 25% is the second dose. So now we are through the drivers, we're trying to kind of Cascade this inflammation within their family members as well, how to get this on board with the most important thing is to get those formulate those government

partnerships, where we wanted to leverage what the government had. And then some, you know, just kind of complemented through our infrastructure, which has worked out brilliantly because we've actually managed to kind of get to the deep pockets of India as well, where the drivers, you know, kind of supply itself as they have the supply chain. So that's what I could say. Thanks.

Susan Rae Ross:
Thanks. And then Gotham, is there any tools you wanted to share?

Gautam Chakraborty:
Over Susan, as far as the tools are concerned, as I was saying earlier, also, because investment side is a very different side of the private sector. And from USAID, we do have some kind of risk cover thing in terms of risk guarantee. But I believe there are more things needed, especially new instruments, like say returnable grants or in times of COVID things like some kind of interest subsidy that the borrower who is a social entrepreneur need not return the interest and the interest is guaranteed through somebody. So for these, I think, what we have created actually a blended finance solution. It seems to be working, because we do give our grants separately from USAID, but in the blended finance solution, there are others, we have banks like IndusInd bank, we have impact investors like Caspian, other partners joining in as Rockefeller Foundation, and those monies can be used for different things and the bank finances can be then guaranteed by say, other Rockefeller or some others. So In this way, I think it really works, because especially after the devastating second wave of COVID hit in April, May, actually, we started wholeheartedly this blended finance solution called summary. And already, it's 100 million plus fund with a lot of leverage 18. corporates and startups have already be funded. So it seems to be really working. So USAID actually started this blended finance a year back. But on its own, it was really difficult to start. But as we saw that, we have all these different partners pulling in and touching different flavors of the risk guarantees and risk covers, I think that has really worked. So I believe that blended finance solution, and within blended finance, they can be different, innovative solutions, like interest coverage, and first loss guarantees, and even some startup grants, all mixed together with the investment horizon of 10 to 15 years, because he said my pullback after three years, but then there are others. So that actually creates this market for private capital to flow into the social sector, primary healthcare and sector. So I think that as he started working is already in the field and working. So I'm really excited about it. Susan, thanks.

Susan Rae Ross:
So I have one final question. And then I'm going to hand it over to Chris. So if you haven't put your questions in the chat yet, please do so. And so to Rinka, is there anything that USAID could do to be a better partner?

Rinika Grover:
Susan, we've been partnering with USAID for quite some time. Overall, I would say just I'm going to the partnership of I mean, in terms of taking it forward, it has been working well, because it's more technical partnership that we have received a lot of expertise. But one thing

overall, I just wanted to highlight, which I should have mentioned earlier as well, whilst we're talking about COVID, there is it's an essential need that we should not lose sight of other emerging conditions as well, because tuberculosis, I mean, it's one of the, you know, the incidence rates in India is really, really high. And the vision is to eradicate tuberculosis by 2025. So we've been working with USAID for with regards to that, because that's one of our areas as well. So whilst we're looking at COVID, we are looking at vaccination, we just wanted to highlight that these are conditions which are prevailing, and we shouldn't lose sight of. And in terms of, of course, with USAID only, we've tried to get more partners on board. So we were on the corporate TV pledge of the Union. And we've just tried to get more corporate players, you know, aligned with us, we've actually managed to get over nearly about 15, other corporate places well, to join this. So as we progress in, there's been conversations about financing and other stuff, it just needs to be thought through a little more holistically in terms of let's just not looking at COVID COVID, is that it is existing, of course, it's really essential because we have possibly the fear of the third wave going on. But what we need to be very mindful of there are other things as well, which are going, you know, on the side parallelly, we should not lose sight of those. So that's what I thought at least I'll tell you, I thought it is I summarize, but yes, with the I mean, we're really fortunate to be partnering with USAID for in the healthcare segment.

Susan Rae Ross:
Ankur, any comments?

Ankur Charkraborty:
So yeah, we are also part of the TV pledge, and I think we are using our health centers, and I think it our 50,000 More than 50,000. You know, patients screened them for tuberculosis. There are two things I think, which I think USAID in HPE can collaborate on rather HPE would like USAID to help us collaborate on these two issues. One is that I don't think the vaccination regime is going to go away ever, frankly speaking, what's going to happen is that the boosters would keep happening, the higher risk would keep happening Illa variants of vaccine which would be as frequent as let's say, flu doses on the restaurant. Right now, in a country like India, flu vaccines are a very urban phenomenon. I like that going racks, their vaccination for COVID is going to be more like a necessity. You know, it has to happen continuously. I can't see end to it. Frankly, speaking, as the virus keeps mutating, the need to keep on having those antibodies to save yourself is going to be there forever. So the two areas were probably USAID in can help us is one we'd like to reach, increase the reach of this model of ours. It's a it's a tried and tested model. It's doing extremely well. Right now we using our CSR funds and volunteering to do this But there is only that much we can do. So now you have two options. And in the lightest vein that one option is that you can help us collaborate with like-minded companies, which can, you know, do and come and do this with us. And the second option is you can get more business to us in India, so that we can have a bigger CSR budget. So, I leave this to you that which one of these options we'd like to choose. Okay. And the second request I have is that, as I said previously, that helped us make it better. This is only that much we can do. We're happy to share our specs with anyone, we're happy to take them to our vaccination centers to show them how it works. We show the EMR please tell us how we can make it more robust, more futuristic in that thing. If we can add on more equipment to it right now we do 70 diagnostic test, can we

do more? So those are two requests, which probably USAID can like add like a typical Indian matchmaker and help us, you know, do this. So those are two requests, which I have Susan for you. Yeah.

Susan Rae Ross:
Thank you so much. I want to thank the panelists. And I'm going to turn it over to Chris to moderate the audience q&a.

Dr. Chris Morgan:
Right. Yeah. Thank you. That was fascinating. The initial question that came up is probably the most important from feed and Iran, which is how can the engagement that's been stimulated by COVID Extend after COVID is no longer an emergency, although his anchor says it's going to be with us. And also extend to topics beyond COVID, which are Rinika raised as well tuberculosis and other health care needs in that mobile population. And I just want to reiterate that momentum, the USAID, Momentum Program is looking for case study partners to help document that so if there are any people listening, who are interested in joining us in developing case studies, please do contact us. And clearly we in Hewlett Packard, and Apollo Tyres, we have some good case studies to start with. Gautam, though there are some additional questions also for you. Some of which may be easier to answer in the chat. But two of them are around areas that USAID grants maybe cannot support, are there any exclusions, and the others are around the balance between stimulating health actors, healthcare providers, versus nonhealthcare providers to support these health development initiatives? So do you have a comment on either of those two things?

Gautam Chakraborty:
Yeah, maybe I can quickly have replied to both these. So there are certain areas, the fundamental thing is USAID grants cannot be mixed with something that earns returns, which means it cannot be mixed with equity, it cannot be put in a pooled resource which earns returns and there are dividends taken out, of course, you will say it does allow for Project income, but nothing can be taken out, which means essentially, we have to see that he said grants are separate from investments. So you said grant can go in either as a small grant more like a prize for doing something good and investments come separately, or us at Grant is more like a seed grant and things like that. Also, USAID grant grants cannot be directly used for loan guarantees, definitely not for first loss. Even if it is partial loss guarantee it has to be routed through the DFC Development Finance Corporation and the MTU. So there are certain restrictions, but these things are needed. And if he were said, joins hands with other financials, they can do it. And he said, grants can do the good work, which doesn't produce revenue and the revenue producing work can be financed, but in totality, the enterprise gains. So that is what we can do. And coming to the second question of what should be the balance? I think, this balance question comes because we tend to look at engagement of private sector more from the downstream, the front end, which is the people using the services, once we within the USAID start looking at it as an ecosystem approach, which includes everybody, so not just the users, but also the producers and the suppliers and all then there is no question of balance because in the ecosystem, you take one part out and the whole ecosystem collapses. So there is always a potential and if we

can see that where the gap is, and where do we come in gap can be at the supplier and manufacturer and market developer and, or the consumer and so wherever the gap is, we can come in either with our grants or in combination with us.

Dr. Chris Morgan:
Okay. Great. Thank you. very much. And I'm just looking at the time. So rather than a question, this is a threat, perhaps to Rinika, an anchor, that Momentum will be coming, knocking on your door to try and document the way you have engaged with government and with other private sector partners to do your programming. And we'll be especially interested in what it would take to continue your engagement beyond COVID into other areas of healthcare support, and what type of engagement would take to sustain those efforts. So I think we have had some really rich discussion in the panel that has really amplified, I think, the concepts introduced in those presentations. So I'm going to just hand back to Susan now for the closing remarks so that we can finish before the hour is our

Susan Rae Ross:
thanks, Chris. So first of all, I'd like to thank the panelists, particularly because I know it's evening there. And so I'd like to thank you so much for your wisdom and sharing all the lessons of the great work that you're doing. You know, once again, I think we've all the USAID panelists or participants have said, how much we value our work with the private sector, and want to continue to continually regularly engage and figure out how, you know, we could do things better. As Chris said, if you are interested in contributing to or participating in the learning agenda that's been laid out, I believe Chris's contact is in the chat. If you're interested in learning more about what USAA de India's involved in you can either contact autumn or Arman. And with that, I believe it's my pleasure to close the meeting. I want to thank everyone, this is a very thought-provoking conversation. And I think, you know, we want to bring lots of different types of private sector to share their experiences so that we can better understand how to engage. So with that, I think it's over to you, Julie.

Julie Neill:
Thank you so much, Susan. We want to thank everyone for joining us today. And also, we would be grateful if you could kindly take just a minute or two to fill out the exit survey. And we will put that exit survey in the chat. But otherwise, thank you so much for joining us today. And we hope to see you again at another market links webinar soon. Thank you so much.