

## Annex A

Table 1 – Scenarios & implications for range of potential AMC support to India (estimated)

| Scenario                      | % of AMC support to India <sup>1</sup> | # doses to<br>India <sup>2</sup> | Funding to India <sup>3</sup> | % India population covered <sup>4</sup> | % AMC91 population covered <sup>5</sup> |
|-------------------------------|--|----------------------------------|-------------------------------|---|---|
| Low end of range              | 10%                                    | ~95 - 125<br>million             | ~US\$ 665<br>million          | ~3-5%                                   | ~17-22%                                 |
| High end of range             | 20%                                    | ~190 - 250<br>million            | ~US\$ 1.3<br>billion          | ~7-9%                                   | ~15-20%                                 |
| Pro-rata (for reference only) | 35%                                    | ~330 - 440<br>million            | ~US\$ 2.3 billion             | ~12-16%                                 | ~12-16%                                 |

Table 2 – Allocation of US\$ 150 million in delivery support (CCE and TA) to AMC91

| Current Scenario                                   | Amount Allocated |  |
|--|------------------|--|
| Cold Chain Equipment                               | US\$ 50 million  |  |
| Technical Support                                  | US\$ 60 million  |  |
| CCE Reserve (e.g. UCC Support)                     | US\$ 10 million  |  |
| Total Alloacted                                    | US\$ 120 million |  |
| Amount held pending India COVAX AMC Board decision | US\$ 30 million  |  |

| Low range scenario   | High range scenario  |
|--|--|
| US\$ 15 million (10% of total allocation)  | US\$ 30 million (20% of total allocation)  |
| above US\$ 27 million for preparedness, planning and delivering for COVID-19 vaccine rollout | The Government of India has already submitted its needs for urgent TA and CCE surpassing the maximum envelope. The Government has already mobilised funds domestically to supplement CCE, but gaps remain. |
| Allocating US\$ 15 million would not allow   |  |
| for urgent gap filling of TA or CCE needs  | similar pro rata allocation of prioritised AMC56   |

<sup>&</sup>lt;sup>1</sup> AMC donor-funded doses, and implied estimated funds (actual funding amount will depend on dose price). Does not account for cost-sharing. Does not include Buffer.

<sup>&</sup>lt;sup>2</sup> Ranges based on base case and higher price resource mobilization scenarios, as presented in Paper 8.

<sup>&</sup>lt;sup>3</sup> Assumes indicative average fully loaded price of US\$ 5.2 - 7 per dose, plus compensation scheme estimated at US\$0.10/dose. Actual price, and thus amount of funding allocated, will vary based on available technologies.

<sup>&</sup>lt;sup>4</sup> Assumes 2 dose regimen.

<sup>&</sup>lt;sup>5</sup> Assumes 2 dose regimen.