

Criteria: Policies		
Indicators	Description	Status
National aged care strategies include discussion of older adult immunization. ¹	<p>Immunization for older adults is not included in India's national aged care strategies.¹</p> <p>India's Ministry of Social Justice and Empowerment (MoSJE) is responsible for policy efforts regarding older adults. Overall, comprehensive policy is absent for the support and care of older people in India.² Existing policies include the National Policy on Older Persons, the National Programme for Health Care for the Elderly, and the social welfare system's functioning in support of older persons.³</p>	
<p>The National Immunization Programme/Plan (NIP) specifies older adults in vaccination schedules.</p> <ul style="list-style-type: none"> ✓ COVID-19 (Age: 65+) ✗ Influenza (Age: 65+) ✗ DTap (Age: 18+) ✓ Pneumococcal pneumonia (Age: 18+) ✗ Respiratory syncytial virus (RSV) (Age: N/A) ✓ Shingles (Age: 65) 	<p>India's NIP is specific to children, meaning that there are no influenza, DTap, pneumococcal pneumonia, or shingles vaccination recommendations specifically targeted at older adults.</p> <p>The only vaccination recommendations specific to adults are concerned with tetanus and diphtheria for pregnant women.⁴⁻⁶</p> <p>While older adults receive priority for COVID-19 vaccination in India, there does not appear to be specialized doses targeted at high-risk groups.</p>	
National advisory committees on immunization (e.g., NITAGs) include expertise on ageing, geriatrics, internal medicine and/or adult vaccination, and a life course approach to immunization is included within decision-making processes and recommendations, with reference to key performance indicators and immunization rate targets specific to older adults.	India's National Technical Advisory Group on Immunization does not include anyone with expertise on ageing. ^{7,8}	

¹Vaccines examined in the GAAV include influenza, pneumococcal pneumonia, COVID-19, RSV, pertussis, and shingles.

Criteria: Funding		
Indicators	Description	Status
Government programs reimburse vaccines included in the NIP for at-risk populations, including older adults and people with chronic conditions.	There is no vaccination coverage for at-risk populations, including older adults and people with chronic conditions. ^{9,10}	
National strategies prioritize the need for continuous monitoring of allocated budgets related to the funding and reimbursement of vaccines and public health efforts for older adults.	<p>In 2022-2023, the India Department of Health and Family Welfare spent an estimated 86,201 Rs crore, with an actual expenditure of 75, 731. The upcoming 2024-2025 interim budget has allocated 90, 171 crores, which is consistent with the annual 12% growth rate of the department's health budget. This increased funding is expected to be allocated towards strengthening healthcare services and infrastructure.¹¹</p> <p>Public health efforts are largely dedicated to child immunization programs, like Mission Indradhanush, which aims to achieve and maintain 90% full childhood vaccination coverage by 2022.¹²⁻¹⁴</p>	

Criteria: Program		
Indicators	Description	Status
Campaigns target older and at-risk adults by providing easily accessible information (web pages, brochures, television/radio ads, social media) on adult immunization and promoting a life course approach to immunization.	<p>Childhood and maternal immunization campaigns are easily accessible—particularly for Tuberculosis, measles, and rubella vaccinations.</p> <p>Vaccination campaigns targeted at older adults are not easily identified.^{6,15-17}</p>	
<p>Policy supports expansion of vaccination administrators to include other healthcare workers and professionals, such as pharmacists, nurses, and support workers, through easily accessible sites.</p> <ul style="list-style-type: none"> ✓ Community health workers ? Medical/Pharmacy and/or nursing students *with supervision ✓ Midwives ✓ Nurses (including Nurse Practitioners) ✗ Paramedics ✓ Physicians ✓ Physician assistants ✗ Pharmacists ✗ Pharmacy technicians ✗ Support workers 	<p>Physicians and nurses are eligible to administer all vaccines in India.</p> <p>Community health workers and midwives who have completed the auxiliary nurse midwife (ANM) training program, 12 years of school, and 24 months of preservice training, can provide preventative routine immunization and child and maternal health programming.¹⁸</p> <p>In 2023, the Indian Pharmaceutical Association (IPA) initiated a program aimed at training pharmacists to become vaccinators by 2025.¹⁹</p>	

Criteria: Program		
Indicators	Description	Status
Healthcare professionals are well-trained, informed, and upskilled on the benefits and administration of vaccines for older adults (e.g., specialized education on adult vaccination is included in medical curriculum, continuous education is available to healthcare professionals).	Vaccinations are not targeted at older adults; therefore, professionals are more knowledgeable of child and maternal vaccinations, given the priorities of India's NIP. ^{5,15}	
Authorities define clear administrative guidelines, including eligibility criteria and protocols, for each vaccine.	The Immunization Schedule (NIS) for Infants, Children and Pregnant Women includes guidelines for vaccines, when each should be administered, dose, route, and site for each immunization. ^{6,13,14}	

Criteria: Performance		
Indicators	Description	Status
National Immunization Programmes or Plans set goals and targets for the reduction of VPD rates and adult immunization coverage.	Vaccine-preventable disease (VPD) reduction goals were outlined for children, but not older adults.	
Authorities collect and update comprehensive coverage data for adult immunization (2021 or earlier), extending beyond coverage rates for influenza and COVID-19 through adult national immunization coverage data collection templates (e.g., aNICs).	Coverage rates beyond COVID-19 vaccination are not easily accessible or updated on the national level. ⁹	
Stakeholders and/or authorities collect and document age-disaggregated data, including immunization and burden of disease rates, to support evidence-informed decision-making and strategy development on vaccination.	<p>Data on older adults is limited. Data for childhood vaccination and overall population coverage are available, but data is not age-segregated to identify high-risk populations.^{13–15,20,21}</p> <p>Burden of disease rates are available for the general population but identified sources also do not pertain to older adults.^{22,23}</p>	

Criteria: Equity		
Indicators	Description	Status
The NIP provides a specific focus on sub-groups of older adult populations at high risk of infectious diseases (e.g., cardiovascular diseases, diabetes, and other non-communicable diseases).	The NIP does not provide a specific focus on older adult populations at high risk of infectious disease. ⁵	
Vaccine administrative pathways acknowledge and accommodate equity-based barriers, driven by the social determinants of health, to older adult sub-group populations, such as refugees, Indigenous populations, and older adults residing in rural settings.	Information outlining vaccine-equity initiatives is not included in the NIP, vaccination schedules, or other accessible health campaign materials. Research has highlighted the need for vaccine equity in rural and densely populated areas. ^{4,10}	

Criteria: Long-Term Care Settings		
Indicators	Description	Status
The NIP explicitly acknowledges older residents (65+) in long-term care settings as at-risk, or high-risk populations.	The NIP does not explicitly acknowledge older/high-risk residents in long-term care facilities. Research regarding the health of people in long-term care in India is non-extensive. ²⁴	
Adult immunization is included in national long-term care strategies (if present).	There does not appear to be a long-term care strategy or program.	

Criteria: Civil Society Organizations		
Indicators	Description	Status
Civil society organizations (e.g. community groups, NGOs, labour unions, patient organizations, professional organizations) provide evidence on immunization to help inform policy creation that is reflective of the needs of older adults across the country.	The role of CSOs in vaccine advocacy for older adults in India is unclear and/or inaccessible via desk research.	
Civil society organizations provide educational resources to constituents on the importance of adult vaccination across the country.		
Civil society organizations advocate to raise political and governmental will to invest in preventative measures and strategies, including the prioritization of adult vaccination.		

Legend	
Criteria is fully met	
Criteria is partially met	
Criteria is not met	
Insufficient/ inaccessible/unclear evidence.	

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