Pfizer Quality Improvement Request for Proposals

Competitive Grant Program – using Pfizer Internal Review Process

Optimizing Adult Vaccination Ecosystem in India

Overview

This competitive program seeks to support Quality Improvement (QI) initiatives that identify and address gaps in adult vaccinations, implement diverse interventions (for HCPs and consumers) to improve and optimize access and immunization practices, leading to an increased vaccination coverage among adults, including the elderly, and the at-risk and high-risk populations.

Geographic Scope

India

Project Types and Area of Interest

Potential applicants are encouraged to address immunization practice and vaccination access gaps in adults, including at-risk, high-risk and/or elderly populations. This may include:

- Clinical practice to improve the immunization service quality and the access to the vaccination among adults.
- Novel clinical pathways, in hospital or outpatient settings, to optimize the vaccination access and immunization practices among the target populations.
- Innovative solutions (including latest digital and artificial intelligence-based solutions with clear outputs and outcomes) to monitor adult vaccination status, identify gaps and barriers in following local vaccination recommendations.
- Implementation of educational tools and/or interventions to increase vaccination awareness, boost healthcare professionals' confidence in addressing vaccine hesitancy, and educate vaccinators on disease burden and risk.

Proposals with definitive plans for publications in academic journals and conferences would be preferred.

Key Milestones

Submission Deadline	Anticipated Grant Award	Anticipated Project Start Duration
16 APR 2026	JUN 2026	AUG 2026

Funding Range and Project Length

Individual projects requesting up to $35,000 will be considered.

Maximum project length is 1 year.

I. Eligibility

Geographic Scope/Location of Project:

- India

Applicant Eligibility Criteria

- The following may apply: medical, dental, nursing, allied health, and/or pharmacy professional schools; healthcare institutions (both large and small); professional organizations; government agencies; and other entities with a mission related to healthcare improvement.
- Only organizations are eligible to receive grants, not individuals or medical practice groups (i.e., an independent group of physicians not affiliated with a hospital, academic institution, or professional society).
- Collaborations within institutions (e.g., between departments and/or inter-professional), as well as between different institutions / organizations / associations, are encouraged. Please note all partners must have a relevant role and the requesting organization must have a key role in the project.
- The applicant must be the Project Lead/Principal Investigator (PI) or an authorized designee of such individual (e.g., Project Lead/PI's grant/research coordinator).
- The Project Lead/PI must be an employee or contractor of the requesting organization.
- Requesting organization must be legally able to receive award funding directly from Pfizer International LLC. For Indian Institutions, a valid and active FCRA (for the entire duration of grant) is mandatory to be able to receive foreign funding. We strongly recommend that applicants confirm this with their organization or institution prior to submitting application. Grants awarded to organizations that are subsequently found to be unable to accept funding directly from Pfizer International LLC may be subject to rescission.

II. Requirements

Primary Area of Interest:

- VACCINES

General Area of Interest for this RFP:

It is not our intent to support clinical research projects. Projects evaluating the efficacy of therapeutic or diagnostic agents will not be considered.

- It is our intent to support projects that focus on immunization practice and vaccination access among adult populations (including elderly, and at-risk and high-risk population, but not limited to):
  - Clinical practice improvement of the immunization service quality or the access to vaccination among at-risk, high-risk patients and/or elderly population.
  - Supporting, training and/or other educational approaches for HCPs on disease awareness, current recommendations, the value of immunization in specific sub-populations, providing tools and resources on disease burden and risk of developing severe disease among at-/high-risk individuals.

- Novel and/or tailored clinical pathways in hospitals or outpatient settings optimizing, facilitating and streamlining implementation of the recommendations and access to the immunizations among at-risk or high-risk patients and elderly population.
    - Supporting the vaccination access in hospital setting.
    - Innovative solutions (including latest digital and artificial intelligence-based solutions with clear outputs and outcomes) to monitor adult vaccination status, identify gaps and communicate needs according to local vaccination recommendations.
    - Increasing HCP's competence and confidence to address vaccine hesitancy.
    - Multi-disciplinary collaborations are encouraged when appropriate, but all partners must have a relevant role.
- During review, the intended outcome of the project is given careful consideration and, if appropriately, based on the project goal, projects with the maximum likelihood to directly impact patient care will be given high priority. Projects including an educational element can find more information on principals of learning and behavior change for health professionals here.
- There is a considerable amount of interest in receiving responses from projects that utilize system-based changes. Although educational efforts for grantees and patients may be entirely appropriate components in responses to this RFP, projects that include an overt description of system changes will be given high priority.

Target Audience

- The program will prioritize adult immunization across hospital-based care pathways by engaging Internal Medicine, Pulmonology, Cardiology, Nephrology, Endocrinology, Oncology, Geriatrics, Infectious Diseases, Patient segments include older adults, elderly and at-risk/high-risk groups (chronic heart/lung/kidney/liver disease, diabetes, immunocompromise, pregnancy), across ED, inpatient, day-care, and OPD follow-ups.

Disease Burden Overview

- According to the World Health Organization (WHO), vaccinations prevent 2 to 3 million deaths annually. However, vaccine preventable diseases continue to contribute to a significant number of fatalities, particularly among high-risk individuals, such as immunocompromised patients and those with chronic comorbidities (e.g., cardiovascular, respiratory, renal, hepatic diseases, diabetes). Due to their weakened immune response, they face a higher risk of developing severe complications, leading to long-term sequelae, hospitalizations, and increased mortality. Prioritizing vaccination for these vulnerable groups remains a key public health goal.

- India accounts for a disproportionate share of adult respiratory disease: ~23% of the global CAP burden.[1] Yet adult vaccine uptake is extremely low—only 1.5% of older adults report ever receiving influenza vaccine and 0.6% pneumococcal vaccine—highlighting a significant prevention gap.[2] Seasonal influenza shows biannual peaks; national ILI/SARI surveillance documents substantial hospital demand and deaths annually.

Recommendations and Target Metrics

- Both the CDC/ACIP- Adult Immunization Schedule and the Association of Physicians of India (API) along with 13 other medical associations of India developed Indian Consensus Guideline on Adult immunization recommending influenza and pneumococcal vaccination for all older adults and adults with chronic or immunocompromising conditions. They also emphasize additional adult VPD vaccines, including COVID-19, Td/Tdap, Herpes Zoster (Shingles), Hepatitis B, HPV, and MMR/Varicella based on age, medical conditions, and risk exposure.

Gaps Between Actual and Target, Possible Reasons for Gaps

- Vaccine hesitancy continues to be a significant barrier to improving adult immunization coverage in India. This challenge is multifactorial, driven by:
  (1) lack of awareness among healthcare providers and the general population regarding the burden of vaccine preventable diseases in adults and the benefits of vaccination.
  (2) underutilization of existing healthcare infrastructure and resources that could support adult immunization programs.
  (3) the absence of a national adult immunization policy, which limits systematic implementation and prioritization.

- These gaps result in missed opportunities for disease prevention and strain on health systems. Addressing these barriers requires a comprehensive approach that combines evidence generation, real-world effectiveness studies, and scientific communication to reinforce the value proposition of vaccines. Additionally, advocacy for policy frameworks, capacity-building initiatives, and optimized use of infrastructure will be critical to strengthen the adult vaccination ecosystem and achieve sustainable public health impact.
- National Immunization programs in India primarily target children leading to suboptimal coverage among medically vulnerable populations. Though there are some states with adult vaccination policies, but the implementation is varied and fragmented. The recruitment of adults with immunocompromised and high-risk patients into vaccination programs is hindered by the fragmented nature of their healthcare pathways, involving multiple specialists, general practitioners, and hospital-based care.

Barriers

- Health care remains focused primarily on disease treatment rather than preventive strategies like vaccination, exacerbating the gap in vaccine access. These structural barriers contribute to a significant unmet medical need: adult population especially the elderly and immunocompromised patients remain highly exposed to potentially fatal infectious diseases that could be effectively prevented through vaccination. The issue is particularly critical for infections such as invasive pneumococcal disease, meningococcal disease, and viral infections like influenza, for which vaccination coverage rates remain alarmingly low. Additionally, the burden of pneumococcal disease and RSV is being recognized increasingly.

Current National Efforts to Reduce Gaps

- India has several national efforts underway to strengthen adult immunization, particularly for influenza and pneumococcal disease. The National Centre for Disease Control (NCDC), through the Integrated Disease Surveillance Program (IDSP), conducts continuous monitoring of Influenza-Like Illness (ILI) and Severe Acute Respiratory Infection (SARI), providing epidemiological insights that help guide vaccination timing and public health decision-making. Simultaneously, the ICMR ILI/SARI surveillance network generates virological and epidemiological data that identify circulating strains and disease trends, strengthening national preparedness, and informing expert recommendations.
- Professional bodies—including the Association of Physicians of India (API), Indian Chest Society, ISCCM, IMA, and the Geriatric Society of India—have issued comprehensive Indian Consensus Guidelines on Adult Immunization, advocating influenza, pneumococcal, hepatitis B, zoster, and other adult vaccines to unify clinical practice. Despite these national efforts, no structured, hospital-based Quality Improvement (QI) program focused on adult vaccination has been conducted in India, representing a significant opportunity for measurable impact.
- Some initiatives directed to HCPs, highlighting the importance of the vaccination practice among at-risk and immunocompromised patients, are endorsed by the Scientific Societies through continuing medical education activities. Initiatives aimed at the general population exist but are sporadic and their reach is difficult to evaluate.

Expected Approximate Monetary Range of Grant Applications

IMPORTANT: Grants will be distributed following a fully executed agreement and submission of Final Protocol, Documentation of IRB/IEC Approval, Regulatory Approval (if applicable), Exemption or Waiver.

- Individual projects requesting up to $35,000 will be considered.

  Award amounts include direct costs, institutional overhead costs (capped at 28% per Pfizer policy), and indirect costs.

Key Dates:

IMPORTANT: Be advised applications submitted after the due date will not be reviewed.

*Please note the deadline is 23:59 Eastern Standard Time (e.g., New York, GMT -5)

How to Submit:

IMPORTANT: Please read this section carefully since applications submitted not following these instructions will not be accepted and will be cancelled.

- Please go to www.cybergrants.com/pfizer/QI and sign in.
- Note: there are individual portals for each grant application type. Please be sure to use the URL above.
- First-time users should click "Create your password".
- Click the "Start A New Quality Improvement Grant Application" button.
- Requirements for submission:
- Complete all required sections of the online application
- **IMPORTANT:** Upload proposal (see Appendix) in the Proposal/Protocol field.
- In the application:
- For the question "**Competitive Grant?**" select "**Yes**"
- Select the following Primary Area of Interest: **VAV - Pneumococcal - QI**
- Select the following Competitive Grant Program Name: **2026 VACCINES INDIA QI**

Questions:

- If you encounter any technical difficulties with the website, please click here or the "Technical Questions" link at the bottom of the page in cybergrants.
- Please click here to view "Frequently Asked Questions" regarding the Competitive Grant Program.
- If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Dr Neha Singhal (Neha.Singhal@pfizer.com), with the subject line "2026 VACCINES INDIA QI".

Review and Approval Process

- Grant requests received in response to a general RFP are reviewed by Pfizer to make final grant decisions.

Mechanism by which Applicants will be Notified:

- All applicants will be notified via email by the dates noted above.
- Applicants may be asked for additional clarification during the review period.

Grant Agreements:

- If your grant is approved, your institution will be required to enter into a written grant agreement with Pfizer. Please click here to view the core terms of the agreement.
- Under Pfizer's competitive grant program, modifications to grant agreements will not be reviewed unless a genuine conflict exists as between applicable law and the terms of the relevant grant agreement. Applicant is encouraged to share the core terms with counsel for approval prior to submitting an application.
- Except where prohibited by applicable law and, in any case, subject to review by Pfizer Legal, payment of grant funding may only be paid to the grantee organization.
- This RFP is supported by Pfizer International LLC and, if approved the payment will be issued by a Pfizer US based legal entity.

About Pfizer Grants

Pfizer supports the global healthcare community's independent initiatives (e.g., research, quality improvement or education) to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer's medical and/or scientific strategies.

Pfizer's competitive grant program involves a publicly posted general Request for Proposal (RFP) that provides detail regarding a general area of interest, sets timelines for review and approval, and uses an internal Pfizer review process to make final grant decisions. Organizations are invited to submit an application addressing the research gaps as outlined in the specific RFP.

For all quality improvement grants, the grant requester (and ultimately the grantee) is responsible for the design, implementation, and conduct of the independent initiative supported by the grant. Pfizer must not be involved in any aspect of project development, nor the conduct or monitoring of the quality improvement program.

About Pfizer QI Grants

Quality improvement (QI) projects are systematic, data-guided, sustainable activities designed to bring about immediate, positive changes in the delivery of healthcare in particular setting (1,2). Quality improvement seeks to standardize structure and processes to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations. Structure includes things like technology, culture, leadership, and physical capital. Process includes knowledge capital (e.g., standard operating procedures) or human capital (e.g., education and training) (3).

QI projects systematically apply what is already known into the local practice, intended to quickly improve patient care within a specific setting. The goal of QI projects is to close a gap in performance at a specific health care system. The "performance" is a standard in health care that is not efficiently/appropriately/consistently being done (4). For these reasons, QI focuses on translating existing knowledge into programs or practices to immediately improve the quality of services to individuals and populations within a local institution or setting (5). The risk of participation in QI is the same as the risk of receiving standard clinical care (6) since the standard of care remains the same for all patients.

In contrast, research projects use a systematic approach to discover something that is unknown. Research projects add new knowledge to what was previously unknown in literature through testing of a hypothesis or a scientific question (4). Research aims to generate knowledge with broad applications, often through controlled studies. The subjects may or may not benefit directly from the knowledge gained. Research studies aim to evaluate an innovation, study something new, or analyze a process not yet rigorously studied (6).

References

1. Koul PA et al. Lung India 2024;41:307-17
2. Rizvi AA, Singh A. Vaccination coverage among older adults: a population-based study in India. Bull World Health Organ. 2022 Jun 1;100(6):375-384. doi: 10.2471/BLT.21.287390

Appendix

IMPORTANT: RFP Submission Requirements

Applications will be accepted via the online portal listed in the How to Submit section. Project Proposals/Protocols should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 15-page limit exclusive of references. When uploading your Full Proposal please ensure it addresses the following sections:

Goals and Objectives

- Briefly state the overall goal of the project. Also describe how this goal aligns with the focus of the RFP and the goals of the applicant organization(s).
- List the overall objectives you plan to meet with your project both in terms of learning and expected outcomes. Objectives should describe the target population as well as the outcomes you expect to achieve as a result of conducting the project.

Assessment of Need for the Project

- Please include a quantitative baseline data summary, initial metrics (e.g., quality measures), or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in your target area. Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed. If a full analysis has not yet been conducted, please include a description of your plan to obtain this information.

Target Audience

- Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population

Project Design and Methods

- Describe the planned project and the way it addresses the established need.
- If your methods include educational activities, please describe succinctly the topic(s) and format of those activities.

Innovation

- Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.
- Describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.

Evaluation and Outcomes

- In terms of the metrics used for the needs assessment, describe how you will determine if the practice gap was addressed for the target group. Describe how you expect to collect and analyze the data.
- Quantify the amount of change expected from this project in terms of your target audience.
- Describe how the project outcomes will be broadly disseminated.

Anticipated Project Timeline

- Provide an anticipated timeline for your project including project start/end dates.

Additional Information

- If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize here.

Organization Detail

- Describe the attributes of the institutions / organizations / associations that will support and facilitate the execution of the project and the leadership of the proposed project. Articulate the specific role of each partner in the proposed project.

Budget Detail

- The budget amount requested must be in U.S. dollars (USD).
- While estimating your budget please keep the following items in mind:
- General organizational running costs such as legal fees, insurance, heating, and lighting etc. should be included in an Institutional Overhead (if required). These costs are not specific to a grant request and therefore, should not appear as line items in budgets. However, costs that are specific to the study (e.g., some countries require insurance to be taken out on a per-study basis for clinical research) would be acceptable to be included as line items.
- The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.
- Pfizer does not provide funding for capital purchases (infrastructure expenses such as equipment, purchases of software or software licenses, technology or bricks and mortar). Equipment hire/leasing is acceptable and may be included in project budget.

  It should be noted that grants awarded through ER&G cannot be used to purchase Pfizer therapeutic agents (prescription or non-prescription).
- Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects. Please click here for details.

Required Documents

- Project Plan or Proposal
- Valid FCRA certificate or exemption