PNEUMOCOCCAL VACCINES AMC PRICE REQUEST FORM
FOR COUNTRIES THAT HAVE TRANSITIONED OUT OF GAVI SUPPORT[[1]](#footnote-2)

Purpose of this document:

This form must be completed by countries that have transitioned out of Gavi support accessing pneumococcal conjugate vaccines (PCV) under Gavi’s New and underused Vaccine Support (NVS) and the Advance Market Commitment (AMC) Terms and Conditions). Countries should first read the specific guidelines on applications for PCV for this group of countries. Note that these are separate from the [guidelines](http://www.gavi.org/support/process/apply/vaccine/) that are available for applications for PCV support for countries that continue to be eligible for all types of Gavi support.

General guidance on completing the form:

**This form is to be submitted via email to proposals@gavi.org**. Submissions are accepted at any time during the year.

This form is designed to collect information needed by Gavi to process requests to plan procurement of vaccines, track data for future reporting, and more.

This form and its documents can be shared with Gavi partners, collaborators and general public. Unless otherwise specified, documents will be shared with Gavi Alliance partners and the general public. The form and attachments must be submitted in English, French, Spanish, or Russian.

For more information please refer to PCV guidelines for transitioned countries available [here](http://www.gavi.org/funding/pneumococcal-amc/how-to-apply/).

For any further questions please contact proposals@gavi.org or your Gavi Senior Country Manager (SCM).

Terms and Conditions

The terms and conditions of this request shall apply to any and all AMC support made pursuant to this request.

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| **AMENDMENT TO THE PRICE REQUEST**  |
| The Country will notify Gavi in writing if it wishes to propose any change to the programme(s) description in its price request form. Gavi will document any change approved by Gavi according with its guidelines, and the Country's price request form will be amended |
| **NO LIABILITY** |
| The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines and related supplies after title to such supplies has passed to the Country.Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason. |
| **INSURANCE** |
| Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.  |
| **CONFIRMATION OF LEGAL VALIDITY** |
| The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable. |
| **COMPLIANCE WITH GAVI POLICIES** |
| The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi’s official website and/or sent to the Country. |
| **ARBITRATION** |
| Any dispute between the Country and Gavi arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French. |
| For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson. |
| Gavi will not be liable to the country for any claim or loss relating to the programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application. |

Form submitted by the Government of [Country Name]

1. Executive summary of strategic considerations

[Please provide a summary of your country's proposal, including the following information:](#ApplicationSpecification)

1. **Rationale for this request**

Describe the rationale for this request including the burden of disease.

1. **Confirmation of eligibility (most recent DTP3 greater than or equal to 70%)**

In accordance with Gavi’s current eligibility policy, only countries with DTP3 coverage levels greater than or equal to 70%, based on the latest WHO/UNICEF estimates, can apply to Gavi for accessing pneumococcal vaccines at the AMC Tail Price.

1. **Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)**

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan / cMYP and other national health and immunisation plans. If PCV’s introduction or scale-up is not reflected in the latest strategic multi-year plan, please provide an explanation why.

1. **Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)**

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

1. **Programmatic challenges**

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address barriers in coverage and equity, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

1. **Cold chain capacity**

Briefly confirm that sufficient cold chain capacity is available to accommodate the pneumococcal vaccine.

1. **Integrated disease control, existing interventions**

Please describe any existing interventions for the prevention and treatment of pneumonia and the status of implementation.

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| Enter executive summary text here  |

1. Financial sustainability

Please discuss the financing-related implications of the new Pneumococcal vaccine program. Countries will pay the AMC Tail Price from the outset of the programme. Under the AMC, the Tail Price is set at a maximum of US$ 3.50 per dose. In addition, countries will be responsible for paying all fulfilment costs to UNICEF SD. Fulfilment costs are the extra costs incurred in supplying vaccines, in addition to the cost of the vaccine itself, and typically includes the cost of syringes, safety boxes and freight. Please provide a summary of the multi-year financial requirements for the pneumococcal vaccines and how these requirements will be met.

Given that no Vaccine Introduction Grant will be provided, countries should also provide information as to how vaccine introduction activities will be funded.

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| Enter financial sustainability considerations here |

1. Choice of vaccine presentation and introduction dates

Please specify the country’s planned launch date and PCV product preference. Information on the available vaccines can be found in the [Detailed Product Profiles](http://www.gavi.org/library/gavi-documents/supply-procurement/detailed-product-profiles/).

Note: **The PCV vaccine must be procured through UNICEF** **to be able to access the price set in the Advance Market Commitment (AMC).**

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| Planned launch month and year: | Month Year |
| Will the launch be phased? *If yes, please attach a document in section 5 with a description of the phasing scale up and duration.* | Yes / No |
| Required date for vaccines in country: | Month Year |
| Preferred presentation of PCV vaccine: | *(choose ONE)*PCV10, 4 doses/vial, liqPCV13, 4 doses/vial, liq PCV13, 1 dose/vial, liq |
| 2nd preferred presentation of PCV vaccine :Gavi may not be in a position to accommodate all countries first product preferences, and in such cases, Gavi will contact the country and partners to explore alternative options. A country will not be obliged to accept its second preference, however Gavi will engage with the country to fully explore a variety of factors (such as implications on introduction timing, cold chain capacity, disease burden, etc.) which may have an implication for the most suitable selection of vaccine. If a country does not indicate a second preference, it will be assumed that the country prefers to postpone introduction until the first preference is available. It should be noted that this may delay the introduction in the country. | *(choose ONE)*PCV10, 4 doses/vial, liqPCV13, 4 doses/vial, liq PCV13, 1 dose/vial, liq |
| Are the presentations licensed or registered in the country?If the any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country’s regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction. | Yes / No(text) |

1. Target information and yearly total vaccine requirement

The target information is needed to estimate the number of vaccine doses required by the country each year. Starting from the year of launch, please describe the yearly number of children in the routine target age cohort for PCV and the number of children to be targeted for PCV vaccination (which is driven by coverage). Please take into account the month of introduction in the first year and any required adjustments for phased introductions.

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| --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Population in the target age cohort  | # | # | # | # | # |
| Target population (1st dose) | # | # | # | # | # |
| Target population (3rd dose) | # | # | # | # | # |
| Maximum wastage rate value for preferred presentationFor indicative wastage rates, please refer to the [Detailed Product Profiles](http://www.gavi.org/library/gavi-documents/supply-procurement/detailed-product-profiles/). | % | % | % | % | % |

The yearly total vaccine requirement will be calculated using this formula:
Yearly total vaccine requirement = [Target # of individuals to be immunised with the first dose \* doses needed for full vaccination]+ [Doses for wastage] + [Buffer stock doses]

In relation to this formula, please note the following:

* The target number of individuals to be immunised with the first dose should be adjusted according to the month of introduction and expected coverage rate.
* Wastage doses are calculated by multiplying the doses needed to fully vaccinate the targets by the wastage factor, which is derived from the wastage rate provided by the country. Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative and maximum wastage values.
* In the first year of a new vaccine introduction, buffer stock is calculated as 25% of the total number of doses required, including wastage doses, and in subsequent years is adjusted for the previous year’s stock balance, where appropriate.
1. Attachments

Please ensure that all documents listed as mandatory are included and are labelled with the relevant document number. Additional documents may be submitted; rows can be added to the table if required.

Please note that **Gavi will not review this proposal without the signatures of both the Minister of Health and Minister of Finance** or their delegated authority.

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| **Doc. #** | **Document** | **Mandatory** | **Document attached?** **(Yes or No)** |
| **1**  | Government signature form: Minister of Health signature (or delegated authority)  | Yes | Yes / No |
| **2** | Government signature form: Minister of Finance signature (or delegated authority) | Yes | Yes / No |
| **3** | Minutes of Coordination Forum (ICC/HSCC or equivalent) meeting endorsing this request  | Yes  | Yes / No |
| **4** | Minutes of the NITAG endorsing this request (for countries with NITAG) | Yes | Yes / No |
| **5** | New vaccine introduction or scale up plan  | Yes | Yes / No |

Government signature form

The Government of [country] would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

**Access to the Pneumococcal vaccine AMC Tail Price**

The Government of [country] commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans.

*We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds will be included in the annual budget of the Ministry of Health.*

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| **Minister of Health (or delegated authority)** | **Minister of Finance (or delegated authority)** |
| Name |  | Name |  |
| Date |  | Date |  |
| Signature |  | Signature |  |

1. And for India [↑](#footnote-ref-2)