GAVI Alliance

Application Form for Country Proposals

For Support to New and Under-Used Vaccines (NVS)

Submitted by

The Government of

Republic of Moldova

Date of submission: **25.05.2011 09:46:42**

Deadline for submission: 1 Jun 2011

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

Start Year 2011 End Year 2015

Revised in January 2011

(To be used with Guidelines of December 2010)

Please submit the Proposal using the online platform https://AppsPortal.gavialliance.org/PDExtranet.

Enquiries to: proposals@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

Note: Please ensure that the application has been received by the GAVI Secretariat on or before the day of the deadline.

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS
The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION
The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION
The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS
The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION
Any dispute between the Country and the GAVI Alliance 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 the GAVI Alliance 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 language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance 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.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

1. Application Specification

Please specify for which type of GAVI support you would like to apply to.

Important note: To enable proper functioning of the form, please first select the cMYP years on the previous page.

Note: To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Type of Support	Vaccine	Start Year	End Year	Preferred second presentation[1]	Action
New Vaccines Support	Rotavirus 2-dose schedule	2012	2015	Rotavirus 3-dose schedule	
New Vaccines Support	Pneumococcal (PCV13), 1 doses/vial, Liquid	2013	2015	Pneumococcal (PCV10), 2 doses/vial, Liquid	

[1] This "***Preferred second presentation***" will be used in case there is no supply available for the preferred presentation of the selected vaccine ("**Vaccine**" column). If left blank, it will be assumed that the country will prefer waiting until the selected vaccine becomes available.

2. Table of Contents

Sections

3. Executive Summary

The Republic of Moldova is a small, landlocked country in Eastern Europe, established as an independent state in 1991, following the collapse of the Soviet Union, with a population of 4.1 million. Since 1991 Moldova faced serious economic challenges, losing 66% of its GDP in first decade of independence, followed by sustainable growth starting 2000 and being challenged again by the 2008-2011 global economic crisis.

The Republic of Moldova has a double epidemiological burden as rates of communicable diseases have increased since independence due TB, which is responsible for 81% of deaths, at the same time as non-communicable diseases, such as cardiovascular diseases and cancers, have also increased as a cause of premature mortality. Moldova has an ageing population, with average life expectancy at birth of 69.4 years and children under one accounting for 1.1% of total population.

Moldovian cMYP represents an integrated effort, involving national, regional and local authorities, different sectors, a range of institutions and services of the health sector, including public health service and primary health care. Starting from 1994, three 5-year cMYPs have been issued by the Government defining goals, objectives and targets in the area of preventing diseases by concerted immunization activities and commitments of the National Government sectors and institutions, local authorities, civil society, and international partners. The National cMYP for the period 2011-2015 guarantees immunizations free of charge against ten infectious diseases: poliomyelitis, diphtheria, tetanus, whooping cough, hepatitis B, measles, mumps, rubella, tuberculosis, and Haemophilus influenzae type B, with rotavirus and pneumococcal vaccines to be introduced in 2012 and 2013, respectively.

Child immunization coverage have increased since 1995, keeping vaccination coverage over 90% and expanding to new antigens as hepatitis B, rubella, mumps, Haemophilus influenza type B. Moldova is free of polio and neonatal tetanus, reached elimination of diphtheria, measles and rubella, recorded significant achievements in control of hepatitis B, pertussis and mumps by implementing routine immunization, vaccination campaigns and catch-up immunization activities.

Moldova NIP benefited of international donors support for providing traditional and new vaccines, strengthening cold chain and logistics improving programme management and enhancing surveillance. The Government of Moldova showed sustainable gradual increase of its financial commitment toward NIP and covers currently all programme antigens except for GAVI co-financed Hib vaccine.

Introduction of health insurance in 2004 has improved financing of the health system, access to services and financial protection of population. Human resources however, remain a problem of the Moldova health system - the number of family doctors in Moldova decreased by 3 percent over the past several years and almost 30 percent of rural primary care facilities have no doctors.

The National Health Policy, issued by the Government in 2007 and the Health System Development Strategy for the period 2007-2016 define the framework of the efforts made by the Government and civil society, aimed at improving population's health by ensuring access to and quality of preventive services.

The MYP 2011-2015 is aligned with national health and development policies and addresses the GIVS strategic areas toward protecting more people, introducing new vaccines and technologies, further integrating immunization, other linked health interventions and surveillance in the health systems context and exploring partnership opportunities to strengthen reliable financing, supply of vaccines and delivery of immunizations. It explores costing and financing scenarios and highlights the role of GAVI co-financing support to introduce rotavirus vaccine starting 2012 and pneumococcal vaccine starting 2013 and government's commitment to secure additional funds to fill the funding gap.

Rotavirus gastroenteritis is a significant public health problem in the Republic of Moldova. In accordance to WHO estimate for 2006 there were 10 deaths in children under 5 years of age due to rotavirus diarrhea. The rotavirus sentinel surveillance was established in the Republic of Moldova in 2008 with WHO support. The surveillance data showed that significant proportion of

severe diarrhoeas in children less than 5 years of age that required hospitalization was due to rotavirus. 27%, 32%, and 44% of children under 5 years of age admitted to sentinel hospital due to diarrhea in 2008, 2009, and 2010 respectively were found to be positive for rotavirus. Assuming that rotavirus cases are distributed across each of the administrative divisions (districts) based on the population of children under five years old, 2700 children under 5 years of age are hospitalized due to rotavirus diarrhea in entire country annually.
The Global estimate conducted by WHO in collaboration with Hib Initiative and PneumoADIP WHO showed that invasive pneumococcal diseases represent important public health problem. Streptococcus pneumoniae causes severe illnesses including pneumonia and meningitis in 1940 children less than 5 years of age and was responsible for 97 deaths in 2000.
The international economical evaluations conducted for GAVI eligible countries showed that pneumococcal and rotavirus vaccines are highly cost effective and projected to substantially reduce childhood morbidity and mortality in Moldova. The cost of averting one year lost due to disease, disability, and/or death (DALY) would be lower than Gross Domestic Product per capita for the price of pneumococcal vaccine of up to $15 per vaccinated child and for the price of rotavirus vaccine of up to $25 per vaccinated child.
Given the high burden of diseases, availability of safe and effective vaccines, and high cost-effectiveness of new interventions the Ministry of Health of the Republic of Moldova made a decision to introduce rotavirus and pneumococcal vaccines into routine immunization programme. The introduction of these new vaccines will allow prevent sever diseases and death in children and contribute to achieving goal 4 (reduce child mortality) of the Millennium Development Goals.
The Ministry of Health will use introduction of rotavirus and pneumococcal vaccines to scale up and extend implementation of other existing interventions aimed to prevent and control diarrheas diseases and pneumonia. Immunization will be implemented in integrated package with maternal, neonatal and child health programmes. Coordinating with other effective interventions and treatment for diarrheas and pneumonias will lead to maximum impact in saving lives.
The Ministry of Health hereby applies for GAVI support in introduction of rotavirus vaccine starting from 2012 and pneumococcal vaccine starting from 2013

This proposal has been developed through an interactive and inclusive process of the ICC partners with consultation of the Health Sector Departments. The whole process was guided by the Deputy Minister of Health and the Director General of National Center of Public Health, Chief Sanitary Doctor of the Republic of Moldova, with internal and external technical support of WHO and UNICEF.

4. Signatures

4.1. Signatures of the Government and National Coordinating Bodies

4.1.1. Government and the Inter-Agency Coordinating Committee for Immunisation

The Government of Republic of Moldova would like to expand the existing partnership with the GAVI Alliance for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests for GAVI support for Rotavirus 2-dose schedule , Pneumococcal (PCV13) 1 doses/vial Liquid introduction.

The Government of Republic of Moldova commits itself to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan (cMYP) presented with this document. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

Tables 6.(n).5. (where (n) depends on the vaccine) in the NVS section of this application shows the amount of support in either supply or cash that is required from the GAVI Alliance. Tables 6.(n).4. of this application shows the Government financial commitment for the procurement of this new vaccine (NVS support only).

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of May.

Please note that this application will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister of Finance or their delegated authority.

Enter the family name in capital letters.

Minister of Health (or delegated authority)		**Minister of Finance (or delegated authority)**	
Name	USATII Andrei	**Name**	NEGRUTA Veaceslav
Date		**Date**	
Signature		**Signature**	

This report has been compiled by

Note: To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.
Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
MELNIC Anatolie	Head, Center for Immunoprophylaxis	+37322574674	amelnic@cnsp.md	

4.1.2. National Coordinating Body - Inter-Agency Coordinating Committee for Immunisation

We the members of the ICC, HSCC, or equivalent committee[1] met on the to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

[1] Inter-agency Coordinating Committee or Health Sector Coordinating Committee, or equivalent committee which has the authority to endorse this application in the country in question.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: .

Note: To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Action
Dr. MAGDEI Mihail, Deputy Minister	Ministry of Health		
Dr. BAHNAREL Ion, General Director	National Center of Public Health		
Dr. MELNIC Anatolie, Head of Center of Immunoprophylaxis	National Center of Public Health		
Dr. OSOIANU Iurie, Deputy Director	National Company for Health Insurance		
Ms ANDRIES Margarita, Head, Finance Division	Ministry of Finance, Directory for Financing Health and Social Protection		
YUSTER Alexandra, Representative	UNICEF, Moldova		
DOMENTE Silviu, Representative of the Regional WHO Euro Office	WHO Country Office		

In case the GAVI Secretariat has queries on this submission, please contact
Enter the family name in capital letters.

Name	Dr. MELNIC Anatolie	**Title**	Head of Center of Immunoprophylaxis
Tel no	+37322574674		
Fax no	+37322574674, +37322729725	**Address**	National Center of Public Health, 67A, Gheorge Assachi str, Chisinau, Republic of Moldova , MD2028
Email	amelnic@cnsp.md		

4.1.3. The Inter-Agency Coordinating Committee for Immunisation

Agencies and partners (including development partners and NGOs) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC, HSCC, or equivalent committee). The ICC, HSCC, or equivalent committee is responsible for coordinating and guiding the use of the GAVI NVS support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below.

Profile of the ICC, HSCC, or equivalent committee

Name of the committee	Coordination Committee for development and financing of the National Immunization Programme for 2011-2015

Year of constitution of the current committee	2010
Organisational structure (e.g., sub-committee, stand-alone)	Stand-alone
Frequency of meetings	Four times a year

Composition

Note: To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.
Enter the family name in capital letters.

Function	Title / Organisation	Name	
Chair	Deputy Minister, Ministry of Health	Dr. MAGDEI Mihail	
Secretary	Head of Center for Immunoprophylaxis, National Center of Public Health	Dr MELNIC Anatolie	
Members	General Director, National Center of Public Health	Dr. BAHNAREL Ion	**Action**
	Deputy Director, National Company for Health Insurance	OSOIANU Iurie	
	Head, Finance Division, Ministry of Finance, Directory for Financing Health and Social Protection	ANDRIES Margarita	
	Representative, UNICEF, Moldova	YUSTER Alexandra	
	Representative of the Regional WHO Euro Office, WHO Country Office	DOMENTE Silviu	

Major functions and responsibilities of the committee

Provide support on evaluation and planning of short-term and long-term activities related to the NIP.
Provide support in the implementation of NIP' s priorities.
Establish good partnership to coordinate use of local and external resources, so that to use them most rationally and increase NIP effectiveness.
Provide assistance for local and external resource mobilization aiming at the NIP successful implementation.
Assist in ensuring transparency on using NIP' s funds and resources.
Stimulate sharing information among national and external partners.
Provide assistance in finding approaches for reaching new NIP objectives.
Provide support in monitoring of NIP activities and performance.
Assist in creation of public opinion on importance of immunization.

Three major strategies to enhance the committee's role and functions in the next 12 months

1.	**Develop annual plans of activity and conduct regular meetings.**
2.	**Develop and monitor performance indicators on the NIP.**

3.	**Ensuring the country with the necessary vaccines and immunization supplies on a permanent basis.**

4.2. National Immunization Technical Advisory Group for Immunisation

(If it has been established in the country)

We the members of the NITAG met on the to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: .

In case the GAVI Secretariat has queries on this submission, please contact

Enter the family name in capital letters.

Name	Dr. MELNIC Anatolie	**Title**	Head of Center of Immunoprophylaxis
Tel no	+37322574674		
Fax no	+37322574674, +37322729725	**Address**	National Center of Public Health, 67A, Gheorge Assachi str, Chisinau, Republic of Moldova , MD2028
Email	amelnic@cnsp.md		

4.2.1. The NITAG Group for Immunisation

Profile of the NITAG

Name of the NITAG	
Year of constitution of the current NITAG	
Organisational structure (e.g., sub-committee, stand-alone)	
Frequency of meetings	

Composition

Note: To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

Function	Title / Organisation	Name	
Chair			
Secretary			
Members			**Action**

Major functions and responsibilities of the NITAG

Three major strategies to enhance the NITAG's role and functions in the next 12 months

1.	
2.	
3.	

5. Immunisation Programme Data

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data and attach the source document.

- Please refer to the Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan) and attach a complete copy (with an Executive Summary) as DOCUMENT NUMBER 5
- Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases.
- Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

5.1. Basic facts

For the year 2010 (most recent; specify dates of data provided)

	Figure		Year	Source
Total population	4,088,000		2009	Ministry of Health
Infant mortality rate (per 1000)	12		2010	WHO/UNICEF JRF, Ministry of Health
Surviving Infants[1]	45,283		2010	WHO/UNICEF JRF, Ministry of Health
GNI per capita (US$)	1,590		2009	World Bank
Total Health Expenditure (THE) as a percentage of GDP	13.60	%	2010	NBS
General government expenditure on health (GGHE) as % of General government expenditure	61.00	%	2010	Ministry of Health

[1] Surviving infants = Infants surviving the first 12 months of life

Please provide some additional information on the planning and budgeting context in your country; also indicate the name and date of the relevant planning document for health

National Health Policy

In 2007 the Government of the Republic of Moldova issued the National Health Policy (Government of Moldova Decree no. 886 of 06.08.2007). This document defined immunization as one of the priorities in the framework of the continuing efforts undertaken by the Government and civil society to strengthen population's health and improve the economic and social situation in the country.
The general objectives of the National Health Policy are as following:
• increase life expectancy at birth and extend the healthy life;
• ensure life quality and diminishing inequities with regards of health in different social groups;
• strengthen the intersector partnership to improve the population's health;
• increase individual's responsibility for one's own health.
The specific objectives of the National Health Policy are as following:
• ensure the economic and social security of population;
• promote health and disease prevention;
• ensure healthy start in life;
• maintain health of the young generation;
• improve health of the elderly;
• combat noncommunicable chronic diseases;
• create a healthy and safe environment;
• provide rational nutrition and increased physical activity;
• model a society free of tobacco, alcohol and drugs;
• ensure life free of violence and traumas;
• ensure the prerequisites for the improvement of mental health;
• combat communicable diseases;

• achieve performance indicators in establishment of the health protection system.

Immunizations were defined as one of the basic public health interventions and is planned to be sustained and strengthened to achieve diseases prevention and control goals.

Following the National Health Policy, the Strategy for Health System Development was developed for the period 2007-2016. It is aimed to improve people's health, increase financial protection and degree of public satisfaction with health care through improvement of health system performance.

National Comprehensive Multi-Year Immunization Plan

In December 2010 the Government issued Comprehensive Multi-Year Immunization Plan (cMYP) for the period 2011-2015 (Resolution no. 1192 of 23.12.2010.) which targets 12 infectious diseases (TB, hepatitis B, polio, diphtheria, tetanus, pertussis, measles, mumps, rubella, Haemophilus influenzae type b, rotavirus, and pneumococcus). The multi-year plan is based on situation analyses conducted by National Immunization Programme and sets priorities, objectives and develop strategies to achieve high immunization coverage as well as to control, eliminate or eradicate vaccine preventable diseases and provides targets.

The main objectives of the cMYP are as following:

• provide vaccination coverage > 95% for all routine antigens at national and district level; maintain the status of the country free of polio
• maintain status of elimination of the following vaccine preventable diseases: neonatal tetanus, congenital rubella, measles, and diphtheria
• further reduce VHB incidence rate, specially perinatal transmission and transmission in youths and young adults
• expand national immunization programme through introduction of new and underused vaccines
• increase support and commitment for NIP through better dissemination of information and community involvement

The main strategies defined in Multi-Year Plan include sustainable financing of immunization programme; continuous supply of routine vaccines, and safe injection equipment; effective cold chain during transportation and storage of vaccines; ensured quality and safety of immunizations; universal access of population to immunization services; strengthening surveillance for vaccine-preventable diseases; supportive supervision; monitoring and evaluation of programme performance; continuing training of immunization personnel; research; international collaboration; and social mobilization and communication.

The Multi-Year Plan estimates the current and future cost of Immunization Programme including an annual budget for centralized procurement of routine vaccines and injection safety supplies which is planned to be increased from 17,2 mln MDL in 2011 to 36,4 mln MDL in 2015. The Budget estimates for immunization supplies are approved by the Governmental Decree for a period of 5 years while approving the cMYP.

Planning

The Ministry of Health (MOH) has the overall responsibility for health care and provides policy guidance and monitors and evaluates implementation of national health programs, including cMYP and Programme for Tuberculosis Control. It directly supervises the national level health facilities including tertiary hospitals. The local health authorities are responsible for the health care services at the district level.

Planning is mainly the responsibility of the Ministry of Health, although the role of the regional health authorities was increased in the last years. Several national level institutions and the National Centre of Health Care Management contribute to the planning process by providing necessary data and expertise.

Moldova has a separate vertical public health system that has its own infrastructure at national and district levels. Its principle functions are to collect and analyze public health surveillance data and to implement and enforce strategies for the prevention and control of infectious diseases. It also deals with prevention of noncommunicable diseases and environmental health. Recently the public health system was expanded and currently its functions include health promotion, tobacco control, reduction of alcohol and drug abuse, and HIV prevention.

The Ministry of Health provides general coordination of the public health system. The National Center for Public Health is responsible for implementation of relevant activities including communicable and non-communicable disease control, implementation of the cMYP, and environmental health.

Mandatory health insurance

The Moldavian Government introduced mandatory health insurance in 2004 in accordance with the Law on Mandatory Health Insurance (#1585-XIII, 27 February 1998). The National Health Insurance Company (NHIC) is a public non-for-profit organization, which has its local agencies in districts and is in charge of mobilization and management of insurance premiums and providing payments for medical services.

The NHIC contracts health care providers defining the amount and quality of services to be provided and the reimbursement mechanisms. Employers are obliged to pay the premiums for their employees. The Government pays premiums for unemployed and other social groups without income, children up to 18 years

of age, regular students, and handicapped and retired persons. The premium rates for the mandatory insurance of employed are calculated as a percentage of the wages (before deducting other taxes) and are revised annually by the NHIC and adopted by law. The insurance premiums for self-employed individuals are calculated as fixed amount equal to the premium paid from the central budget for unemployed.

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content, etc.)?

The cMYP was developed as continuation of the National Immunization Plan for 2006-2010 and in accordance to the National Health Policy and the National Strategy for Health System Development. It is aligned to their vision, objectives, strategies and targets.

Please indicate the national planning budgeting cycle for health

The MOH is in charge for planning and execution of the state budget in the health sector.

The NPHC defines each year resource requirements for the next fiscal year by the end of May and submits the budget proposal and immunization supplies needs to the MOH. The MOH drafts and approves the consolidated budget for entire health sector including the budget of the NHIC and submits it to the Ministry of Finance.

The Government submits the state budget to the Parliament for review and approval. The bill contains aggregated public expenditure budget lines. The main discussion in the Parliament could be around the share of health sector in the overall state budget.

As soon as the Parliament approves the state budget, the MOH becomes responsible for the execution of the state budget in health sector. It means that the MOH receives its share of budgeted funds from the Ministry of Finance and manages these funds on its own in accordance with provisions of national health programs. The MOH can reallocate the flow of resources between different national health programs based on the priority or emerging needs.

Please indicate the national planning cycle for immunisation

No separate vertical immunization system exists in the Republic of Moldova. Immunization Program represents a service integrated with primary health care (family medicine) and public health services and, consequently, receives funding from different sources. All activities related to immunization delivery carried out by primary health care and are funded from the Health Insurance Fund, including expenses for maintaining facilities, equipment, transport etc. Public Health Service, which is responsible for receiving, storage, and distribution of supplies (vaccines, syringes, safety boxes) is funded from the state budget.

Procurement of immunization supplies is funded from the centralized state budget that is managed by the Ministry of Health. The budget for procurement of immunization supplies is approved by the Governmental Decree for a period of 5 years together with approval of cMYP.

The national annual planning cycle for immunization includes the following steps:

1. Annually in October the National Center for Public Health issues recommendations on vaccine forecast for the next year
2. Public health facilities at district level conduct workshops on immunization planning for vaccine providers from all primary health care facilities
3. Each primary health care health facility conduct census of population from catchment area and population registries are updated accordingly.
4. Vaccine providers develop a list of persons which are eligible for vaccination in the forthcoming year in accordance to the National Immunization Schedule
5. In accordance to this list each primary health facility develop immunization plan that includes number of people to be vaccinated and vaccine forecast
6. This plan together with demographic data, coverage data for the previous year, and vaccine stock data are submitted to the district public health facility.
7. Districts/municipalities review vaccine forecasts submitted by primary health care facilities and submit aggregated district forecast to the national level
8. National Public Health Center aggregates district data and develop national vaccine forecast
9. In May, the NIP submits to the Ministry of Health estimate of the amount of vaccines and immunization supplies needed for the next year, including estimated costs.

The plans (national/district/health facility) are later used to monitor performance in achieving vaccination coverage and to schedule delivery of immunization supplies.

Vaccination coverage and vaccine/supplies stocks are monitored at each level monthly. Achievement of

Immunization Programme performance indicators are evaluated annually. The results are distributed to vaccine providers and submitted to local authorities and to the Government.

Please indicate if sex disaggregated data (SDD) is used in immunisation routine reporting systems

No.

Please indicate if gender aspects relating to introduction of a new vaccine have been addressed in the introduction plan

Moldova does not plan to introduce sex-disaggregated reporting in routine immunization. The high vaccination coverage demonstrates that there is not gender inequity in immunization. In addition, the results of a demographic health survey carried out in 2005 showed no gender-related differences in access to immunization services and health care in general.

5.2. Current vaccination schedule

Traditional, New Vaccines and Vitamin A supplement (refer to cMYP pages)

Note: To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Vaccine (do not use trade name)	Ages of administration (by routine immunisation services)	Given in entire country	Comments	Action
BCG	Second to fifth day of life, 6-7 years	Yes		
HepB	At birth, 2 months, 4 months, 6 months	Yes	Second, third and fourth dose given as pentavalent combination vaccine DTP-HepB-Hib	
DTP	2 months, 4 months, 6 months	Yes	Given as pentavalent combination vaccine DTP-HepB-Hib	
Hib	2 months, 4 months, 6 months	Yes	Given as pentavalent combination vaccine DTP-HepB-Hib	
Polio	2 months, 4 months, 6 months, 22-24 months, 6-7 years, 15-16 years	Yes	OPV	
Rotavirus	2 months, 4 months, (6 months)	Yes	Administered together with pentavalent vaccine, preferably two dose schedule	
Pneumococcal conjugate	2 months, 4 months, 6 months	Yes	Administered together with pentavalent vaccine, preferably PCV-13	
MMR	12 months, 6-7 years	Yes		
DT	6-7 years	Yes	DT vaccine, pediatric formulation	
Td	15-16 years, 20, 25, 30, 35, 40, 50, 60 years	Yes		
Vitamin A				

5.3. Trends of immunisation coverage and disease burden

(as per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

Trends of immunisation coverage (percentage)						Vaccine preventable disease burden		
Vaccine		Reported		Survey		Disease	Number of reported cases	
		2009	2010	2009	2010		2009	2010
BCG		96	97			Tuberculosis	4,747	4,626
DTP	DTP1	88	91			Diphtheria	1	0
	DTP3	85	90			Pertussis	47	31
Polio 3		88	96			Polio	0	0
Measles (first dose)		90	96			Measles	0	0
TT2+ (Pregnant women)						NN Tetanus	0	0
Hib3		47	61			Hib[2]	2	1
Yellow Fever						Yellow fever	0	0
HepB3		89	97			HepBsero-prevalence[1]		
Vitamin A supplement Mothers (< 6 weeks post-delivery)								
Vitamin A supplement Infants (>6 months)								

[1] If available

[2] **Note**: JRF asks for Hib meningitis

If survey data is included in the table above, please indicate the years the surveys were conducted, the full title and if available, the age groups the data refers to

NA

5.4. Baseline and Annual Targets

(refer to cMYP pages)

Table 1: baseline figures

Number	Base Year	Baseline and Targets					
	2010	2012	2013	2014	2015		
Total births	45,810	46,310	46,479	46,646	46,809		
Total infants' deaths	527	539	539	539	538		
Total surviving infants	45,283	45,771	45,940	46,107	46,271		
Total pregnant women	45,810	46,310	46,479	46,646	46,809		
Number of infants vaccinated (to be vaccinated) with BCG	44,216	45,847	46,015	46,179	46,341		
BCG coverage (%)[1]	97%	99%	99%	99%	99%		
Number of infants vaccinated (to be vaccinated) with OPV3	43,545	44,855	45,021	45,185	45,346		
OPV3 coverage (%)[2]	96%	98%	98%	98%	98%		
Number of infants vaccinated (or to be vaccinated) with DTP1[3]	41,353	43,583	44,006	44,424	44,830		
Number of infants vaccinated (to be vaccinated) with DTP3[3]	40,541	42,109	42,724	43,341	43,957		
DTP3 coverage (%)[2]	90%	92%	93%	94%	95%		
Wastage[1] rate in base-year and planned thereafter for DTP (%)	50%	5%	5%	5%	5%		
Wastage[1] factor in base-year and planned thereafter for DTP	2	1.05	1.05	1.05	1.05		
Target population vaccinated with 1st dose of Pneumococcal	0	0	33,100	42,320	43,430		
Target population vaccinated with 3rd dose of Pneumococcal	0	0	32,158	41,496	42,569		
Pneumococcal coverage (%)[2]	0%	0%	70%	90%	92%		
Target population vaccinated with 1st dose of Rotavirus	0	32,990	42,550	43,220	44,310		
Target population vaccinated with last dose of Rotavirus	0	32,039	41,346	42,418	43,495		
Rotavirus coverage (%)[2]	0%	70%	90%	92%	94%		
Infants vaccinated (to be vaccinated) with 1st dose of Measles	42,583	42,109	42,724	43,341	43,957		

Number	Base Year	Baseline and Targets					
	2010	2012	2013	2014	2015		
Measles coverage (%)[2]	94%	92%	93%	94%	95%		
Pregnant women vaccinated with TT+							
TT+ coverage (%)[4]	0%	0%	0%	0%	0%		
Vit A supplement to mothers within 6 weeks from delivery							
Vit A supplement to infants after 6 months							
Annual DTP Drop-out rate[(DTP1 - DTP3) / DTP1] x 100[5]	2%	3%	3%	2%	2%		

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Number of pregnant women vaccinated with TT+ out of total pregnant women

[5] The formula to calculate a vaccine wastage rate (in percentage):[(A – B) / A] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5.5. Summary of current and future immunisation budget

(or refer to cMYP pages)

Cost category	Estimated costs per annum in US$ (in thousand US$)								
	Base Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
	2009	2012	2013	2014	2015				
Routine Recurrent Cost									
Vaccines (routine vaccines only)	**1,101**	**1,449**	**1,838**	**1,737**	**1,690**				
Traditional vaccines	229	251	255	258	262				
New and underused vaccines	872	1,198	1,583	1,479	1,428				
Injection supplies	130	160	182	186	189				
Personnel	**281**	**294**	**300**	**306**	**312**				
Salaries of full-time NIP health workers (immunisation specific)	268	279	285	290	296				
Per-diems for outreach vaccinators / mobile teams	13	15	15	16	16				
Transportation	130	148	159	119	125				
Maintenance and overheads	1,258	1,355	1,440	1,506	1,576				
Training	15	26	27	20	21				
Social mobilisation and IEC	10	36	39	25	26				
Disease surveillance	200	54	61	39	43				

Cost category	Estimated costs per annum in US$ (in thousand US$)								
	Base Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
	2009	2012	2013	2014	2015				
Program management	35	43	44	56	47				
Other	0	0	0	0	0				
Subtotal Recurrent Costs	***3,160***	***3,565***	***4,090***	***3,994***	***4,029***				
Routine Capital Costs									
Vehicle		22	46	23	24				
Cold chain equipment		127	163	130	165				
Other capital equipment	16	105	178	174	177				
Subtotal Capital Costs	***16***	***254***	***387***	***327***	***366***				
Campaigns									
Polio									
Measles									
Yellow Fever									
MNT campaigns									
Other campaigns									
Subtotal Campaign Costs	***0***	***0***	***0***	***0***	***0***				
GRAND TOTAL	**3,176**	**3,819**	**4,477**	**4,321**	**4,395**				

5.6. Summary of current and future financing and sources of funds

Please list in the tables below the funding sources for each type of cost category (if known). Please try and indicate which immunisation program costs are covered from the Government budget, and which costs are covered by development partners (or the GAVI Alliance), and name the partners (or refer to cMYP).

Note: To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Cost category	Funding source	Estimated costs per annum in US$ (in thousand US$)								
		Base Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
		2009	2012	2013	2014	2015				
Routine Recurrent Cost										
Vaccines	Government	584	689	911	1,135	1,361				
Vaccines	Gavi fund	517	760	927	602	329				
Personnel	Government	281	294	300	306	312				
Transportation	Government	130	148	159	119	125				
Training	Gavi fund	3	6							
Training	World Bank	12								
Training	WHO		20	15	15	20				
Training	funding gap			12	5	1				
Social mobilisation and IEC	Government	5	13	13	13	13				
Social mobilisation and IEC	UNICEF	5	10	10	10	10				
Social mobilisation and IEC	Gavi fund		10							
Social mobilisation and IEC	funding gap		3	16	2	3				
Disease surveillance	Government		3	3	3	3				
Disease surveillance	World bank	200								
Disease surveillance	Gavi fund		5							
Disease surveillance	WHO		40	45	35	40				
Disease surveillance	funding gap		6	13	1					
Programme management	Government	5	2	1	2	2				
Programme management	Gavi fund		3	3						
Programme management	WHO	30	35	40	40	40				
Programme management	funding gap		3		14	5				
Programme management										
Injection supplies	Government	112	143	154	165	176				
Injection supplies	Gavi fund	18	17	28	21	13				
Injection supplies										
Maintenance and overheads	Government	1,258	1,355	1,440	1,506	1,576				
Routine Capital Costs										
All capital costs	Government	0	52	66	60	70				
All capital costs	Gavi fund	16	76	97						
All capital costs	funding gap		126	224	267	296				
Campaigns										

		Estimated costs per annum in US$ (in thousand US$)								
Cost category	**Funding source**	**Base Year**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**
		2009	**2012**	**2013**	**2014**	**2015**				
GRAND TOTAL		**3,176**	**3,819**	**4,477**	**4,321**	**4,395**				

6. New and Under-Used Vaccines (NVS)

Please summarise the cold chain capacity and readiness to accommodate new vaccines, stating how the cold chain expansion (if required) will be financed, and when it will be in place. Please indicate the additional cost, if capacity is not available and the source of funding to close the gap.

A new cold room for the national cold store was installed in 2010. With the new cold room (+5) the cold storage capacity (10678 litres) exceeds the requirements.
The situation analyses that was conducted prior to development of cMYP for the period 2011-2015 reveled that three vaccines stores at district level did not have insufficient storage capacity to meet increased requirements for storage of rotavirus and pneumococcal vaccines that are planned to be introduced. In 2010 these districts were provided with additional cold chain equipment and currently all of them have sufficient storage capacity. Two districts (Ungeni and Cantemir) received additionally 288 litres of cold storage capacity each and one district (Chisinau) received 576 litres of cold storage capacity. The total storage capacity (+5) in district level stores is currently 22475 litres. This capacity is sufficient to store all routine vaccines including rotavirus and pneumococcal vaccines that are planned to be introduction in 2012 and 2013 accordingly. Freezer capacity (-20) largely exceeds the requirements at the national level as well as at the subnational levels.
The results of EVSM assessment conducted in May 2011 with WHO support confirm that storage capacity are sufficient to accommodate two new vaccines. The report of assessment is attached.

Please give a summary of the cMYP sections that refer to the introduction of new and under-used vaccines. Outline the key points that informed the decision-making process (data considered etc)

Rotavirus gastroentritis is a significant public health problem in the Republic of Moldova. In accordance to WHO estimate for 2006 there were 10 deaths in children under 5 years of age due to rotavirus diarrhea. The rotavirus sentinel surveillance was established in the Republic of Moldova in 2008 with WHO support. The surveillance data showed that significant proportion of severe diarrheas in children under 5 years of age that required hospitalisation was due to rotavirus. 27%, 32%, and 44% of children under 5 years of age admitted to the hospital due to diarrhea in 2008, 2009, and 2010 respectively were found to be positive for rotavirus. Assuming that rotavirus cases are distributed across each of the administrative divisions (districts) based on the population of children under five years old, 2700 children under 5 years of age are hospitalized due to rotavirus diarrhea in entire country annually.
In accordance to Global estimate conducted by WHO in collaboration with Hib Initiative and PneumoADIP WHO Streptococcus pneumoniae caused severe illness including pneumonia and meningitis in 1940 children less than 5 years of age and was responsible for 97 deaths in 2000.
The international economical evaluations conducted for GAVI eligible countries showed that pneumococcal and rotavirus vaccines are highly cost effective and projected to substantially reduce childhood morbidity and mortality in Georgia. The cost of averting one year lost due to disease, disability, and/or death (DALY) would be lower than Gross Domestic Product per capita for the price of pneumococcal vaccine of up to $15 per vaccinated child and for the price of rotavirus vaccine of up to $25 per vaccinated child.
Given the high burden of diseases, availability of safe and effective vaccines, and high cost-effectiveness of new interventions the Ministry of Health of the Republic of Moldova made a decision to introduce rotavirus and pneumococcal vaccines into routine immunization programme. The introduction of these new vaccines will allow prevent sever diseases and death in children and contribute to achieving goal 4 (reduce child mortality) of the Millennium Development Goals.
The Ministry of Health will use introduction of rotavirus and pneumococcal vaccines to scale up and extend implementation of other existing interventions aimed to prevent and control diarrheal diseases and pneumonia. Immunization will be implemented in integrated package with maternal, neonatal and child health programmes. Coordinating with other effective interventions and treatment for diarrheas and pneumonias will lead to maximum impact in saving lives.
The Ministry of Health hereby applies for GAVI support in introduction of rotavirus vaccine starting from 2012 and pneumococcal vaccine starting from 2013

6.1. Capacity and cost (for positive storage)

		Formula	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
			2012	2013	2014	2015				
A	Annual positive volume requirement, including new vaccine (litres or m^3) Litres	Sum-product of total vaccine doses multiplied by unit packed	18,179	18,247	18,313	18,563				

		Formula	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
			2012	2013	2014	2015				
		volume of the vaccine								
B	Existing net positive cold chain capacity (litres or m^3) Litres	#	10,680	10,680	10,680	10,680				
C	Estimated minimum number of shipments per year required for the actual cold chain capacity	A / B	2	2	2	2				
D	Number of consignments / shipments per year	Based on national vaccine shipment plan	4	4	4	4				
E	Gap (if any)	((A / D) - B)	-6,135	-6,118	-6,102	-6,039				
F	Estimated additional cost of cold chain	US$	0	0	0	0				

Please briefly describe how your country plans to move towards attaining financial sustainability for the new vaccines you intend to introduce, how the country will meet the co-financing payments, and any other issues regarding financial sustainability you have considered (refer to the cMYP)

According to the multi-year plan, a funding gap is anticipated in case of introduction of new vaccines, primarily in the area of storage capacity. However, storage capacities have increased by mobilization of government funds and the balance of GAVI Funds.

6.2. Assessment of burden of relevant diseases (if available)

Note: To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Disease	Title of the assessment	Date	Results	
Rotavirus	Sentinel site surveillance project for rotavirus infection	2008 - 2010	27%, 32%, and 44% of children under 5 years of age admitted to the hospital due to diarrhea in 2008, 2009, and 2010 respectively were found to be positive for rotavirus. Assuming that rotavirus cases are distributed across each of the administrative divisions (districts) based on the population of children under five years old, 2700 children under 5 years of age are hospitalized due to rotavirus diarrhea in entire country annually.	
Rotavirus	WHO estimate	2006	10 deaths in children under 5 years of age due to rotavirus diarrhea	
Pneumococcal disease	WHO disease burden assessment IVB/EPI/HibSPGDB 2009	2010	Streptococcus pneumoniae caused severe illness including pneumonia and meningitis in 1940 children less than 5 years of age and was responsible for 97 deaths	

If new or under-used vaccines have already been introduced in your country, please give details of the lessons learned from storage capacity, protection from accidental freezing, staff training, cold chain, logistics, drop-out rate, wastage rate etc., and suggest action points to address them

Note: To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Lessons Learned	Action Points	
Moldova introduced Hib containing tetravalent vaccine in January 2009 and switched to pentavalent vaccine in 2010. Traditionally strong immunization programme allowed smooth introduction of the new vaccine. No significant problems related to introduction were reported and high coverage rates were achieved within short period of time. The main components of success were proper planning and implementation of critical activities prior to introduction of vaccine including advocacy and communication activities, training of personnel, revision of immunization programme guidelines and immunization information system.	Develop and implement Plan for introduction of rotavirus and pneumococcal vaccine.	
Supportive supervision visits conducted at all levels after introduction of Hib containing vaccine did not reveal significant errors and showed positive impact of introduction on immunization programme in general. One significant problem of the immunization programme is delayed administration of primary series of tetravalent vaccine due to false contraindications. Late start of vaccination may lead to lower coverage with rotavirus vaccine.	Include issues of vaccine safety and contraindications into agenda of trainings that will be conducted for vaccine providers prior to introduction of rotavirus vaccine. Involve health care professionals into pre-introduction trainings. Conduct supportive supervision visits to all districts after introduction of rotavirus and pneumococcal vaccines. If necessary conduct post-introduction trainings to address medical workers questions and concerns.	

Please list the vaccines to be introduced with support from the GAVI Alliance (and presentation)

Rotavirus vaccine, one-dose presentation, two-dose schedule; Pneumococcal conjugated vaccine, 13-valent, one-dose presentation, three-dose schedule.

6.3.1. Requested vaccine (Pneumococcal (PCV13), 1 doses/vial, Liquid)

As reported in the cMYP, the country plans to introduce Pneumococcal (PCV13), 1 doses/vial, Liquid vaccine.

6.3.2. Co-financing information

If you would like to co-finance higher amount than minimum, please overwrite information in the "*Your co-financing*" row.

Note: Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

Country group	Graduating

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
	2013	2014	2015					
Minimum co-financing	0.70	1.40	2.10					
Your co-financing (please change if higher)	0.70	1.63	2.57					

6.3.3. Wastage factor

Please indicate wastage rate:

Countries are expected to plan for a maximal wastage rate of:

- 50% - for a lyophilised vaccine in 10 or 20-dose vial,
- 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
- 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
- 5% - for a liquid vaccine in 1-dose vial

Note: Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
	2013	2014	2015					
Vaccine wastage rate in %	5%	5%	5%					
Equivalent wastage factor	1.05	1.05	1.05					

6.3.4. Specifications of vaccinations with new vaccine

	Data from		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
			2013	2014	2015					
Number of children to be vaccinated with the first dose	Table 1	#	33,100	42,320	43,430					
Number of children to be vaccinated with the third dose[1]	Table 1	#	32,158	41,496	42,569					
Immunisation coverage with the third dose	Table 1	#	70.00%	90.00%	92.00%					
Estimated vaccine wastage factor	Table 6.(n).3[3]	#	1.05	1.05	1.05					
Country co-financing per dose[2]	Table 6.(n).2[3]	$	0.70	1.63	2.57					

[1] 2nd dose if Measles vaccine or Rotavirus 2-dose schedule
[2] Total price per-dose includes vaccine cost, plus freight, supplies, insurance, visa costs etc.
[3] Where (n) depends on the vaccine

6.3.5. Portion of supply to be procured by the country (and cost estimate, US$)

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
		2013	2014	2015					
Number of vaccine doses	#	24,400	61,200	94,500					
Number of AD syringes	#	26,100	64,900	100,000					
Number of re-constitution syringes	#								
Number of safety boxes	#	300	725	1,125					
Total value to be co-financed by country	$	**91,500**	**229,500**	**354,000**					

6.3.6. Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
		2013	2014	2015					
Number of vaccine doses	#	106,000	79,400	43,200					
Number of AD syringes	#	113,200	84,200	45,700					
Number of re-constitution syringes	#								
Number of safety boxes	#	1,275	950	525					

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
		2013	2014	2015					
Total value to be co-financed by GAVI	$	**397,000**	**297,500**	**162,000**					

6.3.7. New and Under-Used Vaccine Introduction Grant

Please indicate in the tables below how the one-time Introduction Grant[1] will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

Calculation of lump-sum for the Pneumococcal (PCV13), 1 doses/vial, Liquid

If the total is lower than US$100,000, it is automatically rounded up to US$100,000

Year of New Vaccine Introduction	Births (from Table 1)	Share per Birth in US$	Total in US$
2013	46,479	0.30	100,000

[1] The Grant will be based on a maximum award of $0.30 per infant in the birth cohort with a minimum starting grant award of $100,000

Cost (and finance) to introduce the Pneumococcal (PCV13), 1 doses/vial, Liquid (US$)

Note: To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Cost Category	Full needs for new vaccine introduction in US$	Funded with new vaccine introduction grant in US$
Training	30,000	15,000
Social Mobilization, IEC and Advocacy	30,000	15,000
Cold Chain Equipment & Maintenance	25,000	15,000
Vehicles and Transportation	45,000	20,000
Programme Management	20,000	
Surveillance and Monitoring	25,000	25,000
Human Resources	30,000	10,000
Waste Management		
Technical assistance	30,000	
Totals	235,000	100,000

6.4.1. Requested vaccine (Rotavirus 2-dose schedule)

As reported in the cMYP, the country plans to introduce Rotavirus 2-dose schedule vaccine.

6.4.2. Co-financing information

If you would like to co-finance higher amount than minimum, please overwrite information in the "*Your co-financing*" row.

Note: Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

Country group	Graduating

	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**
	2012	2013	2014	2015				
Minimum co-financing	0.72	1.44	2.16	2.88				
Your co-financing (please change if higher)	0.72	1.44	2.16	2.88				

6.4.3. Wastage factor

Please indicate wastage rate:

Countries are expected to plan for a maximal wastage rate of:

- 50% - for a lyophilised vaccine in 10 or 20-dose vial,
- 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
- 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
- 5% - for a liquid vaccine in 1-dose vial

Note: Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**
	2012	2013	2014	2015				
Vaccine wastage rate in %	5%	5%	5%	5%				
Equivalent wastage factor	1.05	1.05	1.05	1.05				

6.4.4. Specifications of vaccinations with new vaccine

	Data from		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
			2012	2013	2014	2015				
Number of children to be vaccinated with the first dose	Table 1	#	32,990	42,550	43,220	44,310				
Number of children to be vaccinated with the third dose[1]	Table 1	#	32,039	41,346	42,418	43,495				
Immunisation coverage with the third dose	Table 1	#	70.00%	90.00%	92.00%	94.00%				
Estimated vaccine wastage factor	Table 6.(n).3[3]	#	1.05	1.05	1.05	1.05				
Country co-financing per dose[2]	Table 6.(n).2[3]	$	0.72	1.44	2.16	2.88				

[1] 2nd dose if Measles vaccine or Rotavirus 2-dose schedule
[2] Total price per-dose includes vaccine cost, plus freight, supplies, insurance, visa costs etc.
[3] Where (n) depends on the vaccine

6.4.5. Portion of supply to be procured by the country (and cost estimate, US$)

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
		2012	2013	2014	2015				
Number of vaccine doses	#	9,900	25,900	46,800	71,200				
Number of AD syringes	#								
Number of re-constitution syringes	#								
Number of safety boxes	#	125	300	525	800				
Total value to be co-financed by country	$	**62,500**	**136,000**	**197,000**	**270,000**				

6.4.6. Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
		2012	2013	2014	2015				
Number of vaccine doses	#	76,800	68,600	44,400	22,500				
Number of AD syringes	#								
Number of re-constitution syringes	#								
Number of safety boxes	#	875	775	500	250				

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
		2012	2013	2014	2015				
Total value to be co-financed by GAVI	$	**484,000**	**360,500**	**187,000**	**85,000**				

6.4.7. New and Under-Used Vaccine Introduction Grant

Please indicate in the tables below how the one-time Introduction Grant[1] will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

Calculation of lump-sum for the Rotavirus 2-dose schedule

If the total is lower than US$100,000, it is automatically rounded up to US$100,000

Year of New Vaccine Introduction	Births (from Table 1)	Share per Birth in US$	Total in US$
2012	46,310	0.30	100,000

[1] The Grant will be based on a maximum award of $0.30 per infant in the birth cohort with a minimum starting grant award of $100,000

Cost (and finance) to introduce the Rotavirus 2-dose schedule (US$)

Note: To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Cost Category	Full needs for new vaccine introduction in US$	Funded with new vaccine introduction grant in US$
Training	25,000	15,000
Social Mobilization, IEC and Advocacy	30,000	15,000
Cold Chain Equipment & Maintenance	22,000	15,000
Vehicles and Transportation	45,000	
Programme Management	20,000	20,000
Surveillance and Monitoring	25,000	25,000
Human Resources	30,000	10,000
Waste Management		
Technical assistance	30,000	
Totals	227,000	100,000

7. Procurement and Management of New and Under-Used Vaccines

Note: The PCV vaccine must be procured through UNICEF

a) Please show how the support will operate and be managed including procurement of vaccines (GAVI expects that most countries will procure vaccine and injection supplies through UNICEF)

The entire amount (GAVI and Country's share) of the co-financed vaccine and the GAVI share of co-financed syringes and safety boxes will be procured through UNICEF. The Moldova government's share of syringes and safety boxes will be procured by the country through a public tender as it was done for Hib containing vaccine introduced with GAVI support earlier.

b) If an alternative mechanism for procurement and delivery of supply (financed by the country or the GAVI Alliance) is requested, please document

- Other vaccines or immunisation commodities procured by the country and descriptions of the mechanism used.
- The functions of the National Regulatory Authority (as evaluated by WHO) to show they comply with WHO requirements for procurement of vaccines and supply of assured quality.

The National Immunization programme utilizes only auto-disable (AD) syringes for vaccination. The MoH procures AD syringes and safety boxes co-financed portion of pentavalent vaccine. The injection safety supplies are procured through the tender procedure. The product specifications include WHO pre-qualification of manufactures. The role of the National Regulatory Authority is to ensure that only WHO pre-qualified manufactures participate in the tender.

c) Please describe the introduction of the vaccines (refer to cMYP)

Rotavirus gastroenteritis is a significant public health problem in the Republic of Moldova. In accordance to WHO estimate for 2006 there were 10 deaths in children less than 5 years of age due to rotavirus diarrhea. The rotavirus sentinel surveillance was established in the Republic of Moldova in 2008 with WHO support. The surveillance data showed that significant proportion of severe diarrhoeas in children less than 5 years of age that required hospitalization was due to rotavirus. 27%, 32%, and 44% of children less than 5 years of age admitted to sentinel hospital due to diarrhea in 2008, 2009, and 2010 respectively were found to be positive for rotavirus. Assuming that rotavirus cases are distributed across each of the administrative divisions (districts) based on the population of children less than five years old, 2700 children under 5 years of age are hospitalized due to rotavirus diarrhea in entire country annually.
The Global estimate conducted by WHO in collaboration with Hib Initiative and PneumoADIP WHO showed that invasive pneumococcal diseases represent important public health problem. Streptococcus pneumoniae causes severe illnesses including pneumonia and meningitis in 1940 children less than 5 years of age and was responsible for 97 deaths in 2000.
The international economical evaluations conducted for GAVI eligible countries showed that pneumococcal and rotavirus vaccines are highly

cost effective and projected to substantially reduce childhood morbidity and mortality in Moldova. The cost of averting one year lost due to disease, disability, and/or death (DALY) would be lower than Gross Domestic Product per capita for the price of pneumococcal vaccine of up to $15 per vaccinated child and for the price of rotavirus vaccine of up to $25 per vaccinated child.
Given the high burden of diseases, availability of safe and effective vaccines, and high cost-effectiveness of new interventions the Ministry of Health of the Republic of Moldova made a decision to introduce rotavirus and pneumococcal vaccines into routine immunization programme. The introduction of these new vaccines will allow prevent sever diseases and death in children and contribute to achieving goal 4 (reduce child mortality) of the Millennium Development Goals.
The Ministry of Health will use introduction of rotavirus and pneumococcal vaccines to scale up and extend implementation of other existing interventions aimed to prevent and control diarrheal diseases and pneumonia. Immunization will be implemented in integrated package with maternal, neonatal and child health programmes. Coordinating with other effective interventions and treatment for diarrheas and pneumonias will lead to maximum impact in saving lives.
The Ministry of Health hereby applies for GAVI support in introduction of rotavirus vaccine starting from 2012 and pneumococcal vaccine starting from 2013

Goals: To reduce morbidity and mortality associated with rotavirus and pneumococcal related diseases.

Objectives: To vaccinate all infants (by the age of 12 months) with 2 doses of rotavirus vaccine and 3 doses of pneumococcal vaccine, achieving coverage of 95% for both vaccines by year 2015.

Strategies: Strengthening and building immunization staff capacity
Strengthening procurement management, logistics, wastage and injection safety
Reduce false contraindications
Strengthening the monitoring and supervision system
Strengthening surveillance
Undertaking Communication & Advocacy activities

Plan of Actions for Introduction of Rotavirus and Pneumococcal Vaccines is attached.

d) Please indicate how funds should be transferred by the GAVI Alliance (if applicable)

The funds should be transferred to the bank account of the National Center of Public Health as one installment. The first transfer (for rotavirus vaccine introduction) should be made in the beginning of 2012, and the second (for pneumococcal vaccine introduction) in the beginning of 2013.

e) Please indicate how the co-financing amounts will be paid (and who is responsible for this)

The co-financing amount will be transferred to the bank account of UNICEF SD. The Ministry of Health and National Center of Public Health

shall be responsible.

f) Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP)

Coverage of the new vaccines will be monitored and reported based on monthly reports from health care institutions to the local Public Health Centers, who will send aggregated data to the National Center of Public Health (NCPH) on a monthly basis.
The NCPH shall inform the Ministry of Health and other relevant stakeholders on vaccination coverage, also on a monthly basis.
Annually, vaccination coverage is reported to UNICEF and WHO in the Joint reporting form.

7.1. Vaccine Management (EVSM/EVM/VMA)

When was the last Effective Vaccine Store Management (EVSM) conducted? December - 2004

When was the last Effective Vaccine Management (EVM) or Vaccine Management Assessment (VMA) conducted? March - 2011

If your country conducted either EVSM, EVM, or VMA in the past three years, please attach relevant reports. (Document N°14)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

The Action plan following the EVSM assessment in 2004 has been fully implemented.
The improvement plan as part of the EVM assessment carried out in 2011 is attached and following activities will be implemented as recommended in the plan:

- Review and update SOPs (using WHO-UNICEF MQP), manuals and orders;
- Carry out a temperature monitoring study in accordance with WHO/IVB/05.01 Study protocol for temperature monitoring in the cold chain at least once in 5 years or more often as needed;
- Temperature map all freezer rooms and cold rooms used for storing vaccine. Freezer rooms and cold rooms should be temperature mapped at the time of commissioning in order to: Establish the air temperature profile throughout the room both when empty and when fully loaded; Define areas which are unsuitable for vaccine storage; e.g. close to cooling coils; Establish the holdover time after a power failure; Mapping should be repeated whenever changes are made which increase loading or affect air circulation, or when refrigeration equipment is replaced. Enquire whether mapping has been repeated and record in notes box;
- Install continuous temperature monitoring devices at district level stores (FridgeTags);
- Provide evidence that temperature recording devices comply with the specified level of accuracy at national store. Carry out this test at least once every 12 months;
- Updating and printing of new reporting, stock records, maintenance, etc. forms;
- Keep storage capacity sufficient to accommodate maximum stock levels of routing vaccines and related consumables;
- The use of CFC gases in refrigeration equipment must be phased out in accordance with UNICEF/WHO

policy;
- Maintenance of cold chain equipment at all levels;
- Renovation of National vaccine and dry store;
- Establish a planned preventive maintenance programme for buildings, Cold Chain Equipment and vehicles and provide evidence that this plan is being followed;
- Renovation of rayon level stores;
- Install computerized stock control system at national level;
- Repair continuous temperature monitoring devices at national vaccine store;
- Replace cold boxes with PQS certified equipment;
- Maximum and safety stock levels should be reviewed and set according to the practical experience for each vaccine and for each consumable;
- National store to review stock control records to include required stock information. Diluents recorded separately at updated stock record forms, VVM status recorded at all levels at stock forms;
- To fill vacant positions in EPI (cold chain engineer, others);
- Mid-level EPI staff trained on vaccine management with CCM competence;
- All outsourced services should have effective and enforceable contracts in place;
- To provide calibrated certified thermometer (either a new calibrated digital or mercury thermometer) to the national store or to request national organization to do and certify this calibration test;
- Install continuous temperature monitoring devices at Health Facilities (FridgeTags) estimated budget should include a one day training

When is the next Effective Vaccine Management (EVM) Assessment planned? March - 2015

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

8. Additional Comments and Recommendations

Comments and Recommendations from the National Coordinating Body (ICC/HSCC)

9. Annexes

Annex 1

Annex 1.1 – Pneumococcal (PCV13), 1 doses/vial, Liquid

Table 1.1 A - Rounded up portion of supply that is procured by the country and estimate of related cost in US$

Required supply item		2012	2013	2014	2015				
Number of vaccine doses	#		24,400	61,200	94,500				
Number of AD syringes	#		26,100	64,900	100,000				
Number of re-constitution syringes	#								
Number of safety boxes	#		300	725	1,125				
Total value to be co-financed by the country	*$*		91,500	229,500	354,000				

Table 1.1 B - Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.

Required supply item		2012	2013	2014	2015				
Number of vaccine doses	#		106,000	79,400	43,200				
Number of AD syringes	#		113,200	84,200	45,700				

Required supply item		2012	2013	2014	2015				
Number of re-constitution syringes	#								
Number of safety boxes	#		1,275	950	525				
Total value to be co-financed by the country	***$***		**397,000**	**297,500**	**162,000**				

Table 1.1 C - Summary table for Pneumococcal (PCV13), 1 doses/vial, Liquid

	Data from		2012	2013	2014	2015				
Number of Surviving infants	*Table 1*	#		45,940	46,107	46,271				
Number of children to be vaccinated with the third dose[1]	*Table 1*	#		32,158	41,496	42,569				
Immunisation coverage with the last dose	*Table 1*	#		70.00%	90.00%	92.00%				
Number of children to be vaccinated with the first dose	*Table 1*	#		33,100	42,320	43,430				
Number of doses per child		#		3	3	3				
Estimated vaccine wastage factor	*Table 6.(n).3*[2]	#		1.05	1.05	1.05				
Number of doses per vial		#		1	1	1				
AD syringes required		#		Yes	Yes	Yes				
Reconstitution syringes required		#		No	No	No				
Safety boxes required		#		Yes	Yes	Yes				
Vaccine price per dose		$		3.500	3.500	3.500				
Country co-financing per dose	*Table 6.(n).2*[2]	$		0.70	1.63	2.57				
AD syringe price per unit		$		0.053	0.053	0.053				
Reconstitution syringe price per unit		$								
Safety box price per unit		$		0.640	0.640	0.640				
Freight cost as % of vaccines value		%		5.00	5.00	5.00				
Freight cost as % of devices value		%		10.00	10.00	10.00				

[1] 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

[2] Where (n) depends on the vaccine

Table 1.1 D - Estimated number of doses for Pneumococcal (PCV13), 1 doses/vial, Liquid associated injection safety material and related co-financing budget (page 1)

		Formula	2013			2014		
			Total	**Government**	**GAVI**	**Total**	**Government**	**GAVI**
A	**Country Co-finance**		18.69%			43.52%		
B	**Number of children to be vaccinated with the first dose**[1]	Table 1 (baseline & annual targets)	33,100	6,186	26,914	42,320	18,420	23,900
C	**Number of doses per child**	Vaccine parameter	3	3	3	3	3	3
D	**Number of doses needed**	B * C	99,300	18,558	80,742	126,960	55,258	71,702
E	**Estimated vaccine wastage factor**	Table 6.(n).3. in NVS section[2]	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D * E	104,265	19,486	84,779	133,308	58,021	75,287
G	**Vaccines buffer stock**	(F - F of previous year) * 0.25	26,067	4,872	21,195	7,261	3,161	4,100
I	**Total vaccine doses needed**	F + G	130,332	24,358	105,974	140,569	61,181	79,388
J	**Number of doses per vial**	Vaccine parameter	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G) * 1.11	139,158	26,007	113,151	148,986	64,845	84,141
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11						
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) / 100 x 1.11	1,545	289	1,256	1,654	720	934
N	**Cost of vaccines needed**	I * vaccine price per dose	456,162	85,251	370,911	491,992	214,134	277,858
O	**Cost of AD syringes needed**	K * AD syringe price per unit	7,376	1,379	5,997	7,897	3,438	4,459
P	**Cost of reconstitution syringes needed**	L * reconstitution price per unit						
Q	**Cost of safety boxes needed**	M * safety box price per unit	989	185	804	1,059	461	598
R	**Freight cost for vaccines needed**	N * freight cost as % of vaccines value	22,809	4,263	18,546	24,600	10,707	13,893
S	**Freight cost for devices needed**	(O + P + Q) * freight cost as % of devices value	837	157	680	896	390	506
T	**Total fund needed**	(N + O + P + Q + R + S)	488,173	91,233	396,940	526,444	229,128	297,316
U	**Total country co-financing**	I * country co-financing per dose	91,233			229,128		
V	**Country co-financing % of GAVI supported proportion**	U / T	18.69%			43.52%		

[1] 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

[2] Where (n) depends on the vaccine

Table 1.1 D - Estimated number of doses for Pneumococcal (PCV13), 1 doses/vial, Liquid associated injection safety material and related co-financing budget (page 2)

		Formula	2015					
			Total	Government	GAVI	Total	Government	GAVI
A	**Country Co-finance**		68.63%					
B	**Number of children to be vaccinated with the first dose[1]**	Table 1 (baseline & annual targets)	43,430	29,805	13,625			
C	**Number of doses per child**	Vaccine parameter (schedule)	3	3	3	3	3	3
D	**Number of doses needed**	B * C	130,290	89,414	40,876			
E	**Estimated vaccine wastage factor**	Table 6.(n).3. in NVS section[2]	1.05	1.05	1.05			
F	**Number of doses needed including wastage**	D * E	136,805	93,885	42,920			
G	**Vaccines buffer stock**	(F - F of previous year) * 0.25	875	601	274			
I	**Total vaccine doses needed**	F + G	137,680	94,485	43,195			
J	**Number of doses per vial**	Vaccine parameter	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G) * 1.11	145,594	99,916	45,678			
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11						
M	**Total of safety boxes (+ 10% of extra need) needed**	(K + L) / 100 x 1.11	1,617	1,110	507			
N	**Cost of vaccines needed**	I * vaccine price per dose	481,880	330,696	151,184			
O	**Cost of AD syringes needed**	K * AD syringe price per unit	7,717	5,296	2,421			
P	**Cost of reconstitution syringes needed**	L * reconstitution price per unit						
Q	**Cost of safety boxes needed**	M * safety box price per unit	1,035	711	324			
R	**Freight cost for vaccines needed**	N * freight cost as % of vaccines value	24,094	16,535	7,559			
S	**Freight cost for devices needed**	(O + P + Q) * freight cost as % of devices value	876	602	274			
T	**Total fund needed**	(N + O + P + Q + R + S)	515,602	353,838	161,764			
U	**Total country co-financing**	I * country co-financing per dose	353,838					
V	**Country co-financing % of GAVI supported proportion**	U / T	68.63%					

[1] 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

[2] Where (n) depends on the vaccine

Annex 1.2 – Rotavirus 2-dose schedule

Table 1.2 A - Rounded up portion of supply that is procured by the country and estimate of related cost in US$

Required supply item		2012	2013	2014	2015				
Number of vaccine doses	#	9,900	25,900	46,800	71,200				
Number of AD syringes	#								
Number of re-constitution syringes	#								
Number of safety boxes	#	125	300	525	800				
Total value to be co-financed by the country	$	62,500	136,000	197,000	270,000				

Table 1.2 B - Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.

Required supply item		2012	2013	2014	2015				
Number of vaccine doses	#	76,800	68,600	44,400	22,500				
Number of AD syringes	#								
Number of re-constitution syringes	#								
Number of safety boxes	#	875	775	500	250				
Total value to be co-financed by the country	$	484,000	360,500	187,000	85,000				

Table 1.2 C - Summary table for Rotavirus 2-dose schedule

	Data from		2012	2013	2014	2015				

	Data from		2012	2013	2014	2015				
Number of Surviving infants	*Table 1*	#	45,771	45,940	46,107	46,271				
Number of children to be vaccinated with the third dose[1]	*Table 1*	#	32,039	41,346	42,418	43,495				
Immunisation coverage with the last dose	*Table 1*	#	70.00%	90.00%	92.00%	94.00%				
Number of children to be vaccinated with the first dose	*Table 1*	#	32,990	42,550	43,220	44,310				
Number of doses per child		#	2	2	2	2				
Estimated vaccine wastage factor	*Table 6.(n).3*[2]	#	1.05	1.05	1.05	1.05				
Number of doses per vial		#	1	1	1	1				
AD syringes required		#	No	No	No	No				
Reconstitution syringes required		#	No	No	No	No				
Safety boxes required		#	Yes	Yes	Yes	Yes				
Vaccine price per dose		$	6.000	5.000	4.000	3.600				
Country co-financing per dose	*Table 6.(n).2*[2]	$	0.72	1.44	2.16	2.88				
AD syringe price per unit		$	0.053	0.053	0.053	0.053				
Reconstitution syringe price per unit		$								
Safety box price per unit		$	0.640	0.640	0.640	0.640				
Freight cost as % of vaccines value		%	5.00	5.00	5.00	5.00				
Freight cost as % of devices value		%	10.00	10.00	10.00	10.00				

[1] 2nd dose if Measles vaccine or Rotavirus 2-dose schedule
[2] Where (n) depends on the vaccine

Table 1.2 D - Estimated number of doses for Rotavirus 2-dose schedule associated injection safety material and related co-financing budget (page 1)

		Formula	2012			2013		
			Total	**Government**	**GAVI**	**Total**	**Government**	**GAVI**
A	**Country Co-finance**		11.41%			27.39%		
B	**Number of children to be vaccinated with the first**	Table 1 (baseline & annual	32,990	3,766	29,224	42,550	11,654	30,896

		Formula	2012			2013		
			Total	Government	GAVI	Total	Government	GAVI
	dose[1]	targets)						
C	**Number of doses per child**	Vaccine parameter	2	2	2	2	2	2
D	**Number of doses needed**	B * C	65,980	7,532	58,448	85,100	23,308	61,792
E	**Estimated vaccine wastage factor**	Table 6.(n).3. in NVS section[2]	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D * E	69,279	7,908	61,371	89,355	24,473	64,882
G	**Vaccines buffer stock**	(F - F of previous year) * 0.25	17,320	1,977	15,343	5,019	1,375	3,644
I	**Total vaccine doses needed**	F + G	86,599	9,885	76,714	94,374	25,847	68,527
J	**Number of doses per vial**	Vaccine parameter	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G) * 1.11						
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11						
M	**Total of safety boxes (+ 10% of extra need) needed**	I / 100 x 1.11	962	110	852	1,048	288	760
N	**Cost of vaccines needed**	I * vaccine price per dose	519,594	59,310	460,284	471,870	129,235	342,635
O	**Cost of AD syringes needed**	K * AD syringe price per unit						
P	**Cost of reconstitution syringes needed**	L * reconstitution price per unit						
Q	**Cost of safety boxes needed**	M * safety box price per unit	616	71	545	671	184	487
R	**Freight cost for vaccines needed**	N * freight cost as % of vaccines value	25,980	2,966	23,014	23,594	6,462	17,132
S	**Freight cost for devices needed**	(O + P + Q) * freight cost as % of devices value	62	8	54	68	19	49
T	**Total fund needed**	(N + O + P + Q + R + S)	546,252	62,352	483,900	496,203	135,899	360,304
U	**Total country co-financing**	I * country co-financing per dose	62,352			135,899		
V	**Country co-financing % of GAVI supported proportion**	U / T	11.41%			27.39%		

[1] 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

[2] Where (n) depends on the vaccine

Table 1.2 D - Estimated number of doses for Rotavirus 2-dose schedule associated injection safety material and related co-financing budget (page 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country Co-finance**		51.33%			76.03%		

		Formula	2014			2015		
			Total	**Government**	**GAVI**	**Total**	**Government**	**GAVI**
B	**Number of children to be vaccinated with the first dose[1]**	Table 1 (baseline & annual targets)	43,220	22,187	21,033	44,310	33,691	10,619
C	**Number of doses per child**	Vaccine parameter (schedule)	2	2	2	2	2	2
D	**Number of doses needed**	B * C	86,440	44,373	42,067	88,620	67,381	21,239
E	**Estimated vaccine wastage factor**	Table 6.(n).3. in NVS section[2]	1.05	1.05	1.05	1.05	1.05	1.05
F	**Number of doses needed including wastage**	D * E	90,762	46,591	44,171	93,051	70,750	22,301
G	**Vaccines buffer stock**	(F - F of previous year) * 0.25	352	181	171	573	436	137
I	**Total vaccine doses needed**	F + G	91,114	46,772	44,342	93,624	71,186	22,438
J	**Number of doses per vial**	Vaccine parameter	1	1	1	1	1	1
K	**Number of AD syringes (+ 10% wastage) needed**	(D + G) * 1.11						
L	**Reconstitution syringes (+ 10% wastage) needed**	I / J * 1.11						
M	**Total of safety boxes (+ 10% of extra need) needed**	I / 100 x 1.11	1,012	520	492	1,040	791	249
N	**Cost of vaccines needed**	I * vaccine price per dose	364,456	187,087	177,369	337,047	256,267	80,780
O	**Cost of AD syringes needed**	K * AD syringe price per unit						
P	**Cost of reconstitution syringes needed**	L * reconstitution price per unit						
Q	**Cost of safety boxes needed**	M * safety box price per unit	648	333	315	666	507	159
R	**Freight cost for vaccines needed**	N * freight cost as % of vaccines value	18,223	9,355	8,868	16,853	12,814	4,039
S	**Freight cost for devices needed**	(O + P + Q) * freight cost as % of devices value	65	34	31	67	51	16
T	**Total fund needed**	(N + O + P + Q + R + S)	383,392	196,807	186,585	354,633	269,638	84,995
U	**Total country co-financing**	I * country co-financing per dose	196,807			269,638		
V	**Country co-financing % of GAVI supported proportion**	U / T	51.33%			76.03%		

[1] 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

[2] Where (n) depends on the vaccine

Annex 2

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Table A - Commodities Cost

Vaccine	Presentation	2011	2012	2013	2014	2015	2016	2017
AD syringe	0	0.053	0.053	0.053	0.053	0.053	0.053	0.053
DTP-HepB	2	1.600						
DTP-HepB	10	0.620	0.620	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib	WAP	2.580	2.470	2.320	2.030	1.850	1.850	1.850
DTP-HepB-Hib	WAP	2.580	2.470	2.320	2.030	1.850	1.850	1.850
DTP-HepB-Hib	WAP	2.580	2.470	2.320	2.030	1.850	1.850	1.850
DTP-Hib	10	3.400	3.400	3.400	3.400	3.400	3.200	3.200
HepB monoval	1							
HepB monoval	2							
Hib monoval	1	3.400						
Measles	10	0.240	0.240	0.240	0.240	0.240	0.240	0.240
Pneumococcal(PCV10)	2	3.500	3.500	3.500	3.500	3.500	3.500	3.500
Pneumococcal(PCV13)	1	3.500	3.500	3.500	3.500	3.500	3.500	3.500
Reconstit syringe for Pentaval (2ml)	0	0.032	0.032	0.032	0.032	0.032	0.032	0.032
Reconstit syringe for YF	0	0.038	0.038	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600	3.600	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400	2.400	2.400
Safety box	0	0.640	0.640	0.640	0.640	0.640	0.640	0.640
Yellow Fever	WAP	0.856	0.856	0.856	0.856	0.856	0.856	0.856
Yellow Fever	WAP	0.856	0.856	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table B - Commodities Freight Cost

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>

Vaccines	Group	No Threshold	200'000 $		250'000 $		2'000'000 $	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

Table C - **Graduating** - Minimum country's co-payment per dose of co-financed vaccine.

vaccine	2012	2013	2014	2015			
Rotavirus 2-dose schedule	0.72	1.44	2.16	2.88			
Pneumococcal(PCV13), 1 doses/vial, Liquid		0.70	1.40	2.10			

Table D - Wastage rates and factors

Countries are expected to plan for a maximal wastage rate of:

- 50% - for a lyophilised vaccine in 10 or 20-dose vial,
- 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
- 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
- 5% - for a liquid vaccine in 1-dose vial

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2	2.22	2.5

WHO International shipping guidelines: maximum packed volumes of vaccines

Table E - Vaccine maximum packed volumes

Vaccine product	Designation	Vaccine formulation	Admin route	No. Of doses in the schedule	Presentation (doses/vial, prefilled)	Packed volume vaccine (cm3/dose)	Packed volume diluents (cm3/dose)
BCG	BCG	lyophilized	ID	1	20	1.2	0.7
Diphtheria-Tetanus-Pertussis	DTP	liquid	IM	3	20	2.5	
Diphtheria-Tetanus-Pertussis	DTP	liquid	IM	3	10	3.0	
Diphtheria-Tetanus	DT	liquid	IM	3	10	3.0	
Tetanus-Diphtheria	Td	liquid	IM	2	10	3.0	
Tetanus Toxoid	TT	liquid	IM	2	10	3.0	
Tetanus Toxoid	TT	liquid	IM	2	20	2.5	
Tetanus Toxoid UniJect	TT	liquid	IM	2	Uniject	12.0	
Measles	Measles	lyophilized	SC	1	1	26.1	20.0
Measles	Measles	lyophilized	SC	1	2	13.1	13.1
Measles	Measles	lyophilized	SC	1	5	5.2	7.0
Measles	Measles	lyophilized	SC	1	10	3.5	4.0
Measles-Rubella freeze dried	MR	lyophilized	SC	1	1	26.1	26.1
Measles-Rubella freeze dried	MR	lyophilized	SC	1	2	13.1	13.1
Measles-Rubella freeze dried	MR	lyophilized	SC	1	5	5.2	7.0
Measles-Rubella freeze dried	MR	lyophilized	SC	1	10	2.5	4.0
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	1	26.1	26.1
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	2	13.1	13.1
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	5	5.2	7.0
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	10	3.0	4.0
Polio	OPV	liquid	Oral	4	10	2.0	

Vaccine product	Designation	Vaccine formulation	Admin route	No. Of doses in the schedule	Presentation (doses/vial, prefilled)	Packed volume vaccine (cm3/dose)	Packed volume diluents (cm3/dose)
Polio	OPV	liquid	Oral	4	20	1.0	
Yellow fever	YF	lyophilized	SC	1	5	6.5	7.0
Yellow fever	YF	lyophilized	SC	1	10	2.5	3.0
Yellow fever	YF	lyophilized	SC	1	20	1.5	2.0
Yellow fever	YF	lyophilized	SC	1	50	0.7	1.0
DTP-HepB combined	DTP-HepB	liquid	IM	3	1	9.7	
DTP-HepB combined	DTP-HepB	liquid	IM	3	2	6.0	
DTP-HepB combined	DTP-HepB	liquid	IM	3	10	3.0	
Hepatitis B	HepB	liquid	IM	3	1	18.0	
Hepatitis B	HepB	liquid	IM	3	2	13.0	
Hepatitis B	HepB	liquid	IM	3	6	4.5	
Hepatitis B	HepB	liquid	IM	3	10	4.0	
Hepatitis B UniJect	HepB	liquid	IM	3	Uniject	12.0	
Hib liquid	Hib_liq	liquid	IM	3	1	15.0	
Hib liquid	Hib_liq	liquid	IM	3	10	2.5	
Hib freeze-dried	Hib_lyo	lyophilized	IM	3	1	13.0	35.0
Hib freeze-dried	Hib_lyo	lyophilized	IM	3	2	6.0	
Hib freeze-dried	Hib_lyo	lyophilized	IM	3	10	2.5	3.0
DTP liquid + Hib freeze-dried	DTP+Hib	liquid+lyop.	IM	3	1	45.0	
DTP-Hib combined liquid	DTP+Hib	liquid+lyop.	IM	3	10	12.0	
DTP-Hib combined liquid	DTP-Hib	liquid	IM	3	1	32.3	
DTP-HepB liquid + Hib freeze-dried	DTP-Hib	liquid	IM	3	10	2.5	
DTP-HepB liquid + Hib freeze-dried	DTP-HepB+Hib	liquid+lyop.	IM	3	1	22.0	
DTP-HepB-Hib liquid	DTP-HepB+Hib	liquid+lyop.	IM	3	2	11.0	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	10	4.4	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	2	13.1	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	1	19.2	
Meningitis A/C	MV_A/C	lyophilized	SC	1	10	2.5	4.0
Meningitis A/C	MV_A/C	lyophilized	SC	1	50	1.5	3.0
Meningococcal A/C/W/	MV_A/C/W	lyophilized	SC	1	50	1.5	3.0
Meningococcal A/C/W/Y	MV_A/C/W/Y	lyophilized	SC	1	10	2.5	4.0
Meningitis W135	MV_W135	lyophilized	SC	1	10	2.5	4.0

Vaccine product	Designation	Vaccine formulation	Admin route	No. Of doses in the schedule	Presentation (doses/vial, prefilled)	Packed volume vaccine (cm3/dose)	Packed volume diluents (cm3/dose)
Meningitis A conjugate	Men_A	lyophilized	SC	2	10	2.6	4.0
Japanese Encephalitis	JE_lyo	lyophilized	SC	3	10	15.0	
Japanese Encephalitis	JE_lyo	lyophilized	SC	3	10	8.1	8.1
Japanese Encephalitis	JE_lyo	lyophilized	SC	3	5	2.5	2.9
Japanese Encephalitis	JE_lyo	lyophilized	SC	3	1	12.6	11.5
Japanese Encephalitis	JE_liq	liquid	SC	3	10	3.4	
Rota vaccine	Rota_lyo	lyophilized	Oral	2	1	156.0	
Rota vaccine	Rota_liq	liquid	Oral	2	1	17.1	
Rota vaccine	Rota_liq	liquid	Oral	3	1	45.9	
Pneumo. conjugate vaccine 7-valent	PCV-7	liquid	IM	3	PFS	55.9	
Pneumo. conjugate vaccine 7-valent	PCV-7	liquid	IM	3	1	21.0	
Pneumo. conjugate vaccine 10-valent	PCV-10	liquid	IM	3	1	11.5	
Pneumo. conjugate vaccine 10-valent	PCV-10	liquid	IM	3	2	4.8	
Pneumo. conjugate vaccine 13-valent	PCV-13	liquid	IM	3	1	12.0	
Polio inactivated	IPV	liquid	IM	3	PFS	107.4	
Polio inactivated	IPV	liquid	IM	3	10	2.5	
Polio inactivated	IPV	liquid	IM	3	1	15.7	
Human Papilomavirus vaccine	HPV	liquid	IM	3	1	15.0	
Human Papilomavirus vaccine	HPV	liquid	IM	3	2	5.7	
Monovalent OPV-1	mOPV1	liquid	Oral		20	1.5	
Monovalent OPV-3	mOPV3	liquid	Oral		20	1.5	

10. Attachments

10.1. List of Supporting Documents Attached to this Proposal

Document	Section	Document Number	Mandatory[1]
MoH Signature (or delegated authority) of Proposal		**1**	**Yes**
MoF Signature (or delegated authority) of Proposal		**2**	**Yes**
Signatures of ICC or HSCC or equivalent in Proposal		**3**	**Yes**
Minutes of ICC/HSCC meeting endorsing Proposal		**4**	**Yes**
comprehensive Multi Year Plan - cMYP		**5**	**Yes**
cMYP Costing tool for financial analysis		**6, 7**	**Yes**
Minutes of last three ICC/HSCC meetings		**8, 9, 10**	**Yes**
Improvement plan based on EVM		**13**	**Yes**
WHO/UNICEF Joint Reporting Form (JRF)		**12**	
ICC/HSCC workplan for forthcoming 12 months			
National policy on injection safety			
Action plans for improving injection safety			
Plan for NVS introduction (if not part of cMYP)		**15**	
Banking details		**11**	

[1] Please indicate the duration of the plan / assessment / document where appropriate

10.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

ID	File type	File name		New file	Actions
	Description	**Date and Time**	**Size**		
1	**File Type:** MoH Signature (or delegated authority) of Proposal * **File Desc:**	**File name:** MoH & MoF Signature of Proposal_MDA.pdf **Date/Time:** 19.05.2011 11:51:24 **Size:** 183 KB			
2	**File Type:** MoF Signature (or delegated authority) of Proposal * **File Desc:**	**File name:** MoH & MoF Signature of Proposal_MDA.pdf **Date/Time:** 19.05.2011 11:52:22 **Size:** 183 KB			
3	**File Type:** Signatures of ICC or HSCC or equivalent in Proposal * **File Desc:**	**File name:** Signatures of ICC in Proposal_MDA.pdf **Date/Time:** 19.05.2011 11:53:27			

		Size: 276 KB		
4	**File Type:** Minutes of ICC/HSCC meeting endorsing Proposal * **File Desc:**	**File name:** Moldova minutes ICC meeting 10.05.2011 no 1.pdf **Date/Time:** 19.05.2011 11:54:46 **Size:** 292 KB		
5	**File Type:** comprehensive Multi Year Plan - cMYP * **File Desc:**	**File name:** Moldova_MYP_2011-2015_Revised_May2011.doc **Date/Time:** 25.05.2011 02:09:24 **Size:** 1 MB		
6	**File Type:** cMYP Costing tool for financial analysis * **File Desc:**	**File name:** MDA-cMYP_Scenario_Basic_2011_revision2.xls **Date/Time:** 25.05.2011 02:10:48 **Size:** 3 MB		
7	**File Type:** cMYP Costing tool for financial analysis * **File Desc:**	**File name:** MDA-cMYP_Scenario_A_2011_Revision2.xls **Date/Time:** 25.05.2011 02:13:00 **Size:** 3 MB		
8	**File Type:** Minutes of last three ICC/HSCC meetings * **File Desc:**	**File name:** Moldova minutes ICC meeting 06.10.2010 no 3.pdf **Date/Time:** 25.05.2011 02:14:01 **Size:** 714 KB		
9	**File Type:** Minutes of last three ICC/HSCC meetings * **File Desc:**	**File name:** Moldova minutes ICC meeting 07.07.2010 no 2.pdf **Date/Time:** 25.05.2011 02:14:39 **Size:** 499 KB		
10	**File Type:** Minutes of last three ICC/HSCC meetings * **File Desc:**	**File name:** Moldova minutes ICC meeting 25.05.2010 no 1.pdf **Date/Time:** 25.05.2011 02:15:32 **Size:** 552 KB		
11	**File Type:** Banking details **File Desc:**	**File name:** Banking Form Moldova.pdf **Date/Time:** 25.05.2011 02:17:05 **Size:** 562 KB		
12	**File Type:** WHO/UNICEF Joint Reporting Form (JRF) **File Desc:**	**File name:** JRF2010_MDA_Section1_RUS - Moldova.XLS **Date/Time:** 25.05.2011 02:20:17 **Size:** 485 KB		
13	**File Type:** Improvement plan based on EVM * **File Desc:**	**File name:** MDA-EVM-imp-plan_V3.xls **Date/Time:** 25.05.2011 02:30:54 **Size:** 59 KB		
14	**File Type:** other **File Desc:**	**File name:** EVM_report_MD_Apr2011 (eng)_v3.doc **Date/Time:** 25.05.2011 02:31:54		

		Size: 1 MB		
15	**File Type:** Plan for NVS introduction (if not part of cMYP) **File Desc:**	**File name:** Plan+Rota+&+Pneumo+implementation+Moldova[1].docx **Date/Time:** 08.06.2011 12:03:46 **Size:** 50 KB		
16	**File Type:** other **File Desc:** clarifications from EURO WHO	**File name:** RE Acknowledgement of Proposal submission (Proposal 2011).htm **Date/Time:** 23.06.2011 06:50:31 **Size:** 38 KB		
17	**File Type:** other **File Desc:** clarifications from Moldova - email	**File name:** Re Acknowledgement of Proposal submission (Proposal 2011) II.htm **Date/Time:** 23.06.2011 06:50:44 **Size:** 105 KB		

Banking Form

In accordance with the decision on financial support made by the GAVI Alliance, the Government of Republic of Moldova hereby requests that a payment be made via electronic bank transfer as detailed below:

Name of Institution (Account Holder):	CENTRUL NATIONAL DE SANATATE PUBLICA (NATINAL CENTER FOR PUBLIC HEALTH)		
Address:	Fiscal code of NCPH 1007601001123 67A, GHEORGHE ASACHI STR.		
City Country:	MD-2028 CHISINAU, REPUBLIC OF MOLDOVA		
Telephone no.:	+373 22 574 501	**Fax no.:**	+373 22 72 97 25
	Currency of the bank account:		USD
For credit to:			
Bank account's title:	BECOMD2X		
Bank account no.:	226 480 184 030 164 / 440 141 203 121 903		
Bank's name:	BANCA DE ECONOMII, BRANCH no. 1		

Is the bank account exclusively to be used by this program? Yes

By who is the account audited? MoF, Chisinau territorial treasure and National Court of Accounts

Signature of Government's authorizing official

Name:	MAGDEI Mihail	**Seal**
Title:	DEPUTY MINISTER OF HEALTH	
Signature:		
Date:	10.05.2011	

FINANCIAL INSTITUTION			CORRESPONDENT BANK (In the United States)
Bank Name:	BANCA DE ECONOMII		BANK OF NEW YORK MELLON
Branch Name:	BRANCH NO. 1		
Address:	33, PUSKIN STR.		
City Country:	CHISINAU, REPUBLIC OF MOLDOVA		NEW YORK, UNITED STATE OF AMERICA
Swift Code:	BECOMD2X		IRVTUS3N
Sort Code:			A/C 890-0260-785
ABA No.:			
Telephone No.:	+373 22 225201		
FAX No.:	+373 22 241 023		

I certify that the account no 440 141 203 121 903 is held by (Institution name) CENTRUL NATIONAL DE SANATATE PUBLICA at this banking institution.

The account is to be signed jointly by at least 2 (number of signatories) of the following authorized signatories:		
1		
	Name:	BAHNAREL ION
	Title:	GENERAL DIRECTOR
2		
	Name:	ZAZUC ECATERINA
	Title:	CHEF ACCOUNTANT
3		
	Name:	
	Title:	
4		
	Name:	
	Title:	

Name of bank's authorizing official
CHIEF OF THE TERRITORIAL TREASURE CHISINAU, STATE BUGET
Signature:
Date:
19.05.2011
Seal: