## ACCELERATE VACCINE INTRODUCTION - PNEUMOCOCCAL CONJUGATE VACCINE

Strategic Demand Forecast (Required Supply)

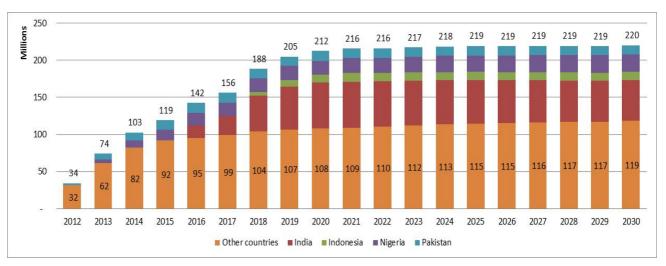
Version 5.0 - updated in March 2012

Published - 13 August 2012



This version 5.0 is issued in accordance with the AVI Forecasting Standard Operating Procedure. The forecast captures all AMC-eligible demand from countries that introduce with GAVI support, graduate from GAVI support, and are fully self-financed.

Pneumococcal Vaccine - AMC Required Supply (73 GAVI eligible countries) by country



Strategic Demand Forecast corresponds to AMC Required Supply = demand for 3 dose course + buffer stocks + wastage

**Disclaimer**: Except for countries which have already applied to GAVI for support for introduction of Pneumococcal Vaccines or are in the process of doing so, this forecast reflects the best possible estimates on countries' expected time of introduction. The forecasted timeline for future introductions is not subject to approval by country representatives and, as such, does not constitute any commitment or obligation for any of the countries.

#### CHANGES VS. VERSION 3.0 (published in March 2011)

- Updated WHO/UNICEF coverage estimates and UN Population Prospect for 2010
- India projected to begin phased introduction in 2016 11 states to introduce in 2016, remaining states after 2 yrs.
- 18 countries forecasted to introduce earlier in version 5.0 including Angola, Nigeria, and Tanzania; 14 countries delayed versus version 3.0 including Afghanistan, Pakistan, and Vietnam

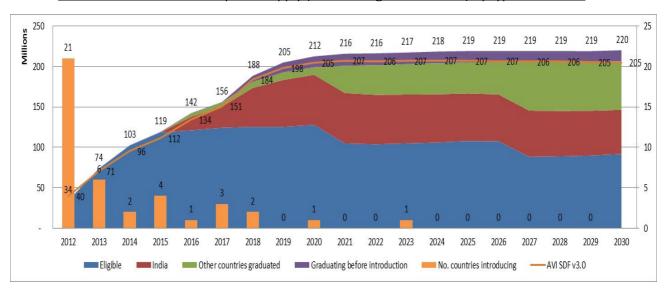
#### **KEY ASSUMPTIONS**

- Available financing for the entire forecast duration for product purchase and introduction expenses; no changes in eligibility criteria; sufficient production capacity to meet demand; all prequalified products meet or exceed TPP and have suitable presentation; no impact/resolution of PAHO single price clause.
- Successful cold chain up scaling at central & local level in all countries where required.
- Introduction approximately 8 months after application; 58 countries introducing by 2015 (46 already approved; 11 applications expected in August 2012 including 2 conditionally approved).
- Approved large countries: DRC Q2 2011 (sub-national); Ethiopia Q3 2011; Nigeria approved for subnational introduction (approximately 30% of target population) from Q2 2013; Pakistan to introduce in Q3 2012; Bangladesh to introduce in Q1 2013
- Graduated countries: Bhutan, Cuba, Indonesia, Mongolia, Sri Lanka, Ukraine lost eligibility in 2011 and did not apply before graduating; Mongolia expected to apply for access PCV under the terms and conditions of the AMC 2012.

- Time to match reference coverage aligned with HepB/Penta analogue (Pneumo introduced with same schedule as Penta): 24 months for small countries / 36 for medium/large countries (>1 mln SI) / 48 months for very large countries (>3.5 mln SI)
- PCV3 (3<sup>rd</sup> dose) coverage projected to increase up to 90%.
- Wastage = For countries introducing PCV13 and PCV10, 5% and 10% wastage assumed respectively.
- Population, crude birth rate & infant mortality rates as per medium variant. Source: 2010 UN population prospect

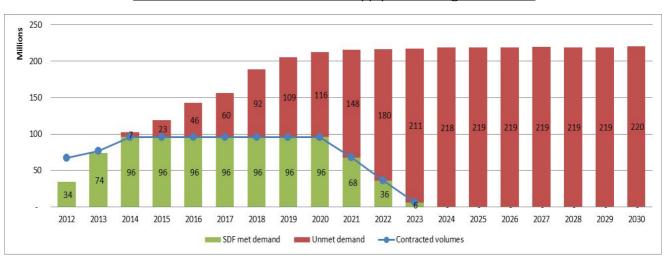
# UNICEF SUPPLY DIVISION WILL ISSUE A CALL FOR OFFERS WITHIN 20 IBRD BUSINESS DAYS AFTER PUBLICATION OF THIS FORECAST ON THE AMC WEBSITE.

Pneumococcal Vaccine - Required Supply (72 GAVI Eligible Countries) by type of demand



Note – Rwanda and Gambia introduced in 2009 benefitting from donated product. Both countries started receiving pneumococcal vaccines through the AMC from 2011.

### Pneumococcal Vaccine – Estimated Supply of AMC Eligible Vaccines



Note: The Estimated Supply is based on the AMC Supply Agreements signed in March 2010 and in December 2011. http://www.gavi.org/funding/pneumococcal-amc/manufacturers/supply-agreements/