

COVAX VACCINE REQUEST:

REPUBLIC OF MOLDOVA COVID-19 VACCINE REQUEST FORM – PART B

Please email completed Vaccine Requests to covaxproposals@gavi.org copying the relevant Gavi Senior Country Manager or focal point (whichever is applicable) by December 14, 2020, to confirm participation in the COVAX Facility. Please note that your participation will only be confirmed upon submission of both Part A and Part B of the Application. Contact your Gavi Senior Country Manager or focal point (whichever is applicable) in case of questions. Note that economies eligible for the COVAX AMC may request Technical Assistance to complete the Vaccine Request.

1. INDEMNIFICATION

The supply of Approved Vaccines to the Country will be contingent on the Country first agreeing to indemnify the applicable manufacturer against product liability claims associated with the use or administration of the Approved Vaccine. As such, the Country will be required to enter into an indemnity agreement (the "Indemnity Agreement") substantially in the form of the Annex to this Part B of the Application with the relevant manufacturer(s) and in accordance with the Gavi Grant Terms and Conditions.

The COVAX Facility is attempting to establish a no-fault compensation mechanism to provide compensation to those individuals in any of the AMC Group who suffer a serious adverse event which is found to be associated with the Approved Vaccine or its administration (SAE). The compensation payment to be provided to the aforementioned individuals will be in full and final settlement of any claims (whether against the manufacturer and/or any other party involved in the distribution or administration of the Approved Vaccine) arising from or in connection with the SAE in question.

The information gathered here will be used to optimise allocation by understanding in advance: (i) the Country's ability to enter into such an Indemnity Agreement(s) with manufacturer(s) and the processes and timelines for doing so; and (ii) the ability of individuals within the Country to accept payment under the compensation mechanism in full and final settlement of all claims in connection with the SAE in question. Please provide data on the following aspects.

а.	Does the Country provide immunity from tort litigation to vaccine manufacturers and other actors fo development activities and administration of a vaccine relating to COVID-19? Yes \square No \boxtimes
Э.	Will legislation be required to be passed within the Country in order for the Country to be able to (a) enterinto Indemnity Agreement(s) with manufacturer(s) of Approved Vaccines; and/or (b) be able to indemnify the manufacturer(s) of Approved Vaccines as required under the Indemnity Agreement; Yes \boxtimes No \square

Wednesday, 2 December 2020



- c. If legislation is required in response to the question above, please indicate how long in weeks it would take
 the Country to pass all relevant legislation for the Country to enter into, and/or provide the indemnification
 required under, the abovementioned Indemnity Agreement(s) with manufacturer(s).
 30 weeks
- d. Please indicate who (position title, and name of current holder of position) has the necessary authority to, in the name and on behalf of the Country, enter into such an Indemnity Agreement with manufacturer(s) of Approved Vaccines allocated to the Country.

Position title: Ministry of Helath, Labour and Social Protection Name of current holder of position: Viorica Dumbrăveanu

- e. Please indicate how long it would take in weeks for the Country to enter into such an Indemnity Agreement with the manufacturer(s).
 2-6 weeks
- f. Will legislation need to be passed within the Country in order to enable individuals who suffer an SAE found to be associated with an Approved Vaccine or its administration to accept payments under the compensation mechanism in full and final settlement of any claims arising from or relating to such SAE?

 Yes □ No ⋈
- g. If legislation is required in response to the question above, please indicate how long it would take in weeks for the Country to pass all relevant legislation to enable individuals who suffer SAEs found to be associated with an Approved Vaccine or its administration to accept payments under the compensation mechanism in full and final settlement of any claims arising from or relating to such SAE.

 N/A weeks]

COVAX AMC GROUP PARTICIPANT SIGNATURE FORM -

Please note that COVAX Facility will not review this Part B of the Application without the signatures of both the Minister of Health and Minister of Finance or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this Application are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all Ministry of Health.

We, the undersigned, confirm the Country's agreement and understanding that supply of Approved Vaccine is contingent upon the Country first entering into an Indemnity Agreement, substantially in the form of the Annex to Part B of the Application with each manufacturer of an Approved Vaccine allocated to Application.

Minister of Health (or delegated authority)	Minister of Finance (or delegated authority)
Name: Viorica Dumbrăveanu	Name: Sergiu Puşcuţa
Date: 30/12/2020	Date: 30/12/2020
Signature: () (hpm)	Signature: 1- Misma