

Pfizer Quality Improvement Request for Proposals

Competitive Grant Program – using Pfizer Internal Review Process

Improving the Vaccination Environment to Prevent Respiratory Infectious Diseases in Older Adults and High-Risk Individuals

Overview

This program supports initiatives to improve the vaccination environment in order to promote prevention of respiratory infectious diseases among older adults and high-risk individuals.

Geographic Scope

Japan

Project Types and Area of Interest

Examples of eligible projects include, but are not limited to:

- Establishing access environments that enable people to receive vaccination smoothly
- Education on risk communication related to vaccination
- Communication education to address vaccine hesitancy
- Improving communication techniques that promote vaccination

Developing and embedding vaccination approaches tailored to the living environment of older adults and high-risk individuals. Vaccination to prevent respiratory infectious diseases that affect older adults and high-risk individuals should be covered, including one or more of the following:

- COVID-19
- Pneumococcal disease
- RSV infection

Key Milestones

Submission Deadline

**Anticipated Grant
Award Notification**

**Anticipated Project
Start Date/Duration**



15 SEP 2026

Extended Deadline
30 SEP 2026



15 Nov 2026



1 JAN 2027

Funding Range and Project Length

Individual projects requesting up to 7,500,000 JPY will be considered.

Maximum project length is 2years* (January 1, 2027 - December 31, 2028)

*Extension up to 3 years possible

I. Eligibility

Geographic Scope/Location of Project:

- Japan

Applicant Eligibility Criteria

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

II. Requirements

Primary Area of Interest:

- Respiratory infectious diseases preventable by vaccination

Specific Area of Interest for this RFP:

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

It is our intent to support projects that focus on improving the environment in order to optimize vaccination for the prevention of respiratory infectious diseases in older adults and high-risk individuals. The goal is to establish a system that enables older adults and high-risk individuals who wish to be vaccinated to receive vaccination smoothly and reliably, while also fostering an environment in which people can receive vaccination with confidence through appropriate risk communication.

Multi-disciplinary collaborations, are encouraged when appropriate, but all partners must have a relevant role.

It is expected that projects will be evidence-based (education and/or quality improvement) and the proposed research/evaluation will follow generally accepted scientific principles. During review the intended outcome of the project is given careful consideration and, if appropriate based on the project goal, projects with the maximum likelihood to directly impact patient care will be given high priority. Projects including an educational element can find more information on principals of learning and behavior change for health professionals [here](#).

There is a considerable amount of interest in receiving responses from projects that utilize system-based changes. Although educational efforts for grantees and patients may be entirely appropriate components in responses to this RFP, projects that include an overt description of system changes will be given high priority.

Target Audience

- Physicians (any specialty), pharmacists, nurses, and other healthcare professionals
- Municipalities/local government officials

Disease Burden Overview

- Older adults and high-risk individuals with underlying conditions are at high risk of contracting respiratory infectious diseases and developing severe illness. Every year, many older adults and high-risk individuals continue to contract respiratory infectious diseases. These infections are more likely to become severe in such populations and may result in hospitalization or death¹⁻⁴. Even after recovery, it may be difficult for quality of life to return to the pre-infection level because infection can trigger declines in physical strength, impaired walking, being bedridden, or frailty, and may also affect treatment of underlying diseases⁵⁻¹⁰

Vaccination is one means of preventing respiratory infectious diseases in older adults and high-risk individuals, and is recommended by the Ministry of Health, Labour and Welfare and by relevant academic societies.¹¹⁻¹⁶ In Japan, nationally recommended routine vaccinations include the pneumococcal vaccine for individuals aged 65 and for high-risk individuals aged 60-64¹⁷, as well as the COVID-19 vaccine for individuals aged 65 and older and for high-risk individuals aged 60-64.¹⁸ In addition, RSV vaccination has been available as a voluntary vaccination since 2024, and professional societies also recommend vaccination¹⁶. Thus, the options for preventing respiratory infectious diseases in older adults and high-risk individuals continue to expand year by year. However, vaccination coverage remains suboptimal even for routine vaccines¹⁹. Prevention of respiratory infectious diseases through vaccination in older adults and high-risk individuals is an important pillar of infection control in super-aged Japanese society, tailored to risk of severe disease such as age and underlying conditions.

Recommendations and Target Metrics

- Ministry of Health, Labour and Welfare: Basic Plan on Vaccination
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryuu/kenkou/kekaku-kansenshou/kihonteki_keikaku/
- Ministry of Health, Labour and Welfare: September 24-30 is "Tuberculosis and Respiratory Infectious Disease Prevention Week"
https://www.mhlw.go.jp/stf/houdou_kouhou/kouhou_shuppan/magazine/202409_005.html
- Collection and publication of practical examples of vaccination initiatives by municipalities

Gaps Between Actual and Target, Possible Reasons for Gaps

- Several reports have described reasons why older adults and high-risk individuals hesitate to be vaccinated²⁰⁻²¹. In addition to issues such as insufficient knowledge and awareness, environmental barriers related to “access to vaccination opportunities” are particularly significant precisely because these individuals are older adults or high-risk persons.

Furthermore, explanations from healthcare professionals greatly influence vaccine intention among vaccine recipients. Therefore, it is important for healthcare professionals to obtain the latest and accurate information on vaccines and to improve communication skills that can dispel vaccine hesitancy and increase willingness to be vaccinated²²⁻²³. However, because new findings on vaccines recommended for older adults and high-risk individuals continue to emerge and their interpretation is often complex, it is difficult to communicate them clearly to these populations²⁴.

Barriers

- Multiple reports have indicated that decision-making regarding vaccination is not always conducted smoothly among older adults and high-risk individuals with underlying medical conditions. In addition to differences in knowledge and awareness, “environmental constraints related to vaccination” stemming from the specific characteristics of being elderly or high-risk are also considered critical factors.

Specifically, the following challenges have been identified from the perspective of older adults and high-risk individuals:

- 1) Challenges in access to appropriate information: It can be difficult to obtain sufficient high-quality information regarding appointment procedures, available vaccine types, and the appropriate timing of vaccination in light of underlying conditions²⁵.
- 2) Challenges in the consultation environment: Situations arise where it is difficult to resolve anxieties or questions due to psychological barriers to consulting healthcare professionals or the lack of someone nearby to talk to²⁷⁻²⁸.
- 3) Challenges in the living environment: Declining physical strength or motivation, as well as the difficulty of securing an escort/companion, may impact the actual implementation of vaccination²⁹⁻³⁰.
- 4) Challenges in access to the vaccination site: Traveling to the vaccination site itself can be a burden due to limited transportation options or the difficulty of traveling without assistance.³¹

Current National Efforts to Reduce Gaps

- To address these challenges, the following examples—particularly in the context of COVID-19 vaccination—have contributed to building vaccination support systems and environments that are friendly to older adults and high-risk individuals:

Easy-to-use appointment systems that enable users to identify necessary vaccines and confirm vaccination guidance at the appropriate time, past vaccination history, and vaccination plans

Vaccination support systems that take medical background into account, allowing vaccination eligibility and timing to be determined in coordination with the attending physician based on underlying disease, immunosuppression status, treatment schedule, etc.

Vaccination systems tailored to individual circumstances, such as vaccination using home-visit nursing/care services and use of heterologous vaccination

Improved access to vaccination sites, such as securing vaccination locations according to regional needs, devising methods for reaching vaccination sites, and providing vaccination at dialysis facilities

Establishment of consultation services for post-vaccination adverse reactions

In addition, initiatives to improve communication skills for addressing vaccine hesitancy among healthcare professionals—mainly in pediatrics—have been implemented, but such efforts for older adults and high-risk individuals remain limited³²⁻³³.

Expected Approximate Monetary Range of Grant Applications

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

Individual projects requesting up to 7,500,000 JPY will be considered.

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

The amount of the grant Pfizer will be prepared to fund for any project will depend upon the expert review panel's evaluation of the proposal and costs involved, and will be stated clearly in the grant agreement.

Key Dates:



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

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

How to Submit:

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

Please go to [Grant System](#) and sign in.

- Requirements for submission:
 - Complete all required sections of the online application
 - Upload proposal (see Appendix) in the Proposal/Protocol field.

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

Questions:

- If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Akihiro Kamina (meg.japan@pfizer.com), with the subject line “Improving the Vaccination Environment to Prevent Respiratory Infectious Diseases in Older Adults and High-Risk Individuals and release date”

Review and Approval Process

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

Mechanism by which Applicants will be Notified:

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

Grant Agreements:

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

About Pfizer Grants

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

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

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

About QI Grants

Quality improvement (QI) projects are systematic, data-guided, sustainable activities designed to bring about immediate, positive changes in the delivery of healthcare in particular settings³⁴⁻³⁵. Quality improvement seeks to standardize structure and processes to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations. Structure includes things like technology, culture, leadership, and physical capital. Process includes knowledge capital (e.g., standard operating procedures) or human capital (e.g., education and training)³⁶.

QI projects systematically apply what is already known into the local practice, intended to quickly improve patient care within a specific setting. The goal of QI projects is to close a gap in performance at a specific health care system. The “performance” is a standard in health care that is not efficiently/appropriately/consistently being done³⁷. For these reasons, QI focuses on translating existing knowledge into programs or practices to immediately improve the quality of services to individuals and populations within a local institution or setting³⁸. The risk of participation in QI is the same as the risk of receiving standard clinical care³⁹ since the standard of care remains the same for all patients.

In contrast, research projects use a systematic approach to discover something that is unknown. Research projects add new knowledge to what was previously unknown in literature through testing of a hypothesis or a scientific question³⁷. Research aims to generate knowledge with broad applications, often through controlled studies. The subjects may or may not benefit directly from the knowledge gained. Research studies aim to evaluate an innovation, study something new, or analyze a process not yet rigorously studied³⁹.

References

- 1) Morimoto K. et al., PLOS One, 2015 Mar 30;10(3)
- 2) Savic M. et al., Influenza other Respir Viruses, 2023;17:e13031
- 3) Kurai D. et al., Influenza other Respir Viruses 2022;16:298-307
- 4) Glick HA. et al., Clin Infect Dis. 2021;73(2):283-290
- 5) Girard T.D. et al., J Gen Intern Med. 2018;33(6):929-935
- 6) Miyashita N. et al., Influenza Other Respir Viruses. 2022;16(6):1197-1198
- 7) Ubaamadu E. et al., Infect Dis Ther. 2024;13(7):1399-1417
- 8) Xie Y. et al., JAMA 2023;329(19):1697-1699
- 9) Shrestha A, et al., Ageing Res Rev 2024;101:102448
- 10) Machida M. et al. Vaccine 2024;42(20):125985
- 11) Ministry of Health, Labour and Welfare (MHLW): Vaccinations for Individuals Aged 65 and Older
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekaku-kansenshou/yobou-sesshu/vaccine/years-65.html (Accessed April 9, 2026)
- 12) The Japanese Respiratory Society: For Individuals Aged 65 and Older and Their Families – Considering

- 13) The Japan Geriatrics Society: Vaccines Recommended for Consideration in Adults Aged 65 and Older
https://jpn-geriat-soc.or.jp/tool/consider_vaccine.html (Accessed April 9, 2026)
- 14) Japanese Respiratory Society (Infectious Diseases and Tuberculosis Academic Committee Vaccine Working Group) / Japanese Association for Infectious Diseases (Vaccine Committee) / Japanese Society for Vaccinology (Joint Committee): Position Statement on Pneumococcal Vaccination for Adults Aged 65 and Older (8th Edition)
<https://www.jrs.or.jp/activities/guidelines/statement/20260401090000.html> (Accessed April 9, 2026)
- 15) Japanese Association for Infectious Diseases / Japanese Respiratory Society / Japanese Society for Vaccinology: Statement on Routine COVID-19 Vaccination for FY2025
<https://www.jrs.or.jp/activities/guidelines/statement/20250901093500.html> (Accessed April 9, 2026)
- 16) The Japanese Respiratory Society: Position Statement on RSV Vaccines for Adults (Accessed April 9, 2026)
<https://www.jrs.or.jp/activities/guidelines/statement/20251209162600.html>
- 17) Ministry of Health, Labour and Welfare (MHLW): Pneumococcal Vaccination
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryuu/kenkou/kekaku-kansenshou/yobou-sesshu/vaccine/pneumococcus-senior/index.html (Accessed April 9, 2026)
- 18) Ministry of Health, Labour and Welfare (MHLW): COVID-19 Vaccination
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/vaccine_00184.html (Accessed April 9, 2026)
- 19) National Institute for Health Crisis Management: Estimated Routine and Cumulative Vaccination Coverage for Pneumococcal Disease in Older Adults (Accessed April 9, 2026)
<https://id-info.jihs.go.jp/surveillance/iasr/pathogens/vol45/527/527d01.html>
- 20) MacDonald NE et al. Vaccine 2015;33(34):4161-4
- 21) Machida M, Inoue S. *Nihon Koshu Eisei Zasshi*. 2023;70(8):474-482.
- 22) The Vaccine Book (Second Edition) 2016, Pages 507-528
- 23) Yunmi Chung : *Matern Child Health J*. 2017 Dec;21(12):2178-2187.
- 24) Paterson P, et al. : Vaccine. 2016 Dec 20;34(52):6700-6706.
- 25) Cabinet Secretariat, Headquarters for Overcoming Population Decline and Vitalizing Local Economy in Japan: Digital Garden City Nation Initiative Menu Book – Achieving Easy Reservation for Older Adults and Rapid COVID-19 Vaccination through “Analog × Digital” Solutions (Accessed April 16, 2026)
https://www.cas.go.jp/jp/seisaku/digitaldenen/menubook/2022_summer/0113.html
- 26) **National Cancer Center Hospital East**: COVID-19 Vaccination for Cancer Patients – Q&A
https://www.ncc.go.jp/jp/ncce/division/infectious_control/040/06/index.html
- 27) Ministry of Health, Labour and Welfare (MHLW): Prompt Implementation of COVID-19 Booster Vaccinations for Residents and Staff of Elderly Care Facilities and Users and Staff of Day Service Providers (January 28, 2022)
<https://www.mhlw.go.jp/content/000889602.pdf>
- 28) Chuo City: Reimbursement for the Use of Home-Visit Nursing Care Services at the Time of COVID-19 Vaccination

- https://www.city.chuo.lg.jp/a0029/kenkouiryou/koureikaigo/kaigohoken/jigyousha/covid19/waku_chinhoumonnkaigo.html
- 29) Yomiuri Shimbun (May 17, 2021): Physicians Circulating Among Seated Elderly to Administer Vaccines – Local Governments Promote Innovative “XX Model” Approaches (Accessed April 16, 2026)
<https://www.yomiuri.co.jp/national/20210517-OYT1T50103/>
- 30) Taniguchi et al.: Bulletin of Teikyo Junior College No.24 : 145 – 152, 2023
- 31) Tokyo Metropolitan Government, Bureau of Public Health: Tokyo’s Response to Adverse Reactions to Vaccines (Accessed April 16, 2026)
https://www.hokeniryo.metro.tokyo.lg.jp/kansen/info/corona/coronavaccine/side_reaction_system
- 32) The Japan Pediatric Society: Educational Program to Address Vaccine Hesitancy Among Pediatricians (Accessed April 21, 2026)
https://jglobal.jst.go.jp/detail?from=API&GLOBAL_ID=202302213185026223
- 33) The Japan Pediatric Society: 6th Motivational Interviewing Training Workshop on Addressing Vaccine Hesitancy (Accessed April 21, 2026)
<https://www.jpeds.or.jp/seminar/session/20517.html>
- 34) Baily MA, et al., Hastings Cent Rep, 2006.
- 35) Lynn J, et al., Ann Intern Med, 2007.
- 36) Centers for Medicare & Medicaid Services, Page Last Modified: 09/10/2024.
- 37) Jackson C, Research Quality Manager, Office of Research and Scholarship University of Maryland, Baltimore
School of Nursing.
- 38) Columbia University Institutional Review Board Guidance for the Classification of Quality Improvement
Activities Versus Research with human Subjects, 2023.
- 39) Newhouse et al., J Nurs Adm, 2006.ibliography of relevant references.

Project Proposals

IMPORTANT: RFP Submission Requirements

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

Goals and Objectives

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

Assessment of Need for the Project

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

Target Audience

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

Project Design and Methods

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

Innovation

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

Evaluation and Outcomes

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

Anticipated Project Timeline

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

Additional Information

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

Organization Detail

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

Budget Detail

- The budget amount requested must be in Japanese YEN (JPY).
- While estimating your budget please keep the following items in mind:
- General organizational running costs such as legal fees, insurance, heating, and lighting etc. should be included in an Institutional Overhead (if required). These costs are not specific to a grant request and therefore, should not appear as line items in budgets. However, costs that are specific to the study (e.g., some countries require insurance to be taken out on a per-study basis for clinical research) would be acceptable to be included as line items.
- The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.
- Pfizer does not provide funding for capital purchases (infrastructure expenses such as equipment, purchases of software or software licenses, technology or bricks and mortar). Equipment hire/leasing is acceptable and may be included in project budget.
- It should be noted that grants awarded through Pfizer cannot be used to purchase Pfizer therapeutic agents (prescription or non-prescription).
- Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects. Please [click here](#) for details.

Required Documents

- Project Plan or Proposal