Gavi 6.0 Country Application Narrative: Reprogramming & Consolidation

This narrative template is required for the 6.0 country application submission for countries reprogramming previously approved grants. This narrative should be submitted along with the budget, vaccine details, and the Grant Accountability Framework (GAF). The narrative is used to articulate what changes are being made to the programming of Gavi support as part of the consolidation of funding levers. For further guidance to complete this narrative, please refer to the Gavi 6.0 Funding Guidelines.

Both this narrative and the budget must adhere to Gavi's three **mandatory guardrails**: (1) a minimum of 10% of the cash grant must be allocated to civil society organisations (CSOs); (2) a minimum investment in cold chain equipment procurement and maintenance, as defined in the Gavi 6.0 Funding Guidelines, must be ensured; and (3) funds must be allocated for measles and measles-rubella follow-up campaigns within range communicated.

This narrative consists of **four mandatory sections** for countries to complete.

1. Country Context
2. Prioritisation and Country Application
3. Gavi 6.0 Strategic Alignment & Guardrails
4. Risks and Mitigation

It also contains five annexes. Countries **only need to complete the annexes that apply**. Each section will indicate which annex to complete based on the selections made.

- Annex A: Vaccine Support Supplement – within 3 years of grant start
- Annex B: Vaccine and Campaign Support Supplement – 3 years after grant start
- Annex C: Cold Chain Equipment (CCE)
- Annex D: Diagnostics Support
- Annex E: Vaccine Optimisation Support – within 3 years of grant start
- Annex F: Vaccine Budget Simulation Tool Supplemental Narrative

1. Country Context

This section is comprised of two parts: Changes in Immunisation Programme Context, and Programme Challenges. Together, they explain what has changed since the latest application.

1.1 Changes in Immunisation Programme Context and Programme Challenges

Since the latest Full Portfolio Plan or relevant Gavi application, have there been any significant changes in the country context that affect the national immunisation programme? Examples of changes would include changes in immunisation coverage; epidemiological, economic, political, societal or environmental changes, new vaccine introductions.

Country response…

1.2 Programme Challenges

Considering the changes described above, as well as information from recent surveys, reports or reviews (such as EVM Assessments), have any significant new health system-related barriers or gaps emerged affecting immunisation programme delivery, equity, and/or sustainability?

Focus the response on the most critical health system constraints for example service delivery, workforce, supply chain, data systems, financing, demand, governance, and/or gender-related barriers.

- ☐ **Yes** — Please describe below
- ☐ **No**

Country response…

2. Prioritisation and Country Application

This section comprises five parts: Prioritisation of Gavi Support, Changes to Cash Grants, New Vaccine Support, Changes to Vaccine Portfolio, and Technical Assistance. Together, the responses clarify the changes being requested of Gavi funding as part of the country application.

2.1 Prioritisation

Gavi encourages countries to undertake a portfolio prioritisation process to inform the development of Gavi application in line with national priorities. Please refer to the prioritisation guidance in Annex 1 of the Gavi 6.0 Funding Guidelines.

Has a prioritisation exercise been conducted in your country?

- ☐ **Yes** — Please provide a summary of the prioritisation process below. Include how it was conducted, what stakeholders were involved, the criteria, rationale and evidence used. Briefly explain the key strategic trade-offs considered during the prioritisation process, including how constraints informed choices about where Gavi support would be concentrated versus reduced.
- ☐ **No**

Country response…

2.2 Changes to Cash Grant(s)

What key changes to the objectives and activities in the Full Portfolio Plan are being introduced through this country application?

- Explain the strategic intent guiding these changes, including whether country priorities have shifted, referencing the response from 2.1 if appropriate.
- Describe how these changes are reflected in the new grant activities – are there major areas of investment that are now being discontinued, scaled back, introduced, or expanded as part of this application?
- Which national priorities are now supported through this grant, and how have they been reflected in the budget and results framework?

Country response…

To help demonstrate clear links between national priorities, the Gavi budget and the Gavi Results Framework, please supplement the narrative response by completing the table below.

Country Priority	***Budgeted Activities***	***Proportion of Budget ($ and %)***	***Relevant Tailored Indicators from the Results Framework (if any)***
E.g. Supply chain expansion in low-coverage districts *Priorities can be taken from existing strategies (e.g. NIS) or articulated as intended outcomes of the Gavi grant*	*E.g. Activity 4, 13, and 27*	*USD $175,867* *17%*	*% health facilities with functional CCE equipment (by district)*
Add rows as required			

2.3 New Vaccine and/or Diagnostics Support

Is new vaccine or diagnostic support, including support for new vaccine introductions or campaigns, being requested?

- ☐ **Yes** — If selected, please complete Annex **A**, **B**, or **D** as applicable
- ☐ **No**

2.4 Changes to Vaccine Portfolio

Are there changes to the vaccine portfolio being requested such as product switches, vaccine allocation changes, and/or financing?

- ☐ **Yes** — If selected, please describe changes in the vaccine dose plan. For product switches, please **complete** **Annex E**.
- ☐ **No**

Country response…

2.5 Technical Assistance

Please describe the technical assistance requested for successful implementation of the Gavi 6.0 grant. As part of this description, please also list any positions or support provided through Country Foundations. Explain how the technical assistance requested complements Foundations support and helps cover remaining gaps in technical expertise.

Country response…

3. Gavi 6.0 Strategic Alignment & Guardrails

This section comprises seven parts: Civil Society Engagement, Cold Chain Equipment, Measles/Measles Rubella campaigns, Complementarity and Integration, Multilateral Development Bank, Sustainability and Coordination and Performance Management. Together they clarify how the country application will ensure alignment with the strategic shifts and guardrails articulated in the Gavi 6.0 Funding Guidelines.

3.1 Civil Society Organisations (CSO) Engagement

How will CSOs support immunisation delivery in missed and under-served communities in the country context?

Please describe:

- The main activities CSOs will carry out.
- The geographical areas where they will work.
- The amount allocated to CSOs.
- The proposed funding mechanism for channelling funds to them.

Note that specific CSOs cannot be named at the application stage, as they will be identified through a competitive selection process following approval of the application. As a reminder, a minimum of 10% of the cash grant must be allocated to CSOs, as per the mandatory guardrails outlined in the Gavi 6.0 Funding Guidelines.

Country response…

3.2 Cold Chain Equipment

3.2.1 Request for Cold Chain Equipment

Is any new cold chain equipment support being requested that has not been previously approved by Gavi?

- ☐ **Yes** — If selected, please complete only **Annex C**.
- ☐ **No** – If selected, please complete only section 3.2 of this document

3.2.2 Changes to Cold Chain system

Describe any changes to the cold chain system, infrastructure status, and maintenance plans since the Full Portfolio Plan, including key gaps and total CCE needs for the 6.0 grant period.

Please address:

- How will Gavi support in this grant period help address the CCE gaps and complement existing CCE capacities?
- Please provide the total CCE budget (Gavi, country, procurement fees) and describe the funding source, status for the joint investment and any funding gaps that will not be addressed.
- Please provide a justification where CCE needs are lower than the CCE minimum floor communicated.

Country response…

3.2.3 Deployment Modality

Please select which deployment modality has been chosen for the 6.0 period, and explain the rationale and the associated risks and mitigation strategies below.

- ☐ **Supplier-led**
- ☐ **Country-led** — Please upload the country led deployment toolkit.

Country response…

3.3 Measles / Measles Rubella Follow Up Campaigns

For countries that have already implemented, or had approved, any Measles/Measles-Rubella follow-up or MR catch-up campaigns in the Gavi 6.0 period, please provide the following details:

- For campaigns that have already occurred, please provide a short description of its target population, age range, geographical scope, delivery strategies, coverage achieved, and any key lessons learned.
- For campaigns that have already been approved, but have not yet occurred, please provide a brief description of its target population, age range, geographical scope, and the delivery strategies to be used. If any changes are expected to this previously approved campaign (e.g. a reduced target population) these should also be noted.

If support for a new campaign is being requested as part of this application, please complete Annex A and/or B. Details on these new campaign requests do not need to be included in this section.

Country response…

3.4 Complementarity and Integration

How will Gavi support align with broader health sector and other immunisation financing, priorities, and programmes?

Please describe:

- Complementarity to domestic funding and other development partner assistance (e.g., the Global Fund)
- Integration with or complementary to relevant programmes such as primary health care (PHC), malaria programmes, the Global Polio Eradication Initiative (GPEI), water, sanitation and hygiene (WASH), Neglected Tropical Diseases (NTDs), nutrition, or health campaigns?

Country response…

3.5 Multilateral Development Bank (MDB) Alignment

Is the country currently considering, preparing, or implementing any health, nutrition, maternal and child health, education, or WASH project in collaboration with a Multilateral Development Bank (MDB) — such as the World Bank, Asian Development Bank, or Asian Infrastructure Investment Bank — that could present opportunities for alignment or pooling of financing with Gavi support?

- ☐ **Yes** — Please describe the project(s), including the timeline for project development, stage of preparation, and potential areas of alignment. Where relevant, also specify key co-financiers or partners, the financing instrument (e.g., IDA grant/credit/loan), and whether results and MEL frameworks are aligned or coordinated with Gavi support.
- ☐ **No**

Country response…

3.6 Coordination and Performance Management

Please describe the governance and coordination mechanisms to oversee grant implementation at national and sub-national levels, including monitoring, evaluation, and regular performance reviews for scaling of best practices and correcting under-performance.

This space can also be used to further explain the targets set in the Grant Accountability Framework (GAF), as further described in the Gavi 6.0 Funding Guidelines, how these will be monitored and plans for supplemental evidence generation activities (e.g. surveys, research, evaluations).

Country response…

3.7 Sustainability

Please describe how activities will be sustained after this Gavi grant ends. Specify which activities are expected to transition to domestic or other financing within or after the grant period.

Country response…

4. Risks and Mitigation

This section comprises one part: Risk Management. It outlines the risks to grant implementation and how they will be managed."

4.1 Risk Management

Please identify risks arising from the changes and trade-offs described above and describe how these will be mitigated.

Please complete the table below for each identified risk.

Risk	Mitigation Measure
Describe the risk and how it could affect immunisation programme delivery and outcomes.	*Describe the actions to manage this risk.*

Annex A: Vaccine and Campaign Support Supplement – within 3 years of grant start date

If vaccine and campaign support was selected in Section 2, please complete this annex.

This annex comprises 12 parts. Please use it to provide information for any request for new vaccine and/or campaign support, for activities to be implemented **within 3 years** of the grant start date. For example, if the grant starts in January 2027, this covers vaccine and campaign support through 2029. This includes new routine introductions, malaria scale-ups, and catch-up or preventive campaigns.

It is **not necessary to duplicate information** already provided elsewhere in the application. If the information is already covered elsewhere, or in a separate introduction plan, please provide a **clear reference**, including document, section, and page number. Use this annex only for information **not already covered**.

Separate forms may be completed for separate introductions or campaigns. Where introductions or campaigns are planned to be integrated, a single copy of this Annex should be completed, clearly outlining the relevant details for each of the planned integrated activities.

Countries are encouraged to provide the same level of detail in Annex A for any activities on the standby list to facilitate review and consideration should future funding become available. In Annex F, please clearly indicate which, if any, of the introductions or campaigns listed below are on the standby list.

A.1 Summary of new vaccine support

Please list the vaccine and/or diagnostic programme(s) for which you are applying support for including the month/year targeted for the launch.

Country response…

A.2 Epidemiological and programmatic justification for new support request

Please provide the epidemiological and programmatic justification for prioritising the planned new vaccine introduction and the timing, in line with national immunisation priorities and Gavi 6.0 programme eligibility and strategic objectives.

For campaign support, please provide the epidemiological justification for the proposed campaign and target population/age range, including relevant evidence on cases by age and vaccination status, routine immunisation and previous campaign performance, and population immunity gaps.

Where applicable, please include a justification for national vs subnational targeting, and explain which complementary delivery strategies (e.g. periodic intensification of routine immunisation (PIRI)) may be used in the areas not targeted by the campaign.

Country response…

A.3 Country governance process (decision-making, endorsement, and coordination)

Describe the process that led to the approval of these vaccine investments.

Please include:

- The recommendation from the NITAG (or equivalent body).
- The Ministry of Health's approval, and any Vaccine Prioritisation exercises or analyses.
- Where available, include the relevant meeting minutes or documentation supporting these decisions.
- For campaigns, describe plans to establish or strengthen a committee/commission, where one already exists, to monitor readiness and campaign performance and support collaboration with the Ministry of Education.

Country response…

A.4 Target population and dosing

For each vaccine, please note the target population, coverage rates and dose schedule as reflected in your Vaccine Budget Simulation Tool. Please provide the rationale for these figures, for example:

- The age, gender, and targeting criteria used to arrive at the target population, and whether there are any excluded populations (for example, pregnant women)
- Assumptions underlying the dose schedule (including timing and number of doses)

In addition, for Malaria applications, please include information in the format in this template

Country response…

A.5 Service delivery and integration

What is the proposed service delivery strategy for this introduction or campaign, including coordination or integration across antigens and tailored approaches for special, vulnerable, or hard-to-reach populations?

Please describe:

- Integration opportunities within or beyond EPI, including campaigns planned within 12 months and functions to be integrated.
- What relevant stakeholders and programmes such as polio, neglected tropical diseases, school health, maternal and child health, primary health care will support planning, coordination, and decision-making.
  Integration may include shared microplanning, training, supervision, logistics, and monitoring and evaluation; it does not require co-administration or co-delivery.

Country response…

A.6 Demand Generation & community engagement

Describe demand generation and community engagement approaches to support uptake of the selected vaccine(s) introductions, scale-ups or campaigns, including social mobilisation methods, communication, and advocacy. Please link this to approaches that have worked or not worked in recent introductions or campaigns.

Country response…

A.7 Human Resources for Health

What are the human resource requirements to support delivery of the selected vaccine(s) introductions, scale-ups or campaigns?

Describe:

- Any additional workforce needs, training, supervision, and task-shifting approaches.
- Operation of vaccination posts for campaigns (number of teams, vaccinator workload per day) based on WHO guidance, for each campaign strategy (e.g. fixed post, mobile).

Country response…

A.8 Supply Chain

Please describe supply and cold chain readiness for each applicable vaccine introduction, scale-up or campaign, including whether there is sufficient cold chain space, and if Controlled Temperature Chain (CTC) methods are to be deployed.

Country response…

A.9 Data and digitally enabled information and payment systems

A.9.1 Data and health information systems readiness

Please describe the readiness of data and health information systems for each applicable vaccine introduction, scale-up, or campaign.

For campaigns, outline arrangements for pre-, intra-, and post-campaign data collection, data flow, and how data will be used to monitor performance and guide timely action.

Country response…

A.9.2 Artificial intelligence and digital innovation

If artificial intelligence (AI) or digital innovations are leveraged, describe how these will be used and outline measures to ensure their responsible, ethical, and secure use.

Country response…

A.9.3 Digital payment readiness

Please describe the current state of end-to-end digital payment readiness for this campaign, covering the full payment lifecycle from health worker enumeration, enrolment, registration, and account onboarding through to payment delivery, reconciliation, reporting, and issue resolution. Please attach the completed Digital Payments Readiness and Transition Checklist to the application to support this description.

If all eight conditions of the Digital Payments Readiness and Transition Checklist are not met (i.e. a "No" response is registered for any of the conditions), please briefly outline the steps that will be taken to address the barriers or gaps identified from the checklist to ensure the country will be able to implement end-to-end digital payments for campaign workers moving forward. More details on the checklist and transition statement requirements can be found in the Programme Funding Guidelines (Annex 10B).

Country response…

A.9.4 Enablers, constraints, and risks

Please identify the key enablers, constraints, risks, and remaining actions and support required to achieve implementation readiness.

Country response…

A.10 Vaccine Preventable Disease (VPD) surveillance

How is the VPD surveillance system is linked to vaccination?

Describe:

- How cases are detected and reported.
- How surveillance data are used to guide immunisation strategies, monitor programme performance, and inform response activities.

Country response…

A.11 Adverse Event Following Immunization (AEFI)

Please describe the processes in place for the identification, management, reporting and communication of adverse events following immunisation (AEFI).

Please include:

- How AEFI will be detected and assessed.
- How cases will be managed and referred where needed, the reporting pathways and timelines.
- How communication with caregivers, communities, health workers and other relevant stakeholders will be handled.

Country response…

A.12 Campaign Monitoring

For campaigns, what are the plans for monitoring the performance of the campaign – both intra-campaign and post-campaign?

- **Intra-campaign**: Monitoring should be context-adapted and ensure that real-time corrective action to implementation can be driven by real-time data (this should include plans and triggers for mop-up vaccination).
- **Post-campaign**: Post Campaign Coverage Surveys (PCCS) remain the gold standard. However, countries can now instead choose context-relevant approaches (e.g. RCM, LQAS, or PCCS). Clarify which approach will be used and how the data will be used for strengthening routine immunisation and campaign outcomes.

Country response…

Annex B: Vaccine and Campaign Support Supplement – 3 years after grant start date

If vaccine and campaign support was selected in Section 2, please complete this annex.

This annex comprises four parts. Please use it to provide information for new vaccine introductions (NVI) and campaigns happening **after three years** from the start of the grant. For example, a country application submitted in 2026 would cover NVIs and campaigns planned for 2030.

Countries are encouraged to provide the same level of detail in Annex B for any activities on the standby list to facilitate review and consideration should future funding become available. In Annex F, please clearly indicate which, if any, of the introductions or campaigns listed below are on the standby list.

B.1 Summary of new vaccine support

Please list the vaccine and/or diagnostic programme(s) for which you are applying support for including the month/year targeted for the launch. If a specific vaccine product or presentation is planned, please describe.

Country response…

B.2 Epidemiological and programmatic justification for new support request

Please briefly describe the programmatic and epidemiological justification for the request. Please describe how the vaccine was prioritised, or for campaign support, the proposed campaign and target population/age range, including relevant evidence on cases by age and vaccination status, routine immunisation and previous campaign performance, and population immunity gaps.

Country response…

B.3 Country governance process (decision-making, endorsement, and coordination)

Please describe Is there already regulatory approval for the vaccine product from the National Regulatory Authority and if not, what is the timing for obtaining the approval?

Country response…

B.4 Target population and programme design

Please briefly summarise the proposed programme design, target population, geographic targeting, delivery schedule, and introduction approach. If there is a campaign, please summarise plans for integration (from planning to implementation)

Country response…

Annex C: Cold Chain Equipment (CCE)

If the cold chain procurement investment was selected in Section 2 for any new CCE procurements not previously approved by Gavi, please complete this annex.

This annex comprises four parts. Please use it to provide information on CCE systems, investments, deployment and maintenance plan.

C.1 Cold Chain System Overview

Please provide an overview of the cold chain system and infrastructure status, including key gaps and total CCE needs for the grant period. This should include the existing inventory update system, including the year of the last update.

Country response…

C.2 Cold Chain Investment

How will Gavi support help address the CCE gaps and complement existing CCE capacities?

Please include:

- How Gavi support for CCE was prioritised (e.g. replacement, expansion or extension).
- The total CCE budget (Gavi, country, procurement fees) and describe the funding source, status for the joint investment and any funding gaps that will not be addressed.
- A justification where CCE needs are lower than the CCE minimum floor communicated.

Country response…

C.3 Equipment Deployment Plan

Please select which deployment modality has been chosen and explain the rationale and the associated risks and mitigation strategies.

- ☐ **Supplier-led**
- ☐ **Country-led** — Please upload the country led deployment toolkit

Country response…

C.4 Cold Chain Equipment Performance Monitoring and Maintenance

How will the cold chain equipment be monitored and maintained to ensure reliable operation over time?

Please describe:

- The preventive and curative maintenance system in place.
- Key barriers and proposed interventions to strengthen the system, including who will carry out the maintenance and repairs.
- How data will inform decisions, and how maintenance, including spare parts, will be funded.

Country response…

Annex D: Diagnostics Support

If new diagnostics support was selected in Section 2, please complete this annex.

This annex comprises 13 parts. For any new diagnostics support request, please refer to Gavi's 6.0 Funding Guidelines: Part A, 4 and Annex 3 for relevant guidance.

Please respond to the questions below for the disease(s) for which you are applying for diagnostics support. In addition to the information provided in this form, please **attach any existing documents** that would provide further information relevant to this application. In some instances, Gavi requires the use and inclusion of specific tools or templates. These instances are mentioned and reflected in Annex 4 of the Application Checklist.

Please select the disease(s) for which you are applying for new diagnostics support:

- ☐ Cholera
- ☐ Yellow Fever
- ☐ Measles

D.1 Rationale for the request

Describe how expanded diagnostic capacity fits into your country's plan for controlling and/or eliminating the disease for which you are requesting support. If available, please include in your application an existing government-endorsed disease response, control and/or elimination plan relevant to the disease for which diagnostic support is requested.

Country response…

D.2 Epidemiology

For each relevant disease, please include a tabular overview, including information on suspected and confirmed cases, with reference to relevant test type, over the past five years (or three for Yellow Fever). A sample table is included below.

Disease:					
Year	**Number of suspected cases**	**Number of cases tested by RDT**	**Number of RDT positive cases**	**Number of cases tested by culture/ PCR**	**Number of culture/ PCR positive cases**
2025					
2024					
2023					
2022					
2021					

Please suitably adapt and add more tables for all relevant diseases

D.3 Surveillance and Laboratory Testing

Describe current surveillance performance and laboratory-based surveillance testing capacity gaps.

Please include:

- Information on relevant electronically linked data reporting systems.
- Information on laboratory referral system (including variability, if any, by disease).
- Information on specimen transport.
- How surveillance results inform (vaccination and other) decision making.
- How improved surveillance testing capacity will result in accelerated case identification, outbreak confirmation, and vaccine implementation.

Country response…

D.4 Target Population

Please describe how testing will cover suspected cases detected through national surveillance, with emphasis on high- and moderate-risk areas identified by WHO.

Equity should be considered by ensuring coverage across high-risk zones and referral systems from peripheral sites to reference labs.

Country response…

D.5 Volume Request

Please detail the total requested volumes:

- If applying for Yellow Fever diagnostic support, please ensure the total volumes requested are broken down by year and by technology type.
- If applying for Cholera diagnostic support, a supporting Cholera Diagnostics Quantification excel file is available on request from Gavi to calculate the requested volumes and can be attached as part of the application. If this file is not used, please clearly detail the volumes requested and the approach and calculations that informed the request.
- If applying for measles diagnostic support, please refer to the WHO's Global Measles and Rubella Laboratory Network (GMRLN) testing and operational guidelines (2026) on how to calculate and present the volume request.

Country response…

D.6 Supply Delivery – Port of Entry and Contact

To facilitate timely delivery of supplies, the country will be responsible for providing the green light to UNICEF to enable the scheduling of shipments with UNICEF Supply Division.

Provide the **name**, **address** and, if available, **geocoordinates** of the first international airport of entry on CIP, Named Airport that UNICEF Supply Division will ship all diagnostics tests to. Please share relevant details, if variability by disease.

Country response…

Please identify at least one point of contact at the desired delivery location and provide their **name**, **phone number** and **e-mail address** below. If the application is approved, UNICEF will reach out to that person to discuss delivery of supplies. Please note that this is a critical requirement that will enable successful procurement and delivery – if the contact listed is unavailable or the details are not up to date, this could cause significant delays.

Country response…

D.7 Customs

The country is responsible for paying or securing waiver of customs clearance, insurance, handling, and storage upon arrival of diagnostic equipment.

What is the country's plan for securing the necessary customs clearance and any other import authorizations, e.g., tax waivers? Please share relevant supporting documentation and include relevant details, if variability by disease.

Country response…

D.8 In-Country Distribution

The country is responsible for storage of diagnostic tests in suitable (e.g., appropriate temperature) conditions and distributing them from the previously identified port of entry to lower levels and health facilities.

Please provide brief details on the medical supply chain system in-country and provide examples of the ability to distribute diagnostic tests from central to lower levels.

Country response…

D.9 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including presence of a regulator of medical devices and in-vitro diagnostics (IVDs). Please identify at least one point of contact with phone number and e-mail address at the National Regulatory Agency. UNICEF will need to communicate authorization requirements to manufacturers.

Country response…

D.10 Data management and Programmatic Reporting

Please describe the process by which data will be systematically reported to WHO following the relevant disease-specific guidelines and templates (i.e. Cholera – GTFCC, Yellow Fever – WHO GYFLaN, Measles – WHO GMRLN). This includes reporting of; number of suspected cases, number of cases tested (total and by test method), number of positive cases, and number of deaths. Please include with the application an example of the template currently used to report surveillance and testing results to the WHO for Yellow Fever, Cholera and/or Measles.

Note: Countries may also be asked to provide information on diagnostic testing through surveys. Gavi expects that (i) future renewal requests for diagnostic equipment, and (ii) future applications for preventative campaign support should reflect improved diagnostic capabilities and reporting. Gavi requires that country applications for Gavi funding support for reactive and preventive campaigns use data from routine testing to substantiate plans on where such campaigns should be conducted.

Country response…

D.11 Diagnostic Procurement Funding

While no cost-sharing requirement is requested in the current window of support (i.e. until end of 2030), a cost-sharing requirement will eventually be introduced for diagnostics support. More information will be provided by your Gavi Senior Country Manager (SCM) as it becomes applicable. To ensure long-term financial sustainability, countries will be expected to eventually contribute some of their resources and gradually assume full responsibility for funding diagnostics.

Please explain how domestic resources will be budgeted for test, reagents and/or consumables procurement, as needed, for this fiscal year and in future years.

Country response…

D.12 Surveillance Systems Funding

Operational funding for introduction or expansion of diagnostic funding is not available through this mechanism. Revision of surveillance guidelines, training, development of reporting tools, distribution of diagnostic tests, and specimen transport should be funded through other means.

Please include:

- Information about any existing or planned funding and activities for specimen transport, surveillance training and other surveillance strengthening activities.
- Details about the source of funding, e.g., domestic funding, Gavi's Health Systems Strengthening (HSS) funding, or support from other partners.

Country response…

D.13 Integration

Please describe how the requested diagnostic support will be integrated with national immunisation programmes, Integrated Disease Surveillance and Response (IDSR), coordinated technical assistance to support training, and performance monitoring through quality assurance and control, proficiency panel and laboratory assessments.

Country response…

Annex E: Vaccine Switch and Optimisation Support – within 3 years of grant start date

If vaccine optimisation support was selected in section 2, please complete this annex.

This annex comprises four parts. Please use this section to provide the necessary information to request to switch to a different vaccine product, presentation, schedule or use across the vaccine portfolio. For definitions and requirements, please consult the Gavi 6.0 Funding guidelines.

To complete the table below, use the **exact vaccine product and presentations** description as provided in Gavi's Detailed Product Profiles list when completing the information below for each of your switch requests.

If there is a planned switch to a presentation/product that is currently not in the Gavi menu (e.g. HPV9), please include it as indicative in the table below, noting a contingency action in case it is not available by the planned switch date.

Switch from:	**Switch to:**	**Planned switch date** (DD/MM/YYY)	**Contingency action if not yet on Gavi Menu at switch date**

Add rows as needed

E.1 Country context

E.1.1 Reason for switch request

Select the reason for the switch request below. For example, for Gavi Alliance requests, this could be example due to policy changes or supply disruptions.

- Gavi Alliance request ☐ **Yes** ☐ **No**
- Country's elective choice ☐ **Yes** ☐ **No**

If **country's elective choice** is selected, please describe the rationale. Please indicate the drivers for this switch, such as cost considerations (e.g. wastage, price), vaccine's clinical profile, logistic considerations, programmatic suitability, epidemiological/strategic considerations or other.

Country response…

E.1.2 Programmatic eligibility criteria for this switch.

Please elaborate on how the country fulfils the programmatic requirements (if applicable).

Note that for a PCV 1+1 schedule switch, countries must demonstrate strong population immunity (e.g., ≥80% average PCV3 coverage over the past 5 years or evidence of low vaccine-type disease/carriage) and a robust second year-of-life vaccination platform (≥80% average MCV1 or equivalent coverage over the past 5 years). Additional desirable criteria include a cost–benefit assessment and adequate disease surveillance capacity.

Country response…

E.1.3 Routine Vaccination

Has routine vaccination already started? ☐ **Yes** ☐ **No**

Note that some countries approved with one product have had to switch before launch due to unavailability.

E.1.4 Stock Levels

Has the country experienced stock-out of this antigen over the past 12 months?

☐ **Yes** ☐ **No**

Please provide the current stock level of the current presentation(s) in the table below. If applicable, indicate whether routine or campaign doses.

Antigen:		
	Routine (number of doses/ months of stock)	Campaign (number of doses)
Central level		
Second level		
Third level		

Please add more tables for relevant antigens

E.1.5. Off label use

Does the implementation include off-label use? ☐ **Yes** ☐ **No**

If **yes**, has a national policy change been agreed to? ☐ **Yes** ☐ **No**

E.1.6 Licensing

Is the new presentation licensed in the country? ☐ **Yes** ☐ **No**

If **no**, please provide the time to obtain a license or approval and specify whether national regulations allow for waiver or expedited registration procedure of a WHO Prequalified Vaccine, and confirm if the licensing process will be completed before shipment.

Country response…

E.1.7 Cold Chain Capacity

Is there sufficient cold chain capacity at all levels to accommodate the vaccine switch?

☐ **Yes** ☐ **No**

If **no**, please elaborate on plans to increase capacity/mitigate this need.

Country response…

E.1.8 Procurement & Delivery Mechanism

Does the country procure immunization supplies through UNICEF or the PAHO Revolving Fund? ☐ **Yes** ☐ **No**

If **no**, please include a description of the alternative mechanism of supply and delivery of immunization and the vaccines or goods that the country intends to procure through this mechanism

Country response…

E.2 Switch impact assessment summary

A switch will impact one or more of the six dimensions listed below. Gavi will request each application to have assessed each dimension to surface potential trade-offs between the benefits and downsides of the switch. Please fill in the table based on EPI and or NITAG assessment.

Key Areas for Consideration	Potential switch impact for country	
Ease of use (e.g. single dose, liquid form, oral, dose schedule)	☐ No change ☐ Impacted	*Describe the anticipated impact here…*
Cold chain, transport, storage requirements	☐ No change ☐ Impacted	*Describe the anticipated impact here…*

Efficacy, effectiveness or safety	☐ No change ☐ Impacted	*Describe the anticipated impact here…*
Coverage (acceptability, missed opportunities)	☐ No change ☐ Impacted	*Describe the anticipated impact here…*
Financial Sustainability (cost, price, wastage)	☐ No change ☐ Impacted	*Describe the anticipated impact here…*
Supply (availability, security, locally made)	☐ No change ☐ Impacted	*Describe the anticipated impact here…*

E.3 Operational costs to support the switch

There might be one-time investments associated with the product, presentation, or use switch such as planning, training, supervision, document production and printing, and social mobilisation. These costs need to be considered within the allocated Cash budget.

Are operational costs are included in the overall cash budget? ☐ **Yes** ☐ **No**

E.4 Implementation plan

What is the switch implementation plan?

Please describe the activities that are required for a successful switch, including a timeline of these activities (e.g. identify training needs, cold chain requirements, timeline of activities).

If applying alongside a routine introduction, this plan can be integrated with the new vaccine support request articulated in Annex A.

Country response…

Annex F: Vaccine Budget Simulation Tool Supplemental Narrative

Complete this annex for the Vaccine Dose Plan scenario being submitted. Annex F comprises three sections (F.1 to F.3), all of which must be completed. Add rows as needed and enter “None” or “N/A” where applicable rather than leaving any fields blank.

F.1 Supporting Documentation for Vaccine Dose Plan Parameters

Use the table below to provide supporting information for the parameters used in the submitted vaccine dose plan (Vaccine Budget Simulation Tool Scenario).
Complete the applicable parameter rows and identify the vaccine programme(s) to which each parameter applies. Duplicate rows as needed.

For each applicable parameter, provide a supporting narrative, a link or a citation to supporting sources. Where baseline values are retained, cite supporting sources with which those values align. The examples in the table illustrate the types of supporting documentation that may be provided.

If the supporting information is already provided elsewhere in the application or in a separate document, provide a link or a reference rather than repeating it. For document references, include the title and the relevant section, page or table number.

Parameter	Vaccine programme(s) concerned	Examples of supporting documentation	Country-specific parameters and sources
Complete the applicable rows for baseline or modified parameters. Duplicate rows as needed.	*List the vaccine programme(s) to which each parameter applies.*	*Use these examples to identify relevant supporting documentation.*	*Provide a supporting narrative, a link or a reference to source material.*
Population	*[Enter vaccine programme(s)]*	*Final results of a recent census.* *Report triangulating multiple independent sources.* *UNWPP population projection.*	*Narrative description, if applicable.* *Source: [Document title, date, section, page/table and link or reference].*
Coverage	*[Enter vaccine programme(s)]*	*Finalised results of the Demographic and Health Survey (DHS); or* *Multiple Indicator Cluster Survey (MICS); or* *Equivalent population-based household survey conducted within the last two years.*	*Narrative description, if applicable.* *Source: [Survey or document title, date, section, page/table and link or reference].*

Wastage	*[Enter vaccine programme(s)]*	*Wastage rate study adopted by the EPI core group or interagency coordination committee.* *Reports covering 12 months of active monitoring of wastage, stock and consumption; or* *Documentation confirming adoption of the WHO wastage rate calculator.*	*Narrative description, if applicable.* *Source: [Study, monitoring report or calculator output, date/reporting period and link or reference].*
Buffer stock	*[Enter vaccine programme(s)]*	*Documentation of longer intervals between supply arrivals, supported by an analysis of stock performance trends.*	*Narrative description, if applicable.* *Source: [Supply schedule or stock analysis, date and link or reference].*

F.2 Vaccine Budget

F 2.1 BUDGET POSITION

a) Is there a funding deficit in the overall budget?

- ☐ Yes
- ☐ No

b) If the scenario exceeds the available Vaccine Budget, what trade-offs were considered to improve budget alignment?

- ☐ Standby list
- ☐ Transfer from discretionary to guaranteed[1]
- ☐ Fully or partially self-financing vaccine programmes

c) Does the scenario make use of the Discretionary Budget to support Guaranteed Budget programme priorities?

- ☐ Yes
- ☐ No

If yes, how much of the Guaranteed Budget shortfall is covered by a transfer from the Discretionary Budget?

Amount in figures rounded to millions as per the scenario (e.g. $0.05M)…

F 2.2 STANDBY LIST

What to include:

a) List each item in the submitted scenario to be placed on the Standby List: a vaccine programme, in full or in part; a programme-specific parameter; or a product switch.
b) In Parameter Values, specify the value or range of each programme-specific parameter to be placed on standby. Include the unit where applicable; for example, for coverage, enter “above 70% and up to 100%”.
c) For product switches, include product for which retaining or introducing a higher-cost product exceeds available Vaccine Budget resources. This includes higher-cost products such as current PCV products, HPV9, or hexavalent vaccines.

[1] Guaranteed budget needs financed through the discretionary budget can be put on the standby list.

d) Include self-financed programmes only where self-financing is due to insufficient available Gavi funding and the country wishes the programmes to be considered for Gavi funding if additional resources become available. Exclude activities for which the country has secured committed domestic or other external funding.
e) Include vaccine programmes within the Gavi portfolio that are not yet priced in the Vaccine Budget Simulation Tool (for example, dengue vaccine).
f) Include only Standby List programmes/parameters/products that the country would co-finance and implement if additional Gavi funding became available.

How to complete the table:

a) Use one row per programme and calendar year (or range of years). Add rows as required.
b) In Programme, enter the name of the vaccine programme.
c) In Scope, indicate whether the request covers:
   - an entire programme;
   - a specific portion of a programme (for example, selected age cohorts, years, or share of doses); or
   - a programme-specific parameter (for example, target population, coverage, vaccine product or presentation, wastage, or buffer stock); or a product switch (identify the current and proposed products).
   - or a product switch (identify the current and proposed products).
d) In Parameter Values, enter the value or range to be placed on standby, including the unit where applicable. For product switches, specify the proposed product or presentation where applicable. Enter "N/A" where no parameter value applies.
e) In Funding Type, select:
   - Standby for a standby funding request; or
   - Self-financed for a self-financed programme being submitted for standby consideration.

Year(s)	Programme	Scope	Parameter Values	Funding Type
Enter calendar year(s).	*Enter the vaccine programme. For a product switch, identify the current product.*	*Full programme, part of programme (name the cohort or years), parameter (name it), or proposed product switch (name it).*	*Enter the parameter value, range, or units where applicable, or "N/A".*	*Enter "Standby" or "Self-financed"*
Example: 2029	*Dengue*	*Full programme*	*N/A*	*Standby*
Example: 2027–2028	*MR catch-up*	*Part of programme: 10–14-year cohort*	*N/A*	*Standby*
Example: 2027–2030	*HPV*	*Parameter: coverage rate*	*Above 70% and up to 100%*	*Self-financed*

Example 2028-2030	*IPV/Penta*	*Product switch: IPV/Penta → Hexa10 dose/vial Liquid*	*Product/presentation: Hexa, 10 doses/vial, liquid*	*Standby*