To ensure your Gavi 6.0 Grant Application is ready for submission, use the checklist below to confirm that you have completed all required components.

Required - Gavi Templates

- ✓ Gavi 6.0 Narrative Template (including relevant Annexes)
- ✓ Gavi 6.0 Budget Template
- ✓ Gavi 6.0 Results Framework & Targeted Areas Template
- ✓ Gavi 6.0 Vaccine Dose Requests (Vaccine Budget Simulator Tool & Form)

Required - Supporting Documents

- ✓ **National Immunisation Strategy** (or equivalent)[1]
- ✓ **WHO CCE Inventory & Gap Analysis Tool** or equivalent with required information (in addition to the CCE section of the 6.0 Gavi Narrative template and CCE tabs in the 6.0 Gavi Budget Template), see *Annex 1* of this document.
- ✓ **NITAG minutes and endorsement** of all New Vaccine Introductions (NVIs) included in the holistic application
- ✓ **Meeting minutes or evidence of an Interagency Coordinating Committee** (ICC) or equivalent forum engagement. Further details in *Annex 2* of this document.
- ✓ If applying for **new vaccine introduction(s)** or **campaigns:** See *Annex 3* of this document for cases where specific additional documentation is required, *e.g.,* risk assessments relevant to certain vaccines.
- ✓ If applying for **diagnostics support**: See *Annex 4* of this document for cases where specific additional documentation is required.

Required - Endorsements

- ✓ **Minister of Health** or delegated authority Signature & Endorsement Form
    - For HPV support with a school-based strategy: **Minister of Education** or delegated authority Signature & Endorsement Form
- ✓ **Minister of Finance** or delegated authority Signature & Endorsement Form

[1] Countries should submit their National Immunisation Strategies (inclusive of narrative, NIS Cost budget, and M&E Frameworks) where documents are available and have been completed within the last 3 years. In instances where not all NIS documents are available or current, please submit whichever is available within the requested timeframe. Where NIS are not available, please submit an alternative recent strategy that provides insight into the country's health and immunization systems and its priorities (for example, a Health Sector Strategic Plan or similar).

Recommended Supporting Documentation

- ✓ Most recent EPI Review[2] (if not already provided to Gavi)
- ✓ NITAG endorsement of holistic application portfolio
    - This would be in addition to the required NITAG endorsement of each NVI, to provide assurance that the justifications for the overall portfolio of introductions, campaigns and switches within the holistic application has been considered in addition to considerations of individual introductions.
- ✓ Other existing documentation a country feels would support its application
    - For example, if recent Plans of Action or relevant assessments have been conducted, these could be included in addition to the required documents.
- ✓ Effective Vaccine Management (EVM) Assessment (if applying for Supply Chain Support)
- ✓ EVM Comprehensive Improvement Plan (if applying for Supply Chain support)

[2] Recommended guidance for EPI Reviews: https://www.who.int/publications/i/item/WHO-IVB-17.17

Annex 1. CCE Documentation

Required at time of application:

- ✓ **WHO CCE Inventory and Gap Analysis Tool** (updated in the past 12 months including recent procurements) or equivalent with the required analysis for IRC review
- ✓ **CCE Deployment Toolkit** (only for country-led deployments) for IRC review

Required prior to procurement:

- ✓ **Operational Deployment Plan** (ODP). The ODP is required at least 6 months prior to procurement.
- ✓ Proof of status for **CCE Tax Exemption**. Please submit either an existing tax policy 6 months prior to procurement or a tax exemption letter.

Recommended

- ✓ **Effective Vaccine Management (EVM) Assessment** (updated in last 5 years)
- ✓ **EVM Comprehensive Improvement Plan** (updated in last 6 months)

Annex 2. Governance

The Application should be developed or, at minimum, endorsed by **a country-level coordination forum of the country's choosing**, such as an Interagency Coordinating Committee (ICC), Health Sector Coordinating Committee (HSCC) or similar.

Gavi encourages the inclusion of all relevant stakeholders (MoH, other government departments, technical partners, donor representatives and civil society) in the forum.

The forum should further ensure that the requested support is fully aligned with the country's Primary Health Care (PHC) strategy and plans and is aligned with existing or planned support from domestic or other donors. Ideally, joint planning approaches across PHC support should be adopted.

As proof of engagement, countries can submit meeting signed meeting minutes, attendance records or other evidence that this forum was actively engaged in the

development or review of the country's application to Gavi. If such evidence is not available, at minimum a sign-off of the submitted application materials by members of the ICC (or similar forum) is required.

Annex 3. New Vaccine Introductions and Campaigns

Please refer to the Gavi 6.0 Funding Guidelines – particularly Annex 3 - to review programme-specific eligibility and narrative requests. These details should be included within the Narrative Template Annexes.

For all new vaccine support requests **NITAG minutes** recommending vaccine product (if applicable), presentation (if applicable), and schedule are required.

Specific additional documents or information required to be attached to applications:

	Routine *If blank, no additional documentation is required beyond the information provided in the Narrative Annexes.*	Campaign *If blank, no additional documentation is required beyond the information provided in the Narrative Annexes.*
Oral Cholera Vaccine		
DTP-Containing Vaccine Boosters		
DTP-Containing Hexavalent		
Pentavalent		
Hepatitis B Birth Dose		
Ebola Vaccine (Preventative Vaccination)		
Human Papillomavirus	For new introductions that include school-based delivery, Ministry of Education signature to the application (as part of Ministry of Health signature form).	
Human Rabies	Applications should provide available data on human to dog ratio, dog bite cases, suspected, probable, confirmed rabies cases in humans and animals, adherence to and completion of PEP schedules.	

Japanese Encephalitis	For both the routine immunisation and catch-up campaign scope, surveillance data should be used to inform the proposed geographic scope – such as number of Acute Encephalitis Syndrome (AES) cases per capita, and laboratory confirmation rate (% of tested AES cases that were JE IgM-positive). In the absence of data from JE/AES surveillance, data from rapid assessments and environmental and biological plausibility must be included as justification, as well as plans to establish systems or conduct studies to collect surveillance data.	
Malaria	• *National strategic plan for malaria:* Provide the national malaria strategic plan, or an addendum to the national plan, that includes a description of how the vaccine fits within the broader mix of malaria interventions, and how it contributes to overall disease control goals. Countries that do not have a national malaria strategic plan that includes the vaccine must describe in a separate document or in an addendum if the plan is not updated to include the vaccine. • *Malaria burden and epidemiology:* Provide local data detailing the target population and malaria transmission that includes the routine target population, by administrative area, based on data quality and malaria transmission (e.g. annual incidence or PfPR) in their context and according to WHO definitions of moderate and high transmission. • *Subnational target populations and introduction approach:* Specify which subnational areas of moderate and high malaria transmission are/will be targeted for the malaria vaccine and which subnational areas prioritised for Gavi support. Provide a summary of the malaria vaccine approach (including one-time introduction or scale-up phases), including areas already implementing. Indicate funding sources for the phased approach including Gavi's support up to 70% of moderate and high transmission areas, and as relevant phases and areas (beyond 70%) to be supported by other funding sources or if there are identified gaps requiring resource mobilisation. For countries re-targeting the approach of their existing routine programme, additional information on how the 70% guideline will be applied would be useful. • *Expanded age eligibility in the introduction year (if planned):* Describe the specific age of eligibility for children to receive the first dose of malaria vaccines at launch of vaccine introduction or scale-up areas, if/as applicable, to allow adequate calculation of top-up vaccine doses by Gavi.	
Measles Measles-rubella		

Meningitis	**For Men5CV applications**: Countries are required to conduct and attach a risk assessment using the MenRAT tool and methodology (with WHO support as needed) to inform the MMCV/Men5CV introduction strategy and determine high-risk areas and eligibility to Gavi support.	
Pneumococcal		
Inactivated Polio		
RSV		
Rotavirus		
Typhoid	Countries are required to provide all available country-specific data on *S. Typhi* burden. This may include: (i) *S. Typhi* laboratory confirmation by blood culture and molecular testing (ii) Typhoid intestinal perforation (TIP) data, (iii) confirmed typhoid outbreaks and (iv) antimicrobial resistance patterns. Data should be disaggregated by age group if available. More information: 'Typhoid Data Guidance for Gavi applications'.	
Yellow Fever		**Targeted vaccination campaigns**: For countries requesting targeted catch-up campaigns, provide epidemiological justification (e.g. using the immunity gap assessment tool, or other rationale based on previous coverage levels and surveillance data).
COVID-19		
Mpox		

Annex 4. Diagnostics support documentation

For more detailed explanations of the below requirements, please refer to Gavi's Programme Funding Guidelines as well as Annex D of the 6.0 Narrative Template.

Required at time of application

- ✓ **Government-endorsed disease response, control and elimination plan** (if available, and specific to the disease for which diagnostic support is requested)
- ✓ **Reporting template** currently used to submit surveillance and testing results to the WHO for Yellow Fever, Cholera and/or Measles (as relevant to the support request)
- ✓ **Implementation Readiness Checklist** for Cholera and/or Measles (as relevant to the support request)
- ✓ Supporting documentation for **Import and Customs** processes, such as tax waivers (if available)

Recommended

- ✓ **Cholera Diagnostics Quantification** template (available on request from Gavi if applying for cholera diagnostics support; countries may choose to create their own template)

For Reference (to be used in preparing the application; submission not required)

- ✓ WHO's Global Measles and Rubella Laboratory Network (GMRLN) testing and operational guidelines - updated 2026 (if applying for Measles diagnostics support)