Interim Guidance: Transitioning into Gavi 6.0

5 March 2026

1. At a glance

What is the purpose of the guidance?	• Provide clarity for countries on the initial process for transitioning their 5.1 grants to Gavi's 6.0 strategy during the interim period. • Help countries with immediate reprioritisation of critical immunisation needs to ensure sustained funding to cover programme requirements for the country throughout the entire 6.0 funding period (2026-2030). **The transition should be pragmatic, light-touch, and time-limited. Countries should prioritise preparation for the full application and/or reprogramming rather than make extensive revisions at this time.**
What is the interim period?	• Between January 2026 and the time in which a new Gavi 6.0 grant starts.
What does it cover?	• Existing cash support through Health Systems Strengthening (HSS) and Equity Accelerator Fund (EAF) • Existing and recently requested new vaccine programme support.
Who is this for?	• **Cash:** Reprioritisation of cash investments in the transition period to align with 6.0 funding levels for countries who have not submitted a costed HSS/EAF extension request and/or have not adjusted their 2026/27 programming to align with 6.0 funding levels. • **Vaccines:** for all countries to consider immediately implications of Vaccine Budgets and reprioritisation of vaccine investments (see Table 1) **Guidelines for developing and submitting Gavi 6.0 holistic or reprogramming applications will be released by April 2026.**
Submission deadlines	• **HSS/EAF reprioritisation:** as soon as possible and no later than 30 June 2026 • **Paused DLs & applications:** until 30 March 2026, notify Gavi if country chooses to resume its paused DLs and/or applications as standalone requests. Countries may also choose to incorporate into their Gavi 6.0 holistic or reprogrammed application • **New vaccine requests:** in the interim period only accepted for urgent situations (M/MR preventive campaigns or exceptional cases like Ebola), submission windows: 23 March 2026 and 1 June 2026. • **Switch requests:** on a rolling basis during the interim period, up until countries submit their holistic or reprogrammed application. • **Urgent MYA revisions for 2026-2027:** 20 March 2026 • **BCU dose reconciliation**: 6 March 2026 or 23 April 2026, depending on context

2. Context and purpose

This interim guidance explains the process for transitioning from Gavi 5.1 to the Gavi 6.0 strategy (2026 – 2030) and supports countries to immediately reprioritise critical immunisation funding needs to ensure adequate resources for the full 6.0 funding period. Detailed funding guidelines for preparing country applications will be released by April 2026.

Countries are encouraged to keep this transition process pragmatic, light-touch and time-limited, focusing efforts on preparing their Gavi 6.0 country application rather than undertaking extensive revisions now.

The transition into Gavi 6.0 introduces major changes. Funding is more constrained than in previous strategic cycles, while the vaccine portfolio expands, requiring stronger prioritisation and optimization. An overview of what's changing is included below:

2.1 Programmatic priorities and shifts

- **Vaccines:** Gavi 6.0 offers its most comprehensive vaccine portfolio to date. While expanding protection against endemic, epidemic and pandemic diseases is a priority, countries will need to prioritise and optimise vaccine programmes and improve campaign effectiveness. The Alliance will also provide equitable and timely access to mechanisms to respond to outbreaks, epidemics and pandemics, including expanded stockpiles.
- **Systems and equity:** Guided by Gavi's first ever Health Systems Strategy, countries can direct cash support to introduce new vaccines, maintain coverage, strengthen immunisation systems and reach 'zero dose' children, including through preventive campaigns. A new approach to Fragile and Humanitarian settings sharpens focus on underserved communities, older-child outreach, humanitarian collaboration and rapid response to unforeseen needs.
- **Sustainability:** Updated Eligibility & Transition and Co-financing rules strengthen sustainability of immunisation for countries both financially and programmatically.

2.2 Funding model and process

- **One application:** Countries will submit one holistic application or consolidate existing grants into a single 6.0 grant.
- **Cash Budgets:** In March 2026, each country will receive a single Cash Budget for the Gavi 6.0 period. The Cash Budget will consolidate previous Gavi grants including Health Systems Strengthening (HSS), Equity Accelerator Funding (EAF), Targeted Country Assistance (TCA), Cold Chain Equipment Optimization Platform (CCEOP) and cash for new vaccine introductions and campaign operations under a single cash grant. Three guardrails will apply: i) minimum allocation for civil society organisations, ii) minimum spend for purchase of cold chain equipment, and iii) a defined range for high-quality measles/measles rubella follow-up campaigns. The Cash Budget will be complemented and supported by the long-term, essential immunisation functions funded by the 6.0 Country Foundations grant. The Cash Budget provides resources to enable partner support for additional technical assistance.

- **Vaccine Budgets:** In March 2026, each country will receive an indicative vaccine procurement budget for the Gavi 6.0 period. The Vaccine Budget is comprised of a guaranteed portion and a discretionary portion. Final Vaccine Budgets will be communicated to countries in July 2026.

2.3 Transitioning from Gavi 5.1 to 6.0

- **Budget Adjustments:** Any funding disbursed by Gavi on or after January 1, 2026, will count toward a country's Gavi 6.0 budget and allocation. This includes i) Extensions of existing grants and ii) Approved applications/activities from Gavi 5.1 that have not yet been disbursed.
- **Country Cycle Alignment:** All countries are expected to transition fully to the 6.0 strategy and grant model by end of 2027. This transition requires the country to plan holistically for its needs through to 31 December 2030 including reprogramming existing grants as necessary to align with 6.0 goals.

3. Who is this interim guidance for?

Given variations in country contexts, not all elements of this interim guidance will apply to every country. It is important that countries carefully review Gavi's official communication to identify which parts of this guidance apply to them. Senior Country Managers (SCM) should be consulted for any clarifying questions.

Table 1: Applicability of guidance

Scope	Applicable countries
Reprioritisation of HSS and EAF grants	• Countries that have not submitted a costed HSS/EAF extension request and have not adjusted their 2026–2027 programming to align with 6.0 funding levels.
Paused Decision Letters (DLs) and applications	• Countries with paused DLs for vaccines in *guaranteed budget* • Countries that submitted an application for vaccines in *guaranteed budget*, for which the IRC review has been paused. • Countries with paused DLs and applications for vaccines in *discretionary budget.*
Revisions to Multi-Year Approvals (MYAs) and Big Catch Up (BCU) dose reconciliation	• Countries with urgent MYA dose revisions for 2026 or 2027. • Countries that have already submitted a request for MYA revisions for 2026. • Countries that have been implementing the BCU.
Time-sensitive vaccine introduction and preventive campaign requests	• Countries that require a time-critical measles/measles -rubella (M/MR) campaign to mitigate an imminent public health risk during the interim period. • Countries that require preventive Ebola vaccinations with zero material cost to Gavi and significant public health benefits.
Switch requests	• Countries that require vaccine product, presentation or schedule switches that improve value for money in the interim period.

4. Reprioritisation of cash investments

In the context of the transition to Gavi 6.0 and the communication of a single Cash Budget, countries with existing 5.1 grants should reassess current spending plans to ensure alignment with their 6.0 Cash Budget and avoid disproportionate spending early in Gavi 6.0. Countries should prioritise investments that strengthen immunisation delivery systems and accelerate equity in line with their national health goals, and the National Immunisation Strategy (NIS) where appropriate. For HSS and EAF grants, countries are encouraged to strengthen investments that align with Gavi's 6.0 Health Systems Strategy.

The requirement to allocate a minimum of 10% of Gavi support to Civil Society Organisations (CSOs) applies to the full 6.0 cash grant ceiling. Countries are encouraged to consider continuity of critical activities implemented by CSOs during the transition period while applying the prioritisation framework. Existing budget eligibility guidelines (5.0 budget guidelines – March 2024) remain applicable including indicative thresholds where relevant.

Cold Chain Equipment (CCE) procurements within existing and previously approved HSS/EAF grants that are commencing in 2026 will be treated as 6.0 procurements and will require a corresponding joint investment contribution from the country as reflected in the updated Health Systems and Immunisation Strengthening Policy. The minimum spend for cold chain equipment shall be aligned with equipment eligible under cash support in 6.0. More details regarding eligible equipment, joint investment requirements, and deployment modalities will be included in the Programme Funding Guidelines and CCE technology guide.

To support decision-making, countries are encouraged to revise their budgets by categorising activities using the following prioritisation framework.

1. **Must-Have Activities**: Maintain high-impact and essential interventions that are critical to reaching and immunising zero-dose children in marginalised communities while leveraging opportunities for integrated primary health care (PHC) services. These activities should be protected and maintained wherever possible.
2. **Should-Have Activities**: Consider scaling down activities that contribute meaningfully to improving or sustaining immunisation coverage, but which can be reduced in size, scope, or frequency; phased out over time; or integrated with other efforts while maintaining the functionality of the National Immunisation Programme (NIP).
3. **Could-Have Activities**: Reassess investments in activities that may support coverage improvements but are already funded, partially or fully, by the government or other development partners. Gavi's resources may be shifted away from these activities to prioritise those with greater impact or funding gaps. Any such reprioritisation should be undertaken in close coordination with governments and partners to ensure that reduced Gavi support is accompanied by scaled up domestic or partner financing, and that no critical funding gaps are created.
4. **Won't-Have Activities**: Suspend activities that are not essential to reaching zero-dose children, sustaining programmatic performance, or supporting the core functionality of

the immunisation programme. This includes activities deprioritised under the Health Systems Strategy for the 6.0 strategic period.

A differentiated approach should guide the reprioritisation of HSS and EAF activities, based on countries' immunisation performance and transition status within Gavi's strategic framework. Countries in an earlier transition process should prioritise equity-focused and broader coverage-improving interventions, while those further along should shift toward sustainability-focused and more targeted approaches, including reaching zero-dose children in otherwise higher-performing settings. The following table provides further important considerations to guide prioritisation efforts:

Table 2: Considerations to guide country prioritisation of HSS and EAF activities

Size and Absorption Capacity	• Focus reprioritisation efforts on activities or components that represent a significant proportion of the overall budget, as these offer the greatest scope for meaningful resource reallocation. • Review budget assumptions to identify where mark-ups or other factors may have led to inflated or overestimated allocations. • Consider scaling down activities with a history of low budget absorption, adjusting to a level more appropriate to past implementation capacity.
Scope and Frequency	• Consider reducing the frequency & duration of meetings and trainings. • Consider tapering off some activities over time where appropriate. • Limit the number of participants in meetings and trainings and focus on priority geographic areas.
Integration and optimisation	• Integrate routine activities into planned campaigns or existing programmes to maximise efficiency (e.g., combine microplanning with campaigns, harmonise HRH trainings). • Integrate immunisation with other PHC programme activities. • Prioritise interventions with strong evidence of impact.
Funding Landscape	• Reassess funding landscape to identify activities that are currently funded, or planned to be funded, by governments or other development partners, and determine whether continued Gavi financing in appropriate. • Identify activities that could be scaled down, transitioned, co-financed or gradually absorbed into government budgets over time. • Coordinate with governments and development partners to clarify financing roles, plan orderly transitions of support, avoid duplication and ensure continuity of critical immunisation services.

4.1 Treatment of excess cash in the transition to Gavi 6.0

Cash balances held at country level at the end of Gavi 5.1 will be reviewed to determine whether they exceed reasonable working capital needs at the start of Gavi 6.0. For the purposes of this transition, reasonable working capital is defined as the equivalent of six

months of a country's Gavi 5.0 HSS ceiling, Innovation Top-Up (ITU) disbursements and EAF ceiling, assessed as at 1 January 2026. An additional allowance of up to 10% above this level may be considered in limited cases to accommodate approved capital investments (such as procurement and construction), subject to justification and discretionary approval.

Cash balances associated with active vaccine introductions (VIGs), operational support (OPS), switch grants, country delivery support for COVID-19 (CDS) and funding through the Fragility, Emergencies, and Displaced Populations Policy (FED) are excluded from the assessment of excess cash. However, readily identifiable cash balances from completed VIGs, OPS, and Switch grants that can be rolled into HSS will be considered as part of the HSS/EAF/ITU cash balance as at 31 December 2025. Where FED resources are co-mingled with HSS or EAF funds, additional review will be required. Cash held in pooled fund arrangements is excluded from the definition of reasonable working capital.

Excess cash is defined as the aggregate of in-country and partner cash balances (excluding the categories noted above) that exceed the reasonable working capital threshold, based on validated cash balances as at 31 December 2025. Any excess identified will be considered as a prepayment against the country's Gavi 6.0 cash ceiling. Conversely, where a country's cash balance is below the reasonable working capital threshold, its Gavi 6.0 cash ceiling may be adjusted upward to reach this level.

Final determinations and adjustments will be made following submission and validation of end-2025 financial reporting, with adjustments expected to be confirmed in April 2026. Allocation of any ceiling adjustments across implementers will be communicated by SCMs.

5. Vaccine Budgets and reprioritisation of vaccine investments in the interim period

5.1 Vaccine Budgets

Vaccine Budgets are set budget allocations provided to Gavi eligible countries for vaccine procurement under Gavi 6.0. Vaccine Budgets are introduced under Gavi 6.0 to support predictable, transparent and sustainable planning in a context of finite resources and an expanded vaccine portfolio. The approach enables countries to plan across the full strategic period, make informed trade-offs, and align vaccine choices with national priorities and affordability considerations. Vaccine Budgets apply to routine vaccine programmes, new vaccine introductions, and preventive campaigns. Outbreak response vaccines continue to be funded separately.

It is important to note that all vaccines that Gavi supports, whether it be through the guaranteed budget or through the discretionary budget have strong WHO recommendations for use as they offer significant public health gains.

A country's Vaccine Budget is comprised of a **guaranteed** portion and a **discretionary** portion. This is shown in Table 3 below.

Table 3: Components of Vaccine Budgets

Component	Description	Vaccine programmes
1. **Guaranteed budget**	Programmes with assured funding; countries will receive full support	• **HepB birth dose** • **HPV** (including multi-age cohorts) • **IPV or Hexavalent** • **Measles/MR** (routine, catch-up, and follow-up campaigns) • **Pentavalent** • **Pneumococcal conjugate** (routine and catch-up) • **Rotavirus** • **Yellow fever** (routine)
2. **Discretionary budget**	Flexible funding that countries can allocate across eligible programmes	• **DTP-containing boosters** • **JE** (+ catch-up) • **Malaria** • **Meningococcal A/MMCV** (+ catch-up) • **OCV campaigns** • **Rabies PEP** • **RSV** • **TCV** (+ catch-up) • **Yellow fever campaigns**

A country's discretionary budget may not be sufficient to support all additional vaccine introductions or sustain all existing programmes under the budget category. If a country decides to self-finance any vaccine programme under the guaranteed budget, it retains ownership of those funds and may reallocate them to other discretionary budget programmes. As part of their transition into Gavi 6.0 and holistic application planning, countries will need to prioritise and optimise their vaccine portfolios to maximise the impact of their Vaccine Budget, including decisions on paused vaccine programmes, adjustments to multi-year approvals, and potential vaccine product switches and, where required, additional self-financing of vaccines in the discretionary budget category.

5.2 Paused vaccine programmes

In 2025, Gavi temporarily paused approvals for new vaccine introductions and preventive campaigns planned for the Gavi 6.0 period. After countries receive their Vaccine Budget, they are requested to review any paused vaccine programme and/or application within the guaranteed budget category and decide whether to proceed. Countries may decide to proceed with a paused guaranteed vaccine programme during the interim period or wait to submit a new or reprogrammed holistic application. Applications for vaccines within the

discretionary budget will not be considered at this time and must be submitted as part of a country's new or reprogrammed holistic application.

Opting to proceed with a paused vaccine programme during the interim period may limit the outcomes of a Vaccine Portfolio Optimisation and Prioritisation exercise (see section 5.7 – VPOP and Switches), including potential product switches, and the ability to design an integrated, strategic plan that aligns with broader health system goals, which a holistic application offers.

5.3 Time-sensitive vaccine introduction and preventive campaign requests

During the interim period, Gavi will accept time-sensitive vaccine introduction and preventive campaign requests only in limited, clearly defined, and well-justified circumstances, as outlined below:

- Time-sensitive cases where delaying a **measles/measles rubella campaign** until the completion of holistic planning would materially increase public health risks (e.g. imminent or ongoing outbreaks, documented immunity gaps, or other epidemiological triggers),
- Special cases with zero material cost to Gavi but with significant public health benefits (e.g., **Ebola preventive campaigns**).

Any new request that is approved will be funded through the country's available Vaccine Budget and Cash Budget for Gavi 6.0 grants.

5.4 Vaccine product switch requests

Countries opting to apply for a product switch can submit their requests at any time during the interim period. During the interim period, countries should prioritize use of existing cash from HSS/EAF funding for any operational costs associated with the product switch. Countries will be eligible to apply for new operational costs to support switches as part of their Gavi 6.0 country application.

5.5 Adjustments to Multi-Year Approvals (MYA) during the interim period

If urgent additional vaccine doses are needed for 2026 or 2027, countries should submit an MYA revision request by 20 March 2026. Countries that have submitted revised MYAs for 2026 are required to reconfirm their intention to proceed with the submission or make any necessary adjustments. Countries are also asked to submit their 2027 MYA revision request, where applicable. Countries should be aware that there is limited flexibility to accommodate requests due to funding constraints. Standard processes will apply to countries that want to reduce dose approvals for existing programmes.

Countries should ensure any MYA adjustment request clearly notes whether Big Catch-Up (BCU) leftover doses have been considered in the calculations for the request, as these leftover doses may require a differentiated adjustment process (see Section 5.6).

5.6 Big Catch-Up (BCU) dose reconciliation and reclassification of unused doses

Countries implementing the BCU will be subject to a dose reconciliation process to compare the number of BCU doses shipped with the number of doses administered during the BCU period. Ministries of Health will be requested to validate the quantity of remaining BCU doses held in country.

In cases where material quantities of BCU vaccine doses (more than the equivalent of 1-months' worth of routine 2026 vaccines) have not been administered for catch-up vaccination, the Alliance, in consultation with countries, may reclassify the amount as “routine” followed by a proportional reduction of future Gavi-supported routine allocations in the multi-year approval. Any reclassified amount of BCU leftover doses would be considered part of the Vaccine Budget already in the country.

5.7 Vaccine Portfolio Optimisation and Prioritisation (VPOP) and Switches

In Gavi 6.0, to facilitate the implementation with finite Vaccine Budgets, countries will need to make decisions on new vaccine introductions, preventive campaigns and use of their Cash Budget based on comprehensive prioritisation, optimisation, and planning.

Gavi recommends countries carry out a Vaccine Portfolio Optimisation and Prioritisation (VPOP) exercise. This is an evidence-informed process whereby countries define their key immunisation objectives within available resources, including their Vaccine Budget and Cash Budget. In the first instance, countries will decide which new vaccine programmes to introduce (prioritisation), and select the most appropriate and efficient vaccine products, presentations, and schedules for existing programmes (optimisation).

During the transition from 5.1 to 6.0, Gavi encourages countries to begin considering targeted optimisation of their vaccine portfolios ahead of preparing their holistic application, focusing on vaccine product or presentation switches that can improve value for money, maximizing the impact of their Vaccine Budget. This process needs careful consideration by the NITAG and EPI teams, supported by the technical agencies.

Vaccine Budget calculations incorporate assumptions on use of lower cost products. The implication of changing to a lower cost product needs to be reviewed in the country context, as lower price products sometimes are lower valency vaccines and price difference might be covered through other funding sources available to the country. While not all countries will be ready to submit switch requests before their holistic application, those that are ready can proceed with optimisation decisions to create additional fiscal space within their Vaccine Budget. Optimisation tools are available to support VPOP.

5.8 Coordination with other global health initiatives

In support of the Lusaka Agenda and integrated planning, Gavi will actively support coordinated action with other health financing partners under country leadership.

To help with this, Gavi has agreed MOUs with Multilateral Development Banks (MDBs), including the World Bank, covering the 6.0 strategy period. Under these MOUs, countries will have an option to invest some portion of their cash support through MDB-financed projects/programs. The combined Gavi grant and MDB financing will provide as much as US$3 billion in support of primary care and immunization in Gavi 6.0. Gavi or World Bank/MDB focal points can guide countries on coordinating these funding streams with their national plans.

For malaria and HSS investments, Gavi encourages broadening the coordination to include the Global Fund and other Global Health Initiatives, aligning programming and applications to leverage resources most efficiently.

6. Required documents, submission processes and deadlines

Gavi encourages discussions on reprioritisation to go beyond EPI, with participation of implementing and technical partners, CSOs and other donors, to better understand the donor landscape and implication to the health sector. It will also be important to ensure that country Inter-agency coordination committee (ICC), or relevant alternative health governance bodies, are aware of the revisions. The table below summarises the application documents, submissions processes and deadlines for each of the types of changes during the interim period.

Table 4: Application requirements and deadlines

Component	Requirements	How to apply	Deadline
Revisions to MYAs in 2026 and 2027	MYA revision request form	Countries requiring urgent additional MYA doses for 2026 or 2027 should submit an MYA revision request to their SCM. Countries that have already submitted revised MYAs for 2026 are requested to reconfirm their intention to proceed or revise as needed, and to submit their 2027 MYA revision request if applicable.	**March 20, 2026**

BCU dose reconciliation	BCU dose reconciliation form have been shared with countries by the BCU Task Team	The BCU dose reconciliation forms should be submitted using the same channels as for the BCU quarterly monitoring forms (through the WHO country offices) to the Regional Working Groups.	Countries completing BCU activities in December 2025 will submit the BCU dose reconciliation form by **6 March 2026.** Countries completing BCU activities in March 2026 will submit the BCU dose reconciliation form by **23 April 2026.**
Paused DL for guaranteed programmes	Countries choosing to proceed with an approved vaccine introduction and/or campaign should notify their SCM. Countries have the option to revise the budget down from the IRC approved amount.	Inform respective SCM by email, copying the Ministry of Health (MoH) and Ministry of Finance (MoF)	**March 30, 2026**
Paused applications for guaranteed programmes	Countries choosing to proceed with a paused application during the interim period should notify their SCM. Countries may use existing documents and will have the opportunity to review and amend the application (if needed) before final (re)submission.	Any amended applications must be emailed to proposals@gavi.org with the SCM in copy.	Potential submission windows: ✓ **23 March, 2026** ✓ **1 June, 2026**
Time-sensitive vaccine introduction and preventive campaign requests	For M/MR campaign and preventive Ebola requests that are deemed justified by Gavi, countries will receive an official invitation to submit applications and will be provided with the application templates.	All applications must be emailed to proposals@gavi.org with Gavi SCM in copy.	Potential submission windows: ✓ **23 March, 2026** ✓ **1 June, 2026**
Reprioritisation HSS and EAF grants	Countries adjusting their existing HSS and/or EAF should submit: • Revised HSS / EAF budget file • Brief Narrative to describe 1) prioritization	Applicable countries will be provided with the appropriate templates to be completed and submitted by email to the SCM.	As soon as possible, and no later than **June 30, 2026.**

	rationale, and 2) potential risks & mitigation. Additional documentation may be requested by the SCM such as ICC Minutes, Targeted areas update, or MOH signature		
Switch requests	All switch requests should be made in agreement with the SCM. Upon request, countries will be provided with links to the application templates.	All applications must be emailed to proposals@gavi.org with Gavi SCM in copy.	On a **rolling basis** during the interim period, until countries submit their holistic or reprogrammed application.

7. Contracting

As a result of the prioritisation exercise, partner agreements may need to be adjusted to reflect the 6.0 context and revised scope of work. For CSOs and private sector partners, Gavi's sourcing and contracting approach for the 6.0 strategic period will apply to partner selection and contracting decisions and is based on the principles of transparency, competition, efficiency, and accountability. This approach will be used to determine whether new partner selection and contracting are required or whether existing arrangements can be adjusted. Where Gavi deems it appropriate to retain previously selected partners for activities under 6.0, existing legal agreements will be reviewed and, where necessary, amended or converted into new agreements to reflect the revised scope of work. This may include the renegotiation of key contractual elements, such as unit rates and reporting requirements, to ensure compliance with Gavi's 6.0 sourcing and contracting principles.