**HEXAVALENT SWITCH REQUEST**

by **[ COUNTRY]**

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| Where applicable, the switch request should be submitted as part of the Full Portfolio Planning process, in which case the information requested in this form may be included in relevant documents of the Application Kit (<https://www.gavi.org/our-support/guidelines>) in line with the [Gavi Support Detail Instructions](https://www.gavi.org/news/document-library/gavi-support-detail-instructions).  |
| 1. Checklist
 |
| To process this request, Gavi requires your country to submit the following items: |
|  | **YES** | **N/A** |
| 1. **Signature of Ministry of Health**
 | [ ]  |  |
| 1. **ICC endorsement** (minutes of a meeting endorsing the switch decision)
 | [ ]  |  |
| 1. **NITAG recommendation** (meeting minutes)
 | [ ]  | [ ]  |
| 1. If this switch increases the country’s financial costs: **Signature of Ministry of Finance**
 | [ ]  | [ ]  |
| 1. **Detailed *Plan of Action***
 | [ ]  |  |
| 1. If a switch grant is requested: **Detailed Budget**
 | [ ]  | [ ]  |
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| 1. Select one option
 |
| Switch from Pentavalent to Hexavalent (3-dose primary series) and introduce a 4th booster dose from 12-23 months  | [ ]  |
| Switch from Pentavalent to Hexavalent (3-dose or 4-dose series) | [ ]  |
| 1. Current Pentavalent and IPV vaccine inventory

Pentavalent Vaccine |
| 1. Please indicate the stock level of pentavalent vaccine
 |  |
| * + Central Level stock (number of doses)
 | ………………………………. doses |
| * + Second Level stock (number of doses)
 | ………………………………. doses |
| 1. Date of the stock level information
 | DD/MM/YYYY |
|  **Inactivated Polio Vaccine**

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| 1. Please indicate the stock level of IPV
 |  |
| * + Central Level stock (number of doses)
 | ………………………………. doses |
| * + Second Level stock (number of doses)
 | ………………………………. doses |
| 1. Date of the stock level information
 | DD/MM/YYYY |

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| 1. Presentation
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| For further information on presentation and product choices please refer to [**Gavi’s Detailed Product Profiles**](https://www.gavi.org/our-alliance/market-shaping/product-information-vaccines-cold-chain-equipment) |
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| Is this new presentation licensed in the country? | Yes [ ]  | No [ ]  |
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| If thIf the preferred presentation does not yet have a license or approval, 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. Please confirm if the licensing process will be completed before shipment. |
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| 1. Vaccine procurement
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| Gavi expects most countries to procure immunisation supplies through UNICEF or the PAHO Revolving Fund. Does the country need an alternative means of supply and delivery of immunisation supplies (funded by the country or by Gavi)? |
| Yes [ ]  No [ ] If you answered Yes, please attach a description of the mechanism and the vaccines or goods that the country intends to procure through this mechanism. |
| 1. Reasons for product switch
 |
| **Main Reason(s)** | **Comment** |
| **Cost Driving Considerations** (e.g. wastage rate, price, price commitments) | [ ]  | ………………………………… |
| **Vaccine’s clinical profile** (e.g. country specific data, safety profile) | [ ]  | ………………………………… |
| **Logistic considerations** (e.g. VVM type, size of cartons) | [ ]  | ………………………………… |
| **Vaccine programmatic suitability** (e.g. dose schedule, ease of administration) | [ ]  | ………………………………… |
| **Strategic/epidemiological reasons** | [ ]  | ………………………………… |
| **Other reason(s)** | [ ]  | ………………………………… |
| 1. Programmatic Considerations
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| * Is there enough cold chain capacity at all levels to accommodate the vaccine in the current and future years?
 | Yes [ ]  | No [ ]  |
| * Delivery date requested for the new vaccine product or presentation (actual shipment will depend on vaccine availability)
 | DD/MM/YYYY |
| * Planned Switch Date
 | DD/MM/YYYY |
| * Number of children in the birth cohort in the year when the switch is planned (where known, align with Gavi’s multi-year approval for vaccines)
 |  ………………. |
| * At what age/contact point will Hexavalent first dose be administered?
 |  ……………… |
| * Number of infants who will receive the first dose in the year of the planned switch date (please adjust depending on month)
 |  ………………. |
| * At what age/contact point will Hexavalent second dose be administered?
 |  ……………… |
| * Number of infants who will receive the second dose in the first year of the planned switch date (please adjust depending on month)
 |  ………………. |
| * At what age/contact point will Hexavalent third dose be administered?
 |  ……………… |
| * Number of infants who will receive the third dose in the year of the planned switch date (please adjust depending on month)
 |  ………………. |
| * At what age/contact point will Hexavalent fourth dose be administered?
 |  ……………… |
| * Number of infants who will receive the fourth dose in the year of the planned introduction date (please adjust depending on month)
 |  ………………. |
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| Justification for schedule selection: |
| Please provide contextual information such as local epidemiology, programmatic implications, and feasibility of delivery to justify the selected schedule. |
| Overview of plan of action: |
| Please provide a summary of the plan of action. A detailed plan of action needs to be included as an attachment to this application form. |
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| 1. Use of Financial Support to Fund Additional Technical Assistance Needs
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| Through the participation of Gavi / TCA partners, Gavi funds tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved Technical Assistance Plan (also known as the "Single Technical Assistance Plan") to assess whether the support required to implement the switch is included in the approved technical assistance plan. If gaps in technical assistance are detected, the additional technical assistance required may be funded by the Switch Grant. In this case, the relevant costs must be indicated in the budgeting and planning model. |

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| 1. Switch Grant
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| Countries may apply for a switch grant to facilitate this transition ([please refer to sections 2.5 & 3.4 of the Vaccine Funding Guidelines](https://www.gavi.org/sites/default/files/support/guidelines-2023/Vaccine-Funding-Guidelines-2023_EN.pdf)). This grant intends to cover a portion of the one-time investments associated with the product switch and vaccine introduction (e.g. training, document production and printing, procurement of cold boxes). The ceiling for the grant is US$ 0.25 per child in the birth cohort of the year of the switch or a lump sum of US$ 30,000, whichever is higher for countries switching to hexavalent from pentavalent and inactivated polio vaccine (IPV);. Countries switching to hexavalent from pentavalent and IPV that do not already have a DTPcontaining vaccine booster in the second year of life (2YL) are entitled to a one-time VIG at US$ 0.80/0.70/0.60 (as per country co-financing phase) per targeted child, or a lump sum of US$ 100,000, whichever is higher. If you don’t request a switch grant, please leave the table below as is. |
| (a) Gavi contribution per child | $ US |
| (b) Number of children in the birth cohort in the year when the switch is planned to start | ………….. |
| Total Gavi contribution  | (a x b) $ US**…………**  |
| Funds needed in country by (planned disbursement date) |  DD/MM/YYYY |
| Please attach the [Gavi Budgeting and Planning Template](https://www.gavi.org/library/gavi-documents/guidelines-and-forms/budgeting-and-planning-template---user-guide/) to show how the Switch Grant will be used to facilitate the rapid and effective implementation of critical activities before and during the immunisation. |

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| 1. Signature(s) from Government and coordination and advisory committees

The Government of COUNTRY would like to continue the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support to switch to a Hexavalent 3-dose schedule or 4-dose schedule. Please note that Gavi will not review this request without the signature of the Minister of Health or their delegated authority.*We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any voluntary vaccine co-financing will be included in the annual budget of the Ministry of Health.* *We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this* request. |

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| Minister of Health(or delegated authority) | **Minister of Finance (or delegated authority)** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| *Please email this form and every attachment requested to* *proposals@gavi.org**with the Gavi Senior Country Manager for your country in copy.* |
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| Required attachments:1. **Minutes of the ICC meeting**, **endorsement and signatures;**
2. **Minutes of the NITAG meeting, endorsement and signatures;**
3. **Detailed *Plan of Action***
4. **Detailed budget**
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