

# Rotavirus Vac-cine supply disruption Switch documentation form for two sequential switches version May 2022

Country: Switching from: Switching to:		Rotarix, single dose plastic tube Rotavac, frozen, in 5 dose vials			
In:		2022			
	AND				
Switching from: Switching to: In:		Rotavac, frozen, in 5 dose vials Rotavac 50, in 5 dose vials 2023			
Pleas	se use this form	to send Gavi the necessary informat	ion to review	your country's v	accine switch.
1.	Checklist				
1.	Signature of Ministry of Health			D	
2.	ICC endorsement (minutes of a meeting endorsing the switch decision. If the request if forced by supply disruption, ICC approval via email(s) is accepted and must be documented by attaching each email)				D
3.	Stock levels of the current vaccine				0
4.	Switch implementation plan				C8I
5.	Copy of the child vaccination card in use				t8J
6.	If a switch grant (SG) is requested: a budget using the Gavi budgeting and planning template. Please also refer to Gavi's <u>Budget Eligibility Guide</u> .				r8l
7.	NITAG recommendation (optional)				
		ust be submitted to enable Gavi to pr reviewed until complete.	rocess this rec	quest.	
2.	Context				
Did the country experience stockout at central level? 1:81 Yes					D No
If Yes: for how many months?  Months6 Months					
3.	Financial and	d programmatic considerations			
If yes		ase the country's cost? the cost summary from the PATH signature.	Cost Calcula	tor and the	□ Yes 181 No
Is cold chain capacity at all levels sufficient to accommodate the vaccine in the current and future years?					C8I Yes D No



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current and future years?

Expected delivery date of the new vaccine presentation <sup>1</sup>

01/10/2022

Planned switch date

01/11/2022

Will the country procure immunization supplies through UNICEF or the PAHO Revolving Fund?

181 Yes D No

If No, please attach a description of the procurement mechanism and the vaccines or goods that the country intends to procure through it.

#### 4. Switch Grant (SG)

Countries may apply for a **double** switch grant to facilitate this double transition. This grant intends to cover a portion of the one-time·nvestments associated with switch (e.g. training, document production and printing, procurement of cold boxes). The ceiling for the grant is **twice** x US\$ 0.25 per child in the birth cohort of the switch year.

To request a switch grant please attach a budget using the Gavi Budgeting and Planning Template.

#### 5. Use- of flnancia support to "d additional technical assistance needs

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 new vaccine support is included in the approved technical assistance plan. If gaps in technical assistance are detected for support to new vaccines, 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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<sup>• (</sup>actual shipment will depend on vaccine availability)



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6. Signatures from Government and coordination and advisory committees

The Government of Zambia hereby requests Gavi support to switch

from: Rotarix, single dose plastic tube to: Rotavac, frozen, in 5 dose vials

ln: 2022

and

from: Rotavac, frozen, in 5 dose vials to: Rotavac 5D, in 5 dose vials

In: 2023

The co-financing commitments in this request include the amount of support in supplies requested from Gavi, and the financial commitment of the Government for the procurement of the abovementioned vaccine(s).

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 needed 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.

Minister of Health<sup>2</sup> (or delegated authority)

Minister of Flnance<sup>3</sup> (or delegated authority)

Name Name
Signature Signature

Date

Please email this form and every attachment requested to <a href="mailto:proposals@gavi.org">proposals@gavi.org</a>, with the Gavi's Senior Country Manager for your country in copy.

<sup>&</sup>lt;sup>1</sup> Required in all coses.

<sup>&</sup>lt;sup>3</sup>Required if the switch is voluntary AND will result in higher financial costs. See point5.