Please use this form to send Gavi the necessary information to review your country’s request to switch from a MCV 10-dose to 5-dose vial presentation. Please fill in the light blue fields. For definitions and requirements, please consult the Gavi guidelines for vaccine optimisation.



Please use the exact same vaccine product and presentations description as provided in [Gavi’s Detailed Product Profiles list](https://www.gavi.org/news/document-library/detailed-product-profiles) when completing the information below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Country name** | **Switch from** | **Switch to** | **Planned switch date**  | **Switch grant requested**  |
| **………….** | **<insert product name> 10-dose vial** | **<insert product name> 5-dose vial** | (DD/MM/YYY) | Yes [ ]  No [ ]  |

1. **Checklist for submission**

To process this request, Gavi requires your country to fill out the following sections and provide the necessary documents:

|  |  |  |
| --- | --- | --- |
| 1. **Signature of Ministry of Health[[1]](#footnote-2)** (necessary for all requests, see at the end of this form)
 | [ ]  |  |
| 1. **Signature of Ministry of Finance**1 (necessary as this switch increases the country’s financial costs, see at the end of this form)
 | [ ]  |  |
| 1. **Brief switch implementation plan** with chronogram of key activities[[2]](#footnote-3)
2. **Budget**[[3]](#footnote-4) in the Gavi template if country requests a switch grant (SG)
 | [ ]  |  |

**Note:** Requests will not be reviewed unless complete.

1. **Country context**

|  |  |
| --- | --- |
| 1. Current stock level of the current presentation (indicate whether routine or campaign doses)
 | **Routine (n of doses)** **Campaign (n of doses)**Central level …………… Central level …………… Second level …………… Second level …………… Third level……………….. Third level………………..  |
| 1. Is the new presentation licensed in the country?
 | Yes [ ]  No [ ]  |
| *If the answer is 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:*

|  |
| --- |
| *…* |

 |
|  |
|

|  |  |  |
| --- | --- | --- |
| 1. Is there enough cold chain capacity at all levels to accommodate the vaccine after the switch? Please refer to the calculator below to estimate cold chain needs:

*If not, what are the plans to increase capacity/mitigate the need? Kindly share cold chain assessment if available.* *….* | Yes [ ]  | No [ ]  |

 |

1. **Switch impact assessment summary**

The MCV presentation 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. Examples are provided in the guidelines in annex.

**Simplified switch impact assessment (for MCV presentation switch from 10-dose to 5-dose vial)**

*Note: MCV presentation switch impact assessment has been tentatively pre-filled below, but please edit or elaborate as needed per country context.*

|  |  |
| --- | --- |
| **Key Areas for Consideration** | **Potential switch impact to country** |
| ***Ease of use*** *(e.g. single dose, liquid form, oral, dose schedule)* | No change [x]  Impacted [ ]  | Description: No change expected |
| ***Cold chain, transport, storage requirements*** | No change [ ]  Impacted [x]  | Description: Marginally negative: 5-dose vial requires ~66-85% more cold chain space per dose compared to the 10-dose vial depending on presentation but expected to be manageable |
| ***Efficacy, effectiveness or safety*** | No change [x]  Impacted [ ]  | Description: No change expected |
| ***Coverage*** *(acceptability, missed opportunities)* | No change [ ]  Impacted [x]  | Description: Positive: up to 5% increase driven by reduction in hesitancy to open larger vials |
| ***Financial Sustainability*** *(cost, price, wastage)* | No change [ ]  Impacted [x]  | Description: Net neutral/negative: Price per dose higher by 0.20USD but wastage-adjusted price per dose expected to be similar due to lower wastage rate |
| ***Supply*** *(availability, security, locally-made)* | No change [ ]  Impacted [x]  | Description: Marginal impact: increased lead time (from 6-8 weeks to 12-16 weeks) depending on volume |

4. Switch Grant (SG)

Countries may apply for an additional switch grant to facilitate switch planning and implementation. This grant intends to cover a portion of the one-time investments associated with the 10-dose to 5-dose vial schedule switch such as planning, training, supervision, document production and printing, and social mobilisation. The ceiling for the grant is US$ 0.25 per surviving infant in the year of implementation (for infant vaccines). 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 switch.

5. Signature(s) from Government and coordination and advisory committees

[Enter country name here]‘s Government of 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 from <insert product name> 10-dose vial to <insert product name> 5-dose vial.

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 above-mentioned vaccine(s). 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 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(or delegated authority) | **Minister of Finance[[4]](#footnote-5) (or delegated authority)** |
| Name: …………….  | Name: …………….  |
| Date: …………….  | Date: …………….  |
| Signature: …………….  | Signature: …………….  |

*Please email* ***this form****, checking for completeness, as well as an* ***implementation plan and a budget*** *using the Gavi template (if a Switch Grant is requested) to* *proposals@gavi.org* *with the Ministry of Finance and the Gavi Senior Country Manager for your country in copy.*

1. A signature from a delegate of the Minister is acceptable [↑](#footnote-ref-2)
2. This can be 1-2 page describing the activities that are required for a smooth 10-dose to 5-dose vial presentation switch (e.g. identify training needs, cold chain requirements, timeline of activities) [↑](#footnote-ref-3)
3. Using the [Gavi budgeting and planning template](https://www.gavi.org/library/gavi-documents/guidelines-and-forms/budgeting-and-planning-template---user-guide/) [↑](#footnote-ref-4)
4. Required if the switch will result in higher financial costs. [↑](#footnote-ref-5)