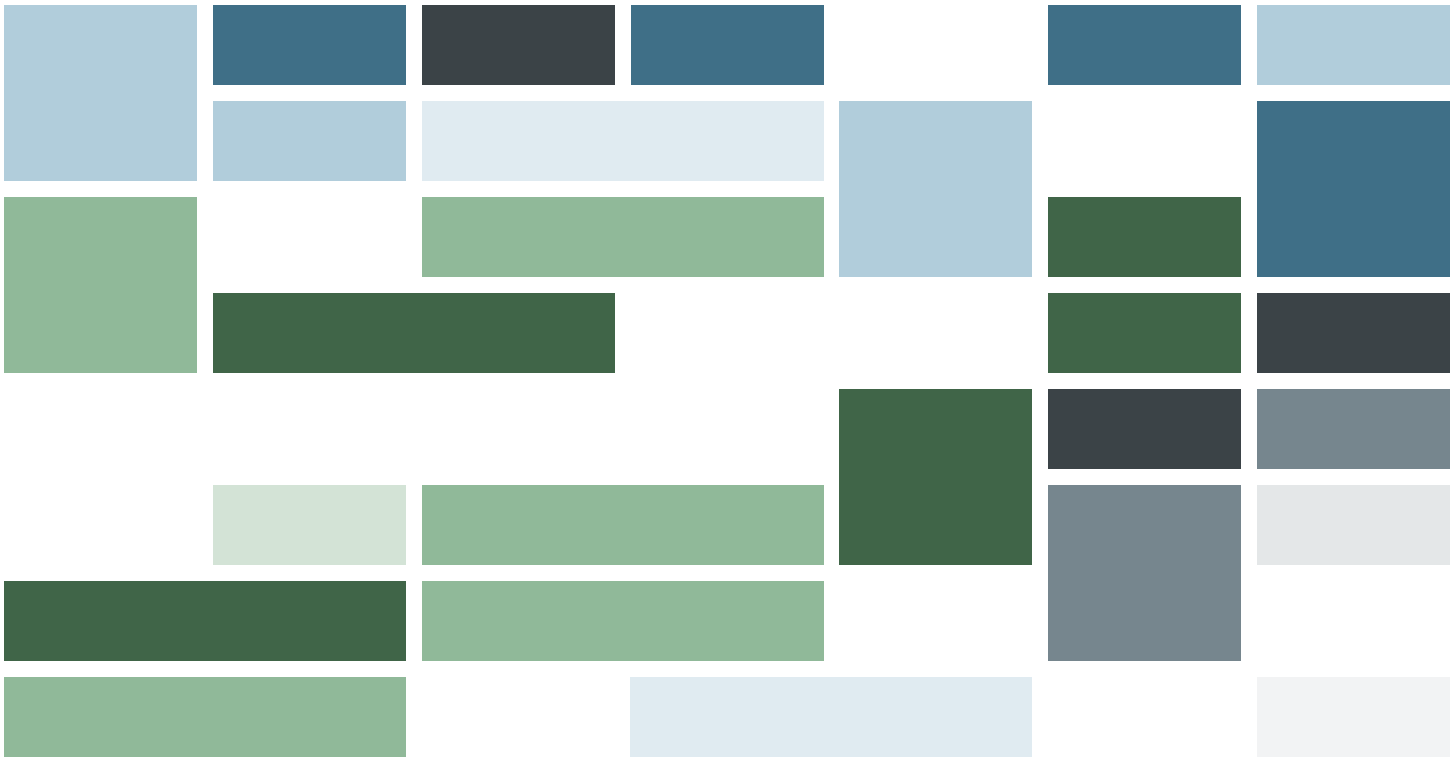
Gavi 6.0 Policy Synthesis

An overview of Gavi 6.0 policy and a side-by-side reference outlining 5.0 policies that have changed under 6.0



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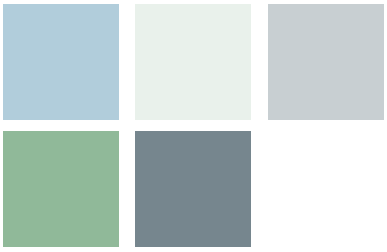

About this report

The Gavi 6.0 Policy Synthesis draws on Gavi's published policies and guidance, including funding guidelines, Board documents, and Program and Policy Committee papers. It is designed to help countries, suppliers, and global health partners understand how Gavi's policies have changed from 5.0 to 6.0 and what those changes mean for demand, country costs, and market stability.

This report reflects our latest understanding of Gavi 6.0 policy as of October 2026. Some policies are still being finalized and may change.

How to use this report

The Overview explains how Gavi funds vaccines, how co-financing works, the funding gap that led to the recalibration of its 6.0 strategy, and an overview of Gavi 6.0 policy changes. The Reference material covers each policy change in more detail. The Antigen deep dives compare 5.0 and 6.0 policy for 12 vaccines.

About Linksbridge

Linksbridge expands the capacity of NGOs, IGOs, and nonprofits to improve human lives. A social-purpose consulting and advisory firm, we help changemakers multiply their impact through creative thinking.

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Definitions and acronyms

AT: Accelerated Transition phase. Countries transition from PT to AT when their latest GNI per capita and three-year average GNI per capita surpasses the eligibility threshold, and when their co-financing share also reaches at least 35%. Countries in this phase start to phase out of Gavi financial support over a period of eight years.

Co-financing: The mechanism through which Gavi-supported countries contribute to the cost of vaccines and related supplies by financing a portion of required doses, with contribution levels increasing progressively as the country progresses through each of Gavi's transition phases.

CP: Catalytic Phase. Countries not included in ISF, PT, or AT phases but with GNI per capita less than or equal to the World Bank's lower-middle income threshold or International Development Association eligibility. This phase includes former and never Gavi-eligible countries.

CVB: Country Vaccine Budget. These budgets are set allocations provided to Gavi-eligible countries for vaccine procurement under Gavi 6.0. They were introduced in 6.0 to enable 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 programs, new vaccine introductions, and preventive campaigns—outbreak response vaccines continue to be funded separately. There are two CVBs, guaranteed and discretionary.

Discretionary CVB: Flexible funding that countries can allocate across eligible programs. A country's discretionary budget may not be sufficient to support all additional vaccine introductions or sustain all existing programs under the budget category—countries must use their discretion to consider trade-offs or mobilize additional funds to self-finance vaccines in this vaccine budget.

ELTRACO: The Eligibility and Transition Policy and Co-financing Policy together are referred to as ELTRACO. The former outlines criteria to determine which countries are eligible to apply for different forms of Gavi support while the latter sets expectations for countries' contributions to vaccine purchase.

FSF: Fully Self-Financing phase. Countries transition from AT to FSF after eight years. Countries in this phase can no longer access new financial support from Gavi, though some types of previously approved support may continue. In 6.0, countries in this phase were grouped with never Gavi-eligible countries into the Catalytic Phase.

Guaranteed CVB: Programs with assured funding; countries will receive full support. The guaranteed budget funds existing programs and introductions as well as preventive immunization campaigns.

ISF: Initial Self-Financing phase. Countries with a GNI per capita at or below the World Bank's low-income threshold enter the ISF phase, which marks the beginning of Gavi-supported immunization programming with relatively low co-financing obligations.

Portfolio changes: Antigens that have been added or removed from Gavi's portfolio.

Price premiums: Gavi previously co-financed all HPV and PCV products on the Gavi menu, however, beginning in 2028, guaranteed budgets and co-finance support apply to the lowest priced product for these markets. Countries must choose between using their discretionary budget or self-finance the premium of using a more expensive product.

PT: Preparatory Transition phase. Countries with a GNI per capita between the World Bank's low-income threshold and the Gavi eligibility threshold enter this phase, which prepares countries for increased fiscal responsibility and programmatic independence.

Overview

How Gavi operates and funds vaccine purchases

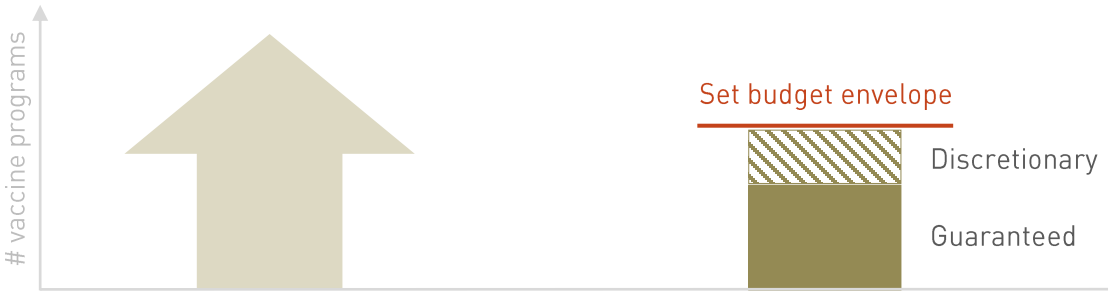
How Gavi works

Gavi was created in 2000 to help save lives and protect people's health by increasing equitable and sustainable use of vaccines. Its work spans four main activities.

- Accelerating vaccine access
- Shaping markets
- Strengthening vaccine delivery systems
- Making immunization sustainable

Vaccine funding

Previously, Gavi funded vaccines by drawing from a shared pool of resources and approving each country's funding request-by-request, one specific vaccine, campaign, or introduction at a time. Now, countries can only seek Gavi support for programs within a set budget envelope (Country Vaccine Budget), split into two components: guaranteed and discretionary.



Previously

Countries seek support for as many programs as needed, given they can fulfill co-financing requirements

2026+

Countries can only seek support for programs that fit within their Country Vaccine Budget

Guaranteed vaccine budget

Funds for maintaining or introducing specific guaranteed vaccine programs.

Impact on demand: Guaranteed funding protects existing programs and new introductions, stabilizing demand.

Discretionary vaccine budget

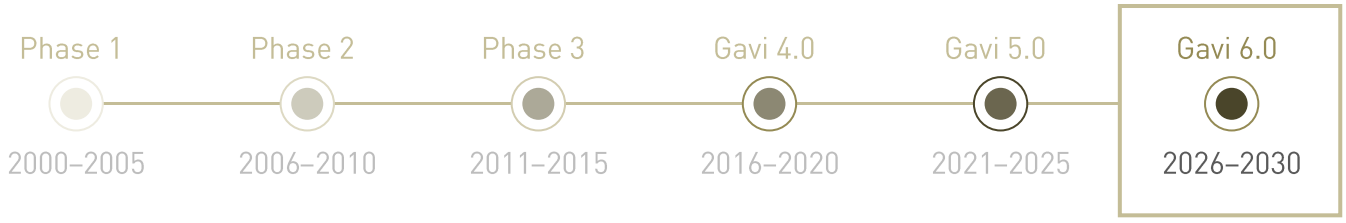
Funds a country can freely allocate to any "non-guaranteed" vaccine program it's eligible for.

Impact on demand: Not all countries will have enough funding to fully cover existing discretionary programs, increasing demand uncertainty.

Strategic periods, co-financing, and the 6.0 funding gap

Strategic periods

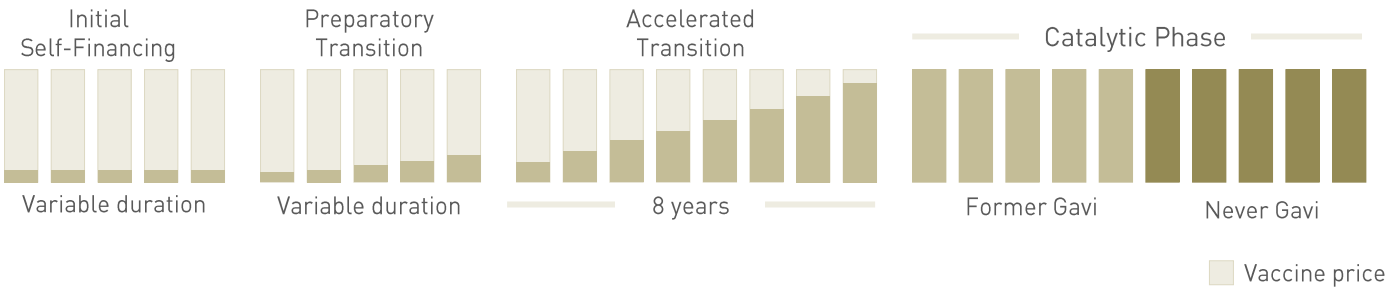
Every five years, Gavi's board sets a new strategy, each building on the last and moving from emergency vaccine access to country-led resilience. Gavi is currently in its 6.0 strategic period.



Co-financing

Countries co-finance their vaccines by paying a rising share of vaccine costs as their national income grows, moving them from a smaller initial contribution toward full self-funding of their immunization programs.

*Co-financing model**



Gavi 6.0 funding gap

$11.9B → **~$3B**

Replenishment target *Funding shortfall*

In addition to funding from country co-financing, Gavi is funded with money raised from donor governments, foundations, and private-sector partners at periodic replenishment summits. For the first time since it began holding replenishment summits, Gavi did not meet its funding target for 6.0, entering the new period with a $3 billion resource shortfall.

In light of this shortfall, Gavi recalibrated its strategy. This included reducing the 6.0 vaccine budget by changing the scope of antigens and programs that receive support, altering how certain antigens and products are funded, and redistributing the portion of procurement costs countries pay.

* Source: Gavi

The recalibrated strategy includes policy changes across three levers

Program changes

Altered the scope and amount of support provided for certain vaccines

Portfolio changes

Retained 14 vaccines from 5.0 portfolio, added six, removed one

TB | Hep E | GBS | RSV | Dengue | Mpox | ~~Covid~~

Program cuts

Reduced routine and campaign vaccine support

Campaign funding cuts impact:

YF | JE | OCV | Meningitis | M/MR

Routine funding cuts impact:

IPV | JE | Malaria | TCV | Meningitis

Vaccine budgets

Introduced vaccine budgets, providing countries with one consolidated funding envelope

Guaranteed budget

Created to maintain or introduce guaranteed vaccine programs; operates similarly to previous Gavi funding cycles

DTP/IPV/Hexa/Penta | M/MR | YF (routine) | HPV | PCV | Rota | Hep B

Price premiums

From 2028, Gavi will only help fund lowest-priced HPV and PCV products

Discretionary budget

Created to provide flexible funding for other vaccines; funds may not be sufficient to cover all needs, forcing some countries to prioritize which programs to keep or drop

Malaria | Meningitis | TCV | OCV | YF (campaigns) | JE | Rabies | DTP (booster) | TB | GBS | Dengue

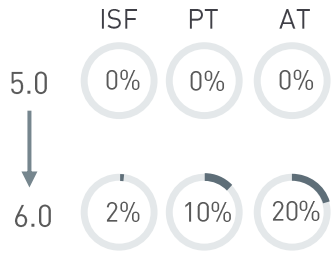
Shift costs to countries

Changed co-financing rules to redistribute the portion of costs countries pay

Co-financing

Campaign co-financing

Countries take on larger share of campaign costs



Routine co-financing

Changes to routine co-financing rules fall into two buckets:

- Certain countries pay more for new vaccine introductions*
- Certain countries pay more for routine IPV and malaria

* ELTRACO policy changes are detailed on page 16

The new policies impact demand, country costs, and market stability

Recalibration impacts

Lower & less certain demand

Reduced support and constrained funding drives program cuts or delays

Greater burden on countries

Countries are responsible for paying a larger share of vaccine procurement costs

Higher market risk

Suppliers face less predictable volumes and greater uncertainty

	Demand	Countries	Markets	
Program changes				
Portfolio changes	●	○	○	*Highly uncertain demand for six new antigens added to Gavi portfolio*
Program cuts	●	○	●	*Significantly reduced size and scope of routine programs and campaigns*
Vaccine budgets				
Guaranteed budget	○	○	○	*Existing programs and forecasted introductions unchanged*
Discretionary budget	●	●	●	*Countries may cut or defer programs if unable to cover costs*
Price premiums	○	●	●	*Higher costs push countries to switch to cheaper products (volumes unchanged)*
Shift costs to countries				
Co-financing	●	●	●	*Higher costs put programs at risk of delay or deprioritization*

Program changes

Portfolio changes

Program cuts

Program changes

Portfolio changes

Many vaccines included in Gavi 5.0 maintained support during the 6.0 period, while several were added to Gavi's portfolio and one vaccine was removed.

14
Maintained

DTP/IPV/ Hexa/Penta	Meningitis
Ebola	OCV
Hep B	PCV
HPV	Rabies
JE	Rota
Malaria	TCV
M/MR	YF

6
Added

Dengue	Mpox
GBS	RSV
Hep E	TB

1
Removed

Covid

Program changes

Program cuts

In 6.0, Gavi constrained routine and campaign vaccine support, including by reducing the scope and/or pace of programs. In 5.0, Gavi campaign support covered up to 100% of eligible populations.

	Campaign	Routine
DTP/IPV/ Hexa/Penta	*No cuts*	IPV: A subset of countries will use fractional dosing (TBC).
JE	Scope for remaining campaigns will drop by 50%; catch-up campaigns will proceed more gradually.	Pace all introductions.
Malaria	*No cuts*	Support for reaching up to 70% of eligible children (rather than 85%, as in 5.0).
Meningitis	MenA: Focus on fewer, higher-risk areas; MenMV: Support drops to 40%-75% of eligible populations.	MenA: Lower wastage assumptions.
M/MR	MR: Reduce age range for catch-ups (<10 years).	*No cuts*
OCV	New preventive campaigns will be rolled out more gradually, and approved doses will be reallocated among high-risk countries.	*No cuts*
TCV	*No cuts*	Countries will need to provide stronger evidence to qualify for support.
YF	Fractional dosing for preventive and targeted campaigns to stretch supply (TBC).	*No cuts*

Vaccine budgets

Guaranteed budget

Discretionary budget

Price premiums

Vaccine budgets

In 5.0, countries could apply for as many vaccine programs as needed, so long as they had the capacity and ability to fulfill co-financing requirements. In 6.0, Gavi's vaccine support is separated into guaranteed and discretionary budgets. In addition, price premiums apply to HPV and PCV products.

Country vaccine budget

Countries receive a consolidated country vaccine budget (CVB) to cover vaccine costs for the next five years. The funding envelope consists of a guaranteed and a discretionary budget.

Guaranteed budget

Funding to maintain or introduce guaranteed vaccine programs, calculated through vaccine forecast.

- If a country chooses not to introduce or maintain these programs, the equivalent funds are redistributed to other countries.
- If a country chooses to self-finance these programs, it can keep the funds and repurpose them for other Gavi-eligible programs at their discretion.

Vaccines in this budget are expected to have stable demand.

Vaccines included

DTP/IPV/Hexa/Penta | Hep B | HPV | M/MR | PCV | Rota | YF (routine)

Discretionary budget

Funding to use at countries' discretion for any other Gavi vaccine program for which they are eligible, calculated through a formula-based approach.

- These funds may not be sufficient to cover all needs, and not every country is guaranteed to receive discretionary funds.
- Funds can be used to maintain existing or introduce "non-guaranteed" vaccine programs or preventive campaigns.

Vaccines in this budget are expected to have reduced demand.

Vaccines included

Malaria | Rabies | Meningitis | TCV | OCV | YF (campaigns) | DTP (booster) | JE | TB | GBS | Dengue

Price premiums

While Gavi previously co-financed all HPV and PCV products on the Gavi menu, beginning in 2028, guaranteed budgets and co-finance support apply to the lowest priced product. Countries must choose between using their discretionary budget or self-finance the premium of using a more expensive product.

Shift costs to countries

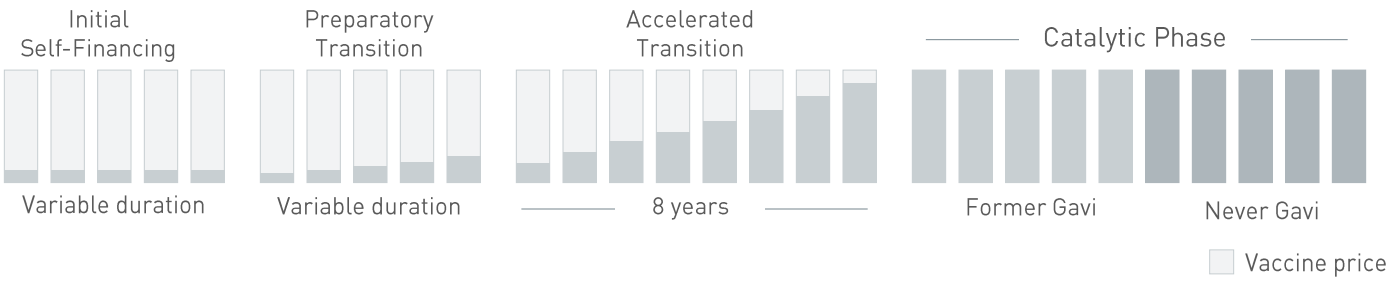
ELTRACO

Co-financing

Shift costs to countries

Following its funding shortfall, Gavi introduced new measures to shift costs to countries and reduce spending in 6.0.

Gavi Co-financing model*



ELTRACO

In 6.0, Gavi changed several Eligibility and Transition and Co-financing Policies (ELTRACO). These policies outline criteria to determine which countries are eligible to apply for different forms of Gavi support and determine the level of Gavi support for new vaccine introductions.

	Gavi 5.0	Gavi 6.0
PT	Eligibility threshold: ≤ $1,630 GNI per capita. Additional co-financing support for NVIs, capped at 35% in the intro year and increasing to typical co-financing rate after first year.	Eligibility threshold: ≤ $2,300 GNI per capita. 35% cap for NVIs removed, countries pay their typical co-financing rate for new introductions beginning in the first year.
AT	Eligible for eight years of co-financing support for NVIs, even if they graduate to FSF.	Eight-year support for NVIs removed; co-financing support ends after countries graduate to CP.
FSF	Eligible for eight years of co-financing support for NVIs, even if they graduate to FSF.	CP: Eight-year support for NVIs removed; co-financing support ends after countries graduate to FSF; CP introduced. *CP countries can receive time-limited, targeted support for the following vaccines:* Dengue · HPV · PCV · TB · Rota

* Source: Gavi

Shift costs to countries

Gavi 6.0 introduced changes in co-financing policies for campaigns and several changes and exceptions within policies for routine vaccines.

Co-financing

Campaign

	Gavi 5.0	Gavi 6.0
ISF	No co-financing	2% co-financing
PT	No co-financing	10% co-financing
AT	No co-financing	20% co-financing
FSF	Full self-financing	CP No change

Exceptions M/MR

Routine

ISF	$0.20 per dose	No change
PT	$0.20 per dose in first year, then 15% more annually (capped at 80%). NVIs: Co-financing support capped at 35% in the intro year and increasing to typical co-financing rate.	No change NVIs: 35% cap removed.
AT	15% more in first year (capped at 80%), then increase to 100% over the next eight years at linear rate. NVIs: eligible for eight years of co-financing support, even if they graduate to FSF; co-financing support capped at 35% in the intro year and increasing to typical co-financing rate.	No change NVIs: eight-year support removed—co-financing support ends after countries graduate to CP—and 35% cap removed.
FSF	Full self-financing NVIs: eligible for eight years of co-financing support, even if they graduate to FSF.	No change NVIs: eight-year support removed; co-financing support ends after countries graduate to CP.

Exceptions DTP/IPV/ Hexa/Penta | M/MR | HPV | PCV | Malaria | Rota

Antigen deep dives

How 6.0 policy varies by vaccine

Gavi 6.0 policy changes affect antigens differently. This table shows which policy changes apply to each antigen and the expected impact to demand. See the antigen-specific deep dives for more detail.

* ELTRACO changes impact all markets but are not listed here

DTP/IPV/Hexa/Penta policies

- Countries that have not yet introduced hexa into their national vaccination schedule are eligible for support for the three-dose whole-cell pertussis (wP) hexavalent vaccine.
- Gavi supports the introduction of a second dose of IPV (IPV2) into routine immunization schedules; countries can apply for Gavi support to switch to IPV2 in routine immunization with no-cofinancing requirements (until bOPV cessation).
- Countries may use pentavalent or DTwP for the first booster dose; vaccine co-financing applies only to the first DTP booster.
- Gavi-eligible countries may apply to continue using pentavalent vaccine for primary-series doses and to introduce the first DTP-containing booster into their national immunization schedules.

		Gavi 5.0	→ Gavi 6.0
Program cuts			
Campaign		IPV: Gavi campaign support covered up to 100% of eligible populations.	*No change*
Routine		Gavi routine immunization support covered up to 100% of eligible populations.	IPV: A subset of countries will use fractional dosing (TBC).
Vaccine budgets			
Budget		*Not applicable*	Guaranteed
Country costs*			
Campaign		*No exceptions*	*No exceptions*
Routine	ISF	IPV: No co-financing	*No change*
	PT	IPV: No co-financing	*No change*
	AT	IPV: No co-financing	*No change*
	FSF	IPV: No co-financing	Removal of Gavi co-financing support.

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed.*

Hep B policies

- All Gavi-eligible countries that have not yet introduced the Hep B-BD (birth dose) into their national vaccination schedule are eligible to apply for Hep B-BD.
- WHO recommends that all infants should receive their first dose as soon as possible after birth, ideally within 24 hours; if this is not feasible, a late birth dose between one and three days can still be effective.

	Gavi 5.0 →	Gavi 6.0
Program cuts		
Campaign	*Not applicable*	*Not applicable*
Routine	Gavi routine immunization support covered up to 100% of eligible populations.	*No change*
Vaccine budgets		
Budget	*Not applicable*	Guaranteed
Country costs*		
Campaign	*Not applicable*	*Not applicable*
Routine	*No exceptions*	*No exceptions*

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed.*

HPV policies

- Gavi supports routine HPV vaccine introduction calculated on a single-age cohort of girls ages 9-14; a one- or two-dose schedule can be selected, but the guaranteed vaccine budget is calculated based on a single-dose schedule.
- Introductions can be combined with a one-time MAC catch-up campaign for girls up to age 14 to maximize impact in the first year; delayed MAC support is available for countries that have already introduced HPV but have not yet implemented a Gavi-supported MAC.
- For countries with existing HPV vaccination programs, Gavi provides support for HPV optimization, which may include switching vaccine product or schedule (identifying two or three product choices is recommended during application).
- Gavi has allocated a contingency (or top-up) fund to offset the cost of more expensive products and maintain supply security by enabling a diverse supplier base.

	Gavi 5.0 →	Gavi 6.0
Program cuts		
Campaign	Gavi campaign support covered up to 100% of eligible populations.	*No change*
Routine	Gavi immunization routine support covered up to 100% of eligible populations.	*No change*
Vaccine budgets		
Budget	*Not applicable*	Guaranteed
Price premiums	Co-financing for all products on Gavi menu.	Gavi's guaranteed CVB allocation only supports up to $2.90. Countries choosing a more expensive product pay the remainder as a price premium.
Country costs*		
Campaign	*No exceptions*	*No exceptions*
Routine	ISF Co-financing price exception: countries responsible for 4% of vaccine price.	*No change*

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed.*

JE policies

- Gavi supports routine immunization for at-risk countries that have not yet applied for JE vaccine support and a one-off campaign (typically at time of introduction, but exceptions may be justified) for populations <15 years old.
- JE vaccination should be integrated into routine immunization at age >= 9 months in all areas where the disease is recognized as a public health priority and where there is a suitable environment for transmission.

	Gavi 5.0	Gavi 6.0
Program cuts		
Campaign	Gavi campaign support covered up to 100% of eligible populations.	Scope for remaining campaigns will drop by 50%; catch-up campaigns will proceed more gradually.
Routine	Gavi routine immunization support covered up to 100% of eligible populations.	Pace all introductions.
Vaccine budgets		
Budget	*Not applicable*	Discretionary
Country costs*		
Campaign	*No exceptions*	*No exceptions*
Routine	*No exceptions*	*No exceptions*

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed.*

Malaria policies

- Gavi offers program protection for ISF countries by ensuring that malaria vaccine scale-up and new introductions are covered in up to 70% of moderate-to-high transmission areas.
- Gavi has allocated a contingency (or top-up) fund to offset the cost of more expensive products.
- There are specific requirements for funding requests that can be accessed via Gavi's funding guidelines.

	Gavi 5.0	Gavi 6.0
Program cuts		
Campaign	*Not applicable*	*Not applicable*
Routine	Gavi supports programs reaching 85% of eligible populations (infants living in districts with medium/high burden).	Gavi will support programs reaching 70% of eligible populations (infants living in districts with medium/high malaria burden).†
Vaccine budgets		
Budget	*Not applicable*	Discretionary
Country costs*		
Campaign	*Not applicable*	*Not applicable*
Routine – PT	Countries introduce at $0.20/dose, prices increase 15% annually.	Countries introduce at $0.20/dose, prices increase 30% annually.
Routine – AT	Co-financing exception: Gavi provides slightly more support for malaria NVIs than other vaccine introductions.	Co-financing exception removed, AT countries follow normal co-financing rules.

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed. † 70% support cap is under reconsideration by the Gavi Secretariat.*

Meningitis policies

- For high-risk countries, Gavi supports switch from MenA to MenMV in routine programs with Gavi support, which are also eligible for a one-off mass preventive campaign (typically at the time of switch).
- Low- and medium-risk countries in the meningitis belt can only introduce MenA with Gavi support, and those that do introduce into routine immunization are eligible to conduct a one-off MenA mass preventive or mini catch-up campaign.

	Gavi 5.0	Gavi 6.0
Program cuts		
Campaign	Gavi campaign support covered subnational targeting of high-risk areas within high-risk countries (up to 100% of eligible populations).	MenA: Focus on fewer, higher-risk areas; MenMV: Support drops to 40%-75% of eligible populations.
Routine	Gavi supports programs reaching 85% of eligible populations (infants living in districts with medium/high burden).	MenA: Lower wastage assumptions.
Vaccine budgets		
Budget	*Not applicable*	Discretionary
Country costs*		
Campaign	*No exceptions*	*No exceptions*
Routine	*No exceptions*	*No exceptions*

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed.*

M/MR policies

- Routine immunization: Gavi provides MCV1 and MCV2 support for countries that are not self-financing. Gavi supports switching from 10-dose to 5-dose vials, with costs covered through the vaccine budget (countries must fund operational costs of switch implementation from their cash budget).
- Catch-up campaigns: Gavi supports one-time catch-up campaigns at rubella introduction (MR) for children ages 6-9 months to <10 years. Countries that want to target children ages 10 to <15 may prioritize resources from within their discretionary vaccine budget.
- Follow-up campaigns: Gavi supports periodic campaigns for children ages 6/9 months to 59 months. Countries that want to target children over 59 months may prioritize resources from within their discretionary vaccine budget.
- Gavi strongly recommends that higher-performing countries prioritize targeted campaign delivery strategies and/or enhanced routine immunization activities as an alternative to nationwide follow-up campaigns.
- Additional important differences can be accessed via Gavi's funding guidelines.

		Gavi 5.0	Gavi 6.0
Program cuts			
Campaign		Gavi campaign support covered up to 100% of eligible populations.	Reduced age range for MR catch-ups (<10 years).
Routine		Gavi routine immunization support covered up to 100% of eligible populations.	*No change*
Vaccine budgets			
Budget		*Not applicable*	Guaranteed
Country costs*			
Campaign	ISF	2% country co-fi on follow-ups.	*No change*
	PT	5% country co-fi on follow-ups.	10% country co-financing on all campaigns.
	AT	5% country co-fi on follow-ups.	20% country co-financing on all campaigns.
Routine	ISF	MR: Countries pay $0.30/dose.	*No change*
	PT	M: NVI co-fi floor of $0.20/dose; MR: NVI co-fi floor of $0.30/dose.	*No change*
	AT	M: NVI co-fi floor of $0.20/dose; MR: NVI co-fi floor of $0.30/dose.	*No change*

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed.*

OCV policies

- Gavi provides support for phased targeted preventive OCV campaigns in endemic-cholera areas; eligible targeted areas have documented endemic cholera burden based on national surveillance data disaggregated by year and administrative level.
- Countries experiencing outbreaks and conducting reactive vaccination in areas originally targeted for preventive vaccination must factor in outbreak response activities and adjust their preventive vaccination plans accordingly.

	Gavi 5.0 →	Gavi 6.0
Program cuts		
Campaign	Gavi campaign support covered up to 100% of eligible populations.	New preventive campaigns rolled out more gradually, approved doses will be reallocated among high-risk countries.
Routine	*Not applicable*	*Not applicable*
Vaccine budgets		
Budget	*Not applicable*	Discretionary
Country costs*		
Campaign	*No exceptions*	*No exceptions*
Routine	*Not applicable*	*Not applicable*

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed.*

PCV policies

- Gavi support for introducing PCV into routine immunization includes a routine cohort only (vaccinate children under 12 months) and a routine cohort + catch-up (vaccinate children under 12 months and conduct a catch-up campaign targeting children ages 1-5 years at the time of introduction).
- Countries with mature PCV programs and adequate levels of herd immunity can consider (1) a reduced dose 1p+1 schedule; or (2) a 40% fractional dose of PCV13.
- For countries with existing PCV vaccination programs, Gavi provides support for optimization (identifying at least two product choices is recommended during application).

	Gavi 5.0 →	Gavi 6.0
Program cuts		
Campaign	Gavi campaign support covered up to 100% of eligible populations.	*No change*
Routine	Gavi routine immunization support covered up to 100% of eligible populations.	*No change*
Vaccine budgets		
Budget	*Not applicable*	Guaranteed
Price premiums	Co-financing for all products on Gavi menu.	Gavi's guaranteed CVB allocation only supports up to $2.00. Countries choosing a more expensive product pay the remainder as a price premium.
Country costs*		
Campaign	*No exceptions*	*No exceptions*
Routine	ISF Co-financing price exception: countries responsible for 7% of vaccine price.	*No change*

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed.*

Rota policies

- Gavi supports introduction of rotavirus vaccine into the routine immunization schedule for children under 12 months of age.
- Gavi supports two oral rotavirus vaccines: a two-dose monovalent (RV1) vaccine and three-dose pentavalent (RV5) vaccine.
- For countries with existing rotavirus vaccination programs, Gavi provides support for rotavirus vaccine optimization, which may include switching vaccine product.

	Gavi 5.0	Gavi 6.0
Program cuts		
Campaign	*Not applicable*	*Not applicable*
Routine	Gavi routine immunization support covered up to 100% of eligible populations.	*No change*
Vaccine budgets		
Budget	*Not applicable*	Guaranteed
Country costs*		
Campaign	*Not applicable*	*Not applicable*
Routine	ISF: Co-financing price exception: three-dose products at $0.13/dose.	*No change*

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed.*

TCV policies

- Gavi supports WHO-prequalified single-dose injectable TCV products for use in both routine immunization and one-off introduction campaigns where there is documented typhoid burden—countries are required to provide all available country-specific data on *S. Typhi* burden.
- In the context of limited fiscal space, countries may choose to introduce TCV in routine immunization in the first instance while mobilizing resources for the catch-up campaign, which can be implemented at a later stage.

	Gavi 5.0	→ Gavi 6.0
Program cuts		
Campaign	Gavi campaign support covered up to 100% of eligible populations.	*No change*
Routine	Gavi routine immunization support covered up to 100% of eligible populations.	Countries need to provide stronger evidence to qualify for support.
Vaccine budgets		
Budget	*Not applicable*	Discretionary
Country costs*		
Campaign	*No exceptions*	*No exceptions*
Routine	*No exceptions*	*No exceptions*

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed.*

YF policies

- Gavi supports high-risk countries only, including those that have not yet introduced YF into routine immunization.
- Gavi also supports one-time preventive mass vaccination campaigns targeting individuals ages 9 months to under 60 years in high-risk areas in high-risk countries—campaigns may be national or subnational and may be phased across multiple years.
- Certain high-risk countries can also receive Gavi support for a one-time catch-up campaign targeting subnational geographies and/or age groups.

	Gavi 5.0	→ Gavi 6.0
Program cuts		
Campaign	Gavi campaign support covered up to 100% of eligible populations.	Fractional dosing for preventive and targeted campaigns to stretch supply (TBC).
Routine	Gavi routine immunization support covered up to 100% of eligible populations.	*No change*
Vaccine budgets		
Budget	*Not applicable*	**Campaign:** Discretionary **Routine:** Guaranteed
Country costs*		
Campaign	*No exceptions*	*No exceptions*
Routine	*No exceptions*	*No exceptions*

** Only exceptions to the cross-market co-financing policies are detailed here (click to revisit cross-market policies). ELTRACO changes impact all markets but are not listed.*

Questions?

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