

Gavi Co-Financing & Sustainable Financing FAQ

Considerations for Countries Evaluating a Switch from Pentavalent to Hexavalent Vaccination

Q: How do the costs of pentavalent and hexavalent vaccines compare?

Under current estimates:

- **Pentavalent + IPV + DTP booster** costs approximately **USD 5.99 per child**
- **Hexavalent + booster** costs approximately **USD 8.79 per child**

However, under **current Gavi policy**, part of the hexavalent cost is subsidized:

- The **IPV component of hexavalent is removed from country co-financing expectations**
- This reduces the **expected country contribution to approximately USD 5.35 per child**

Q: How is Gavi's 6.0 strategy (2026–2030) changing the decision environment?

Gavi 6.0 introduces **structural reforms** that affect vaccine choices, including hexavalent:

- A stronger emphasis on **country ownership and choice**
- **Finite program timelines**, reinforcing the need for early transition planning
- **Consolidation of funding types**
- **Capped vaccine procurement budgets** at the country level
- A **single, holistic application** covering both vaccines and cash support
- New **digital tools** to help countries track and manage Gavi support

Q: Why does Gavi not support a fourth dose of hexavalent vaccine?

Gavi currently supports **three doses of hexavalent**, not four. This change reflects:

- A **SAGE recommendation published in June 2025**
- Updated epidemiological evidence indicating that **three doses starting at six weeks are adequate**
- Continued support for a **DTP booster**, which is funded differently from hexavalent

While some countries, including in Europe, use four doses, Gavi's policy is aligned with updated global evidence. This change has raised concerns among countries that previously planned for four doses under earlier guidance.

Q: How should countries assess the risks associated with switching vaccine schedules?

Risk assessment should consider:

- **Population immunity levels**, including gaps created during the COVID-19 pandemic

The importance of **high coverage of the third IPV dose**, especially in the context of OPV phase-out

Regional epidemiological risk, including proximity to countries with low coverage

- The risk of **importing poliovirus** if immunity gaps persist

Countries are encouraged to:

- Use **vaccine effectiveness and immunity studies**, with WHO support
- Bring evidence and risk analyses to **National Immunization Technical Advisory Groups (NITAGs)** for informed decision-making

Q: How can countries manage vaccine financing gaps while considering hexavalent introduction or continuation?

Key policy options include:

- Improving efficiency through **costing analyses** to inform primary health care (PHC) and immunization decisions

Ensuring existing allocations are fully utilized before seeking additional funds

- Setting **national priorities** rather than relying on donor-driven agendas
- Making a stronger case for immunization as part of broader health system investment.

Q: What is the key message for countries considering a switch from pentavalent to hexavalent?

Countries are operating in a constrained and changing financing environment. Decisions on hexavalent vaccination should be:

- **Country-led**
- Based on **cost-effectiveness, equity, and financial protection**

- Integrated into **long-term transition planning**, recognizing that donor support may decline or disappear