Crowdsourcing Exercise:

HEALTH SYSTEM ADAPTATION CHECKLIST

January 2026



A Crowdsourced, Multi-Country Planning Tool for the Hexavalent Vaccine Introduction and Beyond

Vaccine introductions and switches require coordinated adaptation across the entire immunization system. While a hexavalent vaccine switch has specific technical features—such as changes to the injection schedule, supply chain adjustments, and booster-dose planning—the underlying principles apply to any vaccine transition. Successful implementation depends on how well countries anticipate operational changes, align partners, and mobilize resources across programmatic areas.

To support countries in preparing for such transitions, delegates participated in a **Crowdsourcing Exercise** to co-create a **Health System Adaptation Checklist**, drawing from real-world lessons shared throughout the workshop and previous vaccine switches. The goal was to translate country experiences into **practical, time-bound, action-oriented steps** that national teams can use to strengthen readiness and ensure a smooth switch.

The session used an **interactive poster-walk rotation** across nine thematic stations, representing the core building blocks that determine success in any vaccine introduction:

- Demand & Procurement
- Cold Chain & Logistics
- Financial Planning
- Health Worker Training & Supervision
- Service Delivery Implementation
- Communication & Social Mobilization
- Program Management & Coordination
- Data Systems, MEL & Reporting
- AEFI Surveillance & Response

These areas were selected because **a change in vaccine products, schedules, or delivery modalities creates ripple effects throughout the health system**. A switch cannot be treated as a single activity; it must be coordinated across all components that influence how vaccines are forecasted, procured, stored, financed, delivered, communicated, monitored, and safeguarded.

Why planning across all nine areas is essential in any vaccine switch

1. **Financial Planning:**
   A switch affects unit costs, co-financing structures, training budgets, transport, and supervision. Upfront investments and recurrent costs must be anticipated to avoid implementation delays.

2 **Demand & Procurement:**
Changing formulations, dosage schedules, or product presentations requires recalculating demand, preventing coexistence of old and new products, and aligning procurement schedules to avoid shortages or wastage.

3 **Logistics & Cold Chain Management:**
New vaccines often differ in volume, storage needs, vial size, or ancillary requirements. Cold chain readiness—from central to outreach level—must be reassessed to ensure uninterrupted delivery.

4 **Health Worker Training & Supervision:**
Health workers must confidently understand the new schedule, dosing, contraindications, and documentation. Without training and supportive supervision, errors and misinformation can proliferate.

5 **Service Delivery Implementation:**
Introducing a new vaccine often shifts session flow, workload, or injection practices. Microplans must be updated to avoid missed opportunities and ensure equity in fixed, outreach, and mobile services.

6 **Communication & Social Mobilization:**
Communities must understand why the switch is happening and what changes to expect. Clear communication—from national press briefings to community influencers—is vital to counter confusion or hesitancy.

7 **Program Management & Coordination:**
Switches require synchronized action. Governance structures, working groups, and partner coordination must function effectively to manage timelines, troubleshoot issues, and ensure accountability.

8 **Data Systems, Monitoring & Reporting**
New indicators, registers, and reporting systems must be updated to capture correct administration and track early coverage trends. Data is essential to detect gaps or drop-outs quickly.

9 **AEFI Surveillance & Response:**
Introducing a new antigen or formulation requires heightened monitoring, updated reporting tools, clear referral pathways, and strong communication between clinical and public health teams.

How the checklist was developed

Delegates rotated through thematic stations every 10 minutes, adding **action-oriented checklist items** such as "Revise cold chain assessment criteria" or "Update digital dashboards to include hexavalent indicators." Items were organized into a three-phase timeline:

- **9–12 months before the switch** — foundational planning
- **4–8 months before the switch** — system adaptation and readiness-building
- **1–3 months before the switch** — final preparations and quality assurance

Participants also prioritized actions most critical for switch readiness. Facilitators guided teams using structured prompts and ensured contributions remained practical, time-bound, and aligned to real implementation needs.

Across all stations, contributions reflected lessons learned from previous switches and the case studies presented earlier in the workshop. The final plenary synthesis consolidated all inputs into a **unified Health System Adaptation Checklist** —a tool designed to bridge global learning and national implementation planning. This checklist enables countries to **visualize sequencing, build consensus across teams, and institutionalize preparedness for any future vaccine switch**, not only hexavalent.



FINANCIAL PLANNING

9–12 months before the switch

- [ ] **Develop or update the national financial plan** for hexavalent introduction (including co-financing).
- [ ] **Determine total financial requirements for** procurement, operations, and monitoring.
- [ ] **Revise the National Immunization Strategy (NIS)** to include hexavalent costs.
- [ ] **Mobilize resources to support introduction of the fourth dose** (where applicable).
- [ ] **Conduct microplanning** to align financial, logistical, and operational needs.
- [ ] **Identify budget sources to meet hexavalent dose 1–2–3 targets.**
- [ ] **Advocate for increased domestic funding** for vaccination and switch readiness.

4–8 months before the switch

- [ ] **Finalize and validate the financial plan** with all stakeholders.

1–3 months before the switch

- [ ] **Allocate funds to districts** for training, distribution, supervision, and communication.
- [ ] **Prepare logistics-related financial arrangements** (transport, storage, supplies).
- [ ] **Transfer funds to subnational levels on time** to support switch activities.

DEMAND & PROCUREMENT

9–12 months before the switch

- [ ] **Determine national hexavalent vaccine requirements** using updated forecasting methods.
- [ ] **Conduct a full cold chain capacity inventory** to identify equipment and storage gaps.
- [ ] **Develop the national logistics and stock management plan** for the switch.
- [ ] **Incorporate vaccine shipment and receipt timelines into procurement planning.**
- [ ] **Apply appropriate forecasting and supply planning procedures.**
- [ ] **Revise SOPs for vaccine flow, stock rotation, and switch procedures.**

4–8 months before the switch

- [ ] **Monitor penta and IPV stocks regularly** to carry out internal redeployments and facilitate their timely withdrawal.
- [ ] **Strengthen cold chain infrastructure** in districts with documented weaknesses.
- [ ] **Verify hexavalent vaccine availability within EPI stock systems** (national, regional, district).
- [ ] **Develop the national vaccine distribution plan** including delivery routes and schedules.

1–3 months before the switch

- [ ] **Distribute adequate quantities of hexavalent vaccine** to regional and district stores.
- [ ] **Train vaccinators and logistics staff** on hexavalent handling, administration, and stock procedures.
- [ ] **Retrieve remaining pentavalent and IPV stocks** through coordinated reverse-logistics missions.
- [ ] **Ensure availability of all logistics materials** at service delivery points (syringes, safety boxes, forms, etc.).

LOGISTICS & COLD CHAIN MANAGEMENT

9–12 months before the switch

- [ ] **Conduct a complete inventory of cold chain equipment and tools** (refrigerators, carriers, thermometers).
- [ ] **Identify cold chain gaps and quantify equipment needs** for repairs, expansion, or replacement.
- [ ] **Allocate end-of-year resources to strengthen cold chain capacity** and address early gaps.

4–8 months before the switch

- [ ] **Verify the functionality of all cold chain equipment** at every level.
- [ ] **Provide updated cold chain management tools** (temperature logs, maintenance SOPs).
- [ ] **Take inventory of remaining penta/IPV vaccines** to support withdrawal planning.
- [ ] **Strengthen preventive maintenance systems** for cold chain infrastructure.

1–3 months before the switch

- [ ] **Train staff on cold chain and vaccine management procedures** specific to hexavalent.
- [ ] **Resolve all previously identified cold chain gaps** before distribution begins.

HEALTH WORKER TRAINING & SUPPORTIVE SUPERVISION

9–12 months before the switch

- [ ] **Update the national supportive supervision guide** to include hexavalent procedures.
- [ ] **Develop the national training plan** for all cadres and training topics.
- [ ] **Finalize administrative and logistical preparations** for training rollout.
- [ ] **Integrate hexavalent content into national EPI guidelines and SOPs.**
- [ ] **Design and schedule an integrated supportive supervision system.**

4–8 months before the switch

- [ ] **Update training modules** for hexavalent introduction.
- [ ] **Conduct a technical workshop to develop revised data-collection tools.**
- [ ] **Develop training guidelines** for regional and district managers.
- [ ] **Adapt and finalize the training package** for all levels.
- [ ] **Conduct training of trainers (TOT).**

1–3 months before the switch

- [ ] **Conduct stakeholder workshops** on hexavalent introduction.
- [ ] **Deliver cascade trainings** for supervisors, health workers, and vaccinators.
- [ ] **Conduct awareness workshops for media, pediatricians, and civil society.**
- [ ] **Train supervisory teams** for the switch.
- [ ] **Train health workers and vaccinators** on new procedures.
- [ ] **Conduct sensitization sessions for community health workers.**
- [ ] **Organize close supportive supervision immediately post-introduction.**

SERVICE DELIVERY IMPLEMENTATION

9–12 months before the switch

- [ ] **Evaluate human resources (HR) availability, service-delivery capacity, and vaccination points.**
- [ ] **Assess readiness of facilities** to integrate hexavalent and IPV withdrawal.
- [ ] **Secure adequate HR, materials, and financing** for service delivery.
- [ ] **Plan integration of health services and the hexavalent switch.**
- [ ] **Assess penta and IPV stock** status for phase-out.

4–8 months before the switch

- [ ] **Conduct regular coordination meetings** across all levels.
- [ ] **Develop district-level microplans,** including strategies for hard-to-reach areas.
- [ ] **Conduct social mobilization sessions** to support service delivery.
- [ ] **Organize stakeholder meetings** to clarify operational roles.
- [ ] **Develop the switch readiness checklist.**
- [ ] **Organize DHIS2 readiness workshops for service-delivery teams.**

1–3 months before the switch

- [ ] **Introduce hexavalent at service-delivery points** and withdraw penta/IPV simultaneously (dependent on policy and timeline).
- [ ] **Distribute all service delivery tools and materials** to facilities.
- [ ] **Share updated training curricula** with midwifery and clinical schools.
- [ ] **Conduct effective cold chain delivery framework (ECDF)/cold-chain functionality checks.**
- [ ] **Conduct last-mile needs assessments.**
- [ ] **Establish new vaccination points,** where required.
- [ ] **Conduct outreach training** for service providers.

COMMUNICATION & SOCIAL MOBILIZATION

9–12 months before the switch

- [ ] **Engage political leaders** to build national support for the switch.
- [ ] **Establish a communication and social mobilization committee.**
- [ ] **Organize multisectoral mobilization events.**
- [ ] **Develop the risk communication strategy.**
- [ ] **Develop the national communication plan.**
- [ ] **Launch early communication activities** at all levels.
- [ ] **Map refusal hotspots** and monitor community concerns.

4–8 months before the switch

- [ ] **Develop and refine communication materials** for public and professional audiences.
- [ ] **Provide communication support packages** to subnational levels.
- [ ] **Establish regional task forces** to support communication activities.
- [ ] **Review and update communication tools.**
- [ ] **Conduct advocacy meetings** with key influencers.

1–3 months before the switch

- [ ] **Train communication officers** at district and local levels to tailor plans to build awareness of switch.
- [ ] **Mobilize resources for communication activities.**
- [ ] **Engage civil society and multisectoral partners.**
- [ ] **Produce and disseminate TV and radio messages and jingles.**
- [ ] **Train health promotion and fronline staff in communicating effectively on** digital channels.
- [ ] **Conduct roadshows and community events.**
- [ ] **Distribute audiovisual materials** for ≥6 months post-switch.
- [ ] **Deliver targeted caregiver messages** differentiating penta vs. hexa.

PROGRAM MANAGEMENT & COORDINATION

9–12 months before the switch

- [ ] **Conduct multisectoral coordination meetings.**
- [ ] **Identify key resource persons** (trainers, managers, supervisors).
- [ ] **Develop the integrated national introduction plan.**

4–8 months before the switch

- [ ] **Develop logistics, training, and communication plans** to align implementation.
- [ ] **Develop implementation action tools** for national and subnational managers.
- [ ] **Conduct multidisciplinary coordination meetings** for alignment.

1–3 months before the switch

- [ ] **Conduct cascade training on program management** for regional/district managers.
- [ ] **Procure vaccines and management tools** needed for rollout.
- [ ] **Develop and validate the switch timeline (chronogram).**
- [ ] **Deliver management tools** to operational levels.

DATA SYSTEMS, MONITORING & REPORTING

9–12 months before the switch

- [ ] **Update and revise all data tools** (registers, summary forms, tally sheets).
- [ ] **Develop the national data management plan.**
- [ ] **Evaluate existing data systems** to identify gaps and requirements.

4–8 months before the switch

- [ ] **Plan and conduct trainings for health workers** on new data tools.
- [ ] **Pre-test revised data collection tools** and integrate feedback.
- [ ] **Institutionalize routine analysis and validation meetings.**
- [ ] **Conduct self assessments** to correct reporting gaps.
- [ ] **Establish data flow pathways** from facility → district → national levels.
- [ ] **Train health workers** on monitoring vaccination data.

1–3 months before the switch

- [ ] **Deliver revised data tools** to service-delivery points.
- [ ] **Conduct data management training** for health workers.
- [ ] **Integrate hexavalent indicators into digital platforms** (DHIS2, eSNT).
- [ ] **Roll out digital tool training** nationwide.

ADVERSE EVENTS AFTER IMMUNIZATION (AEFI) SURVEILLANCE & RESPONSE

9–12 months before the switch

- [ ] **Develop a national plan for AEFI reporting** including clear definitions and procedures for serious AEFIs.
- [ ] **Develop a national guide** for AEFI detection, investigation, management, and response

4–8 months before the switch

- [ ] **Updated AEFI reporting and investigation tools** (forms, registers, guidelines).
- [ ] **Implement or adapt a digital AEFI reporting system.**
- [ ] **Train health workers** on the use of updated and digital AEFI tools.

1–3 months before the switch

- [ ] **Ensure updated AEFI tools are available** at all levels for reporting and investigation.
- [ ] **Provide refresher training to health workers and community actors on AEFI reporting** and response and ensure community awareness on AEFI reporting pathways.