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VIEW-hub Report: Global Vaccine Introduction and Implementation

www.VIEW-hub.org

Johns Hopkins Bloomberg School of Public Health

International Vaccine Access Center (IVAC)

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VACCINE INTRODUCTION DASHBOARD FOR ROUTINE IMMUNIZATIONS

This page provides contextual historic information about routine immunization vaccines tracked in VIEW-hub, both globally and for Gavi-supported countries.

Year of first vaccine introduction

Vaccine	High-Income	Middle-Income	Low-Income	Gavi-Supported
Hib	1989 (Iceland)	1994 (2 countries)	1997 (Gambia)	2001 (2 countries)
PCV	2000 (US)	2008 (5 countries)	2009 (Rwanda)	2009 (2 countries)
Rotavirus	2006 (3 countries)	2006 (5 countries)	2012 (Rwanda)	2008 (Bolivia)
IPV	1955 (2 countries)	1959 (Hungary)	2014 (Nepal)	2014 (Nepal)
HPV	2006 (4 countries)	2009 (2 countries)	2011 (Rwanda)	2011 (Rwanda)
Typhoid	N/A	N/A	2021 (2 countries)	2019 (Pakistan)
Measles	1968 (Croatia)	1963 (Iran)	1993 (Syrian Arab Republic)	1981 (Lesotho)

Total number of countries that have introduced each vaccine, by program type

Vaccine	Global Introductions (194 countries)			Total
	Universal	Special Risk Populations*	Subnational	
Hib	192	0	1	193
PCV	155	7	3	165
Rotavirus	119	3	4	126
IPV**	191	0	3	194
HPV	130	0	7	137
Typhoid	5	0	1	6
Measles	185	0	2	187

Vaccine	Gavi Introductions (54 countries)			Total
	Universal	Special Risk Populations*	Subnational	
Hib	54	0	0	54
PCV	47	0	0	47
Rotavirus	42	0	0	42
IPV**	52	0	2	54
HPV	26	0	1	27
Typhoid	4	0	1	5
Measles	48	0	2	50

*This program type targets special populations at high risk and will henceforth be referred to as "risk programs". Note: The definition of high-risk populations may vary by country.

**Defined as the inclusion of at least one dose of IPV into the child immunization schedule.

EXECUTIVE SUMMARY

The VIEW-hub Global Vaccine Introduction and Implementation report displays data and figures on the global introduction status of nine vaccines: Haemophilus influenzae type b (Hib)-containing vaccines, pneumococcal conjugate vaccines (PCV), rotavirus vaccines, inactivated polio vaccines (IPV), typhoid conjugate vaccines (TCV), second dose of measles-containing vaccines (MCV2), measles-rubella vaccines (MR), human papillomavirus vaccines (HPV), and COVID-19 vaccines. This report contains enhanced content and figures generated from data available through VIEW-hub (www.VIEW-hub.org), which is an interactive platform developed and maintained by IVAC. Support for antigens other than SARS-CoV-2 is provided by Gavi, the Vaccine Alliance, the Bill & Melinda Gates Foundation, and the World Health Organization. Support for COVID-19 vaccines is provided by the World Health Organization, the Coalition for Epidemic Preparedness Innovations, and the Asian Development Bank.

The VIEW-hub Report contains summaries for each vaccine, both globally and as well as for a subset of 54 Gavi-supported countries. Summaries include the number of countries that have introduced each vaccine or plan to in the future, historical trends in the rate of global vaccine introduction, vaccine coverage and access, and current product and dosing schedule. This report includes a special section on vaccine-preventable pneumonia.

BACKGROUND

Through the interactive VIEW-hub data visualization tool (www.VIEW-hub.org), users can instantly visualize data on vaccine introductions, product usage, dosing schedules, access, coverage, impact studies, and more for nine vaccines. The data on www.VIEW-hub.org are continuously updated as information is received to permit real-time reporting.

Custom queries and maps, exportable data and graphics, country-specific dashboards, and a map gallery are just some of the interactive features users can access. Tracking vaccine introduction progress and collating a wide spectrum of vaccine use data all in one location allows users to strategize ways to accelerate and optimize vaccine implementation.

In 2016, VIEW-hub replaced IVAC's previous Vaccine Information Management System (VIMS), which was developed in 2008. VIEW-hub expanded the number of vaccines, scope, and functionality to serve the evolving needs of global vaccine stakeholders and decision makers. After the launch of VIEW-hub, quarterly VIEW-hub Reports replaced quarterly VIMS Global Vaccine Introduction Reports.

METHODS

This report has been prepared using data and maps generated in VIEW-hub, a data visualization tool developed and maintained by the International Vaccine Access Center at the Johns Hopkins Bloomberg School of Public Health for use by IVAC and its affiliated partners and projects. Information in VIEW-hub was gathered from internationally recognized sources, such as the World Health Organization (WHO), UNICEF, Gavi, vaccine manufacturers, ministries of health, and news media.

Current Introduction Status for Hib, Pneumococcal Conjugate, Rotavirus, Inactivated Polio, Typhoid Conjugate, Second Dose Measles-containing, Measles-Rubella, Human Papillomavirus, and COVID-19 vaccines

- Data on historical years of vaccine introduction is gathered from the WHO. Information on current introduction status is gathered from a variety of sources, including WHO, UNICEF, Gavi, vaccine manufacturers, ministries of health, and news media. Forecasted introduction dates are from WHO and Gavi's Strategic Demand Forecast v12. For more information on sources, see the full data dictionary within VIEW-hub (www.VIEW-hub.org) or email Marley Jurgensmeyer at mjurgen4@jhu.edu.
- Data on COVID-19 vaccine introduction, vaccine product (current/planned), vaccinated group, and vaccine characteristics are updated on VIEW-hub fortnightly. Country-specific policy changes in vaccination programs regarding expansion of vaccinated groups and authorization of new vaccine products are tracked and updated weekly. This information is obtained from web sources like the [WHO COVID-19 dashboard](#), [Our World in Data](#), and the [UNICEF COVID-19 market dashboard](#). Official ministry of health communications on implementing COVID-19 immunization programs are also reviewed.

Coverage Estimates

- Vaccine coverage is calculated as the number of surviving infants globally living in countries and subnational regions within countries that have introduced the vaccine who were vaccinated (i.e., number of surviving infants multiplied by the percent vaccinated). In the absence of coverage data for the vaccine, DTP3 coverage is used as a proxy. We use existing population figures (total population, crude birth rate, and infant mortality rate) for children under 1 year of age obtained from official census data to calculate the number of surviving infants.

Access Estimates

- Vaccine access is calculated as the number of surviving infants globally living in countries or subnational regions within countries that have introduced the vaccine.

Vaccine Introduction by Income Level

- Countries were classified using 2023 World Bank income classifications (2022 GNI data).
- Forecasted introduction was determined through WHO reports, news media, and Gavi's Strategic Demand Forecast v12.

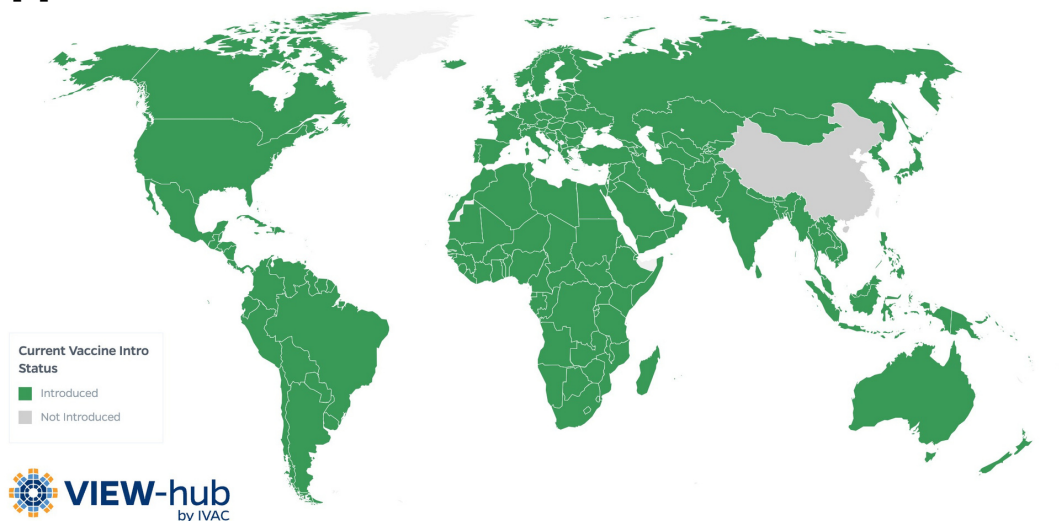
Projected introduction dates for Gavi countries are taken from the most recently available Gavi Strategic Demand Forecast and WHO sources. For non-Gavi-eligible countries, WHO and a variety of other sources are used. Information on a particular country's Gavi application status or projected introduction date may be sensitive and should not be used for public circulation without prior consent from VIEW-hub personnel.

Lower respiratory illnesses, including pneumonia, are the largest vaccine-preventable killer of children under the age of 5 [1]. Globally, pneumonia killed about 740,000 children in 2019 [1].

Since 2000 and the subsequent widespread use of the the Haemophilus influenzae type b (Hib) vaccine and introduction of pneumococcal conjugate vaccines (PCVs), the proportion of deaths in children under 5 due to pneumonia has fallen from 16.6% to 14.0%, with some regions seeing even greater declines, including a reduction from 17.5% to 11.7% in South Asia [1]. Continued use and expanded coverage of these vaccines has further contributed to these downward trends. For more information on other interventions that can impact pneumonia mortality, please see the [Pneumonia and Diarrhea Progress Report](#).

Hib vaccines:

Prior to the introduction of successful vaccines, Haemophilus influenzae type b (Hib) was a predominant pathogen of bacterial meningitis and other invasive bacterial diseases, which particularly affected children under 5 [2]. With the successful implementation of Hib immunization programs, the number of Hib-attributable deaths reduced by 90% (95% CI: 78% to 96%) starting in the year 2000. During that year, an estimated 299,000 deaths (ranging from 186,000 to 412,000) occurred among HIV-uninfected children. From 2000 to 2015, the Hib vaccine averted around 1.2 million total deaths[3]. In 2015, an estimated 900,000 cases of clinical Hib pneumonia were reported, regardless of HIV status, approximately 298,000 of which were classified as severe pneumonia [3].



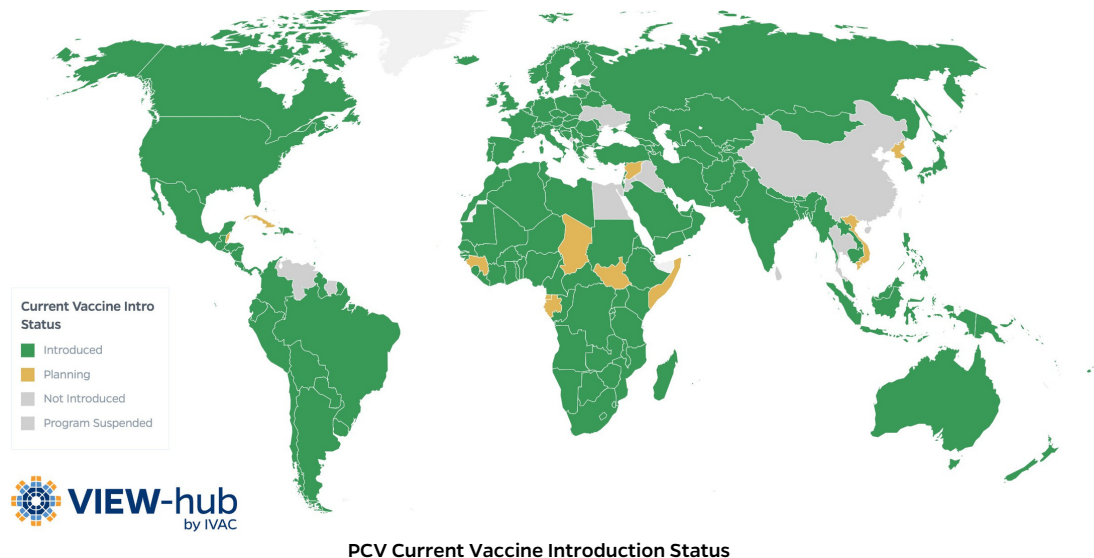
Hib Current Vaccine Introduction Status

Global introduction began in 1987 and WHO has recommended the Hib conjugate vaccines for NIPs since 1997. In 2022, global coverage for three doses of the Hib vaccine was approximately 76%, with significant regional variations [4]. As of September 2023, all countries except China have introduced Hib vaccines in their national immunization programs (NIPs).

Hib vaccines have nearly eliminated Hib disease among young children globally. Access to these vaccines for every child is essential to maintain herd immunity and keep children protected from Hib.

Pneumococcal Conjugate Vaccines (PCV):

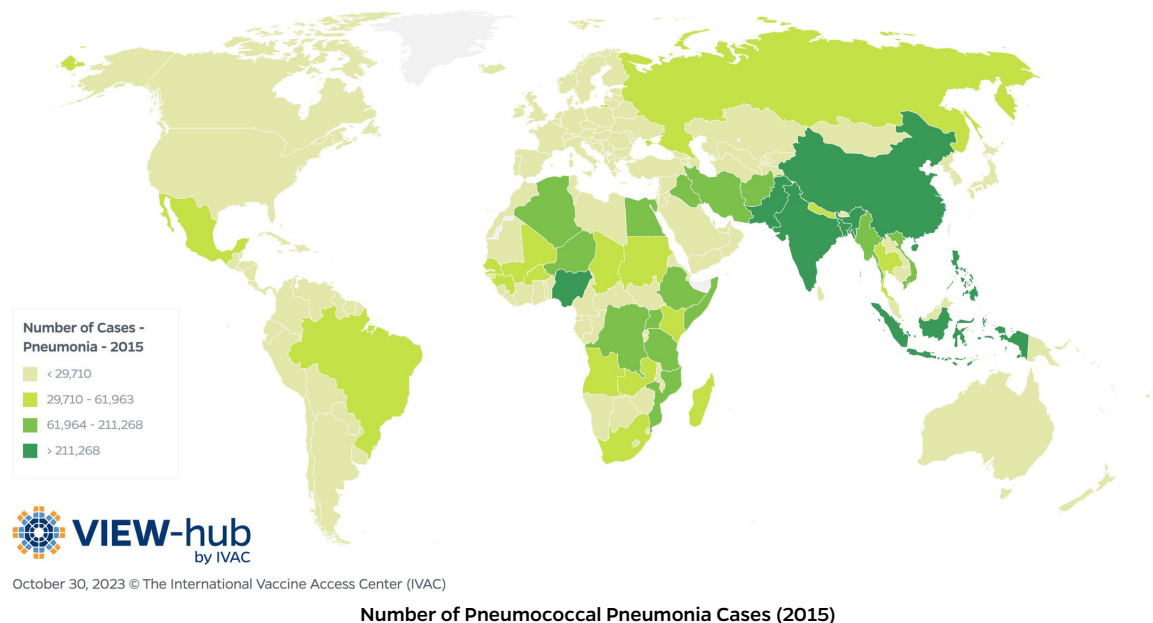
Since the first pneumococcal conjugate vaccine (PCV) was licensed in the United States in 2000 for infants, the use of PCVs in infant routine immunization programs has increased substantially, especially in low- and middle-income countries. As of September 2023, 165 countries have introduced PCV into their NIPs, of which 47 have current Gavi support and 21 are low-income countries.



A recent systematic review reported that studies conducted across several WHO regions showed the substantial impact of PCV on children under 5 [5]. In these studies, the impact of PCV saw reductions in several regions ranging from 7% to 60% for all-cause pneumonia hospitalization, 8% to 90% for severe pneumonia, 12% to 79% for radiologically confirmed pneumonia, and 45% to 85% for pneumococcal confirmed pneumonia. Pneumonia-related mortality saw a reduction of 10% to 78% across different regions [5].

The impact of PCV on pneumonia-related hospitalizations seems to be slightly greater in high-income countries (HICs) than in low-income countries (LICs), lower-middle-income countries (LMICs), or upper-middle-income countries (UMICs). However, the heterogeneity in study outcomes posed a challenge in drawing definitive conclusions [5].

A recent global meta-analysis of the impact of 10-valent and 13-valent PCVs on the incidence of invasive pneumococcal disease (IPD) showed declines of 60–80% in children under 5 compared to pre-PCV incidence [6]. The study also found that IPD in adults older than 65 also decreased (around 10–25%) due to indirect protection. The study evaluated 275,582 cases from 47 surveillance sites in 29 countries, which included primarily HICs (80%) as well as data from low- and middle-income countries. Although the number of IPD cases includes non-pneumonia cases, only 5% were meningitis cases, which showed similar reductions. Increases in non-vaccine serotype IPD replaced some of the reductions in vaccine-type disease, but it was not enough to offset the gains; vaccines that protect against more serotypes will be helpful to address much of the remaining disease [7].



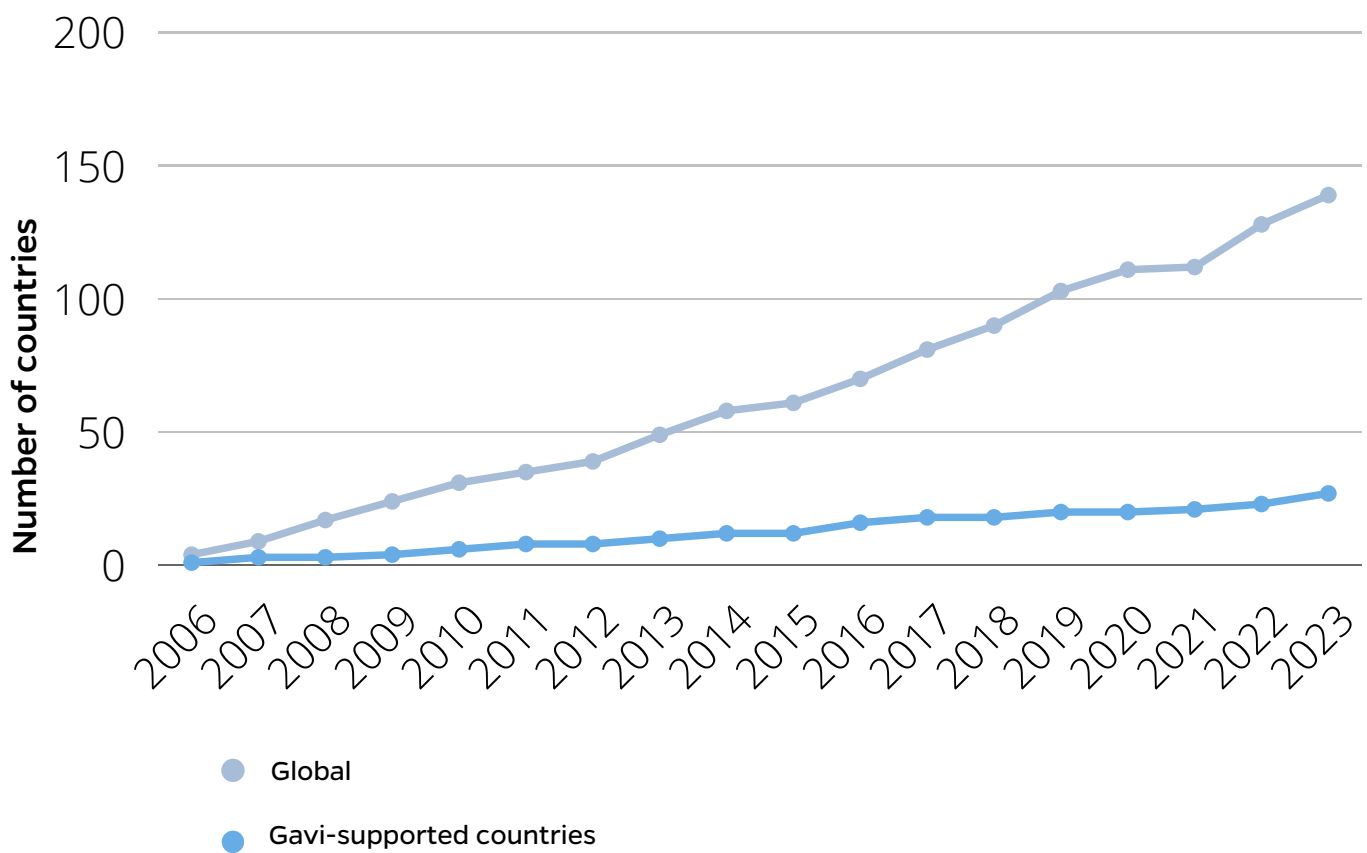
The evidence supports continued use of PCV in reducing pneumococcal disease, but there is a need for more studies in high-mortality regions and certain WHO areas.

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- Bennett JC, et al. "CHANGES IN INVASIVE PNEUMOCOCCAL DISEASE INCIDENCE FOLLOWING INTRODUCTION OF PCV10 AND PCV13 IN CHILDREN AND ADULTS GLOBALLY: THE PSERENADE PROJECT (ID 852)". 12th International Symposium on Pneumococci and Pneumococcal disease (ISPPD), Toronto 2022. Poster number 102. <https://cslide.ctimeetingtech.com/isppd22/attendee/eposter/browse/gallery?q=102&c=pnr&r=snm%7E81>
- García Quesada M., et al. "GLOBAL SEROTYPE DISTRIBUTION OF INVASIVE PNEUMOCOCCAL DISEASE IN CHILDREN AND ADULTS AFTER LONG-TERM PCV10/13 USE: THE PSERENADE PROJECT (ID 847)". 12th International Symposium on Pneumococci and Pneumococcal disease (ISPPD), Toronto 2022, Poster number 114. <https://cslide.ctimeetingtech.com/isppd22/attendee/eposter/browse/gallery?q=114&c=pnr&r=snm%7E81>

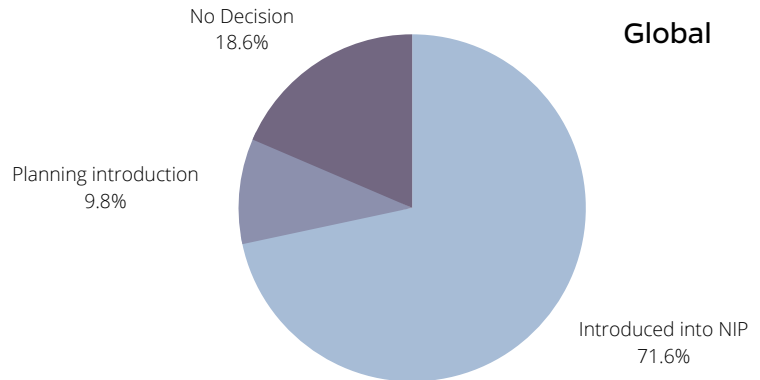
HUMAN PAPILLOMAVIRUS VACCINE

HPV Introduction by Year

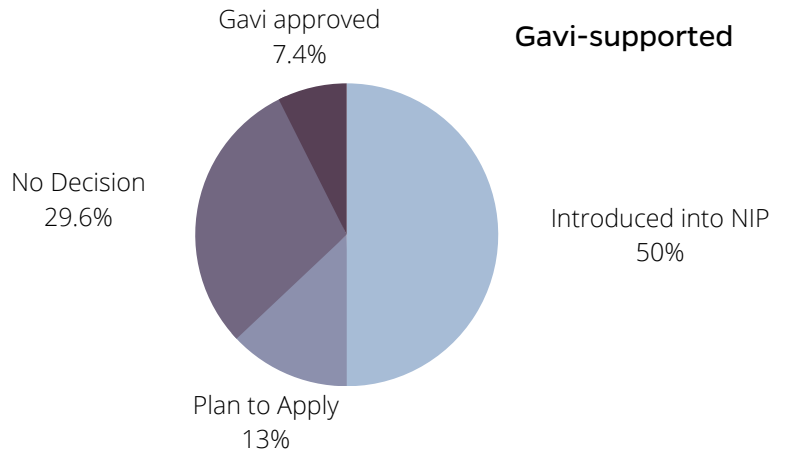


HPV Vaccine Introduction Status

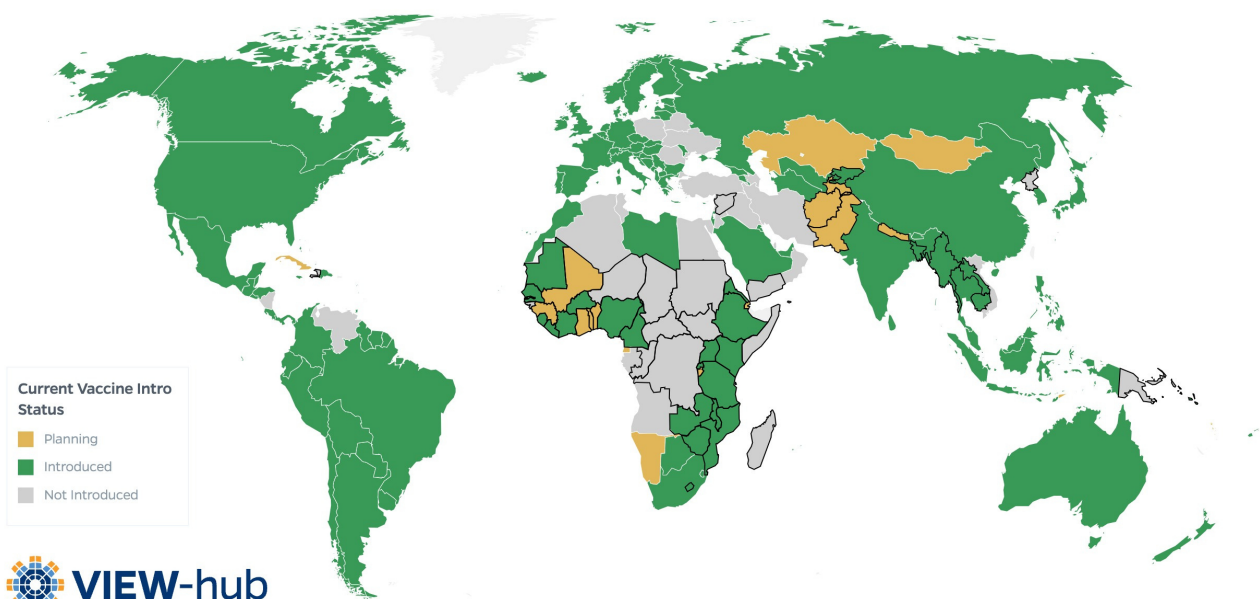
As of September 2023, 139 countries have introduced HPV into their national immunization programs. 19 countries have announced plans to add HPV to their national immunization programs, and 36 countries have yet to make a decision.



26 Gavi-supported countries have introduced HPV vaccine into their national immunization programs, and one has introduced subnationally. 4 countries have been approved, with or without clarification, for Gavi support to introduce. 7 countries have announced plans to add HPV vaccine to their national immunization programs. 16 countries have not yet made a decision regarding introduction.

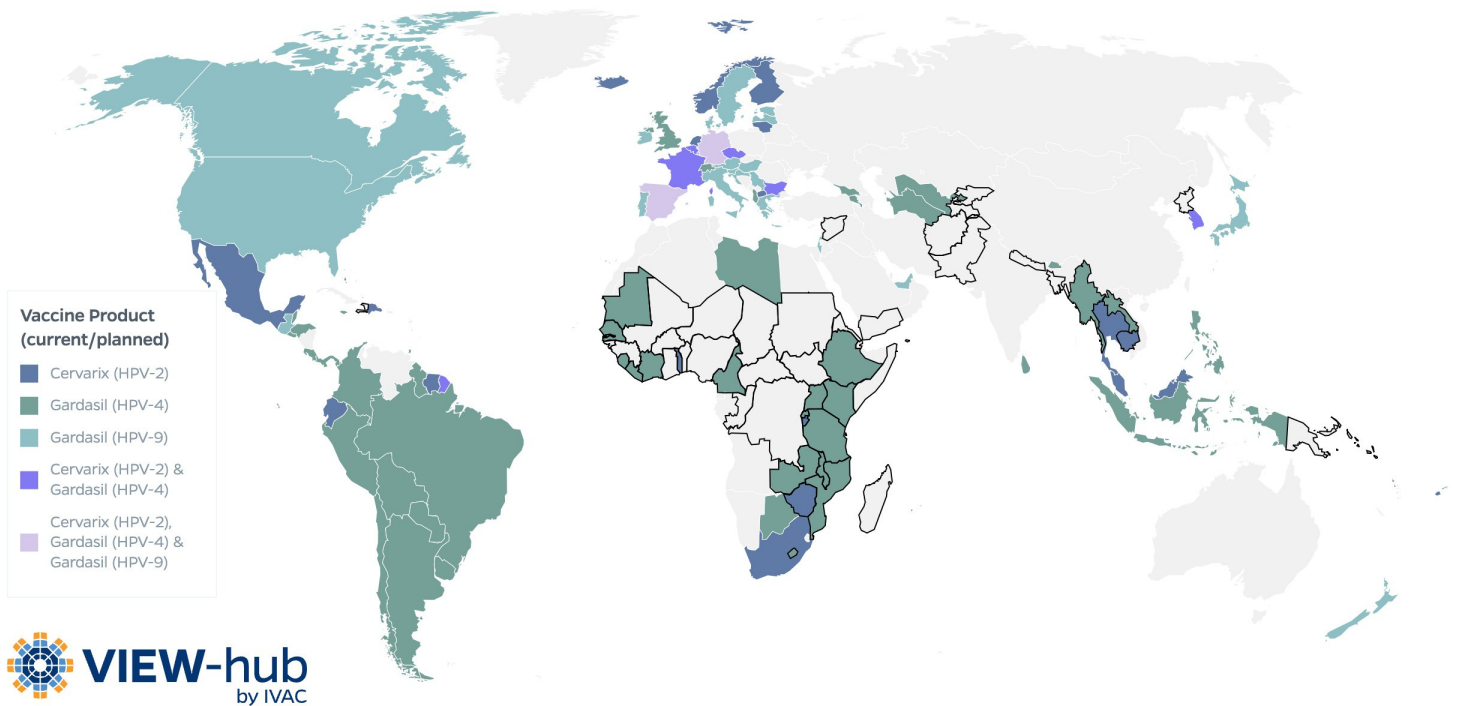


A map of the countries that have introduced HPV vaccine is below.

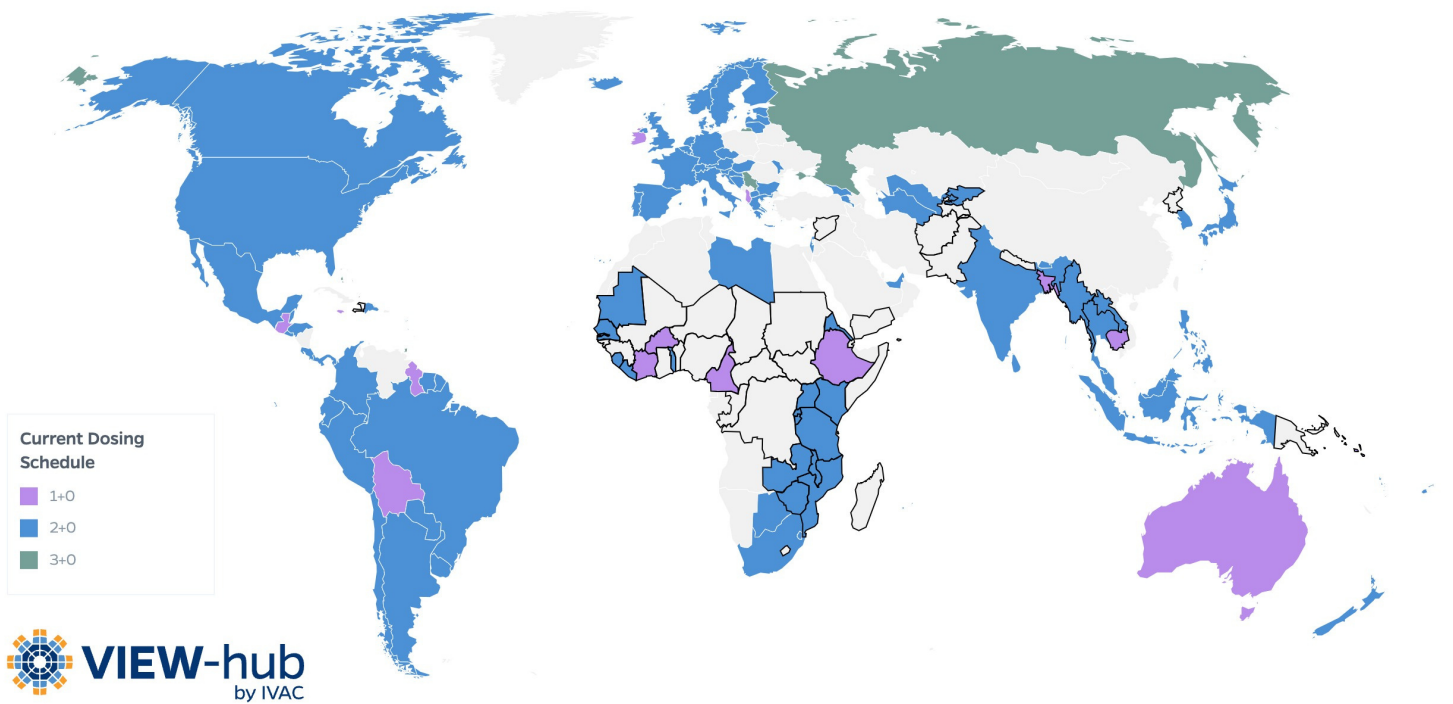


The countries outlined in black indicate countries approved for Gavi support.

HPV – Current Product



HPV – Current Dosing Schedule



The countries outlined in black indicate countries approved for Gavi support.

Note: A few countries are starting a single-dose schedule.

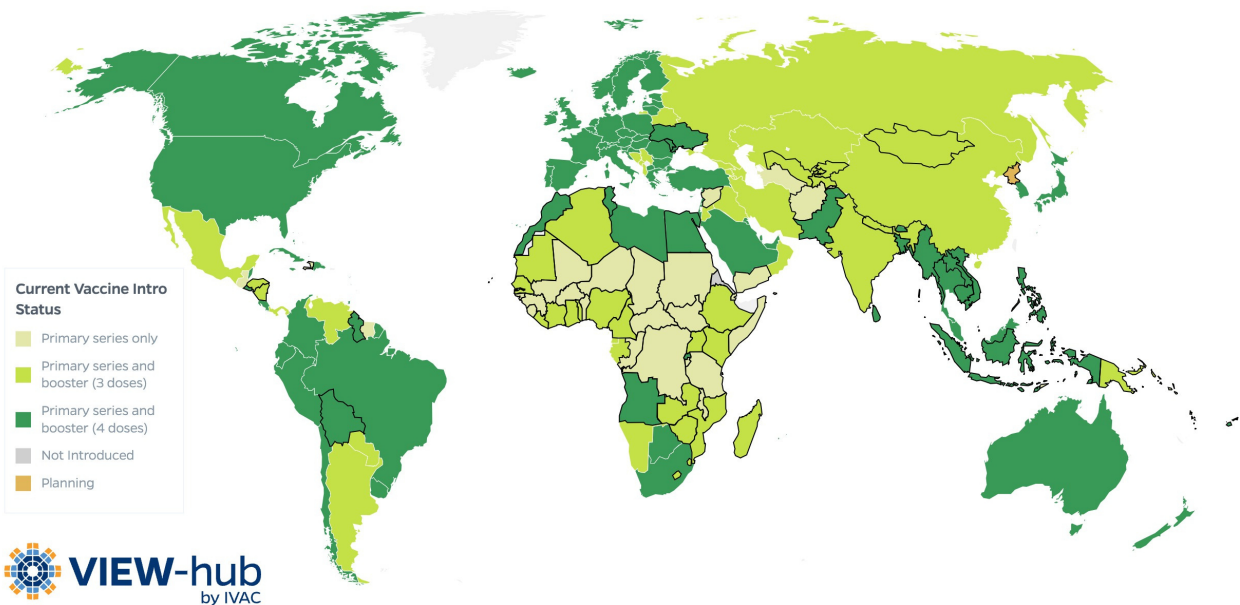
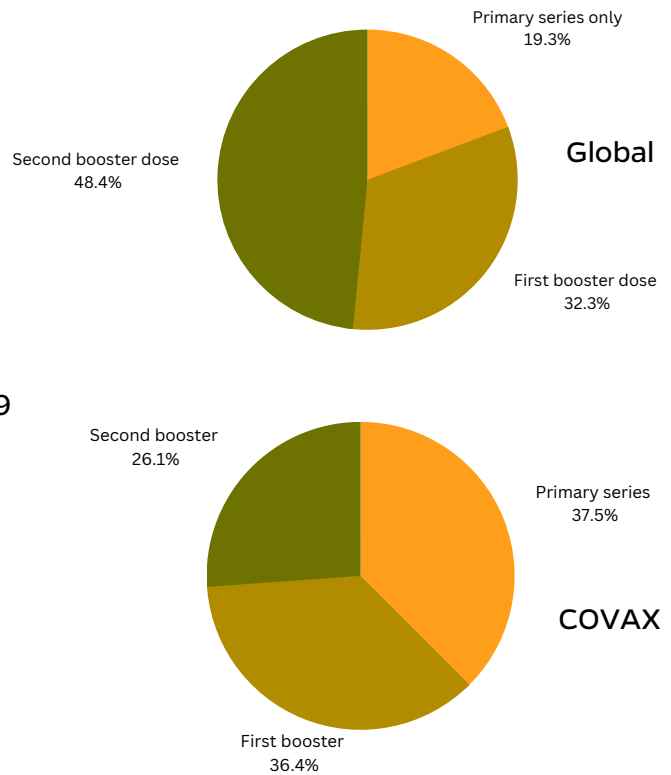
See the [HPV page on VIEW-hub](#) for more information.

COVID-19 Vaccine Introduction Status

As of June 2023, globally, 192 countries have introduced COVID-19 vaccines. One country has not yet made a decision regarding introduction. Globally, 155 countries are administering booster shots, and 93 have introduced a second booster dose to protect against waning immunity and emerging variants.

88 COVAX countries have introduced COVID-19 vaccines. The first and second booster doses have been approved for use in 32 and 23 COVAX countries, respectively.

A map of the countries that have introduced COVID-19 vaccines is below.

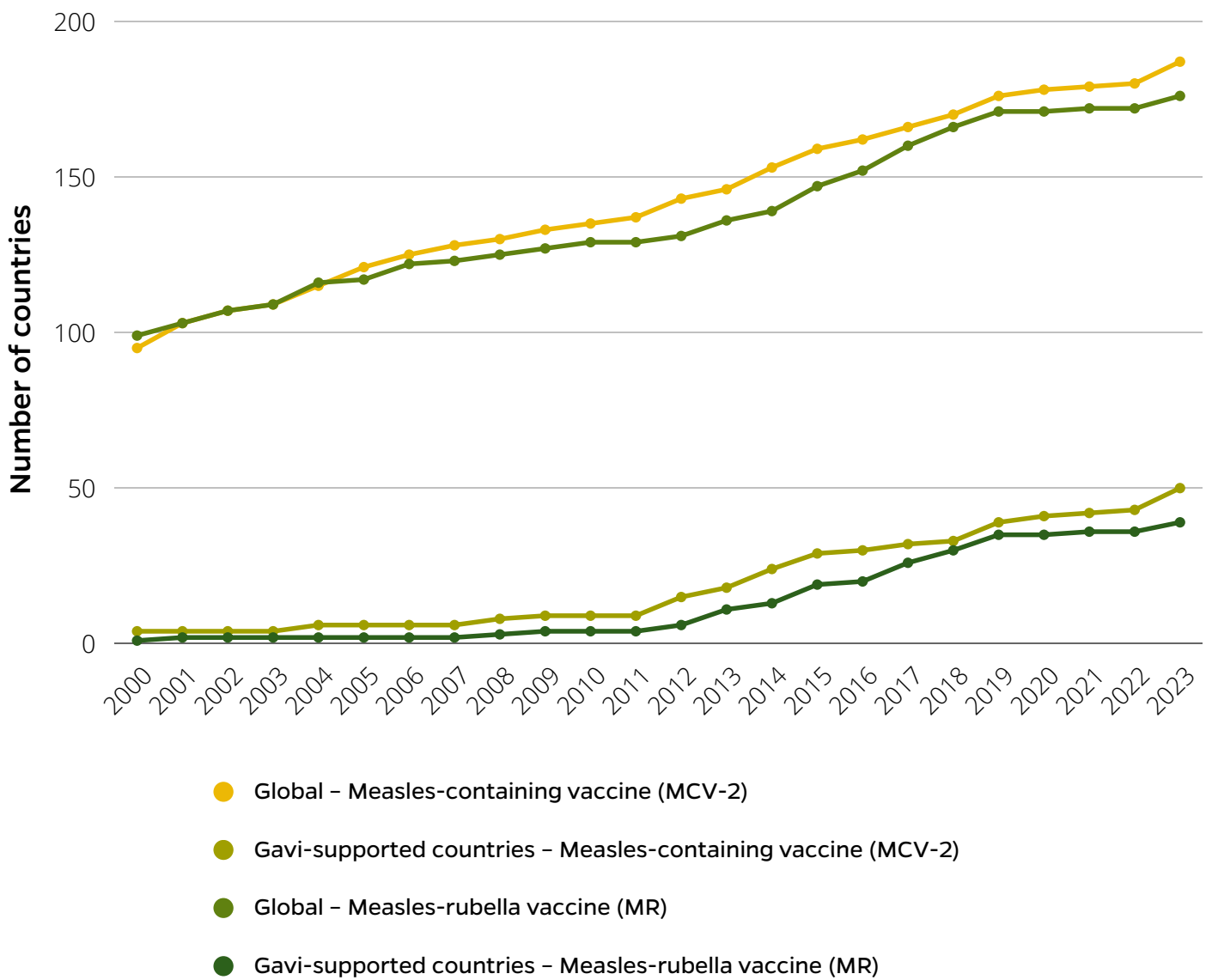


The countries outlined in black indicate countries approved for COVAX support

See the [COVID-19](#) page on [VIEW-hub](#) for more information.

MEASLES VACCINE

Measles-Containing Vaccine Dose 2 (MCV-2) and Measles-Rubella Vaccine (MR) Introduction by Year

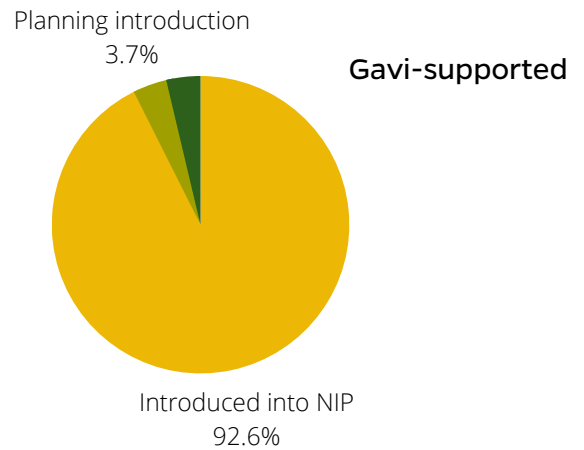
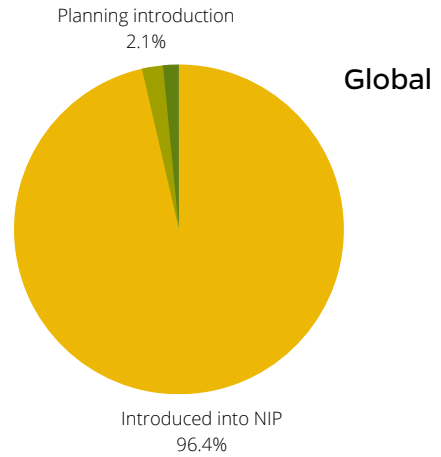


Measles-Containing Vaccine-2 (MCV-2) Introduction Status

As of September 2023, globally, 187 countries have introduced MCV-2 into their national immunization program. 4 countries have announced plans to add MCV-2 to their national immunization program. 3 countries have not yet made a decision regarding introduction.

50 Gavi-supported countries have introduced MCV-2 into their national immunization program, one of which has introduced subnationally. 2 countries have been approved, with or without clarification, for Gavi support to introduce. 2 have announced plans to add MCV-2 to their national immunization program.

A map of the countries that have introduced MCV-2 is below.



The countries outlined in black indicate countries approved for Gavi support.

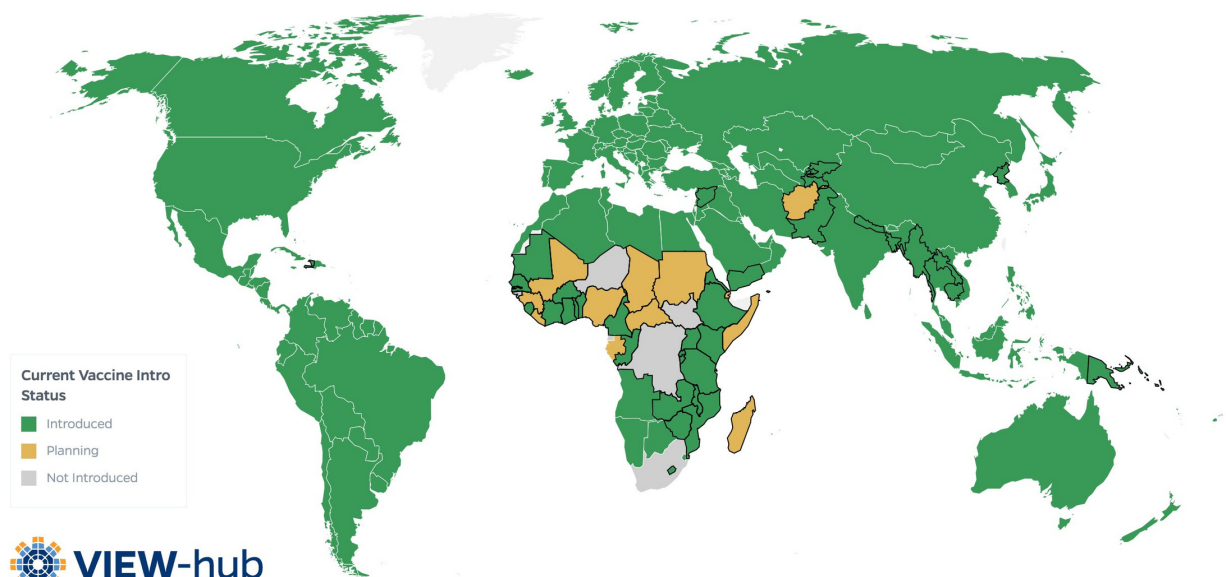
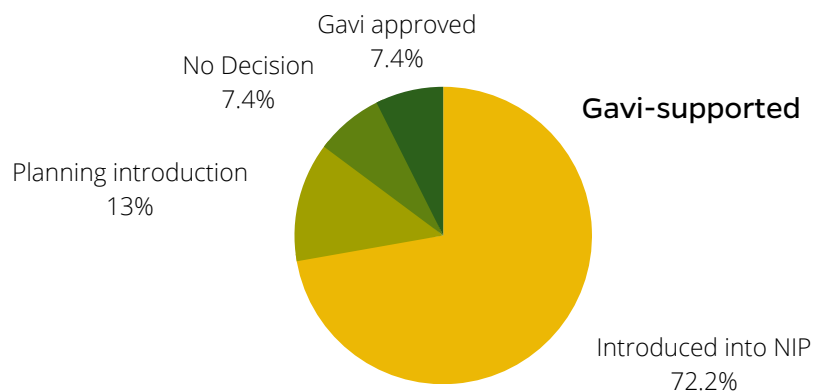
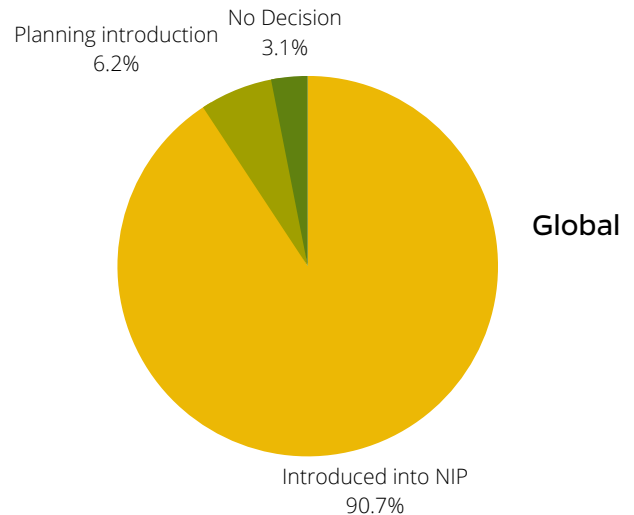
See the [MCV-2 page on VIEW-hub](#) for more information.

Measles-Rubella Vaccine Introduction Status

As of September 2023, globally, 176 countries have introduced MR into their national immunization programs. 12 countries have announced plans to add MR to their national immunization programs. 6 countries have not yet made a decision regarding introduction.

39 Gavi-supported countries have introduced MR into their national immunization programs. 4 countries have been approved, with or without clarification, for Gavi support to introduce. 7 countries have announced plans to add MR to their national immunization programs. 4 have not yet made a decision regarding introduction.

A map of the countries that have introduced MR is below.

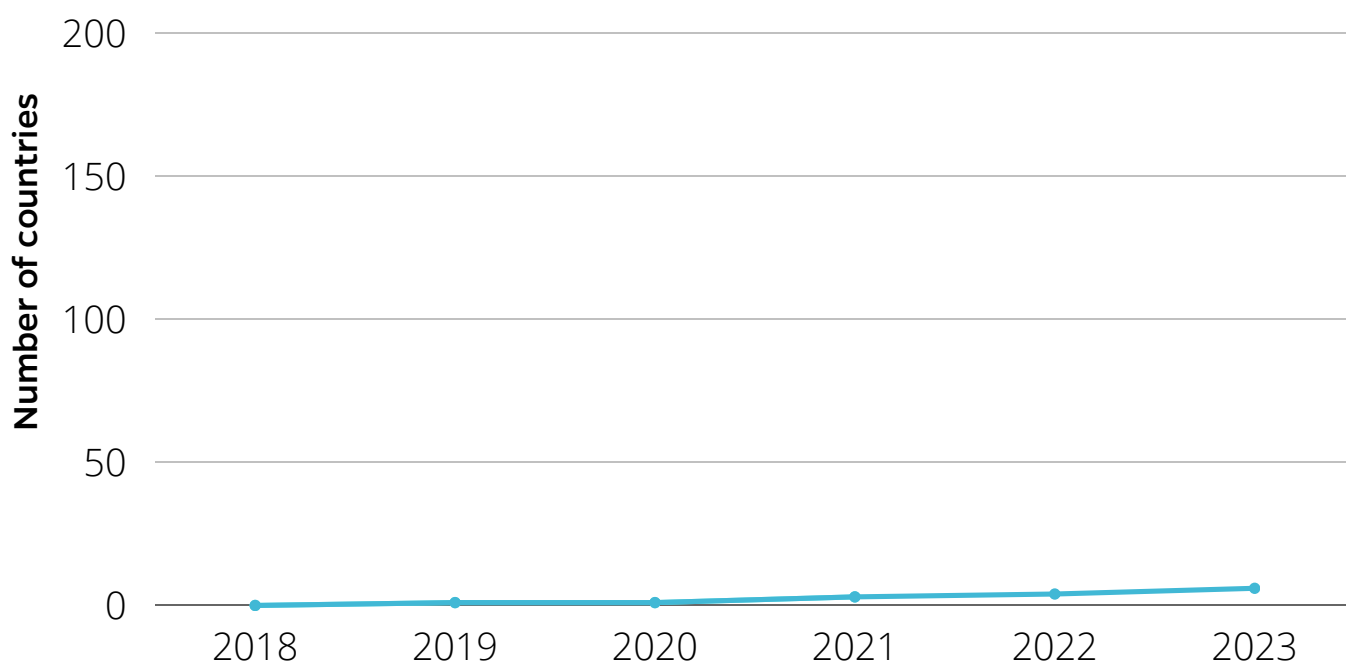


The countries outlined in black indicate countries approved for Gavi support.

See the MR page on VIEW-hub for more information.

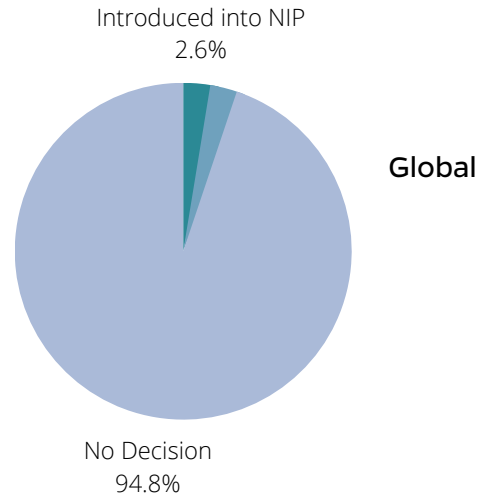
TYPHOID CONJUGATE VACCINE

Typhoid Conjugate Vaccine Introduction by Year

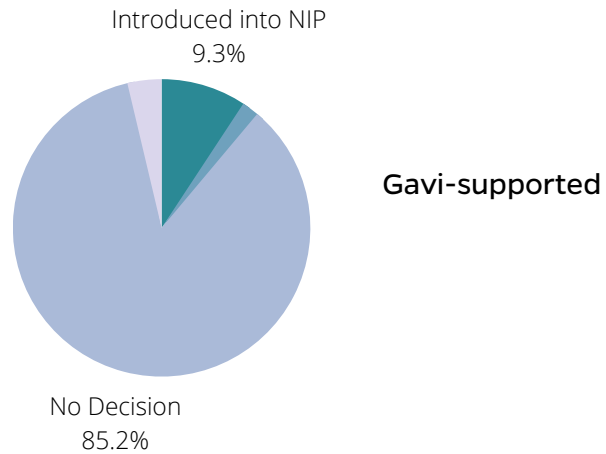


Typhoid Conjugate Vaccine Introduction Status

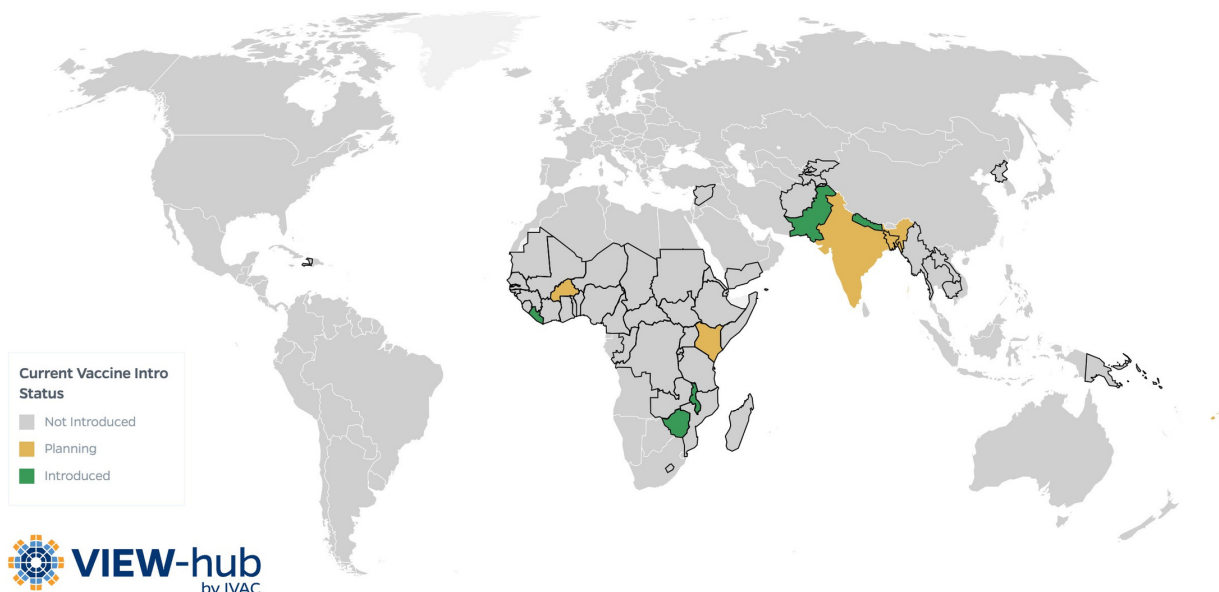
As of September 2023, globally, 5 countries have introduced typhoid conjugate vaccine (TCV) into their national immunization programs, with one introducing subnationally. 5 countries have announced plans to add TCV to their national immunization programs. 184 countries have not yet made a decision regarding introduction.



5 Gavi-supported countries have introduced TCV into their national immunization programs, Malawi has introduced subnationally. 2 countries have been approved, with or without clarification, for Gavi support to introduce. 1 country has announced plans to add TCV to their national immunization program. 46 have not yet made a decision regarding introduction.

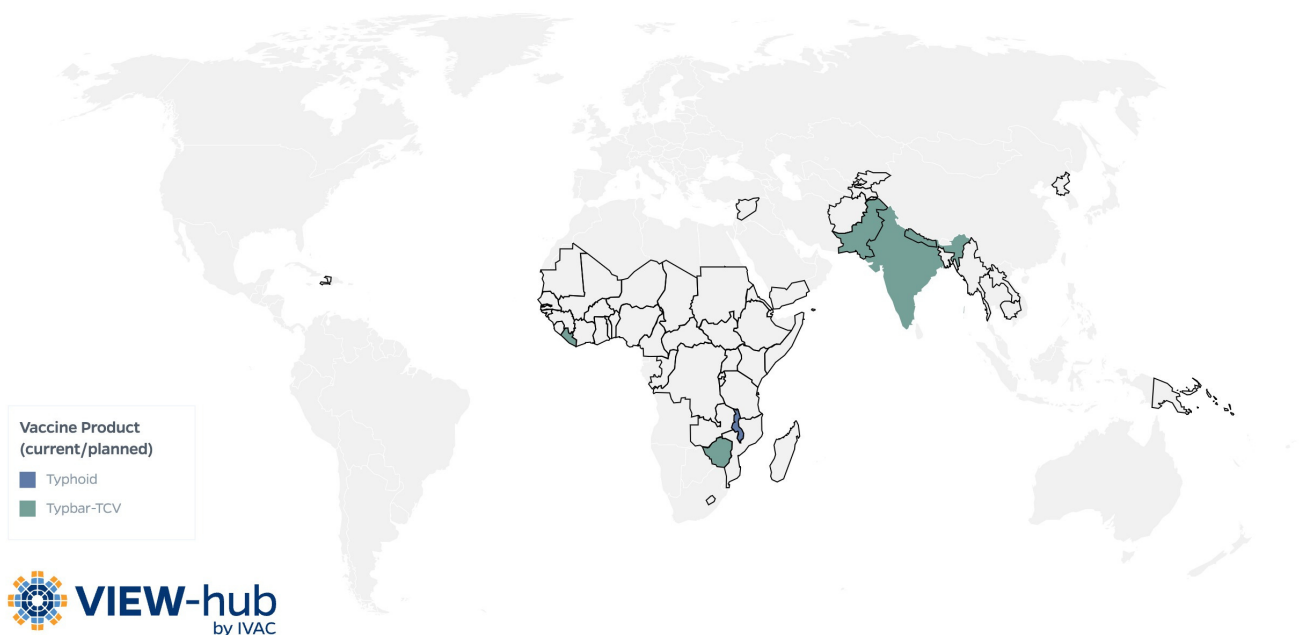


A map of the countries that have introduced TCV is below.

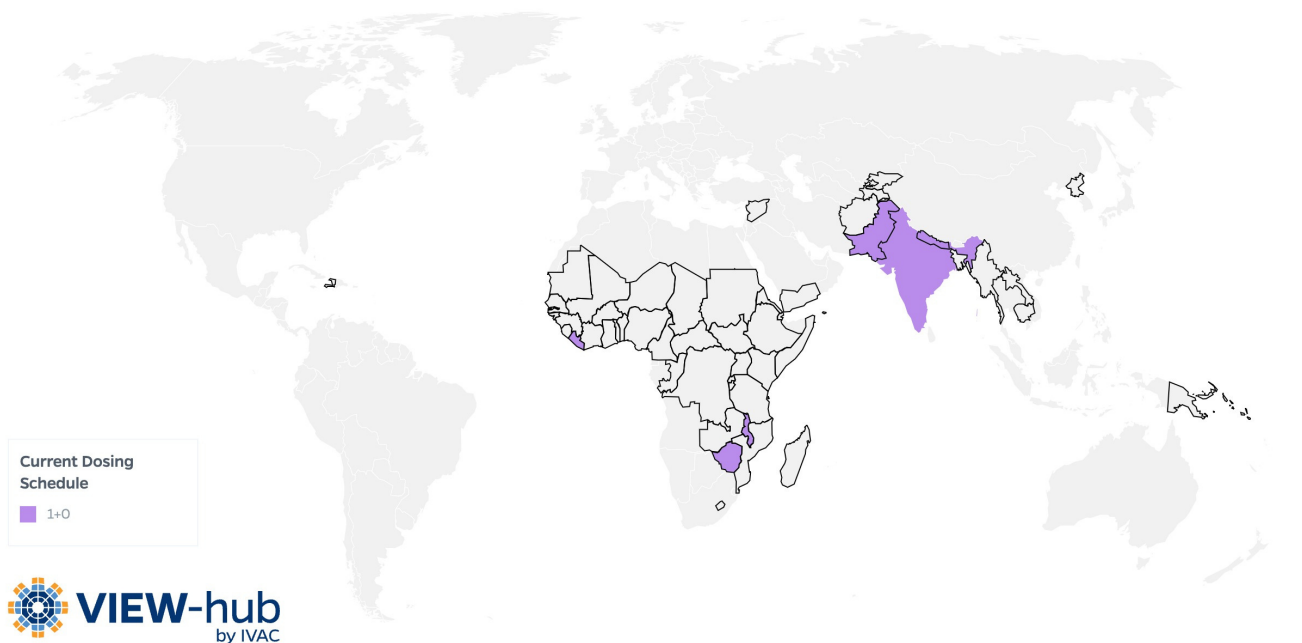


The countries outlined in black indicate countries approved for Gavi support.

TCV – Current Product



TCV – Current Dosing Schedule

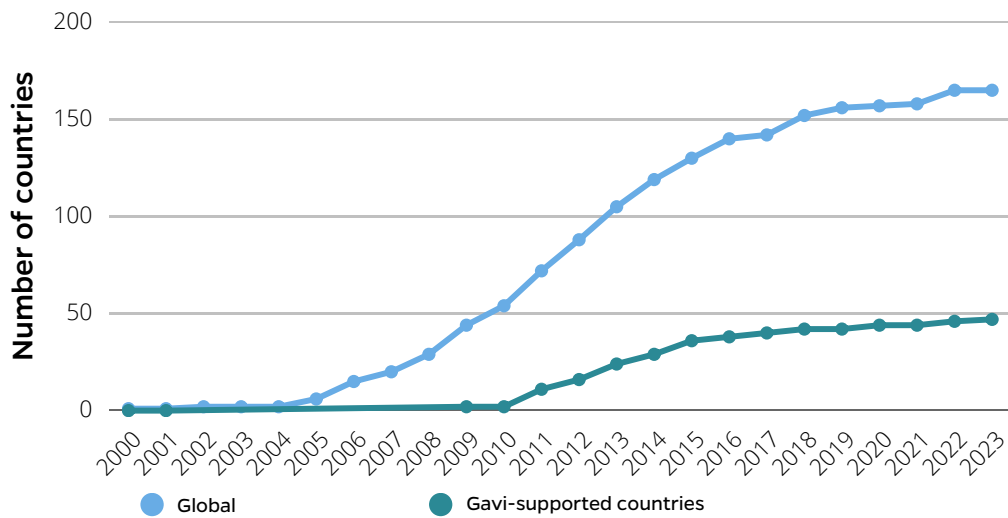


The countries outlined in black indicate countries approved for Gavi support.

See the [TCV page on VIEW-hub](#) for more information.

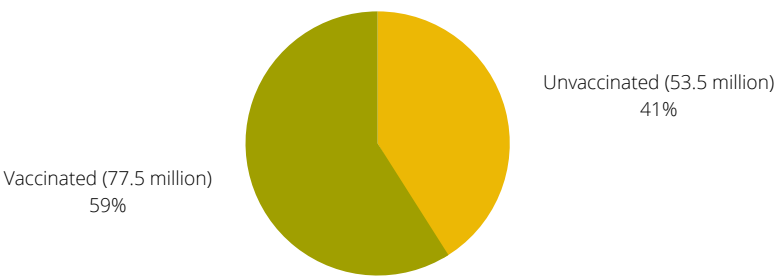
PNEUMOCOCCAL CONJUGATE VACCINE

PCV Introduction by Year

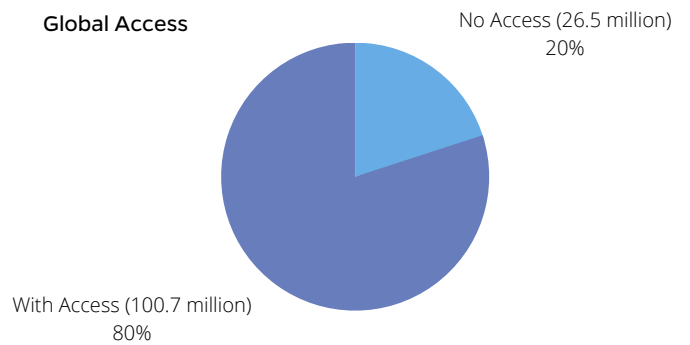


Coverage estimates are calculated using 2023 WHO/UNICEF estimates of national immunization coverage. Information on how these estimates are calculated is included in the Methods section of this report.

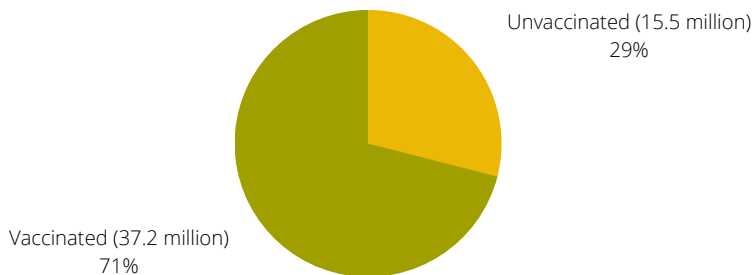
Global Coverage



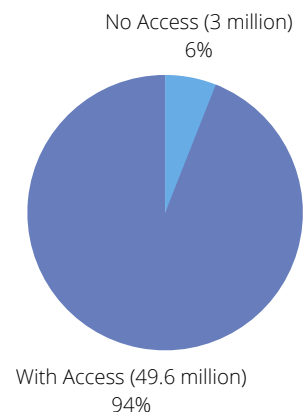
Global Access



Gavi-supported Coverage



Gavi-supported Access

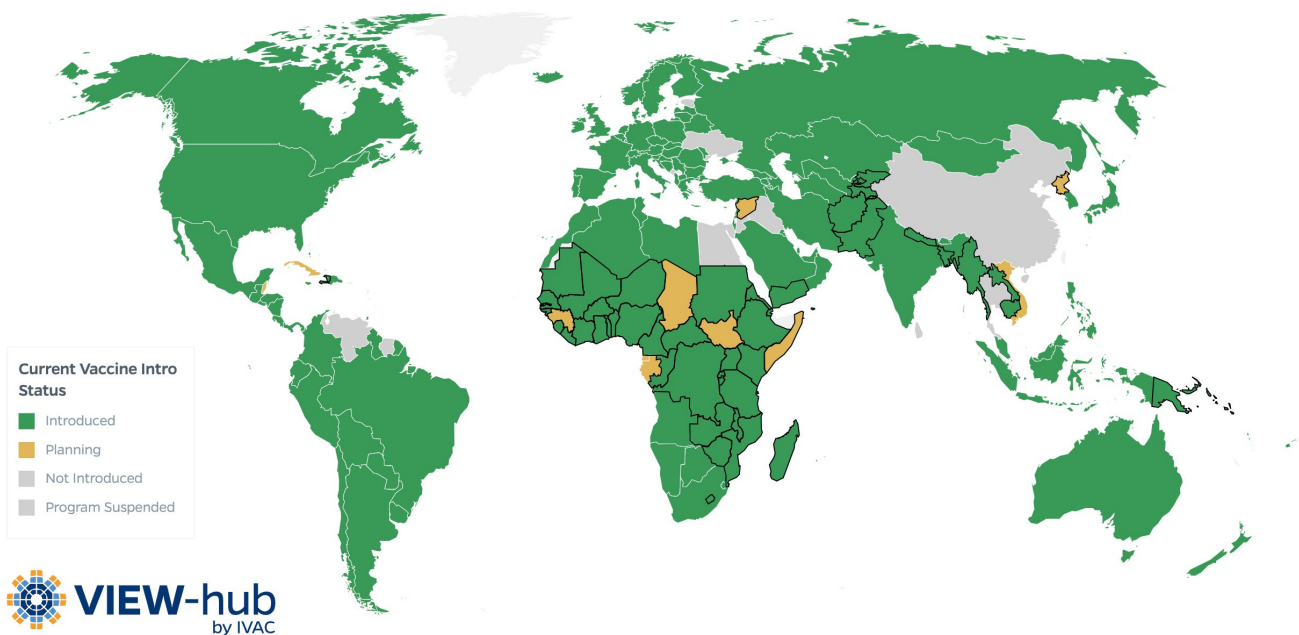
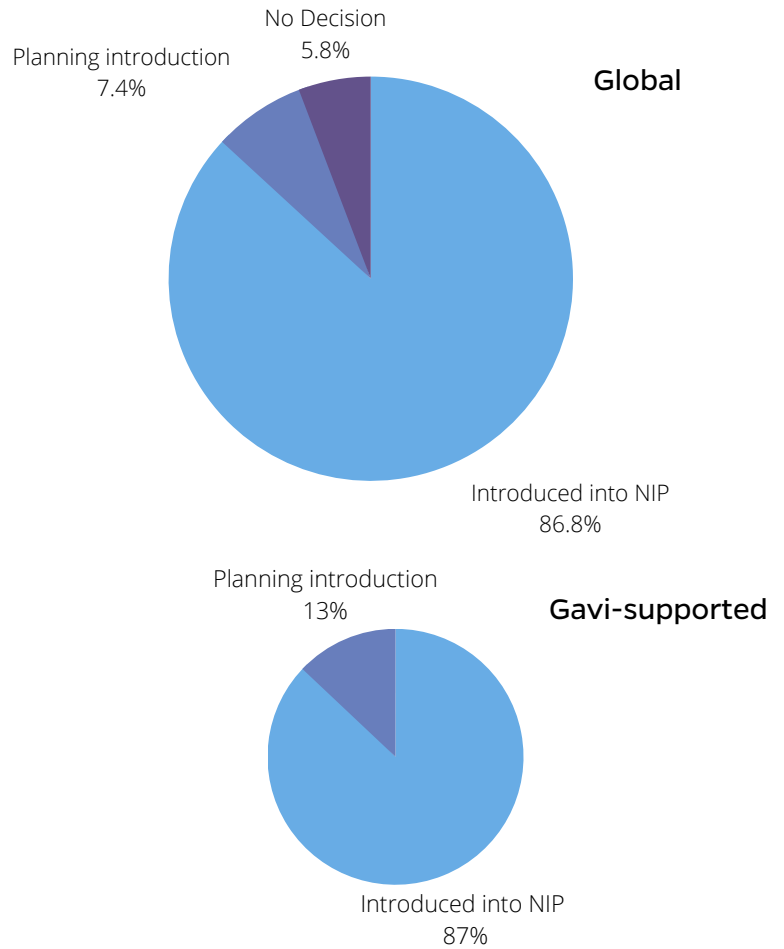


PCV Introduction Status

As of September 2023, 165 countries have introduced PCV into their national immunization programs, including 155 universal, 3 subnational, and 7 risk programs. 14 countries have announced plans to introduce PCV into their national immunization programs. 11 countries have not yet made a decision regarding introduction.

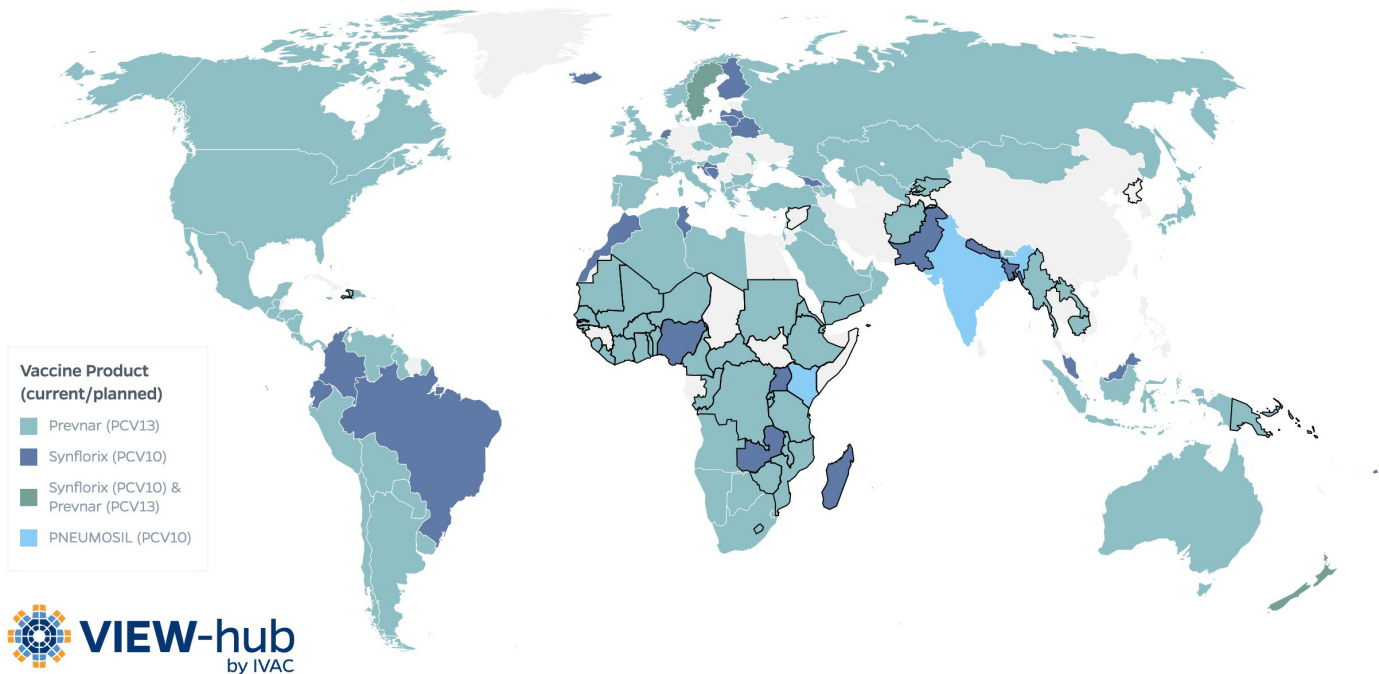
47 Gavi-supported countries have introduced PCV into their national immunization programs. 7 countries have announced plans to introduce PCV into their national immunization programs.

A map of the countries that have introduced PCV is below.

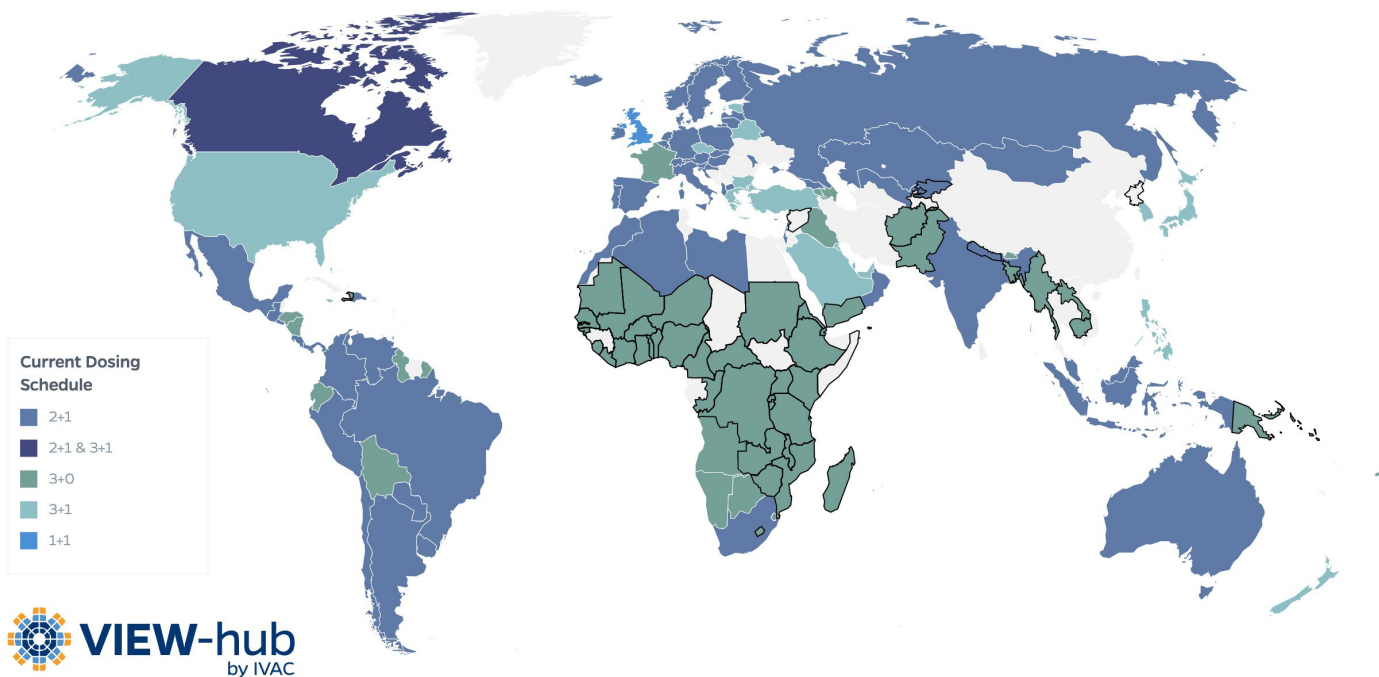


The countries outlined in black indicate countries approved for Gavi support.

PCV – Current Product



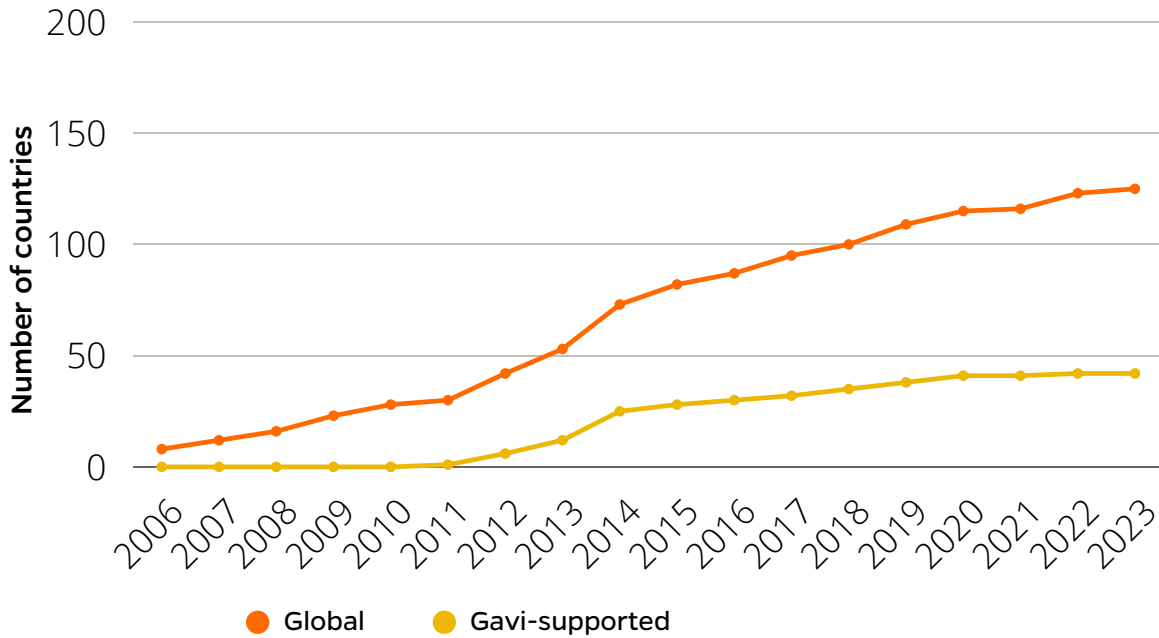
PCV – Current Dosing Schedule



The countries outlined in black indicate countries approved for Gavi support.

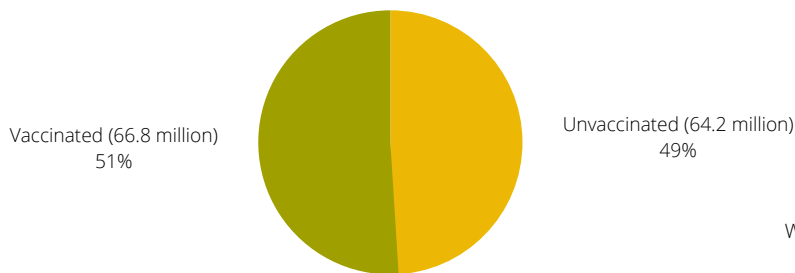
See the [PCV page on VIEW-hub](#) for more information.

Rotavirus Vaccine Introduction by Year

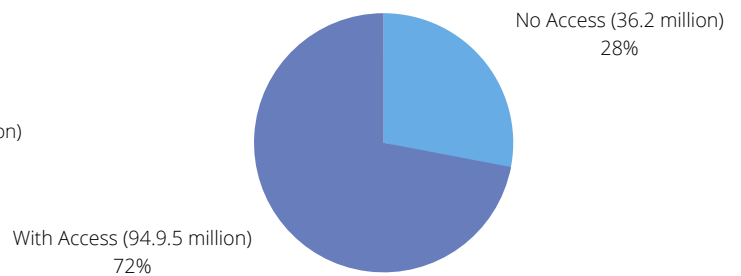


These estimates are calculated using 2023 WHO/UNICEF estimates of national immunization coverage. Information on how these estimates are calculated is included in the Methods section of this report.

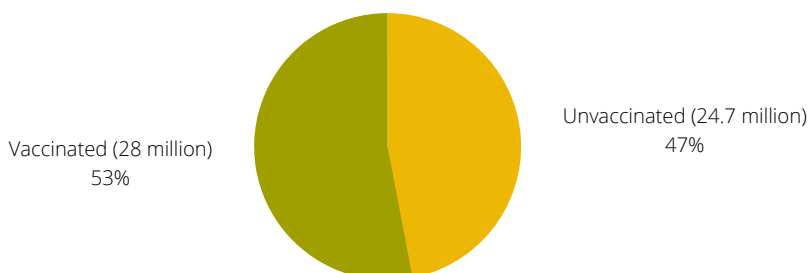
Global Coverage



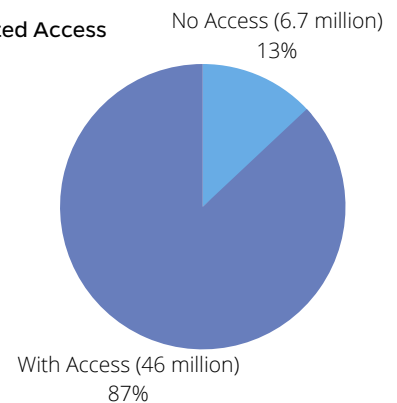
Global Access



Gavi-supported Coverage



Gavi-supported Access

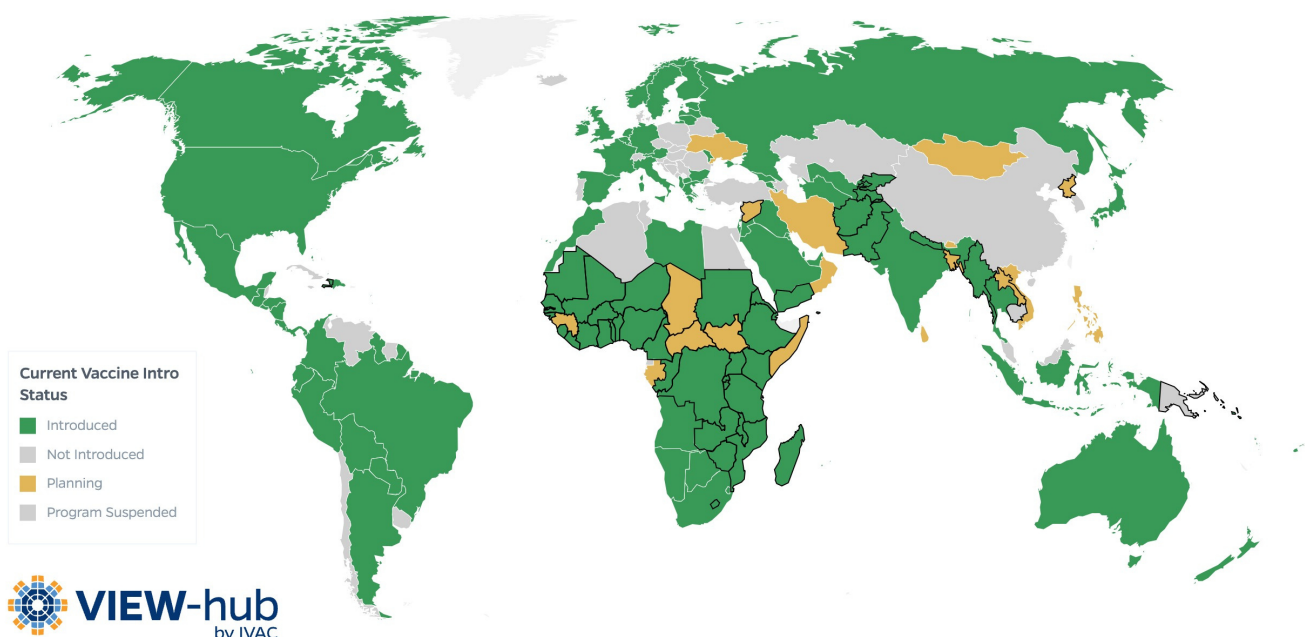
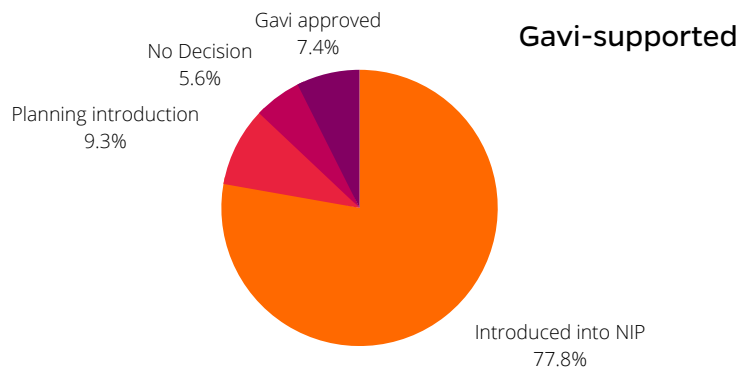
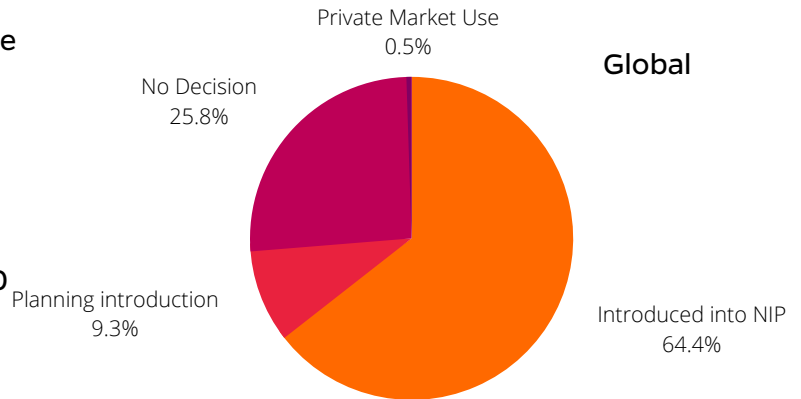


Rotavirus Vaccine Introduction Status

As of September 2023, 125 countries have introduced rotavirus vaccine (RV) into their national immunization programs; 4 of these countries have introduced subnationally. 18 countries have announced plans to introduced RV into their national immunization programs. 50 countries have not yet made a decision regarding introduction.

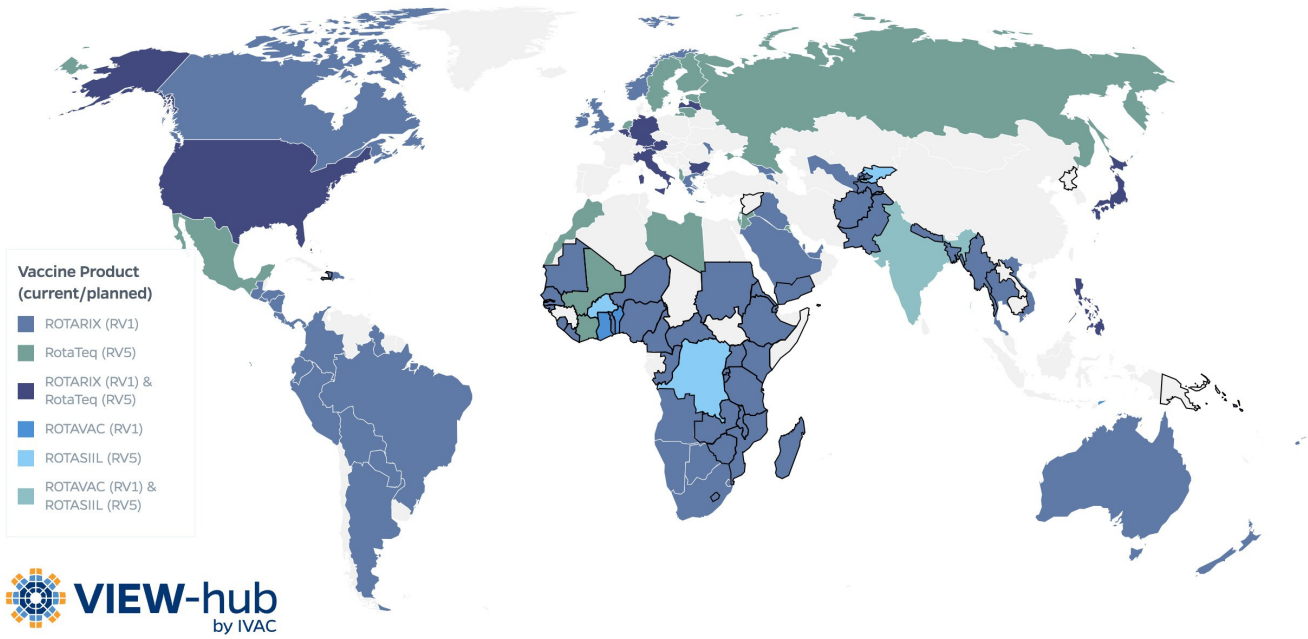
42 Gavi-supported countries have introduced RV into their national immunization programs. 4 countries are approved, with or without clarification, for Gavi support to introduce. 5 countries have announced plans to introduce RV into their national immunization programs. 3 countries have not yet made a decision regarding introduction.

A map of countries that have introduced rotavirus vaccine is below.

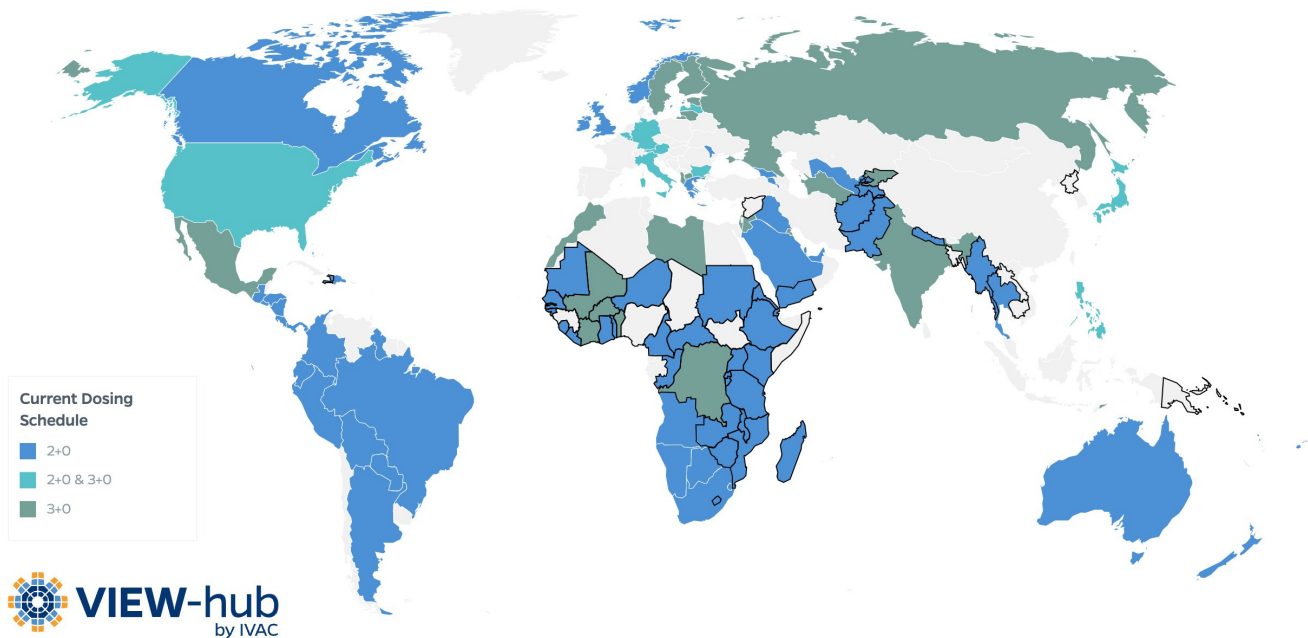


The countries outlined in black indicate countries approved for Gavi support.

Rotavirus Vaccine – Current Product



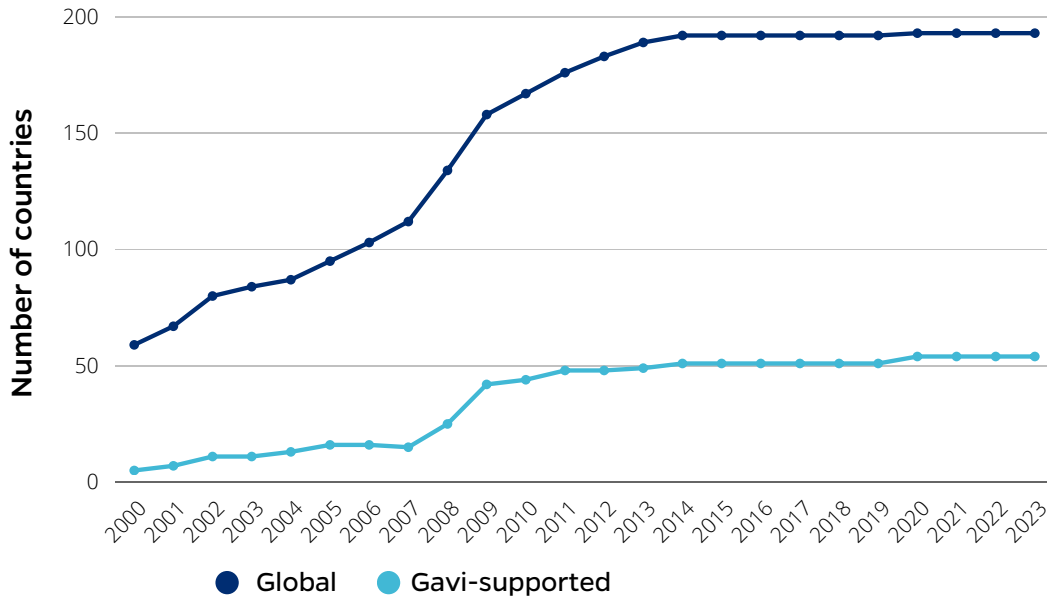
Rotavirus Vaccine – Current Dosing Schedule



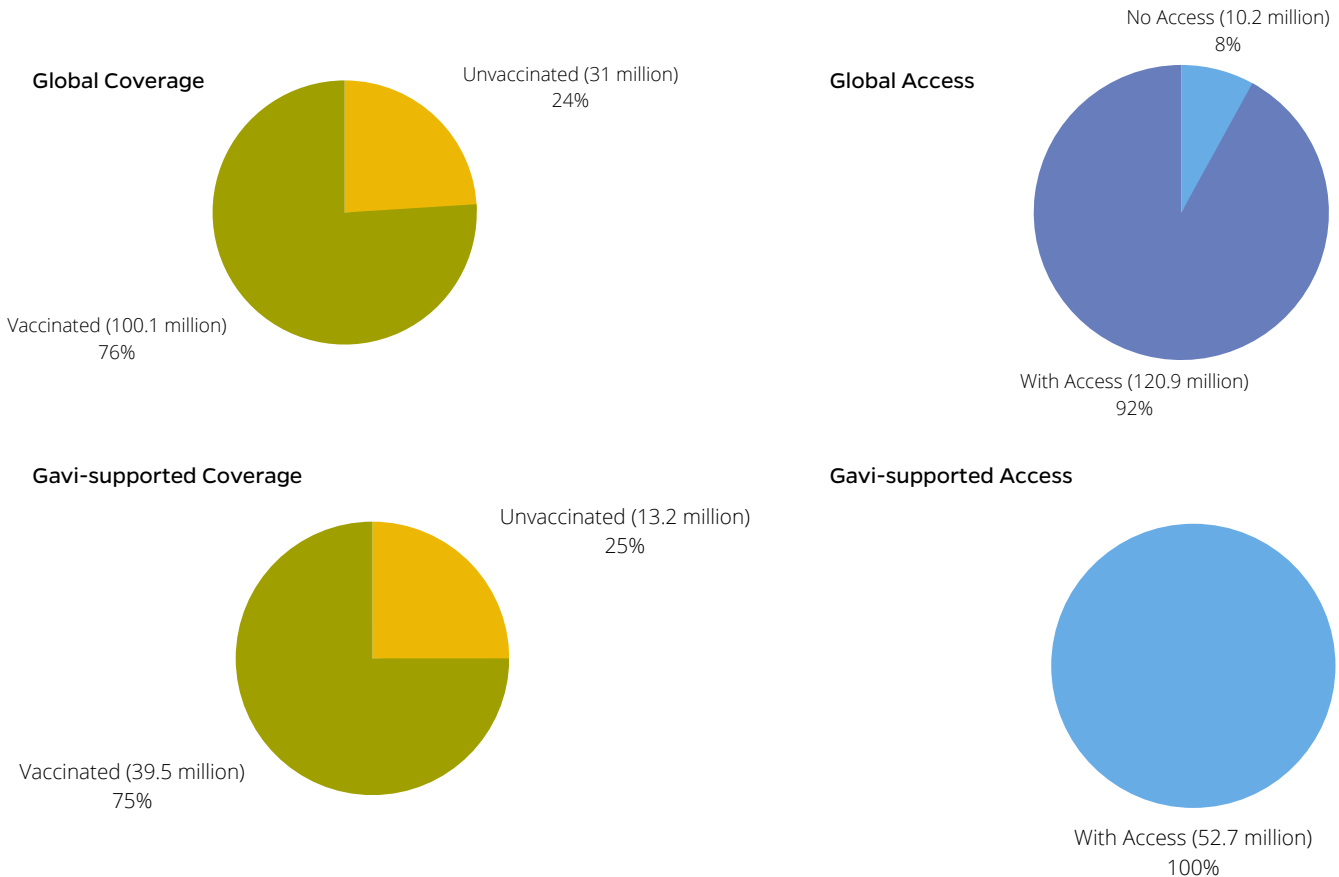
The countries outlined in black indicate countries approved for Gavi support.

See the [rotavirus page on VIEW-hub](#) for more information.

Hib Vaccine Introduction by Year



These estimates are calculated using 2023 WHO/UNICEF estimates of national immunization coverage. Information on how these estimates are calculated is included in the Methods section of this report.

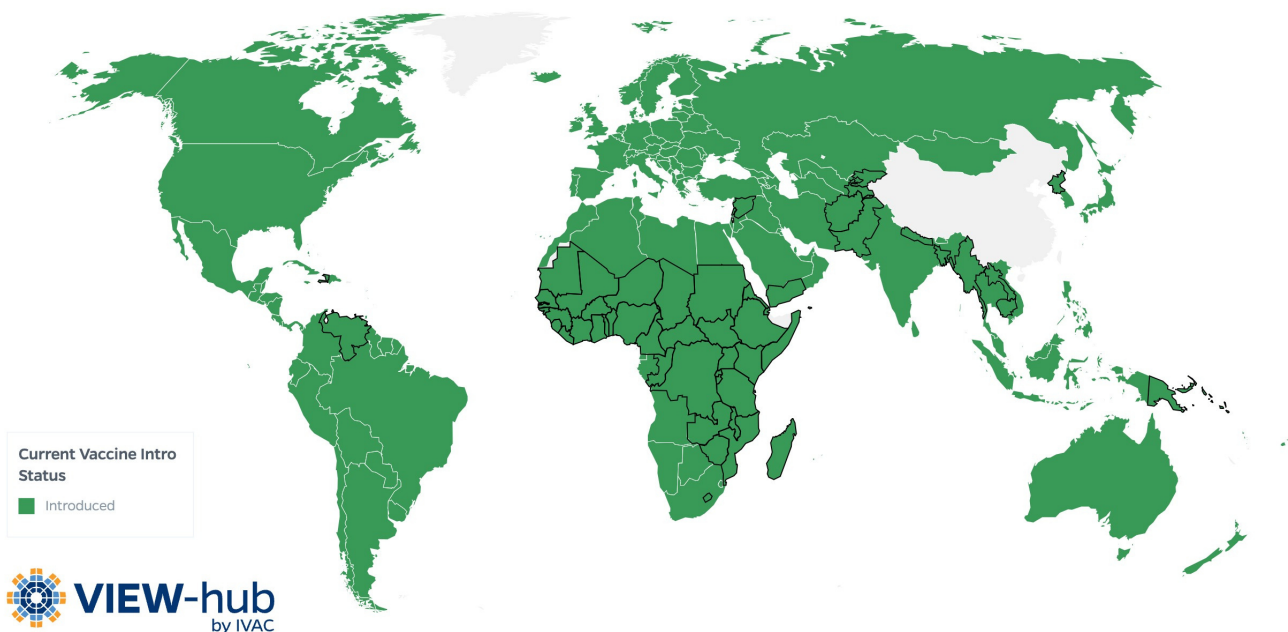
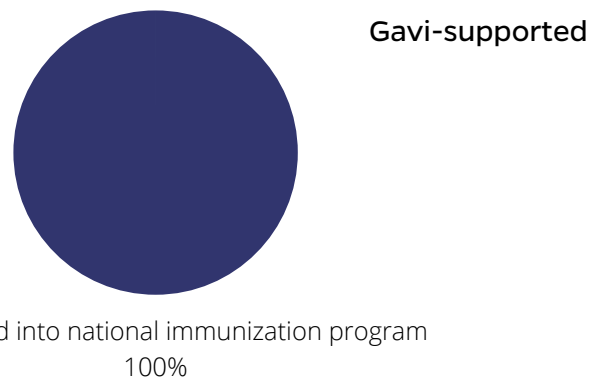
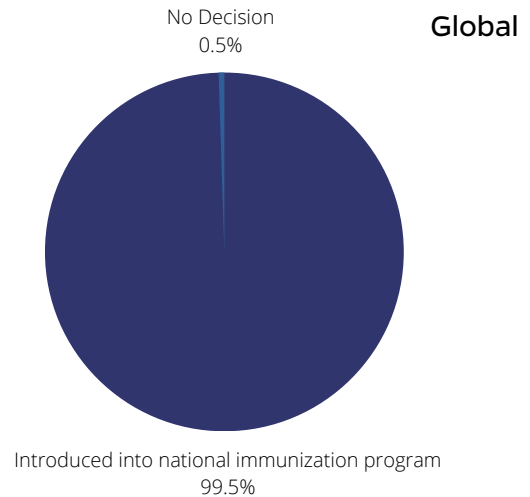


Hib Vaccine Introduction Status

As of September 2023, 193 countries have introduced a Hib vaccine into their national immunization programs, and Russia introduced to at-risk populations. 1 country (China) has not yet made a decision regarding introduction.

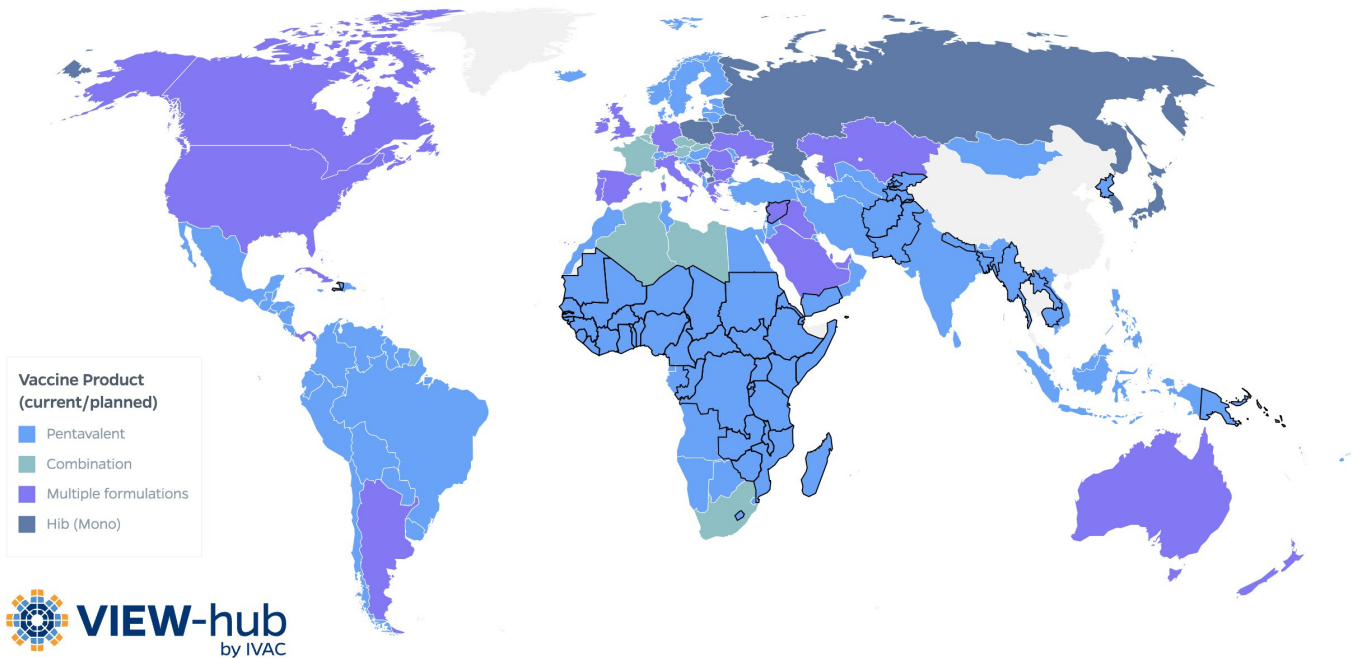
All 54 Gavi-supported countries have introduced Hib vaccine into their national immunization programs.

A map of countries that have introduced Hib is below.

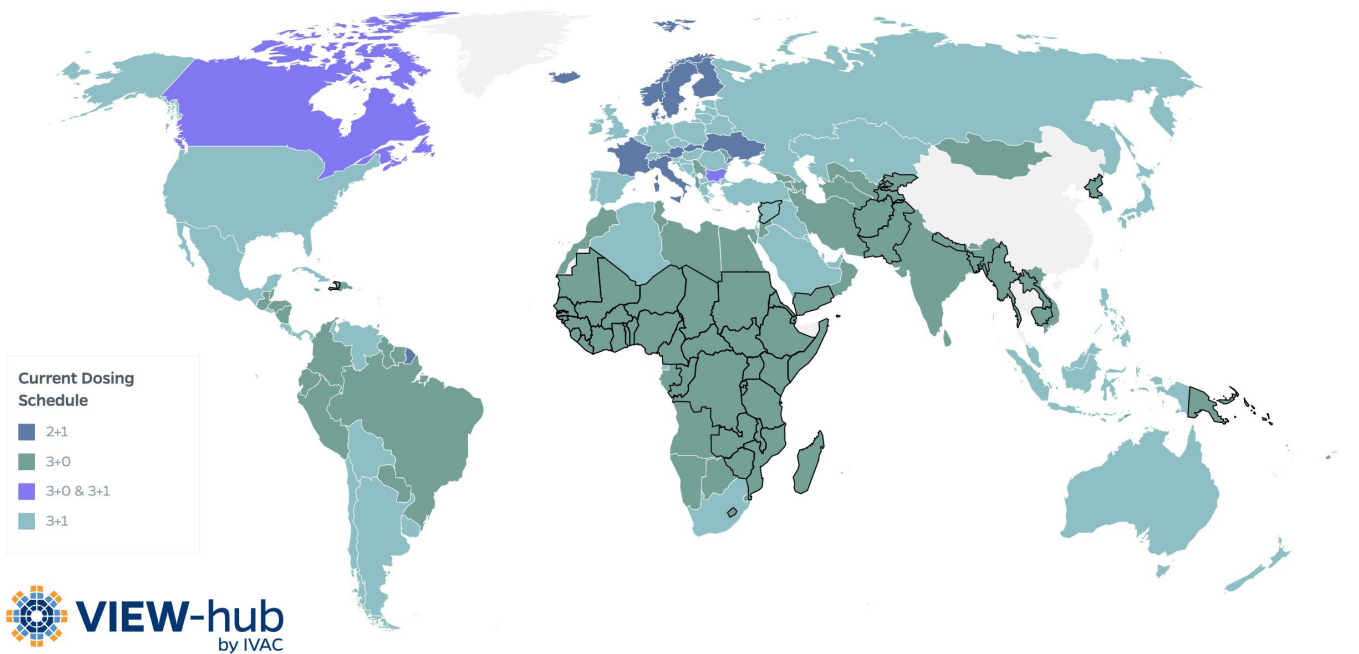


The countries outlined in black indicate countries approved for Gavi support.

Hib – Current Product



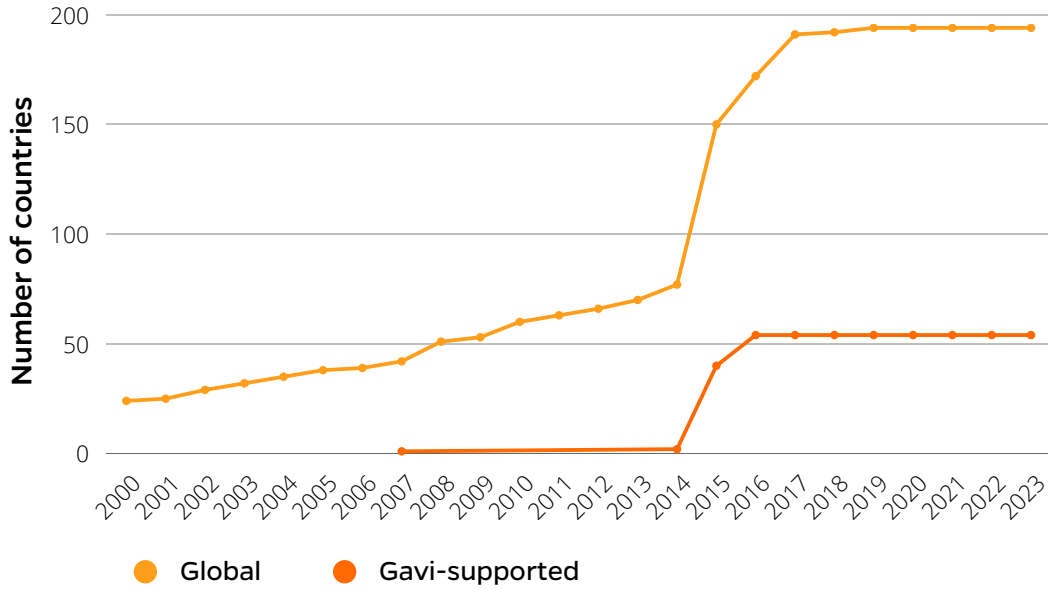
Hib – Current Dosing Schedule



The countries outlined in black indicate countries approved for Gavi support.

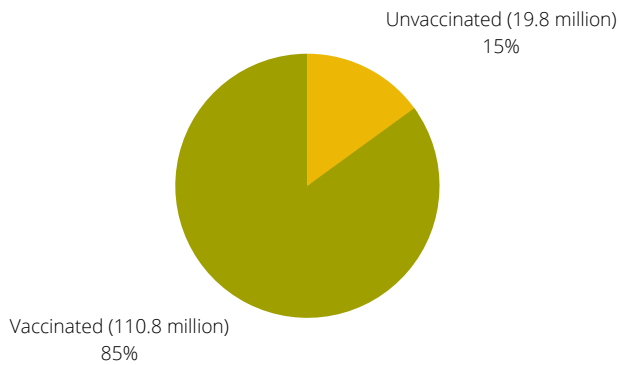
See the [Hib page on VIEW-hub](#) for more information.

IPV Introduction by Year

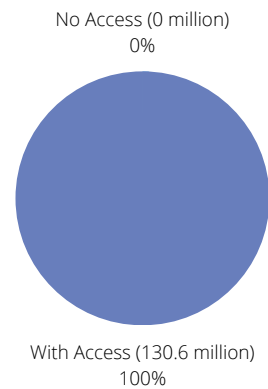


These estimates are calculated using 2023 WHO/UNICEF estimates of national immunization coverage. Information on how these estimates are calculated is included in the Methods section of this report.

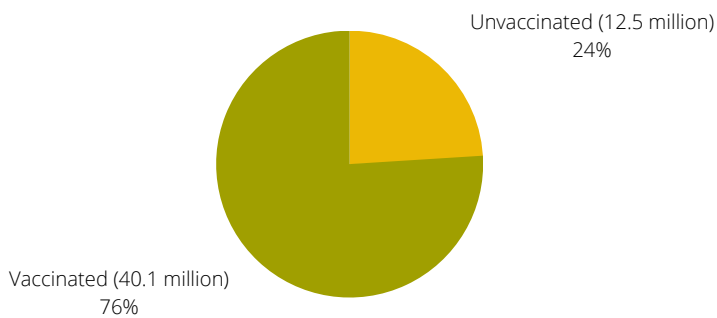
Global Coverage



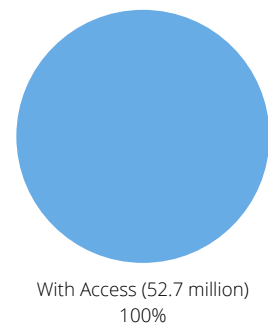
Global Access



Gavi-supported Coverage

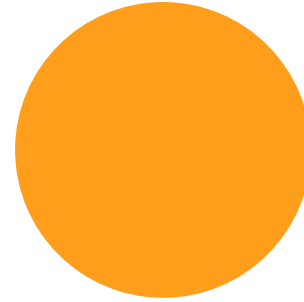


Gavi-supported Access



IPV Vaccine Introduction Status

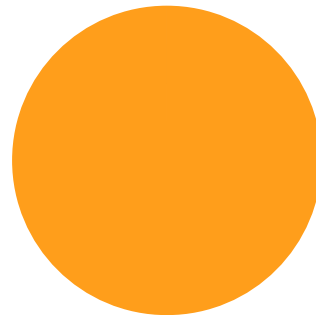
As of September 2023, 194 countries have introduced IPV into their national immunization programs, of which 3 countries have introduced subnationally.



Global

Introduced into national immunization program
100%

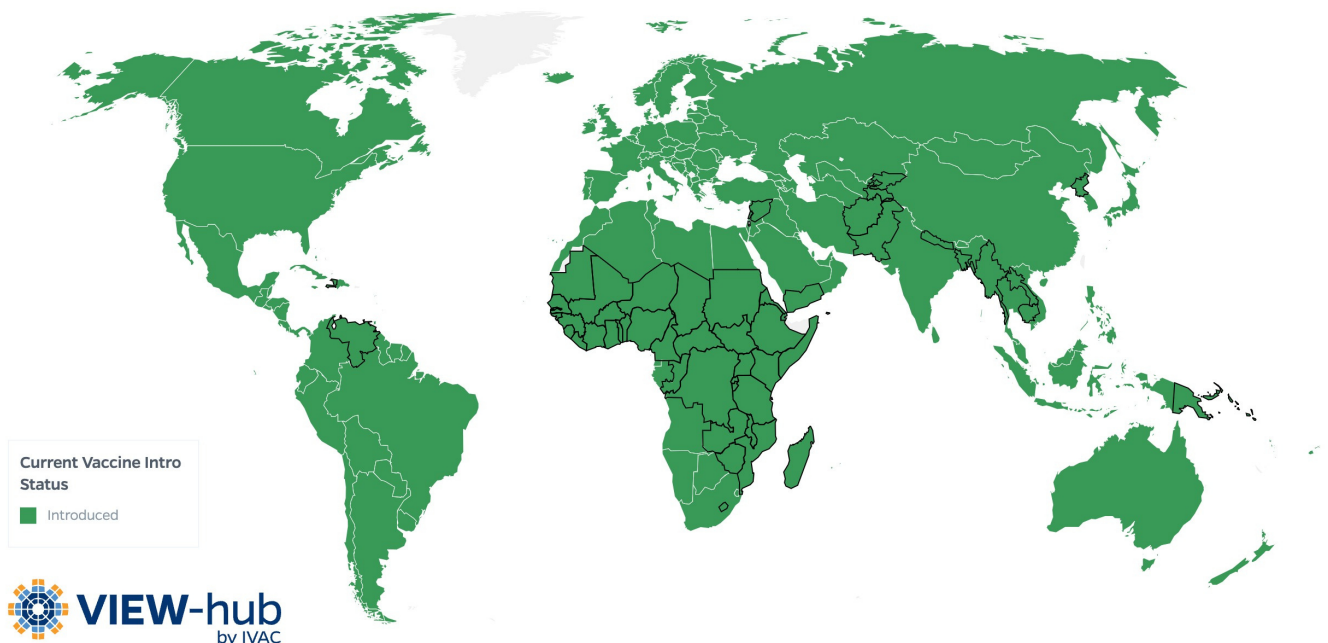
All 54 Gavi-supported countries have introduced IPV into their national immunization programs, 2 of which have introduced subnationally.



Gavi-supported

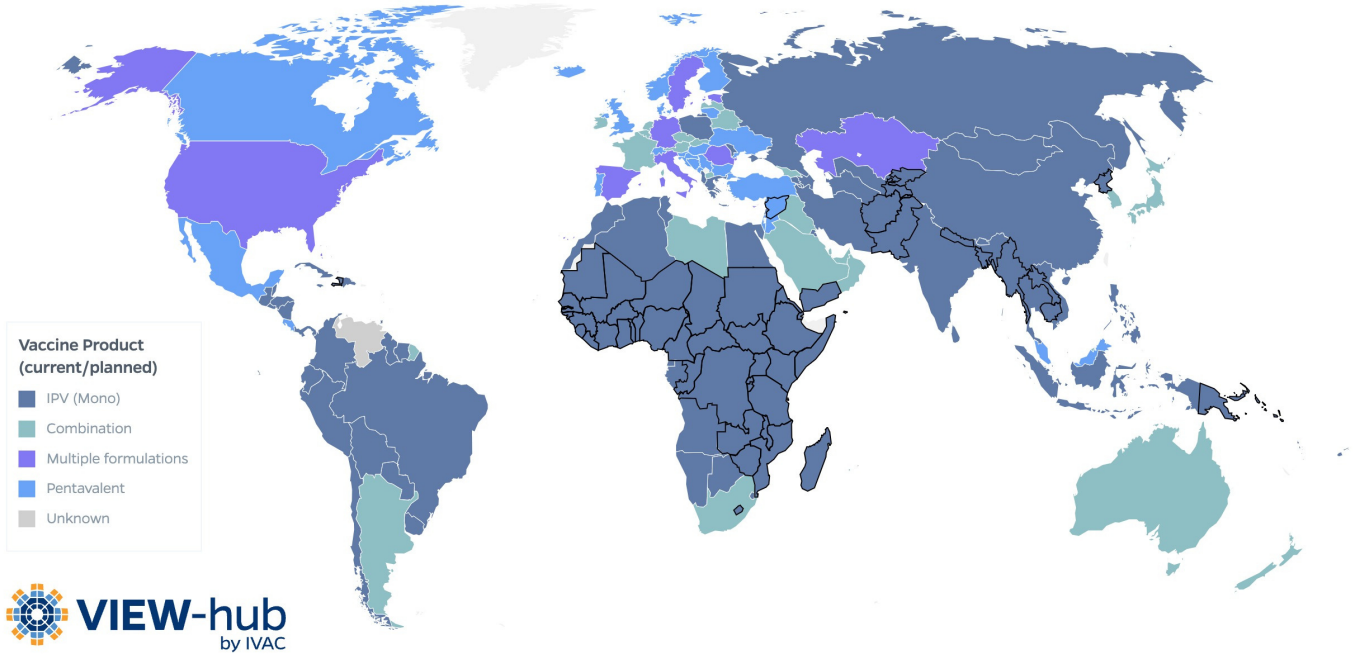
Introduced into national immunization program
100%

A map of countries that have introduced IPV is below.

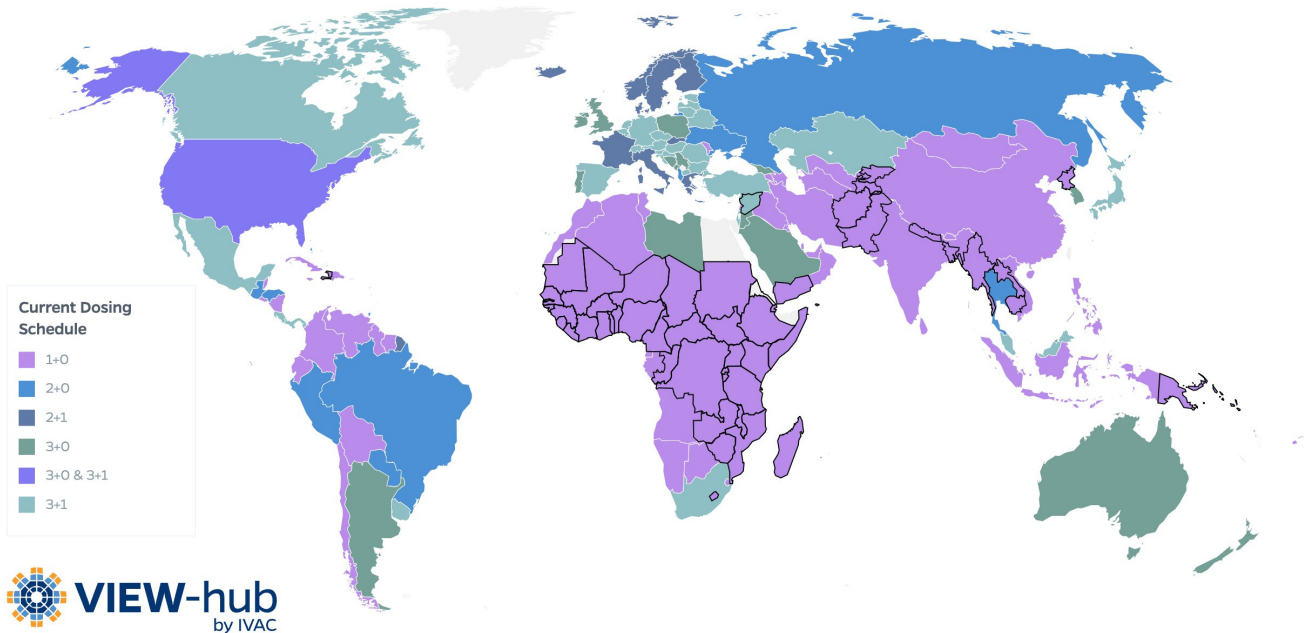


The countries outlined in black indicate countries approved for Gavi support.

IPV – Current Product



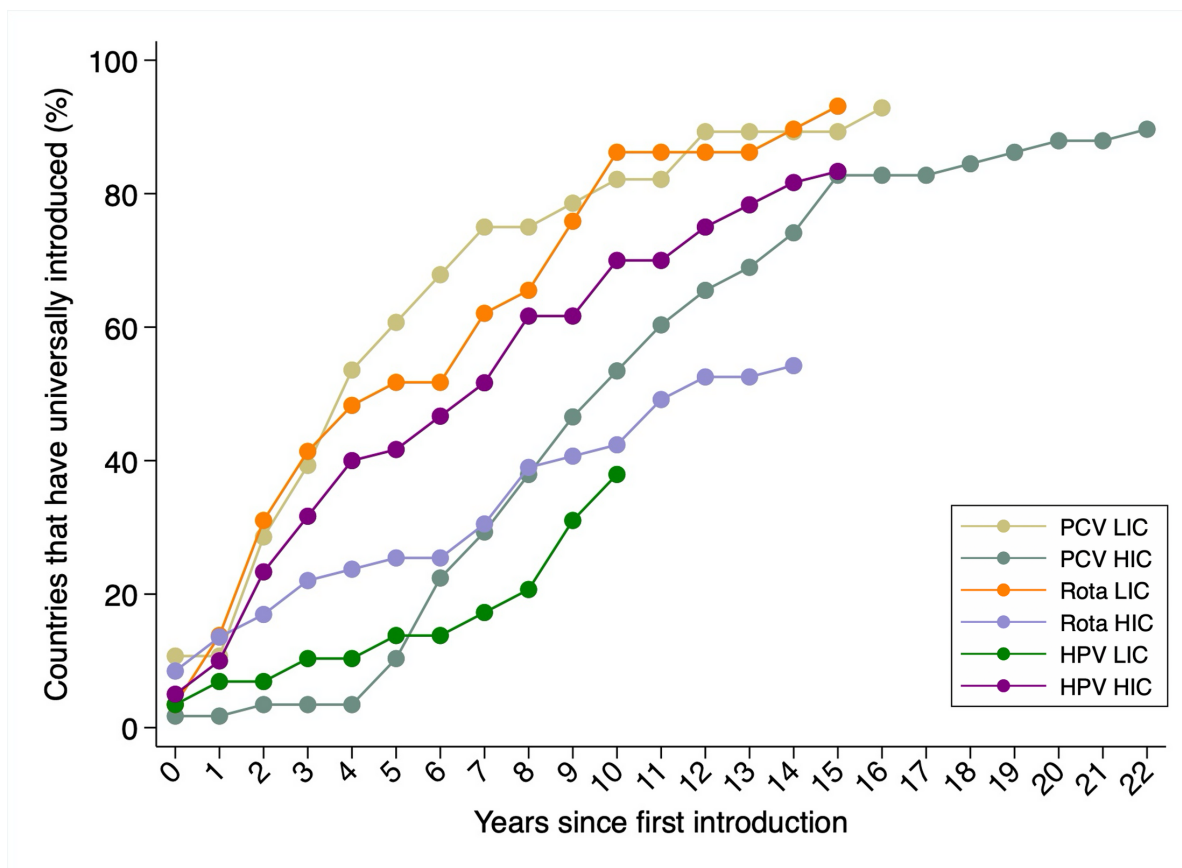
IPV – Current Dosing Schedule



The countries outlined in black indicate countries approved for Gavi support.

See the [IPV page on VIEW-hub](#) for more information.

VACCINE INTRODUCTION: BY COUNTRY INCOME GROUP



Note: Limited projections are available for vaccine introductions in high-income countries.

The line graph above shows the proportion of high- and low-income countries that have introduced or are projected to introduce PCV, rotavirus, or HPV vaccine in the target population over time. The first year of introduction is 2000 for PCV and 2006 for rotavirus and HPV vaccines.

The gap between the proportion of low- and high-income countries that have introduced is wider for HPV vaccine than for either PCV or rotavirus vaccine. 17 years since its introduction, 38% of low-income countries have introduced HPV vaccine, compared to 83% of high-income countries. 23 years since PCV introduction, over 90% of both low- and high-income countries have introduced. 17 years since rotavirus vaccine was first introduced, a greater proportion of low-income countries (93%) have introduced than high-income countries (approximately 54%).

SOURCES

<p>Gavi Eligibility Status</p>	<p>Gavi, The Vaccine Alliance. Gavi Eligible Countries. 2023. Last accessed July 2023 at https://www.gavi.org/types-support/sustainability/eligibility</p>
<p>DTP3 Coverage Rate</p>	<p>WHO/UNICEF Estimates of National Immunization Coverage. 2023 data as of 17 Jul 2023. Retrieved from: https://immunizationdata.who.int/</p>
<p>Surviving Infants</p>	<p>Total population and crude birth rate: Population, total. World Bank Open Data. Retrieved from https://data.worldbank.org/indicator/SP.POP.TOTL Infant mortality rate: CME Info - child mortality estimates. Retrieved from https://childmortality.org/data</p>
<p>Projected Introduction Dates</p>	<p>This information comes from a variety of sources, primarily the most recent Gavi Strategic Demand Forecast and WHO regional projections. For more information, please contact Marley Jurgensmeyer at mjurgen4@jhu.edu</p>
<p>Dates of Introduction</p>	<p>This information comes from a variety of sources, such as Gavi, WHO, UNICEF, ministries of health, the news media, and IVAC partners/contacts. For more information, please contact Anurima Baidya at abaidya1@jh.edu. It is cross-referenced with WHO information (below). World Health Organization. Immunization Repository. I. Retrieved from: https://immunizationdata.who.int/listing.html?topic=vaccine-intro&location=</p>
<p>Current Vaccine Use Status and Program Type</p>	<p>This information comes from a variety of sources, such as Gavi, WHO, UNICEF, ministries of health, news media, and IVAC partners/contacts. For more information, please contact Anurima Baidya at abaidya1@jh.edu.</p>

SELECTED KEY TERMS

Approved: The application meets all the criteria and is approved for Gavi support.

Approved with clarification: The application lacks specific pieces of data, which must be provided generally within a month. Data must be received before the application is considered officially approved for Gavi support.

Children with access: The number of children (based on surviving infants in 2021) who live in a country that has introduced the vaccine into the national immunization program. This does not include countries with widespread market use or high-risk programs. For regional introductions, those regions that have introduced are included, and the regions which have not been introduced are excluded.

Children vaccinated: The number of surviving infants who received the vaccination is based on the 2022 coverage rates of countries that have been introduced. The WHO/UNICEF estimates of national immunization coverage (WUENIC) coverage rates are used for this figure.

Introduced into national immunization program: The vaccine has been incorporated into the national government's immunization program, either for all children or for special populations at high-risk of disease, and this may include programs that are being phased in over time. This status can apply to any country, regardless of Gavi eligibility. For IPV, this status covers all countries that have introduced at least one dose of IPV into the national immunization schedule for children.

Subnational introductions: The vaccine has been introduced into the vaccination schedule for a geographic subset of the country. This status can apply to any country, regardless of Gavi eligibility.

Gavi application submitted under review: The country has submitted a New and Underused Vaccines Support (NVS) application for this vaccine and is awaiting Gavi evaluation.

Gavi approved/approved with clarification: The country's application to Gavi for New and Underused Vaccines Support (NVS) financing for this vaccine has been approved or approved with clarifications.

SELECTED KEY TERMS (CONT.)

Gavi conditional approval to introduce: The application to Gavi for New and Underused Vaccines Support (NVS) for this vaccine does not fulfill specific or significant application requirements. Missing requirements must be provided in a subsequent round to complement the original application. If the conditions are not met within the given timeframe after the first submission, re-submission of a new application is required.

Gavi resubmission: The New and Underused Vaccines Support (NVS) application for this vaccine is incomplete and a full application should be submitted in a future round.

Gavi plan to apply: The country has made a public statement (through government or other recommending body on vaccines) that they plan to introduce the vaccine and apply for Gavi New and Underused Vaccines Support (NVS) but has not yet submitted an application.

No decision: The country has not indicated a firm decision to introduce the vaccine into its national immunization program or to apply for Gavi New and Underused Vaccines Support (NVS) for the vaccine.

Non-Gavi planning introduction: A country that is not eligible for Gavi support has plans to introduce the vaccine into its national immunization program and has taken steps to initiate its program, such as contacting the vaccine manufacturer, OR a country that is eligible for Gavi support and plans to introduce without it.

Planning introduction: The combination of countries that have announced plans to apply for Gavi support, Gavi-eligible countries that have announced plans to introduce the vaccine without Gavi support, or non-Gavi-eligible countries that have announced a plan to introduce.

Risk: The program for this vaccine only covers children in special populations at high-risk for disease. This may include children with health conditions, those of vulnerable socioeconomic statuses or ethnic groups, or those living in regions of high risk.

Widespread coverage through private market: Most (over half) of the target population is receiving the vaccine through private market use.

For any definitions not provided above, please refer to the data dictionary available through the [VIEW-hub Resources page](#).

APPENDIX

This report has been generated using data and maps from VIEW-hub, developed and maintained by the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health for use by IVAC and its affiliated projects and partners. VIEW-hub is a publicly-accessible interactive platform that allows real-time visualization of data on vaccine introduction, use, and impact. Information was gathered from internationally-recognized sources, such as WHO, Gavi, UNICEF, vaccine manufacturers, ministries of health, and news media.

Please note that all forecasted dates in this report rest on assumptions, and actual dates may vary. Vaccine introduction dates do not imply an obligation by Gavi to support coverage.

Disclaimer: The presentation of VIEW-hub maps in this report is not by any means an expression of IVAC's opinion regarding the legal status of countries/territories, their governing authorities, or their official boundaries. On VIEW-hub's website, country borders that are not in full agreement are displayed with dotted lines, which may be difficult to visualize at the global view presented in this report.

Definitions and sources are available within VIEW-hub at www.VIEW-hub.org.

This report and the PowerPoint slides with the report graphics can be found at: www.VIEW-hub.org/resources. All maps shown in this report were generated on VIEW-hub and can be replicated or updated on the site.

Any data on projected introduction dates should not be reproduced or disseminated without prior consent from VIEW-hub personnel.

If data are used in a presentation, please cite VIEW-hub accordingly:

Source: International Vaccine Access Center (IVAC), Johns Hopkins Bloomberg School of Public Health. VIEW-hub Report: Global Vaccine Introduction and Implementation, March 2023. www.jhsph.edu/ivac/view-hub. Accessed: [Day Month Year].

If you have any questions, please contact Marley Jurgensmeyer at mjurgen4@jhu.edu



THANK YOU

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- Gavi, the Vaccine Alliance
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- Coalition for Epidemic Preparedness Innovations (COVID-19 vaccines)
- Asian Development Bank (COVID-19 vaccines)

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