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The appendix includes a description of VIEW-hub, support and funding for VIEW-hub, and how to cite VIEW-hub as a source
The following section provides contextual historic information about Hib vaccine, PCV, Rotavirus vaccine and IPV introduction in low-, middle-, and high-income countries, as well as Gavi-supported countries. It also provides a summary snapshot of the cumulative number of countries that have introduced each vaccine to date (globally and for Gavi countries only).

### Year of first vaccine introduction

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>High-income</th>
<th>Middle-income</th>
<th>Low-income</th>
<th>Gavi-Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib</td>
<td>1989 (Iceland)</td>
<td>1994 (2 countries)</td>
<td>1997 (Gambia)</td>
<td>2001 (2 countries)</td>
</tr>
<tr>
<td>PCV</td>
<td>2000 (US)</td>
<td>2008 (5 countries)</td>
<td>2009 (Rwanda)</td>
<td>2009 (2 countries)</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>2006 (3 countries)</td>
<td>2006 (5 countries)</td>
<td>2012 (Rwanda)</td>
<td>2008 (Bolivia)</td>
</tr>
<tr>
<td>IPV</td>
<td>1955 (2 countries)</td>
<td>1959 (Hungary)</td>
<td>2014 (Nepal)</td>
<td>2014 (Nepal)</td>
</tr>
<tr>
<td>HPV</td>
<td>2006 (4 countries)</td>
<td>2009 (2 countries)</td>
<td>2011 (Rwanda)</td>
<td>2011 (Rwanda)</td>
</tr>
<tr>
<td>Typhoid</td>
<td>2021 (2 countries)</td>
<td>2019 (Pakistan)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### Global Introductions (194 countries)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Universal</th>
<th>Special Risk Populations*</th>
<th>Subnational</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib</td>
<td>192</td>
<td>0</td>
<td>1</td>
<td>193</td>
</tr>
<tr>
<td>PCV</td>
<td>140</td>
<td>3</td>
<td>5</td>
<td>148</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>102</td>
<td>0</td>
<td>6</td>
<td>108</td>
</tr>
<tr>
<td>IPV**</td>
<td>190</td>
<td>0</td>
<td>4</td>
<td>194</td>
</tr>
<tr>
<td>HPV</td>
<td>105</td>
<td>0</td>
<td>5</td>
<td>110</td>
</tr>
<tr>
<td>Typhoid</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

#### Gavi Introductions (73 countries)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Universal</th>
<th>Special Risk Populations*</th>
<th>Subnational</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib</td>
<td>73</td>
<td>0</td>
<td>0</td>
<td>73</td>
</tr>
<tr>
<td>PCV</td>
<td>57</td>
<td>0</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>50</td>
<td>0</td>
<td>1</td>
<td>51</td>
</tr>
<tr>
<td>IPV**</td>
<td>70</td>
<td>0</td>
<td>3</td>
<td>71</td>
</tr>
<tr>
<td>HPV</td>
<td>25</td>
<td>0</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>Typhoid</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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

**IPV introduction defined as the inclusion of at least one dose of IPV into the child immunization schedule.
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 vaccine, pneumococcal conjugate vaccine (PCV), rotavirus vaccine, inactivated polio vaccine (IPV), typhoid conjugate vaccine (TCV), second dose of a measles-containing vaccine (MCV2), measles and rubella containing vaccines (MR), human papillomavirus vaccine (HPV) and COVID-19 vaccine. This report contains enhanced content and figures generated from data available from 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, the World Health Organization and the ROTA Council; support for COVID-19 vaccine 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 all vaccines except COVID-19 vaccine, both globally and subset for the 73 Gavi countries. The 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, current product and dosing schedule (the latter for PCV, rotavirus vaccine and IPV). Additions to the VIEW-hub Report in the last year include TCV (April 2021), MCV2 and MR (both December 2021). Additions to the View-hub website also include COVID-19 vaccine (July 2021).
Through the VIEW-hub interactive 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 the collation of a wide spectrum of vaccine use data all in one location facilitates users in strategizing ways to accelerate and optimize vaccine implementation.

In 2016, VIEW-hub replaced IVAC’s previous Vaccine Information Management System (VIMS) developed in 2008, which was a web-based database of key information related to vaccine introduction. VIEW-hub expanded the number of vaccines, scope and functionality to serve the evolving needs of global vaccine stakeholders and decision makers. Quarterly VIEW-hub Reports replaced the quarterly VIMS Global Vaccine Introduction Reports after the launch of VIEW-hub.
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 Statuses for Hib, Pneumococcal Conjugate, Rotavirus, Inactivated Polio, Typhoid Conjugate, Second dose Measles containing, Measles-Rubella and Human Pappillomavirus Vaccines**

- Data on historical years of vaccine introduction are gathered from the WHO. Information on current introduction status are gathered from a variety of sources, such as 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 Kirthini Muralidharan at kmuralidharan@jhu.edu.

**Coverage Estimates**

- Vaccine coverage is calculated as the number of surviving infants globally covered by the vaccine in countries and subnational regions within countries that have introduced the vaccine. In the absence of coverage data for the vaccine, DTP3 coverage is used as a proxy.

**Access Estimates**

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

**Vaccine Introduction by Income Level**

- Countries were classified using 2021 World Bank income classifications (2020 GNI data).
  - Year of introduction
  - Forecasted introduction was determined through WHO reports, news media, and Gavi’s Strategic Demand Forecast v12.
VIEW-hub now includes information on COVID-19 vaccines. Maps can be filtered by COVAX status, income strata, and region to show how COVID-19 vaccine rollout is progressing around the world. The module also includes information on which series of vaccines (primary and/or booster) are being used around the world and which sub-populations are being targeted for vaccination. For easy reference, the different COVID-19 vaccines are also described, including their approval status, cold chain requirements, and country of manufacture.

Studies on COVID-19 Vaccine efficacy, effectiveness and impact are also being tracked and summarized. Explore where studies are taking place, what vaccines, populations and outcomes are being studied and more!
Measles Vaccine Introduction by Year

- **Global- MCV-2**
- **Gavi- MCV-2**
- **Global- MR**
- **Gavi- MR**
As of March 2022, globally, 180 countries have introduced MCV-2 into their national immunization program. Eleven countries have announced plans to add MCV-2 to their national immunization program. Three countries are yet to make a decision regarding introduction.

Sixty three Gavi countries have introduced MCV-2 into their national immunization program, one of which have introduced subnationally. Six countries have been approved, with or without clarification, for Gavi support to introduce. Three have announced plans to add MCV-2 to their national immunization program. One has yet to make a decision regarding introduction.

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

The countries outlined in black indicate countries approved for Gavi support.
Measles Rubella Vaccine Introduction Status

As of March 2022, globally, 175 countries have introduced MR into their national immunization program. Four countries have announced plans to add MR to their national immunization program. Fifteen countries are yet to make a decision regarding introduction.

Fifty-seven Gavi countries have introduced MR into their national immunization program. One country has been approved, with or without clarification, for Gavi support to introduce. Three have announced plans to add MR to their national immunization program. Twelve have yet to make 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.
HPV Introduction by Year

- Global
- Gavi
HPV Vaccine Introduction Status

As of March 2022, globally, 109 countries have introduced HPV into their national immunization program; additionally, twenty countries have introduced demonstration projects. Twenty-four countries have announced plans to add HPV to their national immunization program. 61 countries are yet to make a decision regarding introduction.

Twenty seven Gavi countries have introduced HPV into their national immunization program, four of which have introduced subnationally. Eight countries have been approved, with or without clarification, for Gavi support to introduce. Three have announced plans to add HPV to their national immunization program. Thirty five have yet to make a decision regarding introduction.

A map of the countries that have introduced HPV is below.
HPV - Current Product

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

See the HPV page on VIEW-hub for more information
Typhoid Conjugate Vaccine Introduction by Year
Typhoid Conjugate Vaccine Introduction Status

As of March 2022, globally, 3 countries have introduced typhoid conjugate vaccine into their national immunization program; Pakistan in a phased manner and Liberia and Zimbabwe universally. Three countries have announced plans to add TCV to their national immunization program. 188 countries are yet to make a decision regarding introduction.

Two Gavi countries have introduced TCV into their national immunization program, Pakistan has introduced subnationally. Three countries have been approved, with or without clarification, for Gavi support to introduce. One has announced plans to add TCV to their national immunization program. Sixty seven have yet to make a decision regarding introduction.

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

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

See the TCV page on VIEW-hub for more information
Coverage estimates are calculated using 2020 WHO/UNICEF estimates of national immunization coverage. Due to the COVID-19 pandemic, not all countries are reported in these estimates. Estimates will be updated as the data is updated. Information on how these estimates are calculated is included in the Methods section.
As of March 2022, 147 countries have introduced PCV into their National Immunization Program, including 140 universal, 4 subnational, and 3 risk programs. Seventeen countries have announced plans to introduce PCV into their NIP. 30 countries have yet to make a decision regarding introduction.

60 Gavi countries have introduced PCV into their National Immunization Program. Nine countries have announced plans to introduce PCV into their NIP. Six countries have yet to make a decision regarding introduction.

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

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
These estimates are calculated using 2020 WHO/UNICEF estimates of national immunization coverage. Due to the COVID-19 pandemic, not all countries are reported in these estimates and these estimates will be updated as the data is updated. Information on how these estimates are calculated is included in the Methods section.
Rotavirus Vaccine Introduction Status

As of March 2022, 108 countries have introduced RV into their National Immunization Program; six of these countries have introduced subnationally. Eighteen countries have announced plans to introduce RV into their NIP. 62 countries have yet to make a decision regarding introduction.

51 Gavi countries have introduced rotavirus vaccine into their National Immunization Program. Four countries are approved, with or without clarification, for Gavi support to introduce. Ten countries have announced plans to introduce rotavirus vaccine into their NIP. Eight countries have yet to make a decision regarding introduction.

A map of countries that have introduced rotavirus vaccine is below.
Rotavirus Vaccine - Current Product

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

See the RV page on VIEW-hub for more information
These estimates are calculated using 2020 WHO/UNICEF estimates of national immunization coverage. Due to the COVID-19 pandemic, not all countries are reported in these estimates and these estimates will be updated as the data is updated. Information on how these estimates are calculated is included in the Methods section.
As of March 2022, 193 countries have introduced a Hib-containing vaccine into their National Immunization Program, Belarus introduced subnationally and Russia introduced to at risk populations. One country (China) has yet to make a decision regarding introduction.

73 Gavi countries have introduced Hib-containing vaccine into their National Immunization Program.

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
INACTIVATED POLIO VACCINE

IPV Introduction by Year

These estimates are calculated using 2020 WHO/UNICEF estimates of national immunization coverage. Due to the COVID-19 pandemic, not all countries are reported in these estimates and these estimates will be updated as the data is updated. Information on how these estimates are calculated is included in the Methods section.
IPV Vaccine Introduction Status

As of March 2022, 194 countries have introduced IPV into their national immunization program; among these, four countries have introduced subnationally.

73 Gavi countries have introduced IPV into their national immunization program, three of which have introduced subnationally.

A map of countries that have introduced IPV is below.

The countries outlined in black indicate countries approved for Gavi support.
INACTIVATED POLIO VACCINE

IPV - Current Product

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

See the IPV page on VIEW-hub for more information
VACCINE INTRODUCTION: BY INCOME GROUP

The line graph 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. Year of first introduction for PCV is 2000, for rotavirus vaccine is 2006 and for HPV is 2006.

The gap between low- and high-income in the proportion of countries that have introduced is wider for HPV than either PCV or rotavirus vaccine: after 15 years since first introduction, less than 40% of low-income countries have introduced HPV compared to over 80% of high-income countries; for PCV after 20 years, 80% of both low- and high-income countries have introduced; for rotavirus vaccine after 18 years, a greater proportion of low-income countries (over 85%) have introduced than high-income countries (approximately 65%).

Note: Limited projections are available for vaccine introductions in High Income Countries
## SOURCES

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Projected Introduction Dates</strong></td>
<td>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 Kirthini Muralidharan at <a href="mailto:kmuralidharan@jhu.edu">kmuralidharan@jhu.edu</a>.</td>
</tr>
<tr>
<td><strong>Dates of Introduction</strong></td>
<td>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 Kirthini Muralidharan at <a href="mailto:kmuralidharan@jhu.edu">kmuralidharan@jhu.edu</a>. It is cross-referenced with WHO information (below). World Health Organization. Immunization Repository. Includes data on introductions through the end of Dec 2020, as of Jan 2021.</td>
</tr>
<tr>
<td><strong>Current Vaccine Use Status and Program Type</strong></td>
<td>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 Kirthini Muralidharan at <a href="mailto:kmuralidharan@jhu.edu">kmuralidharan@jhu.edu</a></td>
</tr>
</tbody>
</table>
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 2015) 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 may be included and the regions which have not introduced excluded.

Children vaccinated: the number of surviving infants who received the vaccination based on the 2018 coverage rates of countries who have 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 it 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 its child national immunization schedule.

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 countries that have announced plans to introduce the vaccine without Gavi support, or non-Gavi countries that have announced a plan to introduce.

**Risk:** 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 in VIEW-hub at https://view-hub.org/resources.
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 which 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/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:

If you have any questions, please contact Kirthini Muralidharan at kmuralidharan@jhu.edu.
VIEW-hub is made possible with support from:
- Gavi, the Vaccine Alliance
- Bill & Melinda Gates Foundation
- World Health Organization
- ROTA Council
- Coalition for Epidemic Preparedness Innovations
- Asian Development Bank

For any VIEW-hub related inquiries, please contact Kirthini Muralidharan at kmuralidharan@jhu.edu.