Global Vaccine Introduction and Implementation Report

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JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

IVAC International Vaccine Access Center

VIEW-hub by IVAC

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OVERVIEW

The quarterly VIEW-hub Global Vaccine Introduction and Implementation Report includes vaccine introduction and implementation updates from VIEW-hub (www.VIEW-hub.org), an interactive platform developed and maintained by the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health. This version of the report includes vaccine coverage and access updates based on recently released WHO/UNICEF estimates of national immunization coverage (WUENIC) data.

The VIEW-hub platform includes modules for nine vaccines: *Haemophilus influenzae* type b (Hib)-containing vaccines, pneumococcal conjugate vaccines (PCV), rotavirus vaccines, inactivated polio vaccines including second dose (IPV and IPV2), typhoid conjugate vaccines (TCV), measles-rubella-containing vaccines (MR), second dose of measles-containing vaccines (MCV2), human papillomavirus vaccines (HPV), and COVID-19 vaccines. Users can visualize data on vaccine introductions, product usage, dosing schedules, access, coverage, impact studies, and more. The data on www.VIEW-hub.org are regularly updated as information is received to permit near real-time reporting.

Custom queries and maps, exportable data and graphics, and country-specific dashboards are just some of the interactive features users can access. By tracking progress on vaccine introductions and collating a wide spectrum of vaccine use data all in one location, VIEW-hub helps users strategize ways to accelerate and optimize vaccine implementation.

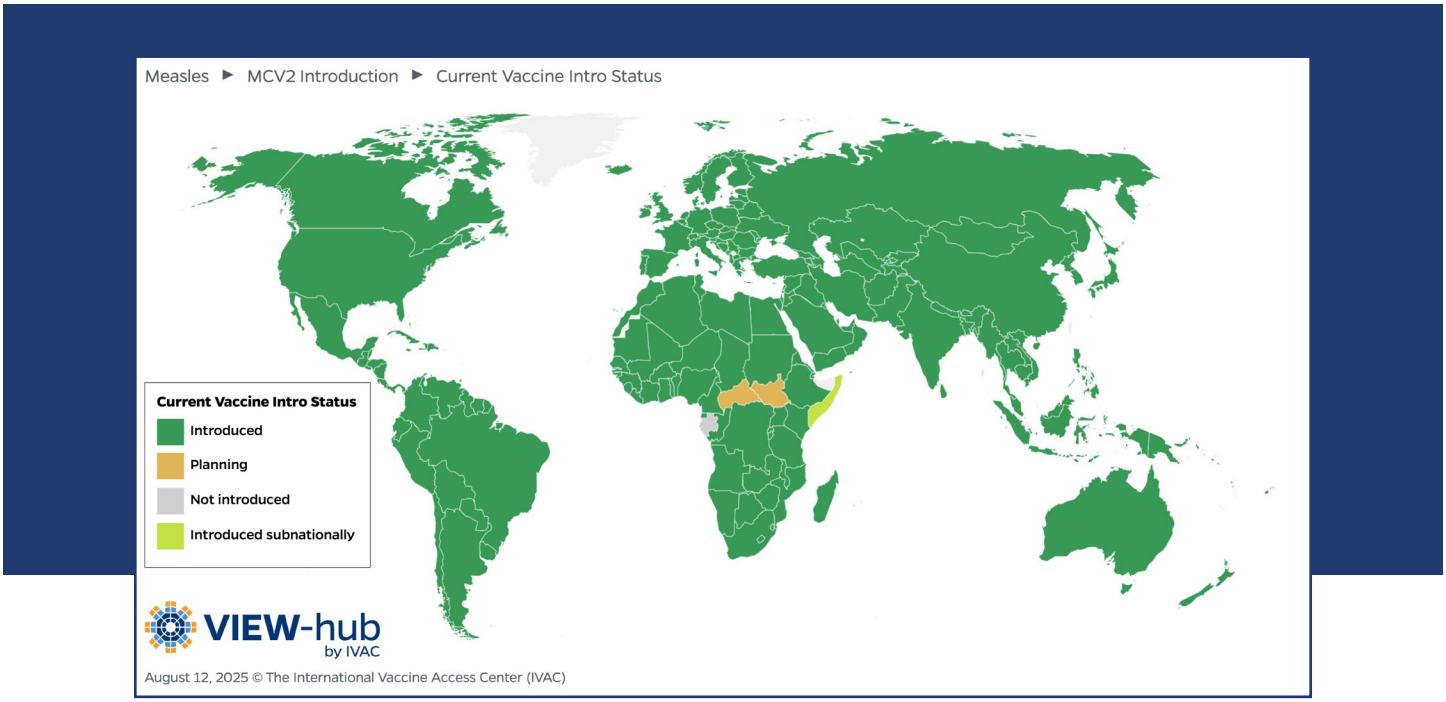
INTRODUCTION AND IMPLEMENTATION UPDATES

VIEW-hub is updated regularly as new data are made available. Changes to introduction status and use for the vaccines monitored on VIEW-hub made in the previous three months (April 9, 2025 – July 23, 2025) are captured below.

Vaccine Introduction Updates

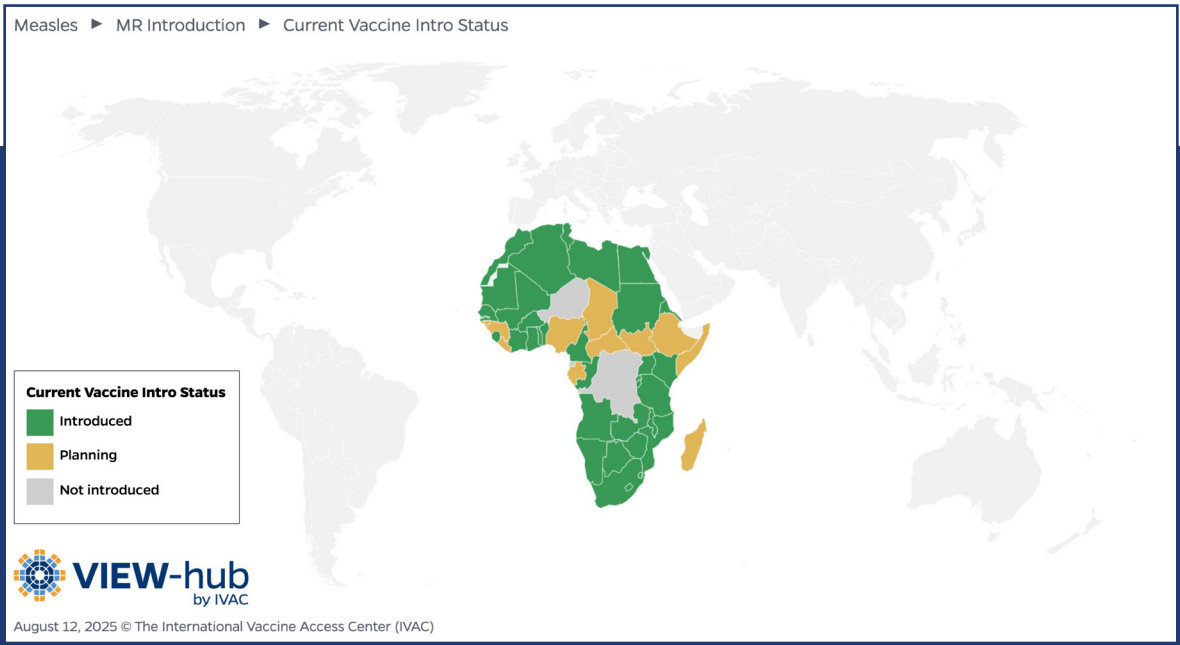
MEASLES-CONTAINING VACCINES (MCVs)

Benin added MCV2 to its national immunization program. This brings the total number of countries that have introduced MCV2 to 190 (98%). Of the four countries that have yet to add MCV2 to their national immunization programs, one (Somalia) has introduced subnationally and two are planning to introduce (Central African Republic tentatively in Q4 2025 and South Sudan tentatively in 2027). Gabon does not yet plan to introduce MCV2. The VIEW-hub map below shows global MCV2 introduction.



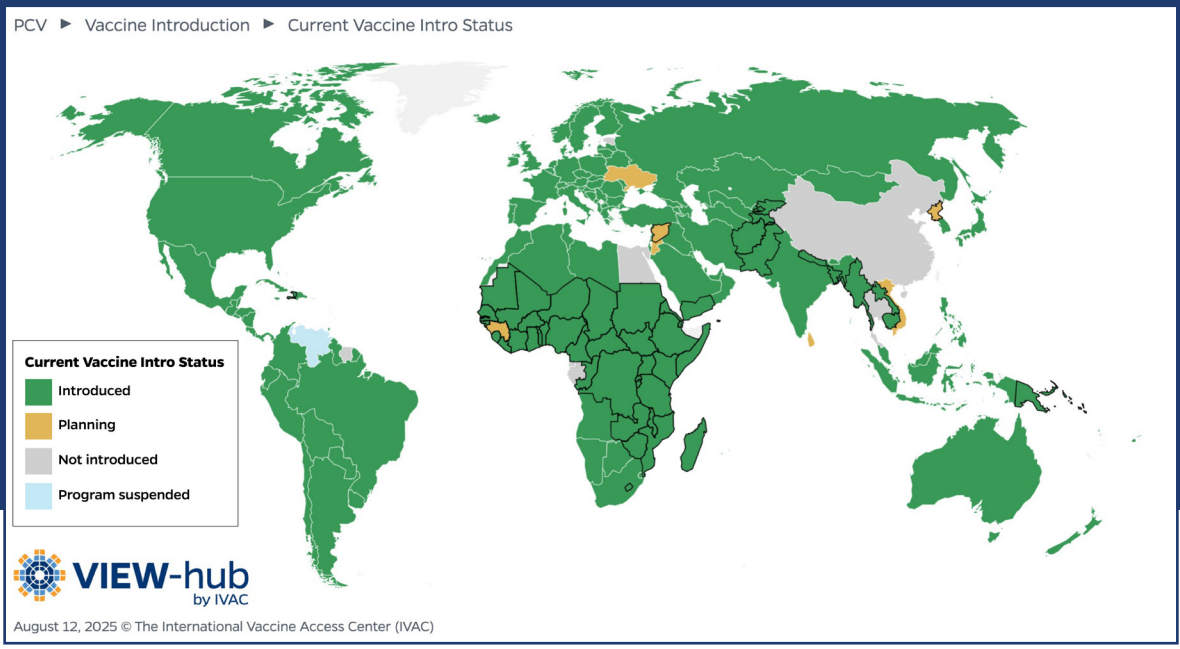
MEASLES-RUBELLA (MR) VACCINES

Mali introduced the MR vaccine into its national immunization program in 2025. This brings the total number of countries that have introduced MR to 178 (93%), or 40 (74%) of the 54 Gavi-eligible countries. Most of the remaining countries that have not introduced the MR vaccine are in the African region. Thirteen countries globally are planning to introduce the MR vaccine. The VIEW-hub map below shows MR introduction in African countries.



PNEUMOCOCCAL CONJUGATE VACCINES (PCVS)

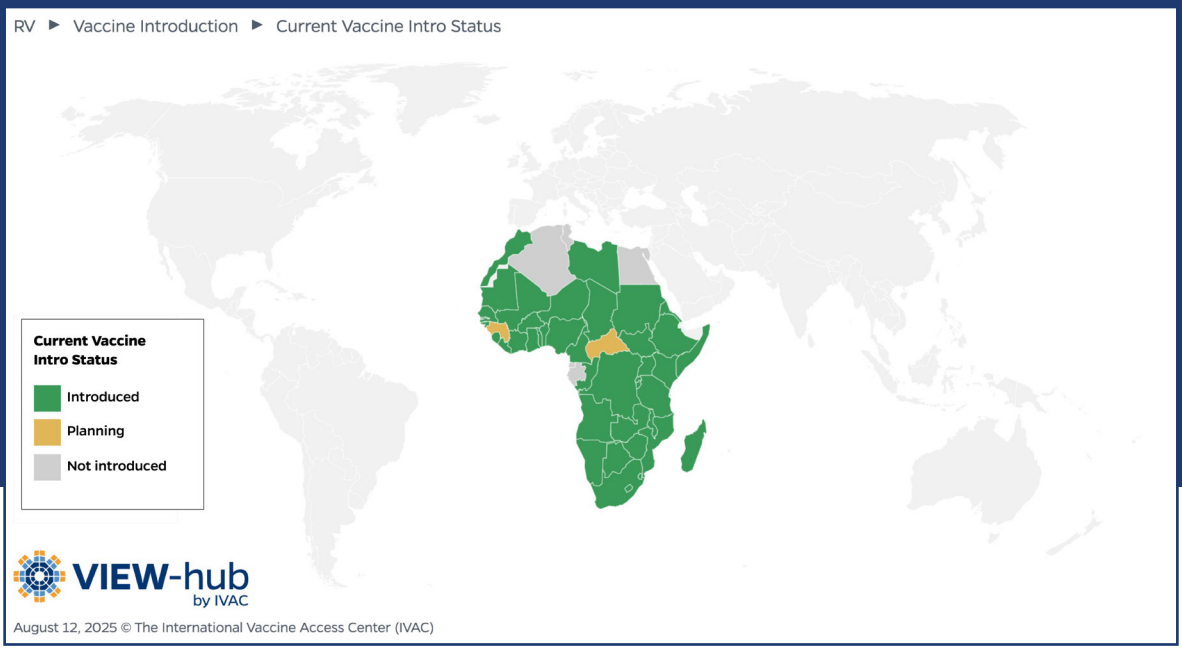
Grenada and **Somalia** introduced PCV into their routine immunization programs in April 2025. These introductions bring the total number of countries that have introduced PCV to 172 (90%), or 50 (93%) of the 54 Gavi-eligible countries. Of Gavi-eligible countries, only Comoros, Guinea, Democratic People's Republic of Korea, and Syrian Arab Republic have not yet introduced PCV, though all of these countries have announced plans to do so. The VIEW-hub map below shows PCV introduction globally, with Gavi-eligible countries outlined in black.



ROTAVIRUS VACCINES

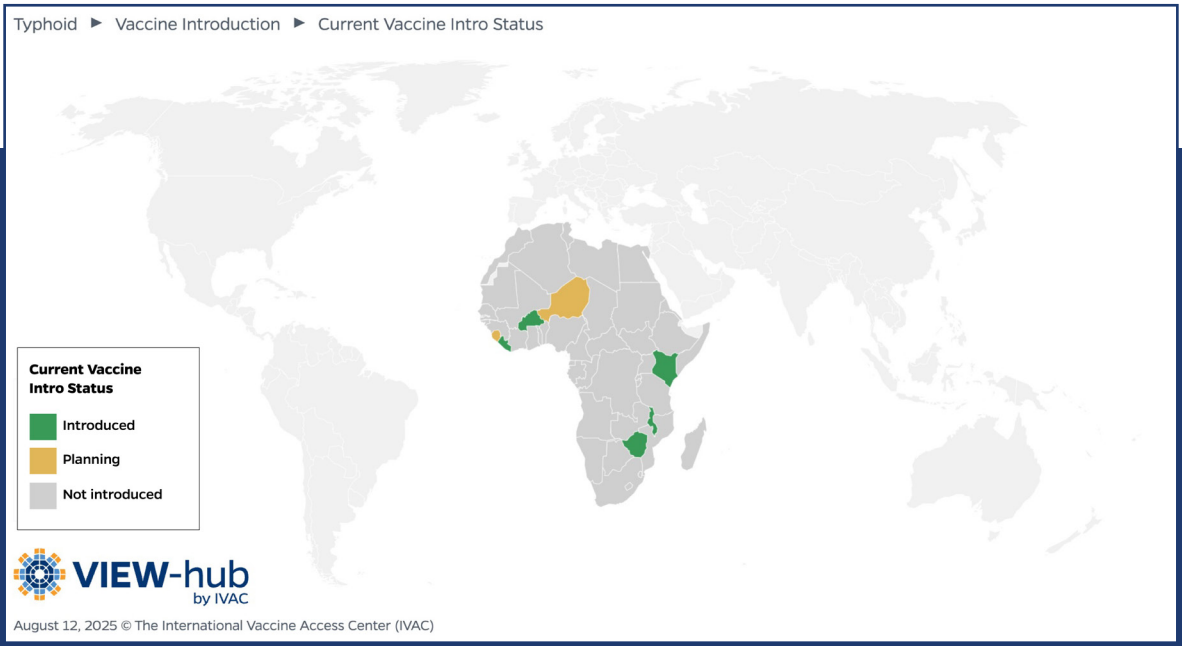
Concurrently with the introduction of PCV, **Somalia** also introduced rotavirus vaccine into its national immunization program in April 2025. As illustrated in the VIEW-hub map below, most African countries have already introduced rotavirus vaccination. Somalia was able to introduce two vaccines at once through Gavi's revised support framework for fragile, emergency-affected and displaced populations, which provides flexible and targeted assistance to countries like Somalia where recurring crises have weakened immunization systems.

Grenada also introduced rotavirus vaccines into its national immunization program in April 2025. This brings the total number of countries that have introduced rotavirus vaccines, nationally or subnationally, to 135 (70%).



TYPHOID CONJUGATE VACCINES (TCVS)

Kenya added TCV to its national immunization program in July 2025. Kenya first aimed to reach 21 million aged 9 months to 15 years with a 10-day TCV campaign, after which TCVs will be available for all children at 9 months of age through the country's routine immunization schedule. This brings the total number of countries that have introduced TCVs to 10, 7 of which are Gavi-eligible countries. Additionally, Bangladesh, India, Niger, and Sierra Leone are planning TCV introduction. The VIEW-hub map below shows TCV introduction in the African region.



Changes to Vaccine Introduction Planning

In addition to vaccine introductions, VIEW-hub also tracks the status of plans for vaccine introductions and Gavi applications for support.

- As of April 2025, **Saint Vincent and the Grenadines** announced that it is planning to introduce PCVs later this year.
- As of July 2025, **Turkey** announced that it is planning to introduce HPV vaccines.
- As of July 2025, **Ukraine** announced that it is planning to introduce HPV vaccines.
- In June 2025, **Chad's** Gavi applications for MR and HPV vaccines were approved.
- In June 2025, **Sierra Leone's** Gavi application for TCV was approved for routine immunization and a catch-up campaign.

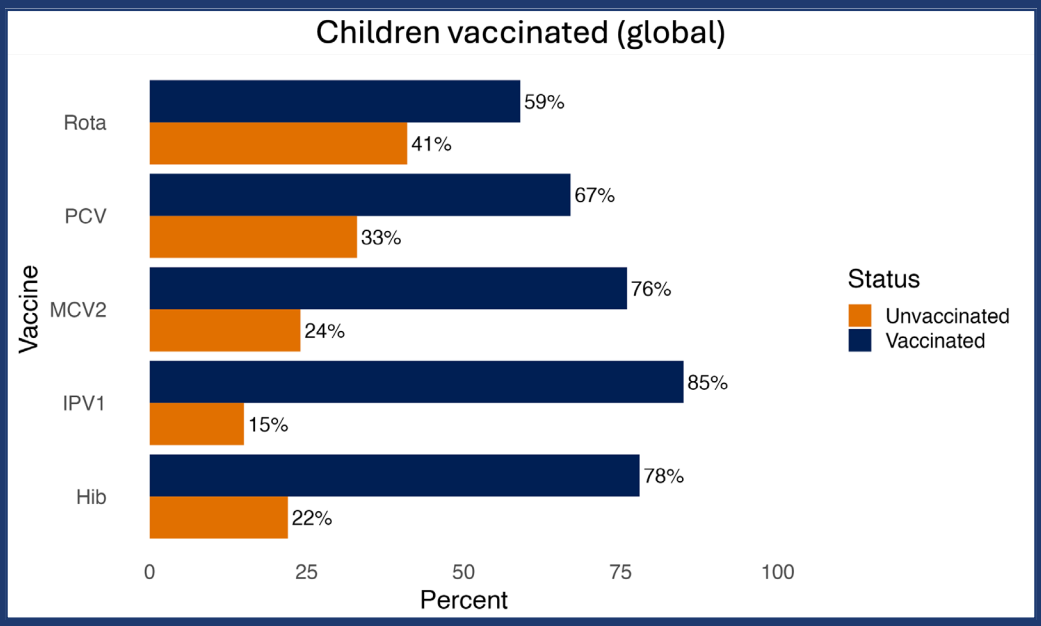
Recent Vaccine Trends

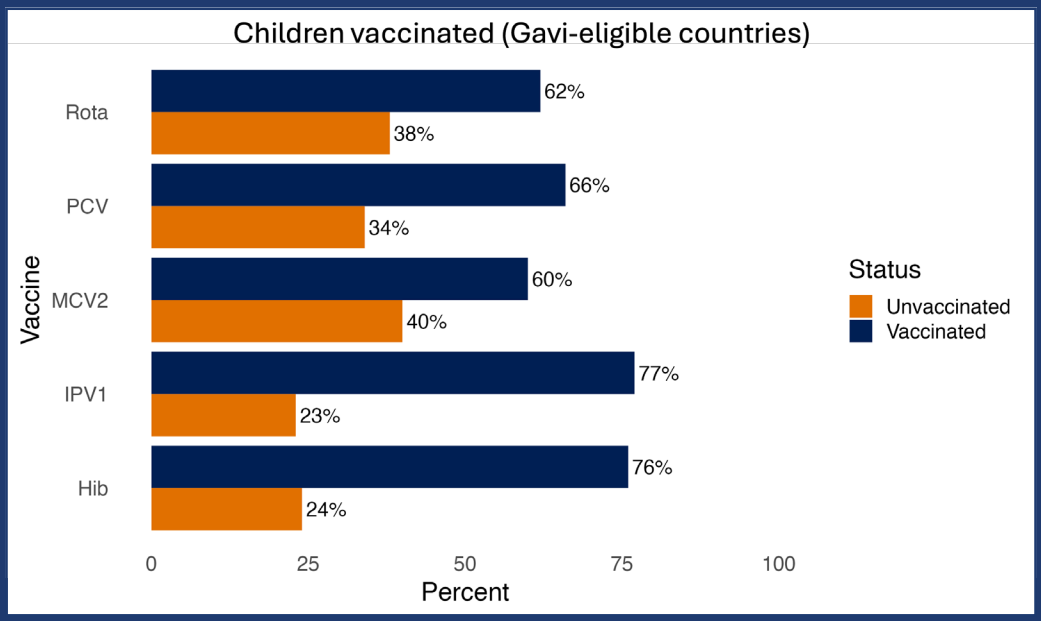
- Senegal and Mauritania introduced the hexavalent vaccine into their routine immunization programs in July 2025, marking the first time this vaccine has been distributed in low-income countries. This combination vaccine protects against six diseases: diphtheria, tetanus, whooping cough, hepatitis B, *Haemophilus influenzae* type B (Hib), and poliomyelitis. While Senegal and Mauritania had previously introduced vaccines against Hib and polio, the hexavalent vaccine replaces the pentavalent (Hib, plus four other diseases) and inactivated polio vaccines (IPV), which were administered separately. This change reduces the number of injections infants undergo at each visit, streamlining the vaccination process, and reinforces protection against polio by increasing the number of doses before the age of 6 months. This achievement was supported by Gavi, and going forward, the hexavalent vaccine will be rolled out in more low-income countries.
- Countries continue to switch to a single-dose HPV vaccine schedule in 2025, including Armenia, Ecuador, and Morocco, among others. Since the WHO updated its recommendations for the HPV vaccine to include a single-dose option in December 2022, 76 countries, including 25 Gavi-eligible countries, have switched to or adopted a single-dose schedule. As of August 2025, 50% of countries that have introduced HPV vaccines use a single-dose schedule. For more on single-dose HPV vaccination, see VIEW-hub's most recent topic page.

COVERAGE AND ACCESS UPDATES

VIEW-hub updates coverage and access data annually as new WHO/UNICEF estimates of national immunization coverage (WUENIC) data are released. The data below reflect WUENIC data reported through June 25, 2025. Country-level coverage and access estimates by year from 2000 to 2024 are available on VIEW-hub.

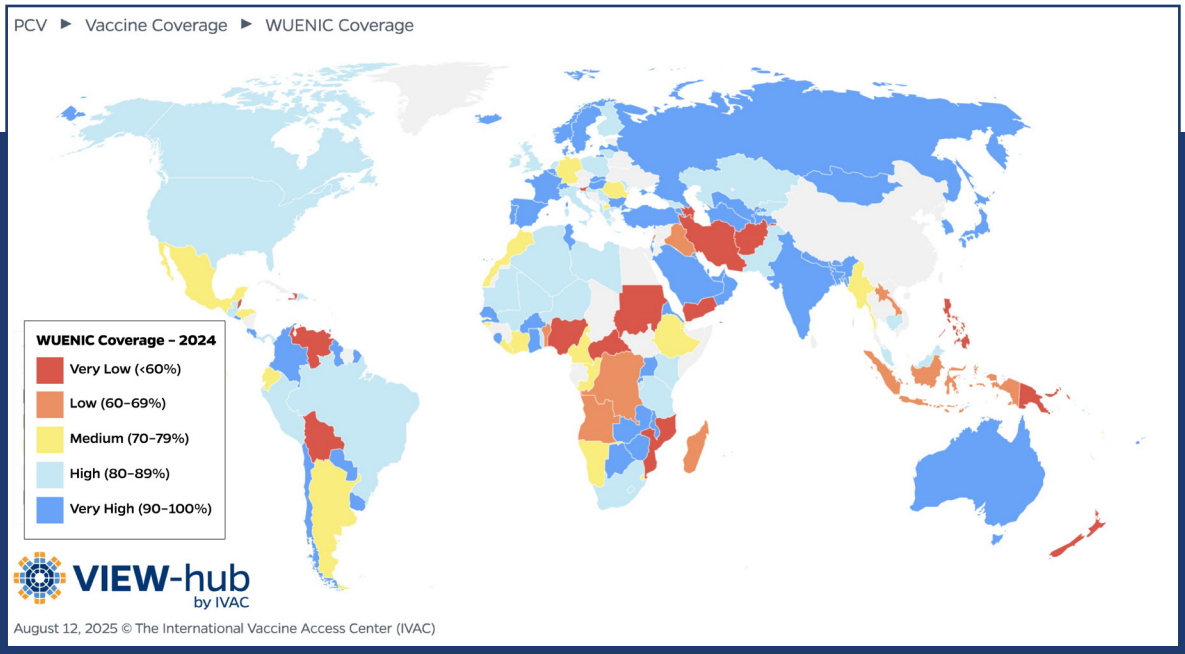
The graphs below show the percentage of children both globally and in Gavi-eligible countries immunized with the vaccines for which coverage data is available on VIEW-hub.

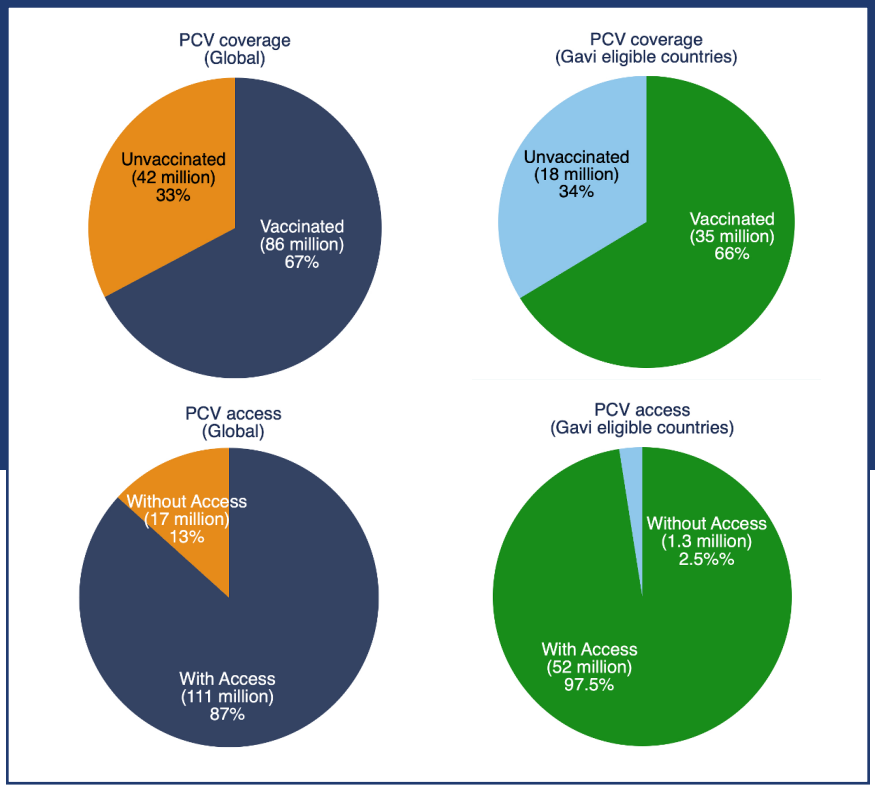




PCVS

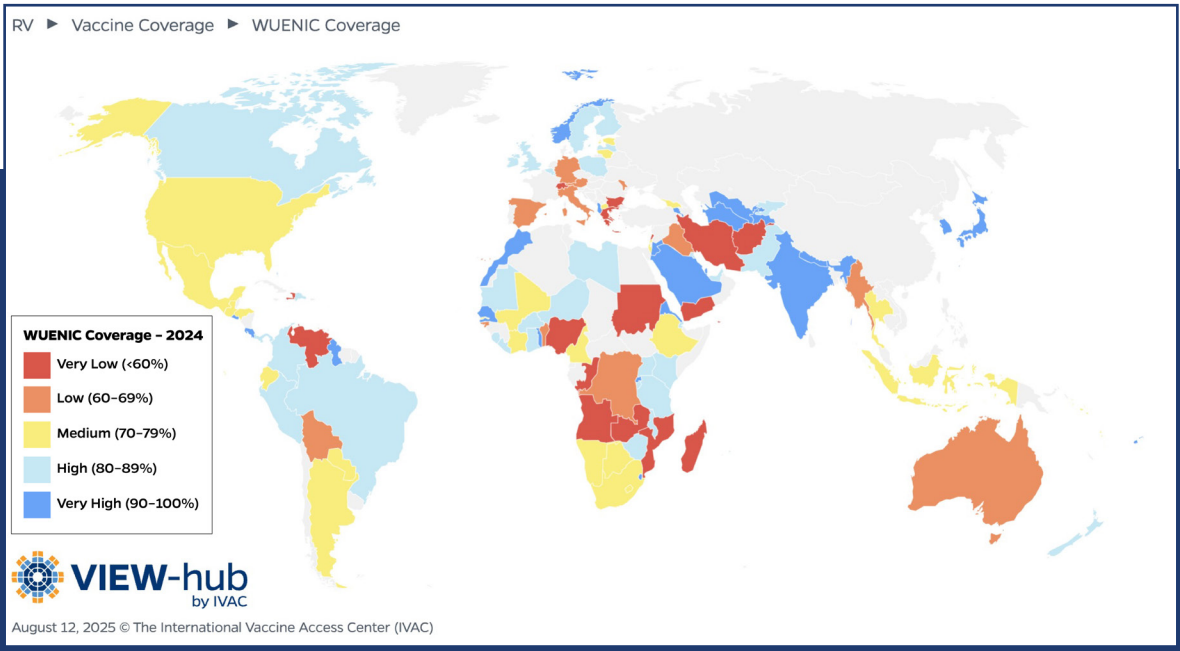
WUENIC data indicate that 70% of countries (110) have high or very high national PCV coverage, defined as 80% or higher on VIEW-hub, compared to 67% of countries (104) the previous year. 86.1 million children globally have been vaccinated with PCVs, though coverage varies in countries that have introduced these vaccines. Globally, 41.7 million children living in countries that have introduced PCVs remain unvaccinated, more than one-third of which live in Gavi-eligible countries. Additionally, 17 million children live in the 21 countries that currently do not include PCV in their national immunization programs and therefore do not have access to the vaccine.

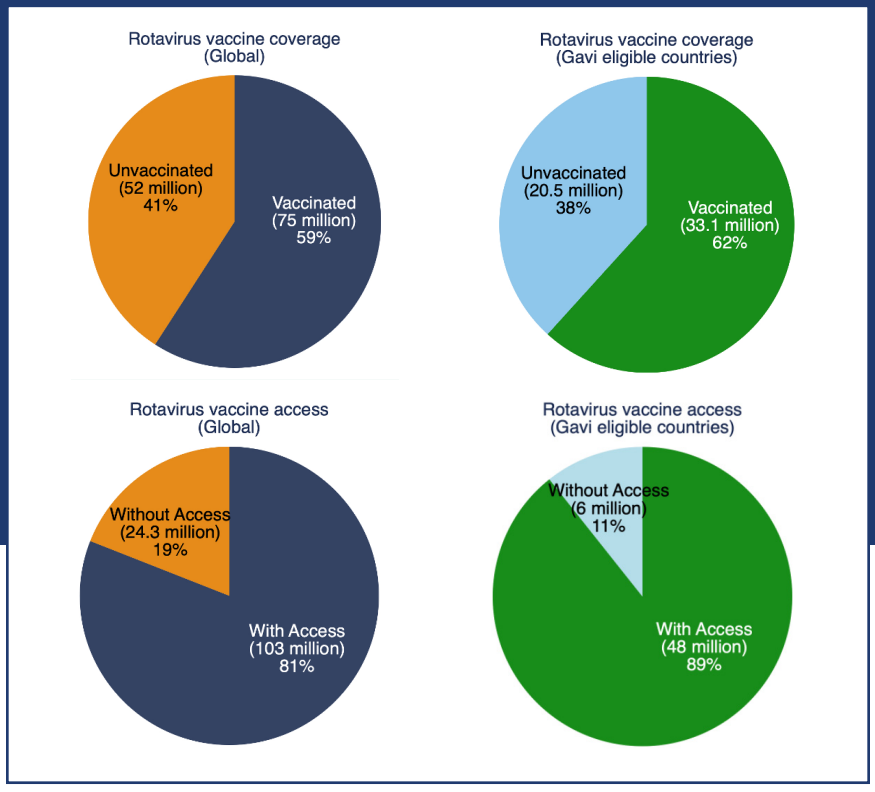




ROTAVIRUS VACCINES

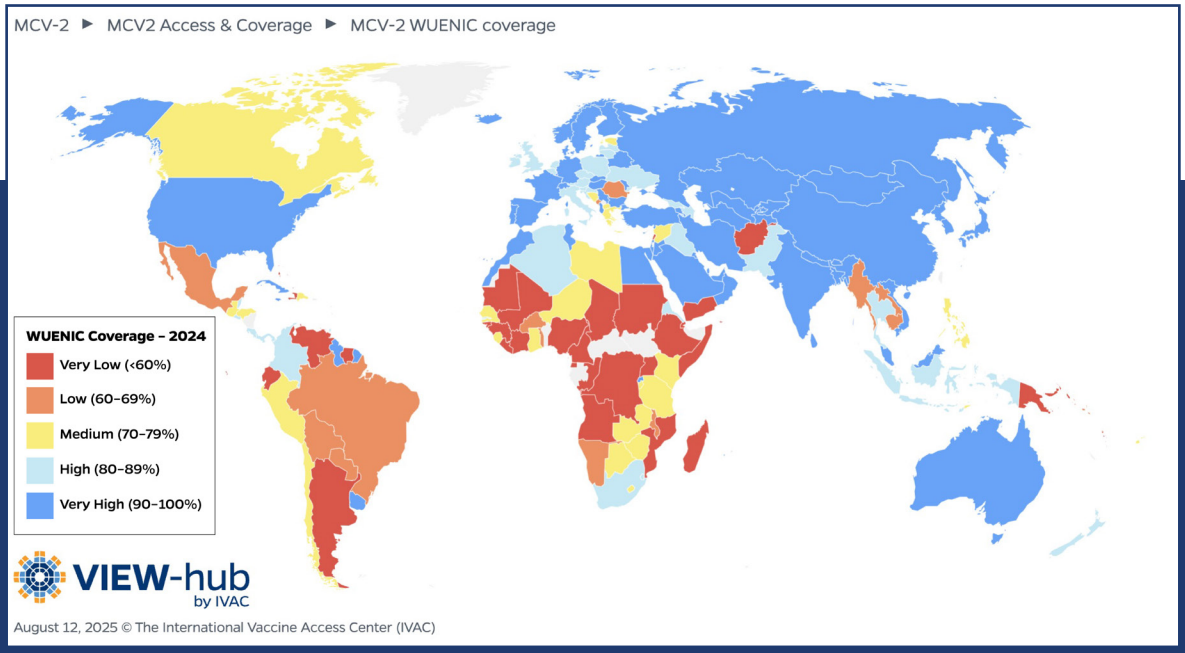
In 2024, 54% of countries (68) have 80% or higher national rotavirus vaccine coverage, as seen in the VIEW-hub map below, compared to 52% of countries (64) in 2023. Globally, 75 million children have been vaccinated with rotavirus vaccines, but 52 million children living in countries that have introduced rotavirus vaccines remain unvaccinated. Nearly half (44%) of these unvaccinated children live in Gavi-eligible countries. Further, 24.3 million children live in the 59 countries that have yet to introduce rotavirus vaccines and thus do not have access.

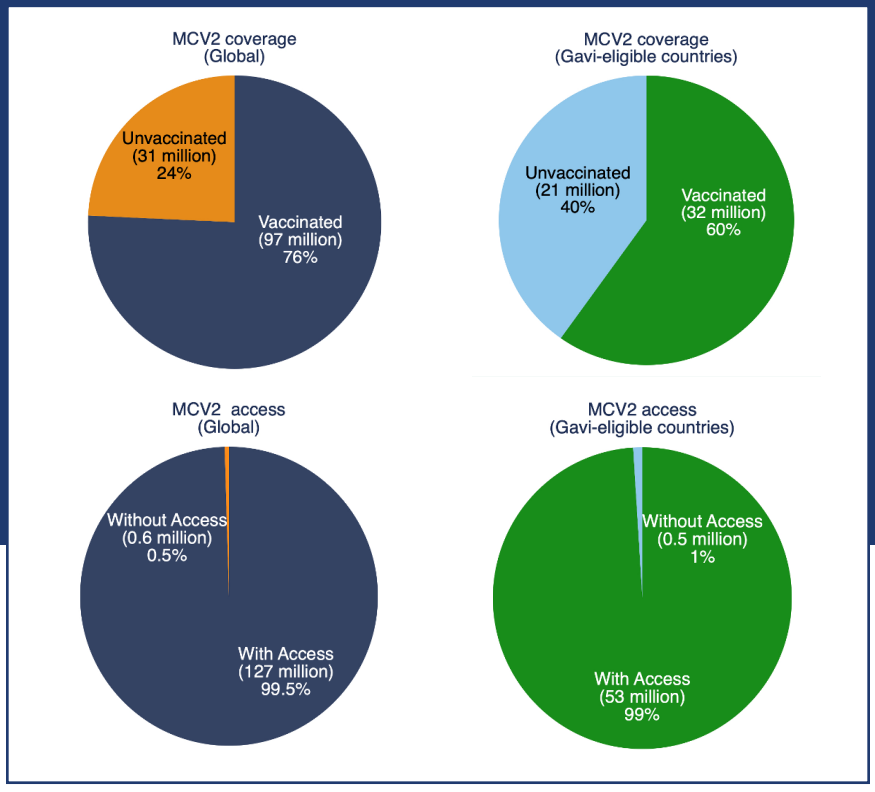




MCVS

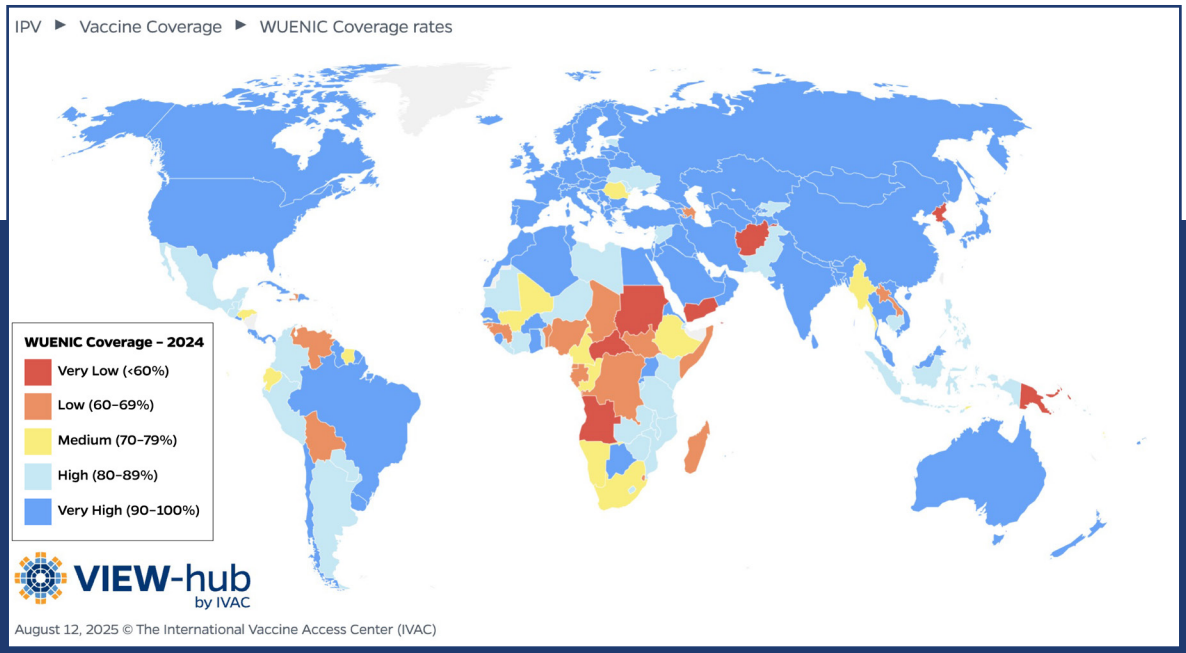
In 2024, 57% of countries (107) had 80% or higher MCV2 coverage, as seen in the VIEW-hub map below, compared to 55% of countries (104) in 2023. Globally, 97 million children were vaccinated with MCV2, but 31 million children living in countries that have introduced MCV2 remain unvaccinated. Over two-thirds (68%) of these unvaccinated children live in Gavi-eligible countries. Though MCV2 has been introduced in all but three countries, 600,000 children live in these three countries and remain without access.

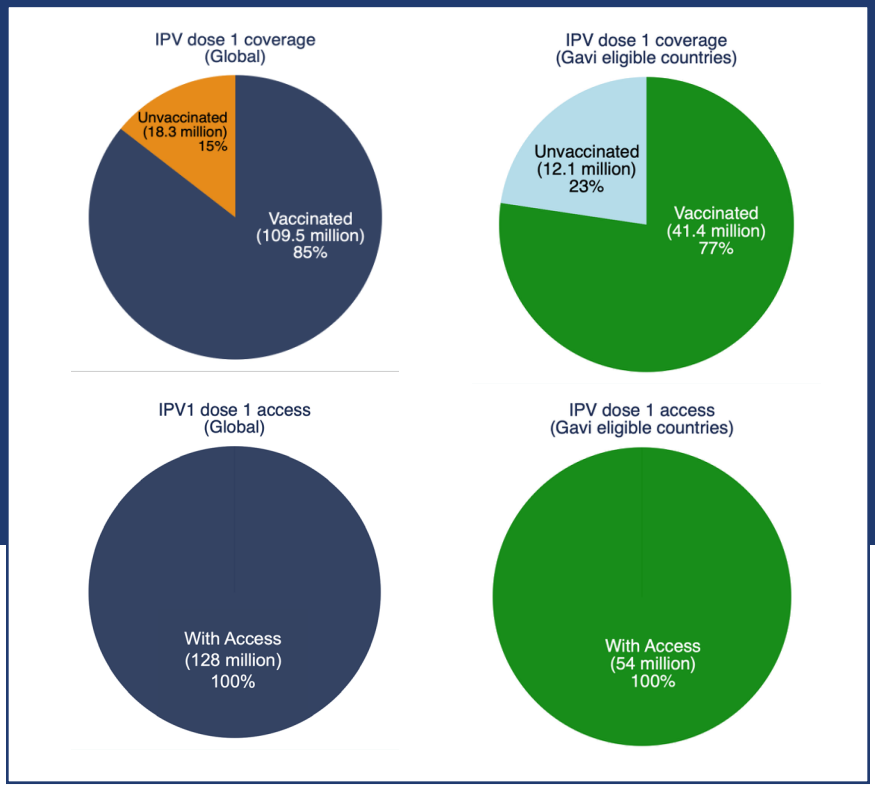




INACTIVATED POLIO VACCINES (IPVS)

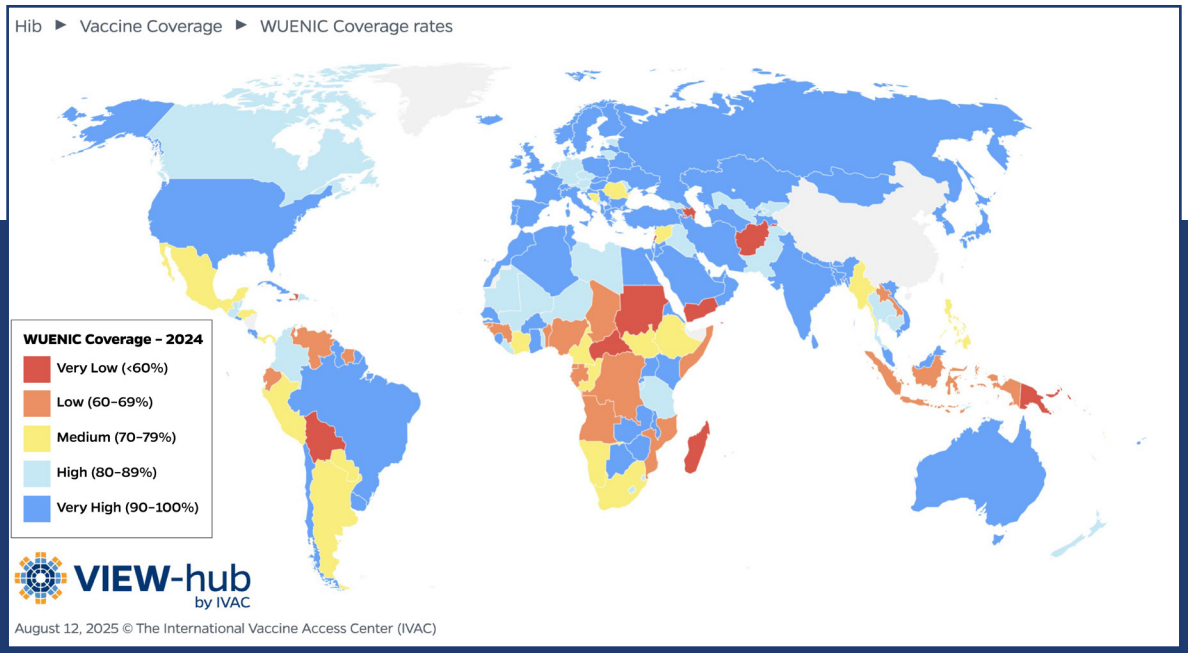
In 2024, 79% of countries (153) have 80% or higher IPV first-dose coverage (IPV1), as seen in the VIEW-hub map below, compared to 78% of countries (150) the previous year. Though IPV1 has been introduced in all countries and 109.5 million children are vaccinated with IPV1 globally, 18.3 million children remain unvaccinated, two-thirds of which live in Gavi-eligible countries.

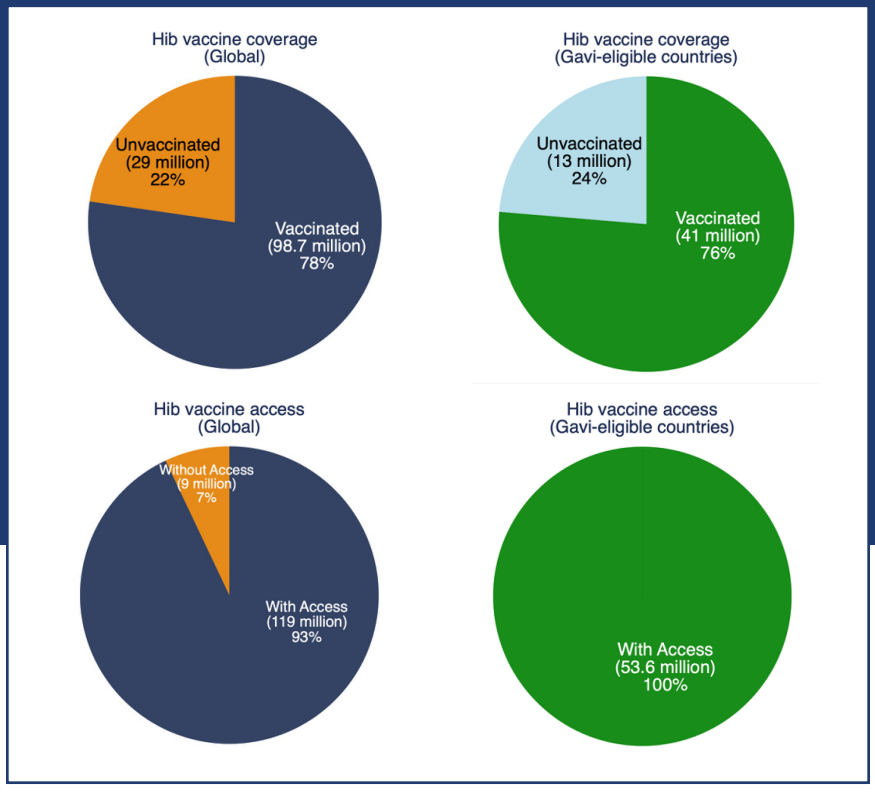




HAEMOPHILUS INFLUENZAE TYPE B (HIB)-CONTAINING VACCINES

In 2024, 73% of countries (141) had 80% or higher Hib vaccine coverage, as seen in the VIEW-hub map below, on par with 2023 data. Hib-containing vaccines have been introduced globally, with 98.7 million children vaccinated against Hib. However, 29 million children remain unvaccinated, almost half (44%) of which live in Gavi-eligible countries.





METHODS

This report was prepared using data and maps from VIEW-hub, a data visualization tool developed and maintained by the International Vaccine Access Center at the Johns Hopkins Bloomberg School of Public Health. Information on VIEW-hub is gathered from internationally recognized sources, including the World Health Organization (WHO), UNICEF, Gavi, the Vaccine Alliance, vaccine manufacturers, ministries of health, and news media.

Introduction and Use Data

Updates to countries' introduction status (including introduction dates, planning status, Gavi application status, etc.) are systematically collected or confirmed at least quarterly from a variety of sources but primarily from the WHO's Immunization Repository (updated as new information is received) and WHO Immunization Data portal (updated annually). See additional source information below. Between these quarterly updates, new vaccine introductions are added as we become aware of them through other sources.

Updates to countries' vaccine use data (including program type [e.g., universal vaccination, phased introduction, introduction for high-risk groups], vaccine product, dosing schedules, etc.) are systematically collected or confirmed at least quarterly from a variety of sources, and primarily from the WHO's Immunization Repository, WHO Immunization Data portal, and Gavi shipment reports. See additional source information below. Between these quarterly updates, new vaccine updates are added as we become aware of them through other sources.

Coverage and Access Data

Coverage data is updated annually from WHO/UNICEF estimates of national immunization coverage (WUENIC). 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. Existing population figures (total population, crude birth rate, and infant mortality rate) for children under 1 year of age are obtained from official census data to calculate the number of surviving infants.

Access estimates are calculated annually as the number of surviving infants globally living in countries or subnational regions within countries that have introduced the vaccine. See additional source information below.

Country Income Level

Countries were classified using 2025 World Bank income classifications (2024 GNI data), updated annually.

For more information on methods, see the VIEW-hub About page or email Marley Jurgensmeyer at mjurgen4@jhu.edu.

Data Sources

Gavi eligibility status	Gavi (https://www.gavi.org/types-support/sustainability/eligibility)
Vaccine introduction status and dates of introduction	Primarily WHO sources (WHO Immunization Repository, WHO Immunization data portal), additional acceptable sources may include UNICEF, Gavi, vaccine manufacturers, ministries of health, press releases and news media
Gavi application status	WHO Immunization Repository
Vaccine use updates (program type, dosing schedule, etc.)	Primarily WHO sources (WHO Immunization Repository, WHO Immunization data portal), additional acceptable sources may include UNICEF, Gavi, vaccine manufacturers, ministries of health, press releases and news media
Vaccine products	Gavi shipment reports, WHO Immunization data portal
Coverage estimates	WHO/UNICEF estimates of national immunization coverage
Access estimates	Surviving infants: Total population and crude birth rate - World Bank Open Data, Infant mortality rate - UN Inter-agency Group for Child Mortality Estimation

For more information on sources, see the full data dictionary on the VIEW-hub Resources page or email Marley Jurgensmeyer at mjurgen4@jhu.edu.

SELECTED KEY TERMS

Below are definitions of selected key terms found in the report. For any definitions not provided below, please refer to the data dictionary available on the VIEW-hub Resources page.

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

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

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 phased in over time. This status can apply to any country, regardless of Gavi eligibility. For IPV, this status covers all countries that introduced at least one dose of IPV into the national immunization schedule for children.

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

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

Gavi plan to apply: The country 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 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 such support.

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

APPENDIX

This report can be found at: www.VIEW-hub.org/resources. All maps shown in this report were generated on VIEW-hub.

Disclaimer: The presentation of VIEW-hub maps in this report is not 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.

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, August 2025. www.view-hub.org. Accessed: [Day Month Year].

If you have any questions about VIEW-hub or this report, please contact Marley Jurgensmeyer at mjurgen4@jhu.edu.

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