

# Global Vaccine Introduction and Implementation Report

FEBRUARY 2026



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**VIEW-hub**  
by IVAC



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## OVERVIEW

The quarterly VIEW-hub Global Vaccine Introduction and Implementation Report includes vaccine introductions and implementation updates from VIEW-hub ([www.VIEW-hub.org](http://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.

The VIEW-hub platform includes modules for 11 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), respiratory syncytial virus (RSV) products (maternal vaccine and monoclonal antibodies), malaria vaccines, and COVID-19 vaccines. Users can visualize data on vaccine introductions, product usage, dosing schedules, access, coverage, disease burden, and more. The data on [www.VIEW-hub.org](http://www.VIEW-hub.org) are regularly updated as information is received to permit near real-time reporting. Recently added data include introduction and use data for malaria vaccines.

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.



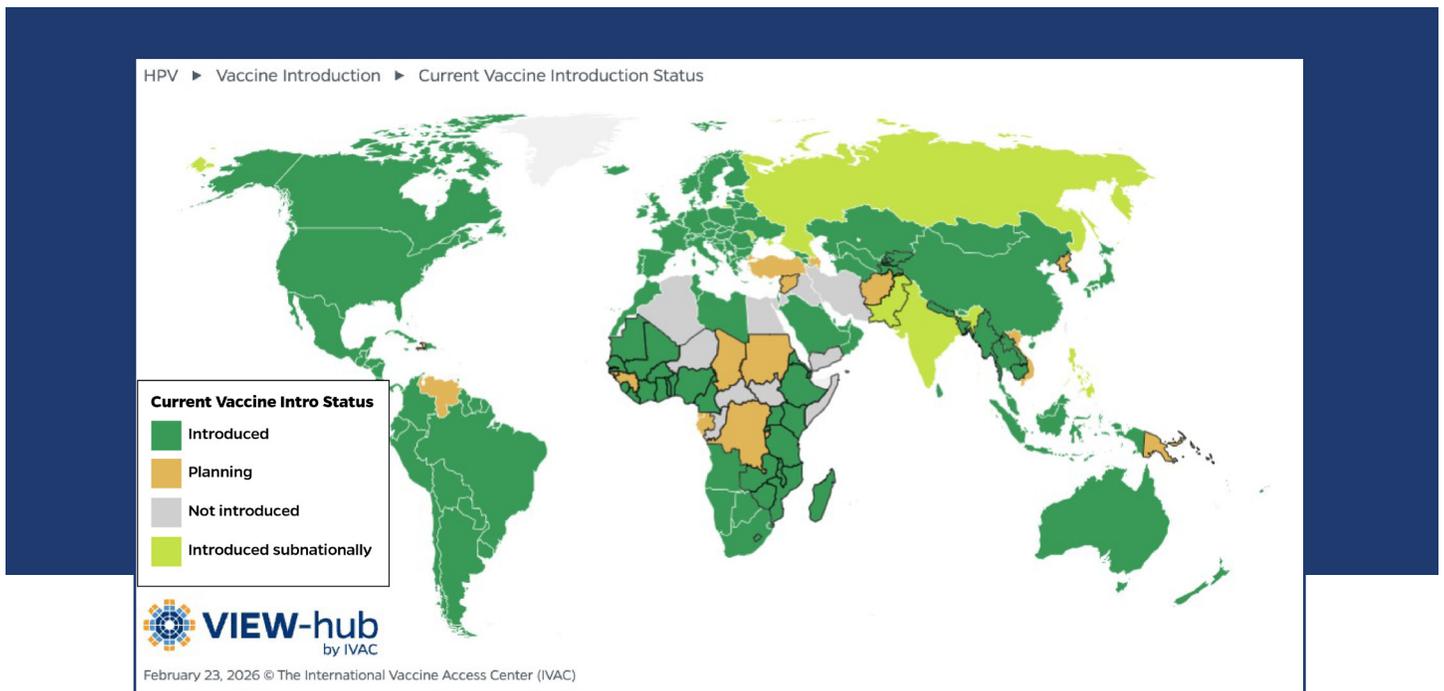
## INTRODUCTION AND IMPLEMENTATION UPDATES

VIEW-hub is updated regularly as new data are made available. Changes to introduction status and use made in the previous three months for the vaccines monitored on VIEW-hub (October 27, 2025–February 10, 2026) are captured below.

### Vaccine Introduction Updates

#### HUMAN PAPILLOMAVIRUS (HPV) VACCINES

As of February 2026, 160 countries, or 36 (67%) of the 54 Gavi-eligible countries, have introduced HPV vaccines nationally, and 5 countries have introduced HPV vaccine subnationally. An additional 18 countries, or 11 (20%) of the 54 Gavi-eligible countries, have announced their intention to introduce HPV vaccines. The VIEW-hub map below shows HPV vaccine introduction globally, with Gavi-eligible countries outlined in black.

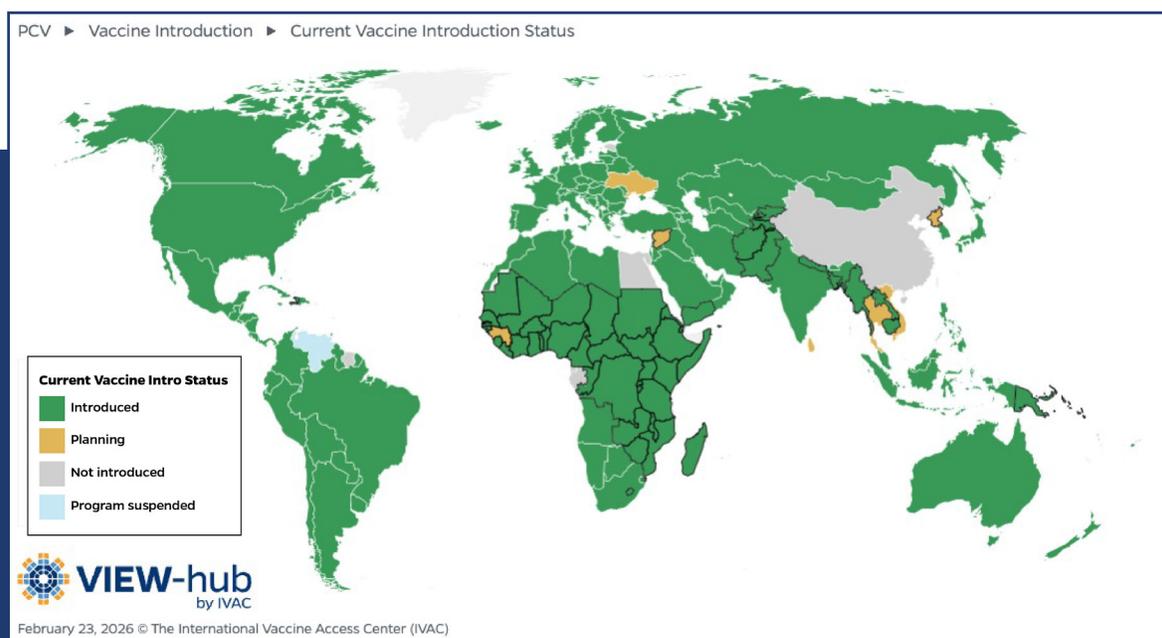


Multiple countries have introduced HPV vaccines in recent months.

- **Angola** added the HPV vaccine to its [routine immunization program](#) for girls between 9–12 years old in January 2026 following a national HPV vaccine campaign in 2025.
- **Ukraine** introduced the HPV vaccine into its national immunization program in January 2026, targeting 12–13-year-old girls [with the nine-valent Gardasil vaccine](#).
- **Madagascar** introduced the HPV vaccine in December 2025 with a [vaccination campaign](#) targeting girls aged 9–14 years through schools and health centers.

- **Djibouti** introduced the HPV vaccine to its national immunization program for girls aged 9–14 years in December 2025.
- **Benin** introduced the HPV vaccine in December 2025 with a [week-long nationwide HPV vaccine campaign](#) targeting both in- and out-of-school girls between 9–14-years old.
- **Comoros** introduced the HPV vaccine in November 2025 with a [nationwide HPV vaccine introduction campaign](#) targeting 9–14-year-old girls through schools and health centers.

All of these countries introduced HPV vaccination with a [single-dose schedule](#). Other countries that have previously introduced HPV vaccination continue to switch to a single-dose schedule, including the [United States](#) in January 2026. Just 11 (17%) high-income countries use a single-dose schedule. Of countries that have introduced HPV vaccines globally, over half (55%) now use a single-dose schedule, including 34 (92%) of Gavi-eligible countries. See the VIEW-hub map below for global HPV vaccine dosing schedules.

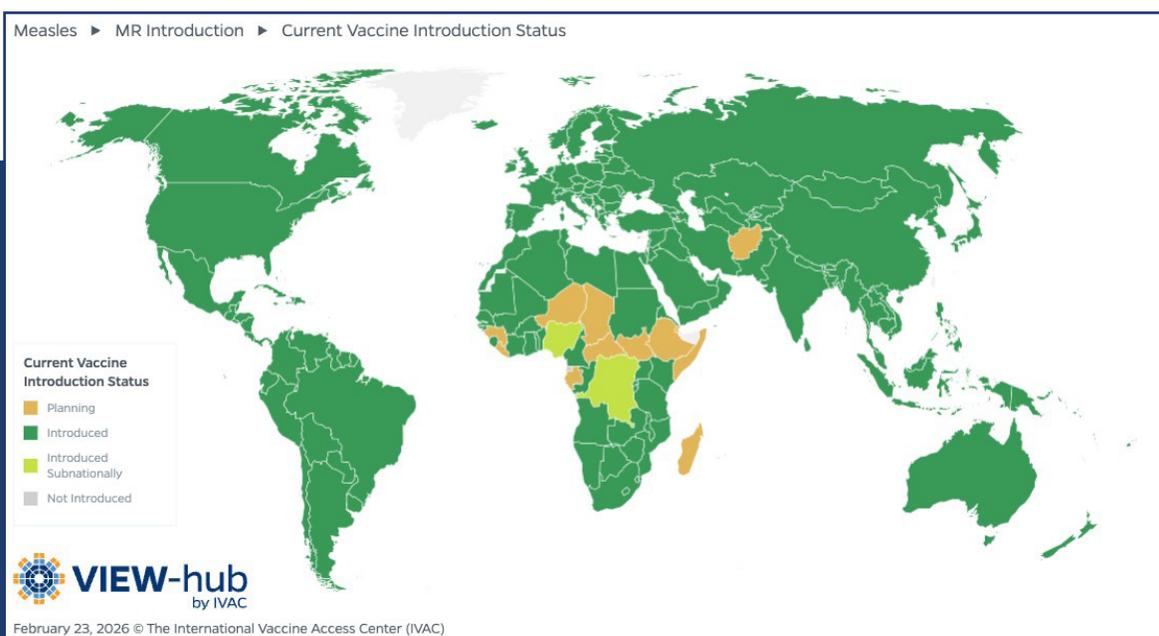


## MEASLES-RUBELLA (MR) VACCINES

- The **Democratic Republic of the Congo** began a [nationwide MR vaccination campaign](#) in November 2025, aiming to reach 62 million children between 6 months and 14 years. The phased campaign was originally introduced in seven of the country’s 26 provinces, with vaccines delivered through both fixed posts and outreach sites. Following the campaign, the Democratic Republic of the Congo plans to introduce the combined MR vaccine into its national immunization schedule to replace the monovalent measles vaccine.

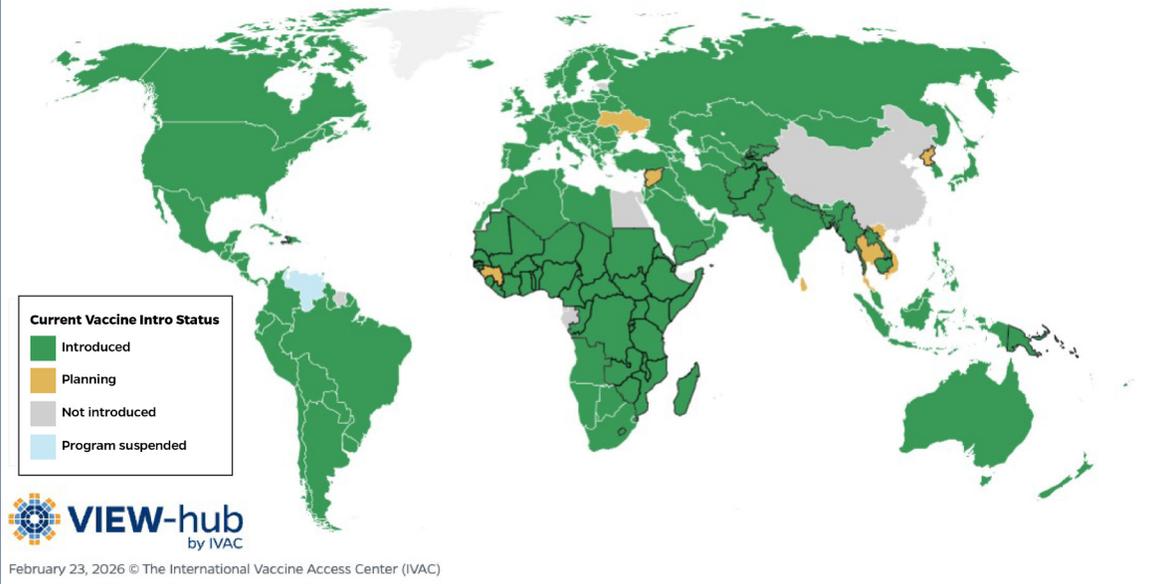
- **Nigeria** launched a [nationwide, large-scale MR vaccine campaign](#) in October 2025, aiming to reach 106 million children between 9 months and 14 years. The integrated campaign combines multiple vaccines and child health services, including MR vaccines, polio vaccines, HPV vaccines for girls, and other essential child health services. The campaign was implemented in two phases, beginning in northern states in October 2025, followed by southern states in January 2026. Nigeria will introduce the MR vaccine into its routine vaccine schedule after the campaign.

The Democratic Republic of the Congo and Nigeria join 179 other countries that have introduced MR vaccines (93%). Most of the countries that have not yet introduced the MR vaccine are in the African region, although 12 countries globally are planning to do so. The VIEW-hub map below shows MR vaccine introduction globally.



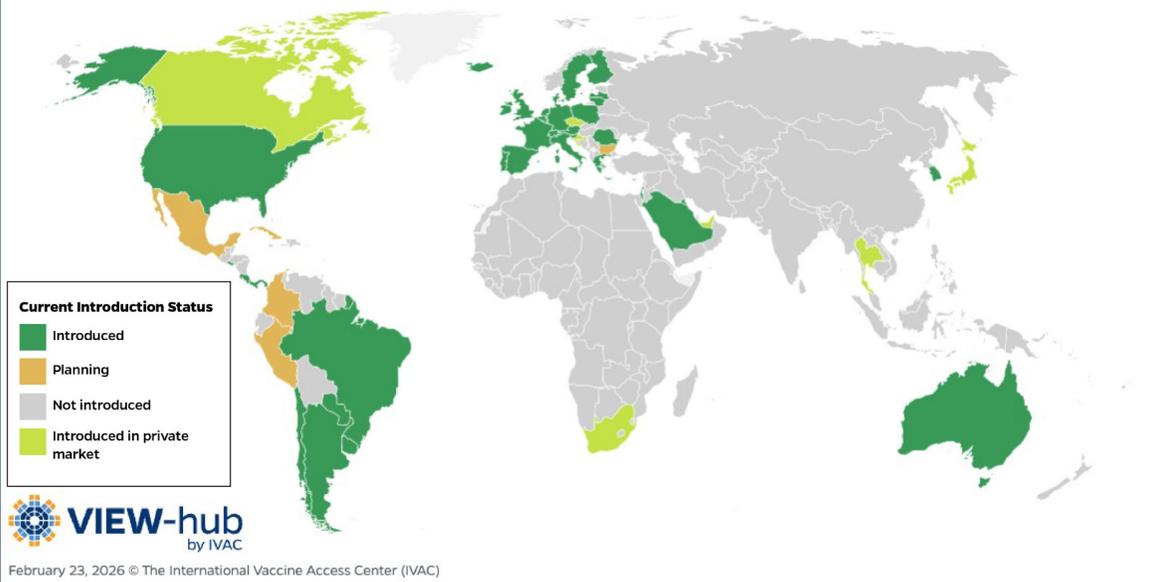
## PNEUMOCOCCAL CONJUGATE VACCINES (PCVS)

- **Cabo Verde** added PCV vaccines to its national immunization program in January 2026, along with rotavirus and hexavalent vaccines.
- **Maldives** simultaneously introduced PCV vaccines and rotavirus vaccines into its national immunization program in December 2025. Maldives utilized Gavi’s [Catalytic Financing Support](#) for middle-income countries to make nationwide introduction of both vaccines possible. This brings the total number of countries that have introduced PCV vaccines to 177 (91%). The VIEW-hub map below shows PCV vaccine introduction globally, with Gavi-eligible countries outlined in black.



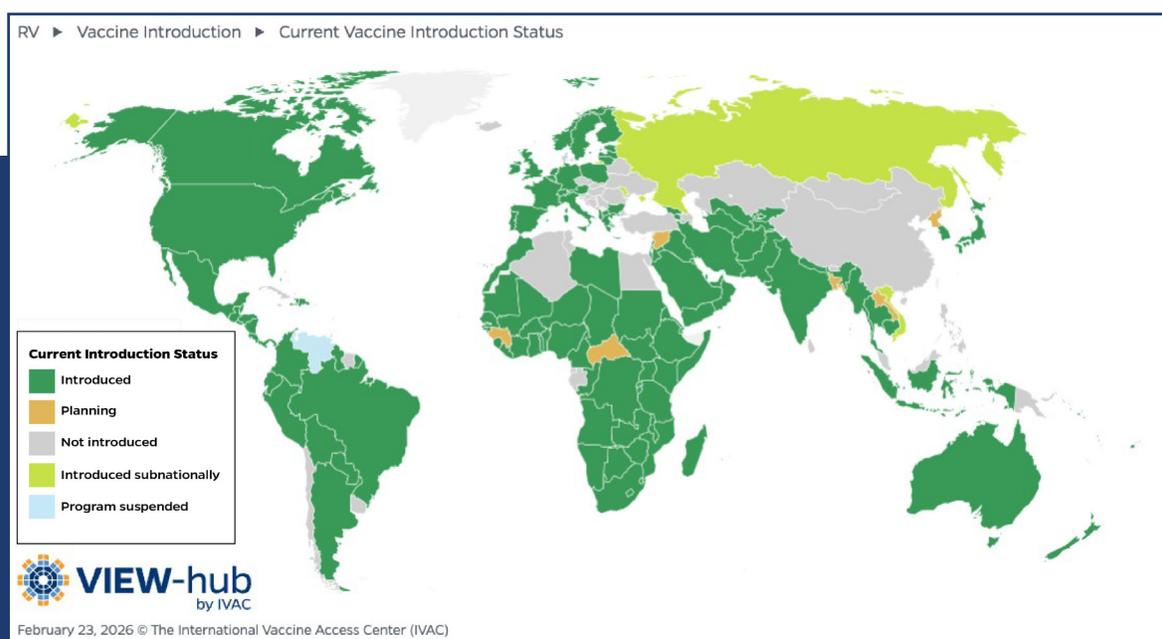
## RESPIRATORY SYNCYTIAL VIRUS (RSV) PRODUCTS

- **Romania** added the maternal RSV vaccine to its immunization program in November 2025. This brings the number of countries that have introduced an RSV prevention product, either in their national immunization program or through the private market, to 45 (23%). Romania joins 28 other countries using the maternal RSV vaccine. The VIEW-hub map below shows RSV prevention product introduction globally, with introduction limited to high- and upper-middle-income countries thus far.



## ROTAVIRUS VACCINES

- **Cabo Verde** introduced rotavirus vaccines into its national immunization program in January 2026, along with PCV and hexavalent vaccines.
- Concurrently with the introduction of PCV, **Maldives** also added the rotavirus vaccine to its national immunization program in December 2025.
- **Cambodia** [introduced the rotavirus vaccine](#) to its national immunization program in December 2025. The vaccine will be given in two doses to infants at 6 and 10 weeks of age along with other routine childhood vaccines. This brings the number of countries that have introduced rotavirus vaccines, nationally or subnationally, to 142 (73%). The VIEW-hub map below shows rotavirus vaccine introduction globally.



## 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.

- In October 2025, **Niger** announced that it is planning to introduce MR vaccines.
- As of Q4 2025, **Bulgaria, Colombia, Cuba, Mexico, and Peru** announced that they are planning to introduce RSV prevention products.



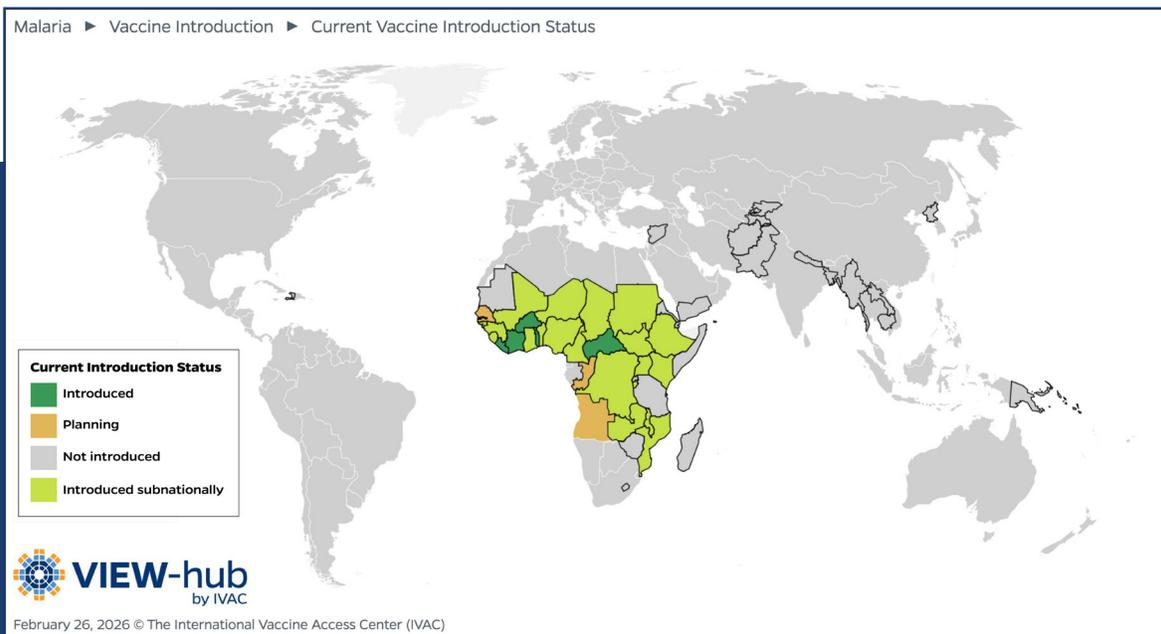
## NEW ON VIEW-HUB

### New Disease Burden Data

VIEW-hub now features additional data on disease burden. Data are available from the [Institute for Health Metrics and Evaluation](#) for pneumococcal disease and Hib through 2021, and for measles and typhoid through 2023. Data are available from [WHO](#) for measles and rubella burden through 2024. Users can create interactive visualizations of the number of deaths and cases, mortality rates, and incidence for these diseases to guide decision-making.

### Malaria Vaccines

VIEW-hub now tracks introduction and use of malaria vaccines. Data include which countries have introduced malaria vaccines, either nationally or subnationally, and which countries are planning to do so. Data are also available on vaccine use, including vaccine delivery approach (age-based, seasonal, or hybrid) and product used (RTS,S/AS01 or R21/Matrix-M). As of February 2026, 5 countries have introduced malaria vaccines in their national immunization programs, 20 countries have introduced subnationally, and 4 countries are planning to introduce. The VIEW-hub map below shows malaria vaccine introduction, with Gavi-eligible countries outlined in black. For more on malaria, see [VIEW-hub's most recent topic page](#) or the new VIEW-hub [malaria vaccine module](#).





## 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), as well as WHO's HPV vaccine tracker and malaria vaccine tracker. The RSV dataset was developed in collaboration with WHO. 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](mailto:mjurgen4@jhu.edu).

## Data Sources

Gavi eligibility status	Gavi ( <a href="https://www.gavi.org/types-support/sustainability/eligibility">https://www.gavi.org/types-support/sustainability/eligibility</a> )
Vaccine introduction status and dates of introduction	Primarily WHO sources (WHO Immunization Repository, <a href="#">WHO Immunization data portal</a> , <a href="#">WHO HPV vaccine tracker</a> , <a href="#">WHO malaria vaccine tracker</a> ); additional acceptable sources may include UNICEF, Gavi, vaccine manufacturers, ministries of health, public health agencies, 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, <a href="#">WHO Immunization data portal</a> , <a href="#">WHO HPV vaccine tracker</a> , <a href="#">WHO malaria vaccine tracker</a> ); additional acceptable sources may include UNICEF, Gavi, vaccine manufacturers, ministries of health, public health agencies, press releases, and news media
Vaccine products	<a href="#">Gavi shipment reports</a> , <a href="#">WHO Immunization data portal</a>

For more information on sources, see the full data dictionary on the [VIEW-hub Resources page](#) or email Marley Jurgensmeyer at [mjurgen4@jhu.edu](mailto: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](http://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, February 2026. [www.view-hub.org](http://www.view-hub.org). Accessed: [Day Month Year].

If you have any questions about VIEW-hub or this report, please contact Marley Jurgensmeyer at [mjurg4@jhu.edu](mailto:mjurg4@jhu.edu).

VIEW-hub is made possible with support from the Gates Foundation.