

Global Vaccine Introduction and Implementation Report

AUGUST 2026



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

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 introductions 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.

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 are regularly updated as information is received to permit near real-time reporting. Recently added content includes updated coverage and access data based on new WHO/UNICEF estimates of national immunization coverage (WUENIC) data.

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.



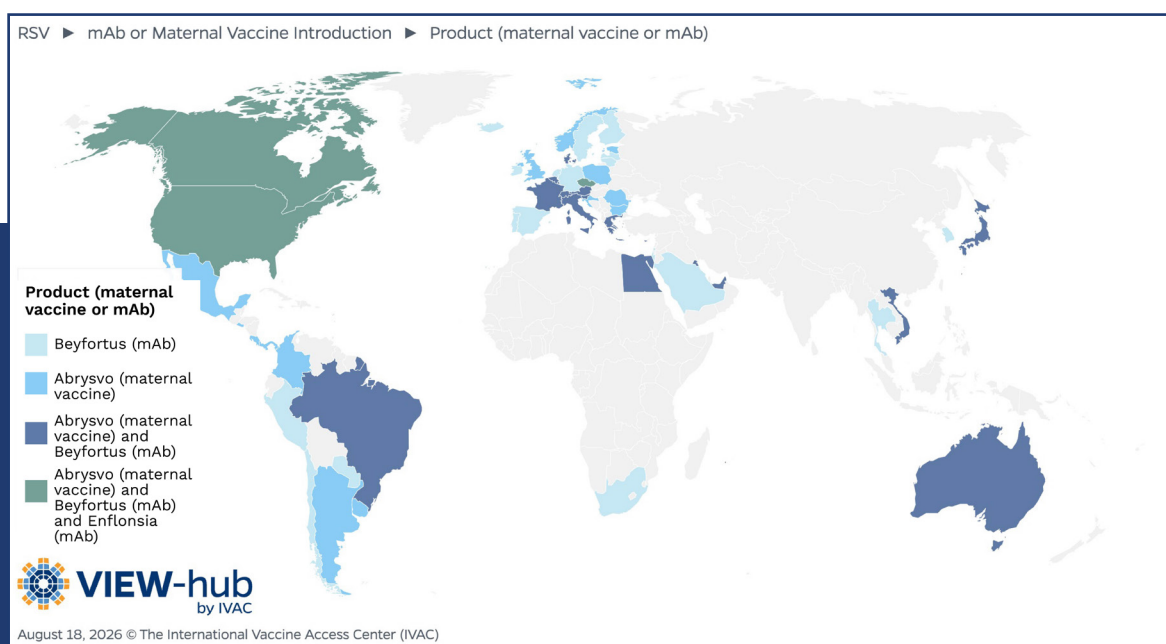
INTRODUCTION AND IMPLEMENTATION UPDATES

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 (April 2026—July 2026) are captured below.

Vaccine Introduction Updates

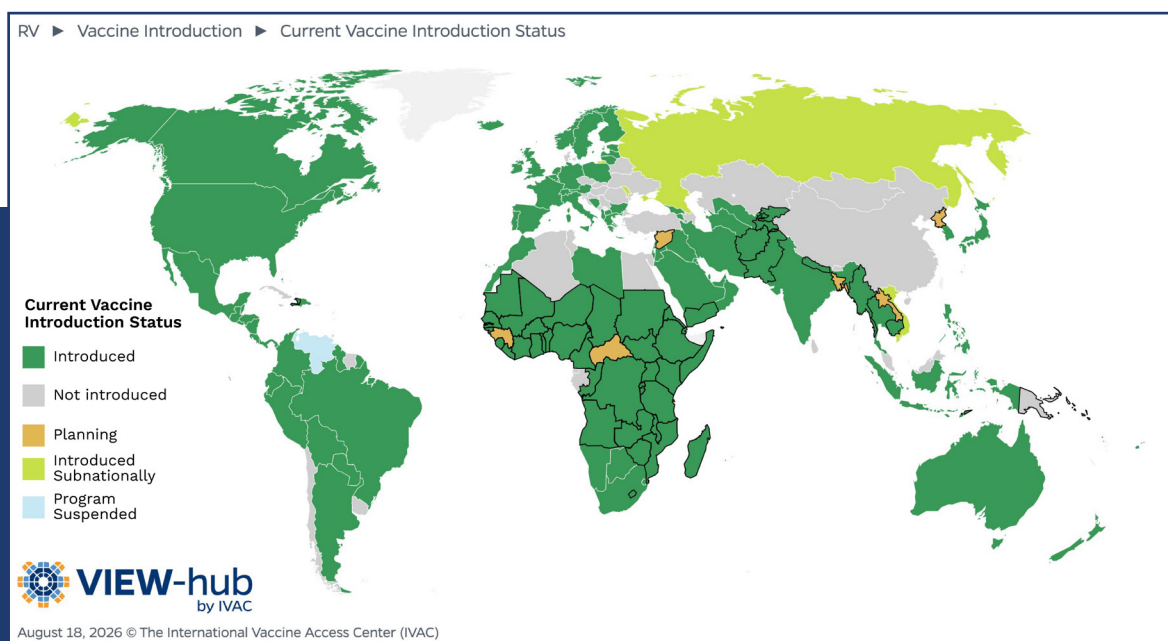
RESPIRATORY SYNCYTIAL VIRUS (RSV) PRODUCTS

- **Bulgaria** added the maternal RSV vaccine (Abrysvo) into its immunization program in July 2026.
- **Bahrain** introduced the maternal RSV vaccine (Abrysvo) into its immunization program in Q2 2026.
- **South Africa** added RSV monoclonal antibodies (Beyfortus) to its national immunization program in March 2026.
- Bulgaria, Bahrain, and South Africa join 54 other countries (29%) in introducing an RSV prevention product, either in their national immunization programs or through the private market. Of these, 17 countries have introduced the maternal vaccine, 19 countries have introduced monoclonal antibodies, and 21 countries have introduced both products. The VIEW-hub map below shows RSV prevention product introduction globally, with introduction currently limited to high- and upper-middle income countries. RSV prevention products have not yet been introduced in a Gavi-eligible country.



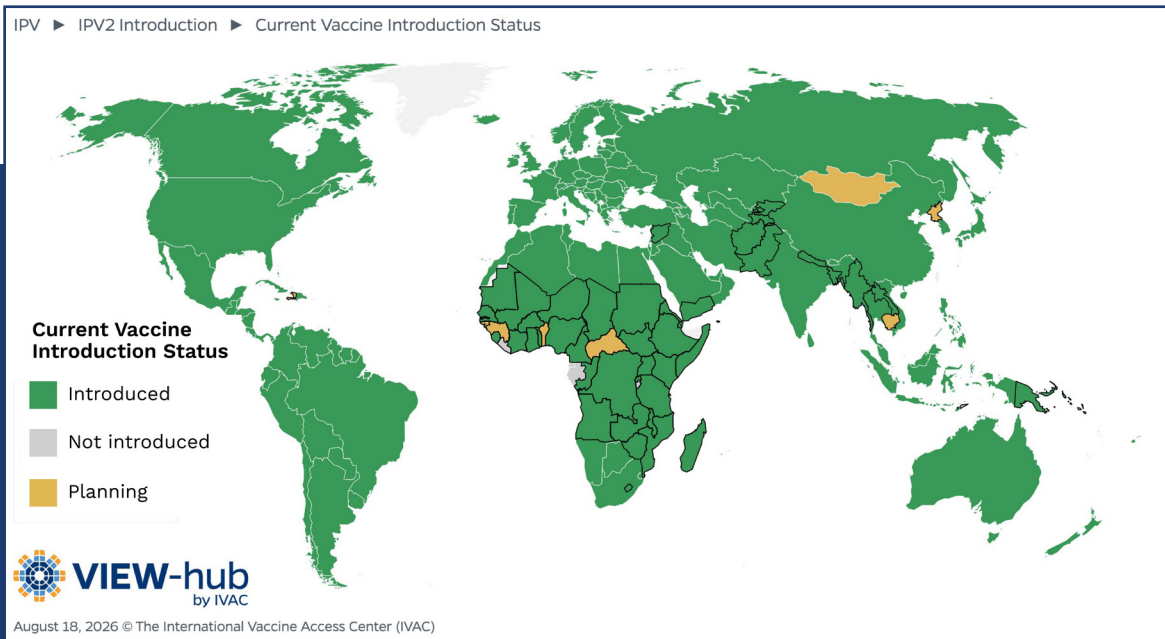
ROTAVIRUS VACCINES

- **Philippines** introduced rotavirus vaccines into its national immunization program in April 2026. This brings the total number of countries that have introduced rotavirus vaccines at the national level to 142 (73%), with an additional 3 countries that have introduced subnationally. The VIEW-hub map below shows rotavirus vaccine introduction globally, with Gavi-eligible countries outlined in black.



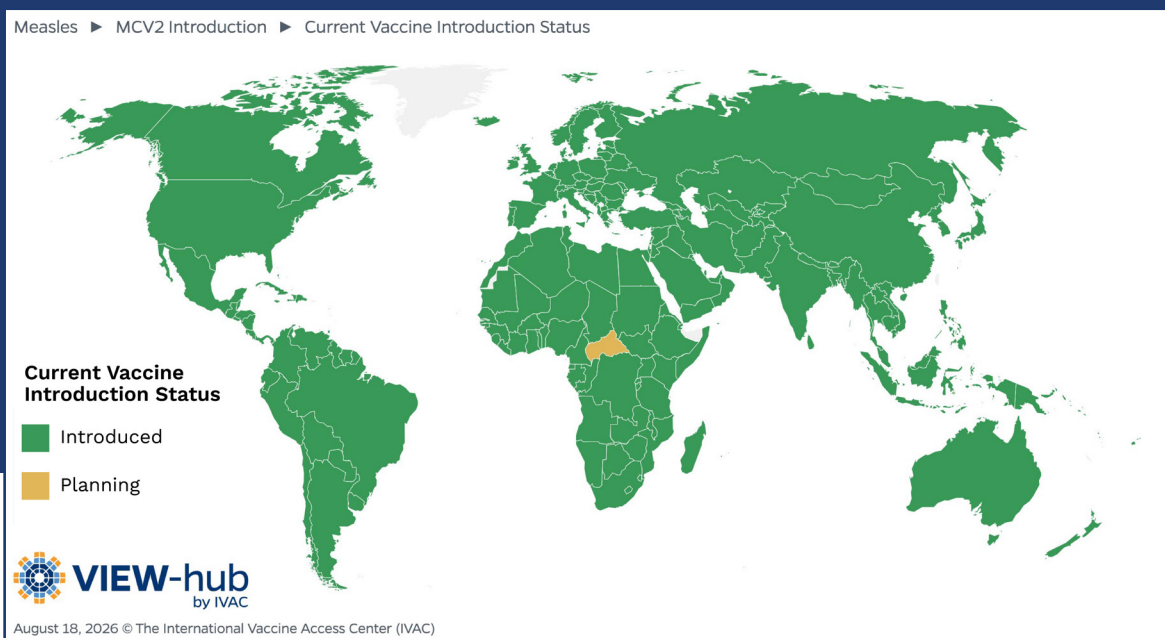
INACTIVATED POLIO VACCINES (IPV)

- **Myanmar** and **Tonga** introduced a second dose of IPV (IPV2) to their national immunization programs in Q2 2026. They join 175 other countries (91%) in introducing IPV2, and an additional 10 countries are planning to do so. The VIEW-hub map below displays IPV2 introduction globally, with Gavi-eligible countries outlined in black.



MEASLES-CONTAINING VACCINES (MCV)

- **Gabon** added a second dose of MCV (MCV2) to its national immunization program in Q2 2026. With Gabon's introduction, Central African Republic is the last country that has not yet introduced MCV2, although it is planning to do so. The VIEW-hub map below shows global MCV2 introduction.





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 in this report reflect WUENIC data reported through June 21, 2026. VIEW-hub displays country-level coverage and access estimates by year from 2000 to 2025.

Global vaccination coverage remained largely unchanged in 2025, leaving millions of children vulnerable to vaccine-preventable diseases. Figure 1 displays a summary of children vaccinated in 2025 with the childhood vaccines that are given at approximately the same time during a child's life. The number of children vaccinated with the appropriate dose is consistent between Gavi-eligible countries and all countries globally, except for IPVs. The numbers of children vaccinated can be found under each vaccine, given with two different methods: (1) the WHO aggregate method, which includes all VIEW-hub countries and assigns 0% to those countries for which WUENIC estimates are not available; and (2) the estimate-available method, which includes only the VIEW-hub countries for which WUENIC estimates are available. Details on each of these methods can be found in the *Methods* section of this report.

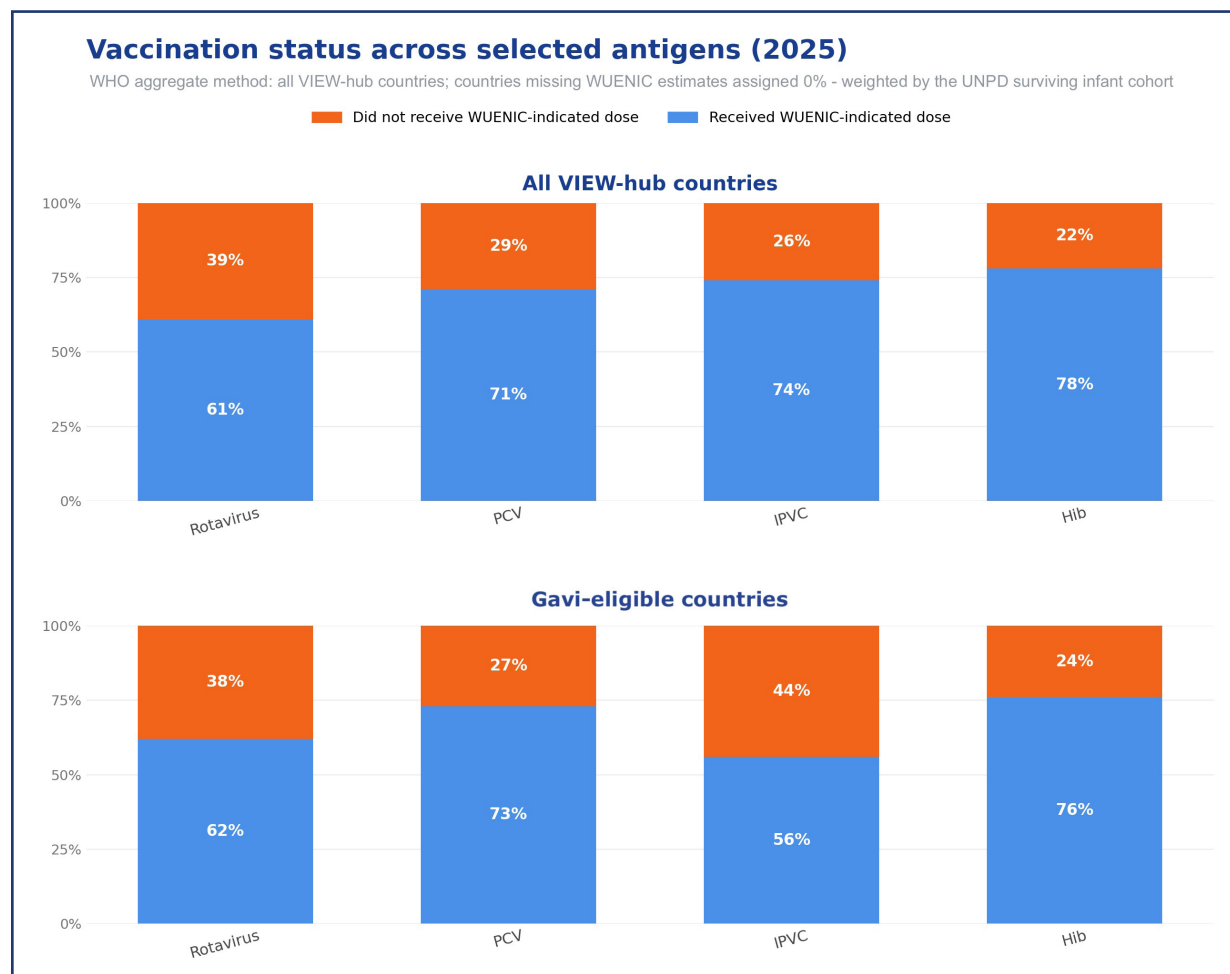


Figure 1. Vaccination status for selected vaccines (2025)

Pneumococcal Conjugate Vaccines (PCVs)

WUENIC data indicate that 70% of countries that had introduced PCVs (117) had high or very high national PCV coverage in 2025, defined by VIEW-hub as 80% or higher; this number is unchanged from 2024. In countries with available WUENIC estimates, 91.8 million children have been vaccinated with PCVs, though country-level coverage varies. In countries that have introduced PCVs in 2025 (176), 21.9 million children remain unvaccinated, 14 million of which live in Gavi-eligible countries (Figure 2).

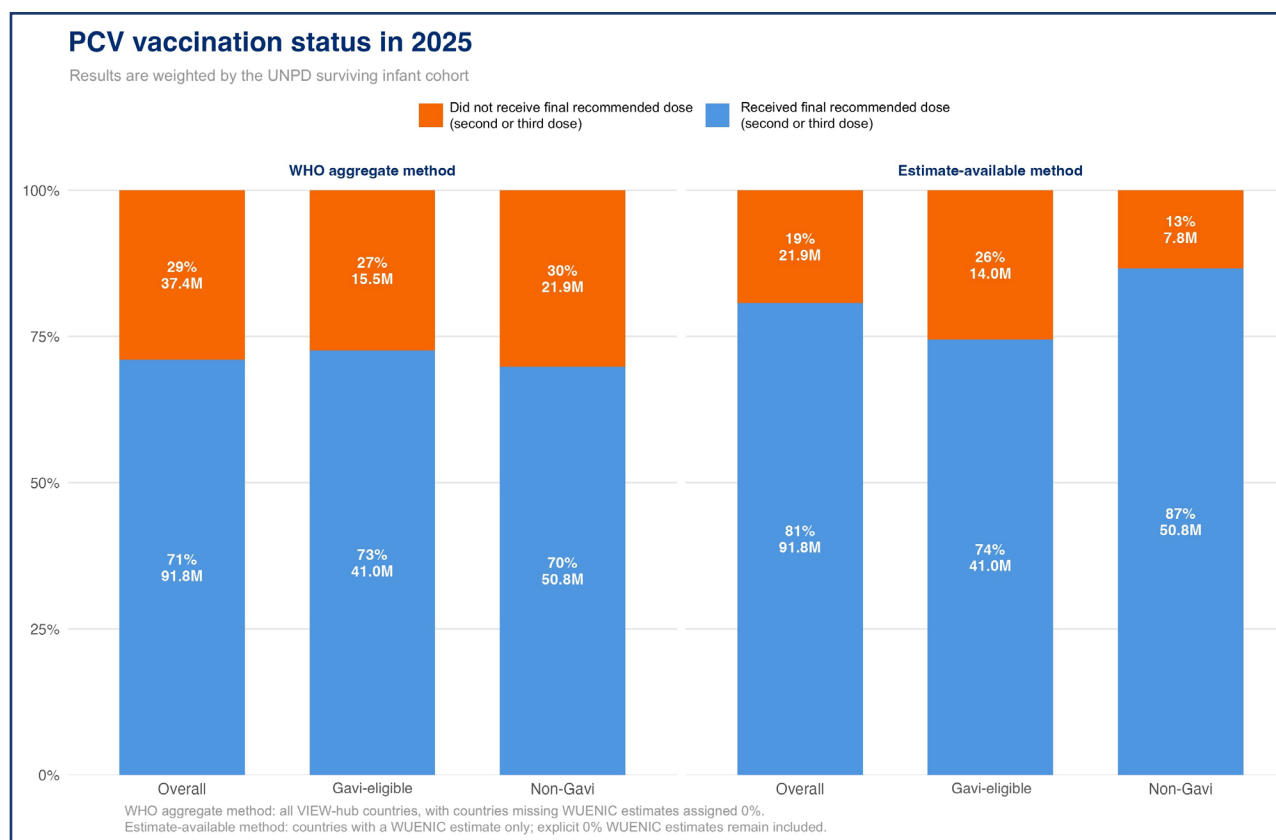


Figure 2. PCV status (2025)

An additional 15.5 million children live in the 17 countries that currently do not include PCV in their national immunization programs and therefore do not have access to the vaccine (Figure 3). PCV coverage trends by income group from 2008 to 2025 are displayed in Figure 4. While coverage in low- and middle-income countries continues to lag behind high-income countries, coverage in middle-income countries improved from 2024 to 2025.

Programmatic access to PCV, 2024-2025

Share of the surviving-infant cohort living in countries with national programme introduction by year-end

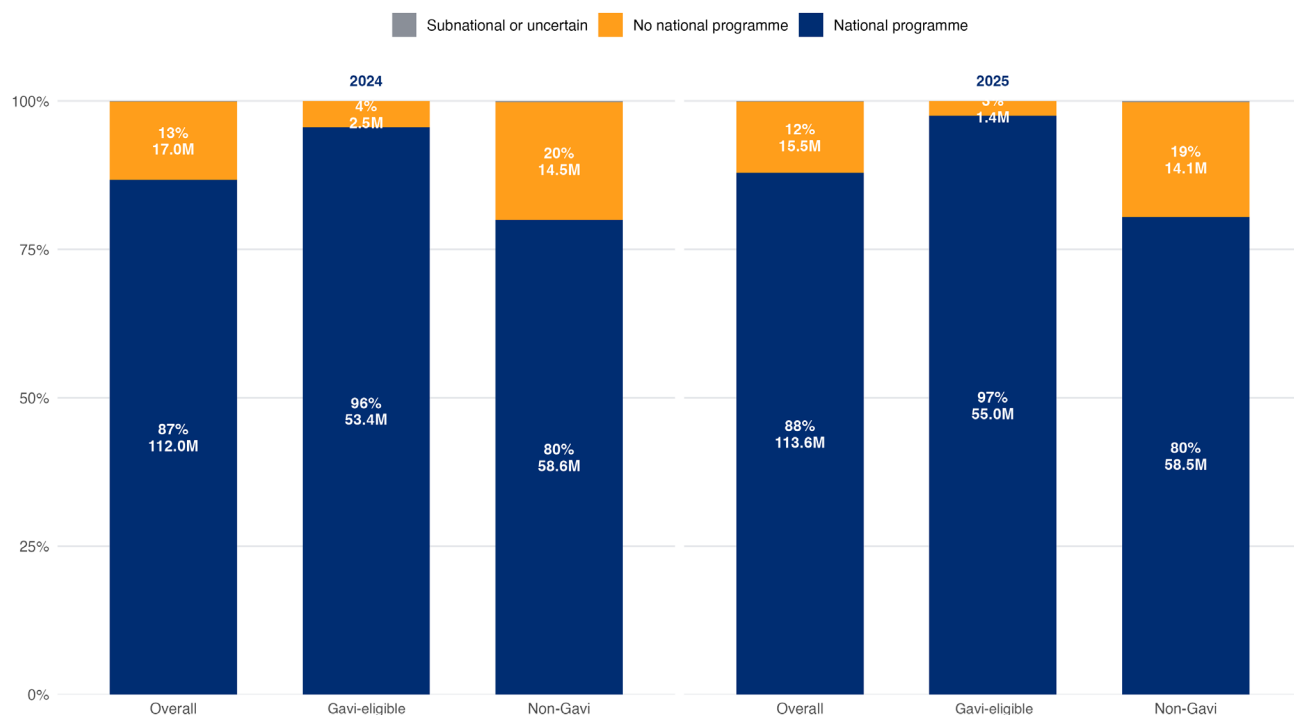
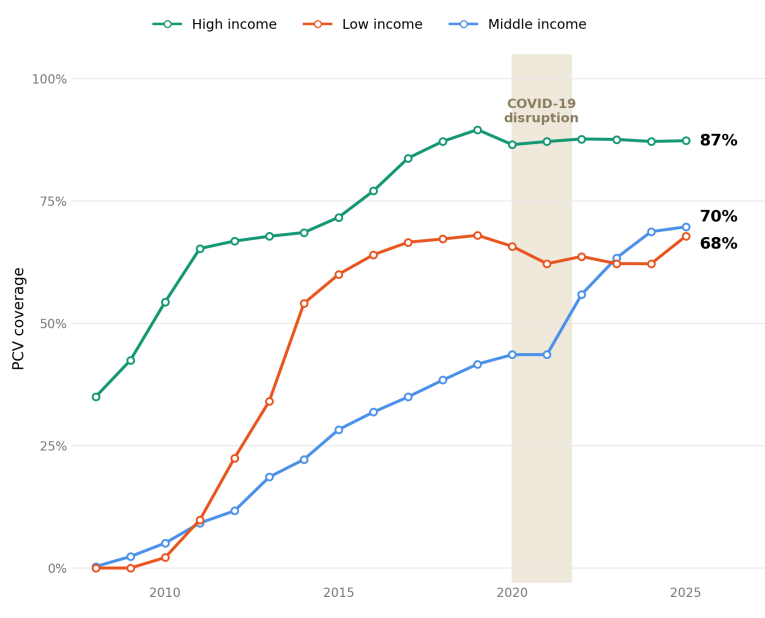


Figure 3. Programmatic access to PCV (2024–2025)

Coverage trends 2008 - 2025

Population-weighted PCV coverage by income group (WHO/UNICEF WUENIC estimates)



Coverage in 2025

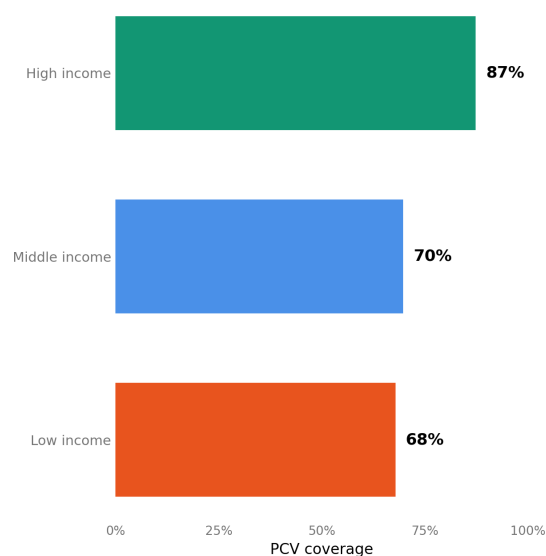


Figure 4. PCV coverage trends (2008–2025)

Rotavirus Vaccines

In 2025, 54% of countries (74) had national rotavirus vaccine coverage of at least 80%, two fewer countries than in 2024 (72 countries, or 56%). Globally, 78.9 million children have been vaccinated with rotavirus vaccines, but 25.4 million children living in countries that have introduced rotavirus vaccines remain unvaccinated, 61% of which live in Gavi-eligible countries (Figure 5).

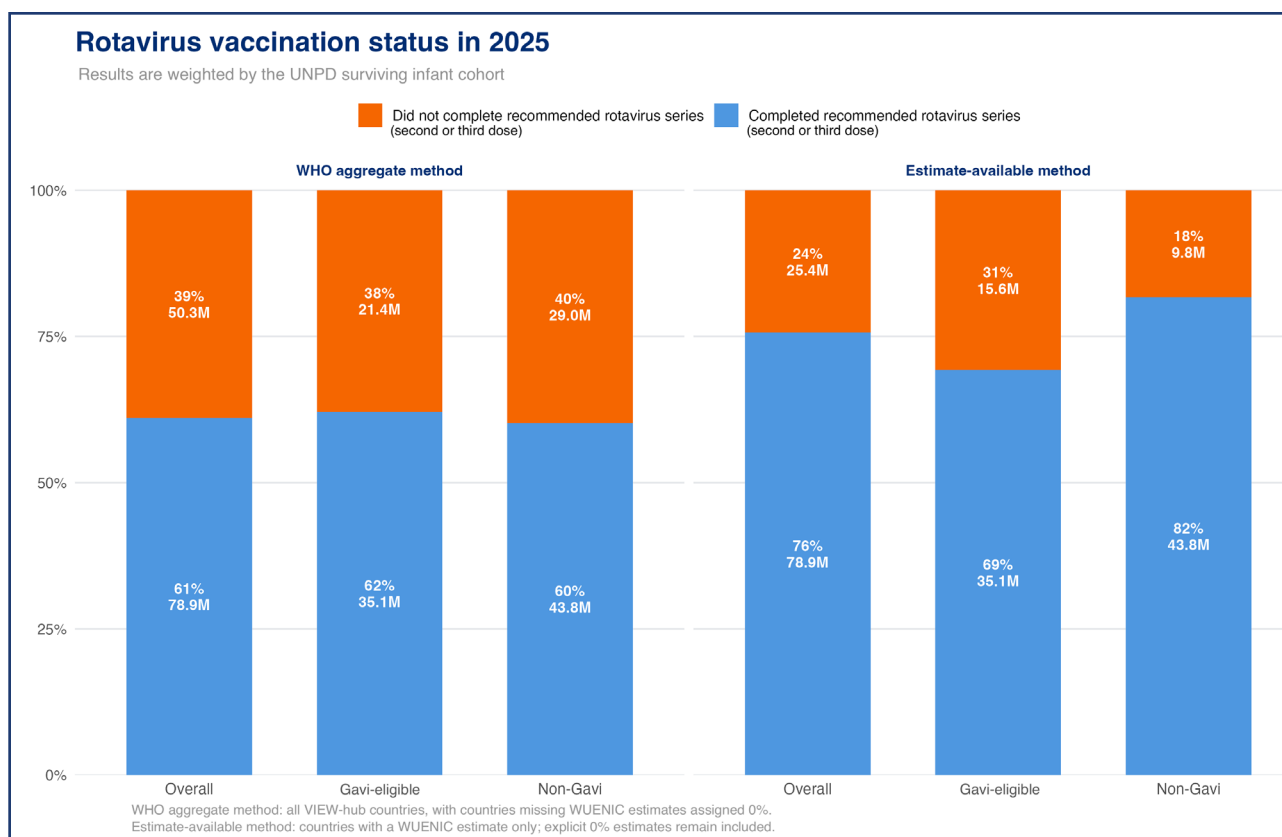


Figure 5. Rotavirus vaccination status (2025)

Further, 22.3 million children live in the 49 countries that have yet to introduce rotavirus vaccines and thus do not have access (Figure 6). Rotavirus vaccination coverage trends by income group from 2006 to 2025 are displayed in Figure 7. Coverage in the three income groups differs by less than 10%, and coverage in all income groups has improved modestly since the COVID-19 pandemic.

Programmatic access to Rotavirus, 2024-2025

Share of the surviving-infant cohort living in countries with national programme introduction by year-end

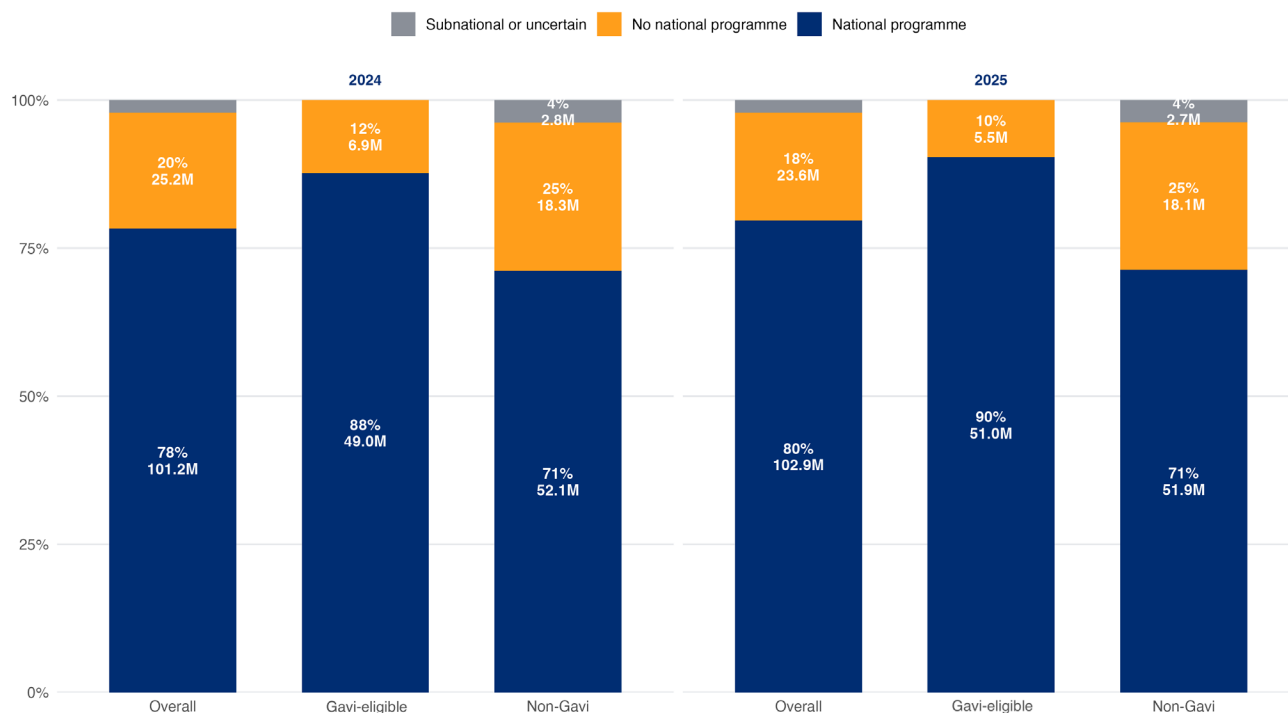
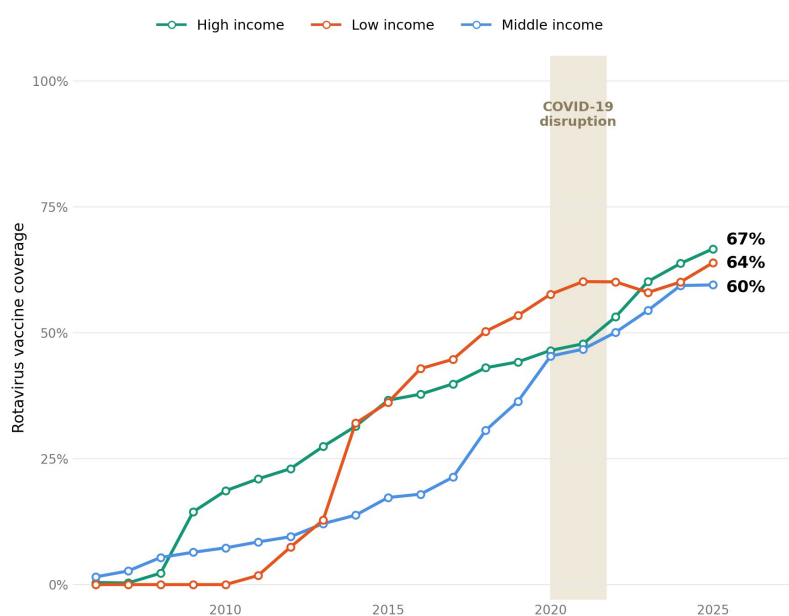


Figure 6. Programmatic access to rotavirus vaccines (2024–2025)

Coverage trends 2006 - 2025

Population-weighted rotavirus (last dose) coverage by income group (WHO/UNICEF WUENIC estimates)



Coverage in 2025

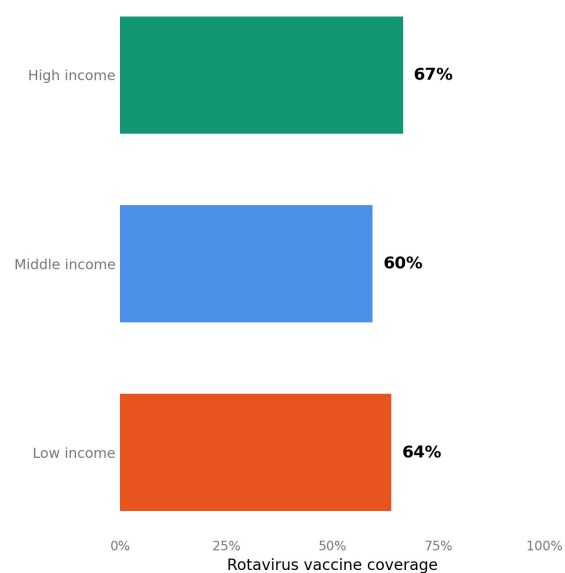


Figure 7. Rotavirus vaccine coverage trends (2006–2025)

Measles-Containing Vaccines (MCVs)

Measles-containing vaccine coverage has stalled, with 84% of children globally receiving their first dose of measles-containing vaccine (MCV1) and 77% receiving their second dose (MCV2), both of which fall far below the recommended 95% coverage threshold to prevent measles outbreaks. As a result, 57 countries reported large measles outbreaks in 2025. In 2025, 142 countries (73%) had MCV1 coverage of at least 80%, compared to 148 countries (76%) in 2024. Fewer countries had high MCV2 coverage: 107 countries (55%) had MCV2 coverage of at least 80% in 2025, compared to 108 countries (57%) in 2024.

Globally, 108.4 million children were vaccinated with MCV1 in 2025, but 20.8 million children remain unvaccinated, 75% of which live in Gavi-eligible countries (Figure 8). Coverage trends in fragile, conflict, and violence-affected settings, as defined by the World Bank, are displayed in Figure 9. MCV1 coverage in these countries consistently falls below coverage in other countries.

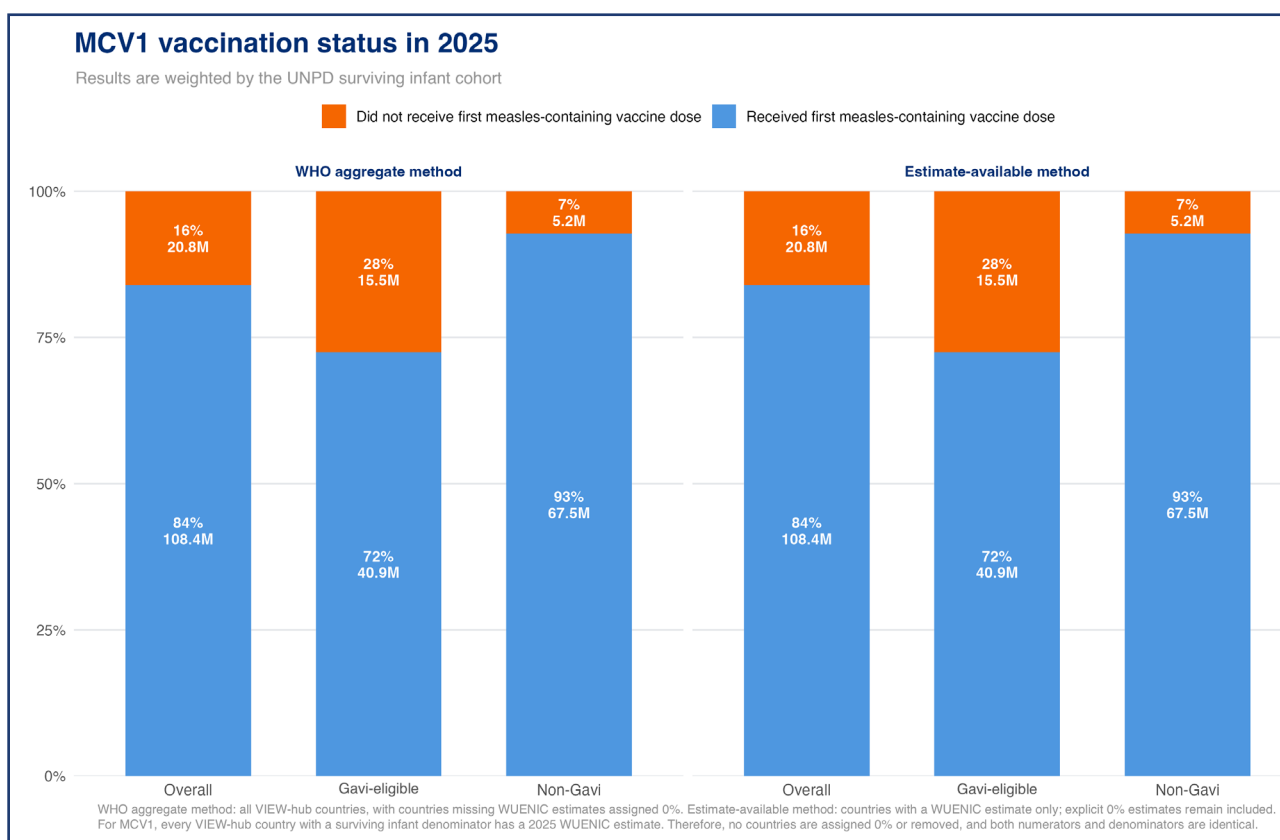


Figure 8. MCV1 vaccination status (2025)

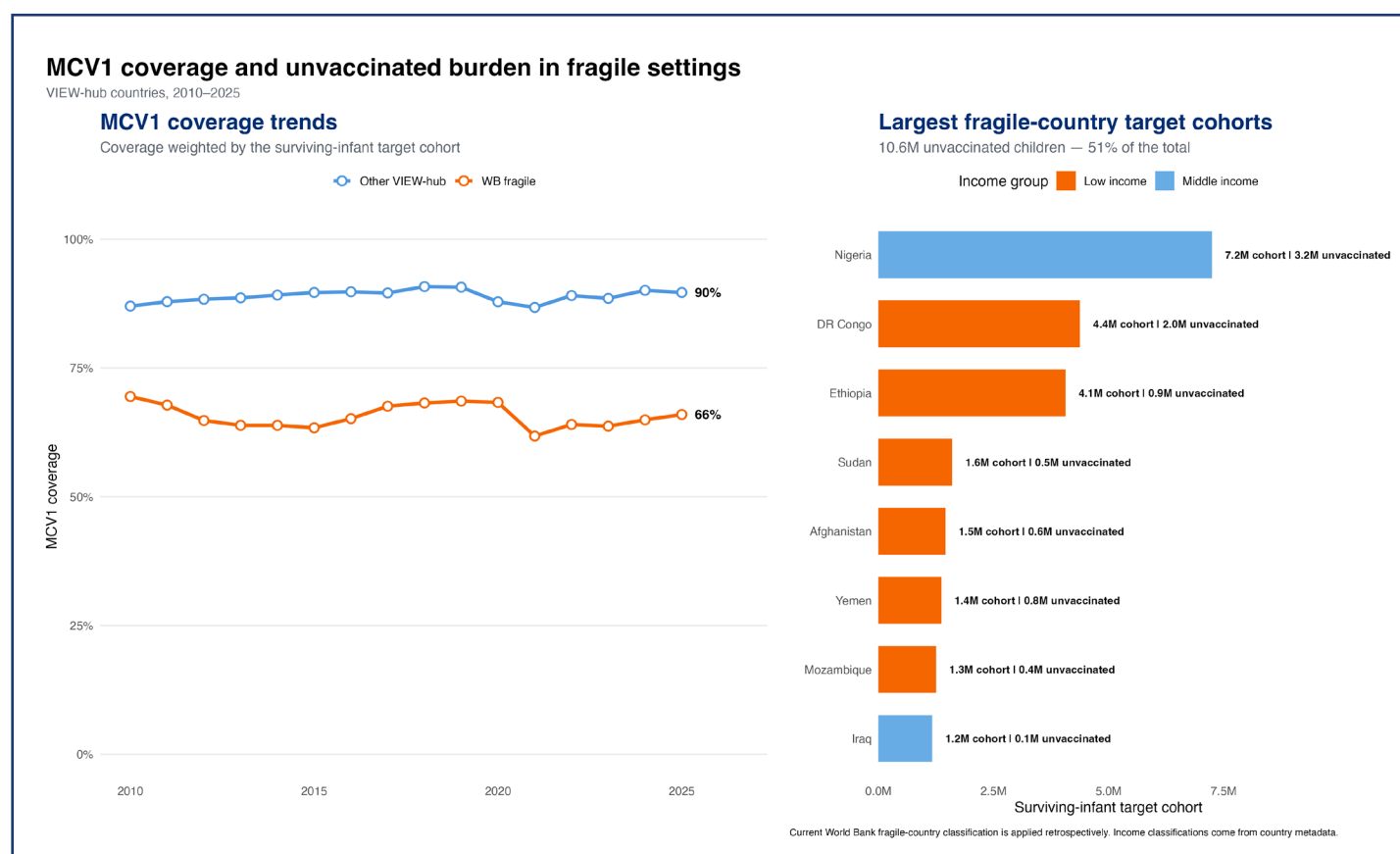


Figure 9. MCV1 coverage and unvaccinated burden in fragile, conflict, and violence-affected settings

Inactivated Polio Vaccines (IPVs)

In 2025, 82% of countries (159) had first-dose IPV coverage (IPV1) of at least 80%, compared to 81% of countries (157) in 2024. 67% of countries (112) had second-dose IPV coverage (IPV2) of at least 80%, compared to 70% of countries (112) the previous year. Although all countries have introduced IPV1 and 177 countries have introduced IPV2, 24.4 million children remain unvaccinated, 17.7 million of which live in Gavi-eligible countries (Figure 10). Although nine countries introduced a second dose of IPV in 2025, 3.9 million children remain without access to IPV2, 95% of which live in Gavi-eligible countries (Figure 11).

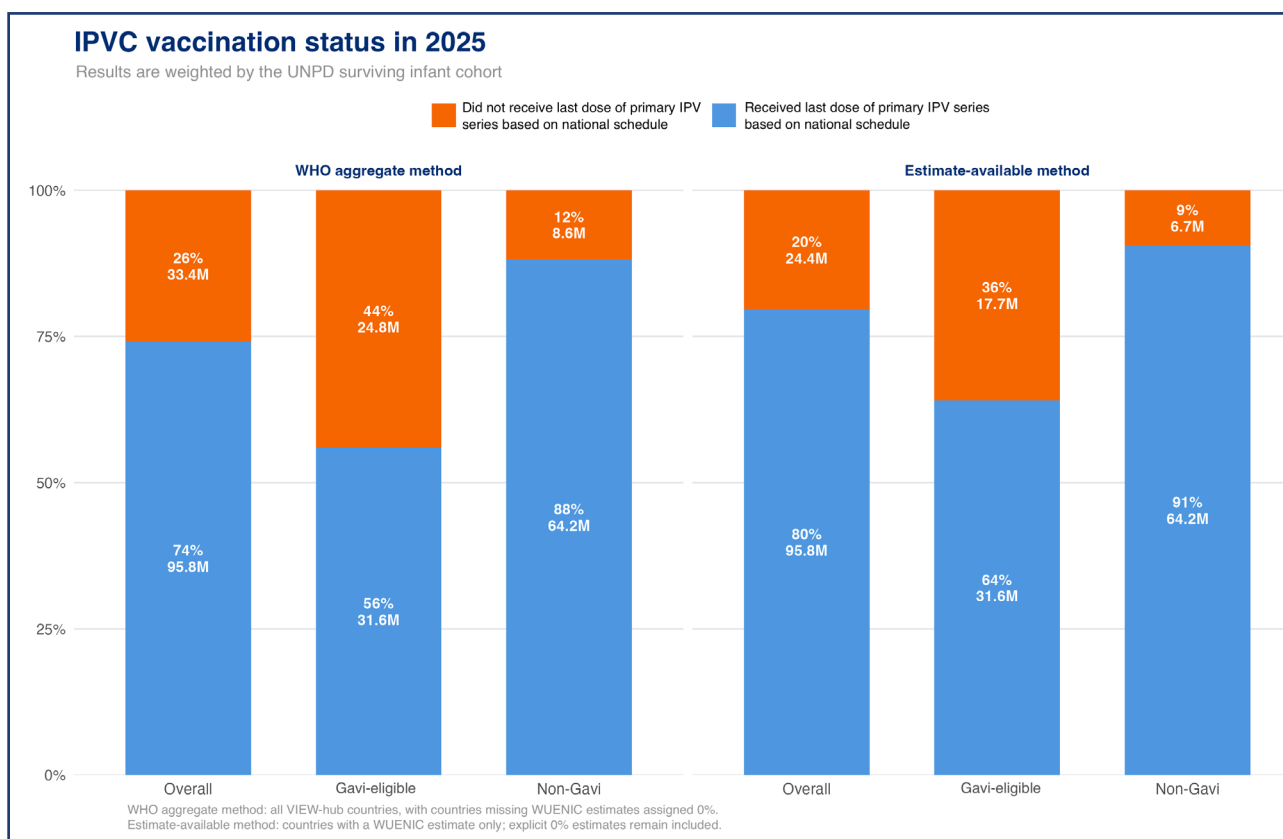


Figure 10. IPVC vaccination status (2025)

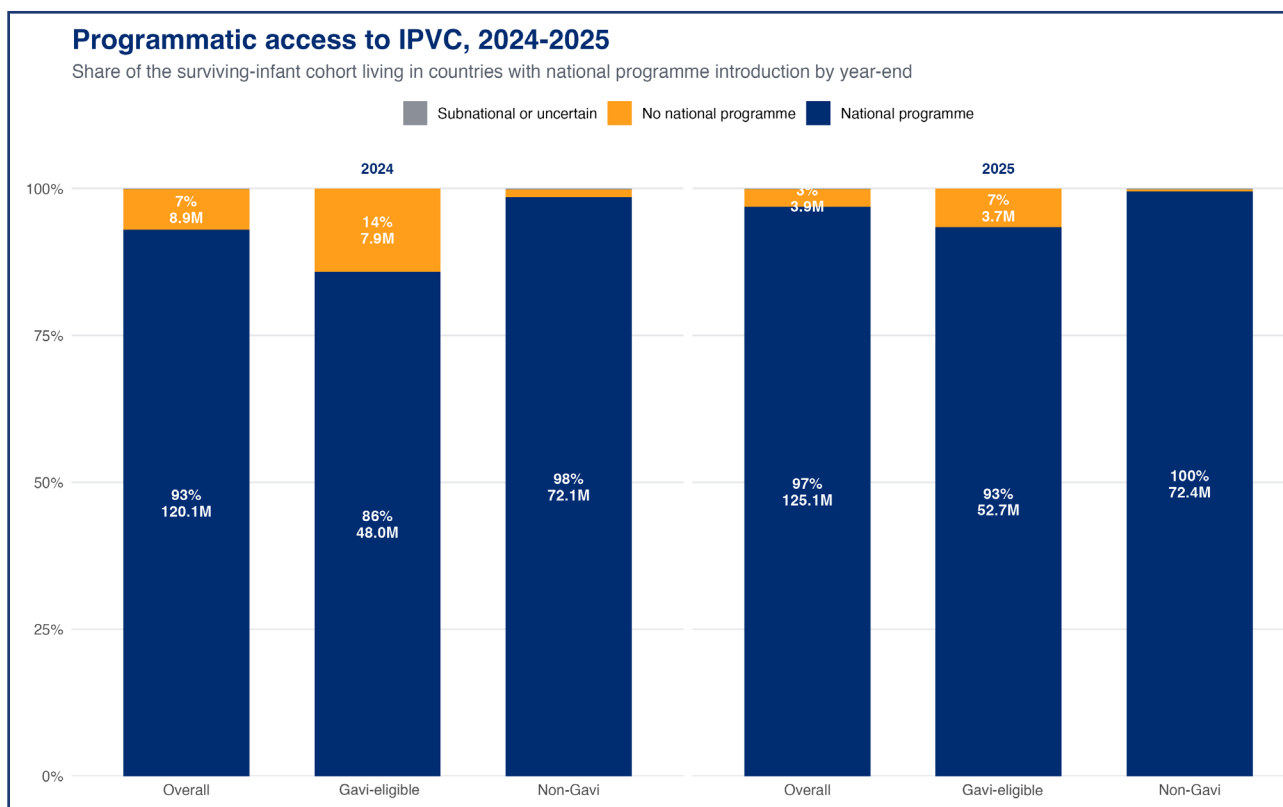


Figure 11. Programmatic access to IPVC (2024–2025)

Hib-Containing Vaccines

In 2025, 77% of countries (149) had Hib vaccine coverage of at least 80%, compared to 75% of countries (146) in 2024. Hib-containing vaccines have been introduced globally, with 101.1 million children vaccinated against Hib. However, 19.5 million children remain unvaccinated, more than two-thirds (69%) of which live in Gavi-eligible countries (Figure 12).

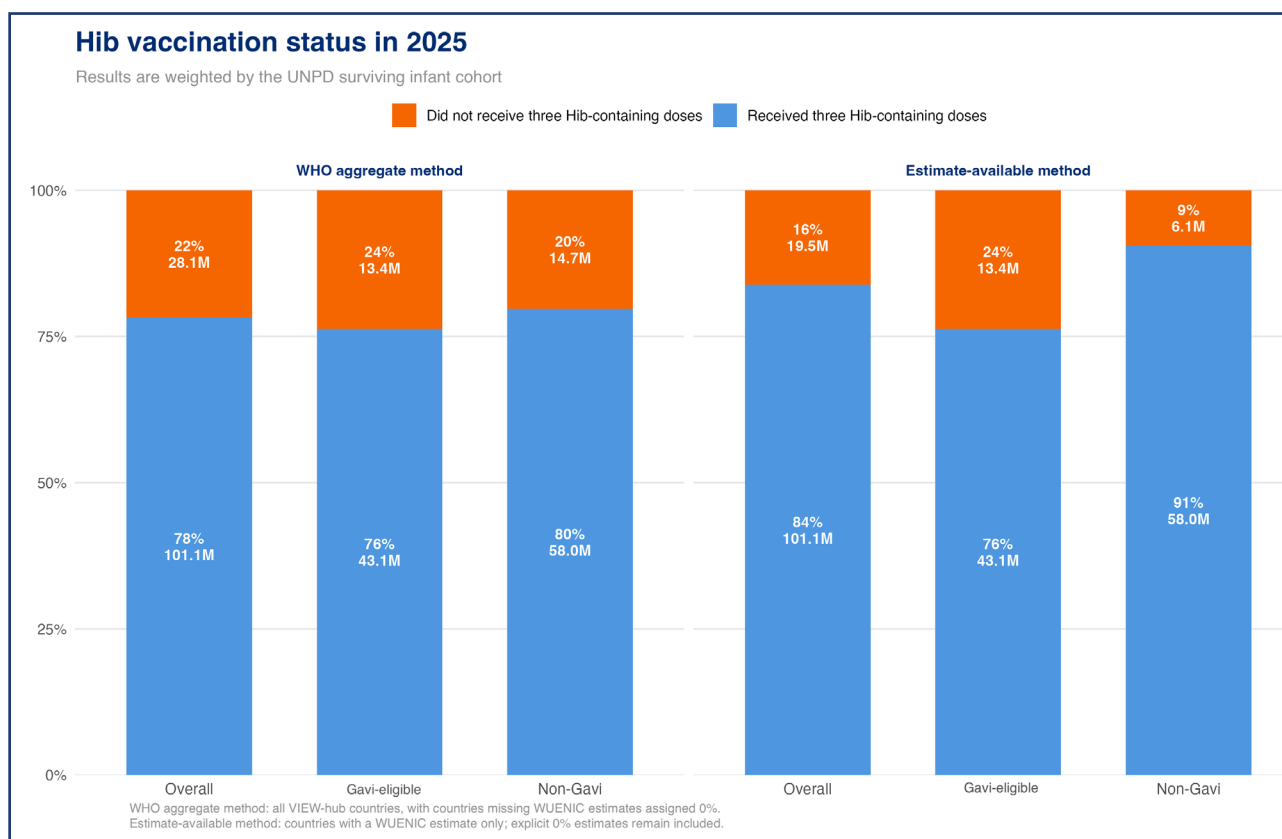


Figure 12. Hib vaccination status (2025)

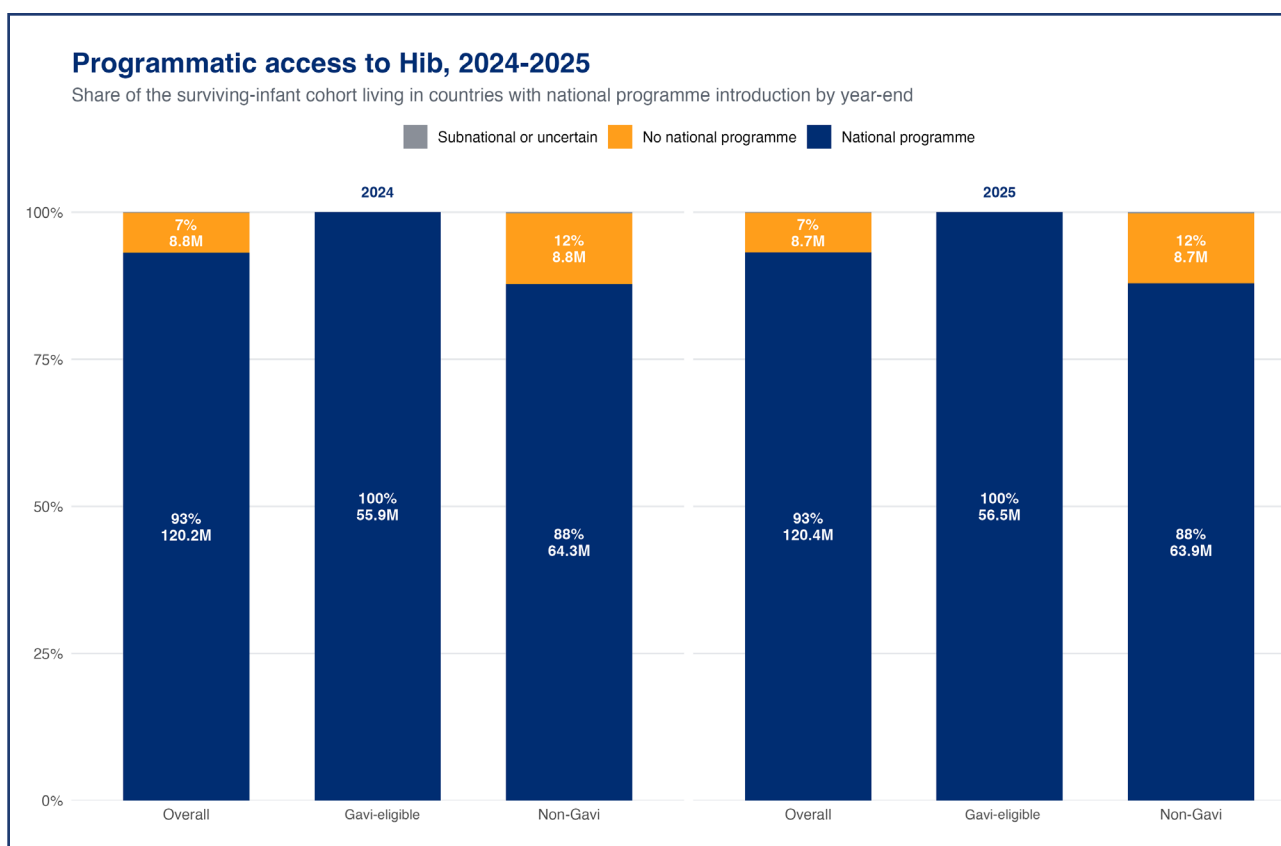


Figure 13. Programmatic access to Hib-containing vaccines (2024–2025)

Human Papillomavirus (HPV) Vaccines

Fifteen countries introduced HPV vaccines into their nationwide immunization programs in 2025, including China, greatly increasing access to these vaccines. Still, 37% of eligible girls live in countries that have not yet introduced HPV vaccines nationally, which are a critical strategy for cancer prevention (Figure 15). The number of girls reached with HPV vaccines did not increase as significantly as expected following these introductions as a result of decreasing coverage in countries that had previously introduced HPV vaccines. Globally, just one-third of girls between 9 and 14 years old received at least one dose of the HPV vaccine in 2025. While 15.8 million girls completed their country's recommended HPV vaccine schedule in 2025, 11.3 million girls remain unvaccinated in countries that have introduced HPV vaccines (Figure 14). In 2025, just 21% of countries (28) had HPV vaccine series completion of at least 80%, compared to 34% of countries (40) in 2024.

HPV series-completion status in 2025

Overall and by current Gavi status; weighted by the UN female age-15 population

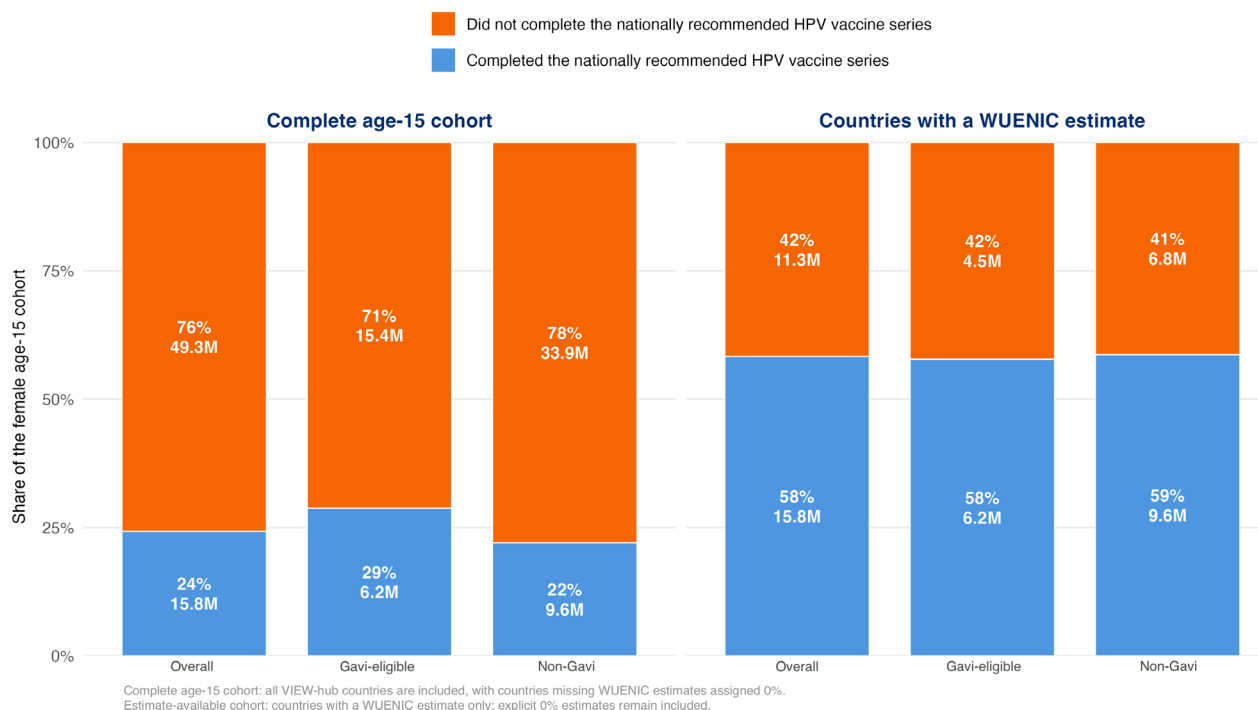


Figure 14. HPV series completion status (2025)

Programmatic access to HPV vaccination, 2024–2025

Overall and by current Gavi status; weighted by the UN female age-15 population

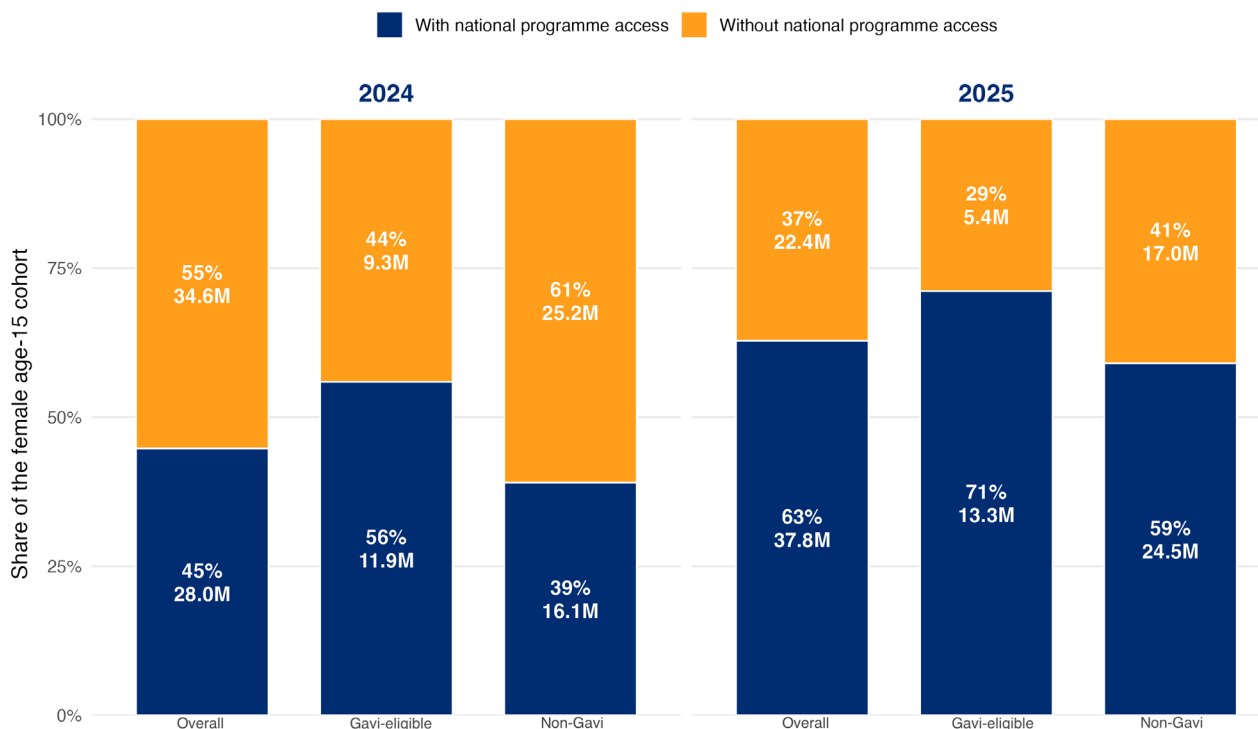


Figure 15. Programmatic access to HPV vaccines (2024–2025)



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 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.

Vaccination figures use two approaches:

1. WHO aggregate method: When no WUENIC estimate is produced for a country in a given year, 0% is used for the global and regional aggregates, following the WHO/UNICEF method. This includes the full UN Population Division target cohort for

all VIEW-hub countries and 0% for countries without a WUENIC estimate. This provides a conservative, complete-cohort sensitivity analysis but should not be interpreted as WHO formally classifying all children in countries with missing estimates as unvaccinated. all VIEW-hub countries and 0% for countries without a WUENIC estimate. A missing WUENIC estimate does not necessarily mean 0% vaccination. It may indicate non-introduction, introduction without reported data, or an uncertain program situation. An explicit WUENIC estimate of 0% is an actual estimate and is included in both calculations. *Source: World Health Organization, & United Nations Children's Fund. (2026). WHO and UNICEF immunization coverage estimates: 2025 revision (released July 15, 2026). https://data.unicef.org/wp-content/uploads/2026/07/WUENIC_notes_for_AllCountries_2025rev.pdf*

2. Estimate-available calculation: This approach restricts the denominator to countries with an available WUENIC estimate. Explicit 0% estimates remain included in the calculation.

For each approach, we calculated:

- Children receiving the specified WUENIC-indicated dose = coverage × target population.
- Children not receiving the specified dose = target population – children receiving the dose.
- Aggregate coverage = total children receiving the dose ÷ total included target population.

We used the UNPD surviving-infant population for childhood vaccines and the UN female age-15 population for HPV.

Program access is calculated separately from vaccination. It represents the surviving-infant cohort living in countries with national program introduction by the end of the specified year. It is not a measure of whether an individual child could physically obtain vaccination. Subnational or uncertain introductions are excluded unless their covered population can be quantified.

Country Income Level

Countries were classified using 2026 World Bank income classifications (2025 [GNI data](#)), updated annually.

For more information on methods, see the [VIEW-hub About page](#) or email Marley Jurgensmeyer at mjorgen4@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 , WHO HPV vaccine tracker , WHO malaria vaccine tracker); 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, WHO Immunization data portal , WHO HPV vaccine tracker , WHO malaria vaccine tracker); additional acceptable sources may include UNICEF, Gavi, vaccine manufacturers, ministries of health, public health agencies, 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 2026. 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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