Global Vaccine Introduction and Implementation Report

SEPTEMBER 2026

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
International Vaccine Access Center
VIEW-hub by IVAC

TABLE OF CONTENTS

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 a new topic page tracking global hexavalent vaccine introduction.

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

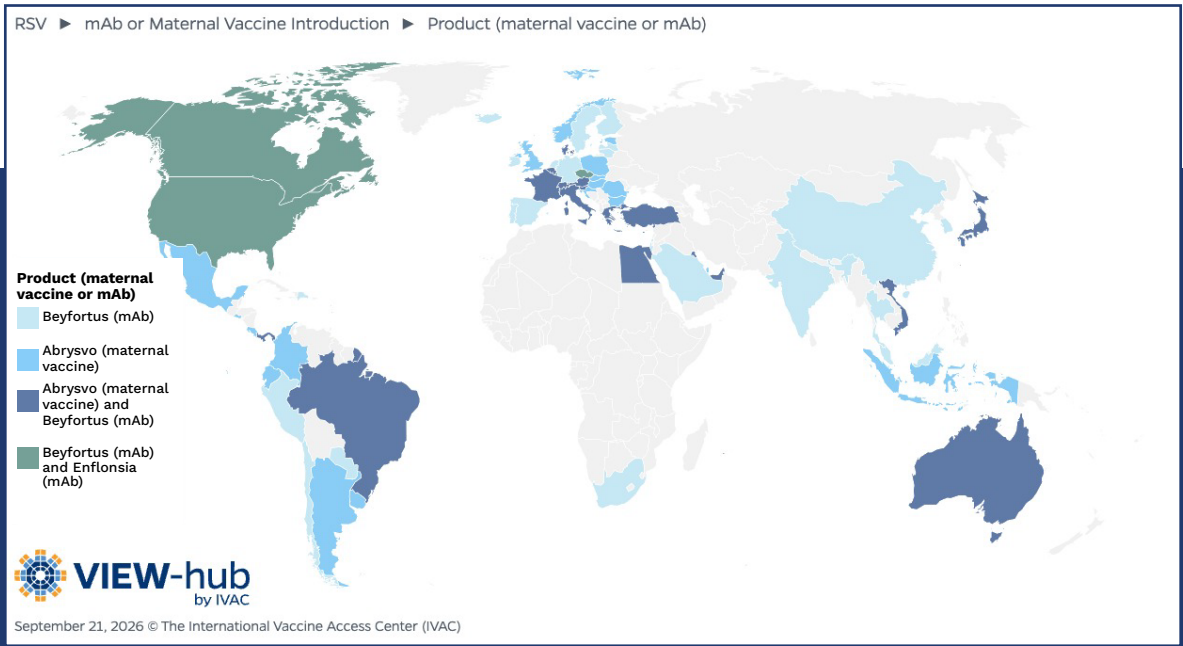
VIEW-hub is updated regularly as new data are made available. Changes to introduction status and use made in approximately the previous three months for the vaccines monitored on VIEW-hub (July 2026—September 2026) are captured below.

Vaccine Introduction Updates

RESPIRATORY SYNCYTIAL VIRUS (RSV) PRODUCTS

- **Panama** added infant monoclonal antibodies (Beyfortus) to its national immunization program in August 2026. The introduction of monoclonal antibodies strengthens Panama's strategy against RSV, as they added the maternal vaccine (Abrysvo) to their immunization program in 2025.
- **Ecuador** added the maternal RSV vaccine (Abrysvo) into its immunization program in July 2026.
- **Dominican Republic** added infant monoclonal antibodies (Beyfortus) to its national immunization program in June 2026.

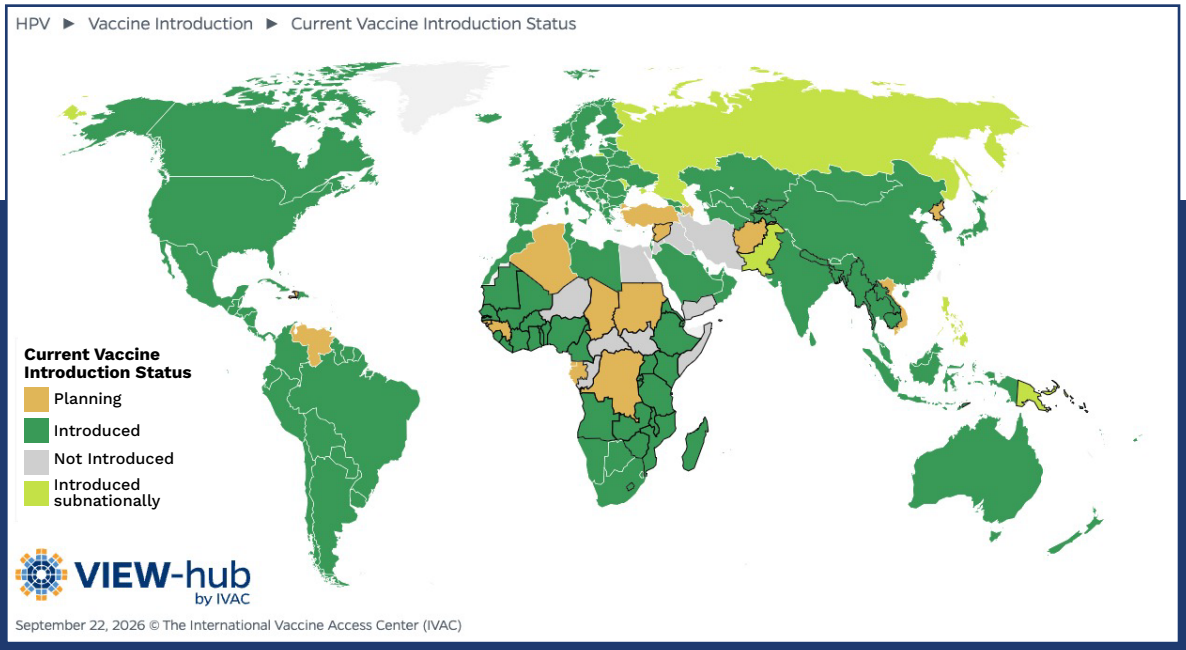
Panama, Ecuador, and Dominican Republic join 51 other countries (26%) in introducing an RSV prevention product in their national immunization programs. Globally, 18 countries have introduced the maternal vaccine, 20 countries have introduced monoclonal antibodies, and 22 countries have introduced both 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.

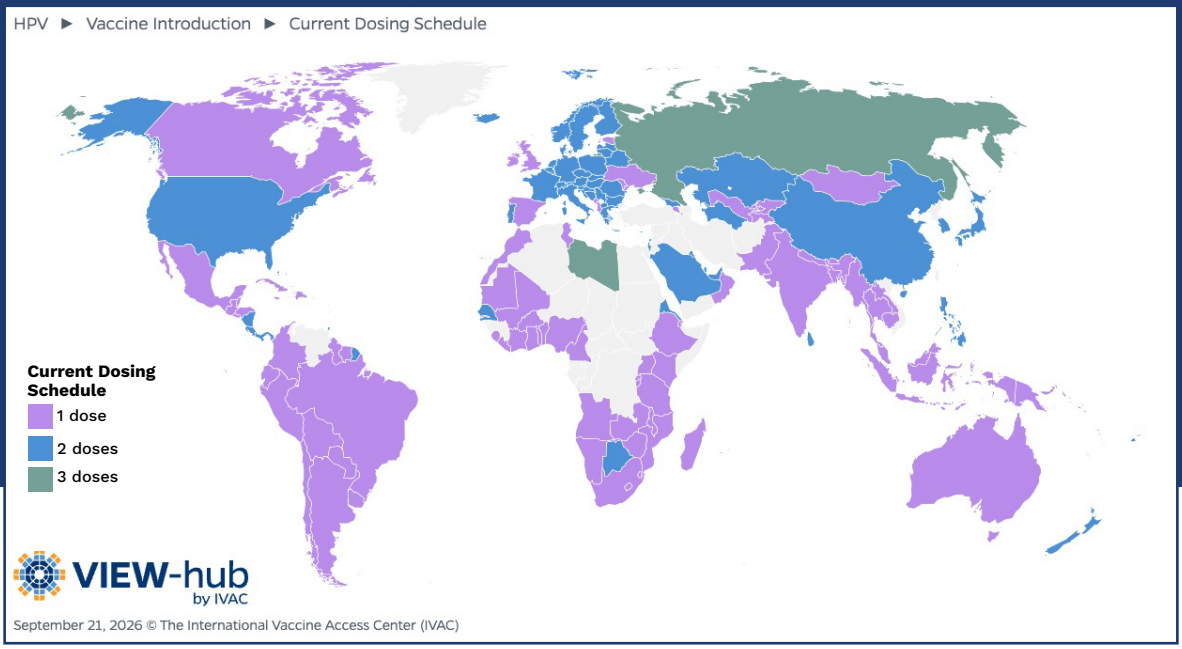


HUMAN PAPILLOMAVIRUS (HPV)

- **Papua New Guinea** introduced HPV vaccines into its national immunization program in September 2026. Papua New Guinea is introducing the HPV vaccine in a phased approach, targeting two provinces in November 2026 before gradually expanding to other provinces. The campaign will utilize a single-dose regimen and is vaccinating girls between 9 and 14 years old through schools, healthcare facilities, and community outreach efforts to ensure equitable vaccine access.

As of September 2026, 162 countries, including 39 (72%) of the 54 Gavi-eligible countries, have introduced HPV vaccines nationally, and 5 countries have introduced HPV vaccines subnationally. An additional 17 countries, including 9 (17%) 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.





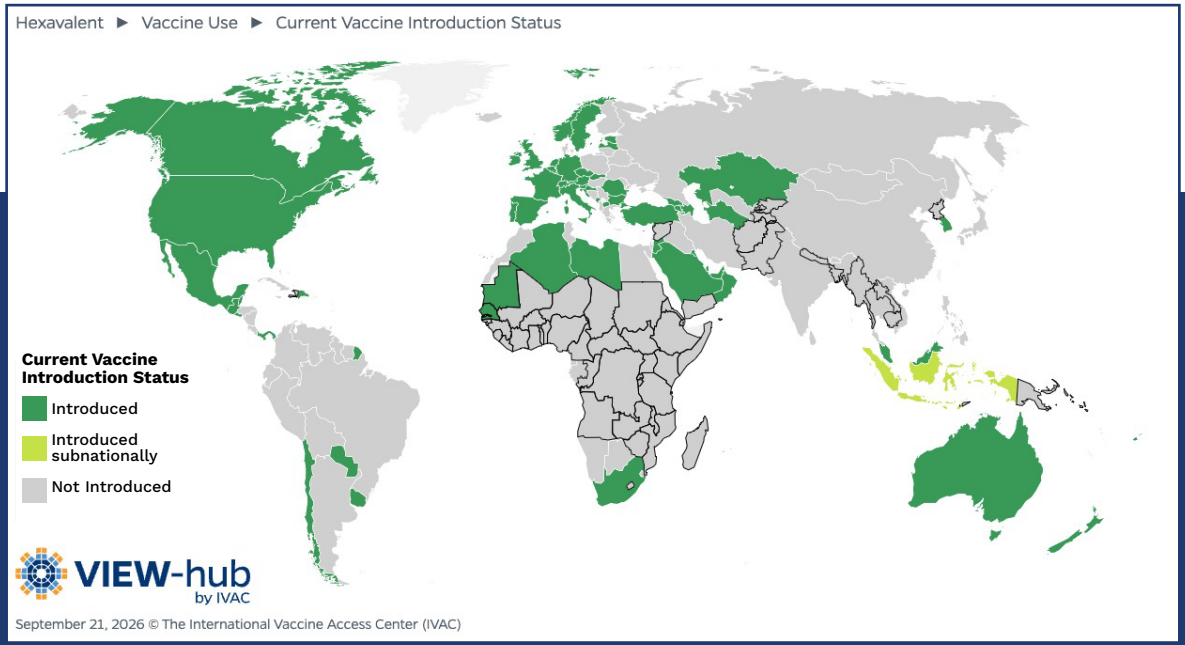
Recent Vaccine Trends

Many countries have modified their HPV vaccine programs in the last year. Countries have continued to switch to a single-dose HPV vaccine schedule. Since the WHO updated its recommendations for the HPV vaccine to include a single-dose option in December 2022, 97 countries, including 39 Gavi-eligible countries, have switched to or adopted a single-dose schedule. Moldova, Mauritius, and Oman switched to a single-dose schedule in recent months. Globally, over half of countries (58%) now use a single-dose schedule. The VIEW-hub map above shows HPV dosing schedules globally. Additionally, many countries have expanded their HPV vaccine programs to include boys in the target population, including Albania, Grenada, and Nicaragua in the last year. About half of countries that have introduced HPV vaccines (88, or 53%) include both girls and boys in the target population of their HPV vaccine programs.

NEW ON VIEW-HUB

Hexavalent Vaccine Use

VIEW-hub tracks global hexavalent vaccine use in a new topic page. This combination vaccine protects against six diseases: diphtheria, tetanus, pertussis (whooping cough), hepatitis B, *Haemophilus influenzae* type B (Hib), and poliomyelitis. While some countries have used hexavalent vaccines in their immunization programs since 2000, a new hexavalent vaccine with a whole-cell pertussis component was recently prequalified by WHO in 2024. Additionally, under the new Gavi 6.0 strategy, countries can choose to switch to hexavalent vaccines as part of their guaranteed budget. Senegal and Mauritania introduced the hexavalent vaccine into their routine immunization programs in July 2025, marking the first time this vaccine has been introduced in low-income countries. The new VIEW-hub map tracks hexavalent vaccine use, which will be useful for advocates as countries consider how best to optimize their immunization programs under the Gavi 6.0 strategy. The VIEW-hub map below shows hexavalent vaccine introduction globally as of September 2026, with Gavi-eligible countries outlined in black.



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 WHO Quarterly Vaccine Introduction Updates (distributed internally every quarter) and WHO Immunization Data portal (updated annually), as well as WHO's HPV vaccine tracker and malaria vaccine tracker for the respective modules. 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, including country press releases and Ministry of Health websites.

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 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, including country press releases and Ministry of Health websites. information below. Between these quarterly updates, new vaccine updates are added as we become aware of them through other sources.

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 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 Quarterly Vaccine Introduction Updates, 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 use updates (program type, dosing schedule, etc.)	Primarily WHO sources (WHO Immunization data portal, WHO HPV vaccine tracker, WHO malaria vaccine tracker); additional aacceptable 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

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, September 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.

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