Informing HPV Vaccine Program Decisions through Continuous Monitoring on VIEW-hub

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SCAN ME

HPV vaccines are safe, highly effective, and used in more than 160 countries. Yet more than 10 million adolescent girls remained unprotected in 2025.

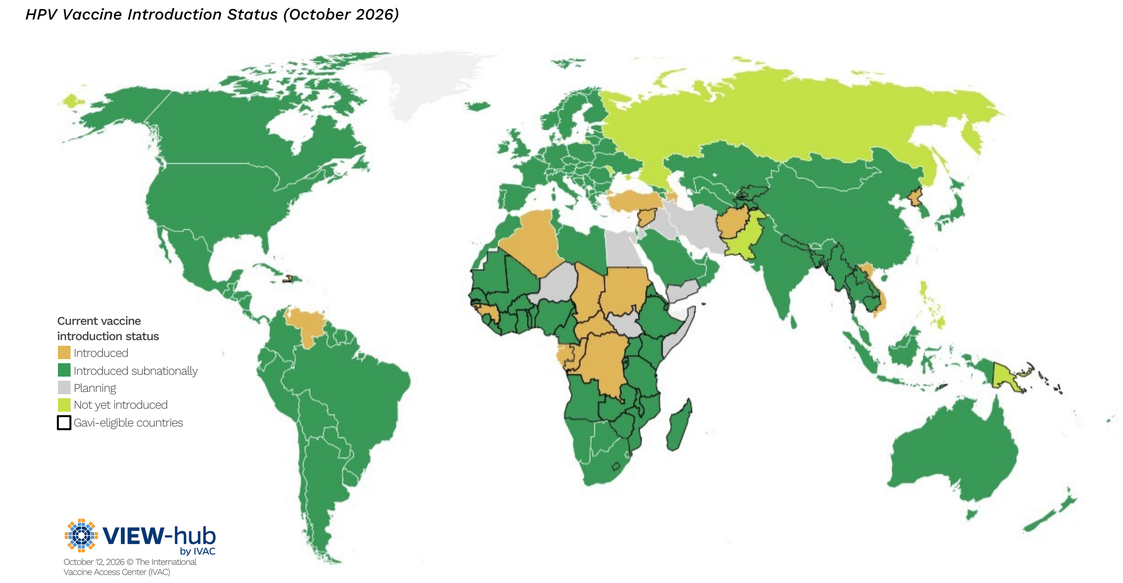
Evolving dosing schedule and target population recommendations offer new opportunities to optimize delivery, accelerate scale-up, and strengthen demand to close these critical gaps.

- 162 countries (84%) are using HPV vaccines in their national immunization programs, as of October 2026—including 39 Gavi-eligible LMICs.
- With new guidance and evidence, more than 98 countries are using a one-dose schedule while 67 continue to use a two-dose schedule.
- VIEW-hub offers up-to-date, accessible data and visuals to equip decision-makers and advocates to monitor progress at home and around the world, helping move the needle on prioritizing HPV vaccine introduction, scaling-up delivery, and improving uptake and coverage.

Closing HPV introduction gaps

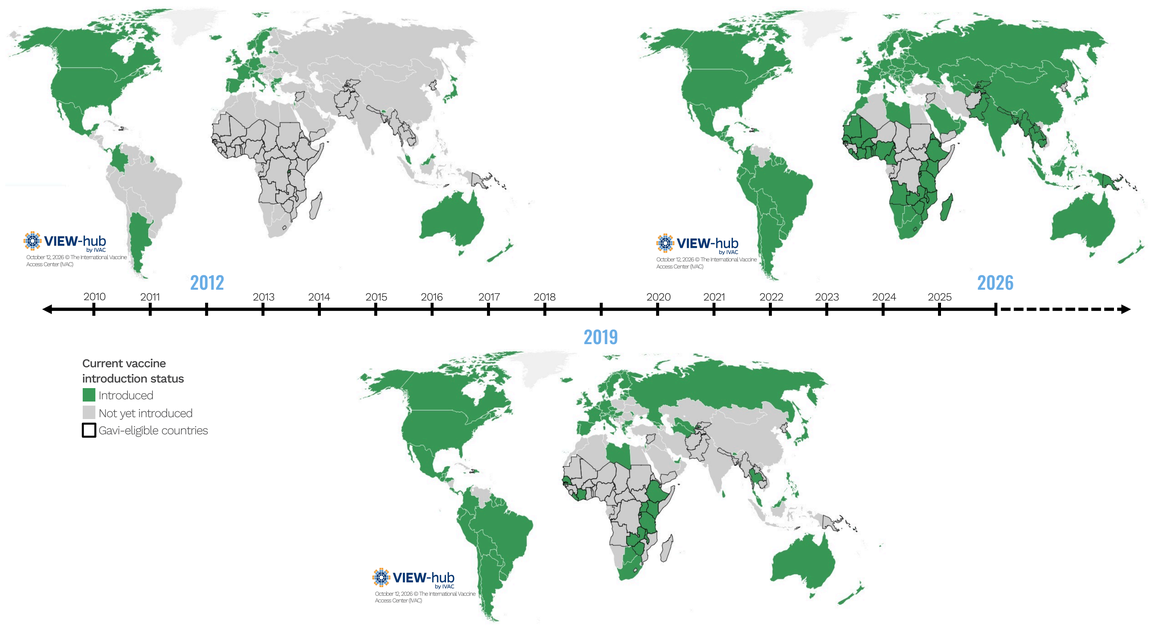
As of October 2026, 162 countries (84%) have introduced HPV vaccines into their national immunization programs, including 39 (70%) Gavi-eligible countries (outlined in black in the map below). Five more countries have introduced subnationally, and 19 countries are planning to introduce HPV vaccines but have not yet launched.

HPV Vaccine Introduction Status (October 2026)



Accelerating access ... but a long way still to go

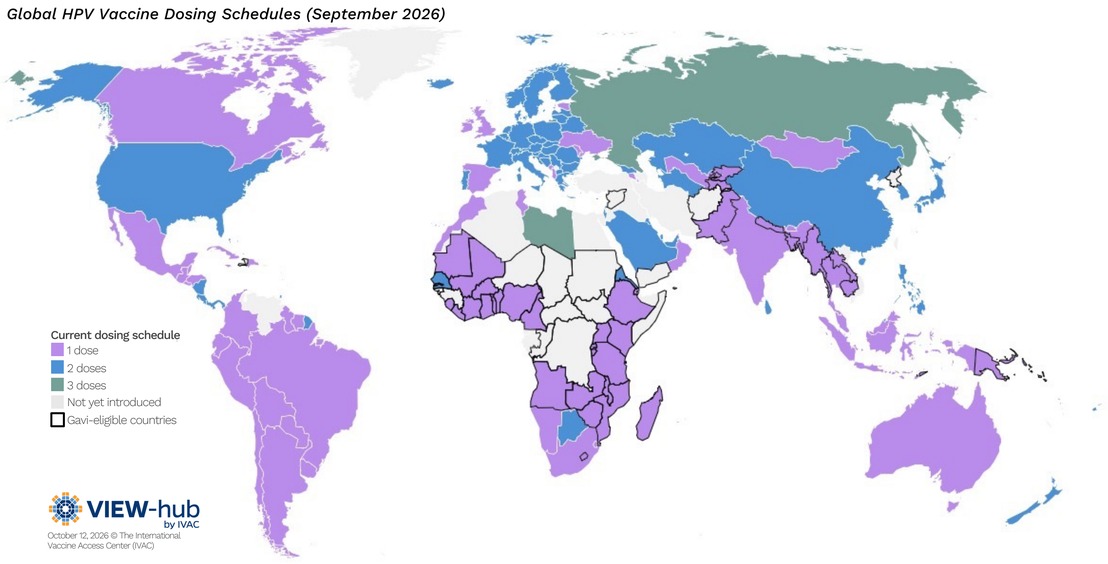
By 2012 — the year Gavi began supporting HPV vaccine introductions — 37 mostly high-income countries were using HPV vaccines in their national programs. By 2019, that had risen to 106 countries, including 13 countries eligible for Gavi support. Today, 186 countries (96%) have introduced HPV vaccine nationally or subnationally or are planning an introduction — but 1 in 24 countries have yet to introduce or plan for the HPV vaccine.



Adopting single-dose schedules to improve reach

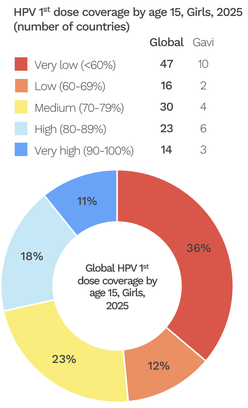
Of countries that have introduced HPV vaccines, nearly 60% (98 countries) use a single-dose schedule, including 39 (95%) Gavi-eligible countries. Two-dose schedules are still used in 67 countries (40%) as of September 2026. Both boys and girls are eligible for HPV vaccination in about half of countries (88, 53%), while 79 countries (47%) target just girls.

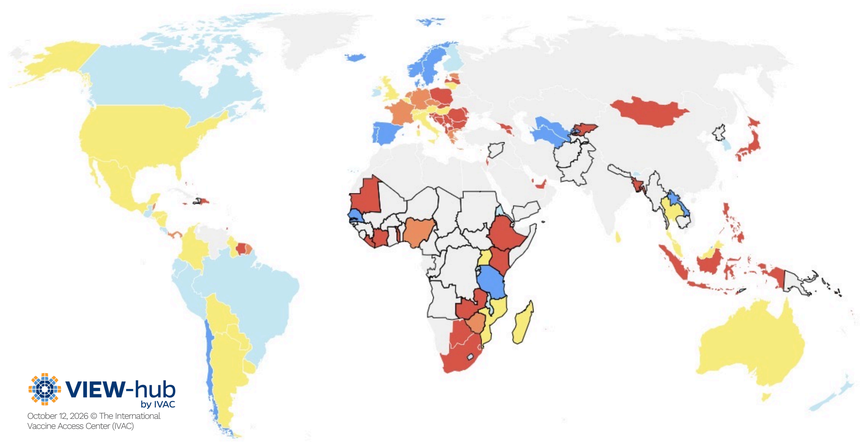
Global HPV Vaccine Dosing Schedules (September 2026)



Lagging uptake and coverage across contexts

In 2025, just 1 in 3 girls 9–14 years old received at least one dose of HPV vaccine. Globally, 15.8 million girls completed their country's recommended HPV vaccine schedule in 2025, and 11.3 million girls remained unvaccinated. Nearly half of countries that had introduced the vaccine by 2025 had low (<70%) first-dose coverage in girls by age 15, while 28% (37) had achieved coverage of at least 80%. Early introducing countries like the U.S., Argentina, and Australia reported moderate/medium (70-79%) coverage in 2025, highlighting the need and opportunity to strengthen delivery and demand even in longstanding programs.





What is VIEW-hub?

VIEW-hub is an open-access interactive data visualization platform that tracks introduction, use, and coverage for HPV and nine other vaccines across 194 countries. Interactive maps and tables display country-level data on HPV introduction status, program type, product, dosing schedule, and target population. Data are regularly updated to permit near real-time reporting and incorporate annual estimates of vaccination coverage and the number of vaccinated and unvaccinated girls using WHO/UNICEF estimates of national immunization coverage.

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VIEW-hub is an initiative of the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health, with funding support from the Gates Foundation. Learn more at view-hub.org.

Data presented on VIEW-hub are regularly updated based on the frequency of data release or data availability. Targeted searches for changes in vaccine introduction status are conducted monthly and a full audit for introduction and use data is conducted quarterly. Immunization experts are routinely consulted about new updates or for verification of data. WHO, Gavi, country press releases and ministry of health websites are the primary data sources. Coverage and access data are updated annually, and disease burden data are updated either annually or every two years, depending on the data source. Topic pages are updated regularly depending on the content of the page — many topic pages are updated quarterly. The date of last update is indicated for all data on VIEW-hub.