

Annex B: Human Papillomavirus (HPV) revitalisation detailed update

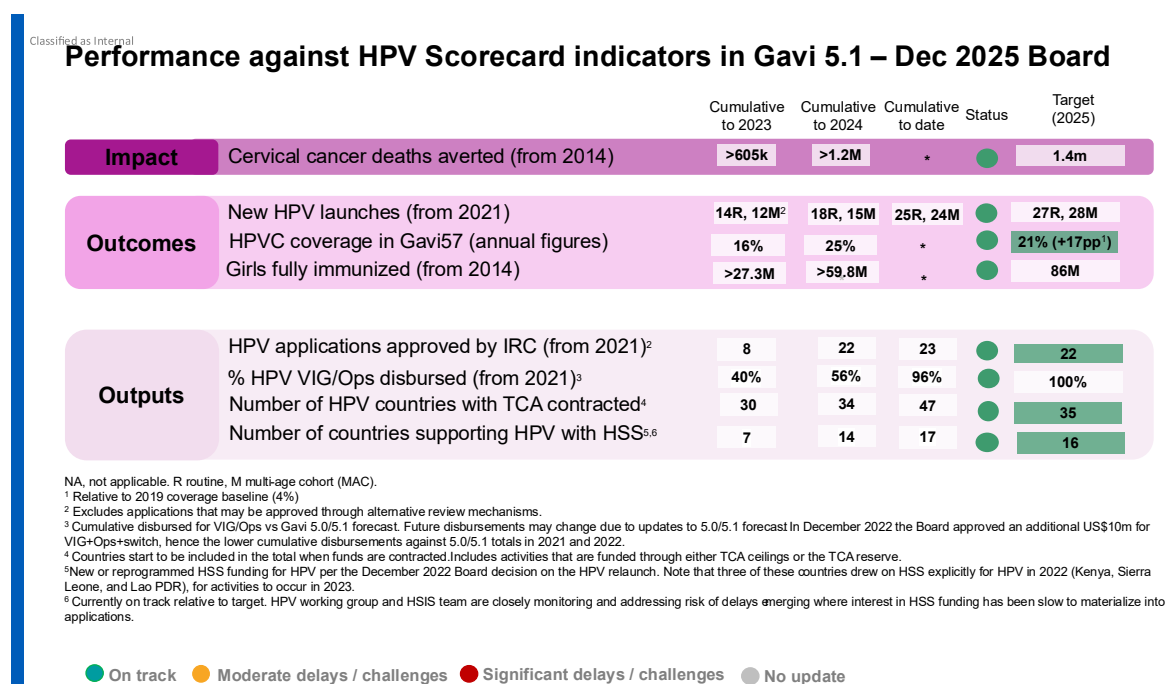
Section 1: Executive Summary

The HPV vaccine programme has made significant progress in achieving the revitalisation strategy's objectives: i) accelerate quality introductions; ii) rapidly improve global and national coverage; and iii) generate long-term programmatic sustainability by integrating HPV vaccination into routine delivery mechanisms and Primary Health Care (PHC). The HPV revitalisation remains on track to achieve the Must-Win objectives, including 86 million girls vaccinated by the end of 2025. As HPV revitalisation is a Must-Win priority during Gavi 5.1, the Board has requested bi-annual updates. This annex provides updates on HPV scorecard performance and implementation of the strategic shifts supporting the revitalisation goal for the period between July and October 2025.

Section 2: Programme Status (Update to the HPV Scorecard)

Under the HPV measurement framework, the scorecard is used to monitor progress at the Impact, Outcome, and Output levels. All indicators are on track to be achieved by the end of 2025, with four already achieved. As of 2024, over 59.8 million girls have been fully immunised with the HPV vaccine through Gavi support.

Figure 1: Performance against HPV Scorecard Indicators in Gavi 5.1



Section 3: HPV revitalisation updates & strategic shifts

3.1 Vaccine Introductions, applications, and switches

Since the last update to the Board in July 2025, Pakistan, Ghana, Tajikistan, Cuba, and Angola launched their national programmes, while Malawi and Mozambique conducted multi-age cohort (MAC) campaigns. In Gavi 5.1, there have been a total of 25 routine programme introductions and 24 MAC launches, with a strong pipeline of

launches before the end of 2025 to achieve the Gavi 5.1 targets and the 86 million goal.

All but two countries¹ with HPV vaccine programmes or those approved to introduce the vaccine, have already implemented or selected a one-dose schedule. These final two are anticipated to switch in 2026.

3.2 WHO-UNICEF 2024 Coverage Estimates

At the portfolio level, coverage of the last dose in the schedule of HPV vaccine (HPVC) continues to see significant increases among Gavi57 countries, from a revised estimate of 3% in 2019 to 7% in 2022 and doubling to 16% in 2023, then increasing again to 25% in 2024 – reflecting unprecedented Alliance HPV revitalisation efforts and already exceeding the Gavi 5.0/5.1 target of +17pp from the 2019 baseline. Many countries saw increases in HPVC coverage in 2024 following transition to one-dose schedule, including Ethiopia (29% in 2023 to 58% in 2024), Mozambique (56% to 89%), and Lao PDR (34% to 95%). The overall improvement was also driven by one-dose introductions in large countries like Nigeria and Bangladesh, which completed their phased introductions in 2024. In 2024, Mali was the first country from the Fragile & Conflict segment to introduce HPV vaccine. Globally, 28% of girls were fully protected with the HPV vaccine in 2024.

As of 2024, more than 59.8 million girls have been fully immunised with HPV vaccine with Gavi support, well on track towards the HPV revitalisation target of 86 million by the end of 2025. Over one half of this total is in Core countries, and nearly one third from the two High Impact countries that have introduced HPV vaccine. More than twice as many girls were vaccinated with Gavi support in 2024 (32.6 million) than in the previous year (14.3 million). More girls in lower-income countries were protected with the HPV vaccine in the last year than the previous decade combined, reflecting the massive efforts of countries, communities and Alliance partners.

3.3 Enhanced Technical Assistance and Foundational Support

Enhanced technical assistance (TA) under the HPV revitalisation during Gavi 5.1 includes Targeted Country Assistance (TCA) provided at country level and Foundational Support (FS) provided to WHO and UNICEF Headquarters and regional offices. To date, 47 countries had their TCA plans approved for funding either through the HPV TCA Reserve or from within TCA country ceilings. Forty-two countries were approved from the TCA HPV Reserve, with a total budget of US\$ 27.6 million committed. Six countries programmed HPV TA support from their own TCA country ceilings with a total budget of US\$ 4.49 million. Total disbursements from the HPV Reserve to date amount to US\$ 18.4 million for 39 countries. Countries accessing technical assistance through TCA were able to leverage support for three main areas: generating and using evidence for prioritisation, decision-making and applications; planning and implementation of routine and MAC HPV vaccine introductions; and coverage improvement. Activities included stakeholder engagement, data collection and review, microplanning, training, demand generation, and development of monitoring tools.

¹ Of the Gavi54 countries, excluding MICs

FS for HPV amounts to US\$ 3.6 million to WHO and US\$ 2.29 million to UNICEF to support work in headquarters and regional offices (ROs). As of September 2025, 100% (US\$ 5.9 million) was disbursed to WHO and UNICEF. FS has enabled coordination among Alliance partners at HQ and RO levels to effectively support country HPV vaccine activities, including sharing lessons and leveraging unique partner strengths.

3.31 WHO Foundational Support

Foundational support through WHO has supported regions and countries in coverage improvement efforts. In the African region, fora such as the weekly Vaccine Introduction Knowledge Exchange Series – Africa (VIKESA) webinar series and exclusive full day side events at the EPI Managers' Meetings for the subregions (ISTs) have been used to share lessons and provide updates on HPV revitalisation and new vaccine introductions. These platforms have delivered policy updates and practical learning from countries at different stages of programme implementation. WHO HPV focal points in AFRO have intensified technical assistance and monitored use of HPV TCA reserve funds. WHO has continued to support countries that have already introduced HPV with sustainability and coverage raising efforts through revitalisation. For example, in May 2025, the Inter-country Support Team Eastern and Southern Africa (IST ESA) team conducted a post-introduction evaluation in Eswatini, a country with the world's highest cervical cancer rate, the findings of which were endorsed by the Ministry of Health for coverage-improvement plans. In the regional offices, WHO is providing HPV revitalisation and introduction plan implementation for key countries such as the recent introduction in Pakistan, and upcoming introductions in India, Cuba and Tajikistan. In addition, 100% of Gavi-supported countries with HPV programmes reported 2024 data through the electronic Joint Reporting Form (eJRF), informing WHO/UNICEF coverage estimates.

3.32 UNICEF Foundational Support

Through FS, UNICEF provided critical technical assistance and programme coordination at global, regional and country level. Focused support has been provided through regional technical staff working with HQ-based specialists to provide timely thematic technical support to priority countries for HPV vaccine activities, including applications, new vaccine launches, MACs, evaluations and related learning initiatives. UNICEF-developed tools enable countries to plan successful HPV vaccine activities – including social and community listening to combat misinformation, and behavioural and social drivers (BeSD) studies to inform effective communication strategies for HPV vaccine uptake. UNICEF has also supported country readiness and preparedness for launches and MACs including leading multi-sectoral engagements and related stakeholder advocacy, mainly with schools and Education stakeholders for successful programmes. UNICEF leverages FS and other multi-sectoral initiatives, including the UNICEF-funded HPV Plus initiative to foster high quality HPV vaccine activities, aiming at achieving high coverage, equity and sustainability. Foundational Support has also enabled UNICEF to initiate and support key learning activities in priority countries on key topics including sustaining school-based delivery and integration of HPV with selected adolescent health services.

3.4 Health Systems Strengthening Update

Gavi's HPV revitalisation programme is helping countries boost vaccine uptake and integrate HPV vaccination into routine immunisation by leveraging Health Systems Strengthening (HSS) grants. This is done through reallocating existing funds or approving targeted top-up requests, all sourced from uncommitted resources within the existing HSS envelope - ensuring no impact on the overall financial forecast.

To date, US\$ 14.25 million has been approved for HSS top ups tied to HPV revitalisation. In this reporting period, Myanmar submitted an application to strengthen HPV routine immunisation and catch up missed girls, while Cameroon intends to leverage the funds to reinforce its school-based vaccination strategy, which remains the most effective approach for reaching adolescents with HPV vaccination services. HSS funding continues to play a pivotal role in bridging gaps during vaccine introductions and campaigns, laying the groundwork for sustained demand and reliable service delivery through the primary healthcare system, and 6.0 consolidated cash grants will provide the opportunity to continue to fund delivery of HPV vaccines.

3.5 HPV Learning Agenda

The HPV Learning Agenda is nearing completion, with 12 projects underway and 100% of the US\$ 16.24 million strategic focus area (SFA) funds committed. As of 31 October 2025, 55% (US\$ 8.9 million) has been disbursed. The portfolio comprises:

- Ten **adolescent service integration projects** across 11 countries, testing integrated service delivery models to improve HPV coverage and adolescent health outcomes. To enhance learning and dissemination into 2026, six Gates Foundation-funded extensions and five Gavi no-cost extensions are in place.
- An **HPV coverage measurement** project, co-funded with Gates Foundation and led by the African Population and Health Research Center, is on track in Liberia, Rwanda, and Senegal, running through September 2026 (Gavi contract ending 2025).
- A **cervical cancer screening integration** project jointly launched with Unitaaid and led by Expertise France and the Clinton Health Access Initiative (CHAI) is being implemented in Côte d'Ivoire and Nigeria through November 2025.

Close collaboration across the Alliance is reflected in over US\$ 3 million in complementary Gates Foundation funding, augmenting Gavi's original US\$ 16.24 million investment. Timeline adjustments are designed to preserve deliverables while maximising impact and informing sustainable HPV programming in 6.0.

While Gavi's HPV learning agenda is funded only through Gavi 5.1, Gavi and the Gates Foundation are working closely to ensure lessons on cost-effective integration opportunities are captured, synthesised, and applied in 6.0. A final portfolio workshop in March 2026 will distill insights on adolescent service integration, with additional knowledge translation activities planned to spur use in 2026 and beyond.

3.6 Advocacy to Accelerate HPV Introductions

In support of HPV revitalisation, advocacy activities continued at national, regional and global levels. At the global level, in June 2025, Gavi co-hosted the Global Cervical Cancer Elimination Forum in Bali, Indonesia along with the Government of Indonesia, Government of Spain, WHO, UNICEF, Unitaid, Gates Foundation, World Bank and others as a crucial platform to build public attention to the elimination of cervical cancer. At the Forum, Gavi reaffirmed its commitment to expand access to HPV vaccination by supporting lower- and middle-income countries to introduce, finance and scale up coverage of HPV vaccines. An advocacy dialogue on the sidelines of the meeting, “*Accelerating Action: Advancing Advocacy for Cervical Cancer Elimination*”, co-hosted by Gavi and UNICEF, facilitated the development of advocacy strategies for cervical cancer elimination, including sustainable approaches for integration.

In October 2025, Gavi hosted a session at the 37th International Papillomavirus Conference (IPVC 2024) in Bangkok Thailand focused on the potential for integrated approaches to strengthen HPV program sustainability, and presented on the progress achieved in Gavi countries to close equity gaps in access to the HPV vaccine.

3.7 Middle-Income Countries (MICs) approach

Since the last reporting period, significant progress has been achieved under the MICs strategy as it enters its final year. In parallel to the introduction in Tunisia, efforts have been made to sustain and expand the rollout in Mongolia, including the organisation of a monitoring visit to strengthen uptake and ensure programme sustainability.

Support to strengthen evidence-based decision-making in MICs for New Vaccine Introduction (NVI) including HPV has continued through our Alliance and expanded partners, with activities focused on National Immunization Technical Advisory Group (NITAG) strengthening and advocacy. This has included an analysis of NVI progress and challenges in the Middle East and North Africa (MENA) region, which has since been [published](#), to inform targeted solutions.

A workshop on HPV vaccine introduction in the MENA region is planned for November 2025 co-organised by Gavi, the Linked Learning Platform and UNICEF MENARO. The aim is to bring together countries that have already introduced HPV vaccination, such as Morocco and Tunisia, alongside those in advanced planning stages, including Algeria, Jordan, and Lebanon, with Gulf countries contributing as resource countries or observers. These consultations will reinforce regional cooperation but also set the groundwork for Gavi 6.0, as MENA is the region with the largest number of Gavi-eligible MICs yet to introduce HPV vaccination.

Section 4: Supply Outlook

The overall HPV supply outlook is improving. In 2025, more supply will be available than ever before, meeting demand for all routine and MAC programmes and partial demand for India, across the three manufacturers that currently provide doses to Gavi. UNICEF Supply Division has extended the tender contracts to cover supply for 2026 and 2027. There may also be an opportunity to add higher valency HPV vaccines to the Gavi menu – please see paper submitted for decision on this topic.