

Annex A: Technical report on Gavi 5.0/5.1 indicators

This is a technical report providing definitions of and progress against Mission and Strategy Goal indicators in the Gavi 5.0/5.1 measurement framework. The technical report is populated based on available data and updated bi-annually. The newly available data for 2025 included in this report relates to Mission Goal M1 and Strategy Goals S1.4, S3.1, S3.3, and SG4. The remaining indicators will be updated in September 2026.

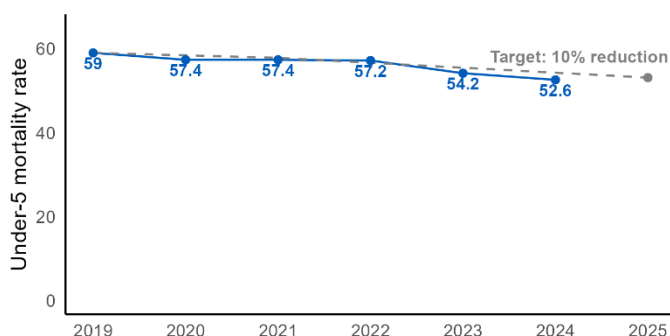
Note on target trajectories:

In the below graphs, the dotted lines represent the projected annual trajectory that was forecasted when we set 2025 targets with the PPC/Board in May 2021; our assumption was that coverage would return to 2019 coverage levels in 2021, with the exception of India which would take until 2022. This was noted in a footnote in the PPC paper on the Gavi 5.0 Measurement Framework at the time (PPC-2021-Mtg-2-Doc 04):

To account for COVID-19-related disruptions and recovery, it is assumed that vaccine coverage returns to 2019 levels by 2021, with the exception of India, which we assume returns to 2019 levels in 2022 and sub-national three doses of pneumococcal conjugate vaccine (PCV3) scale up takes an additional year.

Gavi 5.0 Mission Indicators

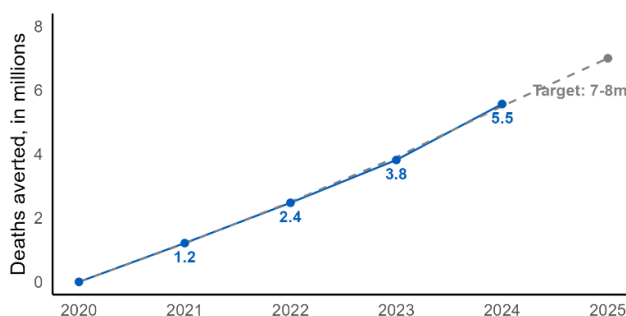
M.1: Under-five mortality rate – Updated April 2026



By increasing access to immunisation and enabling equal access to new and underused vaccines, Gavi support is contributing to the reduction in under-five deaths from vaccine-preventable diseases.

The under-five mortality rate in the 57 lower-income countries supported by Gavi fell from 59 to 52.6 deaths per 1,000 live births between 2019 and 2024 – an 11% reduction from baseline. We have thus exceeded our Mission target of a 10% reduction by 2025. Estimates for 2025 will be available in early 2027.

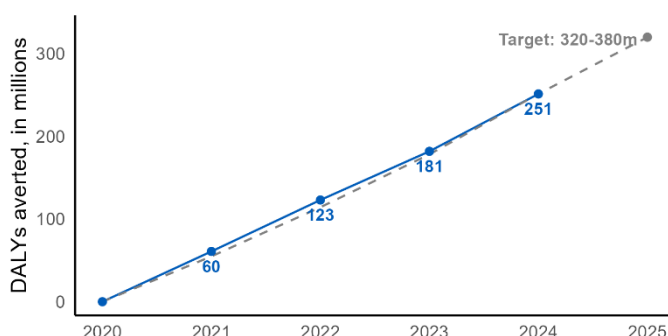
M.2: Number of future deaths averted with Gavi support – *Updated September 2025*



This indicator estimates the impact of Gavi-supported vaccinations in terms of averting future deaths from vaccine-preventable diseases – one of the ultimate impacts of Gavi support.

By end 2024, more than 5.5 million future deaths had been averted by Gavi-supported vaccinations since the Gavi 5.0 strategic period began in 2021. The cumulative number of deaths averted from 2000 through 2024 is more than 20.6 million.

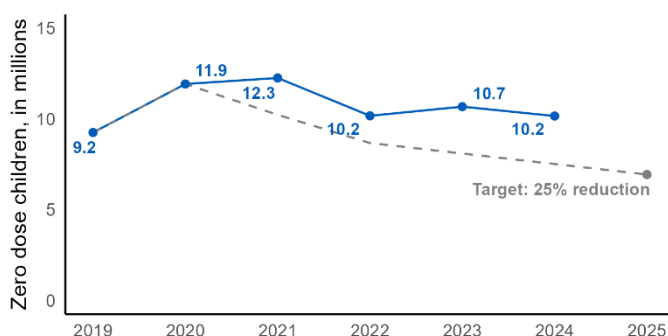
M.3: Number of future disability-adjusted life years (DALYs) averted – *Updated September 2025*



Reduction in overall disease burden from vaccine-preventable diseases – one of the ultimate impacts of Gavi support.

By end 2024 more than 251 million future DALYs had been averted by Gavi-supported vaccinations since the Gavi 5.0 strategic period began in 2021.

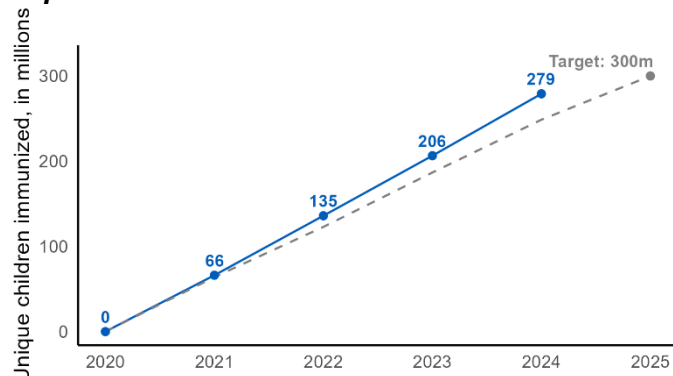
M.4: Reduction in number of zero-dose children – *Updated September 2025*



The indicator serves as an equity measure, giving an indication of the reach of routine immunisation services to missed communities, with an emphasis on regularly reaching children who are being missed by routine immunisation.

In 2024, there were 10.2 million zero-dose children in the 57 lower-income countries supported by Gavi, a decrease of half a million zero dose children from 2023. This represents a 5% decrease from 2023 and a 17% decrease from 2021. Reaching the Gavi 5.0/5.1 target by 2025 will require a 32% reduction from 2024.

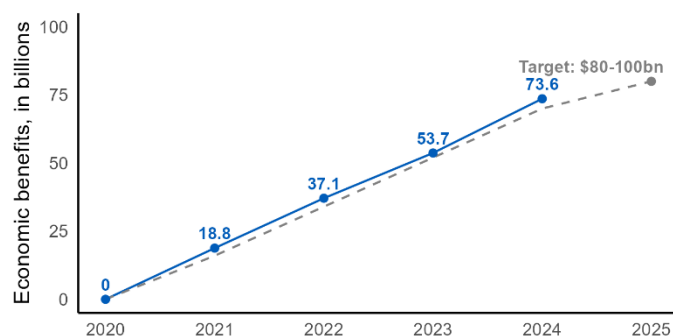
M.5: Unique children immunised through routine immunisation with Gavi – *Updated September 2025*



This indicator tracks the number of children immunised with the last recommended dose of at least one vaccine delivered through routine systems with Gavi support.

Countries immunised more than 72 million unique children through routine immunisation with Gavi support in 2024 – more than in any year previously – for a total of more than 279 million children in this strategic period. By end 2024, Gavi-supported countries had immunised more than 1.2 billion unique children with Gavi support since 2000, exceeding the 1.1 billion commitment in the Gavi 5.0 Investment Opportunity.

M.6: Economic benefits generated through Gavi-supported immunisations – *Updated September 2025*

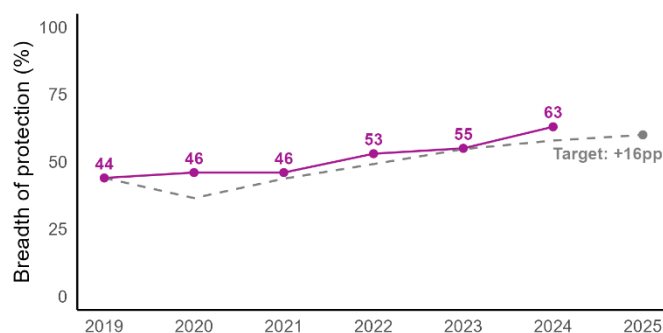


Gavi-supported vaccines have impact beyond health benefits including direct and indirect economic benefits of averting illness, death and long-term disability.

More than US\$ 73.6 billion in economic benefits in the countries we support have been generated through Gavi-supported immunisations since the Gavi 5.0 strategic period began in 2021. From 2000 through 2024, that figure is more than US\$ 280 billion.

Strategy Goal 1: Introduce and scale up vaccines

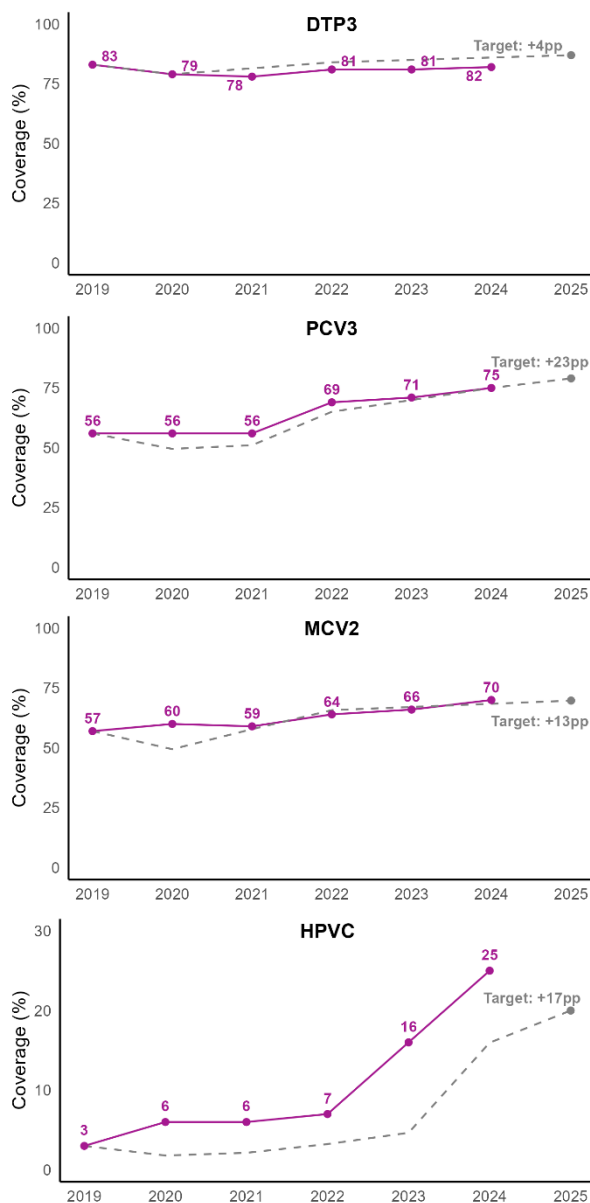
S1.1: Breadth of protection – *Updated September 2025*



Summary measure of prioritised vaccine introductions, scale up of new vaccines and vaccine coverage.

The 57 Gavi-supported countries (Gavi57) increased breadth of protection by 8 percentage points (pp) in 2024 to 63%, already exceeding the implied target of 60% by 2025 (+16pp from 2019). All Gavi-supported vaccines increased coverage in 2024 compared to 2023.

S1.2: Vaccine coverage (SDG indicator 3.b.1): DTP3, MCV2, PCV3, HPVC – Updated September 2025



Across the four vaccines, coverage of the second dose of measles-containing vaccine (MCV2) and the last dose in the schedule of human papillomavirus vaccine (HPVC) were trending higher in 2024 than originally projected when Gavi 5.0 targets were set, with MCV2 already meeting the 2025 target and HPVC exceeding the target.

Coverage of the third dose of pneumococcal conjugate vaccine (PCV3) is on track to meet the target. Coverage of the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) improved but is off track, still 1pp below pre-pandemic levels.

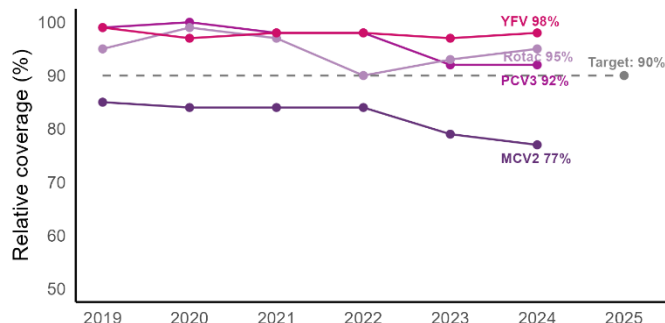
DTP3 coverage in Gavi57 overall decreased from 83% in 2019 to 78% in 2021 before improving to 81% in 2022 and increasing again to 82% in 2024.

Among Gavi57 countries, PCV3 coverage increased from 56% in 2019 to 71% in 2023 before increasing 4pp to 75% in 2024, mostly driven by completion of PCV scale-up in India.

MCV2 coverage among Gavi57 has also increased, from 57% in 2019 to 70% in 2024, meeting the Gavi 5.0/5.1 target. This was driven by improvements in large population countries like DR Congo, Uganda, India, and Ethiopia.

At the portfolio level, HPVC coverage 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, before increasing again to 25% in 2024 – reflecting unprecedented Alliance HPV revitalisation efforts and exceeding the Gavi 5.0/5.1 target. The improvement in HPV is driven by switches to one-dose schedules as well as introductions with one dose in large countries.

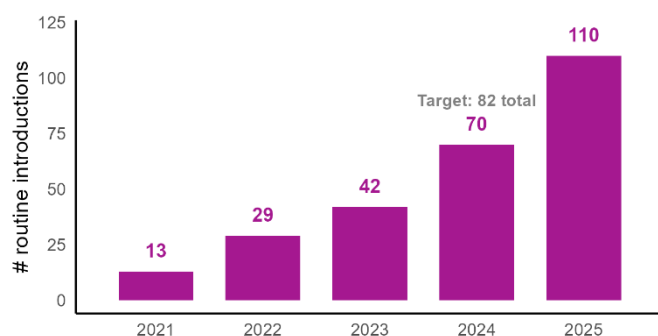
S1.3: Rate of scale-up of new vaccines: PCV3, Rotac, MCV2, YFV – Updated September 2025



This indicator assesses coverage of routine vaccines PCV3, Rotac, MCV2, and yellow fever relative to benchmark vaccines (i.e. DTP3 for PCV3 and Rotac; MCV1 for MCV2 and yellow fever), within the reference time frame for new introductions.

Coverage of three vaccines – YFV (98%), PCV3 (92%) and Rotac (95%) – continued to exceed the benchmark, with Rotac seeing continued recovery from 2022 supply disruptions. Coverage of MCV2 remained under the target of 90% relative coverage, with a slight decline in 2024.

S1.4: Vaccine introductions – Updated April 2026



In 2025, 40 new routine introductions took place with Gavi support. The cumulative total for introductions in Gavi 5.0/5.1 from 2021 to 2025 is 110, which significantly exceeds the Gavi 5.0/5.1 target of 82 by 2025.

S1.5: Country prioritisation of vaccines – Updated September 2025

To assess the extent to which countries have indicated in their funding applications for new vaccine introductions the use of evidence to inform the decision to introduce a vaccine in the routine immunisation programme, the Gavi Secretariat assessed if the applications took into consideration the following three criteria (as proxies for use of evidence):

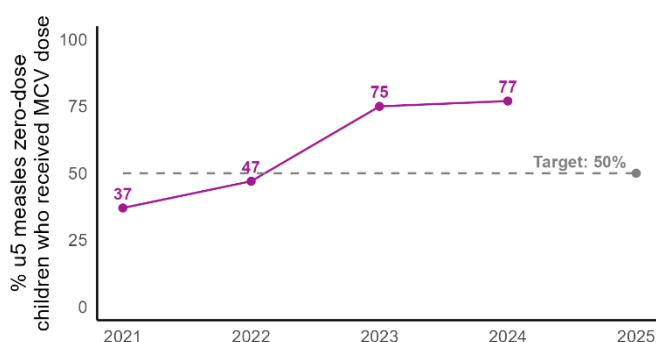
1. How significant is the health burden (i.e., morbidity and mortality) caused by the disease in question?
2. What is the effectiveness of vaccination (e.g. cost effectiveness, impact on deaths averted, quality-adjusted life years, disability-adjusted life years, other health outcomes) compared to other control measures or vaccines?
3. Has the country accounted for the budget needed to meet their current and future co-financing requirements for vaccine procurement, and to sustain immunisation levels after transition from Gavi support?

Each criterion was given a score of 1 if present in the application, for a total potential score of 3. A total of 30 applications were reviewed from 2024. Overall, 97% of the applications had considered disease burden and 73% had considered effectiveness of vaccination, while only 40% considered increase in budget needed. Only 23% of applications considered all three

criteria, however it should be noted that applications for new vaccine introductions have not required future budget analytics and therefore may not be best placed to capture how countries evaluated a particular new vaccine introduction in the context of their broader portfolio.

The Gavi 6.0 strategy has recognised the importance of vaccine prioritisation and portfolio optimisation (VPOP). The Secretariat, in collaboration with Alliance partners, is developing an approach to support countries that will include frameworks, capacity strengthening, clear roles and responsibilities, and technical assistance. Strengthening monitoring and reporting on progress in these areas is included within the approach through the development of a revised indicator for Gavi 6.0.

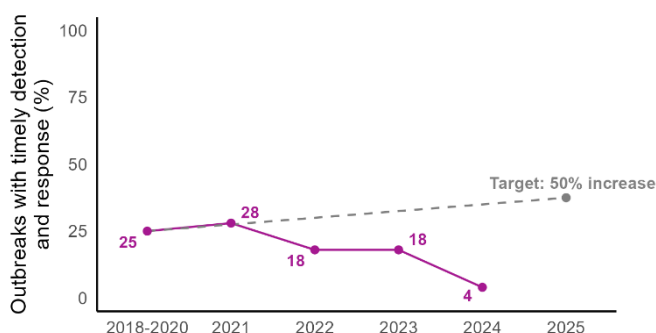
S1.6: Measles campaign reach – Updated September 2025



This indicator measures the reach and quality of Gavi-supported MCV campaigns.

In 2024, 77% of children aged under five previously unvaccinated against measles received an MCV dose among countries conducting a Gavi-supported preventive MCV campaign. It should be noted that this indicator is based only on the campaigns with post-campaign coverage surveys (PCCS) which were appropriately carried out and which provide robust estimates on measles zero-dose children reached.

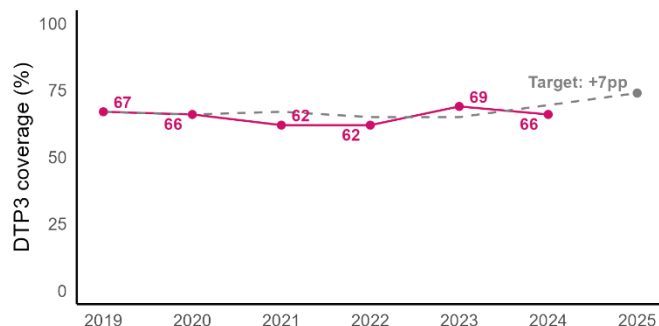
S1.7: Timely outbreak detection and response – Updated September 2025



Countries continued to face challenges in detecting and responding to outbreaks in 2024. Large and disruptive outbreaks continue to put lives at risk and strain health workforces and systems. Countries requested record international support for outbreak control in 2024, and the Alliance worked to ensure that vaccines and funding for implementation were available and rapidly supplied to countries. 4% of Gavi-supported outbreak responses met the disease-specific timeliness threshold in 2024, representing a decrease from 2023.

Strategy Goal 2: Strengthen health systems and equity in immunisation

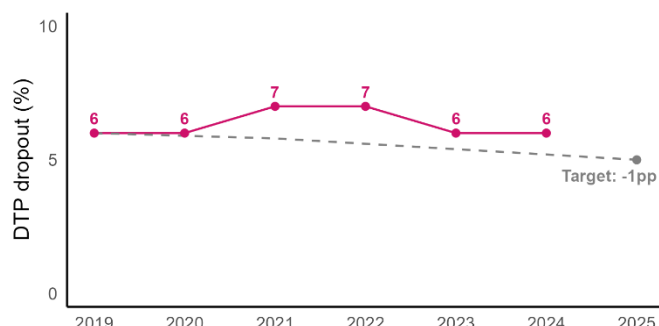
S2.1: Geographic equity of DTP3 coverage – Updated September 2025



This indicator measures how well Gavi-supported countries are able to increase coverage in areas with limited access to immunisation services.

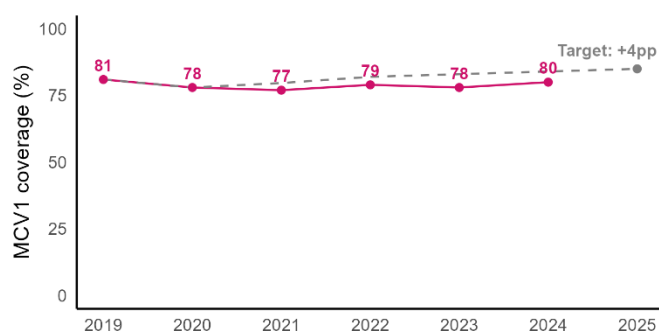
Geographic equity of DTP3 coverage decreased to 66% in 2024, bringing countries 1pp below pre-pandemic levels – the same as national-level DTP3 coverage on aggregate. There is significant uncertainty around coverage levels and trends in low-coverage districts, because subnational data is frequently observed to have data quality issues (e.g. inaccurate estimates of population size and movement; incomplete reporting).

S2.2: DTP dropout – Updated September 2025



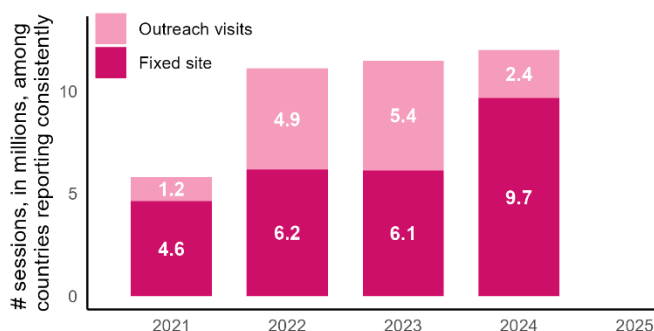
Gavi57 countries saw a 1pp increase in both DTP1 and DTP3 coverage at portfolio level from 2023 to 2024. DTP drop-out was maintained overall in Gavi57 countries at 6% in 2024, the same as 2019 levels. Drop-out needs to reduce by 1pp in 2025 to meet the Gavi 5.0/5.1 target.

S2.3: MCV1 coverage – Updated September 2025



At portfolio level, MCV1 coverage patterns largely mirror those of DTP3. MCV1 coverage in Gavi57 countries decreased by 3pp between 2019 and 2020, falling from 81% to 78%. It then fell again by 1pp between 2020 and 2021, dropping to 77%, before improving to 79% in 2022 and dropping to 78% in 2023. MCV1 coverage among Gavi57 countries improved by 2pp in 2024 to 80%, still 1pp below pre-pandemic levels.

S2.4: Number of immunisation sessions – Updated September 2025



In 2024, Gavi-supported countries reported 18.8 million immunisation sessions were conducted, with 13.9 million taking place in fixed site facilities and 4.9 million in outreach facilities. 33 Gavi-supported countries reported data on this indicator in 2024, up from 31 in 2023. Only 18 countries have reported on this annually from 2021-24 (data shown in graph). This indicator is new to the WHO/UNICEF Joint Reporting Form (eJRF), so time trends likely reflect reporting completeness. This indicator was part of a developmental agenda for SG2 for 5.0, and it is increasingly clear that there is significant variability in countries' capacity to monitor this data.

S2.5: Stock availability at facility level – Data last updated September 2022

This indicator measures the capacity of countries to accurately forecast and distribute vaccines to health facilities, ensuring uninterrupted availability whenever a child presents for vaccination.

In 2021, the average full stock availability for DTP-containing vaccines (DTPCV) and measles-containing vaccines (MCV) across Gavi-supported countries was 71.6% at the health facility level. Data for 2022 and 2023 was not collected through the eJRF, creating a temporary gap in trend analysis. In 2024, 23 countries reported health facility-level data through an ad hoc process supported by the WHO eJRF. However, data quality remains a concern, as 14 countries reported zero stockouts for DTPCV and 13 for MCV—figures that require further validation. To complement this, Thrive360 data was used to estimate stock availability at the district level in 2024. Based on inputs from 43 Gavi-supported countries (>30% reporting rate), full stock availability reached 95% for DTPCV and 97% for MCV, an improvement over 2023 (94% and 92%, respectively) and achieved across a broader reporting base.

The Alliance has continued to strengthen stock management systems through multiple interventions. All approved Health System Strengthening (HSS) grants, including sub-grants such as CCEOP and ITU, were designed to enhance stock visibility and management through context-appropriate measures—such as expanding cold chain capacity and maintenance, scaling up eLMIS, and improving warehousing systems.

At the global level, Thrive360 adoption accelerated in 2024, with reporting sites increasing from 7,100 in December 2023 to 8,200 in December 2024. Over 100 Gavi staff were trained on Thrive, embedding its use in decision-making processes from global forecasting to in-country distribution. Additionally, a clear RACI framework for stock management was agreed in 2024 between Gavi sub-teams, UNICEF SD, and UNICEF PG, ensuring accountability and alignment across the Alliance.

S2.6: EPI management capacity – Data last updated September 2022

Strengthened institutional capacity for programme management and monitoring is on the critical pathway to programmatic and financial sustainability, and a strategic enabler of Gavi's 2021–2025 strategy.

In 2024, Gavi continued to provide targeted support to strengthen leadership management and coordination (LMC) capacity of EPI teams in Ethiopia, Pakistan, Cameroon, Burundi, CAR, Niger, Haiti, Mozambique, Nigeria and Djibouti, among others, focusing on strengthening their ability to plan, manage and monitor immunisation programs and make data-driven decision making. Furthermore, through the STEP 2.0 flagship leadership initiative, public health managers were provided with the skills and tools needed to drive transformational improvements in immunisation supply chain performance in a number of countries, including Pakistan, Vietnam and Nigeria. The project focuses on forecasting and planning, vaccine availability, outbreak preparedness, cold chain strengthening, staff performance, and data visibility.

Pilot testing of the proposed new framework to measure EPI management capacity, which was developed through extensive technical consultation, highlighted a number of challenges in systematically measuring progress in this area, without imposing significant additional monitoring burdens on countries. Therefore, the Secretariat has decided not to proceed with the proposed framework and to explore alternative pathways to track progress in this area in Gavi 6.0 as part of the HS strategy.

S2.7: Countries implementing tailored plans to overcome demand barriers – Updated September 2025

A comprehensive range of demand generation strategies are required to achieve high vaccination uptake. Among the 51 countries reporting in 2024, 42 (82%) implemented one or more strategies to address under-vaccination informed by results of demand-related assessments, compared to 81% in 2023 (43/53). Of these, 32 (76%) assessed demand barriers, with 26 applying the globally validated Behavioural and Social Drivers (BeSD) tools. The most common interventions implemented by the 42 countries included community engagement and communication, health worker capacity strengthening, behaviourally informed approaches, digital/ social listening, and improvements to service experience.

Additional targeted support further expanded the evidence base, including multi-country BeSD surveys through the Demand SFA, adaptation of BeSD tools for HPV, malaria, and influenza, and integration of new gender indicators. Capacity-building efforts reached additional African countries, focusing on social data use and misinformation management. Innovative pilots also advanced tailored solutions—such as human-centred design for zero-dose communities and blended training approaches for health workers.

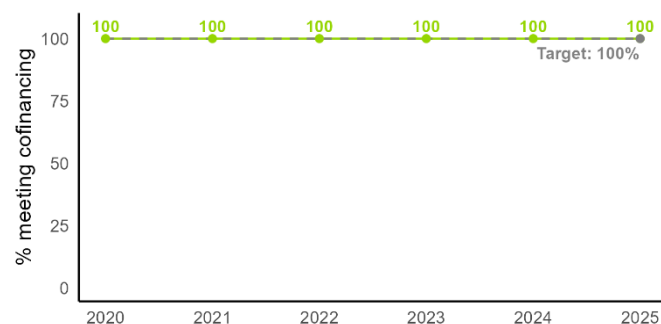
Partnerships deepened as well, highlighted by Gavi's MoU with Africa CDC to advance behavioural data and capacity building. By the end of 2024, behaviourally informed, people-centred approaches were embedded in over 50 countries, supported by institutional strengthening at all levels and a strong emphasis on gender and equity. Together, these efforts are enabling countries to design and sustain effective solutions to reach zero-dose and under-immunised children.

S2.8: Countries addressing gender-related barriers – *Updated September 2025*

In 2024, of the 12 health system strengthening (HSS) and/or Equity Accelerator Fund (EAF) applications which were reviewed and approved by the Independent Review Committee (IRC), 12 countries (100%) included in their applications interventions to address gender-related barriers to immunisation, up from 81% percent in 2023 (i.e. 29 out of 33 countries).

Strategy Goal 3: Improve sustainability of immunisation programs

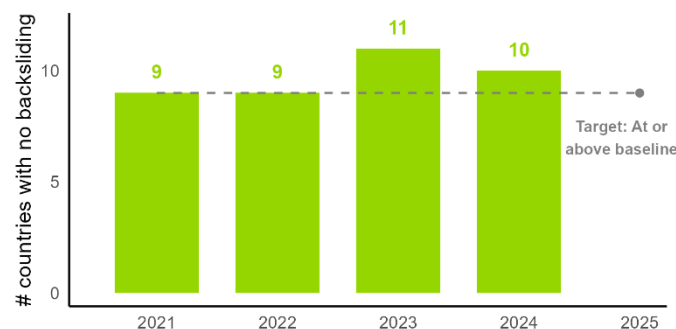
S3.1: Co-financing fulfilment – *Updated April 2026*



Percentage of countries with a co-financing obligation to Gavi that meet their co-financing commitment, which is a measure of country commitment to financing vaccines.

Despite the sharp increase in co-financing obligations (18% increase compared to 2024), and amidst economic and political uncertainties, countries have continued to demonstrate their commitment to financing immunisation. Excluding countries that have benefited from a co-financing waiver due to humanitarian crises, all other Gavi supported countries met their co-financing obligation for 2025¹.

S3.2: Preventing backsliding in Gavi-transitioned countries – *Updated September 2025*

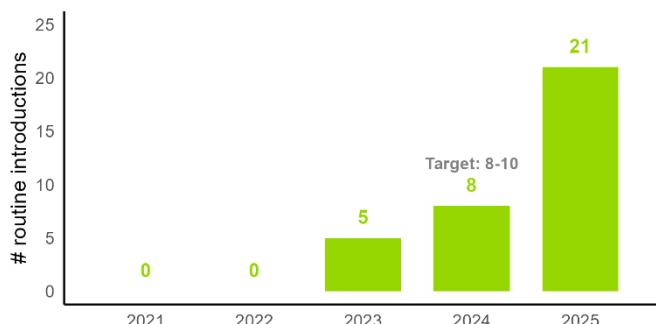


For the most recent 2-year period, this indicator captures countries in which DTP3 coverage was held constant or increased in at least one year compared to coverage in 2019.

As of 2024, 10 former-Gavi MICs-eligible countries maintained or increased DTP3 coverage in 2024 and 2023 compared to 2019, while seven MICs-eligible countries did not maintain DTP3 coverage.

¹ At the time of writing, South Sudan Ministry of Finance has committed to pay its remaining partial co-financing obligation by end of April. Remaining partial co-financing obligation for Somalia is in process, to be paid by the World Bank.

S3.3: Vaccine introductions under the MICs approach – *Updated April 2026*

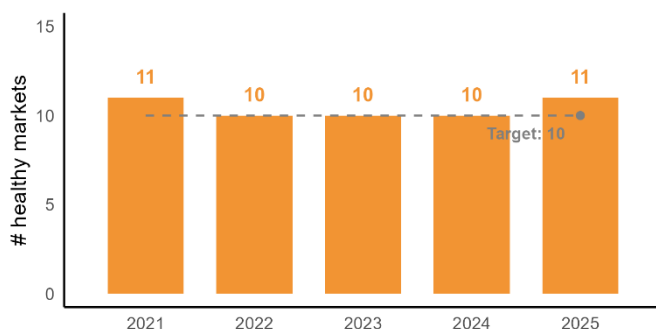


New vaccine introductions are a core driver of Gavi's achievement through the MICs Approach. This indicator measures the number of introductions of pneumococcal conjugate, rotavirus, HPV vaccines in former and never Gavi-eligible countries currently eligible for support under the MICs Approach.

In 2025, 13 new routine vaccine introductions took place in countries eligible for Gavi support under the MICs Approach for a total of 21 introductions in 5.0/5.1, significantly exceeding the MICs approach target of eight to ten by 2025.

Strategy Goal 4: Ensure healthy markets for vaccines and related products

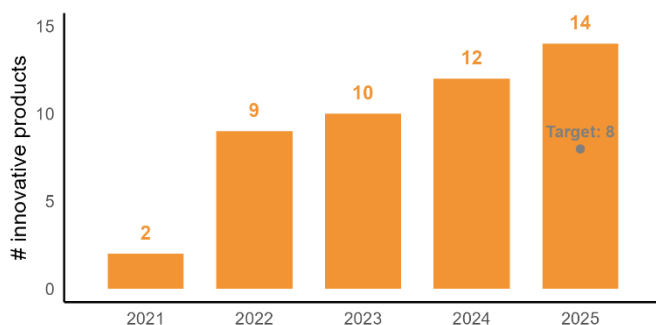
S4.1: Healthy market dynamics – *Updated April 2026*



Healthy market dynamics are assessed via analysis of fundamental market attributes: demand side dynamics, supply side dynamics and innovation. This holistic view of markets aligns market shaping activities and objectives with Gavi's strategic goals to introduce and scale up vaccines and improve sustainability of immunisation.

Gavi's ongoing market shaping efforts and collaborations with manufacturers helped ensure that eleven vaccine markets exhibited acceptable levels of healthy market dynamics, exceeding the Gavi 5.1 target.

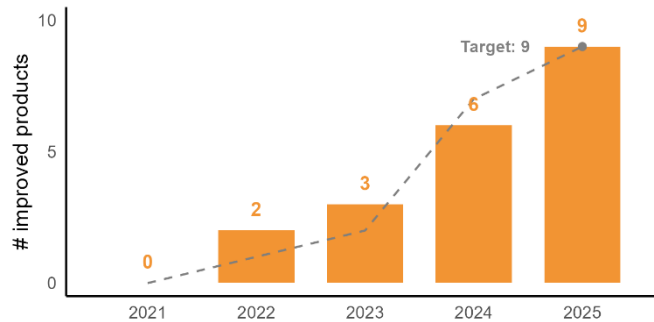
S4.2: Incentivise innovations – *Updated April 2026*



Number of innovative products within the pipeline of commercial-scale manufacturers.

The Vaccine Innovations Prioritisation Strategy (VIPS) saw continued success with unprecedented progress. The 2025 progress has brought the overall achievement to 14, continuing to surpass the cumulative 5.1 target.

S4.3: Scale up innovations – *Updated April 2026*



Number of vaccines and immunisation-related products with improved characteristics procured by Gavi, which gives an indication of the incremental benefits we are able to bring to countries' immunisation programmes.

Three new products with improved characteristics were procured in 2025, meeting the 5.1 target: a transportable powered vaccine storage (TPVS) product with significantly longer holdover times, a lighter freeze-preventive vaccine carrier with increased cold life, and a hexavalent vaccine that combines DTP-HepB-Hib with IPV to reduce the number of shots required to protect children against six antigens.