

2024 Annual Progress Report

>1.2bn

children immunised
since 2000



>US\$
280bn

in economic benefits
since 2000



>20.6m

deaths averted
since 2000



SPECIAL FOCUS



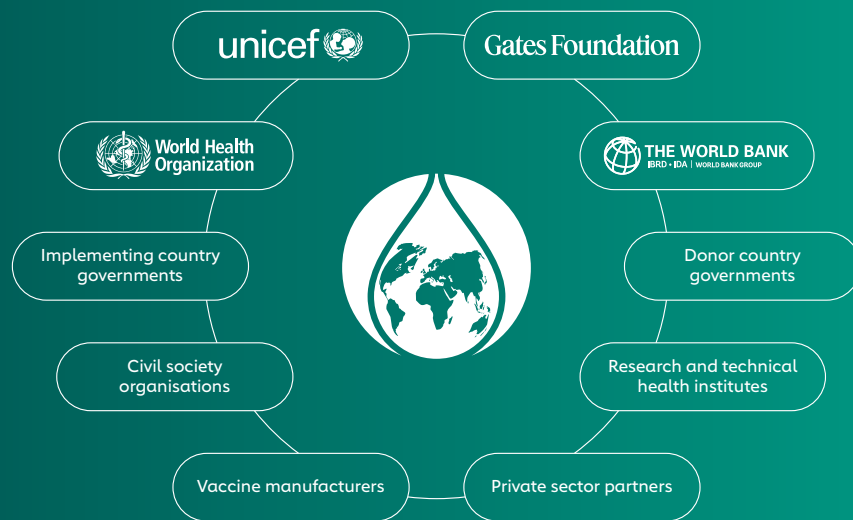
Historic malaria
vaccine roll-outs



Major progress in countries
facing humanitarian challenges



Community stories
from VaccinesWork



Learn more at www.gavi.org and [VaccinesWork \(gavi.org/vaccineswork\)](https://gavi.org/vaccineswork), our digital platform covering news, features and explainers from every corner of global health and immunisation.



Gavi prepares an Annual Financial Report for each calendar year, which includes the audited consolidated financial statements of the Gavi Alliance and of the International Finance Facility for Immunisation. The 2024 Annual Financial Report was approved by the Board and published on the Gavi website in June 2025; www.gavi.org/funding/financial-reports

© The Gavi Alliance. All rights reserved. This publication may be freely reviewed, quoted, reproduced or translated, in part or in full, provided the source is acknowledged.

First published on the Gavi website 30 September 2025; last updated 17 November 2025.

The material in this publication does not express any opinion whatsoever on the part of Gavi, the Vaccine Alliance concerning the legal status of any country, territory, city or area or its authorities, or of its frontiers or boundaries. Lines on maps (adapted from UN.org) represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by Gavi, the Vaccine Alliance.

Cover photography:

Upper centre: **Indonesia**. Credit: Gavi/2024/WISMOYO
 “Indonesia pledges US\$ 30 million to support global immunisation efforts through Gavi”
[Read the news release on gavi.org](#)

Lower left: **Cameroon**. Credit: Gavi/2024/Go'tham Industry
 “A turning point: Cameroon rolls out world's first malaria vaccine”
[Read the full article on VaccinesWork](#)

Lower centre: **Palestine**. Credit: IFRC/2024
 “Gavi, IFRC and UNICEF to collaborate on emergency response in Palestine”
[Read the news release on gavi.org](#)

Lower right: **Benin**. Credit: UNICEF/2024/Landry Sinnoude Koklannou
 “Community health workers on the frontline against disease in Benin”
[Read the full article on VaccinesWork](#)

Inside this report

4 Introduction

- 4 Foreword by Gavi Board Chair Prof José Manuel Barroso and Gavi CEO Dr Sania Nishtar

5 Mission goals

- 5 Gavi 5.0/5.1 mission and strategic goals
- 6 Mission indicators
- 8 Facts and figures
- 10 Gavi-supported vaccine introductions & campaigns

12 VaccinesWork in 2024

- 12 Our most-read stories

13 Fast-forward to the Gavi Leap

14 The vaccine goal

- 15 Key highlights
- 16 Routine immunisation in 2024: increasing breadth of protection
- 17 Results – vaccine goal strategy indicators
- 21 Progress – 2024 updates on Gavi-supported vaccine programmes

28 The equity goal

- 29 Key highlights
- 30 Results – equity goal strategy indicators
- 33 Progress – 2024 equity updates
- 35 How Gavi’s co-financing model works

36 The sustainability goal

- 37 Key highlights
- 38 Results – sustainability goal strategy indicators
- 39 Progress – 2024 sustainability updates

40 The healthy markets goal

- 41 Key highlights
- 42 Results – healthy markets goal strategy indicators
- 43 Progress – 2024 healthy markets updates

44 Funding and finance

- 45 Progress – 2024 funding and finance updates

51 Annexes

- 52 Contributions to Gavi
- 55 Governance structure
- 56 Contributions pledged to Gavi
- 64 Approvals for country programmes
- 66 Board endorsements for country programme expenditure
- 68 Approvals and Board endorsements for investment cases
- 69 Donors

The Vaccine Alliance in 2024

Prof José Manuel Barroso, Chair of the Gavi Board, and Dr Sania Nishtar, CEO of Gavi, reflect on progress made in 2024, plans for 2025 and the road to Gavi 6.0.

4



Prof José Manuel Barroso
Chair of the Gavi Board

Prof José Manuel Barroso



Dr Sania Nishtar
CEO of Gavi

Dr Sania Nishtar

Welcome to Gavi's 2024 Annual Progress Report, the fourth of Gavi's 2021–2025 strategic period (Gavi 5.0/5.1). 2024 was a year of landmark accomplishments, historic progress on immunisation, significant challenges and change for Gavi and the world. It was a year in which the Vaccine Alliance demonstrated its resilience and laid the foundations for our coming five-year strategic period.

In many Gavi implementing countries in 2024, fragility was exacerbated by geopolitical and economic uncertainty, and compounded by increased infectious disease outbreaks. In response, Gavi mobilised new funding to facilitate access to essential vaccines for communities facing fragility and conflict.

Rapid vaccine responses to surging outbreaks of vaccine-preventable diseases, including cholera and measles, underscored Gavi's critical role in global health emergency prevention, preparedness and response. This includes securing vital new supplies of Euvichol-S, a WHO-prequalified oral cholera vaccine (OCV) that represents a lifeline for vulnerable communities around the world facing cholera outbreaks. Applying COVID-19 lessons in response to the mpox emergency, Gavi launched the First Response Fund (FRF) in June 2024, financing 500,000 MVA-BN mpox vaccine doses.

Also in June 2024, Gavi co-hosted the Global Forum for Vaccine Sovereignty and Innovation alongside the African Union and the French Republic, launching its [Investment Opportunity 2026–2030](#) and the

[African Vaccine Manufacturing Accelerator \(AVMA\)](#), an innovative financing mechanism that aims to foster regional vaccine production and vaccine sovereignty on the African continent.

To accelerate progress in 2024, we intensified our focus on grant implementation. An estimated 6.4 million children across 26 countries were reached through “Big Catch-up” immunisation activities to vaccinate children missed during the COVID-19 pandemic. Landmark programmatic accomplishments included the historic introduction of [malaria vaccines](#) in 17 countries in the African region, exceeding expectations and transforming malaria control. And it was a record-breaking year for HPV vaccination in Gavi implementing countries, where more girls than ever before were protected against cervical cancer.

In December, [Sierra Leone became the first country](#) to launch nationwide preventive Ebola vaccination, targeting 20,000 frontline workers – a historic step underscoring the country's leadership in outbreak prevention. The year concluded with a meeting of Gavi's Board, which [approved measures](#) to help countries sustain immunisation and close equity gaps.

The [results](#) in this report position the Vaccine Alliance strongly to achieve the majority of Gavi 5.0/5.1 goals, noting that challenges persist. In 2024, lower-income countries protected more children than ever before, increasing coverage rates across all Gavi-supported vaccines, and making progress in decreasing the number of ‘zero-dose’ children. Yet population growth, fragility and conflict present major hurdles to achieving equity, leaving the most vulnerable children and communities at risk. Continued commitment from governments and partners will be critical to saving lives and protecting the world from infectious disease threats.

In 2025, the Vaccine Alliance is preparing to implement its [2026–2030 strategy \(Gavi 6.0\)](#). Approved by the Board in June 2024, it's Gavi's most ambitious strategy yet. At the [high-level pledging summit](#) on 25 June 2025, co-hosted by the European Union and the Gates Foundation, [a record number of donors pledged more than US\\$ 9 billion](#) towards a target budget of US\$ 11.9 billion for Gavi 6.0.

Looking ahead amid a more demanding international development environment, it is imperative that we sustain Gavi's transformation as we seek to accelerate our impact and improve global health outcomes. We are therefore evolving our ways of working through the “[Gavi Leap](#)”, a plan that consolidates many of the changes we have already made to date, towards a more efficient, resilient and impactful Vaccine Alliance in Gavi 6.0.

Gavi's willingness and readiness to play an active role in discussions to [shape the future global health landscape](#) includes envisaging the Gavi Leap as a blueprint for a “Global Health Leap” based on four mutually supportive principles of country-centricity, country self-reliance, focused mandates and finite lifespans.

We are confident that throughout 2025, Gavi can better protect the world against pandemics and disease outbreaks; vaccinate more children against more diseases; and strengthen health systems to reach under-immunised and unimmunised children – to build a brighter, safer and healthier future for all.

Gavi 5.0/5.1 mission and strategic goals

“Leaving no one behind with immunisation” is Gavi’s vision.

The Vaccine Alliance’s mission is:
to save lives and protect people’s health by increasing equitable and sustainable use of vaccines.

Six “mission indicators” reflect our overall progress against our aspirations for the 2021–2025 period.

This mission is also supported by the following four strategic goals, each with its own set of strategy indicators:



Goal 01

Introduce and scale up vaccines



Goal 02

Strengthen health systems to increase equity in immunisation



Goal 03

Improve sustainability of immunisation programmes



Goal 04

Ensure healthy markets for vaccines and related products

Objectives

A

Strengthen countries’ **prioritisation of vaccines** appropriate to their context

B

Support countries to **introduce and scale up coverage of vaccines** for prevention of endemic, epidemic and pandemic diseases

C

Enhance **outbreak and pandemic response** by ensuring equitable access to relevant vaccines including through stockpiles

A

Help countries extend immunisation services to regularly **reach under-immunised and zero-dose children** to build a stronger primary health care platform

B

Support countries to ensure **immunisation services** are resilient, well-managed, sustainable, harness innovation and meet the needs of all caregivers

C

Work with countries and communities to build resilient **demand**, and to identify and address **gender-related barriers** to immunisation

A

Strengthen national and subnational **political and social commitment** to immunisation

B

Promote **domestic public resources for immunisation and primary health care** to improve allocative efficiency

C

Prepare and engage **self-financing countries** to maintain or increase performance

A

Ensure sustainable, **healthy markets with diversified supply** for vaccines and immunisation-related products at affordable prices

B

Incentivise **innovations** for the development of **suitable vaccines**

C

Scale up **innovative immunisation-related products**



Mission indicators

Despite the confluence of risks that the world continued to face in 2024, Vaccine Alliance partners and countries are on track to achieve most of our six mission indicators for the 2021–2025 strategic period.

Notes: Due to rounding, some figures may not add up precisely to the totals. Some figures from previous years have been updated due to revisions of historical data.

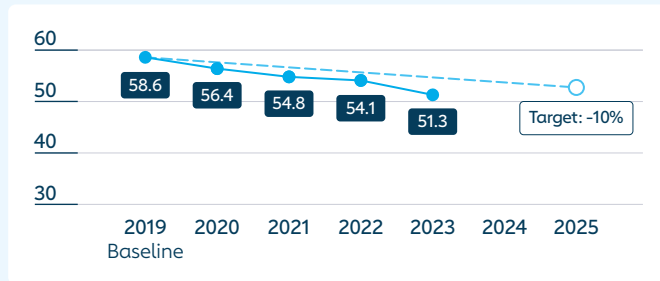
M.1 Under-five mortality rate

Probability of a child born in a specific year or period dying before they reach the age of five, if subject to age-specific mortality rates for that period; expressed as the number of deaths among children aged under five in a given year, per 1,000 live births.

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.

2023 performance: The under-five mortality rate in the 57 lower-income countries supported by Gavi (Gavi57) fell from 58.6 to 51.3 deaths per 1,000 live births between 2019 and 2023 – a 12% reduction from baseline. This value exceeds our Mission target of a 10% reduction by 2025. Estimates for 2024 will be available in early 2026.

Data source: UN Inter-agency Group for Child Mortality Estimation (IGME), 2025



M.2 Future deaths averted with Gavi support

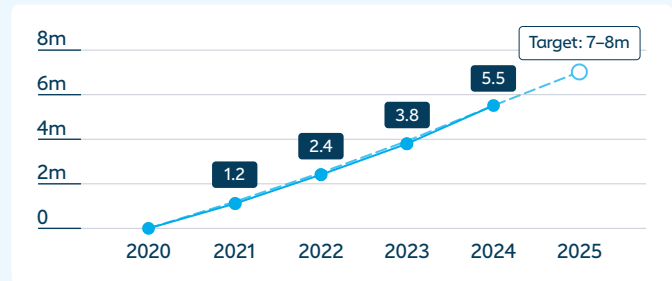
of future deaths averted as a result of vaccination with Gavi-supported vaccines.

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.

2024 performance:¹ 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.²

Data source: Vaccine Impact Modelling Consortium (VIMC), 2025

¹ Baseline value reset to zero at the start of the strategy period. Targets for 2025 represent anticipated cumulative achievement over the duration of the strategy period.
² This figure does not include more than 2.7 million deaths averted by COVAX across participating Gavi COVAX Advance Market Commitment (AMC) low- and middle-income countries by end 2023, according to Imperial College London estimates.



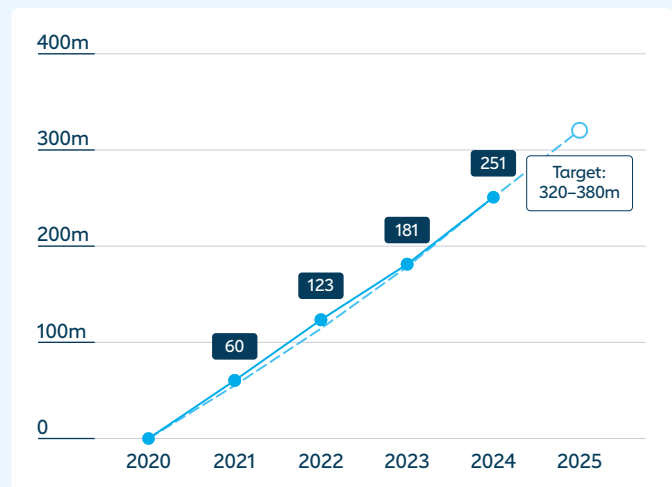
M.3 Future DALYs averted

of future disability-adjusted life years (DALYs) averted as a result of vaccination with Gavi-supported vaccines. DALYs measure the number of healthy life years lost due to disability or premature death.

This indicator estimates the overall vaccine-preventable disease burden averted – one of the ultimate impacts of Gavi support.

2024 performance:³ 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.

Data source: VIMC, 2025



³ Baseline value reset to zero at the start of the strategy period. Targets for 2025 represent anticipated cumulative achievement over the duration of the strategy period.

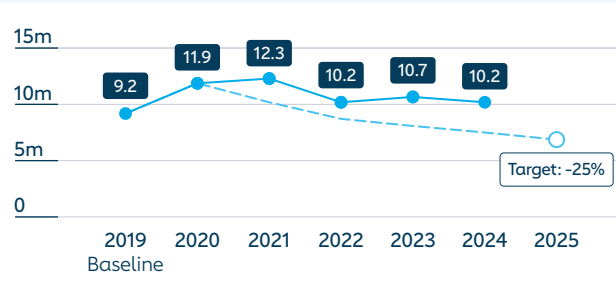
M.4

Reduction in number of zero-dose children

of zero-dose children in Gavi-eligible countries relative to baseline. Zero-dose children are infants who have not received the first dose of diphtheria, tetanus and pertussis-containing vaccine (DTP1) by the end of their first year of life.

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.

2024 performance: In 2024, there were 10.2 million zero-dose children in Gavi57, 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.



Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2025; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects (WPP), 2024

Note: In this graph, the dotted lines represent the projected annual trajectory forecasted when 2025 targets were set with the Gavi Board. Traditionally, Gavi has shown annual targets as 'linear' (e.g. DTP3 coverage is expected to increase by 1 percentage point each year). However, given disruptions caused by the COVID-19 pandemic, this target trajectory reflects assumptions made with the Gavi Board in May 2021.

M.5

Unique children immunised through routine immunisation with Gavi support

of children immunised with the last recommended dose of at least one vaccine delivered through routine systems with Gavi support.⁴

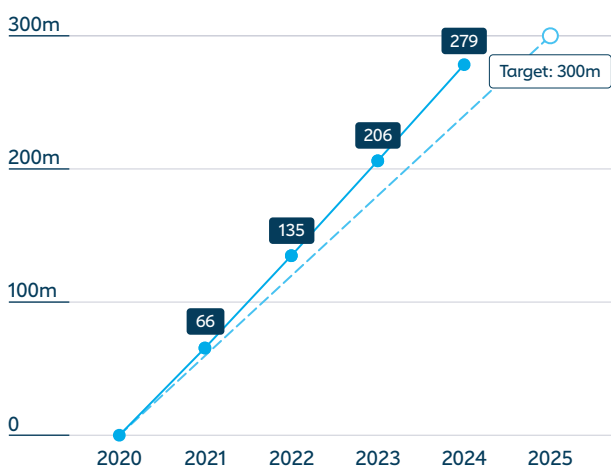
This indicator tracks the number of children immunised with the last recommended dose of at least one vaccine delivered through routine systems with Gavi support.

2024 performance:⁵ 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 our Investment Opportunity 2021–2025 commitment of more than 1.1 billion children immunised by 2025.

Data sources: Vaccine coverage: WUENIC, 2025; population estimates: WPP, 2024

⁴ To not double-count recipients of more than one vaccine, only the vaccine with the highest coverage level per country is taken into account. People immunised through campaigns and supplementary immunisation activities are not included.

⁵ Baseline value reset to zero at the start of the strategy period. Targets for 2025 represent anticipated cumulative achievement over the duration of the strategy period.



M.6

Economic benefits generated through Gavi-supported immunisations

Amount in US dollars of the direct and indirect benefits of immunisation supported by Gavi, derived as the cost of illness averted through vaccination, including medical and associated costs, caretaker wages and productivity loss due to disability and death.

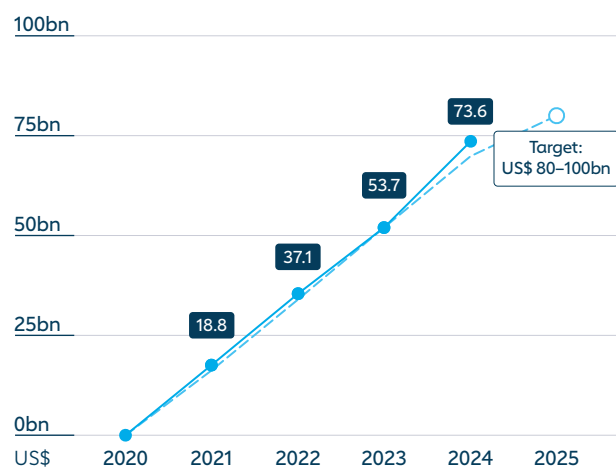
Gavi-supported vaccines have impact beyond health benefits to include the direct and indirect economic benefits of averting illness, death and long-term disability.

2024 performance:⁶ 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.⁷

Data sources: The DOVE-ROI model as outlined in Sim et al. 2019. Additionally, the DOVE-ROI models use health impact estimates from VIMC.

⁶ Baseline value reset to zero at the start of the strategy period. Targets for 2025 represent anticipated cumulative achievement over the duration of the strategy period.

⁷ For Gavi 5.0, this indicator is calculated using a new method, which has resulted in a downward revision of historical estimates compared with figures reported in the 2020 Annual Progress Report (APR).



About Gavi, the Vaccine Alliance

Gavi, the Vaccine Alliance is a public-private partnership that helps vaccinate more than half the world's children against some of the world's deadliest diseases. The Vaccine Alliance brings together developing country and donor governments, the World Health Organization (WHO), UNICEF, the World Bank, the vaccine industry, technical agencies, civil society, the Gates Foundation and other private sector partners. View the full list of donor governments and other leading organisations that fund Gavi's work [here](#).

Since its inception in 2000, Gavi has helped to immunise a whole generation – over 1.2 billion children – and prevented more than 20.6

million future deaths, helping to halve child mortality in 78 lower-income countries. Gavi also plays a key role in improving global health security by supporting health systems as well as funding global stockpiles for Ebola, cholera, meningococcal and yellow fever vaccines. After more than two decades of progress, Gavi is now focused on protecting the next generation, above all the zero-dose children who have not received even a single vaccine shot. The Vaccine Alliance employs innovative finance and the latest technology – from drones to biometrics – to save lives, prevent outbreaks before they can spread and help countries on the road to self-sufficiency.

Learn more at www.gavi.org and connect with us on [Bluesky](#), [Facebook](#), [Instagram](#), [LinkedIn](#), [TikTok](#), [X](#) and [YouTube](#).



>1.2bn

children vaccinated through routine programmes, 2000–2024 – more than 72 million in 2024 alone

The vaccine goal

63%

The 57 Gavi-supported countries increased breadth of protection with vaccines in the Gavi portfolio to 63%, up 8 percentage points from 2023.

108

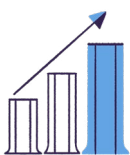
58 Gavi-supported vaccine introductions and preventive campaigns took place in 2024 – in addition to 50 outbreak response vaccination campaigns supported by Gavi.

32m

>32.6 million girls fully immunised against HPV with Gavi support in 2024 alone – more than the previous ten years combined.

17

17 countries accessed cholera, meningococcal and yellow fever vaccines through Gavi-supported emergency stockpiles a total of 44 times in 2024.



>2.1bn

vaccinations through preventive vaccination campaigns, 2000–2024

>20.6m

future deaths averted, 2000–2024 (including 1.7m in 2024 alone – the most lives saved in a single year). In addition, >2.7m deaths were averted by COVAX across participating AMC low- and middle-income countries.

The equity goal

82%

In 2024, Gavi-supported countries increased DTP3 coverage to 82% (compared to the 85% global average).

72m

>72m children were reached with Gavi-supported routine vaccines in 2024 – more than in any year previously.

48

48 countries have installed more than 64,000 cold chain equipment (CCE) units procured by UNICEF Supply Division through Gavi's CCEOP – nearly 2,700 in 2024 alone.

87%

Average coverage of DTP3 in 26 low-income countries supported by Gavi is not yet back to pre-pandemic levels (i.e. 75% in 2019) – while lower middle-income countries exceeded 2019 coverage by 1 pp, reaching 87% in 2024.

The sustainability goal

US\$ 1.9bn

by end 2024

In the face of fiscal challenges, climate change, conflict and instability, most Gavi-supported countries maintained or increased domestic resources for co-financing of Gavi-supported vaccines in 2024, bringing to US\$ 1.9 billion their total contribution since the introduction of the co-financing policy in 2008.

255m

US\$ 255m was contributed by countries towards the co-financing of Gavi-supported vaccines in 2024 – the highest amount yet and a testament to country ownership and the long-term financial sustainability of Gavi-supported vaccines.

55

55 vaccine programmes originally introduced with Gavi funding are self-financed by countries as of 2023, up from 40 in 2018.

100%

100% of countries fully met their 2024 co-financing obligation – except six waivers for humanitarian crises.

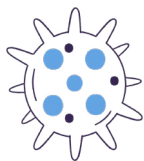
The healthy markets goal

20 Through Gavi's market shaping efforts, the number of manufacturers supplying prequalified Gavi-supported vaccines reached 20 in 2024 (with nearly half based in low- and middle income countries) – compared with 5 in 2001.

10 10 markets for vaccines and immunisation products exhibited acceptable levels of healthy market dynamics in 2024, meeting the target for the year.

12 12 innovative products were within the pipeline of commercial-scale manufacturers in 2024, continuing to exceed the Alliance target of 8 by 2025 well ahead of schedule.

500k 500,000 mpox vaccine doses secured within a month of the WHO emergency declaration.



695¹

vaccine introductions and preventive vaccination campaigns, 2000–2024

¹ Excluding COVID-19 vaccination. Routine introductions and preventive vaccination campaigns relate to Gavi-supported vaccines against 16 infectious diseases, as of 2024. In the Gavi 1.0 and 2.0 strategic periods, introductions were completed for hepB mono and tetra-DTP-hepB that are not counted here.

**US\$ 54 for
US\$ 1 spent**

A [study](#) covering 73 Gavi-supported countries shows that, for every US\$ 1 spent on immunisation in the 2021–2030 period, US\$ 21 are saved in health care costs, lost wages and lost productivity due to illness and death. When considering the value people place on lives saved by vaccines – which is likely to include the value of costs averted plus the broader societal value of lives saved and people living longer and healthier lives – the return on investment is estimated to be US\$ 54 per US\$ 1 spent.

Sim S.Y., Watts E., Constenla D., Brenzel L., Patenaude B.N. Return On Investment From Immunization Against 10 Pathogens In 94 Low- And Middle-Income Countries, 2011–30. Health Affairs, 2020



**>US\$
280bn**

in economic benefits generated in the countries we support, 2000–2024



**>US\$
1.9bn**

in co-financing contributions from Gavi-supported countries since 2008 – and a high of US\$ 255m in 2024 alone

14.3m

14.3 million children in Gavi-supported countries are under-immunised – they have not received all three doses of the essential childhood vaccine containing diphtheria, tetanus and pertussis (DTP). Of this group, 70% are 'zero-dose' children – they have not received even a single dose of DTP-containing vaccine. In Gavi-supported countries in 2024, there were 10.2 million zero-dose children – down from 10.7 million in 2023.

54%

54% of children under 12 months in Gavi-supported countries in 2024 received the last recommended dose of each of the 11 antigens currently recommended by WHO for all infants worldwide by their first birthday, up from 49% in 2023.



Gavi-supported countries continue to have higher coverage of vaccines against pneumococcus, rotavirus and *Haemophilus influenzae* type b (Hib) than the rest of the world.



Gavi-supported vaccine introductions & campaigns

Visit the [gavi.org country hub](https://gavi.org/country-hub) 

AVAILABLE AT
GAVI.ORG/PROGRAMMES-IMPACT/COUNTRY-HUB

Country	Surviving infants surviving to 1 year (2024)		Under-five mortality rate deaths <5 years per 1,000 births (2023)		Immunisation coverage (DTP3/pentavalent 3rd dose) (2024)	Vaccines launched 2024	Vaccines launched 2000–2023											Gross national income per capita, US\$ (2022) ⁵	Transition status 2024						
							Human papillomavirus ³	Inactivated polio ⁴	Japanese encephalitis	Malaria	Measles	Measles-rubella	Meningococcal A	Pentavalent ¹	Pneumococcal	Rotavirus ²	Typhoid		Yellow fever	Initial self-financing	Preparatory transition	Accelerated transition	Fully self-financing		
African Region																									
Angola*	1,353,386	64.0	64%																		1,900				
Benin	463,171	77.9	63%	Malaria (R) Measles-rubella (RC)																	1,400				
Burkina Faso	705,850	77.3	91%	Malaria (R) Measles-rubella (C)																	840				
Burundi	452,622	49.2	89%																		240				
Cameroon	934,588	67.2	77%	Malaria (R)																	1,660				
Central African Republic	233,989	92.2	42%	Malaria (R)																	480				
Chad	835,132	101.1	68%	M (R) PCV (RC) R (R) YF (C)																	690				
Comoros	23,722	39.8	75%																		1,610				
Congo	187,937	40.5	78%																		2,060				
Côte d'Ivoire	967,037	67.1	77%	Malaria (R) Measles-rubella (C)																	2,620				
DR Congo	4,290,101	73.2	65%	Malaria (R)																	590				
Eritrea	99,211	35.4	95%	Measles-rubella (C)																	Low ¹				
Eswatini*	28,469	45.0	84%																		3,800				
Ethiopia	4,041,086	46.5	73%	Human papillomavirus (C)																	1,020				
Gambia	80,325	44.1	80%																		810				
Ghana	868,994	37.1	95%	Malaria (R) Measles-rubella (C)																	2,350				
Guinea	467,178	95.0	63%	Measles (C)																	1,180				
Guinea-Bissau	62,541	69.3	68%	Measles-rubella (C)																	820				
Kenya	1,483,261	39.9	91%	Malaria (R)																	2,170				
Lesotho	53,159	58.9	86%																		1,260				
Liberia	164,218	72.9	83%	Malaria (R) Measles (C)																	680				
Madagascar	976,564	64.8	60%	Measles (C)																	510				
Malawi	657,430	38.3	91%	Malaria (R)																	640				
Mali	922,154	91.3	82%	HPV (R) Measles-rubella (RC) ⁸																	850				
Mauritania	171,366	37.8	86%	Measles-rubella (C)																	2,160				
Mozambique	1,231,950	61.7	70%	Malaria (R) Measles-rubella (C)																	500				
Niger	1,064,758	114.8	86%	Malaria (R) Yellow fever (C)																	610				
Nigeria	7,166,687	104.9	67%	Malaria (R) Measles (C)																	2,140				
Rwanda	390,719	40.0	98%	Measles-rubella (C)																	930				
Sao Tome and Principe	6,553	13.9	87%																		2,410				
Senegal	528,820	38.5	91%	Measles-rubella (C)																	1,640				
Sierra Leone	246,810	94.3	91%	Malaria (R) Measles-rubella (C)																	510				
South Sudan	331,907	98.7	73%	Malaria (R)																	Low ¹				
Togo	282,594	58.3	90%																		990				
Uganda	1,680,210	38.8	91%																		930				
UR Tanzania	2,327,007	38.9	83%	HPV (C) Measles-rubella (C)																	1,200				
Zambia	675,474	44.7	91%	Measles-rubella (C)																	1,170				
Zimbabwe	483,387	44.2	91%																		1,500				
Region of the Americas																									
Bolivia (Plurinational State of)*	253,970	23.1	59%																		3,450				
Cuba*	94,282	8.3	99%	Pneumococcal (R)																	Upper ⁹				
Guyana*	16,257	25.7	98%																		15,050				
Haiti	248,851	55.1	60%																		1,610				
Honduras*	231,790	15.5	75%																		2,740				
Nicaragua* ¹⁶	131,128	13.4																			2,090				

Country	Surviving infants surviving to 1 year (2024)			Immunisation coverage (DTP3/pentavalent 3rd dose) (2024)	Vaccines launched 2024	Vaccines launched 2000–2023	R Routine C Campaign (preventive) D Demonstration project	Gross national income per capita, US\$ (2022) ⁵	Transition status 2024												
	Under-five mortality rate deaths <5 years per 1,000 births (2023)								Initial self-financing	Preparatory transition	Accelerated transition	Fully self-financing									
Eastern Mediterranean Region																					
Afghanistan	1,439,795	55.5	59%				R	Low ¹													
Djibouti	23,720	50.4	77%				R	3C													
Pakistan	6,614,978	58.5	87%				R	2C RC													
Somalia	764,376	104.0	70%				R	R2C													
Sudan	1,611,821	50.1	39%	Malaria (R) Measles-rubella (RC) ⁶			RC	C													
Syrian Arab Republic	563,390	20.6	73%					2C													
Yemen	1,356,360	39.3	42%				R	3C													
European Region																					
Armenia*	35,991	10.0	94%				RD R														
Azerbaijan*	119,810	18.6	51%				R														
Georgia* ¹¹	42,733	9.2	86%				RD														
Kosovo* ⁷	19,812			Human papillomavirus (R)																	
Kyrgyzstan	148,742	17.0	85%	Measles-rubella (C)			RC RC														
Republic of Moldova* ¹²	31,865	14.7	86%				RD RC														
Tajikistan	263,273	27.3	97%				RC														
Uzbekistan*	919,366	13.3	90%				RC RC														
South-East Asia Region																					
Bangladesh	3,417,357	30.6	97%				RCD RC														
Bhutan*	9,750	23.1	98%				RC														
DPR Korea	336,745	18.0	99%				R														
India	22,716,684	27.7	94%				R														
Indonesia*	4,402,780	20.6	78%				RD RC RC ¹⁵														
Myanmar	871,535	38.7	71%				R														
Nepal	551,808	26.5	97%	Measles-rubella (C) IPV (C)			D R RC														
Sri Lanka*	319,056	6.1	97%				R														
Timor-Leste*	29,545	50.0	83%	Human papillomavirus (RC)			R														
Western Pacific Region																					
Cambodia	352,187	22.9	83%	Measles-rubella (C)			RD R RC ¹⁵														
Kiribati*	3,284	55.1	94%				R														
Lao PDR	158,353	39.0	67%	Measles-rubella (C)			RCD RC ¹⁵														
Mongolia*	62,598	13.6	96%	Human papillomavirus (R)			RC														
Papua New Guinea	249,866	40.3	42%				R														
Solomon Islands	21,598	20.6	87%				RCD														
Viet Nam*	1,337,356	20.0	97%	Rotavirus (R)			RC														
Total launches																					
Total launches 2000–2023						85	98	10	0	66	91	52	67	66	55	10	37				
Total launches 2000–2024						92	99	10	17	70	113	52	67	69	57	10	39				

Notes: Any numeral before the letter C denotes the total number of campaigns that have taken place. Outbreak response vaccination campaigns supported through the International Coordinating Group (ICG) on Vaccine Provision stockpile mechanism for Ebola, meningococcal, oral cholera and yellow fever vaccines are not included in this table. Measles and measles-rubella outbreak response vaccination campaigns supported through the Outbreak Response Fund – which is managed by the Measles & Rubella Partnership (M&RP) and funded by Gavi – are not included in this table.

The total number of launches may not correspond to the launches listed in this chart due primarily to the following reasons: some figures from previous years have been updated due to revisions of historical data; some country names do not appear in this chart, as they no longer receive Gavi support; and some countries have introduced vaccines into their routine immunisation programmes independently of Gavi support.

* Eligible for support under Gavi's Middle-Income Countries (MICs) Approach

Sources: vaccine launches: Gavi, the Vaccine Alliance; surviving infants: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects (WPP), 2024; child mortality: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2025; immunisation coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2025; eligibility: World Bank, World Development Indicators, 2023

1 All 74 countries have introduced pentavalent vaccine. Six of the 74 countries introduced pentavalent vaccine independently of Gavi support. **2** Kiribati introduced rotavirus vaccine independently of Gavi support. **3** Bhutan, Kiribati and Nicaragua introduced HPV vaccine independently of Gavi support. **4** All 74 countries have introduced the first dose of inactivated polio vaccine (IPV1), while by end 2024 53 countries had also switched to using a second dose of inactivated polio vaccine (IPV2). Four of the 74 countries introduced IPV1 independently of Gavi support. **5** Gross national income (GNI)

per capita for 2022 in US\$, Atlas method, as updated by the World Bank on 1 July 2023. **6** Estimated to be low-income (GNI per capita US\$ 1,135 or less). **7** References to Kosovo in this document should be understood to be in the context of the United Nations Security Council Resolution 1244 (1999). **8** Benin, Mali and Sudan introduced the second dose of measles-rubella vaccine (MCV2). **9** Estimated to be upper middle-income (GNI per capita US\$ 4,466 to US\$ 13,845). **10** In 2020, an exceptional catch-up campaign in Sudan was approved and commenced, continuing into 2021. **11** Excludes Abkhazia and South Ossetia. **12** Excludes Transnistria. **13** Bhutan, Indonesia and Mongolia are fully self-financing and accessed the Pneumococcal Advance Market Commitment (AMC) price for pneumococcal vaccines. **14** In 2021, Indonesia piloted introduction of pneumococcal conjugate vaccine (PCV) in four provinces. The national PCV immunisation programme launched in September 2022. **15** Prior to the Board decision in 2016, countries supported by Gavi for routine introduction of Japanese encephalitis vaccine received a Vaccine Introduction Grant (VIG), not co-financing for vaccine doses. **16** No WUENIC estimates published for Nicaragua in July 2025.



VaccinesWork in 2024: Our most-read stories

Features from VaccinesWork's team of writers across the world, telling the stories behind the headlines.

VaccinesWork is an award-winning digital platform hosted by Gavi, the Vaccine Alliance covering news, features and explainers from every corner of global health and immunisation. Launched in 2020, the VaccinesWork writers network encompasses more than 70 independent journalists contributing news and features from over 40 countries. With more than 3 million page views across VaccinesWork in 2024, here are some of the year's most-read feature stories from the community.



CLIMATE CHANGE CAUSES MALARIA CASES TO TRIPLE IN NORTHWEST PAKISTAN

In the wake of 2022's floods, provincial health leaders say they need a new "climate-change specific" plan.

[Read the full article](#) by Adeel Saeed

Credit: Adeel Saeed



ZIPLINE DRONES WING VACCINES TO MALARIA- PRONE WESTERN KENYA

From rabies post-exposure prophylactics to measles and malaria vaccines, drones are getting life-saving shots to kids in remote parts of Kisumu.

[Read the full article](#) by Joseph Maina

Credit: Joseph Maina



HOW UGANDA'S IMMUNISATION PROGRAMME HELPED REDUCE CHILD MORTALITY

In Uganda in 2011, 90 children out of every 1,000 live births died before their fifth birthday. Today, that figure has dropped to 52 – and health leaders say vaccination has been key to the change.

[Read the full article](#) by John Agaba

Courtesy of: Lonette Kiconco



MEET BILQUIS ARA, ONE OF KASHMIR'S VERY BEST COMMUNITY HEALTH WORKERS

At just 34, she's belonged to India's million-plus army of ASHA workers for a dozen years. She's done everything from gathering health data to saving lives – and in her off-hours, she's donated enough blood to be called "the Blood Woman of Kashmir".

[Read the full article](#) by Nasir Yousufi

Credit: Nasir Yousufi



AMID WAR, AND ON CAMELBACK: HOW SUDAN'S VACCINATORS ARE DELIVERING A DOSE OF HOPE

A year of conflict has left Sudan's immunisation safety net frayed. Gavi and Save the Children are helping vaccinators patch it back up.

[Read the full article](#) by Asrar Fadulelsied

Credit: Asrar Fadulelsied



GROUNDBREAKING BIOMETRIC TECH BRINGS KENYAN NEWBORNS INTO THE DIGITAL FOLD ON DAY ONE

A new biometric vaccination management system, designed in Japan, promises "great impact" in Kenya and beyond, researchers say.

[Read the full article](#) by Diana Wanyonyi

Credit: Diana Wanyonyi

Le site internet francophone de Gavi (gavi.org/fr) héberge VaccinesWork en français. Découvrez trois des récits de la communauté les plus lus en 2024.

[Des injections à la place des comprimés : le nouveau traitement du VIH à l'essai en Afrique](#)

[On a parlé vaccins avec... Pr Halidou Tinto, fer de lance de la lutte contre le paludisme au Burkina Faso](#)

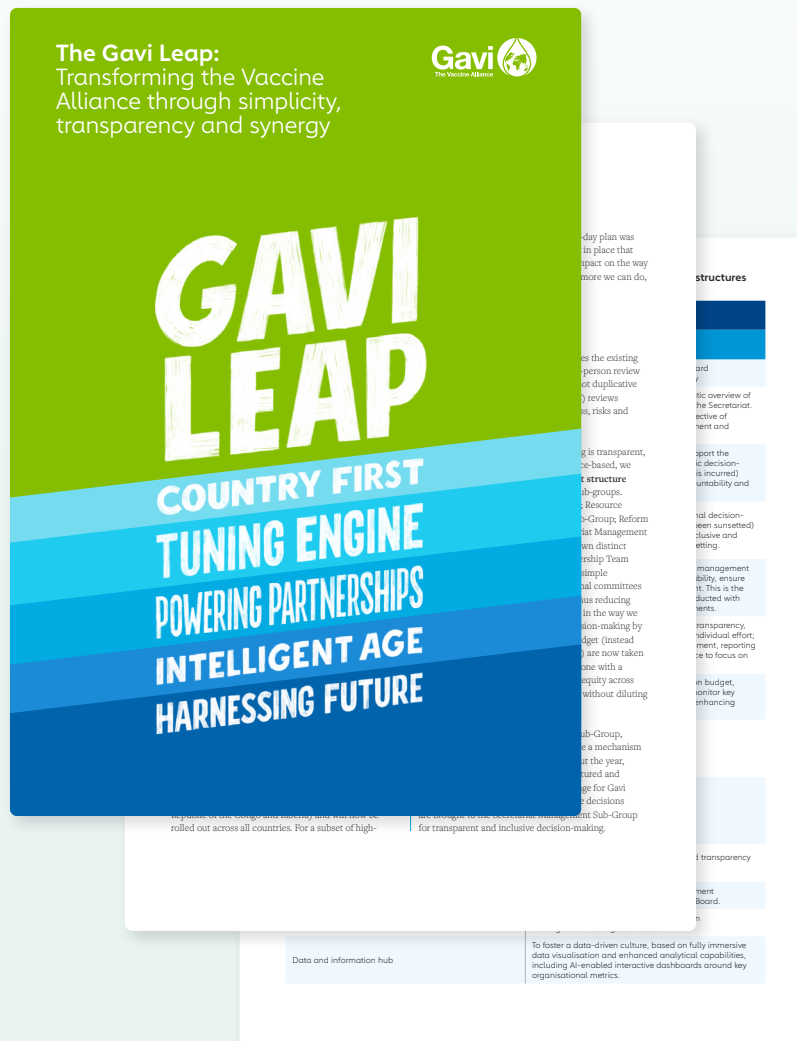
[Sud-Kivu : l'épicentre de la résurgence du virus mpox en RDC](#)

Fast-forward to the Gavi Leap

Building on Gavi CEO Dr Sania Nishtar's July 2024 [180-day plan](#), our new "Gavi Leap" country operating model, conceptualised in 2024 and first published in April 2025, truly places countries first by increasing country decision-making over financial resources, by making it easier for countries to work with Gavi, by focusing on real solutions for persistent challenges and by promoting immunisation sustainability, holding ourselves accountable for action.

Check it out on the [Gavi website](#) ↗

AVAILABLE AT
GAVI.ORG/NEWS/DOCUMENT-LIBRARY/GAVI-LEAP



01

The vaccine goal

Introduce and scale up vaccines



On 4 November 2024, in Gedaref, Sudan, Romisa Mohammad Ali holds her six-month-old daughter, Adan, the first child in Sudan to be vaccinated against malaria. "Vaccination is important to fight malaria. It is a dangerous disease, and children cannot tolerate it," says Romisa. "I tell all mothers that vaccination is safe, and I recommend that their children take the doses. This vaccination will protect our children."

"Sudan rolls out first malaria vaccines"

Read the news release at [gavi.org](https://www.gavi.org)

Credit: UNICEF/2024/Ahmed Mohamdeen Elfatih

Key highlights

In 2024, lower-income countries protected more people, against more diseases, than any year in history.



58

Gavi-supported vaccine introductions and preventive campaigns took place in 2024 – in addition to 50 outbreak response vaccination campaigns supported by Gavi.



>32.6m

girls fully immunised against HPV with Gavi support in 2024 alone – more than the previous ten years combined.



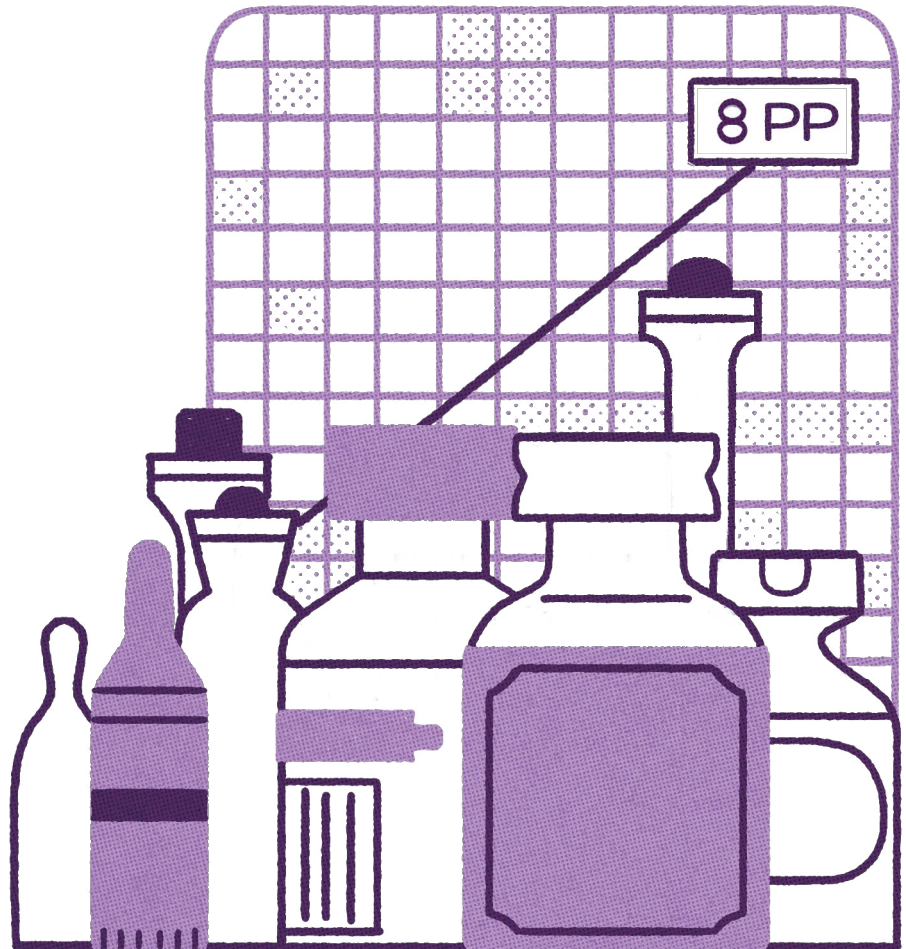
17

countries accessed cholera, meningococcal and yellow fever vaccines through Gavi-supported emergency stockpiles a total of 44 times in 2024.



63%

The 57 Gavi-supported countries increased breadth of protection with vaccines in the Gavi portfolio to 63%, up 8 percentage points from 2023.



Routine immunisation in 2024: increasing breadth of protection

The WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) released in July 2025 show progress towards several of Gavi’s strategic objectives in the penultimate year of the Gavi 5.0/5.1 strategy (2021–2025). Gavi-supported countries are protecting more children, against more diseases, than ever before in history – and coverage rates are steadily on the rise following declines during the COVID-19 pandemic.

Since 2000, more than 1.2 billion children have been reached through routine immunisation with Gavi support – surpassing the Alliance goal to protect 1.1 billion children by 2025. Routine coverage increased by 1 percentage point (pp) in the 57 lower-income countries supported by Gavi (Gavi57) in 2024 after remaining flat in 2023, with coverage for the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) increasing to 82%.

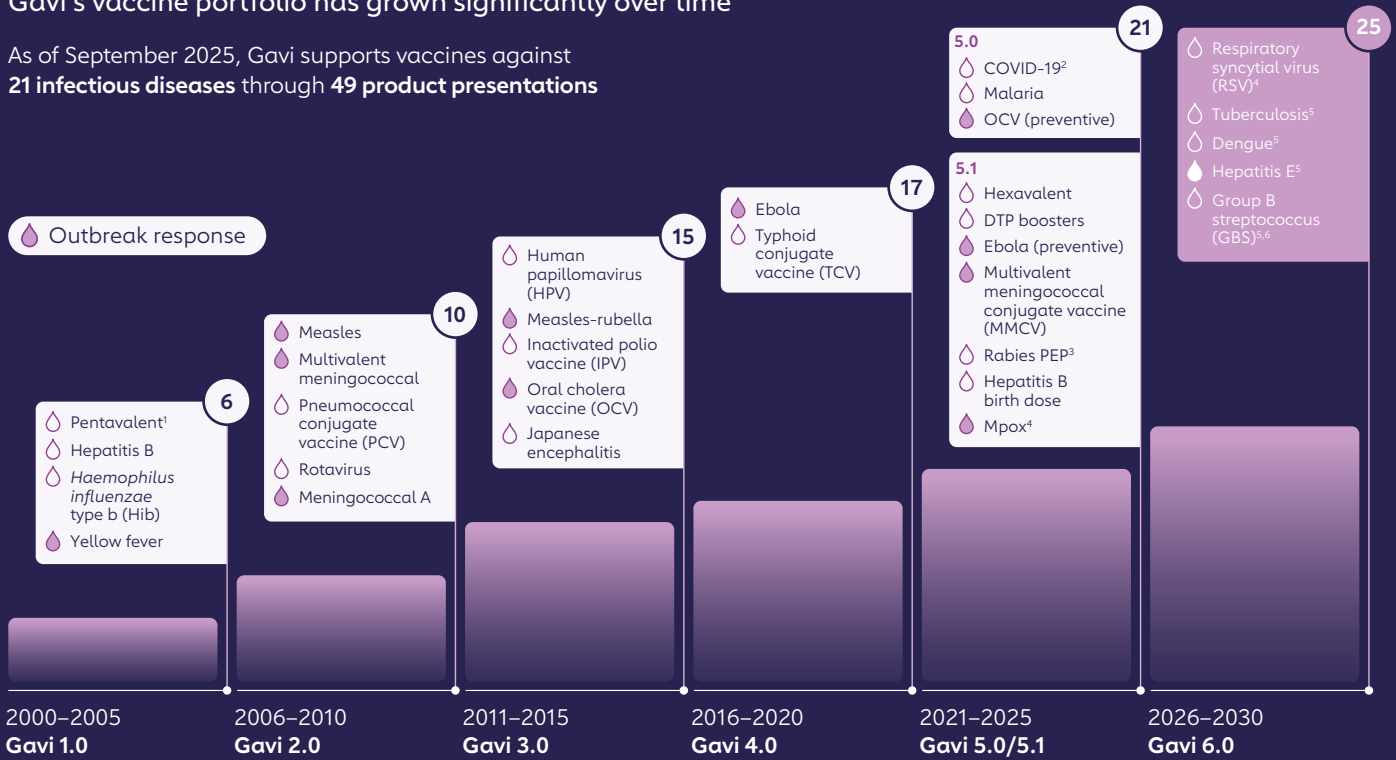
Breadth of protection, which averages coverage across ten Gavi-supported vaccines, increased by 8pp in 2024 and now stands at 63%, exceeding the Gavi

5.0/5.1 target. Increases in coverage of the second dose of inactivated polio vaccine (IPV2), last dose in the schedule for human papillomavirus vaccine (HPVC), second dose of measles-containing vaccine (MCV2), third dose of pneumococcal conjugate vaccine (PCV3), first dose of rubella-containing vaccine (RCV1), yellow fever vaccine and last dose in the schedule for rotavirus vaccine (rotaC) are driving the increase in breadth of protection. All Gavi-supported vaccines had higher coverage in 2024 than in 2023.

More girls in lower-income countries are protected against cervical cancer than ever before in history: more girls were fully immunised with HPV vaccine in 2024 than in the previous decade combined. Gavi57 increased HPV coverage by 9pp in 2024 to 25% (compared with 28% globally) – driven mostly by switches to a one-dose schedule, as well as routine introductions in large countries like Nigeria and Bangladesh. By end 2024, 42 countries had launched their HPV vaccine national programme with Gavi support (compared with 21 countries before the COVID-19 pandemic); and more than 59.8 million girls are fully immunised – on track to achieve our target of 86 million girls by end 2025.

Gavi’s vaccine portfolio has grown significantly over time

As of September 2025, Gavi supports vaccines against **21 infectious diseases** through **49 product presentations**



Notes: 1 Diphtheria, tetanus, pertussis (DTP), hepatitis B, *Haemophilus influenzae* type b (Hib). 2 The Vaccine Investment Strategy (VIS) did not recommend continuing COVID-19 in Gavi’s portfolio from 2026. 3 Post-exposure prophylaxis (PEP). 4 Respiratory syncytial virus (RSV) maternal vaccine programme and mpox vaccine stockpile approved by the Gavi Board in July 2025. 5 Tuberculosis, dengue, hepatitis E and Group B streptococcus (GBS) vaccines were approved in principle by the Gavi Board in June 2024 as outcomes of the Vaccine Investment Strategy 2024. 6 Estimated timeline for vaccine availability is Gavi 7.0 (2031–2035).



Results – vaccine goal strategy indicators

Four in five children in Gavi-supported countries receive routine immunisation.

S1.1

Breadth of protection¹

● 2024 progress: on track

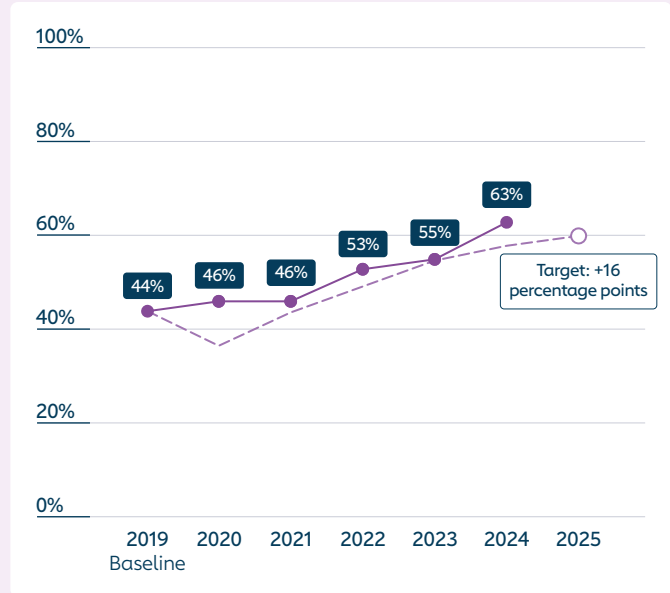
Average vaccination coverage across key Gavi-supported vaccines in Gavi-supported countries.

Summary measure of prioritised vaccine introductions, rate of scale-up of newly introduced vaccines and vaccine coverage.

2024 progress: The 57 lower-income countries supported by Gavi (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.

Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), WHO/UNICEF Joint Reporting Form (JRF), 2025; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects (WPP), 2024

¹ Gavi's 2021–2025 strategic period (Gavi 5.0/5.1) uses an updated definition of breadth of protection (BOP), which now includes coverage of human papillomavirus (HPV) vaccine and the second dose of inactivated polio vaccine (IPV2). The Gavi 5.0/5.1 definition of BOP includes the following vaccines: third dose of pentavalent vaccine, IPV2, third dose of pneumococcal conjugate vaccine (PCV3), first dose of rubella-containing vaccine (RCV1), rotavirusC (last dose in schedule), second dose of measles-containing vaccine (MCV2), yellow fever, meningococcal A, Japanese encephalitis, human papillomavirus (HPV; last dose in schedule).



School-based immunisation in Bali, Indonesia – a former Gavi implementing country – which was the first middle-income country to pledge towards Gavi's 2026–2030 strategic period (Gavi 6.0).

"Indonesia pledges US\$ 30 million to support global immunisation efforts through Gavi"

[Read the news release on gavi.org](#)

Credit: Gavi/2024/WISMOYO

S1.2

Vaccine coverage

Measures coverage of the four vaccines included in the Sustainable Development Goal (SDG) indicator 3.b.1 across the life course, including newly available or underutilised vaccines, at the national level.

2024 progress: 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 the level of MCV2 coverage at 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-COVID-19 pandemic levels.

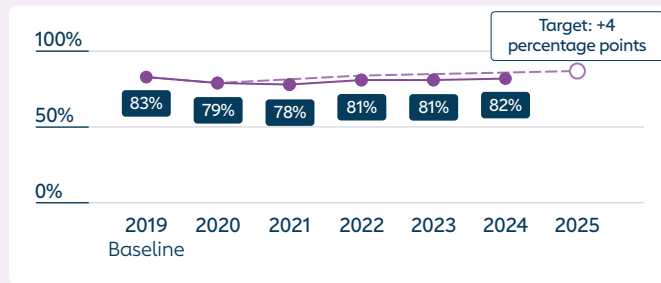
Data sources: Vaccine coverage: WUENIC, 2025; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, WPP, 2024

Note: In the above and below graphs, the dotted lines represent the projected annual trajectory forecasted when 2025 targets were set with the Gavi Board. Traditionally, Gavi has shown annual targets as 'linear' (e.g. DTP3 coverage is expected to increase by 1 percentage point each year). However, given disruptions caused by the COVID-19 pandemic, these target trajectories reflect assumptions made with the Gavi Board in May 2021.

Coverage of DTP-containing vaccine (third dose): % of surviving infants who received three doses of diphtheria, tetanus and pertussis-containing vaccine in a given year.

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

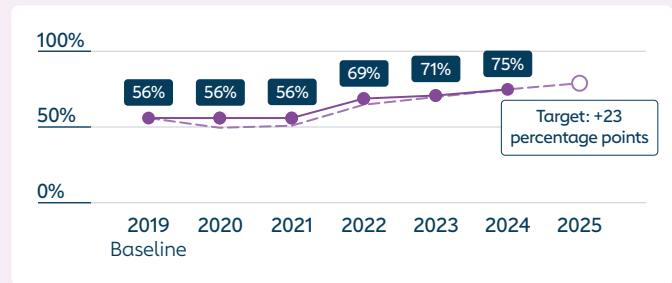
● **2024 progress:** significant delays/challenges



Coverage of pneumococcal conjugate vaccine (last dose in the schedule): % of surviving infants who received the nationally recommended doses of pneumococcal conjugate vaccine (PCV) in a given year.

2024 progress: Among Gavi57, 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.

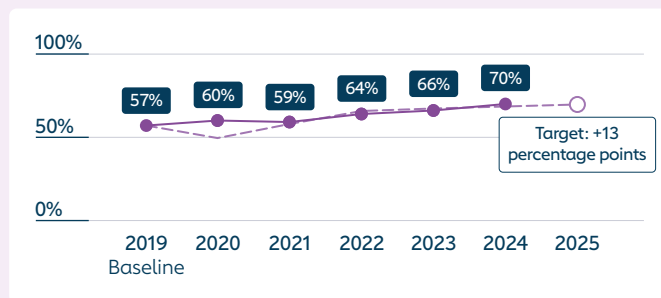
● **2024 progress:** on track



Coverage of measles-containing vaccine (second dose): % of children aged 12–23 months who received two doses of measles-containing vaccine according to the nationally recommended schedule through routine immunisation services in a given year.

2024 progress: Gavi57 have also increased MCV2 coverage, from 57% in 2019 to 70% in 2024, meeting the Gavi 5.0/5.1 target. This was driven by improvements in populous countries such as the Democratic Republic of the Congo (DRC), Uganda, India and Ethiopia.

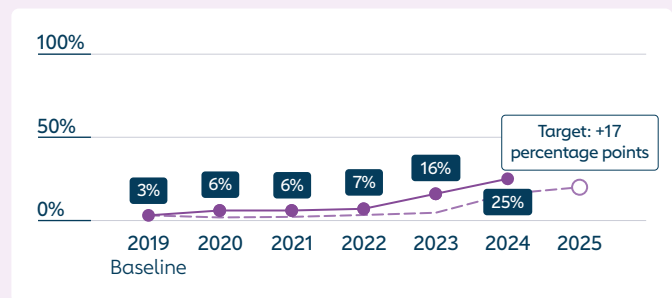
● **2024 progress:** on track



Coverage of human papillomavirus vaccine (HPVC; last dose in the schedule): % of girls aged 15 years who received the recommended doses of HPV vaccine in a given year.

2024 progress: Gavi57 continue to significantly increase HPVC coverage at portfolio level: from a revised estimate of 3% in 2019, to 7% in 2022, doubling to 16% in 2023, before increasing again to 25% in 2024 – exceeding the Gavi 5.0/5.1 target and reflecting unprecedented Alliance efforts since the 2023 revitalisation of Gavi’s HPV vaccine programme. The improvement in coverage is driven by switches to a single-dose schedule, as well as routine introductions in populous countries such as Nigeria and Bangladesh.

● **2024 progress:** on track



S1.3

Rate of scale-up of new vaccines

Coverage of routine vaccines PCV3, rotavirusC (last dose in schedule), MCV2 and yellow fever relative to benchmark vaccines (i.e. DTP3 for PCV3 and rotaC; MCV1 for MCV2 and yellow fever), within reference time frame for new introductions.

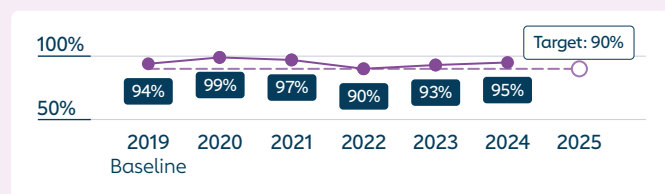
2024 progress: Coverage of three vaccines – yellow fever (98%), PCV3 (92%) and rotaC (95%) – continued to exceed the benchmark, with rotaC continuing to recover from 2022’s supply disruptions. Coverage of MCV2 remained under the target threshold of 90% relative coverage, with a slight decline in 2024.

Data sources: Vaccine coverage: WUENIC, 2025; population estimates, WPP, 2024; vaccine introductions: Gavi, the Vaccine Alliance, 2025

Note: PCV3 and rotaC in India and yellow fever vaccine in Kenya are excluded due to subnational introduction, as this indicator is focused on national introductions.

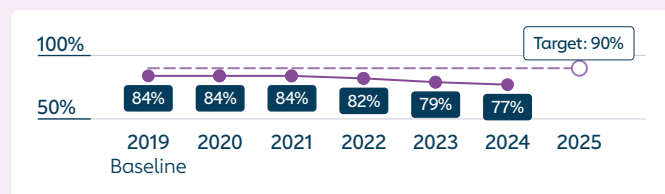
RotavirusC (last dose in schedule)

● **2024 progress:** on track



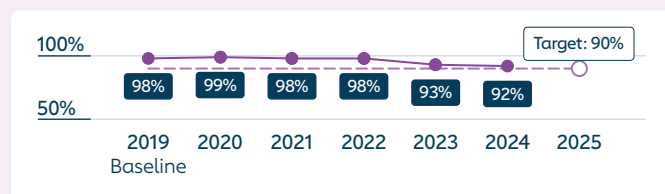
Second dose of measles-containing vaccine (MCV2)

● **2024 progress:** significant delays/challenges



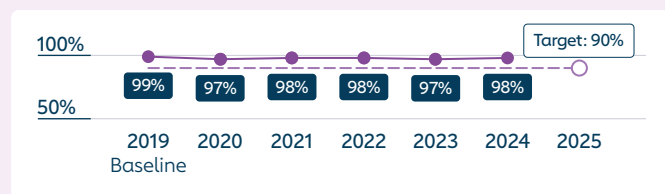
Third dose of pneumococcal conjugate vaccine (PCV3)

● **2024 progress:** on track



Yellow fever

● **2024 progress:** on track



S1.4

Vaccine introductions

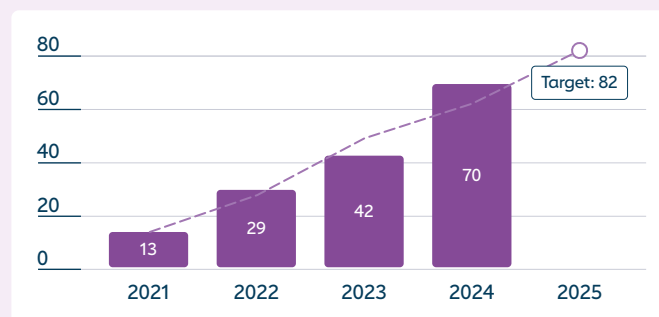
of introductions of Gavi-supported vaccines into routine immunisation in a given year, to monitor incremental change in numbers of countries introducing underused vaccines into the routine immunisation schedule, with Gavi support.²

● **2024 progress:** on track

2024 progress: In 2024, 28 new routine introductions took place with Gavi support. The cumulative total for introductions in 2021–2024 is 70, which is well on track against the target of 82 by 2025.

Data source: Gavi, the Vaccine Alliance, 2025

² Excludes COVID-19 vaccination and the second dose of inactivated polio vaccine (IPV2).



Health worker Lillian Namirembe is part of the immunisation team at Hope Clinic, a health centre working with Uganda’s Ministry of Health to help administer vaccines and provide nutrition advice to people in Kampala. The clinic has a weekly immunisation programme, through which they also provide consultation, guidance and counselling.

Credit: Gavi/2024/JJumba Martin



S1.5 Country prioritisation of vaccines

Extent to which countries use evidence to inform prioritisation of their vaccine programmes.

2024 progress: New strategy indicator for Gavi 5.0/5.1; no baseline; no target set.

2024 progress: 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 evaluated if the applications took into consideration the following three criteria (as proxies for use of evidence):

How significant is the health burden (i.e. morbidity and mortality) caused by the disease in question?

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?

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?

A total of 30 applications were reviewed in 2024. Overall, 97% of the applications considered disease burden, and 73% 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 comprehensively capture how countries evaluated a new vaccine introduction in the context of their broader vaccine portfolio.

Gavi's 2026–2030 strategy (Gavi 6.0) has recognised the importance of vaccine prioritisation and portfolio optimisation (VPOP). The Gavi Secretariat, in collaboration with Vaccine 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.

Note: Data was taken from applications, and Gavi's assessment was not validated with country or partners.

S1.6 Measles campaign reach

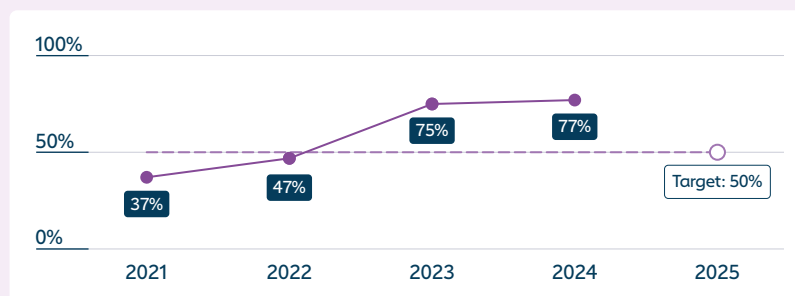
% of children aged under five previously unvaccinated against measles who received a dose of measles-containing vaccine (MCV) in a Gavi-supported preventive campaign.

● **2024 progress:** on track

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

2024 progress:³ 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.

³ 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. In 2024, this indicator was based on data from only six countries.



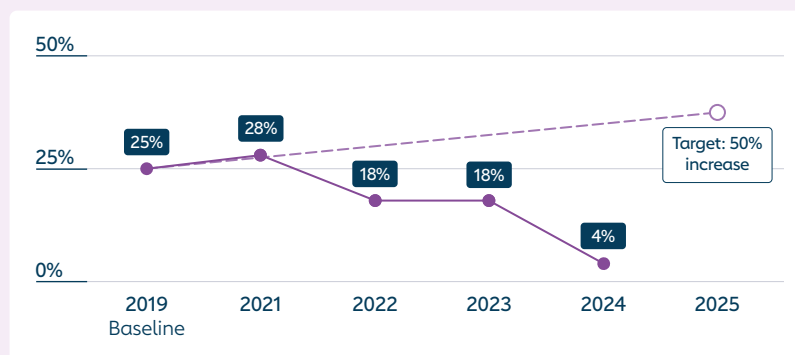
S1.7 Timely detection of and response to outbreaks

% of cholera, Ebola, measles, meningitis and yellow fever outbreaks (i.e. diseases for which there are established outbreak global response mechanisms) detected and responded to in a timely manner.

● **2024 progress:** significant delays/challenges

2024 progress: 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 levels of international support for outbreak control in 2024, and the Vaccine Alliance worked to ensure that vaccines and funding for implementation were available and rapidly supplied to countries. In 2024, while only 4% of Gavi-supported outbreak responses met the disease-specific timeliness threshold, representing a decrease from 2023, average response time continues to accelerate year on year for cholera and meningitis, which represent the majority of outbreak responses. More countries are accessing cholera and yellow fever diagnostics to allow for more timely detection and response, and improved vaccine targeting.

Data sources: Routine reports from the International Coordinating Group (ICG) on Vaccine Provision, Measles & Rubella Partnership, Global Polio Eradication Initiative (GPEI), World Health Organization (WHO), national immunisation and disease surveillance programmes, 2025



Progress – 2024 updates on Gavi-supported vaccine programmes

Note: The total numbers reached have been updated, which has resulted in a downward revision for certain vaccines. This is due primarily to revisions of: historical data; and Gavi support segmentation.

Pentavalent vaccine

Protects against five major diseases in one vaccine: diphtheria, tetanus, pertussis (whooping cough), hepatitis B and *Haemophilus influenzae* type b (Hib).

Type of support offered by Gavi	Routine immunisation
Introductions in 2024	0
Total introductions to end 2024	67 ¹
Total reached to end 2024	>804m

By end 2024, more than 804 million children across 67 countries had been immunised with three doses of Gavi-funded pentavalent vaccine through routine immunisation. Pentavalent vaccine coverage in the 57 Gavi-supported countries (Gavi57) increased nearing pre-pandemic levels, with the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) increasing to 82% in 2024, up from 78% in 2021. This means DTP3 coverage in Gavi-supported countries is nearly back to pre-pandemic levels (i.e. record high of 83% in 2019). Efforts by Vaccine Alliance, core and expanded partners to operationalise the zero-dose agenda – to reach ‘zero-dose’ children who have not received even a single vaccine shot – facilitated these improvements.

¹ All 74 Gavi-eligible countries have introduced pentavalent vaccine. Seven of the 74 countries introduced pentavalent vaccine independently of Gavi support.

Pneumococcal conjugate vaccine (PCV)

Helps prevent the primary cause of bacterial pneumonia, a leading cause of vaccine-preventable deaths among children aged under five.

Type of support offered by Gavi	Routine immunisation ²	Catch-up vaccination
Introductions & campaigns in 2024	2	1
Total introductions & campaigns to end 2024	69 ³	3
Total reached to end 2024	>497m	>825k

By end 2024, more than 497 million children across 69 countries had been immunised with pneumococcal conjugate vaccine (PCV) through routine immunisation with Gavi support, and more than 825,000 children across three countries had been reached through catch-up vaccination campaigns. Overall, PCV3 coverage in the 57 lower-income countries supported by Gavi (Gavi57) has increased significantly – from 71% in 2023 to 75% in 2024 – mostly driven by completion of PCV scale-up in India. In 2024, Chad implemented a joint routine introduction of PCV, rotavirus vaccine and malaria vaccine, alongside a PCV catch-up campaign, further closing the gap in PCV routine introductions in Gavi-eligible countries. Additionally, South Sudan’s combined request for routine introduction of both PCV (with catch-up campaign) and rotavirus vaccine was approved. Somalia and South Sudan initiated planning and will introduce PCV with catch-up campaigns in 2025. Efforts are under way to promote PCV portfolio optimisation by fostering awareness and supporting evidence-based assessment of new vaccine options.

² Routine immunisation with or without catch-up.

³ Bhutan, Indonesia and Mongolia are fully self-financing and accessed the Pneumococcal Advance Market Commitment (AMC) price for pneumococcal vaccines.

Rotavirus vaccine

Protects against a leading cause of severe diarrhoea, which kills hundreds of thousands of children each year.

By end 2024, more than 406 million children had been immunised with rotavirus vaccine with Gavi support. Rotavirus vaccine coverage across the 57 Gavi-supported countries increased by 2 percentage points in 2024, reaching 71%. In 2024, Chad and Viet Nam introduced rotavirus vaccine into the routine immunisation programme, further closing the gap in rotavirus vaccine routine introductions in Gavi-eligible countries. Additionally, South Sudan’s and Cambodia’s requests for routine introduction of rotavirus vaccine were approved. Somalia, South Sudan and Cambodia initiated planning with support from partners and will introduce rotavirus vaccine in 2025. In 2024, two manufacturer-driven supply disruptions occurred due to product discontinuations, requiring affected countries to transition to alternative products to avoid stock-outs.

Type of support offered by Gavi	Routine immunisation
Introductions in 2024	2
Total introductions to end 2024	57 ⁴
Total reached to end 2024	>406m

⁴ Kiribati introduced rotavirus vaccine independently of Gavi support.

Human papillomavirus (HPV) vaccine

Protects against the main causes of cervical cancer, which claimed the lives of around 350,000 women in 2022, of which over 90% in low- and middle-income countries.

More than 59.8 million girls in lower-income countries are now protected against cervical cancer with Gavi support, preventing an estimated 1.2 million future deaths. By end 2024, 42 countries had launched their human papillomavirus (HPV) vaccine national programme with Gavi support (compared with 21 countries before the COVID-19 pandemic). With Gavi support, lower-income countries fully immunised more girls with HPV vaccine in 2024 than in the previous decade combined. Coverage of HPV (last dose in the schedule) increased by 9 percentage points in 2024 among the 57 lower-income countries supported by Gavi (Gavi57) to 25%, nearing parity with the global average of 28%. This increase was driven mostly by switches to a one-dose schedule, as well as second phases of routine introductions in populous countries like Nigeria and Bangladesh. Gavi is on track to reach the goal of 86 million girls vaccinated against HPV by end 2025.

Type of support offered by Gavi	Demonstration programme	National programme ⁵ :	
		Routine	MAC ⁶
Introductions & campaigns in 2024	0	4	3
Total introductions & campaigns to end 2024	30	42 ⁷	20
Total girls reached to end 2024	>59.8m		

⁵ Countries can apply for support for: routine introduction; or routine introduction with multi-age cohort (MAC).

⁶ A multi-age cohort (MAC) is a one-time immunisation of individuals of different ages (e.g. 10–14 years), followed by an annual routine immunisation of a single cohort (e.g. 9 years); this is intended to achieve wider protection and stronger herd immunity effects.

⁷ Bhutan, Kiribati and Nicaragua introduced HPV vaccine independently of Gavi support.

Inactivated polio vaccine (IPV)

Protects against a highly contagious viral infection, mainly affecting children aged under five, which can lead to paralysis or even death.

By 2019, all 74 Gavi-supported countries had introduced the first dose of inactivated polio vaccine (IPV1) into their routine immunisation schedules, reaching more than 539 million children by end 2024, and reaching a further 18 million through catch-up vaccination. In 2024, Gavi-supported countries achieved an average IPV1 coverage rate of 82%, with many countries reaching IPV1 and IPV2 coverage rates between 70% and 85% – a notable increase from previous years. All but four countries have implemented catch-up vaccination activities for birth cohorts missed during the period of global supply constraints (2016–2019). Countries that had introduced IPV2 saw a 34 percentage point increase in coverage in IPV2 in 2024, driven by more countries switching to IPV2, a new estimate for fractional dosing in India at 93% and continued scale-up in the Democratic Republic of the Congo (DRC) and Ethiopia.

Type of support offered by Gavi	Routine immunisation	Catch-up vaccination ⁸
Introductions & campaigns in 2024	0	1
Total introductions & campaigns to end 2024	71 ^{9,10}	28
Total reached to end 2024	>539m	>18m

⁸ IPV catch-up vaccination targets children missed due to the global supply constraints in the period from 2016–2018, and related programme delays and disruptions.

⁹ All 74 countries have introduced the first dose of inactivated polio vaccine (IPV1), while by end 2024 53 countries had also switched to using a second dose of inactivated polio vaccine (IPV2). Four of the 74 countries introduced IPV1 independently of Gavi support.

¹⁰ IPV is supported by Gavi irrespective of a country's transition status. Indonesia and Viet Nam were fully self-financing at the time of their Gavi-supported IPV introduction.

Japanese encephalitis vaccine

Prevents the main cause of viral encephalitis, especially in Asia. Case fatality rates can be as high as 30%, while up to 50% of survivors suffer permanent disability.

Since the Japanese encephalitis (JE) vaccine programme began in 2015, Gavi has supported five countries – Lao People's Democratic Republic, Nepal, Myanmar, Cambodia and Indonesia – to conduct JE vaccination campaigns and to introduce the vaccine into the routine immunisation system. By end 2024, more than 8.6 million children had been immunised through Gavi-supported routine immunisation programmes; and more than 17.7 million children through catch-up campaigns. Partnership engagement is crucial to support countries to develop a sound application, plan and implement immunisation activities, and detect and respond to JE cases. It is important to consider other immunisation activities in the country (e.g. typhoid conjugate vaccine campaigns) to apply lessons learned and integrate when possible.

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns ¹¹
Introductions & campaigns in 2024	0	0
Total introductions & campaigns to end 2024	5	5
Total reached to end 2024	>8.6m	>17.7m

¹¹ For children aged 9 months to 14 years, on the condition that countries subsequently co-finance introduction of the vaccine into the routine immunisation programme.

Malaria vaccine

There are now two vaccines to protect against one of the biggest killers of young children on the African continent.

In December 2021, the Gavi Board made history by approving funding to support the roll-out of the world’s first malaria vaccine – nearly 35 years in development – in sub-Saharan Africa in 2022–2025. According to the World Health Organization (WHO), the vaccine is estimated to save 1 life for every 200 children vaccinated. By end 2024, more than 10.54 million doses had been delivered to 17 countries in Africa which have introduced malaria vaccines into routine immunisation with Gavi support: 14 countries introduced the vaccine in 2024: Cameroon, Burkina Faso, Sierra Leone, Benin, Liberia, Côte d’Ivoire, South Sudan, Mozambique, Central African Republic, Niger, Chad, Democratic Republic of the Congo (DRC), Sudan and Nigeria; and 3 countries – Ghana, Kenya and Malawi – introduced the first malaria vaccine, RTS,S, in 2019 during the Malaria Vaccine Implementation Programme (MVIP), co-funded by Gavi, the Global Fund to Fight AIDS, Tuberculosis and Malaria and Unitaaid. Since 2024, these countries have been funded under Gavi’s Malaria Vaccine Programme, aligning them with the other countries that have introduced malaria vaccines.

Type of support offered by Gavi	Routine immunisation
Introductions in 2024	17
Total introductions to end 2024	17
Total doses shipped to end 2024	10.5m

Type of support offered by Gavi	Routine immunisation	Campaigns		Outbreak Response Fund
	Measles or measles-rubella (MR) first and/or second dose	Measles follow-up ¹²	MR catch-up ¹³ or follow-up	Managed by the Measles & Rubella Partnership
Introductions & campaigns 2024	3	4	19	Reached in 2024: ~6.8m
Total introductions & campaigns to end 2024	53 ¹⁴	41	89	
Total reached to end 2024	>248m	>482m	>913m ¹⁵	~838.6m

Measles and rubella vaccines

Measles vaccine helps protect against measles infection and associated complications, which claimed 107,500 lives in 2023.

Rubella vaccine protects against congenital rubella syndrome. Every year, 100,000 children are born with malformations and disabilities caused by the disease – the vast majority in Gavi-supported countries.

In 2024, 23 countries launched measles (M) or measles-rubella (MR) preventive vaccination campaigns. These include 3 wide age-range MR catch-up campaigns at the time of MR introduction and 20 M/ MR follow-up campaigns. Out of these, 17 countries conducted a post-campaign coverage survey (PCCS) with two pending report submissions. However, only six of these surveys collected and reported information on the measles zero-dose indicator through the PCCS, with an average of 77% of measles zero-dose children reached during the campaigns. Among the 57 lower-income countries supported by Gavi (Gavi57), coverage of the first dose of measles-containing vaccine

(MCV1) saw an increase, improving 2 percentage points from 78% in 2023 to 80% in 2024. Second-dose coverage (MCV2) has risen from 66% in 2023 to 70% in 2024, exceeding the 2024 milestone. This is due to improvements in populous countries such as the Democratic Republic of the Congo (DRC), Uganda and Ethiopia. However, both MCV1 and MCV2 coverage rates are still below the threshold needed to prevent outbreaks. Given the high transmissibility of the virus and risk for serious outbreaks, continued investment to close immunity gaps – through routine immunisation of at least MCV2 and supplementary campaigns – remains critical. In 2024, 29 of the Gavi57 countries experienced large or disruptive measles outbreaks. The Outbreak Response Fund, managed by the Measles & Rubella Partnership and funded by Gavi, supported six countries with approximately US\$ 11 million to respond to large and disruptive outbreaks in 2024.

¹² Follow-up campaigns generally target children aged 9–59 months based on epidemiological needs.

¹³ One-off, nationwide catch-up campaigns target all children aged 9 months to 14 years.

¹⁴ Benin introduced the second dose of measles-containing vaccine (MCV2) as MR; Mali and Sudan introduced measles-rubella (MR).

¹⁵ Provisional figure based on monthly data reported to the World Health Organization (WHO) as of August 2025.

Type of support offered by Gavi	Routine immunisation	Campaigns		Stockpile
		Mass	Catch-up	
Introductions & campaigns 2024	0	0	0	Doses accessed for outbreak response 6x by 2 countries Repurposed doses from the stockpile for preventive campaigns accessed 2x by 2 countries
Total introductions & campaigns to end 2024	15	24	13	Accessed 70x by 16 countries ¹⁶
Total to end 2024	>58m reached	>339m reached		>34.9m doses shipped ¹⁷

Meningococcal vaccines

A variety of meningococcal vaccines are used to protect against seasonal epidemics and outbreaks, especially in Africa's meningitis belt.

The year 2024 was a landmark year for meningitis control, with the first use globally of a new and affordable multivalent meningococcal conjugate vaccine (MMCV): MenFive®, which protects against the five main serogroups of meningococcal meningitis impacting Africa (A, C, W, Y and X) with only one shot. More than 5 million children and adolescents in Niger and Nigeria were vaccinated during active epidemics, preventing countless deaths and life-long disability. Following vaccine prequalification, updated WHO Strategic Advisory Group of Experts on Immunization (SAGE) recommendations and the Gavi Board's endorsement in 2023, Gavi [launched](#) the preventive MMCV programme in June 2024, enabling countries at high risk to roll out this new vaccine through routine programmes and preventive campaigns, and ensuring supply in the meningococcal vaccine emergency stockpile. Within six months of the MMCV preventive programme launch, the Independent Review Committee (IRC) recommended for approval Niger's application for a campaign and routine immunisation switch

in 2025. Gavi continues to support meningococcal A vaccine routine introductions and preventive vaccination campaigns. In 2024, there were no new introductions; there are still 11 countries in Africa's meningitis belt that have yet to introduce the vaccine into the routine immunisation programme. By end 2024, the Gavi-funded meningococcal vaccine emergency stockpile had been accessed 70 times by 16 countries, with more than 34.9 million vaccine doses shipped.

Diagnostics update: In 2024, Gavi supported WHO in publishing updated target product profiles (TPPs) for meningococcal meningitis rapid diagnostic tests (RDTs) and convening an Expert Review Panel for Diagnostics, which highlighted the absence of quality-assured, commercially available differential tests. In the meningitis belt in Africa, Gavi supported a WHO-led lumbar puncture (LP) survey across 21 countries and initiated a laboratory capacity assessment in 14 countries. These findings will guide future support to improve meningitis case detection, confirmation and vaccine targeting, strengthening outbreak preparedness and response.

¹⁶ Now includes two preventive vaccination campaigns in the 2016–2020 strategic period that were not previously counted.

¹⁷ Historical review of data and indicators is in progress.



On 5 March 2024, Nigeria became the first country to receive the new MenFive® vaccine from the Gavi-funded global stockpile. This first shipment, delivered by UNICEF, signals the start of Gavi support for a multivalent meningococcal conjugate vaccine (MMCV) programme, which includes outbreak response, routine immunisation and catch-up campaigns in high-risk countries.

"Gavi-funded meningococcal vaccines arrive in Nigeria to aid outbreak response"
[Read the news release on gavi.org](#)

Credit: UNICEF Nigeria/2024/Adeokun Adesegun

Oral cholera vaccine (OCV)

Prevents cholera, an acute intestinal infection caused by contaminated food or water. It can lead to severe dehydration and, in its extreme form, can be fatal.

Cholera outbreaks continued to surge in 2024, with over 30 countries reporting cholera transmission. The World Health Organization (WHO) grade 3 emergency status remained in place for the duration of the year. Due to high demand, all available vaccine doses were shipped to fulfil the 33 emergency response requests. Africa remained the most affected continent and received 79% of globally available oral cholera vaccine (OCV) – approximately 29 million doses. Ethiopia, Myanmar, Nigeria, South Sudan, Sudan, Yemen, Zambia and Zimbabwe received the majority of OCV doses. Comoros, Ghana and Myanmar administered OCV for the first time in 2024. In total, 37.2 million OCV doses were shipped to vaccinate the same number of people in areas with active outbreaks, in order to prevent infection and death, and to stop the spread of outbreaks. Since the inception of the OCV emergency stockpile in 2013, more than 200 million OCV doses have been deployed, with over 100 million sent for outbreak response in just the past three years (2022–2024) – demonstrating both the substantial increase in need and in global availability of Gavi-supported vaccines. Meanwhile, Gavi’s preventive OCV programme launched in January 2023; and, ahead of developing preventive vaccination plans, Cameroon, Kenya, Malawi, Mozambique and Nigeria advanced their plans for priority areas for multisectoral interventions (PAMIs) in priority areas reviewed by the Global Task Force on Cholera Control. From 2023–2024, four cholera-endemic countries – Bangladesh, the Democratic Republic of the Congo (DRC), Mozambique and Kenya – received Independent Review Committee (IRC) approval for multiyear campaigns to administer two OCV doses. Also by end 2024, persistent supply constraints led the Global Task Force on Cholera Control (GTFCC) to approve a supply allocation framework for dose distribution.



Diagnostics update: In 2024, Gavi funded procurement of 1.5 million cholera rapid diagnostic tests (RDTs) in 16 countries for deployment in accordance with their national cholera control plans to strengthen outbreak detection and vaccine targeting. Gavi also launched a call for expressions of interest to verify cholera RDTs and molecular tests, building on previously developed target product profiles (TPPs). To refine future deployment and testing strategies, Gavi is gathering implementation experience through pilot studies in Nepal, the Democratic Republic of the Congo (DRC), Niger, Ethiopia, Malawi and Mozambique.

¹⁸ The Global OCV Stockpile is managed by the International Coordinating Group (ICG) on Vaccine Provision – the same mechanism used for emergency Ebola, meningococcal and yellow fever vaccine stockpiles.

Type of support offered by Gavi	Stockpile ¹⁸	Diagnostics
Campaigns in 2024	Accessed 33x by 16 countries	16 countries accessed cholera rapid diagnostic tests (RDTs)
Total campaigns to end 2024	Accessed 181x by 28 countries	1.5 million cholera RDTs procured
Total to end 2024	~202m doses shipped	591k cholera RDTs deployed

COVID-19 vaccine

Provides strong protection against severe illness and death from COVID-19, the disease caused by the SARS-CoV-2 coronavirus.

In 2024 alone, Gavi’s COVID-19 vaccine programme shipped 22.8 million COVID-19 vaccine doses to 48 low- and middle-income countries. [COVAX closed on 31 December 2023](#), after having delivered nearly 2 billion COVID-19 vaccine doses and safe injection devices to 146 economies, and is estimated to have averted over 2.7 million deaths in Gavi COVAX Advance Market Commitment (AMC) lower-income participating economies. [Learn more about COVAX](#)

Type of support offered by Gavi	Stockpile
Countries & territories reached to end 2024	146
Total doses shipped to end 2024	~2bn

At the Umer Health Center in Shire Inda Selassie, Tigray Region of Ethiopia, on 28 May 2024, health worker Berhan Gebe Egziabher administers vaccinations to four-month-old Fnan Solomon, held by his mother, Roza Askdom. Gavi’s Humanitarian Partnerships (officially titled Zero-Dose Immunization Programme, or “ZIP”) is Gavi’s first effort to provide full vaccination as humanitarian programming – to reach communities facing insecurity, conflict or crisis across 11 African countries.

“Gavi’s Humanitarian Partnerships: achievements and learning, 2022–2024”
[Read the report on gavi.org](#)

Credit: Gavi/2024/Mulugeta Ayene

Typhoid conjugate vaccine (TCV)

Protects against life-threatening typhoid fever, mainly transmitted through contaminated food or water by the bacterium *Salmonella Typhi*. Antimicrobial resistance (AMR) is increasingly complicating case management, increasing the risk of complications and death, and the cost to families and health systems.

Pakistan accessed Gavi support for typhoid outbreak response, following a surge in extensively drug-resistant (XDR) typhoid cases in Sindh province, and vaccinated 8.2 million children and adolescents in the highest burden districts in Karachi and Hyderabad. The first Gavi-supported preventive typhoid vaccination campaign was implemented in Sindh province in 2019, following the opening of Gavi's support window for typhoid conjugate vaccine (TCV); and kicking off Pakistan's national roll-out, which was completed in 2022. However, in 2019, only urban areas were targeted – leaving a large immunity gap. In addition, urbanisation and climate-related disasters (such as flooding) in recent years have strained water and sanitation infrastructure systems and exacerbated inequities, putting additional communities at risk of infection and severe complications from typhoid fever. Preventive vaccination campaigns to reduce typhoid transmission; robust routine immunisation programmes to maintain high population immunity; and strengthened laboratory and surveillance capacities are critical – especially with the spread of more drug-resistant typhoid. From 2021–2024, more than 91 million doses had been shipped to 6 countries (Burkina Faso²¹, Liberia, Malawi, Nepal, Pakistan and Zimbabwe) to support routine TCV programmes and catch-up vaccination campaigns, with an outlook for further expansion in 2025. By end 2024, applications from Kenya and Bangladesh had been approved; and Niger had been recommended for approval by the Independent Review Committee (IRC).

Diagnostics update: Currently, no typhoid fever diagnostics techniques meet the requirements for sensitivity, specificity, speed and cost-effectiveness. Gavi is supporting WHO to develop target product profiles (TPPs) for laboratory-based diagnostics to strengthen acute typhoid surveillance and guide research, development, prequalification and targeted vaccination. A call for manufacturers of typhoid rapid diagnostic tests (RDTs) and enzyme immunoassays (EIAs) is expected in late 2025 to assess quality and inform procurement. In parallel, Gavi will update the typhoid diagnostics market shaping roadmap to promote sustainable access to reliable, quality-assured testing.

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns ¹⁹	Outbreak response campaigns ²⁰
Introductions & campaigns in 2024	0	0	1
Total introductions & campaigns to end 2024	5	5	2
Total reached to end 2024	>26m	>56m	~8.5m

¹⁹ One-time catch-up campaigns target children aged 9 months up to 15 years with the aim of boosting immunity and increasing the impact of TCV introduction, and are conducted just before or during vaccine introduction into the routine immunisation schedule.

²⁰ In 2017, the Gavi Board approved the use of TCV in outbreak response. Countries can request doses for outbreak response; however, a stockpile has not been established, considering the limited global guidance on and use of TCV in outbreak situations.

²¹ Introduction in the first quarter of 2025.

Type of support offered by Gavi	Routine immunisation	Mass campaigns	Stockpile	Diagnostics
Introductions & campaigns in 2024	0	2	Accessed 5x by 3 countries	22 countries accessed testing supplies
Total introductions & campaigns to end 2024	19	20	Accessed 82x by 21 countries	
Total reached to end 2024	>176m	>329m	~87m ²² doses shipped	

Yellow fever vaccine

Helps prevent a deadly viral disease spread by mosquitoes. Mortality rates can be as high as 50% among those severely affected.

By end 2024, Gavi-supported yellow fever preventive mass vaccination campaigns (PMVCs) had reached more than 329 million children and adults in 20 countries in Africa; and more than 176 million children in 19 countries in Africa had been immunised through routine programmes. In 2024, five Gavi-supported countries conducted phases of their PMVC targeting approximately 70 million people. Nigeria, the Democratic Republic of the Congo (DRC) and Uganda continued multiyear phased campaigns; Chad conducted a nationwide campaign; and Niger commenced phase one of three. However, yellow fever transmission continues to expand – ten countries in Africa reported cases in 2024 – with growing immunity gaps due to low routine immunisation coverage; the duration since the last PMVC (over a decade ago in some countries); and increasing risk due to climate change. By end 2024, the yellow

fever vaccine emergency stockpile, funded by Gavi and managed by the International Coordinating Group (ICG) on Vaccine Provision, had been accessed 82 times by 21 countries, with approximately 87 million doses shipped for outbreak response. In 2024 alone, nearly 7 million stockpile doses were shipped (compared to ~1 million in 2023), to conduct reactive vaccination campaigns in Cameroon, Central African Republic, Guinea and South Sudan (first use of the vaccine stockpile).

Diagnostics update: In 2024, Gavi supported the procurement and deployment of 30,000 yellow fever Mac-HD enzyme-linked immunosorbent assay (ELISA) test kits and rapid tests, and 7,000 molecular tests, for case confirmation across 22 countries in Africa's 'yellow fever belt'. Gavi also advanced an updated target product profile for yellow fever diagnostics and backed a WHO-led independent performance evaluation of polymerase chain reaction (PCR) kits. These investments strengthened detection capacity and have helped avert nine possible yellow fever vaccine campaigns since 2019, saving approximately US\$ 54–123 million in vaccine costs.

Ebola virus disease (EVD) vaccine

Helps prevent a severe, often fatal illness affecting humans and other primates.

In 2021, Gavi helped launch and continues to support a global stockpile of Ebola virus disease (EVD) vaccines, managed by the International Coordinating Group (ICG) on Vaccine Provision, to rapidly respond to outbreaks. In May 2024, the WHO Strategic Advisory Group of Experts on Immunization (SAGE) issued the first recommendations for preventive use of Ebola vaccines among health care workers (HCW) and frontline workers (FLW) in high-risk areas; subsequently, Gavi launched the Ebola preventive vaccination programme in June 2024, enabling countries at risk of outbreaks to protect their frontline workforces and reduce the spread of any future EVD outbreaks by using vaccines from the stockpile. Central African Republic was the first country to be approved through Gavi’s support for preventive vaccination. There were no reported outbreaks of EVD in 2024, and the stockpile was maintained at the target 500,000 doses. Following WHO’s recommendations, Sierra Leone conducted nationwide preventive vaccination, protecting 19,300 HCW and other FLW such as social workers, traditional healers, and logistical and security staff. The Democratic Republic of the Congo (DRC) initiated a vaccination programme for EVD survivors and their contacts, vaccinating 9,200 individuals impacted by past outbreaks and currently at risk.

Type of support offered by Gavi	Stockpile
Campaigns in 2024	Accessed 0x for outbreak response Repurposed doses from the stockpile for preventive vaccination of health care workers (HCW) and frontline workers (FLW) accessed 2x by 2 countries
Total campaigns to end 2024	Accessed 10x by 4 countries
Total doses shipped to end 2024	176.5k



Mpox vaccine

Less than 40 days after a public health emergency was declared, the First Response Fund (FRF) mobilised up to US\$ 50 million to support rapid mpox vaccine procurement and roll-out in affected countries.

On 13 August 2024, the mpox outbreak was declared a Public Health Emergency of Continental Security (PHECS) by the Africa Centres for Disease Control and Prevention (Africa CDC); and on 14 August 2024 a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO). Less than 40 days later, the inaugural drawdown from Gavi’s First Response Fund (FRF) of up to US\$ 50 million was approved to support rapid mpox vaccine procurement and vaccination roll-out efforts in affected countries. By the time WHO announced in September 2025 that mpox was no longer a PHEIC, Gavi had delivered 823,000 vaccines (of which 577,000 directly funded and 246,000 in facilitated donations) to outbreak-affected countries. This made Gavi the largest supplier of MVA-BN mpox vaccines to the continental response, contributing substantially to outbreak control efforts in Africa. To further support global health security, in July 2025 the Gavi Board approved the opening of a funding window for the establishment of an mpox emergency vaccine stockpile. Proposed to be managed by the International Coordinating Group (ICG) on Vaccine Provision, the stockpile will enable the rapid deployment of vaccines at the outset of an outbreak. See pages 43 and 46 for more information on mpox vaccine support.

“Gavi signs agreement with Bavarian Nordic to rapidly secure 500,000 doses of mpox vaccines for Africa”

[Read the news release](#) at gavi.org

Credit: Gavi/2025/Dominique Fofanah

Type of support offered by Gavi	Outbreak response vaccination
Countries reached to end 2024	4
Total doses shipped to end 2024	>39.7k

02

The equity goal

Strengthen health systems to
increase equity in immunisation



Rural Education and Agriculture Development (READO) nurse Nurse Alinor Yacob Ibrahim in the Walaag 1 internally displaced people (IDP) camp in Somalia en route to an outreach facility to administer vaccines. READO is a partner of the Reaching Every Child In Humanitarian Settings project (REACH), led by the International Rescue Committee (IRC) as part of Gavi's Humanitarian Partnerships (officially titled Zero-Dose Immunization Programme, or "ZIP").

"Gavi's Humanitarian Partnerships: achievements and learning, 2022–2024"
[Read the report on gavi.org](https://www.gavi.org)

Credit: Gavi/2024/Mohamed Abdihakim Ali

Key highlights

In Gavi 5.0/5.1, health system strengthening (HSS) support prioritises equity in immunisation delivery, to reduce the number of zero-dose and under-immunised children.



>72m

children were reached with Gavi-supported routine vaccines in 2024 – more than in any year previously.



48

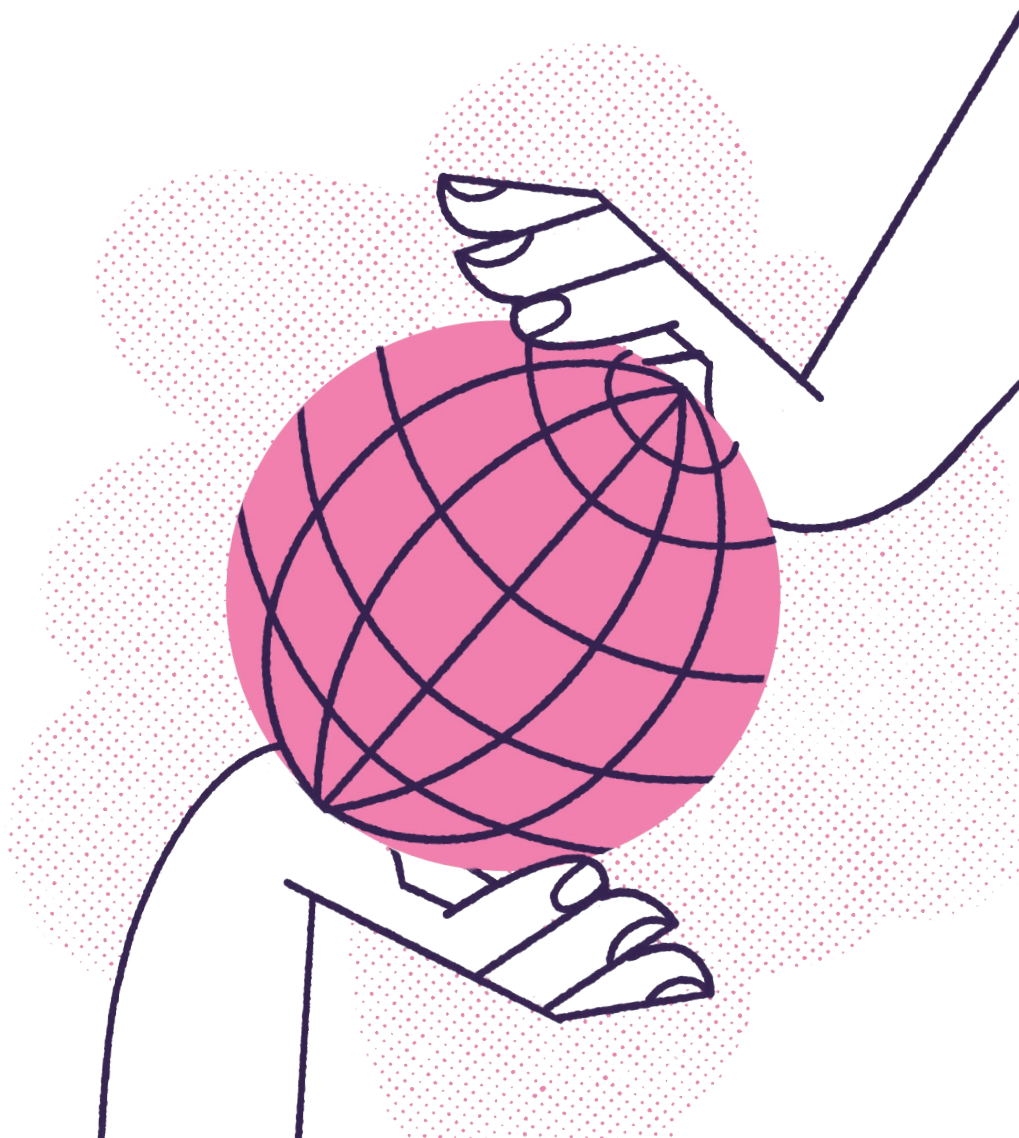
countries have installed more than 64,000 cold chain equipment (CCE) units procured by UNICEF Supply Division through Gavi's CCEOP – nearly 2,700 in 2024 alone.



Average coverage of DTP3 in 26 low-income countries supported by Gavi is not yet back to pre-pandemic levels (i.e. 75% in 2019) – while lower middle-income countries exceeded 2019 coverage by 1 pp, reaching 87% in 2024.

82%

In 2024, Gavi-supported countries increased DTP3 coverage to 82% (compared to the 85% global average).





Results – equity goal strategy indicators

Gavi 5.0/5.1 indicators are designed to better measure the impact of health system strengthening activities.

S2.1

Geographic equity of DTP3 coverage

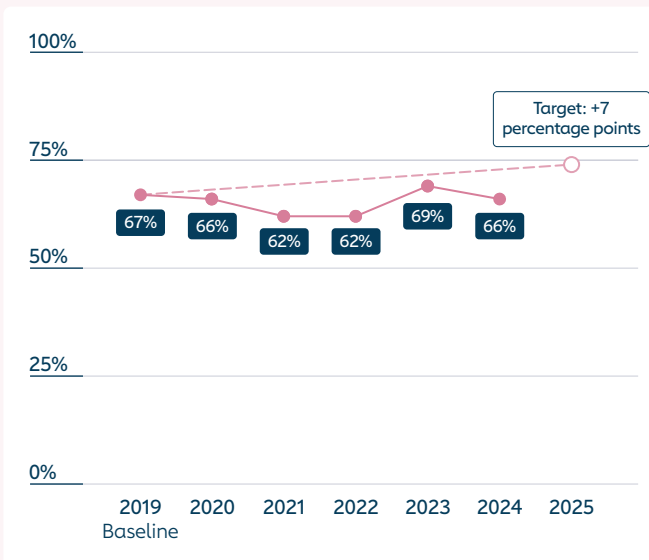
● **2024 progress:** significant delays/challenges

Average unweighted coverage of third dose of diphtheria, pertussis and tetanus-containing vaccine (DTP3) in 20% of districts with lowest coverage in each country.

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

2024 progress: Geographic equity of DTP3 coverage decreased to 66% in 2024, bringing countries 1 percentage point (pp) below pre-COVID-19 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).

Data source: WHO/UNICEF Joint Reporting Form, 2025



S2.2

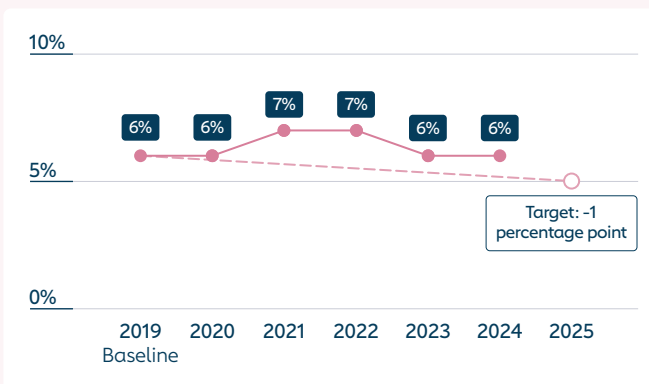
DTP drop-out

● **2024 progress:** moderate delays/challenges

% drop-out rate between first and third doses of DTP-containing vaccine.

2024 progress: The 57 Gavi-supported countries (Gavi57) increased both DTP1 and DTP3 coverage at portfolio level from 2023 to 2024. Overall, Gavi57 maintained DTP drop-out at 6% in 2024, the same as 2019 levels. To meet the Gavi 5.0/5.1 target, drop-out must be reduced by 1pp in 2025.

Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2025; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, WPP, 2024



S2.3

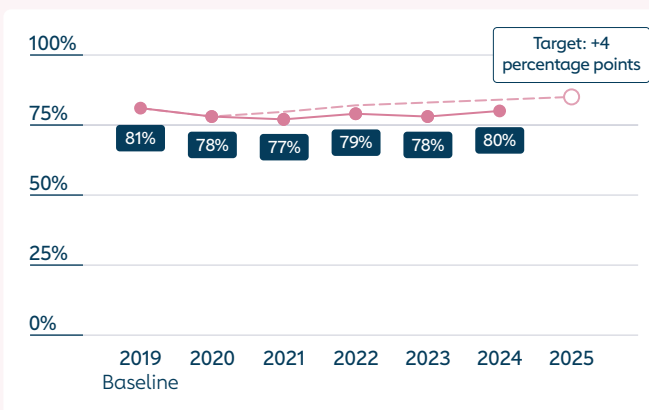
MCV1 coverage

● **2024 progress:** significant delays/challenges

Coverage of first dose of measles-containing vaccine (MCV1) in Gavi-supported countries through routine immunisation.

2024 progress: At portfolio level, MCV1 coverage patterns largely mirror those of DTP3. MCV1 coverage in Gavi57 decreased by 3pp between 2019 and 2020, falling from 81% to 78%. It 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 improved by 2pp in 2024 to 80%, still 1pp below pre-pandemic levels.

Data sources: Vaccine coverage: WUENIC, 2025; population estimates: WPP, 2024



S2.4

Immunisation sessions conducted

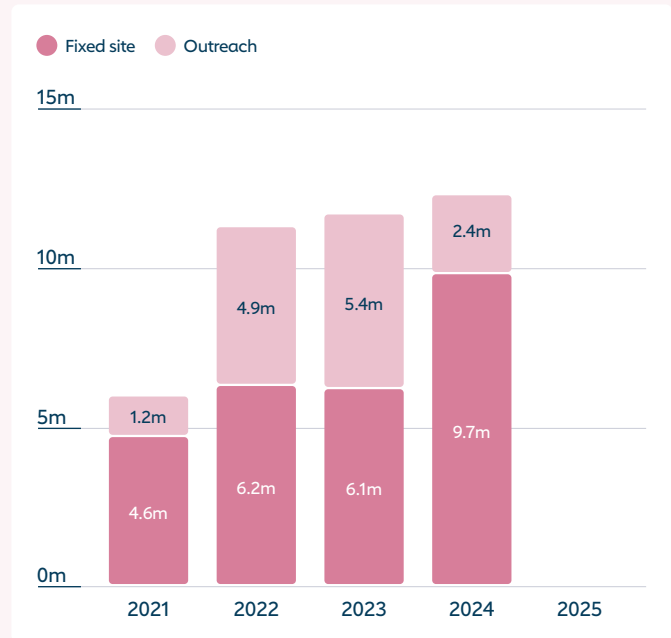
2024 progress: New strategy indicator for Gavi 5.0/5.1; no baseline; no target set.

of immunisation sessions conducted in Gavi-supported countries, a key desired output of HSS investments and an intermediate result in the causal pathway to increasing vaccine coverage.

2024 progress: In 2024, Gavi-supported countries reported conducting 18.8 million immunisation sessions, with 13.9 million taking place in fixed site facilities and 4.9 million in outreach facilities. In 2024, 33 countries reported data on this indicator, up from 31 in 2023. Only 18 countries have reported on this annually from 2021–2024 (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 the equity goal for Gavi 5.0; and it is increasingly clear that there is significant variability in countries' capacity to monitor this data.

Data source: WHO/UNICEF Joint Reporting Form, 2025

Note: Data shown in graph represents the 18 countries that have reported on this indicator annually from 2021–2024.



S2.5

Stock availability at facility level

2024 progress: New strategy indicator for Gavi 5.0/5.1; no baseline; no target set.

This indicator measures the capacity of countries to reliably forecast and distribute vaccines to health facilities, ensuring they are always available whenever a child comes for vaccination.

2024 progress: While Gavi is pivoting to a new system of measurement, the trends are positive. In 2021, the average full stock availability for DTP-containing vaccines 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 WHO/UNICEF

Joint Reporting Form (eJRF), creating a gap in trend analysis. In 2024, 23 countries reported health facility-level data through an ad hoc process, with the support of the eJRF committee. However, data quality remains a concern, as 14 countries reported zero stock-outs for DTP-containing vaccine 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 DTP-containing vaccine and 97% for MCV – an improvement over 2023 (94% and 92%, respectively) – and achieved across a broader reporting base. 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.



“The Lao People’s Democratic Republic’s commitment to digitising vaccine records in every one of the 1,081 health facilities sets an important example of how to harness innovation to leave no child behind.”

Watch the video on Gavi CEO Dr Sania Nishtar’s LinkedIn channel

Credit: Gavi/2024/Running Real

S2.6

Expanded Programme on Immunization (EPI) management capacity

2024 progress: New strategy indicator for Gavi 5.0/5.1; no baseline; no target set.

Strengthened institutional capacity for programme management and monitoring is on the critical pathway to programmatic and financial sustainability.

2024 progress: In 2024, Gavi continued to provide targeted support to strengthen leadership management and coordination (LMC) capacity of EPI teams in Ethiopia, Pakistan, Cameroon, Burundi, Central African Republic, Niger, Haiti, Mozambique, Nigeria and Djibouti, among others, focusing on strengthening their ability to plan, manage and monitor immunisation programmes; and data-driven decision-making. Furthermore, through the STEP 2.0 flagship leadership initiative, public health managers in countries including Pakistan and Viet Nam were trained on skills and tools to drive transformational improvements in immunisation supply chain performance (e.g. forecasting and planning, vaccine availability, outbreak preparedness, cold chain strengthening, staff performance, 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 Gavi Secretariat has decided not to proceed with the proposed framework and to explore alternative pathways to track progress in this area in the Gavi 6.0 strategic period as part of the Health Systems Strategy.



S2.7

Implementation of tailored plans to overcome demand barriers

2024 progress: New strategy indicator for Gavi 5.0/5.1; no baseline; no target set.

A comprehensive range of demand generation strategies are required to achieve high vaccination uptake.

2024 progress: Among the 51 countries reporting in 2024, 42 (82%) implemented one or more strategies (informed by demand-related assessments) to address under-vaccination, compared to 81% in 2023 (43/53). Thirty-two countries (76%) assessed demand-related 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 strategic focus area (SFA); adaptation of BeSD tools for HPV, malaria and influenza vaccination; 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 Memorandum of Understanding with the Africa Centres for Disease Control and Prevention (Africa CDC) to advance behavioural data and capacity strengthening. By end 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

Addressing gender-related barriers to immunisation

2024 progress: New strategy indicator for Gavi 5.0/5.1; no baseline; no target set.

2024 progress: In 2024, of the 12 health system strengthening (HSS) and/or Equity Accelerator Fund (EAF) applications 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% in 2023 (i.e. 29 out of 33 countries). See page 33 for updates on Gavi's Gender Policy.

Data source: Gavi health system strengthening (HSS) and Equity Accelerator Fund (EAF) applications, 2024

On 23 February 2024 in Pristina, Kosovo, a girl poses after receiving HPV vaccine. Targeting 12,000 adolescent girls in 2024, the Kosovo Ministry of Health's campaign strategy, geared at inclusion of minority groups, combined HPV vaccination in schools with door-to-door immunisation.

"First kids in Kosovo vaccinated against HPV as part of routine roll-out"
Read the full article on [VaccinesWork](#)

Credit: Gavi/2024/Armend Nimani

Progress – 2024 equity updates

In 2024, health systems reached more children with Gavi-supported routine vaccines than ever before.

Achievements and progress

With Gavi support for routine immunisation, lower-income countries protected more than 72 million children against a range of infectious diseases in 2024, more than any previous year on record – demonstrating the resilience of health systems in recovering from the COVID-19 pandemic. The number of zero-dose children in the 57 lower-income countries supported by Gavi decreased to 10.2 million children in 2024 (a reduction of 5% from 2023), while coverage of the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) increased to 82% in 2024 (up from 78% in 2021) – nearly back to pre-pandemic levels (i.e. 83% in 2019). Even with an increasing birth cohort, African countries fully recovered DTP3 coverage to pre-pandemic levels – from 72% in 2022 back up to 76% in 2024.

Innovative programming to reach all communities with vaccines

By 2024, nearly all Gavi-supported countries launched new programming to strengthen and expand the reach of their health systems to immunise zero-dose children. From December 2022 through December 2024, Gavi's Humanitarian Partnerships (officially titled Zero-Dose Immunization Programme, or "ZIP") provided 1.4 million first doses and 730,000 last doses of vaccines to infants and children in communities where national immunisation programmes (NIPs) face barriers associated with insecurity, conflict or crisis across 11 African countries. By end 2024, 48 countries had installed more than 64,000 new cold chain equipment (CCE) units procured by UNICEF Supply Division through Gavi's Cold Chain Equipment Optimisation Platform (CCEOP) – nearly 2,700 in 2024 alone. More than 50% of them are solarised for communities without reliable electricity, and to reduce emissions.

By end 2024, 26 of 35 approved Gavi-supported countries were implementing "Big Catch-up" immunisation activities to vaccinate children who were missed during the COVID-19 pandemic, restore routine immunisation coverage to at least pre-pandemic levels and strengthen immunisation systems – having administered by end 2024 more than 20 million catch-up doses of pentavalent vaccine, measles-containing vaccine (MCV) and

72m

children in lower-income countries protected against a range of infectious diseases with Gavi support in 2024.



In January 2024, Cameroon made history by launching the world's first malaria vaccine as part of its routine immunisation programme – a major step in the battle against a disease that claims nearly 14,000 Cameroonian lives each year.

"A turning point: Cameroon rolls out world's first malaria vaccine"

[Read the full article on VaccinesWork](#)

Credit: Gavi/2024/Go'tham Industry

inactivated polio vaccine (IPV), reaching an estimated 6.4 million children.

By end 2024, Gavi had supported 35 countries to launch or expand the use of electronic logistics management information systems (eLMIS) and digital technologies to improve vaccine supply chains. This has included efforts to monitor the availability of vaccines across more than 7,500 locations and introduce barcoding of vaccines – now available for 75% of Gavi's vaccine volume – in collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria and other key partners.

Gender Policy

The goal of Gavi's [Gender Policy](#) is to identify and overcome gender-related barriers to reach zero-dose and under-immunised children, individuals and communities with the full range of vaccines. In 2024, 100% of countries applying for new health systems support included in their applications interventions to address gender-related barriers to immunisation. This included organising flexible vaccination sessions over weekends, after hours or in congregation points such as markets, ports and crossroads to be more convenient for women caregivers in the Democratic Republic of the Congo (DRC), Liberia and Guinea.

Challenges and lessons learned

Despite the incredible progress made in 2024, we are still far behind our target of achieving a 25% reduction in the number of zero-dose children (to 6.9 million) by end 2025. The COVID-19 pandemic, rising birth cohorts and fragility have each played a role in slowing down progress. Looking ahead to 2025, factors such as aid cuts, climate shocks, growing levels of fragility and conflict, and misinformation about vaccines threaten health systems' efforts to reach every child. As of 2024, 28% of zero-dose children in Gavi-supported countries live in countries identified by Gavi as fragile and conflict-affected, up from 18% in 2020. Gavi's new Health Systems Strategy and Fragile and Humanitarian approach, both launching in 2026, will introduce a framework to better tailor Gavi support for more equitable, sustainable immunisation programmes across all countries.

A VaccinesWork film

A desert 4,000m in the sky: Nepal's health workers reach some of the world's most remote communities

34

Annual Progress Report
The equity goal

"In the shadows of the world's highest peaks, health workers in remote Upper Mustang traverse some of the world's toughest terrain to connect the country's most sparsely populated region to essential healthcare."



Kaghendra Bohra, health post manager in Kagbeni health post, says he is proud of his health staff. Together, the team service 2,137 people spread across Upper Mustang's vast Varagung Muktichhera rural municipality.
Credit: Gavi/2024/Kelly Warden

Watch the film
Health Heroes of the Himalayas
on [VaccinesWork](#)

Available at:
gavi.org/vaccineswork/desert-4000-m-sky-nepals-health-workers-reach-some-worlds-most-remote-communities

"I consider myself lucky to be able to provide these health facilities in this remote area. When I was little, I remember a lot of people falling ill and not even having basic medicines like paracetamol in my remote village. So, right from childhood I always wanted to study paramedics and join the health stream."

Suresh Kathayat, paramedic at Chhonhup Health Post

Credit: Gavi/2024/Quentin Curzon



How Gavi's co-financing model works

To bring countries on a trajectory towards financial sustainability, and to empower them to take ownership of their vaccination programmes, Gavi has pioneered an approach to co-financing and transition.

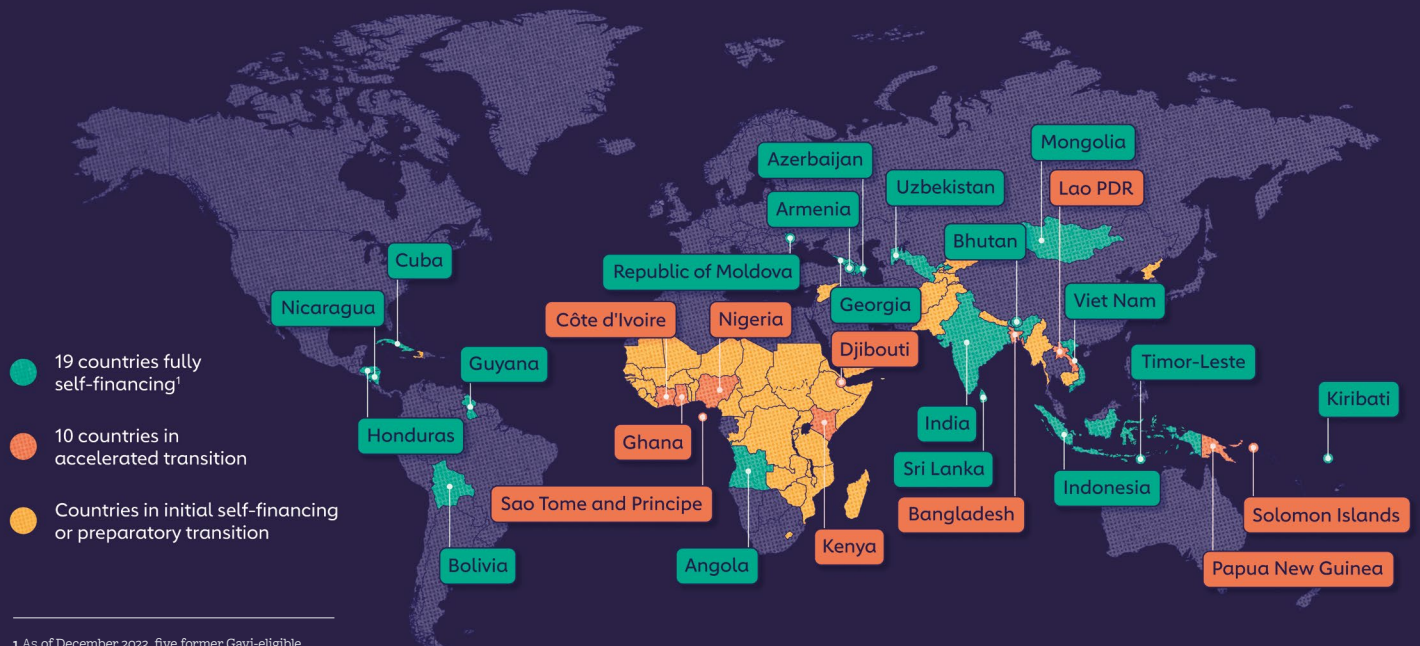
Countries share the costs of the vaccine programmes by directly co-procuring a portion of the vaccines and safe injection devices from a supplier or procurement agency to fulfil their co-financing requirements. As a country's gross national income (GNI) per capita

increases, so the level of its co-financing payments also rises. Countries are grouped under different categories according to their level of GNI per capita as a proxy of their ability to pay.

Co-financing model, 2024



Countries fully self-financing and in accelerated transition



¹ As of December 2023, five former Gavi-eligible countries have been approved for targeted support to help mitigate backsliding in vaccine coverage: Angola, Bolivia, Honduras, Indonesia and Viet Nam.

World map adapted from UN.org

03

The sustainability goal

Improve sustainability of
immunisation programmes

In late 2024, Mongolia introduced the life-saving HPV vaccine, aiming to protect 90% of its children against cancer. VaccinesWork visited Altanbulag General Education School in Töv Province to see how the roll-out was going.

"In pictures: HPV vaccines reach remote Mongolia"

[Read the full article on VaccinesWork](#)

Credit: Gavi/2024/Khasar Sandag

Key highlights

2024 was another record-breaking year for co-financing: even countries facing significant challenges increased their commitment to immunisation.



US\$ 255m

was contributed by countries towards the cofinancing of Gavi-supported vaccines in 2024 – the highest amount yet and a testament to country ownership and the long-term financial sustainability of Gavi-supported vaccines.



55

vaccine programmes originally introduced with Gavi funding are self-financed by countries as of 2023, up from 40 in 2018.



100%

of countries fully met their 2024 co-financing obligation – except six waivers for humanitarian crises.

US\$ 1.9bn

In the face of fiscal challenges, climate change, conflict and instability, most Gavi-supported countries maintained or increased domestic resources for co-financing of Gavi-supported vaccines in 2024, bringing to US\$ 1.9 billion their total contribution since the introduction of the co-financing policy in 2008.





Results – sustainability goal strategy indicators

Despite intensifying fiscal constraints in 2024, countries met their co-financing obligations.

S3.1

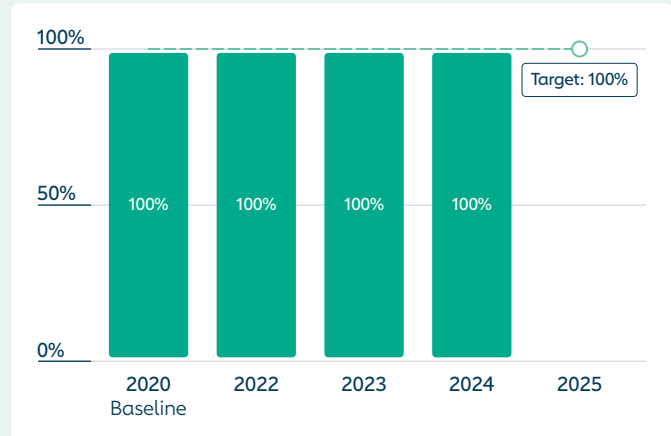
Co-financing fulfilment

● 2024 progress: on track

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. Co-financing serves as a mechanism to support countries on a path toward greater sustainability.

2024 progress: Excluding countries whose co-financing obligation was exceptionally waived due to humanitarian crises, 100% of countries fully met their 2024 co-financing obligation. Gavi-supported countries collectively contributed nearly US\$ 255 million towards their own vaccination programmes in 2024 – a 19% increase from 2023. Further, 84% of this funding came from domestic sources, up from 79% in 2023.

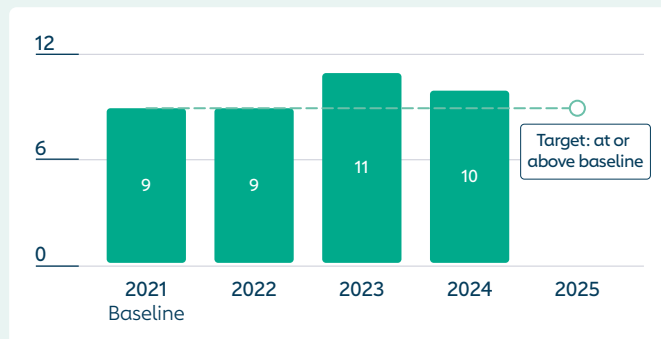
Data source: Gavi Secretariat estimates, based on UNICEF Supply Division reports, 2025



S3.2

Preventing backsliding in Gavi-transitioned countries

● 2024 progress: on track



This indicator assesses the sustainability of immunisation systems in former Gavi-eligible countries, as demonstrated through the capacity to maintain or increase DTP3 coverage following transition from Gavi support – reflecting Gavi’s Middle-Income Countries (MICs) Approach. For the most recent two-year period, this indicator captures countries in which coverage was held constant or increased in at least one year compared to coverage in 2019.

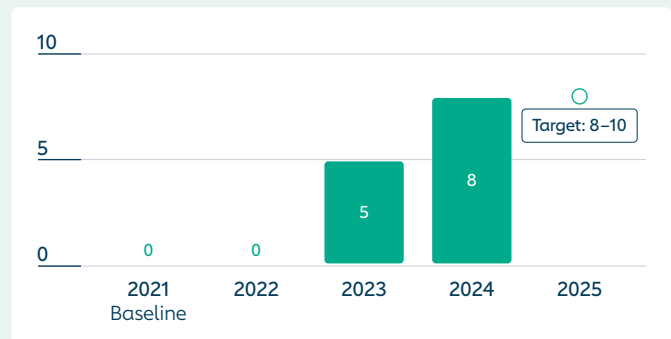
2024 progress: Ten MICs-eligible, former Gavi-eligible countries maintained or increased DTP3 coverage in 2024 and 2023 compared to 2019, while seven countries did not maintain or increase DTP3 coverage. It should be noted that the value for 2023 has been updated based on upward historic revisions to coverage estimates in Angola. As such, the 2024 value represents a decline from the previous year but still above the benchmark of nine countries.

Data source: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2024

S3.3

Vaccine introductions in Gavi-transitioned and never Gavi-eligible countries

● 2024 progress: on track



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

2024 progress: In 2024, three Gavi-supported new vaccine introductions took place in countries eligible for Gavi support under the MICs Approach, for a total of eight introductions in the Gavi 5.0/5.1 strategic period – meeting the target of eight to ten introductions by 2025 one year early.

Data source: Gavi, the Vaccine Alliance, 2025

Progress – 2024 sustainability updates

Lower-income continued to prioritise immunisation investments in 2024, mobilising primarily domestic resources.

Achievements and progress

In a powerful demonstration of commitment to country ownership of immunisation, [new data released in May 2025](#) showed that lower-income countries supported by Gavi, the Vaccine Alliance collectively contributed [nearly US\\$ 255 million towards their own vaccination programmes in 2024](#) – a 19% increase from 2023. Furthermore, 84% of this funding came from domestic sources, up from 79% in 2023 – underscoring the increasing prioritisation of immunisation in national budgets, as well as countries' commitments to building self-sustaining immunisation systems that no longer require Gavi support. Despite political and economic pressures, 100% of countries met their 2024 co-financing obligations, excluding those granted waivers due to humanitarian crises. This strong performance in domestic financing for immunisation programmes includes countries facing significant challenges – Central African Republic, Chad, Haiti and Mali – that continue to prioritise immunisation investments.

US\$

255m

Countries' co-financing contributions in 2024 crossed the US\$ 255 million mark for the first time – a 19% increase from 2023.

Challenges and lessons learned

In 2024, Gavi-eligible countries continued to face fiscal constraints such as cuts in official development assistance (ODA), high debt levels and borrowing costs, currency depreciation and commodity price volatility. Signalling its commitment to helping countries in transitioning away from Gavi support, while acknowledging the macroeconomic headwinds and fiscal challenges many countries are facing, in December 2024 the Gavi Board [approved](#) changes to Gavi's eligibility, transition and co-financing (ELTRACO) model. These changes will see Gavi implement targeted measures – for countries in various stages of transition – related to co-financing, eligibility thresholds, access to Gavi support and duration of support.

Civil society's crucial role in sustainability, advancing Gavi 5.0/5.1

Civil society organisations (CSOs) strengthen national and subnational political and social commitment to immunisation, toward Gavi's strategic goal of improving sustainability of immunisation programmes.

Civil society's crucial role in sustainability

In December 2021, the Gavi Board approved a new [Civil Society and Community Engagement \(CSCE\)](#) approach and introduced a new requirement for countries to allocate at least 10% of combined health system strengthening (HSS), Equity Accelerator Fund (EAF) and Targeted Country Assistance (TCA) ceilings for CSO implementation. To support this and help increase immunisation coverage in lower-income countries, Gavi launched a [CSO funding mechanism](#) with a series of opportunities for CSOs to apply for funding directly from Gavi.

Through Gavi's strategic focus area (SFA) on sustainable financing for immunisation, Gavi supports CSO-led advocacy efforts across ten countries – Cameroon, Côte d'Ivoire, Ghana, Kenya, Lao People's Democratic Republic, Liberia, Madagascar, Nigeria, Sierra Leone and Zambia – to strengthen commitments to immunisation and primary health care (PHC) financing. This initiative has strengthened capacity and empowered local CSOs to effectively advocate to government officials for equitable and sustainable domestic financing for immunisation. CSOs have engaged with parliamentarians and media to drive action towards vaccine financing, including in [Kenya](#), [Ghana](#) and [Nigeria](#).

Public policy engagement: 2024 highlights

In 2024, Gavi continued to elevate the role of immunisation in global, regional and national policy agendas, and to deepen political will. Gavi published an [insight paper](#) and [video](#) on vaccines as a key tool to tackle antimicrobial resistance (AMR); and successfully [advocated](#) for inclusion of vaccines and Gavi in the implementation of the [UN Political Declaration on AMR](#) at the UN's second [High-Level Meeting on AMR](#). Gavi promoted the 50th anniversary of the Expanded Programme on Immunization and [called for](#) introduction and scale-up of life-saving vaccines, including against malaria and human papillomavirus (HPV). It also advocated for the integration of immunisation as a core element of pandemic prevention in the Pandemic Agreement at the [77th World Health Assembly](#) and the [79th UN General Assembly](#). Gavi also advocated for the critical role of vaccines as an adaptation tool at the [29th Global Climate Conference](#).

04

The healthy markets goal

Ensure healthy markets for vaccines and related products



On 5 October 2024, UNICEF DRC Immunization Officer Dr Bijoux Bulindi receives the mpox vaccine during the official launch ceremony of the mpox vaccination campaign at Goma Provincial Hospital, North Kivu province, Democratic Republic of the Congo (DRC). “I decided to be among the first to get vaccinated because I am conducting mpox epidemiological surveillance in the field and I want to lead by example,” Dr Bijoux said.

Read Gavi’s August 2024 [statement on the mpox emergency in Africa](#) on [gavi.org](#)

Credit: UNICEF/2024/Jospin Benekire

Key highlights

Gavi's market shaping efforts make life-saving vaccines and other immunisation products more accessible and affordable for lower-income countries.



10

markets for vaccines and immunisation products exhibited acceptable levels of healthy market dynamics in 2024, meeting the target for the year.



12

innovative products were within the pipeline of commercial-scale manufacturers in 2024, continuing to exceed the Alliance target of 8 by 2025 well ahead of schedule.



500,000

mpox vaccine doses secured within a month of the WHO emergency declaration.

20

Through Gavi's market shaping efforts, the number of manufacturers supplying prequalified Gavi-supported vaccines reached 20 in 2024 (with nearly half based in low- and middle-income countries) – compared with 5 in 2001.





Results – healthy markets goal strategy indicators

Gavi’s 2021–2025 Market Shaping Strategy aims to shape market dynamics in more depth and breadth, with longer-term effects.

S4.1

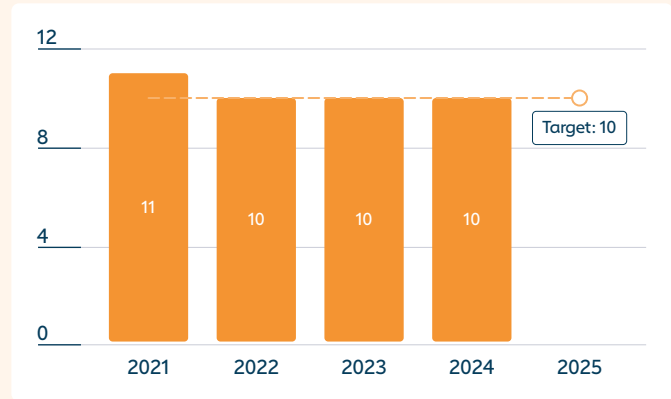
Healthy market dynamics

● 2024 progress: on track

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 programmes.

2024 progress: Gavi’s ongoing market shaping efforts and collaborations with manufacturers helped ensure that ten vaccine markets exhibited acceptable levels of healthy market dynamics, the same number as in 2023 and in 2022.

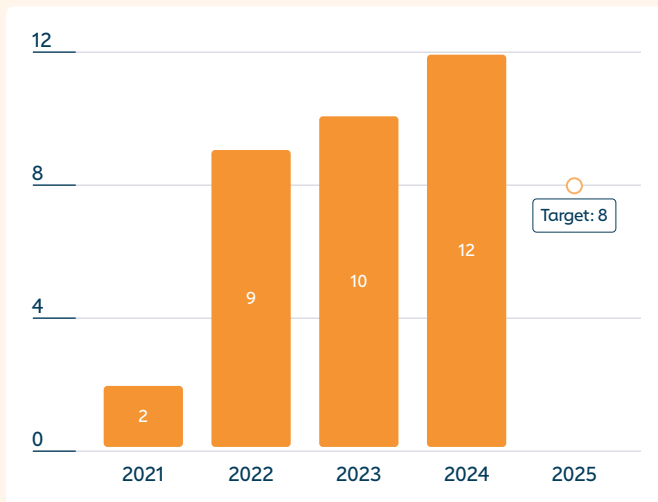
Data sources: vaccine procurement data: UNICEF SD Memorandum of Understanding (MoU) reports; market intelligence data: Gavi Market Shaping roadshows, Alliance partner industry engagements, 2025



S4.2

Incentivise innovations

● 2024 progress: on track



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

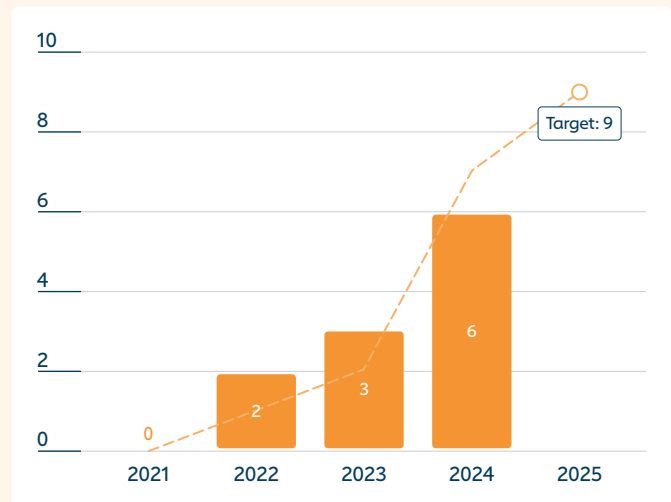
2024 progress: The Vaccine Innovation Prioritisation Strategy (VIPS) sees continued success with unprecedented progress. The 2024 progress has brought the overall achievement to 12, continuing to surpass the cumulative target for 2025.

Data sources: Market intelligence data: Gavi Market Shaping roadshows, Vaccine Alliance partner industry engagements, 2025; Vaccine Innovation Prioritisation Strategy (VIPS) industry engagement

S4.3

Scale up innovations

● 2024 progress: on track



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.

2024 progress: In 2024, three new products were procured for Gavi programmes: a Cold Chain Equipment Optimisation Platform (CCEOP) vaccine refrigerator with upgraded, integrated remote temperature monitoring systems, a rotavirus vaccine presentation in blow-fill seal (BFS), and a controlled temperature chain (CTC)-certified multivalent meningococcal conjugate vaccine (MMCV). This brings the total to six new products with improved characteristics procured since Gavi’s fifth strategic period began in 2021, remaining largely on track for the target of nine by end 2025.

Data sources: Gavi-UNICEF SD MoU reports and key performance indicators, 2025

Progress – 2024 healthy markets updates

From cutting-edge innovation to long-term vaccine supply security.

Achievements, progress and market challenges addressed

Gavi secured

500,000

mpox vaccine doses within a month of the WHO emergency declaration.

Innovation acceleration and product improvement

Gavi exceeded its innovation targets, with nine microarray patch (MAP) candidates advancing into clinical development, including a pandemic influenza MAP. Notably, a measles-rubella MAP progressed to Phase 3 trials following successful safety and efficacy results. Three vaccines received controlled temperature chain (CTC) certification, enabling storage outside cold chains for up to 15 days. These innovations enhance vaccine accessibility and delivery in low-resource settings, aligning with Gavi's strategic goal to incentivise and scale up innovative products.

Regional manufacturing and market intelligence

2024 marked landmark progress across all four pillars of Gavi's [regional manufacturing strategy](#). In June, Gavi launched the [African Vaccine Manufacturing Accelerator \(AVMA\)](#), a financing instrument that will make up to US\$ 1.2 billion available over ten years to support the sustainable growth of Africa's manufacturing base. At the same time, Gavi and UNICEF

launched a [vaccine market dashboard](#) to guide investment decisions with real-time supply-demand insights.

The Healthy Markets Framework was updated to include regional diversification and geopolitical risk mitigation. Institutional arrangements with UNICEF neared finalisation, and the Vaccine Manufacturing Forum in Cairo fostered alignment with African manufacturers. These efforts collectively work towards strengthening regional production capacity and resilience, supporting long-term vaccine supply security.

Rapid response to global health emergencies

In response to the mpox outbreak, Gavi swiftly negotiated an advance purchase agreement (APA) with Bavarian Nordic, securing [500,000 mpox vaccine doses](#) within a month of the WHO emergency declaration. This was financed through Gavi's First Response Fund (FRF), ensuring rapid access at the lowest global price amid intense competition. This achievement highlights Gavi's growing capacity to respond to epidemic-prone diseases with speed and strategic coordination. By June 2025, all doses had been delivered to nine affected countries.

Addressing supply challenges across vaccine markets

Despite progress, several vaccine markets – rotavirus, malaria, human papillomavirus (HPV) and oral cholera vaccine (OCV) – faced

supply disruptions in 2024 due to production delays, regulatory interventions or volatile demand. These issues have led to stock-outs, delayed programme launches and reliance on limited suppliers. Gavi responded by launching a dedicated workstream to analyse disruption patterns and develop mitigation strategies with short-, mid- and long-term goals. The aim is to improve supply security and resilience across Gavi's vaccine portfolio.

Cold chain equipment market instability

The cold chain equipment (CCE) market showed acceptable health but with notable risks. In 2024, demand materialisation was only 50% of what was expected – due to delayed joint investment funding from self-financed countries. This led to procurement shortfalls, increased product prices and challenges in supplier production planning. Gavi is developing a new roadmap and coordinating a UNICEF tender for 2026–2029 to stabilise the market, optimise pricing and ensure availability of essential equipment monitoring system (EMS)-enabled refrigeration technologies.

UPTO

us\$ 1.2bn

available over ten years to support the sustainable growth of Africa's manufacturing base.



In late 2024, Mongolia introduced the life-saving HPV vaccine, aiming to protect 90% of its children against cancer. VaccinesWork visited Altanbulag General Education School in Töv Province to see how the roll-out was going.

"In pictures: HPV vaccines reach remote Mongolia"
[Read the full article on VaccinesWork](#)

Credit: Gavi/2024/Khasar Sandag

05

Funding and finance

Partnering with governments and business
to change immunisation for good

In November 2024, Ethiopia launched a milestone HPV vaccination campaign, protecting over 7 million girls aged 9–14. [Watch the reel](#)

In October 2024, Ethiopia's Ministry of Health, Gavi, UNICEF and WHO launched the Health Facility Solar Electrification (HFSE) initiative to power 300 remote health care facilities across Ethiopia with solar energy, benefiting an estimated 6.7 million people.

Ethiopia Ministry of Health, Gavi, UNICEF and WHO launch Health Facility Solar Electrification (HFSE) initiative to enhance primary health care services
[Read the news release on gavi.org](#)

Credit: UNICEF Ethiopia/2024



Progress – 2024 funding and finance updates

Reflections on Year 4 of Gavi 5.0/5.1

Resilience and strategic shifts

As Gavi 5.1 approaches its conclusion, 2024 stands out as a year of renewed solidarity and momentum for global immunisation. Despite fiscal challenges and increasing fragility, conflict and instability for many Gavi-supported countries and donors, the year was marked by landmark financial commitments from new and existing donors. Private sector engagement grew, while innovative financing and multilateral partnerships deepened. Building on lessons from the COVID-19 pandemic, Gavi has ensured that resources mobilised for COVAX continued to generate long-term impact. COVAX funding helped capitalise key initiatives such as the African Vaccine Manufacturing Accelerator (AVMA) and the First Response Fund (FRF), as well as “The Big Catch-up” effort to restore routine immunisation coverage. These initiatives reflect a deliberate shift from pandemic response to embedding pandemic preparedness and rapid response into the Gavi model.

In 2024, donors contributed US\$ 2.3 billion, as new champions joined long-standing partners – further diversifying the coalition of donors supporting Gavi’s life-saving work.

In 2024, 17 Gavi implementing countries introduced malaria vaccine into routine immunisation with Gavi support – including Sierra Leone, where the first doses were administered to children at the Waterloo Health Centre, where authorities kicked off the roll-out of 550,000 vaccine doses.

Credit: Gavi/2024/Dominique Fofanah



2024 in review: unlocking capital for immunisation through innovation and solidarity

Setting the stage: Investment Opportunity and AVMA

The launch of Gavi's Investment Opportunity in Paris during the [Global Forum for Vaccine Sovereignty and Innovation](#) on 20 June 2024, co-hosted by the Government of France and the African Union, marked the beginning of a transformative year for global immunisation. The event introduced Gavi's ambitious 2026–2030 strategy – aiming to protect at least 500 million children, save over 8 million lives, and generate at least US\$ 100 billion in economic benefits. It also secured more than US\$ 2.4 billion in early pledges and catalysed a wave of momentum across global platforms. Alongside it, Gavi unveiled the African Vaccine Manufacturing Accelerator (AVMA), a transformative vehicle helping to build a commercially sustainable vaccine manufacturing ecosystem in Africa. Backed by up to US\$ 1.2 billion in donor commitments over ten years, AVMA was designed by Gavi in close collaboration with the African Union, Africa Centres for Disease Control and Prevention (CDC), and other partners to address structural barriers and catalyse long-term investment in regional production capacity.

Global solidarity: donor commitments and partnerships

Throughout 2024, Gavi mobilised a broad coalition of partners – sovereign donors, multilateral institutions, the private sector and implementing countries – through targeted advocacy and strategic engagement. Early pledges at key global events helped build momentum for Gavi's replenishment. At the United Nations General Assembly (UNGA), the European Commission pledged €260 million for 2026–2027. Indonesia – a country that has transitioned from Gavi support – hosted

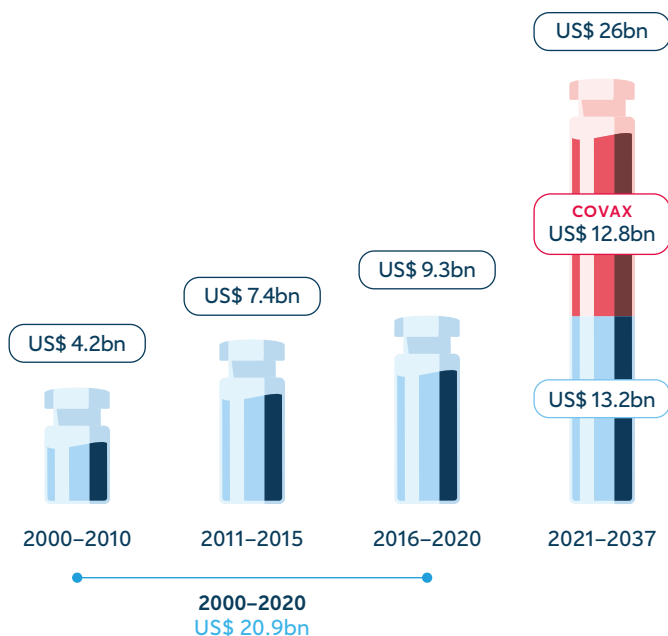
the Gavi Board meeting in Bali and made a historic first-time pledge of US\$ 30 million. The European Union and the Gates Foundation committed to co-hosting the 2025 [Global Summit: Health & Prosperity through Immunisation](#). In parallel, the Gavi Matching Fund continued to demonstrate the power of innovative financing, catalysing more than US\$ 589 million in private sector contributions since its inception in 2011.

Driving agility: innovation and rapid response

From new vaccines to new vaccine financing solutions, innovation is at the heart of Gavi's model. Building on the extension of its European Investment Bank (EIB) liquidity facility to €1 billion in 2023, Gavi expanded its US\$ 1 billion Rapid Financing Facility with the U.S. International Development Finance Corporation (DFC) in 2024, moving beyond pandemic response to also support Gavi core programmes. These facilities provide flexible, rapid-access liquidity to help countries maintain and scale immunisation efforts, reinforcing Gavi's ability to adapt and respond to evolving health needs. In October 2024, Gavi issued a US\$ 1 billion, three-year vaccine bond through the International Finance Facility for Immunisation (IFFIm) – the largest single benchmark transaction since IFFIm's inaugural benchmark in 2006 – demonstrating the power of innovative finance to unlock capital at scale for life-saving vaccines.

Meanwhile, the First Response Fund (FRF), launched in June 2024, was triggered for the first time during the mpox outbreak. Less than 40 days after the emergency declaration by the Africa Centres for Disease Control and Prevention (Africa CDC) and the World Health Organization (WHO), up to US\$ 50 million was approved, enabling rapid vaccine procurement and vaccine roll-out efforts in affected countries. As a result, Gavi has played a critical role in the mpox response, becoming the largest funder of MVA-BN mpox vaccines through the Access and Allocation Mechanism. In addition to Gavi-funded doses enabled by the FRF, Gavi facilitated shipments of donated MVA-BN doses from Bavarian Nordic, Canada and the US. See pages 27 and 43 for more information on mpox vaccine support.

Donor commitments by end 2024 to Gavi, 2000–2037, US\$



Sovereign donors and the European Union as of 2024



Global Summit: Health & Prosperity through Immunisation



Credit: Serena Vittorini/Babylonia - Creative Affairs Bureau

Looking ahead: transition to Gavi 6.0

The year 2025 marked the bridge between Gavi 5.0/5.1 and Gavi's sixth strategic period, Gavi 6.0 (2026–2030). The [Global Summit: Health & Prosperity through Immunisation](#), held in Brussels on 25 June 2025 and co-hosted by the European Union, the Gates Foundation and Gavi, in partnership with Global Citizen, was a powerful demonstration of Gavi's public-private partnership model. It brought together leaders from 55 countries – including 10 heads of state and government, 24 ministers, and representatives from multilateral institutions, civil society and industry. [A record number of donors pledged](#), bringing resources over US\$ 9 billion towards Gavi's US\$ 11.9 billion target for Gavi 6.0.

One of the drivers of the Global Summit's success was the active advocacy of Gavi-supported countries. Their voices were amplified in global fora such as the World Health Assembly and through high-level bilateral engagements, where they consistently underscored the impact of Gavi's work. In parallel, these countries demonstrated political ownership and strong commitment to sustainability, with a record US\$ 4 billion expected in domestic co-financing from 2026–2030. This investment aligns with the [Gavi Leap](#), a new country operating model launched in 2025 by Gavi CEO Dr Sania Nishtar, and highlighted during the Global Summit as a framework for agility, accountability and empowering countries to lead their own immunisation agendas.

The Global Summit also showcased Gavi's evolving approach to innovation and partnership. Private sector partners announced partnerships totalling over US\$ 149 million, including a US\$ 40 million anchor investment towards a new Innovation Scale-Up Facility (SUF) to be launched in 2026. Vaccine manufacturers announced bold measures to improve access to critical vaccines, pledging US\$ 200 million in cost savings for Gavi programmes by 2030. Finally, multilateral development banks (MDBs) and development finance institutions (DFIs) unlocked US\$ 4.5 billion in complementary, innovative and sustainable financing for health.

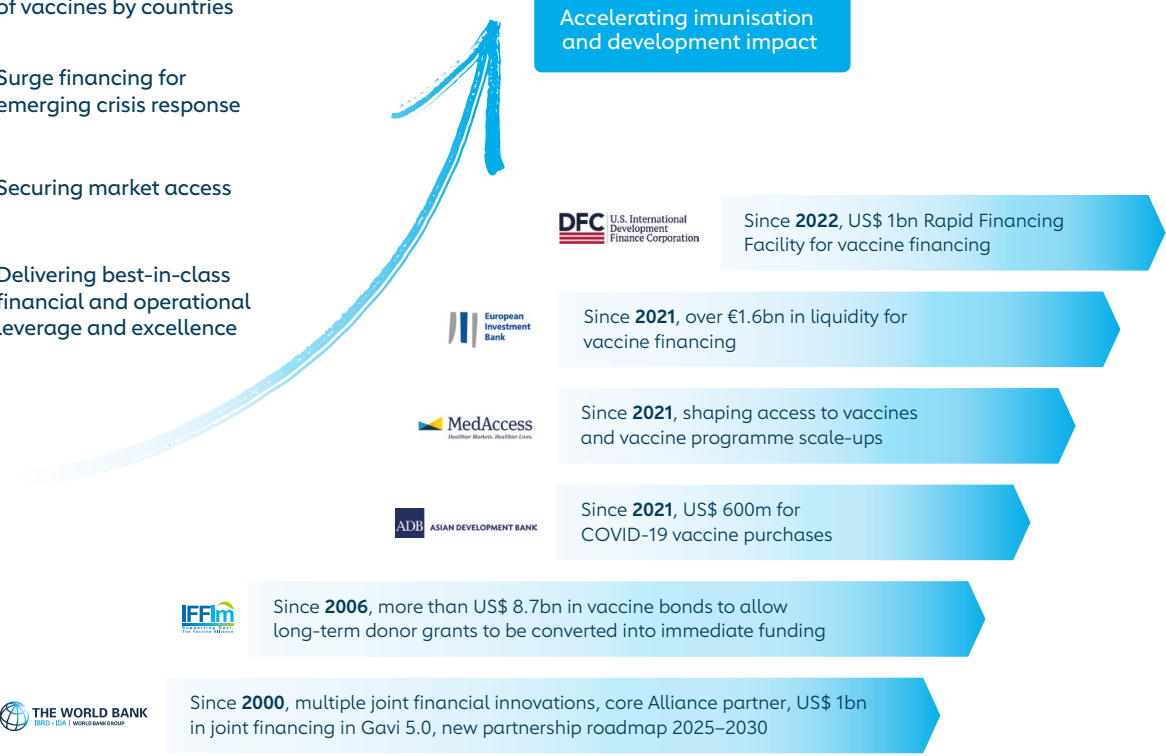
These commitments bring Gavi closer to securing the resources needed to deliver on its objectives for Gavi 6.0. As some donors were unable to commit due to political and budgetary cycles, fundraising efforts continue, supported by strong momentum and donor confidence, as illustrated by [Japan's US\\$ 550 million pledge](#) in August 2025 during the Ninth Tokyo International Conference on African Development (TICAD 9).

Looking ahead, Gavi remains focused on closing the remaining gap. Its ability to innovate – through new financing instruments, diversified partnerships and a renewed focus on empowering countries – positions it as a resilient and forward-looking institution for global health equity.

Delivering financial partnerships for greater impact

Extending the impact of donor funds with over US\$ 4bn in non-grant financing partnerships since 2020

-  Enabling self-procurement of vaccines by countries
-  Surge financing for emerging crisis response
-  Securing market access
-  Delivering best-in-class financial and operational leverage and excellence



Timeline and ongoing financial partnerships

Select financial partnerships (not exhaustive)



Gavi's private sector partnerships in action

Since its launch as a public-private partnership at the World Economic Forum Annual Meeting in 2000, Gavi has positioned private sector engagement as a strategic pillar for growth, innovation and expertise. In its 2021–2025 strategic period, Gavi has leveraged the private sector to navigate the rapidly evolving donor landscape and global health architecture with agility and foresight.

Gavi's private sector engagement team mobilises catalytic support from philanthropies, foundations, high net worth individuals and corporations in a wide range of domains, spanning technology, banking and consumer goods. Through support to more than 50 innovators, with 25 active partnerships across 15 countries, the Vaccine Alliance is helping to reach more 'zero-dose' children; build sustainable solutions to supply

chain gaps; strengthen health systems by improving vaccine delivery logistics and digital mapping of under-served communities; and integrate immunisation with nutrition services.

These partnerships, enabled by the Gavi Matching Fund, go beyond financial contributions – they model scalable approaches to some of the most pressing challenges in immunisation. In 2024 alone, the Gavi Matching Fund raised US\$ 73 million in catalytic investments, bringing the total Matching Fund partnership's value to more than US\$ 589 million since its inception in 2011. By catalysing private sector investments and co-developing innovative models, Gavi is helping ensure equitable access to life-saving interventions and laying the groundwork for long-term immunisation outcomes that leave no child behind.

Vaccine confidence

Gavi's partnership with **Google** helps Gavi better educate communities about vaccines.

92+ million people reached by Gavi's Google Ads (2021–2024) – that's 1.6%+ of all internet users

US\$ 78+ million in Google Ad Grants to date

9.8% click-through rate to gavi.org in 2024

~3 million views in 2024 for the high-quality, evidence-based educational content on gavi.org's **VaccinesWork platform**, promoted by Google Ads

Gavi's partnership with **Advancing Health Online Initiative (AHO)** is supporting innovative social media and AI technology to build vaccine confidence:

US\$ 12 million from the **VaxSocial Initiative** was invested across the seven organisations (six in Gavi implementing countries India, Indonesia and Nigeria) selected in May 2024 to help build vaccine confidence through social media, artificial intelligence and behavioural science.

Global Impact, on behalf of the Advancing Health Online Initiative (AHO) and Gavi, the Vaccine Alliance, invest US\$ 12 million through the VaxSocial Initiative to implement innovative social media interventions to build vaccine confidence
[Read the news release](#) on gavi.org

Fundraising for immunisation

Through Gavi's first private sector partner, **"la Caixa" Foundation**, more than 2,000 Spanish companies, as well as "la Caixa" employees and the Spanish public, make donations to expand childhood immunisation. Their impact is doubled by "la Caixa" Foundation and the **Gates Foundation** in a 1:4 matching fund scheme.

US\$ 5.13 million raised for childhood immunisation in 2024 alone, a historical achievement in this 15+ year partnership

US\$ 106.8 million total raised since 2008

This partnership has funded life-saving pentavalent and pneumococcal vaccines in **Mozambique** and is also working to expand geographically through the launch of the Alliance for Child Vaccination in **Portugal**.

"la Caixa" Foundation renews its partnership with Gavi with first multi-annual commitment
[Read the news release](#) on gavi.org

A mother carries her baby to the immunisation ward at Centro De Saude Xipamanine in Maputo, Mozambique.

Credit: Gavi/2020/Isaac Griberg

Immunisation and nutrition

Gavi has a growing portfolio in cross-sectoral collaboration. Partnerships with **Unilever Lifebuoy** and **The Power of Nutrition** in Indonesia, and the **Children's Investment Fund Foundation (CIFF)** in Ethiopia, aim to reach zero-dose and under-immunised children with integrated immunisation and nutrition services – showing the effectiveness of co-delivery of life-saving services.

US\$ 30 million partnership between Gavi and the **Child Nutrition Fund** in **Ethiopia** – supported by the **Gavi Matching Fund** and the **Children's Investment Fund Foundation (CIFF)**, and implemented by UNICEF – aims to reach **100,000 zero-dose children** in more than **50** under-served woredas who suffer multiple deprivations. In 2024 alone:

562,000 children received vitamin A

54,727 received the first dose of pentavalent vaccine

25,100 were reached with nutrition supplements

€8 million partnership between Gavi, **Unilever Lifebuoy** and **The Power of Nutrition** in **Indonesia** aims to reach 1 million children and encourages parents in handwashing with soap, optimal nutrition and immunisation to tackle the biggest killers of children: pneumonia and diarrhoea. Pilot results showed:

2x increase in pneumococcal conjugate vaccine (PCV) first dose coverage achieved, in conjunction with Government efforts

2x increase in proportion of parents feeding children 5+ food groups per day

Vaccines, veggies and very clean hands: in Indonesia, three interventions are combining to improve health

[Read the full article](#) on VaccinesWork



Digital and solar

Through Gavi's partnerships in **Sierra Leone** with **Orange**, **RESOLVE** and the U.S. Government's **Power Africa**:

27 remote health facilities equipped with solar power, storage and internet – strengthening climate resilience, and expanding access to reliable immunisation services

US\$ 1.5 million contributed by Orange Sierra Leone to support this initiative

In **Côte d'Ivoire**, Gavi worked with **Orange** and the **Ministry of Health** to develop the '**M-Vaccin**' mobile app:

190,000+ women and children, including pregnant women registered

35,000 'zero-dose' children vaccinated

US\$ 5.47 million jointly invested by **Orange and Gavi** in M-Vaccin (half from the **Gavi Matching Fund**)

Half of Côte d'Ivoire's health districts reached – and scaling nationally

US\$ 1.2 million in projected savings annually through reduced administrative workload, travel costs and improved data quality and timeliness

M-Vaccin: Mobile technology boosts vaccination in Côte d'Ivoire
[Read the full article](#) on VaccinesWork



Dr Kouadio Nestor, Head of the EPI Strategic Planning Project Department.

Credit: Lassina Sermé

Drone delivery

Since 2016, Gavi's partnership with **Zipline**, leveraging expertise and catalytic funding from The UPS Foundation, delivers vaccines by drone – expanding health access, especially in areas that are traditionally under-served. The year 2024 marked further scaling of Zipline activities in Nigeria – funded by The UPS Foundation, ELMA Vaccines & Immunization Foundation and high net worth individuals, and matched by the UK's Foreign, Commonwealth & Development Office (FCDO) and the Gates Foundation.

21 million+ vaccine doses delivered by drone in **Rwanda, Ghana, Kenya, Nigeria and Côte d'Ivoire** by end 2024, including 6.4 million+ in 2024 alone

40% less expensive deliveries on average per vaccine dose compared with traditional last-mile delivery

42% less likelihood of a patient at a Zipline-served facility to miss vaccination due to stock-out



INFUSE 2024 harnesses innovation to mitigate the effects of climate change on global health

In March 2024, Gavi's [Innovation for Uptake, Scale and Equity in Immunisation \(INFUSE\)](#) platform launched its annual call for applications, inviting innovative approaches to tackle challenges related to climate mitigation and resilience.

After a two-day workshop funded by the Rockefeller Foundation in Nairobi, Kenya, a panel of global health, technology and private sector experts selected 4 global health innovators as INFUSE 2024 Pacesetters from a pool of more than 100 applicants: [Atlas AI](#) from the United States of America, [Causal Foundry](#) from Spain, [Figorr](#) from Nigeria and [Signalytic](#) from Uganda. INFUSE then proceeded to match these exciting innovators with investors and countries most in need of their innovations to accelerate vaccine delivery.

Credit: Zipline



Annexes

52 Contributions to Gavi

52 Cash received by Gavi

53 Gavi COVAX AMC contributions

54 Country co-financing commitments

54 Innovative finance mechanisms: AMC and IFFIm

55 Governance structure

55 The Gavi Board

55 Other Gavi-related governance structures

56 Contributions pledged to Gavi

64 Approvals for country programmes 2000–2029

66 Board endorsements for country programme expenditure 2000–2029

68 Approvals and Board endorsements for investment cases

68 Approvals for investment cases 2000–2029

68 Board endorsements for investment cases 2000–2029

1 Contributions to Gavi as of 31 December 2024 (US\$ millions)

Cash received by Gavi

Donors	2024	Total 2000–2024	Gavi COVAX AMC (2024)	GRAND TOTAL (inc. Gavi COVAX AMC)
Australia ¹	37	567		657
Austria				9
Bahrain				3
Belgium		3		13
Bhutan				0
Brazil ¹				144
Burkina Faso		1		1
Canada ¹	86	989		1,437
China ¹	4	21		121
Colombia				1
Croatia				1
Denmark	4	72		98
Estonia				0
European Union (EU) ¹	150	632		1,244
Finland		5		24
France	55	473	37	747
Germany	137	1,453		2,402
Greece				2
Iceland ¹		1		9
India	3	24		24
Ireland	4	77		87
Italy	32	199		746
Japan ¹	38	272	143	1,584
Kuwait		1		51
Liechtenstein				1
Luxembourg	1	21		26
Malaysia				0
Malta				0
Mauritius				0
Mexico				0
Monaco ¹	0	2		2
Netherlands	20	647		766
New Zealand				19
Niger		1		1
Norway ¹	148	2,425		2,513
Oman		3		4
Palau ¹				0
Philippines				1
Poland				1
Portugal	0	0		2
Qatar	2	16		26
Republic of Korea ¹	1	46	50	376
Republic of Moldova				0
Russian Federation		10		10

Donors	2024	Total 2000–2024	Gavi COVAX AMC (2024)	GRAND TOTAL (inc. Gavi COVAX AMC)
Saudi Arabia ¹		25		216
Scotland		1		1
Singapore				5
Slovenia				1
Spain ²	1	56		61
Sweden	33	707		730
Switzerland		14		171
Township Zug				0
Uganda	0	1		1
United Kingdom ¹	787	4,379		4,502
United States of America	300	3,950		7,450
Viet Nam				1
Donor governments and the European Union total:	1,842	17,092	229	26,289

Donors	2024	Total 2000–2024	Gavi COVAX AMC (2024)	GRAND TOTAL (inc. Gavi COVAX AMC)
AerCap Ireland Limited				0
Al Ansari Exchange		1		1
Alight Solutions				0
Alwaleed Philanthropies		4		4
Analog Devices Foundation				1
Arm Limited	1	3		3
Asia Philanthropy Circle				2
BlackBerry				0
Centene Charitable Foundation				0
Charities Trust			0	1
Children's Investment Fund Foundation (CIFF)		32		32
Church of Jesus Christ of Latter-day Saints (LDS)	3	14		14
Cisco ⁵		0		5
CODE (RED)				0
Collins Aerospace (Goodrich Corporation)				0
Croda Foundation				0
Dolby Laboratories Charitable Fund				0
ELMA Vaccines and Immunization Foundation	0	4		4
Epiroc AB				0
Etsy				0
Frank McHugh-O'Donovan Foundation, Inc.				0
Gamers Without Borders (GWB)		0		3

Donors	2024	Total 2000–2024	Gavi COVAX AMC (2024)	GRAND TOTAL (inc. Gavi COVAX AMC)
Gates Foundation	353	5,296		5,502
Gates Philanthropy Partners				18
Google.org		0		8
His Highness Sheikh Mohamed bin Zayed Al Nahyan		38		38
International Federation of Pharmaceutical Wholesalers (IFPW)		2		2
Kerk in Actie				0
King Baudouin Foundation				0
King Salman Humanitarian Aid & Relief Centre (KSrelief)				5
"la Caixa" Foundation	4	57		57
Mastercard ³		10		26
OPEC Fund for International Development (OFID)		1		1
PagerDuty				0
Portuguese private sector		0		2
Pratt & Whitney				0
Procter & Gamble				5
Reed Hastings and Patty Quillin				30
Russell Reynolds Associates				0
Salesforce				1
Shell International B.V.				10
SMBC Aviation Capital Limited				0
Sovereign Order of Malta				0
Spotify				1
Stanley Black & Decker				1
SymAsia Foundation				0
The Coca-Cola Foundation				1
The Power of Nutrition ⁵	0	1		1
The Rockefeller Foundation		5		5
ThistleDown Foundation				4
TikTok		5		10
Toyota Tsusho ⁴				1
Twilio		0		10
UBS Optimus Foundation				2
Unilever Lifebuoy ⁵	0	7		7
UPS	1	3		3
Vaccine Forward				2
Visa Foundation				5
Wellcome Trust	1	2		2
WHO Foundation - Go Give One Campaign			0	10
Workday Foundation	0	0		1
Other donors ⁶	4	106		221
Corporations, foundations, individuals, institutions and organisations total:	368	5,593	<1	6,064
Subtotal:	2,210	22,685	230	32,353
IFFIm proceeds ^{7,8}	366	5,217		6,192
Pneumococcal AMC proceeds ⁹	0	1,313		1,313
Total contributions:	2,576	29,214	230	39,858

Vaccine delivery and/or logistics to Gavi COVAX AMC	Gavi COVAX AMC	
	2024	Total
Donors		
Belgium		1
Canada		143
European Commission (EC)		355
France		23
Gates Foundation		30
Germany		630
Ireland		4
Japan		131
New Zealand		9
United States of America		500
Total:		1,825

COVAX dose sharing – ancillary costs	Gavi COVAX AMC	
	2024	Total
Donors		
Australia		5
Belgium		6
Canada		32
Denmark		2
European Commission (EC)		43
Ireland		2
New Zealand		1
United Kingdom		2
Total:		93

COVAX Humanitarian Buffer	Gavi COVAX AMC	
	2022	Total
Donors		
France		6
Germany		11
Total:		16

Notes: 1 Contribution amounts include cash donations to the COVAX Facility from funds remaining from Self-Financing Participant (SFP) commitments and/or dose sharing activities. 2 Includes contributions from the Basque Agency for Development Cooperation and the Catalan Agency for Development Cooperation. 3 Mastercard has contributed: (i) US\$ 15 million to support the Gavi COVAX AMC with a US\$ 15 million grant for the purchase of COVID-19 vaccines, US\$ 10 million of which was matched by the Gates Foundation (US\$ 2 million) and Gates Philanthropy Partners (US\$ 8 million); and (ii) a US\$ 10 million cash contribution to support the implementation of digital solutions to Gavi core programmes (no match). In addition, Mastercard raised funds via a consumer-based fundraising campaign through its donation platform. 4 Toyota Tsusho contributed 100 million Japanese yen to the Gavi COVAX AMC. In addition, Toyota Tsusho has donated five Vaccine Land Cruisers to Gavi which are specifically designed for last-mile vaccine delivery and which have been prequalified by WHO. 5 Cisco, The Power of Nutrition and Unilever Lifebuoy provide resources to Gavi on a leveraged partnership project. 6 Includes contributions from other private sector corporations, foundations, individuals, institutions and organisations. 7 IFFIm proceeds: cash disbursements from the World Bank to the GAVI Fund Affiliate (GFA) (2006–2012) and to Gavi (2013–2024). 8 In 2018, the Gavi Board approved Gavi support for research and development of new vaccines by the Coalition for Epidemic Preparedness Innovations (CEPI) through an IFFIm transaction of 600 million Norwegian kroner (US\$ 66 million) to frontload an equivalent Norway grant for this purpose. Subsequently in 2020, the Gavi Board approved Gavi supporting research and development of new COVID-19 vaccines by CEPI, through a similar IFFIm arrangement. To date, IFFIm has raised US\$ 354 million for this initiative supported by additional grants from Norway, Italy and Spain. 9 Pneumococcal AMC proceeds: cash transfers from the World Bank to Gavi.

Contributions may not add up precisely to the grand totals due to rounding; and because contributions to the Gavi COVAX AMC in 2020 and/or 2021 are not shown in separate columns.

Cash received by Gavi

in support of Gavi for its role supporting the Polio Eradication and Endgame Strategic Plan (2013–2020)

Donors	Total US\$ equivalent (in millions)
Norway	147
United Kingdom	40
Governments total:	187
Gates Foundation	241
Private contributions total:	241
Total:	428

Country co-financing commitments (in US\$)

	2024	2000–2023
Co-financing	254.5 million ¹	1.7 billion

Innovative finance mechanisms: IFFIm commitments²

IFFIm grants for Gavi core programmes (signed as of 31 December 2024)

Donor	Period of commitment (years)	Amount committed (millions)	
		Currency of pledge (in millions)	US\$ equivalent (in millions) ²
Australia	2011–2030	AUD 288	284
Brazil	2018–2037	US\$ 20	20
Canada	2023–2030	CAD 125	92
France	2007–2026	€1,390	1,884
Italy	2006–2030	€649	815
Netherlands	2009–2030; 2012–2030	€330 US\$ 67	487
Norway	2010–2030; 2006–2010	NOK 5,500 US\$ 27	686
South Africa	2007–2026	US\$ 20	20
Spain	2006–2035	€290	345
Sweden	2007–2031	SEK 526	66
United Kingdom	2007–2029	GBP 2,091	3,558
Total:			8,257

Notes:

¹ This includes the four countries with fiscal year alignment for which obligations were due by June 2023: Ethiopia, Kenya, Pakistan and United Republic of Tanzania.

² Local currency pledge values converted to US\$ at rates prevailing at the time of signing of the respective donor grant agreements.

³ A total of US\$ 187.5 million of Pneumococcal Advance Market Commitment (AMC) funds remained unutilised at the close of the Pneumococcal AMC on 31 December 2020, of which US\$ 177.5 million was redirected for use in the Gavi COVAX AMC and US\$ 10 million was redirected for use in Gavi core programmes, as agreed with Pneumococcal AMC donors.

Source: Gavi, the Vaccine Alliance, 2025

Innovative finance mechanisms: Pneumococcal AMC³

AMC commitments	Total 2009–2020 US\$ equivalent (in millions) ²
Canada	200
Gates Foundation	50
Italy	635
Norway	50
Russian Federation	80
United Kingdom	485
Total contributed:	1,500
Re-directed funds:	
Gavi COVAX AMC	(177.5)
Gavi core programmes	(10)
Net total applied to Pneumococcal AMC:	1,312.5

IFFIm grants for CEPI

(signed as of 31 December 2024)

Donor	Period of commitment (years)	Currency pledged (in millions)	US\$ equivalent (in millions) ²
Italy	2020	€5	6
Norway	2021–2030	NOK 2,600	266
Spain	2023–2035	€75	82
Total			354

IFFIm grants for Gavi COVAX AMC

(signed as of 31 December 2024)

Donor	Period of commitment (years)	Currency pledged (in millions)	US\$ equivalent (in millions) ²
Australia	2022–2030	AUD 86	62
Norway	2021–2030	NOK 1,000	116
Sweden	2021–2030	SEK 2,250	259
United Kingdom	2022–2029	GBP 500	672
Total			1,109

2 Governance structure as of 31 December 2024

The Gavi Board

There are 28 seats on the Gavi Board:

4 members representing the World Health Organization (WHO), UNICEF, World Bank and Gates Foundation

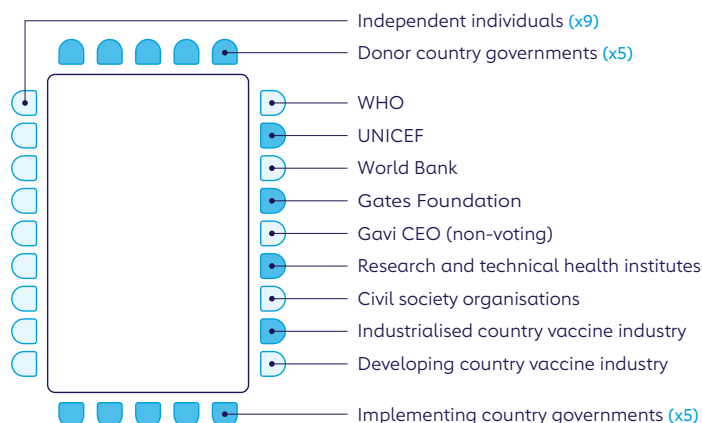
5 representing implementing country governments

5 representing donor country governments

1 member each representing civil society organisations, the vaccine industry in developing countries, the vaccine industry in industrialised countries, and research and technical health institutes (4 in total)

9 independent individuals with a range of expertise

CEO of Gavi (non-voting)



Independent members

José Manuel Barroso, Chair
Teresa Ressel
Yibing Wu
Awa Marie Coll Seck
Anne Schuchat
Deena Shiff
David Sidwell
Karen Sørensen

Organisations

WHO

Bruce Aylward

UNICEF

Omar Abdi, Vice Chair

World Bank

Juan Pablo Uribe

Gates Foundation

Violaine Mitchell

Constituencies

Implementing country government representatives

Constituency 1: Ethiopia & Ghana
Mekdes Daba (Ethiopia)

Constituency 2: Indonesia & Bhutan
Budi Gunadi Sadikin (Indonesia)

Constituency 3: Somalia & Pakistan
Mohamed Jama (Somalia)

Constituency 4: Armenia & Honduras
Anahit Avanesyan (Armenia)

Constituency 5: Burkina Faso & Angola
Robert Lucien Kargougou (Burkina Faso)

Donor government representatives

USA/Australia/Republic of Korea
Atul Gawande (USA)

United Kingdom/Canada/Qatar
Ruth Lawson (United Kingdom)

Japan/Italy/New Zealand/Spain
Kazuhiko Nakamura (Japan)

Germany/Belgium/France/Luxembourg/
European Commission/Ireland
Clarisse Paolini (France)

Norway/Denmark/Finland/Netherlands/
Sweden/Switzerland
Karin Berlin (Sweden)

Industrialised country vaccine industry

Andrew (Drew) Otoo (Merck Human Health)

Developing country vaccine industry

Sai Prasad (Bharat Biotech International Ltd, India)

Civil society organisations

Bvudzai Magadzire (VillageReach, South Africa)

Research and technical health institutes

Saad Omer (Peter O'Donnell Jr. School of Public Health, University of Texas Southwestern)

Non-voting member

Sania Nishtar (CEO, Gavi)

Other Gavi-related governance structures

The International Finance Facility for Immunisation (IFFIm) Company

Kenneth G. Lay, Chair
Senior Managing Director, The Rock Creek Group

Bertrand de Mazières
IFFIm Audit Committee Chair
Former Director General for Finance, European Investment Bank

Helge Weiner-Trapness
Vice Chairman, Global Banking, HSBC
Founding Partner, Quintus Partners

Hassatou Diop N'Sele
Vice-President for Finance and Chief Financial Officer (CFO), African Development Bank Group

Ingrid van Wees
IFFIm Nominating Committee Chair
Independent Non-Executive Director, Africa Finance Corporation (AFC) Board

Jeff Diehl
Chief Operating Officer and Chief Compliance Officer, Coalition for Green Capital (CGC)

Rachel Turner
Independent, former UK Department for International Development and Foreign, Commonwealth & Development Office (FCDO)

Eila Kreivi
Independent sustainable finance expert and advisor; former Director and Chief Sustainable Finance Advisor, European Investment Bank (EIB)

Source: Gavi, the Vaccine Alliance, 2025

3 Contributions pledged to Gavi¹ includes pledges as of 31 December 2024 (US\$ millions)

Donor governments and the European Union	2000–2010					2011–2015					2016–2020								
	Direct contributions	Pneumococcal AMC	IFFIm ²	Total ³	As % of grand total	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm ²	Total ³	As % of grand total	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm ⁴	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Total	As % of grand total ³
Australia ⁹	29			29	1%	242			28	270	4%	157			77			234	3%
Austria																			
Bahrain																			
Belgium ⁹																			
Bhutan																			
Brazil ^{8,9}															3			3	<1%
Burkina Faso																			
Cameroon																			
Canada ^{8,10}	152	125		277	7%	120		50		169	2%	410						410	4%
China ⁸												5						5	<1%
Colombia																			
Croatia																			
Denmark ¹¹	32			32	1%	13				13	<1%	11						11	<1%
Estonia																			
European Union (EU) ⁸	58			58	1%	35				35	<1%	240						240	3%
Finland												3						3	<1%
France ^{12,13}	19		192	211	5%	127			306	433	6%	109			347			456	5%
Germany ¹⁴	22			22	1%	186				186	3%	668						668	7%
Greece																			
Iceland ⁸												1						1	<1%
India						3				3	<1%	9						9	<1%
Indonesia																			
Ireland ¹⁵	30			30	1%	15				15	<1%	17						17	<1%
Italy		158	107	265	6%			266	152	418	6%	115		131	130			376	4%
Japan ⁸						54				54	1%	135						135	1%
Kuwait												1						1	<1%
Liechtenstein																			
Luxembourg	6			6	<1%	5				5	<1%	5						5	<1%

2021–2025								2026–2030						2031–2037			Donor governments and the European Union
Direct contributions ⁵	Matching Fund ⁶	IFFIm ⁷	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm) ^{6,7}	Total	As % of grand total ³	Direct Contribution Total ⁵	Matching Fund	IFFIm ⁷	Gavi COVAX AMC (IFFIm) ⁷	Total	As % of grand total ³	IFFIm ⁷	Total	As % of grand total ³	
218		48	95		25	386	2%			74	37	112	3%				Australia ⁹
			9			9	<1%										Austria
			3			3	<1%										Bahrain
3			16			20	<1%										Belgium ⁹
			<1			<1	<1%										Bhutan
		5	144			149	1%			5		5	<1%	7	7	<1%	Brazil ^{8,9}
1						1	<1%										Burkina Faso
1						1	<1%										Cameroon
362		18	624			1,004	5%			74		74	2%				Canada ^{8,10}
20			100			120	1%										China ⁸
			1			1	<1%										Colombia
			1			1	<1%										Croatia
18			29			47	<1%	3				3	<1%				Denmark ¹¹
			<1			<1	<1%										Estonia
330			1,009			1,340	6%	272				272	7%				European Union (EU) ⁸
2			19			21	<1%										Finland
273		501	340			1,113	5%			156		156	4%				France ^{12,13}
716			1,589			2,305	11%										Germany ¹⁴
			2			2	<1%										Greece
			8			8	<1%										Iceland ⁸
15						15	<1%										India
								30				30	1%				Indonesia
20			15			35	<1%										Ireland ¹⁵
112		130	548			789	4%			180		180	4%				Italy
100			1,500			1,600	7%										Japan ⁸
			50			50	<1%										Kuwait
			1			1	<1%										Liechtenstein
6			6			11	<1%										Luxembourg

	2000–2010					2011–2015					2016–2020								
	Direct contributions	Pneumococcal AMC	IFFIm ²	Total ³	As % of grand total	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm ²	Total ³	As % of grand total	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm ¹	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Total	As % of grand total ³
Malaysia																			
Malta																			
Mauritius																			
Mexico																			
Monaco ⁸												1						1	<1%
Netherlands	216		14	230	5%	149			72	220	3%	211	11		82			304	3%
New Zealand ¹⁶																			
Niger																			
Norway ⁸	526	2	41	569	14%	612		42	94	748	10%	770			96			866	9%
Oman												3						3	<1%
Palau ⁸																			
Philippines																			
Poland																			
Portugal																			
Qatar												10						10	<1%
Republic of Korea ⁸	<1			<1	<1%	7				7	<1%	22						22	<1%
Republic of Moldova																			
Russian Federation		8		8	<1%			40		40	1%	10		22				32	<1%
Saudi Arabia ⁸												23						23	<1%
Scotland																			
Singapore																			
Slovenia																			
South Africa			4	4	<1%				4	4	<1%				3			3	<1%
Spain ¹⁷	43		58	101	2%				51	51	1%				43			43	<1%
Sweden	123		10	132	3%	255			11	266	4%	189			9			198	2%
Switzerland												14						14	<1%
Township Zug																			
Uganda																			
United Kingdom ^{8,18}	137	22	153	313	7%	1,424	61	317	475	2,277	31%	1,378		85	696			2,159	23%
United States of America ^{19,20,30}	647			647	15%	733				733	10%	1,400						1,400	15%
Viet Nam																			
Donor governments and the European Union total:	2,039	316	578	2,933	70%	3,980	61	715	1,192	5,947	80%	5,915	11	238	1,487			7,652	82%

2021–2025								2026–2030						2031–2037				Donor governments and the European Union
Direct contributions ⁵	Matching Fund ⁶	IFFIm ⁷	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm) ^{5,7}	Total	As % of grand total ³	Direct Contribution Total ⁵	Matching Fund	IFFIm ⁷	Gavi COVAX AMC (IFFIm) ⁷	Total	As % of grand total ³	IFFIm ⁷	Total	As % of grand total ³		
			<1			<1	<1%										Malaysia	
			<1			<1	<1%										Malta	
			<1			<1	<1%										Mauritius	
			<1			<1	<1%										Mexico	
1			<1			1	<1%										Monaco ⁸	
56	27	159	119			361	2%			153		153	4%				Netherlands	
			29			29	<1%										New Zealand ¹⁶	
1						1	<1%										Niger	
644		145	88		59	935	4%			271	58	329	8%				Norway ⁸	
			1			1	<1%										Oman	
			<1			<1	<1%										Palau ⁸	
			1			1	<1%										Philippines	
			1			1	<1%										Poland	
1			1			2	<1%										Portugal	
10			10			20	<1%										Qatar	
30			330			360	2%										Republic of Korea ⁸	
			<1			<1	<1%										Republic of Moldova	
																	Russian Federation	
3			191			194	1%										Saudi Arabia ⁸	
1						1	<1%										Scotland	
			5			5	<1%										Singapore	
			1			1	<1%										Slovenia	
		5				5	<1%			1		1	<1%				South Africa	
12		65	6			83	<1%			52		52	1%	31	31	1%	Spain ¹⁷	
173		12	23		117	325	2%			14	129	144	3%	3	3	<1%	Sweden	
			157			157	1%										Switzerland	
			<1			<1	<1%										Township Zug	
1						1	<1%										Uganda	
1,346	33	694	125		399	2,597	12%			748	287	1,035	25%				United Kingdom ^{8,18}	
1,170			4,000			5,170	24%	1,580				1,580	38%				United States of America ^{19,20,30}	
			1			1	<1%										Viet Nam	
5,645	60	1,782	11,196		600	19,282	90%	1,885	1,729	512	4,126	100%	41	41	100%		Donor governments and the European Union total:	

2021–2025								2026–2030						2031–2037			Corporations, foundations, individuals, institutions and organisations
Direct contributions ⁵	Matching Fund ⁶	IFFIm ⁷	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm) ^{5,7}	Total	As % of grand total ³	Direct Contribution Total ⁵	Matching Fund	IFFIm ⁷	Gavi COVAX AMC (IFFIm) ⁷	Total	As % of grand total ³	IFFIm ⁷	Total	As % of grand total ³	
	6					6	<1%										
			<1			<1	<1%										AerCap Ireland Limited
	3					3	<1%										Aga Khan Foundation
																	Airtel
				<1		<1	<1%										Al Ansari Exchange
1				1		1	<1%										Alight Solutions
	3			2		3	<1%										Alwaleed Philanthropies
						2	<1%										Analog Devices Foundation
	1					1	<1%										Arm Limited
				<1		<1	<1%										Asia Philanthropy Circle
				<1		<1	<1%										Audacious Alliance
	15					15	<1%										Bayer Foundation
	3					3	<1%										BlackBerry
	<1			5		5	<1%										Centene Charitable Foundation
			<1			<1	<1%										Children's Investment Fund Foundation (CIFF)
			<1			<1	<1%										Church of Jesus Christ of Latter-day Saints
																	Cisco
																	CODE (RED)
																	Collins Aerospace (Goodrich Corporation)
																	Croda Foundation
																	Dolby Laboratories Charitable Fund
	1					1	<1%										Eleanor Crook Foundation
3	2					5	<1%										ELMA Vaccines & Immunization Foundation
				<1		<1	<1%										Epiroc AB
				<1		<1	<1%										Etsy
<1	<1			2		3	<1%										Frank McHugh-O'Donovan Foundation, Inc.
1,532	45					1,813	8%										Gamers Without Borders (GWB)
						18	<1%										Gates Foundation ²¹
	9					9	<1%										Gates Philanthropy Partners
<1				8		8	<1%										Girl Effect
5						5	<1%										Google.org ²²
	3					3	<1%										His Highness Sheikh Mohamed bin Zayed Al Nahyan
	<1					<1	<1%										Integrate Health
																	International Federation of Pharmaceutical Wholesalers (IFPW) Foundation
																	Kerk in Actie
						5	<1%										King Salman Humanitarian Aid & Relief Centre (KSrelief)
	12					12	<1%										"la Caixa" Foundation
	12			16		28	<1%										Mastercard ²³
				<1		<1	<1%										PagerDuty
<1				2		2	<1%										Portuguese private sector
				<1		<1	<1%										Pratt & Whitney
				5		5	<1%										Procter & Gamble
						30	<1%										Reed Hastings and Patty Quillin
				<1		<1	<1%										Russell Reynolds Associates
				1		1	<1%										Salesforce
				10		10	<1%										Shell International B.V.
				<1		<1	<1%										SMBC Aviation Capital Limited
				<1		<1	<1%										Sovereign Order of Malta

Corporations, foundations, individuals, institutions and organisations

	2000–2010					2011–2015					2016–2020								
	Direct contributions	Pneumococcal AMC	IFFIm ²	Total ³	As % of grand total	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm ²	Total ³	As % of grand total	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm ⁴	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Total	As % of grand total ³
Spotify																			
Stanley Black & Decker																			
SymAsia Foundation																			
The Coca-Cola Foundation																			
The Power of Nutrition																			
The Rockefeller Foundation																			
ThistleDown Foundation ²⁴																			
TikTok ²⁵																			
Toyota Tsusho ²⁶																			
Twilio																			
UBS Optimus Foundation																			
Unilever Lifebuoy													4					4	<1%
UPS																			
Vaccine Forward																			
Visa Foundation																			
Wellcome Trust																			
WHO Foundation - Go Give One campaign ²⁷																			
Workday Foundation																			
Other donors ²⁸	12			12	<1%	8	46			53	1%	4	31					35	<1%
Corporations, foundations, institutions and organisations TOTAL:²⁹	1,241	20		1,261	30%	1,277	148	24		1,449	20%	1,495	141					1,636	18%
TOTAL PLEDGED:	3,280	336	578	4,194	100%	5,257	209	738	1,192	7,396	100%	7,410	153	238	1,487			9,288	100%

Pledges to CEPI																			
Italy																			
Norway																			
Spain																			
PLEDGES TO CEPI TOTAL:																			
TOTAL PLEDGES, including CEPI:																			

Notes:

1 Some contributions may be received by Gavi in years different to those for which the pledges were made (see also row titled "Adjustment for timing of receipt of funds").

2 A number of the "US\$ equivalent values" of actual International Finance Facility for Immunisation (IFFIm) donor contributions received for 2006–2015 have been updated to reflect information received from the World Bank Group's International Bank for Reconstruction and Development (IBRD) at the end of 2016. The total sum of changes made is +US\$ 4.5 million representing 0.25% of the total US\$ 1.77 billion in contributions received during this period; changes at country level are also insignificant.

3 The percentages in this column pertain to each donor's share of the total amount pledged for the period.

4 In 2018, the Gavi Board approved Gavi support for research and development of new vaccines by the Coalition for Epidemic Preparedness Innovations (CEPI) through an IFFIm transaction of 600 million Norwegian kroner (US\$ 66 million) to frontload an equivalent Norway grant for this purpose. Subsequently, in 2020, the Gavi Board approved Gavi support for research and development of new COVID-19 vaccines by CEPI, through a similar IFFIm arrangement. To date, IFFIm has raised US\$ 354 million for this initiative supported by additional grants from Norway, Italy and Spain.

5 Direct Contribution and Matching Fund pledge amounts include those from donors that have yet to indicate how their pledge(s) should be allocated to specific year(s) within these periods.

6 The Matching Fund for the 2021–2025 period includes funding allocated towards donations from various Gavi COVAX AMC donors.

7 IFFIm proceeds are allocated over five-year periods coinciding with Gavi's strategic periods. Proceeds for the current and future strategic periods are indicative until the end of each period and could be revised following changes in market conditions (interest rates or foreign exchange rates), the signing of new pledge(s) and/or changes in IFFIm's disbursement profile.

8 Contribution amounts include cash donations to the COVAX Facility from funds remaining from Self-Financing Participant (SFP) commitments and/or dose sharing activities.

9 Includes €1 million (US\$ 1.1 million) towards vaccine delivery to Gavi COVAX AMC and €3 million (US\$ 3.4 million) towards dose sharing ancillary costs.

10 Includes Canadian \$185.3 million (US\$ 142.7 million) towards vaccine delivery to Gavi COVAX AMC and Canadian \$40 million (US\$ 31.6 million) towards dose sharing ancillary costs.

11 Includes 15 million Danish kroner (US\$ 2.3 million) towards dose sharing ancillary costs.

12 The Agence française de développement (AFD, French Development Agency), Gavi and the Gates Foundation signed an innovative partnership worth €100 million over the 2016–2020 period. The partnership aims to increase vaccine coverage in six French-speaking countries of the Sahel region: Burkina Faso, Chad, Mali, Mauritania, Niger and Senegal.

13 Includes €20 million (US\$ 22.5 million) towards vaccine delivery to Gavi COVAX AMC and €5 million (US\$ 5.6 million) for vaccines via the COVAX Humanitarian Buffer.

14 Germany's total contribution for COVAX of €1,389 million (US\$ 1,589 million) includes: €809 million towards Gavi COVAX AMC vaccine purchases, including €9 million (US\$ 10.5 million) for vaccines via the COVAX Humanitarian Buffer; and €580 million (US\$ 630 million) towards vaccine logistics (UNICEF).

15 Includes €3.5 million (US\$ 3.9 million) towards vaccine delivery to Gavi COVAX AMC and €2 million (US\$ 2.2 million) towards dose sharing ancillary costs.

16 Includes New Zealand \$9 million (US\$ 6 million) towards vaccine delivery to Gavi COVAX AMC and US\$ 4.3 million towards dose sharing ancillary costs.

17 Includes pledges from the Basque Agency for Development Cooperation and the Catalan Agency for Development Cooperation.

18 Includes £1.6 million (US\$ 2.1 million) towards dose sharing ancillary costs.

19 The USA pledge of US\$ 1.0 billion announced at Gavi's second donor pledging conference, hosted by the Government of Germany in Berlin in January 2015, was for the years 2015–2018 and included US\$ 800 million for 2016–2018. In addition to the pledge made in Berlin, the Government of the United States of America provided US\$ 20 million to Gavi to be used for an Ebola vaccine stockpile once a licensed vaccine became available. The USA pledge of US\$ 1.16 billion announced at Gavi's third donor pledging conference, the Global Vaccine Summit (GVS), hosted by the UK Government in June 2020, is for the years 2020–2023 and includes US\$ 870 million for 2021–2023.

20 The United States of America's US\$ 4 billion pledge to COVAX includes US\$ 3.5 billion for procurement and US\$ 0.5 billion for delivery.

21 Gavi Matching Fund (Gates Foundation): US\$ 45 million allocated to core partnerships and US\$ 30 million allocated to the Gavi COVAX AMC vaccine delivery.

22 For the 2021–2025 period, Google.org donated more than US\$ 78 million in Ad Grants to Gavi to promote high-quality, evidence-based content on gavi.org to help Gavi better educate communities about vaccines, reaching more than 86 million Google users in the programme's first three years alone.

23 Mastercard has contributed: (i) US\$ 15 million to support the Gavi COVAX AMC with a US\$ 15 million grant for the purchase of COVID-19 vaccines, US\$ 10 million of which was matched by the Gates Foundation (US\$ 2 million) and Gates Philanthropy Partners (US\$ 8 million); and (ii) a US\$ 10 million cash contribution to Gavi core programmes to support the implementation of digital solutions (no match). In addition, Mastercard raised funds via a consumer-based fundraising campaign through its donation platform.

24 Funding advised by the ThistleDown Foundation in support of the ThistleDown Foundation COVAX Project, a CAF Canada Project.

2021–2025								2026–2030					2031–2037			Corporations, foundations, individuals, institutions and organisations	
Direct contributions ⁵	Matching Fund ⁶	IFFIm ⁷	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm) ^{5,7}	Total	As % of grand total ³	Direct Contribution Total ⁵	Matching Fund	IFFIm ⁷	Gavi COVAX AMC (IFFIm) ⁷	Total	As % of grand total ³	IFFIm ⁷	Total		As % of grand total ³
				1		1	<1%										Spotify
				1		1	<1%										Stanley Black & Decker
			<1			<1	<1%										SymAsia Foundation
				1		1	<1%										The Coca-Cola Foundation
	1					1	<1%										The Power of Nutrition
5						5	<1%										The Rockefeller Foundation
				4		4	<1%										Thistledown Foundation ²⁴
	5			5		10	<1%										TikTok ²⁵
			1			1	<1%										Toyota Tsusho ²⁶
	<1			10		10	<1%										Twilio
1	<1			2		3	<1%										UBS Optimus Foundation
	4					4	<1%										Unilever Lifebuoy
<1	3					3	<1%										UPS
			2			2	<1%										Vaccine Forward
				5		5	<1%										Visa Foundation
2						2	<1%										Wellcome Trust
			10			10	<1%										WHO Foundation - Go Give One campaign ²⁷
<1			<1			1	<1%										Workday Foundation
4	4		96	20		124	1%	1				1	<1%				Other donors ²⁸
1,554	132		416	85		2,187	10%	1				1	<1%				Corporations, foundations, institutions and organisations TOTAL: ²⁹
7,199	192	1,782	11,612	85	600	21,469	100%	1,886		1,729	512	4,127	100%	41	41	100%	TOTAL PLEDGED:

																Pledges to CEPI	
		6				6			0		0		0	0			Italy
		166				166			100		100		0	0			Norway
		16				16			27		27		38	38			Spain
		188				188			128		128		38	38			PLEDGES TO CEPI TOTAL:
		1,970				21,658			1,856		4,254		80	80			TOTAL PLEDGES, including CEPI:

²⁵ TikTok's US\$ 5 million contribution is matched by the Gates Foundation with a US\$ 5 million contribution to Gavi in support of COVID-19 vaccine delivery and other Gavi activities.

²⁶ Toyota Tsusho contributed 100 million Japanese yen to the Gavi COVAX AMC. In addition, Toyota Tsusho has donated five Vaccine Land Cruisers to Gavi which are specifically designed for last-mile vaccine delivery and which have been prequalified by WHO.

²⁷ The WHO Foundation - Go Give One campaign raises funds from individuals for the benefit of the Gavi COVAX AMC.

²⁸ "Other donors" includes contributions from corporations, foundations, individuals, institutions and organisations.

²⁹ In-kind contributions are not included in the corporations, foundations, individuals, institutions and organisations total.

³⁰ The Government of the United States of America pledged US\$ 1.58 billion over five years (2025–2029). This funding is subject to congressional approval annually.

General notes regarding reporting of US\$ equivalents (for contributions made to Gavi in currencies other than US\$)

Direct contributions (including Gavi Matching Fund)

Received contributions: non-US\$ contributions for 2000–2024 are expressed in US\$ equivalents using the exchange rates on the dates of receipt. For 2014–2024, where contributions were hedged to mitigate currency risk exposure, these have been expressed using the rates applicable to the hedge agreement.

Future contributions (for pledges made prior to the June 2020 donor pledging conference): non-US\$ direct contribution and Gavi Matching Fund pledges for years 2025 and beyond are expressed in US\$ equivalents using the applicable "forecast rates" from Bloomberg as at 31 December 2024 or using the rates applicable to any hedge agreement in place.

Future contributions (for pledges at the June 2020 donor pledging conference): non-US\$ direct contribution and Gavi Matching Fund pledges for years 2025 and beyond are expressed in US\$ equivalents using the spot rates from Refinitiv (recently renamed as LSEG) as at 31 December 2024 or using the rates applicable to any hedge agreement in place.

IFFIm contributions

Received contributions: non-US\$ contributions for 2000–2024 are expressed in US\$ equivalents as confirmed by the IBRD.

Future contributions: non-US\$ contributions for years 2025 and beyond are expressed in US\$ equivalents as follows:

- for signed contribution agreements: contributions are expressed in US\$ equivalents using the exchange rates at the time of signing the respective donor grant agreements; and
- for contribution agreements not yet signed: contributions are expressed in US\$ equivalents using the applicable "spot rates" from Refinitiv (recently renamed as LSEG) as at 31 December 2024.

General notes regarding IFFIm contributions

Due to IFFIm's nature as a frontloading vehicle, yearly contributions paid into IFFIm can differ significantly from yearly proceeds transferred to Gavi.

While IFFIm grants are irrevocable and legally binding, they are subject to a Grant Payment Condition that can potentially reduce the donor's amount due, in the event that a Gavi-supported country is in protracted arrears with the International Monetary Fund (IMF). Since 29 June 2021, no reduction applies, as all countries from the reference portfolio have cleared their arrears with the IMF.

Source: Gavi, the Vaccine Alliance, 2025

4 Approvals for country programmes 2000–2029¹ as of 31 December 2024 (US\$ millions)

Country	Vaccines	Health system strengthening support	Equity Accelerator Funding	Vaccination campaign operational costs	Cold Chain Equipment Optimisation Platform	Vaccine Introduction Grant	Civil society organisation support	Targeted Country Assistance	COVID-19 Delivery Support	Middle-income Countries (MICs) support	Fiduciary management and risk assurance	Post-transition support grants	Other cash-based programmes	Total
Afghanistan	455.5	136.2	15.1	17.2	16.1	3.5	3.9	19.7	49.4		4.0		0.4	721.0
Albania	2.2					0.3								2.5
Algeria									0.7					0.7
Angola	140.9	5.8		0.9		3.7		0.0	7.5	15.0	0.9	20.7	2.7	198.3
Armenia	5.1	0.3				0.7						0.9	0.6	7.6
Azerbaijan	16.6	0.6				0.2								17.4
Bangladesh	1,087.9	145.3		71.2	1.0	15.9		9.3	31.8		1.7		0.3	1,364.4
Benin	177.0	14.6	3.4	8.6	3.8	2.6		7.4	17.5		1.4		0.2	236.4
Bhutan	2.4	0.2				0.3			0.4			0.0	0.3	3.6
Bolivia (Plurinational State of)	45.1	5.4				0.8			0.7	3.9		1.4	1.3	58.6
Bosnia and Herzegovina	2.2					0.1								2.3
Burkina Faso	386.5	37.7	5.9	19.4	5.8	5.9		10.8	27.5		1.1		2.9	503.4
Burundi	185.7	71.5	3.9	9.8	1.6	2.4	0.5	6.9	13.5		2.1		0.1	297.9
Cabo Verde									0.3					0.3
Cambodia	121.8	49.6	1.9	8.0	1.6	2.1		5.8	5.4		1.4			197.7
Cameroon	290.3	29.0	5.9	12.6	6.8	4.3	0.1	10.4	28.1		2.6		1.2	391.2
Central African Republic	76.3	20.8	2.9	5.6	2.7	0.7		24.7	13.2		0.4		0.2	147.5
Chad	155.9	36.4	11.2	27.5	4.1	3.4		22.8	24.6		3.5		0.5	290.0
China	37.9					0.8								38.7
Comoros	4.9	7.0	1.0	0.3	0.5	0.6		6.2	3.1		1.0			24.5
Congo, Republic of	33.9	14.2	1.4	2.6	0.6	0.9		7.4	9.8		2.0		0.6	73.4
Côte d'Ivoire	305.6	26.7	4.0	23.6	4.2	5.5		11.5	19.6		1.5		1.3	403.6
Cuba	2.5	2.4				0.1				1.9		0.4	0.2	7.4
Democratic People's Republic of Korea	51.2	37.7		4.4		0.9		3.3			0.6			98.0
Democratic Republic of the Congo	1,385.8	304.8	59.7	187.3	19.8	16.5	9.9	40.3	53.2		13.8		3.6	2,094.6
Djibouti	7.6	6.8	1.0		0.3	0.4		6.9	4.6		1.5		0.0	29.1
Dominica	0.0								0.1					0.1
Egypt									1.7					1.7
El Salvador									0.3					0.3
Eritrea	43.0	24.7	1.0	3.5	1.3	1.0		5.0	0.4		0.7		0.1	80.7
Eswatini	0.5								0.2	1.6				2.2
Ethiopia	1,426.8	350.8	44.2	82.0	38.9	11.0	3.3	38.2	63.6		2.9		7.7	2,069.3
Fiji	0.2								0.2					0.3
Gambia	44.4	6.4	0.6	2.1	1.1	1.4		4.2	5.3		0.6		0.1	66.2
Georgia	4.8	0.4				0.6	0.0					0.5	0.6	6.9
Ghana	411.8	37.6	2.8	23.1	3.5	4.8	0.8	7.6	35.1		1.0		1.1	529.2
Grenada	0.0								0.1	0.2				0.4
Guinea	87.6	26.3	8.0	5.5	8.6	1.5		7.7	25.3		2.0		0.2	172.6
Guinea-Bissau	25.1	5.0	1.0	1.8	0.6	0.8		7.5	5.1		1.1			48.1
Guyana	3.9			0.0		0.5			0.3			0.8	0.4	5.9
Haiti	56.2	12.1	4.1	0.8	5.7	0.9		19.6	12.1		1.1			112.5
Honduras	43.8	9.2				0.6			0.5	8.0		0.6	0.4	63.1
India	852.5	342.1				0.4		6.1	51.1		0.4			1,252.6
Indonesia	189.3	24.8				11.8	4.0	0.0	5.0		0.1	2.4	1.1	274.6
Iran										14.7				14.7
Jordan										7.7				7.7
Kenya	679.3	49.4	5.7	30.8	5.5	7.4		11.8	30.2		0.8		1.9	822.8
Kiribati	0.6					0.3			0.1			0.6		1.6
Kosovo	0.2								0.3	1.7				2.2
Kyrgyzstan	39.6	12.7	1.0	0.5	1.0	0.7		7.2	4.7		0.3		0.0	67.8
Lao People's Democratic Republic	45.3	17.4	1.7	1.5	0.7	1.5		10.0	4.8		2.1		1.8	86.7
Lebanon										13.9				13.9
Lesotho	12.9	5.7	1.0	0.8	0.7	0.5		5.3	4.8		1.6		0.0	33.4

Country	Vaccines	Health system strengthening support	Equity Accelerator Funding	Vaccination campaign operational costs	Cold Chain Equipment Optimisation Platform	Vaccine Introduction Grant	Civil society organisation support	Targeted Country Assistance	COVID-19 Delivery Support	Middle-Income Countries (MICs) support	Fiduciary management and risk assurance	Post-transition support grants	Other cash-based programmes	Total
Liberia	67.5	22.4	0.0	2.7	1.7	1.4		6.5	7.2		0.6		0.3	110.4
Madagascar	280.3	48.0	10.0	5.8	10.4	3.2		12.2	24.7		3.2		0.4	398.2
Malawi	344.4	51.3		15.8	4.5	4.6		8.6	13.8		2.1		0.4	445.7
Maldives	0.1								1.0	0.1				1.3
Mali	323.0	53.3	8.7	10.6		4.1		17.6	22.7		1.9		0.8	442.7
Marshall Islands (The)									0.1					0.1
Mauritania	48.9	7.3	1.1	2.4	1.0	0.9		8.4	10.6		1.5		0.1	82.3
Micronesia (Federated States of)									0.4					0.4
Mongolia	7.9	0.5		0.1		0.2			0.4	2.7		0.6	0.3	12.7
Morocco									0.9					0.9
Mozambique	476.6	63.4		29.3	9.2	4.0		15.2	25.9		2.5		1.1	627.3
Myanmar	321.7	117.4		24.2	3.3	19.2		10.1	1.2		1.7			498.7
Nepal	218.0	71.0		14.5	3.0	5.2		6.9	7.9		1.4		0.3	328.1
Nicaragua	38.2	3.8				0.3		0.8	3.3				0.9	47.3
Niger	414.6	71.3	11.0	44.1	12.0	4.5		18.9	29.2		3.1		0.9	609.7
Nigeria ²	1,613.0	163.6		251.8	23.0	34.8		44.8	84.0		11.2		7.5	2,233.9
North West Syria Region	2.8	11.9	1.4		5.6			3.8	8.5		1.3		0.1	35.4
Occupied Palestinian Territory	0.2								10.1	11.0				21.4
Pakistan	2,034.3	192.4	15.8	123.6	40.8	33.0	7.7	36.5	57.5		11.9		5.8	2,559.2
Papua New Guinea	40.9	38.6		14.0	0.9	0.6		21.2	5.5		3.7		0.1	125.4
Philippines	4.1								1.7	0.5				6.3
Republic of Moldova	6.6					0.7			0.4			0.4	0.7	8.8
Rwanda	184.1	29.3		5.5	2.5	1.4		5.2	5.0		0.5		0.2	233.7
Saint Lucia	0.2								0.1					0.3
Saint Vincent and the Grenadines	0.1								0.1	0.6				0.7
Samoa	0.1								0.2					0.3
Sao Tome and Principe	2.4	4.2	0.5	0.0	0.0	0.9		3.8	2.9		0.6		0.0	15.5
Senegal	193.8	30.3	2.8	12.2	3.7	3.4		6.5	11.6				0.9	265.2
Sierra Leone	139.6	17.5	2.0	3.7	2.1	1.6		9.3	13.0		1.2		0.4	190.5
Solomon Islands	5.3	7.0	1.0	0.2	0.6	0.7		8.7	3.2		0.6			27.4
Somalia	85.1	63.9	6.5	13.3	9.9	2.3		17.2	36.9		3.2		0.2	238.6
South Sudan	67.4	71.3	7.8	18.6	8.2	2.7		20.5	22.9		2.1		0.3	221.9
Sri Lanka	26.8	4.4				0.9			1.0	13.2			0.1	46.4
Sudan	635.1	73.4	5.5	62.3	3.1	6.8		16.7	41.4		5.4		0.9	850.5
Syrian Arab Republic	49.1	23.4	5.6	2.7	5.5			14.0	23.4		2.5		0.1	126.3
Syria TARA Region	0.4	0.3												0.8
Tajikistan	64.3	18.5	1.5	1.1	1.4	1.2		6.1	5.9		0.4		0.3	100.7
Timor-Leste	2.2	3.1				0.2		0.0	2.1			14.3	1.5	23.4
Togo	97.3	13.7	2.5	8.0	2.4	2.1	0.3	6.6	11.3		1.0		0.5	145.6
Tonga	0.1								0.2					0.2
Tunisia									0.6	1.2				1.9
Turkmenistan	1.1					0.1								1.2
Tuvalu									0.2					0.2
Uganda	721.3	80.1	11.4	42.7	14.5	10.7		12.2	30.7		2.6		1.9	928.1
Ukraine	42.7					0.1			0.8	8.0				51.7
United Republic of Tanzania	719.7	57.4		23.0	8.5	9.0		11.6	24.6		1.4		2.7	858.0
Uzbekistan	134.1	26.9		1.9	1.0	2.6		2.2	13.0				1.0	182.6
Vanuatu	0.1								0.2					0.3
Venezuela										28.1				28.1
Viet Nam	167.7	40.7		15.6	2.3	4.2			2.3	6.6		3.5	3.8	246.7
Yemen	367.9	53.6	10.6	14.2	4.3	2.1		17.6	15.9		3.4		0.8	490.3
Zambia	278.6	24.5	3.6	9.8	3.0	3.5		10.0	23.2		1.4		0.9	358.4
Zimbabwe	185.1	28.2	0.6	10.4	3.5	2.2		7.8	3.0		2.1		0.3	243.3
Grand total:	19,363.8	3,465.9	298.2	1,335.7	328.6	293.3	30.4	711.2	1,174.8	176.8	128.8	47.0	68.2	27,422.5

Note: 1 Approvals are a subset of commitments that have been approved by the Board or Gavi CEO. Only such approved amounts can be disbursed subject to all other conditions for disbursement being met by the countries. Approvals are typically granted for the current year and one further year. 2 In 2018, the Board approved the extension of Nigeria's "Accelerated Transition" period and within it a total support of up to US\$1 billion. The above table includes a subset of this figure as Commitments, that has been fully endorsed to date.

General notes:

Approvals for Gavi Phase I (2000–2006) have been adjusted to reflect the actual disbursement values. Figures in the above table are expressed in millions with one decimal.

Source: Gavi, the Vaccine Alliance, 2025

5 Board endorsements for country programme expenditure 2000–2029¹ as of 31 December 2024 (US\$ millions)

Country	Vaccines	Health system strengthening support	Equity Accelerator Funding	Vaccination campaign operational costs	Cold Chain Equipment Optimisation Platform	Vaccine Introduction Grant	Civil society organisation support	Targeted Country Assistance	COVID-19 Delivery Support	Middle-income Countries (MICs) support	Fiduciary management and risk assurance	Post-transition support grants	Other cash-based programmes	Total
Afghanistan	463.7	136.2	17.7	27.6	16.1	3.5	3.9	13.7	48.3		4.0		0.4	735.1
Albania	2.2					0.3								2.5
Algeria									0.4					0.4
Angola	149.8	5.8		0.9		3.7		0.0	7.5	6.8	0.9	0.0	2.7	178.2
Armenia	5.1	0.3				0.7						0.0	0.6	6.7
Azerbaijan	16.6	0.6				0.2								17.4
Bangladesh	1,087.9	145.3		71.2	1.0	15.9		5.6	31.0		1.7		0.3	1,359.9
Benin	177.0	20.3	4.2	8.6	3.8	2.6		5.7	16.8		1.4		0.2	240.5
Bhutan	2.4	0.2				0.3			0.1			0.0	0.3	3.2
Bolivia (Plurinational State of)	45.1	5.4				0.8			0.2	3.9		0.0	1.3	56.7
Bosnia and Herzegovina	2.2					0.1								2.3
Burkina Faso	386.5	42.4	5.9	21.3	5.8	5.9		5.6	26.1		1.1		1.2	501.8
Burundi	185.7	83.0	3.9	9.8	1.6	2.4	0.5	3.6	12.9		2.1		0.1	305.5
Cabo Verde									0.0					0.0
Cambodia	122.0	49.6	1.9	8.0	1.6	2.1		3.9	5.0		1.4			195.6
Cameroon	290.3	44.7	9.7	12.6	6.8	4.3	0.1	6.8	27.2		2.6		1.2	406.2
Central African Republic	76.6	24.9	2.9	5.6	2.7	0.7		16.4	12.1		0.4		0.2	142.6
Chad	156.0	36.4	11.2	27.5	4.1	3.4		14.6	23.6		3.5		0.5	280.8
China	37.9					0.8								38.7
Comoros	4.9	8.4	1.0	0.3	0.5	0.6		3.1	2.7		1.0			22.4
Congo, Republic of	33.9	14.2	1.4	2.6	0.6	0.9		4.9	9.5		2.0		0.6	70.6
Côte d'Ivoire	315.1	34.3	4.0	23.6	4.2	4.7		6.8	19.0		1.5		1.3	414.8
Cuba	2.5	2.4				0.1				1.9		0.0	0.2	7.0
Democratic People's Republic of Korea	51.2	37.7		4.4		0.9		1.8			0.6			96.6
Democratic Republic of the Congo	1,385.8	304.8	59.7	196.9	19.8	16.5	9.9	24.6	52.0		13.8		3.6	2,087.4
Djibouti	7.6	7.0	1.0		0.3	0.4		4.8	4.2		1.5		0.0	26.8
Dominica	0.0								0.0					0.0
Egypt									1.4					1.4
El Salvador									0.1					0.1
Eritrea	43.0	24.7	1.0	3.5	1.3	1.0		3.2	0.0		0.7		0.1	78.5
Eswatini	0.5								0.0	1.6				2.1
Ethiopia	1,426.8	365.5	44.2	84.4	38.9	11.0	3.3	24.5	62.2		2.9		7.7	2,071.3
Fiji	0.2								0.0					0.2
Gambia	44.4	9.3	1.0	2.1	1.1	1.4		3.3	4.8		0.6		0.1	68.2
Georgia	4.8	0.4				0.6	0.0					0.0	0.6	6.4
Ghana	411.8	37.6	2.8	23.1	3.5	4.8	0.8	5.2	34.0		1.0		1.1	525.7
Grenada	0.0								0.0	0.2				0.3
Guinea	87.6	28.6	8.0	5.5	8.6	1.5		6.2	24.3		2.0		0.2	172.3
Guinea-Bissau	23.9	5.0	1.0	3.0	0.6	0.8		5.2	4.7		1.1			45.4
Guyana	3.9			0.0		0.5			0.1			0.0	0.4	4.9
Haiti	56.2	12.1	4.1	0.8	5.7	0.9		12.8	11.3		1.1			105.0
Honduras	43.8	9.2				0.6			0.2	8.0		0.0	0.4	62.1
India	882.9	342.1				0.4		0.5	29.8		0.4			1,256.2
Indonesia	189.3	24.8				11.8	4.0	0.0	4.8		0.1	0.0	1.1	272.0
Iran										14.7				14.7
Jordan										7.7				7.7
Kenya	679.3	59.3	5.7	30.8	5.5	7.4		6.5	29.4		0.8		1.9	826.6
Kiribati	0.6					0.3			0.0			0.0		0.9
Kosovo	0.2								0.0	1.7				2.0
Kyrgyzstan	39.6	11.3	1.0	0.5	1.0	0.7		3.4	4.4		0.3		0.0	62.2
Lao People's Democratic Republic	45.4	17.4	1.7	1.5	0.7	1.5		4.9	4.5		2.1		1.8	81.4
Lebanon										13.9				13.9
Lesotho	13.2	5.5	1.0	0.8	0.7	0.5		3.8	4.4		1.6		0.0	31.5

Country	Vaccines	Health system strengthening support	Equity Accelerator Funding	Vaccination campaign operational costs	Cold Chain Equipment Optimisation Platform	Vaccine Introduction Grant	Civil society organisation support	Targeted Country Assistance	COVID-19 Delivery Support	Middle-Income Countries (MICs) support	Fiduciary management and risk assurance	Post-transition support grants	Other cash-based programmes	Total
Liberia	70.6	32.3	1.7	3.1	1.7	1.4		3.5	6.6		0.6		0.3	122.0
Madagascar	280.3	48.0	10.0	5.8	10.4	3.2		5.5	23.7		3.2		0.4	390.5
Malawi	344.4	58.0		15.8	4.5	4.6		5.4	13.4		2.1		0.4	448.7
Maldives	0.1								0.0	0.1				0.3
Mali	323.0	63.5	8.7	10.6		4.1		13.3	21.6		1.9		0.8	447.6
Marshall Islands (The)									0.0					0.0
Mauritania	48.8	10.1	1.1	2.4	1.0	1.0		5.2	10.3		1.5		0.1	81.6
Micronesia (Federated States of)									0.0					0.0
Mongolia	8.5	0.5		0.1		0.2			0.1	2.7		0.0	0.3	12.3
Morocco									0.7					0.7
Mozambique	477.9	63.5		29.3	9.2	4.5		8.2	24.8		2.5		1.1	620.9
Myanmar	321.7	117.4		23.0	3.3	7.8		4.8	0.0		1.7			479.7
Nepal	218.0	75.0		14.5	3.0	5.3		4.9	7.2		1.4		0.3	329.4
Nicaragua	38.2	3.8				0.3		0.0	3.0				0.9	46.2
Niger	414.6	78.9	11.0	44.1	12.0	4.6		11.9	27.9		3.1		0.9	609.0
Nigeria	1,663.8	163.6		252.2	23.0	34.8		26.0	82.9		11.2		7.5	2,265.2
North West Syria Region	3.3	11.4	1.4		5.6			3.8	8.5		1.3		0.1	35.4
Occupied Palestinian Territory	0.2								9.4	11.0				20.7
Pakistan	2,032.6	264.0	45.7	123.6	40.8	33.0	7.7	24.3	56.3		11.9		7.5	2,647.5
Papua New Guinea	40.9	48.6		14.0	0.9	0.6		12.6	4.7		3.7		0.1	126.0
Philippines	4.1								1.4	0.5				6.0
Republic of Moldova	6.6					0.7			0.1			0.0	0.7	8.1
Rwanda	184.1	29.5		5.5	2.5	1.4		2.9	4.6		0.5		0.2	231.1
Saint Lucia	0.2								0.0					0.2
Saint Vincent and the Grenadines	0.1								0.0	0.6				0.6
Samoa	0.1								0.0					0.1
Sao Tome and Principe	2.5	4.3	0.5	0.0	0.0	1.0		3.0	2.6		0.6		0.0	14.5
Senegal	193.8	30.3	2.8	12.2	3.7	3.4		4.0	11.1				0.9	262.2
Sierra Leone	139.6	17.5	2.0	3.7	2.1	1.6		6.8	12.7		1.2		0.4	187.6
Solomon Islands	5.3	7.0	1.0	0.2	0.6	0.8		4.5	2.9		0.6			23.0
Somalia	85.0	85.4	13.3	13.3	9.9	2.3		12.2	35.8		3.2		0.2	260.7
South Sudan	67.4	73.6	7.8	18.6	8.2	2.7		12.7	21.9		2.1		0.3	215.4
Sri Lanka	26.8	4.5				0.9			0.4	13.2			0.1	45.9
Sudan	635.1	79.8	5.5	65.4	3.1	6.8		12.8	40.3		5.4		0.9	855.1
Syrian Arab Republic	49.1	23.4	5.6	2.7	5.5			9.5	22.5		2.5		0.1	120.8
Syria TARAA Region	1.4	0.0												1.4
Tajikistan	64.4	18.5	1.5	1.3	1.4	1.2		3.9	5.2		0.4		0.1	97.9
Timor-Leste	2.2	3.0				0.2		0.0	1.8			0.0	1.5	8.7
Togo	97.3	16.8	2.5	8.0	2.4	2.1	0.3	4.8	10.7		1.0		0.5	146.4
Tonga	0.1								0.0					0.1
Tunisia									0.3	1.2				1.5
Turkmenistan	1.1					0.1								1.2
Tuvalu									0.0					0.0
Uganda	721.3	92.9	11.4	45.7	14.5	10.7		6.2	29.5		2.6		1.9	936.6
Ukraine	42.7					0.1			0.5	8.0				51.3
United Republic of Tanzania	750.2	58.0		25.2	8.5	9.0		6.2	23.6		1.1		2.7	884.4
Uzbekistan	134.6	27.2		1.9	1.0	2.6		0.0	12.7				1.0	180.9
Vanuatu	0.1								0.0					0.1
Venezuela										28.1				28.1
Viet Nam	167.7	40.7		15.6	2.3	4.2			2.1	6.6		0.0	3.8	243.0
Yemen	367.9	53.6	10.6	14.2	4.3	2.1		9.6	14.8		3.4		0.8	481.3
Zambia	280.3	24.5	3.6	9.8	3.0	3.8		6.4	22.7		1.4		0.9	356.2
Zimbabwe	187.3	37.0	2.4	11.8	3.5	2.3		3.0	1.9		2.7		0.3	252.2
Grand total:	19,510.7	3,722.7	346.0	1,371.0	328.6	282.6	30.4	439.2	1,102.1	168.7	129.2	0.0	68.1	27,499.2

Note:

1 These represent endorsements of multi-year programme budgets made by the Gavi Board (or Executive Committee) or the Gavi CEO. These endorsements do not constitute a liability to pay but instead send a positive signal that Gavi intends to fund a programme over its entire lifespan subject to performance and availability of funds.

General notes:

Values have been adjusted to reflect the final actual amount disbursed. Figures in the above table are expressed in millions with one decimal.

Source: Gavi, the Vaccine Alliance, 2025

6 Approvals and Board endorsements for investment cases as of 31 December 2024 (US\$ millions)

Approvals for investment cases 2000–2029¹

Programme	Vaccines	Vaccination campaign operational costs and Vaccine Introduction Grant	COVID-19 Delivery Support	Other strategic investments	Equity Accelerator Funding	Miscellaneous support	Total
Measles	60.4	115.6					176.0
Measles & Rubella Partnership	22.0	33.0		20.0		50.0	125.0
Meningococcal meningitis	147.4	30.9					178.3
Maternal and neonatal tetanus	16.3	45.3					61.6
Polio	143.3	48.0					191.3
Yellow fever	209.6	65.5				0.9	275.9
Cholera	520.2	102.5					622.7
Ebola	110.8	8.6					119.4
Humanitarian response Syria	33.0					17.0	50.0
Malaria	82.2					11.6	93.8
COVID-19			374.5	206.1		35.4	616.0
Other	188.9	7.1		114.4	100.0	13.7	424.1
Total	1,534.0	456.5	374.5	340.5	100.0	128.6	2,934.1

Board endorsements for investment cases 2000–2029²

Programme	Vaccines	Vaccination campaign operational costs and Vaccine Introduction Grant	COVID-19 Delivery Support	Other strategic investments	Equity Accelerator Funding	Miscellaneous support	Total
Measles	60.4	115.6					176.0
Measles & Rubella Partnership	22.0	33.0		20.0		50.0	125.0
Meningococcal meningitis	261.2	38.9					300.1
Maternal and neonatal tetanus	16.3	45.3					61.6
Polio	143.3	48.0					191.3
Yellow fever	209.6	65.5				0.9	275.9
Cholera	543.7	102.5					646.2
Ebola	110.8	8.6					119.4
Humanitarian response Syria	33.0					17.0	50.0
Malaria	85.1					11.6	96.7
COVID-19			374.5	206.1		35.4	616.0
Other	188.9	7.1		114.4	100.0	13.3	423.7
Total	1,674.2	464.5	374.5	340.5	100.0	128.1	3,081.9

Notes: ¹ Approvals are a subset of commitments that have been approved by the Gavi Board or the Gavi CEO. Only such approved amounts can be disbursed, subject to all other conditions for disbursement being met by the countries. Approvals are typically granted for the current year and one further year. ² These represent endorsements of multi-year programme budgets made by the Gavi Board (or Executive Committee) or the Gavi CEO. These endorsements do not constitute a liability to pay but instead send a positive signal that Gavi intends to fund a programme over its entire lifespan, subject to performance and availability of funds.

General note: Approvals for Gavi Phase I (2000–2006) have been adjusted to reflect the actual disbursement values. Figures in the above table are expressed in millions with one decimal.

Source: Gavi, the Vaccine Alliance, 2025

The Vaccine Alliance is funded by

Donor governments and the European Union

Australia	Finland	Mauritius	Russian Federation
Austria	France	Mexico	Saudi Arabia
Bahrain	Germany	Monaco	Scotland
Belgium	Greece	Netherlands	Singapore
Bhutan	Iceland	New Zealand	Slovenia
Brazil	India	Niger	South Africa
Burkina Faso	Indonesia	Norway	Spain
Cameroon	Ireland	Oman	Sweden
Canada	Italy	Palau	Switzerland
China	Japan	Philippines	Township Zug
Colombia	Kuwait	Poland	Uganda
Croatia	Liechtenstein	Portugal	United Kingdom
Denmark	Luxembourg	Qatar	United States of America
Estonia	Malaysia	Republic of Korea	Viet Nam
European Union	Malta	Republic of Moldova	

Corporations, foundations, individuals, institutions and organisations

Advancing Health Online Initiative (AHO)	Croda Foundation	Mastercard	UBS Optimus Foundation
Aga Khan Foundation	Dolby Laboratories Charitable Fund	Orange SA	Unilever Lifebuoy
AerCap Ireland Limited	Eleanor Crook Foundation	PagerDuty	UPS
Airtel	ELMA Vaccines & Immunization Foundation	Portuguese private sector	Vaccine Forward
Al Ansari Exchange	Epiroc AB	Pratt & Whitney	Visa Foundation
Alight Solutions	Etsy	Procter & Gamble	Wellcome Trust
Alwaleed Philanthropies	Frank McHugh-O'Donovan Foundation, Inc.	Reed Hastings and Patty Quillin	WHO Foundation - Go Give One campaign
Analog Devices Foundation	Gamers Without Borders (GWB)	Russell Reynolds Associates	Workday Foundation
Arm Limited	Gates Foundation	Salesforce	Other donors
Asia Philanthropy Circle	Gates Philanthropy Partners	Shell International B.V.	
Audacious Alliance	Girl Effect	SMBC Aviation Capital Limited	
Bayer Foundation	Google.org	Sovereign Order of Malta	
BlackBerry	His Highness Sheikh Mohamed bin Zayed Al Nahyan	Spotify	
Centene Charitable Foundation	Integrate Health	Stanley Black & Decker	
Charities Trust	International Federation of Pharmaceutical Wholesalers (IFPW) Foundation	SymAsia Foundation	
Children's Investment Fund Foundation (CIFF), UK	Kerk in Actie	The Coca-Cola Foundation	
Church of Jesus Christ of Latter-day Saints	King Salman Humanitarian Aid & Relief Centre (KSrelief)	The Power of Nutrition	
Cisco	"la Caixa" Foundation	The Rockefeller Foundation	
CODE (RED)		Thistledown Foundation	
Collins Aerospace (Goodrich Corporation)		TikTok	
		Toyota Tsusho	
		Twilio	

Note: Gavi and COVAX are supported by several partners that wish to remain anonymous.

EDITOR-IN-CHIEF:

Amanda Tschopp

DESIGN, LAYOUT AND EDITORIAL SUPPORT:

Studio Miko

TECHNICAL REVIEW LEAD:

Taylor Holroyd

PROJECT COORDINATION:

Annette Wangong'u

PROOFREADER:

Mandy Collins

DIRECTOR OF COMMUNICATIONS:

Olly Cann

DIRECTOR OF PUBLICATIONS:

Pascal Barollier

CONTRIBUTORS:

Amal Abikar
Mary Adeoye
Elie Akiki
Simon Allan
Ed Baker
Markus Beck
Micheal Besong
Emmanuel Bor
Amina Bouothmani
Michelle Burbach
Gitanjali Chaturvedi
Katy Clark
Marguerite Cornu
Laura Craw
Alex de Jonquieres

Berkay Denli
Refia Durmaz
Beth Evans
Tamer Farag
Raphael Ferry
Tanguy Flahault
Augustin Flory
James Fulker
Ashley Germann
Eric Godfrey
Paula Gonzalez
Scott Gordon
Maxime Guionie
Dominic Hein
Dan Hogan
David Holmes
Taylor Holroyd
Amina Ismail
Michelle Jimenez
Rita Kaali
Adviya Khan
Arunima Khanduri
Emily Kobayashi
Christine Le Doeuil
Jean-Bernard Le Gargasson
Francisco Luquero
Alice Ma
Aniqa Marshall
Bineta MBacke
Seb Meaney
Todi Mengistu
André Morais
Twite Mulunda
Jalia Nanfuka
Anthony Nguyen
Lizzie Noonan
Chioma Nwachukwu

Amber Ohiokpehai
Edwinah Orowe
Anna Osborne
Maria Patyna
Bertrand Pedersen
Alia Poonawala
Maya Prabhu
Elisa Roma
Allyson Russell
Karan Sagar
Smita Singh
Antara Sinha
Sarah van Beers
Tim Van Doorne
Leonie Viering
Annette Wangong'u
Collins Weru Mwai
Andy Whitworth
Melissa Wolfe
Chun Yuen Wong
Bartek Wywial
Hiroki Yamakawa
and innumerable others across the
Gavi Secretariat upon whose expertise,
assiduous review and hard work
this report relied

DIGITAL, MEDIA AND SOCIAL MEDIA:

Alister Bignell
Elinore Court
Chris Dubin
James Fulker
Cirũ Kariũki
Nataša Milovanovic
Maya Prabhu
Meghana Sharafudeen
Svetlomisir Slavchev

Even in the face of strained health systems, conflicts, insecurity, poverty and inequality, Gavi keeps showing that progress on vaccination is possible when there is strong partnership with countries and partners including WHO. This commitment to immunisation for all is protecting generations of children against life-threatening diseases and helping communities thrive. Looking ahead, sustained investment, collaboration and trust will be essential to ensure immunisation remains a cornerstone of global health action and equity.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General, September 2025

Millions of children around the world are alive today thanks to critical vaccines and the health workers who go the extra mile to reach them. With the support of Gavi, the Vaccine Alliance's partners, UNICEF delivers vaccines to some of the hardest-to-reach places. No child should die from a preventable disease.

Catherine Russell
UNICEF Executive Director, September 2025

Global Health Campus
Chemin du Pommier 40
1218 Le Grand-Saconnex
Geneva, Switzerland

Tel: +41 22 909 65 00
Fax: +41 22 909 65 50
info@gavi.org

Read more about our
mission at www.gavi.org

Gavi's accomplishments are achieved thanks
to many partners, including founding partners:



@gavi.org



facebook.com/gavi



@gavialliance



linkedin.com/company/gavi



@gavialliance



@gavi / @gavi_fr / @vaccines



youtube.com/gavialliance