Gavi
The Vaccine Alliance

2025 Annual Progress Report

>1.3bn
children immunised since 2000



>US$ 308bn
in economic benefits since 2000



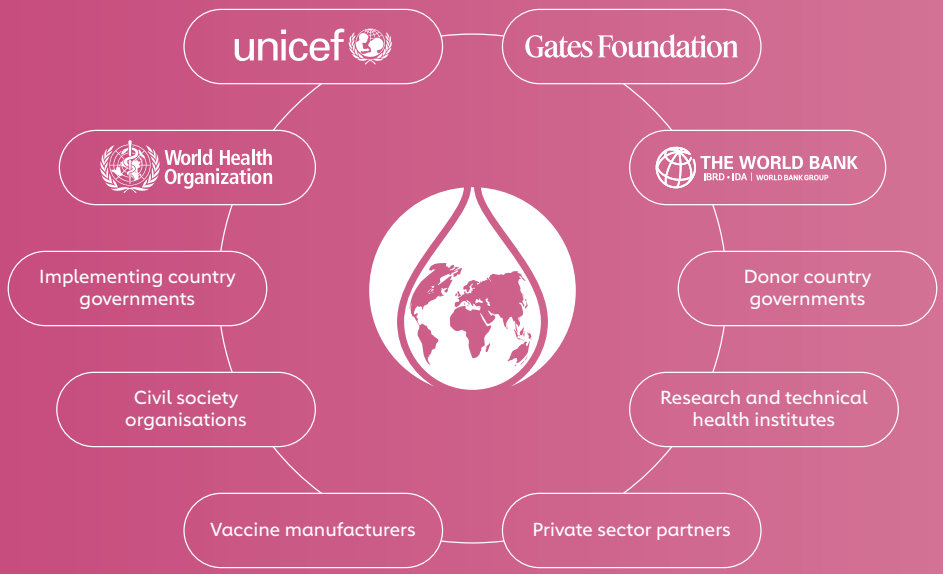
>23m
deaths averted since 2000





SPECIAL FOCUS

- Looking back on a record-breaking five years
- Closing out the "Big Catch-up"
- Community stories from VaccinesWork



Learn more at www.gavi.org and VaccinesWork (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 2025 Annual Financial Report was approved by the Board and published on the Gavi website in June 2026: www.gavi.org/funding/financial-reports

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"Gavi CEO Dr. Sania Nishtar visits Ghana to support biometric innovation in healthcare"
Read the full article on VaccinesWork

Lower left: **Nepal.** Credit: Gavi/2025/Ajay Maharjan
"In rural Nepal, HPV vaccination gives out-of-school girls a shot at healthy adulthood"
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Lower centre: **Eswatini.** Credit: Gavi/2025/Svetlomir Slavchev
"UEFA and Gavi team up to launch vaccine awareness campaign in Africa"
Read the news release on gavi.org

Lower right: **Bangladesh.** Credit: Gavi/2025/Ashraful Arefin
"50 years of progress: how Bangladesh chose health"
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The Vaccine Alliance in 2025

Rt Hon Helen Clark, Chair of the Gavi Board, and Dr Sania Nishtar, CEO of Gavi, reflect on progress made in 2025.



Rt Hon Helen Clark
Chair of the Gavi Board
Helen Clark



Dr Sania Nishtar
CEO of Gavi
Sania Nishtar

Foreword

Welcome to Gavi's 2025 Annual Progress Report, the fifth and final report of Gavi's 2021–2025 strategic period (Gavi 5.0/5.1). After a year of challenges, Gavi can look forward with optimism; when the history of global health is written, it is likely that 2025 will be seen as a turning point.

2025 was a year that saw unprecedented cuts to official development assistance (ODA) alongside increasing fragility in many of Gavi's partner countries, as conflict and climate-related shocks put more lives and health at risk.

Against this backdrop, Gavi faced three major challenges.

First, while we are grateful to our donor partners for significant commitments for the 2026–2030 strategic period (Gavi 6.0), given the external environment, we fell short of our funding target.

This necessitated a careful recalibration of our Gavi 6.0 strategy. This process, a first for Gavi, lasted six months, beginning with a rigorous review of evidence followed by thorough stakeholder consultation.

This was a very challenging process, knowing that every trade-off we make will have an impact on children's lives. However, we are confident that this plan represented the best possible outcome in terms of health impact, given the constraints.

The second challenge was to restructure the Gavi Secretariat in preparation for our new strategic period.

While our original plan was to return our workforce to pre-COVID-19 pandemic levels, a second wave of restructuring was necessitated by our funding shortfall. This meant that, instead of reducing by 25%, our headcount is 33% smaller in 2026. We now have a clear organisational structure that is aligned with our new strategy.

Implementation of the Gavi Leap was our third challenge. Initiated in 2024, the Gavi Leap is an ambitious transformation programme which has been shaped in the context of a rapidly changing global health ecosystem.

With the goal of radically simplifying our ways of working, implementation began in earnest in 2025 as we sought to streamline our country operating interface to respect country sovereignty, give countries more agency to deploy Gavi resources, and drive efficiency through an end-to-end digitisation of our grant management process.

We want to thank sincerely and wholeheartedly all colleagues in Gavi, our Board and our partners who worked under difficult circumstances and considerable time pressure to help us overcome these challenges.

Alongside navigating these changes, we kept our eye on our core business in 2025. We are glad to report that despite surging outbreaks, intensifying fiscal constraints and increasing instability, Gavi's 2021–2025 strategic period concluded with another record-breaking year: in 2025, Gavi-supported lower-income countries immunised more children, saved more lives and mobilised more domestic funding for immunisation than ever before in history – from 2000–2025, those totals are more than 1.3 billion children immunised, more than 23 million lives saved, more than US$ 2.2 billion in country co-financing of Gavi-supported vaccines and more than US$ 308 billion in economic benefits generated in the countries we support. We thank countries for their efforts in meeting 2025 co-financing obligations despite the challenging operating environment.

At the dawn of our sixth strategic period, our Gavi Leap reforms are well on the way to being fully implemented. This positions Gavi well to operate in a rapidly changing world. The focus on coverage will be especially crucial in Gavi 6.0, given that the supported countries as a whole are lower income with more fragility, lower immunisation coverage and more intense health system strengthening needs; therefore, the urgency of Gavi's equity goal will only grow.

In the context of the challenges facing the global health architecture, the Gavi Leap is proof that reform is possible – and that, by placing countries at the centre of our operating model, we can deliver efficiencies and drive country ownership. We are committed to playing a responsible role by sharing our experiences with other organisations contemplating reform journeys of their own.

All the hard work of the past strategic period enables us to look forward with optimism. The difficult decisions of 2025 have given us a strong foundation for success, through simpler ways of working and a renewed emphasis on how we support countries. This, after all, is what really matters most.

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

Goal 01

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

Goal 02

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

Goal 03

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**

Goal 04

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 2025, Vaccine Alliance partners and countries achieved most of the six mission indicators described below.

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.

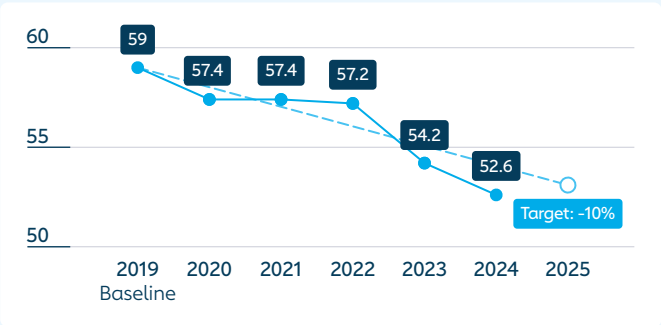
M.1 Under-five mortality rate

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.

2024 performance: The under-five mortality rate in the 57 lower-income countries supported by Gavi (Gavi57) fell from 59 to 52.6 deaths per 1,000 live births between 2019 and 2024 – an 11% reduction from baseline. This value exceeds our Mission target of a 10% reduction by 2025. Estimates for 2025 will be available in early 2027.

Data source: UN Inter-agency Group for Child Mortality Estimation (IGME), 2026



M.2 Future deaths averted with Gavi support

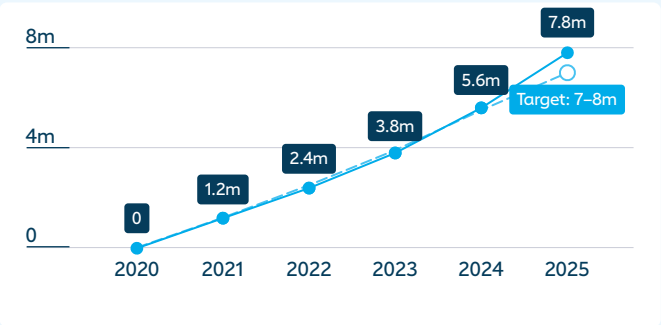
of future deaths averted as a result of vaccination with Gavi-supported vaccines.

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.

2025 performance:[1] By end 2025, more than 7.8 million future deaths had been averted by Gavi-supported vaccinations since the Gavi 5.0 strategic period began in 2021, meeting the Gavi 5.0/5.1 target. The cumulative number of deaths averted from 2000 through 2025 is more than 23 million.[2]

Data source: Vaccine Impact Modelling Consortium (VIMC), 2026

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

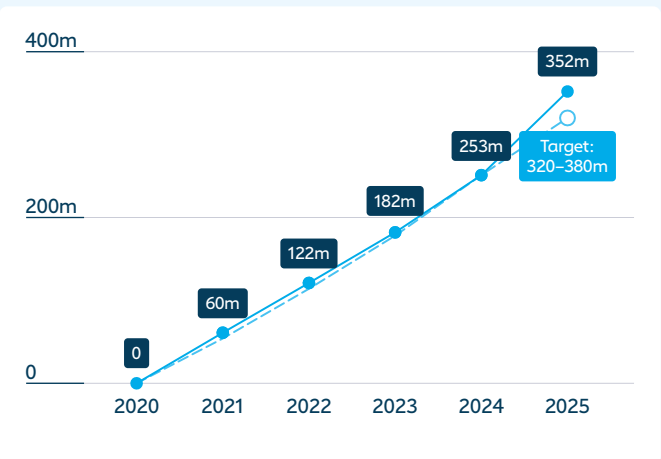
of future disability-adjusted life years (DALYs) averted as a result of vaccination with Gavi-supported vaccines. DALYs measure the number of healthy life years lost due to disability or premature death.

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

2025 performance:[3] By end 2025, more than 352 million future DALYs had been averted by Gavi-supported vaccinations since the Gavi 5.0 strategic period began in 2021, meeting the Gavi 5.0/5.1 target.

Data source: VIMC, 2026

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.

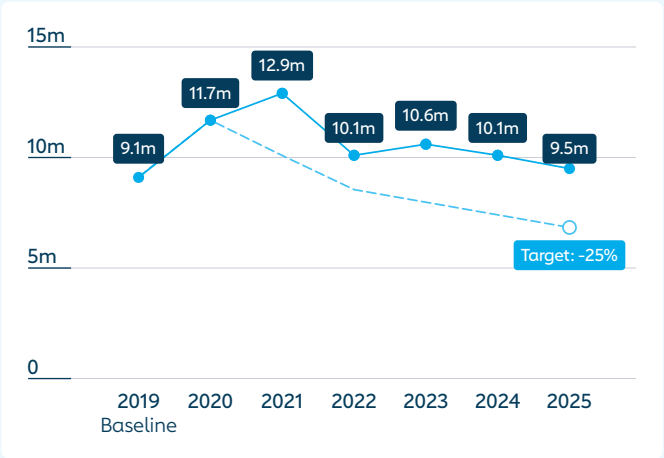


M.4 Reduction in number of zero-dose children

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.

2025 performance: In 2025, there were 9.5 million zero-dose children in Gavi57, a decrease of 600,000 zero-dose children from 2024. Since the number of zero-dose children peaked in 2021 due to the impact of the COVID-19 pandemic on routine immunisation coverage, Gavi57 as a whole have reduced the number of zero-dose children by 25%: the number of zero-dose children in 2025 was still 4% higher than the baseline number in 2019, partly due to continued growth in the birth cohort despite that countries immunised a record number of children in 2025.



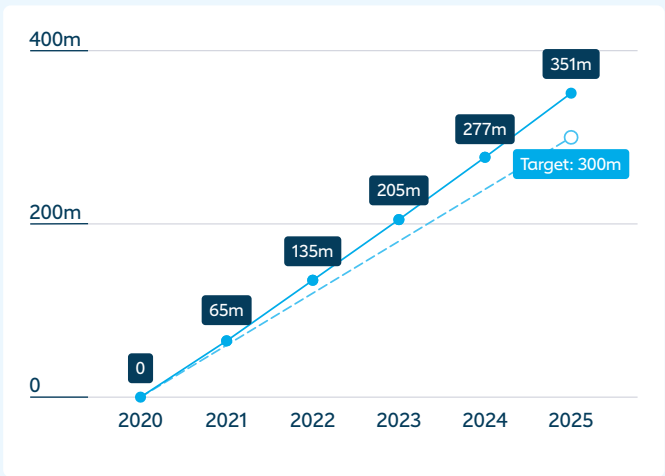
Data source: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2026; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects (WPP), 2024

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.

2025 performance:[5] Countries immunised more than 73 million unique children through routine immunisation with Gavi support in 2025 (more than in any year previously) for a total of more than 351 million children in this strategic period – substantially exceeding the target of 300 million children. By end 2025, Gavi-supported countries had immunised more than 1.3 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, 2026; population estimates: WPP, 2024

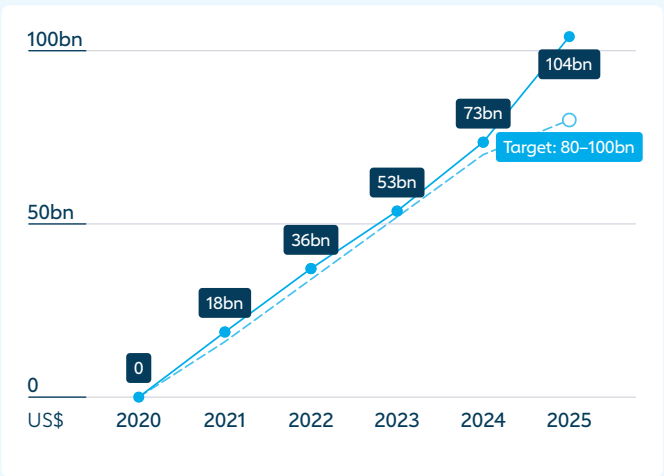
4 To not double-count recipients of more than one vaccine, only the vaccine with the highest coverage level per country is taken into account. People immunised through campaigns and supplementary immunisation activities are not included. **5** Baseline value reset to zero at the start of the strategy 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.

2025 performance:[6] More than US$ 30 billion in economic benefits in the countries we support were generated through Gavi-supported immunisations in 2025 – the highest amount in one year – for a total of more than US$ 104 billion since the strategic period began in 2021, exceeding the Gavi 5.0/5.1 target. From 2000 through 2025, that figure is more than US$ 308 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 1.3 billion children – and prevented more than 23 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 cholera, Ebola, meningococcal, mpox 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.



>1.3bn

children vaccinated through routine programmes, 2000–2025 – more than 73 million in 2025 alone

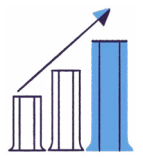
The vaccine goal

65% The 57 Gavi-supported countries increased breadth of protection with vaccines in the Gavi portfolio to 65%, up 2pp from 2024, exceeding the implied Gavi 5.0/5.1 target of 60% – and, for the first time in history, equaling that in the rest of the world.

134 84 Gavi-supported vaccine introductions and preventive campaigns took place in 2025 – in addition to 50 outbreak response vaccination campaigns supported by Gavi.

35m >35 million girls fully immunised against HPV with Gavi support in 2025 alone – the highest number yet.

19 19 countries accessed cholera, Ebola, meningococcal and yellow fever vaccines through Gavi-supported emergency stockpiles a total of 63 times in 2025.



>2.4bn

vaccinations through preventive vaccination campaigns, 2000–2025

>23m

future deaths averted, 2000–2025 (including 2.2m in 2025 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 2025, Gavi-supported countries increased DTP3 coverage to 82% (compared to the 85% global average).

73m >73 million children were reached with Gavi-supported routine vaccines in 2025 – more than in any year previously.

>50 >50 countries have installed more than 71,000 cold chain equipment (CCE) units procured by UNICEF Supply Division through Gavi's CCEOP – more than 2,700 in 2025 alone.

3/4 Three quarters of Gavi57 countries either maintained or increased DTP3 coverage in 2025 relative to 2024, the largest proportion since 2003. Due to population growth, Gavi57 countries again reached more children with DTP1 and DTP3 in 2025 than any prior year.

The sustainability goal

US$ 2.2bn by end 2025

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 2025, bringing to US$ 2.2 billion their total contribution since the introduction of the co-financing policy in 2008.

301m US$ 301 million was contributed by countries towards the co-financing of Gavi-supported vaccines in 2025 – the highest amount yet and a testament to country ownership and the long-term financial sustainability of Gavi-supported vaccines.

56 56 vaccine programmes originally introduced with Gavi funding are self-financed by countries as of 2025, up from 40 in 2018.

100% 100% of countries fully met their 2025 co-financing obligation – except six waivers for humanitarian crises.

The healthy markets goal

19 Through Gavi's market shaping efforts, the number of manufacturers supplying prequalified Gavi-supported vaccines reached 19 in 2025 (with nearly half based in low- and middle income countries) – compared with 5 in 2001.

11 11 markets for vaccines and immunisation products exhibited acceptable levels of healthy market dynamics in 2025, exceeding the Gavi 5.0/5.1 target.

14 14 innovative products were within the pipeline of commercial-scale manufacturers in 2025, continuing to surpass the cumulative target for Gavi 5.0/5.1.

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



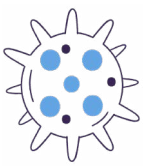
>US$ 308bn

in economic benefits generated in the countries we support, 2000–2025



>US$ 2.2bn

in co-financing contributions from Gavi-supported countries since 2008 – and a high of US$ 301m in 2025 alone



779[1]

vaccine introductions and preventive vaccination campaigns, 2000–2025

1 Excluding COVID-19 vaccination. Routine introductions and preventive vaccination campaigns relate to Gavi-supported vaccines against 17 infectious diseases, as of 2025. 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.

13.9m 13.9 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 2025, there were 9.5 million zero-dose children – down from 10.1 million in 2024.

54% 54% of children aged under 12 months in Gavi-supported countries in 2025 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 29% in 2021.

^ 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.

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 healthcare 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



Gavi-supported vaccine introductions & campaigns

Visit the gavi.org **country hub**

AVAILABLE AT
GAVI.ORG/PARTNER-COUNTRIES

R Routine
C Campaign (preventive)
D Demonstration project

Initial self-financing
Preparatory transition
Accelerated transition
Fully self-financing

Surviving infants
surviving to 1 year (2025)

Under-five mortality rate
deaths <5 years per 1,000 births (2024)

Immunisation coverage
(DTP3/pentavalent 3rd dose) (2025)

Vaccines launched
2025

Vaccines launched
2000–2024

Country	Surviving infants	Under-five mortality rate	Immunisation coverage	Vaccines launched 2025	Hepatitis B birth dose	Human papillomavirus[3]	Inactivated polio[4]	Japanese encephalitis	Malaria	Measles	Measles-rubella	Meningococcal A	Multivalent meningococcal conjugate	Pentavalent[1]	Pneumococcal	Rotavirus[2]	Typhoid	Yellow fever	Gross national income per capita, US$ (2023)[5]	Transition status 2025
African Region																				
Angola*	1,375,429	49.0	52%	HPV (RC)			RC				C			R	R	R			2,130	
Benin	469,351	74.7	69%	HPV (RC)		D	R		R		R2C	R2C		R	R	R		RC	1,440	
Burkina Faso	709,846	74.9	91%	Typhoid (RC)		RD	RC		R	R	3C	R2C		R	R	R		C	850	
Burundi	454,882	47.1	89%	Malaria (R)		D	RC			R	3C	C		R	R	R			230	
Cameroon	944,612	64.8	83%			RD	R		R		R3C	C		R	R	R		RC	1,650	
Central African Republic	237,793	89.7	46%	Measles (C)			R		R	2C		RC		R	R			RC	470	
Chad	863,272	97.3	71%	Measles (C)			R		R	R4C		R2C		R	RC	R		RC	710	
Comoros	23,801	39.0	75%	HPV (RC) MR (C)			RC				RRC			R					1,600	
Congo	190,828	39.1	85%	Measles-rubella (C)			R				C			R	R	R		RC	2,470	
Côte d'Ivoire	976,703	64.5	70%	HPV (C)		RD	RC		R		RR3C	R2C		R	R	R		C	2,670	
DR Congo	4,380,305	89.7	65%	Measles-rubella (RC)			R		R	R4C		C		R	R	R		RC	660	
Eritrea	100,992	34.3	96%	HepBB (R)		RC	RC			R	R2C	RC		R	R	R			Low[6]	
Eswatini*	28,302	45.1	84%			RC														
Ethiopia	4,064,567	44.5	81%	HepBB (R) Malaria (R) Measles (C)		RCD	R			R4C		C		R	R	R			1,130	
Gambia	80,505	42.4	82%	IPV (C) Measles-rubella (C)		RCD	RC			R	2C	R2C		R	R	R			830	
Ghana	874,754	35.9	99%	HPV (RC)		D	RC		R	R	3C	R2C		R	R	R		RC	2,340	
Guinea	470,108	92.1	65%	Malaria (R)			R			R2C		R2C		R				RC	1,360	
Guinea-Bissau	62,953	67.3	84%	Yellow fever (C) Measles-rubella (R)			R			RC	C	R2C		R	R	R		R	900	
Kenya	1,502,230	38.8	88%	MR (C) Typhoid (RC)		RCD	R		R		2C	C		R	R	R		R	2,110	
Lesotho	53,112	60.0	88%	Measles-rubella (C)		RC	R				2C			R	R	R			1,160	
Liberia	166,060	86.4	83%	HPV (C)		RD	RC		R	R2C				R	R	R	RC	RC	730	
Madagascar	986,344	62.4	64%	HPV (RC)		D	R			R2C				R	R	R			530	
Malawi	668,399	48.8	90%	HPV (C)		RD	RC		R	R	2C			R	R	R	RC		640	
Mali	941,222	73.0	84%	Malaria (R)		RD	R			RC	RC	R2C		R	R	R		RC	860	
Mauritania	174,428	36.9	86%	Hexavalent (R)		RC	R				R2C	C		R	R	R			2,150	
Mozambique	1,253,905	59.4	70%	HPV (C)		RD	R		R	R	R3C			R	R	R			530	
Niger	1,083,102	110.7	87%	Measles (C) MMCV (C) Typhoid (C)		D	R		R	2C		R2C		R	R	R		RC	600	
Nigeria	7,245,843	115.6	62%	Measles-rubella (RC)		RC	R		R	R7C		R2C		R	R	R		RC	1,930	
Rwanda	394,958	37.7	95%			R	RC			R	3C			R	R	R			980	
Sao Tome and Principe	6,626	13.6	87%			RCD	RC			R	C			R	R	R		R	2,480	
Senegal	536,823	36.5	91%	Hexavalent (R)		RD	RC			R	4C	C		R	R	R		C	1,660	
Sierra Leone	247,055	90.5	91%	HPV (C)		RD	RC		R	R	R2C			R	R	R		RC	560	
South Sudan	340,284	96.7	73%	Measles (RC) PCV (RC) Rotavirus (R)			R		R	2C		C		R					Low[6]	
Togo	286,111	56.1	90%	Malaria (R) Measles-rubella (C)		RCD	RC				RR2C	R2C		R	R	R		RC	1,030	
Uganda	1,693,380	48.7	97%	HepBB (R) Malaria (R)		R	R				RR2C	C		R	R	R		RC	980	
UR Tanzania	2,360,690	37.0	83%			RCD	RC			R	3C			R	R	R			1,210	
Zambia	686,937	48.4	91%	Malaria (R)		RC	RC			R	3C			R	R	R			1,320	
Zimbabwe	487,124	64.7	91%	Measles-rubella (C)		RCD	RC				R3C			R	R	R	RC		1,740	
Region of the Americas																				
Belize*	7,463	12.7	83%	Rotavirus (R)																
Bolivia (Plurinational State of)*	254,589	15.7	59%			R	R								R	R			3,600	
Cuba*	93,144	8.6	99%	HPV (R)			R								R				Upper[9]	
Grenada*		18.0		PCV (R) Rotavirus (R)																
Guyana*	16,042	25.2	99%			RC	R								R	R			20,360	
Haiti	248,133	52.8	58%				R				C			R	R	R			1,740	
Honduras*	232,088	15.0	86%			R	R								R	R			2,900	
Nicaragua*	130,596	11.2	96%				R								R	R			2,270	
Saint Vincent and the Grenadines*	1,166	11.3	99%	PCV (R) Rotavirus (R)																

R Routine
C Campaign (preventive)
D Demonstration project

Initial self-financing
Preparatory transition
Accelerated transition
Fully self-financing

Surviving infants surviving to 1 year (2025)

Under-five mortality rate deaths <5 years per 1,000 births (2024)

Immunisation coverage (DTP3/pentavalent 3rd dose) (2025)

Vaccines launched 2025

Vaccines launched 2000–2024

Country	Surviving infants	Under-five mortality rate	Immunisation coverage	Vaccines launched 2025	Hepatitis B birth dose	Human papillomavirus[3]	Inactivated polio[4]	Japanese encephalitis	Malaria	Measles	Measles-rubella	Meningococcal A	Multivalent meningococcal conjugate	Pentavalent[1]	Pneumococcal	Rotavirus[2]	Typhoid	Yellow fever	Gross national income per capita, US$ (2023)[5]	Transition status 2025
Eastern Mediterranean Region																				
Afghanistan	1,455,519	53.0	61%	Measles (C)			R			3C				R	R	R			Low[6]	
Djibouti	23,752	48.9	83%	HPV (RC)			R							R	R	R			3,450	
Jordan*		12.9		PCV (R)																
Pakistan	6,640,692	56.0	86%	HPV (RC) Measles-rubella (C)			R			2C	RC			R	R	R	RC		1,500	
Somalia	781,035	101.1	72%	Measles (C) PCV (RC) Rotavirus (R)			R			R2C				R					610	
Sudan	1,604,692	61.6	71%				RC		R	C	RC	R2C		R	R	R		R2C[10]	990	
Syrian Arab Republic	593,531	18.4	60%	Measles-rubella (C)							2C								Low[6]	
Tunisia*	159,235	12.1	97%	HPV (RC)																
Yemen	1,363,994	38.1	39%				R				3C			R	R	R			Low[6]	
European Region																				
Armenia*	34,667	9.6	97%			RD	R							R	R	R			7,330	
Azerbaijan*	118,649	17.9	51%				R							R	R				6,680	
Georgia*[11]	41,855	8.6	85%			RD								R	R	R			6,680	
Kosovo*[7]	19,412					R									R	R				
Kyrgyzstan	147,953	16.8	82%			RC	RC				C			R	R	R			1,700	
Republic of Moldova*[12]	30,750	16.5	82%			RD	RC							R	R	R			6,110	
Tajikistan	259,704	28.1	86%	HPV (RC)			RC							R	RC	R			1,440	
Uzbekistan*	901,747	13.4	98%			RC	RC				C			R	R	R			2,360	
South-East Asia Region																				
Bangladesh	3,392,360	30.5	92%	Typhoid (RC)		RCD	RC			R	2C			R	R				2,860	
Bhutan*	9,680	17.2	99%				RC							R	R[13]				Lower	
DPR Korea	331,049	16.7	99%				R			R	RC			R					Low[6]	
India	22,625,184	26.6	95%				R				C			R	R	R			2,540	
Indonesia*	4,377,653	17.7	82%			RD	RC	RC[14]			C			R	R[13]	R			4,870	
Myanmar	863,405	36.9	71%			R	R	RC[14]		R	2C			R	R	R			1,210	
Nepal	541,903	25.1	96%	HPV (RC)		D	R2C	RC		R	2C			R	R	R	RC		1,370	
Sri Lanka*	317,167	5.9	96%			R	R							R					3,540	
Timor-Leste*	29,724	47.6	83%			RC	R							R	RC	R			2,140	
Western Pacific Region																				
Cambodia	348,798	18.4	81%			RD	R	RC[14]		R	3C			R	R				1,810	
Kiribati*	3,266	53.1	87%				R							R	R				3,730	
Lao PDR	157,282	29.4	67%			RCD	R	RC[14]			RC			R	R				2,120	
Maldives*	5,383	5.4	99%	PCV (R) Rotavirus (R)																
Mongolia*	60,971	13.4	96%			R	RC							R	R[13]				4,950	
Papua New Guinea	250,021	39.4	43%				R				R3C			R	R				2,840	
Solomon Islands	21,883	20.0	87%			RCD	R				R2C			R	R	R			2,270	
Viet Nam*	1,310,974	17.3	97%				RC			R	2C			R		R			4,180	

Total launches

Total launches 2000–2024	0	92	99	10	17	70	113	52	0	67	69	57	10	39
Total launches 2000–2025[15]	3	118	100	10	24	78	127	52	1	67	78	64	17	40

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, mpox, 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), 2026; immunisation coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2026; eligibility: World Bank, World Development Indicators, 2024

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). Four of the 74 countries introduced IPV1 independently of Gavi support. By end 2025, 57 of 63 targeted countries switched to using a second dose of IPV (IPV2) or hexavalent vaccine. In 2025, two countries (Mauritania and Senegal) switched to hexavalent vaccine. **5** Gross national income (GNI) per capita for 2023 in US$, Atlas method, as updated by the World Bank on 1 July 2024. **6** Estimated to be low-income (GNI per capita US$ 1,145 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 introduced the second dose of measles-rubella (MR) vaccine. South Sudan introduced the second dose of measles vaccine. **9** Estimated to be upper middle-income (GNI per capita US$ 4,516 to US$ 14,005). **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** 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. **15** In 2025, Iran introduced pneumococcal conjugate vaccine (PCV) and rotavirus vaccine with Gavi support. Iran was eligible for support in 2023–2025 under Gavi's MICs Approach.

VaccinesWork in 2025: our most-read stories

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

About VaccinesWork

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 100 independent journalists contributing news and features from over 40 countries. With more than 3 million page views across VaccinesWork in 2025, here are some of the year's most-read feature stories from the community.



IN NIGERIA, AI TOOLS ARE CHANGING HOW PEOPLE ACCESS HEALTHCARE

They live in your pocket, and they have all the time in the world: for some worried parents, talking to healthcare bots about immunisation may be just what the doctor ordered.

Read the full article by David Akinadewo-Adekahunsi

Credit: KC Nwakalor for USAID



SIERRA LEONE HEALTH WORKERS LINE UP FOR MPOX JAB AMID GROWING OUTBREAK

Freetown's 34 Military Hospital has seen Ebola and Lassa Fever outbreaks and now it's at the forefront of the country's mpox response. The opportunity to get vaccinated was not one these seasoned frontliners were going to give up.

Read the full article by Saidu Bah

Credit: Saidu Bah



MADHYA PRADESH HAS TOO MANY UNIMMUNISED CHILDREN. HERE'S WHAT'S BEING DONE TO CHANGE THAT

India is aiming for a 30% reduction in the number of unvaccinated children living inside its borders by 2026. Large states like Madhya Pradesh will play a crucial role in the success, or failure, of that effort.

Read the full article by Shuriah Niazi

Credit: Saurav Singh



SOLAR POWER KEEPS VACCINE FRIDGES HUMMING IN CLIMATE-HIT MOZAMBIQUE

Health workers and mums from Mavumira, a rural village that spent decades in the dark, describe relief at no longer needing to throw out spoiled vaccine.

Read the full article by Winile Ximba

Credit: SolarWorks Ltd.



IN ZIMBABWE, VACCINES BLUNT IMPACT OF DEADLY CHOLERA OUTBREAK

Experts say vaccination has built resilience in former cholera epicentres. They also caution that the window of immunity must be used to improve sanitation infrastructure.

Read the full article by Farai Shawn Matiashe

Credit: Farai Shawn Matiashe



HOW NEPAL HIT ITS 100% IMMUNISATION TARGET

This year for the first time, all 77 districts of Nepal could declare "full immunisation" for children under two.

Read the full article by Pragya Timsina

Credit: Radha Poudel

Le site internet francophone de Gavi (gavi.org/fr) héberge VaccinesWork en français. Découvrez trois des récits de la communauté les plus lus en 2025.

Lutte contre l'hépatite B : le Cameroun choisit d'intervenir dès la naissance
Un an après son introduction, le vaccin historique contre le paludisme porte ses fruits au Cameroun
Chikungunya : où en est la course au vaccin ?

First published in April 2025, our new Gavi Leap country operating model represents a quantum leap in our ways of working for our 2026–2030 strategy (Gavi 6.0) – defining a new course of action within a more demanding international development environment.

The Gavi Leap places countries first by increasing country decision-making over financial resources, making it easier for countries to work with Gavi, focusing on real solutions for persistent challenges and promoting immunisation sustainability – holding ourselves accountable for action. See below for two pieces by Gavi CEO Dr Sania Nishtar in *The Lancet* and many more on the Gavi Leap landing page.

Visit the Gavi Leap tracker on the **Gavi website**

AVAILABLE AT LEAP.GAVI.ORG

THE LANCET

Volume 405, Issue 10495, p2112-2113
June 14, 2025

The Gavi Leap: radical transformation for a new global health architecture

Dr Sania Nishtar
Comment

It has long been acknowledged that the global health system needs reform. Although this system has improved public health, saved lives, and advanced health equity, it remains fragmented, uncoordinated, at times inefficient, and in some settings even a barrier to progress. Now, in the harsh light of geopolitical realities in 2025 and an unprecedented squeeze on funding from traditional donor countries, discussions about how to reform global health have taken on an existential quality.

THE LANCET

Volume 407, Issue 10530, p820-824
February 21, 2026

Global health leap: an urgent call to action

Dr Sania Nishtar
Viewpoint

The ongoing global health crisis presents a pivotal opportunity to transform and reform the fragmented global health architecture. This Viewpoint issues an urgent call for coordinated action—a Global Health Leap—and urges all stakeholders to unite around a shared scope, clear objectives, and principles and a process for transformative change. Throughout the past 50 years, major health emergencies such as HIV/AIDS, severe acute respiratory syndrome, Ebola virus, and COVID-19, coupled with a general optimism around the Millennium Development Goals and multilateralism, have driven expansion of the global health architecture. Today's funding challenges, by contrast, are leading to initiatives calling for reform, streamlining, and downsizing (table). These calls build on a long-standing recognition that the global health institutional architecture has become top-heavy and duplicative after years of mission creep, during which organisations have expanded outside their core mandates in the absence of overall coordination.

01

The vaccine goal

Introduce and scale up vaccines



Dr Daniel Ogwal, a focal person for the Expanded Programme on Immunization (EPI) in Apac District, Uganda, which introduced the malaria vaccine into routine immunisation with Gavi support in April 2025.

"World's most mosquito-bitten district records sharp drop in hospitalisations since malaria jab"
Read the full article on VaccinesWork

Credit: Gavi/2025/Jjumba Martin

Key highlights

In 2025, lower-income countries protected more people, against more diseases, than any year in history.

84

Gavi-supported vaccine introductions and preventive campaigns took place in 2025 – in addition to 50 outbreak response vaccination campaigns supported by Gavi.

>35m

girls fully immunised against HPV with Gavi support in 2025 alone – the highest number yet.

19

countries accessed cholera, Ebola, meningococcal and yellow fever vaccines through Gavi-supported emergency stockpiles a total of 63 times in 2025.

65%

The 57 Gavi-supported countries increased breadth of protection with vaccines in the Gavi portfolio to 65%, up 2 percentage points (pp) from 2024, exceeding the implied Gavi 5.0/5.1 target of 60% – and, for the first time in history, equalling that in the rest of the world.



Routine immunisation in 2025: a record-breaking year to conclude Gavi 5.0/5.1

The WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) released in July 2026 showed that in the final year of the 2021–2025 strategic period (Gavi 5.0/5.1), Gavi-supported countries continued to protect more children, against more diseases, than ever before – and continued to increase coverage rates following declines during the COVID-19 pandemic.

Gavi greatly exceeded its mission indicator of unique children immunised, with countries immunising more than 351 million children through routine immunisation with Gavi support from 2021–2025 against a cumulative target of 300 million by 2025. Since 2000, countries immunised more than 1.3 billion children through routine immunisation with Gavi support – surpassing our Investment Opportunity 2021–2025 commitment of more than 1.1 billion children immunised by end 2025. In 2025, Gavi implementing countries protected more than 73 million children against a range of infectious diseases, more than any previous year on record.

Gavi continued to excel at supporting countries to introduce and scale up new vaccines: breadth of protection (average coverage across ten Gavi-supported vaccines) increased by 2 percentage points (pp) to 65% in 2025, exceeding the implied Gavi 5.0/5.1 target of 60% – and, for the first time in history, equalling that in the rest of the world.

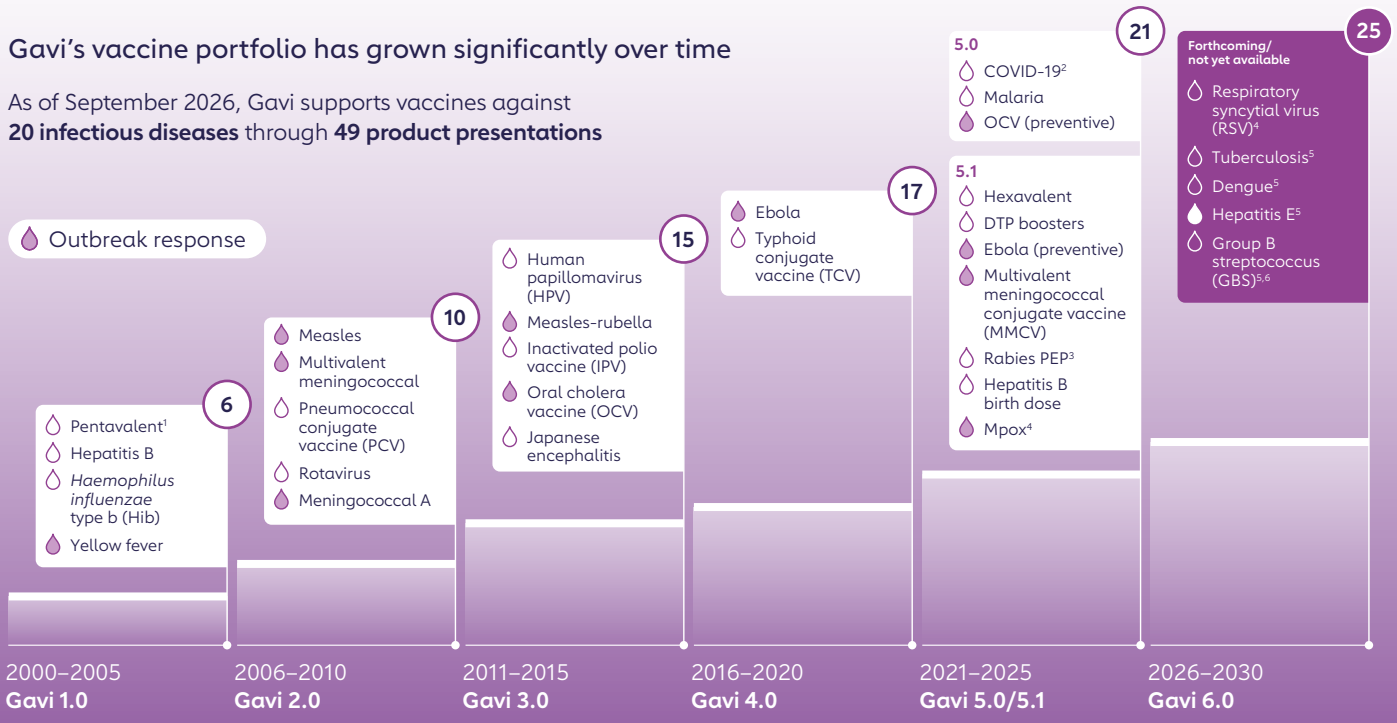
In 2025, coverage of most Gavi-supported vaccines improved, including inactivated polio vaccine (IPV), second dose of measles-containing vaccine (MCV2), pneumococcal conjugate vaccine (PCV), yellow fever and meningococcal A. At portfolio level, coverage of the last dose in the schedule of HPV vaccine (HPVC) saw significant increases among the 57 lower-income countries supported by Gavi (Gavi57), from 3% in 2019 to 29% in 2025 – reflecting unprecedented Gavi HPV vaccine programme revitalisation efforts that reached more than 95 million girls with HPV vaccine by end 2025, far exceeding the target of 86 million.

Coverage of the first dose of diphtheria, tetanus and pertussis-containing vaccine (DTP1) has fully recovered to pre-pandemic levels at 88%; and DTP3 has nearly recovered at 82%, only 1pp below 2019 levels. Three quarters of Gavi57 countries either maintained or increased DTP3 coverage in 2025 relative to 2024, the largest proportion since 2003. Due to population growth, Gavi57 countries again reached more children with DTP1 and DTP3 in 2025 than any prior year.

The 12 countries identified by Gavi as fragile and conflict-affected at the outset of Gavi 5.0/5.1 are home to 25% of 'zero-dose' children in Gavi-supported countries. As a whole, the 12 countries increased coverage from 61% in 2024 to 66% in 2025; and 8 of these countries improved coverage since 2019 – demonstrating that progress is possible in even the most challenging contexts. This was driven by strong recovery in Sudan, the country with the greatest gains in 2025. Gavi works closely with these countries to reach missed children and communities, with partnerships like ZIP, Gavi's Humanitarian Partnerships (see page 31) and with civil society organisations (CSOs) that can help reach communities in fragile settings.

Gavi's vaccine portfolio has grown significantly over time

As of September 2026, Gavi supports vaccines against **20 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

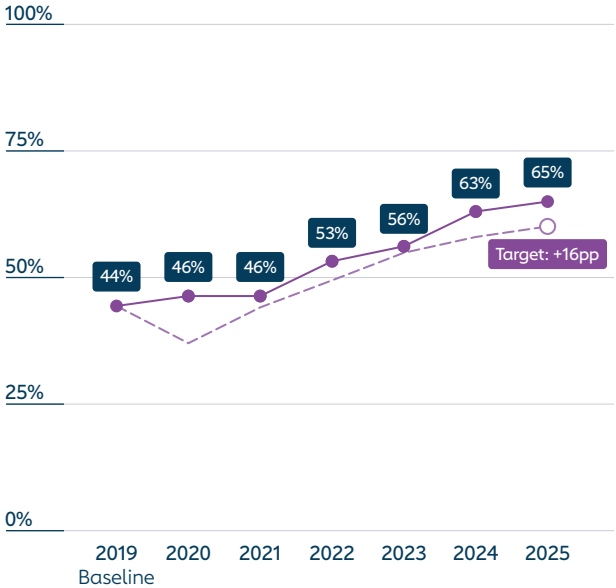
Breadth of protection[1]

● **2025 progress:** Gavi 5.0/5.1 target exceeded

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.

2025 progress: The 57 lower-income countries supported by Gavi (Gavi57) increased breadth of protection by 2 percentage points (pp) in 2025 to 65%, vastly exceeding the implied target of 60% by 2025 (+16pp from 2019). Nearly all Gavi-supported vaccines increased coverage in 2025 compared to 2024.



Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), WHO/UNICEF Joint Reporting Form (JRF), 2026; 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 complete schedule of inactivated polio vaccine (IPVC). The Gavi 5.0/5.1 definition of BOP includes the following vaccines: third dose of pentavalent vaccine, IPVC, complete schedule of pneumococcal conjugate vaccine (PCVC), 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 (HPVC; last dose in schedule).



"Fighting cervical cancer in Nepal"
Read the full article on VaccinesWork

Credit: © Nanna Heitmann / Magnum Photos

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.

2025 progress: Coverage of all four vaccines increased in 2025 compared to 2024. Coverage of three vaccines exceeded their SDG 3.b.1 targets for 2025: last dose in the schedule of pneumococcal conjugate vaccine (PCVC), second dose of measles-containing vaccine (MCV2) and last dose in the schedule of human papillomavirus vaccine (HPVC).

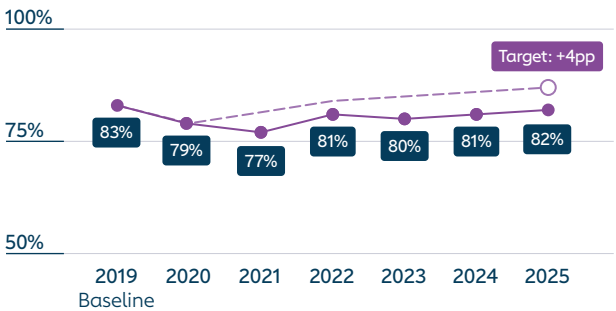
Data sources: Vaccine coverage: WUENIC, 2026; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, WPP, 2024

Note: In the previous and following 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.

2025 progress: Coverage of the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) improved to 82% in 2025 but did not achieve the target, still 1pp below pre-COVID-19 pandemic levels. DTP3 coverage in Gavi57 overall decreased from 83% in 2019 to 77% in 2021 before improving to 82% by 2025.

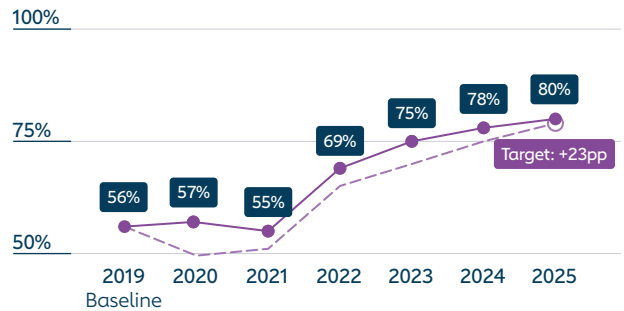
● **2025 progress:** significant delays/challenges



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.

2025 progress: Among Gavi57 countries, PCVC coverage decreased from 56% in 2019 to 55% in 2021 before increasing to 80% in 2025, nearly level with DTP3 coverage, mostly driven by completion of PCV scale-up in India. PCVC coverage has exceeded the +23pp target.

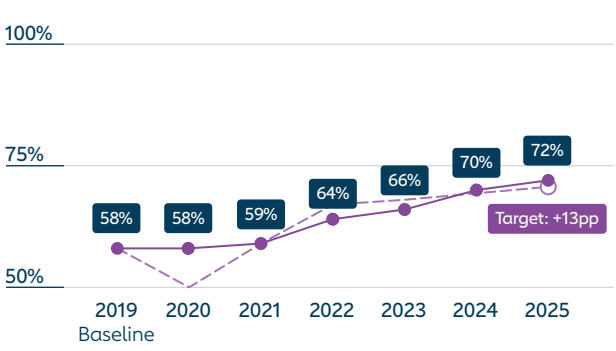
● **2025 progress:** Gavi 5.0/5.1 target exceeded



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.

2025 progress: MCV2 coverage among Gavi57 has also increased, from 58% in 2019 to 72% in 2025, exceeding the Gavi 5.0/5.1 target. This was driven by improvements in populous countries such as the Democratic Republic of the Congo, Uganda, India and Ethiopia.

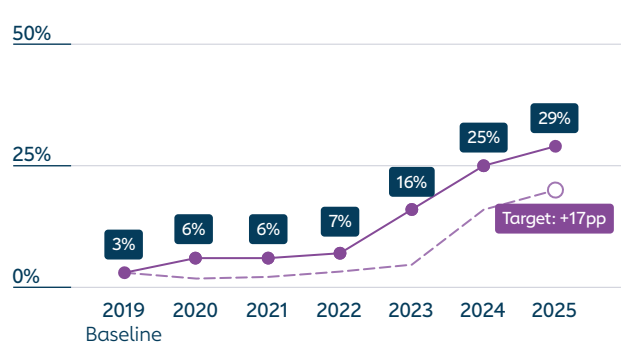
● **2025 progress:** Gavi 5.0/5.1 target exceeded



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.

2025 progress: At portfolio level, HPVC coverage continued to see significant increases among Gavi57 countries, from 3% in 2019 to 29% in 2025 – reflecting unprecedented Alliance efforts since the 2023 revitalisation of Gavi's HPV vaccine programme and exceeding the Gavi 5.0/5.1 target. The improvement in coverage is driven by single-dose routine introductions in populous countries.

● **2025 progress:** Gavi 5.0/5.1 target exceeded



S1.3 Rate of scale-up of new vaccines

Coverage of routine vaccines rotavirusC (last dose in schedule), MCV2 (second dose of measles-containing vaccine), PCVC (last dose in schedule of pneumococcal conjugate vaccine) and yellow fever relative to benchmark vaccines (i.e. DTP3 for PCVC and rotavirusC; MCV1 for MCV2 and yellow fever), within reference time frame for new introductions.

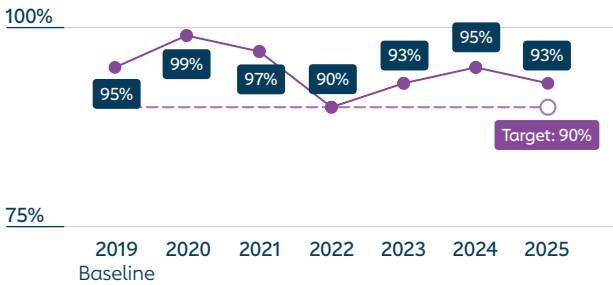
2025 progress: Coverage of three vaccines – yellow fever (99%), PCVC (99%) and rotavirusC (93%) – vastly exceeded the benchmark of 90% coverage relative to the benchmark vaccine. Coverage of MCV2 remained under the target of 90% relative coverage, with a slight improvement in 2025.

Data sources: Vaccine coverage: WUENIC, 2026; population estimates, WPP, 2024; vaccine introductions: Gavi, the Vaccine Alliance, 2026

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.

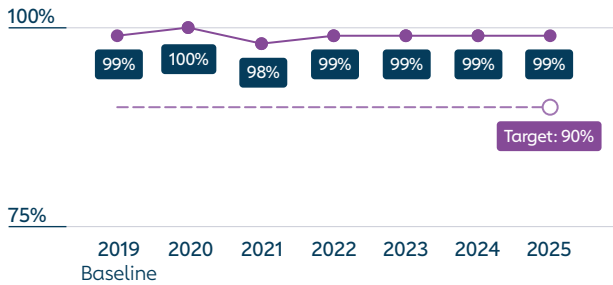
Scale-up of rotavirusC vaccine (last dose in schedule)

● **2025 progress:** Gavi 5.0/5.1 target exceeded



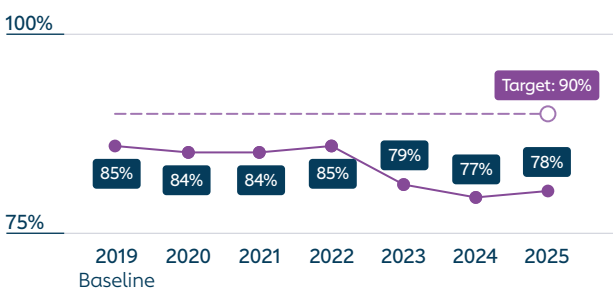
Scale-up of pneumococcal conjugate vaccine (PCVC, last dose in schedule)

● **2025 progress:** Gavi 5.0/5.1 target exceeded



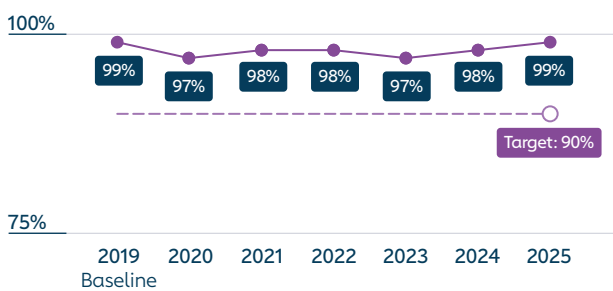
Scale-up of second dose of measles-containing vaccine (MCV2)

● **2025 progress:** moderate delays/challenges



Scale-up of yellow fever vaccine

● **2025 progress:** Gavi 5.0/5.1 target exceeded

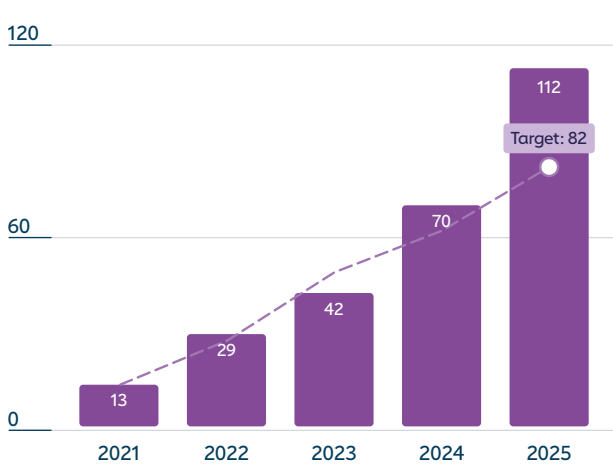


S1.4 Vaccine introductions

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]

● **2025 progress:** Gavi 5.0/5.1 target exceeded

2025 progress: In 2025, 42 new routine introductions took place with Gavi support. The cumulative total for introductions in Gavi's 2021–2025 strategic period (Gavi 5.0/5.1) is 112, which significantly exceeds the Gavi 5.0/5.1 target of 82 by 2025.



Data source: Gavi, the Vaccine Alliance, 2026

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

S1.5 Country prioritisation of vaccines

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

2025 progress: New strategy indicator for Gavi 5.0/5.1; no baseline; no target set.

2025 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 11 applications were reviewed in 2025. Overall, 100% of the applications considered disease burden, and 56% considered effectiveness of vaccination, while 56% considered increase in budget needed. Only 33% 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) emphasises vaccine portfolio optimisation and prioritisation (VPOP) as part of the portfolio prioritisation recommended process. The Gavi Secretariat, in collaboration with Vaccine Alliance partners, developed an approach to support countries that includes frameworks, tools 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

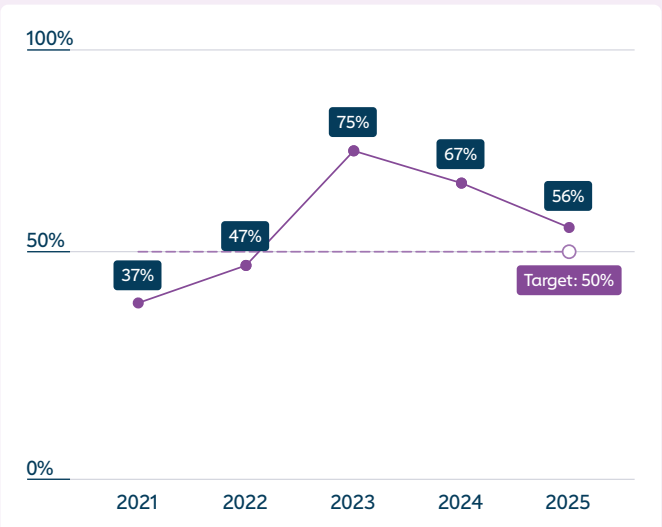
% of children aged under five previously unvaccinated against measles who received a dose of measles-containing vaccine (MCV) in a Gavi-supported preventive campaign.

● **2025 progress:** Gavi 5.0/5.1 target met

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

2025 progress:[3] In 2025, 56% 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 2025, this indicator was based on data from only six countries.



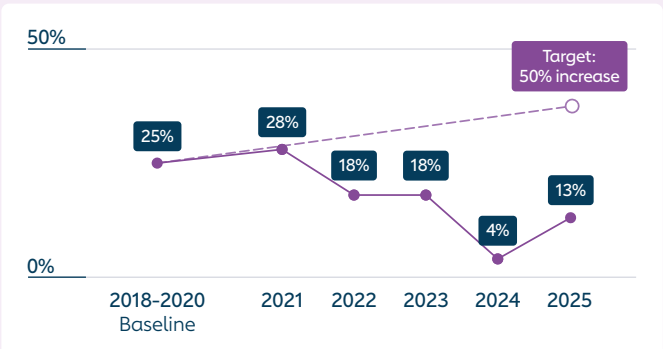
S1.7 Timely detection of and response to outbreaks

% 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.

● **2025 progress:** significant delays/challenges

2025 progress: Countries continued to face challenges in detecting and responding to outbreaks in 2025. While the median time from outbreak detection to response improved in 2025, large and disruptive outbreaks continue to put lives at risk, and strain health workforces and systems. The Vaccine Alliance worked to ensure that vaccines and funding for implementation were available and rapidly supplied to countries. In 2025, 13% of Gavi-supported outbreak responses met the disease-specific timeliness threshold, representing a small increase from 4% in 2024. To better understand and address these bottlenecks, Gavi 6.0 has moved towards monitoring timeliness across individual stages of the outbreak response process.

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, 2026



Progress – 2025 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).

Programme start: 2001

Type of support offered by Gavi	Routine immunisation
Introductions in 2025	0
Total introductions through end 2025	67[1]
Total reached in 2025	>42m
Total reached through end 2025	>847m

By end 2025, more than 847 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, with the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) increasing to 82% in 2025, up from 81% in 2024. This means DTP3 coverage in Gavi-supported countries is nearly back to pre-COVID-19 pandemic levels (i.e. record high of 83% in 2019). Efforts by Vaccine Alliance, core and expanded partners to operationalise the 'zero-dose' agenda facilitated these improvements. See page 19 for an update on hexavalent vaccine (i.e. pentavalent vaccine, with the addition of IPV).

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.

Programme start: 2009

Type of support offered by Gavi	Routine immunisation[2]	Catch-up vaccination
Introductions & campaigns in 2025	7	2
Total introductions & campaigns through end 2025	76[3]	5
Total reached in 2025	>43m	N/A
Total reached through end 2025	>545m	>825k

By end 2025, more than 545 million children across 76 countries had been immunised with pneumococcal conjugate vaccine (PCV) through routine immunisation with Gavi support, and more than 825,000 children across five countries had been reached through catch-up vaccination campaigns. Overall, Gavi57 coverage of the last dose in the schedule of PCV (PCVC) has increased significantly – from 56% in 2019 to 80% in 2025 – mostly driven by completion of PCV scale-up in India. Efforts are under way to close the PCV introduction gap in the remaining four Gavi-eligible countries; and promote portfolio optimisation by raising awareness and supporting evidence-based evaluation 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.

Programme start: 2009

By end 2025, more than 466 million children had been immunised with rotavirus vaccine with Gavi support. In 2025, rotavirus vaccine coverage across Gavi57 held steady at 71%; and the Vaccine Alliance made further progress towards closing the gap in routine introductions of rotavirus vaccine by supporting new introductions in Cambodia, Somalia and South Sudan. Manufacturer-driven supply shortages continued in 2025, causing intermittent stock-outs and requiring some countries to switch to alternative products to mitigate supply disruptions. The Alliance is undertaking several measures to strengthen supply stability and mitigate the risk of future programme disruptions.

Type of support offered by Gavi	Routine immunisation
Introductions in 2025	7
Total introductions through end 2025	64[4]
Total reached in 2025	>58m
Total reached through end 2025	>466m

4 Kiribati introduced rotavirus vaccine independently of Gavi support.

Hepatitis B birth dose vaccine

Hepatitis B birth dose vaccine protects newborns from hepatitis B virus infection. Infection acquired at birth often becomes lifelong, leading to liver disease and cancer that claimed 1.1 million lives in 2024.

Programme start: 2025

The first three Gavi-supported countries introduced hepatitis B birth dose vaccine into routine immunisation in 2025: Eritrea, Ethiopia and Uganda. In all three countries, immunisation is mainly centred on births in health facilities. Coordination across all levels of the health system, including the community, helps to ensure vaccination as quickly as possible after birth (e.g. children born outside health facilities). The Vaccine Alliance worked closely with partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, to advance the global triple elimination agenda, supporting the integration of hepatitis B birth dose vaccination within broader efforts to eliminate mother-to-child transmission of HIV, syphilis and hepatitis B; and promoting more coordinated maternal and newborn health services.

Type of support offered by Gavi	Routine immunisation
Total introductions in 2025	3
Total reached in 2025	>24k[5]



Grace Luzze, an assistant Expanded Programme on Immunization (EPI) focal person, conducts an immunisation session at a hospital in Buikwe District, Uganda.
Credit: Gavi/2026/ Martin Jjumba

5 This figure reflects data from Eritrea only, as coverage estimates for hepatitis B birth dose are not yet available for Ethiopia and Uganda.

Human papillomavirus (HPV) vaccine

Protects against the main causes of cervical cancer, which claimed the lives of more than 279,000 women in 2024, of which 90% in low- and middle-income countries.

Programme start: 2014 (demonstration); 2016 (national)

In 2025, the Vaccine Alliance surpassed its ambitious target of reaching 86 million girls: more than 95 million girls in lower-income countries are now protected against cervical cancer with Gavi support, preventing an estimated 1.9 million future deaths. By end 2025, 53 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 than 35 million girls with HPV vaccine in 2025 alone – the highest number yet. Coverage of HPVC (last dose in the schedule) saw significant increases among Gavi57, from 3% in 2019 to 29% in 2025. The coverage gap between Gavi-supported countries and the rest of the world has narrowed considerably.

		National programme[6]:	
Type of support offered by Gavi	Demonstration programme	Routine	MAC[7]
Introductions & campaigns in 2025	0	11	15
Total introductions & campaigns through end 2025	30	53[8]	35
Total girls reached in 2025	>35m		
Total girls reached through end 2025	>95m		

6 Countries can apply for support for: routine introduction; or routine introduction with multi-age cohort (MAC). **7** 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. **8** Bhutan, Kiribati and Nicaragua introduced HPV vaccine independently of Gavi support.

Inactivated polio vaccine (IPV) & hexavalent vaccine

IPV protects against a highly contagious viral infection, mainly affecting children aged under five, which can lead to paralysis or even death. Hexavalent vaccine is pentavalent vaccine (see page 18), with the addition of IPV – reducing the number of doses required to protect children against six diseases efficiently and cost-effectively.

IPV programme start: 2014 | Hexavalent programme start: 2025

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 613 million children by end 2025, and reaching a further 19 million through catch-up vaccination. In 2025, Gavi-supported countries achieved an average IPV1 coverage of 84%, with 13 countries reaching IPVC (last dose in the schedule) coverage above 80%. By end 2025, 57 out of 63 countries targeted for support for the second dose of IPV (IPV2) had either introduced IPV2, entered the approval process or applied to switch to hexavalent vaccine (including 4 countries that had not previously introduced IPV2). In 2025, Mauritania and Senegal became the first countries to introduce hexavalent vaccine into routine immunisation.

Type of support offered by Gavi	Routine immunisation	Catch-up vaccination[9]	Switched to hexavalent vaccine
Introductions & campaigns in 2025	0	1	2
Total introductions & campaigns through end 2025	71[10,11]	29	2
Total reached in 2025	>72m	N/A	
Total reached through end 2025	>613m	>19m	

9 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. **10** All 74 countries have introduced the first dose of inactivated polio vaccine (IPV1). Four of the 74 countries introduced IPV1 independently of Gavi support. By end 2025, 57 of 63 targeted countries switched to using a second dose of IPV (IPV2) or hexavalent vaccine. In 2025, two countries (Mauritania and Senegal) switched to hexavalent vaccine. **11** 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.

Programme start: 2015

Since the Japanese encephalitis (JE) vaccine programme began in 2015, Gavi has supported five countries – Cambodia, Lao People's Democratic Republic, Indonesia, Myanmar and Nepal – to conduct JE vaccination campaigns and to introduce the vaccine into the routine immunisation system. By end 2025, more than 9.3 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[12]
Introductions & campaigns in 2025	0	0
Total introductions & campaigns through end 2025	5	5
Total reached in 2025	>741k	0
Total reached through end 2025	>9.3m	>17.7m

12 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

Malaria vaccine protects young children, who account for 75% of global deaths from the disease, primarily in Africa.

Programme start: 2019 (MVIP); 2024 (MVP)

The Malaria Vaccine Programme (MVP), identified as a strategic priority under Gavi 5.1, has continued to progress in response to sustained country demand and remains broadly on track as it transitions into the Gavi 6.0 strategic period. By end 2025, more than 44.6 million doses had been delivered to 24 countries in Africa that have introduced malaria vaccines into routine immunisation with Gavi support. This is one of the fastest vaccine scale-ups in Gavi's history, with 7 countries introducing in 2025: Burundi, Uganda, Mali, Guinea, Togo, Ethiopia and Zambia; 14 countries in 2024; and 3 countries in 2019 during the Malaria Vaccine Implementation Programme (MVIP). Early reports from Kenya, Malawi, Ghana and Cameroon show substantial reductions in severe malaria cases and hospital admissions among vaccinated children. These findings align with data from the first year of the MVIP demonstrating that both vaccines were over 70% effective in preventing malaria cases when given ahead of peak rainy seasons. Read the full article by Gavi CEO Dr Sania Nishtar

Type of support offered by Gavi	Routine immunisation
Introductions in 2025	7
Total introductions through end 2025	24
Total doses shipped in 2025	>31.4m
Total doses shipped through end 2025	>44.6m



Permanent, 23, fetches water from the river behind her house in the Onuegbu community in Ogbia, Bayelsa State, Nigeria, where she sells grilled fish. In December 2024, Magnum photographer Jérôme Sessini traveled to Nigeria to document the historic introduction of the malaria vaccine, supported by Gavi, the Vaccine Alliance.

Read the full article on VaccinesWork

Credit: Jérôme Sessini / Magnum Photos

Measles and rubella vaccines

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

Programme start: 2007

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

Programme start: 2013

In 2025, 18 countries conducted preventive measles/measles-rubella (MR) vaccination campaigns; three countries introduced rubella vaccine (moving from measles to MR vaccine); and one country introduced measles vaccine into routine immunisation. Among Gavi57, coverage of the first dose of measles-containing vaccine (MCV1) held steady at 80% in 2025. Second-dose coverage (MCV2) rose from 70% in 2024 to 72% in 2025, exceeding the Gavi 5.0/5.1 target.

However, both MCV1 and MCV2 coverage rates are still below the threshold needed to prevent outbreaks. In 2025, 25 of the 57 Gavi-supported 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$ 6.4 million to respond to large and disruptive outbreaks in 2025.

Diagnostics update: In 2025, Gavi supported the World Health Organization (WHO) and other partners to independently validate measles and rubella rapid tests and enzyme immunoassays, building on previously developed target product profiles (TPP). Gavi also launched pilot deployments of measles rapid tests in Ethiopia and Zambia. These pilots are exploring effective, decentralised approaches to strengthen surveillance and enable faster outbreak confirmation. Findings from both efforts will directly shape Gavi's support for test procurement and roll-out in countries.

13 Follow-up campaigns generally target children aged 9–59 months based on epidemiological needs.
14 One-off, nationwide catch-up campaigns target all children aged 9 months to 14 years.
15 Benin introduced the second dose of measles-rubella (MR) vaccine. South Sudan introduced the second dose of measles vaccine.

	Routine immunisation	Campaigns		Outbreak Response Fund
Type of support offered by Gavi	Measles or measles-rubella (MR) first and/or second dose	Measles follow-up[13]	MR catch-up[14] or follow-up	Managed by the Measles & Rubella Partnership
Introductions & campaigns 2025	4	7	11	6
Total introductions & campaigns through end 2025	57[15]	48	100	80
Total reached in 2025	>35m	>30m	>93m	**Reached in 2025:** 6.4m
Total reached through end 2025	>285m	>512m	>1bn	113m

Meningococcal vaccines

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

Meningococcal A programme start: 2010

Stockpile support start: 2008

Multivalent meningococcal conjugate vaccine (MMCV) programme start: 2025

2025 marked the implementation of the first mass preventive campaign with a new 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. This campaign, in Niger, was fully integrated with typhoid conjugate vaccine (TCV), highlighting the value and impact of cross-programme synergies. Five additional applications for introductions and campaigns are paused, with implementation delayed until after Gavi 6.0 holistic applications are assessed. The meningococcal vaccine stockpile, funded by Gavi and managed by the International Coordinating Group (ICG) on Vaccine Provision, continued to provide rapid access to emergency vaccines, supporting outbreak response in three countries; repurposing for preventive doses in two countries; approving 4.2 million doses for epidemic response; and supporting the transition from solely meningococcal A vaccination to broader protection through MMCVs.

Diagnostics update: In 2025, Gavi supported WHO to conduct a laboratory capacity assessment in 14 countries in Africa's meningitis belt. These findings strengthen country surveillance capacity and epidemiological monitoring; optimise laboratory networks; and improve outbreak detection and vaccine targeting within a risk-based approach.

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.

	Routine immunisation	Campaigns			Stockpile
Type of support offered by Gavi	MenA	MenA Mass	MenA Catch-up	MMCV	
Introductions & campaigns 2025	0	0	0	1	Doses accessed for outbreak response 7x by 3 countries Repurposed doses from the stockpile for preventive campaigns accessed 2x by 2 countries
Total introductions & campaigns through end 2025	15	24	13	1	Accessed 79x by 16 countries[16]
Total in 2025	>9.6m reached	0	0	>11.6m reached	>4.2m doses shipped[17]
Total through end 2025	>67m reached	>339m reached		>11.6m reached	>39m doses shipped[17]

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.

Programme start: 2023

Stockpile support start: 2013

Cholera remained a major global public health threat in 2025, with more than 600,000 suspected cholera cases and more than 7,500 deaths reported across 33 countries. African countries continued to bear a disproportionate share of the global burden, accounting for approximately 40% of reported cases and approximately 70% of reported deaths. Demand for oral cholera vaccine (OCV) remained exceptionally high, with 16 countries approved for reactive OCV use from the Gavi-supported emergency stockpile and 51 million doses shipped for outbreak response; of that number, approximately 97%, or 49 million shipped to 14 African countries. The introduction of Euvichol-S, prequalified by WHO in 2024, helped expand production and improve vaccine availability. Annual supply increased to nearly 70 million doses, approximately doubling from 35 million doses in 2023. This expansion, supported by manufacturers, Gavi and partners, began to create the conditions for a shift from a predominantly reactive approach towards preventive vaccination in cholera-endemic areas. This allowed the shipment of nearly 10 million doses for preventive vaccination campaigns toward the end of 2025 to Mozambique and the Democratic Republic of the Congo (DRC); and to resume the Gavi preventive cholera vaccination programme in the first week of 2026 (paused from 2022–2025 due to limited supply). From 2021–2025, Gavi supported countries at risk and affected by cholera outbreaks to integrate OCV as one of the pillars of multisectoral cholera control and prevention; and nearly 200 million doses were shipped through preventive vaccination campaigns (in addition to surveillance, case management, safe water, sanitation and hygiene) and in response to outbreaks.

Diagnostics update: Gavi's investments in cholera testing are key to comprehensive cholera control. By end 2025, Gavi had funded procurement of more than 2.6 million cholera rapid diagnostic tests (RDTs) for deployment across 22 countries – 16 of which for two years running. Key insights from Gavi-supported multi-country pilot studies on RDT deployment have informed revisions of Global Task Force on Cholera Control (GTFCC) guidelines and training materials; and strategies on effective use of laboratory data to inform OCV targeting. Post-implementation pilot studies in Ethiopia, Malawi and Mozambique were completed and will help update hotspot analysis, identify priority areas for multisectoral interventions (PAMI) and inform vaccination decisions. Gavi, in collaboration with partners, supported a phased cholera RDT evaluation study in the DRC and an independent evaluation of cholera molecular tests. Learnings from these studies and from partners will establish quality of current assays and inform future Gavi procurement decisions for RDTs and molecular tests for confirmatory testing. Gavi also collaborated with the Global Fund to Fight AIDS, Tuberculosis and Malaria in Malawi and Sierra Leone to strengthen digital surveillance data from deployment of Gavi-supported RDTs; and the effective use of data to inform cholera vaccination decision-making.

Type of support offered by Gavi	Stockpile[18]	Diagnostics
Campaigns in 2025	Accessed 50x by 16 countries[19]	22 countries accessed cholera rapid diagnostic tests (RDTs)
Total campaigns through end 2025	Accessed 231x by 32 countries	>2.6m cholera RDTs procured
Total in 2025	~60.6m doses shipped	
Total through end 2025	~263m doses shipped	



"50 years of progress: how Bangladesh chose health"
Read the full article on VaccinesWork

Credit: Gavi/2025/Ashraful Arefin

COVID-19 vaccine

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

Gavi programme: 2024–2025

COVAX: 2021–2023

In 2025 alone, Gavi's COVID-19 vaccine programme shipped more than 13.8 million COVID-19 vaccine doses to 28 low- and middle-income countries before closing on 31 December 2025, after having delivered more than 36 million doses to 49 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	Campaigns
Total doses shipped in 2025	>13.8m to 28 countries
Total doses shipped through end 2025	>36m to 49 countries
Total doses shipped by COVAX through end 2023	~2bn to 146 countries and territories

18 The Global OCV Stockpile is managed by the International Coordinating Group (ICG) on Vaccine Provision – the same mechanism used for emergency Ebola, meningococcal, mpox and yellow fever vaccine stockpiles.
19 Doses were shipped for 48 reactive campaigns through the Gavi-supported stockpile, and 2 preventive campaigns with doses shipped in 2025 and implemented in 2026.

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.

Programme start: 2019

2025 was a record year for typhoid conjugate vaccine (TCV) launches, with four countries conducting routine introductions with catch-up campaigns – Bangladesh, Burkina Faso, Kenya and Niger – and associated Gavi support totalling US$ 208 million. Across these four countries, an estimated 83.6 million children were reached with TCV (approximately half in Bangladesh). By end 2025, one additional application, from Sierra Leone, was recommended for approval by the Independent Review Committee (IRC); however, implementation was paused, pending Gavi 6.0 recalibration.

From 2021–2025, almost 179 million doses had been shipped to nine countries (Bangladesh, Burkina Faso, Liberia, Kenya, Malawi, Nepal, Niger, Pakistan and Zimbabwe) to support routine TCV programmes and catch-up vaccination campaigns.

Diagnostics update: Currently, no typhoid fever diagnostics techniques meet the requirements for sensitivity, specificity, speed and cost-effectiveness. Gavi supported WHO to develop and publish 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) was launched in 2025 to assess quality and inform future procurement. Gavi updated 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[20]	Outbreak response campaigns[21]
Introductions & campaigns in 2025	3	4	0
Total introductions & campaigns through end 2025	9	9	2
Total reached in 2025	>9m	>83.6m	0
Total reached through end 2025	>35m	>140m	~8.5m

20 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.
21 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.

Yellow fever vaccine

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

Programme start: 2006

Stockpile support start: 2002

2025 marked the completion of several Gavi-supported yellow fever preventive mass vaccination campaigns (PMVCs): Chad, Guinea-Bissau and Uganda; and continuation of two more: Democratic Republic of the Congo and Niger. By end 2025, Gavi-supported PMVCs had reached more than 361 million children and adults in 21 countries in Africa, including 31 million people in 2025 alone. The high-risk countries lacking yellow fever vaccination programmes face severe fiscal challenges to implement campaigns and are limited by Gavi budget constraints. Fractional dosing for preventive vaccination campaigns could alleviate this and will be reviewed by WHO Strategic Advisory Group of Experts on Immunization (SAGE) in 2026. The yellow fever vaccine emergency stockpile shipped 2.8 million doses for outbreak response in 4 countries in 2025, highlighting the continued risk of outbreaks. From 2021–2025, the stockpile continued to strengthen global readiness for yellow fever outbreaks, supporting more than 86 outbreak responses across 21 countries and enabling approximately 90 million doses to be approved for outbreak response.

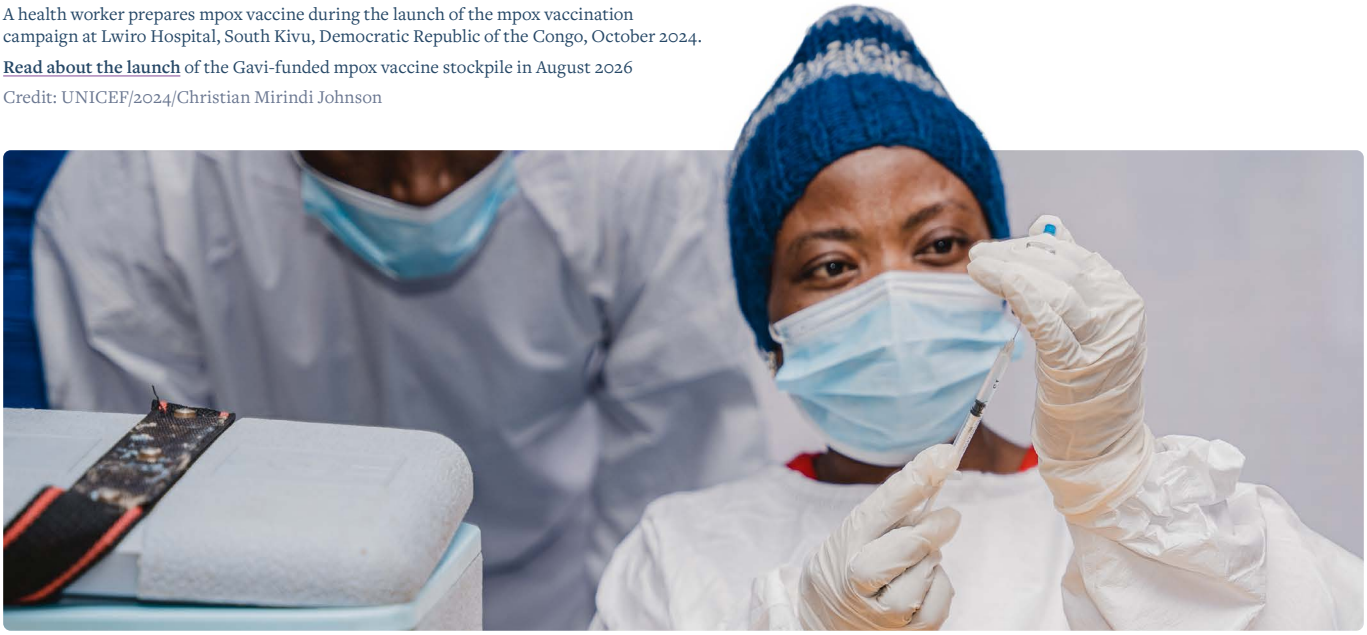
Diagnostics update: By end 2025, Gavi had supported the procurement and deployment of more than 170,000 yellow fever tests, including Mac-HD enzyme-linked immunosorbent assay (ELISA) test kits, rapid tests and molecular tests, for case confirmation across 22 countries in Africa's 'yellow fever belt'. Gavi supported WHO to develop and publish an updated target product profile for yellow fever diagnostics. Gavi also backed a WHO-led independent performance evaluation of polymerase chain reaction (PCR) kits. As a result, VIASURE Yellow Fever Real Time PCR Detection Kit (Certest Biotec S.L.) is the second commercially available RT-qPCR assay recommended by WHO. These investments have strengthened and standardised detection capacity across the Global Yellow Fever Laboratory Network (GYFLaN); and spurred at least three countries outside the network to adopt optimal surveillance solutions and procure WHO-endorsed commercial kits through UNICEF Supply Division.

Type of support offered by Gavi	Routine immunisation	Mass campaigns	Stockpile	Diagnostics
Introductions & campaigns in 2025	0	1	Accessed 4x by 4 countries	22 countries accessed testing supplies
Total introductions & campaigns through end 2025	19	21	Accessed 86x by 21 countries	
Total reached in 2025	>9.6m	>31m	~2.8m doses shipped	
Total reached through end 2025	>186m	>361m	~90m doses shipped	

A health worker prepares mpox vaccine during the launch of the mpox vaccination campaign at Lwiro Hospital, South Kivu, Democratic Republic of the Congo, October 2024.

Read about the launch of the Gavi-funded mpox vaccine stockpile in August 2026

Credit: UNICEF/2024/Christian Mirindi Johnson



Ebola virus disease (EVD) vaccine

Helps prevent infection from Ebola and severe, often fatal illness among those infected.

Preventive programme start: 2024

Stockpile support start: 2021

In 2025, the global Ebola vaccine stockpile continued to demonstrate its value in rapidly containing outbreaks. Established with Gavi funding in 2021, the stockpile provides rapid access to vaccines for outbreak response worldwide. In September 2025, the Democratic Republic of the Congo (DRC) reported an Ebola Zaire outbreak in Kasai province. Vaccination began rapidly, supported by 2,000 doses pre-positioned in Kinshasa; and more than 47,500 people were vaccinated. After 64 cases and 45 deaths, the outbreak was declared over on 1 December, just under three months after it began – demonstrating the value of rapid vaccine access and preparedness. From 2021–2025, the stockpile strengthened global readiness against Ebola Zaire, while Gavi launched its preventive Ebola vaccination programme in June 2024 to protect health and frontline workers in high-risk areas. Despite continued outbreaks, no major Ebola Zaire epidemic created a regional or global risk during the period. As with the five outbreaks from 2021–2024, the outbreak in DRC in 2025 was rapidly contained.

Type of support offered by Gavi	Stockpile
Campaigns in 2025	Accessed 1x for outbreak response
Total campaigns through end 2025	Accessed 11x by 4 countries
Total doses shipped in 2025	>43k
Total doses shipped through end 2025	>220k

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.

Outbreak response support start: 2024

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 end 2025, Gavi had delivered 1,159,630 vaccine doses (of which 633,830 directly funded and 525,800 in facilitated donations) to outbreak-affected countries. In 2025, the Gavi Board approved an International Coordinating Group (ICG) on Vaccine Provision-managed mpox vaccine stockpile, which officially launched in August 2026, enabling countries to access vaccines and operational support once the stockpile becomes operational later in the year.

Type of support offered by Gavi	Outbreak response vaccination
Countries reached in 2025	14
Countries reached through end 2025	14
Total doses shipped in 2025	>1.0m
Total doses shipped through end 2025	>1.1m

02

The equity goal

Strengthen health systems to increase equity in immunisation



"In rural Nepal, HPV vaccination gives out-of-school girls a shot at healthy adulthood"
Read the full article on VaccinesWork

Credit: Gavi/2025/Ajay Maharjan

Key highlights

Gavi is closing the equity gap: the difference in routine immunisation coverage between Gavi-supported countries and the rest of the world was at its lowest ever in 2025.

>73m

children were reached with Gavi-supported routine vaccines in 2025 – more than in any year previously.

>50

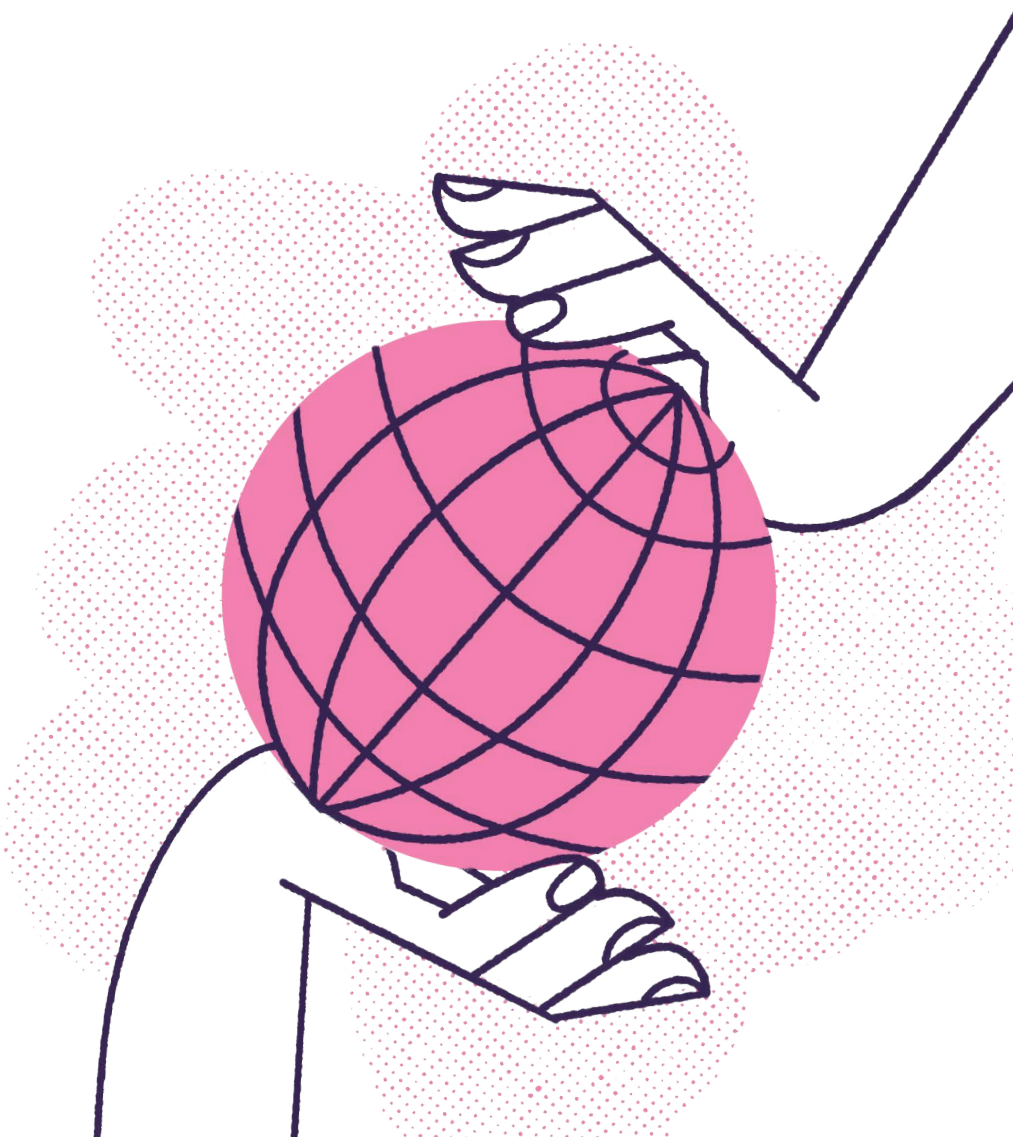
countries have installed more than 71,000 cold chain equipment (CCE) units procured by UNICEF Supply Division through Gavi's CCEOP – more than 2,700 in 2025 alone.

3/4

of Gavi57 countries either maintained or increased DTP3 coverage in 2025 relative to 2024, the largest proportion since 2003. Due to population growth, Gavi57 countries again reached more children with DTP1 and DTP3 in 2025 than any prior year.

82%

In 2025, 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

● **2025 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.

2025 progress: Geographic equity of DTP3 coverage decreased to 65% in 2025, bringing countries 2 percentage points (pp) below pre-COVID-19 pandemic levels – similar to 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).

Reporting on this indicator has been variable from year to year, with only 38 countries reporting consistently from 2019–2025. When considering only the countries that reported consistently, there is a 1pp increase to 70% in 2025, up from the 69% baseline in 2019. While this remains an important indicator, it is less meaningful to review at portfolio level, given variations in reporting from year to year. Reviewing country-specific data is instructive and will be critical to informing the prioritisation of specific geographies and interventions for Gavi 6.0 programming.

Data source: WHO/UNICEF Joint Reporting Form, 2026



HPV vaccination session, Eswatini. Read the full article on VaccinesWork

Credit: Gavi/2025/Svetlomir Slavchev

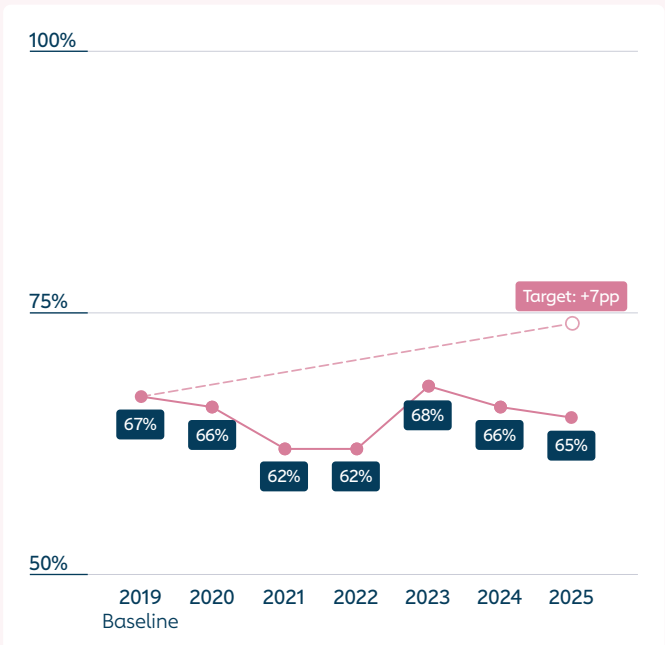
S2.2 DTP drop-out

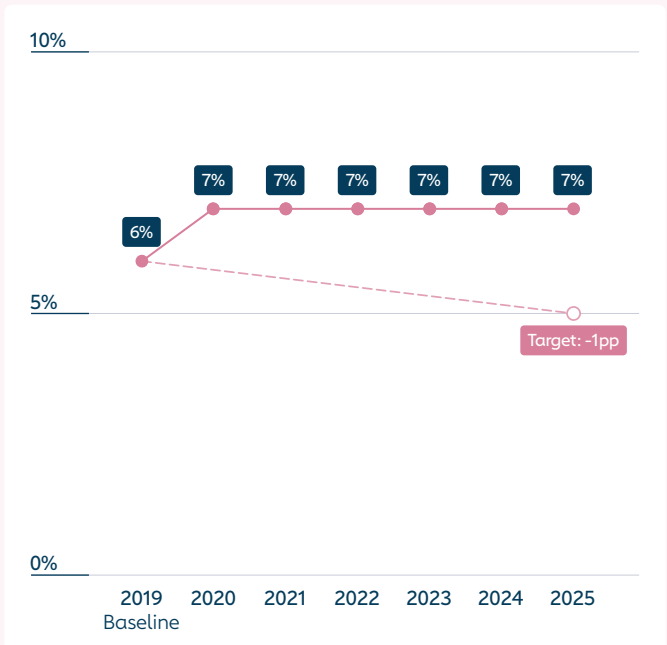
● **2025 progress:** moderate delays/challenges

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

2025 progress: The 57 Gavi-supported countries (Gavi57) increased both DTP1 and DTP3 coverage by 1pp at portfolio level from 2024 to 2025, restoring DTP1 coverage to 2019 levels and bringing DTP3 coverage close to 2019 levels. However, DTP drop-out remained flat at 7%, still 1pp above 2019 levels. As such, the Vaccine Alliance did not make progress on the Gavi 5.0/5.1 DTP drop-out target.

Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2026; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, WPP, 2024





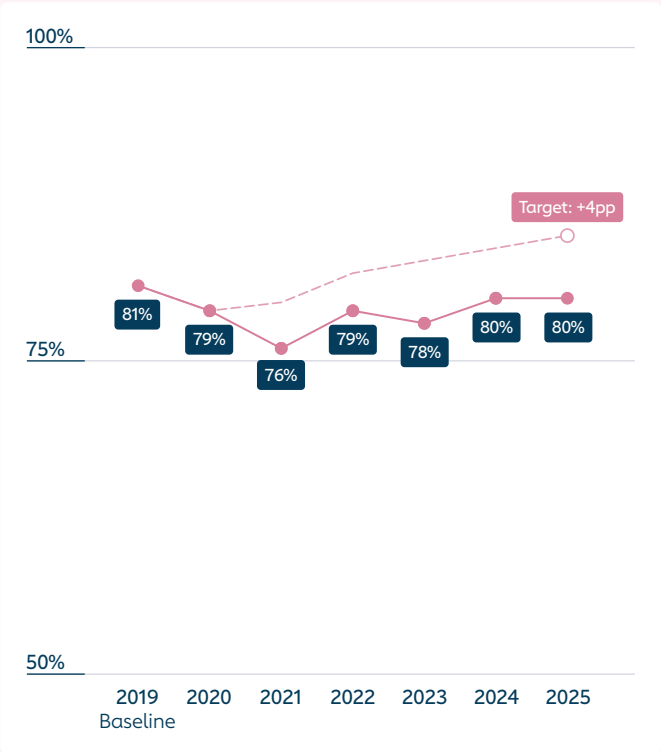
S2.3 MCV1 coverage

● **2025 progress:** significant delays/challenges

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

2025 progress: At portfolio level, MCV1 coverage patterns largely mirror those of DTP3. MCV1 coverage in Gavi57 decreased by 2pp between 2019 and 2020, falling from 81% to 79%. It fell again by 3pp between 2020 and 2021, dropping to 76%, before improving to 80% in 2024. MCV1 coverage among Gavi57 countries remained steady at 80% in 2025, still 1pp below pre-pandemic levels.

Data sources: Vaccine coverage: WUENIC, 2026; population estimates: WPP, 2024



S2.4 Immunisation sessions conducted

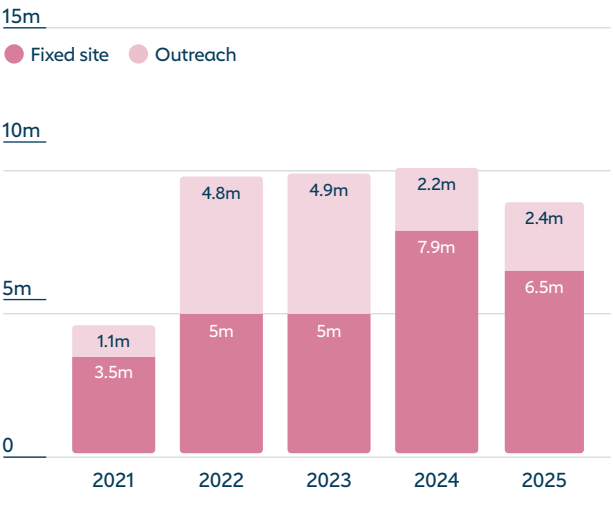
2025 progress: New strategy indicator for Gavi 5.0/5.1; no baseline; no target set.

# 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.

2025 progress: In 2025, Gavi-supported countries reported conducting 18.4 million immunisation sessions, with 12.6 million taking place in fixed site facilities and 5.8 million in outreach facilities. In 2025, 35 Gavi-supported countries reported data on this indicator, up from 33 in 2024. Only 17 countries have reported on this annually from 2021–2025 (*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, 2026

Note: Data shown in graph represents the 17 countries that have reported on this indicator annually from 2021–2025.



S2.5 Stock availability at facility level

2025 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.

2025 progress: Gavi has worked closely with countries and UNICEF to improve the regular reporting of vaccine stock and supply chain data through the Thrive360 platform, which aggregates monthly information from countries down to subnational and district stores. It is used to provide visibility on vaccine availability, stock-outs, overstock, reporting rates, supply chain risks and pipeline status, enabling countries, UNICEF and Gavi teams to monitor performance, identify bottlenecks and take corrective action before stock shortages affect immunisation services. The platform has significantly improved the timeliness and granularity of stock reporting, moving from annual reporting to near real-time monthly monitoring across thousands of stores. In 2025, the number of sites reporting through Thrive360 increased by 20.3% to a total of 9,568, with UNICEF working closely with countries to improve the quality, completeness and timeliness of reporting. Robust reporting of district stock is currently the most accurate way to ensure that stock is available at the facility level.

In 2025, Gavi-supported vaccine stock availability was 93%. The stock shortages observed in 2025 were driven by three main factors: (1) manufacturer supply constraints affecting rotavirus vaccines; (2) temporary shortages resulting from delays in country co-financing payments; and (3) in-country distribution challenges, where sufficient stock was available nationally but not already in the required location. To further strengthen vaccine availability and reduce these risks, Gavi and UNICEF are introducing a new Supply & Operations Planning (S&OP) process in 2026 to improve visibility, coordination and proactive management of vaccine stocks across the supply chain.

S2.6 Expanded Programme on Immunization (EPI) management capacity

2025 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.

2025 progress: Pilot testing of the proposed framework for measuring EPI management capacity revealed challenges such as reporting burden at country level. Consequently, Gavi decided not to pursue implementation of the framework.

In 2025, Gavi oversaw the completion of targeted support to strengthen leadership, management and coordination (LMC) capacity of Expanded Programme on Immunization (EPI) teams in 30 Gavi-supported countries, including Burundi, Cameroon, Central African Republic and Niger. LMC, financial governance, accountability systems (e.g. audit follow-up, action tracking) and data-based decision-making remain critical enablers of immunisation programme performance. LMC is most effective when management improvements are translated into facility-level action through coaching, supportive supervision and performance management. Finally, tailoring health system and EPI strengthening support to sub-national structures helps reduce inequities; increase local ownership and accountability; and strengthen the resilience of immunisation programmes.

The STEP 2.0 flagship leadership and change management initiative for public health supply chain managers also concluded in 2025. STEP demonstrated that leadership development and coaching can strengthen immunisation supply chains; and generate measurable improvements (e.g. reduced stock-outs and wastage; improved forecasting and inventory). However, sustained impact depends on institutional buy-in, programme contextualisation and stronger follow-up after training.

Lessons from LMC implementation and pilot testing informed the design of the Gavi 6.0 Health Systems Strategy and Gavi funding guidelines, with an emphasis on country-owned measurement systems.

S2.8 Addressing gender-related barriers to immunisation

2025 progress: New strategy indicator for Gavi 5.0/5.1; no baseline; no target set.

2025 progress: Throughout Gavi's 2021–2025 strategic period, gender was increasingly embedded in immunisation programming, with nearly 90% of health system strengthening (HSS) and Equity Accelerator Fund (EAF) applications incorporating interventions to address gender-related barriers to immunisation. Building on gender analyses and targeted support, countries implemented actions to address barriers faced by caregivers, adolescents and health workers, while the Gender Technical Assistance (TA) initiative, implemented across 13 countries, strengthened country capacity by embedding gender expertise within national Essential Programme on Immunization (EPI) programmes. At the same time, investments in learning and evidence-generation helped translate policy commitments into practical implementation and informed the continued mainstreaming of gender across Gavi-supported programmes.

Note: All countries completed their Full Portfolio Planning (FPP) by 2024; thus there were no new health system strengthening (HSS) or Equity Accelerator Fund (EAF) grants approved in 2025.

S2.7 Implementation of tailored plans to overcome demand barriers

2025 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.

2025 progress: Gavi-supported countries continued to strengthen the systematic assessment and response to demand-related barriers to vaccination, increasingly using behavioural and social evidence to identify the specific drivers of under-vaccination; and inform tailored programme design. In 2025, 58% of Gavi-supported countries reported conducting an assessment of demand-related barriers, while 49% reported using globally validated Behavioural and Social Drivers (BeSD) tools and priority indicators. These findings reflect continued efforts to institutionalise the collection and use of behavioural and social data within immunisation programmes and decision-making processes.

Importantly, evidence is translating into action: in 2025, 82% (47/57) of Gavi-supported countries reported implementing one or more strategies informed by evidence on demand-related barriers to vaccination. The breadth of interventions demonstrates an increasingly comprehensive and people-centred approach to addressing under-vaccination. Among countries implementing demand-related strategies, 81% reported community engagement activities, 79% communication interventions, 79% health worker capacity-strengthening initiatives, 77% behaviourally informed interventions, 75% digital and social listening approaches, and 70% efforts to improve service quality and user experience. Across all six strategy areas, implementation was substantially higher among Gavi-supported countries than non-Gavi-supported countries.

With support through Gavi's demand strategic focus area (SFA) for technical assistance, training, and greater engagement of regional and national advisory bodies in planning and decision-making, countries strengthened their capacity to generate, interpret and apply behavioural insights. New multi-country behavioural evidence highlighted that, despite generally high confidence in vaccination, practical and structural barriers remain important drivers of under-vaccination, reinforcing the need for locally tailored solutions. Alliance partners, expanded partners and civil society organisation (CSO) partners expanded efforts to address vaccine misinformation, strengthen social listening and improve health workers' interpersonal communication skills, while leveraging digital platforms to increase access to trusted vaccination information. Together, these efforts are helping countries move beyond identifying demand barriers towards embedding behaviourally informed, people-centred approaches within immunisation programmes, with a stronger focus on equity, resilience and reaching under-immunised populations.

Findings from the Zero-Dose Learning Hubs (2022–2025)

What works, and what does not, in identifying and reaching 'zero-dose' and under-immunised children? Insights from Bangladesh, Mali, Nigeria and Uganda highlight critical themes, including gender-related barriers to immunisation.
Read the report

Progress – 2025 equity updates

In 2025, health systems reached more children with Gavi-supported routine vaccines than ever before.

2025 achievements and progress

Country health systems reached more children with vaccines in 2025 than in any previous year on record, and they delivered the largest portfolio of vaccines in Gavi's history. At portfolio level, Gavi implementing countries increased by 1 percentage point (pp) coverage of the first and third doses of diphtheria, tetanus and pertussis-containing vaccine (DTP1 and DTP3, respectively) – all while reaching more children due to increasing birth cohorts in many Gavi implementing countries. In 2025, countries returned to pre-COVID-19 pandemic levels of DTP1 coverage, after dropping by 5pp during the height of the pandemic. This is a testament to the resilience of Gavi-supported health systems' tremendous efforts and the investments of countries, Alliance and other partners during Gavi's 2021–2025 strategic period (Gavi 5.0/5.1).

The "Big Catch-up" reached

21m

children aged one up to five years with at least one catch-up vaccine dose

The "Big Catch-up": big coverage gains

By the end of the first quarter of 2026, the "Big Catch-up" programme by WHO, Gavi and UNICEF had helped countries reach 21 million children aged one up to five years with at least one catch-up vaccine dose (exceeding Gavi's 'must-win' target), including an estimated 14.3 million previously 'zero-dose' children who received DTP1 and 14.1 million under-vaccinated children who received DTP3. Beyond these results, the programme helped countries strengthen the foundations for continued catch-up vaccination by expanding policies and schedules, improving data tools and building health worker capacity. It also generated important lessons on how to identify, reach and serve children who are still missed: stronger community partnerships and better data are needed to understand where gaps remain; delivery approaches must be adapted to local realities; and catch-up must be embedded within routine immunisation, including by checking children's vaccination status at every health contact. These lessons are being carried forward into Gavi's 2026–2030 strategic period (Gavi 6.0) to ensure every opportunity is used to reach children missing vaccination. An independent evaluation is forthcoming in early 2027.

ZIP, Gavi's Humanitarian Partnerships, reached

2.9m

children aged 0–5 years with their first vaccine dose in communities facing insecurity, conflict or crisis across 11 African countries

Gender Policy

In the Gavi 5.0/5.1 period, Gavi advanced its commitment to gender equity in immunisation and made important strides to mainstream gender into country programming. Nearly 90% of countries applying for new health system strengthening (HSS) and Equity Accelerator Fund (EAF) support included in their applications strategies and interventions to address gender-related barriers. A further 13 countries featured a robust gender technical assistance (TA) programme. These investments helped to translate commitments into concrete, country-led actions designed to address gender-related barriers to immunisation. The evidence, tools and lessons generated continue to inform Gavi 6.0 efforts to promote equitable access to vaccines for people of all genders.

Reflections on Gavi 5.0/5.1, looking ahead to Gavi 6.0

The 57 lower-income countries supported by Gavi (Gavi57) continued to make important progress in narrowing immunisation equity gaps during the Gavi 5.0/5.1 period. The difference in DTP3 coverage between Gavi57 and the rest of the world was at its lowest ever in 2025, falling from 31pp when Gavi was established to just 7pp today. This reflects sustained progress by Gavi-supported countries in strengthening immunisation systems and expanding access to vaccines.

Although the Vaccine Alliance did not fully achieve the Gavi 5.0/5.1 target of reducing zero-dose children by 25% by 2025 compared with 2019 levels, countries made substantial gains in restoring routine immunisation coverage following the pandemic. By 2025, Gavi57 countries had returned to 2019 levels of DTP1 coverage, demonstrating the resilience of country programmes and the effectiveness of intensified recovery efforts. This recovery is especially notable given the scale of pandemic-related disruption. DTP1 coverage in Gavi57 countries fell by 5pp between 2019 and 2021, from 88% to 83%, before rebounding to 87% in 2022, stabilising at 86% in 2023 and fully recovering to 88% in 2025. As a result, the number of zero-dose children in Gavi57 countries in 2025 was only 4% above the 2019 baseline – roughly 340,000 additional children – despite population growth and continued pressures on health systems.

Looking ahead to Gavi 6.0, these results provide a strong foundation to build on. While progress varied across countries and contexts, there are encouraging success stories across the portfolio. Emerging data from Nigeria, Ethiopia and Pakistan indicate that sub-national geographies receiving the greatest Gavi focus and investment during Gavi 5.0/5.1 made stronger coverage gains than areas not supported by Gavi, underscoring the value of targeted, equity-focused investments. The focus on coverage will be especially crucial in Gavi 6.0, given that the supported countries as a whole are lower income with more fragility, lower immunisation coverage and more intense health system strengthening needs; therefore, the urgency of Gavi's equity goal will only grow.

Immunisation in fragile and humanitarian settings

Read more VaccinesWork



Credit: Gavi/2024/Mohamed Abdihakim Ali

Fragility is on the rise. So is Gavi's commitment to tackling it

Dr Sania Nishtar

Despite a funding shortfall over the next five years, Gavi will increase its support for populations in fragile and humanitarian settings, and will continue to protect the world's most vulnerable people.

Read the full article by Gavi CEO Dr Sania Nishtar on VaccinesWork



Credit: IFRC

19,000 displaced Lebanese, Syrian and Palestinian children protected from preventable illnesses in five months

From December 2024 through April 2025, a Gavi-funded initiative protected 19,000 displaced Lebanese, Syrian and Palestinian children from preventable illnesses through a vaccination programme implemented by the Lebanese Red Cross (LRC), in coordination with the International Federation of Red Cross and Red Crescent Societies (IFRC) and Lebanon's Ministry of Public Health. A further US$ 15.5 million in Gavi funding was approved to help support the Ministry in restoring and strengthening routine immunisation.

Read the full article on VaccinesWork



Credit: Salih Basheer / Magnum Photos

Delivering vaccines in times of war

The World Health Organization (WHO) has called Sudan the worst humanitarian crisis globally. In March 2025, Magnum photographer Salih Basheer traveled to Sudan's Qadarrif and Galabat provinces with Gavi, documenting health workers' commitment to routine immunisation.

Read the full article on VaccinesWork



Credit: Gavi/2024/Mohamed Abdihakim Ali

Gavi's Humanitarian Partnerships: achievements and learning

This insight paper describes the approaches, results, learnings and recommendations of ZIP, Gavi's Humanitarian Partnerships, which from December 2022–December 2025 provided 2.9 million first doses and 1.7 million 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 – with a total of 31.2 million vaccine doses administered across routine and catch-up schedules.

Read the insight paper on gavi.org

"Don't ask for anything else. Just ask for safe passage": negotiating access for vaccines amid conflict

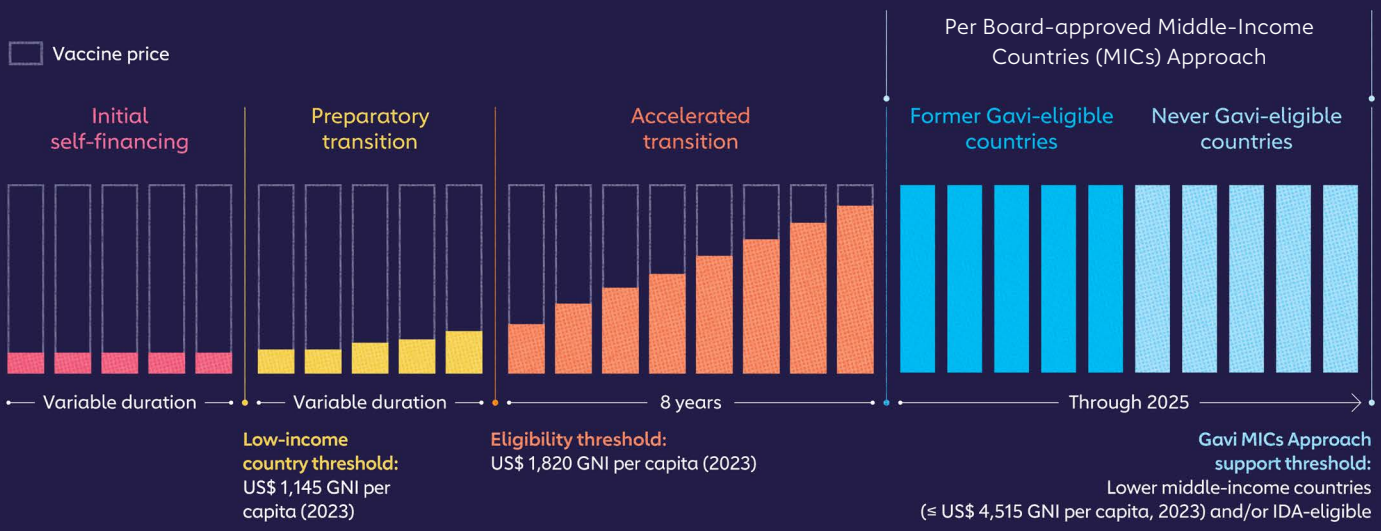
Read the full article on VaccinesWork

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, 2025



Countries fully self-financing and in accelerated transition, 2025



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



University student and fitness trainer Tanjila Turna, 22, aspires to compete in weightlifting competitions and eventually open her own gym: "Living a healthy lifestyle isn't just important for those in wellness professions – it matters for everyone. After Covid, no one could have simply gotten back up and restarted their lives if vaccines hadn't been developed on time. They helped us build awareness about the importance of immunity and healthy habits."

Credit: Gavi/2025/Ashraful Arefin

Key highlights

2025 was another record-breaking year for co-financing: even countries facing significant challenges increased their commitment to immunisation.

US$ 301m

was contributed by countries towards the cofinancing of Gavi-supported vaccines in 2025 – the highest amount yet and a testament to country ownership and the long-term financial sustainability of Gavi-supported vaccines.

56

vaccine programmes originally introduced with Gavi funding are self-financed by countries as of 2025, up from 40 in 2018.

100%

of countries fully met their 2025 co-financing obligation – except six waivers for humanitarian crises.

US$ 2.2bn

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 2025, bringing to US$ 2.2 billion their total contribution since the introduction of the co-financing policy in 2008.



Results – sustainability goal strategy indicators

Despite intensifying fiscal constraints in 2025, countries met their co-financing obligations.

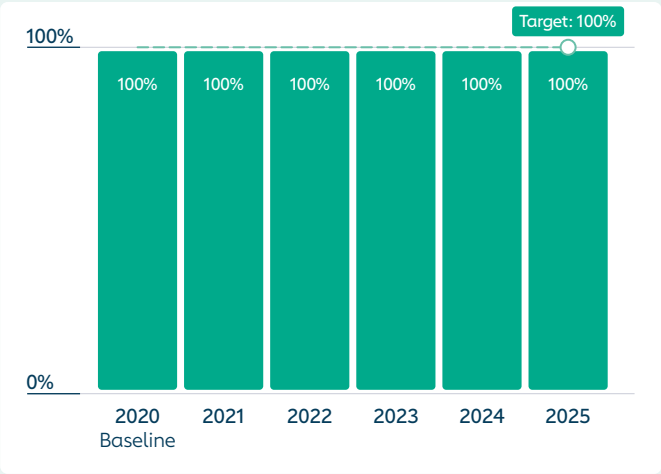
S3.1 Co-financing fulfilment

● **2025 progress:** Gavi 5.0/5.1 target met

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.

2025 progress: Excluding countries whose co-financing obligation was exceptionally waived due to humanitarian crises, 100% of countries fully met their 2025 co-financing obligation. Gavi-supported countries collectively contributed nearly US$ 301 million towards their own vaccination programmes in 2025 – an 18% increase from 2024. Further, approximately 80% of 2025 co-financing was paid from domestic sources and approximately 20% from low-interest loans from the World Bank.

Data source: Gavi Secretariat estimates, based on UNICEF Supply Division reports, 2026



S3.2 Preventing backsliding in Gavi-transitioned countries

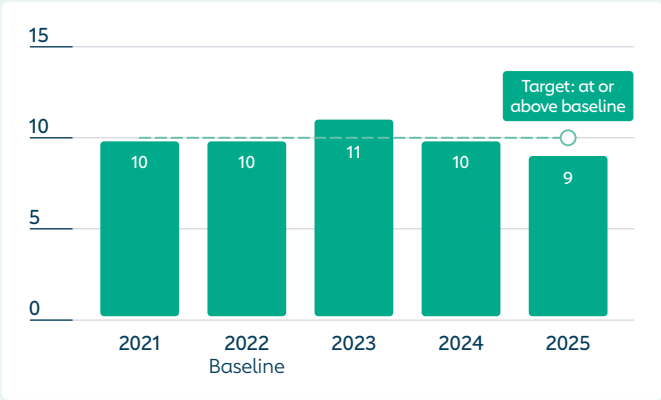
● **2025 progress:** moderate delays/challenges

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. The Vaccine Alliance was close to achieving the target of preventing backsliding in Gavi-transitioned countries.

2025 progress: Nine MICs-eligible, former Gavi-eligible countries maintained or increased DTP3 coverage in 2025 and 2024 compared to 2019, while eight countries did not maintain DTP3 coverage.

Data source: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2026

Note: The baseline was updated from nine to ten based on upward historic revisions to coverage estimates in Honduras in 2020, so the 2025 value has fallen below the updated benchmark of ten countries.



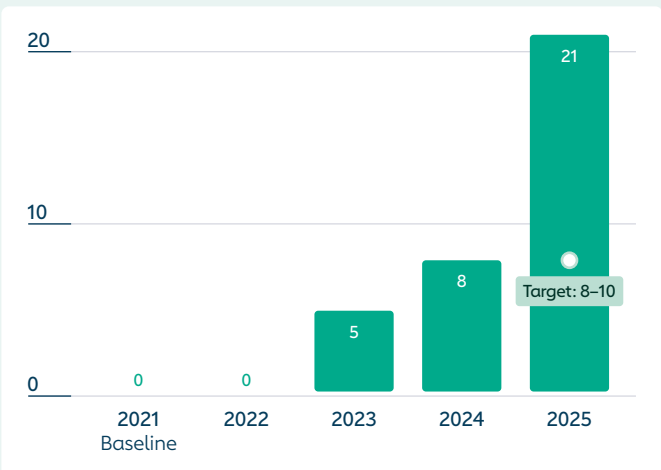
S3.3 Vaccine introductions in Gavi-transitioned and never Gavi-eligible countries

● **2025 progress:** Gavi 5.0/5.1 target exceeded

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 eligible for support under the MICs Approach.

2025 progress: In 2025, 13 Gavi-supported new vaccine introductions took place in countries eligible for Gavi support under the MICs Approach, for a total of 21 introductions in Gavi's 2021–2025 strategic period (Gavi 5.0/5.1), significantly exceeding the Gavi 5.0/5.1 target of 8–10 introductions by 2025.

Data source: Gavi, the Vaccine Alliance, 2026



Progress – 2025 sustainability updates

Lower-income countries continued to prioritise immunisation investments in 2025, mobilising primarily domestic resources.

Achievements and progress

In a powerful demonstration of commitment to country ownership of immunisation and progress in strengthening sovereignty, new data released in April 2026 showed that lower-income countries supported by Gavi, the Vaccine Alliance collectively contributed US$ 301 million towards their own vaccination programmes in 2025 – setting yet another record for annual country investment in vaccines. This represents an increase of approximately 18% from 2024. Furthermore, approximately 80% of co-financing was paid from domestic resources, while approximately 20% of payments leveraged World Bank concessional loans, and less than 1% was paid for by grants – highlighting the continued priority given to immunisation in national budgets, as well as countries' commitments to building self-sustaining immunisation systems that no longer require Gavi support. Since the introduction of Gavi's co-financing policy in 2008, countries contributed a cumulative US$ 2.2 billion by end 2025.

Another record-setting year

301m

Countries' co-financing contributions in 2025 crossed the US$ 300 million mark for the first time – an increase of approximately 18% from 2024.

Despite political and economic pressures, 100% of countries met their 2025 co-financing obligations, excluding those granted exceptional flexibility and temporary waivers due to acute humanitarian emergencies. Of the 16 Gavi-supported countries identified by Gavi as fragile and conflict-affected, only 6 required co-financing waivers in 2025 – underscoring the resilience of government commitment even in the most difficult crisis contexts.

Challenges and lessons learned

During Gavi's 2021–2025 strategic period, countries mobilised US$ 1.1 billion towards Gavi-supported vaccines

During Gavi's 2021–2025 strategic period (Gavi 5.0/5.1), countries mobilised US$ 1.1 billion towards Gavi-supported vaccines – matching the total contributed over the previous 13 years combined. Despite these record investments, the outlook for sustainable immunisation financing became more uncertain. Donor retrenchment, political instability and humanitarian emergencies compounded existing fiscal pressures, while expanding vaccine portfolios increased the demand on resources.

In this increasingly constrained environment, sustaining immunisation gains will require available resources to be used as effectively as possible. This means strengthening integrated planning across financing, forecasting and supply; aligning the timing of funds with procurement and programme requirements; and identifying financial and operational risks earlier. Greater collaboration among governments, Gavi and partners will be central to this effort, helping to align investments, mobilise complementary resources and protect programme continuity as financing needs grow.

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

Throughout Gavi 5.0/5.1, Gavi worked in partnership with the Global Health Advocacy Incubator (GHAI) and local civil society organisations (CSOs) in Cameroon, Côte d'Ivoire, Ghana, Kenya, Lao People's Democratic Republic, Liberia, Madagascar, Nigeria, Sierra Leone and Zambia to advocate for increased and sustainable domestic financing for immunisation. By engaging governments, parliamentarians and the media, CSOs helped elevate immunisation financing on national policy agendas; strengthen accountability for government commitments; and build the political commitment needed to ensure the long-term sustainability of immunisation programmes. This work demonstrated the crucial role of civil society in advancing sustainable, country-led immunisation financing.

Public policy engagement: 2025 highlights

Throughout the 2021–2025 strategic period, Gavi deepened political will and shaped political commitment to elevating immunisation across global policy priorities and dialogues. Gavi successfully advocated for the integration of the role of immunisation in the WHO Pandemic Agreement framework, after engaging in its negotiations. In 2025, building on the momentum of the Gavi Leap reform agenda, Gavi advocated for broader reform of the global health architecture to reduce fragmentation, and further promote country leadership and health sovereignty. Across UN political declarations on Universal Health Coverage, antimicrobial resistance (AMR), non-communicable diseases (NCDs), pandemic prevention, preparedness and response (PPPR) and tuberculosis (TB), Gavi championed reaching zero-dose children and achieving vaccine equity. To raise political awareness and showcase the critical role of vaccines for climate adaptation, Gavi engaged the Alliance for Transformative Action on Climate and Health and UN Climate Conferences – culminating in the 2025 integration of vaccines in the COP30 Belém health action plan and the global goal on adaptation.

04

The healthy markets goal

Ensure healthy markets for vaccines and related products



Tania Carolina Mamani, aged 23. “I travel a lot with my husband and my little boy to the countryside far away from here, and many times I can’t access vaccines for my son in other remote places. That’s why I am very grateful that the [Mercedario health centre’s vaccination brigades] are always looking out for the children of the neighborhood to vaccinate them. It is a great help that they come to the houses.”

Credit: Gavi/2025/Sara Aliaga Ticona

Key highlights

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

11

markets for vaccines and immunisation products exhibited acceptable levels of healthy market dynamics in 2025, exceeding the Gavi 5.0/5.1 target.

14

innovative products of relevance to lower-income countries were within the pipeline of commercial-scale manufacturers in 2025, continuing to surpass the cumulative target for Gavi 5.0/5.1.

500,000

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

19

Through Gavi's market shaping efforts, the number of manufacturers supplying prequalified Gavi-supported vaccines reached 19 in 2025 (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.

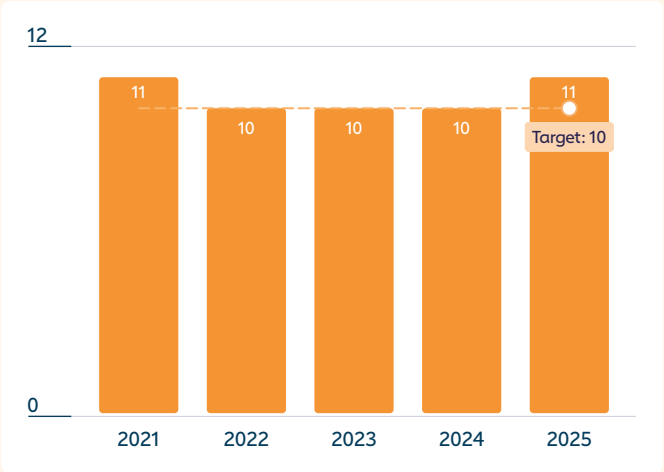
S4.1 Healthy market dynamics

● **2025 progress:** Gavi 5.0/5.1 target exceeded

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.

2025 progress: Gavi's ongoing market shaping efforts and collaborations with manufacturers helped ensure that 11 vaccine markets exhibited acceptable levels of healthy market dynamics, exceeding the Gavi 5.0/5.1 target.

Data sources: vaccine procurement data: UNICEF SD Memorandum of Understanding (MoU) reports; market intelligence data: Gavi Market Shaping roadshows, Alliance partner industry engagements, 2026



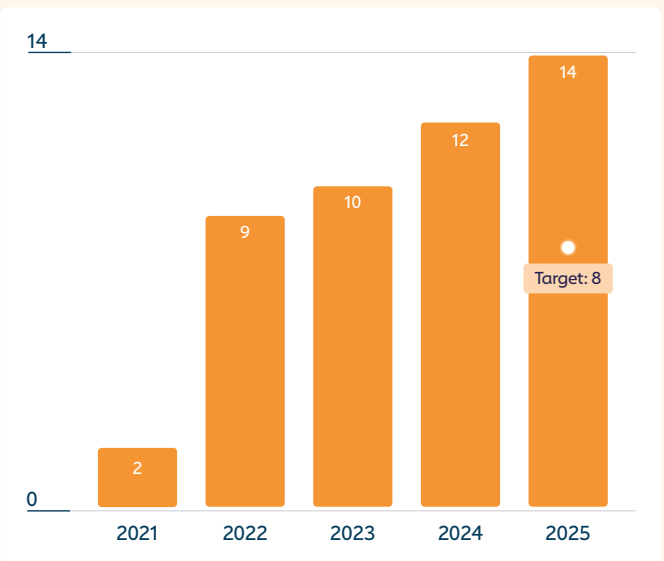
S4.2 Incentivise innovations

● **2025 progress:** Gavi 5.0/5.1 target exceeded

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

2025 progress: The Vaccine Innovation Prioritisation Strategy (VIPS) saw continued success with unprecedented progress. The 2025 progress brought the overall achievement to 14, continuing to surpass the cumulative target for Gavi 5.0/5.1.

Data sources: Market intelligence data: Gavi Market Shaping roadshows, Vaccine Alliance partner industry engagements, 2026; Vaccine Innovation Prioritisation Strategy (VIPS) industry engagement



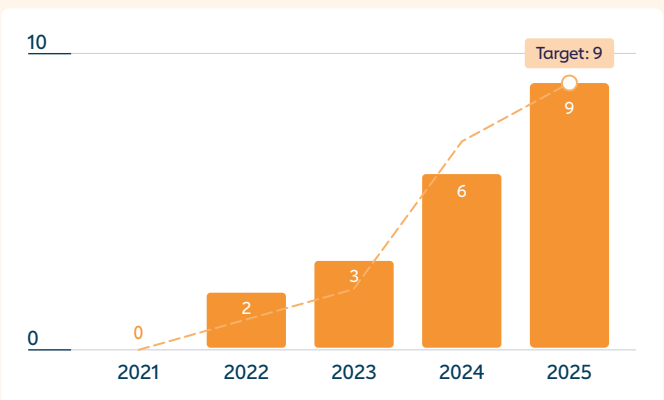
S4.3 Scale up innovations

● **2025 progress:** Gavi 5.0/5.1 target met

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.

2025 progress: In 2025, three new products were procured for Gavi programmes, meeting the Gavi 5.0/5.1 target of nine by end 2025: (1) a transportable powered vaccine storage (TPVS) product with significantly longer holdover times; (2) a lighter freeze-preventive vaccine carrier with increased cold life; and (3) a six-in-one hexavalent vaccine that combines pentavalent vaccine (diphtheria, tetanus, whole-cell pertussis [DTwP], hepatitis B and *Haemophilus influenzae* type b) with inactivated polio vaccine (IPV) to reduce the number of doses required to protect children against six diseases efficiently and cost-effectively.

Data sources: Gavi-UNICEF SD MoU reports and key performance indicators, 2026



Progress – 2025 healthy markets updates

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

Achievements, progress and market challenges addressed

Innovation acceleration and product improvement

The Vaccine Alliance exceeded its innovation targets during Gavi 5.0/5.1. By end 2025, 14 innovative products with relevance to lower-income countries were in commercial-scale manufacturer pipelines against a target of 8, including 11 microarray patch (MAP) candidates and 3 vaccines achieving WHO prequalification for controlled temperature chain (CTC) use. Gavi also met its target of procuring nine products with improved characteristics, including the first pentavalent meningococcal conjugate vaccine, which protects against the five main serogroups of meningococcal meningitis impacting Africa with only one shot; a hexavalent vaccine incorporating inactivated polio vaccine (IPV); and innovative cold chain technologies. These advances improved coverage, reduced delivery complexity and strengthened immunisation systems.

Regional manufacturing and market intelligence

Regional manufacturing became a major focus during Gavi 5.0/5.1, with the launch of the African Vaccine Manufacturing Accelerator (AVMA)

Regional manufacturing became a major focus during Gavi 5.0/5.1, with the launch of the African Vaccine Manufacturing Accelerator (AVMA) in June 2024, which attracted 18 Expressions of Interest by end 2025. At the same time, strong progress continued towards regional production capacity, with 13 technology transfers advancing across Africa-based manufacturers. Partnership convenings with the Africa Centres for Disease Control and Prevention (Africa CDC) strengthened donor alignment and highlighted the Biogeneric–Afrigen collaboration, the first Africa-to-Africa technology transfer for an innovative vaccine platform. Gavi also expanded market transparency through the vaccine market dashboard, ecosystem mapping and embedded regional diversification into the Healthy Markets Framework.

Rapid response to global health emergencies

Gavi secured

500k

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

Gavi continued to play a critical role in markets for vaccines against pathogens with epidemic and pandemic potential during Gavi 5.0/5.1, building on support for the Ebola vaccine stockpile and the nearly 2 billion COVID-19 vaccine doses delivered through COVAX and Gavi. During the 2024 mpox emergency, Gavi secured 500,000 mpox vaccine doses through an advance purchase agreement and facilitated delivery of more than 1 million doses by end 2025.

In 2025, the Gavi Board approved an International Coordinating Group (ICG) on Vaccine Provision-managed mpox stockpile, which launched in August 2026 (read the news release on gavi.org; read the media fact sheet on gavi.org). The mpox vaccine market shaping roadmap published in 2025 established pathways for implementation and long-term sustainability. Collaboration with the Coalition for Epidemic Preparedness Innovations (CEPI) alongside the publication of the Ebola vaccine market shaping roadmap strengthened filovirus preparedness, with a model actively tested as part of the Bundibugyo virus outbreak response.

Addressing supply challenges across vaccine markets

Market shaping helped maintain healthy vaccine markets despite COVID-19 pandemic disruptions and supply constraints. By 2025, 11 vaccine markets achieved acceptable health, exceeding the target of 10. Throughout Gavi 5.0/5.1, typhoid conjugate vaccine (TCV) and human papillomavirus (HPV) vaccine markets improved to acceptable health, supported by expanded supply and additional World Health Organization (WHO)-prequalified products. Significant gains were also achieved in malaria vaccine and oral cholera vaccine (OCV) markets. Malaria vaccine supply constraints were overcome, enabling 24 Gavi-supported national introductions and lower prices. Meanwhile, OCV supply available to UNICEF tripled through manufacturing investments – while progress across the vaccine development pipeline continued. Heading into Gavi's sixth strategic period (Gavi 6.0), these improvements strengthened supply availability, affordability and market resilience – thereby strengthening the foundation for market health and vaccine equity in Gavi 6.0.

Early market shaping for future Gavi programmes

Anticipatory market shaping advanced across dengue, Group B streptococcus (GBS), tuberculosis (TB), respiratory syncytial virus (RSV), mpox and hepatitis E to minimise time between vaccine licensure and Gavi vaccine programme initiation; and avert supply limitations in the context of complex implementations. Particular emphasis was placed on TB vaccine. In 2025, Gavi co-led the WHO TB Vaccine Accelerator Financing and Access Working Group (F&A WG), developing demand and supply forecasts and financing options to support equitable vaccine access. An early TB vaccine market shaping roadmap was also initiated to guide Gavi 6.0 activities and prepare for future vaccine introduction.

05

Funding and finance

Partnering with governments and business to change immunisation for good



Pediatrician Aminata Baldé, Clinique Nour, Dakar, Senegal.

"Senegal rolls out 'six-in-one' jab, making life easier for families and health workers"
Read the full article on VaccinesWork

Credit: Gavi/2025/Ollivier Girard

Progress – 2025 funding and finance updates

Reflections on Gavi's 2021–2025 strategic period

As we conclude our 2021–2025 strategic period, the Vaccine Alliance reflects on a transformative and challenging chapter marked by the COVID-19 pandemic, the restoration of routine immunisation services and unprecedented efforts to advance vaccine equity. The period demonstrated the extraordinary return on investment of immunisation. With the support of donors, partners, philanthropies, the private sector and a broad coalition of political leaders, including 42 Heads of State and Government who participated in the Global Vaccine Summit 2020, Gavi mobilised US$ 8.8 billion in financing, helping to protect more than 351 million children and generate an estimated US$ 104 billion in economic benefits for lower-income countries.

During the pandemic, Gavi and partners launched and delivered the Gavi COVAX Advance Market Commitment (AMC), mobilising nearly US$ 12 billion to improve equitable access to COVID-19 vaccines and strengthen global outbreak preparedness. Lessons from this period have shaped a new generation of innovative mechanisms, including the First Response Fund (FRF), the Day Zero Financing Facility (DZF) and the African Vaccine Manufacturing Accelerator (AVMA), designed to strengthen outbreak preparedness, accelerate access to vaccines, and support a more resilient and sustainable global immunisation ecosystem.



Nurse Mary Kai Odoi collects biometric identity information at Ominako Community-Based Health Planning and Services (CHPS) facility in Ghana's Eastern Region, May 2025.

Read the full article on VaccinesWork

Credit: Gavi/2025/Nipah Dennis

2025 in review:
From Gavi 5.0/5.1 achievements to Gavi 6.0 ambitions

As Gavi 5.0/5.1 came to a close, Gavi's partners united to ensure an ambitious and sustainable foundation for the next five years.

The year 2025 was a defining one for the Vaccine Alliance, marking the close of Gavi 5.0/5.1 (2021–2025) and setting the stage for the ambitious Gavi 6.0 agenda (2026–2030). As Gavi celebrated 25 years of impact, partners came together to reaffirm the vital role of immunisation in protecting lives, strengthening health security and supporting economic development worldwide.

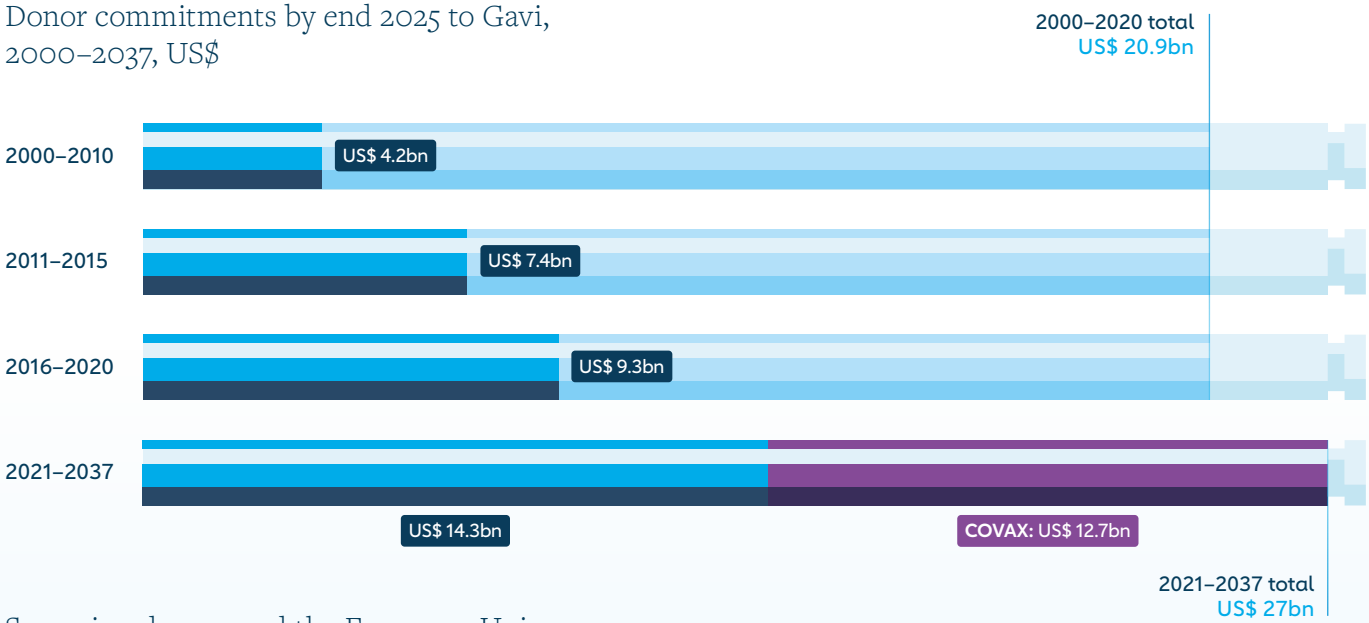
A major milestone was the Global Summit: Health & Prosperity through Immunisation, co-hosted in June 2025 in Brussels by the European Union and the Gates Foundation. The high-level pledging summit brought together government leaders, multilateral development banks (MDBs), vaccine manufacturers, civil society and the private sector in support of Gavi's next strategic period. Strong leadership from European Commission President Ursula von der Leyen, European Council President António Costa and Gates Foundation Chair Bill Gates helped sustain momentum toward the replenishment effort and elevate among sovereign donors the importance of continued investment in immunisation despite fiscal and political challenges.

By the end of the Summit, Gavi had expanded its sovereign donor base, securing more than US$ 9 billion towards Gavi 6.0, alongside US$ 4.5 billion in complementary financing from development finance institutions (DFIs) and private sector partners; securing affordability commitments from world-leading vaccine manufacturers; and receiving unprecedented pledges from Gavi implementing countries. These commitments reflect strong confidence in the return on investment of immunisation and in Gavi 6.0's ambition to protect 500 million children and save more than 8 million lives from 2026–2030. Amid these significant achievements, Gavi undertook a strategic recalibration to address the remaining funding gap, prioritising resources towards the highest-impact interventions while continuing to mobilise resources for its US$ 11.9 billion ambition – on which the achievement of all Gavi 6.0 objectives rests.

Beyond replenishment, 2025 saw continued efforts to keep global health high on the international agenda, including through South Africa's G20 presidency, and its focus on advancing health and development priorities; France's G7 presidency in 2026; and broader engagement across global, regional, and multilateral forums and initiatives focused on health security and resilience.

The fundraising effort continued in 2026, generating new support and further diversifying the donor base – including a record seven sovereign donors pledging for the first time to Gavi; and pledges from Gavi implementing countries Central African Republic, Rwanda and Uganda. Gavi is deeply grateful to the donors and partners whose commitments have enabled a successful launch of the Gavi 6.0 period.

Donor commitments by end 2025 to Gavi, 2000–2037, US$



Sovereign donors and the European Union
as of 2025



The strength and enduring value of the Vaccine Alliance is rooted in the diversity of Gavi donors and partners united in their shared beliefs: that every child deserves the same healthy start in life, and that supporting routine immunisation programmes and combatting disease outbreaks in the world's lowest-income countries is the foundation for global health security. Thanks to their support, the Vaccine Alliance entered the Gavi 6.0 period with confidence and renewed determination to leave no one behind with immunisation.

Looking back on Gavi 5.0/5.1, looking forward to Gavi 6.0

Building on innovation, partnership and country leadership to deliver on Gavi 6.0.

As Gavi begins implementation of its 2026–2030 strategy (Gavi 6.0), the Alliance stands at an important moment of reflection and renewal. Over the past five years, Gavi and its partners have navigated extraordinary global challenges, from the COVID-19 pandemic to increasing geopolitical tensions, economic uncertainty and growing humanitarian crises. Yet the core principles that have defined Gavi's success for the last 25 years – partnership, innovation, country ownership and a relentless focus on impact – remain as relevant as ever.

One of the most important lessons emerging from Gavi 5.0/5.1 is the value of implementing countries at the centre of decision-making. Through the evolution of Gavi's approach and the development of the Gavi Leap reform agenda, the Alliance has increasingly emphasised country sovereignty, domestic leadership and locally driven priorities. This shift reflects a growing recognition that sustainable immunisation systems can be built only when countries have the tools, flexibility and ownership to determine their own pathway towards stronger immunisation programmes and healthier populations.

The past strategic period was also marked by significant innovation in the way Gavi supports countries and global health security. Gavi's First Response Fund (FRF) demonstrated the importance of agile financing mechanisms in responding rapidly to emerging threats. The FRF proved its value in practice, including through its deployment in response to the mpox outbreak, enabling timely action when speed is critical. More recently in 2026, the FRF was critical in the early response to the Bundibugyo Ebola outbreak. These experiences have reinforced the importance of flexible financing tools that complement longer-term investments, while helping countries manage increasingly complex health risks.

Innovation in 2025 included efforts to strengthen vaccine markets and diversify supply chains, generating important lessons for the future. The African Vaccine Manufacturing Accelerator (AVMA), launched in 2024, reflects a growing consensus that expanding vaccine manufacturing capacity across Africa is essential not only for regional self-reliance, but also for global health security. Recent crises have highlighted the vulnerabilities associated with concentrated manufacturing capacity and disrupted supply chains. Supporting sustainable vaccine production on the African continent therefore represents an investment in resilience that will benefit both African countries and global health security. AVMA exceeded its original US$ 1 billion fundraising target, enabling the launch of AVMA+ in 2026. This time-limited window will provide additional support to African vaccine manufacturers, while also strengthening the regulatory environment required for a sustainable, competitive and resilient vaccine manufacturing ecosystem across the continent.

At the same time, Gavi continued to pioneer the use of frontloading mechanisms that accelerate the availability of resources for immunisation. The International Finance Facility for Immunisation (IFFIm) remained the flagship example of this approach and, since its launch in 2006, has raised more than US$ 11 billion on the capital markets against long-term donor commitments, enabling Gavi to deliver impact earlier and at greater scale. As IFFIm celebrates its 20th anniversary in 2026, a strategic review has been undertaken to ensure that the mechanism remains fit for purpose, and well positioned to support Gavi's evolving priorities and future financing needs. Building on this experience, Gavi expanded innovative financing partnerships with institutions such as the European Investment Bank (EIB) and the US Development Finance Corporation (US DFC), establishing frontloading facilities that provide upfront financing for vaccine and health system investments against future donor funding streams. Through these partnerships, Gavi has up to US$ 2 billion in rapid financing available, which, with the FRF, is forming Gavi's US$ 2.5 billion Day Zero Financing Facility (DZF).

While innovation and resilience remain central themes for the future, Gavi 6.0 must also maintain a strong focus on its core mission. Significant progress has been achieved over the past decade, but the work of strengthening routine immunisation and health systems is far from complete. Millions of children remain un- or under-vaccinated, particularly in fragile, conflict-affected and under-served settings. Continued investment in routine immunisation, equitable access and integrated primary health care (PHC) is essential to achieving the ambitious goals set out in Gavi 6.0, and to ensuring that hard-won gains are not reversed.

This challenge is particularly important in a world facing increasing instability. Conflict, displacement, climate-related shocks and economic pressures continue to place enormous strain on health systems across many of Gavi's partner countries. Against this backdrop, donors' continued commitment to the Gavi model sends a powerful signal of confidence in the Alliance's ability to deliver results. Sustained investment in immunisation not only saves lives, but also supports economic growth, social stability and human development. With around 80% of Gavi support allocated to African countries, these investments remain critical to supporting progress across the continent and strengthening resilience in some of the world's most vulnerable settings.

Looking ahead, the future of Gavi will continue to be defined by collaboration. Partnership is embedded in the Alliance's DNA and remains its greatest strength. Donors, implementing countries, civil society, private sector partners, vaccine manufacturers and MDBs each bring unique contributions to a shared mission. As the global health landscape evolves, no single institution alone can address emerging challenges. The success of Gavi 6.0 will therefore depend not only on financing, but also on the ability of partners to work together, share risks, align incentives and pursue collective solutions.

The transition from Gavi 5.0/5.1 to Gavi 6.0 is both a moment to celebrate past achievements and an opportunity to prepare for the challenges ahead. By building on lessons learned, strengthening country ownership, investing in resilience and deepening partnerships, Gavi is well positioned to continue protecting future generations and advancing a healthier, safer and more prosperous world.

Private sector partnerships, 2021–2025

As the final year of the strategic period, 2025 brought a five-year private sector journey full circle. From an unprecedented response supporting COVAX at the outset, to a strong close in 2025 enabled by the Gavi Matching Fund (supported by UK Foreign, Commonwealth & Development Office, Government of the Netherlands and Gates Foundation). The private sector once again rose to the challenge, affirming its place at the heart of the Gavi model, with more than US$ 149 million in new partnerships in 2025. Central to this was the launch of the innovation Scale-Up Facility (SUF), anchored by US$ 22 million from Grand Challenges Canada and in collaboration with 500 Global. It is designed to close the persistent financing gap between proven innovations and viable pathways to national procurement and multicountry scale. This initiative marks the next chapter in Gavi's innovation leadership, creating a continuum of support for high-impact solutions like those surfaced through INFUSE – such as Signalytic and Atlas AI, which partnered with Gavi in 2025. Further partnerships with CIFF, Bayer Foundation, The UPS Foundation, Integrate Health, Zipline (with support from Sweden) and others committed over US$ 50 million to integrated health, nutrition, supply chain and digital delivery models set to scale through 2026 and beyond.

Corporations

Zipline

~27 million vaccine doses delivered by drone in Rwanda, Ghana, Kenya, Nigeria and Côte d'Ivoire by end 2025. Read the full article on VaccinesWork

Arm

Boosted innovation by funding INFUSE innovators: Simprints in Ghana, Signalytic in Rwanda, Atlas AI in India. Listen to the podcast

Google

Nearly US$ 80 million in Google Ad Grants to date to promote high-quality, evidence-based educational content on gavi.org's VaccinesWork platform. Read the blog

"la Caixa" Foundation

By end 2025, Gavi's first private sector partnership had mobilised US$ 120+ million, helping to immunise millions of children. Read the news release on gavi.org

Orange

36,800+ 'zero-dose' children caught up on vaccines; 1.8+ million vaccination reminders sent to 120,000+ caregivers by M-Vaccin mobile phone app in 82 health districts in Côte d'Ivoire. Read the full article on VaccinesWork

Mastercard

Immunisation services digitised across 687 health facilities, helping the Ethiopian Ministry of Health accelerate transition to nationwide digital immunisation system. Read more on gavi.org

Unilever

Unilever Lifebuoy and The Power of Nutrition encouraged 3.8+ million parents in India to tackle pneumonia and diarrhoea through handwashing, nutrition and immunisation – and then expanded to Indonesia. Read the article

Advancing Health Online (AHO)

18+ million users engaged with social media content across India, Indonesia and Nigeria. Read the news release on gavi.org

Tony's Chocolonely

Aiming to reach 160,000 children in remote cocoa-growing communities in Côte d'Ivoire with essential vaccines. Read the full article on VaccinesWork

Innovation

Girl Effect

48.4+ million reached and HPV vaccination coverage increased from 7% to 87% among girls aged 9–14 in United Republic of Tanzania, Nigeria, Ethiopia and India. Watch the video on Gavi's YouTube channel

Logistimo

Up to 98% vaccine availability achieved and vaccine stock-outs reduced to less than 1% through digital platform in Senegal and Angola. Read the full article on VaccinesWork

Nexleaf

Nexleaf Analytics monitors vaccine supply for 1 in 11 babies born globally each year and has deployed 34,000+ remote temperature monitoring devices. Read the full article on VaccinesWork

Simprints

World's first open-source biometric ID solution: AI biometric models work from birth using smartphone cameras to close immunisation gaps. Read the full article on VaccinesWork

Zenysis

An INFUSE Pacesetter since 2017, deploying open-source data integration and analytics platform first in Mozambique and then in Pakistan. Watch the video on LinkedIn

Philanthropies

Children's Investment Fund Foundation (CIFF)

Nearly 800,000 children in Ethiopia, including 'zero-dose' and under-immunised children, were reached through integrated immunisation and nutrition services. Read the interview with Gavi CEO Dr Sania Nishtar

Integrate Health

93% of zero-dose children and 80% of under-immunised children caught up on missed vaccinations through last-mile community health outreach in Guinea, with support from Latter-day Saint Charities Australia, Gavi and the Government of Guinea. Read the blog

Annexes

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1 Contributions to Gavi
as of 31 December 2025 (US$ millions)

Cash received by Gavi

Donors	2025	Total 2000–2025	Gavi COVAX AMC (2025)	GRAND TOTAL (inc. Gavi COVAX AMC)
Australia[1]	79	646		736
Austria				9
Bahrain				3
Belgium		3		13
Bhutan				0
Brazil[1]				144
Burkina Faso		1		1
Canada[1]	55	1,043		1,492
China[1]	4	25		125
Colombia				1
Croatia	1	1		2
Denmark	5	77		104
Estonia				0
European Union (EU)[1]	18	650	215[10]	1,477
Finland		5		24
France		473		747
Germany	139	1,592		2,540
Greece				2
Iceland[1]		1		9
India	3	27		27
Ireland	4	82		91
Italy	28	227		774
Japan[1]	16	288		1,600
Kuwait		1		51
Liechtenstein				1
Luxembourg	1	22		28
Malaysia				0
Malta				0
Mauritius				0
Mexico				0
Monaco[1]	0	2		2
Netherlands	38	685		804
New Zealand				19
Niger		1		1
Norway[1]	128	2,553		2,640
Oman		3		4
Palau[1]				0
Philippines				1
Poland				1
Portugal	0	1		2
Qatar	4	20		30
Republic of Korea[1]	50	96		426
Republic of Moldova				0
Russian Federation		10		10
Saudi Arabia[1]		25		216
Scotland		1		1
Singapore				5
Slovenia				1
Spain[2]		56		61
Sweden	34	741		764
Switzerland		14		171
Township Zug				0
Uganda	0	1		1
United Kingdom[1]		4,379		4,502
United States of America		3,950		7,450
Viet Nam				1
Donor governments and the European Union total:	607	17,699	215	27,111

Donors	2025	Total 2000–2025	Gavi COVAX AMC (2025)	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		3		3
Asia Philanthropy Circle				2
BlackBerry				0
Centene Charitable Foundation				0
Charities Trust				1
Children's Investment Fund Foundation (CIFF)		32		32
Church of Jesus Christ of Latter-day Saints (LDS)	4	18		18
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	5		5
Epiroc AB				0
Etsy				0
Frank McHugh-O'Donovan Foundation, Inc.				0
Gamers Without Borders (GWB)		0		3

Donors	2025	Total 2000–2025	Gavi COVAX AMC (2025)	GRAND TOTAL (inc. Gavi COVAX AMC)
Gates Foundation	331	5,629		5,835
Gates Philanthropy Partners				18
Google.org		0		8
His Highness Sheikh Mohamed bin Zayed Al Nahyan		38		38
International Federation of Pharmaceutical Wholesalers (IFPW)	0	2		2
Kerk in Actie				0
King Baudouin Foundation				0
King Salman Humanitarian Aid & Relief Centre (KSrelief)				5
"la Caixa" Foundation	5	63		63
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	0	0		1
The Power of Nutrition[5]		1		1
The Rockefeller Foundation		5		5
Thistledown Foundation				4
TikTok		5		10
Toyota Tsusho[4]	0	0		1
Twilio		0		10
UBS Optimus Foundation				2
Unilever Lifebuoy[5]		7		7
UPS	1	4		4
Vaccine Forward				2
Visa Foundation				5
Wellcome Trust		2		2
WHO Foundation - Go Give One Campaign				10
Workday Foundation	0	0		1
Other donors[6]	1	107		222
Corporations, foundations, individuals, institutions and organisations total:	343	5,938		6,409
Subtotal:	950	23,636	215	33,520
IFFIm proceeds[7,8]	440	5,657		6,632
Pneumococcal AMC proceeds[9]	0	1,313		1,313
Total contributions:	1,390	30,606	215	41,464

Vaccine delivery and/or logistics to Gavi COVAX AMC	Gavi COVAX AMC	
Donors	2025	Total
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	
Donors	2025	Total
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	
Donors	2025	Total
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 (2013–2025). **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. **10** The European Commission's contribution recorded in 2025 under the Gavi COVAX AMC table relates to the African Vaccine Manufacturing Accelerator (AVMA).

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$)

	2025	2000–2024
Co-financing	301.5 million[1]	1.96 billion

Innovative finance mechanisms: IFFIm commitments[2]

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

		Amount committed (millions)	
Donor	Period of commitment (years)	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; 2017–2020	€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

Innovative finance mechanisms: Pneumococcal AMC[3]

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

Notes:
1 This includes the four countries with fiscal year alignment for which obligations were due by June 2025: 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, 2026

2 Governance structure
as of 31 December 2025

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

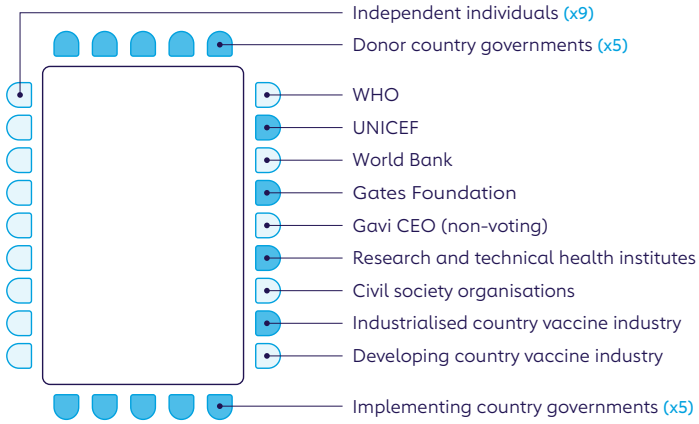
5 representing implementing country governments

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
Yibing Wu
Awa Marie Coll Seck
Anne Schuchat
Deena Shiff
David Sidwell
Karen Sørensen
Anna Sedgley
Ana de Pro Gonzalo

Organisations

WHO
Jeremy Farrar

UNICEF
Omar Abdi, Vice Chair

World Bank
Vacant

Gates Foundation
Greg Widmyer

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: Honduras & Armenia
Brian Erazo Muñoz (Honduras)

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

Donor government representatives

USA/Australia/Republic of Korea
Mark Lloyd (USA)

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

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

Germany/Belgium/France/Luxembourg/European Commission/Ireland
Alexandra Rudolph-Seemann (Germany)

Norway/Denmark/Finland/Netherlands/Sweden/Switzerland
Anna Halén (Sweden)

Industrialised country vaccine industry
Vacant

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, 2026

3 Contributions pledged to Gavi[1]

includes pledges as of 31 December 2025 (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[8]	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%
Central African Republic																			
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																			

2021–2025								2026–2030						2031–2037			
Direct contributions[5]	Matching Fund[5,6]	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]	Donor governments and the European Union
218		41	95		25	380	2%	148		74	37	259	5%				Australia[8]
			9			9	<1%										Austria
			3			3	<1%										Bahrain
3			16			20	<1%										Belgium[9]
			0			0	<1%										Bhutan
		4	144			148	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%	225		74		299	5%				Canada[8,10]
								1				1					Central African Republic
20			100			120	1%										China[8]
			1			1	<1%										Colombia
1			1			2	<1%	6				6	<1%				Croatia
20			29			49	<1%	19				19	<1%				Denmark[11]
			0			0	<1%										Estonia
333			1,009			1,342	6%	24				24	<1%				European Union (EU)[8]
2			19			21	<1%										Finland
273		460	340			1,073	5%	433		156		590	11%				France[12,13]
716			1,589			2,305	11%	465				465	8%				Germany[14]
			2			2	<1%	6				6	<1%				Greece
			8			8	<1%	2				2	<1%				Iceland[8]
15						15	<1%	20				20	<1%				India
								30				30					Indonesia
20			15			35	<1%	26				26	<1%				Ireland[15]
112		119	548			778	4%	145		180		325	6%				Italy
100			1,443			1,543	7%	100				100	2%				Japan[8]
			50			50	<1%										Kuwait
			1			1	<1%										Liechtenstein

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]
Luxembourg	6			6	<1%	5				5	<1%	5						5	<1%
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]	0			0	<1%	7				7	<1%	22						22	<1%
Republic of Moldova																			
Russian Federation		8		8	<1%			40		40	1%	10		22				32	<1%
Rwanda																			
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 Arab Emirates																			
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			
Direct contributions[5]	Matching Fund[5,6]	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]	Donor governments and the European Union
6			6			11	<1%	6				6	<1%				Luxembourg
			0			0	<1%										Malaysia
			0			0	<1%	0				0	<1%				Malta
			0			0	<1%										Mauritius
			0			0	<1%										Mexico
1			0			1	<1%	2				2	<1%				Monaco[8]
56	28	164	119			367	2%		14	153		167	3%				Netherlands
			29			29	<1%										New Zealand[16]
1						1	<1%										Niger
645		142	88		60	934	4%	493		271	58	822	15%				Norway[8]
			1			1	<1%										Oman
			0			0	<1%										Palau[8]
			1			1	<1%										Philippines
			1			1	<1%										Poland
1			1			2	<1%	3				3	<1%				Portugal
10			10			20	<1%	5				5	<1%				Qatar
30			330			360	2%	50				50	1%				Republic of Korea[8]
			0			0	<1%										Republic of Moldova
																	Russian Federation
								1				1					Rwanda
3			191			194	1%										Saudi Arabia[8]
1						1	<1%										Scotland
			5			5	<1%	1				1	<1%				Singapore
			1			1	<1%										Slovenia
		5				5	<1%			1		1	<1%				South Africa
12		61	6			80	<1%			52		52	1%	31	31	1%	Spain[17]
171	3	12	23		113	323	2%	35		14	129	179	3%	3	3	<1%	Sweden
			157			157	1%										Switzerland
			0			0	<1%										Township Zug
1						1	<1%	1				1	<1%				Uganda
5						5	<1%										United Arab Emirates
1,346	33	756	125		327	2,587	12%	913	27	748	287	1,974	36%				United Kingdom[8,18]
1,170			4,000			5,170	24%										United States of America[19,20,30]
			1			1	<1%										Viet Nam
5,655	64	1,782	11,139		526	19,167	90%	3,159	41	1,729	512	5,441	99%	41	41	1%	**Donor governments and the European Union total:**

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]
Advancing Health Online Initiative (AHO)																			
AerCap Ireland Limited																			
Aga Khan Foundation																			
Airtel																			
Al Ansari Exchange												1						1	<1%
Alight Solutions																			
Alwaleed Philanthropies												3						3	<1%
Analog Devices Foundation																			
Arm Limited																			
Asia Philanthropy Circle																			
Audacious Alliance													9					9	<1%
Bayer Foundation																			
BlackBerry																			
Centene Charitable Foundation																			
Children's Investment Fund Foundation (CIFF)							32			32	<1%								
Church of Jesus Christ of Latter-day Saints							7			7	<1%	4						4	<1%
Cisco																			
CODE (RED)																			
Collins Aerospace (Goodrich Corporation)																			
Croda Foundation																			
Dolby Laboratories Charitable Fund																			
Eleanor Crook Foundation																			
ELMA Vaccines & Immunization Foundation							2			2	<1%		2					2	<1%
Epiroc AB																			
Etsy																			
Frank McHugh-O'Donovan Foundation, Inc.																			
Gamers Without Borders (GWB)																			
Gates Foundation[21]	1,213	20		1,233	29%	1,237	50	24		1,310	18%	1,482	70					1,552	17%
Gates Philanthropy Partners																			
Girl Effect													5					5	<1%
Givewell																			
Google.org[22]																			
Grand Challenges Canada																			
His Highness Sheikh Mohamed bin Zayed Al Nahyan						33				33	<1%								
Integrate Health																			
International Federation of Pharmaceutical Wholesalers (IFPW) Foundation												1	1					2	<1%
Kerk in Actie																			
King Salman Humanitarian Aid & Relief Centre (KSrelief)																			
"la Caixa" Foundation	16			16	<1%		11			11	<1%		18					18	<1%
Mastercard[23]													2					2	<1%
OLAM																			
PagerDuty																			
Portuguese private sector																			
Pratt & Whitney																			
Procter & Gamble																			
Reed Hastings and Patty Quillin																			
Russell Reynolds Associates																			
Salesforce																			

2021–2025								2026–2030						2031–2037			
Direct contributions[5]	Matching Fund[5,6]	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]	Corporations, foundations, individuals, institutions and organisations
	6					6	<1%										Advancing Health Online Initiative (AHO)
			0			0	<1%										AerCap Ireland Limited
	3					3	<1%										Aga Khan Foundation
																	Airtel
																	Al Ansari Exchange
				0		0	<1%										Alight Solutions
1						1	<1%										Alwaleed Philanthropies
				1		1	<1%										Analog Devices Foundation
	5					5	<1%										Arm Limited
				2		2	<1%										Asia Philanthropy Circle
																	Audacious Alliance
	1					1	<1%		2			2					Bayer Foundation
				0		0	<1%										BlackBerry
				0		0	<1%										Centene Charitable Foundation
	17					17	<1%										Children's Investment Fund Foundation (CIFF)
	3					3	<1%	18				18	<1%				Church of Jesus Christ of Latter-day Saints
	0			5		5	<1%										Cisco
			0			0	<1%										CODE (RED)
			0			0	<1%										Collins Aerospace (Goodrich Corporation)
			0			0	<1%										Croda Foundation
			0			0	<1%										Dolby Laboratories Charitable Fund
	1					1	<1%										Eleanor Crook Foundation
2	3					5	<1%										ELMA Vaccines & Immunization Foundation
				0		0	<1%										Epiroc AB
			0			0	<1%										Etsy
			0			0	<1%										Frank McHugh-O'Donovan Foundation, Inc.
0	0		2			3	<1%										Gamers Without Borders (GWB)
1,532	47		234			1,813	8%										Gates Foundation[21]
			18			18	<1%										Gates Philanthropy Partners
	9					9	<1%										Girl Effect
	1					1	<1%										Givewell
0	0			8		8	<1%										Google.org[22]
								40				40					Grand Challenges Canada
																	His Highness Sheikh Mohamed bin Zayed Al Nahyan
	3					3	<1%	8				8	<1%				Integrate Health
	0					0	<1%										International Federation of Pharmaceutical Wholesalers (IFPW) Foundation
			0			0	<1%										Kerk in Actie
			5			5	<1%										King Salman Humanitarian Aid & Relief Centre (KSrelief)
	20					20	<1%		7			7	<1%				"la Caixa" Foundation
10	2			16		28	<1%										Mastercard[23]
									0			0					OLAM
				0		0	<1%										PagerDuty
0			2			2	<1%										Portuguese private sector
				0		0	<1%										Pratt & Whitney
				5		5	<1%										Procter & Gamble
			30			30	<1%										Reed Hastings and Patty Quillin
				0		0	<1%										Russell Reynolds Associates
				1		1	<1%										Salesforce

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]
Shell International B.V.																			
SMBC Aviation Capital Limited																			
Sovereign Order of Malta																			
Spotify																			
Stanley Black & Decker																			
SymAsia Foundation																			
Temasek Foundation																			
The Coca-Cola Foundation																			
The Power of Nutrition																			
The Rockefeller Foundation																			
Thistledown Foundation[24]																			
TikTok[25]																			
Tony's Chocolonely																			
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.

2021–2025								2026–2030						2031–2037			
Direct contributions[5]	Matching Fund[5,6]	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]	Corporations, foundations, individuals, institutions and organisations
			10			10	<1%										Shell International B.V.
			0			0	<1%										SMBC Aviation Capital Limited
			0			0	<1%										Sovereign Order of Malta
				1		1	<1%										Spotify
				1		1	<1%										Stanley Black & Decker
			0			0	<1%										SymAsia Foundation
									1			1					Temasek Foundation
	2			1		2	<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					Tony's Chocolonely
0			1			1	<1%										Toyota Tsusho[26]
	0			10		10	<1%										Twilio
	0			2		2	<1%		2			2	<1%				UBS Optimus Foundation
	4					4	<1%										Unilever Lifebuoy
0	3					3	<1%	1				1	<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]
0	0		0			1	<1%	0				0	<1%				Workday Foundation
4	5		96	20		124	1%	0				0	<1%				Other donors[28]
1,557	140		414	85		2,196	10%	66	14			81	1%				**Corporations, foundations, institutions and organisations TOTAL:[29]**
7,212	204	1,782	11,553	85	526	21,363	100%	3,226	55	1,729	512	5,522	100%	41	41	100%	**TOTAL PLEDGED:**

																	Pledges to CEPI
		6				6				0		0		0	0		Italy
		166				166				100		100		0	0		Norway
		17				17				27		27		38	38		Spain
		189				189				128		128		38	38		**PLEDGES TO CEPI TOTAL:**
		1,971				21,552				1,856		5,649		80	80		**TOTAL PLEDGES, including CEPI:**

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. **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 2000–2025 are expressed in US$ equivalents using the exchange rates on the dates of receipt. For 2014–2025, where contributions were hedged to mitigate currency risk exposure, these have been expressed using the rates applicable to the hedge agreement.

Future contributions: non-US$ direct contribution and Gavi Matching Fund pledges for years 2026 and beyond are expressed in US$ equivalents using the Bloomberg Rate at 16:00 London time on 25 June 2025, from the replenishment date.

IFFIm contributions

Received contributions: non-US$ contributions for 2006–2025 are expressed in US$ equivalents as confirmed by the IBRD.

Future contributions: non-US$ contributions for years 2026 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 2025.

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, 2026

4 Board endorsements for country programme expenditure 2000–2029[1]
as of 31 December 2025 (US$ millions)

Country	Vaccines	Health system strengthening support	Equity Accelerator Funding	Vaccination campaign operational costs	Cold Chain Equipment Optimisation Platform	Vaccine Introduction Grant	Targeted Country Assistance	COVID-19 Delivery Support	Middle-Income Countries (MICs) support	Fiduciary management and risk assurance	Other cash-based programmes	Total
Afghanistan	495.0	150.0	17.7	38.3	16.1	3.5	17.1	48.9		5.5	5.1	797.2
Albania	2.2					0.3						2.5
Algeria								0.4				0.4
Angola	151.8	5.8		0.9		3.7	0.0	7.5	6.1	1.1	2.8	179.8
Armenia	5.1	0.3				0.7					0.6	6.7
Azerbaijan	16.6	0.6				0.2						17.4
Bangladesh	1,160.1	145.0		87.6	1.0	13.1	6.8	25.4		4.7	1.1	1,444.9
Belize									0.4			0.4
Benin	189.5	20.3	4.2	8.6	3.8	2.6	6.8	16.9		1.7	0.4	254.7
Bhutan	2.5	0.2				0.3		0.1			0.3	3.3
Bolivia (Plurinational State of)	45.9	5.4				0.8		0.2	3.9		1.3	57.4
Bosnia and Herzegovina	2.2					0.1						2.3
Burkina Faso	412.8	42.4	5.9	21.3	5.8	5.9	7.2	26.1		1.3	1.5	530.2
Burundi	208.7	83.0	3.9	11.2	1.6	2.4	4.8	12.9		2.3	0.8	331.6
Cabo Verde								0.0				0.0
Cambodia	126.8	55.3	1.9	8.0	1.6	2.4	5.7	4.9		1.2	0.2	208.1
Cameroon	317.7	46.0	9.7	13.6	6.8	4.3	8.7	27.2		2.8	1.7	438.5
Central African Republic	67.1	24.9	2.9	6.7	2.7	0.7	19.5	12.1		0.4	1.7	138.8
Chad	176.8	40.0	11.2	27.8	4.1	3.4	17.6	23.6		3.9	1.1	309.5
China	37.9					0.8						38.7
Comoros	5.0	8.4	1.0	0.3	0.5	0.6	4.3	2.7		1.4	0.2	24.3
Congo, Republic of	34.6	14.2	1.4	2.6	1.2	1.0	5.8	9.5		2.2	0.8	73.1
Côte d'Ivoire	335.6	36.3	4.0	23.6	4.2	5.2	8.0	19.0		1.4	2.3	439.8
Cuba	2.5	2.4				0.1			1.8		0.2	7.0
Democratic People's Republic of Korea	57.1	38.4		4.4		0.9	2.7			0.6	0.2	104.2
Democratic Republic of the Congo	1,600.7	334.2	59.7	239.8	19.8	20.2	32.0	50.7		15.6	47.7	2,420.4
Djibouti	8.1	7.0	1.0	0.0	0.3	0.5	6.1	4.2		1.6	0.2	29.0
Dominica	0.0							0.0				0.0
Egypt								1.4				1.4
El Salvador								0.1				0.1
Eritrea	45.1	24.7	1.0	3.5	1.3	1.1	4.1	0.0		0.8	0.3	81.9
Eswatini	0.5							0.0	1.6			2.1
Ethiopia	1,374.8	365.5	44.2	84.4	38.9	13.4	29.4	68.6		3.3	12.1	2,034.6
Fiji	0.2							0.0				0.2
Gambia	44.1	9.3	1.0	2.3	1.6	1.4	4.0	5.2		0.8	0.2	69.9
Georgia	4.8	0.4				0.6					0.6	6.4
Ghana	432.7	37.6	2.8	23.1	3.5	4.8	6.2	34.0		1.1	2.3	548.2
Grenada	0.0							0.0	0.2			0.3
Guinea	84.3	53.6	8.0	5.5	11.9	1.5	8.7	24.3		2.2	1.9	201.7
Guinea-Bissau	28.0	5.0	1.0	3.0	0.9	0.9	5.6	4.7		1.2	0.2	50.5
Guyana	3.9			0.0		0.5		0.1			0.4	4.9
Haiti	59.9	14.7	4.1	0.8	6.8	0.9	15.2	11.3		1.2	0.6	115.5
Honduras	43.8	9.2				0.6		0.2	8.0		0.4	62.1
India	882.6	342.0				0.4	0.5	29.8		0.5		1,255.9
Indonesia	206.6	24.8				11.8	0.0	4.8	36.4	0.1	5.1	289.6
Iran									14.7			14.7
Jordan									9.9			9.9
Kenya	688.5	58.0	5.7	30.6	7.8	7.4	7.7	29.4		2.5	2.4	840.0
Kiribati	0.6					0.3		0.0			0.0	0.9
Kosovo	0.2							0.0	1.7			2.0
Kyrgyzstan	41.6	11.7	1.0	0.5	1.0	0.7	4.4	4.3		0.3	0.3	65.9
Lao People's Democratic Republic	45.6	18.0	1.7	1.5	0.7	1.4	6.2	4.5		2.2	2.1	83.9
Lebanon									14.5			14.5

Country	Vaccines	Health system strengthening support	Equity Accelerator Funding	Vaccination campaign operational costs	Cold Chain Equipment Optimisation Platform	Vaccine Introduction Grant	Targeted Country Assistance	COVID-19 Delivery Support	Middle-Income Countries (MICs) support	Fiduciary management and risk assurance	Other cash-based programmes	Total
Lesotho	12.8	6.3	1.0	1.1	1.2	0.6	4.7	4.4		2.0	0.2	34.4
Liberia	79.6	42.2	3.4	3.1	2.1	1.7	5.3	6.6		0.7	0.9	145.5
Madagascar	302.9	47.9	10.0	7.0	10.7	4.2	7.6	23.7		3.4	0.7	417.9
Malawi	377.9	58.0		19.5	4.5	4.6	6.7	13.4		2.9	1.4	488.9
Maldives	0.1							0.0	0.1			0.3
Mali	345.9	63.5	8.7	10.6	3.6	4.1	15.4	22.0		2.1	1.6	477.7
Marshall Islands (The)								0.0				0.0
Mauritania	51.5	10.1	1.1	2.4	1.0	1.0	6.8	10.3		1.8	0.3	86.3
Micronesia (Federated States of)								0.0				0.0
Mongolia	8.5	0.5		0.1		0.2		0.1	2.7		0.3	12.4
Morocco								0.7				0.7
Mozambique	512.4	66.1		29.4	9.2	5.9	8.4	24.8		2.9	8.0	667.0
Myanmar	323.3	122.2	5.5	23.0	3.3	7.8	7.5	0.0		2.0	0.7	495.3
Nepal	209.7	76.3		12.6	3.4	5.1	5.9	7.2		1.6	0.6	322.3
Nicaragua	38.6	3.8				0.3	0.0	3.0			0.9	46.6
Niger	524.8	81.9	11.0	62.3	12.0	5.5	13.2	27.9		4.0	1.7	744.5
Nigeria	1,721.8	302.6		252.2	23.0	34.8	31.9	82.9		12.9	10.5	2,472.6
North West Syria Region	2.7	11.4	1.4		11.3		3.8	8.5		1.3	0.2	40.5
Occupied Palestinian Territory	0.3							10.7	10.8			21.8
Pakistan	2,213.1	245.0	45.7	138.7	40.8	33.0	31.8	62.7		13.3	18.1	2,842.1
Papua New Guinea	42.7	48.6		15.9	0.9	0.6	15.5	4.7		4.0	0.7	133.7
Philippines	4.1							1.4	5.3			10.9
Republic of Moldova	6.6					0.7		0.1			0.7	8.1
Rwanda	192.0	31.7		5.5	2.5	1.7	3.8	4.6		0.6	2.1	244.5
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	2.4	4.3	0.5	0.0	0.0	1.0	3.5	2.6		0.7	0.2	15.2
Senegal	209.3	30.3	2.8	12.2	3.7	4.0	4.6	11.1			1.1	279.1
Sierra Leone	158.3	27.2	2.0	3.7	3.0	1.6	8.3	12.7		1.4	9.0	227.2
Solomon Islands	5.5	6.8	1.0	0.2	0.6	0.8	5.3	2.9		0.8	0.2	24.2
Somalia	86.7	86.0	13.3	15.4	9.9	2.3	12.1	35.8		3.6	1.0	266.2
South Sudan	79.3	76.2	7.8	19.6	9.3	2.9	13.9	21.9		2.3	0.9	234.3
Sri Lanka	27.1	4.5				0.9		0.4	13.1		0.1	46.1
Sudan	659.0	85.7	5.5	73.1	5.3	9.4	15.9	40.3		6.6	1.5	902.3
Syrian Arab Republic	88.9	31.9	5.6	3.5	5.5		11.6	22.5		2.9	17.9	190.2
Syria TARAA Region	1.7	0.0										1.7
Tajikistan	69.2	19.1	1.5	1.3	1.4	1.2	5.2	5.2		0.4	0.3	104.8
Timor-Leste	2.3	3.5				0.2	1.1	1.8			1.8	10.7
Togo	107.2	16.8	2.5	9.4	2.4	2.1	6.1	10.7		1.2	1.1	159.6
Tonga	0.1							0.0				0.1
Tunisia	0.0							0.3	1.2			1.5
Turkmenistan	1.1					0.1						1.2
Tuvalu								0.0				0.0
Uganda	780.7	90.1	11.4	50.4	14.5	12.5	8.3	30.4		2.9	12.7	1,013.8
Ukraine	42.7					0.1		0.5	9.1			52.3
United Republic of Tanzania	795.7	63.7		26.2	8.5	9.0	7.4	23.6		1.3	4.4	939.7
Uzbekistan	136.6	27.2		1.9	1.0	2.6	0.0	12.7			1.0	182.9
Vanuatu	0.1							0.0				0.1
Venezuela									29.2			29.2
Viet Nam	181.1	40.7		15.6	2.3	4.2		2.0	8.5		3.8	258.3
Yemen	391.0	62.3	10.6	14.2	8.6	2.1	12.5	14.8		3.5	1.5	521.1
Zambia	281.9	24.4	3.6	9.8	3.0	4.2	8.2	24.7		1.6	2.0	363.4
Zimbabwe	199.0	39.3	2.4	13.0	3.5	2.3	3.9	1.9		2.8	0.6	268.7
Grand total:	20,729.2	3,993.0	353.2	1,503.4	355.9	296.4	540.9	1,113.4	180.0	151.3	209.5	**29,426.2**

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, 2026

5 Approvals for country programme expenditure 2000–2029[1]
as of 31 December 2025 (US$ millions)

Country	Vaccines	Health system strengthening support	Equity Accelerator Funding	Vaccination campaign operational costs	Cold Chain Equipment Optimisation Platform	Vaccine Introduction Grant	Targeted Country Assistance	COVID-19 Delivery Support	Middle-Income Countries (MICs) support	Fiduciary management and risk assurance	Other cash-based programmes	Total
Afghanistan	482.9	144.9	15.1	27.9	16.1	3.5	23.1	50.0		5.5	5.1	774.1
Albania	2.2					0.3						2.5
Algeria								0.7				0.7
Angola	135.7	5.8		0.9		3.7	0.0	7.5	14.3	1.1	21.6	190.6
Armenia	5.1	0.3				0.7					1.5	7.6
Azerbaijan	16.6	0.6				0.2						17.4
Bangladesh	1,130.8	145.0		87.6	1.0	13.1	10.4	26.3		4.7	1.1	1,420.0
Belize									0.4			0.4
Benin	189.5	14.6	3.4	8.6	3.8	2.6	8.5	17.6		1.7	0.4	250.6
Bhutan	2.4	0.2				0.3		0.4			0.3	3.5
Bolivia (Plurinational State of)	45.9	5.4				0.8		0.7	3.9		2.6	59.3
Bosnia and Herzegovina	2.2					0.1						2.3
Burkina Faso	412.8	37.7	5.9	19.4	5.8	5.9	12.5	27.5		1.3	3.2	531.8
Burundi	208.7	71.5	3.9	11.2	1.6	2.4	8.1	13.5		2.3	0.8	324.0
Cabo Verde								0.3				0.3
Cambodia	126.7	51.5	1.9	8.0	1.6	2.4	7.6	5.2		1.2	0.2	206.4
Cameroon	317.7	30.3	5.9	13.6	6.8	4.3	12.3	28.1		2.8	1.7	423.5
Central African Republic	66.8	20.8	2.9	6.7	2.7	0.7	27.7	13.2		0.4	1.7	143.7
Chad	176.7	40.0	11.2	27.8	4.1	3.4	25.8	24.6		3.9	1.1	318.7
China	37.9					0.8						38.7
Comoros	5.0	7.0	1.0	0.3	0.5	0.6	7.4	3.1		1.4	0.2	26.4
Congo, Republic of	34.6	16.4	1.4	2.6	1.2	1.0	8.2	9.8		2.2	0.8	78.2
Côte d'Ivoire	325.5	30.1	4.0	23.6	4.2	5.9	12.6	19.6		1.4	2.4	429.3
Cuba	2.5	2.4				0.1			1.8		0.5	7.3
Democratic People's Republic of Korea	57.1	38.4		4.4		0.9	4.1			0.6	0.2	105.7
Democratic Republic of the Congo	1,600.7	334.2	59.7	230.2	19.8	20.2	47.7	51.9		15.6	47.7	2,427.6
Djibouti	7.6	6.8	1.0	0.0	0.3	0.5	8.3	4.6		1.6	0.2	30.7
Dominica	0.1							0.1				0.2
Egypt								1.7				1.7
El Salvador								0.3				0.3
Eritrea	45.1	24.7	1.0	3.5	1.3	1.1	5.9	0.4		0.8	0.3	84.1
Eswatini	0.3							0.2	1.6			2.1
Ethiopia	1,374.8	350.8	44.2	82.0	38.9	13.4	43.1	70.0		3.3	12.1	2,032.7
Fiji	0.1							0.2				0.3
Gambia	44.1	6.6	0.6	2.3	1.6	1.4	4.9	5.7		0.8	0.2	68.2
Georgia	4.8	0.4				0.6					1.2	6.9
Ghana	428.6	37.6	2.8	23.1	3.5	4.8	8.7	35.1		1.1	2.3	547.5
Grenada	0.0							0.1	0.2			0.4
Guinea	84.3	35.7	8.0	5.5	11.9	1.5	11.3	25.3		2.2	1.9	187.5
Guinea-Bissau	29.2	5.0	1.0	1.8	0.9	0.9	7.9	5.1		1.2	0.2	53.2
Guyana	3.9			0.0		0.5		0.3			1.2	5.9
Haiti	59.9	14.7	4.1	0.8	6.8	0.9	22.0	12.1		1.2	0.6	123.0
Honduras	43.8	9.2				0.6		0.5	8.0		0.9	63.1
India	882.6	342.0				0.4	6.1	51.1		0.5		1,282.7
Indonesia	198.4	24.8				11.8	0.0	5.0	36.4	0.1	7.5	284.0
Iran									14.7			14.7
Jordan									9.9			9.9
Kenya	688.5	48.2	5.7	30.6	7.8	7.4	13.0	30.2		2.5	2.4	836.2
Kiribati	0.6					0.3		0.1			0.6	1.6
Kosovo	0.2							0.3	1.7			2.2
Kyrgyzstan	41.6	13.1	1.0	0.5	1.0	0.7	8.2	4.7		0.3	0.3	71.5
Lao People's Democratic Republic	45.5	18.0	1.7	1.5	0.7	1.4	11.3	4.8		2.2	2.1	89.1
Lebanon									14.5			14.5

Country	Vaccines	Health system strengthening support	Equity Accelerator Funding	Vaccination campaign operational costs	Cold Chain Equipment Optimisation Platform	Vaccine Introduction Grant	Targeted Country Assistance	COVID-19 Delivery Support	Middle-Income Countries (MICs) support	Fiduciary management and risk assurance	Other cash-based programmes	Total
Lesotho	12.5	5.7	1.0	1.1	1.2	0.6	6.3	4.8		2.0	0.2	35.5
Liberia	76.5	25.7	0.8	2.7	2.1	1.6	8.2	7.2		0.7	0.9	126.4
Madagascar	302.9	47.9	10.0	7.0	10.7	4.2	14.3	24.7		3.4	0.7	425.7
Malawi	377.9	58.0		19.8	4.5	4.6	9.9	13.8		2.9	1.1	492.5
Maldives	0.1							1.0	0.1			1.2
Mali	345.9	53.3	8.7	10.6	3.6	4.1	19.7	23.1		2.1	1.6	472.8
Marshall Islands (The)								0.1				0.1
Mauritania	51.6	7.3	1.1	2.4	1.0	0.9	10.0	10.6		1.8	0.3	87.1
Micronesia (Federated States of)								0.4				0.4
Mongolia	7.9	0.5		0.1		0.2		0.4	2.7		0.9	12.7
Morocco								0.9				0.9
Mozambique	509.3	68.0		29.4	9.2	5.3	15.4	25.9		2.8	8.0	673.3
Myanmar	323.3	122.2	5.5	24.2	3.3	19.2	12.8	1.2		2.0	0.7	514.3
Nepal	209.7	72.3		12.6	3.4	5.0	7.9	7.9		1.6	0.6	321.0
Nicaragua	38.6	3.8				0.3	0.8	3.3			0.9	47.8
Niger	524.8	75.5	11.0	62.3	12.0	5.5	20.2	29.2		4.0	1.7	746.3
Nigeria[2]	1,671.0	207.7		251.8	23.0	34.8	50.7	84.8		14.7	10.5	2,349.2
North West Syria Region	2.2	11.9	1.4		11.3		3.8	8.5		1.3	0.2	40.5
Occupied Palestinian Territory	0.2							11.4	10.8			22.4
Pakistan	2,214.8	210.6	27.3	138.7	40.8	33.0	49.0	63.8		13.3	16.4	2,807.7
Papua New Guinea	42.7	38.6		15.9	0.9	0.6	24.1	5.5		4.0	0.7	133.1
Philippines	0.0							1.7	5.3			7.0
Republic of Moldova	6.6					0.7		0.4			1.2	8.8
Rwanda	192.0	31.6		5.5	2.5	1.7	6.1	5.0		0.6	2.1	247.1
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	4.2	2.9		0.7	0.2	16.2
Senegal	209.3	30.3	2.8	12.2	3.7	4.0	7.1	11.6			1.1	282.1
Sierra Leone	158.3	16.8	2.0	3.7	3.0	1.6	12.0	13.0		1.4	9.0	220.9
Solomon Islands	5.5	6.8	1.0	0.2	0.6	0.7	9.5	3.2		0.7	0.2	28.6
Somalia	86.8	64.6	6.5	15.4	9.8	2.3	17.1	36.9		3.6	1.0	244.1
South Sudan	79.3	73.9	7.8	19.6	9.3	2.9	21.7	22.9		2.3	0.9	240.7
Sri Lanka	27.1	4.4				0.9		1.0	13.1		0.1	46.6
Sudan	659.0	85.7	5.5	69.9	5.3	9.4	19.7	41.4		6.6	1.5	904.1
Syrian Arab Republic	88.9	31.9	5.6	3.5	5.5		16.1	23.4		2.9	17.9	195.7
Syria TARAA Region	0.9	0.5										1.4
Tajikistan	69.0	19.1	1.5	1.1	1.4	1.2	7.4	5.9		0.4	0.6	107.7
Timor-Leste	2.3	3.6				0.2	1.1	2.1			18.5	27.8
Togo	107.2	13.7	2.5	9.4	2.4	2.1	7.9	11.3		1.2	1.1	158.8
Tonga	0.0							0.2				0.2
Tunisia	0.0							0.6	1.2			1.9
Turkmenistan	1.1					0.1						1.2
Tuvalu								0.2				0.2
Uganda	772.5	77.4	11.4	42.3	14.5	12.5	14.3	31.6		2.9	12.7	992.1
Ukraine	10.5					0.1		0.8	9.1			20.5
United Republic of Tanzania	765.2	63.4		23.9	8.5	9.0	12.8	24.6		1.6	4.4	913.4
Uzbekistan	133.1	26.9		1.9	1.0	2.6	2.2	13.0			1.0	181.6
Vanuatu	0.0							0.2				0.2
Venezuela									29.2			29.2
Viet Nam	181.1	40.7		15.6	2.3	4.2		2.2	8.5		7.1	261.8
Yemen	391.0	62.3	10.6	14.2	8.6	2.1	20.4	15.9		3.5	1.5	530.1
Zambia	280.3	24.4	3.6	9.8	3.0	3.8	11.9	25.3		1.6	2.0	365.6
Zimbabwe	196.8	30.6	0.6	11.7	3.5	2.2	8.7	3.0		2.2	0.6	259.9
Grand total:	20,508.7	3,656.7	316.0	1,463.2	355.9	307.1	820.2	1,187.0	188.1	152.8	256.7	**29,212.3**

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, 2026

6 Board endorsements and approvals for investment cases
as of 31 December 2025 (US$ millions)

Board endorsements for investment cases 2000–2029[1]

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	269.7	42.9					312.7
Maternal and neonatal tetanus	16.3	45.3					61.6
Polio	143.3	48.0					191.3
Yellow fever	209.6	67.5				0.9	277.9
Cholera	617.5	147.9					765.5
Ebola	128.1	8.6					136.7
Malaria	192.8					11.4	204.3
COVID-19	0.0		343.7	206.1		32.6	582.5
Other	188.9	7.1		114.4	100.0	14.2	424.6
Total	1,848.6	516.0	343.7	340.5	100.0	109.1	**3,258.0**

Approvals for investment cases 2000–2029[2]

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	155.9	34.9					190.8
Maternal and neonatal tetanus	16.3	45.3					61.6
Polio	143.3	48.0					191.3
Yellow fever	209.6	67.5				0.9	277.9
Cholera	594.1	147.9					742.0
Ebola	128.1	8.6					136.7
Malaria	189.9					4.1	194.0
COVID-19	0.0		343.3	206.1		31.5	581.0
Other	188.9	7.1		114.4	100.0	14.6	425.0
Total	1,708.4	508.0	343.3	340.5	100.0	101.1	**3,101.3**

Notes: **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. **2** 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.

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, 2026

The Vaccine Alliance is funded by

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Immunisation delivers massive gains in lives saved and diseases prevented, but also in terms of economic benefits. Countries understand that the cost of failing to vaccinate is far too great, while the benefits extend across families, communities, economies and future generations.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General, September 2026

When children are vaccinated, they are much more likely to grow up healthy, go to school and build a future. Last year, together with Gavi, we helped reach more children than ever before with routine vaccines. UNICEF will continue to work with our partners to help ensure that every child has access to life-saving immunisation.

Catherine Russell
UNICEF Executive Director, September 2026

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

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