Gavi
The Vaccine Alliance

Annual Progress Report 2023

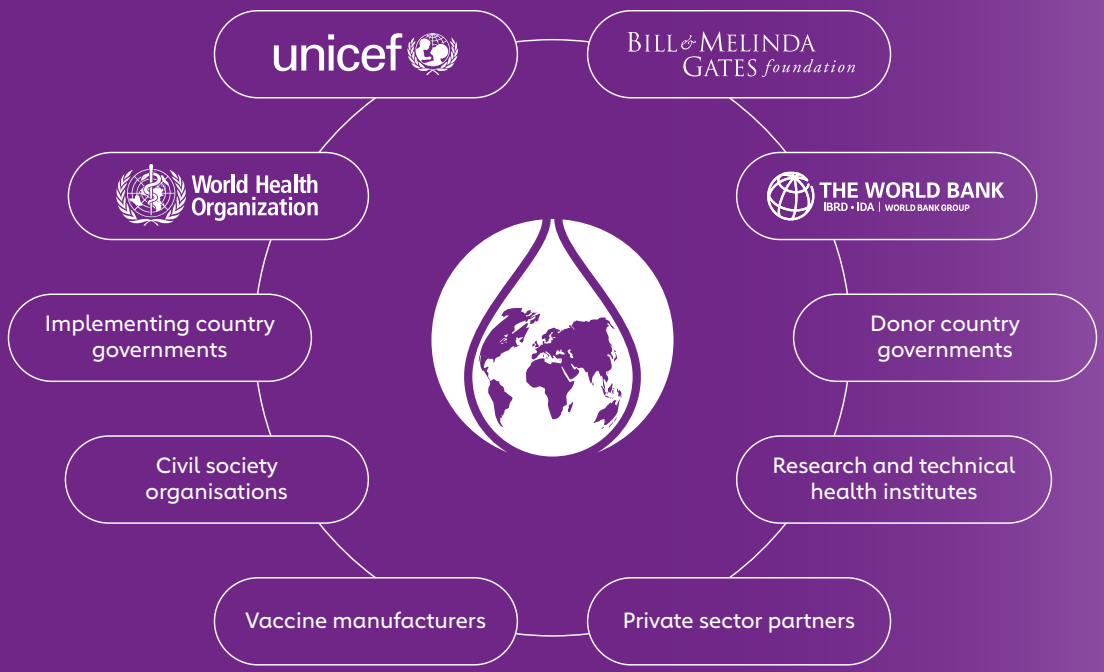
>1.1bn
children immunised since 2000

>US$ 250bn
in economic benefits since 2000

>18.8m
deaths averted since 2000

SPECIAL FOCUS

- Huge strides for HPV vaccine programme
- Record-breaking year for country co-financing
- Community stories from VaccinesWork



Learn more at www.gavi.org and 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 2023 Annual Financial Report was approved by the Board and published on the Gavi website in June 2024: www.gavi.org/funding/financial-reports.

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Inside this report

The Vaccine Alliance in 2023

Prof José Manuel Barroso, Chair of the Gavi Board, and Dr Sania Nishtar, CEO of Gavi since 18 March 2024, reflect on the driving forces of progress in 2023 and plans for 2024.

Prof José Manuel Barroso
Chair of the Gavi Board

Dr Sania Nishtar
CEO of Gavi

Welcome to Gavi's 2023 Annual Progress Report, the third of Gavi's 2021–2025 strategic period (Gavi 5.0/5.1). 2023 marked the end of the COVID-19 pandemic and the launch of innovative tools to help ensure a rapid, equitable response to vaccine-preventable disease outbreaks. The Alliance intensified efforts to support countries in restoring routine immunisation and catching up missed children.

In 2023, global challenges meant Gavi had to intensify efforts to achieve its core priorities. The Vaccine Alliance remained adaptable, responding rapidly to country needs, seizing opportunities for impact, and maintaining efficiency, resilience and sustainability.

At the June 2023 Global Vaccine Impact Conference, hosted by the Government of Spain, world leaders convened to evaluate the Alliance's implementation of the first two years of its 5.0/5.1 strategic period. The conference marked the release of Gavi's Mid-Term Review (MTR) report, Raising Generation ImmUnity, showing that Gavi is "on track" to meet the majority of the key commitments made to donors.

Soon after, in August, Dr Seth Berkley completed his 12-year tenure as CEO. We commend Seth's extraordinary contributions to global health over nearly four decades, and thank him for his unrelenting commitment to Gavi's mission and building a strong foundation for future success.

In November, Cameroon became the first non-pilot country to receive doses of the RTS,S malaria vaccine – making history just two months later by launching the world's first malaria vaccine as part of its routine immunisation programme. WHO's October 2023 recommendation of a second vaccine, R21, will enable broader access and help meet strong country-led demand for malaria vaccines as part of holistic national malaria prevention strategies.

The need to strengthen how the world responds to evolving health risks shaped Gavi Board's decisions at its December meeting in Accra, Ghana. The Board approved a series of landmark proposals covering pandemic preparedness, routine immunisation and the Alliance's future. One of the key learnings from the COVID-19 pandemic is the urgent need for more equitable global distribution of vaccine manufacturing capacity. Accordingly, the Gavi Board adopted the principle of the African Vaccine Manufacturing Accelerator (AVMA), which aims to sustainably support the development of Africa's vaccine manufacturing base with up to US$ 1.2 billion in funding over ten years. Similarly, the First Response Fund, with US$ 500 million for early-stage global health security response, will enable a more rapid and effective response to pandemic risks as part of the broader Day Zero Financing Facility for Pandemics (DZF).

The COVAX Facility played a central role in enhancing global vaccination rates and vaccine equity during the COVID-19 pandemic, averting millions of deaths in lower-income countries. Its operations concluded on 31 December, and we express gratitude to all involved for their commitment to vaccine equity and saving lives.

The results in this report position the Alliance strongly to achieve the majority of Gavi 5.0/5.1 goals, noting that challenges persist. To combat cervical cancer, six Gavi-supported HPV vaccine introductions in 2023 are crucial towards reaching our target of reaching over 86 million girls by end 2025. Progress towards restoring routine immunisation after the disruption of COVID-19 is mixed; and reaching the unreached remains a challenge: Gavi-supported countries remained at 80% DTP3 coverage in 2023, and there were 18% more 'zero-dose' children than in 2019, requiring a 37% reduction to reach the Gavi 5.0/5.1 target by end 2025.

While 2024 progress will be covered in next year's report, much has already happened as this report goes to print: Dr Sania Nishtar joined Gavi as CEO on 18 March, immediately embarking on a 180-day plan supporting the year's priorities and beyond. June saw the launch of Gavi's Investment Opportunity to support its next replenishment during The Global Forum for Vaccine Sovereignty and Innovation, co-hosted by Gavi, the African Union and the French Republic. This forum underscored the importance of collaboration, solidarity and partnership with AVMA's launch. Earlier that month, the Gavi Board approved the strategy for Gavi's 2026–2030 strategic period (Gavi 6.0), making us optimistic about the potential for the Vaccine Alliance to continue driving positive change.

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

Objectives

A

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

B

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

C

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

Goal 02

Strengthen health systems to increase equity in immunisation

Objectives

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

Improve sustainability of immunisation programmes

Objectives

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

Ensure healthy markets for vaccines and related products

Objectives

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 2023, Vaccine Alliance partners and countries are on track to achieve most of our six mission indicators for the 2021–2025 strategic period.

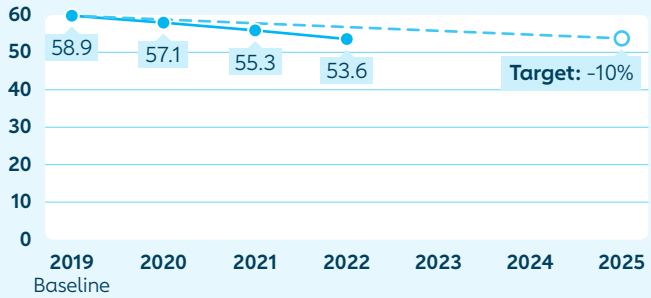
M.1 Under-five mortality rate

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.

2022 performance: The under-five mortality rate in the 57 lower-income countries supported by Gavi fell from 55.3 to 53.6 deaths per 1,000 live births between 2021 and 2022 – a 9% reduction from baseline. We are on track to reach our Mission target of a 10% reduction by 2025. Estimates for 2023 will be available in early 2025.

Data source: UN Inter-agency Group for Child Mortality Estimation (IGME), 2024



M.2 Future deaths averted with Gavi support

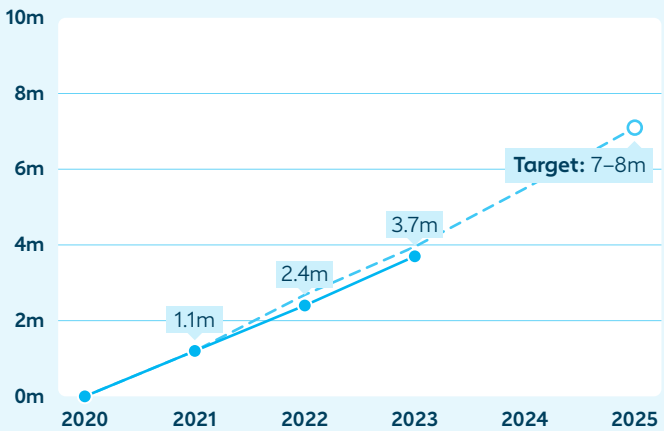
of future deaths averted as a result of vaccination with Gavi-supported vaccines.

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.

2023 performance:[1] By end 2023, more than 3.7 million future deaths had been averted by Gavi-supported vaccinations since the Gavi 5.0 strategic period began in 2021. The cumulative number of deaths averted from 2000 through 2023 is more than 18.8 million.[2]

Data source: Vaccine Impact Modelling Consortium (VIMC), 2024

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 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.

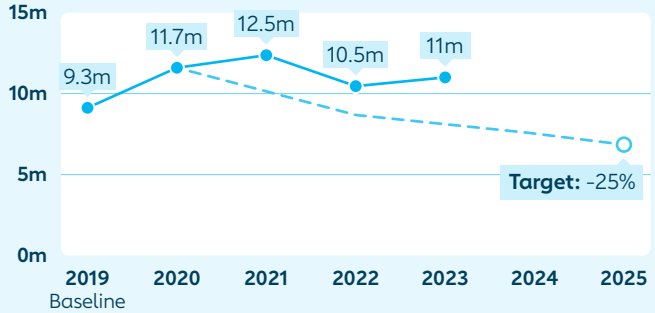
2023 performance:[3] By end 2023, more than 180 million future DALYs had been averted by Gavi-supported vaccinations since the Gavi 5.0 strategic period began in 2021.

Data source: VIMC, 2024

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.

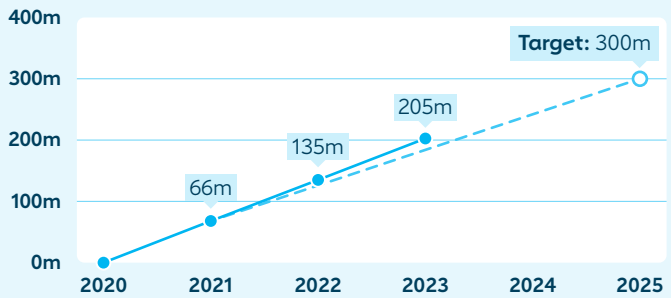
2023 performance: In 2023, there were 11 million zero-dose children in the 57 lower-income countries supported by Gavi, representing an 18% increase since 2019, and up from 10.5 million in 2022. Reaching the Gavi 5.0/5.1 target by 2025 will require a 37% reduction from 2023.

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

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

M.5 Unique children immunised through routine immunisation with Gavi support

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



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

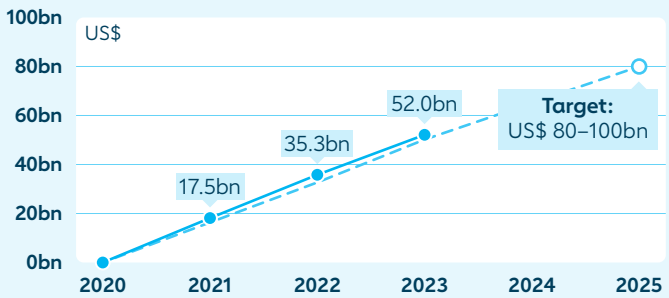
2023 performance:[5] Countries immunised more than 69 million unique children through routine immunisation with Gavi support in 2023 (1 million more than in 2022) for a total of more than 205 million children in this strategic period – meaning we remain on track to reach our Mission target of immunising 300 million additional children during the 2021–2025 strategic period. By end 2023, Gavi-supported countries had immunised more than 1.1 billion unique children with Gavi support since 2000 – meeting our Investment Opportunity 2021–2025 commitment of more than 1.1 billion children immunised by 2025 two years early.

Data sources: Vaccine coverage: WUENIC, 2024; 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.

2023 performance:[6] More than US$ 52 billion in economic benefits in the countries we support have been generated through Gavi-supported immunisations since the Gavi 5.0 strategic period began in 2021. From 2000 through 2023, that figure is more than US$ 250 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).

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.

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, UNICEF, the World Bank, the vaccine industry, technical agencies, civil society, the Bill & Melinda 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 1.1 billion children – and prevented more than 18.8 million future deaths, helping to halve child mortality in 78 lower-income countries. Gavi also plays a key role in improving global health security by supporting health systems as well as funding global stockpiles for Ebola, cholera, meningococcal and yellow fever vaccines. After 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 Facebook and X (Twitter).

>1.1bn

children vaccinated through routine programmes, 2000–2023 – more than 69 million in 2023 alone

The vaccine goal

56% The 57 Gavi-supported countries increased breadth of protection with vaccines in the Gavi portfolio to 56%, up 3 percentage points from 2022.

74 34 Gavi-supported vaccine introductions and preventive campaigns took place in 2023 – in addition to 40 outbreak response vaccination campaigns supported by Gavi.

14m >14 million girls fully immunised against HPV with Gavi support in 2023 – more than the previous ten years combined.

15 15 countries accessed cholera, meningococcal and yellow fever vaccines through Gavi-supported emergency stockpiles a total of 29 times in 2023.

>1.9bn

vaccinations through preventive vaccination campaigns, 2000–2023

>18.8m

future deaths averted, 2000–2023. In addition, >2.7m deaths were averted by COVAX across participating AMC low- and middle-income countries.

The equity goal

80% In 2023, Gavi-supported countries maintained DTP3 coverage at 80% (compared to the 84% global average).

69m >69 million children were reached with Gavi-supported routine vaccines in 2023 – more than in any year apart from 2019.

47 47 countries have installed more than 67,000 CCE units procured by UNICEF Supply Division through Gavi's CCEOP – nearly 5,200 in 2023 alone.

26 After several years of decline since 2019, average coverage of DTP3 in 26 low-income countries supported by Gavi held steady in 2023 – the only income group to avoid decline.

The sustainability goal

US$ 1.7bn by end 2023

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 2023, bringing to US$ 1.7 billion their total contribution since the introduction of the co-financing policy in 2008.

215m US$ 215 million was contributed by countries towards the co-financing of Gavi-supported vaccines in 2023 – the highest amount yet and a testament to country ownership and the long-term financial sustainability of Gavi-supported vaccines.

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

100% 100% of countries fully met their 2023 co-financing obligation – except four waivers for humanitarian crises.

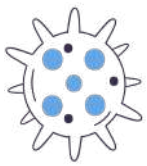
The healthy markets goal

19 Through Gavi's market shaping efforts, the number of manufacturers supplying prequalified Gavi-supported vaccines remained at 19 in 2023 (with more than half based in low- and middle-income countries) – compared with 5 in 2001.

10 10 markets for vaccines and immunisation products exhibited acceptable levels of healthy market dynamics in 2023, meeting the target for the year.

10 10 innovative products were within the pipeline of commercial-scale manufacturers in 2023, continuing to exceed the Alliance target of 8 by 2025 well ahead of schedule.

1 1 new product with improved characteristics was newly offered to Gavi-supported countries in 2023, keeping the Alliance on track for its 2025 target: multivalent meningococcal conjugate vaccine (MMCV), the first conjugate vaccine to protect against the five predominant serogroups of meningococcal meningitis in Africa.



637[1]

vaccine introductions and preventive vaccination campaigns, 2000–2023

1 Excluding COVID-19 vaccination. Routine introductions and preventive vaccination campaigns relate to Gavi-supported vaccines against 16 infectious diseases, as of 2023. In the Gavi 1.0 and 2.0 strategic periods, introductions were completed for hepB mono and Tetra-DTP-hepB that are not counted here.

US$ 54 for US$ 1 spent

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

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

>US$ 250bn

in economic benefits generated in the countries we support, 2000–2023

>US$ 1.7bn

in co-financing contributions from Gavi-supported countries since 2008 – and a high of US$ 215m in 2023 alone

15.6m 15.6 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 2023, there were 11 million zero-dose children – up from 10.5 million on 2022.

49% 49% of children under 12 months in Gavi-supported countries in 2023 received the last recommended dose of each of the 11 antigens currently recommended by the World Health Organization (WHO) for all infants worldwide by their first birthday.

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

Gavi-supported vaccine introductions & campaigns

Country

Surviving infants surviving to 1 year (2023)
Under-five mortality rate deaths <5 years per 1,000 births (2022)
Immunisation coverage (DTP3/pentavalent 3rd dose) (2023)

R = routine
C = campaign (preventive)
D = demonstration project

Pentavalent[1]
Rotavirus[2]
Pneumococcal
Human papillomavirus[3]
Inactivated polio[4]
Japanese encephalitis
Measles
Measles-rubella
Meningococcal A
Typhoid
Yellow fever

Gross national income[5]

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

African Region				Vaccines launched in 2023	Vaccines launched 2000–2022	Per capita, US$ (2021)	Transition status (2023)
Angola*	1,327,176	67	54%		R R R RC C	1,770	
Benin	457,876	81	69%		R R R D R RC R2C RC	1,370	
Burkina Faso	697,842	79	94%		R R R RD RC R 2C R2C C	860	
Burundi	446,922	50	89%		R R R D RC R 2C C	240	
Cameroon	920,587	70	75%	Measles-rubella (C)	R R R RD R R2C C RC	1,590	
Central African Republic	226,808	97	42%	Measles (C)	R R C RC RC	530	
Chad	778,400	103	67%	Measles (C)	R R R3C R2C R	650	
Comoros	23,599	48	75%		R RC RRC	1,460	
Congo	184,588	42	78%		R R R R C RC	1,630	
Côte d'Ivoire	956,006	69	79%		R R R RD RC RR2C R2C C	2,450	
DR Congo	4,193,859	76	60%	Measles (C)	R R R R R3C C RC	580	
Eritrea	96,698	86	95%		R R R RC RC R RC RC	low[6]	
Eswatini*	28,681	50	85%	HPV (R+C)			
Ethiopia	3,988,930	46	72%		R R R RD R R4C C	960	
Gambia	79,980	46	84%		R R R RCD R R 2C R2C	800	
Ghana	865,232	100	95%		R R R D RC R 2C R2C RC	2,360	
Guinea	463,046	96	47%		R R RC R2C RC	1,010	
Guinea-Bissau	62,129	72	74%	Meningococcal A (R+C)	R R R R RC C R	780	
Kenya	1,461,194	41	93%		R R R RCD R 2C C R	2,010	
Lesotho	53,275	72	87%		R R R RC R 2C	1,270	
Liberia	162,636	189	82%		R R R RD RC RC RC RC	620	
Madagascar	963,920	105	65%		R R R D R RC	500	
Malawi	645,210	173	91%	Measles-rubella (C) Typhoid (R+C)	R R R RD RC R C	630	
Mali	906,184	94	77%		R R R D R RC R2C RC	870	
Mauritania	168,263	39	90%	Measles-rubella (R)[8]	R R R RC R RC C	1,730	
Mozambique	1,210,506	66	70%	Measles-rubella (C)	R R R RD R R RC	480	
Niger	1,041,280	117	85%		R R R D R 2C R2C R	590	
Nigeria	7,114,431	107	62%	HPV (R+C) Measles (C)	R R R R R5C R2C RC	2,100	
Rwanda	386,005	38	94%		R R R R RC R 2C	850	
Sao Tome and Principe	6,442	14	86%		R R R RCD RC R C R	2,280	
Senegal	520,485	37	83%		R R R RD RC R 3C C C	1,540	
Sierra Leone	245,453	101	91%		R R R RD RC R RC RC	510	
South Sudan	312,091	99	73%	Measles (C)	R R C C	low[6]	
Togo	279,710	60	85%	HPV (R+C)	R R R D RC RR2C R2C RC	980	
Uganda	1,669,565	41	91%	Yellow fever (C)	R R R R R RR2C C R	840	
UR Tanzania	2,287,016	41	93%		R R R RD RC R 2C	1,140	
Zambia	663,469	56	80%	HPV (C)	R R R R RC R 2C	1,040	
Zimbabwe	482,726	48	90%		R R R RCD RC R3C RC	1,400	
Region of the Americas							
Bolivia (Plurinational State of)*	252,982	24	67%		R R R R	3,360	
Cuba*	95,578	8	99%		R	upper[9]	
Guyana*	16,444	27	98%		R R RC R	9,380	
Haiti	249,016	56	51%		R R R R C	1,420	
Honduras*	231,137	16	73%		R R R R	2,540	
Nicaragua*	130,795	15	89%		R R R	2,010	

↗ Visit the gavi.org: country hub

R = routine
C = campaign (preventive)
D = demonstration project

Country	Surviving infants: surviving to 1 year (2023)	Under-five mortality rate: deaths <5 years per 1,000 births (2022)	Immunisation coverage (DTP3/pentavalent 3rd dose) (2023)			Vaccines launched in 2023	Pentavalent[1]	Rotavirus[2]	Pneumococcal	Human papillomavirus[3]	Inactivated polio[4]	Japanese encephalitis	Measles	Measles-rubella	Meningococcal A	Typhoid	Yellow fever	Gross national income[5]	Initial self-financing	Preparatory transition	Accelerated transition	Fully self-financing
Eastern Mediterranean Region						**Vaccines launched in 2023**	**Vaccines launched 2000–2022**											**Per capita, US$ (2021)**	**Transition status (2023)**			
Afghanistan	1,415,366	58	60%				R	R	R		R		3C					low[6]				
Djibouti	23,204	52	72%				R	R	R		R							3,300				
Pakistan	6,604,988	61	86%				R	R	R		R		2C	RC		RC		1,500				
Somalia	748,669	106	42%				R				R		R2C					450				
Sudan	1,630,056	52	51%				R	R	R		RC		C		R2C		R2C[10]	670				
Syrian Arab Republic	513,662	21	66%			Measles-rubella (C)								C				low[6]				
Yemen	1,348,209	41	46%			Measles-rubella (C)	R	R	R		R			2C				low[6]				
European Region																						
Armenia*	34,407	31	94%				R	R	R	RD	R							4,560				
Azerbaijan*	123,488	18	83%				R		R		R							4,450				
Georgia*	43,456	9	88%				R	R	R	RD								4,880[11]				
Kosovo*[7]	20,370					Pneumococcal (R) Rotavirus (R)																
Kyrgyzstan	148,868	17	86%				R	R	R	RC	RC							1,180				
Republic of Moldova*	32,649	14	87%				R	R	R	RD	RC							5,460[12]				
Tajikistan	265,501	30	96%			Pneumococcal (C)	R	R	R		RC							1,150				
Uzbekistan*	934,372	13	99%				R	R	R	RC	RC			C				1,960				
South-East Asia Region																						
Bangladesh	3,418,675	29	98%			HPV (R+C)	R		R	D	RC		R	2C				2,620				
Bhutan*	9,784	23	99%				R		R[13]		RC							lower				
DPR Korea	337,662	17	16%				R				R		R	RC				low[6]				
India	22,748,701	29	91%				R	R	R		R			C				2,170				
Indonesia*	4,414,426	21	83%			HPV (R) Rotavirus (R)	R		R[13,14]	D	RC	RC[15]		C				4,140				
Myanmar	878,940	40	76%				R	R	R	R	R	RC[15]	R	2C				1,140				
Nepal	563,044	27	94%				R	R	R	D	R	RC	R	C		RC		1,230				
Sri Lanka*	322,680	6	99%				R			R	R							3,820				
Timor-Leste*	29,586	49	83%			Pneumococcal (R+C)	R	R			R							1,940				
Western Pacific Region																						
Cambodia	355,326	24	85%			HPV (R)	R		R	D	R	RC[15]	R	2C				1,550				
Kiribati*	3,298	56	90%				R		R		R							lower				
Lao PDR	158,563	40	84%				R		R	RCD	R	RC[15]		R				2,520				
Mongolia*	64,421	13	96%				R		R[13]		RC							3,760				
Papua New Guinea	248,240	41	35%			Measles-rubella (C)	R		R		R			R2C				2,790				
Solomon Islands	21,262	18	84%				R	R	R	RCD	R			R2C				2,300				
Viet Nam*	1,368,843	20	65%				R				RC		R	2C				3,560				
Total launches 2000–2022							67	53	62	74	98	10	61	84	50	8	36					
Total launches 2000–2023							67	55	66	85	98	10	66	91	52	10	37					

Notes: Any numeral before the letter C denotes the total number of campaigns that have taken place. Outbreak response vaccination campaigns supported through the International Coordinating Group (ICG) on Vaccine Provision stockpile mechanism for Ebola, meningococcal, oral cholera and yellow fever vaccines are not included in this table.
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), 2024; immunisation coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2024; eligibility: World Bank, World Development Indicators, 2022

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 inactivated polio vaccine (IPV), while 34 countries have also switched to using a second dose of inactivated polio vaccine (IPV2). Two of the 74 countries introduced IPV1 independently of Gavi support. **5** Gross national income (GNI) per capita for 2021 in US$, Atlas method, as updated by the World Bank on 1 July 2022. **6** Estimated to be low-income (GNI per capita US$ 1,085 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** Mauritania introduced the second dose of measles-rubella vaccine (MCV2). **9** Estimated to be upper middle-income (GNI per capita US$ US$ 4,256 to US$ 13,205). **10** In 2020, an exceptional catch-up campaign in Sudan was approved and commenced, continuing into 2021. **11** Excludes Abkhazia and South Ossetia. **12** Excludes Transnistria. **13** Bhutan, Indonesia and Mongolia are fully self-financing and accessed the Pneumococcal Advance Market Commitment (AMC) price for pneumococcal vaccines. **14** In 2021, Indonesia piloted introduction of pneumococcal conjugate vaccine (PCV) in four provinces. The national PCV immunisation programme launched in September 2022. **15** Prior to the Board decision in 2016, countries supported by Gavi for routine introduction of Japanese encephalitis vaccine received a Vaccine Introduction Grant (VIG), not co-financing for vaccine doses.

VaccinesWork in 2023:
Ten of our most-read stories

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

VaccinesWork is an award-winning digital platform hosted by Gavi, the Vaccine Alliance covering news, features and explainers from every corner of global health and immunisation. Launched in 2020, the VaccinesWork writers network now encompasses more than 70 independent journalists contributing news and features from over 40 countries. With more than six million page views across VaccinesWork in 2023, here are ten of the year's most-read feature stories from the community.

Zambian broadcaster and cervical cancer survivor Karen Nakawala.

Credit: Gavi/2023/ Svetlomir Slavchev

"I felt I was in an ice-cube – I was having an out-of-body experience": Karen Nakawala on her battle with cervical cancer

Zambian broadcaster Karen Nakawala was diagnosed with cervical cancer in 2019. She survived, though many friends she made didn't. Today she's on a mission to convince girls across the world to get the HPV vaccine.

"We're losing a lot of women unnecessarily," says Karen Nakawala, a Zambian broadcaster and prominent advocate for the fight against cervical cancer. Each year in Zambia, an estimated almost 2,000 women die of cervical cancer, an overwhelmingly preventable disease.

Read the full article by Gavi Staff

A child in Kausa.

Credit: Gavi/2023/ Prakhar Deep Jain

An anatomy of an outbreak: Measles hits urban India

Measles ripped through Thane, near Mumbai, after immunisation coverage dipped during the pandemic. VaccinesWork visited the city to understand its devastating impact, and to see the campaign that would curb its spread.

On her thirty-first day in the measles isolation ward at Rajiv Gandhi Medical College in Thane, Maharashtra, four-year old Saima was a tiny, hollowed-out form in her cot, breath gurgling rhythmically through the tracheostomy tube in her throat, eyes shuttling from her mother to her doctor and back.

Read the full article by Maya Prabhu

Mid-May at Zipline's Sefwi Wiawso hub: a drone is loaded with its life-saving payload, ready for a flight to one of more than 400 Western North clinics.

Credit: Gavi/2023/ Nipah Dennis

Faster with wings: Ghana's immunisation rates soar in Zipline-served districts

Drone delivery of vaccines has helped immunisation programmes in remote parts of Ghana's Western North region bounce back faster than average from the pandemic's impact, a study found. VaccinesWork visited the Zipline regional hub to find out more.

Asawinso Health Centre, in Ghana's forested, agrarian Western North region, is modest: four squeezed rooms and a veranda, the entire structure yearning for a fresh coat of paint. On the veranda, which accommodates a table and two chairs, a vaccination clinic is proceeding at a practised, comfortable rhythm, as it does daily – a striking fact, given how difficult this area is to stock and supply.

Read the full article by Nanama Boatemaa Acheampong

A child is vaccinated against malaria during the expanded malaria vaccination drive held in Vihiga County on 7 March 2023.

Credit: Mike Mwaniki

Hope spreads as 18 million doses of the first malaria vaccine are allocated to 12 African countries

A landmark announcement by Gavi, UNICEF and WHO heralds the addition of the RTS,S/AS01 malaria vaccine to the routine immunisation schedules of 12 African countries. Tens of thousands of children are expected to be saved each year.

Irene Mideva from Vihiga County in western Kenya lost two children in the space of three months in 2004. The cause of death in both cases was malaria, a mosquito-transmitted parasitic infection that killed 1.8 million people worldwide that year, and an estimated 619,000 people in 2021.

Read the full article by Mike Mwaniki and Maya Prabhu

How Kerala curtailed the Nipah virus

September's outbreak of the killer bat-borne infection – India's sixth – began and ended in just a week. VaccinesWork takes a deep dive into what Kerala got right.

Read the full article by T V Padma
Credit: WikiImages from Pixabay

Kenya cholera vaccine campaign smashes target, but climate change boosts risk

104.5% of the target group were immunised in an August campaign but, amid erratic weather conditions, the threat of cholera remains one to take seriously.

Read the full article by Mike Mwaniki
Credit: Mike Mwaniki

Down – not out: COVID-19 cases surge in India

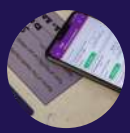
A rising immunity wall means cases are milder than they once were. But the steep recent spike, accompanied by the reimposition of mask mandates in some places, is a reminder that the pandemic bug is still stalking us.

Read the full article by Nasir Yousufi
Credit: Nasir Yousufi

Climate change spurs dengue crisis in Bangladesh

With more than 2,000 new dengue patients recorded each day, Bangladesh has converted Dhaka's dedicated COVID-19 hospital into a dedicated dengue facility.

Read the full article by Mohammad Al Amin
Credit: Mohammad Al Amin



The world's largest immunisation programme is going massively, ambitiously digital

… and it could make all the difference in the effort to reach the most vulnerable.

Read the full article by Shuriah Niazi and Gavi Staff
Credit: Gavi/2023/Saumya Khandelwal

How Tanzania leapfrogged into the lead on COVID-19 vaccination

In January 2022, just 2.8% of Tanzania was vaccinated against COVID-19. A year and a half later, the majority of Tanzanians have completed their 'primary series'. VaccinesWork asked experts what made all the difference.

Read the full article by Syriacus Buguzi
Credit: Benjamin Mkapa Foundation/ Photographer: Ericky Boniface

Le site internet francophone de Gavi (gavi.org/fr) héberge VaccinesWork en français. Découvrez trois des récits de la communauté les plus lus en 2023.

Des injections à la place des comprimés : le nouveau traitement du VIH à l'essai en Afrique
En RDC, le plan Mashako, une approche originale pour améliorer la couverture vaccinale des enfants congolais
L'hépatite B, une épidémie silencieuse au Burkina Faso

01

The vaccine goal

Introduce and scale up vaccines

Health worker Awudi Felicia Akosua and volunteer Ernest Nabuel travel by boat to provide vaccines to 'zero-dose' children, including malaria vaccine.

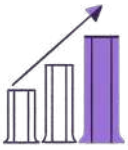
Read the full article

Oti Region, Ghana
Credit: Gavi/2023/Nipah Dennis

Key highlights

With the exception of pentavalent vaccine, in aggregate all Gavi-supported vaccines had higher coverage in 2023 than before the pandemic in 2019.

34 Gavi-supported vaccine introductions and preventive campaigns took place in 2023 – in addition to **40 outbreak response vaccination campaigns** supported by Gavi.

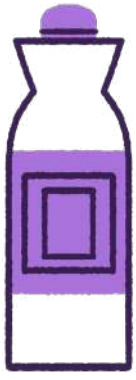


>14 million girls fully immunised against HPV with Gavi support in 2023 – more than the previous ten years combined.

15 countries accessed cholera, meningococcal and yellow fever vaccines through Gavi-supported emergency stockpiles a total of 29 times in 2023.

56%

The 57 Gavi-supported countries increased breadth of protection with vaccines in the Gavi portfolio to 56%, up 3 percentage points from 2022.



Routine immunisation in 2023: from recovery to resilience

The WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) released in July 2024 confirmed that Gavi, the Vaccine Alliance is on track in reaching children with new vaccines, but must redouble its efforts to reach zero-dose and under-immunised children. By end 2023, Gavi had helped countries reach over 1.1 billion children with routine immunisation since 2000 – meeting our Investment Opportunity 2021–2025 commitment two years early. In 2023, Gavi-supported countries completed a total of 13 routine introductions, bringing to 42 the total introductions from 2021–2023. Coverage of the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) in the 57 lower-income countries supported by Gavi remained stable in 2023 at 80%.

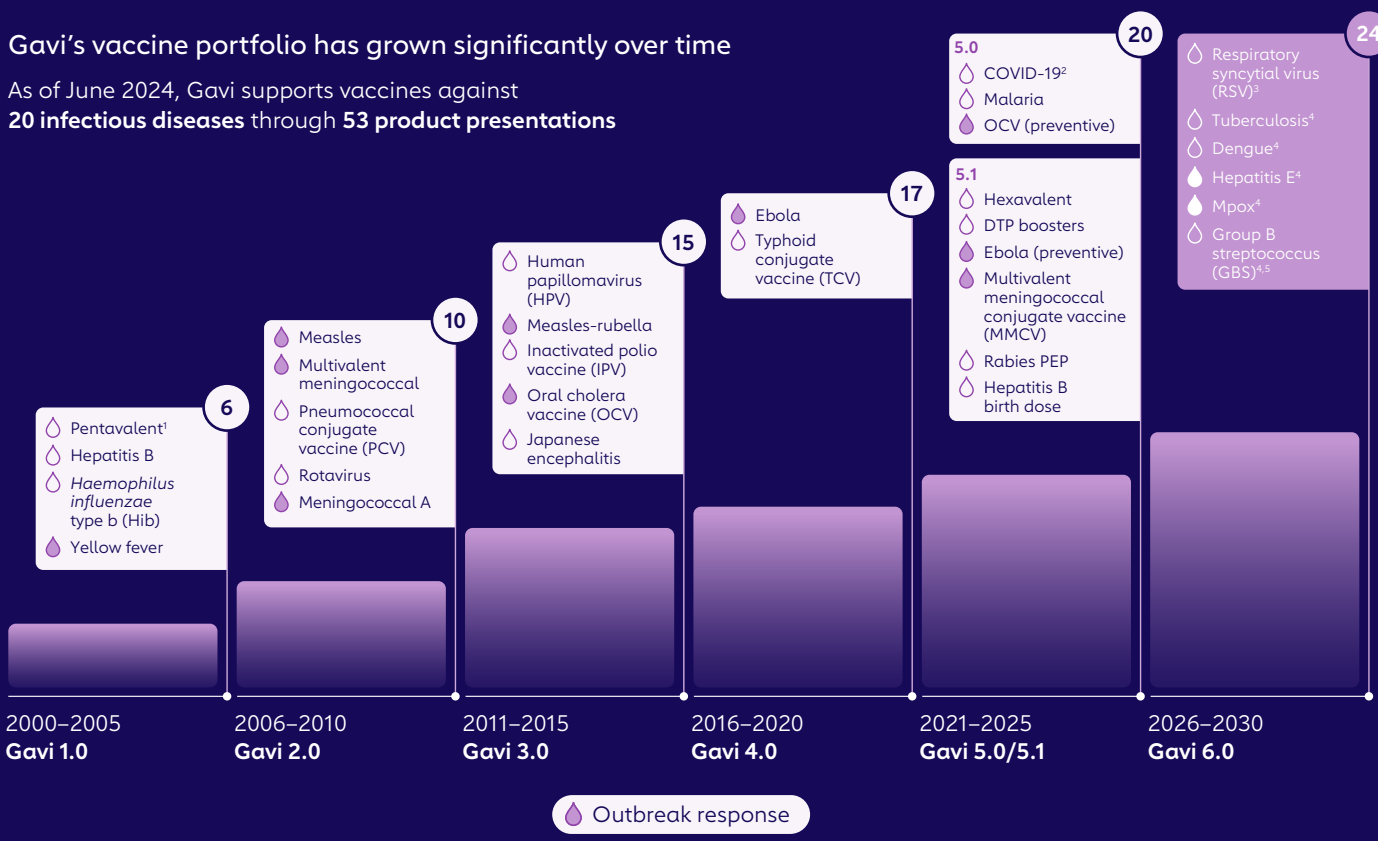
Breadth of protection, which averages coverage across ten Gavi-supported vaccines, increased by 3 percentage points (pp) in 2023 and now stands at 56%, remaining on track for the Gavi 5.0/5.1 target.

With the exception of pentavalent vaccine, in aggregate all Gavi-supported vaccines had higher coverage in 2023 than before the pandemic in 2019. Since 2021, when Gavi's support window for the second dose of inactivated polio vaccine (IPV2) opened, overall coverage of IPV2 in Gavi-supported countries had increased rapidly to 27% by end 2023.

The 2023 revitalisation of Gavi's HPV vaccine programme yielded significant gains: countries fully immunised more than 14 million girls with Gavi support in 2023 – more than the previous ten years combined – for a total of more than 27.3 million girls reached since 2014. And the 57 Gavi-supported countries (Gavi57) substantially improved coverage: by 8pp to 20% for the first dose (HPV1) and by 8pp to 16% for the last dose in the schedule (HPVC). This was driven primarily by the first phase of routine introductions in Nigeria and Bangladesh; and improvements in existing programmes (including switches to a single-dose schedule).

Gavi's vaccine portfolio has grown significantly over time

As of June 2024, Gavi supports vaccines against
20 infectious diseases through **53 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** Respiratory syncytial virus (RSV) vaccine was approved in principle through the Vaccine Investment Strategy 2018. **4** Tuberculosis, dengue, hepatitis E, mpox 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. **5** Estimated timeline for vaccine availability is Gavi 7.0 (2031–2035).

Results – vaccine goal strategy indicators

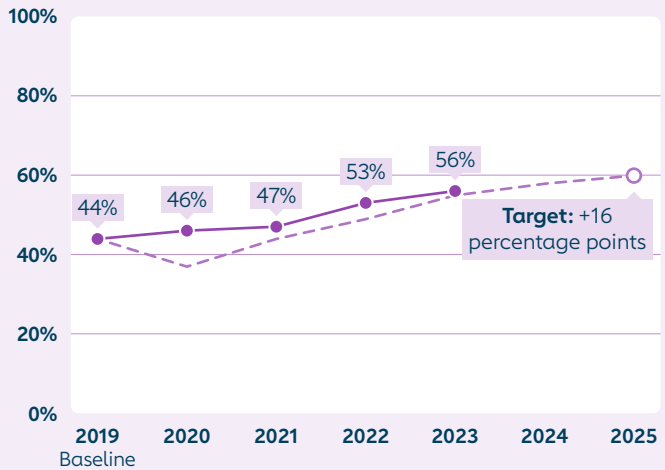
Four in five children in Gavi-supported countries receive routine immunisation.

S1.1 Breadth of protection[1]

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.

2023 progress: on track



2023 progress: The 57 Gavi-supported countries (Gavi57) increased breadth of protection by 3 percentage points (pp) in 2023 to 56%, against an implied target of 60% by 2025 (+16pp from 2019). With the exception of the third dose of Hib vaccine (in pentavalent vaccine), in aggregate all Gavi-supported vaccines had higher coverage in 2023 than before the pandemic in 2019.

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

1 Gavi's 2021–2025 strategic period (Gavi 5.0/5.1) uses an updated definition of breadth of protection (BOP), which now includes coverage of human papillomavirus (HPV) vaccine and the second dose of inactivated polio vaccine (IPV2). In the absence of WUENIC estimates for IPV2 coverage, in past years Gavi – in consultation with WHO – computed implied IPV2 coverage from the WHO/UNICEF Joint Reporting Form (JRF) for IPV2 and WUENIC for IPV1, including for countries using fractional IPV. As of July 2024, WUENIC includes IPV2 coverage; and due to immunological considerations, WUENIC assumes the second fractional dose of IPV is 'IPV1' coverage. This change shifts the BOP time series downward, although the trend remains similar. The Gavi 5.0/5.1 definition of BOP includes the following vaccines: third dose of pentavalent vaccine, IPV2, third dose of pneumococcal conjugate vaccine (PCV3), first dose of rubella-containing vaccine (RCV1), rotavirusC (last dose in schedule), second dose of measles-containing vaccine (MCV2), yellow fever, meningococcal A, Japanese encephalitis, human papillomavirus (HPVC; last dose in schedule).

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.

2023 progress: Across the four vaccines, the third dose of pneumococcal conjugate vaccine (PCV3) and the last dose in the schedule of human papillomavirus vaccine (HPVC) were trending higher in 2023 than originally projected when Gavi 5.0 targets were set, whereas coverage of the second dose of measles-containing vaccine (MCV2) was slightly behind but improving. Coverage of the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) is off track.

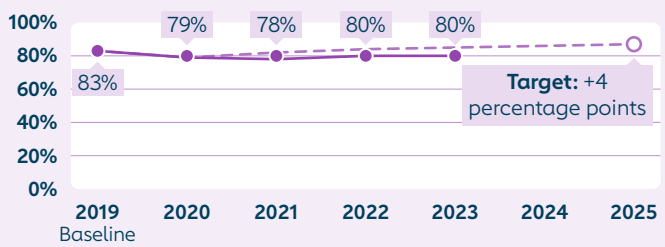
Data sources: Vaccine coverage: WUENIC, 2024; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, WPP 2024

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

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

2023 progress: DTP3 coverage in Gavi57 countries decreased from 83% in 2019 to 78% in 2021 before improving to 80% in 2022 and remaining stable in 2023.

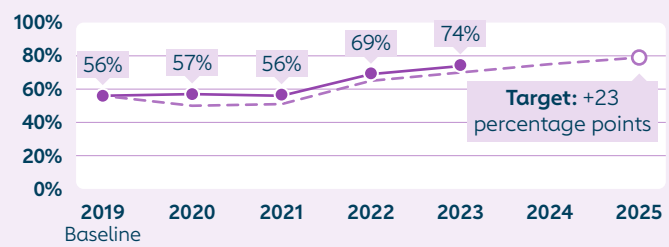
2023 progress: significant delays/challenges



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.

2023 progress: PCV3 coverage has increased from 56% in 2019 to 74% in 2023, mostly driven by scale-up in India.

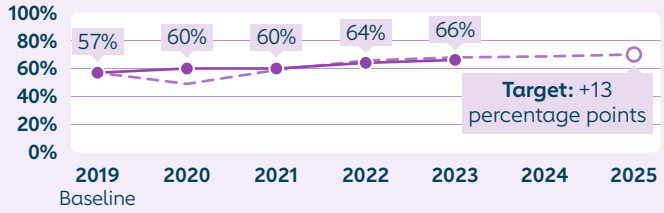
2023 progress: on track



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

2023 progress: MCV2 coverage among Gavi57 has also increased, from 57% in 2019 to 66% in 2023, mostly due to continued scale-up, largely driven by countries designated by Gavi as 'High Impact'.

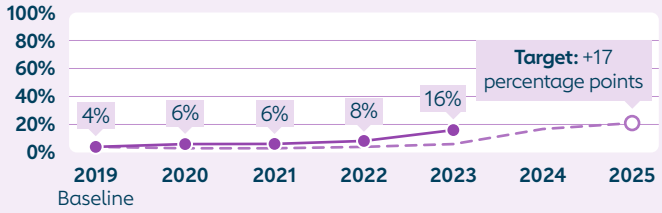
2023 progress: moderate delays/challenges



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.

2023 progress: HPVC coverage has increased substantially among Gavi57 countries, from a revised estimate of 4% in 2019 to 8% in 2022 and doubling to 16% in 2023 – reflecting the success of Gavi's HPV vaccine programme revitalisation.

2023 progress: on track



S1.3 Rate of scale-up of new vaccines

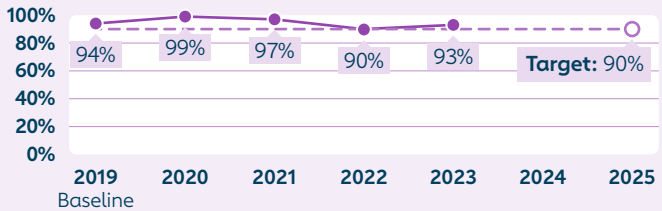
Coverage of routine vaccines PCV3, rotavirusC (last dose in schedule), MCV2 and yellow fever relative to benchmark vaccines (i.e. DTP3 for PCV3 and rotaC; MCV1 for MCV2 and yellow fever), within reference time frame for new introductions.

2023 progress: Coverage of three vaccines – yellow fever (97%), PCV (93%) and rotaC (93%) – exceeded the benchmark, with rotaC recovering from 2022's supply disruptions. Coverage of MCV2 remained under the target of 90% relative coverage.

Data sources: Vaccine coverage: WUENIC, 2024; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, WPP 2024; vaccine introductions: Gavi, the Vaccine Alliance, 2024

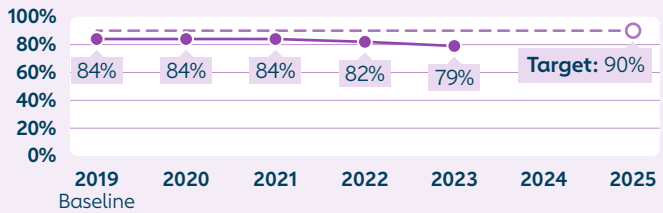
RotavirusC (last dose in schedule)

2023 progress: on track



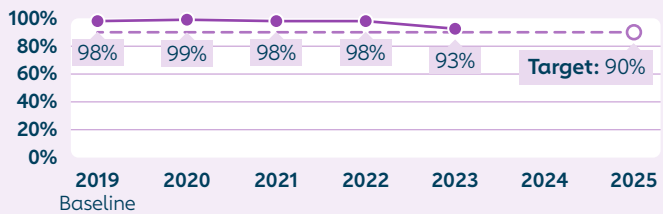
Second dose of measles-containing vaccine (MCV2)

2023 progress: significant delays/challenges



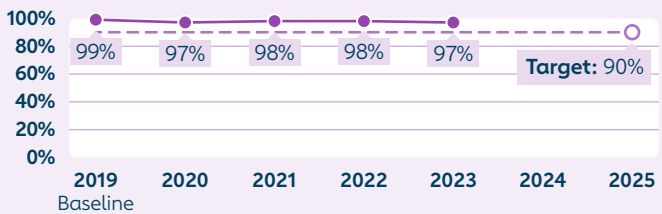
Third dose of pneumococcal conjugate vaccine (PCV3)

2023 progress: on track



Yellow fever

2023 progress: on track



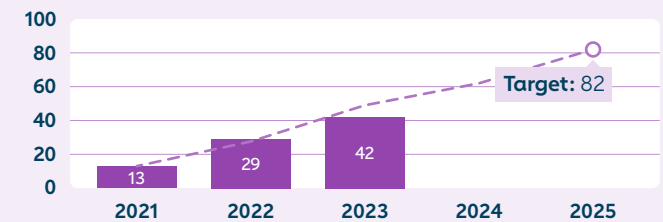
S1.4 Vaccine introductions

2023 progress: moderate delays/challenges

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

2023 progress: In 2023, 13 new routine introductions took place against a milestone of 21. The cumulative total for introductions in 2021–2023 is 42, which is moderately delayed against the target of 82 by 2025.

Data source: Gavi, the Vaccine Alliance, 2024



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

S1.5 Country prioritisation of vaccines

2023 progress: New strategy indicator for Gavi 5.0/5.1; no baseline; no target set.

Extent to which countries use evidence to inform prioritisation of their vaccine programmes. Reported for the first time this year.

2023 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):

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

Overall, 93% of the applications across all three years had considered disease burden and increase in budget needed, while 76% had considered effectiveness of vaccination. A total of 41 applications were reviewed from 2021 to 2023, increasing substantially (from 4 in 2021 to 31 in 2023) as many countries submitted malaria vaccine applications. In 2021 and 2023, 75% and 74% of applications considered all three criteria, respectively, compared to 50% in 2022.

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

S1.6 Measles campaign reach

2023 progress: on track

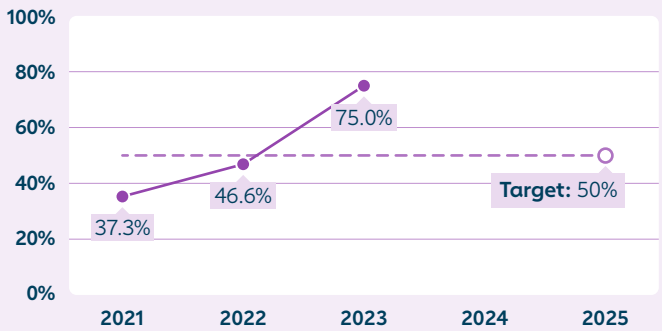
% of children aged under five previously unvaccinated against measles who received a dose of measles-containing vaccine (MCV) in a Gavi-supported preventive campaign.

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

2023 progress:[3] In 2023, 75% of children aged under five previously unvaccinated against measles received an MCV dose among countries conducting a Gavi-supported preventive MCV campaign.

Data sources: World Health Organization MCV post-campaign coverage survey reports, 2024

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.



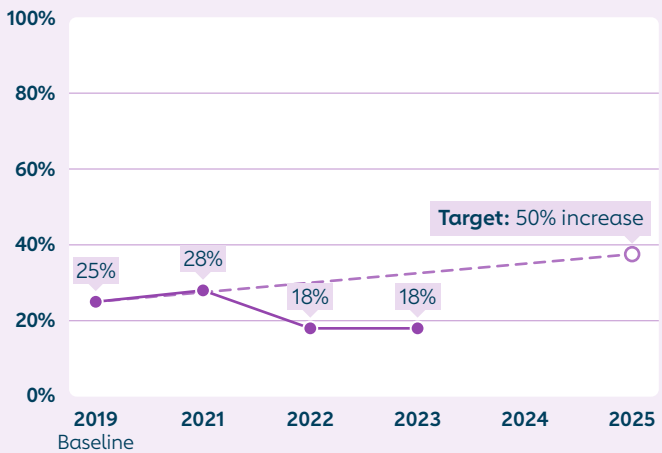
S1.7 Timely detection of and response to outbreaks

2023 progress: significant delays/challenges

% 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.

2023 progress: The long-standing challenges to detect and respond to outbreaks within the indicator timelines persisted in 2023, including suboptimal surveillance; and lack of robust preparedness plans and locally available resources to respond. Despite these continuing challenges, 5 of 28 (18%) of Gavi-supported outbreak responses with timeliness data met the disease-specific timeliness threshold in 2023. While this is the same overall performance as 2022, measles-containing and yellow fever vaccines achieved higher rates of timely response than the other three vaccines in 2023. Gavi supports cholera and yellow fever diagnostics to allow for more timely detection and response, and improved vaccine targeting.

Data sources: Routine reports from the International Coordinating Group (ICG) on Vaccine Provision, Measles & Rubella Partnership, Global Polio Eradication Initiative (GPEI), World Health Organization (WHO), national immunisation and disease surveillance programmes, 2024



Progress – 2023 updates on Gavi-supported vaccine programmes

Pentavalent vaccine

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

Pentavalent vaccine coverage in the 57 Gavi-supported countries increased from 0% in 2000 to 80% in 2022 and sustained at 80% in 2023. Routine coverage was unchanged in the 57 Gavi-supported countries in 2023 after rebounding in 2022, with coverage for the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) remaining at 80% – still below pre-pandemic levels. Efforts by Vaccine Alliance core and expanded partners to operationalise the zero-dose agenda have facilitated these improvements. By end 2023, more than 761 million children had been immunised with three doses of Gavi-funded pentavalent vaccine through routine immunisation.

Type of support offered by Gavi	Routine immunisation
Introductions & campaigns in 2023	0
Total introductions & campaigns to end 2023	67[1]
Total reached to end 2023	>761m

1 All 74 Gavi-eligible countries have introduced pentavalent vaccine. Six 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.

In 2023, both Somalia and Chad submitted a first-of-its kind combined request for routine introduction of rotavirus vaccine and pneumococcal conjugate vaccine (PCV) – plus, for children aged 12–59 months, PCV catch-up vaccination. A triple launch, which was supported by several extended partners through technical and advocacy efforts at the 1st Global Forum on Childhood Pneumonia in 2020 and echoed at the 2nd Global Forum on Childhood Pneumonia in 2023, is planned for the fourth quarter of 2024. Health ministers from Chad, Guinea, South Sudan and Somalia met with advocacy organisations to accelerate introduction of PCV and of rotavirus vaccine into routine immunisation. These countries are among the last remaining Gavi-eligible countries in Africa yet to introduce these two vaccines that target the leading killers of children under five: pneumonia and diarrhoea. In January, Timor-Leste, which had transitioned out of Gavi support in 2018, accessed the Pneumococcal Advance Market Commitment (AMC) price to launch PCV into routine immunisation – beginning with the first-ever Gavi-supported PCV catch-up campaign. In November, Tajikistan, which had introduced PCV into routine immunisation in 2022, achieved high coverage in a catch-up campaign.

Type of support offered by Gavi	Routine immunisation[2]	Catch-up vaccination
Introductions & campaigns in 2023	2[3]	2
Total introductions & campaigns to end 2023	64[4,5]	2
Total reached to end 2023	>438m	>825k

2 Routine immunisation with or without catch-up.
3 In 2023, Kosovo, which is eligible for support under the Middle-Income Countries (MICs) Approach, introduced PCV into routine immunisation with Gavi support.
4 In 2021, Indonesia piloted introduction of PCV in four provinces. The national PCV immunisation programme launched in September 2022.
5 Bhutan, Indonesia and Mongolia were fully self-financing at the time of pneumococcal conjugate vaccine (PCV) introduction and accessed the Pneumococcal Advance Market Commitment (AMC) price.

Rotavirus vaccine

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

Rotavirus vaccine coverage across the 57 Gavi-supported countries increased by 4 percentage points in 2023, reaching 68%. Starting with rotavirus vaccine introduction in 18 provinces by 2022, Indonesia expanded rotavirus immunisation nationwide in 2023. Facing supply disruptions, Alliance partners came together to urgently support Ethiopia and Uganda in switching to an alternative rotavirus vaccine option to avoid stock-out. Health ministers from Chad, Guinea, South Sudan and Somalia met with advocacy organisations at the 2nd Global Forum on Childhood Pneumonia to accelerate introduction of rotavirus vaccine and PCV into routine immunisation – as they are among the last remaining Gavi-eligible countries in Africa to introduce these vaccines. Somalia and Chad submitted a first-of-its kind combined request for routine introduction of rotavirus vaccine and pneumococcal conjugate vaccine (PCV) with PCV catch-up vaccination. A triple launch, which was supported by partners, is planned for the fourth quarter of 2024.

Type of support offered by Gavi	Routine immunisation
Introductions & campaigns in 2023	2[6]
Total introductions & campaigns to end 2023	55[7]
Total reached to end 2023	>347m

6 In 2023, Kosovo, which is eligible for support under the Middle-Income Countries (MICs) Approach, introduced rotavirus vaccine into routine immunisation with Gavi support.
7 Kiribati introduced rotavirus vaccine independently of Gavi support.

Human papillomavirus (HPV) vaccine

Protects against the main causes of cervical cancer, which claimed the lives of around 350,000 women in 2023, of which over 90% are in low- and middle-income countries.

In 2023, the revitalisation of Gavi's HPV vaccine programme yielded significant gains: countries fully immunised more than 14 million girls with Gavi support in 2023, more than the previous ten years combined – for a total of more than 27.3 million girls fully immunised with Gavi support since 2014. Among the 57 Gavi-supported countries, coverage of the last dose in the schedule (HPVC) doubled: from 8% in 2022 to 16% in 2023 – driven mostly by introductions in large countries, improvements in routine programmes, and 9 countries launching with or switching to a one-dose schedule (with more switches planned in 2024). By end 2023, 38 countries had launched their HPV vaccine national programme with Gavi support, of which 17 additionally conducted multi-age cohort (MAC) vaccination – including phased and national introductions with MAC vaccination in Bangladesh, Eswatini, Nigeria, Togo and Zambia in 2023. Cambodia and Indonesia also introduced HPV vaccine into routine immunisation in 2023; and the Independent Review Committee (IRC) approved four applications for HPV vaccine support. Based on this progress and the forecast for coming years, Gavi is on track to reach the goal of 86 million girls vaccinated against HPV by end 2025.

Type of support offered by Gavi	Demonstration programme	National programme[8]	
		Routine	MAC[9]
Introductions & campaigns in 2023	0	6	5
Total introductions & campaigns to end 2023	30	38	17
Total girls reached to end 2023	>27.3m[10]		

8 Countries can apply for support for: routine introduction; or routine introduction with multi-age cohort (MAC).
9 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.
10 The total number reached has been updated, driven by a new coverage survey in Ethiopia that resulted in a downwards revision in 2024.

Inactivated polio vaccine (IPV)

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

By 2018, all Gavi-supported countries had introduced the first dose of inactivated polio vaccine (IPV1) into their routine immunisation schedules, reaching more than 467 million children by end 2023 and achieving a coverage rate of 80% in 2023. All but four countries have implemented catch-up vaccination activities for birth cohorts missed during the period of global supply constraints (2016–2019). The switch from a one-dose schedule to a two-dose schedule (IPV2) is progressing since Gavi's support window for IPV2 opened in 2021: by end 2023, 37 out of 63 eligible countries had switched to a two-dose schedule – meaning Gavi-supported countries achieved an estimated IPV2 coverage rate of 27%.

Type of support offered by Gavi	Routine immunisation	Catch-up vaccination[11]
Introductions & campaigns in 2023	0	0
Total introductions & campaigns to end 2023	71[12,13]	27
Total reached to end 2023	>467m	>17m[14]

11 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. There were no catch-up vaccination campaigns with Gavi support in 2023.
12 All 74 countries have introduced inactivated polio vaccine (IPV), while 34 countries have also switched to using a second dose of inactivated polio vaccine (IPV2). Two of the 74 countries introduced IPV1 independently of Gavi support.
13 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.
14 Results are only available for a portion of countries that have completed IPV catch-up to date and will require further analysis.

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.

After the the Independent Review Committee (IRC)'s endorsement of Bangladesh's application in 2023, the country moved forward with planning for a subnational introduction in coming years. Five countries have introduced the vaccine with Gavi support, and Bangladesh would be only the second that is eligible to access co-financing of Japanese encephalitis vaccine since it was approved by the Board in 2016. Partnership engagement is crucial to support countries not only to develop a sound application, but also to plan and implement immunisation activities, as well as to detect and respond to Japanese encephalitis cases. It is important to consider other immunisation activities in the country (e.g. TCV campaigns) to apply lessons learned and integrate when possible.

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns[15]
Introductions & campaigns in 2023	0	0
Total introductions & campaigns to end 2023	5[16]	5
Total reached to end 2023	>7.8m	>17.7m

15 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.
16 Prior to the Gavi 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.

Measles and rubella vaccines

Measles vaccine helps protect against measles infection and associated complications, which claimed 136,200 lives in 2022.

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

Type of support offered by Gavi	Routine immunisation	Campaigns		Outbreak Response Fund
	Measles or measles-rubella (MR) first and/or second dose	Measles follow-up[17]	MR catch-up[18] or follow-up	Managed by the Measles & Rubella Partnership
Introductions & campaigns 2023	1	5	6	**Reached in 2023**: ~8.5m
Introductions & campaigns to end 2023	50[19]	37	70	
Total reached to end 2023	>214m	>437m	>859m	~831.8m

In 2023, 11 countries launched measles or measles-rubella follow-up campaigns, including 6 countries facing challenges of conflict and/or fragility. Two countries designated by Gavi as 'High Impact' – Nigeria and the Democratic Republic of the Congo – achieved coverage of 87.2% (in 13 states) and 94.6%, respectively, as shown in their post-campaign coverage survey (PCCS). Also in 2023, one country, Mauritania, introduced the second dose of measles-containing vaccine (MCV2) into the routine immunisation programme. Among Gavi57 countries, MCV1 coverage dropped from 79% in 2022 to 78% in 2023; meanwhile, coverage of the second dose (MCV2) improved from 64% to 66%. The improvement in MCV2 coverage is attributable to new introductions and scale-up of the vaccine; however, both coverage rates are still below the threshold needed to prevent outbreaks. In 2023, 31 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 US$ 12 million to respond to large and disruptive outbreaks in 2023.

17 Follow-up campaigns generally target children aged 9–59 months based on epidemiological needs.
18 One-off, nationwide catch-up campaigns target all children aged 9 months to 14 years.
19 Mauritania introduced the second dose of measles-rubella vaccine (MCV2)

Meningococcal A vaccine

Successfully protects against seasonal epidemics of meningococcal meningitis A in Africa's meningitis belt, but continued vaccination and vigilance are required.

Type of support offered by Gavi	Routine immunisation	Campaigns	
		Mass	Catch-up
Introductions & campaigns in 2023	1	0	1
Total introductions & campaigns to end 2023	15	24	13
Total reached to end 2023	>62m	>339m	

In May, Guinea-Bissau introduced meningococcal A vaccine into the routine immunisation programme, followed by a catch-up campaign in September targeting children aged one to seven years who were missed since the previous preventive mass vaccination campaign in 2016. There are still 11 countries in Africa's meningitis belt that have yet to introduce the vaccine into the routine immunisation programme; 9 of those countries conducted a preventive mass vaccination campaign more than five years ago. Further delaying introduction of meningococcal A vaccine will result in loss of herd protection and could create pockets of susceptible individuals, leading to a high risk of catastrophic resurgence of *Neisseria meningitidis* A epidemics.

Meningococcal vaccines stockpile

Protects against a variety of meningococcal meningitis strains (A, C, W and Y) that continue to cause outbreaks across parts of Africa and elsewhere in the world.

Type of support offered by Gavi	Stockpile
Campaigns in 2023	Doses accessed for outbreak response 2x by 2 countries Repurposed doses from the stockpile for preventive campaigns accessed 1x by 1 country
Total campaigns to end 2023	Accessed 62x by 16 countries[20]
Total doses shipped to end 2023	>29.3m[21]

In response to an outbreak that began in 2022, Niger implemented an emergency vaccination campaign with the trivalent ACW meningococcal polysaccharide vaccine in early 2023 targeting more than 370,000 people aged 2–29 years across four health districts. In March, Nigeria launched an emergency campaign with ACYW conjugate vaccine targeting more than 194,000 people aged 1–29 years in Jigawa State. In July 2023, WHO prequalified a new multivalent meningococcal conjugate vaccine (MenFive®) that protects against the five main serogroups of meningococcal meningitis impacting Africa: A, C, W, Y and X. It is more affordable than previous multivalent vaccines and requires only one shot. In December 2023, the Gavi Board affirmed support for the Men5CV. In June 2024, Gavi opened a funding window for countries at high risk to roll out this new vaccine through routine programmes and preventive campaigns.

Diagnostics update: In 2023, the World Health Organization (WHO) published the updated target product profiles (TPPs) for meningococcal meningitis rapid diagnostic tests (RDTs). Gavi supported WHO to conduct a lumbar puncture (LP) survey in 21 countries to identify barriers and enablers to LP practice for suspected acute bacterial meningitis to improve meningitis surveillance. Currently, Gavi is supporting the WHO Expert Review Panel for Diagnostics (ERPD) to assess the quality of a commercially available differential meningococcal meningitis rapid test for possible future procurement.

20 Now includes two preventive vaccination campaigns in the 2016–2020 strategic period that were not previously counted.
21 Historical review of data and indicators is in progress.

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.

Type of support offered by Gavi	Stockpile[22]
Campaigns in 2023	Accessed 23x by 11 countries
Total campaigns to end 2023	Accessed 148x by 25 countries
Total doses shipped to end 2023	~165m

In 2023, cholera outbreaks continued throughout the world, with over 30 countries reporting cholera transmission, and more cases reported than in 2022. Overall, 34.9 million doses of oral cholera vaccine (OCV) were shipped to vaccinate the same number of people in areas experiencing outbreaks or at high risk of cholera transmission – the largest number of OCV doses administered in a single year. In January 2023, WHO classified the global resurgence of cholera a grade 3 emergency. With the continued high demand for OCV, the International Coordinating Group (ICG) on Vaccine Provision continued to recommend a single-dose strategy for outbreak response, following Strategic Advisory Group of Experts on Immunization (SAGE) guidance. The WHO African Region (AFRO) remained the most affected region, with 17 countries reporting cases. The majority of OCV doses were sent to Cameroon, Democratic Republic of the Congo (DRC), Ethiopia, Kenya (first use of OCV), Malawi, Mozambique, Sudan and Syrian Arab Republic. Due to the high demand, all available vaccines were used for emergency response. Meanwhile, Gavi's preventive OCV programme launched in January 2023; several large cholera-endemic countries advanced their plans for preventive vaccination in priority areas for multisectoral interventions (PAMIs).

Diagnostics update: In 2023, Gavi began funding cholera rapid diagnostic tests (RDTs); published the Cholera Diagnostics Capacity Supply and Procurement Roadmap; and funded the development of target product profiles (TPPs) for rapid diagnostic and molecular tests for surveillance of cholera. In 2024, Gavi will expand support to at least 16 countries, deploying 1.5 million rapid diagnostic tests, as part of their national cholera control plans, to enable timely disease detection and response to outbreaks and effective targeting of vaccination efforts.

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

Kenya cholera vaccine campaign smashes target, but climate change boosts risk. Read the full article

Credit: Gavi/2023/Mike Mwaniki

COVID-19 vaccine

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

Type of support offered by Gavi	Stockpile
Countries & territories reached to end 2023	146
Total doses shipped to end 2023	~2bn

In 2023 alone, COVAX shipped more than 102 million vaccine doses to 80 participating economies. 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 AMC lower-income participating economies. COVAX supplied 74% of low-income countries' COVID-19 vaccine doses during the pandemic; and in total, 54 of the 92 AMC-eligible economies relied on COVAX for more than half of their COVID-19 vaccine supply. COVAX helped lower-income countries achieve two-dose coverage of 57%, compared to the global average of 67%; and protect high-risk populations: 85% of health care workers and 72% of older adults (compared to high-income countries at 89% and 95%, respectively). Low- and lower middle-income economies will continue to receive COVID-19 vaccines and delivery support from Gavi in 2024 and 2025. Learn more about COVAX

Ebola virus disease (EVD) vaccine

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

Type of support offered by Gavi	Stockpile
Campaigns in 2023	Accessed 0x for outbreak response Repurposed doses from the stockpile for preventive vaccination of frontline workers accessed 4x by 3 countries
Total campaigns to end 2023	Accessed 8x by 3 countries
Total doses shipped to end 2023	146k

There were no reported outbreaks of Ebola virus disease (EVD) in 2023. In 2021, Gavi helped launch and continues to support a global stockpile managed by the International Coordinating Group (ICG) on Vaccine Provision to respond to EVD outbreaks. The stockpile was maintained at the target 500,000 doses. Outbreak response effectively contained outbreaks in the Democratic Republic of the Congo (DRC) in 2021 and 2022. To gain maximum impact from the Ebola vaccines in the stockpile before expiration, doses were repurposed in 2023 to preventively vaccinate 81,000 health care workers (HCW) and frontline workers (FLW) in high-risk areas of DRC, Guinea-Bissau and Uganda. Preventive vaccination efforts targeting people essential to implement a response to an EVD outbreak including HCW and other FLW, such as key logistical, administrative and security staff, are expected to expand in the coming years.

↓

Benithe Bashige, a 20-year-old entrepreneur in the DRC, resumed her business after receiving the COVID-19 vaccine. In a region affected by epidemics like Ebola and COVID-19, she sees vaccination as essential for protecting her health, community and customers. Read the full article

Credit: Gavi/2023/Wise Kubuya Bebukya

Typhoid conjugate vaccine

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.

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns[23]	Outbreak response campaigns[24]
Introductions & campaigns in 2023	1	1	0
Total introductions & campaigns to end 2023	5	5	1
Total reached to end 2023	>18m	>51m	>325k

In May 2023, Malawi introduced typhoid conjugate vaccine (TCV) into the national immunisation schedule with a successful integrated[25] catch-up campaign for all children and adolescents aged 9 months up to 15 years – a significant achievement during an ongoing polio epidemic and in the wake of Cyclone Freddy hitting Malawi twice earlier in the year (which caused substantial population displacement, and destruction of roads and infrastructure). Malawi reached just over 7 million children and adolescents; a June 2023 post-campaign coverage survey (PCCS) showed 79.6% coverage based on recall and vaccination cards. For those who were missed during the campaign, the vaccine was offered at fixed posts; and the country rolled out routine immunisation for 9-month-olds. Several large countries obtained National Immunization Technical Advisory Group (NITAG) recommendations and approval for TCV routine introduction, including Bangladesh, Burkina Faso, India and Kenya.

Diagnostics update: Currently, no typhoid diagnostics techniques meet the ideal requirements for sensitivity, specificity, speed and cost-effectiveness. Gavi is supporting WHO to develop target product profiles (TPPs) for typhoid diagnostics to guide research, development and prequalification of fit-for-purpose surveillance tools to inform targeted vaccination efforts.

23 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.
24 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.
25 Measles-rubella (MR) vaccine, vitamin A and bivalent oral polio vaccine (bOPV) were delivered simultaneously according to their schedules.

Yellow fever vaccine

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

Type of support offered by Gavi	Routine immunisation	Mass Campaigns	Stockpile
Introductions & campaigns in 2023	0	1	Accessed 4x by 3 countries
Total introductions & campaigns to end 2023	19	18[26]	Accessed 77x by 21 countries
Total reached to end 2023	>167m	>274m	>80m[27] doses shipped

In June 2023, Uganda launched phase 1 of a preventive mass vaccination campaign (PMVC) targeting more than 13 million people (aged 9 months to 60 years). Phases 2 and 3 will be conducted in subsequent years. Nigeria and the Democratic Republic of the Congo (DRC) continued roll-out of multi-year phased campaigns. Ethiopia and South Sudan remain the only countries in the WHO African Region (AFRO) at high risk of yellow fever yet to introduce the vaccine. Routine coverage remains suboptimal in most AFRO countries, and ten countries reported probable or confirmed cases of yellow fever – most had introduced yellow fever vaccine and completed a PMVC, often years ago. Three countries made a total of four outbreak response requests to vaccinate over 1 million people. This indicates growing immunity gaps that could be most expeditiously addressed through preventive campaigns targeting birth cohorts not eligible since the PMVC.

Diagnostics update: Twenty-two countries in Africa's 'yellow fever belt' have increased their testing capabilities with diagnostics support from Gavi. Since 2017, yellow fever testing timelines (median turnaround time from symptoms onset to confirmatory results) have reduced from 127 days in 2017 to 74 days in 2023, with a more than tenfold increase in the number of immunoglobulin M (IgM)-positive specimens referred for confirmatory testing. Gavi support has enabled a broader range of validated testing technologies; and strengthened laboratory capacity through regional workshops, new WHO technical guidance and performance evaluations resulting in the procurement of three new quality-assured commercial assays. As a result of Gavi's catalytic investments in strengthening yellow fever detection capacity, at least three suspected outbreaks since 2019 were found not to be yellow fever, saving Gavi approximately US$ 18–40 million by averting vaccination campaigns.

Notes:
As reported in Gavi's 2021 Annual Progress Report, the Gavi Board made history in December 2021 by approving funding to support the roll-out of the world's first malaria vaccine – nearly 35 years in development – in sub-Saharan Africa in 2022–2025. According to WHO, the vaccine is estimated to save 1 life for every 200 children vaccinated. Gavi's new malaria vaccination programme will protect children against a disease that kills hundreds of thousands in Africa every year. The first 18 million malaria vaccine doses were allocated to 12 countries in July 2023; their roll-out will be reported in Gavi's 2024 Annual Progress Report.

26 In 2020, an exceptional catch-up campaign in Sudan was approved and commenced, continuing into 2021.
27 Historical review of data and indicators is in progress.

02

The equity goal

Strengthen health systems to increase equity in immunisation

"Vaccines are good to protect us from diseases."

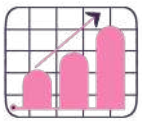
Nassrine has been vaccinated against COVID-19. Her daughter, Zahra, and her two sons, Azim and Salim, have been vaccinated against DTP and polio.

Read the full article

Parwan Province, Afghanistan
Credit: Gavi/2023/Oriane Zerah

Key highlights

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



>69 million children were reached with Gavi-supported routine vaccines in 2023 – more than in any year apart from 2019.

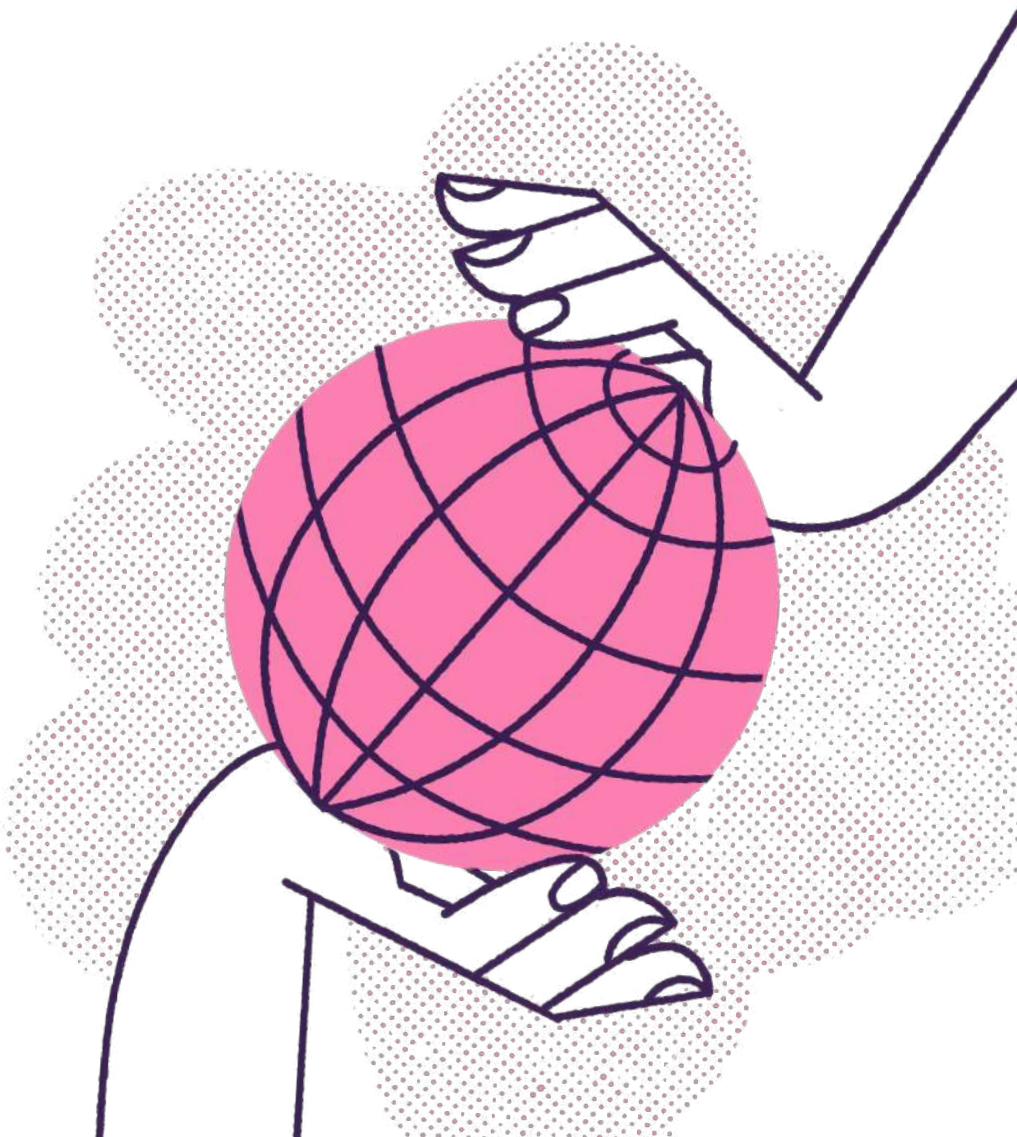
47 countries have installed more than 67,000 CCE units procured by UNICEF Supply Division through Gavi's CCEOP – nearly 5,200 in 2023 alone.

After several years of decline since 2019, average coverage of DTP3 in **26 low-income countries** supported by Gavi held steady in 2023 – the only income group to avoid decline.

32 countries were approved for Equity Accelerator Fund (EAF) funding to identify and reach zero-dose children and missed communities.

80%

In 2023, Gavi-supported countries maintained DTP3 coverage at 80% (compared to the 84% 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

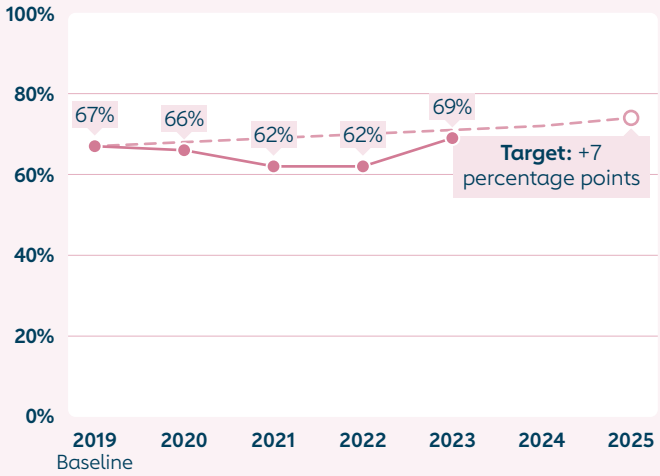
● **2023 progress:** on track

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.

2023 progress: Geographic equity of DTP3 coverage increased to 69% in 2023. There is significant uncertainty around coverage levels and trends in low-coverage districts, because subnational data is frequently observed to have data quality issues (e.g. inaccurate estimates of population size and movement; incomplete reporting).

Data source: WHO/UNICEF Joint Reporting Form, 2024



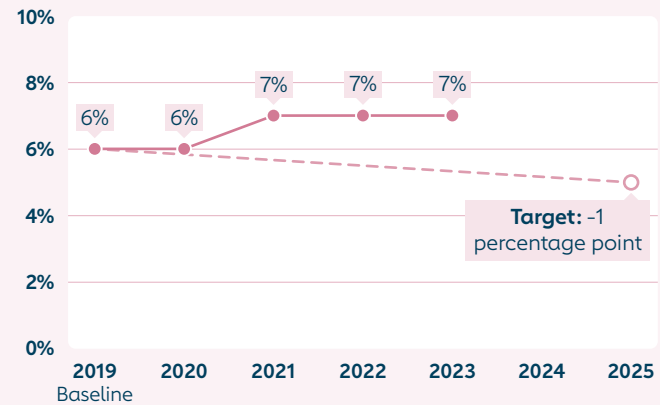
S2.2 DTP drop-out

● **2023 progress:** moderate delays/challenges

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

2023 progress: DTP drop-out in the 57 Gavi-supported countries (Gavi57) remained at 7% in 2023, 1 percentage point (pp) above 2019 levels. Both DTP1 and DTP3 coverage in Gavi57 countries remained the same in 2023 as in 2022.

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



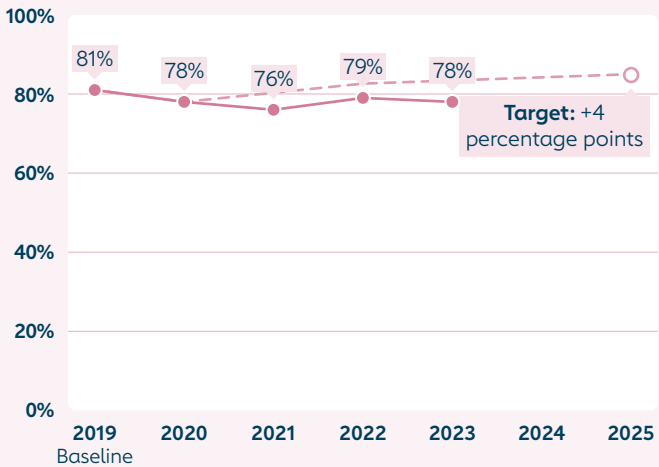
S2.3 MCV1 coverage

● **2023 progress:** significant delays/challenges

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

2023 progress: At portfolio level, MCV1 coverage patterns over time have largely been similar to those of DTP3. MCV1 coverage in Gavi57 countries decreased by 5 percentage points (pp) between 2019 and 2021, before increasing by 3pp to 79% in 2022 and then declining again by 1pp in 2023.

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



S2.4 Immunisation sessions conducted

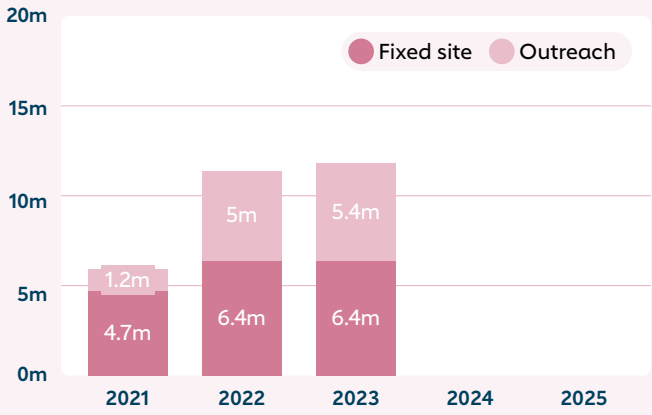
2023 progress: New strategy indicator for Gavi 5.0/5.1; no target set.

# 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.

2023 progress: Among the 31 Gavi-supported countries reporting data in 2023, 12.8 million immunisation sessions were conducted, with 7 million taking place in fixed site facilities and 5.8 million in outreach facilities. There were slightly more countries reporting data on this indicator in 2023 (31) than in 2022 (28). Only 23 countries have reported on this annually from 2021–2023 (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 there is significant variability in countries' capacity to monitor this data.

Data source: WHO/UNICEF Joint Reporting Form, 2024

Note: Data shown in graph represents the 23 countries that have reported on this indicator annually from 2021–2023.



S2.5 Stock availability at facility level

2023 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.

In 2021, average full stock availability of DTP-containing and measles-containing vaccines (MCV) across Gavi57 was 71.6% at health facility level. In 2022 and 2023, this was not collected through the eJRF. To estimate stock availability at district level, Thrive360 data was used as an alternative. This analysis considered data from 31 Gavi-supported countries (>40% reporting rate). The average full stock availability for DTP and MCV was 94% and 92%, respectively. Health facility-level data was collected through an ad hoc process, with the support of the eJRF committee. With 24 countries reporting in 2023, the average percentage of health facilities reporting no stock-outs was nearly equivalent for DTP (86%) and MCV (81%). However, the data source and quality require further verification. The Alliance is taking a proactive approach to strengthening vaccine management. By end 2023, grant applications from 16 of the 24 Comprehensive Vaccine Management (CVM) priority countries included strengthening activities. Additionally, UNICEF deployed vaccine management specialists to improve stock management and reporting, among other tasks. Reporting in Thrive360 increased from approximately 3,900 stores in December 2022 to around 7,100 stores in December 2023.

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

2023 progress: New strategy indicator for Gavi 5.0/5.1; no target set.

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

2023 progress: Following an external review of the Alliance approach to build country EPI management capacity, the refinement of leadership, management and coordination (LMC) strategy was paused due to COVID-19 pandemic-related reprioritisation, to avoid burdening country EPI teams. In 2023, Gavi supported technical assistance to enhance LMC capacity to improve EPI performance at sub- and national levels in Burundi, Cameroon, Djibouti, Haiti, Niger and Nigeria, with a specific focus on improving use of data for decision-making. Further, Gavi is supporting the development of a monitoring and learning (M&L) framework for measuring EPI capacity and health workforce development. It is structured around three performance domains: programme, governance and people. The framework was piloted in Ethiopia, India and South Sudan.

Caroline Moraa, a community health volunteer from Kitengela Sub County Hospital, is championing and sensitising on the importance of cholera vaccination inside the community of Kitengela, Kajiado East, Kenya. Read the full article

Credit: Gavi/2023/Kelvin Juma

S2.7 Implementation of tailored plans to overcome demand-related barriers

2023 progress: New strategy indicator for Gavi 5.0/5.1; no target set.

A comprehensive range of demand generation strategies are required to achieve high vaccination uptake. Since the 2021–2025 strategic period began, Gavi has made a number of key shifts in demand generation approaches, including: standardised behavioural measures; evidence-based hyper-local solutions developed with caregivers to reach 'zero-dose' and under-immunised communities; digital mediums to connect online to offline social listening; enhanced service experience to improve access to immunisation services; and systematic community engagement to reach caregivers, including men.

2023 progress: Among the 53 countries reporting in 2023, 43 (81%) implemented one or more strategies to address under-vaccination, an increase compared to 69% in 2022; and 40 countries (75%) collected behavioural and social data on childhood immunisation using several tools. Key insights include: a gap between social norms and individual intentions; low trust in health workers; the need to improve service experiences; vaccine hesitancy and low confidence due to sub-optimised service delivery challenges; and economic challenges faced by women. Meanwhile, 36 countries leveraged a human-centred design approach to co-create with caregivers hyper-local solutions to reach zero-dose and under-immunised communities. While these solutions illustrate the significant progress to date, implementation must be strengthened to reach the necessary scale. By integrating COVID-19 response objectives into routine immunisation, 23 countries have strengthened government capacities for systematic collection and use of social data; but further advocacy is needed to mainstream social data into national immunisation systems. While there is progress on standardising monitoring and evaluation (M&E), data must be further integrated into programme design. Further, 63% of countries have a demand strategy to integrate COVID-19 vaccination into routine immunisation – a strong foundation for future pandemic response.

Data source: WHO/UNICEF Joint Reporting Form (JRF), 2024

S2.8 Addressing gender-related barriers to immunisation

2023 progress: New strategy indicator for Gavi 5.0/5.1; no target set.

In 2023, of the 33 health system strengthening (HSS) and/or Equity Accelerator Fund (EAF) applications which were reviewed and approved by the Independent Review Committee (IRC), 29 countries (88%) included in their applications interventions to address gender-related barriers to immunisation, up from 67% percent in 2022 (i.e. 6 out of 9 countries). See page 32 for updates on Gavi's Gender Policy.

Data source: Gavi health system strengthening (HSS) and Equity Accelerator Fund (EAF) applications, 2023

"Thanks to COVID-19 vaccines, I can work again. My goal is to start a taxi service to secure my daughter's education and future." Shekh, 25, with his wife and their two-year-old daughter. Read the full article

Dhaka, Bangladesh
Credit: Gavi/2023/Ashraful Arefin

Progress – 2023 equity updates

In 2023, health systems reached more than 69 million unique children with Gavi-supported routine vaccines – more than in any year apart from 2019.

18%

As of 2023, there were 18% more zero-dose children than in 2019 – requiring a 37% reduction to reach the 2025 target.

Achievements and progress

In 2023, after concerning disruptions to routine immunisation during the COVID-19 pandemic, Gavi-supported countries immunised the second-highest number of children ever – only slightly below 2019 levels. This continues to demonstrate the hard work of Gavi-supported countries and the Alliance to strengthen immunisation programmes. In 2023, the 57 lower-income countries supported by Gavi (Gavi57) maintained DTP3 coverage at 80% but have not yet returned to pre-pandemic levels (i.e. 83% in 2019). Crucially, Gavi-supported countries in Africa improved coverage of the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) in 2023 – which had posed a challenge in 2022.

Record-breaking year for new programmes

An unprecedented 37 countries were approved for new health system strengthening (HSS) and Equity Accelerator Fund (EAF) funding (compared to 10–15 in a typical year pre-pandemic). Further, countries achieved a record high approval rate, with the Independent Review Committee (IRC) noting significant improvements in applications. HSS disbursement and expenditure recovered to pre-pandemic levels; and the first year of EAF disbursement was at scale.

Shanita brings her baby to the HOPE clinic in Kampala, Uganda, for vaccinations and all other health-related issues. The nurses say her baby is in great health. Shanita chose this clinic for its proximity to where she lives. She hopes the facility will keep providing the services to her baby through the immunisation programme.

Credit: Gavi/2024/Jjumba Martin

Scaling up digital health

Approximately 46 Gavi-supported countries are now using DHIS2, the world's largest health management information system, for immunisation – an increase of 6 over last year. The growing demand for digital solutions spurred Gavi investments across various digital health information (DHI) priority areas: 26 countries are scaling up target software standards (TSS)-compliant electronic logistics management information system (eLMIS) solutions – improving stock visibility and supply chain digitisation; 10 countries implemented real-time national vaccination campaign planning and monitoring systems; and 5 countries developed detailed DHI roadmaps for immunisation – read the case studies. Additionally, 13 countries have accessed innovations top-up funding.

Challenges and lessons learned

When the pandemic ended in May 2023, Expanded Programme on Immunization (EPI) teams in Gavi implementing countries were exhausted after more than three years of pandemic response – and overstretched with competing priorities of restoring routine immunisation post-pandemic; launching new programmes to reach 'zero-dose' children (ZDC) – 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; responding to oubreaks; and, in many cases, introducing new vaccines into routine immunisation.

Fragility, conflict and macroeconomic pressures continue to challenge immunisation progress. In Gavi57 countries, the number of ZDC increased to 11 million in 2023, up 5% from 10.5 million in 2022. ZDC often belong to households that suffer from multiple deprivations and face gender-related barriers to immunisation; they are at the highest risk of disease outbreaks and deaths. The 2023 increase in ZDC was driven primarily by India's decline to 2019 coverage levels after catch-up activities in 2022; conflict in Yemen and Sudan; and health worker strikes in Senegal and the Democratic Republic of the Congo (DRC) – read a news release about EAF funding to reach ZDC in DRC. Meanwhile, 19 countries improved DTP1 coverage in 2023 – thereby reducing the number of ZDC – including Chad, Ethiopia, Madagascar, Mozambique, Pakistan and Uganda. In December 2023, the Gavi Board approved "The Big Catch-up" to accelerate progress in COVID-19 pandemic recovery, with a dedicated US$ 290 million funding envelope – read an article about the latest progress.

Gender Policy

Applying a gender lens to identify and overcome barriers faced by caregivers, adolescents and health workers.

First approved by the Gavi Board in June 2008, updated in November 2013 and revised effective July 2020, the goal of Gavi's Gender Policy is to identify and overcome gender-related barriers to reach zero-dose and under-immunised children, individuals and communities with the full range of vaccines. Due to gender norms, it is often women's responsibility to bring children for vaccination; yet women in lower-income countries often face gender-related barriers. In many countries, vaccinators are predominantly women, and they may face barriers in delivering vaccine services due to gender norms, sexual harassment and violence, unsafe working conditions, poor or irregular pay, and heavy workload.

Increasingly, Gavi-supported countries identify gender-related barriers and use gender analysis to inform their funding applications. However, the quality of such analysis remains variable. A key learning from 2023 is that local **gender technical expertise** is rarely engaged to shape immunisation programme design, despite that it is crucial to designing, implementing and monitoring inclusive, robust and gender-responsive immunisation programmes; and to governmental commitment and efforts to boost immunisation coverage rates, ensure marginalised communities and individuals are reached, and raise awareness of how gender norms and gendered responsibilities affect immunisation. While countries have made steady progress, a key focus of Gavi-supported programming in 2024 and beyond is addressing gender considerations and sociocultural factors in immunisation programmes.

29

In 2023, 29 out of 33 country applications approved by the IRC for HSS or EAF funding included interventions to address gender-related barriers to immunisation.

In Dhaka, Bangladesh, Rashida Molla, a health worker for the past 12 years, always gets excited and inspired by new types of vaccines. She explains to girls the benefits of the HPV vaccine and how it will save them from the danger of cervical cancer. Read the post

Credit: Gavi/2023/Ashraful Arefin

Below are examples from countries that are elevating the role of women and girls in health care and immunisation services, and addressing gender-related barriers to immunisation – including by engaging men caregivers.

Countries are using health system strengthening (HSS) funds to support health systems to change when and how vaccination services are delivered, taking into consideration the heavy workload and time pressures of women caregivers. For example, **Ghana**'s Expanded Programme on Immunization (EPI) has boosted immunisation coverage and uptake in urban areas of Accra by investing in market, weekend, container (cargo) and school immunisation clinics; training for health workers and teachers; home visits; and community engagement.

To increase immunisation coverage in children, countries are using HSS funds to engage men to promote vaccination and to play an active role in bringing children for vaccination. Read an article about men in **Kenya** campaigning for HPV vaccination. Read an article about men in **Lesotho** championing routine immunisation, including HPV vaccine.

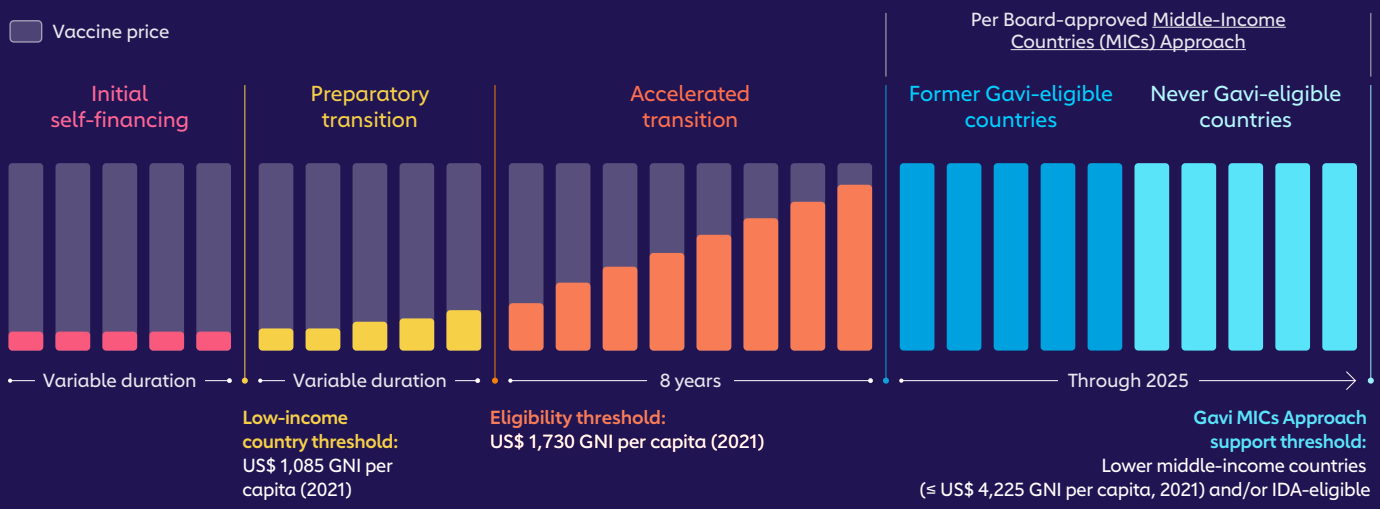
Gavi's revitalised HPV vaccine programme supports innovative approaches to reaching girls who are not in school. Read an article about Gavi's partnership with **Girl Effect**. Read an article about **Bangladesh**'s first public HPV vaccine roll-out.

How Gavi's co-financing model works

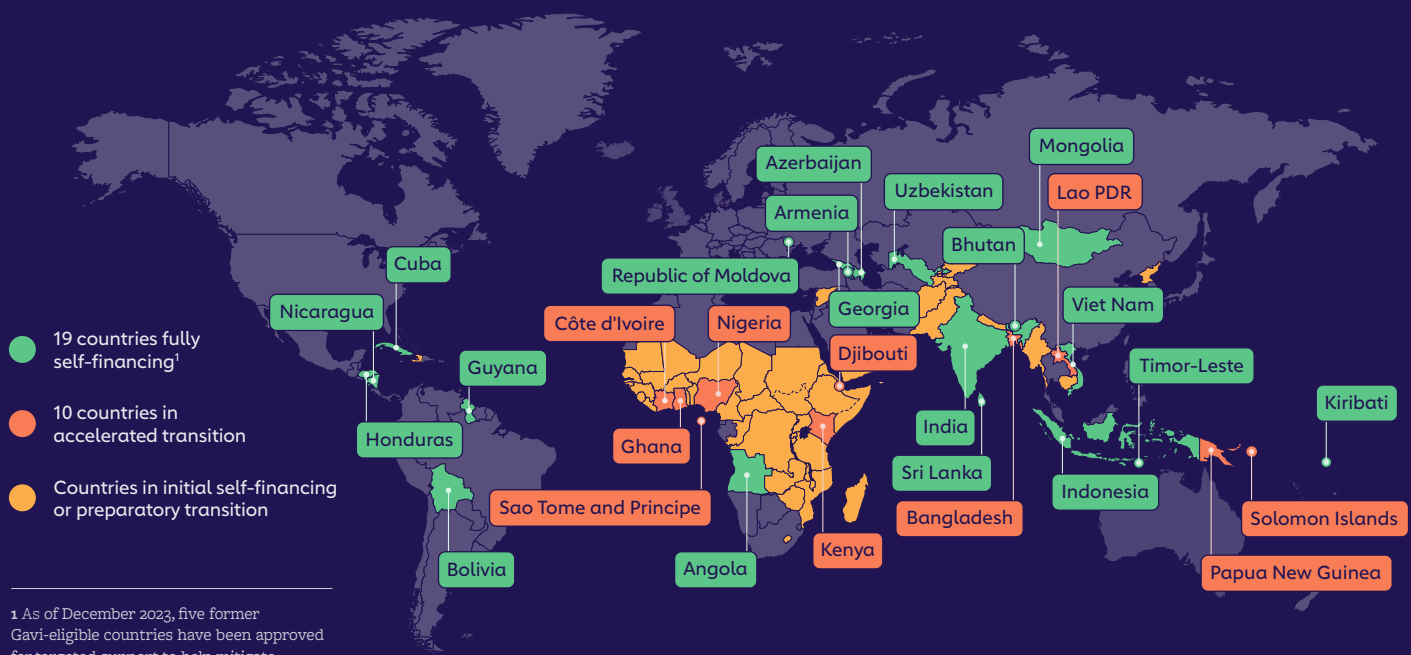
To bring countries on a trajectory towards financial sustainability, and to empower them to take ownership of their vaccination programmes, Gavi has pioneered an approach to co-financing and transition.

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, 2023



Countries fully self-financing and in accelerated transition



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

World map adapted from UN.org

03

The sustainability goal

Improve sustainability of immunisation programmes

Comfort Tsotsoo Boye, a 78-year-old retired schoolteacher, took all vaccines from childhood through COVID-19, which she believes has kept her healthy and safe from dangerous infections to the present day. She also witnessed and helped nurses, who visited the school where she taught, in vaccinating students. Her 37-year-old granddaughter, Joyce Abdulai, is a trader who also received life-saving vaccines and has made sure her children received them as well, to ensure a long and healthy lifestyle in the family.

Read the full article

Accra, Ghana
Credit: Gavi/2023/Michael Aboya

Key highlights

The year 2023 confirmed the robustness of the Vaccine Alliance's co-financing approach and the steady financial commitment of countries, despite many countries facing increasing fragility.

US$ 215 million was contributed by countries towards the co-financing of Gavi-supported vaccines in 2023 – the highest amount yet and a testament to country ownership and the long-term financial sustainability of Gavi-supported vaccines.

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

100% of countries fully met their 2023 co-financing obligation – except four waivers for humanitarian crises.

US$
1.7bn

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 2023, bringing to US$ 1.7 billion their total contribution since the introduction of the co-financing policy in 2008.

Results – sustainability goal strategy indicators

Despite the impact of the COVID-19 pandemic, countries met their co-financing obligation.

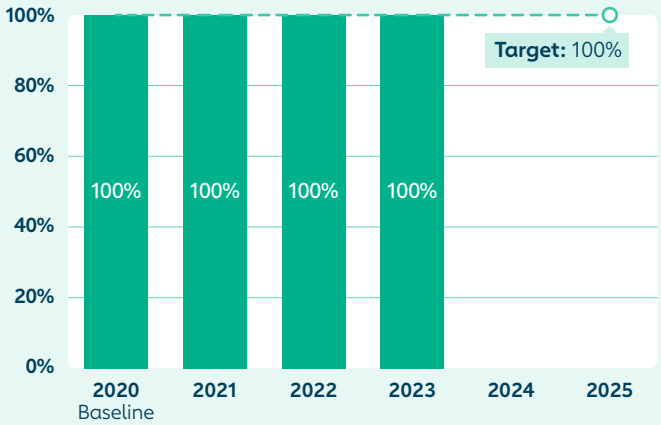
S3.1 Co-financing fulfilment

● **2023 progress:** on track

Percentage of countries with a co-financing obligation to Gavi that meet their co-financing commitment, which is a measure of country commitment to financing vaccines. Co-financing serves as a mechanism to support countries on a path toward greater sustainability.

2023 progress: Most Gavi-eligible countries have been able to maintain or increase domestic resources for co-financing of Gavi-supported vaccines. Excluding countries whose co-financing obligation was exceptionally waived due to humanitarian crises, 100% of countries fully met their 2023 co-financing obligation.

Data source: Gavi Secretariat estimates, based on UNICEF Supply Division reports, 2024



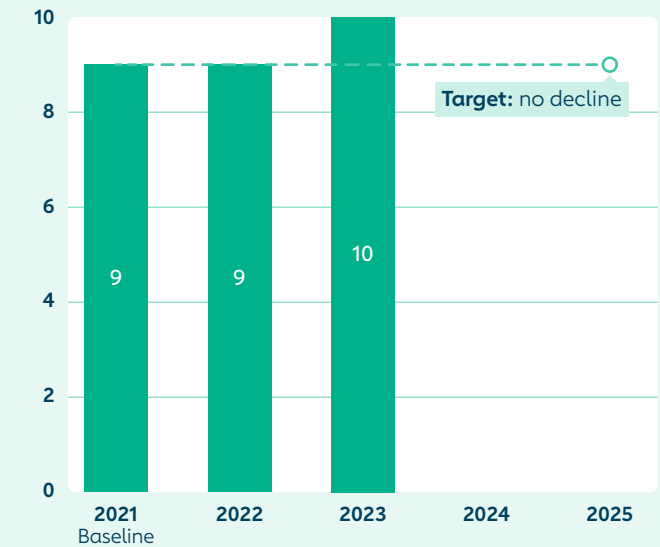
S3.2 Preventing backsliding in Gavi-transitioned countries

● **2023 progress:** on track

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

2023 progress: Of the 17 former Gavi-eligible countries eligible for support under the MICs Approach when this indicator was approved by the Gavi Board, 10 former-Gavi MICs-eligible counries maintained or increased DTP3 coverage in 2023 or 2022 compared to 2019, while 7 countries did not maintain or increase DTP3 coverage.

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



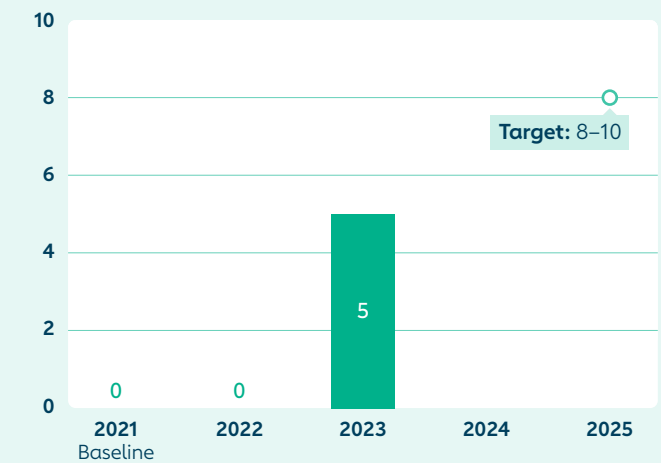
S3.3 Vaccine introductions in Gavi-transitioned countries and never Gavi-eligible countries

● **2023 progress:** on track

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

2023 progress: In 2023, five Gavi-supported new vaccine introductions took place in countries eligible for Gavi support under the MICs Approach, against a target of eight to ten by end 2025.

Data source: Gavi, the Vaccine Alliance, 2024



Progress – 2023 sustainability updates

$215m

Countries' co-financing contributions in 2023 crossed the US$ 200 million mark for the first time – an increase of 33% compared to the previous year.

Achievements and progress

Reflecting their unwavering commitment to prioritising domestic financing for routine immunisation programmes, Gavi implementing countries' co-financing contributions in 2023 were the highest amount yet at US$ 215 million, were provided to Gavi in a more timely manner and were mostly (79%) generated from domestic resources. Government funds continued to be the largest source of co-financing in 2023.

Despite many countries facing increasing fragility, only four countries required the granting of a co-financing waiver – specifically due to humanitarian crises. While financing challenges are expected to continue and even worsen for fragile countries, risks to co-financing are not restricted to these countries alone. Through the development of country-owned transition roadmaps, Gavi has intensified efforts to prepare countries in the accelerated transition (AT) phase for the end of their eligibility for Gavi support. To support financial sustainability, the Gavi Secretariat began developing full vaccine portfolio optimisation assessments to identify opportunities for countries to switch to more cost-effective vaccine products or presentations.

Challenges and lessons learned

Gavi-eligible countries continued to face challenging macroeconomic conditions in 2023, including slow growth, high levels of debt and borrowing costs, currency depreciation and commodity price volatility, among others. Considering the fiscal challenges facing countries leading up to, and exacerbated by, the COVID-19 pandemic, along with the steady increase in co-financing requirements of the current Gavi model, in the second half of 2023 the Secretariat conducted a thorough review of Gavi's eligibility, transition and co-financing policy (ELTRACO) and Middle-Income Countries (MICs) Approach as part of Gavi's 2026–2030 strategy (Gavi 6.0) design process. This review highlighted challenges across elements of the ELTRACO and MICs models that could undermine Gavi's core goals.

In November 2023, the Secretariat held a technical deep dive with Programme and Policy Committee (PPC) and Gavi Board members on Gavi's current sustainability model; its strengths and challenges; and potential options for impact for Gavi 6.0. This work included an analysis of fiscal constraints to immunisation financing faced by Gavi-eligible countries, including debt and currency depreciation challenges. This analysis explored past trends and projected estimates of co-financing as a share of government health expenditure, informed by projections shared by the World Bank, with learnings to inform possible changes to ELTRACO in Gavi 6.0 and beyond.

"Gavi's mission is to guarantee equitable access to vaccination – that means countries that need support to protect their populations from vaccine-preventable diseases get help. But, in the interest of both vaccine sovereignty and programme sustainability, the organisation's support model is designed as a leg-up, rather than a crutch. As economies expand, and become better able to foot the bill, they shoulder more of the cost of immunising their people." Read the full interview with Gavi's Director of Immunisation Financing & Sustainability

Malaria vaccination.

SOA District Hospital, Cameroon

Credit: Gavi/2024/Go'tham Industry

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.

10%

All Gavi-supported countries must allocate at least 10% of their combined HSS, EAF and TCA ceilings for activities undertaken by CSO partners. By end 2023, 23 out of 28 countries (82%) with fully approved Full Portfolio Planning (FPP) had fulfilled this – with an overall allocation of US$ 216m to CSOs. Read more here

Civil society's crucial role in sustainability

Throughout 2023, Gavi worked closely with the Gavi CSO Constituency leadership, WHO and CEPI to meaningfully engage and consult on key Gavi priorities, including regional manufacturing, Gavi's 2026–2030 strategy, COVAX and the Vaccine Investment Strategy (VIS) 2024. Gavi co-hosted the 2nd Global Forum on Childhood Pneumonia alongside 11 partner co-hosts. In the lead-up to the Forum, Gavi made a number of commitments, including co-financing waivers for pneumococcal conjugate vaccine (PCV) introduction in fragile countries. Gavi also worked with the **CSO Steering Committee** to raise visibility of broader systemic challenges to novel products, and operational and access-related barriers to introducing and scaling up PCV.

Ripon Naik, 25, lives with his wife Nirjala and their ten-month-old son in Sylhet, Bangladesh. He dreams of becoming the team leader (Sardar) of the tea pickers, and he hopes his son can become a doctor or health worker one day: "My parents made sure I had all the vaccines, and so I did the same for my son. He has already had his BCG, penta, OPV, PCV and IPV shots." Read the full article

Credit: Gavi/2023/Ashraful Arefin

Public policy engagement: 2023 highlights

Gavi further deepened political will and shaped global, regional and national policy agendas by elevating the role of immunisation and wider Gavi priorities in political outcomes and processes:

Advocated at the World Health Assembly and the multistakeholder hearings for recognition of and references to Gavi priorities in **three political declarations** adopted at the 78th UN General Assembly: Universal Health Coverage (UHC), pandemic prevention, preparedness and response and tuberculosis.

Advocated for the integration of immunisation and Gavi priorities in the Pandemic Accord negotiations and relevant policy dialogues (which received positive responses from Member States); and incorporation of many recommendations into the draft negotiation text.

Joined the Alliance for Transformative Action on Climate and Health (ATACH) and engaged in the first-ever Health Day at the 28th Conference of the Parties to the UN Framework Convention on Climate Change (COP28 UAE) to socialise the climate-health-immunisation intersection; and advocate for Gavi's priorities.

Partnered with the **Nigeria Governors' Forum (NGF)** to lead engagement with 11 State First Ladies as champions for policy dialogues on adolescent girls' access to human papillomavirus (HPV) vaccine in the long term.

Supported the design of the **African Vaccine Manufacturing Accelerator (AVMA)**.

Facilitated 14 First Ladies from the **Organization of African First Ladies for Development (OAFLAD)** to advocate on their social media channels for immunisation, primary health care and reaching zero-dose children.

Engaged **Association of Southeast Asian Nations (ASEAN)** Member States to identify opportunities to increase domestic immunisation financing aligned with their Health Development Agenda.

↑
Students during the National Declaration of Humanpapilloma Virus (HPV) Immunization in North Sulawesi, Indonesia. Read the insight paper

Credit: UNICEF/2023/Dwi Prasetya

↓
In Bangladesh, COVID-19 vaccines were a ticket back to independence for underprivileged 'third gender' people. Read the full article

Credit: Gavi/2022/Saydul Fateheen Murad

→
Justus Ngei, a father of four, works as a farmer in the outskirts of Kajiado, 80 kilometers south of Nairobi, Kenya. "Now that I am vaccinated, I am sure I will be able to work on my farm efficiently without fear of getting infected with the cholera disease as long as I observe general hygiene. My neighbour died from cholera after excessive vomiting and diarrhoea. I was shocked how dangerous this disease can be, so I decided to get vaccinated." Read the full article

Credit: Gavi/2023/Kelvin Juma

04

The healthy markets goal

Ensure healthy markets for vaccines and related products

"I can't imagine the improvements in health, longevity and well-being we currently enjoy being possible without vaccines. Humankind could not have come this far without vaccine development."

Uudus Unubold
Father of Amgalanbaatar, 2, and Amgalanbayar, 5.

Read the full article

Mongolia
Credit: Gavi/2023/Khasar Sandag

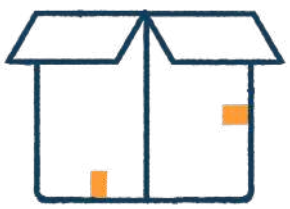
Key highlights

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

10 markets for vaccines and immunisation products exhibited acceptable levels of healthy market dynamics in 2023, meeting the target for the year.

10 innovative products were within the pipeline of commercial-scale manufacturers in 2023, continuing to exceed the Alliance target of 8 by 2025 well ahead of schedule.

1 new product with improved characteristics was newly offered to Gavi-supported countries in 2023, keeping the Alliance on track for its 2025 target: multivalent meningococcal conjugate vaccine (MMCV), the first conjugate vaccine to protect against the five predominant serogroups of meningococcal meningitis in Africa.



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Through Gavi's market shaping efforts, the number of manufacturers supplying prequalified Gavi-supported vaccines remained at 19 in 2023 (with more than 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.

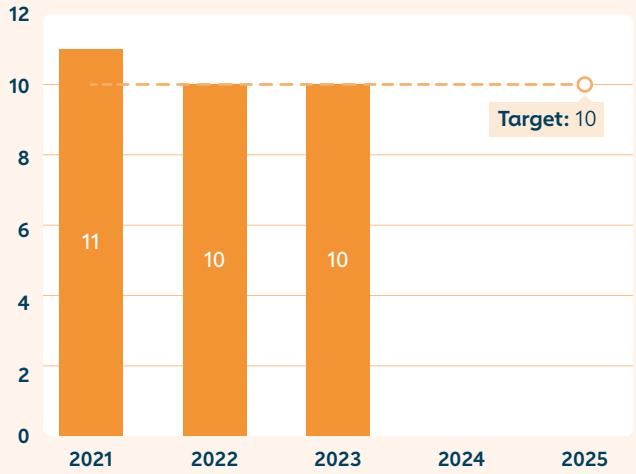
S4.1 Healthy market dynamics

● **2023 progress:** on track

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

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

Data sources: vaccine procurement data: UNICEF SD Memorandum of Understanding (MoU) reports; market intelligence data: Gavi Market Shaping roadshows, Alliance partner industry engagements, 2024



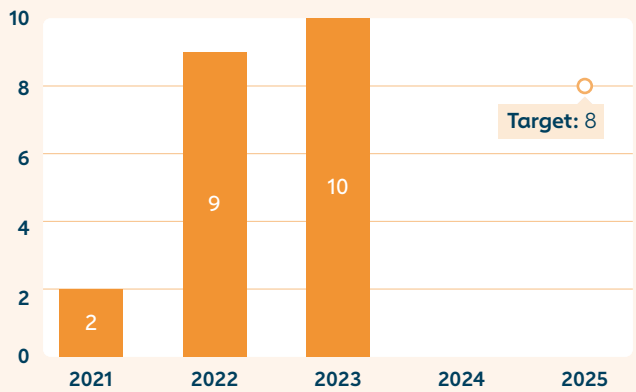
S4.2 Incentivise innovations

● **2023 progress:** on track

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

2023 progress: The Vaccine Innovations Prioritisation Strategy (VIPS) sees continued success with steady progress. The 2023 progress has brought the overall achievement to ten, continuing to surpass the cumulative target.

Data sources: Market intelligence data – Gavi Market Shaping roadshows, Vaccine Alliance partner industry engagements, 2024; Vaccine Innovation Prioritisation Strategy (VIPS) industry engagement



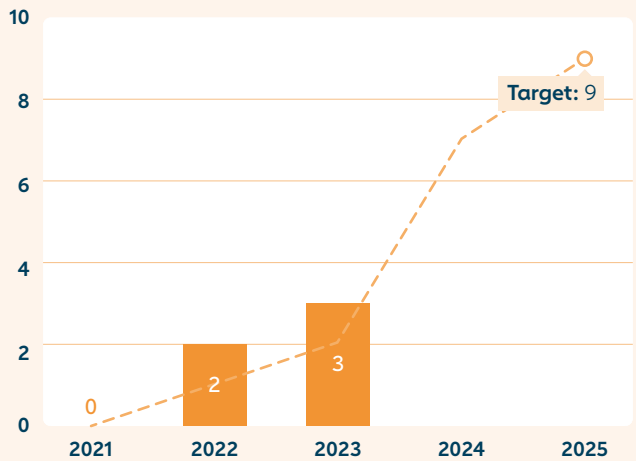
S4.3 Scale up innovations

● **2023 progress:** on track

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

2023 progress: In 2023, one new product was procured for Gavi programmes, keeping the Alliance on track for its 2025 target: multivalent meningococcal conjugate vaccine (MMCV), the first conjugate vaccine to protect against the five predominant serogroups of meningococcal meningitis in Africa. This brings the total to three new products with improved characteristics procured since Gavi's fifth five-year strategic period began in 2021.

Data sources: Gavi-UNICEF SD MoU reports and key performance indicators, 2024



Progress – 2023 healthy market updates

A year of unprecedented innovation.

$3

A price of US$ 3 per dose was secured for the new 5-in-1 meningococcal conjugate vaccine for the emergency stockpile – more than US$ 10 lower than previous vaccines.

Achievements, progress and market challenges addressed

Malaria vaccine: In October 2023, the WHO Strategic Advisory Group of Experts on Immunization (SAGE) recommended that R21/Matrix-M vaccine be approved for use in children at risk of *P. falciparum* malaria. This is the second malaria vaccine, after the RTS,S/AS01e vaccine was recommended in October 2021; and it has dramatically improved the supply availability for roll-out of malaria vaccine programmes.

Vaccine Innovation Prioritisation Strategy (VIPS): VIPS saw steady progress in 2023. In May, a critical milestone was reached for microarray patches (MAPs), when a Phase 1/2 study demonstrated proof-of-concept for the first time in infants, with measles-rubella (MR-MAPs) safely and effectively immunising children in Gambia – whereas liquid vaccines require refrigeration, trained health workers, and ancillary supplies such as vials and syringes, patches are easier to administer in low-resource settings. To address future downstream demand uncertainty and the need for premium pricing facing MR-MAPs developers, the Gavi Secretariat has developed the outlines of a potential pull mechanism.

Multivalent meningococcal conjugate vaccine (MMCV): As part of efforts to scale up innovations, this new product with improved characteristics – a conjugate vaccine protecting against five meningococcal strains (A, C, W, Y and X) was procured for Gavi programmes in 2023. Market shaping efforts by Gavi and Alliance partners led to a price of US$ 3 per dose for the International Coordinating Group (ICG) on Vaccine Provision emergency vaccine stockpile – this is more than US$ 10 lower than other MMCV historically procured for the stockpile.

Rotavirus vaccine: The health of the rotavirus vaccine market remained unacceptable in 2023, due to additional supply disruptions and continued delays in supply availability impacting presentations from different suppliers. As a result, two countries were required to switch to an alternative option to avoid stock-out. Based on discussions with rotavirus vaccine suppliers, supply is expected to improve by late 2024, and a new presentation with programmatic benefits will be rolled out in the medium term. In the meantime, Alliance partners continue to engage with countries to provide information about supply availability and programmatic support where needed.

African Vaccine Manufacturing Accelerator (AVMA): Gavi's four-pillar strategy to support further regionalisation of vaccine manufacturing continued to advance in 2023. The fourth pillar is the African Vaccine Manufacturing Accelerator (AVMA): a flagship financing and market shaping instrument to support the sustainable growth of Africa's manufacturing base. In December 2023, the Gavi Board approved the establishment of AVMA, leading to its official launch in June 2024 (see page 48 for further detail on AVMA's principles and design).

Established in 2017, Atlantic Lifesciences is the first company in Ghana to set up a vaccine 'fill and finish' plant.
Read the news release

Credit: Gavi/2023/Michael Aboya

2

In December 2023, a second malaria vaccine was recommended by WHO for children living in endemic areas, dramatically improving supply for roll-out of malaria vaccine programmes.

Cold chain equipment (CCE): The health of the **CCE market** declined slightly in 2023, due to low procurements against forecast arising from delays in country applications during the COVID-19 pandemic. Also, CCE products saw price increases of 7–11% compared to 2022 prices, largely due to inflation impacting the cost of components and energy. Engagement in 2023 included three industry and partner consultations, with a focus on a new equipment monitoring systems (EMS) technology expected to improve CCE performance monitoring and maintenance, but with price implications. While market shaping interventions are being implemented to help increase competition and steer countries toward more cost-effective CCE options, the impact of these interventions has not yet been seen or measured given the above-mentioned delays in country applications and resulting procurements. Further market shaping strategies are being considered, and the CCE market shaping roadmap will be revamped with core partners to further address these market challenges.

Oral cholera vaccine (OCV): In 2023, Sanofi exited the market, leaving one OCV supplier, EuBiologics. A new OCV, Euvichol-S (OCV-S) was licensed in December 2023, which will help strengthen the supply base. Cholera outbreaks have continued to surge, leading to a spike in demand from impacted countries. While OCV supply has increased 18-fold between 2013 and 2023, the sustained spike in demand has put a strain on the global stockpile of OCV – thereby impacting the health of the market. Despite supply constraints which are expected to continue into 2025, another manufacturer is expected to make its entry into the market in 2025, which will further increase supply. In 2023, Gavi officially launched its multiyear preventive OCV programme support window, in order to expand and integrate cholera vaccination campaigns into the wider immunisation landscape.

Gavi has been shaping the price of new vaccines for more than two decades – driving efficiency and increasing supply for lower-income countries

Weighted average price for full course of vaccination

Rotavirus

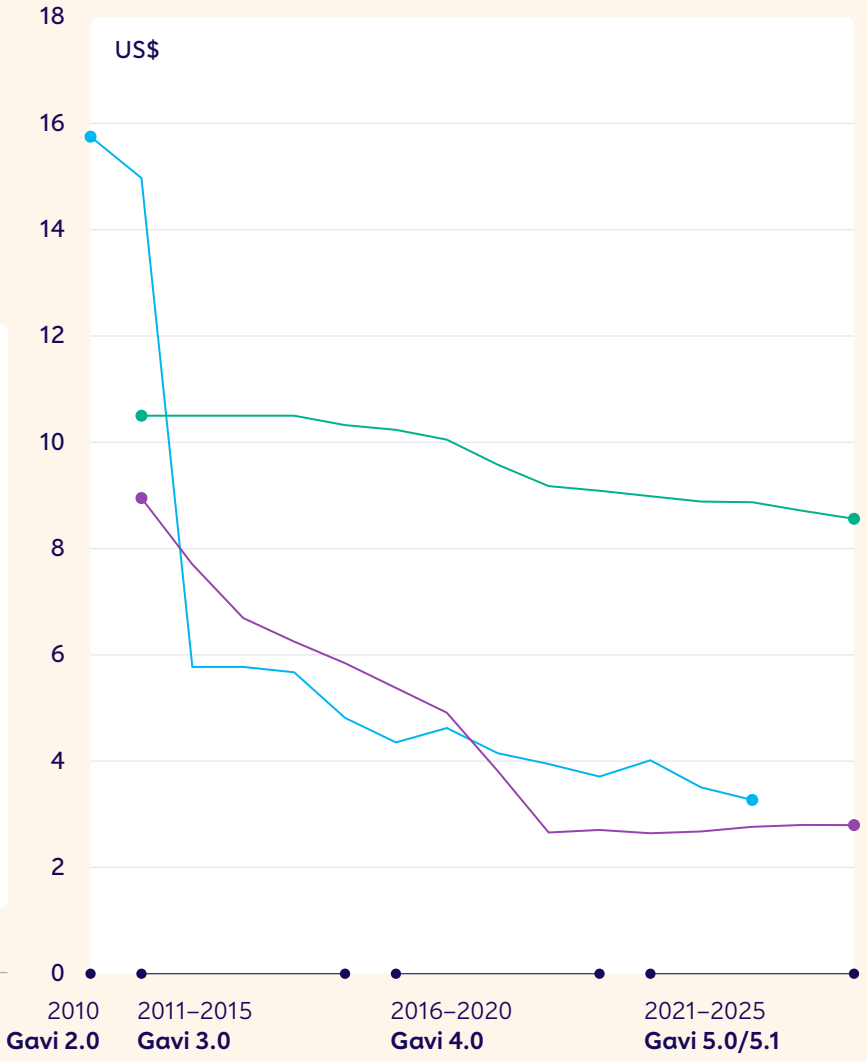
2010 US$ 15.75 | -79% | 2023 US$ 3.27

Pneumococcal

2011 US$ 10.50 | -18% | 2025 US$ 8.56

Pentavalent

2011 US$ 8.95 | -69% | 2025 US$ 2.81



Note: Prices are based on UNICEF tender prices for Gavi-supported countries – for an illustrative subset of vaccines.

Mrs Charity Agbodo, aged 37, is a trader in African textiles and clothing. Her mother, Mrs Gladys Modzaka, aged 55, is a food vendor. They both live in the Accra, Ghana, metropolitan district, along with their children and grandchildren. Gladys shared how she and her daughter received the polio vaccine to protect them from the virus and how it has improved their family's overall health. They made sure that their children and grandchildren also received vaccinations to protect them from viral infections such as measles, chickenpox, polio and even COVID-19. This brings peace of mind to the family, especially in a time when health care is very expensive. Read the full article

Credit: Gavi/2023/Michael Aboya

In October 2023, Nigeria introduced the human papillomavirus (HPV) vaccine into its routine immunisation system, aiming to reach 7.7 million girls. This is the largest number in a single round of HPV vaccination in the African region in a vaccination drive against the virus that causes nearly all cases of cervical cancer. Read the full news release

Credit: Gavi/2023/Latitude Space Africa

A homemaker who came to the HPV vaccine drive with her daughter, Mala Rani Das was excited and happy to find that her daughter would be protected against cervical cancer. She also added, "Now my dream is one step more secure. My daughter can focus on her studies, become a pilot, and fly without worrying." Read the full article

Credit: Gavi/2023/Ashraful Arefin

05

Funding and finance

Partnering with governments and business to change immunisation for good

Richard Junior Mensah, Senior Community Health Nurse at Asawinso Health Centre, takes delivery of life-saving Zipline cargo.

Read the full article

Western North region, Ghana
Credit: Gavi/2023/Nipah Dennis

Progress – 2023 funding and finance updates

Reflections on Year 3 of Gavi 5.0/5.1

Year in review: a dynamic yet flexible approach supported by continued donor commitment

In an era of fiscal challenges, growing conflict and expanding instability across regions, 2023 was a crucial year for Gavi to strengthen and expand its vaccination efforts and impact. The year saw deepened financial commitments of both new and existing donors, the strategic development and expansion of private sector partnerships, and the creation of new and innovative tools. Gavi implemented dynamic and timely activities and programmes to ensure future impact and at scale in an ever-evolving global environment. This work incorporated critical lessons from the COVID-19 pandemic, while leveraging new and existing innovative financial tools and approaches to diversify global vaccine manufacturing capacity. These actions are pivotal to the successful roll-out of high-impact new vaccines such as malaria, and to the acceleration of routine immunisation coverage in Gavi's next strategic period (2026–2030).

Expanded commitments by sovereign donors and partners

Throughout 2023, sovereign donors deepened their commitments to and support for Gavi's model, centring on future health security risks. The Republic of Korea pledged US$ 70 million to fight COVID-19 and to prepare for the next pandemic. And Canada became the eleventh sovereign donor to support the International Finance Facility for Immunisation (IFFIm), with a long-term pledge of Canadian $125 million paid over eight years. Complementing donor efforts, the European Investment Bank (EIB) increased its frontloading facility to €1 billion to accelerate funding towards routine and outbreak vaccination programmes.

Donor flexibility supports new efforts, catalytic tools

Amid a landscape of constrained resources, Gavi launched financial tools designed to maximise the impact of donor commitments and drive financial efficiency – combining the critical lessons learned from the COVID-19 pandemic and the power of innovation. Thanks in large part to the savings gained through the successful renegotiation of supply contracts, some funds remained in the COVAX Advance Market Commitment (AMC) contingency mechanism known as the Pandemic Vaccine Pool (PVP). The Gavi Board agreed to reinvest these savings into funding critical impact areas: "The Big Catch-up", the Day Zero Financing Facility for Pandemics (DZF) and the African Vaccine Manufacturing Accelerator (AVMA), as well as support a pandemic-ready coalition of vaccine partners.

"The Big Catch-up": Recognising the toll the COVID-19 pandemic took on routine immunisation coverage and the need to provide countries with exceptional support to close immunity gaps, the Gavi Board approved US$ 290 million to provide fully funded doses to help countries 'catch up' children who missed routine vaccinations. The amount approved is an initial estimate and will likely evolve with countries' needs.

Day Zero Financing Facility for Pandemics (DZF): In the wake of devastating damage of the COVID-19 pandemic, the G7, the G20, as well as other global fora, acknowledged the need for early surge financing to ensure the world is better prepared for future outbreaks. To respond to this critical need, Gavi moved fast to establish the DZF, a unique suite of innovative financing instruments designed to bridge the deadly gap in surge financing for a rapid vaccine response. The primary objective for the DZF is to ensure more equitable outcomes for supported countries in future pandemics.

$290m

The Gavi Board approved US$ 290 million to provide fully funded doses to help countries 'catch up' children who missed routine vaccinations during the COVID-19 pandemic.

↓

A new partnership between Gavi and Girl Effect is using the power of mass media to bust myths and help reverse the decline in vaccine coverage across Africa. Read more here

Credit: Girl Effect/2023

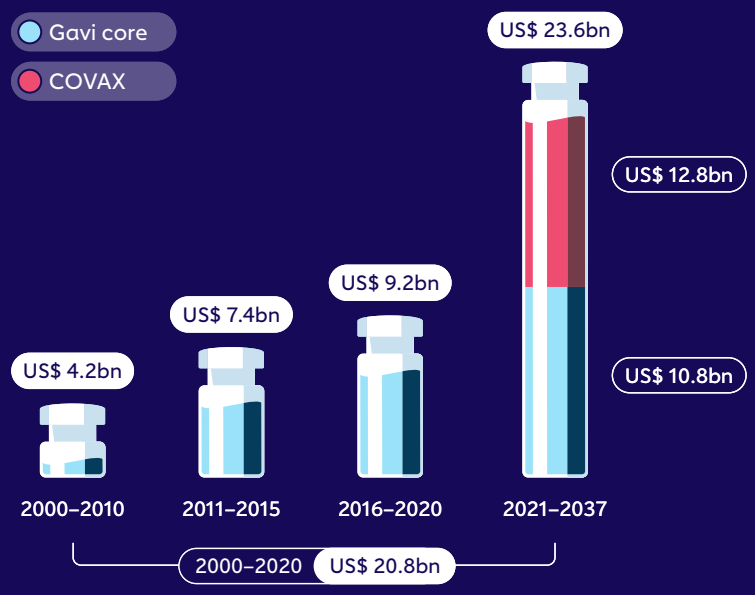
$1.2bn

Donors have generously backed AVMA with up to US$ 1.2 billion of funding.

This includes having the financial firepower to move fast to secure scarce supplies of vaccines in an emergency. Seeded by the US$ 500 million First Response Fund (FRF), this facility leverages liquidity partnerships with the European Investment Bank (EIB) and the U.S. International Development Finance Corporation (DFC) to provide up to US$ 2.5 billion in total surge financing capacity. The Gavi Board also approved US$ 22 million to support pandemic prevention, preparedness and response activities – and to align with international pandemic-related deliberations and mechanisms.

African Vaccine Manufacturing Accelerator (AVMA): The pandemic also highlighted equitable access to vaccines as a fundamental component of vaccine sovereignty. In Africa, vaccine disparity is particularly acute – while home to 20% of the world's population, it produces only 0.1% of the global supply of vaccines. Following more than 18 months of close collaboration between Gavi, the African Union (AU) and the Africa Centres for Disease Control and Prevention (Africa CDC), through an extensive consultation process with partners, donors, industry, civil society and other stakeholders, in December 2023 the Gavi Board approved the establishment of AVMA. AVMA was formally launched on 20 June 2024 in Paris, alongside the Investment Opportunity for Gavi's 2026–2030 strategic period, and generously backed by donors with up to US$ 1.2 billion of funding. AVMA will provide ten years of financial support to help drive a commercially sustainable African vaccine manufacturing industry in support of AU goals, requiring sustainable financing for immunisation on the continent.. Early announcements demonstrate AVMA is already helping incentivise new investments and partnerships. Several global manufacturers are partnering with counterparts in Africa on a range of vaccines, including cholera, polio and yellow fever. Read the news release about partnerships launched by pharmaceutical manufacturers Biovac, EuBiologics and Sanofi, among others.

Donor commitments by end 2023 to Gavi, 2000–2037, US$



Sovereign donors and the European Union in 2022

Private sector partnerships boost progress

While the private sector has always been key to Gavi's success in expanding immunisation programmes, 2023 was an important year for scaling up partnerships. Today, there are over 80 private sector partners to Gavi, across industry sectors and geographies, providing expertise and catalytic funding critical to technological advances. With renewed attention on the value of routine immunisation brought about by the COVID-19 pandemic, Gavi's collaboration with the private sector focused on countries' needs – how to get better data, how to improve supply chains, how to train health workers more effectively.

Rooted in INFUSE, Gavi's flagship innovation platform, and the Gavi Matching Fund, a critical vehicle to incentivise partnerships with the private sector, the private sector helped lay the groundwork for global efforts to reach the most vulnerable communities and meet the ambitions of lower-income countries with the malaria vaccine. Working with innovators technologists Simprints and Zipline, as well as multisectoral partners such as the Children's Investment Fund Foundation (CIFF), Unilever and Girl Effect, among others, Gavi accelerated partnerships' impact and reach.

Without reliable identity registration and identification, it's incredibly hard to know when people are missing

out on vaccines or follow-up vaccinations; and until only recently, it was considered impossible to uniquely identify a child under five through fingerprint. Gavi partnered with Simprints to create the first biometric solution for immunisation, enabling the accurate identification of infants as young as nine months old in Bangladesh's pilot programme at the vanguard of Simprints' global technological roll-out. This solution is further being scaled in Ghana to increase immunisation coverage for 500,000 children, helping drive routine immunisation and laying the groundwork for the malaria vaccine programme – watch the BBC video story.

Gavi and the private sector also partnered to harness drone technology to facilitate the delivery of vaccines in a pilot project in remote parts of Ghana. The effort proved effective in helping immunisation programmes bounce back faster than average from the pandemic's impact, according to new data. Gavi and Zipline, leveraging expertise and catalytic funding from the UPS Foundation, collaborated to enhance supply chain performance in Côte d'Ivoire, Ghana, Kenya, Nigeria and Rwanda, expanding health access especially in areas that are traditionally the most under-served.

At the June 2023 Global Vaccine Impact Conference, longtime private sector leaders deepened partnerships with Gavi, making additional commitments to accelerate immunisation delivery, including the world's first malaria vaccines. This included new initiatives – with CIFF in Ethiopia to reach zero-dose children through an integrated immunisation, nutrition and social protection programme; with Girl Effect in India and the United Republic of Tanzania to increase HPV vaccine coverage; and with Integrate Health in Guinea to revolutionise immunisation delivery.

$22m

The Gavi Board approved US$ 22 million to support pandemic prevention, preparedness and response.

↓

Unique and universal: how Simprints' fingerprint tech is helping get kids protected in Bangladesh. Read more here

Credit: Simprints/2023/ Ashraful Arefin

Gavi also launched its first-ever multisectoral private sector partnership to unite the tripartite forces of immunisation, handwashing and nutrition as part of holistic approach to disease prevention. Announced at the World Economic Forum Annual Meeting, the partnership between Gavi, Unilever Lifebuoy and the Power of Nutrition is combining immunisation, handwashing with soap and nutrition to accelerate child survival efforts. The inititiative aims to reach over 1 million Indonesian children in areas with a high burden of malnutrition and vaccine-preventable diseases.

Health system strengthening and the path to the Lusaka Agenda

Just as the COVID-19 pandemic highlighted inequities in routine immunisation, the arrival of new funding, tools and technologies sparked broader discussions about the larger ecosystem of global health resources. Under the leadership of Japan and India, the G7 and G20 chairs, respectively, called for enhanced cooperation across international partnerships. In the context of the Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process that was ultimately launched in December 2023, Gavi engaged with other multilateral organisations to ensure a stronger, more efficient global health security architecture.

With the first-ever malaria vaccine poised for introduction, Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria convened in October 2023 to ensure the seamless launch of financing for the vaccine amid existing malaria interventions. The two organisations launched four workstreams (malaria, health system strengthening, country engagement and back-office functions) with the objective of deepened collaboration; and laid the groundwork for future collaboration with the Global Financing Facility for Women, Children and Adolescents (GFF).

>8m

The Vaccine Alliance, if fully funded, could protect 500 million more children in the 2026–2030 strategic period, saving over 8 million lives.

Calls for momentum, accelerating impact: from the Mid-Term Review to Gavi's next strategic period (2026–2030)

At the June 2023 Global Vaccine Impact Conference, world leaders convened to evaluate the past two years of implementation of the Vaccine Alliance's five-year strategy against the complex backdrop of COVID-19 and to rally support for additional resources. Hosted by the Government of Spain, José Manuel Albares, Minister for Foreign Affairs, European Union and Cooperation, opened the conference, which marked the release of Gavi's Mid-Term Review (MTR) report, Raising Generation ImmUnity.

The conference united more than 20 heads of state and ministers, as well as representatives from the private sector, civil society and the pharmaceutical industry. Celebrating the milestone of 1 billion children vaccinated since Gavi's founding in 2000, discussions focused on accelerating global immunisation efforts for the next billion. In a speech, H.E. Dr Mansukh Mandaviya, India's Minister of Health and Family Welfare, said, "A whole generation of young adults are alive and healthy in India thanks to the power of immunisation – let us aspire to achieve even more for today's children."

Investment Opportunity for Gavi's next strategic period (2026–2030)

Building on the momentum generated at the June 2023 Mid-Term Review, Gavi debuted the Investment Opportunity (IO) for its 2026–2030 strategic period which, if fully funded, would accelerate Gavi's impact to reach the next billion children in half the time as the first. Launched on 20 June 2024 in Paris, alongside the launch of the African Vaccine Manufacturing Accelerator (AVMA), Gavi, the Government of France and the AU – together with Team Europe partners – hosted The Global Forum for Vaccine Sovereignty and Innovation. The event was opened by the President of the French Republic, H.E. Mr. Emmanuel Macron, and Chairperson of the AU Commission, H.E. Moussa Faki Mahamat.

Countries from around the world participated in this global forum, including the heads of state or government of Botswana, Germany, Ghana, Norway, Rwanda and Senegal, and more than 25 government ministers; leaders of partner organisations such as WHO, UNICEF, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Unitaid; as well from civil society, development banks and the private sector.

Gavi CEO Dr Sania Nishtar outlined to participants how the Vaccine Alliance, if fully funded, could protect 500 million more children in the 2026–2030 strategic period, saving over 8 million lives. The announced targets mean that while Gavi vaccinated 1 billion children between 2000 and 2020, it is aiming to reach the next billion children in half the time. This acceleration through 2030 is critical at a time when countries combat the increasing risks of climate change, fragility and economic instability – and in the last push towards the UN Sustainable Development Goals (SDGs).

From 2026–2030, Gavi aims to reach at least 50 million children with the recommended four doses of malaria vaccines, and 120 million girls – saving more than 1.5 million lives – with the HPV vaccine. It is forecast that 50% of the vaccines in Gavi's portfolio will help combat the twin threats of climate change and antimicrobial resistance (AMR). Gavi also aims to expand its portfolio to include new vaccines including for dengue and, currently in development, tuberculosis.

As co-hosts of the Gavi Mid-Term Review, Spain has renewed its firm commitment to the Vaccine Alliance and to global health. Spain's leadership role in Gavi is a testament of the solidarity and engagement both of the Spanish Government as well as of Spanish civil society.

José Manuel Albares Bueno
Minister for Foreign Affairs, European Union and Cooperation of the Kingdom of Spain
Read the news release

Conclusion

Global health security is critical, as diseases do not respect borders. During the 2026–2030 strategic period, Gavi will strengthen its role in global health security by expanding vaccine programmes to prevent diseases prone to outbreaks, while making significant investments in emergency stockpiles. Achieving these historic milestones will require effort from all of Gavi's stakeholders, with donors being asked to provide new funding of at least US$ 9 billion, while Gavi implementing countries will make more contributions towards the cost of their vaccines than ever before – over US$ 4 billion in co-financing and self-funded vaccine programmes. With Gavi's replenishment process for 2026–2030 only just beginning, the Investment Opportunity launch saw at least US$ 2.4 billion in early pledges from donors including France, Spain, the United States of America, and from private sector and philanthropic donors. These pledges will be supplemented by a suite of innovative finance instruments that will maximise the impact of donor funding. Gavi will now commence an intense period of resource mobilisation.

Annexes

Due to rounding, numbers presented throughout these annexes may not add up precisely to the totals, and percentages may not reflect the absolute figures.

1. Contributions to Gavi as of 31 December 2023 (US$ millions)

Cash received by Gavi

Donors	2023	Total 2000–2023	Gavi COVAX AMC (2023)	GRAND TOTAL (inc. Gavi COVAX AMC)
Australia [1]	82	531		620
Austria				9
Bahrain				3
Belgium	3	3		13
Bhutan				<1
Brazil[1]			121	144
Burkina Faso		1		1
Canada[1]	74	902	37	1,351
China[1]	4	17		117
Colombia				1
Croatia				1
Denmark	4	68		95
Estonia				<1
European Union (EU)[1]	150	482		1,094
Finland	2	5		24
France	55	417	37	655
Germany	135	1,316		2,264
Greece				2
Iceland[1]		1		9
India	3	21		21
Ireland	5	73		83
Italy	23	167		715
Japan[1]	15	234	169	1,403
Kuwait		1	41	51
Liechtenstein				1
Luxembourg	1	20		25
Malaysia				<1
Malta				<1
Mauritius				<1
Mexico				<1
Monaco[1]	<1	2	<1	2
Netherlands	16	627		745
New Zealand				19
Niger		1		1
Norway[1]	117	2,277		2,365
Oman		3		4
Palau[1]				<1
Philippines			<1	1
Poland				1
Portugal	<1	<1		1
Qatar	2	14		24
Republic of Korea[1]	5	44	70	324
Republic of Moldova				<1
Russian Federation		10		10
Saudi Arabia[1]		25		216
Scotland	1	1		1
Singapore				5
Slovenia				1
Spain[2]	1	55		61
Sweden	32	674		698
Switzerland		14		171
Township Zug				<1
Uganda		<1		<1
United Kingdom[1]	311	3,592		3,715
United States of America	290	3,650		7,150
Viet Nam			1	1
Donor governments and the European Union total:	**1,332**	**15,249**	**476**	**24,217**

Donors	2023	Total 2000–2023	Gavi COVAX AMC (2023)	GRAND TOTAL (inc. Gavi COVAX AMC)
AerCap Ireland Limited				<1
Al Ansari Exchange		1		1
Alight Solutions				<1
Alwaleed Philanthropies		4		4
Analog Devices Foundation				1
Arm Limited	1	2		2
Asia Philanthropy Circle				2
Bill & Melinda Gates Foundation	341	4,943		5,149
BlackBerry				<1
Centene Charitable Foundation				<1
Charities Trust				1
Children's Investment Fund Foundation (CIFF)		32		32
Church of Jesus Christ of Latter-day Saints (LDS)		11		11
Cisco	<1	<1		5
The Coca-Cola Foundation				1
CODE (RED)				<1
Collins Aerospace (Goodrich Corporation)				<1
Croda Foundation				<1
Dolby Laboratories Charitable Fund				<1
ELMA Vaccines & Immunization Foundation	1	4		4
Epiroc AB				<1
Etsy				<1
Frank McHugh O'Donovan Foundation, Inc.				<1
Gamers Without Borders (GWB)				2
Gates Philanthropy Partners				18
Google.org	<1	<1	<1	8

Donors	2023	Total 2000–2023	Gavi COVAX AMC (2023)	GRAND TOTAL (inc. Gavi COVAX AMC)
His Highness Sheikh Mohamed bin Zayed Al Nahyan		38		38
International Federation of Pharmaceutical Wholesalers (IFPW)		2		2
Kerk in Actie				<1
King Baudouin Foundation				<1
King Salman Humanitarian Aid & Relief Centre (KSrelief)	<1	<1		6
"la Caixa" Foundation	3	53		53
Mastercard[4]		10		26
OPEC Fund for International Development (OFID)		1		1
PagerDuty				<1
Portuguese private sector				2
The Power of Nutrition[3]	<1	<1		<1
Pratt & Whitney				<1
Procter & Gamble				5
Reed Hastings and Patty Quillin				30
The Rockefeller Foundation	<1	5		5
Russell Reynolds Associates				<1
Salesforce				1
Shell International B.V.				10
SMBC Aviation Capital Limited				<1
Sovereign Order of Malta				<1
Spotify				1
Stanley Black & Decker				1
SymAsia Foundation				<1
Thistledown Foundation				4
TikTok		5		10
Toyota Tsusho[5]				1
Twilio	<1	<1		10
UBS Optimus Foundation				2
Unilever[3]	1	7		7
UPS	<1	2		2
Vaccine Forward			<1	2
Visa Foundation				5
Wellcome Trust	1	1		1
WHO Foundation - Go Give One campaign			3	10
Workday Foundation	<1	<1		1
Other donors[6]	2	104	<1	218
Corporations, foundations, individuals, institutions and organisations total:	**351**	**5,227**	**3**	**5,697**
Subtotal:	**1,683**	**20,476**	**479**	**29,914**
IFFIm proceeds[7,8]	435	4,851		5,826
Pneumococcal AMC proceeds[9]		1,313		1,313
Total contributions:	**2,117**	**26,640**	**479**	**37,052**

Vaccine delivery and/or logistics to Gavi COVAX AMC

Donor	Gavi COVAX AMC 2023	Gavi COVAX AMC Total
Belgium		1
Canada		143
European Commission (EC)		355
France		23
Germany		630
Ireland		4
Japan	131	131
New Zealand		9
United States of America		500
Bill & Melinda Gates Foundation		30
Total:	**131**	**1,825**

COVAX dose sharing – ancillary costs

Donor	Gavi COVAX AMC 2023	Gavi COVAX AMC Total
Australia	5	5
Belgium	2	6
Canada		32
Denmark		2
European Commission (EC)		43
Ireland		2
New Zealand		1
United Kingdom		2
Total:	**8**	**93**

COVAX Humanitarian Buffer

Donor	Gavi COVAX AMC 2022	Gavi COVAX AMC Total
France		6
Germany	(-47)[10]	11
Total:	**(-47)[10]**	**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** Cisco, Power of Nutrition and Unilever provides resources to Gavi on a leveraged partnership project. **4** 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 Bill & Melinda 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 conducted a consumer-based fundraising campaign through its donation platform that raised a total of US$ 2.5 million. **5** 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. **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 (2013–2023). **8** In 2018, the Gavi Board approved Gavi supporting 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. In 2023, Spain signed an IFFIm grant of €75 million (US$ 82 million) to support the CEPI 2.0 programme. To date, IFFIm has provided US$ 272 million for this initiative supported by additional grants from Norway and Italy. IFFIm is expected to raise funds related to the grant from Spain in 2024. **9** Pneumococcal AMC proceeds: cash transfers from the World Bank to Gavi. **10** The "(-47)" pertains to the remainder of funds that were returned to the donor after completion of the project, as per terms of the donor agreement.
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.

1. Contributions to Gavi as of 31 December 2023 (US$ millions)

Cash received by Gavi

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

Donors	2023	Total
Norway		147
United Kingdom		40
Governments total:		**187**
Bill & Melinda Gates Foundation		241
Private contributions total:	**0**	**241**
Total:	**0**	**428**

Country co-financing commitments (in US$)

	2023	2000–2021
Co-financing	162.7 million[1]	1.33 billion

Innovative finance mechanisms: IFFIm commitments[2]

IFFIm grants for Gavi core programmes (signed as of 31 December 2023)

		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; 2012–2030	€330 US$ 67	487
Norway	2010–2030; 2006–2010	NOK 5,500 US$ 27	686
South Africa	2007–2026	US$ 20	20
Spain	2006–2035	€290	345
Sweden	2007–2031	SEK 526	66
United Kingdom	2007–2029	GBP 2,091	3,558
Total:			**8,257**

Innovative finance mechanisms: Pneumococcal AMC[3]

AMC commitments		Total 2009–2020 US$ equivalent (in millions)[2]
Bill & Melinda Gates Foundation		50
Canada		200
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 2023)

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 2023)

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 three countries with fiscal year alignment for which obligations were due by June 2022: Ethiopia, Kenya and Pakistan. It excludes the United Republic of Tanzania, for which Gavi aligned co-financing obligations to its fiscal year (with obligations due by June 2023 instead of December 2022).

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, 2024

2. Governance structure as of 31 December 2023

The Gavi Board

There are 28 seats on the Gavi Board:

4 members representing UNICEF, WHO, the World Bank and the Bill & Melinda Gates Foundation

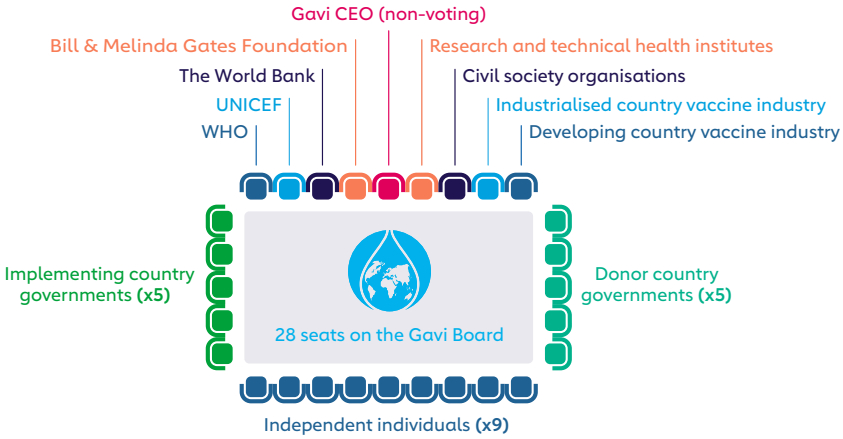
5 representing implementing country governments

5 representing donor country governments

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

9 independent individuals with a range of expertise

CEO of Gavi (non-voting)



Independent members

José Manuel Barroso, Chair
Teresa Ressel
Yibing Wu
Awa Marie Coll Seck
Naguib Kheraj
Anne Schuchat
Deena Shiff
Mphu Ramatlapeng

Organisations

WHO
Bruce Aylward

UNICEF
Omar Abdi

The World Bank
Juan Pablo Uribe

Bill & Melinda Gates Foundation
Violaine Mitchell

Constituencies

Implementing country government representatives

Constituency 1: Ethiopia & Ghana
Kwaku Agyeman-Manu (Ghana)

Constituency 2: India & Lao People's Democratic Republic
Mansukh Mandaviya (India)

Constituency 3: Pakistan & Somalia
Aamer Ikram (Pakistan)

Constituency 4: Armenia & Honduras
Anahit Avanesyan (Armenia)

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

Donor government representatives

USA/Australia/Republic of Korea
Sarah Goulding (Australia), Vice Chair

United Kingdom/Canada/Qatar
Beth Arthy (United Kingdom)

Japan/Italy/New Zealand/Spain
Takeshi Akahori (Japan)

Germany/France/Luxembourg/European Commission/Ireland
Gabriella Fésüs (European Commission)

Norway/Denmark/Finland/Netherlands/Sweden/Switzerland
John-Arne Røttingen (Norway)

Industrialised country vaccine industry
Andrew (Drew) Otoo (Merck Human Health)

Developing country vaccine industry
Sai Prasad (Bharat Biotech International Ltd, India)

Civil society organisations
Rafael Vilasanjuan (ISGlobal)

Research and technical health institutes
Saad Omer (Peter O'Donnell Jr. School of Public Health, University of Texas Southwestern)

Non-voting member
David Marlow (Interim 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,
Audit Committee Chair
Director General for Finance, European Investment Bank

Doris Herrera-Pol
Former Global Head of Capital Markets, The World Bank

Helge Weiner-Trapness
Founding Partner, Quintus Partners

Jessica Pulay
Co-Head of Policy and Markets, UK Debt Management Office

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

Monique Barbut
President, WWF France

Ingrid van Wees
Vice-President for Finance and Risk Management, Asian Development Bank

Source: Gavi, the Vaccine Alliance, 2024

3. Contributions pledged to Gavi[1] includes pledges as of 31 December 2023 (US$ millions)

Donor governments and the European Union	2000–2010					2011–2015						2016–2020							
	Direct contributions	Pneumococcal AMC	IFFIm[2]	Total	As % of grand total[3]	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm[2]	Total	As % of grand total[3]	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm[4]	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Total	As % of grand total[3]
Australia[7]	29			29	1%	242			28	270	4%	157			77			234	3%
Austria																			
Bahrain																			
Belgium[8]																			
Bhutan																			
Brazil															3			3	<1%
Burkina Faso																			
Cameroon																			
Canada[9]	152	125		277	7%	120		50		169	2%	404						404	4%
China[7]												5						5	<1%
Colombia																			
Croatia																			
Denmark[10]	32			32	1%	13				13	<1%	11						11	<1%
Estonia																			
European Union (EU)[7]	58			58	1%	35				35	<1%	240						240	3%
Finland												3						3	<1%
France[11, 12]	19		192	211	5%	127			306	433	6%	109			347			456	5%
Germany[13]	22			22	1%	186				186	3%	668						668	7%
Greece																			
Iceland[7]												1						1	<1%
India						3				3	<1%	9						9	<1%
Ireland[14]	30			30	1%	15				15	<1%	17						17	<1%
Italy		158	107	265	6%			266	152	418	6%	115		131	130			376	4%
Japan[7]						54				54	1%	95						95	1%
Kuwait												1						1	<1%
Liechtenstein																			
Luxembourg	6			6	<1%	5				5	<1%	5						5	<1%
Malaysia																			
Malta																			
Mauritius																			
Mexico																			
Monaco												1						1	<1%
Netherlands	216		14	230	5%	149			72	220	3%	211	11		82			304	3%
New Zealand[15]																			
Niger																			
Norway[7]	526	2	41	569	14%	612		42	94	748	10%	770			96			866	9%
Oman												3						3	<1%
Palau[7]																			
Philippines																			
Poland																			
Portugal																			
Qatar												10						10	<1%
Republic of Korea[7]	<1			<1	<1%	7				7	<1%	22						22	<1%
Republic of Moldova																			
Russian Federation		8		8	<1%			40		40	1%			22				22	<1%
Saudi Arabia												23						23	<1%
Scotland																			

2021–2025									2026–2037					
Direct contributions	Matching Fund[5]	IFFIm[6]	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]		Direct Contribution Total[5]	IFFIm[6]	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	Donors
218		55	95		25	393	2%			74	37	112	5%	Australia[7]
			9			9	<1%							Austria
			3			3	<1%							Bahrain
3			16			20	<1%							Belgium[8]
			<1			<1	<1%							Bhutan
		5	144			149	1%			12		12	1%	Brazil
1						1	<1%							Burkina Faso
1						1	<1%							Cameroon
367		18	624			1,009	5%			74		74	3%	Canada[9]
20			100			120	1%							China[7]
			1			1	<1%							Colombia
			1			1	<1%							Croatia
18			29			47	<1%		4			4	<1%	Denmark[10]
			<1			<1	<1%							Estonia
334			1,009			1,343	6%							European Union (EU)[7]
2			19			21	<1%							Finland
273		540	340			1,153	5%			156		156	7%	France[11, 12]
716			1,589			2,305	11%							Germany[13]
			2			2	<1%							Greece
			8			8	<1%							Iceland[7]
15						15	<1%							India
20			15			35	<1%							Ireland[14]
112		141	548			801	4%			180		180	8%	Italy
140			1,500			1,640	8%							Japan[7]
			50			50	<1%							Kuwait
			1			1	<1%							Liechtenstein
6			6			11	<1%							Luxembourg
			<1			<1	<1%							Malaysia
			<1			<1	<1%							Malta
			<1			<1	<1%							Mauritius
			<1			<1	<1%							Mexico
1			<1			1	<1%							Monaco
56	28	155	119			357	2%			153		153	7%	Netherlands
			29			29	<1%							New Zealand[15]
1						1	<1%							Niger
648		148	88		58	942	4%			271	58	329	14%	Norway[7]
			1			1	<1%							Oman
			<1			<1	<1%							Palau[7]
			1			1	<1%							Philippines
			1			1	<1%							Poland
<1			1			1	<1%							Portugal
10			10			20	<1%							Qatar
30			280			310	1%							Republic of Korea[7]
			<1			<1	<1%							Republic of Moldova
10						10	<1%							Russian Federation
3			191			194	1%							Saudi Arabia
1						1	<1%							Scotland

Donors	2000–2010					2011–2015						2016–2020							
	Direct contributions	Pneumococcal AMC	IFFIm[2]	Total	As % of grand total[3]	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm[2]	Total	As % of grand total[3]	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm[4]	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Total	As % of grand total[3]
Singapore																			
Slovenia																			
South Africa			4	4	<1%				4	4	<1%				3			3	<1%
Spain[16]	43		58	101	2%				51	51	1%				43			43	<1%
Sweden	123		10	132	3%	255			11	266	4%	189			9			198	2%
Switzerland												14						14	<1%
Township Zug																			
Uganda																			
United Kingdom[7, 17]	137	22	153	313	7%	1,424	61	317	475	2,277	31%	1,378		85	696			2,159	23%
United States of America[18, 19]	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%**	**5,860**	**11**	**238**	**1,487**			**7,597**	**82%**

Notes:

1 Some contributions may be received by Gavi in years different to those for which the pledges were made.

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. In 2023, Spain signed an IFFIm grant of €75 million (US$ 82 million) to support the CEPI 2.0 programme. To date, IFFIm has provided US$ 272 million for this initiative supported by additional grants from Norway and Italy. IFFIm is expected to raise funds related to the grant from Spain in 2024.

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

6 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.

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

8 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.

9 Includes Canadian $ 70 million (US$ 55.8 million) towards vaccine delivery to Gavi COVAX AMC and Canadian $ 40 million (US$ 31.6 million) towards dose sharing ancillary costs.

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

11 The Agence française de développement (AFD, French Development Agency), Gavi and the Bill & Melinda 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.

12 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.

13 Germany's total contribution for COVAX of €1,389 million (equiv. US$ 1,589 million) includes: €809 million (equiv. US$ 959 million) towards Gavi COVAX AMC vaccine purchases, including €9 million (equiv. US$ 10.5 million) for obtaining vaccines for humanitarian purposes via the COVAX AMC Humanitarian Buffer; and €580 million (equiv. US$ 630 million) towards vaccine logistics (UNICEF).

14 Includes €2 million (US$ 2.2 million) towards dose sharing ancillary costs.

15 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.

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

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

18 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.

19 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.

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

21 Google.org has donated more than US$ 20 million in Ad Grants to Gavi. In the longer term, Google.org engineers will also support Gavi's broader innovation agenda.

	2021–2025								2026–2037					
Donors	Direct contributions	Matching Fund[5]	IFFIm[6]	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	Direct Contribution Total[5]	IFFIm[6]	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]
Singapore				5			5	<1%					
Slovenia				1			1	<1%					
South Africa			5				5	<1%		1		1	<1%
Spain[16]	12		68	6			86	<1%		84		84	4%
Sweden	176		12	23		121	333	2%		17	129	146	7%
Switzerland				157			157	1%					
Township Zug				<1			<1	<1%					
Uganda	1						1	<1%					
United Kingdom[7, 17]	1,349	32	753	125		394	2,653	12%		748	287	1,035	47%
United States of America[18, 19]	870			4,000			4,870	23%					
Viet Nam				1			1	<1%					
Donor governments and the European Union total	**5,414**	**60**	**1,901**	**11,146**		**598**	**19,120**	**90%**		**1,770**	**512**	**2,286**	**100%**

22 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 Bill & Melinda 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 conducted a consumer-based fundraising campaign through its donation platform that raised a total of US$ 2.5 million.

23 Funding advised by the Thistledown Foundation in support of the Thistledown Foundation COVAX Project, a CAF Canada Project.

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

25 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.

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

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

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

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 2000–2022 are expressed in US$ equivalents using the exchange rates on the dates of receipt. For 2014–2022, where contributions were hedged to mitigate currency risk exposure, these have been expressed using the rates applicable to the hedge agreement.

Future contributions (for pledges made prior to the June 2020 donor pledging conference): non-US$ direct contribution and Gavi Matching Fund pledges for years 2023 and beyond are expressed in US$ equivalents using the applicable "forecast rates" from Refinitiv as of 31 December 2022 or using the rates applicable to any hedge agreement in place.

Future contributions (for pledges at the June 2020 donor pledging conference): non-US$ direct contribution and Gavi Matching Fund pledges for years 2023 and beyond are expressed in US$ equivalents using the spot rates from Refinitiv as of 31 December 2022 or using the rates applicable to any hedge agreement in place.

IFFIm contributions

Received contributions: non-US$ contributions for 2000–2023 are expressed in US$ equivalents as confirmed by the IBRD.

Future contributions: non-US$ contributions for years 2024 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 as of 31 December 2022.

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, 2024

Corporations, foundations, individuals, institutions and organisations	2000–2010					2011–2015						2016–2020							
	Direct contributions	Pneumococcal AMC	IFFIm[2]	Total	As % of grand total[3]	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm[2]	Total	As % of grand total[3]	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																			
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%
Bill & Melinda Gates Foundation[20]	1,213	20		1,233	29%	1,237	50	24		1,310	18%	1,482	70					1,552	17%
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																			
The Coca-Cola Foundation																			
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 Philanthropies Partners																			
Girl Effect													4					4	<1%
Google.org[21]																			
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[22]													2					2	<1%
PagerDuty																			
Portuguese private sector																			
The Power of Nutrition																			
Pratt & Whitney																			
Procter & Gamble																			
Reed Hastings and Patty Quillin																			
The Rockefeller Foundation																			

2021–2025								2026–2037					
Direct contributions	Matching Fund[5]	IFFIm[6]	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	Direct Contribution Total[5]	IFFIm[6]	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	**Donors**
	6					6	<1%						Advancing Health Online Initiative (AHO)
			<1			<1	<1%						AerCap Ireland Limited
	2					2	<1%						Airtel
													Al Ansari Exchange
				<1		<1	<1%						Alight Solutions
3						3	<1%						Alwaleed Philanthropies
				1		1	<1%						Analog Devices Foundation
	3					3	<1%						Arm Limited
				2		2	<1%						Asia Philanthropy Circle
													Audacious Alliance
1,526	45		236			1,807	9%						Bill & Melinda Gates Foundation[20]
				<1		<1	<1%						BlackBerry
				<1		<1	<1%						Centene Charitable Foundation
	15					15	<1%						Children's Investment Fund Foundation (CIFF)
	3					3	<1%						Church of Jesus Christ of Latter-day Saints
				5		5	<1%						Cisco
				1		1	<1%						The Coca-Cola Foundation
			<1			<1	<1%						CODE (RED)
			<1			<1	<1%						Collins Aerospace (Goodrich Corporation)
			<1			<1	<1%						Croda Foundation
			<1			<1	<1%						Dolby Laboratories Charitable Fund
	1					1	<1%						Eleanor Crook Foundation
2						2	<1%						ELMA Vaccines & Immunization Foundation
				<1		<1	<1%						Epiroc AB
			<1			<1	<1%						Etsy
			<1			<1	<1%						Frank McHugh O'Donovan Foundation, Inc.
<1	<1		2			3	<1%						Gamers Without Borders (GWB)
			18			18	<1%						Gates Philanthropies Partners
	4					4							Girl Effect
<1				8		8	<1%						Google.org[21]
5						5	<1%						His Highness Sheikh Mohamed bin Zayed Al Nahyan
	3					3	<1%						Integrate Health
													International Federation of Pharmaceutical Wholesalers (IFPW) Foundation
			<1			<1	<1%						Kerk in Actie
			5			5	<1%						King Salman Humanitarian Aid & Relief Centre (KSrelief)
	8					8	<1%						"la Caixa" Foundation
	12			18		30	<1%						Mastercard[22]
				<1		<1	<1%						PagerDuty
			2			2	<1%						Portuguese private sector
	1					1	<1%						The Power of Nutrition
				<1		<1	<1%						Pratt & Whitney
				5		5	<1%						Procter & Gamble
			30			30	<1%						Reed Hastings and Patty Quillin
5						5	<1%						The Rockefeller Foundation

Donors	2000–2010					2011–2015						2016–2020							
	Direct contributions	Pneumococcal AMC	IFFIm[2]	Total	As % of grand total[3]	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm[2]	Total	As % of grand total[3]	Direct contributions	Matching Fund	Pneumococcal AMC	IFFIm[4]	Gavi COVAX AMC	Gavi COVAX AMC Matching Fund)	Total	As % of grand total[3]
Russell Reynolds Associates																			
Salesforce																			
Shell International B.V.																			
SMBC Aviation Capital Limited																			
Sovereign Order of Malta																			
Spotify																			
Stanley Black & Decker																			
SymAsia Foundation																			
Thistledown Foundation[23]																			
TikTok[24]																			
Toyota Tsusho[25]																			
Twilio																			
UBS Optimus Foundation																			
Unilever													4					4	<1%
UPS																			
Vaccine Forward																			
Visa Foundation																			
Wellcome Trust																			
WHO Foundation - Go Give One campaign[26]																			
Workday Foundation																			
Other donors[27]	12			12	<1%	8	85			92	1%	4	31					39	<1%
Corporations, foundations, institutions and organisations TOTAL[28]:	**1,241**	**20**		**1,261**	**30%**	**1,277**	**148**	**24**		**1,449**	**20%**	**1,495**	**141**					**1,635**	**18%**
TOTAL PLEDGED:	**3,280**	**336**	**578**	**4,194**	**100%**	**5,257**	**209**	**738**	**1,192**	**7,396**	**100%**	**7,355**	**152**	**238**	**1,487**			**9,232**	**100%**
PLEDGES TO CEPI																			
Italy																			
Norway																			
Spain																			
PLEDGES TO CEPI TOTAL:																			
TOTAL PLEDGES, including CEPI:																			

	2021–2025								2026–2037					
	Direct contributions	Matching Fund[5]	IFFIm[6]	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	Direct Contribution Total[5]	IFFIm[6]	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	Donors
					<1		<1	<1%						Russell Reynolds Associates
					1		1	<1%						Salesforce
				10			10	<1%						Shell International B.V.
				<1			<1	<1%						SMBC Aviation Capital Limited
				<1			<1	<1%						Sovereign Order of Malta
					1		1	<1%						Spotify
					1		1	<1%						Stanley Black & Decker
				<1			<1	<1%						SymAsia Foundation
					4		4	<1%						Thistledown Foundation[23]
		5			5		10	<1%						TikTok[24]
				1			1	<1%						Toyota Tsusho[25]
					10		10	<1%						Twilio
					2		2	<1%						UBS Optimus Foundation
		4					4	<1%						Unilever
		2					2	<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[26]
	<1			<1			1	<1%						Workday Foundation
	4			95	20		119	1%						Other donors[27]
	1,549	**111**		**414**	**85**		**2,160**	**10%**						**Corporations, foundations, institutions and organisations TOTAL[28]:**
	6,964	**171**	**1,901**	**11,560**	**85**	**598**	**21,280**	**100%**	**4**	**1,697**	**512**	**2,208**	**100%**	**TOTAL PLEDGED**
														PLEDGES TO CEPI
			6											Italy
			166							100				Norway
			16							66				Spain
			188							**166**				**PLEDGES TO CEPI TOTAL**
			2,089				**21,468**			**1,936**		**2,452**		**TOTAL PLEDGES, including CEPI**

4. Commitments for country programmes 2000–2027[1]

as of 31 December 2023 (US$ millions)

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold Chain Equipment Optimisation Platform	Diagnostics	Cold chain equipment (COVID-19 vaccines)	Total
Afghanistan	393.3	138.3	14.0	17.5	1.7	3.5	3.9		0.4			16.1		0.9	**589.6**
Albania	2.1				0.1	0.3									**2.5**
Algeria														0.7	**0.7**
Angola	136.9	5.8	3.0	0.9	1.3	3.7			0.3	2.4				0.5	**154.8**
Armenia	5.0	0.3	0.1		0.1	0.5		0.2	0.0	0.6					**6.7**
Azerbaijan	15.7	0.6	0.7		0.2	0.2									**17.4**
Bangladesh	969.9	146.3	23.2	53.1	6.1	16.1		0.2	0.3			2.6		2.5	**1,220.4**
Benin	163.7	10.6	0.2	8.2	0.4	1.8		0.2				3.8	0.1	0.4	**189.3**
Bhutan	1.7	0.2			0.0	0.3			0.0	0.2				0.1	**2.5**
Bolivia (Plurinational State of)	36.5	5.4	0.3		0.9	0.8			0.1	1.2				0.3	**45.4**
Bosnia and Herzegovina	2.1				0.1	0.1									**2.3**
Burkina Faso	375.3	43.5	9.7	21.3	0.9	5.2		0.2	0.8			6.2	0.3	0.6	**464.0**
Burundi	181.1	84.8	3.7	9.2	0.4	1.8	0.5	0.2	0.1			1.6			**283.4**
Cambodia	105.6	49.7	2.0	8.0	0.6	1.9		0.2				2.7		0.5	**171.2**
Cameroon	280.6	20.9	7.6	13.2	1.0	4.1	0.1	0.2	0.5			7.1	0.5	0.7	**336.5**
Central African Republic	52.2	25.2	1.9	4.7	0.1	0.7						2.8	0.2	0.2	**87.9**
Chad	139.2	40.0	2.6	25.6	0.4	2.0			0.2			4.5	0.2	0.5	**215.2**
China	22.0				15.9	0.8									**38.7**
Comoros	3.8	6.4	0.1	0.2	0.0	0.5								0.1	**11.1**
Congo, Republic of	32.0	16.2	1.7	2.2	0.2	0.8				0.4		1.3	0.1	0.2	**55.1**
Côte d'Ivoire	304.4	35.1	8.8	24.6	1.6	5.3		0.2	0.7			7.1	0.4	0.7	**388.9**
Cuba	2.9	2.4			0.4	0.1				0.2					**5.9**
Democratic People's Republic of Korea	45.1	38.3	2.2	4.4	0.7	0.9									**91.6**
Democratic Republic of the Congo	1,249.2	313.0	25.8	155.1	2.7	10.1	9.9		1.8		9.2	20.4	0.5	1.7	**1,799.3**
Djibouti	7.7	8.0	0.2		0.0	0.4			0.0			0.3			**16.6**
Egypt														1.5	**1.5**
El Salvador														0.2	**0.2**
Eritrea	43.2	25.4	0.4	3.5	0.1	1.0			0.1			1.4			**75.3**
Eswatini	1.6													0.1	**1.7**
Ethiopia	1,306.9	367.8	17.8	73.0	2.7	10.7	3.3	0.2	6.0			38.9	0.7	2.1	**1,830.3**
Gambia	38.1	6.6	0.7	1.8	0.1	1.2		0.2	0.1			0.7		0.1	**49.5**
Georgia	4.6	0.4	0.1		0.1	0.4	0.0	0.2		0.6					**6.4**
Ghana	372.0	38.6	5.3	19.8	0.9	3.4	0.8	0.2	0.2			2.4	0.3	0.8	**444.8**
Guinea	57.3	30.2	2.9	3.8	0.3	1.3					6.1	8.7	0.1	0.4	**111.2**
Guinea-Bissau	18.4	6.1	0.5	1.3	0.1	0.7						0.6		0.1	**27.8**
Guyana	3.7		0.1	0.0		0.5				0.4				0.1	**4.7**
Haiti	51.2	13.1	1.3	0.8	0.4	0.9						5.8		0.4	**73.8**
Honduras	42.6	9.2	0.1		0.5	0.6				0.4				0.2	**53.6**
India	855.9	342.7		8.5	18.4	0.4								8.7	**1,234.6**
Indonesia	202.9	24.8	12.6		9.9	11.7	4.0	0.2	1.1					1.7	**269.0**
Jordan	7.7														**7.7**
Kenya	617.6	45.4	6.4	27.4	1.1	7.2		0.1	1.1			6.1	0.1	1.2	**713.7**
Kiribati	0.5					0.3									**0.8**
Kosovo	1.7													0.1	**1.8**
Kyrgyzstan	38.4	11.1	0.8	0.5	0.2	0.7			0.0			1.3		0.2	**53.4**
Lao People's Democratic Republic	39.7	19.9	1.4	1.5	0.3	1.3		0.2	0.1	1.6		0.7		0.1	**66.9**

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold Chain Equipment Optimisation Platform	Diagnostics	Cold chain equipment (COVID-19 vaccines)	Total
Lebanon	13.7														**13.7**
Lesotho	12.7	5.1	0.1	0.7	0.1	0.5			0.0			0.7		0.1	**20.1**
Liberia	55.9	21.8	2.2	2.3	0.4	1.2		0.2	0.1		2.8	1.3	0.1	0.2	**88.4**
Madagascar	285.1	50.8	4.1	5.8	0.6	3.0		0.2	0.4			11.5		0.7	**362.2**
Malawi	321.8	60.0	2.0	14.5	0.7	4.2		0.2	0.2			4.9	0.0	0.4	**408.9**
Maldives														0.1	**0.1**
Mali	318.0	64.3	5.0	10.9	0.7	3.9		0.1	0.4				0.1	0.5	**404.0**
Mauritania	46.1	7.8	0.7	2.4	0.2	0.9			0.0			0.6		0.2	**58.9**
Mongolia	7.9	0.5	0.5	0.1	0.1	0.2								0.1	**9.4**
Morocco														0.8	**0.8**
Mozambique	386.1	64.1	1.7	13.5	0.8	3.3		0.2	0.9			5.3	0.2	0.3	**476.4**
Myanmar	226.9	119.1	7.7	23.0	2.1	7.8						6.6			**393.2**
Nepal	183.0	76.1	3.3	14.0	1.2	4.2		0.2	0.2			3.3	0.1	0.7	**286.2**
Nicaragua	37.4	3.8	0.3		0.5	0.3			0.0	0.8				0.2	**43.4**
Niger	340.1	72.3	7.4	25.4	0.9	3.3		0.3	0.4			8.6	0.1	0.6	**459.5**
Nigeria[2]	1,433.9	171.2	44.2	224.3	12.6	35.2			3.8			23.0	1.3	2.6	**1,952.0**
North West Syria Region	1.5	7.9											0.1	0.1	**9.6**
Pakistan	1,938.1	287.3	48.8	121.2	7.4	26.4	7.7		5.5			41.8	0.4	2.5	**2,487.2**
Papua New Guinea	38.1	51.4	0.4	14.8		0.6			0.1			0.9		0.2	**106.6**
Philippines														1.4	**1.4**
Republic of Moldova	6.4				0.1	0.5		0.2		0.7				0.1	**8.0**
Rwanda	180.3	29.9	3.0	5.5	0.4	1.4			0.2			2.7		0.4	**223.6**
Sao Tome and Principe	2.9	4.8	0.1	0.0	0.0	0.8		0.2	0.0					0.1	**8.9**
Senegal	184.7	29.8	2.6	10.1	0.6	2.7		0.2	0.4			3.7	0.3	0.5	**235.6**
Sierra Leone	123.3	18.3	2.7	3.7	0.3	1.4		0.2	0.3		3.8	1.3	0.0	0.3	**155.6**
Solomon Islands	5.9	6.8		0.2		0.6		0.2				0.6			**14.3**
Somalia	38.9	51.4	1.2	9.0	0.2	1.2			0.0			5.7	0.1	0.5	**108.2**
South Sudan	47.4	74.4	4.5	14.4	0.2	0.9			0.2			7.1	0.1	0.3	**149.4**
Sri Lanka	39.2	4.5			0.7	0.9				0.1				0.4	**45.8**
Sudan	573.9	83.6	11.2	60.0	1.3	6.8			0.8			3.1	0.1	0.9	**741.7**
Syrian Arab Republic	54.5	17.8		2.8								6.8	0.1	0.3	**82.3**
Tajikistan	63.6	18.8	2.4	1.3	0.3	1.2			0.1			1.3		0.4	**89.4**
Timor-Leste	2.1	3.0				0.2			0.0	1.5				0.1	**6.9**
Togo	93.4	17.8	3.0	6.6	0.3	1.6	0.3	0.2	0.2			2.4	0.2	0.3	**126.4**
Tunisia														0.3	**0.3**
Turkmenistan	1.0				0.2	0.1									**1.2**
Uganda	681.1	95.4	9.2	45.7	1.2	9.8			0.9			17.5	0.2	1.0	**862.1**
Ukraine	2.7				0.7	0.1								0.7	**4.2**
United Republic of Tanzania	726.5	58.7	11.4	25.2	1.0	8.8		0.2	1.9			8.9		1.3	**843.8**
Uzbekistan	114.5	27.2		1.9	0.7	2.6			0.2	0.8		1.2		0.9	**150.0**
Venezuela	28.1														**28.1**
Viet Nam	161.5	40.7	1.9	15.6	3.2	4.2			0.6	3.2		3.3		1.2	**235.4**
Yemen	354.3	54.4	5.0	14.5	1.2	2.1			0.3			5.3		0.7	**437.9**
Zambia	251.5	25.4	3.9	9.9	0.7	3.5			0.8			3.1	0.0	0.5	**299.3**
Zimbabwe	182.7	30.0	1.5	6.4	0.9	2.1		0.2	0.2			2.6	0.1	0.5	**227.3**
Grand Total:	**17,798.6**	**3,688.8**	**350.3**	**1,196.4**	**113.5**	**252.8**	**30.4**	**5.6**	**33.2**	**15.2**	**21.9**	**328.0**	**7.1**	**51.7**	**23,893.4**

Notes:

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 The Board has approved the extension of Nigeria's "Accelerated Transition" period and within it a total support of up 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, 2024

5. Board approvals for country programme expenditure 2000–2029[1]

as of 31 December 2023 (US$ millions)

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[2]	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold Chain Equipment Optimisation Platform	Diagnostics	Cold chain equipment (COVID-19 vaccines)	Total
Afghanistan	393.3	138.3	14.0	17.5	1.7	3.5	3.9		0.4			16.1		0.9	**589.6**
Albania	2.1				0.1	0.3									**2.5**
Algeria														0.7	**0.7**
Angola	136.9	5.8	3.0	0.9	1.3	3.7			0.3	2.4				0.5	**154.8**
Armenia	5.0	0.3	0.1		0.1	0.5		0.2	0.0	0.6					**6.7**
Azerbaijan	15.7	0.6	0.7		0.2	0.2									**17.4**
Bangladesh	969.9	146.3	23.2	53.1	6.1	16.1		0.2	0.3			1.7		2.5	**1,219.4**
Benin	160.4	9.9	0.2	6.1	0.4	1.8		0.2				3.8	0.1	0.4	**183.1**
Bhutan	1.7	0.2			0.0	0.3			0.0	0.2				0.1	**2.5**
Bolivia (Plurinational State of)	36.5	5.4	0.3		0.9	0.8			0.1	1.2				0.3	**45.4**
Bosnia and Herzegovina	2.1				0.1	0.1									**2.3**
Burkina Faso	375.3	38.8	9.7	21.3	0.9	5.2		0.1	0.8			6.2	0.3	0.6	**459.2**
Burundi	181.1	73.4	3.7	9.2	0.4	1.8	0.5	0.2	0.1			1.6			**271.9**
Cambodia	105.6	49.7	1.8	8.0	0.6	1.9		0.2				2.7		0.5	**171.0**
Cameroon	280.6	20.9	7.6	13.2	1.0	4.1	0.1	0.2	0.5			7.1	0.5	0.7	**336.4**
Central African Republic	52.2	21.0	1.6	4.7	0.1	0.7						2.8	0.2	0.2	**83.5**
Chad	139.1	40.0	2.6	25.6	0.4	2.0			0.2			4.5	0.2	0.5	**215.2**
China	22.0				15.9	0.8									**38.7**
Comoros	3.8	6.4	0.1	0.2	0.0	0.5								0.1	**11.1**
Congo, Republic of	32.0	14.0	1.7	2.2	0.2	0.8				0.4		1.3	0.1	0.2	**52.8**
Côte d'Ivoire	295.8	27.5	8.8	24.6	1.6	5.3		0.2	0.7			7.1	0.4	0.7	**372.6**
Cuba	2.9	2.4			0.4	0.1				0.2					**5.9**
Democratic People's Republic of Korea	45.1	38.3	2.2	4.4	0.7	0.9									**91.6**
Democratic Republic of the Congo	1,249.2	313.0	25.8	145.4	2.7	10.1	9.9		1.8		9.2	20.4	0.5	1.7	**1,789.6**
Djibouti	7.7	7.8	0.2		0.0	0.4			0.0			0.3			**16.4**
Egypt														1.5	**1.5**
El Salvador														0.2	**0.2**
Eritrea	43.2	25.4	0.4	3.5	0.1	1.0			0.1			1.4			**75.3**
Eswatini	1.6													0.1	**1.7**
Ethiopia	1,306.9	367.8	17.8	70.7	2.7	10.7	3.3	0.2	6.0			38.9	0.7	2.1	**1,827.9**
Gambia	38.1	5.3	0.7	1.8	0.1	1.2		0.2	0.1			0.7		0.1	**48.2**
Georgia	4.6	0.4	0.1		0.1	0.4	0.0	0.2		0.6					**6.4**
Ghana	372.0	37.8	5.3	19.8	0.9	3.4	0.8	0.2	0.2			2.4	0.3	0.8	**444.0**
Guinea	57.3	28.0	2.9	3.8	0.3	1.3					6.1	8.7	0.1	0.4	**108.9**
Guinea-Bissau	18.4	4.6	0.5	1.3	0.1	0.7						0.6		0.1	**26.3**
Guyana	3.7		0.1	0.0		0.5				0.4				0.1	**4.7**
Haiti	51.2	13.1	1.3	0.8	0.4	0.9						5.8		0.4	**73.8**
Honduras	42.6	9.2	0.1		0.5	0.6				0.4				0.2	**53.6**
India	825.5	342.7		8.5	18.4	0.4								8.7	**1,204.2**
Indonesia	202.9	24.8	12.6		9.9	11.7	4.0	0.2	1.1					1.7	**269.0**
Jordan	7.7														**7.7**
Kenya	617.6	45.4	6.4	27.4	1.1	7.2		0.1	1.1			6.1	0.1	1.2	**713.7**
Kiribati	0.5					0.3									**0.8**
Kosovo	1.7													0.1	**1.8**
Kyrgyzstan	38.4	11.1	0.8	0.5	0.2	0.7			0.0			1.3		0.2	**53.4**
Lao People's Democratic Republic	39.7	19.9	1.4	1.5	0.3	1.3		0.2	0.1	1.6		0.7		0.1	**66.8**

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[2]	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold Chain Equipment Optimisation Platform	Diagnostics	Cold chain equipment (COVID-19 vaccines)	Total
Lebanon	13.7														**13.7**
Lesotho	12.7	5.1	0.1	0.7	0.1	0.5			0.0			0.7		0.1	**20.1**
Liberia	55.9	21.8	2.2	2.3	0.2	1.2		0.2	0.1		2.8	1.3	0.1	0.2	**88.2**
Madagascar	285.1	50.8	4.1	5.8	0.6	3.0		0.2	0.4			11.5		0.7	**362.2**
Malawi	321.8	53.3	2.0	14.5	0.7	4.2		0.2	0.2			4.6	0.0	0.4	**402.0**
Maldives														0.1	**0.1**
Mali	318.0	54.1	5.0	10.9	0.7	3.9		0.0	0.4				0.1	0.5	**393.7**
Mauritania	46.1	6.4	0.7	2.4	0.2	0.9			0.0			0.6		0.2	**57.5**
Mongolia	7.2	0.5	0.5	0.1	0.1	0.2								0.1	**8.7**
Morocco														0.8	**0.8**
Mozambique	386.1	53.1	1.7	13.5	0.8	3.3		0.2	0.9			5.3	0.2	0.3	**465.4**
Myanmar	226.9	119.1	7.7	11.7	2.1	19.2						3.3			**389.9**
Nepal	183.0	72.1	3.3	14.0	1.2	4.2		0.2	0.2			3.1	0.1	0.7	**282.0**
Nicaragua	37.4	3.8	0.3		0.5	0.3			0.0	0.8				0.2	**43.4**
Niger	340.1	72.3	7.4	25.4	0.9	3.3		0.2	0.4			8.6	0.1	0.6	**459.5**
Nigeria[2]	1,383.1	171.2	44.2	223.9	12.6	35.2			3.8			23.0	1.3	2.6	**1,900.8**
North West Syria Region	1.5	7.9											0.1	0.1	**9.6**
Pakistan	1,908.2	215.7	48.8	121.2	7.4	26.4	7.7		5.5			41.8	0.4	2.5	**2,385.6**
Papua New Guinea	38.1	41.4	0.4	14.8		0.6			0.1			0.9		0.2	**96.6**
Philippines														1.4	**1.4**
Republic of Moldova	6.4				0.1	0.5		0.2		0.7				0.1	**8.0**
Rwanda	180.3	28.45	3.0	5.5	0.4	1.4			0.2			2.7		0.4	**222.1**
Sao Tome and Principe	2.9	4.8	0.1	0.0	0.0	0.8		0.2	0.0					0.1	**8.9**
Senegal	184.7	29.8	2.6	10.1	0.6	2.7		0.2	0.4			3.7	0.3	0.5	**235.6**
Sierra Leone	123.3	15.27	2.7	3.7	0.3	1.4		0.2	0.3		3.8	1.3	0.0	0.3	**152.6**
Solomon Islands	5.9	6.8		0.2		0.6		0.2				0.6			**14.3**
Somalia	38.95	51.42	1.22	8.99	0.21	1.19			0.30			4.96	0.08	0.46	**107.8**
South Sudan	47.36	72.06	4.53	14.41	0.17	0.87			0.16			7.06	0.12	0.34	**147.1**
Sri Lanka	39.25	4.44			0.71	0.91				0.09				0.37	**45.8**
Sudan	573.87	77.25	11.23	60.02	1.32	6.76			0.75			3.05	0.13	0.94	**735.3**
Syrian Arab Republic	54.45	17.78		2.78								6.84	0.08	0.34	**82.3**
Tajikistan	61.17	18.79	2.39	1.08	0.35	0.96			0.07			1.28		0.37	**86.4**
Timor-Leste	2.08	3.05				0.20			0.03	1.48				0.05	**6.9**
Togo	93.43	17.84	2.99	6.62	0.32	1.64	0.27	0.21	0.24			2.43	0.16	0.28	**126.4**
Tunisia														0.28	**0.3**
Turkmenistan	0.98				0.16	0.10									**1.2**
Uganda	681.14	82.67	9.23	42.68	1.21	9.77			0.93			16.34	0.18	1.04	**845.2**
Ukraine	2.71				0.74	0.10								0.68	**4.2**
United Republic of Tanzania	695.97	58.55	11.41	23.00	1.02	8.76		0.20	1.89			8.88		1.27	**810.9**
Uzbekistan	114.07	26.94		1.86	0.73	2.55			0.18	0.83		1.20		0.95	**149.3**
Venezuela	28.14														**28.1**
Viet Nam	161.46	40.69	1.93	15.65	3.23	4.16			0.56	3.21		3.30		1.23	**235.4**
Yemen	354.32	54.38	5.05	14.47	1.19	2.11			0.28			5.32		0.74	**437.9**
Zambia	251.46	25.38	3.86	9.93	0.69	3.47			0.84			3.08	0.04	0.52	**299.3**
Zimbabwe	182.72	29.39	1.53	14.45	0.95	2.11		0.14	0.24			2.57	0.11	0.48	**234.7**
Grand Total:	**17,641.3**	**3,509.8**	**349.9**	**1,173.0**	**113.3**	**263.8**	**30.4**	**5.3**	**33.5**	**15.1**	**21.9**	**321.5**	**7.1**	**51.7**	**23,537.7**

Note:
1 Commitments 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 The Board has approved the extension of Nigeria's "Accelerated Transition" period and within it a total support of up US$ 1 billion. The above table includes a subset of this figure as Commitments, that has been fully endorsed to date.

General note:
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, 2024

6. Commitments and Board approvals for investment cases

as of 31 December 2023 (US$ millions)

Commitments for investment cases 2000–2029[1]

Programme	Vaccines	Operational costs	Cold chain equipment	Implementation costs	Diagnostics	Total
Measles	60.4	115.6				176.0
Measles & Rubella Partnership	22.0	33.0		70.0		125.0
Meningococcal meningitis	226.8	36.3				263.2
Maternal and neonatal tetanus	16.3	45.3				61.6
Polio	143.3	48.0				191.3
Yellow fever	195.2	63.7			0.5	259.5
Cholera	365.3	89.5				454.8
Ebola	94.2	8.6				102.7
Humanitarian response Syria	33.0		17.0			50.0
Malaria		39.1		57.6		96.7
Rotavirus	104.9					104.9
Other	95.4			391.9		487.3
Total:	**1,356.7**	**479.2**	**17.0**	**519.5**	**0.5**	**2,372.9**

Board approvals for investment case expenditure 2000–2029[2]

Programme	Vaccines	Operational costs	Cold chain equipment	Implementation costs	Diagnostics	Total
Measles	60.4	115.6				176.0
Measles & Rubella Partnership	22.0	33.0		70.0		125.0
Meningococcal meningitis	113.0	28.3				141.3
Maternal and neonatal tetanus	16.3	45.3				61.6
Polio	143.3	48.0				191.3
Yellow fever	195.2	63.7			0.5	259.5
Cholera	341.8	89.5				431.3
Ebola	94.2	8.6				102.7
Humanitarian response Syria	33.0		17.0			50.0
Malaria		36.2		57.6		93.8
Rotavirus	104.9					104.9
Other	95.4			391.9		487.3
Total:	**1,219.4**	**468.3**	**17.0**	**519.5**	**0.5**	**2,224.7**

Notes:

1 Commitments 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, 2024

The Vaccine Alliance is funded by

Donor governments and the European Union

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Vaccines are among the most powerful inventions in history. With continued and increased investment in Gavi, we can harness their power, saving millions of lives in the coming decades.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General, June 2024

No child should die from vaccine-preventable diseases. Through Gavi, the Vaccine Alliance we continue to bridge the gap between life-saving vaccines and the children who need them.

Catherine Russell
UNICEF Executive Director, June 2024

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