

Annual Progress Report 2021

>981m

children immunised
since 2000



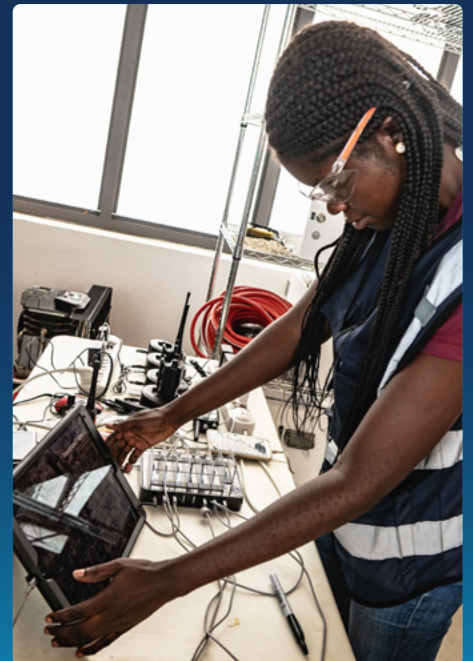
>US\$ 185.3bn

in economic benefits
since 2000



>16.2m

deaths averted since 2000



SPECIAL FOCUS



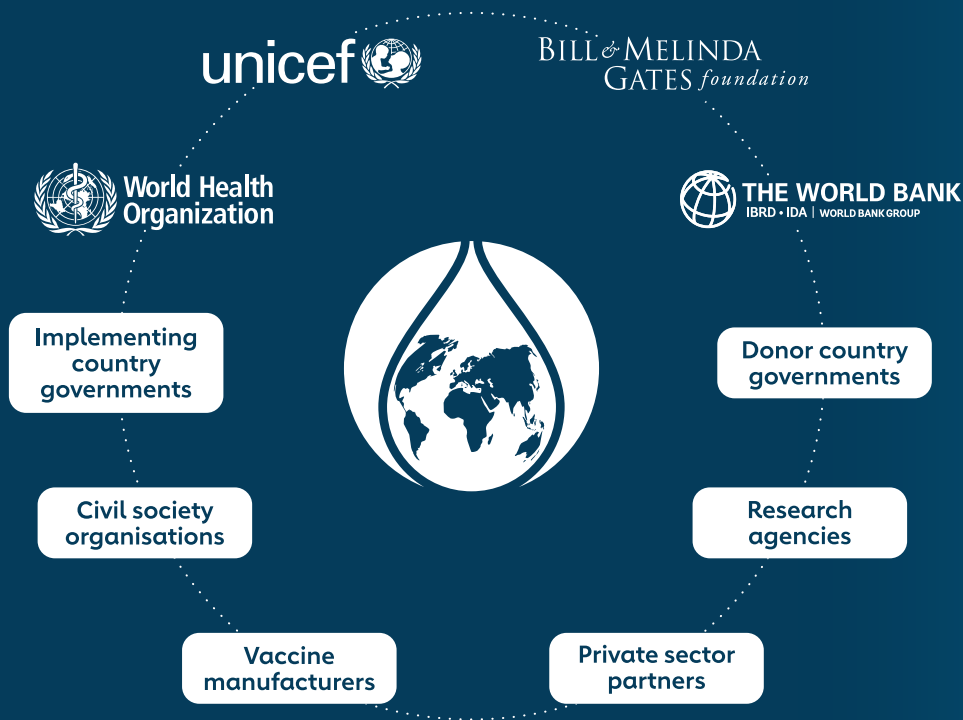
How to stem the rise
in zero-dose children



Innovative financial
partnerships



Healthy vaccine
markets



Learn more at www.gavi.org and [VaccinesWork](https://vaccineswork.org/), 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 2021 Annual Financial Report was approved by the Board and published on the Gavi website in June 2022: www.gavi.org/funding/financial-reports.

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Gavi, the Vaccine Alliance is a public-private partnership that helps vaccinate half the world's children against some of the world's deadliest diseases. Since its inception in 2000, Gavi has helped to immunise a whole generation – over 981 million children – and prevented more than 16.2 million future deaths, helping to halve child mortality in 73 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 invests in the latest technology – from cold chain equipment and diagnostics, to drones and biometrics – to save millions more lives, prevent

outbreaks before they can spread and help countries on the road to self-sufficiency. Gavi is a co-convenor of COVAX, together with CEPI, WHO and UNICEF.

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.

Gavi by the numbers: Together we have achieved, 2000–2021

>981m children vaccinated through routine programmes

>1.4bn vaccinations through vaccination campaigns

>16.2m million future deaths prevented

561¹ vaccine introductions and campaigns

¹ Excluding COVID-19 vaccination. Of Gavi-supported vaccines against 17 infectious diseases in the Gavi 1.0 and 2.0 strategic periods, introductions were completed for hepB mono and TetraDTP-hepB that are not counted here.

>US\$185.3bn in economic benefits generated in the countries we support

US\$1.3bn in co-financing contributions from Gavi-supported countries since 2018

Inside this report

Immunisation is one of the world's most effective and cost-effective public health interventions. Working alongside Gavi and other key partners, we need to catch up on missed children – especially “zero-dose” children ... and make sure lost ground does not become lost lives.

Catherine Russell, UNICEF Executive Director, September 2022

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Reflecting on 2021, the global imperative for 2022

Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance, looks back on the first year of Gavi 5.0



Seth Berkley
Gavi CEO

Seth Berkley

Welcome to Gavi's 2021 Annual Progress Report – the first of Gavi's 2021–2025 strategic period, also known as Gavi 5.0. As this report will show, the COVID-19 pandemic has led to declines in immunisation coverage in the 57 lower-income countries supported by Gavi – a human tragedy on an enormous scale. At the same time, examples of resilience and signs of recovery have emerged. As we shine a light on these challenges and successes, the Vaccine Alliance stands shoulder to shoulder with countries to get routine immunisation back on track.

We began the new year by welcoming **José Manuel Barroso** as Chair of the Gavi Board. His expertise and passion have proven to be invaluable in navigating several challenging Board decisions and amplifying the call for vaccine equity among new audiences.

2021 was another challenging year in global health, as the official death toll for COVID-19 surpassed 5 million lives – a figure representing unimaginable heartbreak and loss, especially as the **true figure is likely many times higher**. Even as countries made extraordinary efforts to protect routine immunisation programmes in the face of this global pandemic, millions of children

have missed out on life-saving vaccines. Basic vaccine coverage in 57 Gavi-supported countries dropped by one percentage point to 77% in 2021 following a four percentage point fall in 2020. The number of “zero-dose” children, who have not received a single shot of basic vaccines, rose for the second year running to 12.5 million – leaving them vulnerable to some of the world's deadliest diseases, and making Gavi's 5.0 mission to locate and reach them even more pressing.

Against this backdrop, Gavi-supported countries have made significant strides: one third saw routine immunisation coverage increase in 2021. And two thirds of African countries have either recovered to pre-pandemic levels or begun recovering – Chad and Pakistan stand out for strong performances (see page 46 for more). The 57 Gavi-supported countries administered more vaccines in 2021 than any year in history: 65 million children vaccinated through routine programmes and more than 2 billion COVID-19 vaccines administered.

The first COVAX-supplied vaccine doses were administered in a Gavi COVAX AMC lower-income country on 16 January 2021, just 39 days after the first dose of a COVID-19 vaccine was administered in a high-income country, a historic first. And 44 days later, **the first COVAX doses were administered in Africa** – less than one year after COVID-19 was characterised as a pandemic.

Since those milestones, COVAX, a partnership between CEPI, Gavi, WHO and UNICEF, faced tremendous challenges securing adequate supply as export bans and hoarding by wealthier countries took their toll. Despite at times contending with what looked like insurmountable obstacles, COVAX aggressively ramped up deliveries in the final quarter of the year, and by the end of 2021 had shipped nearly 1 billion doses of COVID-19 vaccines to 144 economies around the world (the vast majority to the 92 lower-income economies supported through the Gavi COVAX AMC). Gavi raised US\$ 10.9 billion from our generous donors for COVID-19 vaccine supply and delivery, and put in place a new dose donation programme to deal with vaccine shortages.

In 2021, COVAX partners worked closely to address challenges of rolling out COVID-19 vaccines to lower-income countries. This involved accelerating vaccination through technical, ultra-cold chain and other support – including 400 additional staff to WHO and UNICEF; and providing additional support to strengthen health systems in countries with particularly low absorption capacity. At the December Board meeting, Vaccine Alliance partners agreed to prioritise delivery through a refreshed approach (now known as the COVID-19 Vaccine Delivery Partnership) overseen by the Temporary Delivery Steering Committee and chaired by Board Chair Barroso.

Also in December 2021, **the Gavi Board made history** by approving funding to support the roll-out of the world's first malaria vaccine – nearly 35 years in development – in sub-Saharan Africa in 2022–2025. This new malaria vaccination programme will protect children against a disease that kills hundreds of thousands in Africa every year. Also, the first doses of licensed Ebola vaccine were shipped from a **Gavi-funded global emergency stockpile of 500,000 doses**.

This was also the first full year of Gavi implementing a **revised Gender Policy**, to identify and overcome gender-related barriers to reach zero-dose children and missed communities with the full range of vaccines. We were delighted that the **Global Health 50/50 Report placed Gavi among the top 5% of 201 global health organisations** in its 2021 review of gender-related policies and practices.

It was only as 2021 came to a close that we began to see what a sustained, concerted multilateral response to a global pandemic looks like and what it requires to keep routine immunisation systems afloat while health systems are under extreme pressure. Maintaining, restoring and strengthening routine immunisation is essential to reducing the risks of concurrent outbreaks, and to pandemic prevention and preparedness. You will have heard this many times, but it remains the central challenge of our day – and of Gavi 5.0: no one is safe until everyone is safe.

Recognising country commitment

Prof José Manuel Barroso, Chair of the Gavi Board, reflects on the achievements of lower-income countries during the pandemic



José Manuel Barroso
Board chair



When I joined Gavi in January 2021, it was at a time when the Vaccine Alliance was contemplating the most ambitious period in its history: to reach a record 300 million children in 57 countries with life-saving vaccines over five years, as part of a drive to protect more children in communities that had not yet been reached. This would have been a daunting task even before the biggest economic and social crisis in a lifetime: the COVID-19 pandemic.

Reflecting on the spectrum of challenges that Gavi-supported countries faced in 2021, we recognise and celebrate their commitment to immunisation: most countries maintained or increased domestic resources for Gavi-supported vaccines in 2021, contributing a record US\$ 161 million in co-financing. Excluding six countries that were granted an exceptional COVID-19 co-financing waiver, 100% of countries fully met their 2021 co-financing obligation – a remarkable achievement.

What particularly impressed me as I prepared to take up the mantle of my predecessor, Dr Ngozi Okonjo-Iweala, was Gavi's commitment to supporting implementing countries on a path to self-reliance – notably through the

strengthening of their health systems. By expanding access to routine immunisation, Gavi and its partners are helping to create stronger and more resilient primary health care – with a laser focus on “zero-dose” children and missed communities who may be facing multiple deprivations. This work is prioritised across the Gavi portfolio, including in countries facing conflict and fragility such as Afghanistan, Somalia, Sudan, Syria and Yemen, where life-saving vaccination must continue in the face of other challenges.

From cold chain storage to digital tools, immunisation at scale would not be possible without private sector innovation, venture capital and an unrelenting belief that we can do better, and be more efficient, in our efforts to reach everyone with immunisation. Gavi 5.0 brings new opportunities for industry to work in partnership with governments and civil society to advance vaccine equity, innovation and regional manufacturing – especially in Africa. To build trust and confidence in vaccines. To support gender equality. And to address the inequities that divide us.

The mission of Gavi's 2021–2025 strategic period is to save lives and protect people's health by increasing equitable and sustainable

use of vaccines. But vaccine equity isn't only about good health and well-being. It's about improved learning for our children. A healthier workforce means a healthier economy – and is a key component of long-term social stability.

As Gavi continues to make long-term, strategic investments in health systems in lower-income countries, we are building a stronger model for global collaboration that will have implications beyond the current pandemic, and even future ones: by bolstering routine immunisation, we are bolstering the very foundation of global health.

The road ahead of us is long, and the road to the last mile even longer, but there is no shortage of inspiration in the following pages. Those of us working in the global health community in support of vaccine equity must take our inspiration from the countries we support – and match their commitment to leaving no one behind without the life-saving power of immunisation.



Maremma with her daughter at Hebbal settlement, Bengaluru, India.

[Read the full article](#)

Credit: Gavi/2021



Gavi 5.0 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 2020–2025 period. Summary: pages 8–10.

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

Page 24

Objectives



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



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



Enhance **outbreak response** through availability and strategic allocation of vaccine stockpiles



Goal 02

Strengthen health systems to increase equity in immunisation

Page 34

Objectives



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



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



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

Page 40

Objectives



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



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



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



Goal 04

Ensure healthy markets for vaccines and related products

Page 48

Objectives



Ensure sustainable, **healthy market dynamics** for vaccines and immunisation-related products at affordable prices



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



Scale up **innovative immunisation-related products**

Mission indicators

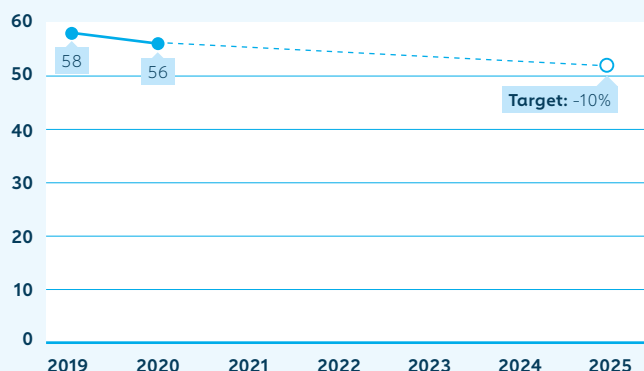
Amid the economic, political and social challenges of the COVID-19 pandemic in 2021, Vaccine Alliance partners and countries made progress towards achieving our six mission indicators for the 2021–2025 strategic period.



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.

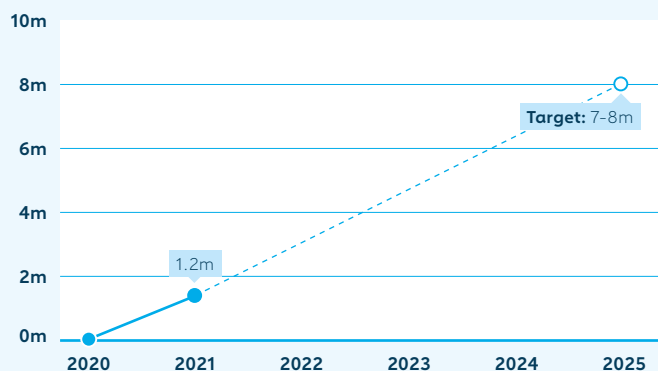
2021 performance: Data available Q4 2022

Data sources: Child mortality estimates: UN Inter-agency Group for Child Mortality Estimation (IGME), 2021

M.2

Future deaths averted with Gavi support

of future deaths averted as a result of vaccination with Gavi-funded vaccines in the countries we support



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.

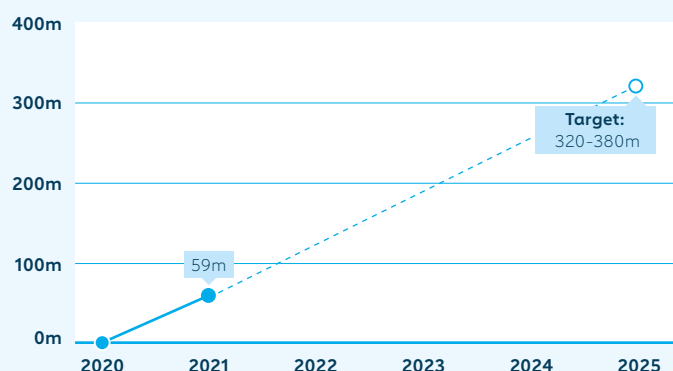
2021 performance¹: More than 1.2 million future deaths were averted by Gavi-supported vaccinations in 2021. The cumulative number of future deaths averted from 2000 through 2021 is more than 16.2 million.

Data sources: Vaccine Impact Modelling Consortium (VIMC), 2022



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 years lost due to disability or premature death.



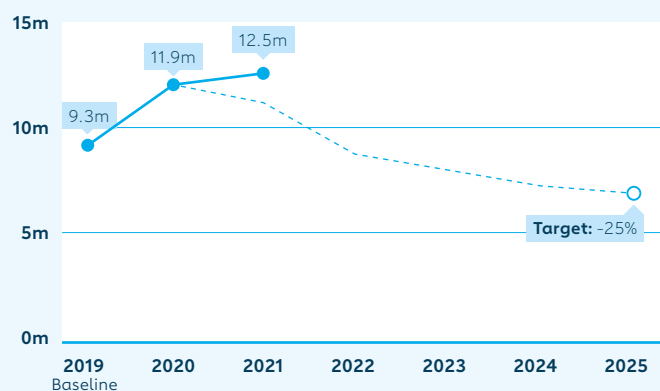
Reduction in overall disease burden from vaccine-preventable diseases is one of the ultimate impact measures of Gavi support.

2021 performance¹: More than 59 million future DALYs were averted by Gavi-supported vaccinations in 2021.

Data source: VIMC, 2022

M.4 Reduction in number of zero-dose children

This indicator tracks the reduction in the # of zero-dose children in Gavi-eligible countries relative to the number at 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.

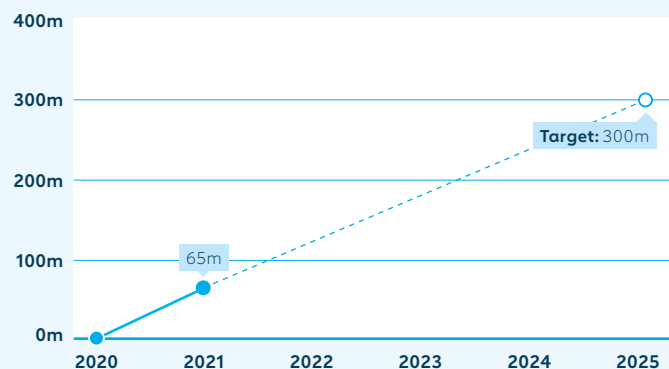
2021 performance: In 2021, there were 12.5 million zero-dose children in the 57 lower-income countries supported by Gavi, representing a 34% increase since 2019.

Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2022; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022

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 support² (People immunised through campaigns and supplementary immunisation activities are not included.)



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.

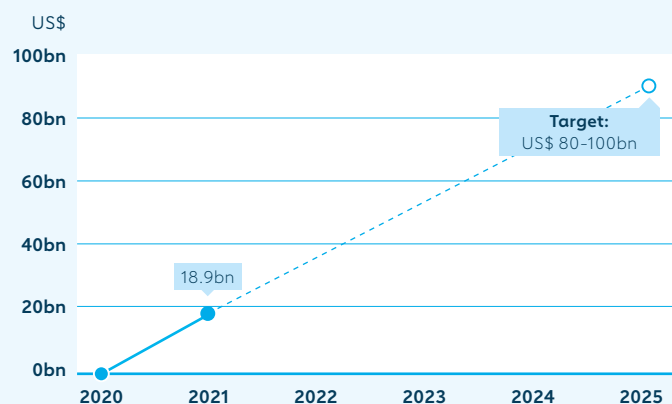
2021 performance¹: Countries immunised more than 65 million unique children with Gavi-supported vaccines in 2021 – signalling that we remain on track to reach our Mission target of immunising 300 million additional children during the 2021–2025 strategic period. (Of this number, each child is protected against approximately six infectious diseases.) This brings the cumulative number of children immunised since 2000 to more than 981 million – meaning we are set to exceed 1.1 billion children vaccinated through routine systems by end 2025.

Data sources: Vaccine coverage: WUENIC, 2022; population estimates: World Population Prospects 2022

M.6

Economic benefits generated through Gavi-supported immunisations

Amount in US dollars of the direct and indirect benefits of immunisation supported by Gavi



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

2021 performance^{1,3}: In 2021, our work helped generate more than US\$ 18.9 billion in economic benefits in the countries we support. From 2000–2021, that figure is more than US\$ 185.3 billion.

Data sources: The DOVE ROI model as outlined in Sim et al. 2019. Additionally, the DOVE-ROI models use health impact estimates from VIMC, Toor et al. 2020.

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.

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 To not double-count recipients of more than one vaccine, we only take into account the vaccine with the highest coverage level per country. ³ For Gavi 5.0, this indicator is calculated using a new method, which has resulted in a downward revision of historical estimates.

Anuradha Gupta: Advocating for the health rights of women and children



"We must seize this opportunity to shape our COVID-19 response to achieve better equity and social justice."

Anuradha Gupta

The race to reach zero-dose children – those who remain deprived of even a single vaccine shot – is the driving force of Gavi's 2021–2025 strategy. Anuradha Gupta, Gavi's Deputy CEO, is a tireless advocate for protecting these zero-dose children, and the missed communities in which they reside, with the life-saving vaccines they need to survive and thrive. Reaching them requires putting equity, gender and communities at the centre of Gavi's programmatic planning. The excerpts below are from a selection of Anuradha's op-eds published in 2021 – which have served to ensure alignment and a laser focus on zero-dose children and missed communities, across the Vaccine Alliance and beyond.

ELLE with UNHCR ambassador Gugu Mbatha-Raw

Nearly 14 million children born every year do not receive a single vaccine. These "zero-dose" children represent the most alarming societal inequities – with zero protection against preventable diseases, such as measles and polio. Today, we have a real chance at closing this vaccination gap. The lessons we learn from creating innovative and humane solutions and policies during the COVID-19 pandemic can be used to safeguard every child's right to health and to create more successful vaccination strategies in the future.



Mothers and children waiting to receive routine vaccines and boosters, Maputo, Mozambique.

Credit: Gavi/2020/
Isaac Griberg



thebmj with Helen Clarke, chair of PMNCH Board and former Prime Minister of New Zealand

To end the COVID-19 pandemic, it is imperative we commit to equitable access to vaccines, and to prioritising the health of women, children, and adolescents. If we want to make progress and improve pandemic preparedness in the process, then we must use COVID-19 vaccination programmes as an opportunity to reset: to build back better with more equal, just, and inclusive approaches that leave no one behind. ... The question is not whether we can afford to do it – the question is whether we can afford not to.

devex

There is no time to lose. We must seize this opportunity to shape our COVID-19 response as a chance to achieve better equity and social justice. What better way to do that than to focus on zero-dose children – as well as communities that continue to be invisible and therefore deprived of basic health protection, of which vaccination is a prime example – as a pathway to strengthen primary health care?

UN Chronicle

We are united in our suffering, united in our grief and united in our hopes for a healthy future. But in order to bring the pandemic to a swift end, we must also be united in our actions. This means ensuring that every country has equal access to safe and effective COVID-19 tools, regardless of their ability to pay.

devex

Before hard-won gains in gender equality come undone, we need global solidarity to support women and girls during recovery from the pandemic. ... The magnitude of the threats facing women and girls is formidable, but the pandemic has revealed that we, members of the global community, are not afraid of an epic challenge. We came together to guarantee the largest global rollout of vaccines in history to protect people from COVID-19, regardless of gender, geography, or wealth.

WORLD ECONOMIC FORUM

We can't afford to lose one more life to a preventable, curable disease. And that means ensuring that a lack of supply of HPV vaccines to lower-income countries does not become the only barrier to this ambitious, but highly feasible, goal of eliminating cervical cancer – for good.

Gavi-supported vaccine introductions & campaigns

12

Annual Progress Report
Introductions & campaigns

Country	Surviving infants surviving to 1 year (2021) Child mortality rate deaths <5 years per 1,000 births (2020) Immunisation coverage (DTP3)/pentavalent 3rd dose (2021)				R = routine C = campaign D = demonstration project		Pentavalent Rotavirus Pneumococcal Human papillomavirus Inactivated polio ² Measles Measles-rubella Meningococcal A Typhoid Yellow fever										1 – Initial self-financing 2 – Preparatory transition 3 – Accelerated transition 4 – Fully self-financing				
African Region					Vaccines launched in 2021		Vaccines launched 2000–2020										Transition status ³				
Angola	1,286,766	71	45%				R	R	R		RC			C							
Benin	454,920	86	76%				R	R	R	D	R			RC	C		RC				
Burkina Faso	754,125	85	91%	Inactivated polio (C)			R	R	R	D	R		R	CC	RCC		C				
Burundi	423,658	54	94%	Inactivated polio (C)			R	R	R	D	R		R	C	C						
Cameroon	913,361	72	69%				R	R	R	RD	R			RCC	C		RC				
Central African Republic	222,643	103	42%				R				R		C		RC		RC				
Chad	706,141	110	58%	Measles (C)			R				R		CC		RCC		R				
Comoros	23,279	61	85%	Measles-rubella (RRC)			R				RC										
Congo	174,283	45	77%				R	R	R		R			C				R			
Côte d'Ivoire	891,654	78	76%	IPV (C)	MR (R+C)		R	R	R	RD	R			RC	RCC		C				
DR Congo	3,864,669	81	65%	Yellow fever (C)			R	R	R		R		CCC		C		R				
Eritrea	101,242	39	95%	Inactivated polio (C)			R	R	R		R		R	RC	RC						
Ethiopia	3,780,606	49	65%				R	R	R	RD	R		RCC		C						
Gambia	85,508	49	82%				R	R	R	RCD	R		R	C	RCC						
Ghana	879,551	45	98%				R	R	R	D	RC		R	CC	RCC		RC				
Guinea	442,783	96	47%	Meningococcal A (R)			R				R				C		RC				
Guinea-Bissau	61,475	77	67%				R	R	R		R		C		C		R				
Kenya	1,430,189	42	91%	Measles-rubella (C)			R	R	R	RD	R			C	C		R				
Lesotho	56,603	90	87%				R	R	R		R			C							
Liberia	155,385	78	66%	Typhoid (R+C)			R	R	R	RD	RC		RC				RC				
Madagascar	867,928	50	55%				R	R	R	D	R		R								
Malawi	637,864	39	93%	Inactivated polio (C)			R	R	R	RD	R		R	C							
Mali	872,528	91	77%				R	R	R	D	R		RC		RCC		RC				
Mauritania	147,564	71	68%	HPV (R+C)			R	R	R		R			RC	C						
Mozambique	1,125,799	71	61%	HPV (R)			R	R	R	D	R		R	RC							
Niger	1,104,024	78	82%				R	R	R	D	R		C		RCC		R				
Nigeria	7,490,708	114	56%	Measles (C)			R				R		RCCCC		RCC		RC				
Rwanda	393,445	40	88%				R	R	R	R	R		R	CC							
Sao Tome and Principe	6,251	16	97%	HPV (R+C)			R	R	R	D	RC		R	C			R				
Senegal	538,096	38	85%	IPV (C)	MR (C)		R	R	R	RD	R		R	CC	C		C				
Sierra Leone	250,337	108	92%	Inactivated polio (C)			R	R	R	D	R		R	RC			RC				
South Sudan	297,836	98	49%				R				R		C		C						
Togo	265,319	64	83%	Meningococcal A (R+C)			R	R	R	D	R			RRC	C		RC				
Uganda	1,642,190	43	91%				R	R	R	R	R			RC	C						
UR Tanzania	2,235,407	49	81%				R	R	R	RD	RC		R	CC							
Zambia	649,282	61	91%				R	R	R	R	RC		R	CC							
Zimbabwe	473,570	54	86%	IPV (C)	TCV (R+C)		R	R	R	RCD	R			RCC							

Notes: 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.

Sources: vaccine launches: Gavi, the Vaccine Alliance; surviving infants: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022; child mortality: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2021; immunisation coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2022; eligibility: World Bank, World Development Indicators

Country

Region of the Americas				Vaccines launched in 2021		Vaccines launched 2000–2020										Transition status ³				
Bolivia (Plurinational State of)	257,599	25	70%																	
Cuba	100,100	5	99%																	
Guyana	16,043	28	91%																	
Haiti	259,152	60	51%																	
Honduras	214,096	16	77%																	
Nicaragua	138,979	16	87%																	
Eastern Mediterranean Region																				
Afghanistan	1,387,559	58	66%																	
Djibouti	23,740	56	59%																	
Pakistan	6,105,641	65	83%	Measles-rubella (C)																
Somalia	704,059	115	42%	Measles (R)																
Sudan	1,483,986	57	84%	Yellow fever (R)																
Syrian Arab Republic	419,954	22	48%																	
Yemen	970,075	60	72%																	
European Region																				
Armenia	33,426	11	93%																	
Azerbaijan	125,236	19	89%																	
Georgia	50,077	9	85%																	
Kyrgyzstan	155,579	18	89%	Inactivated polio (C)																
Republic of Moldova	37,740	14	87%																	
Tajikistan	254,611	32	97%	Inactivated polio (C)																
Uzbekistan	794,642	14	98%	IPV (C)	HPV (C)															
South-East Asia Region																				
Bangladesh	2,957,723	29	98%																	
Bhutan	9,507	28	98%																	
DPR Korea	340,046	17	41%																	
India	22,591,299	33	85%																	
Indonesia	4,422,245	23	67%	Pneumococcal (R) ^{7,8}																
Myanmar	893,712	44	37%																	
Nepal	597,369	28	91%																	
Sri Lanka	304,378	7	96%																	
Timor-Leste	32,027	42	86%																	
Western Pacific Region																				
Cambodia	314,929	26	92%																	
Kiribati	3,396	50	92%																	
Lao PDR	158,442	44	75%																	
Mongolia	70,883	15	95%	Inactivated polio (C)																
Papua New Guinea	246,340	44	31%																	
Solomon Islands	20,794	19	87%																	
Viet Nam ¹²	1,440,888	21	83%																	

1 All 73 countries have introduced pentavalent vaccine. Six of the 73 countries introduced pentavalent vaccine independently of Gavi support. 2 All 73 countries have introduced inactivated polio vaccine (IPV). Two of the 73 countries introduced IPV independently of Gavi support. 3 In response to the economic impact of the COVID-19 pandemic and time lag in gross national income (GNI) data used to determine eligibility for Gavi support, in May 2020 the Gavi Board approved the freezing of each country's 2021 eligibility at their 2020 classification. 4 In 2020, an exceptional catch-up campaign in Sudan was approved and commenced, continuing into 2021. 5 Excludes Abkhazia and South Ossetia. 6 Excludes Transnistria. 7 Bhutan, Indonesia and Mongolia are fully self-financing and accessed the Pneumococcal Advance Market Commitment (AMC) price for pneumococcal conjugate vaccines. 8 In 2021, Indonesia piloted introduction of pneumococcal conjugate vaccine (PCV) in four provinces. Nationwide introduction, expanding to 30 provinces, will take place in 2022. 9 As of 1 January 2017, Indonesia had transitioned to fully self-financing. However, currently IPV is supported by Gavi irrespective of a country's transition status. 10 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. 11 Kiribati introduced rotavirus vaccine independently of Gavi support. 12 Viet Nam transitioned to fully self-financing at the end of 2019. However, currently IPV is supported by Gavi irrespective of a country's transition status.



COVAX REPORT 2021



OVERVIEW

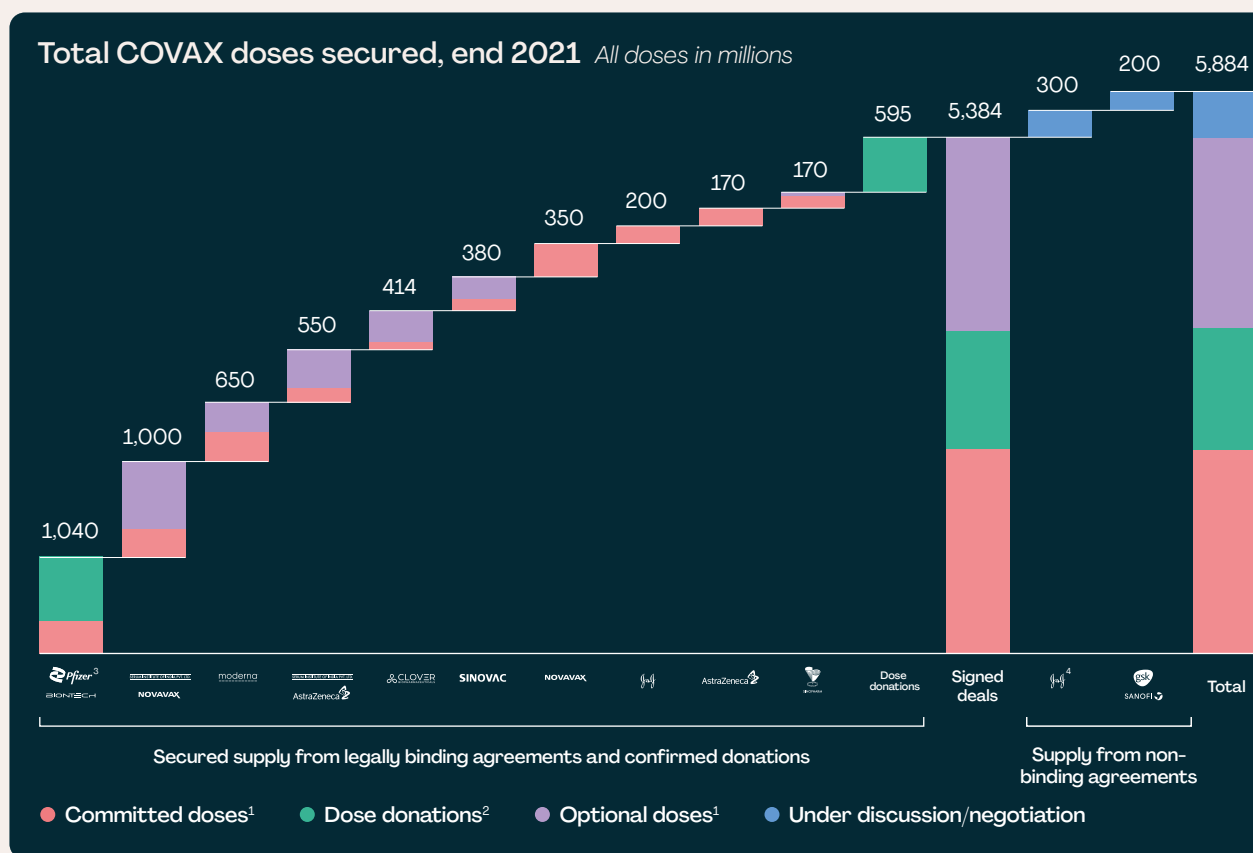
In the face of significant challenges, COVAX is the only global initiative that is working with governments and manufacturers to ensure COVID-19 vaccines are available worldwide to both high-income and lower-income countries. By pooling resources together – reducing individual risks for countries – COVAX is delivering vaccines at scale globally and enabling access for lower-income countries through the Gavi COVAX AMC.

The first COVAX-supplied vaccine doses were administered in a Gavi COVAX AMC country on 16 January 2021, just 39 days after the first dose of a COVID-19 vaccine was administered in a high-income country, a historic first. Despite the challenges described later in this report, supply ramped up significantly over the course of the year, which was complemented by vital delivery support: by mid-2021, more than 80 of 92 AMC-eligible economies (AMC92) had requested from Gavi “early access” funding for COVID-19 vaccine delivery, to help catalyse their domestic roll-out. By end 2021, COVAX had shipped nearly 1 billion doses to 144 economies – a [milestone](#) that was reached on 15 January 2022 – the vast majority to AMC participants.

Securing access to more than 5 billion doses

On 4 June 2020, COVAX announced its first deal with a vaccine manufacturer. Several deals followed in 2020 and 2021, bringing the COVAX portfolio to ten vaccine candidates across nine manufacturers – spanning four vaccine technologies and four continents. By end 2021, COVAX had secured access to more than 5.3 billion doses: up to 4 billion doses through advance purchase agreements (APAs) with manufacturers; and 1.3 billion doses through dose donations. Within the 4 billion doses secured through APAs with manufacturers, 2.1 billion of these doses were committed (i.e. already purchased); and 1.9 billion doses were optional – meaning that COVAX could choose to procure based on country need and available financing.

During 2021, 1.2 billion doses were made available by manufacturers for delivery, approximately 600 million from donations and 600 million from APAs. Of these 1.2 billion doses, 946.6 million were delivered in 2021, just over 500 million through APAs and 435 million through dose sharing.



¹ “Committed doses” are doses that the COVAX Facility is required to procure. “Optional doses” are doses that the COVAX Facility has the option to procure in the future, but is not required to purchase. Once optional doses are exercised, they become committed doses. ² “Dose donations” estimated based upon donor commitments to share new doses bilaterally with COVAX. The transfer of COVAX allocations from Self-Financing Participants (SFPs) to AMC participants is already included in the volumes secured by COVAX from legally binding agreements. ³ USA support has allowed COVAX to secure 1 billion doses from Pfizer/BioNTech. Reflecting USA funding above its original pledge, 700 million of these are recorded as a donation. ⁴ COVAX has signed an APA with Johnson & Johnson for 200 million doses as per the Memorandum of Understanding announced on 18 December 2020.

The generosity of donors has allowed COVAX to operate at scale. To date, Gavi has raised more than US\$ 12.4 billion for the Gavi COVAX AMC from sovereign, private sector and individual donors. This funding has allowed us to lock in and deliver a broad and diversified portfolio of vaccines for AMC economies. Amid supply constraints in 2021, donors also shared hundreds of millions of doses

that COVAX delivered to AMC economies at a critical time. Despite constrained budgets and amid considerable uncertainty, donors have consistently recognised the value and urgency of supporting the global response to the COVID-19 pandemic. The results are clear: when including all vaccine sources, more than half of people in AMC economies have received two doses of a COVID-19 vaccine.

PORTFOLIO

Following the delivery of 946.6 million doses by the close of 2021, COVAX had access to a remaining 1.5 billion committed doses, 1.9 billion optional doses and more than 800 million dose donations.

COVAX portfolio *All doses in millions*

Supply in 2021 by manufacturer	Committed doses in 2022 from APAs	Available supply in 2021 from APAs	Delivered in 2021 through APAs and donations	Remaining committed doses to be made available from APAs
Pfizer/BioNTech*	340	160	233	180
Novavax	350	-	-	350
Moderna	287	34	144	253
SII-Novavax	300	-	-	300
SII-AstraZeneca	160	70	43	90
Clover	64	-	-	64
Sinovac	133	95	84	38
J&J	200	4	124	196
AstraZeneca	170	138	227	32
Sinopharm	119	102	91.6	17
Total APA	2,123	603	946.6	1,520

In 2022, more dose sharing offers have been made. [Dose sharing](#) encompasses several different modalities, including dose donations from bilateral agreements between donors and manufacturers; donations by SFP countries of doses available pursuant to their SFP Commitment Agreement; and the donation of doses already under title and possession of a donor country.

* Accounting approach for Pfizer USA-facilitated deal for total of 1 billion doses is under discussion; volumes subject to change.

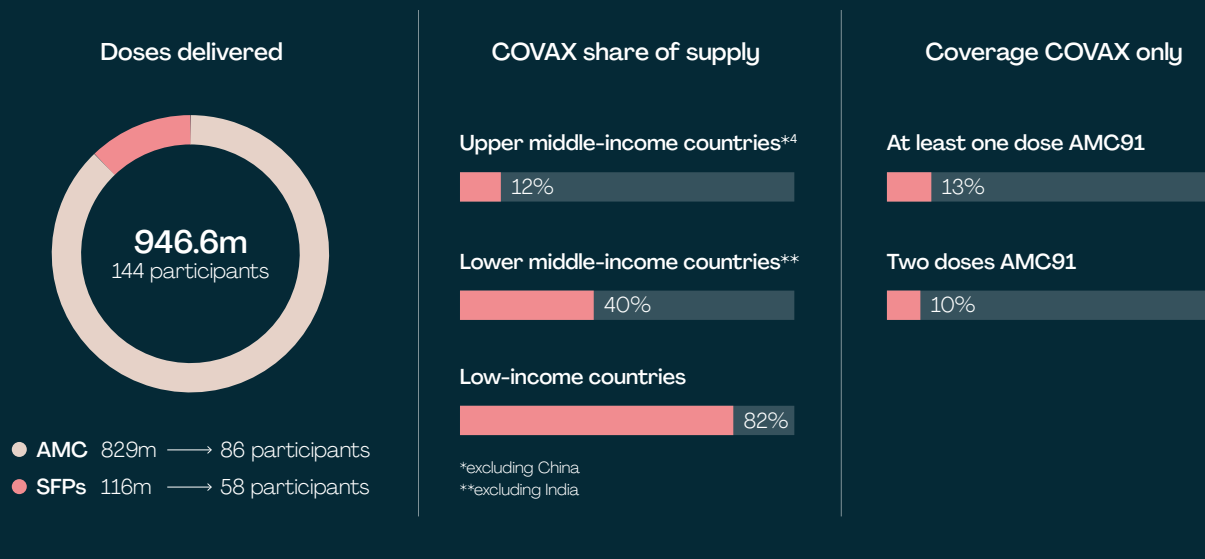
SHIPMENTS

Delivering more than 900 million doses to 144 participants

In 2021, COVAX delivered 946.6 million doses from seven manufacturers to 144 COVAX participants. Of these 946.6 million doses, 829 million doses (88%) were delivered to 86 AMC participants; and 116 million doses were delivered to 58 Self-Financing Participants (SFPs). An additional 1.6 million doses were delivered to COVAX Humanitarian Buffer recipients in 2021. Through these deliveries, it is estimated that 389 million people¹ have received at least a first dose supported by COVAX in 2021: 332 million people in AMC economies; and 57 million people in SFPs. This has allowed 288 million individuals to be vaccinated with two doses² through COVAX supply.

By end 2021, AMC91 (i.e. excluding India) achieved aggregate all-source coverage of 31% with at least one dose; and 23% with two doses. Supply delivered through COVAX enabled AMC91 to achieve 13% coverage with at least one dose; and 10% coverage with two doses. In 2021, 49 AMC participants received at least 50% of their COVID-19 vaccine supply from COVAX. In low-income countries, COVAX supplied 82% of doses. (The exact percentage varies over time given evolving supply dynamics.) Thanks to increased dose donations and supply from APAs, coverage of COVAX doses in AMC91 participants doubled in the last two months of 2021.

COVAX shipments and coverage, 2021



As per WHO Strategic Advisory Group of Experts on Immunization (SAGE) guidance and the National Deployment and Vaccination Plans (NDVPs) developed by countries, initial COVID-19 vaccine doses have been prioritised in most countries for: health care workers; older adults (defined as aged 60 years and higher); and the immunocompromised. COVAX is most actively monitoring:

Health workers: Current estimates are that 73%⁴ of health workers had received two doses by end 2021. This figure was calculated using the latest data reported from 70 of the AMC92 economies.

Older adults: By end 2021, fewer than half of AMC92 economies had reported vaccination coverage rates among adults aged 60 and higher: of the 41 AMC economies that had reported, 23%⁵ of adults aged 60 and higher had received two doses. Given the small number of countries reporting, this figure cannot be considered representative and will be updated in 2022, as more countries have been reporting in the interim.⁶

1 The remaining doses shipped in 2021 are due to be administered early 2022. 2 In 2021, COVAX was procuring and delivering doses for the primary series of COVID-19 vaccination (i.e. two doses). Booster doses were added in 2022. 3 In India and China respectively, 99% and 100% of doses were from direct deals. 4 Coverage was calculated by dividing the number of doses administered to health care workers (as reported by countries) by International Labour Organization estimates of the number of health care workers in each country. 5 Coverage was calculated by dividing the number of adults aged over 60 vaccinated against COVID-19 (as reported by countries) by United Nations estimates of the number of adults aged over 60 in each country. 6 As of March 2022, both reporting and coverage have increased, with 52 AMC countries reporting data; and coverage now stands at 30% for completion of primary series. 7 NDVP definitions have varied from those with diabetes and hypertension only to a long list of chronic conditions including HIV; cancers; sickle cell disease; and heart, lung and renal conditions. The estimated percentage of the population defined as immunocompromised ranged from 2% to 50–60%.

INNOVATIONS

Cost-sharing

[Launched in July 2021](#), cost-sharing offers AMC economies another path to access doses, providing a sustainable option for longer-term future supply, wherein countries contribute to vaccine costs. AMC economies can fund additional doses (i.e. beyond the allocation they receive at no cost through COVAX) through domestic finance or multilateral development bank (MDB) funding. Participation in cost-sharing is voluntary, is additive, makes use of surplus supply and does not compete with donor-funded doses for delivery. In 2021, 15 AMC92 economies signed a binding confirmation agreement to purchase doses through cost-sharing, resulting in the purchase of 140 million doses.

Model indemnity & liability (I&L) terms

Another key innovation was COVAX's negotiation of a standard template I&L agreement between Gavi COVAX AMC participants and manufacturers. With new products being rolled out at unprecedented speed, countries receiving vaccines were required to take on liability and sign indemnity agreements with manufacturers. Model I&L terms and conditions, previously unavailable, enabled AMC economies and manufacturers to have an agreed, standard I&L provision. This pre-empted additional barriers to COVID-19 vaccine roll-out – potentially accelerating access by months for many countries.

Cold chain roll-out

Donors have mobilised almost a billion dollars for delivery support. Through this funding, COVAX was able to accelerate ultra-cold chain (UCC) roll-out. Cold chain support was one of the first investments COVAX made, with an initial US\$ 150 million approved in June 2020. By end 2021, COVAX was able to support 47 countries to install UCC for the first time through various mechanisms, including expedited application processes, frontloading funding to partners and buying equipment at risk. COVAX has supported more than 400 UNICEF and WHO short-term positions in AMC countries; and has provided 5,900 vaccine fridges and freezers, 180 walk-in cold rooms and 150,000 passive transport devices.

COVAX No-Fault Compensation Programme

Alongside other world firsts, such as the COVAX Humanitarian Buffer and the first global fair allocation principles, the [COVAX No-Fault Compensation Programme](#) is the first and only global vaccine injury compensation mechanism. It was created to overcome one of the potential major barriers to successful roll-out of COVID-19 vaccines: manufacturers' concerns about compensation in case of serious adverse events. By limiting individual financial risk, it also removes one of the barriers to vaccine

uptake by countries. The Programme provides fair, no-fault, lump sum compensation to any individual in the AMC92 who suffers a serious adverse event from any vaccine procured or distributed through the COVAX Facility. It is designed to be fast, robust and transparent, making it easier for any individual affected to get fair compensation without having to go through a lengthy and expensive legal process. This upfront investment has birthed a solution that means, for the first time, people in lower-income countries have a robust, transparent way to get fair compensation and that helped accelerate access to COVID-19 vaccines.

Other innovations

In addition to these large-scale innovations, COVAX has supported regulatory, manufacturing and financial innovations. To allow for dynamic allocation and potential redistribution of manufactured doses, COVAX required universal labelling of vials so they could be used in any country. COVAX also pushed for harmonisation in regulatory approvals – establishing a path for WHO approval, rather than waiting for each individual country to approve the vaccine. These two proven innovations can be added to the global pandemic response toolbox to streamline access to vaccine doses. In May 2021, COVAX established the [Manufacturing Task Force](#) to address further bottlenecks in the manufacturing space, such as challenges in the supply of raw materials and trade barriers impacting the supply chain. By leveraging both capital markets and the unique capabilities of development institutions such as the European Investment Bank (EIB), COVAX has enabled rapid access to funding to better address programmatic needs as the pandemic evolves.



“We are not resting on our laurels”: COVID-19 survivors encourage vaccination in Nigeria

In Lagos, Nigeria's most populous state, COVID-19 survivors are encouraging more Nigerians to be vaccinated.

Given a second chance at life, human rights activist Oluwaseun Osowobi committed to using her time, money and experience to encourage Nigerians to get the COVID-19 vaccination.

Osowobi recalls: “I was elated when the Government of Nigeria rolled out the COVID-19 vaccines (received through the COVAX Facility) in March 2021. I am fully vaccinated because I know the benefits of vaccines. And, as someone who had a near-death experience, I have leveraged my NGO to work in synergy with others to change the perspectives around vaccinations.”

[Read the full article](#) ↗

LEARNING AND ADAPTING

Reflecting on the achievements of 2021, it's clear many of the gains were hard won, and it took much longer to achieve the delivery milestones than originally anticipated. Although COVAX was unable to deliver on its initial dose delivery goals, delivering 829 million vaccine doses to AMC economies (against a target of 950 million) was a tremendous achievement. Yet inequities between AMC economies and higher-income countries remained at the end of 2021. The following lessons have driven changes to COVAX's operational model and will guide [our approach to the Gavi COVAX AMC in 2022](#).

Securing an early place in the queue was challenging due to a lack of early funding; limited mechanisms to take large risks; and intense competition for doses.

In addition to encouraging acceleration of cash payments, Gavi developed a suite of mechanisms to allow donors to frontload pledges and commitments to help deliver this early funding. COVAX also worked to increase risk tolerance to allow donor finance to be placed at risk (particularly ahead of regulatory approvals).

Accessing early, stable supply was challenging due to export restrictions, delays in manufacturing and regulatory approvals, and ad hoc donations.

Gavi has now actively reshaped its portfolio to prioritise manufacturers with greater reliability, a more diversified global footprint and more favourable contractual conditions. This will allow for greater flexibility and protection against supply shocks.

As supply increased, pivoting to support delivery.

To address financing gaps, donors provided the Gavi COVAX AMC with an additional US\$ 822 million for delivery support in 2021 (beyond the initial US\$ 150 million approved by the Gavi Board in December 2020). Within days of the Board's approval, Gavi opened a new funding window for COVID-19 vaccine Delivery Support (CDS), providing grants to help catalyse countries' delivery efforts. Eighty-three countries requested a total of US\$ 250 million in "early access" funding made available through a streamlined application process, of which nearly US\$ 200 million had been disbursed by end 2021. The remaining funds were

made available through a "needs based" window that was opened in November 2021 and quickly oversubscribed. This is one of the largest sources of external delivery financing to date in many AMC economies and has helped support rapid scale-up in vaccine delivery. In 2022, we will enhance support for 34 priority countries facing the greatest challenges and help them implement plans to accelerate uptake through the Vaccine Delivery Partnership.

Joint accountability and decision-making between agencies.

Decision-making within COVAX and the broader Access to COVID-19 Tools Accelerator (ACT-A) remained complex and evolved over time. Over the months, COVAX and ACT-A governance continued to adapt, becoming more inclusive and efficient.

Scaling up teams, quickly.

Some key challenges forced COVAX to adapt, establishing resource-intensive mechanisms (e.g. engaging with a much broader donor group that included many new countries, ministries and decision-makers within incumbent donor partners); and a new dose donation programme. Long-term planning and understanding of operational needs have allowed Gavi to better resource in 2022.

Evolving to meet stakeholder needs.

In designing this unprecedented multilateral effort, COVAX invested significant time and resources in external engagement, while co-creating with hundreds of external stakeholders with oftentimes diverging views. Fine-tuning its channels, capacity and methods at every step, COVAX engaged key stakeholders¹ (e.g. civil society, development/health agencies, academic partners), 195 governments and experts across a variety of fields, resulting in a high level of buy-in for key choices. COVAX continues to adjust its engagement model to increase participation, in a very dynamic and changing stakeholder landscape. Two forums were created for participants to receive information: the COVAX Shareholders Council (first convened 3 November 2020) and the AMC Engagement Group (first convened 20 November 2020). COVAX's country engagement team was scaled up to include an embedded country communications function.

¹ For lists of key stakeholders, see Annexes of the [COVAX AMC 2022 Investment Opportunity](#).

SPOTLIGHT ON HUMANITARIAN POPULATIONS

[The Humanitarian Buffer](#) is a mechanism established within the COVAX Facility to ensure access to COVID-19 vaccines for high-risk and vulnerable populations in humanitarian settings – estimated in 2022 to be 155 million people. Up to 5% of the total number of available doses procured through the COVAX Facility can be allocated to the Buffer, and decisions on allocations are made by the Inter-Agency Standing Committee (IASC).¹ More information can be found in the December 2021 Gavi Board paper “[Annex B Update on the Humanitarian Buffer](#)”. The Buffer is now operational

and received eight applications in 2021, six of which were approved, covering about 3.5 million doses. By end 2021, 1.6 million doses had been delivered through the Buffer to Iran. In March 2022, an additional 840,000 doses were delivered [to Uganda](#). The Humanitarian Buffer is one of COVAX’s many global “firsts”; as such, the opportunity to learn, document and improve this process is ongoing and will progress into 2022. Listening exercises and interagency action plans scheduled for 2022 aim to streamline the process and service a greater number of vulnerable people.



PRELIMINARY CONCLUSIONS

Looking back at its first 18 months of operation, and in the face of the significant challenges outlined above, the Gavi COVAX AMC has had some remarkable successes. It has demonstrated that a truly global solution – one which reduces individual risks for individual countries by pooling resources together – can deliver at scale for lower-income countries. Right from the start, backed by generous contributions from its donors, COVAX moved at record speed to construct a broad and diverse portfolio of COVID-19 vaccines. The scale of COVAX cannot be underestimated. The largest roll-out of new vaccines in history saw 300 million COVID-19 doses shipped in one single month in the new year. As a reference, the Gavi 5.0 Investment Opportunity set what was considered an ambitious target of immunising 300 million children against vaccine-preventable diseases over the entire 2021–2025 period.

COVAX’s sustained, concerted, global response has demonstrated the value of multilateralism over national interest. Surmounting border closings, prolonged export restrictions and bilateral vaccine deals, global leaders narrowed the vaccine gap in record time, donating doses, funds and support to COVAX – while simultaneously

immunising their own populations. These leaders understood that no one is safe until everyone is safe – and the interconnectedness between economic stability and vaccine equity. In 2022, the pandemic isn’t over. In addition to the unvaccinated who must be reached, people without boosters are poorly protected as initial immunity wanes. COVAX continues to work to protect populations worldwide, especially those at higher risk and in lower-income contexts.

Having shifted focus from supply to delivery, in 2022 COVAX continues to adapt rigorously. The new COVID-19 Vaccine Delivery Partnership (CoVDP) is aimed at helping the 34 countries with lowest coverage build their absorptive capacity. We must be ready to react quickly against a new variant that would escape current vaccines’ immunity; strengthen mechanisms to rapidly mobilise finances; and continue to diversify vaccine production, particularly in regions with low manufacturing capacity. With the unprecedented political focus on the global health architecture, Gavi and COVAX are committed to helping build consensus, maintain momentum, and actively contribute towards a more equitable and drastically improved global pandemic prevention and response architecture going forward.

¹ <https://interagencystandingcommittee.org/the-inter-agency-standing-committee>



About COVAX

COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, is co-led by CEPI, Gavi, WHO and UNICEF – working in partnership with developed and developing country vaccine manufacturers, PAHO, the World Bank, and others. It is the only global initiative that is working with governments and manufacturers to ensure COVID-19 vaccines are available worldwide to both high-income and lower-income countries.

Gavi's role in COVAX

Gavi leads on procurement and delivery at scale for COVAX: designing and managing the COVAX Facility and the Gavi COVAX AMC and working with its traditional Alliance partners UNICEF and WHO, along with governments, on country readiness and delivery.

As part of this role, Gavi hosts the Office of the COVAX Facility to coordinate the operation and governance of the mechanism as a whole, holds financial and

legal relationships with 193 Facility participants, and manages the COVAX Facility deals portfolio: negotiating advance purchase agreements with manufacturers of promising vaccine candidates to secure doses on behalf of all COVAX Facility participants.

Gavi also coordinates design, operationalisation and fundraising for the Gavi COVAX AMC, the mechanism that provides access to donor-funded doses of vaccine to 92 lower-income economies. As part of this work, Gavi provides funding and oversight for UNICEF procurement and delivery of vaccines to all AMC participants – operationalising the advance purchase agreements between Gavi and manufacturers – as well as support for partners' and governments' work on readiness and delivery. This includes tailored support to governments, UNICEF, WHO and other partners for cold chain equipment, technical assistance, syringes, vehicles, and other aspects of the vastly complex logistical operation for delivery. Gavi also co-designed, raises funds for and supports the operationalisation of the AMC's no-fault compensation mechanism as well as the COVAX Humanitarian Buffer.



01

The vaccine goal

Introduce and scale up vaccines



Adolescent girls show the ink on their fingers proving vaccination against measles and rubella, Sindh province, Pakistan. [Read the full article](#)

Credit: Gavi/2021/Asad Zaidi

Key highlights

In 2021, Gavi-supported countries administered more vaccines than any year in history.



Gavi supported 39 vaccine introductions and campaigns this year – an increase from 21 in 2020.



The 57 Gavi-supported countries have increased coverage of three key SDG vaccines since 2019.



In 2021, emergency stockpiles for cholera, Ebola, meningococcal and yellow fever vaccines were accessed a total of 25 times by 14 countries.



51%

Gavi's updated measure of breadth of protection, which now includes coverage against HPV and IPV2, reached 51% in 2021, up 4 percentage points from 2019.



Advancing vaccine scale-up in a pandemic

26

Annual Progress Report
The vaccine goal

As the COVID-19 pandemic entered its second year, Gavi, the Vaccine Alliance entered its fifth strategic period, Gavi 5.0. In 2021, new tools and new ways of measuring our performance were put to the test against increasingly ambitious goals.

As anticipated, the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) published in July 2022 confirmed that after two decades of progress in increasing immunisation coverage in lower-income countries, disruptions to routine immunisation continued in 2021. While downward trends in traditional vaccines and an increase in missed children are sobering, there is an encouraging trend in countries' ability to introduce new routine vaccines and conduct preventive campaigns. In 2021, countries conducted 13 introductions across 7 vaccines against a target of 13; and 26 preventive campaigns across 7 vaccines. At the same time, countries made noteworthy gains in coverage of key vaccines supported by Gavi: despite the pandemic, coverage for rotavirus vaccine, MCV2 and PCV3 increased between 2019 and 2021.

For Gavi 5.0, the definition of breadth of protection (BOP) was updated to include coverage of the second dose of inactivated polio vaccine (IPV2) and the last dose in the schedule for human papillomavirus

vaccine (HPVC). As a testament to their continued focus on vaccine introductions, the BOP across 57 Gavi-supported countries reached 51% in 2021 – an increase of 4 percentage points from 2019, and on track with the Gavi 5.0 target.

In 2021, global coverage of vaccines included in Sustainable Development Goal (SDG) indicator 3.b.1 was: third dose of diphtheria-tetanus-pertussis-containing vaccine (DTP3): 81%; third dose of pneumococcal conjugate vaccine (PCV3): 51%; second dose of measles-containing vaccine (MCV2): 71%; and HPVC: 12%. By comparison, coverage in the 57 Gavi-supported countries was DTP3: 77%; PCV3: 56%; MCV2: 60%; and HPVC: 9%.

A new strategy indicator measures the rate of coverage scale-up of newly introduced vaccines. With a target for all four vaccines to reach 90% or greater coverage relative to the benchmark vaccine following new introductions throughout the strategy period, countries exceeded the benchmark in 2021 for three vaccines: PCV3, last dose in the schedule for rotavirus (RotaC) and yellow fever vaccine. The fourth vaccine, MCV2, was the only vaccine under the target, with a decline driven by a slower scale-up in several countries that had introduced this vaccine just before the COVID-19 pandemic.



Gavi funding boosts yellow fever diagnostics capacity across Africa

Gavi's investment in an initiative to boost yellow fever diagnostic capacity across Africa has revolutionised diagnostics on the continent, reducing the risk of future epidemics.

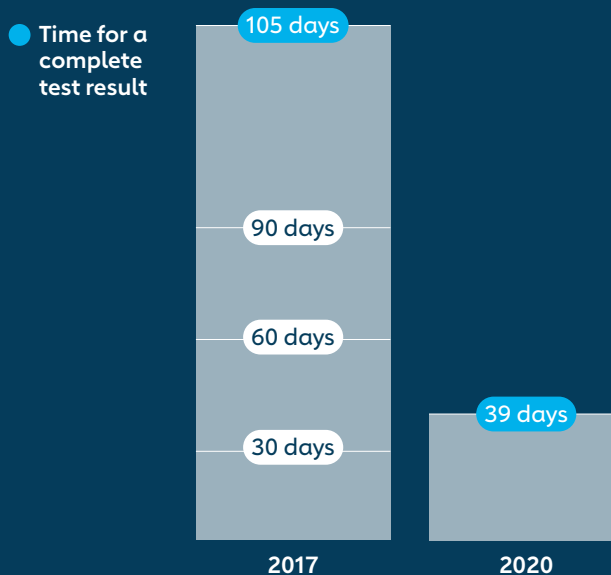
Gavi has supported a major expansion in yellow fever diagnostic capacity in Africa over the past three years. The results show just how much improving diagnostics can have a cost-effective yet significant impact on immunisation programmes. This initiative is part of the implementation of the **Eliminate Yellow Fever Epidemics (EYEF) strategy** and brings together different partners including WHO, UNICEF, CDC, Institut Pasteur de Dakar, Centre Pasteur du Cameroun and Uganda Virus Research Institute.

[➤ Read the full article](#)

[➤ Read the news release](#)

Laboratory capacity in high-risk countries

High-risk African countries had a **70% reduction** in the amount of time needed to complete yellow fever testing, on average.





Results – vaccine goal strategy indicators

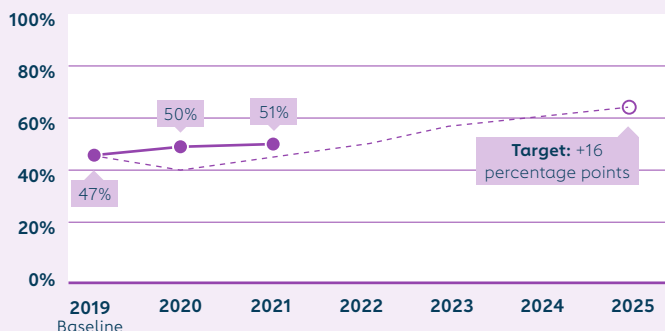
Nearly four in five children in Gavi-supported countries receive routine immunisation.

S1.1

Breadth of protection¹

% average vaccination coverage across key Gavi-supported vaccines in Gavi-supported countries

● 2021 progress: on track



Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), WHO Joint Reporting Forum (JRF), 2022; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022

¹ Gavi's 2021–2025 strategic period (Gavi 5.0) 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). Adding these new vaccines leads to lower BOP values overall, compared to BOP reported during Gavi's 2016–2020 strategic period (Gavi 4.0). Note that IPV2 was not reported in WUENIC and was instead calculated from reported on IPV2 in JRF and IPV1 in WUENIC. The Gavi 5.0 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).

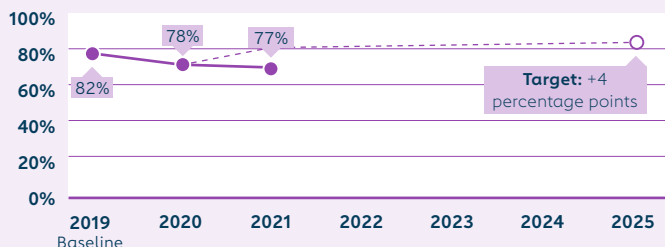
S1.2

Vaccine coverage

These are the four vaccines included in the Sustainable Development Goal (SDG) indicator 3.b.1.

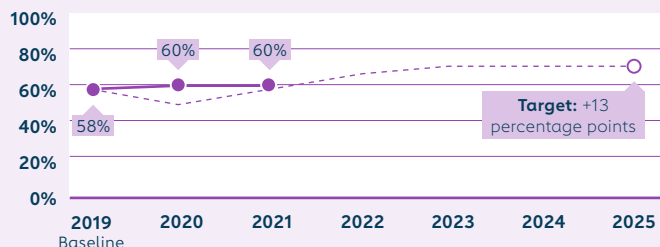
Coverage of DTP-containing vaccine (third dose): % of surviving infants who received three doses of diphtheria, tetanus and pertussis-containing vaccine in a given year

● 2021 progress: significant delays/challenges



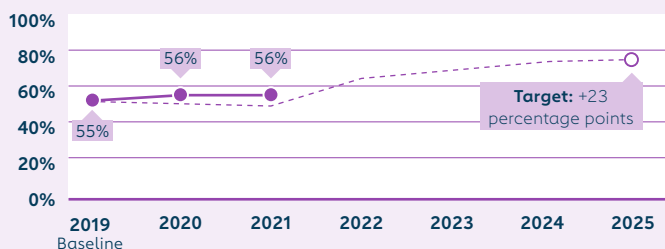
Coverage of measles-containing vaccine (second dose): % of children aged 12–23 months who received two doses of measles-containing vaccine according to the nationally recommended schedule through routine immunisation services in a given year

● 2021 progress: on track



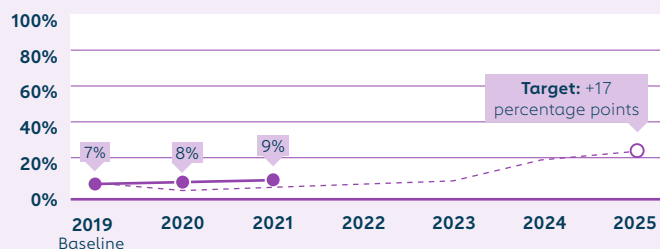
Coverage of pneumococcal conjugate vaccine (last dose in the schedule): % of surviving infants who received the nationally recommended doses of pneumococcal conjugate vaccine (PCV) in a given year

● 2021 progress: on track



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

● 2021 progress: on track



Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2022; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022

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.

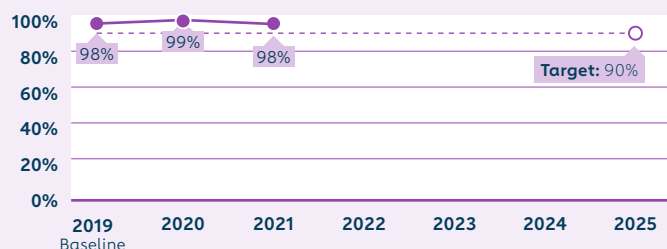
S1.3

Rate of scale-up of new vaccines

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

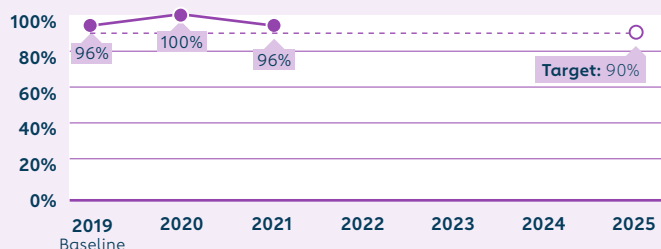
Third dose of pneumococcal conjugate vaccine (PCV3)

● 2021 progress: on track



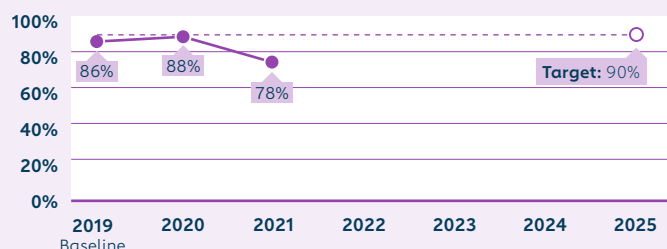
RotavirusC (last dose in schedule)

● 2021 progress: on track



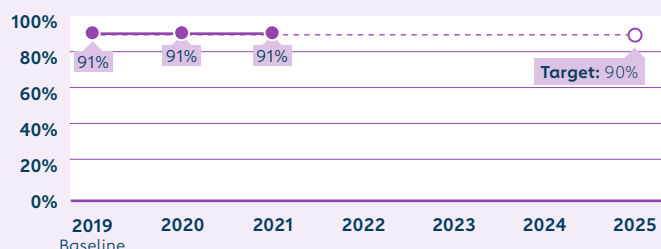
Second dose of measles-containing vaccine (MCV2)

● 2021 progress: significant delays/challenges



Yellow fever

● 2021 progress: on track



Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2022; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022; vaccine introductions: Gavi, the Vaccine Alliance, 2022

S1.4

Vaccine introductions

of introductions of Gavi-supported vaccines into routine immunisation in a given year, to monitor incremental change in numbers of countries introducing under-used vaccines into the routine immunisation schedule, with Gavi support¹

● 2021 progress: on track, 13 introductions

Target: 82 introductions from 2021–2025

Data source: Gavi, the Vaccine Alliance, 2022
¹ Excludes COVID-19 vaccination and the second dose of inactivated polio vaccine (IPV2)

S1.5

Country prioritisation of vaccines

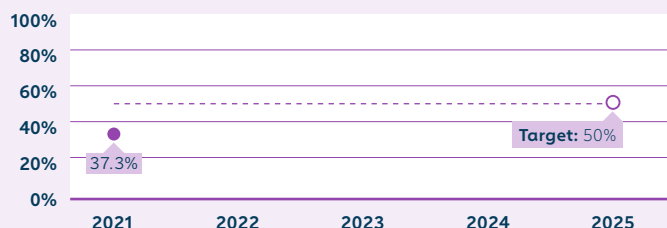
Indicator held in abeyance pending ramp-up of the Vaccine Investment Strategy (VIS) agenda.

S1.6

Measles campaign reach

% of children aged under 5 previously unvaccinated against measles who received a dose of measles-containing vaccine (MCV) in a Gavi-supported preventive campaign

● 2021 progress¹: significant delays/challenges



Data sources: World Health Organization MCV post-campaign coverage survey reports, 2022

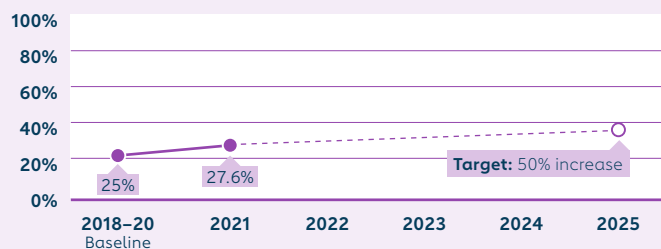
¹ Note the 2021 value is based only on the campaigns with post-campaign coverage surveys (PCCS) which were appropriately carried out and which provide robust estimates on measles zero-dose children reached.

S1.7

Timely detection of and response to outbreaks

% 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

● 2021 progress: on track



Data sources: Routine reports from Vaccine Alliance partners, 2022

Progress – 2021 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).

All Gavi-supported countries have successfully introduced this five-in-one vaccine. Coverage of the first dose of pentavalent vaccine decreased one percentage point during 2021. In 2019, coverage of the third dose of pentavalent vaccine reached a high of 82% in Gavi-supported countries (before a drop to 78% in 2020 and 77% in 2021). Pentavalent benefits from a stable demand and supply situation: a new tender was launched in September 2021 to cover the period 2023–2027, concluding successfully in mid-2022 by maintaining the price objective and managing the advent of hexavalent (which also includes inactivated polio vaccine).

Type of support offered by Gavi	Routine immunisation
Introductions & campaigns in 2021	0
Total introductions & campaigns to end 2021	67 ¹
Total reached to end 2021	>661m

¹ All 73 Gavi-eligible countries have introduced pentavalent vaccine. Six of the 73 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.

PCV coverage in Gavi-supported countries remains slightly higher than the worldwide average. Indonesia, which has transitioned from Gavi support, received access to the Pneumococcal AMC price; and, in collaboration with Gavi, UNICEF and partners, introduced PCV nationwide to protect all children from the age of two months by 2022. Kenya requested to switch to a less expensive PCV to save approximately US\$ 11 million over the next five years. Tajikistan was approved to receive support for PCV introduction (with catch-up campaigns) in 2022 and 2023. Due to the pandemic, other planned PCV introductions (with catch-up campaigns) have been shifted forward to future years.

Type of support offered by Gavi	Routine immunisation ²
Introductions & campaigns in 2021	1 ³
Total introductions & campaigns to end 2021	61 ⁴
Total reached to end 2021	>316m

² Routine immunisation with or without catch-up. ³ Indonesia is fully self-financing and accessed the Pneumococcal Advance Market Commitment (AMC) price for pneumococcal vaccines. In 2021, Indonesia piloted introduction of PCV in four provinces. Nationwide introduction, expanding to 30 provinces, will take place in 2022. ⁴ Includes Bhutan, Indonesia and Mongolia, which are fully self-financing and accessed the Pneumococcal Advance Market Commitment (AMC) price for pneumococcal vaccines.

Rotavirus vaccine

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

Despite the COVID-19 pandemic, coverage for rotavirus vaccine increased between 2019 and 2021. Viet Nam, which transitioned to fully self-financing at the end of 2019, was approved in 2021 for phased routine introduction of rotavirus vaccine. Supply disruptions from two manufacturers forced Gavi to mandate vaccine switches for approximately ten countries by 2022, requiring heavy planning and decision-making (e.g. evidence-based assessment of alternative options; planning for nationwide training and social mobilisation to inform the public of the new schedule of three, not two, doses). In support of this shift, Vaccine Alliance partners mobilised to support with tools, guidance and technical assistance.

Type of support offered by Gavi	Routine immunisation
Introductions & campaigns in 2021	0
Total introductions & campaigns to end 2021	53 ⁵
Total reached to end 2021	>201m

⁵ Includes Kiribati, which introduced rotavirus vaccine independently of Gavi support.

Human papillomavirus (HPV) vaccine

Protects against the main causes of cervical cancer, from which about 342,000 women died in 2020 – mainly in low-income countries.

In 2021, 3 more countries successfully launched their HPV vaccine national programme with Gavi support, bringing the total number to 24. Of this number, 8 countries introduced with multi-age cohort (MAC) vaccination, including 3 countries in 2021 – reflecting strong political will to introduce this critical vaccine despite the ongoing challenges of reaching girls during the COVID-19 pandemic. Although routine HPV introductions have progressed, the sustained impact of the pandemic on routine immunisation particularly affected HPV vaccination due to restricted bandwidth and prolonged school closures, resulting in a decline of programme performance, particularly in African countries. Governmental and partner commitment to HPV vaccine programmes – and to women's and girls' health – has never been more important; therefore, Gavi will seize the opportunity to prioritise relaunch of the HPV programme moving into 2023.

Type of support offered by Gavi	Demonstration programme	National programme ⁶	
		Routine	MAC ⁷
Introductions & campaigns in 2021	0	3	3
Total introductions & campaigns to end 2021	30	24	8
Total reached to end 2021 ⁸		>9.8m girls	>840k girls

⁶ Countries can apply for support for: routine introduction; or routine introduction with multi-age cohort (MAC). ⁷ A multi-age cohort (MAC) is a one-time immunisation of individuals of different ages (e.g. 9–14 years), followed by an annual routine immunisation of a single cohort (e.g. 9 years); this is intended to achieve wider protection and stronger herd immunity effects. ⁸ From available reported country data. The method for calculating the fully vaccinated person (FVP) is based on the WHO programme coverage method.

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.

Meeting this year's target, 12 countries conducted IPV catch-up campaigns in 2021, targeting more than 11 million children who were not protected against poliovirus type 2. Nineteen countries introduced the second dose of IPV (IPV₂) into their routine immunisation schedules – a significant number, considering it was the first year of Gavi support for the second dose, and that 63 eligible countries were on a one-dose schedule at the beginning of the year. As of 2021, more than 323 million children have been vaccinated with the first dose of IPV, with an estimated 61 million receiving the second dose of IPV. Due to reduced availability of ten-dose vials, 16 countries were forced to change to a five-dose presentation shortly after the 2021 renewal was completed; UNICEF Supply Division successfully managed deliveries to avoid stock-outs. Six countries chose not to apply for IPV catch-up support, leaving more than 2 million children unprotected against poliovirus type 2 as a result.

Type of support offered by Gavi	Routine immunisation	Catch-up vaccination ⁹
Introductions & campaigns in 2021	0 ¹⁰	12
Total introductions & campaigns to end 2021	71 ¹¹	25
Total reached to end 2021	>323m	>17.8m ¹²

⁹ IPV catch-up vaccination targets children missed due to the global supply constraints in the period from 2016–2018, and related programme delays and disruptions. ¹⁰ Excludes 19 IPV₂ introductions supported by Gavi. ¹¹ Gavi continues to support IPV in 70 countries, irrespective of their transition status. ¹² 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.

Although there were no new launches in 2021, by the end of the year more than 6.4 million children had been immunised against this deadly mosquito-borne disease through routine immunisation; Gavi supported the initial routine introduction in five countries. The Vaccine Alliance has worked closely with individual partners to accelerate access to the vaccine, which has a particularly long manufacturing lead time. WHO, UNICEF, PATH and the Bill & Melinda Gates Foundation all play a critical role in ensuring sufficient supply of the vaccine for countries; however, Japanese encephalitis immunisation is not currently prioritised by eligible countries.

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns ¹³
Introductions & campaigns in 2021	0	0
Total introductions & campaigns to end 2021	5 ¹⁴	5
Total reached to end 2021	>6.4m	>18.1m

¹³ 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. ¹⁴ 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 more than 200,000 lives in 2019.

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 ¹⁵	MR catch-up ¹⁶ and follow-up	Managed by the Measles & Rubella Initiative
Introductions & campaigns 2021	4	2	5	Reached in 2021: ~2.6m
Introductions & campaigns to end 2021	44	26	56	
Total reached to end 2021	>136m	>331m ¹⁷	>500m	~812m

¹⁵ Follow-up campaigns generally target children aged 9–59 months based on epidemiological needs. ¹⁶ One-off, nationwide catch-up campaigns target all children aged 9 months to 14 years.

¹⁷ This figure has been corrected from >332m (total number of measles campaigns) reported in 2020 to >331m to reflect only the number of measles follow-up campaigns.

Despite the COVID-19 pandemic, coverage for the second dose of measles-containing vaccine (MCV2) increased between 2019 and 2021; however, coverage for the first dose (MCV1) declined by four percentage points since 2019. The pandemic continued to disrupt the ability of many countries to plan for measles and measles-rubella activities: while four introductions and seven campaigns

were launched successfully in 2021, two introductions and three campaigns were postponed until 2022. Aligned with the Gavi Board's recommendation, introductions were deprioritised due to low bandwidth in countries at all levels of the health pyramid. Cameroon, Ethiopia, Pakistan and Yemen were supported through the outbreak response fund.

Meningococcal vaccine

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

Meningococcal A vaccine

Type of support offered by Gavi	Routine immunisation	Campaigns	
		Mass	Catch-up
Introductions & campaigns in 2021	2	0	1
Total introductions & campaigns to end 2021	13	24	10
Total reached to end 2021	>39m	>339m	

Thirteen out of the 26 eligible countries in Africa's meningitis belt have introduced meningococcal A vaccine into their routine programmes with Gavi support – most recently Guinea and Togo in 2021. In July, Togo successfully implemented a catch-up campaign with 95% survey coverage – including integration for certain populations of vitamin A and deworming; meningococcal meningitis strains A, C and W;

and catching up children who missed other routine vaccines. No new applications for Gavi support were submitted in 2021, signalling a deprioritisation of meningococcal A vaccine routine introduction by countries that have conducted preventive mass vaccination campaigns in the past – increasing the susceptible population as routine introduction is further delayed.

Meningococcal vaccine 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.

Three requests were approved in 2021 to respond to *Neisseria meningitidis* C and W outbreaks in Benin, Democratic Republic of the Congo (DRC) and Niger, targeting 600,922 individuals. The DRC outbreak occurred in September, outside the typical meningitis season, with high reported case fatality (over 20%). Early detection and timely laboratory testing remain key challenges to trigger rapid meningitis outbreak response. Delays in registration and prequalification of Serum Institute of India (SII)’s multivalent meningitis conjugated vaccine limit the wider availability of these vaccines for outbreak response. In 2021, the mechanism for alternative use of stockpile doses close to expiry allowed for the use of 1.6 million doses for preventive campaigns in Benin, Niger and Togo before vaccine expiry.

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.

In 2021, 26.9 million doses of OCV were shipped to vaccinate 13.4 million people with the two-dose vaccine in areas at high risk of cholera transmission or experiencing outbreaks. Five countries conducted targeted preventive OCV vaccination: Democratic Republic of the Congo (DRC), Uganda, United Republic of Tanzania (in Zanzibar), Yemen and Zambia; and five countries conducted outbreak response vaccination in affected areas: Bangladesh, Ethiopia, Nepal, Niger and Nigeria.¹⁹ Several countries suffering a resurgence of cholera transmission, including those with large populations (e.g. Bangladesh, Ethiopia, Nigeria), implemented large reactive campaigns requiring substantial effort and investment to implement. Moving forward, there is a renewed focus on timely outbreak detection and response, and using cholera risk assessments to target preventive vaccination efforts.

Ebola virus disease (EVD) vaccine

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

Gavi led efforts to fund and deploy the world’s first Ebola vaccine, launching a global stockpile in 2021 with more than 300,000 WHO-prequalified doses made available by the end of the year. In its inaugural year, 4,800 doses were shipped from the stockpile to Democratic Republic of the Congo (DRC). Three outbreaks were notified (two in DRC, one in Guinea) and contained rapidly: more than 13,000 at-risk individuals were vaccinated (counting both investigational vaccines and doses from the stockpile), including through ring vaccination. A total of 46 confirmed and probable cases were reported, of which 27 were fatal. Moving forward, enhanced surveillance (including laboratory confirmation and contact tracing) and community engagement will be required to rapidly contain outbreaks, in addition to vaccination; evidence gaps in duration of protection of Ebola vaccines, and mixing prequalified products, must be addressed; and synergies between other immunisation activities (e.g. COVID-19 vaccination) and Ebola vaccination, especially among frontline workers, must be achieved.

Type of support offered by Gavi	Stockpile
Campaigns in 2021	Doses accessed for outbreak response 3x by 3 countries Repurposed doses from the stockpile for preventive campaigns accessed 3x by 3 countries
Total campaigns to end 2021	Accessed 54x by 16 countries
Total doses shipped to end 2021	>24.8m ¹⁸

¹⁸ Historical review of data and indicators is in progress.

Type of support offered by Gavi	Stockpile ¹⁹
Campaigns in 2021	Accessed 15x by 10 countries
Total campaigns to end 2021	Accessed 102x by 22 countries
Total doses shipped to end 2021	~97m

¹⁹ The Global OCV Stockpile comprises an emergency component managed by the International Coordinating Group (ICG) on Vaccine Provision – the same mechanism used for emergency Ebola, meningococcal and yellow fever vaccine stockpiles – and a non-emergency reserve, which is used to vaccinate preventively in cholera hotspots. ²⁰ Countries segmented by Gavi as high-impact and with high cholera burdens (e.g. DRC, Ethiopia, Nigeria) are developing multi-year preventive vaccination plans as part of broader, multi-sectoral national cholera control plans.

Type of support offered by Gavi	Stockpile
Total campaigns to end 2021 (inaugural year)	Accessed 1x by 1 country
Total doses shipped to end 2021 (inaugural year)	4.8k

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.

Two countries introduced TCV nationwide (Liberia, Zimbabwe); and Pakistan expanded routine TCV coverage to include major urban areas (Islamabad, cities in Punjab), including those where extensively drug-resistant (XDR) typhoid was circulating. Three countries (Liberia, Pakistan, Zimbabwe) conducted catch-up campaigns and vaccinated in total more than 26 million children aged 9 months through 15 years. Due to competing priorities, health care worker burnout, and the impact of the COVID-19 pandemic on school-based delivery strategies, multiple countries delayed new vaccine introduction plans. The Vaccine Alliance will continue supporting the appropriate use of TCV in high-burden countries, which requires setting up disease surveillance, including testing for multidrug resistant (MDR) typhoid, in order to assess disease burden and guide the selection of populations to be vaccinated.

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns ²¹	Outbreak response campaigns ²²
Introductions & campaigns in 2021	2	2	0
Total introductions & campaigns to end 2021	3	3	1
Total reached to end 2021	>3m	~36m	>325k

²¹ 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. ²² In 2017, the Gavi Board approved the use of TCV in outbreak response. Countries can request doses for outbreak response; however, a stockpile has not been established, considering the limited global guidance on and use of TCV in outbreak situations.

Yellow fever vaccine

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

In July 2021, Sudan surmounted challenges to introduce yellow fever vaccine into the routine immunisation system. Only three high-risk countries have yet to introduce (Ethiopia, South Sudan, Uganda). Overcoming delays due to supply constraints and competing priorities (including the COVID-19 pandemic), Democratic Republic of the Congo (DRC) launched a multi-year campaign in 2021, reaching more than 14 million people in the first two phases. In other countries, competing priorities and limited supply led to delays in planned campaigns. A resurgence of yellow fever outbreaks occurred in the second half of 2021, with outbreaks response requests from Chad and Ghana. Transmission signals were reported in West, Central and East African countries with varying coverage levels and timing of the most recent preventive mass vaccination campaign. Outbreak analysis is essential to tailored recovery strategies to reach missed children. For more on yellow fever diagnostics, see page 26.

Type of support offered by Gavi	Routine immunisation	Mass Campaigns	Stockpile
Introductions & campaigns in 2021	1	1 ²³	Accessed 3x by 2 countries
Total introductions & campaigns to end 2021	18	16	Accessed 67x by 19 countries
Total reached to end 2021	>146m	>215m	>74m ²⁴ doses shipped

²³ In 2020, an exceptional catch-up campaign in Sudan was approved and commenced, continuing into 2021. ²⁴ Historical review of data and indicators is in progress.

Note: The total numbers reached for routine programmes were undercounted in the 2020 Annual Progress Report and have been updated accordingly.

02

The equity goal

Strengthen health systems to increase equity in immunisation

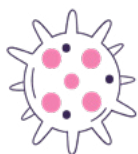


A mother and her child at a community health outreach session in a rural area northwest of Maputo, Mozambique.

Credit: Gavi/2020/Svetlomir Slavchev

Key highlights

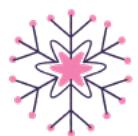
In Gavi 5.0, health system strengthening (HSS) support prioritises equity in immunisation delivery, to reduce the number of zero-dose and under-immunised children.



COVID-19 pandemic-related disruptions to routine immunisation continued in 2021, leading to declines in coverage in Gavi-supported countries.



Overall, the rate of decline in immunisation coverage in Gavi-supported countries slowed in 2021 compared to the decline seen in 2020.



2021 saw a record number of cold chain procurements through UNICEF, including from Gavi's CCEOP and COVAX.



In 2021, 6.3 million immunisation sessions were conducted in Gavi-supported countries.

77%

In 2021, DTP3 and MCV1 coverage in Gavi-supported countries was 77% (compared to the 81% global average) – a decline from 2020 of 1 percentage point for DTP3 and 2 percentage points for MCV1.





Results – equity goal strategy indicators

New indicators better measure the impact of health system strengthening activities.

36

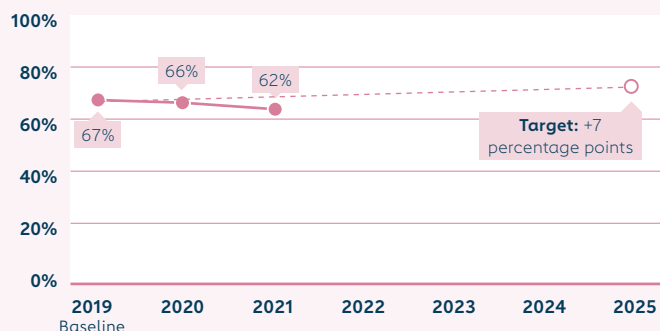
Annual Progress Report
The equity goal

S2.1

Geographic equity of DTP3 coverage

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

● 2021 progress: significant delays/challenges



By focusing on performance among the lowest-coverage districts, this indicator measures how well Gavi-supported countries are able to improve equity in immunisation by increasing coverage in areas with the lowest access to and use of immunisation services. Geographic equity of DTP3 coverage fell to 62% in 2021, down from 67% in 2019. This indicator is based on the average unweighted DTP3 coverage in the 20% of districts with the lowest coverage in each country, demonstrating that the most vulnerable districts have taken a step back in 2021.

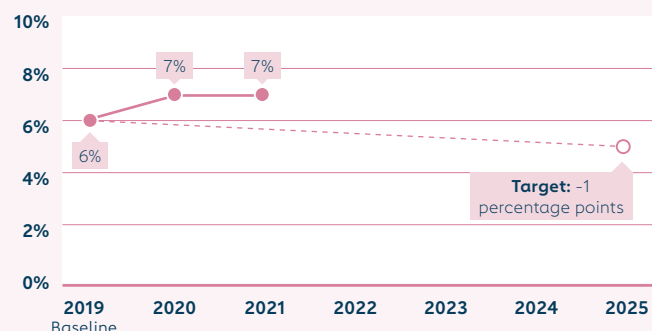
Data sources: WHO/UNICEF Joint Reporting Form, 2022

S2.2

DTP drop-out

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

● 2021 progress: moderate delays/challenges



DTP drop-out increased overall in Gavi57 countries from 6% in 2019 to 7% in 2021. In 2021, no progress was made towards the target of a 1 percentage point reduction by 2025. As compared to WUENIC 2020 (released in 2021), it is now estimated that drop-out increased by 1 percentage point between 2019 and 2020 (6% to 7%). This was primarily driven by an upward historical revision to DTP1 coverage estimates in the Democratic Republic of the Congo and Nigeria (the upward revision was larger for DTP1 than DTP3, thus increasing drop-out rates).

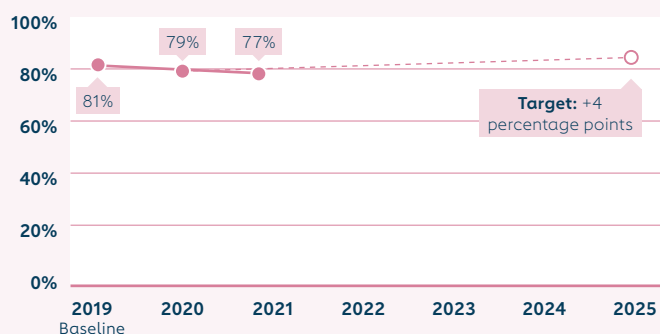
Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2022; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022

S2.3

MCV1 coverage

% coverage of first dose of measles-containing vaccine (MCV1) in Gavi-supported countries

● 2021 progress: significant delays/challenges

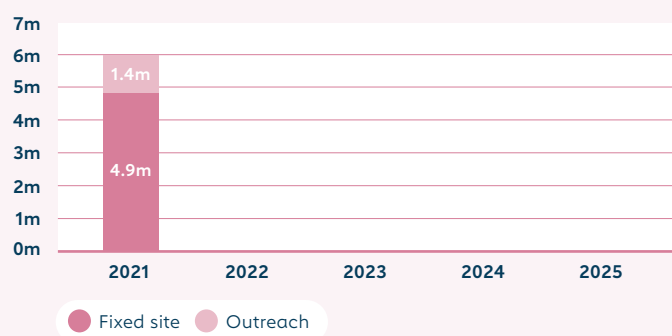


This indicator aims to measure access to measles-containing vaccines through routine immunisation. At portfolio level, MCV1 coverage patterns in 2021 were similar to those of DTP3. MCV1 coverage in Gavi57 countries decreased by 2 percentage points between 2019 and 2020, falling from 81% to 79%. Between 2020 and 2021, it fell again by 2 percentage points, from 79% to 77%.

Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2022; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022

S2.4 Immunisation sessions conducted¹

of immunisation sessions conducted in Gavi-supported countries



Increasing immunisation sessions is a key desired output of health system strengthening (HSS) investments and an intermediate result in the causal pathway to increasing vaccine coverage. In 2021, 6.3 million immunisation sessions were conducted in Gavi-supported countries: 4.9 million in fixed-site facilities; and 1.4 million in outreach facilities. 25 Gavi-supported countries reported data, which is still to be assessed for data quality.

2021 progress: New strategy indicator for Gavi 5.0; no target set.

¹ In 2021, countries reported on this indicator to WHO/UNICEF for the first time.

Data source: WHO/UNICEF Joint Reporting Form, 2022

S2.5 Stock availability at facility level²

This indicator will measure the capacity of countries to reliably forecast and distribute vaccines to health facilities, ensuring they are always available whenever a child comes for vaccination. 33% and 35% of countries reported full stock availability of DTP-containing and measles-containing vaccines, respectively (average across Gavi57 is 71.5%). 41 Gavi-supported countries reported data, which is still to be assessed for a data quality. The Alliance is developing and deploying tools, technologies and systems to improve data quality.

2021 progress: New strategy indicator for Gavi 5.0; no baseline; no target set.

² In 2021, countries reported on this indicator to WHO/UNICEF for the first time.

Data sources: WHO/UNICEF Joint Reporting Form, 2022

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

Demand-related barriers can include social and behavioural determinants; and environmental or practical factors that prevent individuals from seeking and supporting vaccination. Vaccine demand can be particularly challenging in high-risk communities (i.e. vulnerable to un-/under-immunisation; falling below coverage targets; high drop-out rates; high numbers of never vaccinated). Methods for measuring progress on demand are still evolving. A process-focused measure based on data reported by countries to the WHO/UNICEF Joint Reporting Form (JRF) suggests that in 2021, 49 out of 57 Gavi-supported countries (86%) reported having implemented behavioural or social strategies to address under-vaccination.

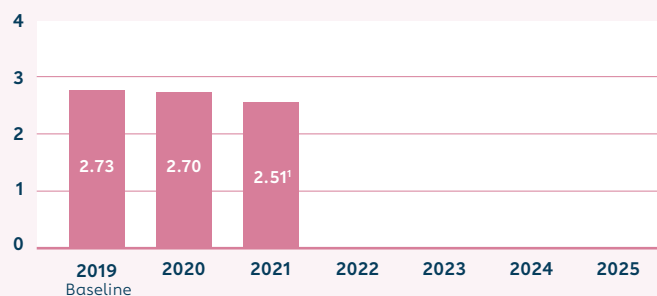
2021 progress: New strategy indicator for Gavi 5.0; no baseline; no target set.

Lack of standardised indicators on measuring behavioural and social data has been a long-standing issue. Following the 2021 Strategic Advisory Group of Experts on Immunisation (SAGE) approval of Behavioural and social drivers (BeSD) of vaccine uptake, countries will be asked to report in the JRF on five core indicators beginning in 2023.

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

Strengthened institutional capacity for programme management and monitoring is on the critical pathway to programmatic and financial sustainability, and a strategic enabler of Gavi's 2021–2025 strategy. Data from 37 countries shows deterioration of capacity in the last two years, down to 2.51 in 2021. Improvements in capacity in previous years were nullified in 2021.

2021 progress: New strategy indicator for Gavi 5.0; no target set.



Data sources: Gavi institutional capacity assessment tool, 2022

¹ Leadership, management and coordination (LMC) redesign is currently still underway, with review and update of results framework planned in the fourth quarter of 2022. Therefore, future values of this indicator will likely not be fully comparable to the 2021 value, due to potentially different assessment.

S2.8 Addressing gender-related barriers to immunisation

The two health system strengthening (HSS) applications reviewed and approved by the Independent Review Committee (IRC) in 2021, identified (but did not budget for) gender-related barriers to immunisation (e.g. geographic distance to health clinics; financial social restrictions to women's mobility; low education levels of women) and interventions to overcome these barriers (e.g. women volunteers in vaccination teams; knowledge, attitude and practices survey; engaging religious leaders on human papillomavirus vaccination). See page 39 for Gender Policy 2021 updates.

2021 progress: New strategy indicator for Gavi 5.0; no baseline; no target set.

Data sources: Gavi Health Systems and Immunisation Strengthening (HSIS) annual financial reports, 2022

Progress – 2021 equity updates

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Annual Progress Report
The equity goal

Overall, the rate of decline in immunisation coverage in Gavi-supported countries slowed in 2021, with coverage for the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) falling from 2020 by 1 percentage point; and the first dose of measles-containing vaccine (MCV1) falling by 2 percentage points – bringing the decline since 2019 to 5 percentage points and 4 percentage points, respectively. This decline since 2019 is primarily driven by: declines in larger countries, such as India and the Democratic Republic of the Congo (DRC); as well as significant declines in a few smaller countries, such as Myanmar, the Democratic People's Republic of Korea and Mozambique. Coverage for both DTP3 and MCV1 in Gavi-supported countries now stands at 77%, compared to the global average of 81%.

Disruptions in 2021 appear to be less acute but more prolonged, with a few countries showing impressive progress, increasing coverage and reducing the number of zero-dose children. The second quarter of 2020 saw a severe disruption in immunisation coverage as a result of pandemic-related lockdowns and associated measures, followed by a strong recovery in the second half of 2020. Unfortunately, this recovery was not maintained in the majority of Gavi-supported countries through 2021, due to varied drivers across countries and regions – including health worker strikes; political unrest and conflict; continued measures to control the pandemic; and COVID-19 vaccine scale-up – increasing strain on overstretched health systems and Expanded Programme on Immunization (EPI) teams. For example, in 2021, there was a debilitating health worker strike in the DRC; and Myanmar faced ongoing political instability and turmoil.

Meanwhile, India delivered more than 1 billion COVID-19 vaccinations on top of routine immunisation. There are other examples of encouraging upward trends – including in Chad and Niger (two countries segmented by Gavi as fragile and conflict-affected), both of which increased routine immunisation coverage in 2021. Among countries segmented by Gavi as high-impact, Pakistan made life-saving gains in 2021, almost recovering to 2019 coverage levels after a significant drop in 2020.

Laser focus on zero-dose agenda, equity in immunisation

Reaching zero-dose children with life-saving immunisation is the foundation of Gavi's equity goal. After a 20% reduction between 2015 and 2019 in the number of "zero-dose" children, pandemic-related declines in immunisation coverage resulted in an increase in the number of zero-dose children in Gavi-supported countries to 12.5 million in 2021, compared to 11.9 million in 2020 and 9.3 million in 2019. Coverage of the first dose of diphtheria, tetanus and pertussis-containing vaccine (DTP1) in Gavi-supported countries now stands at 83%, with a 1 percentage point decline since 2020 and a 4 percentage point decline from pre-pandemic levels.

As of 2021, the 57 countries eligible for Gavi support in the Gavi 5.0 strategic period comprise 68% of the 18.2 million zero-dose

children globally. Zero-dose children account for nearly three quarters of the under-immunised children in Gavi-supported countries and often belong to households that are extremely poor, and suffer from multiple deprivations and gender-related barriers to immunisation. Zero-dose children must be prioritised across routine immunisation, catch-up campaigns and supplemental immunisation activities. Maintaining a laser focus on the zero-dose agenda and equity in immunisation remains key to Gavi's mission.

New funding approaches

In the first year of our 2021–2025 strategy, Gavi launched a spectrum of innovations to achieve our ambitious zero-dose agenda: a revised application kit and new guidance for Gavi implementing countries; a Zero-Dose Community of Practice platform; redesigned, refocused Partners' Engagement Framework (PEF) funding, including strategic focus areas (SFAs) for zero-dose children and gender; and a new Equity Accelerator Fund (EAF), for which many countries have expressed an interest in applying. The zero-dose agenda is at the heart of Gavi's Full Portfolio Planning (FPP) process, with new approaches to design programming using human-centred design; and to address barriers to immunisation faced by caregivers.

Evolving supply chains

Building on successes of the Gavi 4.0 strategic period (2016–2020), Gavi's new supply chain strategy aims to strengthen comprehensive vaccine management, reduce stock-outs at all levels and employ new solutions to reach zero-dose children in the last mile.

Continued scaling of innovations

Despite the ongoing challenges of the COVID-19 pandemic, the year 2021 saw a record number of cold chain equipment (CCE) procurements through UNICEF Supply Division, including from Gavi's Cold Chain Equipment Optimisation Platform (CCEOP) and COVAX (including ultra-cold chain equipment). Approximately 40 countries are now using DHIS2, the world's largest health management information system, for immunisation – with most rapidly adding modules for COVID-19 vaccines. In partnership with the Rockefeller Foundation, new approaches to health worker training and learning are being tested and scaled for both routine and COVID-19 immunisation.

Recalibration of Gavi 5.0 priorities

The COVID-19 pandemic has delayed the implementation of Gavi 5.0 core programming: health system strengthening (HSS) grant implementation has slowed; and many new grants developed through FPP are delayed into 2022 and 2023. The Gavi Secretariat has worked hand in hand with countries to rephase and reprogramme existing support, focusing on maintaining routine immunisation while rolling out COVID-19 vaccines.

2021 Gender Policy updates

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

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.

Achievements and progress

In 2021, Gavi established gender-responsive funding systems to align with the Gavi 5.0 goal of reaching zero-dose children – resulting in improved applications to address gender-related barriers to immunisation. The two health system strengthening (HSS) applications received in 2021 included identification of gender-related barriers and interventions to address them.

Support for gender analysis, programme design and implementation was provided to Afghanistan, Kenya, Mozambique, Pakistan and South Sudan. In South Sudan, the analysis revealed a lack of men's involvement in immunisation despite their familial decision-making role; and that services were not available at appropriate times or locations for women caregivers. In Kenya, geospatial mapping helped identify broad regions in the north and northeast where gender-related social disadvantage coincides with low immunisation coverage (i.e. less than 80% coverage of the first dose of diphtheria, tetanus and pertussis-containing vaccine).

Learnings from COVID-19 and human papillomavirus (HPV) vaccination programmes revealed that reaching women and young girls with essential vaccines requires a different, tailored approach than for routine immunisation for children. Common barriers faced by women in accessing COVID-19 vaccines were fear of side effects; time and money required to access immunisation services; and difficulty in registering for vaccination. Countries addressed these barriers in a variety of ways, including:

Somalia trained health workers, and conducted communications and advocacy campaigns, to address women's concerns about COVID-19 vaccines regarding fertility, pregnancy and breastfeeding.

Somalia and South Sudan situated COVID-19 vaccination clinics in locations where women said they were free to travel (e.g. close to home or work).

Sudan conducted real-time monitoring of social media platforms to provide accurate information and tailored, gender-specific responses to women's and men's concerns, questions, misconceptions and negative perceptions of COVID-19 vaccines and fertility.



In Tajikistan and Uganda, outreach and mobile immunisation services will be used in rural and remote areas to minimise the distance women must travel for children's immunisation services. [Read the full article](#)

Credit: Gavi/2021

To meet the unique needs of women and girls in humanitarian settings requires targeted approaches. Yemen has one of the largest internally displaced populations globally, and gender disparities have been exacerbated by years of conflict and displacement. Mother-to-mother clubs are a platform to learn and share information on health practices including immunisation. Mothers have raised awareness of COVID-19 vaccines and contributed to preventive measures, including through income-generating activities. Informational home visits from trusted messengers, often in crowded camps, extend to all family members, dispelling misinformation and encouraging healthy practices.

Challenges and lessons learned

The impact of COVID-19 on gender equality worldwide continues to be detrimental. The immediate and long-term consequences of the COVID-19 pandemic have irrevocably impacted the lives of women and girls, particularly in the most marginalised communities, exacerbating inequities and decreasing access to immunisation and health services, for example:

Vaccine hesitancy has increased, particularly among women, due in part to misinformation and rumours of COVID-19 vaccines affecting fertility.

Women face barriers in learning about and accessing immunisation services not only for themselves (e.g. COVID-19 vaccines), but also routine vaccines for their children, for example: registration; need for male household member approval; and difficulties in reaching health services due to childcare and financial responsibilities.

Although women comprise the majority of health and care workers globally, women's representation in leadership and decision-making in health and immunisation services is disproportionately limited; and women health and care workers experience poor working conditions and limited pay. Despite global awareness of these limitations, global and national health systems have not yet changed to address them.



03

The sustainability goal

Improve sustainability of national
immunisation programmes



Nurses deliver COVID-19 vaccines to vaccination points in the Sundarbans, India. [Read the full article](#)

Credit: Gavi/2022/Benedikt v. Loebell

Key highlights

The year 2021 confirmed the robustness of the Vaccine Alliance's co-financing approach and the steady financial commitment of countries despite the COVID-19 pandemic.



A testament to increasing country ownership and the long-term financial sustainability of Gavi-supported vaccines, countries contributed a record US\$ 161 million towards the co-financing of Gavi-supported vaccines in 2021 – despite the ongoing fiscal challenges of the COVID-19 pandemic.



The number of vaccine programmes originally introduced with Gavi funding, but which are now self-financed by countries, increased from 40 in 2018 to 49 in 2020 and 2021.

\$1.3bn

In a challenging fiscal context, most Gavi-eligible countries were able to maintain or increase domestic resources for co-financing of Gavi-supported vaccines in 2021, bringing to US\$ 1.3 billion their total contribution since the introduction of the co-financing policy in 2008.





Results – sustainability goal strategy indicators

Despite the pandemic, countries met their co-financing obligation.

42

Annual Progress Report
The sustainability goal

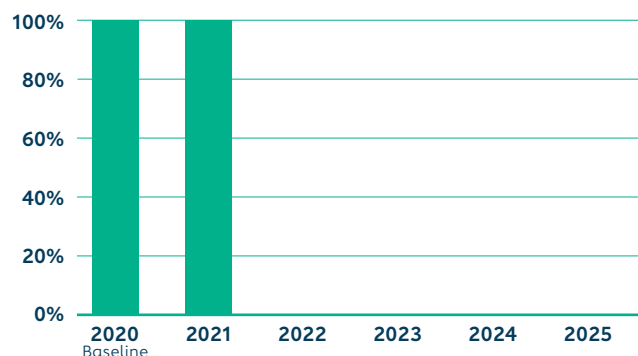
S3.1

Co-financing fulfilment

● 2021 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.

2021 progress: Most Gavi-eligible countries have been able to maintain or increase domestic resources for co-financing of Gavi-supported vaccines. Excluding the six countries whose co-financing obligation was exceptionally waived, 100% of countries fully met their 2021 co-financing obligation.



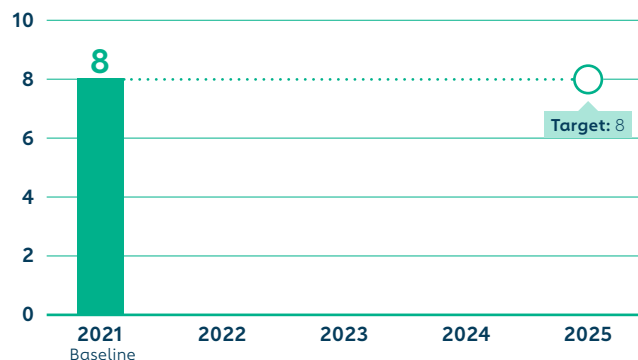
Data source: Gavi Secretariat estimates, based on UNICEF Supply Division reports, 2022

S3.2

Preventing backsliding in Gavi-transitioned countries

The indicator measures the sustainability of immunisation systems in former Gavi-eligible countries as demonstrated through the capacity to maintain or increase DTP3 coverage in at least one of the most recent two years relative to 2019. The indicator reflects the objectives of Gavi's Middle-Income Countries (MICs) Approach, as well as Gavi transition more broadly.

2021 progress: Of the 17 former Gavi-eligible countries eligible for support under the Middle-Income Countries (MICs) Approach when this indicator was approved by the Gavi Board, 8 countries maintained or increased DTP3 coverage in 2020 and/or 2021 compared to 2019, while 9 countries did not maintain DTP3 coverage. Baseline set as of 2021.



Data sources: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2022

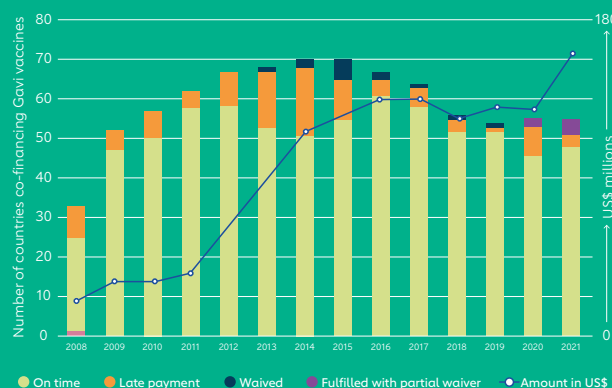
S3.3

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

This indicator monitors the number of former and never Gavi-eligible countries currently eligible for support under the MICs Approach that introduce PCV, rotavirus and/or HPV vaccines into their routine immunisation schedules.

2021 progress: Reporting for this indicator to begin in 2023, following the Gavi Board's approval of this indicator in June 2022.

Country co-financing performance, 2008–2021



Progress – 2021 sustainability updates

\$161m

Remarkably, countries contributed a record US\$ 161 million in 2021.

In 2021, rising conflict, hunger, economic downturn and the worsening impacts of climate change played out on a global terrain already marked by the ramifications of the pandemic, while debt strained countries' capacity to invest in health. Despite this spectrum of challenges bearing down on routine immunisation, most Gavi-supported countries maintained or increased domestic resources for co-financing of Gavi-supported vaccines in 2021, contributing a record US\$ 161 million in co-financing. Achievements in sustainability demonstrate the adaptive capacity of Gavi's co-financing model and countries' resilience in protecting immunisation.

Achievements and progress

Health systems were tested as disruptions to routine immunisation persisted in 2021. Despite this, most Gavi-supported countries maintained or increased domestic resources for co-financing of Gavi-supported vaccines. Remarkably, countries contributed a record US\$ 161 million in 2021, bringing to US\$ 1.3 billion the total co-financing contributions since the introduction of the co-financing policy in 2008. Six countries were granted an exceptional COVID-19 co-financing waiver, a decrease from nine in 2020, reflecting active engagement by countries and Vaccine Alliance partners to protect past gains in domestic financing for vaccine procurement. All other countries fully met their 2021 co-financing obligation.



Parents and children at the Malava County Hospital, Kakamega, Kenya.
[Read the full article](#)

Credit: Gavi/2021/White Rhino Films–Lameck Orina



To mitigate and prevent backsliding in immunisation coverage in former Gavi-eligible countries, which were hit hardest by the economic impact of the COVID-19 pandemic, Gavi operationalised targeted support under the Middle-Income Countries (MICs) Approach. Through COVAX, Gavi developed new relationships with never Gavi-eligible countries. Gavi is now building upon these relationships under the MICs Approach, with the aim of driving the sustainable introduction of pneumococcal conjugate vaccine (PCV), rotavirus and human papillomavirus (HPV) vaccines.

Challenges and lessons learned

Due to the economic impacts of the pandemic, rising debt levels, in particular in initial self-financing countries, hampered their capacity to invest sufficiently in health: their debt-to-gross domestic product (GDP) ratio rose to 72% – an increase of 10 percentage points over 2019. With public finances under stress, per capita government health spending is projected to drop and remain below pre-pandemic levels until 2026 in more than a quarter of Gavi-eligible countries. Prior to the pandemic, 13 of the 16 former Gavi-eligible countries that reached fully self-financing status by 2019 either maintained or improved their average coverage of DTP3, or sustained coverage of 95% or more; however, in 2020, due to the impact of the COVID-19 pandemic, 13 of the 16 countries experienced a drop in DTP3 coverage – ranging from 1 percentage point (Armenia) to 15 (Azerbaijan) percentage points. In 2021, country and Alliance capacity was strained amid the pressure of COVID-19 response, slowing progress under the MICs Approach; however, significant momentum was gained in late 2021 and early 2022.

Recalibration of Gavi 5.0 priorities

To align Gavi's co-financing policy and other key funding policies with the aims of Gavi 5.0 and beyond, the Gavi Secretariat is currently engaged in a Funding Policy Review to strengthen the core principles of equity and sustainability.

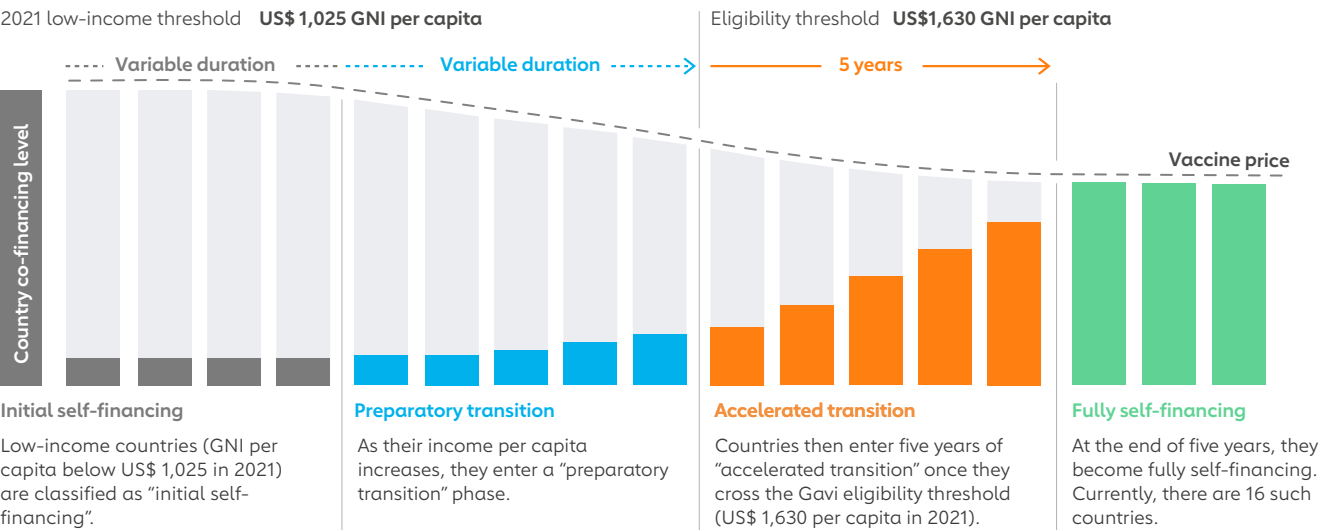
In June 2022, the Gavi Board approved a rules-based approach for dedicated support to countries eligible under the MICs Approach that are facing challenges caused by fragility, emergencies and displacement – a particularly potent recalibration, given the number of complex crises affecting some middle-income countries. Considering the ongoing disruption to routine immunisation programmes, the Gavi Board also approved continued support under the MICs Approach to mitigate backsliding in vaccine coverage.

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.

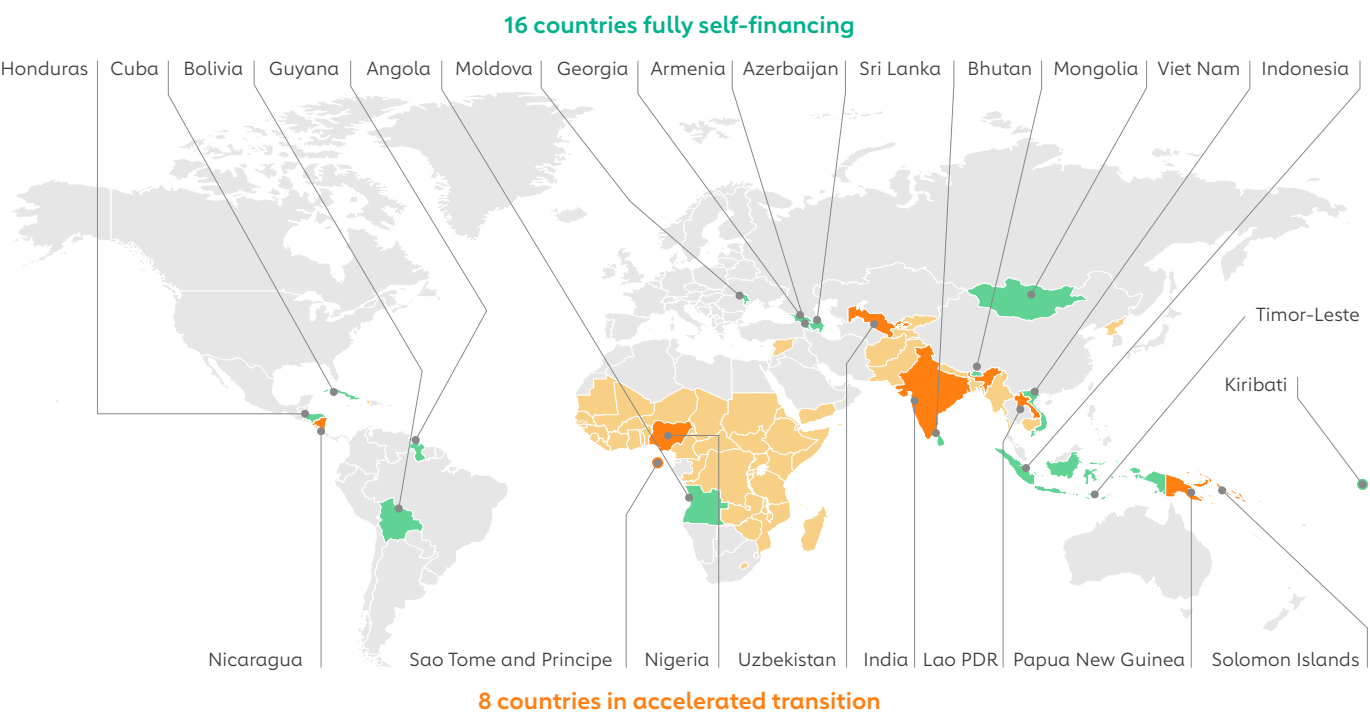
Countries share the costs of the vaccine programmes by directly co-procuring a portion of the vaccines and safe injection devices from a supplier or procurement agency to fulfil their co-financing requirements.

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.



Note: Usually, thresholds are adjusted annually for inflation; however, the same GNI values were used in 2021 as for 2020, as thresholds were frozen due to the economic impact of the COVID-19 pandemic.

Countries fully self-financing and in accelerated transition



Public policy engagement

Enabling the policy environment for Gavi's equity mission.



Achievements and progress

The year 2021 saw unprecedented commitments in global political fora toward equitable access to COVID-19 vaccines, including at the UN General Assembly, UN High-Level Political Forum on Sustainable Development ([Ministerial Declaration](#)), World Health Assembly, and Inter-Parliamentary Union (IPU) Assembly ([IPU Emergency resolution on Vaccine Equity](#)).

Active and strategic policy and partner engagement resulted in the recognition of the Gavi 5.0 goal of reaching zero-dose children as a priority by WHO [Member States](#) at the 74th World Health Assembly; by the SDG3 Global Action Plan [signatory agencies](#); in the [Immunisation Agenda 2030](#); in the IPU UHC Accountability Report 2021; and by the Organisation of African First Ladies for Development (OAFILD).

Gavi deepened its institutional engagement with the African Union, Africa CDC and the Africa Vaccine Acquisition Task Team (AVATT) on COVID-19 response, while continuing to bolster political support for routine immunisation, polio eradication and addressing gender-related barriers.

To harness the full potential of civil society to deliver on Gavi's ambitious mission, Amref Health Africa was appointed host of the Gavi CSO Constituency – making it the first organisation located in a lower middle-income country to host the platform. Gavi coordinated collaboration with civil society organisations (CSOs) toward advocacy in support of COVAX, including contributing to the development of the Gavi CSO Constituency's [Call to Action on equitable delivery of COVID-19 vaccines](#). In coordination with COVAX partners, Gavi facilitated regular engagement with ACT-A vaccines pillar CSOs to share information and align priorities. Beginning with a [joint policy brief](#), Gavi launched a partnership with the Scaling Up Nutrition (SUN) Movement to implement an integrated immunisation-nutrition model at country level.

The global health and humanitarian sectors established new, broad-based partnerships, exemplified by Gavi signing Memoranda of Understanding with humanitarian agencies working with displaced

and other vulnerable populations; and by the launch of the COVAX Humanitarian Buffer. The UN Security Council took note of humanitarian access-related challenges for COVID-19 vaccination and passed Resolution 2565.

Challenges and lessons learned

Vaccine Alliance partners continue to face challenges reaching children and communities in humanitarian settings with routine and COVID-19 vaccines due to systemic barriers that span political will, social determinants (including gender), risk-related and legal barriers in relation to novel products, operational, access-related and financing challenges – requiring new ways of working and cross-sectoral partnerships.

Recalibration of Gavi 5.0 priorities

CSO engagement will be critical in 2022, and beyond, especially in light of the December 2021 Gavi Board decision requiring all Gavi-supported countries to allocate at least 10% of their combined health system strengthening (HSS), Equity Accelerator Fund (EAF) and Targeted Country Assistance (TCA) ceilings for activities undertaken by CSO partners.

Immunisation in humanitarian settings will be increasingly challenging during the remainder of Gavi 5.0, with a view to reaching growing numbers of zero-dose children in humanitarian and conflict settings, in integrating COVID-19 vaccination with other humanitarian and health services amid growing food insecurity, fragility and climate change, and shifts in financing priorities due to new and ongoing conflicts and their wide-ranging impacts. This will require increased investment in specialised knowledge and higher risk appetite.

To learn about Gavi's G7 and G20 engagement, see pages 53–58.

↑ Training provided by Expanded Programme on Immunization (EPI) in Goma, Democratic Republic of the Congo, 2021.

Credit: STARRY

Reaching zero-dose children and protecting routine immunisation during a pandemic

46

Annual Progress Report
Country stories

“Pakistan can”: How one country repaired its routine immunisation safety net

Like in most countries, routine immunisation in Pakistan suffered a gut-punch – if not quite a knockout blow – when the pandemic landed in early 2020. But new data confirms what public health officials hoped was true: in 2021, Pakistan’s children were very nearly as well-protected against preventable diseases as they had been in 2019.

From July 2020, the health system kicked into high gear, beefing up outreach, and finding novel means to trace unvaccinated “zero-dose” children. Life-saving gains were made.

But by year’s end, the number of zero-dose children in Pakistan still stood at more than 1 million – a massive increase against 2019’s 600,000.

A vaccination bounce-back was critical. The latest data tell a story of Pakistan’s health system resilience: at end 2021, DTP3 coverage stood at 83%, against 2020’s 77% and 2019’s 84%, and the pandemic tide of zero-dose children had ebbed to near-2019 levels, with the country’s cohort of the unreached tallying 611,000.

When lockdowns were lifted, extended outreach activities for routine immunisation were bolted onto COVID-19 immunisation sessions and tagged along with polio campaigns.

Dr Faisal Sultan, former Special Assistant to the Prime Minister on Health, believes that the pandemic has shown that “Pakistan can” – even faced with a dual or triple challenge. As routine immunisation bounced back during 2021, polio infection numbers headed into a period of retreat, and COVID-19 vaccination rates ramped up impressively.

The country’s response to the pandemic built on investments made over decades. Since 2017, Gavi has invested more than US\$ 23 million in Pakistan’s cold chain and supply chain management systems.

“We are extremely thankful to Gavi for helping us fulfil a major chunk of our responsibilities,” says Pakistan’s federal Health Minister Abdul Qadir Patel.

+8pp

coverage of children receiving three doses of DTP3 in Chad since 2019



Excerpt from article by Huma Khawar and Maya Prabhu published on Gavi’s VaccinesWork platform
11 August 2022



Excerpt from article by Assa Samaké-Roman published on Gavi’s VaccinesWork platform
29 July 2022

Despite the pandemic, Chad is improving routine vaccination coverage

The latest WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) figures show the enormous toll the pandemic has had on routine immunisation, but one key outlier was Chad. Not only has the Sahel country’s immunisation programme weathered the storm, vaccine coverage has increased by 8 percentage points since 2019.

The percentage of children who received three doses of vaccines against diphtheria, tetanus and pertussis (DTP3) – a basic marker of vaccination coverage – increased in Chad from 50% in 2019 to 58% in 2021.

“The sharp increase in Chad’s coverage data is inspiring, especially in contrast with the regional decline in routine immunisation exacerbated by issues such as conflict and natural disasters like drought and flooding leading to malnutrition and forced migration,” says Amy LaTrielle, director of fragile and conflict-affected countries at Gavi.

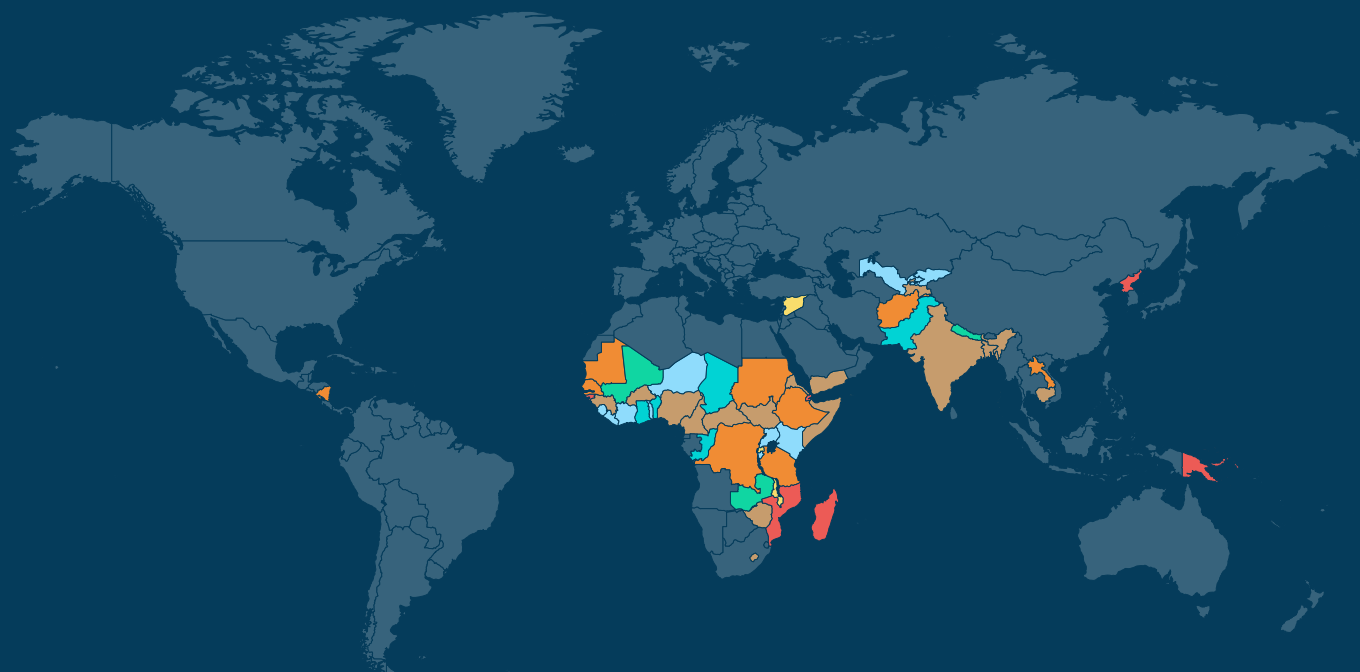
What explains this success? One important step was the country’s investment in cold chain equipment.

“Since 1997, 1,581 high quality cold chain solar-powered vaccine storage and transport units (including 1,155 from Gavi in 2021) have been installed, increasing the CCE equipment rate of health facilities to 92% in 2022” said Thierry Vincent, Senior Country Manager at Gavi.

Chad, like a number of countries in the region, is a huge and sparsely populated country. It is difficult to undertake intensive vaccination activities without providing health personnel with the means to travel, while populations are often very far from health centres. “The health districts received 32 vehicles and 250 motorbikes which were sent to health centres. This made it possible to go to hard-to-reach areas, remote areas, so it made it possible to reach more children, many of whom were zero-dose children,” says Ferdinand Abassa, Programme Manager at Gavi.

The political will to prioritise vaccination, and to work hand in hand with several partners, is also hugely important.

“Critical to this success is the fact that all partners showed courage and innovation,” says LaTrielle.



Percentage point (pp) difference in DTP3 vaccination, 2020 to 2021



Change in routine immunisation in lower-income countries

Despite declines in immunisation coverage in several countries, over half of the 57 countries supported by Gavi managed to stabilise or even increase coverage in 2021. Following are some examples of recovery, resilience and relentless determination to protect routine immunisation from the impact of the COVID-19 pandemic.

Pakistan: Previous Gavi investments in cold chain and vaccinators leveraged to respond to COVID-19 and restore routine immunisation quickly

India: Gavi's investments in a logistics management system successfully repurposed to create a new platform to track equitable COVID-19 vaccinations



Heatmap by Jessica Gergen published on Gavi's VaccinesWork platform on 29 July 2022

Data source: WUENIC, 2022

77%

DTP3 coverage among Gavi-supported countries in 2021

Mali: The network of community health centres (CESCOM), and well-organised vaccine logistics thanks to Gavi's Health System Strengthening (HSS) investment and supply chain redesign, kept Mali's health system afloat

Cameroon: Intensifying routine activities in previously under-served northern regions and border regions with Central African Republic helped maintain immunisation coverage rates

Chad: 235 health workers recruited by Ministry of Health and funded by Gavi's Health System Strengthening (HSS) posted strategically in priority areas to improve service delivery

Burundi: Domestic resources mobilised for vaccines and support from partners, including Gavi – in addition to Gavi's supply chain investments – have been key to stable routine immunisation coverage

04

The healthy markets goal

Ensure healthy markets for vaccines and related products



Reaching zero-dose children in Afghanistan.

[Read the full article](#)

Credit: Gavi/2020

Key highlights

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



In 2021, the number of markets exhibiting acceptable levels of healthy market dynamics for vaccines and immunisation products improved from 10 to 11, exceeding the target for the year.



Innovation-related market shaping indicators are largely on track. The number of innovative products within the pipeline of commercial-scale manufacturers increased by two in 2021.



The Gavi Board approved Gavi's Market Shaping Strategy for the Gavi 5.0 strategic period (MSS 5.0); and support for malaria vaccine roll-out in sub-Saharan Africa.



Vaccine market health: HPV and OCV (unacceptable levels of market health); PCV (healthy); and rotavirus (monitoring closely for manufacturing issues).

18

Through Gavi's market shaping efforts, the number of manufacturers supplying prequalified Gavi-supported vaccines has grown from 5 in 2001 to 18 in 2021 (with more than half based in Africa, Asia and Latin America).





Results – healthy markets goal strategy indicators

Gavi's Market Shaping Strategy 5.0 aims to shape market dynamics in more depth and breadth, with longer-term effects.

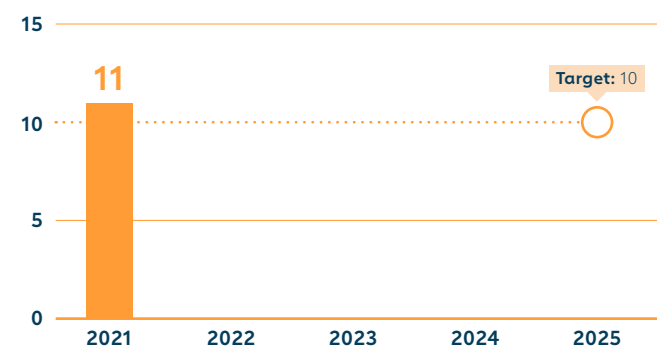
S4.1

Healthy market dynamics

● 2021 progress: on track

Healthy market dynamics is an assessment of the fundamental attributes of a healthy market: demand side dynamics, supply side dynamics and innovations. This holistic view of markets better aligns market shaping activities and objectives with Gavi's strategic goals to: (1) introduce and scale up vaccines; and (2) improve sustainability of immunisation programmes.

2021 progress: The number of markets exhibiting acceptable levels of healthy market dynamics improved from 10 to 11. Each market's status for 2021 has been formally assessed with partners. This outcome was driven by an improvement in demand in the typhoid conjugate vaccine (TCV) market.



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

S4.2

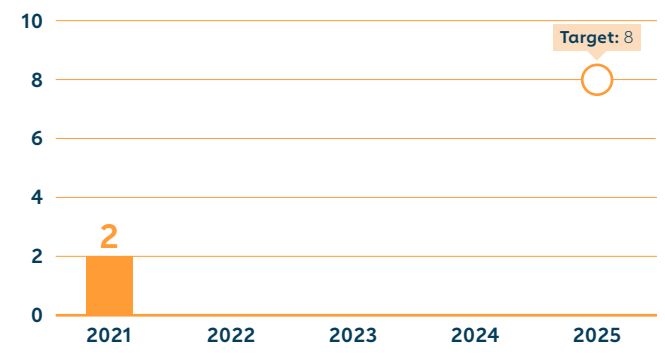
Incentivise innovations

● 2021 progress: on track

Number of innovative products within the pipeline of commercial-scale manufacturers to ensure the availability of quality and suitable vaccine products for countries.

2021 progress: The number of innovative products within the pipeline of commercial-scale manufacturers increased by two. Two measles-rubella micro-array patch (MAP) phase 1 studies were initiated.

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.



Data sources: Market intelligence data – Gavi Market Shaping roadshows, Vaccine Alliance partner industry engagements; Vaccine Innovation Prioritisation Strategy (VIPS) – to be determined, pending Gavi Board decision on VIPS phase 2

S4.3

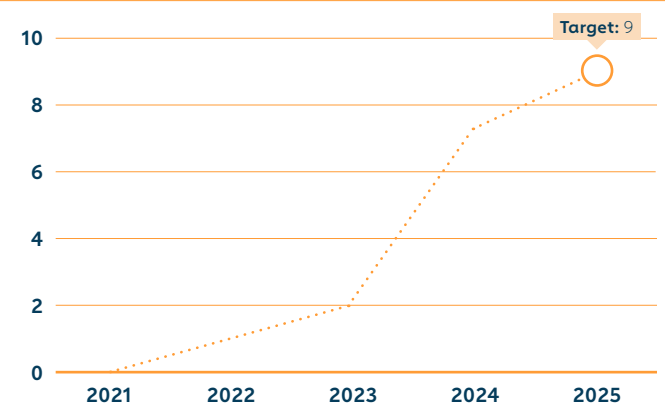
Scale up innovations

● 2021 progress: on track

Number of vaccines and immunisation-related products with improved characteristics procured by Gavi, which gives an indication of whether countries are adopting products with improved characteristics for use.

2021 progress: No additional products with improved characteristics were newly procured. Procurement of further new products with improved characteristics is expected starting in 2022.

² 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.



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

Progress – 2021 healthy markets updates

Achievements and progress

In 2021, the number of markets exhibiting acceptable levels of healthy market dynamics for vaccines and immunisation products improved from 10 to 11, exceeding the target for the year. This was driven by an improvement in demand in the typhoid conjugate vaccine (TCV) market. Despite initial COVID-19 pandemic-related delays in new TCV introductions, WHO statements on product equivalency and efforts to support country application processes have helped generate momentum. Five countries have successfully applied for TCV introduction since Gavi opened the funding window.

Innovation-related market shaping indicators are largely on track. The number of innovative products within the pipeline of commercial-scale manufacturers increased by two in 2021 as two measles-rubella microarray patch (MAP) Phase 1 studies were initiated. Moving into 2022, preparations for clinical trial launches were underway for several flu and COVID-19 vaccine candidates on MAPs. Vaccine Alliance efforts on MAPs form part of Gavi's Vaccine Innovation Prioritisation Strategy (VIPS), which also focuses on innovations pertaining to heat-stable and controlled temperature chain (CTC) qualified vaccines, as well as barcodes on primary packaging. A five-year MAPs roadmap was developed and published; the roadmaps for heat-stable and CTC-qualified vaccines and barcodes will be finalised in 2022.

In June 2021, the Gavi Board approved Gavi's Market Shaping Strategy for the Gavi 5.0 strategic period (MSS 5.0) to shape market dynamics in more depth and breadth, with longer-term effects. Implementation planning commenced; and workstreams are progressing.

In August 2021, Gavi, GlaxoSmithKline (GSK) and MedAccess announced an innovative financing agreement to guarantee continued production of the antigen for the RTS,S/AS01e malaria vaccine. In December 2021, the Gavi Board approved an investment to support malaria vaccine introduction, procurement and delivery for Gavi-eligible countries in sub-Saharan Africa in 2022–2025.

Challenges and lessons learned

Two markets, human papillomavirus (HPV) vaccine and oral cholera vaccine (OCV), continued to exhibit unacceptable levels of market health in 2021. Although 2021 saw a 35% increase in the number of HPV vaccine doses delivered (i.e. 4 million), as well as an increase in multi-age cohort (MAC) vaccination, supply constraints persisted. Despite an additional supplier, Gavi was unable to meet accumulated demand, as countries' product preference remains skewed towards the established product. For OCV, supply satisfied demand from approved country applications – but only tightly, with limited buffer capacity. Given limited demand predictability, with country allocations and quantities shifting on a regular basis, OCV suppliers and pipeline developers continued to face challenges relating to production planning and other investment decisions.

Alliance partners came together to resolve multiple pneumococcal conjugate vaccine (PCV) supply challenges, with minimal impact on programme continuity. Supply challenges in 2021 included risks of shortages linked to pandemic disruptions, country demand volatility and manufacturers holding low buffer inventory. To avert country stock-outs and programme interruptions, Vaccine Alliance partners successfully worked with countries and suppliers to accelerate country decisions on alternative products and to fragment shipment plans, ensuring minimal impact on programme continuity. As a result, the PCV market remained healthy.

The supplier of the most commonly used rotavirus vaccine product reduced its offer to Gavi-supported countries and is halting the production of its new presentation. This caused significant supply pressures, forcing at least nine countries to switch to different presentations. Furthermore, to reduce the risk of stock-outs due to constraints impacting another supplier, some countries were offered an alternative presentation to bridge the gap for a few months. This interim solution carried a high transaction cost, due to health care worker training needs. Despite rapid decision-making by most countries, and UNICEF's efforts to ship smaller quantities across more countries, this sequence of disruptions led to a very high risk of stock-out. While these risks did not impact market health in 2021, impact in 2022 is anticipated; Gavi and partners will continue to monitor the situation closely.

Recalibration of Gavi 5.0 priorities

The year 2021 saw initiation of unprecedented activity aimed at establishing and expanding regional vaccine manufacturing, especially in Africa. The COVID-19 pandemic was marked by supply shortfalls faced by many lower-income countries, arising from higher-income countries securing the earliest doses and subsequent export restrictions. As a result, countries and global health partners are increasingly considering the need for regional vaccine manufacturing. Gavi is prepared to play a prominent role in helping develop sustainable, long-term vaccine manufacturing in Africa. Implications for Gavi, including on its financing and operating model, will be assessed and recalibrated accordingly.

05

Funding and finance

Partnering with governments and business
to change immunisation for good



COVAX reaches the Mongolian steppes:
Herder Buyanjargal and his granddaughter, Anar.
[Read the full article](#)

Credit: Gavi/2021/Khasar Sandag

Mobilising global support for Gavi's life-saving mission

As the pandemic started to claim its first victims, Gavi worked hard to mobilise the international community in support of a global solution to break transmission of COVID-19.

From the first months of 2020, Gavi engaged actively with governments, corporations, foundations and private individuals to demonstrate the value of multilateralism; and build the trust and confidence needed to mobilise historic levels of financing for an innovative instrument developed in record time: the Gavi COVAX Advance Market Commitment (AMC).

Gavi had flexibly changed its plans at the Global Vaccine Summit 2020. Initially intended to replenish Gavi for its core mandate over the 2021–2025 strategic period – work that remains as vital as ever – the meeting also rallied world leaders, including 40 heads of state and government, to lock in initial funding for the fight against COVID-19.

In 2021, Gavi's resource mobilisation efforts pivoted to address the double challenge of ensuring that core funds would continue to flow, while significant new funding could be secured for the Gavi COVAX AMC. By this stage, the evidence was clear that vaccines would be effective at protecting against COVID-19 – and that everyone, everywhere needed access to this protection.

The launch of an Investment Opportunity hosted by the Government of the United States of America in April 2021 kicked off resource mobilisation for “Phase II” of the Gavi COVAX AMC, at a time when it was critical to secure significant resources for the mechanism to purchase life-saving doses.

Gavi then embarked on a broad engagement strategy, working closely with international forums such as the G7 under British leadership, the G20 under Italian leadership and the European Union, as well as building new bridges with civil society partners, governments (including a number that were not previously donors to Gavi) and the private sector.

A close partnership with the G20 was critical in securing broad support as the impact of the pandemic continued to deepen. Gavi was invited to participate in G20 Sherpa meetings for three important workstreams: the Health Working Group, the Global Health Summit preparatory meetings and the Health & Finance Working Group. A Global Health Summit on 21 May 2021, co-hosted by the European Commission and Italy as Chair of the G20, was an important step in the Gavi COVAX AMC funding process. Gavi was invited to participate, and the resulting Rome Declaration was instrumental in endorsing Gavi's and COVAX's global efforts. We worked closely with the G20 Finance and Health Ministers tracks, who supported our work. Building on this collaboration, Gavi also contributed to emerging reflections on the future of pandemic preparedness and response (PPR). In parallel, Gavi worked with the G7 throughout the year, keeping the multilateral response high on the agenda. Endorsement of our work by the G7 Summit was key to garnering momentum at a critical stage.

Work with civil society and the private sector culminated with “VAX LIVE”, a unique television programme hosted by Global Citizen, in close collaboration with Gavi, and broadcast across the globe. As part of the show, world leaders and global celebrities followed each other on the air, calling for support in the fight against the pandemic, with more than US\$ 60 million pledged in support of the Gavi COVAX AMC.

Gavi's fundraising efforts reached a new peak at the Gavi COVAX AMC Summit on 2 June 2021, hosted by the Government of Japan. Governments and private sector leaders significantly exceeded Gavi's objective of raising at least US\$ 2 billion, with more than US\$ 2.4 billion secured on the day.

New, innovative partnerships with the private sector, such as a breakthrough collaboration with (RED), a charity that works with brands to create iconic products and experiences, sales of which would from then on support the Gavi COVAX AMC; and a new agreement with the WHO Foundation, which would offer their abilities to run cause marketing campaigns in multiple countries to secure generous donations from the public.

But as the pandemic continued to wreak havoc, it was clear that this wouldn't be enough. By the second quarter of 2021, it had become apparent that some of the vaccines purchased by Gavi would experience significant delays before being delivered. This could cause millions to suffer from COVID-19 without hope of receiving immediate protection. Something else had to be done.

Gavi had an audacious answer. Anticipating the possibility of supply challenges, in December 2020 Gavi published principles for sharing doses with COVAX. Countries with access to doses could choose to donate a portion of their own supply to COVAX, which would make them available to the most vulnerable globally. In the following months, building on pioneering work of several donors, the initiative was developed in record time and started delivering life-saving doses by the summer. By end 2021, more than a billion doses had been committed by the international community, with half a billion already delivered.



This engagement did not take place at the expense of Gavi's core mission. While new financing and doses were being mobilised for COVAX, Gavi was pursuing its close work with donors to ensure that the pledges made to support Gavi 5.0 would indeed materialise, to ensure distribution of other life-saving vaccine programmes would continue.

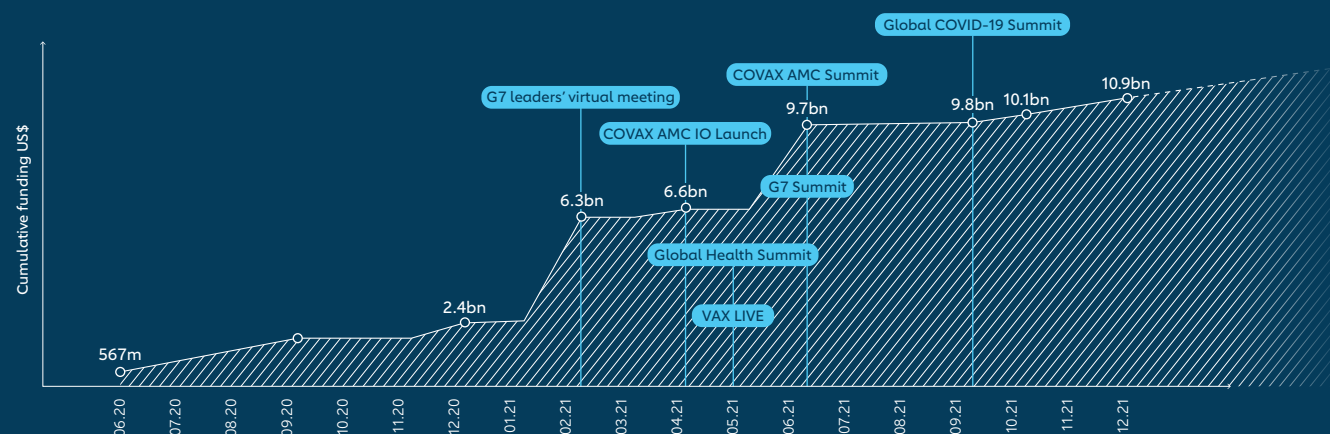
Overall, more than US\$ 10 billion was raised for the Gavi COVAX AMC in 2021, plus over a billion donated doses.

Between 2020 and 2021, Gavi had worked with the international community to mobilise more than US\$ 18 billion in cash: more resources were mobilised in 24 months than were secured by Gavi in the first 19 years of its existence.

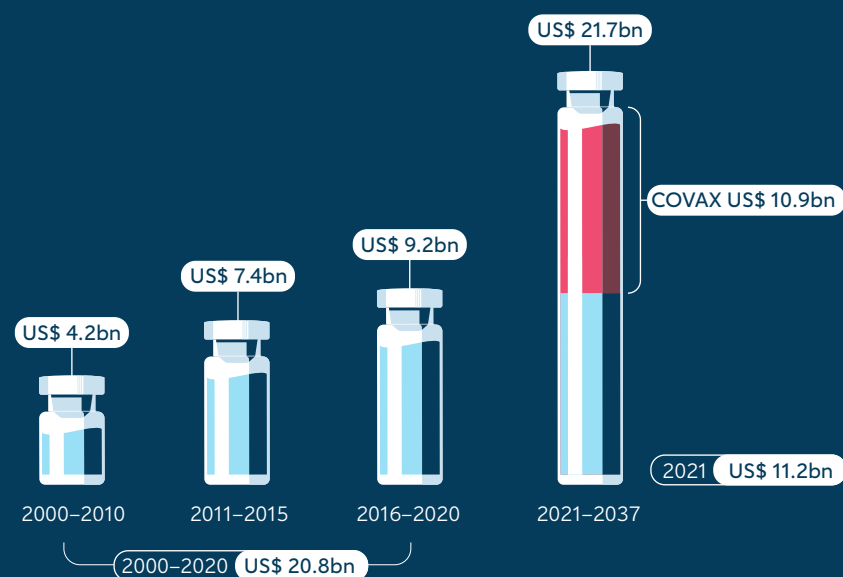
The results are clear: by end 2021, COVAX had shipped nearly 1 billion doses to 144 countries, building momentum to reach 50% coverage in lower-income countries from all dose sources by mid-2022. But our work is not done. At the end of 2021, significant risks remained, with 34 AMC countries still showing less than 10% of primary series coverage for their populations. To catalyse COVAX's efforts, additional delivery support will be required for focused support to countries that are still falling behind in meeting their primary series targets, as well as to prepare for potential new variants.

These efforts occur in parallel to Gavi's ongoing work to protect children from deadly and debilitating diseases through routine immunisation programmes. Progress against Gavi 5.0 targets is under threat due to COVID-19-related disruptions, fragile supply chains, vaccine misinformation and conflict, making Gavi's core mandate as urgent as ever.

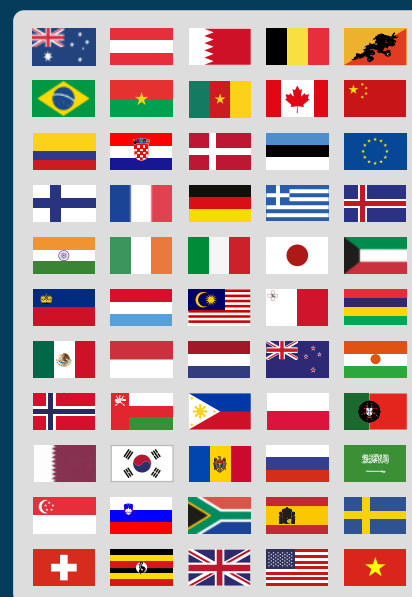
Gavi COVAX AMC pledges and events in 2021



Donor commitments by end 2021 to Gavi, 2000–2037, US\$



Sovereign donors and the European Union in 2021



Mobilising resources for COVAX

KEY 2021 EVENTS

G7 leaders' virtual meeting

February 2021. Raised: US\$ 4.3bn; donated doses



\$4.3bn+

One World Protected

The Gavi COVAX AMC Investment Opportunity Launch Event
15 April 2021. Raised: US\$ 400m; donated doses



\$400m+

VAX LIVE

May 2021. Raised: US\$ 60 million; donated doses



\$60m+

Global Health Summit 2021

May 2021. Raised: €300m; donated doses



€300m+

One World Protected

The Gavi COVAX AMC Summit
June 2021. Raised: US\$ 2.4bn; donated doses



\$2.4bn+

G7 Summit

June 2021. Raised: US\$ 200m; donated doses



\$200m

Global COVID-19 Summit

September 2021. Raised: US\$ 243 million; donated doses



\$243m

Note: Additional pledges received between these events.

Phase I

The first phase of the Gavi COVAX AMC began with seed funding of US\$ 505 million enabled by the groundswell of support at the June 2020 Global Vaccine Summit, hosted by the Government of the United Kingdom, which garnered pledges of US\$ 8.8 billion for Gavi's 2021–2025 core programmes. A target was set to mobilise US\$ 2 billion by the end of 2020 so that down payments could be made to manufacturers to secure the first COVID-19 doses. With the support of governments and the private sector, this target was exceeded by end December 2020.

Phase II

A second phase began with support from the G7 Summit in February 2021, and the launch of an Investment Opportunity hosted by the Government of the United States of America in April 2021. Further momentum was generated through the Global Health Summit on 21 May, co-hosted by the European Commission and Italy as chair of the G20; and culminating in the Gavi COVAX AMC Summit on 2 June, hosted by the Government of Japan. In addition to funding, donors committed to donate doses, including 1 billion doses at the G7 Summit, followed by a USA announcement in September of additional donations.

Phase III

The third phase of COVAX fundraising began in 2022 and set targets for vaccine delivery and associated ancillary and logistical costs, as well as funding for a Pandemic Vaccine Pool.



COVAX shipment of COVID-19 vaccines
arrives in Ecuador, March 2021.

Credit: © UNICEF/UN0430794/Escobar Jime



Partnering with business to change immunisation for good

See page 58 for a spotlight on our partners Zenysis and Google.

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One year into the pandemic, with the world still squarely in the acute phase of a public health crisis, it was clear that the only prospect for defeating COVID-19 and beginning the work of full economic recovery was to achieve equitable access to life-saving vaccines. During this time, we saw unprecedented engagement from the private sector in fighting the pandemic alongside the international community. In support of the Gavi COVAX AMC and routine immunisation programmes, Gavi intensified its outreach,

collaboration and partnerships with the private sector – ranging from individual philanthropists and private foundations to multinational corporations from across geographies, economies and industry sectors. The result: signed financial and in-kind agreements with 80 private sector partners. Many of these contributions were matched by generous Gavi Matching Fund support from the Bill & Melinda Gates Foundation, as well as the Governments of the Netherlands and the United Kingdom.



During Global Citizen's two-hour VAX LIVE event, Mastercard pledged US\$ 25 million to the Gavi COVAX AMC, in addition to matching consumer donations up to US\$ 4 million, to support equitable vaccine distribution and COVID-19-related digital solutions.



Unilever is investing an additional €3 million in their award-winning hand washing and immunisation partnership with Gavi, "Successful Beginning", and expanding from India to Indonesia. Phase III of the India partnership commenced in 2021, aiming to refine and scale up the model.



In 2016, Gavi supported drone start-up Zipline to establish drone delivery of essential medical networks in Rwanda and replicated in Ghana in 2019. As COVID-19 spread, with further support from the UPS Foundation, Zipline pivoted to deliver COVID-19 vaccines, personal protective equipment (PPE) and test samples in Ghana.



Founded by former Gavi employee Elisabeth Thand Ringqvist, Vaccine Forward is a Swedish private initiative that has raised more than SEK 17 million in support of the Gavi COVAX AMC from individuals, start-ups, and small- and medium-sized businesses through a user-friendly, open-source platform.



In 2021, Twilio contributed US\$ 10 million to the Gavi COVAX AMC. Twilio is a global advocacy partner for vaccine equity in tech business networks; and is supporting immunisation campaigns and CSO partners in Gavi-supported countries.



At the Gavi AMC COVAX Summit, Toyota Tsusho, a trading arm of Toyota Group, pledged 100 million yen; and five Vaccine Land Cruisers developed for safe, efficient delivery of vaccines in hard-to-reach areas. Prequalified by WHO, they are currently deployed in five African countries.



Private sector engagement approach

As we address the ongoing challenges posed by the COVID-19 pandemic and imagine the future of public health, it is important that we also take the time to review and evaluate our work with the private sector, including the added efficiency and impact it creates. In 2021, upon conclusion of the exploratory phase of the private sector engagement approach, Gavi commissioned an independent evaluation aimed to assess the delivery, results and sustainability of the approach. The findings confirmed that Gavi's engagement with the private sector was strategically consistent with Gavi 4.0 (2016–2020) strategic goals and objectives. Particularly, this approach succeeded in meeting its targets on additional financial commitments, funding diversification and leveraging private sector expertise for innovation at scale. With these results and lessons learned, Gavi was able to move confidently ahead with defining private sector strategy for the years ahead.

Private Sector Engagement Strategy

In 2021, informed by the outcomes of an independent evaluation published in July 2021, Gavi's first Private Sector Engagement Strategy for the 2021–2025 period was developed and approved by the Gavi Board to play a critical role in supporting the strategic priorities of Gavi 5.0 and COVAX-related objectives. The Strategy relies on critical engagement with the private sector to leverage investment and advocacy, mobilise expertise and technology, and foster emergence of innovative approaches through platforms like INFUSE.

Innovation and technology

As the world's largest investor in vaccines and immunisation systems, Gavi works with its country partners to build resilient public health systems through direct cash contributions, as well as in-kind support in the form of technology and expertise from our partners. As a firm believer in innovation, we have also spearheaded the adaptation and deployment of cutting-edge solutions for immunisation. The year 2021 was one of remarkable action by Gavi's private sector partners, yielding tremendous results across Gavi-supported countries.

Innovative financing for evolving global health needs



Reaching zero-dose children in Rajasthan, India. [Read the full article](#)
Credit: Gavi/2021/Benedikt v.Loebell

Over the past 22 years, Gavi has consistently pushed against the frontiers of innovative financing for development to get the best value-for-money for every dollar committed to our mission. Faced with the unprecedented challenges posed by COVID-19, Gavi leveraged existing financial mechanisms and expertise to deploy powerful financial tools – including the Gavi Matching Fund, a critical vehicle to incentivise partnerships with the private sector – while developing new mechanisms to address emerging global needs. At a time when every minute counted against the spread of COVID-19, Gavi developed a suite of flexible financial tools that enabled faster access to the resources pledged by our generous donors and partners.

Gavi's long-standing vaccine bonds scheme, the **International Finance Facility for Immunisation (IFFIm)**, has helped frontload over US\$ 3.5 billion for Gavi's core mission since its inception. IFFIm enables donor payments to be spread over many years, while funds can be immediately frontloaded by issuing bonds against these longer-dated commitments. The year 2021 was defining for IFFIm, as it played a more significant role supporting both Gavi's core immunisation programmes and COVAX. In 2021, Australia, Spain and Sweden pledged significant new funds for COVAX through IFFIm. And IFFIm made the largest ever single-year disbursement in its 15-year history of US\$ 1.2 billion to Gavi, while raising US\$ 1 billion in its largest bond issue since its inaugural transaction in 2006.

But as the COVID-19 pandemic intensified, Gavi realised that further instruments would be required to rapidly raise financing backed by a broader pool of donors, to frontload the record-breaking amount of pledges received for the Gavi COVAX AMC. To respond to this need, Gavi and the **European Investment Bank (EIB)**, supported by Team Europe, launched a new €440 million frontloading instrument. This facility provides Gavi and donors with a zero-interest mechanism to accelerate access to critical funds. Using signed grants as collateral, EIB advances funding allowing Gavi to respond to needs in advance of receiving donor funds.

To complement existing frontloading facilities, Gavi and the **U.S. Development Finance Corporation (DFC)** saw an opportunity to leverage DFC's capabilities to unlock financing solely on the back of public pledges, by designing a US\$ 1 billion rapid financing facility partnership – a powerful innovation to underpin future COVID-19 response efforts.

These three complementary instruments focused on faster access to donor resources – a critical need during a rapidly evolving pandemic. However, a number of Gavi COVAX AMC economies were keen to purchase additional COVID-19 vaccine doses beyond those provided through COVAX – but in some cases lacked the immediate financing to do so. To support these efforts, Gavi launched the COVAX Cost-Sharing Mechanism with multilateral development banks (MDBs) the **Asian Development Bank (ADB)**, the **World Bank** and the **EIB**, enabling countries on a voluntary basis to access additional high-quality, low-cost vaccines within the COVAX portfolio. The groundbreaking partnership with MDBs meant that countries could use grants or concessional loans to fund the purchases where domestic financing was not possible. The Cost-Sharing Mechanism mobilised around US\$ 800 million in additional financing on behalf of 16 countries in 2021, representing more than 130 million doses. This provided leverage to donor funding and enabled Gavi COVAX AMC economies to access lower pricing than they could negotiate bilaterally.

Towards an ever more effective and efficient response to COVID-19, several other innovative financial instruments were developed during 2021. These included a US\$ 200 million IFFIm cost sharing backstop to free up additional Gavi resources; and a US\$ 200 million procurement guarantee in partnership with **MedAccess** and the **Soros Economic Development Fund** – designed to remove residual risks to Gavi as operator of the COVAX Cost-Sharing Mechanism.

Pandemic preparedness and response (PPR)

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As 2021 came to an end, alongside the commitment to ending the existing COVID-19 pandemic, conversations also began to turn to ensuring the world is better prepared to prevent and ultimately respond to a future pandemic. There is broad consensus that preparedness and response for emerging diseases, new variants and drug resistance will require substantial additional investments. Estimates are at least US\$ 15 billion per year for the next five years and beyond.

Discussions on reshaping the global financial architecture took place across the G7, the G20 and WHO, and are continuing into 2022. Gavi has played a proactive role in contributing to the discussions from the onset, recognising the powerful role of our core mission – increasing equitable vaccine use – in preventing epidemics and pandemics; as well as the contributions to preparedness that we can deliver through our financial innovation and market-shaping roles – for example, through promoting greater regional diversity for vaccine manufacturing, including in Africa.

Gavi's financial instruments and capacity to innovate at pace can play a key role in future pandemic response. Contingent financing and surge capacity are critical for vaccine equity in lower-income countries. Any future pandemic response is likely to require substantial finance at scale, very early on, delivered through robust and innovative financial mechanisms to help ensure equitable access to vaccines. This requires an organisation equipped to rapidly adapt existing structures to the nature of the pandemic. Through 2021 and into 2022, Gavi has continued to place options on the table – such as the Pandemic Vaccine Pool and a contingent feature for IFFIm pledges – which seek to provide novel ways to ensure pre-agreed financing is available for rapid deployment to tackle either a resurgence of COVID-19 or, in the future, the next pandemic.

We have also worked actively alongside the Indonesian G20 Presidency and the G20 Health and Finance Task force (jointly chaired by Italy and Indonesia); and in the discussions on the establishment of a new Financial Intermediary Fund (FIF) for PPR hosted by the World Bank.



Spotlight on innovation partner Zenysis

Launched in 2016, Innovation for Uptake, Scale and Equity in Immunisation (INFUSE) helps improve vaccine delivery systems by connecting countries with high-impact, proven innovations. It then “infuses” them with capital and expertise to help take them to scale.

Zenysis, a 2017 INFUSE Pacesetter, is a San Francisco-based big data and artificial intelligence start-up that helps countries harness their data ecosystem to improve immunisation programmes and save lives. Gavi-funded Zenysis projects in Pakistan and Mozambique have put data to work for better child health outcomes.

Pakistan: Zenysis's advanced analytics platform has helped to improve immunisation coverage through identification, quantification and targeting of zero-dose children in Sindh Province. Health-system mapping and better information on population distribution can be combined to inform vaccine delivery strategies at the health facility and health district level – a process called “microplanning”. For example, in Union Council Chishti Nagar, 71% of zero-dose children identified through the Zenysis platform and recorded in the microplans were vaccinated and brought into the immunisation registry.

Mozambique: Zenysis is supporting Mozambique to integrate fragmented information systems into the Ministry of Health's data analysis platform to improve decision-making on immunisation services. In addition to daily management of processes and activities, the platform will serve as the primary source for monitoring vaccination coverage.



Spotlight on private sector partner Google

Google is a long-standing partner offering Gavi diversified, expert support through financial, technical, advocacy and in-kind contributions. At the One World Protected event in April 2021, Google.org committed US\$ 2.5 million to the Gavi COVAX AMC; and, in parallel, launched a global campaign incentivising employees to contribute directly to Gavi. Googlers contributed more than US\$ 5 million, bringing the total to more than US\$ 7.5 million – of which US\$ 5 million was matched by the Gavi Matching Fund.

In addition, Google.org has been providing vaccine-related insights to help Gavi better educate communities about COVID-19 and routine vaccines. Gavi has used that information to help create high-quality, evidence-based educational content for the VaccinesWork platform on Gavi.org. In 2021, Google.org also committed US\$ 15 million in Ad Grants, helping VaccinesWork reach millions of people every month, with additional contributions of US\$ 6.8 million for 2021 and US\$ 30 million for 2022. In the longer term, Google.org engineers will support Gavi's broader innovation agenda.

Annexes

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Page 76	6. Commitments and Board approvals for investment cases Commitments for investment cases 2003–2024 Board approvals for investment case expenditure 2003–2024

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 2021 (US\$ millions)

Cash received by Gavi

Donors	2021	Total 2000–2021	Gavi COVAX AMC (2021)	GRAND TOTAL (inc. Gavi COVAX AMC)
Australia	21	449	5	482
Austria			9	9
Bahrain			3	3
Belgium			5	5
Bhutan			<1	<1
Burkina Faso	1	1		1
Canada	74	755	374	1,129
China	4	9		9
Colombia				1
Croatia			1	1
Denmark		61	16	77
Estonia			<1	<1
European Union (EU)	41	316	339	655
Finland		3		3
France	34	307	201	508
Germany	167	1,042	827	1,991
Hellenic Republic			2	2
Iceland		1	6	7
India	5	15		15
Ireland	4	66	8	74
Italy	5	119	443	562
Japan	<1	188	140	388
Kuwait		1	30	41
Liechtenstein			<1	<1
Luxembourg	1	18	4	22
Malaysia			<1	<1
Malta			<1	<1
Mauritius			<1	<1
Mexico			<1	<1
Monaco	<1	1		1
Netherlands	12	598	81	685
New Zealand			7	12
Niger	1	1		1
Norway	130	2,037	63	2,119
Oman		3	1	4
Philippines			1	1
Poland			1	1
Portugal	<1	<1	1	1
Qatar	2	12	10	22
Republic of Korea		29	110	139
Republic of Moldova			<1	<1
Russian Federation	10	10		10
Saudi Arabia	3	25	100	125
Singapore			5	5
Slovenia			<1	<1
Spain ¹	11	54	1	55
Sweden	39	606	12	629
Switzerland	<1	14	135	171

Donors	2021	Total 2000– 2021	Gavi COVAX AMC (2021)	GRAND TOTAL (inc. Gavi COVAX AMC)
United Kingdom	281	3,281	61	3,341
United States of America	20	2,780	3,500	6,280
Viet Nam			1	1
Donor governments and the European Union total:	864	12,803	6,501	19,588

Donors	2021	Total 2000– 2021	Gavi COVAX AMC (2021)	GRAND TOTAL (inc. Gavi COVAX AMC)
AerCap Ireland Limited			<1	<1
Alight Solutions			<1	<1
Analog Devices Foundation			1	1
Al Ansari Exchange		1		1
Alwaleed Philanthropies	1	4		4
Asia Philanthropy Circle			2	2
Bill & Melinda Gates Foundation	210	4,261	206	4,468
BlackBerry			<1	<1
Centene Charitable Foundation			<1	<1
Charities Trust			1	1
Cisco			5	5
The Coca-Cola Foundation			1	1
Collins Aerospace (Goodrich Corporation)			<1	<1
Dolby Laboratories Charitable Fund			<1	<1
ELMA Vaccines & Immunization Foundation	1	4		4
Epiroc AB			<1	<1
Etsy			<1	<1
Gamers Without Borders (GWB)			1	1
Gates Philanthropy Partners			18	18
Frank McHugh-O'Donovan Foundation, Inc.			<1	<1
Google.org			7	7
His Highness Sheikh Mohamed bin Zayed Al Nahyan		38		38
International Federation of Pharmaceutical Wholesalers (IFPW)	<1	2		2
King Baudouin Foundation			<1	<1

"la Caixa" Foundation	2	46		46
Mastercard ²			27	27
OPEC Fund for International Development (OFID)		1		1
PagerDuty			<1	<1
Portuguese private sector			2	2
Pratt & Whitney			<1	<1
Procter & Gamble			5	5
Reed Hastings and Patty Quillin				30
The Rockefeller Foundation		3		3
Russell Reynolds Associates			<1	<1
Salesforce			1	1
Shell International B.V.				10
SMBC Aviation Capital Limited			<1	<1
Sovereign Order of Malta			<1	<1
Spotify			1	1
Stanley Black & Decker			1	1
SymAsia Foundation			<1	<1
Thistledown Foundation			4	4
TikTok		5		10
Toyota Tsusho ³			1	1
Twilio			5	5
UBS Optimus Foundation			2	2
Unilever ⁴		5		5
UPS	<1	1		1
Vaccine Forward			2	2
Visa Foundation			5	5
Wise				<1
Workday Foundation			<1	<1
Other donors ⁵	1	144	24	189
Foundations, institutions, organisations and corporations total:	216	4,515	321	4,903
Subtotal:	1,080	17,318	6,822	24,491
IFFIm proceeds ^{6,7}	434	3,782	780	4,562
Pneumococcal AMC proceeds ⁸	<1	1,313		1,313
Total contributions:	1,514	22,413	7,602	30,367

Vaccine delivery and/or logistics to Gavi COVAX AMC

Gavi COVAX AMC		
Donor	2021	Total
Canada	56	56
France	23	23
Germany	213	213
New Zealand	6	6
United States	500	500
Bill & Melinda Gates Foundation	30	30
Total:	827	827

COVAX dose sharing – ancillary costs

Gavi COVAX AMC		
Donor	2021	Total
Denmark	2	2
Ireland	2	2
New Zealand	1	1
United Kingdom	2	2
Total:	7	7

COVAX Humanitarian Buffer

Gavi COVAX AMC		
Donor	2021	Total
France	6	6
Germany	58	58
Total:	63	63

Notes:

- Includes contributions from the Basque Agency for Development Cooperation and the Catalan Agency for Development Cooperation.
- Mastercard has contributed US\$ 25 million to support the Gavi COVAX AMC with: (i) a US\$ 15 million grant for the purchase of COVID-19 vaccines, which was matched by US\$ 10 million from 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 COVID-19 digital solutions. Mastercard is conducting a consumer-based fundraising campaign through its donation platform that has raised US\$ 3.5 million to date, in addition to Mastercard's contribution of US\$ 1 million to The Duke and Duchess of Sussex's initiative.
- Toyota Tsusho contributed 100,000,000 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.
- Unilever provides resources to Gavi on a leveraged partnership project.
- Includes contributions from other private sector foundations and organisations.
- IFFIm proceeds: cash disbursements from the World Bank to the GAVI Fund Affiliate (GFA) (2006–2012) and to Gavi (2013–2021).
- In 2018, the Gavi Alliance 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 Alliance Board approved Gavi supporting research and development of new COVID-19 vaccines by CEPI, through a similar IFFIm arrangement. To date, IFFIm has raised US\$ 206 million for this initiative supported by additional grants from Norway and Italy.
- Pneumococcal AMC proceeds: cash transfers from the World Bank to Gavi.

Source: Gavi, the Vaccine Alliance, 2022

1. Contributions to Gavi as of 31 December 2021 (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	2021	Total
Norway		147
United Kingdom		40
Governments total:	0	187
Bill & Melinda Gates Foundation		241
Private contributions total:	0	241
Total:	0	428

Innovative finance mechanisms: IFFIm commitments²

IFFIm grants for Gavi core programmes (signed as of 31 December 2021)

Donor	Duration of commitment (years)	Amount committed (millions)	
		Currency of pledge (in millions)	US\$ equivalent (in millions) ³
Australia	20	AUD 288	284
Brazil	20	US\$ 20	20
France	20	EUR 1,390	1,884
Italy	25	EUR 649 ⁴	815
Netherlands	22	EUR 330 US\$ 67	487
Norway	25	NOK 5,500 US\$ 27 ⁵	686
South Africa	20	US\$ 20	20
Spain	20	EUR 190	240
Sweden	25	SEK 526	66
United Kingdom	23	GBP 1,630	2,980
Total:			7,483

Country co-financing commitments

	2021	2000–2020
Co-financing	160.7 million	1.33 billion

Innovative finance mechanisms: Pneumococcal AMC¹

AMC commitments	Total 2009–2020
Bill & Melinda Gates Foundation	50
Canada	200
Italy	635
Norway	50
Russian Federation	80
United Kingdom	485
Total contributed:	1,500
<i>Re-directed funds:</i>	
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 2021)⁷

Donor	Duration of commitment (years)	Currency pledged (in millions)	US\$ equivalent (in millions) ³
Italy	1	EUR 5	6
Norway	10	NOK 2,600	266

IFFIm grants for Gavi COVAX AMC (signed as of 31 December 2021)⁵

Donor	Duration of commitment (years)	Currency pledged (in millions)	US\$ equivalent (in millions) ³
Australia	9	AUD 86	62
Norway	10	NOK 1,000	116
Sweden	10	SEK 2,250	259
United Kingdom	8	GBP 500	672

IFFIm grants announced but unsigned by 31 December 2021

Donor	Duration of commitment (years)	Currency pledged (in millions)	US\$ equivalent (in millions) ³
Spain ⁷	5	EUR 75	84
Spain ⁸	5	EUR 100	122

Notes:

¹ 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.

² Includes only pledges finalised to date.

³ Local currency pledge values converted to US\$ at rates prevailing at the time of signing of the respective donor grant agreements.

⁴ Includes a pledge supporting the Coalition for Epidemic Preparedness Innovations (CEPI) through Gavi for the development of COVID-19 vaccine candidates.

⁵ Includes additional pledges to support the Coalition for Epidemic Preparedness Innovations (CEPI) through Gavi for the development of COVID-19 vaccine candidates.

⁶ Hedged amounts are valued based on the actual swap with any unhedged amount valued at the spot exchange rate at the time of receipt. These figures may differ from those that will appear in IFFIm's financial statements and/or World Bank reporting on IFFIm.

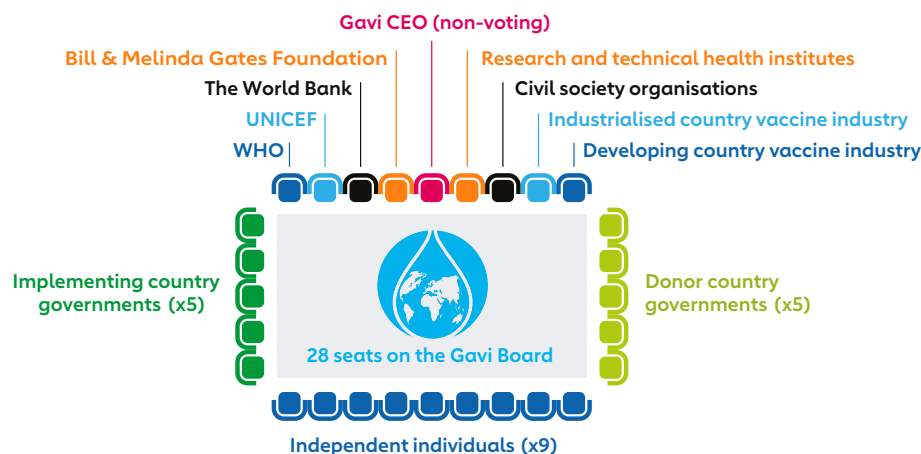
⁷ CEPI pledge not yet signed.

⁸ Gavi COVAX AMC pledge not yet signed.

Source: Gavi, the Vaccine Alliance, 2022

2. Governance structure as of 31 December 2021

The Gavi Board



Independent members

José Manuel Barroso, *Chair*
Margaret (Peggy) Hamburg
Helen Rees
Teresa Ressel
Yibing Wu
Afsaneh Beschloss
Awa Marie Coll Seck
Naguib Kheraj
David Sidwell

Organisations

WHO

Zsuzsanna Jakab

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 & Vacant
Faisal Sultan (Pakistan)

Constituency 4: Armenia & Honduras
Anahit Avanesyan (Armenia)

Constituency 5: Chad & Republic of Congo
Abdoulaye Sabre Fadoul (Chad)

Donor government representatives

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

United Kingdom/Qatar
Beth Arthy (United Kingdom)

Canada/Italy/Spain/New Zealand/Switzerland
Megan Cain (Canada)

Germany/France/Luxembourg/European Union/Ireland
Joan Valadou (France)

Norway/Finland/Netherlands/Sweden
John Arne Røttingen (Norway)

Industrialised country vaccine industry

Roger Connor (GSK)

Developing country vaccine industry

Mahima Datla (Biological E. Limited, India)

Civil society organisations

Maty Dia (Global Financing Facility Civil Society Hub)

Research and technical health institutes

Marta Nunes (Vaccine Preventable Diseases/Respiratory and Meningeal Pathogens Research Unit, South Africa)

Non-voting member

Seth Berkley (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

Fatimatou Zahra Diop
Former Secretary General, Central Bank of West African States (BCEAO)

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

Helge Weiner-Trapnesh
Founding Partner, Quintus Partners

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

Monique Barbut
President, WWF France

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

Source: Gavi, the Vaccine Alliance, 2022

3. Contributions to Gavi includes pledges as of 31 December 2021 (US\$ millions)¹

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	
Australia	29			29	1%	242			28	270	4%	157			77			234	3%	
Austria					7%															
Bahrain																				
Belgium ⁸																				
Bhutan																				
Brazil																3			3	<1%
Burkina Faso																				
Cameroon																				
Canada ⁹	152	125		277			120		50		169	2%	404						404	4%
China													5						5	<1%
Colombia																				
Croatia					1%															
Denmark ¹⁰	32			32		13				13	<1%	11							11	<1%
Estonia																				
European Union (EU)	58			58		35				35	<1%	241							241	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%
Hellenic Republic																				
Iceland													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					<1%	54				54	1%	95						95	1%	
Kingdom of Saudi Arabia													23						23	<1%
Kuwait													1						1	<1%
Liechtenstein																				
Luxembourg	6			6		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					14%															
Niger																				
Norway	526	2	41	569		612		42	94	748	10%	770			96				866	9%
Oman													3						3	<1%
Philippines																				
Poland																				
Portugal																				
Qatar													10						10	<1%
Republic of Korea	<1			<1		<1%	7				7	<1%	22						22	<1%
Republic of Moldova						<1%														
Russian Federation		8		8					40	40	1%			22					22	<1%
Singapore																				
Slovenia																				

Direct contributions	Matching Fund ⁵	2021–2025						2026–2037				Donors
		IFFIM ⁶	Gavi COVAX AMC ⁷	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIM) ⁶	Total	As % of grand total ³	IFFIM ⁶	Gavi COVAX AMC (IFFIM) ⁶	Total	As % of grand total ³	
217		68	34		25	343	2%	74	37	112	7%	Australia
			9			9	<1%					Austria
			3			3	<1%					Bahrain
			14			14	<1%					Belgium ⁸
			<1			<1	<1%					Bhutan
		5				5	<1%	12		12	1%	Brazil
1						1	<1%					Burkina Faso
1						1	<1%					Cameroon
464			462			926	5%					Canada ⁹
20			100			120	1%					China
			1			1	<1%					Colombia
			1			1	<1%					Croatia
8			18			26	<1%					Denmark ¹⁰
			<1			<1	<1%					Estonia
342			453			795	4%					European Union (EU)
			17			17	<1%					Finland
286		614	229			1,129	6%	156		156	9%	France ^{11, 12}
737			1,219			1,956	10%					Germany ¹³
			2			2	<1%					Hellenic Republic
			6			6	<1%					Iceland
15						15	<1%					India
21			16			36	<1%					Ireland ¹⁴
114		165	443			722	4%	180		180	11%	Italy
140			1,000			1,140	6%					Japan
3			150			153	1%					Kingdom of Saudi Arabia
			50			50	<1%					Kuwait
			1			1	<1%					Liechtenstein
6			5			10	<1%					Luxembourg
			<1			<1	<1%					Malaysia
			<1			<1	<1%					Malta
			<1			<1	<1%					Mauritius
			<1			<1	<1%					Mexico
1			<1			1	<1%					Monaco
57	29	153	110			348	2%	153		153	9%	Netherlands
			19			19	<1%					New Zealand ¹⁵
1						1	<1%					Niger
662		150	81		58	951	5%	271	58	329	20%	Norway
			1			1	<1%					Oman
			1			1	<1%					Philippines
			1			1	<1%					Poland
<1			1			1	<1%					Portugal
10			10			20	<1%					Qatar
30			210			240	1%					Republic of Korea
			<1			<1	<1%					Republic of Moldova
10						10	<1%					Russian Federation
			5			5	<1%					Singapore
			1			1	<1%					Slovenia

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
South Africa			4	4	<1%				4	4	<1%				3			3	<1%
Spain ¹⁶	43		58	101	2%				51	51	1%				43			43	<1%
Sweden ¹⁷	123		10	132	3%	255			11	266	4%	189			9			198	2%
Switzerland												14						14	<1%
Uganda																			
United Kingdom ¹⁸	137	22	153	313	7%	1,424	61	317	475	2,277	31%	1,378		85	696			2,159	23%
United States of America ^{19, 20}	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%	5,861	11	238	1,487			7,598	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. To date, IFFIm has raised US\$ 206 million for this initiative supported by additional grants from Norway and Italy.

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 Includes pledges from the 19 January 2022 Investment Opportunity press conference Break COVID Now.

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 of €1.030 million includes: €850 million towards Gavi COVAX AMC vaccine purchase (€100 million announced in 2020; €620 million committed at the G7 Early Leaders' Summit event in February 2021; €50 million [US\$ 57.8 million] for obtaining vaccines for humanitarian purposes via the Gavi COVAX AMC Humanitarian Buffer; and €80 million confirmed at the G20-EU Global Health Summit in May 2021); and €180 million (US\$ 212.7 million) towards vaccine logistics (UNICEF).

14 Includes €1.5 million (US\$ 1.7 million) towards dose sharing ancillary costs.

15 Includes New Zealand \$ 9 million (US\$ 6 million) towards vaccine delivery to Gavi COVAX AMC and US\$ 0.8 million towards dose sharing ancillary costs.

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

17 Sweden's pledge to the Gavi COVAX AMC includes a pledge of 2.1 billion Swedish kronor from September 2021, which comprises a mix of direct financial support and the cost of vaccine dose donations.

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

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

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

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

22 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.

23 Mastercard has contributed US\$ 25 million to support the Gavi COVAX AMC with: (i) a US\$ 15 million grant for the purchase of COVID-19 vaccines, which was matched by US\$ 10 million from 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 COVID-19 digital solutions. In addition, Mastercard is conducting a consumer-based fundraising campaign through its donation platform that has raised a total of US\$ 3.5 million to date.

24 In a parallel effort to help meet urgent demand for COVID-19 vaccines in lower-income countries, Vax Live campaign co-chairs Prince Harry and Meghan, The Duke and Duchess of Sussex, urged the public to contribute to COVAX through the Mastercard donation platform. Donations up to US\$ 1 million will be matched by an anonymous foundation, together with Mastercard and other partners.

2021–2025								2026–2037				Donors
Direct contributions	Matching Fund ⁵	IFFIm ⁶	Gavi COVAX AMC ⁷	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm) ⁶	Total	As % of grand total ³	IFFIm ⁶	Gavi COVAX AMC (IFFIm) ⁶	Total	As % of grand total ³	
		5				5	<1%	1		1	<1%	South Africa
11	56	5				72	<1%		114	114	7%	Spain ¹⁶
195	14	255			134	598	3%	18	134	152	9%	Sweden ¹⁷
		157				157	1%					Switzerland
1						1	<1%					Uganda
1,758	33	919	63		386	3,158	16%	170	287	457	27%	United Kingdom ¹⁸
870			4,000			4,870	24%					United States of America ^{19, 20}
			1			1	<1%					Viet Nam
5,980	62	2,148	9,151		602	17,942	89%	1,036	631	1,666	100%	Donor governments and the European Union total

²⁵ PagerDuty, Russell Reynolds Associates, Salesforce and Workday have collectively mobilised US\$ 910,000 to seed a matching campaign, supported by the WHO Foundation - Go Give One campaign and Pledge 1% initiative.

²⁶ Funding advised by the Thistle-down Foundation in support of the Thistle-down Foundation COVAX Project, a CAF Canada Project.

²⁷ 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.

²⁸ 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.

²⁹ The WHO Foundation - Go Give One campaign raises funds from individuals for the benefit of the Gavi COVAX AMC.

³⁰ Wise, a global technology company that specialises in moving money around the world, will waive all fees on donations to the Gavi COVAX AMC on its money transfer platform, up to a total amount of US\$ 5 million.

³¹ "Other donors" includes contributions from individuals, institutions, foundations, organisations and corporations.

³² 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 2000–2021 are expressed in US\$ equivalents using the exchange rates on the dates of receipt. For 2014–2021, 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 2022 and beyond are expressed in US\$ equivalents using the applicable "forecast rates" from Bloomberg as of 31 December 2021 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 2022 and beyond are expressed in US\$ equivalents using the spot rates from Bloomberg as of 31 December 2021 or using the rates applicable to any hedge agreement in place.

IFFIm contributions

Received contributions: non-US\$ contributions for 2000–2021 are expressed in US\$ equivalents as confirmed by the IBRD.

Future contributions: non-US\$ contributions for years 2022 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 Bloomberg as of 31 December 2021.

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). As of 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, 2022

3. Contributions to Gavi includes pledges as of 31 December 2021 (US\$ millions)¹

Foundations, institutions, organisations and corporations	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		
AerCap Ireland Limited					29%						18%										
Airtel																					
Al Ansari Exchange														1						1	<1%
Alight Solutions																					
Alwaleed Philanthropies														3						3	<1%
Analog Devices Foundation																					
Asia Philanthropy Circle																					
Audacious Alliance															9					9	<1%
Bill & Melinda Gates Foundation ²¹	1,213	20		1,233			1,237	50	24			1,310		1,482	70					1,552	17%
BlackBerry																					
Centene Charitable Foundation																					
Charities Trust																					
Cisco																					
The Coca-Cola Foundation																					
Collins Aerospace (Goodrich Corporation)																					
Dolby Laboratories Charitable Fund																					
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 ²²																					
His Highness Sheikh Mohamed bin Zayed Al Nahyan							33					33	<1%								
International Federation of Pharmaceutical Wholesalers (IFPW) Foundation												1	1					2	<1%		
Kerk in Actie																					
King Baudouin Foundation																					
King Salman Humanitarian Aid & Relief Centre (KSrelief)																					
“la Caixa” Foundation	16			16	<1%		11			11	<1%		18					18	<1%		
Laerdal																					
Mastercard ^{23, 24}													4					4	<1%		
PagerDuty ²⁵																					
Portuguese private sector																					
Pratt & Whitney																					
Procter & Gamble																					
Reed Hastings and Patty Quillin																					
The Rockefeller Foundation																					

2021–2025								2026–2037				Foundations, institutions, organisations and corporations
Direct contributions	Matching Fund ⁵	IFFIM ⁶	Gavi COVAX AMC ⁷	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIM) ⁶	Total	As % of grand total ³	IFFIM ⁶	Gavi COVAX AMC (IFFIM) ⁶	Total	As % of grand total ³	
			<1			<1	<1%					AerCap Ireland Limited
	2					2	<1%					Airtel
												Al Ansari Exchange
				<1		<1	<1%					Alight Solutions
3						3	<1%					Alwaleed Philanthropies
				3		3	<1%					Analog Devices Foundation
				2		2	<1%					Asia Philanthropy Circle
												Audacious Alliance
1,526	45		236			1,807	9%					Bill & Melinda Gates Foundation ²¹
				<1		<1	<1%					BlackBerry
				<1		<1	<1%					Centene Charitable Foundation
			1			1	<1%					Charities Trust
				5		5	<1%					Cisco
				1		1	<1%					The Coca-Cola Foundation
			<1			<1	<1%					Collins Aerospace (Goodrich Corporation)
			<1			<1	<1%					Dolby Laboratories Charitable Fund
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.
			2			2						Gamers Without Borders (GWB)
			18			18	<1%					Gates Philanthropies Partners
												Girl Effect
				7		7	<1%					Google.org ²²
5						5	<1%					His Highness Sheikh Mohamed bin Zayed Al Nahyan
												International Federation of Pharmaceutical Wholesalers (IFPW) Foundation
			<1			<1	<1%					Kerk in Actie
			<1			<1	<1%					King Baudouin Foundation
			5			5	<1%					King Salman Humanitarian Aid & Relief Centre (KSrelief)
	1					1	<1%					"la Caixa" Foundation
5						5	<1%					Laerdal
			1	28		29	<1%					Mastercard ^{23, 24}
				<1		<1	<1%					PagerDuty ²⁵
			2			2	<1%					Portuguese private sector
				<1		<1	<1%					Pratt & Whitney
				5		5	<1%					Procter & Gamble
			30			30	<1%					Reed Hastings and Patty Quillin
5						5	<1%					The Rockefeller Foundation

[illegible]

	2021–2025								2026–2037				
	Direct contributions	Matching Fund ⁵	IFFIM ⁶	Gavi COVAX AMC ⁷	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIM) ⁶	Total	As % of grand total ³	IFFIM ⁶	Gavi COVAX AMC (IFFIM) ⁶	Total	As % of grand total ³	
					<1		<1	<1%					Foundations, institutions, organisations and corporations
					1		1	<1%					Russell Reynolds Associates ²⁵
				10			10	<1%					Salesforce ²⁵
				<1			<1	<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
					4		4	<1%					SymAsia Foundation
	5				5		10	<1%					Thistledown Foundation ²⁶
				1			1	<1%					TikTok ²⁷
					10		10	<1%					Toyota Tsusho ²⁸
					2		2	<1%					Twilio
	4						4	<1%					UBS Optimus Foundation
	2						2	<1%					Unilever
				2			2	<1%					UPS
					5		5	<1%					Vaccine Forward
				6			6	<1%					Visa Foundation
				<1			<1	<1%					WHO Foundation - Go Give One campaign ²⁹
				<1			<1	<1%					Wise ³⁰
	1			92	19		112	1%					Workday Foundation ²⁵
													Other donors ³¹
	1,547	58		407	98		2,110	11%					Foundations, institutions, organisations and corporations TOTAL ³²
	7,527	120	2,148	9,558	98	602	20,052	100%	1,036	631	1,666	100%	TOTAL PLEDGED
PLEDGES TO CEPI													
			6						<1				Italy
			170						100				Norway
			176						100				PLEDGES TO CEPI TOTAL
			2,324				20,228		1,136			1,767	TOTAL PLEDGES, including CEPI

4. Commitments for country programmes 2000–2025¹

as of 31 December 2021 (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	Yellow Fever Diagnostics	Cold chain equipment (COVID-19 vaccines)	Total
Afghanistan	306.7	114.8	14.0	12.3	1.7	3.5	3.9		0.4			6.9		0.9	465.0
Albania	2.1				0.1	0.3									2.5
Algeria														0.7	0.7
Angola	122.0	5.8	3.0	0.9	1.3	3.7			0.3	2.4				0.5	140.0
Armenia	5.0	0.3	0.1		0.1	0.5		0.2	<0.0	0.6					6.7
Azerbaijan	13.9	0.6	0.7		0.2	0.2									15.6
Bangladesh	713.6	139.9	23.2	26.6	6.1	8.0		0.2	0.3			1.4		2.5	921.9
Benin	137.0	9.3	0.2	6.1	0.4	1.6		0.2				2.3	0.1	0.4	157.4
Bhutan	1.5	0.2			<0.0	0.3			<0.0	0.2				0.1	2.4
Bolivia (Plurinational State of)	31.7	5.4	0.3		0.9	0.8			0.1	1.2				0.3	40.6
Bosnia & Herzegovina	2.1				0.1	0.1									2.3
Burkina Faso	262.7	27.2	9.7	10.7	0.9	4.3		0.2	0.8			3.8	0.1	0.6	321.1
Burundi	149.4	59.3	3.7	9.2	0.4	1.6	0.5	0.2	0.1						224.4
Cambodia	80.5	39.3	2.0	6.9	0.6	1.5		0.2				1.0		0.5	132.5
Cameroon	220.6	30.6	7.6	10.0	1.0	4.3	0.1	0.2	0.5			3.2	0.1	0.7	278.8
Central African Republic	44.5	16.7	1.9	3.9	0.1	0.6						1.6	0.1	0.2	69.6
Chad	68.6	36.2	2.6	10.9	0.4	1.9			0.2			4.5	0.1	0.5	126.0
China	22.0				15.9	0.8									38.7
Comoros	2.5	5.5	0.1	0.2	<0.0	0.5								0.1	8.9
Congo	29.8	15.9	1.7	2.2	0.2	0.8				0.4		0.7	0.1	0.2	52.0
Côte d'Ivoire	219.2	23.4	8.8	19.0	1.6	5.1		0.2	0.5			2.7	0.1	0.7	281.3
Cuba	1.8	2.4			0.4	0.1				0.2					4.8
Democratic People's Republic of Korea	42.0	43.5	2.2	4.4	0.7	0.9									93.8
Democratic Republic of the Congo	1,006.2	307.6	25.8	113.3	2.7	11.3	9.9		1.8		9.2	21.7	0.1	1.7	1,511.2
Djibouti	6.1	3.8	0.2		<0.0	0.4			<0.0			0.3			10.8
Egypt														1.5	1.5
El Salvador														0.2	0.2
Eritrea	33.6	21.3	0.4	3.2	0.1	1.0			0.1			1.0			60.7
Eswatini														0.1	0.1
Ethiopia	1,015.0	262.5	23.4	60.4	2.7	10.7	3.3	0.2	0.8			20.9	<0.0	2.1	1,402.1
Gambia	33.2	6.1	0.7	1.7	0.1	1.2		0.2	0.1			0.7		0.1	44.0
Georgia	4.6	0.4	0.1		0.1	0.4	<0.0	0.2		0.6					6.4
Ghana	320.5	41.5	5.3	19.8	0.9	3.6	0.8	0.2	0.2			2.4	0.1	0.8	396.1
Guinea	39.6	29.4	2.9	3.8	0.3	1.3					6.1	8.7	0.1	0.4	92.6
Guinea-Bissau	14.0	5.2	0.5	1.3	0.1	0.7						0.6		0.1	22.5
Guyana	3.9		0.1	<0.0		0.5				0.4				0.1	4.9
Haiti	37.8	12.7	1.3	0.8	0.4	0.9						5.8		0.4	60.0
Honduras	34.1	9.2	0.1		0.5	0.6				0.4				0.2	45.0
India	739.6	209.2		8.5	18.4	0.4									976.1
Indonesia	139.4	24.8	12.6		9.9	11.7	4.0	0.2						1.7	204.3
Kenya	541.5	44.5	6.4	18.7	1.1	6.2		0.3	0.4			6.1	0.1	1.2	626.5
Kiribati	0.4					0.3									0.7
Kosovo														0.1	0.1
Kyrgyzstan	28.1	8.4	0.8	0.2	0.2	0.6			<0.0			0.7		0.2	39.3

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	Yellow Fever Diagnostics	Cold chain equipment (COVID-19 vaccines)	Total
Lao People's Democratic Republic	35.9	16.8	1.4	1.2	0.3	1.3		0.2	<0.0	1.6		0.7		0.1	59.5
Lesotho	9.6	2.4	0.1	0.7	0.1	0.7			<0.0			0.4		0.1	14.3
Liberia	44.3	21.4	2.2	1.9	0.4	1.1		0.2	0.1		2.8	1.4	<0.0	0.2	75.9
Madagascar	220.6	27.2	4.1	2.7	0.6	3.0		0.2	0.4			6.6		0.7	266.1
Malawi	249.4	65.5	2.0	6.2	0.7	3.6		0.2	0.2			4.7		0.4	332.8
Maldives														0.1	0.1
Mali	242.0	36.7	5.0	4.5	0.7	2.4		0.1	0.4				0.1	0.5	292.4
Mauritania	39.3	6.7	0.7	2.0	0.2	0.9			<0.0			0.6		0.2	50.6
Mongolia	7.7	0.5	0.5	0.1	0.1	0.2								0.1	9.1
Morocco														0.8	0.8
Mozambique	309.9	63.1	1.7	7.9	0.8	3.1		0.2	0.3			5.1		0.3	392.5
Myanmar	194.6	118.6	7.7	23	2.1	7.8						3.3			357.2
Nepal	138.8	75.3	3.3	10	1.2	4.2		0.2	0.2			2.7		0.7	236.5
Nicaragua	37.1	3.8	0.3		0.5	0.3			<0.0	0.8				0.2	43.1
Niger	211.2	77.2	7.4	6.7	0.9	3.6		0.3	0.4			8.1	0.1	0.6	316.5
Nigeria ²	1,145.00	163.7	44.2	203.6	12.6	25.0			4.2			23.0	0.4	2.6	1,624.20
Northwest Syria region														0.1	0.1
Pakistan	1,558.70	161.8	48.8	116.9	7.4	26.6	7.7		5.5			23.1		2.5	1,959.00
Papua New Guinea	36.2	19.1	0.4	9.7		0.6			0.1			1.0		0.2	67.3
Philippines														1.4	1.4
Republic of Moldova	5.8				0.1	0.5		0.2		0.7				0.1	7.4
Rwanda	158.5	30.5	3.0	4.7	0.4	1.4			0.2			1.8		0.4	200.8
Sao Tome and Principe	2.2	3.9	0.1	<0.0	<0.0	0.8		0.2						0.1	7.2
Senegal	165.4	21.8	2.6	10.1	0.6	2.7		0.2	0.1			2.5	0.1	0.5	206.6
Sierra Leone	82.0	17.6	2.7	2.3	0.3	1.3		0.2	0.2		3.8	1.3		0.3	111.9
Solomon Islands	4.3	6.3		0.2		0.6		0.2				0.6			12.2
Somalia	23.9	50.9	1.2	3.6	0.2	1.2			0.1			4.5		0.5	86.2
South Sudan	25.6	59.3	4.5	8.1	0.2	0.6			0.2			3.9	0.1	0.3	102.8
Sri Lanka	25.4	4.5			0.7	0.9				0.1				0.4	32
Sudan	441.4	59.5	11.2	45.3	1.3	5.3			0.4			3.1	0.1	0.9	568.6
Syrian Arab Republic	12.8	16.8										5.5		0.3	35.4
Tajikistan	37.5	17.4	2.4	0.3	0.3	0.8						0.9		0.4	60
Timor-Leste	1.7	3.1				0.2			<0.0	1.5				0.1	6.5
Togo	70.7	10.3	3.0	5.4	0.3	1.4	0.3	0.2	0.2			1.4	0.1	0.3	93.4
Tunisia														0.3	0.3
Turkmenistan	1.0				0.2	0.1									1.2
Uganda	481.4	64.0	9.2	40.4	1.2	9.6			0.8			10.6	<0.0	1.0	618.4
Ukraine	2.7				0.7	0.1								0.7	4.2
United Republic of Tanzania	604.8	64.3	11.4	18.2	1.0	8.8		0.2				8.9		1.3	718.8
Uzbekistan	105.3	27.2	<0.0	1.9	0.7	2.6			0.2	0.8		1.2		0.9	140.8
Viet Nam	156.0	40.7	1.9	15.6	3.2	4.2			0.6	3.2		2.6		1.2	229.3
Yemen	272.7	39.1	5.0	10.5	1.2	2.1			0.3			4.3		0.7	336
Zambia	197.6	16.7	3.9	6.6	0.7	3.5			<0.0			1.6		0.5	231.1
Zimbabwe	149.0	28.9	1.5	9.4	0.9	2.1		0.2	0.2			2.8		0.5	195.5
Grand Total:	13,984.6	3,005.4	355.9	935.3	113.5	228.2	30.4	5.8	21.9	15.2	21.9	235.1	1.8	42.9	18,998.0

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 to US\$ 1 billion. The above table includes a subset of this figure as Commitments, that has been fully endorsed to date.

General notes:

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

Source: Gavi, the Vaccine Alliance, 2022

5. Board approvals for country programme expenditure 2000–2024¹

as of 31 December 2021 (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	Yellow Fever Diagnostics	Cold chain equipment (COVID-19 vaccines)	Total
Afghanistan	306.7	114.8	14.0	12.3	1.7	3.5	3.9		0.4			6.9		0.9	465.0
Albania	2.1				0.1	0.3									2.5
Algeria														0.7	0.7
Angola	122.0	5.8	3.0	0.9	1.3	3.7			0.3	2.4				0.5	140.0
Armenia	5.0	0.3	0.1		0.1	0.5		0.2	<0.0	0.6					6.7
Azerbaijan	13.9	0.6	0.7		0.2	0.2									15.6
Bangladesh	713.6	132.8	23.2	26.6	6.1	8.0		0.2	0.3			0.9		2.5	914.3
Benin	130.3	8.5	0.2	6.1	0.4	1.6		0.2				2.3	0.1	0.4	149.9
Bhutan	1.5	0.2			<0.0	0.3			<0.0	0.2				0.1	2.3
Bolivia (Plurinational State of)	31.7	5.4	0.3		0.9	0.8			0.1	1.2				0.3	40.6
Bosnia & Herzegovina	2.1				0.1	0.1									2.3
Burkina Faso	262.7	27.2	9.7	10.7	0.9	4.3		0.1	0.8			3.8	0.1	0.6	321.1
Burundi	142.2	59.3	3.7	9.2	0.4	1.6	0.5	0.2	0.1						217.2
Cambodia	80.5	39.3	1.8	6.9	0.6	1.5		0.2				1.0		0.5	132.3
Cameroon	220.6	17.2	7.6	10.0	1.0	4.3	0.1	0.2	0.5			3.2	0.1	0.7	265.4
Central African Republic	44.5	16.7	1.6	3.9	0.1	0.6						1.6	0.1	0.2	69.4
Chad	68.6	23.1	2.6	10.9	0.4	1.9			0.2			4.5	0.1	0.5	112.8
China	22.0				15.9	0.8									38.7
Comoros	2.5	5.1	0.1	0.2	<0.0	0.5								0.1	8.5
Congo	29.8	12.8	1.7	2.2	0.2	0.8				0.4		0.7	0.1	0.2	48.8
Côte d'Ivoire	210.5	19.5	8.8	19.0	1.6	5.1		0.2	0.5			2.0	0.1	0.7	267.9
Cuba	1.8	2.4			0.4	0.1				0.2					4.8
Democratic People's Republic of Korea	42.0	43.5	2.2	4.4	0.7	0.9									93.8
Democratic Republic of the Congo	857.8	256.3	25.8	94.6	2.7	11.3	9.9		1.8		9.2	21.7	0.1	1.7	1,292.9
Djibouti	6.1	3.8	0.2		<0.0	0.4			<0.0			0.3			10.8
Egypt														1.5	1.5
El Salvador														0.2	0.2
Eritrea	33.6	21.3	0.4	3.2	0.1	1.0			0.1			1.0			60.7
Eswatini														0.1	0.1
Ethiopia	1,015.0	262.5	23.4	58.0	2.7	10.7	3.3	0.2	0.8			20.9	<0.0	2.1	1,399.7
Gambia	33.2	4.9	0.7	1.7	0.1	1.2		0.2	0.1			0.7		0.1	42.8
Georgia	4.6	0.4	0.1		0.1	0.4	<0.0	0.2		0.6					6.4
Ghana	320.5	37.5	5.3	19.8	0.9	3.6	0.8	0.2	0.2			2.4	0.1	0.8	392.1
Guinea	39.6	27.1	2.9	3.8	0.3	1.3					6.1	8.7	0.1	0.4	90.3
Guinea-Bissau	14.0	3.7	0.5	1.3	0.1	0.7						0.6		0.1	21.1
Guyana	3.9		0.1	<0.0		0.5				0.4				0.1	4.9
Haiti	37.8	7.8	1.3	0.8	0.4	0.9						5.8		0.4	55.1
Honduras	34.1	9.2	0.1		0.5	0.6				0.4				0.2	45.0
India	739.6	209.2		8.5	18.4	0.4								<0.0	976.1
Indonesia	139.4	24.8	12.6		9.9	11.7	4.0	0.2						1.7	204.3
Kenya	541.5	44.5	6.4	18.7	1.1	6.2		0.3	0.4			6.1	0.1	1.2	626.5
Kiribati	0.4					0.3									0.7
Kosovo														0.1	0.1
Kyrgyzstan	28.1	8.4	0.8	0.2	0.2	0.6			<0.0			0.7		0.2	39.3

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	Yellow Fever Diagnostics	Cold chain equipment (COVID-19 vaccines)	Total
Lao People's Democratic Republic	35.0	16.8	1.4	1.2	0.3	1.3		0.2	<0.0	1.6		0.7		0.1	58.6
Lesotho	9.5	2.4	0.1	0.7	0.1	0.7			<0.0			0.4		0.1	14.1
Liberia	44.3	19.1	2.2	1.9	0.4	1.1		0.2	0.1		2.8	1.4	<0.0	0.2	73.6
Madagascar	220.6	27.2	4.1	2.7	0.6	3.0		0.2	0.4			6.6		0.7	266.1
Malawi	249.4	51.8	2.0	6.2	0.7	3.6		0.2	0.2			3.6		0.4	318.0
Maldives														0.1	0.1
Mali	242.0	36.7	5.0	4.5	0.7	2.4		<0.0	0.4				0.1	0.5	292.3
Mauritania	39.3	5.3	0.7	2.0	0.2	0.9			<0.0			0.6		0.2	49.2
Mongolia	7.0	0.5	0.5	0.1	0.1	0.2								0.1	8.5
Morocco														0.8	0.8
Mozambique	269.0	46.3	1.7	7.9	0.8	3.1		0.2	0.3			5.1		0.3	334.8
Myanmar	194.6	118.6	7.7	11.7	2.1	19.2						3.3			357.2
Nepal	138.0	64.3	3.3	10.0	1.2	4.2		0.2	0.2			1.4		0.7	223.4
Nicaragua	37.1	3.8	0.3		0.5	0.3			<0.0	0.8				0.2	43.1
Niger	211.2	68.1	7.4	6.7	0.9	3.6		0.2	0.4			8.1	0.1	0.6	307.4
Nigeria	1,094.2	144.5	44.2	203.2	12.6	25.0			4.2			23.0	0.4	2.6	1,553.9
Northwest Syria region														0.1	0.1
Pakistan	1,558.7	161.8	48.8	116.9	7.4	26.6	7.7		5.5			23.1		2.5	1,959.0
Papua New Guinea	36.2	19.1	0.4	9.7		0.6			0.1			1.0		0.2	67.3
Philippines														1.4	1.4
Republic of Moldova	5.8				0.1	0.5		0.2		0.7				0.1	7.4
Rwanda	158.6	25.6	3.0	4.7	0.4	1.4			0.2			1.8		0.4	195.9
Sao Tome and Principe	2.2	3.8	0.1	<0.0	<0.0	0.8		0.1						0.1	7.2
Senegal	154.6	21.8	2.6	10.1	0.6	2.7		0.1	0.1			2.5	0.1	0.5	195.7
Sierra Leone	82.0	14.5	2.7	2.3	0.3	1.3		0.2	0.2		3.8	1.3		0.3	108.8
Solomon Islands	4.3	6.3		0.2		0.6		0.1				0.6			12.2
Somalia	23.9	45.1	1.2	3.6	0.2	1.2			0.1			4.5		0.5	80.4
South Sudan	25.6	59.3	4.5	8.1	0.2	0.6			0.2			3.9	0.1	0.3	102.8
Sri Lanka	25.4	4.4			0.7	0.9				0.1				0.4	31.9
Sudan	441.4	59.5	11.2	45.3	1.3	5.3			0.4			3.1	0.1	0.9	568.6
Syrian Arab Republic	11.9	16.8										1.0		0.3	30.1
Tajikistan	37.5	17.4	2.4	0.3	0.3	0.8						0.9		0.4	60.0
Timor-Leste	1.7	3.1				0.2			<0.0	1.5				0.1	6.5
Togo	70.7	9.2	3.0	5.4	0.3	1.4	0.3	0.2	0.2			1.4	0.1	0.3	92.3
Tunisia														0.3	0.3
Turkmenistan	1.0				0.2	0.1									1.2
Uganda	481.4	58.1	9.2	37.4	1.2	9.6			0.8			10.6	<0.0	1.0	609.6
Ukraine	2.7				0.7	0.1								0.7	4.2
United Republic of Tanzania	574.3	51.9	11.4	16.0	1.0	8.8		0.2				8.9		1.3	673.7
Uzbekistan	104.8	26.6	<0.0	1.9	0.7	2.6			0.2	0.8		1.2		0.9	139.7
Viet Nam	156.0	40.7	1.9	15.6	3.2	4.2			0.6	3.2		2.6		1.2	229.3
Yemen	272.7	39.1	5.0	10.5	1.2	2.1			0.3			3.7		0.7	335.3
Zambia	197.6	16.7	3.9	6.6	0.7	3.5			<0.0			1.6		0.5	231.1
Zimbabwe	149.0	23.3	1.5	9.4	0.9	2.1		0.1	0.2			2.8		0.5	189.9
Grand Total:	13,676.8	2,785.2	355.5	897.3	113.5	239.6	30.4	5.4	21.9	15.1	21.9	226.2	1.8	42.9	18,433.7

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 life span subject to performance and availability of funds.

General notes:

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

Source: Gavi, the Vaccine Alliance, 2022

6. Commitments and Board approvals for investment cases

as of 31 December 2021 (US\$ millions)

Commitments for investment cases 2003–2024¹

Programme	Vaccines	Operational costs	Cold chain equipment	Implementation costs	Yellow Fever Diagnostics	Total
Measles	60.4	115.6				176.0
Measles & Rubella Initiative	22.0	33.0		20.0		75.0
Meningococcal meningitis	226.8	33.1				259.9
Maternal and neonatal tetanus	16.3	45.3				61.6
Polio	143.3	48.0				191.3
Yellow fever	193.2	55.9				249.1
Cholera	176.0	41.6				217.6
Ebola	94.2	8.6				102.7
Humanitarian response Syrian Arab Republic	33.0		17.0			50.0
Malaria		39.1		64.2		103.3
Other	5.0		1.0	277.0	0.1	283.1
Total:	970.1	420.2	18.0	361.2	0.1	1,769.7

Board approvals for investment case expenditure 2003–2024²

Programme	Vaccines	Operational costs	Cold chain equipment	Implementation costs	Yellow Fever Diagnostics	Total
Measles	60.4	115.6				176.0
Measles & Rubella Initiative	22.0	33.0		20.0		75.0
Meningococcal meningitis	113.0	25.1				138.1
Maternal and neonatal tetanus	16.3	45.3				61.6
Polio	143.3	48.0				191.3
Yellow fever	193.2	55.9				249.1
Cholera	152.5	41.6				194.1
Ebola	94.2	8.6				102.7
Humanitarian response Syrian Arab Republic	33.0		17.0			50.0
Malaria		36.2		64.2		100.4
Other	5.0		1.0	277.0	0.1	283.1
Total:	832.8	409.3	18.0	361.2	0.1	1,621.5

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.

Source: Gavi, the Vaccine Alliance, 2022

The Vaccine Alliance is funded by

Donor governments and the European Union

Australia	Croatia	Italy	New Zealand	Saudi Arabia
Austria	Denmark	Japan	Niger	Singapore
Bahrain	Estonia	Kuwait	Norway	Slovenia
Belgium	European Union	Liechtenstein	Oman	South Africa
Bhutan	Finland	Luxembourg	Philippines	Spain
Brazil	France	Malaysia	Poland	Sweden
Burkina Faso	Germany	Malta	Portugal	Switzerland
Cameroon	Hellenic Republic	Mauritius	Qatar	Uganda
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Alight Solutions	ELMA Vaccines & Immunization Foundation	Without Borders (GWB)	Reckitt Benckiser (RB) Group	UNFCU Foundation
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Children's Investment Fund Foundation (CIFF), UK	Gulf Youth Alliance	NITO	Stanley Black & Decker	Workday Foundation
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One of the great ironies of the COVID-19 pandemic is that while it has spurred the largest vaccination campaign in history, it has also disrupted routine immunisation for many vaccine-preventable diseases. Together with Gavi and other COVAX partners, WHO is committed to delivering vaccines against COVID-19 to end the pandemic, while scaling up routine immunisation services to reach every last child with life-saving vaccines.

Dr Tedros Adhanom Ghebreyesus,
WHO Director-General, September 2022

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