Gavi
The Vaccine Alliance

Annual Progress Report 2022

>1bn
children immunised since 2000

>US$ 220.5bn
in economic benefits since 2000

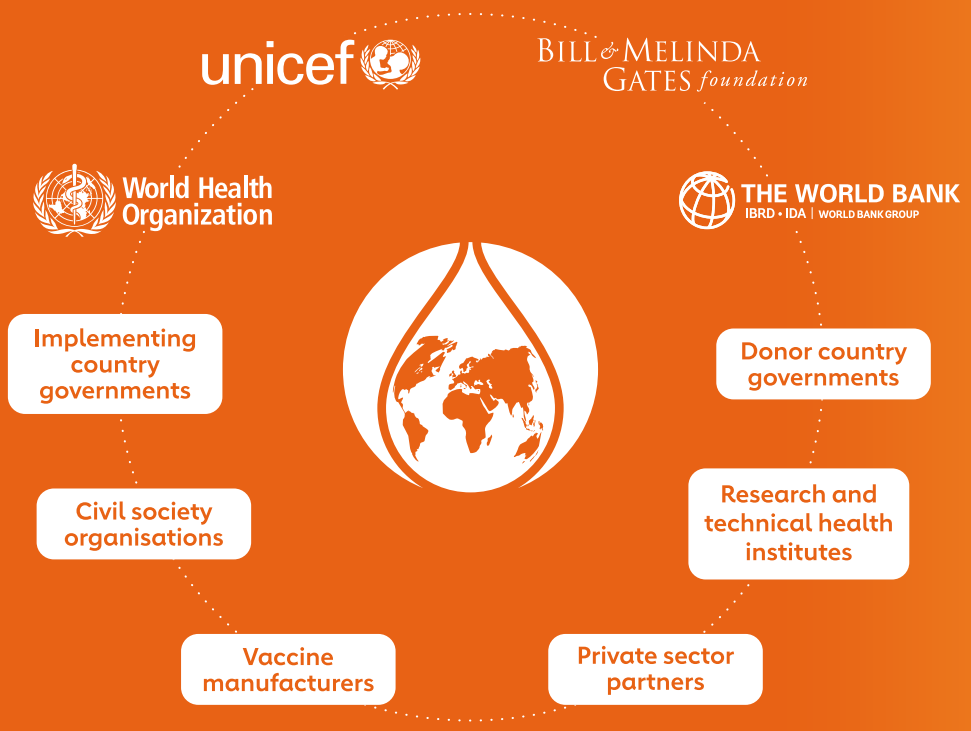
>17.3m
deaths averted since 2000

SPECIAL FOCUS

Responding to the climate crisis

Country stories from VaccinesWork

Preparing for the next pandemic



Learn more at www.gavi.org and VaccinesWork, our digital platform covering news, features and explainers from every corner of global health and immunisation.

Gavi prepares an Annual Financial Report for each calendar year, which includes the audited consolidated financial statements of the Gavi Alliance and of the International Finance Facility for Immunisation. The 2022 Annual Financial Report was approved by the Board and published on the Gavi website in June 2023: www.gavi.org/funding/financial-reports.

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Inside this report

Vaccine equity means that girls in every country – regardless of income level – are protected from cervical cancer, which caused more than 179,000 deaths in lower-income countries in 2020. That's why in December 2022 the Gavi Board approved the revitalisation of the human papillomavirus (HPV) vaccine programme. Together, we can meet our goal of reaching 86 million girls by 2025 with the HPV vaccine. This will protect women's health and will support efforts to eliminate cervical cancer globally.

Sarah Goulding, Gavi Board Vice Chair
September 2023

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On the road to recovery in 2022, a year of renewal in 2023

Prof José Manuel Barroso, Chair of the Gavi Board, and Gavi CEO (ad int) David Marlow on achievements and challenges in 2022, and priorities and goals for 2023.

José Manuel Barroso
Chair of the Gavi Board

José Manuel Barroso

David Marlow
Gavi CEO (ad int)

David Marlow

Welcome to Gavi's 2022 Annual Progress Report – the second of Gavi's 2021–2025 strategic period. Even as the COVID-19 pandemic raged on in 2022, this report will show that immunisation coverage in lower-income countries supported by the Alliance is recovering, with coverage of the third dose of diphtheria, pertussis and tetanus-containing vaccine (DTP3) rising by 3 percentage points in 2022.

According to the 2022 WHO/UNICEF Estimates of National Immunization Coverage, nearly half of lower-income countries have recovered to or are above pre-pandemic DTP3 coverage levels. And Gavi implementing countries have reached roughly the same number of children as pre-pandemic – with coverage not fully returning to 2019 levels due to population growth, particularly in Africa. However, some countries saw slower progress. The number of zero-dose children has fallen from 12.4 to 10.2 million. This represents impressive progress, but the number of zero-dose children is still higher than the estimated 9 million in 2019, and a further 34% reduction is required to meet our 2025 target. As we reflect on the important progress and urgent challenges that remain, the Vaccine Alliance nonetheless acknowledges the tremendous effort countries have made to get routine immunisation back on track.

> The year 2022 was indeed complex and challenging for global health. More people were infected with COVID-19 than in 2020 and 2021 combined; and by end August, more than 1 million people had died from COVID-19 in 2022 alone.

The pandemic's negative impact on routine immunisation, resulting in the largest backslide in childhood vaccinations in three decades, continued to present challenges. Cases of polio and diphtheria were detected in some countries for the first time in decades; Uganda battled an outbreak of Sudan ebolavirus, which licensed vaccines don't protect against; and mpox (formerly known as monkeypox) was declared a Public Health Emergency of International Concern (PHEIC).

This is exactly why the Vaccine Alliance heralded 2023 as a Year of Renewal. In December 2022, the Gavi Board approved Gavi 5.1, an evolution of the current five-year programme strategy to renew focus on essential and COVID-19 vaccinations; reach zero-dose children; introduce new vaccines, including HPV and malaria; and strengthen our Alliance's role in pandemic prevention, preparedness and response (PPPR).

Alongside the growing threat of measles outbreaks, we witnessed a continuing risk of polio outbreaks – both wild poliovirus 1 (WPV1) and vaccine-derived poliovirus type 2 (VDPV2) – underscoring the urgency to boost routine immunisation coverage, reach zero-dose children and ensure they go on to receive the full complement of vaccines.

Meanwhile, expanding girls' access to the life-saving human papillomavirus (HPV) vaccine – among the most impactful of all Gavi-supported vaccines – is a core priority. To make up the ground we lost during the pandemic, in December 2022 the Gavi Board approved a more than US$ 600 million investment to protect 86 million girls by 2025. At 10%, HPV vaccine coverage in 2022 continued to surpass pre-pandemic levels (7%). With efforts underway to strengthen programme delivery and facilitate more introductions, and long-standing supply challenges easing thanks to increased vaccine production and a new one-dose recommendation, coverage is expected to further increase in the coming years.

Our fight against the COVID-19 pandemic continued with the same determination with which it began in 2020. By the end of 2022, COVAX had shipped more than 1.88 billion COVID-19 vaccine doses to 146 countries and territories; and complete primary series coverage across the 92 lower-income countries supported by the Gavi COVAX AMC stood at 53%, up from 31% in January. Across 69 AMC countries reporting, 82% of health care workers were vaccinated. As COVAX continued to plan for worst-case scenarios, the Board agreed, in principle, to explore integrating future COVID-19 vaccinations into Gavi's core programming.

As climate change, deforestation and migration increase the risk of infectious disease outbreaks, the number of cholera cases and cholera-associated deaths surged globally in 2022. This tragic turn follows years of decline. With the risk of another pandemic occurring with the same kind of impact as COVID-19 increasing by an estimated 2% each year, we are reminded of the importance of Gavi's commitment to vaccine equity in PPPR planning, alongside the Pandemic Accord negotiations. Here, Gavi is working with our partners to apply learnings from COVID-19, COVAX and Ebola response to PPPR and to how we respond to new outbreaks. We have invested more than US$ 4.5 billion in PPPR-related activities between 2016–2022, another US$ 2 billion through the first half of 2022 and raised an additional US$ 12.5 billion for the Gavi COVAX AMC to fund COVID-19 vaccines, delivery and systems.

As we learned the hard way during the COVID-19 pandemic, one of the biggest obstacles to vaccine equity is the dearth of vaccine manufacturing in some regions, particularly across Africa. As of 2022, less than 0.1% of the global supply of vaccines are produced in Africa. As the world's largest purchaser of vaccines, and the main source to African nations, Gavi has a critical role to play in helping build healthier vaccine markets, and we will work closely with African countries and Africa CDC to support the African Union's vision of sustainably expanding vaccine manufacturing capacity across Africa by 2040.

Recognising the unique strengths of the Alliance, our Operational Excellence agenda launched in 2023 is focused on improving our ways of working to ensure we are as efficient and effective as possible to deliver on our mission. It will transform how Gavi supports countries and works with partners by creating a faster, more effective Gavi Secretariat that is able to react better to country needs, with a key focus on Alliance health and ways of working. Ensuring ethical behaviour, solid risk management, and compliance with laws and regulations remains critical to how we operate, sustain funding and innovate. In 2023, we established a dedicated Ethics, Risk & Compliance Office, headed by a newly appointed Chief Ethics, Risk & Compliance Officer.

Our six core values guide our work at Gavi: teamwork, respect, openness, accountability, innovation and country-driven, which means that we put the Gavi-supported countries at the centre of everything we do. None of the Vaccine Alliance's 2022 achievements would have been possible without the collective effort of our civil society, government and private sector partners, working in support of the health care workers who actually administer the vaccinations. We are truly grateful and proud to work alongside them to leave no one behind with immunisation.

Milestone of more than 1 billion children vaccinated as Seth Berkley departs

In August 2023, soon after Gavi successfully completed the first half of its 5.0/5.1 strategic period "on track" to meet the majority of the key commitments made to donors, Dr Seth Berkley completed his 12-year tenure as CEO. Through Seth's leadership, Gavi's impact expanded dramatically in terms of protecting children and adults, and preventing deaths through routine and campaign-based vaccination – including outbreak response through emergency stockpiles. Also under his watch, Gavi-supported countries crossed the milestones of 1 billion unique children vaccinated; more than 1.8 billion vaccinations through preventive vaccination campaigns; and 1.96 billion COVID-19 vaccine doses shipped by COVAX to 146 countries and territories. During this time, Gavi has played an influential role in helping build sustainable health systems; robust and diverse vaccine markets (including new vaccines against Ebola, malaria and typhoid); and increasing commitment from countries to invest in their own immunisation programmes – more than US$ 1.5 billion since the co-financing policy was introduced in 2008. We commend Seth's extraordinary contributions to global health over nearly four decades, and thank him for his unrelenting commitment to Gavi's mission, the countries with which we work, our Alliance partners, and our incredible staff of employees, consultants and interns.

Dr Seth Berkley at the November 2022 commissioning of an ultra-modern National Medical Stores warehouse, constructed with support from the Government of Uganda, Gavi and the Global Fund. Read the report

Credit: Gavi/2022

About Gavi, the Vaccine Alliance

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

Since its inception in 2000, Gavi has helped to immunise a whole generation – over 1 billion children – and prevented more than 17.3 million future deaths, helping to halve child mortality in 78 lower-income countries. Gavi also plays a key role in improving global health security by supporting health systems as well as funding global stockpiles for Ebola, cholera, meningococcal and yellow fever vaccines. After two decades of progress, Gavi is now focused on protecting the next generation, above all the zero-dose children who have not received even a single vaccine shot. The Vaccine Alliance employs innovative finance and the latest technology – from drones to biometrics – to save lives, prevent outbreaks before they can spread and help countries on the road to self-sufficiency.

Learn more at www.gavi.org and connect with us on Facebook and X (Twitter).

>1bn

children vaccinated through routine programmes, 2000–2022 – more than 68 million in 2022 alone

The vaccine goal

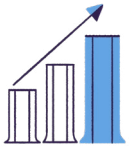
56%

Breadth of protection with vaccines in the Gavi portfolio is now higher in Gavi-supported countries (56%) than in the rest of the world (53%).

80 40 Gavi-supported vaccine introductions and preventive campaigns took place in 2022 – in addition to 40 outbreak response vaccination campaigns supported by Gavi.

4 4 key SDG vaccines saw an increase in coverage among the 57 Gavi-supported countries since 2021.

20 20 countries accessed emergency stockpiles for cholera, Ebola, meningococcal and yellow fever vaccines a total of 33 times in 2022.



>1.8bn

vaccinations through preventive vaccination campaigns, 2000–2022

>17.3m

future deaths averted, 2000–2022. In addition, >2.7m deaths were averted by COVAX across participating low- and middle-income countries.

The equity goal

81%

In 2022, DTP3 coverage in Gavi-supported countries rebounded to 81% after two years of decline (compared to the 84% global average).

2.6m 2.6 million more children received basic routine immunisations through Gavi-supported health systems in 2022 than in 2021.

47 47 countries have installed more than 65,000 CCE units procured by UNICEF Supply Division through Gavi's CCEOP – nearly 13,000 in 2022 alone.

25 25 Gavi-supported countries increased MCV1 coverage from 2021 to 2022, but measles immunity gaps remain a significant concern.

The sustainability goal

$1.5bn by end 2022

In the face of fiscal challenges, climate change, conflict and instability, most Gavi-supported countries maintained or increased domestic resources for co-financing of Gavi-supported vaccines in 2022, bringing to US$ 1.5 billion their total contribution since the introduction of the co-financing policy in 2008.

162m US$ 162 million was contributed by countries towards the co-financing of Gavi-supported vaccines in 2022 – the highest amount yet and a testament to country ownership and the long-term financial sustainability of Gavi-supported vaccines.

54 54 vaccine programmes originally introduced with Gavi funding are now self-financed by countries as of 2022, up from 40 in 2018.

100% 100% of countries fully met their 2022 co-financing obligation – except three waivers for humanitarian crises.

The healthy markets goal

19

Through Gavi's market shaping efforts, the number of manufacturers supplying prequalified Gavi-supported vaccines has grown from 5 in 2001 to 19 in 2022 (with more than half based in low- and middle-income countries)

10 — 10 markets for vaccines and immunisation products exhibited acceptable levels of healthy market dynamics in 2022, meeting the target for the year.

9 — 9 innovative products were within the pipeline of commercial-scale manufacturers in 2022, meeting the Alliance target of 8 by 2025 well ahead of schedule.

2 — 2 new products with improved characteristics were newly offered to Gavi-supported countries in 2022: a new liquid rotavirus vaccine, improving ease of delivery for health care workers; and a new presentation for yellow fever vaccine, improving its cold chain footprint.

603[1]

vaccine introductions and preventive vaccination campaigns, 2000–2022

1 Excluding COVID-19 vaccination. Routine introductions and preventive vaccination campaigns relate to Gavi-supported vaccines against 17 infectious diseases, as of 2022. In the Gavi 1.0 and 2.0 strategic period, introductions were completed for hepB mono and Tetra-DTP-hepB that are not counted here.

US$ 54 for US$ 1 spent

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

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

>US$ 220.5bn

in economic benefits generated in the countries we support, 2000–2022

>US$ 1.5bn

in co-financing contributions from Gavi-supported countries since 2008 – and a high of US$ 162m in 2022 alone

14.7m — 14.7 million children in Gavi-supported countries are under-immunised – they have not received all three doses of the essential childhood vaccine containing diphtheria, tetanus and pertussis (DTP). Of this group, 70% are "zero-dose" children – they have not received even a single dose of DTP-containing vaccine. In Gavi-supported countries in 2022, there were 10.2 million zero-dose children – down from 12.4 million in 2021.

39% — 39% of children under 12 months in Gavi-supported countries in 2022 received the last recommended dose of each of the 11 antigens currently recommended by the World Health Organization (WHO) for all infants worldwide by their first birthday – an increase from 29% in 2021.

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

Gavi 5.0/5.1 mission and strategic goals

"Leaving no one behind with immunisation" is Gavi's vision.

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

Six "mission indicators" reflect our overall progress against our aspirations for the 2021–2025 period. Summary: pages 9–11.

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

Goal 01

Introduce and scale up vaccines

Objectives

A

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

B

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

C

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

Goal 02

Strengthen health systems to increase equity in immunisation

Objectives

A

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

B

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

C

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

Goal 03

Improve sustainability of immunisation programmes

Objectives

A

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

B

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

C

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

Goal 04

Ensure healthy markets for vaccines and related products

Objectives

A

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

B

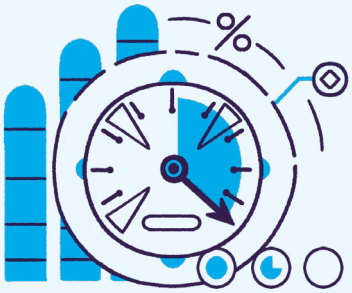
Incentivise **innovations** for the development of **suitable vaccines**

C

Scale up **innovative immunisation-related products**

Mission indicators

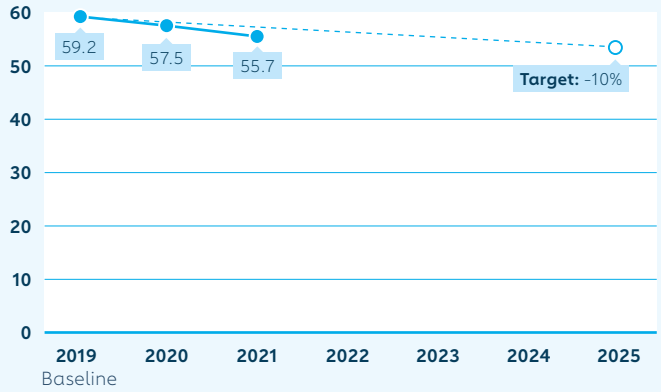
Amid the economic, political and social challenges of the COVID-19 pandemic in 2022, Vaccine Alliance partners and countries made significant progress towards achieving our six mission indicators for the 2021–2025 strategic period.



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

M.1 Under-five mortality rate

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



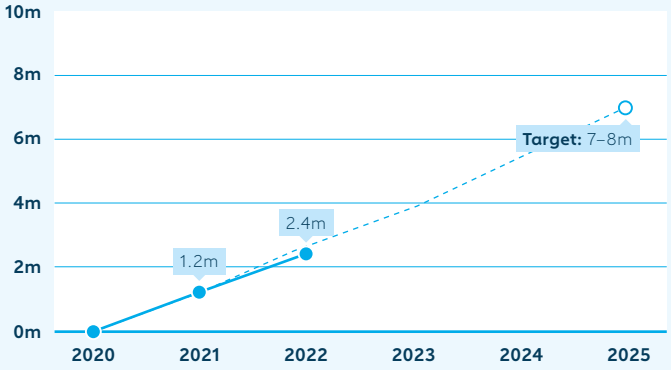
By increasing access to immunisation and enabling equal access to new and underused vaccines, Gavi support is contributing to the reduction in under-five deaths from vaccine-preventable diseases.

2021 performance: The under-five mortality rate in the 57 lower-income countries supported by Gavi fell from 57.5 to 55.7 deaths per 1,000 live births between 2020 and 2021 – a 6% reduction from baseline. We are on track to reach our Mission target of a 10% reduction by 2025. Estimates for 2022 will be available in late 2023.

Data source: UN Inter-agency Group for Child Mortality Estimation (IGME), 2022

M.2 Future deaths averted with Gavi support

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

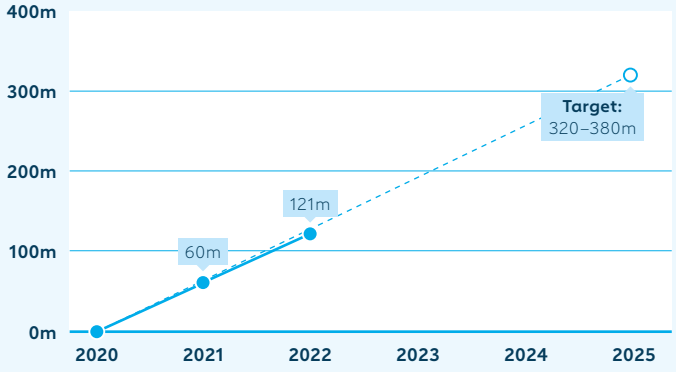
2022 performance[1]: By end 2022, more than 2.4 million future deaths had been averted by Gavi-supported vaccinations since the Gavi 5.0 strategic period began in 2021. The cumulative number of deaths averted from 2000 through 2022 is more than 17.3 million.[2]

Data source: Vaccine Impact Modelling Consortium (VIMC), 2023

1 Baseline value reset to zero at the start of the strategy period. Targets for 2025 represent anticipated cumulative achievement over the duration of the strategy period. **2** This figure does not include more than 2.7 million deaths averted by COVAX across participating low- and middle-income countries by end 2022, according to Imperial College London estimates.

M.3 Future DALYs averted

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



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

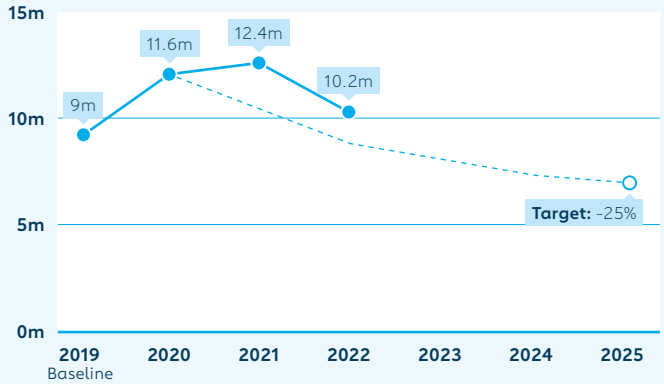
2022 performance[3]: By end 2022, more than 121 million future DALYs had been averted by Gavi-supported vaccinations since the Gavi 5.0 strategic period began in 2021.

Data source: VIMC, 2023

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

M.4 Reduction in number of zero-dose children

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



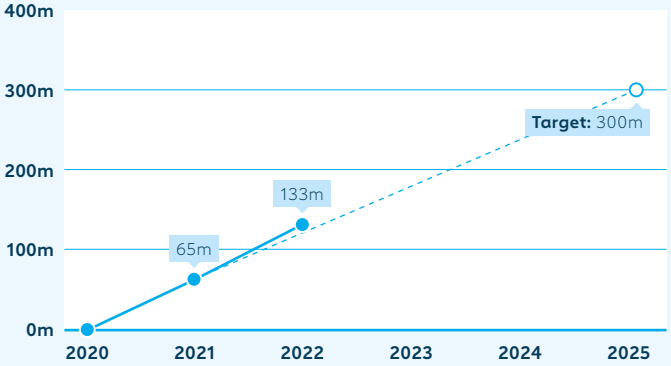
The indicator serves as an equity measure, giving an indication of the reach of routine immunisation services to missed communities, with an emphasis on regularly reaching children who are being missed by routine immunisation.

2022 performance: In 2022, there were 10.2 million zero-dose children in the 57 lower-income countries supported by Gavi, representing a 14% increase since 2019, and down from 12.4 million in 2021. Reaching the Gavi 5.0/5.1 target by 2025 will require a 34% reduction from 2022.

Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2023; 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 support.[4] (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.

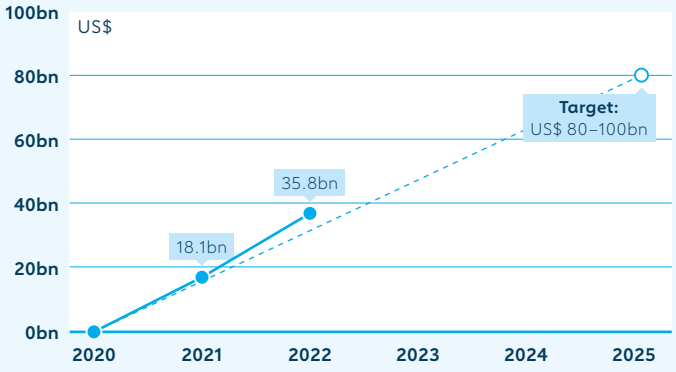
2022 performance[5]: Countries immunised more than 68 million unique children with Gavi-supported routine vaccines in 2022 – an impressive effort, meaning we remain on track to reach our Mission target of immunising 300 million additional children during the 2021–2025 strategic period. By end 2022, Gavi-supported countries had immunised more than 1 billion unique children with Gavi support since 2000.

Data sources: Vaccine coverage: WUENIC, 2023; population estimates: World Population Prospects 2022

4 To not double-count recipients of more than one vaccine, only the vaccine with the highest coverage level per country is taken into account.
5 Baseline value reset to zero at the start of the strategy period. Targets for 2025 represent anticipated cumulative achievement over the duration of the strategy period.

M.6 Economic benefits generated through Gavi-supported immunisations

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



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

2022 performance[6,7]: More than US$ 35.8 billion in economic benefits in the countries we support have been generated through Gavi-supported immunisations since the Gavi 5.0 strategic period began in 2021. From 2000 through 2022, that figure is more than US$ 220.5 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.

6 Baseline value reset to zero at the start of the strategy period. Targets for 2025 represent anticipated cumulative achievement over the duration of the strategy period. **7** For Gavi 5.0, this indicator is calculated using a new method, which has resulted in a downward revision of historical estimates compared with figures reported in the Gavi 4.0 strategic period (2016–2020).

It's really a great relief and a great pleasure when we manage to find zero-dose children and to know that we may have managed to save a child from the risk of developing a disease that could compromise their life.

Dr Habou Abdoulrahamane, chief medical officer of the third district in Niamey, Niger.
Read the article

Credit: Gavi/2022/Isaac Griberg

Gavi-supported vaccine introductions & campaigns

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

Country	Surviving infants surviving to 1 year (2022)	Under-five mortality rate deaths <5 years per 1,000 births (2021)	Immunisation coverage (DTP3/pentavalent 3rd dose) (2022)	Vaccines launched in 2022	Pentavalent[1]	Rotavirus[2]	Pneumococcal	Human papillomavirus	Inactivated polio[3]	Japanese encephalitis	Measles	Measles-rubella	Meningococcal A	Typhoid	Yellow fever	Gross national income[4]	1 – Initial self-financing	2 – Preparatory transition	3 – Accelerated transition	4 – Fully self-financing
African Region				Vaccines launched in 2022	Vaccines launched 2000–2021											Per capita, US$ (2020)	Transition status (2022)			
Angola	1,306,749	69	42%		R	R	R		RC			C				2,230	●	●	●	●
Benin	460,723	84	76%	Meningococcal A (R+C)	R	R	R	D	R			RC	C		RC	1,280	●	●		
Burkina Faso	762,151	83	91%	HPV (R)	R	R	R	D	RC		R	2C	R2C		C	790	●			
Burundi	426,016	53	91%	Measles-rubella (C)	R	R	R	D	RC		R	C	C			270	●			
Cameroon	923,258	70	68%		R	R	R	RD	R			R2C	C		RC	1,500	●	●		
Central African Republic	224,799	100	42%		R		R		R		C		RC		RC	510	●			
Chad	727,088	107	60%	Measles (R)	R				R		3C		R2C		R	660	●			
Comoros	23,300	50	88%		R				RC			RRC[5]				1,450	●	●		
Congo	174,567	43	78%	Yellow fever (C)	R	R	R		R			C			R	1,830	●	●		
Côte d'Ivoire	901,482	75	76%		R	R	R	RD	RC			RR2C[5]	R2C		C	2,280	●	●	●	
DR Congo	3,965,786	79	65%	Measles (R)	R	R	R		R		3C		C		RC	550	●			
Eritrea	102,355	38	95%	HPV (R+C)	R	R	R		RC		R	RC	RC			low[6]	●			
Ethiopia	3,819,980	47	65%	Measles (C)	R	R	R	RD	R		R3C		C			890	●			
Gambia	86,361	48	79%	Measles-rubella (C)	R	R	R	RCD	R		R	C	R2C			750	●			
Ghana	881,846	44	99%		R	R	R	D	RC		R	2C	R2C		RC	2,230	●	●	●	
Guinea	446,098	99	47%	Measles (R+C); Meningococcal A (C)	R				R				RC		RC	1,020	●			
Guinea-Bissau	61,890	74	74%	Measles (R)	R	R	R		R		C		C		R	760	●			
Kenya	1,451,833	37	90%	HPV (C)	R	R	R	RD	R			2C	C		R	1,760	●	●	●	
Lesotho	56,474	73	87%	HPV (R+C); Measles-rubella (C)	R	R	R		R			C				1,100	●	●		
Liberia	157,137	76	78%		R	R	R	RD	RC		RC			RC	RC	530	●			
Madagascar	880,625	66	57%	Measles (C)	R	R	R	D	R		R					460	●			
Malawi	649,567	42	86%		R	R	R	RD	RC		R	C				580	●			
Mali	892,365	97	77%		R	R	R	D	R		RC		R2C		RC	830	●			
Mauritania	150,443	40	76%		R	R	R	RC	R			RC	C			1,640	●	●		
Mozambique	1,141,329	70	61%		R	R	R	RD	R		R	RC				460	●			
Niger	1,140,790	115	84%	Measles (C)	R	R	R	D	R		C		R2C		R	540	●			
Nigeria	7,570,882	111	62%	Rotavirus (R)	R		R		R		R5C		R2C		RC	2,000	●	●	●	
Rwanda	396,133	39	98%	Inactivated polio (C)	R	R	R	R	R		R	2C				780	●			
Sao Tome and Principe	6,300	15	97%		R	R	R	RCD	RC		R	C			R	2,070	●	●	●	
Senegal	545,212	39	88%		R	R	R	RD	RC		R	3C	C		C	1,430	●	●		
Sierra Leone	251,464	105	91%	HPV (R)	R	R	R	D	RC		R	RC			RC	490	●			
South Sudan	300,399	99	73%		R				R		C		C			low[6]	●			
Togo	268,452	63	82%	Inactivated polio (C); Measles-rubella (C)	R	R	R	D	R			RRC[5]	R2C		RC	920	●			
Uganda	1,668,269	42	89%	Yellow fever (R); Measles-rubella (R+C)[7]	R	R	R	R	R			RC	C			800	●			
UR Tanzania	2,282,224	47	88%		R	R	R	RD	RC		R	2C				1,080	●	●		
Zambia	661,373	58	82%		R	R	R	R	RC		R	2C				1,190	●	●		
Zimbabwe	475,650	50	90%	Measles-rubella (C)	R	R	R	RCD	RC			R2C		RC		1,090	●	●		

Notes: Any numeral before the letter C denotes the total number of campaigns that have taken place.

Outbreak response vaccination campaigns supported through the International Coordinating Group (ICG) on Vaccine Provision stockpile mechanism for Ebola, meningococcal, oral cholera and yellow fever vaccines are not included in this table.

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

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), 2022; immunisation coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2023; eligibility: World Bank, World Development Indicators

↗ Visit the gavi.org: country hub

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

Country	Surviving infants surviving to 1 year (2022)	Under-five mortality rate deaths <5 years per 1,000 births (2021)	Immunisation coverage (DTP3/pentavalent 3rd dose) (2022)	Vaccines launched in 2022	Pentavalent[1]	Rotavirus[2]	Pneumococcal	Human papillomavirus	Inactivated polio[3]	Japanese encephalitis	Measles	Measles-rubella	Meningococcal A	Typhoid	Yellow fever	Gross national income[4]	1 – Initial self-financing	2 – Preparatory transition	3 – Accelerated transition	4 – Fully self-financing
Region of the Americas				**Vaccines launched in 2022**	**Vaccines launched 2000–2021**											**Per capita, US$ (2020)**	**Transition status (2022)**			
Bolivia (Plurinational State of)	258,219	25	69%			R	R	R	R							3,200	●	●	●	●
Cuba	99,349	5	99%						R							upper[8]	●	●	●	●
Guyana	15,790	28	98%			R	R	RC	R							6,600	●	●	●	●
Haiti	258,823	59	51%		R	R	R		R			C				1,250	●	●		
Honduras	215,156	17	78%			R	R	R	R							2,200	●	●	●	●
Nicaragua	137,669	13	92%			R	R		R							1,850	●	●	●	●
Eastern Mediterranean Region																				
Afghanistan	1,397,103	56	69%	Measles (C)	R	R	R		R		2C					500	●			
Djibouti	23,785	54	59%		R	R	R		R							3,320	●	●	●	
Pakistan	6,155,881	63	85%	Measles-rubella (R)	R	R	R		R		2C	C		RC		1,280	●	●		
Somalia	720,510	112	42%	Measles (C)	R				R		RC					310	●			
Sudan	1,499,138	55	84%		R	R	R		RC		C		R2C		R2C[9]	650	●			
Syria	440,207	22	46%	Measles-rubella (C)												low[6]	●			
Yemen	969,803	62	74%		R	R	R		R			2C				low[6]	●			
European Region																				
Armenia	32,329	11	93%		R	R	R	RD	R							4,220	●	●	●	●
Azerbaijan	121,879	19	83%		R		R		R							4,450	●	●	●	●
Georgia	48,759	9	85%		R	R	R	RD								4,290	●	●	●	●[10]
Kyrgyzstan	152,979	17	90%	HPV (R+C)	R	R	R		RC							1,160	●	●		
Republic of Moldova	36,541	14	88%		R	R	R	RD	RC							4,570	●	●	●	●[11]
Tajikistan	253,849	31	97%	Pneumococcal (R)	R	R			RC							1,060	●	●		
Uzbekistan	768,382	14	99%	Measles-rubella (C)	R	R	R	RC	RC							1,670	●	●	●	●
South-East Asia Region																				
Bangladesh	2,940,527	27	98%		R		R	D	RC		R	2C				2,010	●	●	●	
Bhutan	9,469	27	98%		R		R[12]		RC							2,860	●	●	●	●
DPR Korea	336,352	15	0%[13]		R				R		R	RC				low[6]	●			
India	22,519,905	31	93%		R	R	R		R			C				1,900	●	●	●	●
Indonesia	4,392,068	22	85%		R		R[12,14]	D	RC[15]	RC[16]		C				3,870	●	●	●	●
Myanmar	886,467	42	71%		R	R	R	R	R	RC[16]	R	2C				1,260	●	●		
Nepal	605,385	27	90%	Typhoid (R+C)	R	R	R	D	R	RC	R	C				1,190	●	●		
Sri Lanka	299,963	7	98%		R			R	R							3,720	●	●	●	●
Timor-Leste	32,187	51	86%		R	R			R							1,830	●	●	●	●
Western Pacific Region																				
Cambodia	312,448	25	85%		R		R	D	R	RC[16]	R	2C				1,490	●	●		
Kiribati	3,400	48	91%		R		R		R							3,010	●	●	●	●
Lao PDR	157,386	43	80%		R		R	RCD	R	RC[16]		R				2,480	●	●	●	
Mongolia	68,948	15	95%		R		R[12]		RC							3,670	●	●	●	●
Papua New Guinea	247,322	43	36%		R		R		R			R2C				2,660	●	●	●	
Solomon Islands	20,960	19	89%		R	R	R	RCD	R			R2C				2,300	●	●	●	
Viet Nam[17]	1,423,035	21	91%		R				RC		R	2C				2,660	●	●	●	●
Total launches 2000–2021					67	52	61	65	96	10	51	74	47	6	34					
Total launches 2000–2022					67	53	62	74	98	10	61	84	50	8	36					

1 All 73 countries have introduced pentavalent vaccine. Six of the 73 countries introduced pentavalent vaccine independently of Gavi support. **2** Kiribati introduced rotavirus vaccine independently of Gavi support. **3** All 73 countries have introduced inactivated polio vaccine (IPV), while 34 countries have also switched to using a second dose of inactivated polio vaccine (IPV2). Two of the 73 countries introduced IPV1 independently of Gavi support. **4** Gross national income (GNI) per capita for 2020 in US$, Atlas method, as updated by the World Bank on 1 July 2021. **5** Comoros, Côte d'Ivoire and Togo have introduced the second dose of measles-containing vaccine (MCV2) and rubella-containing vaccine (RCV) into the routine immunisation programme. This is represented by "RR". **6** Estimated to be low-income (GNI per capita US$ 1,045 or less). **7** Uganda launched a second dose of measles-rubella vaccine (MCV2) through a follow-up campaign. **8** Estimated to be upper middle-income (GNI per capita US$ 4,096 to US$ 12,695). **9** In 2020, an exceptional catch-up campaign in Sudan was approved and commenced, continuing into 2021. **10** Excludes Abkhazia and South Ossetia. **11** Excludes Transnistria. **12** Bhutan, Indonesia and Mongolia are fully self-financing and accessed the Pneumococcal Advance Market Commitment (AMC) price for pneumococcal vaccines. **13** The Democratic People's Republic of Korea (DPRK) reported 0% coverage of the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) in 2022 due to country-wide stock-outs. **14** In 2021, Indonesia piloted introduction of pneumococcal conjugate vaccine (PCV) in four provinces. The national PCV immunisation programme launched in September 2022. **15** 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. **16** 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. **17** 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.

VaccinesWork in 2022: Ten of our most-read stories

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

VaccinesWork is an award-winning digital platform hosted by Gavi, the Vaccine Alliance covering news, features and explainers from every corner of global health and immunisation. Launched in 2020, the VaccinesWork writers network now encompasses more than 70 independent journalists contributing news and features from over 40 countries. With 12 million page views across VaccinesWork in 2022, here are ten of the year's most-read feature stories from the community.

People waiting to vaccinate their children.

Credit: Aayushi Shukla

Getting routine immunisation back on track in India

With the pandemic under relative control, India is getting back on track with its nationwide routine immunisation programme through Mission Indradhanush 4.0.

From waiting 30-plus years for a polio vaccine to developing multiple vaccines for COVID-19, India has come a long way on its immunisation journey, while showing the potential of its health system. However, with focus switching to vaccinating people against COVID-19, routine immunisation took a back seat.

Read the full article by Aayushi Shukla

Health workers who have been trained to detect suspected cases of yellow fever.

Credit: Mike Mwaniki

Kenya rolls out yellow fever vaccine to fight first outbreak in a decade

Gavi and WHO to help deploy yellow fever vaccine to reduce the risk from the latest outbreak.

Kenya saw its first yellow fever outbreak in more than a decade. On 4 March 2022, the country's Ministry of Health (MoH) issued a yellow fever outbreak alert following the death of three people in Isiolo County, according to the World Health Organization (WHO). The first case was recorded on 12 January. Following the outbreak, WHO has assessed the public health risk as high at the national and regional levels.

Read the full article by Mike Mwaniki

Mothers bring their children for vaccination.

Credit: Huma Khawar

The female bridge: How a new link in the health care chain helps vaccines reach kids in under-immunised Lakki Marwat

In a culturally conservative part of northwestern Pakistan, mothers were disconnected from a very male healthcare system until female community workers – like Nusrat Bibi – built a bridge.

In a village called Masha Mansoor, some 20 women have gathered in the drawing room of a community elder. The room, known locally as a hujra, is a space usually reserved for men and, though this meeting is an all-female, informal affair, some of the women have kept their burqas on – a visual reminder, to outsider eyes, that Lakki Marwat is perhaps the most conservative part of an especially conservative province.

Read the full article by Huma Khawar

Health worker Michelline Uwimana treks to reach remote communities in Uganda

Credit: Gavi/2022/Nes Motion Media

A mountain to climb: often – too often – the "last mile" is a health worker's extra mile

Michelline Uwimana treks through the mountainous terrain of rural Uganda come rain or shine. The walk is gruelling, but the alternative – communities going without vital healthcare – would be worse.

One morning in late July, Michelline Uwimana of Kisoro, neat in a navy blue, skirted nurse's uniform and good sturdy sneakers, carried the rudiments of a health clinic into the mountains. The sky above Mukungu was scumbled with dust, the vegetation anaemic from lack of rain, and the weather so blustery along the ridges that Uwimana cut a figure in italics, wedging forward into the wind. Had it been April instead of July, it would have been wet instead of windy, the paths gummed with mud, but the nurse, her backpack, her vaccine cooler box, and armful of soft cardboard patient files would have been here just the same.

Read the full article by Maya Prabhu and George Stanley Nsamba

Twelve million vaccinations in three days: how Bangladesh used a pandemic lull to shore up its defences

Bangladesh's COVID-19 fatality rates are at an all-time low – but that hasn't stopped the country's vaccination programme from flooring the gas pedal.

Read the full article by Maya Prabhu

Credit: Gavi/2022/Saydul Fateheen Murad

Tackling stigma and misinformation to beat back hepatitis B in Uganda

Emma Lutamaguzi was diagnosed with hepatitis B in 2016. Now he's raising awareness to boost vaccine uptake and help vanquish the life-threatening liver infection.

Read the full article by Evelyn Lirri

Credit: Hepatitis Aid Organization

How involving men is boosting routine immunisation in Nigeria

Educating men in Lagos about the importance of immunisations in protecting their children's health is improving vaccine coverage.

Read the full article by Adesewa Adelaja

Credit: Adesewa Adelaja

Celebrating Nepal's typhoid conjugate vaccine introduction

The introduction of typhoid conjugate vaccine in Nepal is a great step forward in keeping children healthy and protected from typhoid.

Read the full article by Sagar Dahal

Credit: PATH/Rocky Prajapati

Pakistan's drive to end tuberculosis

TB, the single biggest killer among the world's infectious diseases, is a major concern in Pakistan. But a concerted government strategy to find and treat hidden patients all over the country is paying off.

Read the full article by Rahul Basharat

Credit: Rahul Basharat

Pakistan reignites polio vaccination drive

Civil society, media, local influencers, celebrities, religious scholars and frontline workers are all reinforcing the Pakistan government's fight against poliomyelitis.

Read the full article by Saadeqa Khan

Credit: Saadeqa Khan

Le site internet francophone de Gavi (gavi.org/fr) héberge VaccinesWork en français. Découvrez trois des récits de la communauté les plus lus en 2022.

A Madagascar, le défi de l'accès aux médicaments dans les régions reculées
Pour endiguer la rougeole, le Cameroun vaccine les enfants zéro-dose
On a parlé vaccins avec ... Jean-Pierre Mouanda, chef de quartier à Pointe-Noire au Congo

01

The vaccine goal

Introduce and scale up vaccines

"Vaccines protect our children's health and are a true testament to how far we humans have come."

Zagdbazar, speaking about his daughter, Enkhgerel, 16, a high school student who wants to become a doctor.
Read the full article

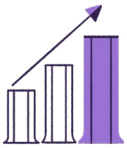
Erdene, Mongolia
Credit: Gavi/2023/Khasar Sandag

Key highlights

Including routine, preventive campaign[1] and COVID-19 vaccinations, the 57 Gavi-supported countries administered nearly three times as many vaccine doses in 2022 as in 2020.

1 Excluding polio vaccination campaigns.

40 Gavi-supported vaccine introductions and preventive campaigns took place in 2022 – in addition to **40 outbreak response vaccination campaigns** supported by Gavi.

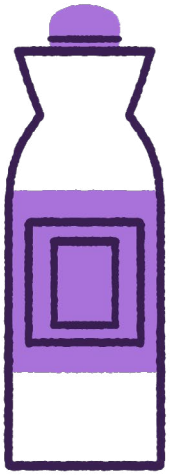


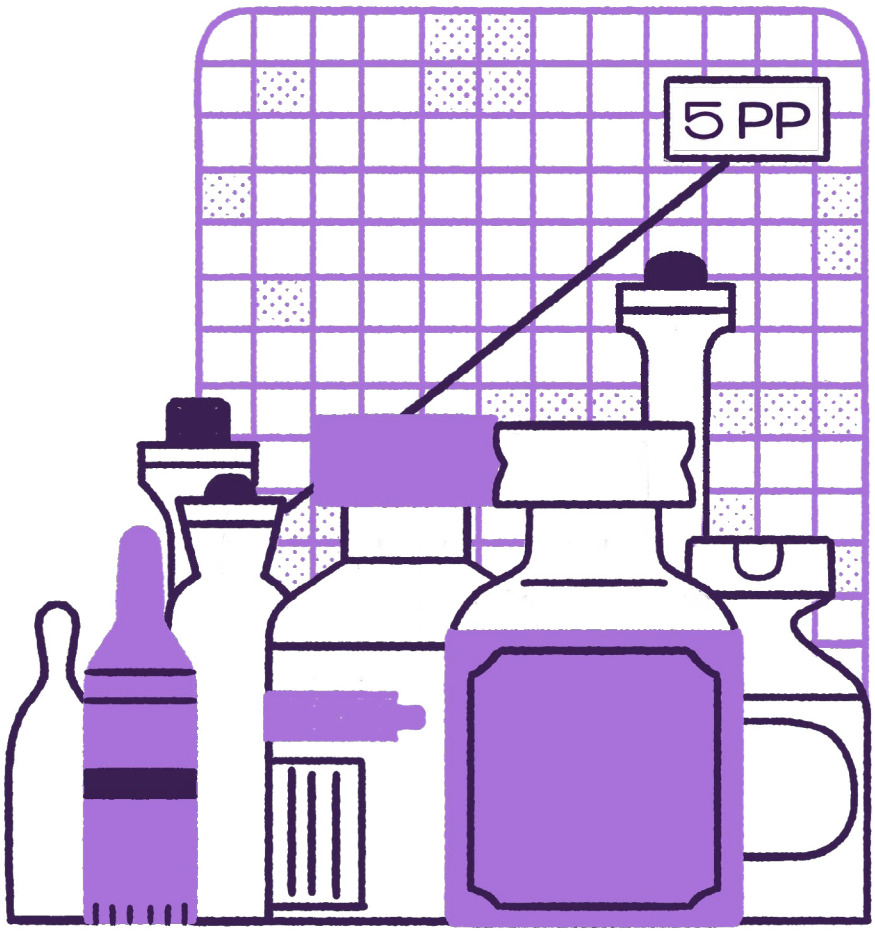
4 key SDG vaccines saw an increase in coverage among the 57 Gavi-supported countries since 2021.

20 countries accessed emergency stockpiles for cholera, Ebola, meningococcal and yellow fever vaccines a total of 33 times in 2022.

56%

Breadth of protection with vaccines in the Gavi portfolio is now higher in Gavi-supported countries (56%) than in the rest of the world (53%), and is up 5 percentage points from 2021.





Routine immunisation in 2022: from recovery to resilience

As anticipated, the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) released in July 2023 confirmed that Gavi, the Vaccine Alliance has helped countries reach over 1 billion unique children with routine immunisation since 2000. In 2022, Gavi-supported countries completed a total of 16 routine introductions against a target of 15, bringing to 29 the total introductions in 2021–2022. And coverage of the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) in the 57 lower-income countries supported by Gavi increased by 3 percentage points in 2022 – only 2 percentage points below 2019 levels.

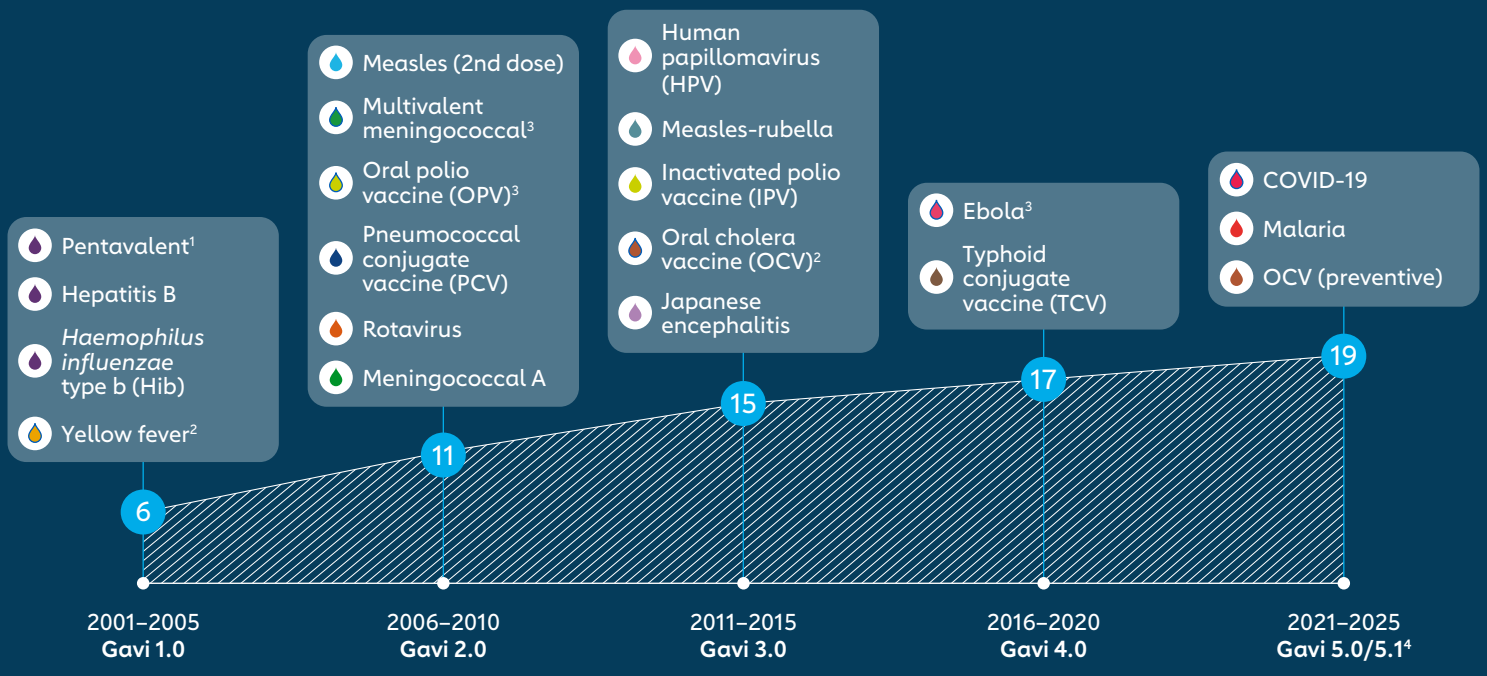
Breadth of protection increased by 5 percentage points in 2022 and now stands at 56%, remaining on track for the Gavi 5.0/5.1 target. Breadth of protection with vaccines in the Gavi portfolio is now higher in Gavi-supported countries (56%) than in the rest of the world (53%), meaning that children in Gavi-supported countries are better protected than children in other countries. Increases in coverage of the second dose of inactivated polio vaccine (IPV2), third dose of pneumococcal conjugate vaccine (PCV3), second dose of measles-containing vaccine (MCV2), first dose of rubella-containing vaccine (RCV1), last dose in the schedule for rotavirus vaccine (RotaC) and last dose in the schedule for human papillomavirus vaccine (HPVC) are driving the increase in breadth of protection.

Among Gavi-supported countries, HPV vaccine coverage increased during the pandemic, from 7% in 2019 to 10% in 2022 for HPVC. This was largely driven by countries introducing the vaccine into their national immunisation programmes, with five additional Gavi-supported countries introducing HPV vaccine in 2022. Coverage is expected to further increase in the coming years, with HPV vaccine programme revitalisation efforts strengthening programme delivery and ensuring quality routine introductions.

Gavi's vaccine portfolio has grown significantly over time

Outbreak response

Gavi supports vaccines against **19 infectious diseases** through **46 product presentations**



1 Diphtheria, tetanus, pertussis (DTP), hepatitis B, *Haemophilus influenzae* type b (Hib). **2** Gavi supports both preventive vaccination and emergency stockpiles. **3** Emergency stockpiles. **4** The Vaccine Investment Strategy (VIS) 2018 vaccine programmes that were unpaused in 2023 will be available as follows: The funding window for hexavalent vaccine and DTP boosters will open in October 2023, with first country introductions forecasted for the first quarter of 2025. The funding window for hepatitis B birth dose and rabies post-exposure prophylaxis (PEP) vaccines will open in the second quarter of 2024, with first country introductions forecasted in the third quarter of 2025. A funding window for preventive multivalent meningococcal conjugate vaccine (MMCV) will open pending a Board decision. Respiratory syncytial virus (RSV) vaccine will be available in the Gavi 6.0 strategic period, beginning in 2026, pending availability of product.

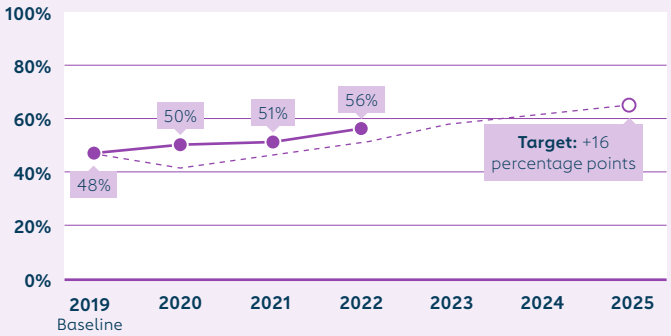
Results – vaccine goal strategy indicators

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

S1.1 Breadth of protection[1]

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

2022 progress: on track



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

2022 progress: The 57 Gavi-supported countries increased breadth of protection by 5 percentage points in 2022 to 56%. For the first time, breadth of protection in Gavi-supported countries was higher than in the rest of the world.

Data sources: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), WHO Joint Reporting Forum (JRF), 2023; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022

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

S1.2 Vaccine coverage

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

2022 progress: Across the four vaccines, the third dose of pneumococcal conjugate vaccine (PCV3) and the last dose in the schedule of human papillomavirus vaccine (HPVC) were trending slightly higher in 2022 than originally projected when Gavi 5.0 targets were set, whereas coverage of the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) and the second dose of measles-containing vaccine (MCV2) were off track but improving.

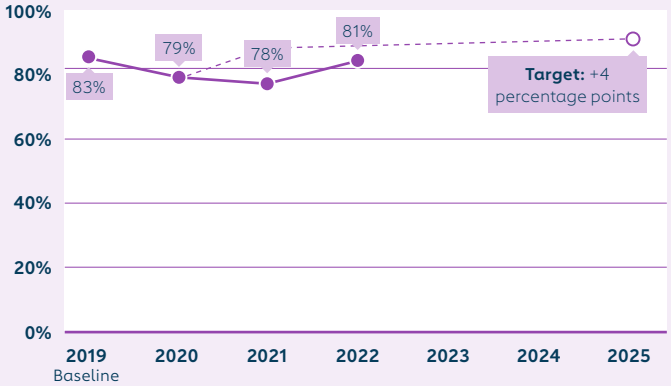
Data sources: Vaccine coverage: WUENIC, 2023; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022

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.

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.

2022 progress: DTP3 coverage in Gavi57 countries increased by 3 percentage points in 2022 and now sits 2 percentage points below 2019 levels.

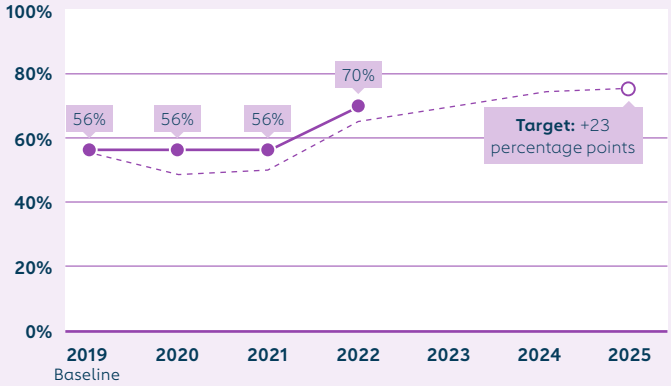
2022 progress: moderate delays/challenges



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

2022 progress: Among Gavi57 countries, PCV3 coverage was flat at 56% in 2019–2021 and has increased to 70% in 2022, slightly ahead of original projections.

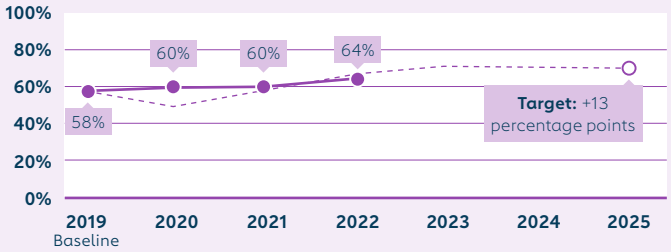
2022 progress: on track



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

2022 progress: MCV2 coverage among Gavi57 increased slightly from 2019 to 2021, from 58% to 60% respectively, before further improving to 64% in 2022, slightly behind original projections.

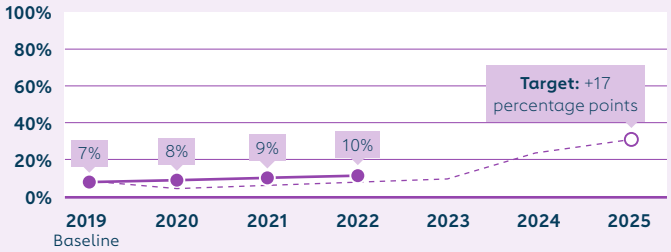
2022 progress: moderate delays/challenges



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

2022 progress: At the portfolio level, HPVC coverage has increased modestly among Gavi57 countries, from 7% in 2019 to 9% in 2021 and 10% in 2022, slightly ahead of original projections.

2022 progress: on track



S1.3 Rate of scale-up of new vaccines

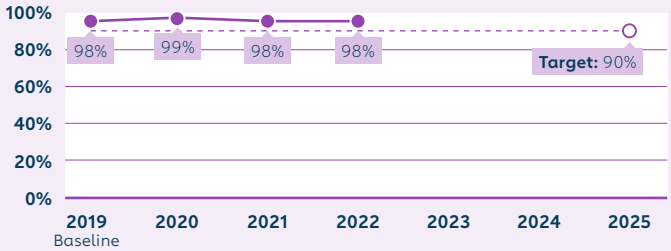
Coverage of routine vaccines PCV3, rotavirusC (last dose in schedule), MCV2 and yellow fever relative to benchmark vaccines (i.e. DTP3 for PCV3 and rotaC; MCV1 for MCV2 and yellow fever), within reference time frame for new introductions.

2022 progress: Coverage of MCV2 and yellow fever vaccine were both under the target of 90% relative coverage, with a decline in 2022. PCV3 and rotaC both exceed the benchmark, although rotaC declined in 2022, due to supply disruptions.

Data sources: Vaccine coverage: WUENIC, 2023; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022; vaccine introductions: Gavi, the Vaccine Alliance, 2023

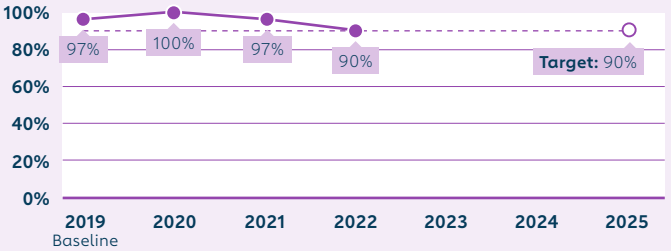
Third dose of pneumococcal conjugate vaccine (PCV3)

2022 progress: on track



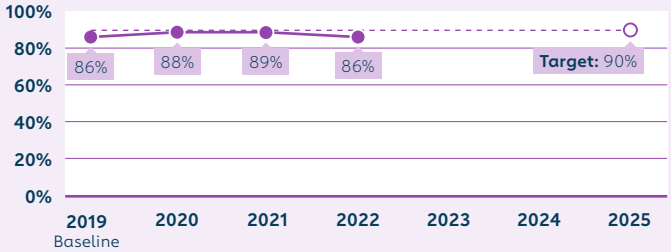
RotavirusC (last dose in schedule)

2022 progress: on track



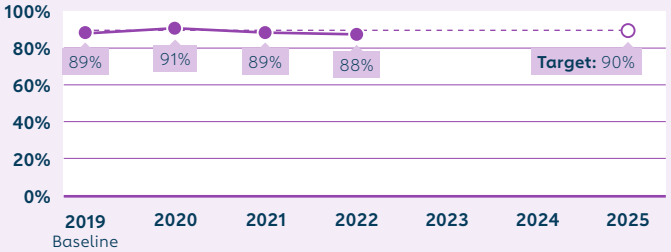
Second dose of measles-containing vaccine (MCV2)

2022 progress: significant delays/challenges



Yellow fever

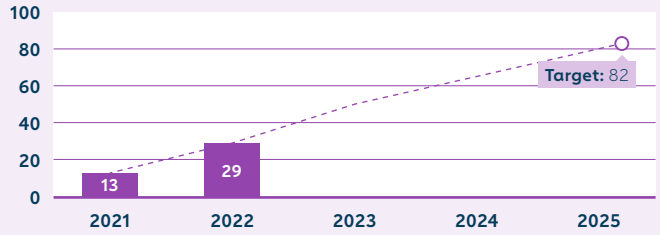
2022 progress: significant delays/challenges



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 support.[2]

2022 progress: on track



2022 progress: In 2022, 16 new routine introductions took place against a target of 15. The cumulative total for introductions in 2021–2022 is 29, which is on track against the target of 82 by 2025.

Data source: Gavi, the Vaccine Alliance, 2023

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

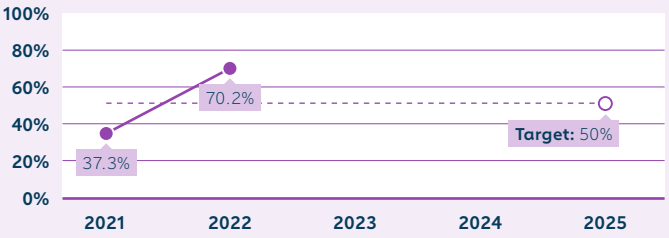
S1.5 Country prioritisation of vaccines

Extent to which countries use robust evidence to inform prioritisation of their vaccine programmes. Indicator has been in abeyance given the pause in rolling out the Vaccine Investment Strategy (VIS) 2018 vaccines during the COVID-19 pandemic; it will be reported in the 2024 Annual Progress Report.

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

2022 progress[3]: on track



2022 progress: In 2022, 70.2% of children aged under five previously unvaccinated against measles received an MCV dose among countries conducting a Gavi-supported preventive MCV campaign, an increase from 37.3% in 2021.

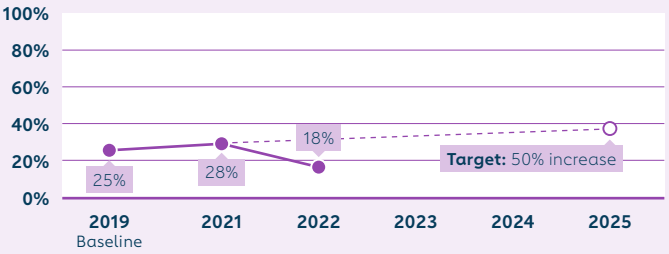
Data sources: World Health Organization MCV post-campaign coverage survey reports, 2023

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

S1.7 Timely detection of and response to outbreaks

% 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.

2022 progress: significant delays/challenges



2022 progress: In 2022, the proportion of globally supported outbreak responses which met the timely detection and response criteria was 18%, a significant decline from 28% in 2021. This decrease was driven by cholera and measles, which accounted for more than 70% of all internationally supported outbreak response vaccination campaigns.

Data sources: Routine reports from the International Coordinating Group (ICG) on Vaccine Provision, Measles & Rubella Partnership, Global Polio Eradication Initiative (GPEI), World Health Organization (WHO), national immunisation and disease surveillance programmes, 2023

Progress – 2022 updates on Gavi-supported vaccine programmes

Pentavalent vaccine

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

Pentavalent vaccine coverage in the 57 Gavi-supported countries increased from 0% in 2000 to 81% in 2022. While there were setbacks in coverage during the COVID-19 pandemic, coverage rates for the first and third doses of pentavalent vaccine are almost back to pre-pandemic levels. Efforts by Vaccine Alliance core and expanded partners to operationalise the zero-dose agenda have facilitated these improvements. By end 2022, more than 705 million children had been immunised with three doses of Gavi-funded pentavalent vaccine.

Type of support offered by Gavi	Routine immunisation
Introductions & campaigns in 2022	0
Total introductions & campaigns to end 2022	67[1]
Total reached to end 2022	>705m

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.

In September 2022, Indonesia, which is fully self-financing and accessed the Pneumococcal Advance Market Commitment (AMC) price for pneumococcal vaccines, commenced a phased nationwide introduction of pneumococcal conjugate vaccine (PCV), having piloted introduction of PCV in four provinces in 2021. In November 2022, Tajikistan introduced PCV into the routine immunisation system. Several advocacy events supported by the Global Forum on Childhood Pneumonia have profiled the opportunity, challenges and support needed by some countries identified by Gavi as fragile and conflict-affected that have yet to introduce PCV – including Chad, Somalia and South Sudan – successfully mobilising political interest to introduce pneumococcal vaccines.

Type of support offered by Gavi	Routine immunisation[2]
Introductions & campaigns in 2022	1
Total introductions & campaigns to end 2022	62[3,4]
Total reached to end 2022	>372m

2 Routine immunisation with or without catch-up. **3** In 2021, Indonesia piloted introduction of PCV in four provinces. The national PCV immunisation programme launched in September 2022. **4** Bhutan, Indonesia and Mongolia were fully self-financing at the time of pneumococcal conjugate vaccine (PCV) introduction and accessed the Pneumococcal Advance Market Commitment (AMC) price.

Rotavirus vaccine

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

Despite supply disruptions that affected all three Gavi-supported rotavirus vaccines, rotavirus vaccine coverage across the 57 Gavi-supported countries increased by an aggregate 2 percentage points in 2022, reaching 65%. Nigeria introduced the vaccine with a phased approach in August, reaching more than 900,000 children by year end; significant uptick in coverage is expected for 2023. Working with manufacturers, Gavi helped seven countries[5] switch to an alternative rotavirus vaccine to mitigate a significant disruption in supply of the most widely used product; however, coverage levels were impacted, with reductions ranging between 4 percentage points (Cameroon) and 68 percentage points (Kenya). Efforts are underway to catch up missed children (aged up to 24 months).

Type of support offered by Gavi	Routine immunisation
Introductions & campaigns in 2022	1
Total introductions & campaigns to end 2022	53[6]
Total reached to end 2022	>291m

5 Cameroon, Kenya, Senegal, Sudan, UR Tanzania, Zambia, Zimbabwe.
6 Kiribati introduced rotavirus vaccine independently of Gavi support.

Human papillomavirus (HPV) vaccine

Protects against the main causes of cervical cancer, from which about 179,000 women died in 2020 in lower-income countries.

In 2022, 5 more countries successfully launched their HPV vaccine national programme with Gavi support, bringing the total to 32 countries – fully immunising more than 16.3 million girls since 2014. Twelve of these countries introduced and implemented multi-age cohort (MAC) vaccination, including 4 countries in 2022. In April 2022, the Strategic Advisory Group of Experts on Immunization (SAGE) recommended a one- or two-dose schedule for HPV vaccine; subsequently, the WHO position paper was released in December 2022. In response to this potential gamechanger for Gavi's HPV vaccine programme – and to overcome the challenges and impact of the COVID-19 pandemic on HPV vaccine delivery – in December 2022, the Gavi Board approved the revitalisation of Gavi's HPV vaccine programme. This revitalisation, closely developed with Alliance partners, committed to reach 86 million adolescent girls with HPV vaccine by 2025 through reinforced support to countries for HPV vaccine introductions, including: delayed MAC catch-up campaigns; Targeted Country Assistance (TCA; approximately US$ 33 million); and health system strengthening (HSS) support (US$ 40 million). In addition, US$ 15 million was approved for a learning agenda to generate evidence on feasible, effective integrated approaches to reach adolescents with HPV vaccine.

Type of support offered by Gavi	Demonstration programme	National programme[7]	
		Routine	MAC[8]
Introductions & campaigns in 2022	0	5	4
Total introductions & campaigns to end 2022	30	32[9,10]	12
Total reached to end 2022		>14.5m girls	>1.7m girls[11]

7 Countries can apply for support for: routine introduction; or routine introduction with multi-age cohort (MAC). **8** 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.
9 In addition to five routine introductions in 2022, this figure has been updated to include routine introductions in Armenia, Georgia and Republic of Moldova that commenced with a Gavi-supported demonstration programme. **10** Bhutan introduced HPV vaccine independently of Gavi support.
11 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.

By 2018, all Gavi-supported countries had introduced the first dose of inactivated polio vaccine (IPV1) into their routine immunisation schedules – reaching a coverage rate of 81% in 2022. All but six countries have implemented catch-up vaccination activities for birth cohorts missed during the period of global supply constraints (2016–2019). The switch from a one-dose schedule to a two-dose schedule (IPV2) is progressing since Gavi's support window for IPV2 opened in 2021: by end 2022, 34 out of 63 eligible countries had switched to a two-dose schedule. The impact of the COVID-19 pandemic, capacity gaps and multiple competing priorities have resulted in delayed introduction for countries already approved to switch to IPV2 – and fewer new applications for IPV2 and IPV catch-up support. Twenty-three countries have not yet applied for IPV2.

Type of support offered by Gavi	Routine immunisation	Catch-up vaccination[12]
Introductions & campaigns in 2022	0	2
Total introductions & campaigns to end 2022	71[13,14]	27
Total reached to end 2022	>393m	>17m[15]

12 IPV catch-up vaccination targets children missed due to the global supply constraints in the period from 2016–2019, and related programme delays and disruptions. **13** All 73 countries have introduced inactivated polio vaccine (IPV), while 34 countries have also switched to using a second dose of inactivated polio vaccine (IPV2). Two of the 73 countries introduced IPV1 independently of Gavi support. **14** IPV is supported by Gavi irrespective of a country's transition status. Indonesia and Viet Nam were fully self-financing at the time of their Gavi-supported IPV introduction.
15 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.

In 2022, Bangladesh applied for Japanese encephalitis vaccine support (subnational campaign and routine introduction in three divisions). The application was endorsed by the Independent Review Committee (IRC) in 2023, a re-review of a 2022 submission. Among the five countries that introduced the vaccine with Gavi support, Bangladesh is only the second country to access co-financing of Japanese encephalitis vaccine since it was approved by the Board in 2016. Partnership engagement is crucial to support countries not only to develop a sound application, but also to plan and implement immunisation activities. It is important to consider other immunisation activities in the country (e.g. TCV campaigns) to apply lessons learned and integrate when possible.

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns[16]
Introductions & campaigns in 2022	0	0
Total introductions & campaigns to end 2022	5[17]	5
Total reached to end 2022	>7m	>17.7m

16 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. **17** 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 128,000 lives in 2021.

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[18]	MR catch-up[19] and follow-up	Managed by the Measles & Rubella Partnership
Introductions & campaigns 2022	6	6	8	**Reached in 2022**: ~11.3m
Introductions & campaigns to end 2022	49[20]	32	64	
Total reached to end 2022	>172m	>366m	>863m[21]	~823.3m

In 2022, 14 countries launched measles or measles-rubella follow-up campaigns, including four countries facing challenges of conflict and fragility – for example, Niger, which achieved an impressive 93% coverage. Also in 2022, five countries successfully introduced the second dose of measles-containing vaccine (MCV2) into their routine immunisation programmes; only three countries remain to launch MCV2. Pakistan introduced two doses of rubella-containing vaccine into the routine immunisation programme (which already included MCV2). Among Gavi57 countries, there has been a gradual increase in routine coverage from 2021 to 2022: MCV1 increased from 77% to 79%; and MCV2 improved from 60% to 64%. The impact of the COVID-19 pandemic on routine immunisation coverage – as well as delayed, low-coverage preventive campaigns – have led to large measles outbreaks in Gavi-supported countries. The Outbreak Response Fund, managed by the Measles & Rubella Partnership and funded by Gavi, supported ten countries[22] with US$ 16 million to respond to large and disruptive outbreaks in 2022. Competing priorities and unforeseen events negatively impacted the planning, implementation and measurement of campaigns.

18 Follow-up campaigns generally target children aged 9–59 months based on epidemiological needs. **19** One-off, nationwide catch-up campaigns target all children aged 9 months to 14 years.
20 Chad, Democratic Republic of the Congo, Guinea, Guinea-Bissau, Pakistan and Uganda introduced the second dose of measles-containing vaccine (MCV2) and rubella-containing vaccine (RCV) into the routine immunisation programme. **21** This figure now includes more than 300 million people reached through measles-rubella catch-up campaigns in India from 2017–2019, which was previously unreported.
22 Afghanistan, Cameroon, Democratic Republic of the Congo, Ethiopia, Liberia, Niger, Syrian Arab Republic, Tajikistan, Yemen, Zambia.

Meningococcal A vaccine

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

Type of support offered by Gavi	Routine immunisation	Campaigns	
		Mass	Catch-up
Introductions & campaigns in 2022	1	0	2
Total introductions & campaigns to end 2022	14	24	10
Total reached to end 2022	>51m	>344m	

Benin introduced meningococcal A vaccine into the routine immunisation programme in early 2022, followed by a catch-up campaign targeting children aged one to nine years, achieving 89% coverage. No new applications were received in 2022, meaning that eight countries conducted a preventive mass vaccination campaign more than five years ago but have not yet introduced the vaccine into the routine immunisation programme.

Meningococcal vaccines stockpile

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

The multivalent meningococcal conjugate vaccine (MMCV) was licensed in India in 2022 – a critical step to include this new vaccine in the meningitis outbreak response stockpile – as it is cheaper and can be produced on a larger scale than the other conjugated vaccines available in the market. Niger has reported *Neisseria meningitidis* C outbreaks in Zinder region in 2021 and 2022. Globally, 502,182 meningococcal vaccine doses were approved for outbreak response in 2022 – all for Niger. This demonstrates the need to develop robust preventive and reactive vaccination strategies for outbreak response in countries at risk of meningitis outbreaks, in view of the MMCV licensure and upcoming prequalification.

Type of support offered by Gavi	Stockpile
Campaigns in 2022	Doses accessed for outbreak response 2x by 1 country Repurposed doses from the stockpile for preventive campaigns accessed 1x by 1 country
Total campaigns to end 2022	Accessed 57x by 16 countries
Total doses shipped to end 2022	>26m[23]

23 Historical review of data and indicators is in progress.

Oral cholera vaccine (OCV)

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

In 2022, cholera outbreaks were reported across the globe, with 30 countries reporting cholera transmission. Overall, 32.7 million doses of oral cholera vaccine (OCV) were shipped to vaccinate 28.1 million people in areas at high risk of cholera transmission or experiencing outbreaks. The large majority of OCV doses available in 2022 were used for outbreak response vaccination in Bangladesh, Cameroon, Ethiopia, Haiti, Malawi, Nepal, Niger, Pakistan, Somalia and Syrian Arab Republic. In view of the limited global availability of OCV and surge in demand, the International Coordinating Group (ICG) on Vaccine Provision, following Strategic Advisory Group of Experts on Immunization (SAGE) guidance, recommended the use of a single-dose strategy for outbreak response. Five countries (Democratic Republic of the Congo, Nigeria, South Sudan, Yemen and Zambia) conducted targeted preventive cholera vaccination, while other planned preventive vaccination campaigns were put on hold to allow OCV doses to be prioritised for emergency response needs. In 2023, the focus will be on supporting countries to detect and respond in a timely manner to outbreaks; and to develop and implement cholera prevention and control plans – including supporting countries to apply to Gavi for multi-year support for preventive vaccination campaigns and the procurement of rapid diagnostic tests to improve cholera surveillance.

Type of support offered by Gavi	Stockpile[24]
Campaigns in 2022	Accessed 23x by 13 countries
Total campaigns to end 2022	Accessed 125x by 24 countries
Total doses shipped to end 2022	~130m

24 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.

Oral cholera vaccines douse a swelling outbreak in populous Dhaka

After researchers spotted an uptick in patients hospitalised with cholera in the capital city, Bangladesh launched a two-part vaccination campaign to bring the disease to heel. Read the full article

Credit: icddr,b

COVID-19 vaccine

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

Type of support offered by Gavi	COVAX support
Countries & territories reached to end 2022	146
Total doses shipped to end 2022	~1.88bn

COVAX reached the milestone of 1 billion doses shipped to 144 countries and territories in January 2022, just one year after the first COVAX-supplied vaccine was administered in a lower-income country. By December 2022, nearly 1.9 billion doses had been shipped, 90% to Gavi COVAX AMC lower-income countries. Supported by the COVID-19 Vaccine Delivery Partnership (CoVDP) – a collaboration across Alliance partners – the number of AMC countries with less than 10% coverage reduced from 34 in January to just 7 by December. Lower income countries made significant progress, covering 53% of their population with complete primary series (i.e. two doses), compared to 64% globally; and protecting high-risk populations: 82% of health care workers and 67% of older adults (compared to high-income countries at 87% and 92%, respectively).

By end 2022, as COVAX supplies continued to ramp up and more people were reached, Imperial College London estimates that 2.7 million deaths were averted across AMC countries by COVAX vaccines, with the total proportion of deaths averted attributable to COVAX rising to 34% across AMC countries (excluding India). Meanwhile, nearly 50% of doses used by governments in humanitarian settings were supplied by COVAX. Around US$ 1 billion in COVID-19 vaccine Delivery Support (CDS) was disbursed to 87 countries to help reach their vaccination goals. The impact of these investments – upscaling ultra-cold chain (UCC) units, strengthening routine immunisation and digitising health systems – will be felt for decades to come. The COVID-19 vaccine supply landscape saw a shift in 2022, and COVAX was able to meet 100% of countries' requested supply.

Which lower-income countries saw the biggest COVID-19 vaccination coverage gains in 2022?

Throughout 2022 COVAX helped lower-income governments to roll out jabs and launched an initiative to help those furthest behind improve. So which countries made the biggest strides in coverage? The answer may be surprising. Read the full article

Credit: UNICEF/2021

Ebola virus disease (EVD) vaccine

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

Type of support offered by Gavi	Stockpile
Campaigns in 2022	Accessed 2x by 1 country Repurposed doses from the stockpile for preventive vaccination of frontline workers accessed 1x by 1 country
Total campaigns to end 2022	Accessed 4x by 2 countries
Total doses shipped to end 2022	18.6k

Two Ebola virus disease (EVD) outbreaks were reported in 2022, in Équateur and North Kivu provinces of the Democratic Republic of the Congo (DRC). Both outbreaks of Zaire ebolavirus were rapidly contained, with only six cases reported overall. Outbreak response activities included the vaccination of 2,654 people. In addition, 12,000 Ebola vaccine doses with close expiry date were repurposed for preventive use in Uganda – made possible by the rapid control of EVD in 2021 and 2022 and, therefore, the limited use of the global Ebola vaccine stockpile. In 2021, Gavi helped launch and continues to support a global stockpile to respond to EVD outbreaks. However, currently there are no licensed vaccines against other viral haemorrhagic fevers, such as Sudan ebolavirus and Marburg virus disease. In September 2022, an outbreak of Sudan ebolavirus was notified in Uganda; during the outbreak, a total of 164 cases (142 confirmed; 22 probable) and 77 deaths (55 confirmed cases; 22 probable cases) were reported. Despite the rapid response and country commitment to test available candidate vaccines, vaccine trials were not conducted, because the first doses of candidate vaccine did not arrive in Uganda until just before the outbreak concluded – demonstrating the need for a mechanism that ensures timely shipment and use of candidate vaccines for diseases with high epidemic potential.

Typhoid conjugate vaccine

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

Type of support offered by Gavi	Routine immunisation	Catch-up campaigns[25]	Outbreak response campaigns
Introductions & campaigns in 2022	1	1	0
Total introductions & campaigns to end 2022	4	4	1
Total reached to end 2022	>10.5m	~44.2m	>325k

25 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.

In April 2022, Nepal introduced typhoid conjugate vaccine (TCV) into the national immunisation schedule, with a successful catch-up campaign for children and adolescents aged 15 months up to 15 years. Vaccine cards included information on all routine immunisations – and safe water, sanitation and hygiene (WASH) behaviours – and were used by vaccinators to identify children missing other routine vaccines (e.g. measles). In late 2022, Pakistan completed the national TCV introduction, including implementing the third and final phase of the catch-up campaign in extremely difficult conditions following nationwide flooding and displacement. Administrative coverage was 104% and included some displaced communities who had moved into urban areas that were targeted for the campaign. Survey coverage was 91%. Globally, meetings were organised in the South-East Asian, African and Eastern Mediterranean regions to share experience, new evidence and learning between global partners, academic institutions and country representatives; and advance the roll-out of TCV among Gavi-supported countries. Key discussions related to gathering evidence needed for TCV introduction decision-making; and sharing learning from countries that had recently introduced the vaccine. One key challenge that countries face is to accurately diagnose typhoid infection with currently available diagnostic tools; and the resulting lack of reliable burden data continues to impede national decision-making around the use of TCV in routine immunisation programmes. In response, the Gavi Board approved funding to catalyse bringing to market validated, accurate typhoid diagnostic tests; and to procure these tests for countries that require additional evidence on typhoid burden for vaccine decision-making.

Academic article published by Gavi staff: Progress in the Typhoid Conjugate Vaccine Program Rollout Supported by Gavi During the COVID-19 Pandemic and the Path Forward

Yellow fever vaccine

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

Type of support offered by Gavi	Routine immunisation	Mass Campaigns	Stockpile
Introductions & campaigns in 2022	1	1	Accessed 6x by 5 countries
Total introductions & campaigns to end 2022	19	17[26]	Accessed 73x by 21 countries
Total reached to end 2022	>157m	>232m	>78m[27] doses shipped

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

In October 2022, Uganda introduced yellow fever vaccine into the routine immunisation system during Integrated Child Health Days (ICHD). This marks a significant milestone in yellow fever prevention, as now there are only two countries at high risk of yellow fever that are pending routine introduction: Ethiopia and South Sudan. However, routine coverage remains suboptimal in most countries in the WHO African Region at high risk of yellow fever, with some lagging behind measles vaccine coverage. The Republic of the Congo implemented a preventive mass vaccination campaign (PMVC) targeting more than 4 million people (aged 9 months to 60 years), integrated in some areas with measles vaccination and vitamin A. Nigeria and the Democratic Republic of the Congo (DRC) continued roll-out of multi-year phased campaigns. DRC launched a campaign in three provinces (South Kivu, Maniema, Sankuru), while Nigeria implemented an integrated campaign with measles and meningococcal A vaccines in additional states. Several countries suffered yellow fever outbreaks in 2022, including several where yellow fever vaccines are included in the routine immunisation schedule and that had previously conducted PMVCs. Overall, this resulted in six outbreak response requests approved in 2022 to vaccinate 4.2 million people in five countries. This illustrates the need to sustain disease surveillance efforts; develop strategies to catch up individuals who have missed vaccination; and improve outbreak response readiness, especially in urban settings where the risk of amplification of transmission is high.

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

Due to rounding, some figures may not add up precisely to the totals.

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

02

The equity goal

Strengthen health systems to increase equity in immunisation

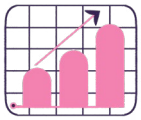
"I got vaccinated against HPV when I was 10. There are so many rumours around the vaccine. Certification that the vaccines are genuine, and not fake, would help people to trust it."

Nakate, 16, who wants to become a TV presenter.
Read the full article

Kampala, Uganda
Credit: Gavi/2023/Esther Ruth Mbabazi

Key highlights

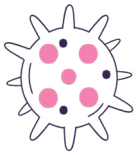
In Gavi 5.0/5.1, health system strengthening (HSS) support prioritises equity in immunisation delivery, to reduce the number of zero-dose and under-immunised children.



2.6 million more children received basic routine immunisations through Gavi-supported health systems in 2022 than in 2021.

47 countries have installed more than 65,000 CCE units procured by UNICEF Supply Division through Gavi's CCEOP – nearly 13,000 in 2022 alone.

17.2 million immunisation sessions were reported in Gavi-supported countries in 2022.



25 Gavi-supported countries increased MCV1 coverage from 2021 to 2022, but measles immunity gaps remain a significant concern.

81%

In 2022, DTP3 coverage in Gavi-supported countries rebounded to 81% after two years of decline (compared to the 84% global average).

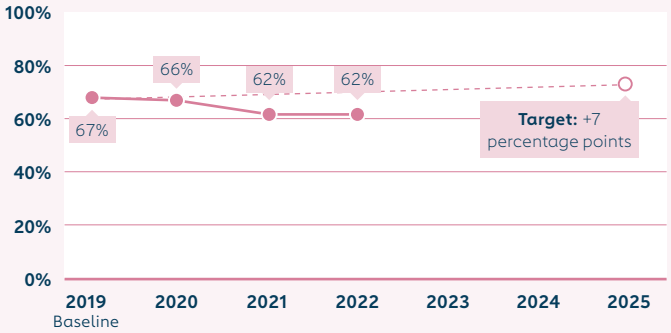
Results – equity goal strategy indicators

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

S2.1 Geographic equity of DTP3 coverage

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

2022 progress: significant delays/challenges



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

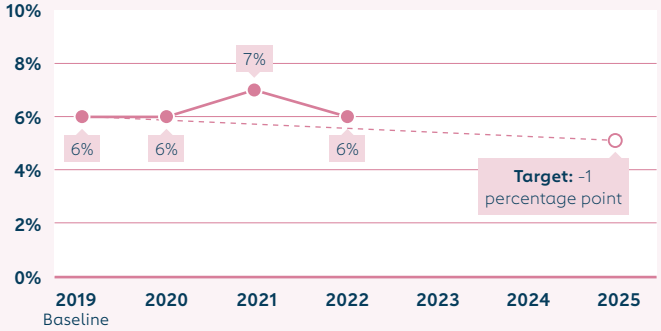
2022 progress: Geographic equity of DTP3 coverage remained at 62% in 2022, down from 67% in 2019, demonstrating that the most vulnerable districts had not yet recovered from the impact of the COVID-19 pandemic. There is additional uncertainty around coverage levels and trends in low-coverage districts, because subnational data is frequently observed to have data quality issues (e.g. inaccurate estimates of population size and movement; incomplete reporting).

Data source: WHO/UNICEF Joint Reporting Form, 2023

S2.2 DTP drop-out

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

2022 progress: moderate delays/challenges



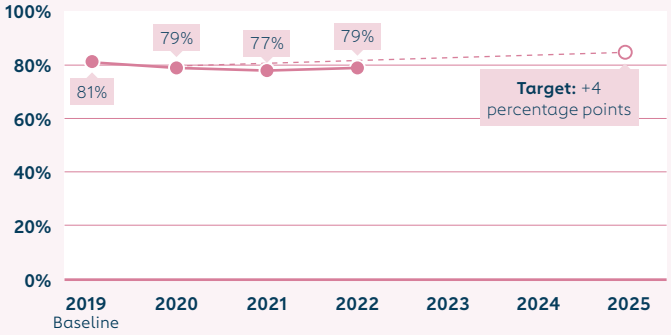
2022 progress: DTP drop-out increased overall in Gavi57 countries, from 6% in 2019 to 7% in 2021, before declining back to 6% in 2022. In 2022, countries recovered to 2019 levels; this progress must be maintained to reach the target of a 1 percentage point reduction by 2025.

Data source: Vaccine coverage: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2023; 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 through routine immunisation, as a measure of access.

2022 progress: moderate delays/challenges



This indicator aims to measure access to the first dose of measles-containing vaccines through routine immunisation.

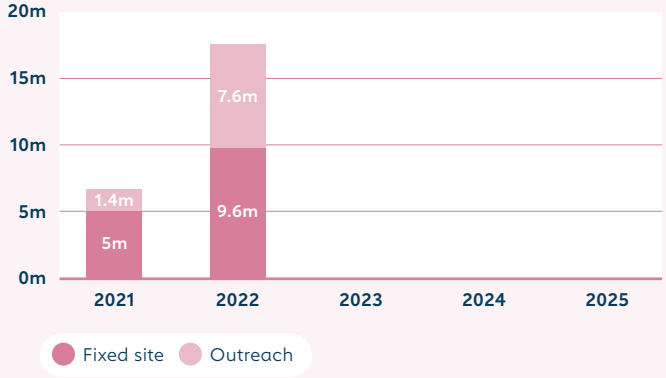
2022 progress: MCV1 coverage patterns in 2022 were similar to those of DTP3. MCV1 coverage in Gavi57 countries decreased by 4 percentage points between 2019 and 2021, falling from 81% to 77%, before increasing by 2 percentage points to 79% in 2022.

Data source: Vaccine coverage: WUENIC, 2023; population estimates: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022

S2.4 Immunisation sessions conducted

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

2022 progress: New strategy indicator for Gavi 5.0/5.1; no target set.

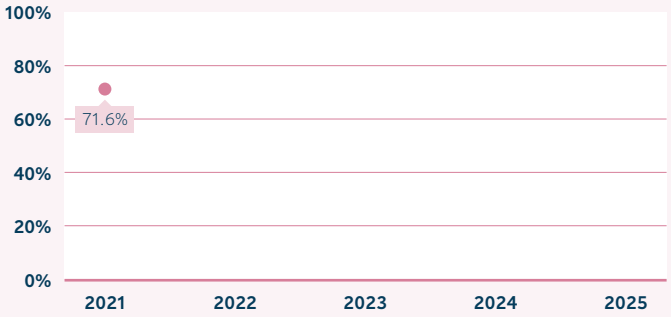


2022 progress: In 2022, Gavi-supported countries reported 17.2 million immunisation sessions were conducted, with 9.6 million taking place in fixed site facilities and 7.6 million in outreach facilities. Twenty-eight Gavi-supported countries reported data on this indicator in 2022, up from 26 in 2021. This is a new indicator that was recently added to the WHO/UNICEF electronic Joint Reporting Form (eJRF); therefore, time trends likely reflect changes in reporting completeness.

Data source: WHO/UNICEF Joint Reporting Form, 2023

S2.5 Stock availability at facility level

2022 progress: New strategy indicator for Gavi 5.0/5.1; no baseline; no target set.



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

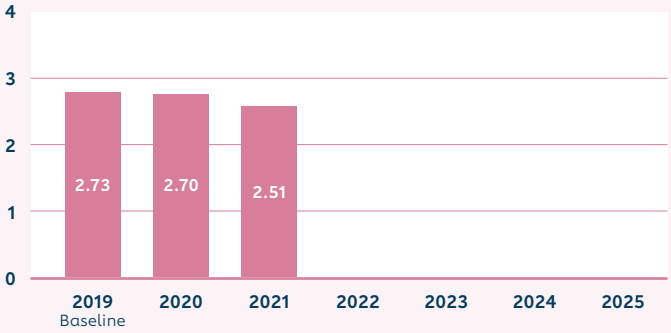
2022 progress: In 2021, the reported average full stock availability of DTP-containing and measles-containing vaccines across the 57 Gavi-supported countries was 71.6%. However, in 2022, this data was not collected through eJRF, as some WHO regions were concerned about the lack of reliable country systems to capture this indicator. Instead, the eJRF collected information from countries to ascertain presence of a system to measure vaccine availability at the service delivery level, which will be used to help determine if the eJRF will include this question for a subset of countries or regions in future cycles. In parallel, UNICEF has led Alliance efforts to continue to scale up the Thrive360 platform to strengthen stock visibility and monitoring. The composite Effective Vaccine Management (cEVM) score reflects the efforts of the Gavi Secretariat and Alliance partners to support countries to improve the performance of their immunisation supply chains, and ensure that equity and efficiency goals are met. In 2022, the cEVM score for Gavi-supported countries was 73.3%, a slight increase from 72.5% in 2021.

Teodoro and Celia, of Santiago de Okola, Bolivia, with their children, Nohemi and Teo. Both children are fully vaccinated.

Credit: Gavi/2023/Sara Aliaga Ticona

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

2022 progress: New strategy indicator for Gavi 5.0/5.1; no target set.



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

2022 progress: Following an external review of the Alliance approach to build country EPI management capacity, the refinement of leadership, management and coordination (LMC) strategy was paused due to COVID-19 pandemic-related reprioritisation, to avoid burdening country EPI teams. (This indicator had increased significantly in Gavi's 2016–2020 strategic period, before the impact of the COVID-19 pandemic.) Ongoing LMC support continued, with additional surge management support if requested. Testing and piloting new approaches was initially paused but has resumed in 2023. Reporting for this indicator to resume in 2024.

Data source: Gavi institutional capacity assessment tool, 2022

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

2022 progress: New strategy indicator for Gavi 5.0/5.1; no target set.

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.

2022 progress: Among the 48 Gavi57 countries reporting in 2022, 33 (69%) implemented one or more strategies to address under-vaccination; 15 countries did not implement any strategies; and 9 countries did not report on this indicator.[1] The most common strategies: behaviourally informed interventions, health care worker training and interventions to improve the service experience. Among nine countries that recently completed surveys on the behavioural and social drivers (BeSD) of vaccine uptake, a key barrier to demand was the cost to caregivers of taking children to be vaccinated (e.g. transportation, lost wages). In partnership with the Bill & Melinda Gates Foundation, Gavi plans to support countries in scaling up BeSD surveys and tracking key demand indicators, to enable more robust monitoring and measurement of demand trends and interventions in the future.

Data source: WHO/UNICEF Joint Reporting Form (JRF), 2023

1 In 2021, 49 Gavi57 countries reported having implemented behavioural or social strategies to address under-vaccination. This indicator has been significantly changed since 2021, so these values are not comparable.

S2.8 Addressing gender-related barriers to immunisation

2022 progress: New strategy indicator for Gavi 5.0/5.1; no target set.

Of the nine health system strengthening (HSS) and/or Equity Accelerator Fund (EAF) applications that were reviewed and approved by the Independent Review Committee (IRC) in 2022, six applications (67%) included interventions to address gender-related barriers to immunisation. The Full Portfolio Planning (FPP) process identified various gender-related barriers experienced by caregivers and health workers, including: long, and in some cases unsafe, distances to health facilities; discomfort with interactions with men vaccinators; and lack of time to bring children for immunisation services. Quality of planned programming remained variable; therefore, the Alliance is scaling up technical assistance to support countries in developing and implementing robust gender programming.

Data sources: Gavi health system strengthening (HSS) and Equity Accelerator Fund (EAF) applications, 2022

Niger is one of the youngest countries in the world, with children representing more than half its population. The country's new "Operation Koutouho" is helping ensure none of them miss out on life-saving vaccines. Read the full article

Credit: Gavi/2022/Isaac Griberg

Progress – 2022 equity updates

In 2022, health systems reached 68 million unique children with Gavi-supported routine vaccines, administering 9% more routine vaccine doses than in 2019.

Achievements and progress

In 2022, the 57 lower-income countries supported by Gavi reached roughly the same number of children with routine vaccines as in 2019, with coverage not fully returning to 2019 levels due to population growth, particularly in Africa. This is a testament to the hard work of countries and the Alliance to recover quickly from the COVID-19 pandemic and shows the resilience of immunisation programmes in Gavi-supported countries.

With nine million more children born each year in Gavi-supported countries today than in 2000, health systems need to protect growing birth cohorts from infectious diseases, while also being extended to reach communities with large numbers of zero-dose children. In 2022, Gavi supported health systems to deliver basic routine immunisations to 2.6 million more children than in 2021.

Routine coverage rebounded in Gavi-supported countries in 2022 after two years of decline, with coverage for the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) in the 57 Gavi-supported countries increasing by 3 percentage points (pp) from 2021, reaching 81% in 2022. Recovery in India, Myanmar, United Republic of Tanzania and Pakistan in particular drove the overall rebound in routine coverage, although many Gavi-supported countries (23) increased routine coverage in 2022.

The increase in DTP3 coverage was concentrated in lower middle-income countries, with many low-income countries not yet increasing coverage – indicating the work remaining to help the most vulnerable health systems recover.

Coverage for the first dose of measles-containing vaccine (MCV1) increased from 77% in 2021 to 79% in 2022, following a 4 percentage point decline from 2019 to 2021. While 25 Gavi-supported countries increased MCV1 coverage from 2021 to 2022, measles immunity gaps remain a significant concern given the high transmissibility of the virus and risk for serious outbreaks.

Laser focus on zero-dose agenda, equity in immunisation

The number of zero-dose children in Gavi-supported countries has decreased to 10.2 million in 2022, down 17% from 12.4 million in 2021. This represents impressive progress in recovering routine immunisation coverage, but the number of zero-dose children is still higher than the estimated value of 9 million in 2019; and a further 34% reduction will be required to meet the Gavi 5.0/5.1 2025 target.

Zero-dose children account for 70% of under-immunised children in Gavi-supported countries and often belong to households that suffer from multiple deprivations, face gender-related barriers to immunisation and are not reached by any health services. These zero-dose children are also at the highest risk of disease outbreaks and deaths.

Reaching zero-dose children with life-saving immunisation is the foundation of Gavi's equity goal. In 2022, Gavi launched the Zero-Dose Immunization Programme (ZIP), a new partnership between Gavi, the International Rescue Committee and World Vision dedicating up to US$ 100 million to reach zero-dose children living in displaced communities, and fragile and conflict settings, across 11 countries in the Horn of Africa and the Sahel.

Accelerating new programming

In 2022, Gavi 5.0 programming progressed as five countries were fully approved for Full Portfolio Planning (FPP). A further two countries were approved for standalone Equity Accelerator Fund (EAF) funding to extend health systems to reach zero-dose children and missed communities. All five fully approved FPP countries adhered to the Board decision requiring all Gavi-supported countries to allocate at least 10% of their combined HSS, EAF and Targeted Country Assistance (TCA) ceilings for activities undertaken by civil society organisation (CSO) partners. Based on the approved funding applications, a combined 29%, or US$ 95.7 million, has been allocated to CSOs. Of this amount, US$ 24.7 million has been allocated to local CSOs.

Countries are increasing investment and strengthening diagnostics on demand, and on gender-related barriers to immunisation; but the quality of proposed programming remains variable and could be further tailored. The Alliance is scaling up technical assistance in these critical areas to help countries measure, understand and address the social and behavioural drivers of immunisation.

Continued scaling of innovations

Forty-seven Gavi-supported countries have installed more than 65,000 CCE units procured by UNICEF Supply Division through Gavi's Cold Chain Equipment Optimisation Platform (CCEOP) – nearly 13,000 of which were installed in 2022 alone. 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 June 2022, the Gavi Board approved top-up funding for catalytic investments in select proven innovations on an as-needed basis, particularly for countries with insufficient HSS/Ops funding to scale up; the first applications were received, and disbursements made, in 2023.

2022 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. This encompasses:

- identifying and addressing underlying gender-related barriers faced by caregivers, adolescents and health workers;
- in the specific pockets where they exist, overcoming differences in children's immunisation coverage among genders; and
- encouraging and advocating for women's and girls' full and equal participation in decision-making related to health programmes and well-being.

Due to gender norms, it is often women's responsibility to bring children for vaccination; yet women in lower-income countries often face gender-related barriers to doing so, including: time constraints due to high workload; limited funds for transport; and lack of access to information on disease prevention. In many countries, vaccinators are predominantly women, and they may face barriers in delivering vaccine services due to gender norms, sexual harassment and assault, unsafe working conditions, poor or irregular pay, and heavy workload.

At country level, implementation of Gavi's Gender Policy is a work in progress. While countries' HSS grant applications demonstrate increasing understanding of and focus on addressing gender-related barriers, countries don't have the support and expertise they need: there are few or no gender experts from government, core partners or expanded partners involved in the design of countries' National Immunisation Strategy (NIS) or Gavi grant applications; and despite women's significant role as vaccinators, their representation in decision-making positions in the immunisation sector are limited. Therefore, the quality of proposed programming remains variable. Below are examples from three countries that are elevating the role of women in health care and immunisation services, and addressing gender-related barriers to immunisation.

Achievements and progress

In **Pakistan**, to address women's avoidance of health care provision by men, Gavi is funding the hiring and training of Lady Health Workers (LHW). Partnering with women influencers and normalising the role of women health workers can potentially shift gender norms and increase women's decision-making power. Also, Gavi has worked with government leaders to include women managers in mid-level managerial trainings, to enable women in leading roles to benefit from formal capacity building opportunities.

In **South Sudan**, a 2022 situation analysis conducted as part of the Full Portfolio Planning (FPP) process revealed a lack of men's involvement in immunisation despite their formal decision-making role; and that services were not available at appropriate times for women caregivers. In response, Gavi's health system strengthening (HSS) funds will specifically target men to ensure they understand and are supportive of vaccination services; and improve joint decision-making among guardians to bring children for health services. To ensure families receive multiple services at one time, immunisation services will be integrated with water, sanitation and hygiene (WASH) services.

In **Cambodia**, two main barriers faced by women caregivers were identified as low literacy rates and lack of autonomy to take decisions about their child's health. To address this, locally influential Commune Committee for Women and Children will meet with women and men caregivers to improve understanding of the benefits of immunisation and support joint decision-making for their child's health. To increase trust in health workers and use of health services among urban poor families, migrant workers, ethnic minorities and remote rural poor families, targeted outreach will include routine immunisations for children; COVID-19 vaccination for adults; and multiple health services that meet the needs of all family members.

COVAX also delivered on immunisation for women, who comprise a significant proportion of the health workforce: by end 2022, 81% of health care workers had been fully protected in Gavi COVAX AMC lower-income countries.

Anila, a Lady Health Worker (LHW), administers typhoid conjugate vaccine (TCV) at a government girls' middle school in Dera Allah Yar, Pakistan. Read the full article

Credit: Gavi/2022/Asad Zaidi

COVAX: key learnings for future pandemic preparedness and response

COVAX was launched in April 2020 to ensure that people in all corners of the world get equitable access to COVID-19 vaccines. Through pooled demand, advance agreements with manufacturers, self-financing participant and donor funding, COVAX was able to make large-scale investments and build a diverse portfolio of 11 vaccine candidates across four technology platforms (of which 10 received regulatory approval) – the largest portfolio in the world.

With its first deliveries commencing in January 2021, COVAX delivered nearly 1.9 billion doses of vaccine to people in 146 economies by end 2022. Approximately 90% of these doses have gone to lower-income economies (see page 26 for more), representing the fastest and most complex global deployment of vaccines ever.

In terms of achieving equitable access during this pandemic, the COVID-19 pandemic demonstrated the clear need for the world to be better prepared for the next public health emergency of this scale. Drawing on its unique experience enabling an unprecedented global roll-out at scale during a pandemic, COVAX – co-convened by Gavi, CEPI, WHO and UNICEF – published a white paper in September 2022 outlining the key challenges the mechanism faced in seeking to ensure equitable access to COVID-19 vaccines, the actions it took in response and recommendations for future pandemic prevention, preparedness and response.

Key learnings and summary of recommendations:

1. Equitable access requires an end-to-end solution that centres on public health, and the needs of the most vulnerable, at every step

Prioritise strengthening end-to-end capabilities during non-pandemic periods, thereby ensuring that a resilient ecosystem is already in place when an emergency strikes.

Build access for the most vulnerable into the pandemic architecture.

An end-to-end solution focused on equity must account for the disproportionate impact of such an emergency on hard-to-reach populations in fragile, conflict and humanitarian settings.

Map out existing global health mechanisms, networks, expertise, policies, frameworks and tools – and retain, incorporate and evolve these as needed.

Sufficient resources, with rapid disbursement mechanisms, should be available for all aspects of the vaccine and ancillary product value chain from R&D, procurement and in-country delivery – in parallel.

Establish clear standards, processes and expectations for rapid and agile end-to-end governance, decision-making, communication, transparency and risk sharing.

Set up processes and expectations – in advance – for the systematic consultation and updating of all relevant stakeholders.

Processes and expectations for transparency should be carefully considered in advance.

2. Hoarding, export restrictions and nationalism should be expected

Ensure volumes supplied to high income countries (HICs) are accompanied in parallel (not sequentially) by proportionate doses for lower-income countries.

Increase and geographically diversify vaccine manufacturing.

Strengthen multinational trade-facilitation measures to ensure the free flow of vaccines, manufacturing supplies and other life-saving equipment during health emergencies.

3. A successful global pandemic response involves taking risks

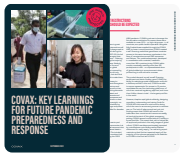
Ensure that response mechanisms are flexible and agile, with appropriate funding and risk tolerance they need to successfully operationalise a response.

Outline a clear, shared understanding of risk thresholds and risk sharing.

Make available, in advance, contingent at-risk funding for global health agencies and mechanisms that is immediately deployable when needed.

Sustain and leverage existing financing mechanisms.

Read the full report here:
https://www.gavi.org/news-resources/knowledge-products/covax-key-learnings-future-pandemic-preparedness-and-response



Climate, health and immunisation

Gavi's role in response and prevention

The climate crisis is a fundamental factor in the spread of vaccine-preventable diseases globally – through climate-sensitive diseases, including vectors expanding into new regions; and a surge in extreme weather events. Lower-income countries are disproportionately affected when disaster strikes: clean water and sanitation may be interrupted, access to and delivery of essential health services disrupted, and people temporarily or permanently displaced. Gavi's programmes are adapting to sustain routine immunisation, and respond to and prevent outbreaks, to prevent further loss of life.

Gavi-supported vaccines against climate-sensitive diseases:

Cholera – food-/water-borne:
oral cholera vaccine (OCV) – emergency stockpile; preventive use. Total stockpile doses shipped to end 2022: ~130m

Japanese encephalitis – vector-borne:
Japanese encephalitis vaccine – routine; catch-up campaigns. Total reached with Gavi-supported vaccines to end 2022: >24.7m

Malaria – vector-borne:
RTS,S/AS01 – funding window opened in 2022; first allocations in 2023

Meningitis – respiratory:
meningococcal A conjugate vaccine (MenACV) – routine; outbreak response campaigns. Total reached with Gavi-supported vaccines to end 2022: 395m. Multivalent meningococcal conjugate vaccine (MMCV) – emergency stockpile. Total stockpile doses shipped to end 2022: >26m

Typhoid – food-/water-borne:
typhoid conjugate vaccine – routine; catch-up campaigns; outbreak response campaigns. Total reached with Gavi-supported vaccines to end 2022: >55m

Yellow fever – vector-borne:
yellow fever vaccine – routine; outbreak response campaigns; emergency stockpile; diagnostics. Total reached with Gavi-supported vaccines by end 2022: >389m; total stockpile doses shipped to end 2022: >78m

Disease outbreaks increasing

Along with droughts and floods, deforestation, earthquakes and extreme temperatures, climate-sensitive disease outbreaks continue to rise. Mass migration, urbanisation, deforestation and continued encroachment by humans into animal habitats means that diseases can spread quickly across borders and around the globe. Climate change has pushed mosquitoes that spread malaria into higher elevations, spelling trouble for the spread of infectious diseases such as malaria, yellow fever, chikungunya and dengue. Climate disasters are increasing the risk of waterborne diseases, including diarrhoea caused by cholera and typhoid. Also, climate change exacerbates antimicrobial resistance (AMR), which could result in 10 million annual deaths globally by 2050.

Vaccine Alliance steps up response

Marginalised communities in fragile and conflict settings are often disproportionately affected by the impacts of climate change. In 2022, Gavi launched the Zero-Dose Immunization Programme (ZIP) across 11 countries in the Horn of Africa and the Sahel to reach children in displaced communities, and fragile and conflict settings, with routine immunisation and integrated health services to help build their health resilience – including against the impacts of climate change. Also, Gavi has collaborated with the International Rescue Committee (IRC) to conduct risk assessment on the impacts of climate change on health infrastructure in ZIP countries. Meanwhile, in Pakistan, in response to the devastating 2022 floods, Gavi's Fragility, Emergency and Displaced Populations (FED) Policy was mobilised to provide surge support, including both additional district-level surveillance, as well as equipped rapid outbreak response teams – enabling provinces and partners to target responses quickly based on real-time information.

In 2022, political momentum on the climate change and global health agendas have gained more traction across policy forums. Gavi engaged in relevant dialogues, including the Intergovernmental Negotiating Body (INB) on pandemic prevention, preparedness and response, G20, UN General Assembly, Group of Friends of Human Security and UN-Energy, to promote alignment on health equity and reaching zero-dose children and missed, marginalised communities with routine immunisation. This is key to building resilience and preparedness against health emergencies, including those related to climate change.

←

"It's difficult, but we'll find a way": a new vaccine against typhoid rolls out in a flood-devastated province of Pakistan.

Read the full article Watch the video

Credit: Gavi/2022/Asad Zaidi

VaccinesWork

Gavi's VaccinesWork platform has become a leading resource on climate, health and immunisation.
Click here for the latest news and information: www.gavi.org/vaccineswork/tag/climate-change

Stormy weather: boat-borne vaccines ferry a dose of hope to the Sundarbans

In an ecosystem threatened by climate change, cyclones and COVID-19 have battered human health and livelihoods. Mobile health care is finding a way to navigate these intersecting crises.

Read the full article
Credit: Gavi/2022/Benedikt v.Loebell

When it rains: how the global climate crisis is already threatening public health on the shores of Lake Victoria

Faced with the many disease threats posed by repeated, calamitous floods, Nyando in western Kenya needs its health services more than ever. But longer-term resiliency will require more than just a shot in the arm.

Read the full article
Credit: Justin Motaro

Environmental protection: a cornerstone of resilient health systems

According to the World Health Organization (WHO), the direct damage costs to health from climate change are estimated to be between US$ 2–4 billion per year by 2030. Both budget cuts and climate disasters can lead to disruption of access to electricity and essential health services. Gavi's Health Systems and Immunisation Strengthening (HSIS) programmes are helping to "green" vaccine storage, reduce the carbon footprint of immunisation programmes and enable health facilities to be more resilient when disasters strike (e.g. gap in health care services due to lack of energy).

Pandemic prevention, preparedness and response (PPPR)

The world's ability to respond to outbreaks is a bellwether of its ability to respond to future pandemics. A key outcome of Gavi's COVAX learnings is a global health security flywheel of innovation, training and preparedness. To learn more, we invite you to explore our collection of original research reports on the Gavi website: www.gavi.org/news-resources/document-library/white-papers

In my country – where climate-change and displacement are making it harder, not easier, to deliver health services – vaccines are an essential way to manage outbreaks and save lives.

Dr Abdelmadjid Abderahim,
Minister of Public Health and Prevention, Chad

Read the news release

Cold chain equipment

Historically, much of the off-grid vaccine cold chain in Gavi-supported countries has been gas- or kerosene-powered – unreliable, expensive and carbon-intensive. Launched in 2015, Gavi's Cold Chain Equipment Optimisation Platform (CCEOP) pools technology demands from countries and procurement through UNICEF Supply Division, negotiating with manufacturers for better pricing and effective deployment. Climate-friendly solar-powered refrigeration technologies account for 60% of the more than 65,000 CCE units installed to date across 47 Gavi-supported countries.

Solarisation

Without stable, reliable electricity, energy-reliant medical equipment is unable to serve its purpose. Since 2021, Gavi has been working with Orange in Sierra Leone to support health facility solar electrification (HFSE) to improve immunisation and climate sustainability (see page 52 for more). And in 2022, Gavi began planning to accelerate HFSE at scale – building on CCEOP – to expand off-grid solar solutions in health facilities.

Health care waste management

Health care waste management (HCWM) is a growing concern across all health areas, including immunisation. Most countries have adopted WHO standards and international agreements for HCWM at the national policy level. Yet often policies are not strictly followed at sub-national level. Health care waste (e.g. incineration of medical waste) has had a significant impact on climate change. To help reduce immunisation waste and promote environmentally sustainable practices, Gavi is supporting priority countries with improved technology; training; and partnerships – including with Africa CDC and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

03

The sustainability goal

Improve sustainability of immunisation programmes

"Vaccines prevent us from getting sick. They are free, and that is good because we are very poor."

Shahwali, 53, with his daughters, Zahra and Zainab.
Read the full article

Kabul, Afghanistan
Credit: Gavi/2023/Oriane Zerah

Key highlights

The year 2022 confirmed the robustness of the Vaccine Alliance's co-financing approach and the steady financial commitment of countries despite rising debt levels and the war in Ukraine.

US$ 162 million was contributed by countries towards the co-financing of Gavi-supported vaccines in 2022 – the highest amount yet and a testament to country ownership and the long-term financial sustainability of Gavi-supported vaccines.

54 vaccine programmes originally introduced with Gavi funding are now self-financed by countries as of 2022, up from 40 in 2018.

100% of countries fully met their 2022 co-financing obligation – except three waivers for humanitarian crises.

$1.5bn

In the face of fiscal challenges, climate change, conflict and instability, most Gavi-supported maintained or increased domestic resources for co-financing of Gavi-supported vaccines in 2022, bringing to US$ 1.5 billion their total contribution since the introduction of the co-financing policy in 2008.

Results – sustainability goal strategy indicators

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

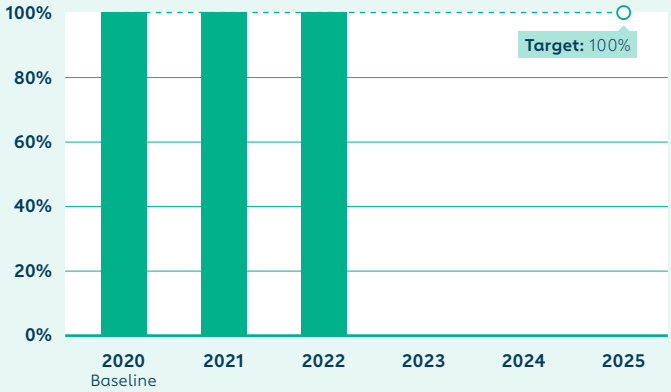
S3.1 Co-financing fulfilment

● **2022 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.

2022 progress: Most Gavi-eligible countries have been able to maintain or increase domestic resources for co-financing of Gavi-supported vaccines. Excluding countries whose co-financing obligation was exceptionally waived, 100% of countries fully met their 2022 co-financing obligation.

Data source: Gavi Secretariat estimates, based on UNICEF Supply Division reports, 2023



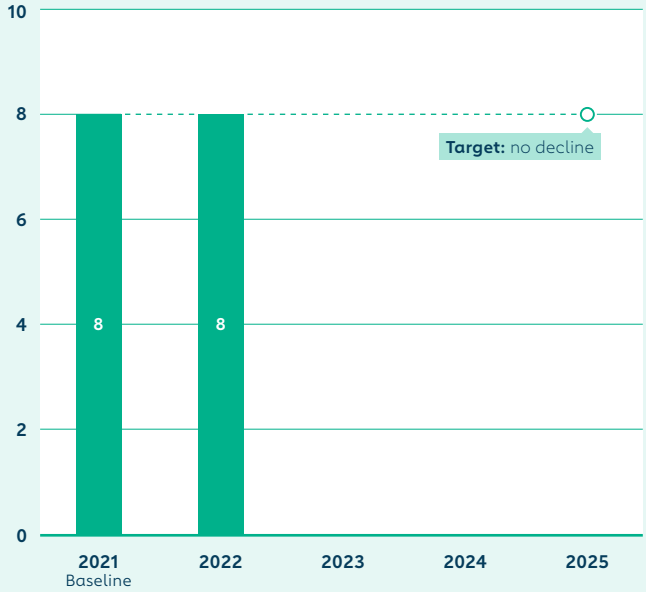
S3.2 Preventing backsliding in Gavi-transitioned countries

● **2022 progress:** on track

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

2022 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 in December 2020, eight former-Gavi MICs-eligible countries maintained or increased DTP3 coverage in 2021 or 2022 compared to 2019, while nine countries did not maintain or increase DTP3 coverage.

Data source: WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2023



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

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

2022 progress: The MICs Approach was approved by the Gavi Board in June 2022; no introductions occurred in former and never Gavi-eligible MICs in 2022. As such, this indicator will be reported in the 2024 Annual Progress Report.

More than 150,000 girls in Sierra Leone will have access to the HPV vaccine after the government introduced it into the routine immunisation programme. Read the news release

Credit: Gavi/2022/Joshua Kamara

Progress – 2022 sustainability updates

$162m

Countries' co-financing contributions in 2022 were the highest amount yet at US$ 162 million.

In the face of fiscal challenges, conflict and instability, Gavi implementing countries' co-financing contributions in 2022 were the highest amount yet at US$ 162 million, provided to Gavi in a more timely manner and were mostly (97%) generated from domestic resources. Despite grappling with global shocks and uncertainty, only three countries (down from six in 2021) required the granting of a co-financing waiver – specifically due to humanitarian crises. And for the first time, South Sudan contributed to co-financing of Gavi-supported vaccines. Yet challenges remain: countries that are the closest to transitioning out of Gavi support are struggling to ramp up their co-financing requirements. Concerted efforts are necessary to make immunisation sustainable, both financially and programmatically, so that countries can independently maintain high immunisation coverage and ensure equal access to life-saving vaccines.

Achievements and progress

The year 2022 was another challenging one, and particularly so for the most vulnerable economies in the world. Conflict, the impacts of climate change and economic distress hindered countries' ability to invest in their health systems. However, despite rising debt levels and the worsening impact of the war in Ukraine, most Gavi-supported countries maintained or increased domestic resources for co-financing of Gavi-supported vaccines in 2022. Not only did co-financing increase, but also it was provided on a more timely basis: a clear demonstration of resilience and commitment.

In addition, while navigating an uncertain global environment, for the second year in a row, countries remarkably reached an all-time high in co-financing contributions: countries contributed US$ 162 million in 2022 (US$ 1 million more than 2021), bringing to US$ 1.5 billion the total co-financing contributions since the introduction of the co-financing policy in 2008. More than 90% of country co-financing in 2021 and 2022 came from domestic budgetary resources. Most of the remainder came from borrowing from Gavi founding partner the World Bank.

To prevent backsliding and protect immunisation progress, the Gavi Board in June 2022 granted the Secretariat the authority to implement an approach to apply co-financing flexibilities for countries facing severe fiscal distress and/or humanitarian crises. (Board paper and decision available on the Gavi website.)

Three countries grappling with fragility and conflict (Somalia, South Sudan and Syrian Arab Republic) were granted a co-financing waiver for humanitarian crises in 2022, down from six waivers granted for COVID-19 in 2021 – meaning Gavi absorbed a cost of US$ 2 million in 2022. The co-financing waiver for South Sudan was only partial: for the first time, South Sudan contributed to co-financing of Gavi-supported vaccines, meeting 42% of their co-financing obligation – a noteworthy achievement in the country's 12-year history with Gavi. Moreover, the reduction in waivers from 2022 to 2021 reflects countries' continued commitment to immunisation financing, despite a challenging context – as well as the Alliance's joint advocacy efforts and technical support in health budget planning.

Former Gavi-eligible countries that are eligible for Gavi support under the Middle-Income Countries (MICs) Approach showed signs of recovery in 2022, driven by improvements in large countries. As of 2022, eight former Gavi-supported MICs maintained or increased DTP3 coverage in 2022 and 2021 compared to 2019, on track for the Gavi 5.0/5.1 target, while nine countries did not maintain or increase DTP3 coverage.[1] The MICs Approach will be critical in supporting these countries to prevent and mitigate further backsliding of routine immunisation coverage.

Challenges and lessons learned

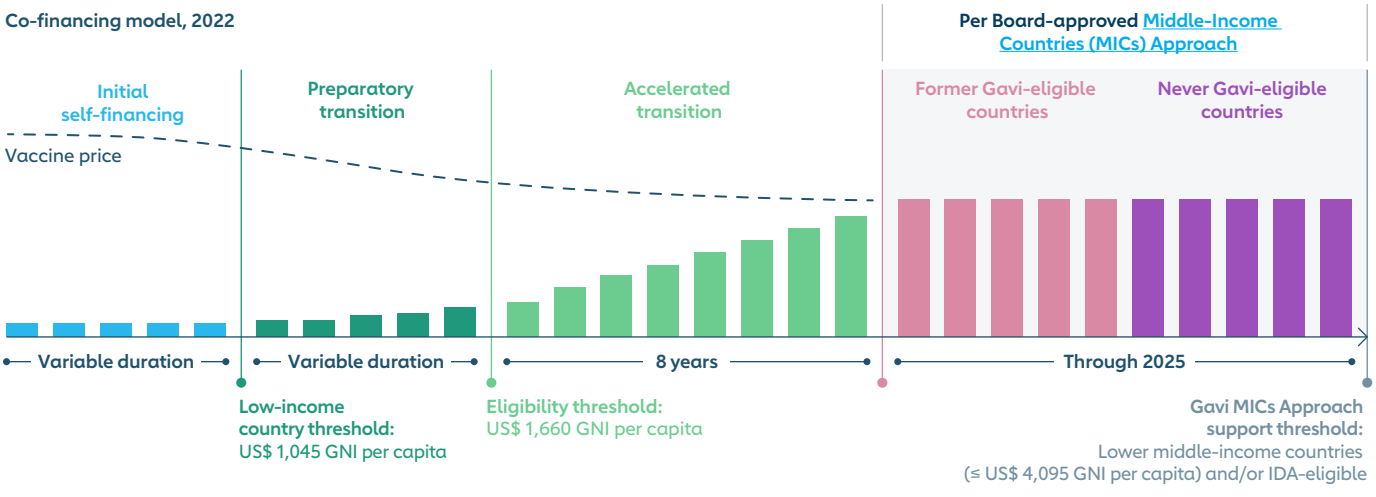
Increasing debt levels, associated with government response to the economic impact of the COVID-19 pandemic, are hampering the capacity of countries in the "accelerated transition" phase of country co-financing to ramp up their co-financing requirements on the path to fully self-financing. To reduce the risk of unsuccessful transition associated with these fiscal challenges, in December 2022 the Gavi Board approved two changes to the accelerated transition phase: (1) extension from five to eight years; and (2) minimum threshold of 35% co-financing, in addition to attainment of the gross national income (GNI) per capita eligibility threshold. While these Board decisions are expected to facilitate countries in their trajectory towards the fully self-financing phase, an intensification of transition preparedness activities, at both programmatic and financing levels, is required to ensure success.

1 Based on indicator S3.2 "Preventing backsliding in Gavi-transitioned countries".

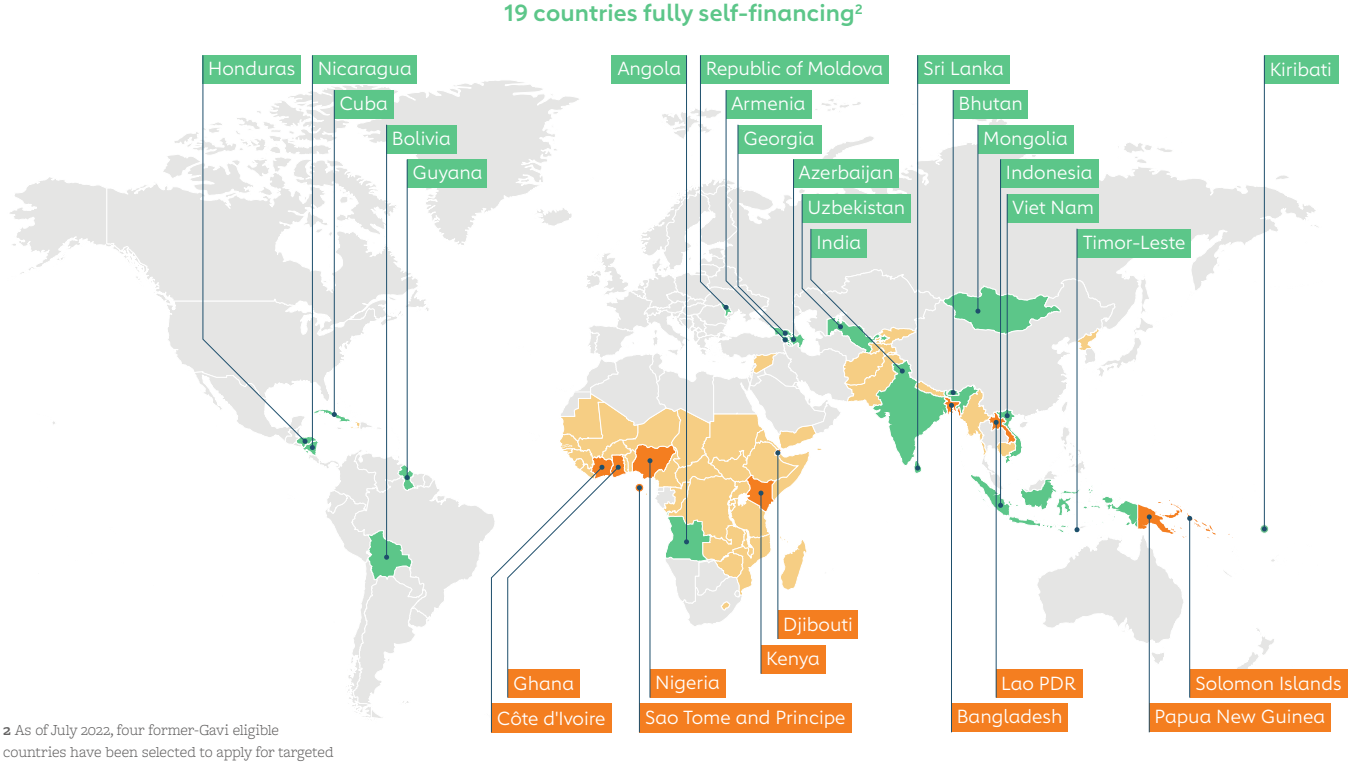
How Gavi's co-financing model works

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

Countries share the costs of the vaccine programmes by directly co-procuring a portion of the vaccines and safe injection devices from a supplier or procurement agency to fulfil their co-financing requirements. As a country's gross national income (GNI) per capita increases, so the level of its co-financing payments also rises. Countries are grouped under different categories according to their level of GNI per capita as a proxy of their ability to pay.



Countries fully self-financing and in accelerated transition



2 As of July 2022, four former-Gavi eligible countries have been selected to apply for targeted support to help mitigate backsliding in vaccine coverage: Angola, Bolivia, Honduras, Indonesia.

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

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

Building on the momentum created by a Gavi Board-approved initiative to support and empower civil society organisations (CSOs) and communities to identify and reach under-served and missed communities, in 2022 Gavi launched a Civil Society and Community Engagement (CSCE) approach. Co-developed with Gavi's civil society partners, the new approach aims to catalyse strategic partnerships between governments, CSOs and communities to accelerate progress on reaching every child and adult with life-saving vaccines. As part of this process, Gavi shifted its operational model; streamlined its grant process; and added a new funding requirement for CSO engagement (see page 33 for more).

In April 2022, Gavi appointed Amref Health Africa as host of the Gavi CSO Constituency – the first organisation located in a lower middle-income country to host this platform comprising more than 300 member organisations. In the first year of this new hosting arrangement, Amref Health Africa and members of the Gavi CSO Constituency extended the base of civil society partners working on equitable access to vaccines in lower-income countries.From April to May 2022, the Gavi CSO Constituency, in collaboration with RESULTS UK, UNICEF, Save the Children, USAID's Momentum Country and Global Leadership, the Geneva Learning Foundation and Gavi, hosted a three-part webinar series on the need for equitable access to COVID-19 vaccines and best practices to address the backsliding in routine immunisation during the pandemic (read the briefing here).

As part of Gavi's efforts to facilitate meaningful participation of civil society in its various areas of work, the Alliance has organised regular dialogues in collaboration with the Gavi CSO Constituency, including five COVAX CSO dialogues, with a focus on integrating COVID-19 vaccination into routine immunisation; and in November 2022 launched a series of live talks with CSOs and partners on successes and challenges in vaccine equity, and the roles of civil society and local partners. The Gavi Secretariat further facilitated the engagement of the CSO Constituency in Gavi Board and Programme and Policy Committee meetings.

Public policy engagement: 2022 highlights

To deliver on the Gavi 5.0/5.1 strategy and COVAX, Gavi deepened its regional policy engagement in 2022 through advocacy, roundtable discussions and workshops, and resources such as Gavi impact in Africa. Some notable successes:

- Routine immunisation and zero-dose agenda included in **key regional and national policy frameworks** – *such as the African Union Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA PLUS) and draft Nigeria Governors' Forum (NGF) comprehensive health advocacy, communication strategy and implementation plan*
- 18 First Ladies from the **Organization of African First Ladies for Development (OAFLAD)** joined Gavi in calling on governments and stakeholders to recommit to routine immunisation – *recognising women's roles in sustainable access to immunisation*
- Gavi and Amref Health Africa facilitated consultations in **ten African countries** – *with highest numbers of zero-dose children*
- High-level political advocacy and technical discussions on COVID-19 pandemic response with the **African Union (AU), Africa Centres for Disease Control** and **Prevention (Africa CDC) and Partnerships for African Vaccine Manufacturing (PAVM)** – *in November 2022, Gavi published a ten-point plan outlining key priorities to achieve the AU vision of sustainably expanding vaccine manufacturing capacity across Africa by 2040*
- Health equity, immunisation and lessons learned from COVAX included in discussions on the Pandemic Accord and initial preparations for the Political Declarations on Pandemic Prevention, Preparedness and Response (PPPR) and Universal Health Coverage (UHC) – *adopted in the 78th session of the United Nations General Assembly in September 2023*
- Continued collaboration with the other 12 signatory agencies of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) platform – *for a more integrated impact*

04

The healthy markets goal

Ensure healthy markets for vaccines and related products

"My son recently got vaccinated against measles and polio. I am happy that he is safe now."

Alamgir, father to two-year-old Fazain.
Read the full article

Peshawar, Pakistan
Credit: Gavi/2023/Asad Zaidi

Key highlights

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

10 markets for vaccines and immunisation products exhibited acceptable levels of healthy market dynamics in 2022, meeting the target for the year.

9 innovative products were within the pipeline of commercial-scale manufacturers in 2022, meeting the Alliance target of 8 by 2025 well ahead of schedule.

2 new products with improved characteristics were newly offered to Gavi-supported countries in 2022: a new liquid rotavirus vaccine, improving ease of delivery for health care workers; and a new presentation for yellow fever vaccine, improving its cold chain footprint.

19

Through Gavi's market shaping efforts, the number of manufacturers supplying prequalified Gavi-supported vaccines has grown from 5 in 2001 to 19 in 2022 (with more than half based in low- and middle-income countries).

Results – healthy markets goal strategy indicators

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

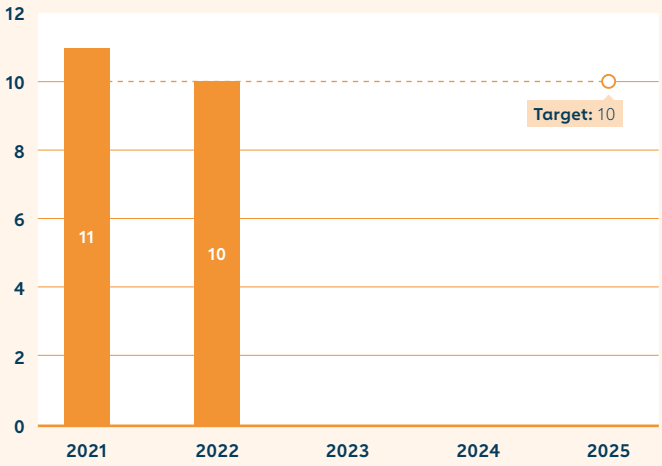
S4.1 Healthy market dynamics

● **2022 progress:** on track

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

2022 progress: Gavi's ongoing market shaping efforts and collaborations with manufacturers helped ensure that 10 vaccine markets exhibited acceptable levels of healthy market dynamics, compared with a record 11 markets in 2021. Each market's status for 2022 has been formally assessed with partners. This outcome is in line with Gavi's target, despite a regression in the rotavirus vaccine market in 2022.

Data source: vaccine procurement data: UNICEF SD Memorandum of Understanding (MoU) reports; market intelligence data: Gavi MS roadshows, Alliance partner industry engagements, 2023



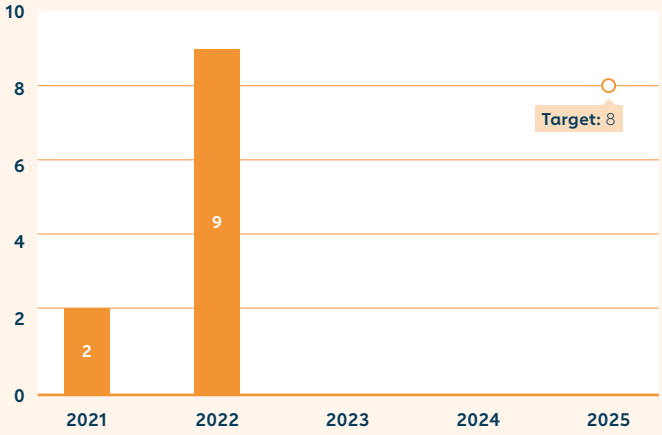
S4.2 Incentivise innovations

● **2022 progress:** on track

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

2022 progress: The Vaccine Innovation Prioritisation Strategy (VIPS) sees continued progress. In 2022, five microarray patch (MAP) pipeline candidates have advanced through development; and two products have received approval for controlled temperature chain (CTC) labelling. The 2022 progress has brought the overall achievement to nine, meeting the Alliance target for 2025 well ahead of schedule.

Data source: Market intelligence data – Gavi Market Shaping roadshows, Vaccine Alliance partner industry engagements, 2023; Vaccine Innovation Prioritisation Strategy (VIPS) industry engagement



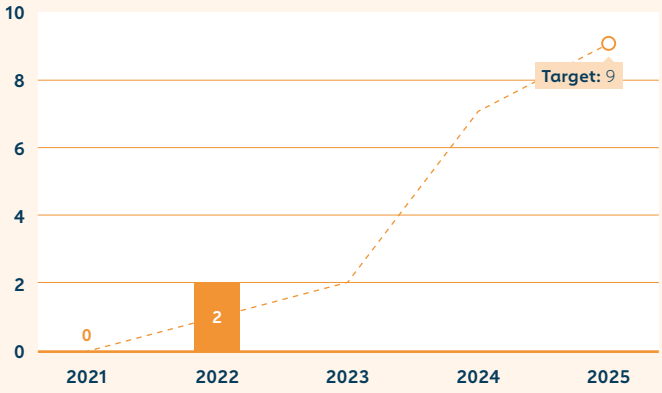
S4.3 Scale up innovations

● **2022 progress:** on track

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

2022 progress: Two new products with improved characteristics are newly offered. A liquid rotavirus vaccine was procured, improving ease of delivery for health care workers. A new presentation for a yellow fever vaccine was also procured, changing from ampoule to vial containers, improving its cold chain footprint.

Data source: Gavi-UNICEF SD MoU reports and key performance indicators, 2023



Progress – 2022 healthy market updates

Reflections on Year 2 of Gavi 5.0, Year 3 of COVID-19 pandemic

Achievements, progress and market challenges addressed

Cold chain equipment (CCE): The market for ice-lined refrigerators/freezers (ILR) and solar direct drive (SDD) refrigerators/freezers has shown continued achievement of several market shaping goals. The ILR/SDD market supports seven suppliers and is seeing more balanced demand for different brands against the backdrop of a historical duopoly. Savings were achieved in 2022 against 2021 baseline pricing, largely through accessing volume-based discounts and shifts to cheaper products. Interventions are being developed and deployed to address the issue of monitoring unit performance, specifically country access to, and use of, CCE temperature data.

Vaccine Innovation Prioritisation Strategy (VIPS): Good progress continued on all three fronts of the VIPS initiative: microarray patches (MAPs), heat-stability and barcoding. Several phase 1 and 2 trials have been initiated for measles-rubella (MR), COVID-19 and influenza vaccines. Developers have started either to build or to design their manufacturing facilities, gearing up for late-stage clinical trials. VIPS partners are collaborating on Full Value of Vaccine Assessments (FVVA) for two MAPs: MR, which has been finalised; and typhoid conjugate vaccine (TCV), which is ongoing – establishing a new framework to assess their broad public health and socio-economic value. Two new vaccines received new or improved controlled temperature chain (CTC) qualification: TCV and an extension in the number of days that human papillomavirus (HPV) vaccine can remain in CTC without loss of potency/stability. Based on Gavi and UNICEF's mandatory requirement, GS1 barcodes are now available on secondary packaging for most Gavi-funded vaccines; and serialisation is available for COVID-19 vaccines.

COVID-19 vaccine: In October 2022, Gavi published the COVID-19 vaccine market shaping roadmap, paving the way for a core Gavi vaccine programme. The strategy was developed in the context of an anticipated epidemiological and programmatic transition from the acute phase of the COVID-19 pandemic to an endemic phase of the disease.

Malaria vaccine: The year 2022 saw WHO prequalification of the world's first malaria vaccine (GSK's RTS,S/AS01) and a contract for supply of GSK's entire capacity of 18 million doses of this vaccine was rapidly concluded by UNICEF Supply Division on behalf of the Alliance. These 18 million doses of RTS,S, available in 2023–2025, will likely fall short of demand, such that when market health for malaria vaccine was assessed for the first time in 2022, it was designated "unacceptable requiring further intervention". Hence Gavi is working to accelerate access to additional supply, expected to come with improved pricing – both through a second vaccine (R21/MatrixM) that is currently undergoing WHO policy and prequalification review, and via product transfer of RTS,S to a lower-cost manufacturer. Malaria vaccine market shaping roadmap is available on the Gavi website.

HPV vaccine: The overall picture improved dramatically in 2022, with an imminent increase in global supply that will exceed demand – including via a fourth (quadrivalent) HPV vaccine in late-stage development, and the Strategic Advisory Group of Experts on Immunization (SAGE)'s April 2022 recommendation of a one-dose or two-dose schedule. There are three market dynamics requiring ongoing vigilance from Alliance teams: (1) imbalance in demand across the product menu, with no uptake of a new bivalent product available since 2021 – meaning continued overall inability to meet accumulated multi-age cohort (MAC) and routine vaccination demand; (2) uncertainties surrounding country adoption of the SAGE recommendation and, hence, overall Gavi market volumes in the long term; and (3) some delayed implementation as a result of the COVID-19 pandemic. However, with the SAGE one-dose recommendation currently applying only to two incumbent vaccines, challenges could persist for the uptake of newer vaccines to which the recommendation does not yet apply. HPV vaccine market shaping roadmap available on the Gavi website (to be updated in 2023).

Oral cholera vaccine (OCV): The supplier base produced reliably at full capacity, shipping a record 34 million doses in 2022 despite a historically challenging demand signal. Furthermore, in 2022 EuBiologics (in close alignment with Alliance partners) made investments in new equipment and production sites to increase capacity that will be available in 2024 and 2025. The surge in cholera outbreaks experienced in 2022 (see page 25 for more) was manageable within available supply, with 93% of global supply being used for outbreak response and aided by the adoption of a temporary one-dose outbreak-response schedule. However, this left 2.3 million doses available for preventive campaigns against 20 million doses approved by the Gavi Board. Long-term market health will benefit from Gavi's imminent programmatic shift to high-quality preventive campaigns that will underpin stable, predictable demand.

Rotavirus vaccine: Unforeseen issues impacting all three rotavirus vaccine suppliers in 2021–2022 led to limitations in country access to preferred product presentations, and Gavi moved quickly to help seven countries switch to an alternative rotavirus vaccine to mitigate a significant disruption in supply of the most widely used product. The Alliance continues to closely monitor suppliers' production planning to understand and further mitigate ongoing risks, and is improving tools to support countries in assessing different product presentations and optimising their vaccine portfolio. Rotavirus market shaping roadmap available on the Gavi website.

05

Funding and finance

Partnering with governments and business to change immunisation for good

"I have seen firsthand the devastation that preventable diseases can cause. That is why I am committed to promoting vaccination and making a difference in my community."

Bauma, 24, a laboratory technician who is passionate about medicine

Goma, Democratic Republic of the Congo
Credit: Gavi/2023/Wise Kubuya Bebukya

Mobilising global support; scaling up innovation, private sector partnerships

The year 2022 was pivotal for Gavi, as we continued to fight the COVID-19 pandemic and launched new innovations that will help shape the future of global health security, while simultaneously redoubling our efforts on Gavi's core programmes. It is more evident than ever that broad, equitable access to routine immunisation is the bedrock of global health security.

Break COVID Now Summit

At the April 2022 Break COVID Now Summit, world leaders committed additional resources to COVAX, affirming the international community's solidarity in fighting the COVID-19 pandemic. Co-hosted by Gavi, alongside the leaders of Germany (G7 Presidency), Indonesia (G20 Presidency), Senegal (African Union Chair) and Ghana, the gathering resulted in US$ 4.8 billion in new commitments, including US$ 1.7 billion in sovereign donor pledges.

As noted by H.E. Nana Addo Dankwa Akufo-Addo, President of the Republic of Ghana, "[M]any people still remain unvaccinated and unprotected; and in the event of another wave of infections or a mutation of the virus, these people will be at great risk. We therefore need to renew our commitment to support lower-income countries and support national COVID-19 vaccine objectives."

By end 2022, working closely with donors and partners, Gavi was able to raise US$ 12.5 billion for COVID-19 vaccine procurement and delivery. This was complemented by an ambitious dose donation programme, which secured more than 900 million doses. Thanks to these joint efforts, by December 2022 COVAX had shipped more than 1.88 billion COVID-19 vaccine doses to 146 countries and territories; and the 92 lower-income countries supported by the Gavi COVAX AMC had reached complete primary series coverage of 53%.

Surge financing for equitable access

The COVID-19 pandemic made clear that upfront financing was needed to lock in doses early in order to deliver doses fast. In response, Gavi used its innovative financial expertise to swiftly develop new mechanisms. The Pandemic Vaccine Pool (PVP) enabled lower-income countries to maintain access to COVID-19 vaccines, including in response to new emergencies. New facilities were developed with the European Investment Bank (EIB) and U.S. International Development Finance Corporation (DFC) to access funds more rapidly than ever. The year 2022 was also a landmark in bolstering the International Finance Facility for Immunisation (IFFIm), and launching new mechanisms to mitigate risks and expand access to vaccines. Moving forward, Gavi will go further by bringing these innovative financing tools together into an overarching Day Zero Financing Facility that will accelerate equitable access to vaccines in the next pandemic.

Fighting the pandemic with unique financial innovation expertise

U.S. International Development Finance Corporation (DFC) COVAX Rapid Financing Facility is a liquidity frontloading facility of up to US$ 1 billion to monetise pledges soon after donors make them, enabling Gavi to purchase vaccines faster. The partnership was announced in May 2022 at the second Global COVID-19 Summit, co-hosted by the United States of America, Belize, Germany, Indonesia and Senegal.

European Investment Bank (EIB) Frontloading Facility is designed to frontload grants to Gavi to boost routine and pandemic vaccination, bringing forward signed donor grants and immediately converting them to available funds. Beyond EIB's earlier pandemic facilities, a new tranche of €500 million was signed in December 2022 to support Gavi's broader agenda. The Facility goes beyond providing immediate liquidity from traditional grants by accepting contingent pledges for which the contingency has been met.

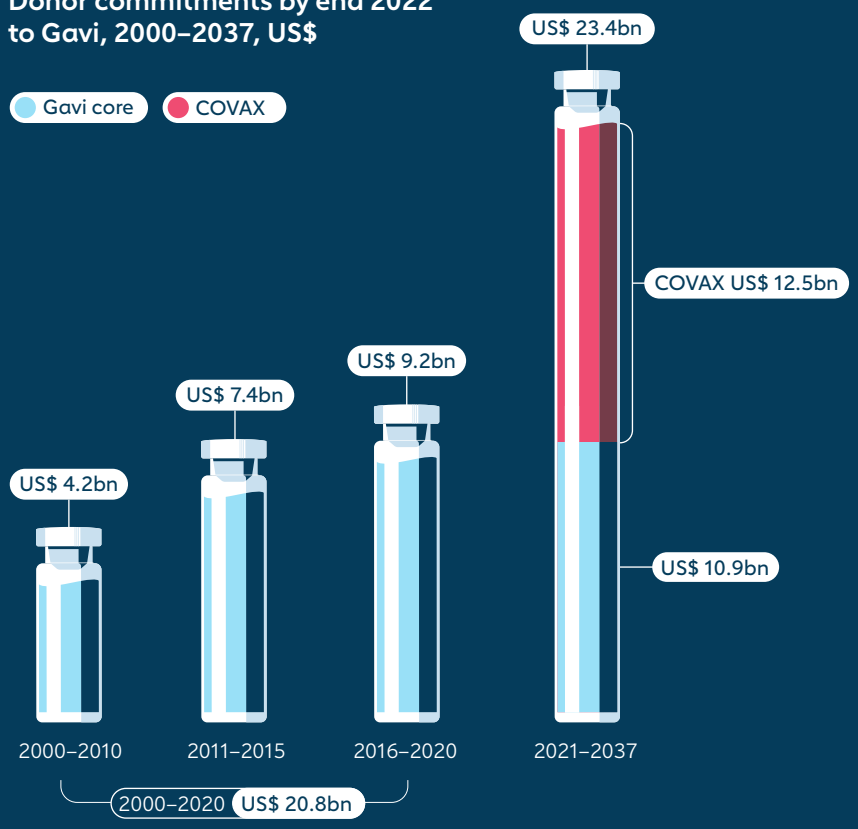
Pandemic Vaccine Pool (PVP) was created in 2022 as a fund with immediate liquidity to respond to the uncertainties of the pandemic. In addition to supporting COVID-19 vaccination efforts – including the purchase of variant-containing vaccines and boosters – the PVP enables Gavi to respond to unanticipated demand, including potential variants that may spike demand (or evade the protection provided by current vaccines), avoiding delays in delivering vaccines which would otherwise lead to a vicious cycle of more disease.

International Finance Facility for Immunisation (IFFIm) has proven its versatility and value in ways that could not have been foreseen at its creation in 2006, providing a foundation for market shaping and surge production of vaccines. In 2022, the United Kingdom and Spain added new pledges to IFFIm totalling US$ 680 million; and IFFIm provided more than US$ 2 billion to Gavi, including US$ 1 billion for COVAX – the highest IFFIm funding to Gavi in a single year. Since inception, IFFIm has attracted more than US$ 9.6 billion. It was one of the earliest pandemic-response funding sources available to the Gavi COVAX AMC and CEPI.

IFFIm Contingent Financing Mechanism (CFM) is currently being developed to provide rapid, at-risk financing for future pandemic response. It draws on lessons from the pandemic to allow donors to preposition funding via contingent grants, to be activated if needed during a future pandemic. The IFFIm CFM capitalises on IFFIm's 17 years of experience frontloading funding through the issuance of bonds in capital markets, as well as IFFIm's stress-tested role as a surge funding vehicle for the Gavi COVAX AMC. The IFFIm CFM is expected to contribute significantly to Gavi's pandemic response financing capabilities in the future.

COVAX Cost-Sharing Mechanism was designed to allow countries to access incremental COVID-19 doses through a streamlined procurement process while leveraging domestic resources. Launched as a partnership between Gavi, the World Bank and the Asian Development Bank, and later supported by the European Investment Bank, MedAccess and the Soros Economic Development Fund, this mechanism was available throughout the pandemic to support countries in reaching their COVID-19 immunisation ambitions.

Donor commitments by end 2022 to Gavi, 2000–2037, US$



Sovereign donors and the European Union in 2022

Advance Market Commitment for African vaccine manufacturing

The COVID-19 crisis underlined the strong need for diversified manufacturing of vaccines – both pandemic and routine – especially to serve the African continent. In response, Gavi launched a process in 2022 that delivered a white paper in June, a ten-point plan for the AU and G7 in November, and a Gavi Board paper in December.

The Board approved this comprehensive strategy that rests on four pillars: (1) support for strategic antigen selection by manufacturers/countries; (2) market shaping; (3) demand creation; and (4) an Advance Market Commitment (AMC) for African vaccine manufacturing. The Board requested detailed proposals for the AMC, with a full concept to be presented to the Board in late 2023.

Sharing Gavi's pandemic learnings across multilateral forums

Throughout 2022, Gavi took a leading role in various multilateral negotiations, including G7 and G20, as well as in forums shaping the future architecture of global health. Under Germany's leadership of the G7, Gavi played a significant role in global health deliberations; and with the Indonesian G20 Presidency, as part of the Health and Finance-Health tracks, Gavi provided insights and lessons from COVAX – along with recommendations for the vaccines pillar of the ecosystem of equitable access to medical countermeasures for future pandemic preparedness. In particular, Gavi deepened engagement with international financial institutions (IFIs) on practical solutions to provide fast-triggered surge financing mechanisms in the future; and to support Gavi's foundational pandemic prevention, preparedness and response (PPPR) work to strengthen primary health care systems. In addition, Gavi is one of 13 implementing entities for the World Bank-hosted Pandemic Fund and is engaged closely as an observing Board member of the Fund as it takes shape. Gavi laid the groundwork with other implementing entities and countries to develop a future proposal, likely in 2023.

Gavi's June 2023 Mid-Term Review event

The June 2023 Global Vaccine Impact Conference in Madrid convened global leaders to evaluate the Vaccine Alliance's progress midway through its five-year strategy and reinforce efforts to extend the power of immunisation. The Conference, convened by Spain's Minister for Foreign Affairs, European Union and Cooperation José Manuel Albares, saw health ministers from 17 Gavi implementing countries, and ministers and officials from 23 donor countries, renew their commitment to work together; build on the successes of the past two years; tackle ongoing challenges; and harness innovation and collaboration.

This event launched Gavi's Mid-Term Review (MTR) report, Raising Generation ImmUnity, which looked at data from the first two years of the Alliance's 2021–2025 strategic period. The report charted progress against the 2019 Investment Opportunity and showed that the Vaccine Alliance is on track to meet the majority of the key commitments made to donors. The Alliance's success in providing an agile response to the COVID-19 pandemic through the largest vaccine roll-out in history, and in sustaining progress in immunisation, are testaments to its power and resilience.

At the Conference, the Republic of Korea pledged US$ 70 million to allow Gavi to continue its efforts to fight against COVID-19; this funding could also support wider efforts by Gavi to make sure the world is better prepared for the next pandemic. The Conference also saw Gavi and the European Investment Bank (EIB) extend its partnership to immediately convert signed donor grants to available funds. The €1 billion financing facility will boost routine and outbreak vaccination programmes, and will accept contingent grants once those conditions have been met. The Conference also saw many other critical commitments to Gavi's immunisation programmes from governments, civil society organisations and the private sector.

Philanthropic partners: supporting vaccine equity

Philanthropic partners have a critical role to play in providing flexible capital to catalyse innovation and new approaches to immunisation delivery. **The Rockefeller Foundation** partnered with Gavi to accelerate the availability and adoption of innovations that could strengthen the critical role that frontline health workers play in delivering immunisation services in Gavi-supported countries. The Foundation supported the rapid implementation of innovative solutions, leveraged new partners, and generated insights through evaluations and landscape analyses. In 2022, Gavi worked with partners to transform health workers' learning and performance management (including through digital technologies), which is now being applied at country level to improve health worker performance, strengthen programmes and increase immunisation coverage.

Gavi, Orange, Power Africa and RESOLVE are providing sustainable electricity to remote off-grid health facilities in Sierra Leone (see page 52 for more). Read the full article

Credit: Power Africa, Tolu Jethro Bade, Envizage Concepts

Private sector and innovation partners: key roles in Gavi's mission

The private sector has provided unprecedented funding, expertise, advocacy and innovative solutions that are transforming the way lower-income countries deliver immunisation.

The pandemic brought a new focus on the power of immunisation from the private sector. Underpinned by innovative mechanisms such as the Gavi Matching Fund and INFUSE, more than 80 private sector partners across industry sectors and geographies have provided support to Gavi's programmes as of 2022. And at the Break COVID Now Summit, new private sector donor commitments exceeded US$ 123 million.

Showcasing the power of country-driven solutions and innovation, Gavi and Girl Effect joined forces once more in 2022 with a four-year, US$ 8 million programme in Ethiopia and United Republic of Tanzania to increase uptake of HPV and other routine vaccines. Working in collaboration with the Ministries of Health, Gavi and Girl Effect will develop youth-centred behaviour change communication to create demand for vaccination among young people and address the gender-related barriers that limit vaccine uptake.

Pioneering tomorrow's health technology today

In 2022, Gavi continued to fuel the scale-up of groundbreaking solutions – including INFUSE Pacesetters – by connecting high-impact, proven innovations where countries need them most.

Parsyl

2017 INFUSE Pacesetter Parsyl – a data-powered insurance and risk management solution for essential supply chains – scaled up in Senegal, Burkina Faso and Côte d'Ivoire, monitoring temperature in transport devices and collecting valuable data for maintenance.

simprints every person counts

Through a 2019 pilot in Bangladesh with Gavi and NEC, 2018 INFUSE Pacesetter Simprints – a biometric solution to verify "last mile" vaccine delivery – demonstrated in that biometrics can be used to confirm the identity of children as young as nine months. This partnership was expanded to Ghana and is gearing up to support malaria vaccination.

ZMQ DEVELOPMENT

To reach zero-dose and under immunised children in India's urban slums, 2019 INFUSE Pacesetter ZMQ leverages the power of transgender people to help map communities and build health-seeking behaviours through traditional storytelling artforms.

Zipline

Adding to existing operations in Rwanda, Ghana and Kenya, Zipline's drone delivery service opened its first distribution centre in 2022 in Kaduna State, Nigeria – with support from Gavi and the UPS Foundation – becoming the, supplier to 293 health facilities, of which 108 are exclusively served by Zipline.

Private sector spotlight

Building on the lessons of the Wellness Pass pilot project in **Mauritania**, which digitally tracks the routine immunisation status of 30,000 children, the partnership between Gavi and Mastercard expanded to **Ethiopia** in June 2022. Now leveraging the DHIS2 tracker's Electronic Immunisation Register (EIR) digital platform, the Wellness Pass solution will enable 2 million Ethiopians to carry their vaccination data digitally, allowing for quick identification and monitoring, regardless of location. With strong project objectives, a robust structure and the Ethiopia Ministry of Health's enthusiastic support, the USAID-funded Ethiopia Digital Health Activity has joined the partnership as a technical lead, with additional funding of US$ 2.5 million – aiming to double the project's impact.

Since 2021, Gavi has been working closely with Orange, Power Africa and RESOLVE in **Sierra Leone** to provide off-grid renewable electricity generation, storage systems and internet connectivity to rural health facilities, in order to increase their operational capacity and their community's immunisation uptake. In 2022, the project equipped 16 health facilities with solar panels. The project received high-level visibility; and in April 2022, USAID's Power Africa announced the creation of a five-year Global Development Alliance (GDA), investing US$ 47 million to catalyse an additional US$ 150 million dollars from partners to expand the model to 10,000 health facilities in sub-Saharan Africa through the Health Electrification and Telecommunication Alliance (HETA).

Also in partnership with Orange, Gavi's initiative with **Côte d'Ivoire's** Ministry of Health, Public Hygiene and Universal Health Coverage is a mobile phone app, M-Vaccin, that creates electronic vaccination schedules and sends caregivers text and voice reminders in seven vernacular languages. Launched in December 2019, implementation accelerated in 2022, with a total of 1,000 health agents trained and 20,000 mother/child pairs registered on an upgraded M-Vaccin app that integrates epidemiological surveillance forms; tracks registered caregivers across health facilities; and automatically identifies zero-dose children and those who have missed immunisations. A June 2022 impact assessment revealed that M-Vaccin reduced health workers' administrative workload by 96%, so they can devote more time and attention to essential vaccination tasks and caregivers. The Ministry of Health aims to expand M-Vaccin nationally.

→

Wellness Pass Ethiopia project launch, June 2022 Read the full article
Credit: JSI Ethiopia/2022

Annexes

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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 2022 (US$ millions)

Cash received by Gavi

Donors	2022	Total 2000–2022	Gavi COVAX AMC (2022)	GRAND TOTAL (inc. Gavi COVAX AMC)
Australia [1]		449	56	538
Austria				9
Bahrain				3
Belgium			5	9
Bhutan				<1
Brazil[1]			23	23
Burkina Faso		1		1
Canada	73	828	37	1,239
China[1]	4	13	100	113
Colombia				1
Croatia				1
Denmark	3	65	11	91
Estonia			<1	<1
European Union (EU)[1]	16	333	69	944
Finland		3	19	22
France	55	363		563
Germany	138	1,181		2,129
Greece				2
Iceland[1]		1	2	9
India	3	18		18
Ireland	3	69	1	78
Italy	25	145	105	692
Japan[1]	30	218	800	1,218
Kuwait		1	10	51
Liechtenstein			<1	1
Luxembourg	1	19	2	24
Malaysia				<1
Malta			<1	<1
Mauritius				<1
Mexico				<1
Monaco	<1	2		2
Netherlands	12	610	32	729
New Zealand				19
Niger		1		1
Norway[1]	123	2,160		2,248
Oman		3		4
Palau[1]			<1	<1
Philippines				1
Poland				1
Portugal		<1	<1	1
Qatar		12		22
Republic of Korea[1]	10	40	100	250
Republic of Moldova				<1
Russian Federation		10		10
Saudi Arabia		25	50	175
Singapore				5
Slovenia			<1	1
Spain[2]		54	5	60

Donors	2022	Total 2000–2022	Gavi COVAX AMC (2022)	GRAND TOTAL (inc. Gavi COVAX AMC)
Sweden	36	642		665
Switzerland		14		171
Township Zug			<1	<1
Uganda	<1	<1		<1
United Kingdom[1]		3,281	63	3,404
United States of America	580	3,360		6,860
Viet Nam			1	1
Donor governments and the European Union total:	**1,114**	**13,918**	**1,489**	**22,410**

Donors	2022	Total 2000–2022	Gavi COVAX AMC (2022)	GRAND TOTAL (inc. Gavi COVAX AMC)
AerCap Ireland Limited				<1
Al Ansari Exchange		1		1
Alight Solutions				<1
Alwaleed Philanthropies		4		4
Analog Devices Foundation				1
Arm Limited	<1	1		1
Asia Philanthropy Circle				2
Bill & Melinda Gates Foundation	341	4,602		4,808
BlackBerry				<1
Centene Charitable Foundation				<1
Charities Trust				1
Cisco				5
The Coca-Cola Foundation				1
CODE (RED)			<1	<1
Collins Aerospace (Goodrich Corporation)				<1
Croda Foundation			<1	<1
Dolby Laboratories Charitable Fund				<1
ELMA Vaccines and Immunization Foundation		4		4
Epiroc AB				<1
Etsy				<1
Frank McHugh O'Donovan Foundation, Inc.				<1
Gamers Without Borders (GWB)			1	2
Gates Philanthropy Partners				18
Google.org	<1	<1	<1	8

Donors	2022	Total 2000–2022	Gavi COVAX AMC (2022)	GRAND TOTAL (inc. Gavi COVAX AMC)
His Highness Sheikh Mohamed bin Zayed Al Nahyan		38		38
International Federation of Pharmaceutical Wholesalers (IFPW)		2		2
Kerk in Actie			<1	<1
King Baudouin Foundation				<1
King Salman Humanitarian Aid & Relief Centre (KSrelief)			5	5
"la Caixa" Foundation	4	50		50
Mastercard[3]	10	10		26
OPEC Fund for International Development (OFID)		1		1
PagerDuty				<1
Portuguese private sector				2
Pratt & Whitney				<1
Procter & Gamble				5
Reed Hastings and Patty Quillin				30
The Rockefeller Foundation	2	5		5
Russell Reynolds Associates				<1
Salesforce			<1	1
Shell International B.V.				10
SMBC Aviation Capital Limited				<1
Sovereign Order of Malta				<1
Spotify				1
Stanley Black & Decker				1
SymAsia Foundation				<1
Thistledown Foundation				4
TikTok		5		10
Toyota Tsusho[4]				1
Twilio			5	10
UBS Optimus Foundation				2
Unilever[5]	1	7		7
UPS	1	2		2
Vaccine Forward			<1	2
Visa Foundation				5
Wellcome Trust	<1	<1		<1
WHO Foundation - Go Give One campaign			7	7
Wise				<1
Workday Foundation			<1	<1
Other donors[6]	1	145	68	259
Foundations, institutions, organisations and corporations total:	**360**	**4,876**	**88**	**5,342**
Subtotal:	**1,474**	**18,793**	**1,577**	**27,751**
IFFIm proceeds[7,8]	634	4,416	195	5,391
Pneumococcal AMC proceeds[9]		1,313		1,313
Total contributions:	**2,108**	**24,522**	**1,772**	**34,455**

Vaccine delivery and/or logistics to Gavi COVAX AMC

Donor	Gavi COVAX AMC 2022	Gavi COVAX AMC Total
Belgium	1	1
Canada	87	143
European Union (EU)	355	355
France		23
Germany	417	630
Ireland	4	4
New Zealand		6
United States of America		500
Bill & Melinda Gates Foundation		30
Total:	**864**	**1,691**

COVAX dose sharing – ancillary costs

Donor	Gavi COVAX AMC 2022	Gavi COVAX AMC Total
Belgium	3	3
Canada	32	32
Denmark		2
European Union (EU)	43	43
Ireland	1	2
New Zealand	3	4
United Kingdom		2
Total:	**82**	**89**

COVAX Humanitarian Buffer

Donor	Gavi COVAX AMC 2022	Gavi COVAX AMC Total
France		6
Germany	(47)[10]	11
Total:	**(47)[10]**	**16**

Notes:
1 Contribution amounts include cash donations to the COVAX Facility from funds remaining from Self-Financing Participant (SFP) commitments and/or dose sharing activities.
2 Includes contributions from the Basque Agency for Development Cooperation and the Catalan Agency for Development Cooperation.
3 Mastercard has contributed: (i) US$15 million to support the Gavi COVAX AMC with a US$ 15 million grant for the purchase of COVID-19 vaccines, US$ 10 million of which was matched by the Bill & Melinda Gates Foundation (US$ 2 million) and Gates Philanthropy Partners (US$ 8 million); and (ii) a US$ 10 million cash contribution to support the implementation of digital solutions to Gavi core programmes (no match). In addition, Mastercard conducted a consumer-based fundraising campaign through its donation platform that raised a total of US$ 2.5 million.
4 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.
5 Unilever provides resources to Gavi on a leveraged partnership project.
6 Includes contributions from other private sector corporations, foundations, individuals, institutions and organisations.
7 IFFIm proceeds: cash disbursements from the World Bank to the GAVI Fund Affiliate (GFA) (2006–2012) and to Gavi (2013–2022).
8 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.
9 Pneumococcal AMC proceeds: cash transfers from the World Bank to Gavi.
10 The "(47)" pertains to the remainder of funds that were returned to the donor after completion of the project, as per terms of the donor agreement.

Contributions presented in the tables on pages 54 and 55 may not add up precisely to the grand totals due to rounding; and because contributions to the Gavi COVAX AMC in 2020 and/or 2021 are not shown in separate columns.

1. Contributions to Gavi as of 31 December 2022 (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	2022	Total
Norway		147
United Kingdom		40
Governments total:		**187**
Bill & Melinda Gates Foundation		241
Private contributions total:	**0**	**241**
Total:	**0**	**428**

Country co-financing commitments (in US$)

	2022	2000–2021
Co-financing	162.7 million[1]	1.33 billion

Innovative finance mechanisms: IFFIm commitments

IFFIm grants for Gavi core programmes (signed as of 31 December 2022)

		Amount committed (millions)	
Donor	Period of commitment (years)	Currency of pledge (in millions)	US$ equivalent (in millions)[2]
Australia	2011–2030	AUD 284	284
Brazil	2018–2037	US$ 20	20
France	2007–2026	EUR 1,390	1,884
Italy	2006–2030	EUR 649	815
Netherlands	2009; 2012–2030	EUR 330 US$ 67	487
Norway	2006–2020; 2022–2030	NOK 5,500 US$ 27	686
South Africa	2007–2026	US$ 20	20
Spain	2006–2035	EUR 290	345
Sweden	2007–2031	SEK 526	66
United Kingdom	2007–2029	GBP 2,091	3,558
Total:			**8,165**

Innovative finance mechanisms: Pneumococcal AMC[3]

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

IFFIm grants for CEPI (signed as of 31 December 2022)

Donor	Period of commitment (years)	Currency pledged (in millions)	US$ equivalent (in millions)[2]
Italy	2020	EUR 5	6
Norway	2021–2030	NOK 2,600	266
Total:			**272**

IFFIm grants for Gavi COVAX AMC (signed as of 31 December 2022)

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

IFFIm grants announced but unsigned by 31 December 2022

Donor	Period of commitment (years)	Currency pledged (in millions)	US$ equivalent (in millions)[2]
Canada (Gavi Core)	2023–2030	CAD 125	92
Spain (CEPI)	TBD	EUR 75	TBD
Australia (CEPI)	TBD	AUD 50	TBD

Notes:

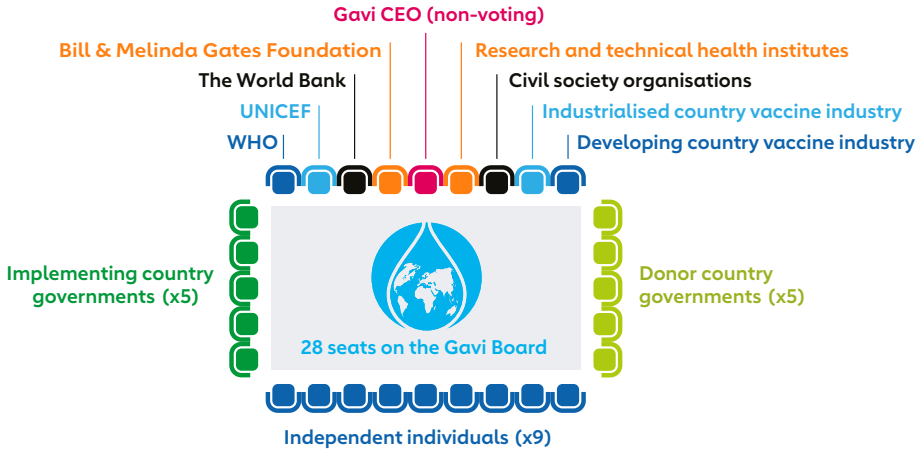
1 This includes the three countries with fiscal year alignment for which obligations were due by June 2022: Ethiopia, Kenya and Pakistan. It excludes the United Republic of Tanzania, for which Gavi aligned co-financing obligations to its fiscal year (with obligations due by June 2023 instead of December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

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

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

2. Governance structure as of 31 December 2022

The Gavi Board



Independent members

José Manuel Barroso, *Chair*

Margaret (Peggy) Hamburg

Teresa Ressel

Yibing Wu

Afsaneh Beschloss

Awa Marie Coll Seck

Naguib Kheraj

Anne Schuchat

Deena Shiff

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 & Somalia
Aamer Ikram (Pakistan)

Constituency 4: Armenia & Honduras
Anahit Avanesyan (Armenia)

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

Donor government representatives

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

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

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

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

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

Industrialised country vaccine industry

Roger Connor (GSK)

Developing country vaccine industry

Mahima Datla (Biological E. Limited, India)

Civil society organisations

Rafael Vilasanjuan (ISGlobal)

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

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

Helge Weiner-Trapness
Founding Partner, Quintus Partners

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

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

Monique Barbut
President, WWF France

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

Source: Gavi, the Vaccine Alliance

3. Contributions pledged to Gavi[1] includes pledges as of 31 December 2022 (US$ millions)

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

						2021–2025				2026–2037		
Direct contributions	Matching Fund[5]	IFFIm[6]	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	IFFIm[6]	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	Donors
219		62	95		25	400	2%	74	37	112	5%	Australia[7]
			9			9	<1%					Austria
			3			3	<1%					Bahrain
3			16			20	<1%					Belgium[8]
			<1			<1	<1%					Bhutan
		5	109			114	1%	12		12	1%	Brazil[7]
1						1	<1%					Burkina Faso
1						1	<1%					Cameroon
460			586			1,046	5%					Canada[9]
20			100			120	1%					China[7]
			1			1	<1%					Colombia
			1			1	<1%					Croatia
7			29			36	<1%					Denmark[10]
			<1			<1	<1%					Estonia
321			1,009			1,331	6%					European Union (EU)[7]
			19			19	<1%					Finland
268		579	336			1,182	6%	156		156	7%	France[11, 12]
716			1,589			2,305	11%					Germany[13]
			2			2	<1%					Greece
			8			8	<1%					Iceland[7]
15						15	<1%					India
20			15			35	<1%					Ireland[14]
112		153	548			813	4%	180		180	8%	Italy
140			1,500			1,640	8%					Japan[7]
			50			50	<1%					Kuwait
			1			1	<1%					Liechtenstein
6			6			11	<1%					Luxembourg
			<1			<1	<1%					Malaysia
			<1			<1	<1%					Malta
			<1			<1	<1%					Mauritius
			<1			<1	<1%					Mexico
1			<1			1	<1%					Monaco
56	28	153	119			355	2%	153		153	7%	Netherlands
			29			29	<1%					New Zealand[15]
1						1	<1%					Niger
650		151	88		58	947	4%	271	58	329	15%	Norway[7]
			1			1	<1%					Oman
			<1			<1	<1%					Palau[7]
			1			1	<1%					Philippines
			1			1	<1%					Poland
<1			1			1	<1%					Portugal
10			10			20	<1%					Qatar
30			210			240	1%					Republic of Korea[7]
			<1			<1	<1%					Republic of Moldova
10						10	<1%					Russian Federation
3			150			153	1%					Saudi Arabia
			5			5	<1%					Singapore

Donors	2000–2010 Direct contributions	2000–2010 Pneumococcal AMC	2000–2010 IFFIm[2]	2000–2010 Total	2000–2010 As % of grand total[3]	2011–2015 Direct contributions	2011–2015 Matching Fund	2011–2015 Pneumococcal AMC	2011–2015 IFFIm[2]	2011–2015 Total	2011–2015 As % of grand total[3]	2016–2020 Direct contributions	2016–2020 Matching Fund	2016–2020 Pneumococcal AMC	2016–2020 IFFIm[4]	2016–2020 Gavi COVAX AMC	2016–2020 Gavi COVAX AMC (Matching Fund)	2016–2020 Total	2016–2020 As % of grand total[3]
Slovenia																			
South Africa			4	4	<1%				4	4	<1%				3			3	<1%
Spain[16]	43		58	101	2%				51	51	1%				43			43	<1%
Sweden	123		10	132	3%	255			11	266	4%	189			9			198	2%
Switzerland												14						14	<1%
Township Zug																			
Uganda																			
United Kingdom[7, 17]	137	22	153	313	7%	1,424	61	317	475	2,277	31%	1,378		85	696			2,159	23%
United States of America[18, 19]	647			647	15%	733				733	10%	1,400						1,400	15%
Viet Nam																			
Donor governments and the European Union total:	**2,039**	**316**	**578**	**2,933**	**70%**	**3,980**	**61**	**715**	**1,192**	**5,947**	**80%**	**5,860**	**11**	**238**	**1,487**			**7,597**	**82%**

Notes:

1 Some contributions may be received by Gavi in years different to those for which the pledges were made.
2 A number of the "US$ equivalent values" of actual International Finance Facility for Immunisation (IFFIm) donor contributions received for 2006–2015 have been updated to reflect information received from the World Bank Group's International Bank for Reconstruction and Development (IBRD) at the end of 2016. The total sum of changes made is +US$ 4.5 million representing 0.25% of the total US$ 1.77 billion in contributions received during this period; changes at country level are also insignificant.
3 The percentages in this column pertain to each donor's share of the total amount pledged for the period.
4 In 2018, the Gavi Board approved Gavi support for research and development of new vaccines by the Coalition for Epidemic Preparedness Innovations (CEPI) through an IFFIm transaction of 600 million Norwegian kroner (US$ 66 million) to frontload an equivalent Norway grant for this purpose. Subsequently, in 2020, the Gavi Board approved Gavi support for research and development of new COVID-19 vaccines by CEPI, through a similar IFFIm arrangement. 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 Contribution amounts include cash donations to the COVAX Facility from funds remaining from Self-Financing Participants (SFPs) commitments and/or dose sharing activities.
8 Includes €1 million (US$ 1.1 million) towards vaccine delivery to Gavi COVAX AMC and €3 million (US$ 3.4 million) towards dose sharing ancillary costs.
9 Includes Canadian $ 70 million (US$ 55.8 million) towards vaccine delivery to Gavi COVAX AMC and Canadian $ 40 million (US$ 31.6 million) towards dose sharing ancillary costs.
10 Includes 15 million Danish kroner (US$ 2.3 million) towards dose sharing ancillary costs.
11 The Agence française de développement (AFD, French Development Agency), Gavi and the Bill & Melinda Gates Foundation signed an innovative partnership worth €100 million over the 2016–2020 period. The partnership aims to increase vaccine coverage in six French-speaking countries of the Sahel region: Burkina Faso, Chad, Mali, Mauritania, Niger and Senegal.
12 Includes €20 million (US$ 22.5 million) towards vaccine delivery to Gavi COVAX AMC and €5 million (US$ 5.6 million) for vaccines via the COVAX Humanitarian Buffer.
13 Germany's total contribution for COVAX of €1,389 million (equiv. US$ 1,589 million) includes: €809 million (equiv. US$ 959 million) towards Gavi COVAX AMC vaccine purchases, including €9 million (equiv. US$ 10.5 million) for obtaining vaccines for humanitarian purposes via the COVAX AMC Humanitarian Buffer; and €580 million (equiv. US$ 630 million) towards vaccine logistics (UNICEF).
14 Includes €2 million (US$ 2.2 million) towards dose sharing ancillary costs.
15 Includes New Zealand $ 9 million (US$ 6 million) towards vaccine delivery to Gavi COVAX AMC and US$ 4.3 million towards dose sharing ancillary costs.
16 Includes pledges from the Basque Agency for Development Cooperation and the Catalan Agency for Development Cooperation.
17 Includes £1.6 million (US$ 2.1 million) towards dose sharing ancillary costs.
18 The USA pledge of US$ 1.0 billion announced at Gavi's second donor pledging conference, hosted by the Government of Germany in Berlin in January 2015, was for the years 2015–2018 and included US$ 800 million for 2016–2018. In addition to the pledge made in Berlin, the Government of the United States of America provided US$ 20 million to Gavi to be used for an Ebola vaccine stockpile once a licensed vaccine became available. The USA pledge of US$ 1.16 billion announced at Gavi's third donor pledging conference, the Global Vaccine Summit (GVS), hosted by the UK Government in June 2020, is for the years 2020–2023 and includes US$ 870 million for 2021–2023.
19 The United States of America's US$ 4 billion pledge to COVAX includes US$ 3.5 billion for procurement and US$ 0.5 billion for delivery.
20 Gavi Matching Fund (Bill & Melinda Gates Foundation): US$ 45 million allocated to core partnerships and US$ 30 million allocated to the Gavi COVAX AMC vaccine delivery.
21 Google.org has donated more than US$ 20 million in Ad Grants to Gavi. In the longer term, Google.org engineers will also support Gavi's broader innovation agenda.
22 Mastercard has contributed: (i) US$ 15 million to support the Gavi COVAX AMC with a US$ 15 million grant for the purchase of COVID-19 vaccines, US$ 10 million of which was matched by the Bill & Melinda Gates Foundation (US$ 2 million) and Gates Philanthropy Partners (US$ 8 million); and (ii) a US$ 10 million cash contribution to support the implementation of digital solutions to Gavi core programmes (no match). In addition, Mastercard conducted a consumer-based fundraising campaign through its donation platform that raised a total of US$ 2.5 million.
23 Funding advised by the Thistledown Foundation in support of the Thistledown Foundation COVAX Project, a CAF Canada Project.
24 TikTok's US$ 5 million contribution is matched by the Bill & Melinda Gates Foundation with a US$ 5 million contribution to Gavi in support of COVID-19 vaccine delivery and other Gavi activities.

	2021–2025								2026–2037				
	Direct contributions	Matching Fund[5]	IFFIm[6]	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	IFFIm[6]	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	Donors
				1			1	<1%					Slovenia
			5				5	<1%	1		1	<1%	South Africa
	11		73	6			90	<1%	84		84	4%	Spain[16]
	178		13	23		126	340	2%	17	129	146	7%	Sweden
				157			157	1%					Switzerland
				<1			<1	<1%					Township Zug
	1						1	<1%					Uganda
	1,336	31	829	125		387	2,709	13%	748	287	1,035	47%	United Kingdom[7, 17]
	870			4,000			4,870	23%					United States of America[18, 19]
				1			1	<1%					Viet Nam
	5,465	**59**	**2,022**	**10,960**		**596**	**19,101**	**90%**	**1,697**	**512**	**2,208**	**100%**	**Donor governments and the European Union total**

25 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.
26 The WHO Foundation - Go Give One campaign raises funds from individuals for the benefit of the Gavi COVAX AMC.
27 "Other donors" includes contributions from foundations, individuals, institutions, organisations and corporations.
28 In-kind contributions are not included in the foundations, institutions, organisations and corporations total.

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

Direct contributions (including Gavi Matching Fund)

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

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

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

IFFIm contributions

Received contributions: non-US$ contributions for 2000–2022 are expressed in US$ equivalents as confirmed by the IBRD.

Future contributions: non-US$ contributions for years 2023 and beyond are expressed in US$ equivalents as follows:

- for signed contribution agreements, contributions are expressed in US$ equivalents using the exchange rates at the time of signing the respective donor grant agreements; and
- for contribution agreements not yet signed, contributions are expressed in US$ equivalents using the applicable "spot rates" from Refinitiv as of 31 December 2022.

General notes regarding IFFIm contributions:

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

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

Foundations, individuals, 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																			
Airtel																			
Al Ansari Exchange												1						1	<1%
Alight Solutions																			
Alwaleed Philanthropies												3						3	<1%
Analog Devices Foundation																			
Arm Limited																			
Asia Philanthropy Circle																			
Audacious Alliance													9					9	<1%
Bill & Melinda Gates Foundation[20]	1,213	20		1,233	29%	1,237	50	24		1,310	18%	1,482	70					1,552	17%
BlackBerry																			
Centene Charitable Foundation																			
Cisco																			
The Coca-Cola Foundation																			
CODE (RED)																			
Collins Aerospace (Goodrich Corporation)																			
Croda Foundation																			
Dolby Laboratories Charitable Fund																			
ELMA Vaccines and Immunization Foundation							2			2	<1%		2					2	<1%
Epiroc AB																			
Etsy																			
Frank McHugh O'Donovan Foundation, Inc.																			
Gamers Without Borders (GWB)																			
Gates Philanthropies Partners																			
Girl Effect													4					4	<1%
Google.org[21]																			
His Highness Sheikh Mohamed bin Zayed Al Nahyan						33				33	<1%								
International Federation of Pharmaceutical Wholesalers (IFPW) Foundation												1	1					2	<1%
Kerk in Actie																			
King Salman Humanitarian Aid & Relief Centre (KSrelief)																			
"la Caixa" Foundation	16			16	<1%		11			11	<1%		18					18	<1%
Mastercard[22]													2					2	<1%
PagerDuty																			
Portuguese private sector																			
Pratt & Whitney																			
Procter & Gamble																			
Reed Hastings and Patty Quillin																			
The Rockefeller Foundation																			

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

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

PLEDGES TO CEPI																			
Italy																			
Norway																			
PLEDGES TO CEPI TOTAL:																			
TOTAL PLEDGES, including CEPI:																			

	2021–2025								2026–2037				
	Direct contributions	Matching Fund[5]	IFFIm[6]	Gavi COVAX AMC	Gavi COVAX AMC (Matching Fund)	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	IFFIm[6]	Gavi COVAX AMC (IFFIm)[6]	Total	As % of grand total[3]	Donors
					<1		<1	<1%					Russell Reynolds Associates
					1		1	<1%					Salesforce
				10			10	<1%					Shell International B.V.
				<1			<1	<1%					SMBC Aviation Capital Limited
				<1			<1	<1%					Sovereign Order of Malta
					1		1	<1%					Spotify
					1		1	<1%					Stanley Black & Decker
				<1			<1	<1%					SymAsia Foundation
					4		4	<1%					Thistledown Foundation[23]
		5			5		10	<1%					TikTok[24]
				1			1	<1%					Toyota Tsusho[25]
					10		10	<1%					Twilio
					2		2	<1%					UBS Optimus Foundation
		3					3	<1%					Unilever
		2					2	<1%					UPS
				2			2	<1%					Vaccine Forward
					5		5	<1%					Visa Foundation
	2						2	<1%					Wellcome Trust
				7			7	<1%					WHO Foundation - Go Give One campaign[26]
				<1			<1	<1%					Workday Foundation
	3			95	20		117	1%					Other donors[27]
	1,545	**75**		**411**	**87**		**2,119**	**10%**					**Foundations, individuals, institutions, organisations and corporations TOTAL[28]**
	7,010	**134**	**2,022**	**11,371**	**87**	**596**	**21,220**	**100%**	**1,697**	**512**	**2,208**	**100%**	**TOTAL PLEDGED**
													PLEDGES TO CEPI
			6						<1				Italy
			66						100				Norway
			172						**100**				**PLEDGES TO CEPI TOTAL**
			2,194				**21,392**		**1,797**		**2,309**		**TOTAL PLEDGES, including CEPI**

4. Commitments for country programmes 2000–2026[1]

as of 31 December 2022 (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	360.2	119.8	14.0	17.5	1.7	3.5	3.9		0.4			6.9		0.9	**528.7**
Albania	2.1				0.1	0.3									**2.5**
Algeria														0.7	**0.7**
Angola	135.2	5.8	3.0	0.9	1.3	3.7			0.3	2.4				0.5	**153.2**
Armenia	5.0	0.3	0.1		0.1	0.5		0.2	0.0	0.6					**6.7**
Azerbaijan	15.7	0.6	0.7		0.2	0.2									**17.4**
Bangladesh	791.5	140.2	23.2	26.6	6.1	8.0		0.2	0.3			2.6		2.5	**1,001.4**
Benin	144.8	9.6	0.2	6.1	0.4	1.6		0.2				2.1	0.1	0.4	**165.3**
Bhutan	1.6	0.2			0.0	0.3			0.0	0.2				0.1	**2.5**
Bolivia (Plurinational State of)	32.0	5.4	0.3		0.9	0.8			0.1	1.2				0.3	**40.9**
Bosnia and Herzegovina	2.1				0.1	0.1									**2.3**
Burkina Faso	303.2	27.5	9.7	10.7	0.9	4.3		0.2	0.8			3.8	0.2	0.6	**362.0**
Burundi	158.4	59.8	3.7	9.2	0.4	1.6	0.5	0.2	0.1						**233.9**
Cambodia	96.5	39.4	2.0	7.0	0.6	1.9		0.2				2.1		0.5	**150.1**
Cameroon	254.3	29.5	7.6	13.2	1.0	3.9	0.1	0.2	0.5			3.2	0.2	0.7	**314.4**
Central African Republic	45.1	16.7	1.9	4.7	0.1	0.5						1.6	0.1	0.2	**71.0**
Chad	82.4	37.2	2.6	10.9	0.4	1.9			0.2			4.5	0.1	0.5	**140.8**
China	22.0				15.9	0.8									**38.7**
Comoros	2.6	5.5	0.1	0.2	0.0	0.5								0.1	**9.1**
Congo, Republic of	30.3	15.4	1.7	2.2	0.2	0.8				0.4		1.3	0.1	0.2	**52.7**
Côte d'Ivoire	249.5	23.7	8.8	19.0	1.6	5.1		0.2	0.7			5.5	0.2	0.7	**315.0**
Cuba	2.0	2.4			0.4	0.1				0.2					**5.0**
Democratic People's Republic of Korea	44.8	43.5	2.2	4.4	0.7	0.9									**96.6**
Democratic Republic of the Congo	1,012.4	310.8	25.8	126.8	2.7	11.3	9.9		1.8		9.2	21.1	0.1	1.7	**1,533.6**
Djibouti	7.5	7.0	0.2		0.0	0.4			0.0			0.3			**15.4**
Egypt														1.5	**1.5**
El Salvador														0.2	**0.2**
Eritrea	39.4	21.3	0.4	3.2	0.1	1.0			0.1			1.0			**66.5**
Eswatini														0.1	**0.1**
Ethiopia	1,152.3	262.5	17.8	70.5	2.7	10.7	3.3	0.2	0.8			20.9	0.1	2.1	**1,543.9**
Gambia	36.6	6.1	0.7	1.7	0.1	1.2		0.2	0.1			0.7		0.1	**47.4**
Georgia	4.6	0.4	0.1		0.1	0.4	0.0	0.2		0.6					**6.4**
Ghana	341.0	38.7	5.3	19.8	0.9	3.4	0.8	0.2	0.2			2.4	0.1	0.8	**413.7**
Guinea	43.0	29.4	2.9	3.8	0.3	1.3					6.1	8.7	0.1	0.4	**96.1**
Guinea-Bissau	16.3	5.2	0.5	1.3	0.1	0.7						0.6		0.1	**24.8**
Guyana	3.7		0.1	0.0		0.5				0.4				0.1	**4.7**
Haiti	43.8	12.8	1.3	0.8	0.4	0.9						5.8		0.4	**66.1**
Honduras	34.3	9.2	0.1		0.5	0.6				0.4				0.2	**45.3**
India	739.6	209.2		8.5	18.4	0.4								0.0	**976.1**
Indonesia	166.8	24.8	12.6		9.9	11.7	4.0	0.2	1.1					1.7	**232.9**
Kenya	568.1	44.5	6.4	18.7	1.1	6.2		0.1	1.1			6.1	0.1	1.2	**653.8**
Kiribati	0.4					0.3									**0.7**
Kosovo														0.1	**0.1**
Kyrgyzstan	34.8	11.0	0.8	0.3	0.2	0.7			0.0			1.3		0.2	**49.3**

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	36.3	16.8	1.4	1.2	0.3	1.3		0.2	0.0	1.6		0.7		0.1	**59.9**
Lesotho	10.9	4.4	0.1	0.7	0.1	0.5			0.0			0.7		0.1	**17.6**
Liberia	50.3	21.4	2.2	1.9	0.4	1.1		0.2	0.1		2.8	1.3	0.1	0.2	**81.9**
Madagascar	249.0	31.6	4.1	2.7	0.6	3.0		0.2	0.4			7.3		0.7	**299.7**
Malawi	287.2	58.8	2.0	14.4	0.7	4.2		0.2	0.2			5.0		0.4	**373.1**
Maldives														0.1	**0.1**
Mali	278.4	37.1	5.0	4.5	0.7	2.4		0.1	0.4				0.1	0.5	**329.1**
Mauritania	43.2	6.7	0.7	2.0	0.2	0.9			0.0			0.6		0.2	**54.5**
Mongolia	7.8	0.5	0.5	0.1	0.1	0.2								0.1	**9.3**
Morocco														0.8	**0.8**
Mozambique	330.5	63.3	1.7	10.8	0.8	3.1		0.2	0.5			5.3		0.3	**416.5**
Myanmar	194.1	118.6	7.7	23.0	2.1	7.8									**353.4**
Nepal	165.2	75.3	3.3	10.0	1.2	4.2		0.2	0.2			3.3		0.7	**263.6**
Nicaragua	37.0	3.8	0.3		0.5	0.3			0.0	0.8				0.2	**43.0**
Niger	261.6	70.9	7.4	9.9	0.9	3.6		0.3	0.4			9.1	0.1	0.6	**364.8**
Nigeria[2]	1,268.5	164.1	44.2	203.6	12.6	29.2			4.2			23.0	0.5	2.6	**1,752.5**
North West Syria Region		7.3												0.1	**7.4**
Pakistan	1,786.9	162.2	48.8	117.1	7.4	26.4	7.7		5.5			23.1		2.5	**2,187.6**
Papua New Guinea	37.6	19.2	0.4	14.8		0.6			0.1			0.9		0.2	**73.8**
Philippines														1.4	**1.4**
Republic of Moldova	6.2				0.1	0.5		0.2		0.7				0.1	**7.8**
Rwanda	172.4	29.5	3.0	4.7	0.4	1.4			0.2			1.8		0.4	**213.6**
Sao Tome and Principe	2.3	3.9	0.1	0.0	0.0	0.8		0.2						0.1	**7.3**
Senegal	178.9	23.4	2.6	10.1	0.6	2.7		0.2	0.4			2.5	0.2	0.5	**222.1**
Sierra Leone	94.3	17.6	2.7	2.3	0.3	1.3		0.2	0.2		3.8	1.3		0.3	**124.1**
Solomon Islands	4.5	6.3		0.2		0.6		0.2				0.6			**12.4**
Somalia	29.4	51.4	1.2	9.0	0.2	1.2			0.1			5.7		0.5	**98.6**
South Sudan	33.0	74.2	4.5	10.9	0.2	0.6			0.2			7.1	0.1	0.3	**131.2**
Sri Lanka	25.8	4.5			0.7	0.9				0.1				0.4	**32.4**
Sudan	529.1	68.7	11.2	60.0	1.3	6.8			0.8			3.1	0.1	0.9	**681.9**
Syrian Arab Republic	30.3	17.8		2.8								6.8		0.3	**58.0**
Tajikistan	54.5	17.4	2.4	1.1	0.3	1.0			0.1			1.2		0.4	**78.3**
Timor-Leste	2.0	3.1				0.2			0.0	1.5				0.1	**6.8**
Togo	85.5	10.3	3.0	6.6	0.3	1.6	0.3	0.2	0.2			1.4	0.1	0.3	**109.8**
Tunisia														0.3	**0.3**
Turkmenistan	1.0				0.2	0.1									**1.2**
Uganda	608.8	61.3	9.2	45.9	1.2	9.6			0.8			12.8	0.1	1.0	**750.8**
Ukraine	2.7				0.7	0.1								0.7	**4.2**
United Republic of Tanzania	663.1	58.7	11.4	18.2	1.0	8.8		0.2	1.2			8.9		1.3	**772.7**
Uzbekistan	112.9	27.2		1.9	0.7	2.6			0.2	0.8		1.2		0.9	**148.4**
Viet Nam	163.7	40.7	1.9	15.6	3.2	4.2			0.6	3.2		3.3		1.2	**237.6**
Yemen	309.1	39.1	5.0	10.5	1.2	2.1			0.3			5.3		0.7	**373.4**
Zambia	234.9	16.7	3.9	7.3	0.7	3.5			0.3			1.6		0.5	**269.4**
Zimbabwe	172.8	28.9	1.5	10.6	0.9	2.1		0.2	0.2			2.8		0.5	**220.6**
Grand Total:	**15,587.6**	**3,037.9**	**350.3**	**1,022.8**	**113.5**	**234.6**	**30.4**	**5.6**	**26.4**	**15.2**	**21.9**	**250.0**	**2.9**	**42.9**	**20,742.1**

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

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

Source: Gavi, the Vaccine Alliance, 2023

5. Board approvals for country programme expenditure 2000–2028[1]

as of 31 December 2022 (US$ millions)

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[2]	Human papillomavirus vaccine demonstration cash support	Product switch grant	Transition grant	Ebola EPI recovery grant	Cold Chain Equipment Optimisation Platform	Yellow Fever Diagnostics	Cold chain equipment (COVID-19 vaccines)	Total
Afghanistan	360.2	119.8	14.0	17.5	1.7	3.5	3.9		0.4			6.9		0.9	**528.7**
Albania	2.1				0.1	0.3									**2.5**
Algeria														0.7	**0.7**
Angola	132.1	5.8	3.0	0.9	1.3	3.7			0.3	2.4				0.5	**150.1**
Armenia	5.0	0.3	0.1		0.1	0.5		0.2	0.0	0.6					**6.7**
Azerbaijan	14.9	0.6	0.7		0.2	0.2									**16.6**
Bangladesh	764.2	140.2	23.2	26.6	6.1	8.0		0.2	0.3			1.7		2.5	**973.1**
Benin	138.3	8.8	0.2	6.1	0.4	1.6		0.2				2.1	0.1	0.4	**158.1**
Bhutan	1.6	0.2			0.0	0.3			0.0	0.2				0.1	**2.4**
Bolivia (Plurinational State of)	31.1	5.4	0.3		0.9	0.8			0.1	1.2				0.3	**40.0**
Bosnia and Herzegovina	2.1				0.1	0.1									**2.3**
Burkina Faso	283.0	27.5	9.7	10.7	0.9	4.3		0.1	0.8			3.8	0.2	0.6	**341.7**
Burundi	150.0	59.8	3.7	9.2	0.4	1.6	0.5	0.2	0.1						**225.5**
Cambodia	89.1	39.4	1.8	7.0	0.6	1.9		0.2				2.1		0.5	**142.5**
Cameroon	241.8	17.5	7.6	13.2	1.0	3.9	0.1	0.2	0.5			3.2	0.2	0.7	**289.9**
Central African Republic	45.1	16.7	1.6	4.7	0.1	0.5						1.6	0.1	0.2	**70.7**
Chad	75.7	37.2	2.6	10.9	0.4	1.9			0.2			4.5	0.1	0.5	**134.1**
China	22.0				15.9	0.8									**38.7**
Comoros	2.5	5.5	0.1	0.2	0.0	0.5								0.1	**9.0**
Congo, Republic of	30.0	13.2	1.7	2.2	0.2	0.8				0.4		1.3	0.1	0.2	**50.1**
Côte d'Ivoire	226.1	23.7	8.8	19.0	1.6	5.1		0.2	0.7			5.5	0.2	0.7	**291.6**
Cuba	1.9	2.4			0.4	0.1				0.2					**4.9**
Democratic People's Republic of Korea	44.8	43.5	2.2	4.4	0.7	0.9									**96.6**
Democratic Republic of the Congo	922.7	294.8	25.8	108.2	2.7	11.3	9.9		1.8		9.2	21.1	0.1	1.7	**1,409.3**
Djibouti	6.8	5.8	0.2		0.0	0.4			0.0			0.3			**13.6**
Egypt														1.5	**1.5**
El Salvador														0.2	**0.2**
Eritrea	36.4	21.3	0.4	3.2	0.1	1.0			0.1			1.0			**63.4**
Eswatini														0.1	**0.1**
Ethiopia	1,080.6	262.5	17.8	68.1	2.7	10.7	3.3	0.2	0.8			20.9	0.1	2.1	**1,469.8**
Gambia	34.6	4.9	0.7	1.7	0.1	1.2		0.2	0.1			0.7		0.1	**44.2**
Georgia	4.6	0.4	0.1		0.1	0.4	0.0	0.2		0.6					**6.4**
Ghana	331.4	37.9	5.3	19.8	0.9	3.4	0.8	0.2	0.2			2.4	0.1	0.8	**403.3**
Guinea	41.4	26.9	2.9	3.8	0.3	1.3					6.1	8.7	0.1	0.4	**92.0**
Guinea-Bissau	15.0	3.7	0.5	1.3	0.1	0.7						0.6		0.1	**22.0**
Guyana	3.6		0.1	0.0		0.5				0.4				0.1	**4.6**
Haiti	40.3	7.9	1.3	0.8	0.4	0.9						5.8		0.4	**57.6**
Honduras	33.8	9.2	0.1		0.5	0.6				0.4				0.2	**44.8**
India	739.6	209.2		8.5	18.4	0.4								0.0	**976.1**
Indonesia	166.8	24.8	12.6		9.9	11.7	4.0	0.2	1.1					1.7	**232.9**
Kenya	551.3	44.5	6.4	18.7	1.1	6.2		0.1	1.1			6.1	0.1	1.2	**636.9**
Kiribati	0.4					0.3									**0.7**
Kosovo														0.1	**0.1**
Kyrgyzstan	32.4	11.0	0.8	0.3	0.2	0.7			0.0			1.3		0.2	**46.9**

Country	New and underused vaccine support	Health system strengthening support	Immunisation services support	Operational support	Injection safety support	Vaccine introduction grant	Civil society organisation support[2]	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	35.8	16.8	1.4	1.2	0.3	1.3		0.2	0.0	1.6		0.7		0.1	**59.4**
Lesotho	10.1	3.1	0.1	0.7	0.1	0.5			0.0			0.7		0.1	**15.5**
Liberia	46.6	21.4	2.2	1.9	0.4	1.1		0.2	0.1		2.8	1.3	0.1	0.2	**78.2**
Madagascar	234.1	31.4	4.1	2.7	0.6	3.0		0.2	0.4			7.3		0.7	**284.5**
Malawi	273.0	52.1	2.0	14.4	0.7	4.2		0.2	0.2			4.7		0.4	**351.9**
Maldives														0.1	**0.1**
Mali	260.5	37.1	5.0	4.5	0.7	2.4		0.0	0.4				0.1	0.5	**311.2**
Mauritania	41.1	5.3	0.7	2.0	0.2	0.9			0.0			0.6		0.2	**51.0**
Mongolia	7.0	0.5	0.5	0.1	0.1	0.2								0.1	**8.5**
Morocco														0.8	**0.8**
Mozambique	302.6	46.5	1.7	10.8	0.8	3.1		0.2	0.5			5.3		0.3	**371.9**
Myanmar	194.1	118.6	7.7	11.7	2.1	19.2									**353.4**
Nepal	155.9	71.3	3.3	10.0	1.2	4.2		0.2	0.2			3.2		0.7	**250.1**
Nicaragua	36.4	3.8	0.3		0.5	0.3			0.0	0.8				0.2	**42.4**
Niger	235.8	62.3	7.4	9.9	0.9	3.6		0.2	0.4			9.1	0.1	0.6	**330.3**
Nigeria	1,165.9	164.1	44.2	203.2	12.6	29.2			4.2			23.0	0.5	2.6	**1,649.5**
North West Syria Region		4.7												0.1	**4.8**
Pakistan	1,682.9	162.2	48.8	117.1	7.4	26.4	7.7		5.5			23.1		2.5	**2,083.6**
Papua New Guinea	37.2	19.2	0.4	14.8		0.6			0.1			0.9		0.2	**73.5**
Philippines														1.4	**1.4**
Republic of Moldova	6.0				0.1	0.5		0.2		0.7				0.1	**7.6**
Rwanda	164.4	28.0	3.0	4.7	0.4	1.4			0.2			1.8		0.4	**204.1**
Sao Tome and Principe	2.2	3.8	0.1	0.0	0.0	0.8		0.1						0.1	**7.2**
Senegal	163.6	23.4	2.6	10.1	0.6	2.7		0.1	0.4			2.5	0.2	0.5	**206.7**
Sierra Leone	87.8	14.5	2.7	2.3	0.3	1.3		0.2	0.2		3.8	1.3		0.3	**114.5**
Solomon Islands	4.4	6.3		0.2		0.6		0.1				0.6			**12.3**
Somalia	29.4	51.4	1.2	9.0	0.2	1.2			0.1			5.0		0.5	**97.9**
South Sudan	31.1	69.0	4.5	10.9	0.2	0.6			0.2			7.1	0.1	0.3	**124.0**
Sri Lanka	25.4	4.4			0.7	0.9				0.1				0.4	**32.0**
Sudan	502.3	68.7	11.2	60.0	1.3	6.8			0.8			3.1	0.1	0.9	**655.1**
Syrian Arab Republic	23.2	10.1		2.8								1.3		0.3	**37.6**
Tajikistan	48.7	17.4	2.4	1.1	0.3	1.0			0.1			1.2		0.4	**72.5**
Timor-Leste	1.8	3.1				0.2			0.0	1.5				0.1	**6.7**
Togo	81.7	10.3	3.0	6.6	0.3	1.6	0.3	0.2	0.2			1.4	0.1	0.3	**106.1**
Tunisia														0.3	**0.3**
Turkmenistan	1.0				0.2	0.1									**1.2**
Uganda	555.7	55.4	9.2	42.9	1.2	9.6			0.8			11.7	0.1	1.0	**687.7**
Ukraine	2.7				0.7	0.1								0.7	**4.2**
United Republic of Tanzania	594.5	52.1	11.4	16.0	1.0	8.8		0.2	1.2			8.9		1.3	**695.3**
Uzbekistan	109.4	26.9		1.9	0.7	2.6			0.2	0.8		1.2		0.9	**144.6**
Viet Nam	157.2	40.7	1.9	15.6	3.2	4.2			0.6	3.2		3.3		1.2	**231.1**
Yemen	288.7	39.1	5.0	10.5	1.2	2.1			0.3			4.5		0.7	**352.1**
Zambia	223.5	16.7	3.9	7.3	0.7	3.5			0.3			1.6		0.5	**258.0**
Zimbabwe	161.6	23.3	1.5	10.6	0.9	2.1		0.1	0.2			2.8		0.5	**203.7**
Grand Total:	**14,690.5**	**2,917.2**	**349.9**	**984.8**	**113.5**	**246.0**	**30.4**	**5.2**	**26.4**	**15.1**	**21.9**	**240.3**	**2.9**	**42.9**	**19,687.1**

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

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

Source: Gavi, the Vaccine Alliance, 2023

6. Commitments and Board approvals for investment cases

as of 31 December 2022 (US$ millions)

Commitments for investment cases 2000–2028[1]

Programme	Vaccines	Operational costs	Cold chain equipment	Implementation costs	Yellow Fever Diagnostics	Total
Measles	60.4	115.6				176.0
Measles & Rubella Partnership	22.0	33.0		50.0		105.0
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	195.2	63.7			0.3	259.2
Cholera	286.1	59.5				345.6
Ebola	94.2	8.6				102.7
Humanitarian response Syria	33.0		17.0			50.0
Malaria		39.1		64.2		103.3
Other	200.3			390.3		590.6
Total:	**1,277.5**	**445.9**	**17.0**	**504.6**	**0.3**	**2,245.3**

Board approvals for investment case expenditure 2000–2028[2]

Programme	Vaccines	Operational costs	Cold chain equipment	Implementation costs	Yellow Fever Diagnostics	Total
Measles	60.4	115.6				176.0
Measles & Rubella Partnership	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	178.2	55.9			0.2	234.3
Cholera	152.5	41.6				194.1
Ebola	94.2	8.6				102.7
Humanitarian response Syria	33.0		17.0			50.0
Malaria		24.6		11.3		35.9
Other	88.4			273.2		361.6
Total:	**901.2**	**397.7**	**17.0**	**304.5**	**0.2**	**1,620.7**

Notes:

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

2 Approvals are a subset of commitments that have been approved by the Gavi Board or the Gavi CEO. Only such approved amounts can be disbursed, subject to all other conditions for disbursement being met by the countries. Approvals are typically granted for the current year and one further year.

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

Source: Gavi, the Vaccine Alliance, 2023

The Vaccine Alliance is funded by

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Wise
Workday Foundation

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

Editor-in-chief:
Amanda Tschopp

Design and layout:
Studio Miko

Data officer:
Taylor Holroyd

Project and data coordinator:
Susann Kongstad

Proofreader:
Mandy Collins

Contributors:
Meredith Baker, Daniella Biraaro, Emmanuel Bor, Olivia Bullock, Gitanjali Chaturvedi, Katy Clark, Will Cole, Chloë Cooney, Marguerite Cornu, Elinore Court, Laura Craw, Hannah Dawson, Alex de Jonquieres, Veronica Denti, Asu Durmus, Marthe-Sylvie Essengue Elouma, Raphael Ferry, Tanguy Flahault, James Fulker, Ashley Germann, Eric Godfrey, Joanne Goetz, Paula Gonzalez, Guillaume Grosso, Quentin Guillon, Dominic Hein, Dan Hogan, Nidhee Jadeja, Michelle Jimenez, Cirũ Kariũki, Arunima Khanduri, Emily Kobayashi, Ranjana Kumar, Thiago Luchesi, Francisco Luquero, Alice Ma, Bineta MBacke, Alain McLaren, Todi Mengistu, Naomi Miall, Jean Munro, Lizzie Noonan, Temidayo Ogunrinu, Amber Ohiokpehai, Daniel Oyaole, Bertrand Pedersen, Maya Prabhu, Cassandra Quintanilla, Clara Rudholm, Allyson Russell, Karan Sagar, Stephen Sosler, Daniel Thornton, Sarah van Beers, Annette Wangong'u, Kelly Warden, Andy Whitworth, Chun Yuen Wong – and innumerable others across the Gavi Secretariat upon whose expertise, assiduous review and hard work this report relied

Digital, media and social media:
Elinore Court, James Fulker, Matthew Grek, Nataša Milovanovic, Meghana Sharafudeen, Svetlomir Slavchev, Anna Waldenström

Director of communications:
Olly Cann

Director of publications:
Pascal Barollier

Gavi
The Vaccine Alliance

The global rebound in immunisation is encouraging, and a tribute to those who are working so hard to restore life-saving immunisation services with now three years of lower coverage compared to pre-pandemic levels. But global and regional averages don't tell the whole story, and they mask severe and persistent inequities. When countries and regions lag, children pay the price. We are proud to work with Gavi to make sure that every child benefits from the life-saving power of vaccines.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General, September 2023

Countries have worked hard over the past year to reverse the historic backsliding in routine immunisation, but the job isn't done yet. There are still many countries that have yet to recover the ground they lost during the pandemic, leaving vulnerable children at the mercy of preventable diseases such as polio and HPV. In some low-income contexts, we are even seeing a decline in coverage rates, especially for measles vaccination. We must double down on our efforts to reach every child. The recovery has started, now let's make sure it's equitable and durable.

Catherine Russell
UNICEF Executive Director, September 2023

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

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

Read more about our mission at www.gavi.org

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

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