Global and regional coverage of DTP3, 2000–2018

In 2018, the regional coverage of DTP3 was 81%, compared to global average of 86%.

Coverage levels (%) and numbers of infants un-vaccinated and under-vaccinated for DTP, 2018

Ethiopia and Angola, with an estimated 1.4 million infants not vaccinated for DTP3, accounted for 45 per cent of the total ESAR un- and under-vaccinated surviving infants.

Vaccination Coverage by country, 2018

*Achieved greater than 90% coverage for at least the past 3 consecutive years

Note: Please find the acronym definitions on page 3.
Regional Vaccination Trends, 2000–2018

Number of infants in the region not vaccinated for DTP1 (un-vaccinated) and DTP3 (under-vaccinated), 2000–2018

Top 5 countries with the most infants not vaccinated for DTP1 (un-vaccinated) and DTP3 (under-vaccinated), 2016–2018

DTP3 coverage change from 2017 to 2018, by country

Note: Coverage change was within 2% for Botswana, Burundi, Comoros, Eritrea, Ethiopia, Lesotho, Madagascar, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Uganda, United Republic of Tanzania, and Zimbabwe.
Definitions of immunization terms

**Vaccine coverage:** Percentage of infants (children under one year of age) who received certain vaccine-doses. For example, coverage of DTP3 is the percentage of infants that received all three doses of diphtheria, tetanus, and pertussis (DTP) vaccine.

**Un-vaccinated:** An infant that did not receive any vaccine. In this regional profile, un-vaccinated is defined as an infant that did not receive any DTP vaccine (not vaccinated for DTP1).

**Under-vaccinated:** An infant that received some but not all the recommended vaccine-doses on the national schedule. In this regional profile, under-vaccinated is defined in relation to the DTP vaccination series not the entire national immunization schedule.

**Vaccine-Doses:**
- Bacillus Calmette-Guerin (BCG): vaccine against tuberculosis.
- Diphtheria, tetanus, and pertussis vaccine, first dose (DTP1) and third dose (DTP3).
- Hepatitis B vaccine, third dose (HepB3)
- Haemophilus influenzae type B vaccine, third dose (Hib3)
- Poliovirus vaccine, third dose (Polio3)
- Measles containing vaccine, first dose (MCV1) and second dose (MCV2)
- Rotavirus vaccine, last dose (Rota)
- Pneumococcal vaccine, third dose (PCV3)
- Human Papillomavirus vaccine, last dose (HPV): vaccine to protect against certain types of human papillomavirus that can lead to cancer or genital warts.
- Yellow Fever vaccine (YFV)

Interpretation of graphs

The **bi-scale map** shows both the level of coverage and the total number of infants not vaccinated for DTP3.

- Less than 80% coverage and ranked in the group of countries with the most number of under-vaccinated infants within the region.
- 80% to 89% coverage and ranked in the group of countries with the most number of under-vaccinated infants within the region.
- Greater than or equal to 90% coverage and ranked in the group of countries with the most number of under-vaccinated infants within the region.
- Less than 80% coverage and ranked in the middle group of countries in terms of number of under-vaccinated infants within the region.
- 80% to 89% coverage and ranked in the middle group of countries in terms of number of under-vaccinated infants within the region.
- Greater than or equal to 90% coverage and ranked in the middle group of countries in terms of number of under-vaccinated infants within the region.
- Less than 80% coverage and ranked in the group of countries with the least number of under-vaccinated infants within the region.
- 80% to 89% coverage and ranked in the group of countries with the least number of under-vaccinated infants within the region.
- Greater than or equal to 90% coverage and ranked in the group of countries with the least number of under-vaccinated infants within the region.

The **DTP3 coverage change from 2017 to 2018 scatter plot** shows the change in DTP3 coverage between 2017 and 2018. Countries that experienced more than 5 percentage point drop in coverage since the previous year are labelled in dark red. Similarly, countries that experienced more than 5 percentage point increase in coverage since the previous year are labelled in dark blue. Countries with no significant changes (less than 2 percentage points) are labelled in yellow.

**GRISP: Global Routine Immunization Strategies and Practices**

**Coordinating Actions to Achieve Disease Prevention for All**

The GRISP framework outlines the specific strategies and activities required to ensure the lifesaving power of routine immunization is accessible to all—regardless of who they are or where they live. It breaks down into the following nine areas:

- **Operational level funding**
  - Assurance that sufficient and adequately appropriated funds reach the operational level of the programme regularly

- **Strategic and operational plans**
  - Strategic multiyear plans and operational annual plans outlining and coordinating strategies and activities, monitored quarterly

- **Strategies to reach**
  - Tailored strategies that identify under-vaccinated and unvaccinated persons and regularly provide them with the vaccines they need

- **National team**
  - The most important factor for all other eight investments to succeed: A capable national team—supplied with sufficient resources and authority—to excellently manage each country’s national immunization program

- **Vaccinator and manager skills**
  - Regular and systematic capacity building, skills development and supportive supervision for vaccinators and district managers

- **Modern vaccine supply chain**
  - Modernized vaccine supply chains and management to ensure the correct amounts of the right potent vaccines are available at each vaccination session

- **Accurate information system**
  - An information system that identifies and tracks each person’s vaccination status

- **Life course vaccination**
  - Expanded routine immunization schedules that cover people’s entire lives

- **Community support**
  - Shared responsibility for immunization delivery between communities and the immunization programme to reach uniformly high coverage through high demand and quality services