



Singapore

WUENIC 2024 revision,
Published 15 July 2025



WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2024 revision

Every year, WHO and UNICEF jointly review submissions from Member States on national immunization coverage, including annual administrative and official coverage, finalized survey reports and data from both published and grey literature. The data is triangulated with consideration of potential biases and local expert opinions to differentiate between accurately reflective empirical data and potentially misleading data, to assess the most likely coverage levels for each country.

WHO and UNICEF produce country-specific estimates by individually reviewing each country's data without borrowing from other countries in the absence of data. These estimates are not based on ad hoc adjustments to reported data; sometimes, empirical data come from a single source, typically nationally reported coverage data. If no data are available for a specific country-vaccine-year combination, data from earlier and later years are considered and interpolated to fill in the gaps. When data sources are conflicting and show significant variations, efforts are made to determine the most likely estimate, taking into account potential biases in the available data.

This slide deck presents the latest WUENIC estimates (published 15 July 2025).

NA: • [Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.](#)

- [Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.](#)
- [Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.](#)
- [Danovaro-Holliday et al. 2021. Compliance of WUENIC with Guidelines for Accurate and Transparent Health Estimates Reporting \(GATHER\) criteria.](#)

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 who received all three doses of diphtheria, tetanus, and pertussis (DTP) vaccine.

Unvaccinated

An infant that did not receive the first dose of a vaccine series. The term "zero-dose" is used to describe children unvaccinated with DTP1.

Under-vaccinated

An infant who received some but not all the recommended vaccine-doses in the national schedule.

Vaccine-Doses

- Bacillus Calmette-Guerin (BCG): vaccine against tuberculosis
- Hepatitis B birth dose, given within 24 hours after birth (HepBB)
- 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)
- Poliomyelitis vaccine, third dose (Polio3)
- Inactivated polio vaccine, first dose (IPV1) and second dose (IPV2): second dose is only shown for oral polio vaccine (OPV) using countries
- Measles containing vaccine, first dose (MCV1) and second dose (MCV2)
- Rotavirus vaccine, last dose (RotaC)
- Pneumococcal vaccine, third dose (PCV3)
- Yellow Fever vaccine (YFV)
- Meningococcal A vaccine (MengA)
- Human papillomavirus vaccine, first dose (HPV1) and last dose (HPVc): vaccine to protect against certain types of human papillomavirus that can lead to cancer or genital warts

The Immunization Agenda 2030 (IA2030)

The IA2030 is a global strategy endorsed by the World Health Assembly aiming to ensure everyone, everywhere, at every age benefits from vaccines for improved health and well-being by 2030. It focuses on increasing vaccine coverage, equity, sustainability and pandemic preparedness while promoting life-course immunization and integrating immunization with other health services.

Key concepts

- The World Health Organization (WHO) provides global vaccine recommendations, which are adapted by countries based on local needs. Only DTP, polio and measles-containing vaccines are used in all countries.
- DTP1 is a marker of access to routine immunization services, and when not received, serves as a proxy for identifying children who have not received any vaccinations, also known as "zero-dose" children. High DTP1 coverage indicates good access to immunization services, while low coverage suggests challenges in reaching children with essential vaccines.
- DTP3 is a widely used indicator of immunization programme performance. It reflects a country's ability to deliver routine immunization services and ensures children are protected against serious disease. DTP3 is tracked globally and serves as a key measure of a nation's vaccination efforts.
- DTP1-DTP3 drop-out measures the percentage of children who received DTP1 but not DTP3, and highlights where children are lost along the vaccination pathway, highlighting potential weaknesses in service delivery and follow-up.
- MCV1 (usually recommended between 9-12 months) assesses the ability to deliver vaccines later in infancy. It serves as a tracer for protection against measles and is a good indicator of health system performance.
- HPV vaccine protects against specific types of human papilloma virus (HPV), and is used to measure life cycle vaccination.
- Other key indicators include PCV3 and MCV2, which are used to monitor the Sustainable Development Goals (SDGs).
- Together, these indicators provide a consistent and comparable way to track immunization progress, identify missed communities and monitor global targets, including those under the Immunization Agenda 2030 (IA2030) and Sustainable Development Goals (SDGs).

Key messages

- DTP1 coverage remained constant at 98% between 2023 and 2024.
- DTP3 coverage declined 1 percentage point from 98% in 2023 to 97% in 2024.
- There were there were approximately the same number of zero-dose children in 2024. This leaves <1,000 children without vaccination, vulnerable to vaccine-preventable diseases and a further <500 with incomplete protection.
- Singapore accounted for 0.3% of zero-dose children in Non-programme and <0.1% of zero-dose children globally.
- MCV1 coverage remained constant at 97% between 2023 and 2024. There were 1,000 children who missed out on the first measles vaccination.
- MCV2 coverage increased 1 percentage point from 92% in 2023 to 93% in 2024.
- Last dose coverage of HPV vaccination (HPVc) among girls increased from 67% to 70% in 2024 due to improved programme performance.

Vaccination schedule, 2024

Level	Vaccine	Dose number and age administered			
		1	3	2	4
National	BCG	Birth			
National	DTAPHIBHEPBIPV	2 months	6 months		
National	DTAPHIBIPV			4 months	
National	DTAPHIBIPV (booster)				18 months
National	HEPB (pediatric)	Birth			
National	HPV (females)	12-13 years	>=15 years	13-14 years	
National	MMR	12 months			
National	PCV	4 months	12 months	6 months	

This table shows the 2024 national immunization schedule for routine services in Singapore, reported through the WHO/UNICEF Joint Reporting Form on Immunization (JRF).

Each row corresponds to a vaccine or combination vaccine, indicating whether it is delivered at the national or subnational level. The schedule outlines the number of doses and the recommended ages for administration. Only childhood and adolescent vaccines relevant to WUENIC are included.

Vaccine introduction years

Vaccine	National introduction	Partial introduction
HPV (Human Papilloma Virus) vaccine	2010	
HepB birth dose	1998	
Hepatitis B vaccine	1987	1985
Hib (Haemophilus influenzae type B) vaccine	2013	
IPV (Inactivated polio vaccine)	2013	
IPV (Inactivated polio vaccine) 2nd dose	2013	
Malaria vaccine	Not introduced	
Measles-containing vaccine 2nd dose	1998	
Meningococcal meningitis vaccines (all strains)	Not introduced	
Mumps vaccine	1995	
PCV (Pneumococcal conjugate vaccine)	2009	
Rotavirus vaccine	Not introduced	
Rubella vaccine	1982	
YF (Yellow fever) vaccine	Not introduced	

This table displays the year each vaccine was introduced in Singapore. If a vaccine has been suspended, no introduction year is shown, but if it was suspended and later reintroduced, the year of reintroduction is provided. The introduction years can reflect nationwide rollout, partial (subnational) rollout, or introduction targeted to specific risk groups or high-risk areas, as indicated in the column headers.

Vaccine coverage, Singapore, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision.
Note: Stock information available from 2003.
An asterisk (*) indicates where there was a vaccine stockout at the national or subnational level.

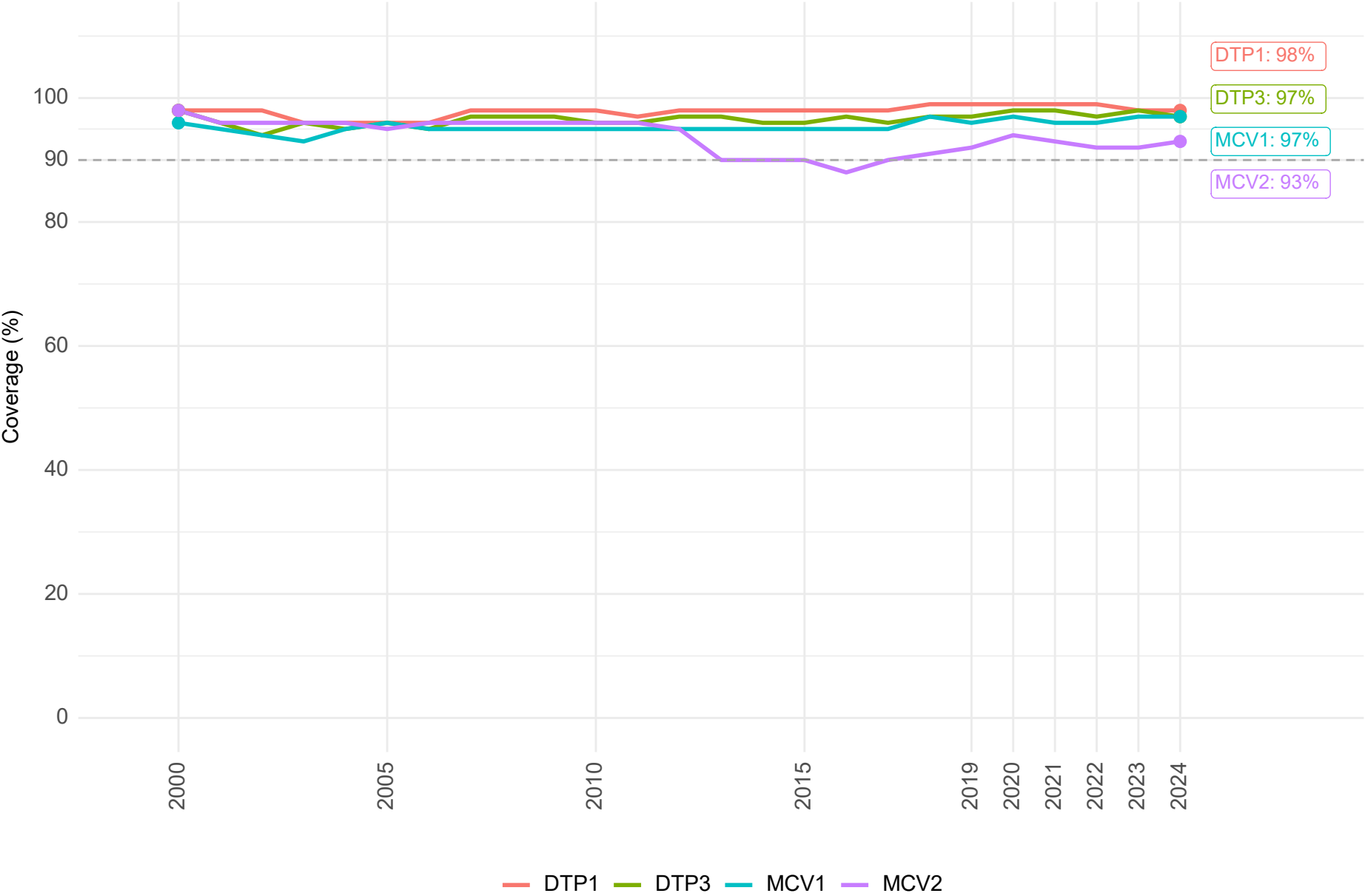
This heatmap shows trends in vaccine coverage since 2000, with green cells indicating coverage of 90% or more.

In 2024, 11 out of 13 (85%) vaccines in the schedule achieved coverage of 90% or more. Vaccine coverage ranged from 89% to 98%.

Since 2003, estimates have been made for 5 new vaccines. IPV1 is the newest vaccine reported (2015), which achieved 98% coverage in 2024.

In 2024, Singapore did not report any stockouts of vaccines or supplies.

Coverage of key childhood vaccines (%), Singapore, 2000-2024



This chart shows coverage trends for the DTP and measles vaccines. These are key antigens for assessing national immunization programmes.

In 2024, DTP1 coverage (a proxy for access to immunization services) was 97%.

DTP3 coverage - a marker of how well countries are delivering immunization services to children - exceeded the 90% target set for 2030.

WHO recommends that countries achieve at least 95% coverage with both the first (MCV1) and second (MCV2) doses of measles-containing vaccine. MCV1 provides initial protection and MCV2 ensures long-term immunity and closes gaps in coverage.

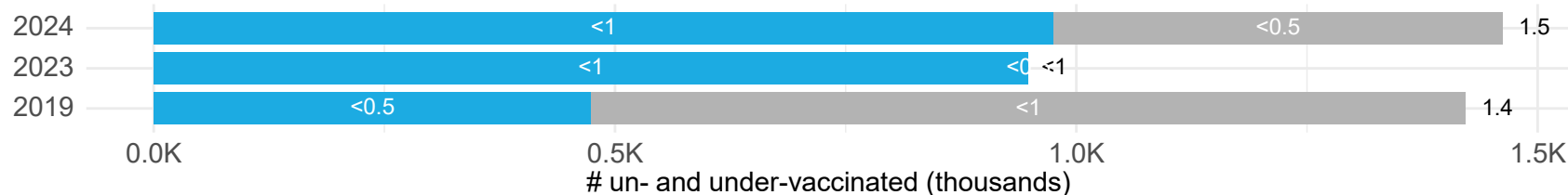
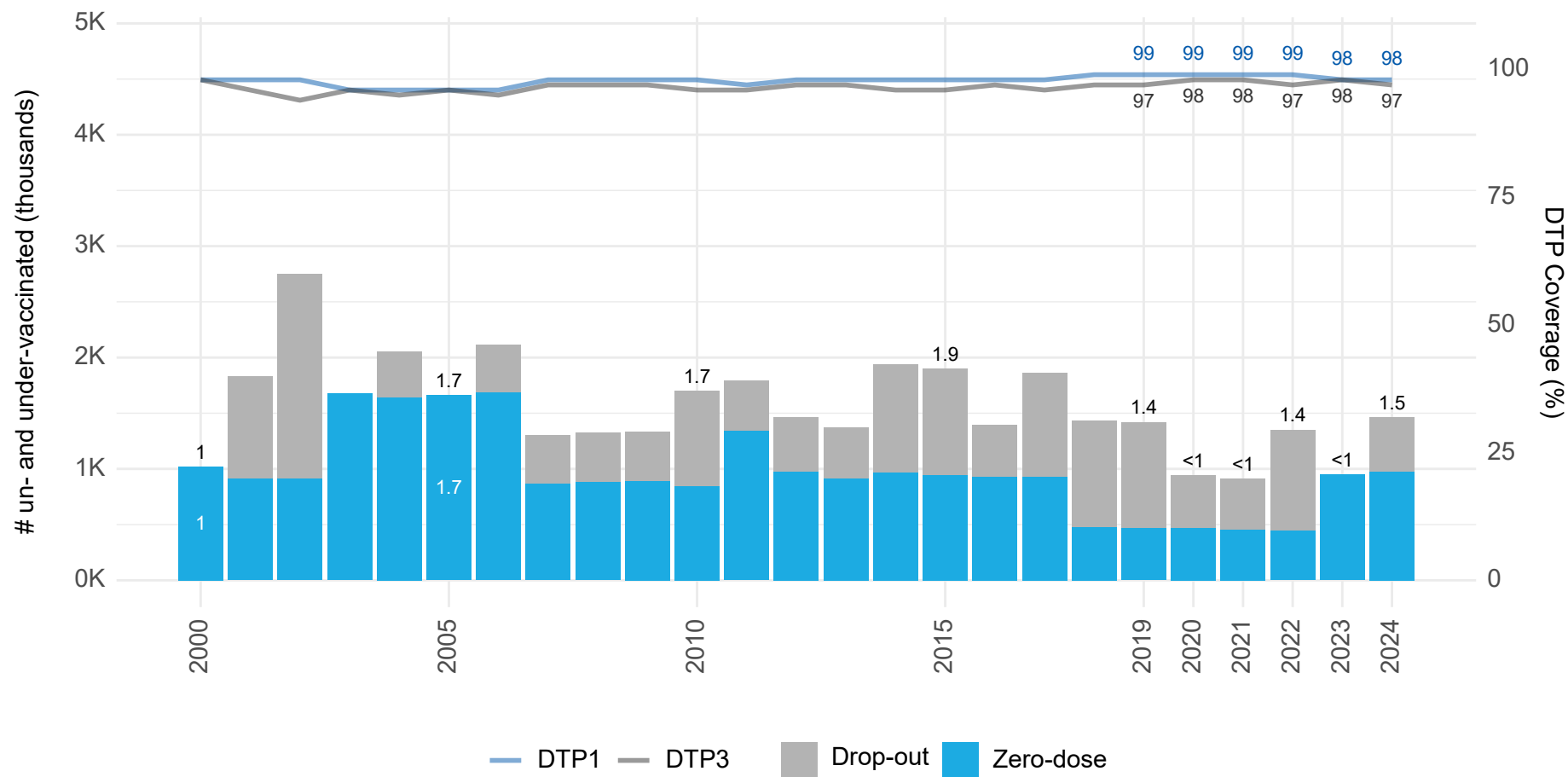
In 2024, MCV1 coverage exceeded the 95% target and MCV2 coverage was below, but close to the 95% target.

Between 2023 and 2024, 1 vaccines increased coverage, 1 declined and 2 remained the same.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision

DTP1

Estimated coverage and number of un- and under-vaccinated children for DTP, Singapore, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
 Note: Lines show vaccine coverage and bars show number of children.
 Zero-dose children are those who did not receive DTP1.

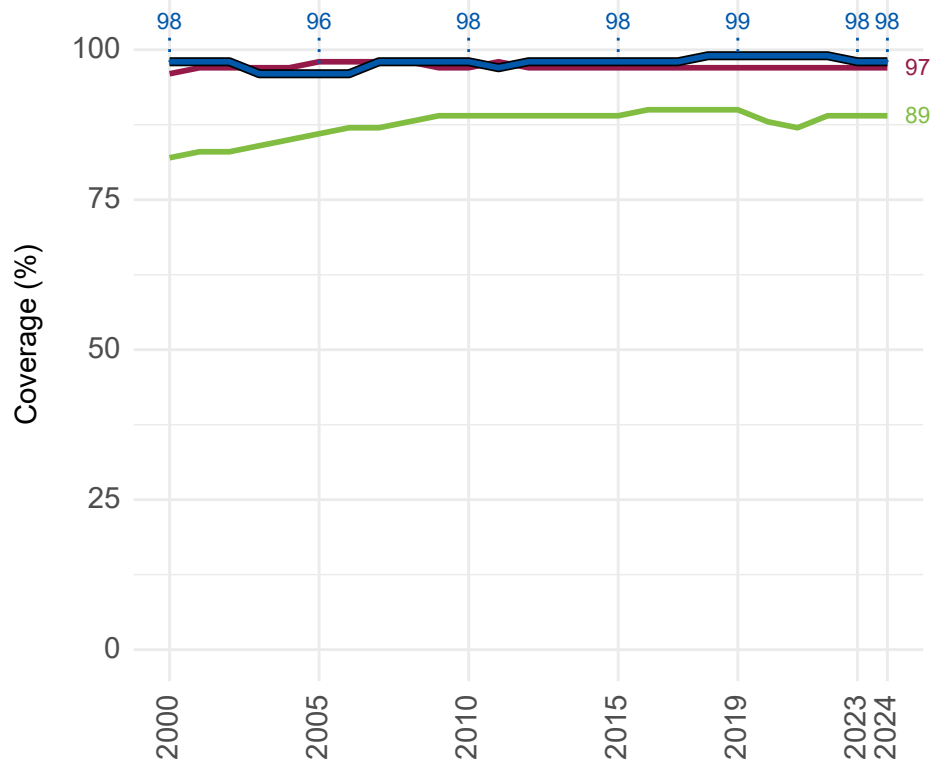
The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

This chart shows diphtheria, tetanus and pertussis-containing vaccine first (DTP1) and third dose (DTP3) coverage trends, the number of zero-dose children and DTP drop-out in Singapore.

In 2024, DTP1 coverage in Singapore remained constant 98%. There were <1,000 children who missed out on any DTP vaccination (zero-dose children).

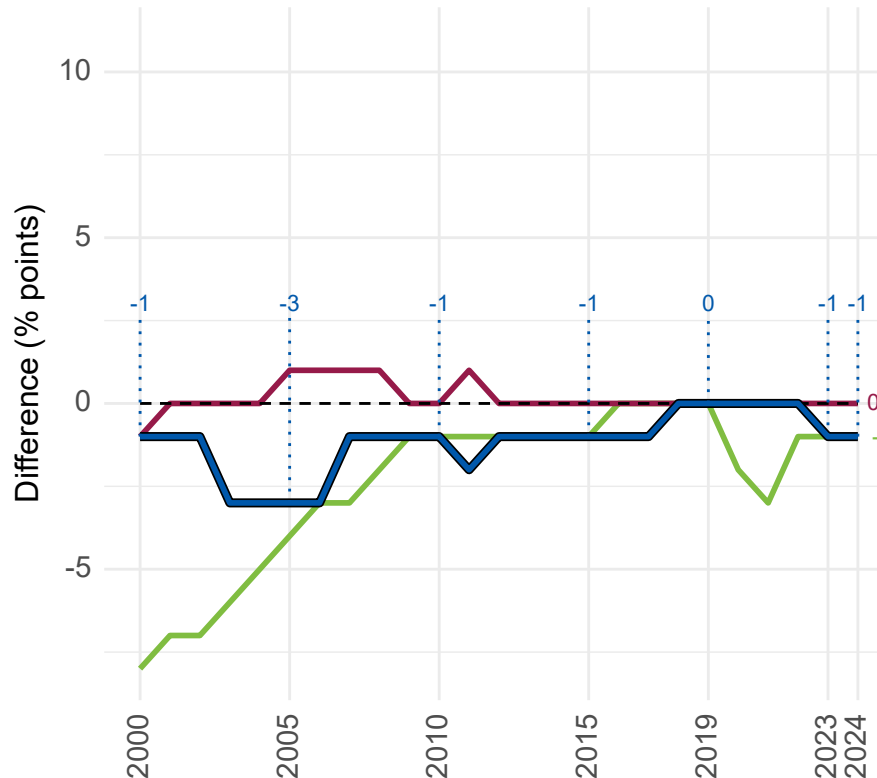
DTP3 coverage remained relatively constant within 1% at at 97% in 2024, leaving 1,000 children vulnerable to vaccine-preventable diseases.

DTP1 coverage, Singapore, 2000-2024



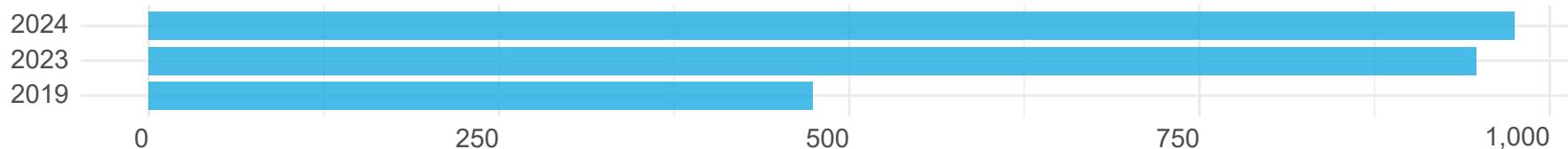
— Singapore — Global — Non-programme

Coverage difference compared to 2019



— Singapore — Global — Non-programme

Number of zero-dose children, 2019, 2023 and 2024

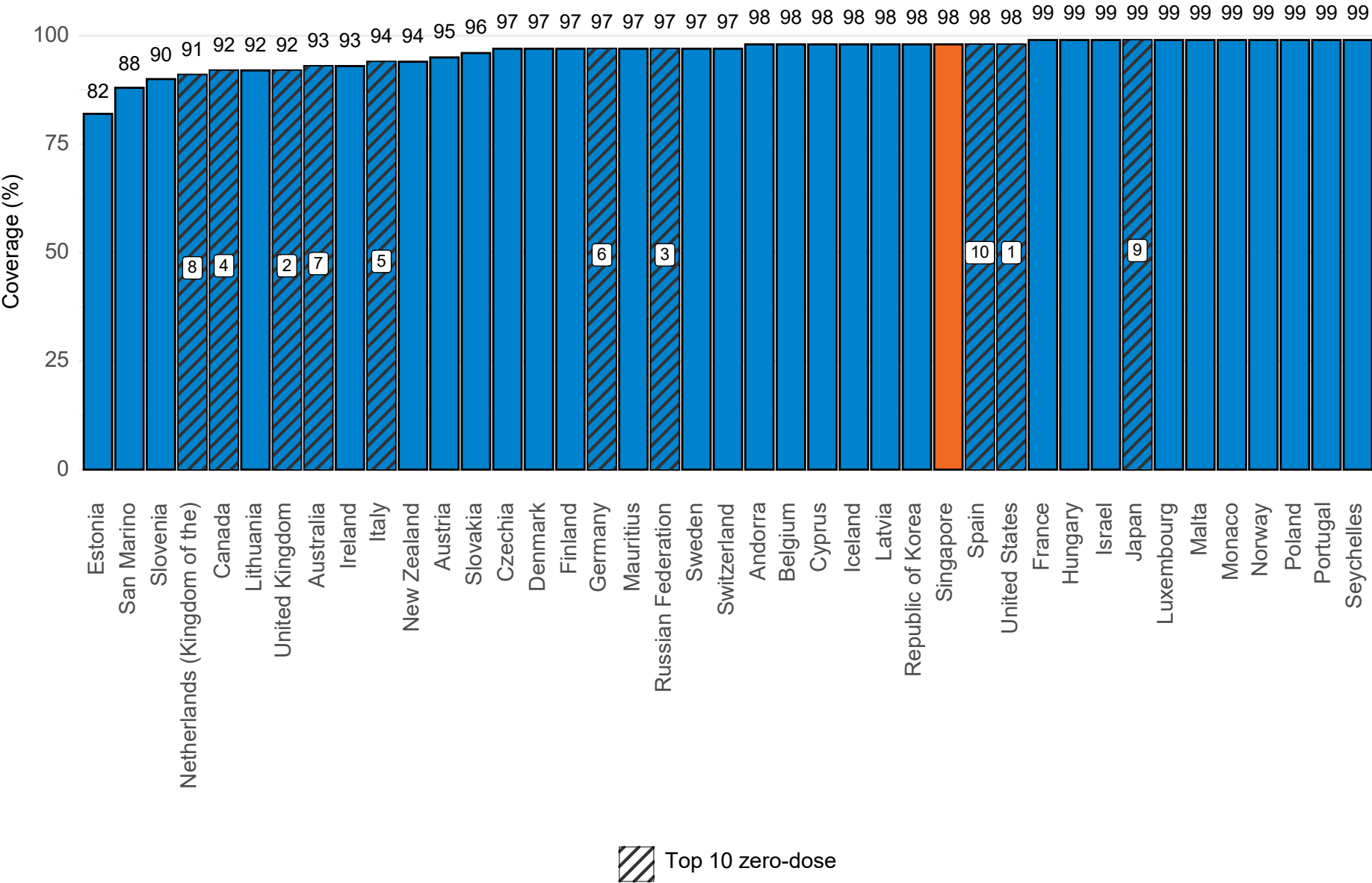


In 2024, DTP1 coverage in Singapore (98%) was 9 percentage points higher than the global average (89%) and 1 percentage point higher than average across all non-programme countries (97%).

National DTP1 coverage was 1 percentage point lower than in 2019 (99%).

The number of zero-dose children increased (ie. worsened) compared to in 2019.

DTP1 coverage and ranking of number zero-dose, by country, Non-programme, 2024



This chart shows DTP1 coverage in countries in Non-programme from lowest to highest coverage, and the rank of the top 10 countries with the most zero-dose children, based on absolute numbers.

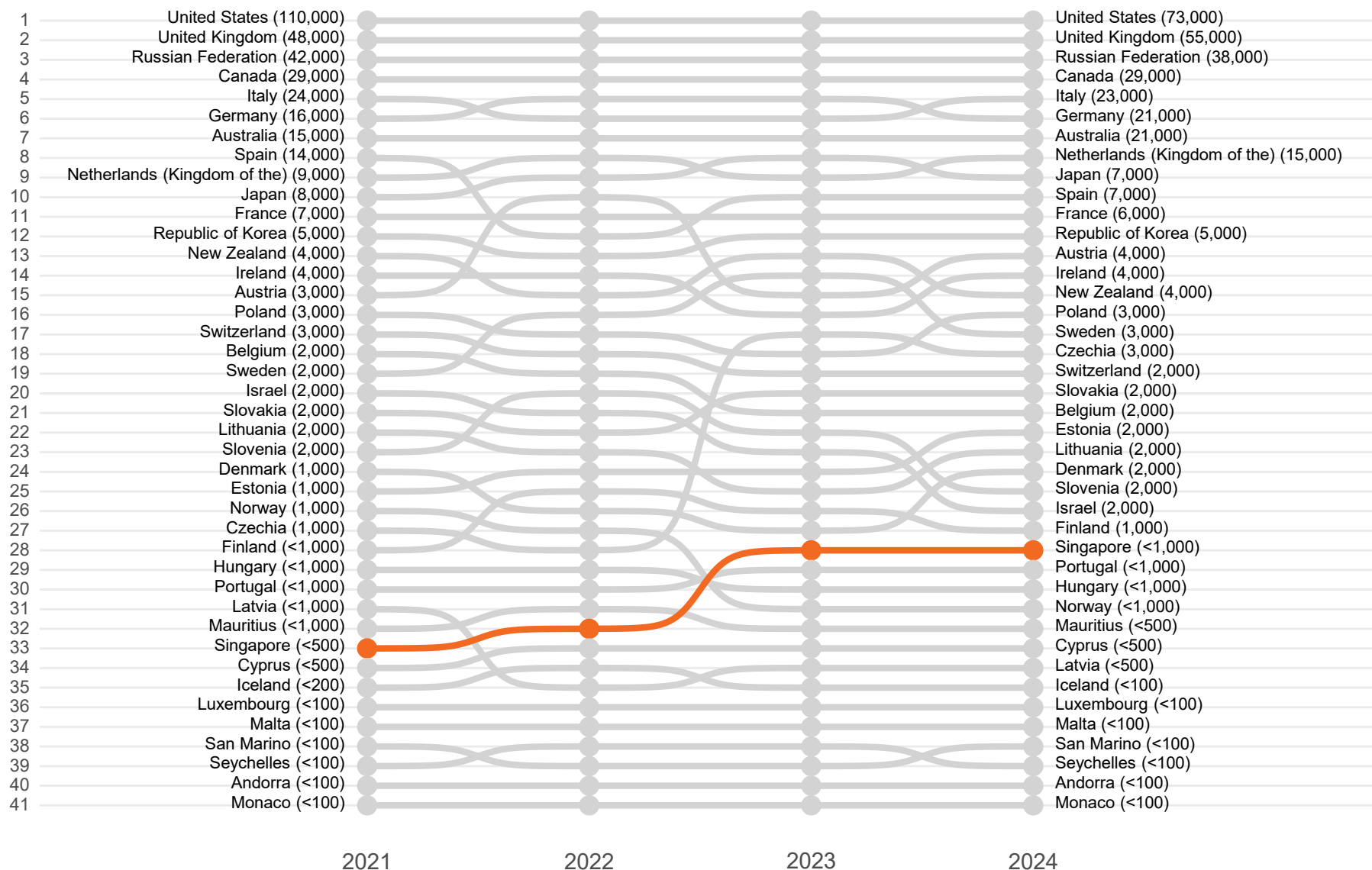
In 2024, Singapore ranked number 22 out of 41 countries for lowest DTP1 coverage (based on tied ranks).

Singapore was not in the top 10 non-programme countries with the most zero-dose children.

Note: Large cohort countries may have high numbers of zero-dose children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
Note: Bars are ranked by ascending coverage. Numbers in bubbles display top 10 rank based on absolute number of zero-dose children.

Countries ranked by number of zero-dose children, Non-programme, 2021-2024



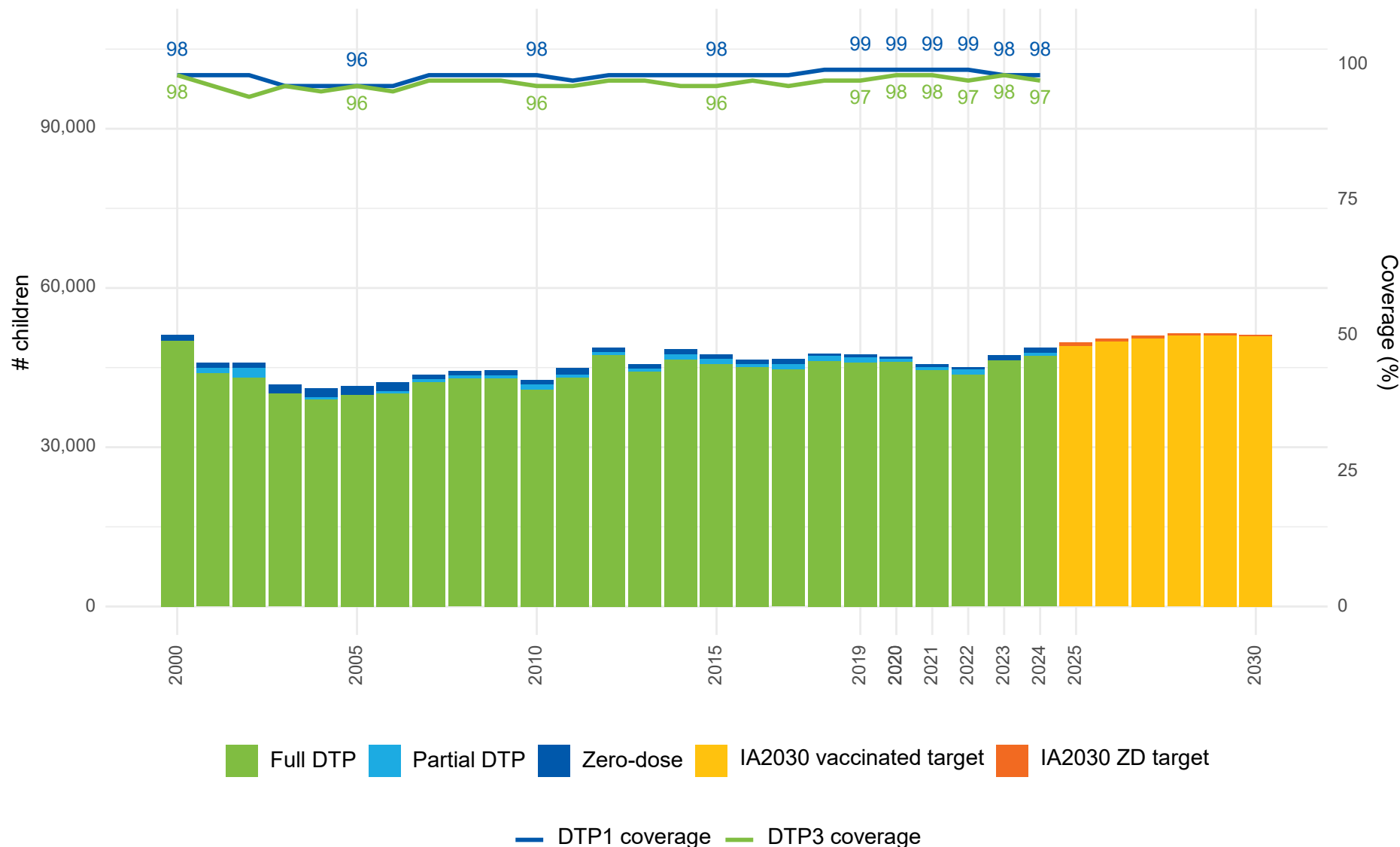
This chart compares the ranking of countries in Non-programme based on the absolute number of zero-dose children, with rank 1 representing the country with the most zero-dose children.

In 2021, Singapore ranked number 33 out of 41 countries with <500 zero-dose children.

In 2024, Singapore ranked number 28 out of 41 countries with <1,000 zero-dose children.

Note: Absolute numbers of zero-dose children is based on a combination of programme performance and surviving infant target population size. Countries may climb to a higher rank despite a decline in number of zero-dose children as the ranking also depends on performance of other countries in the region.

DTP coverage (%), number of children fully, partially and unvaccinated for DTP 2000-2024 and projections to 2030 based on IA2030 target , Singapore

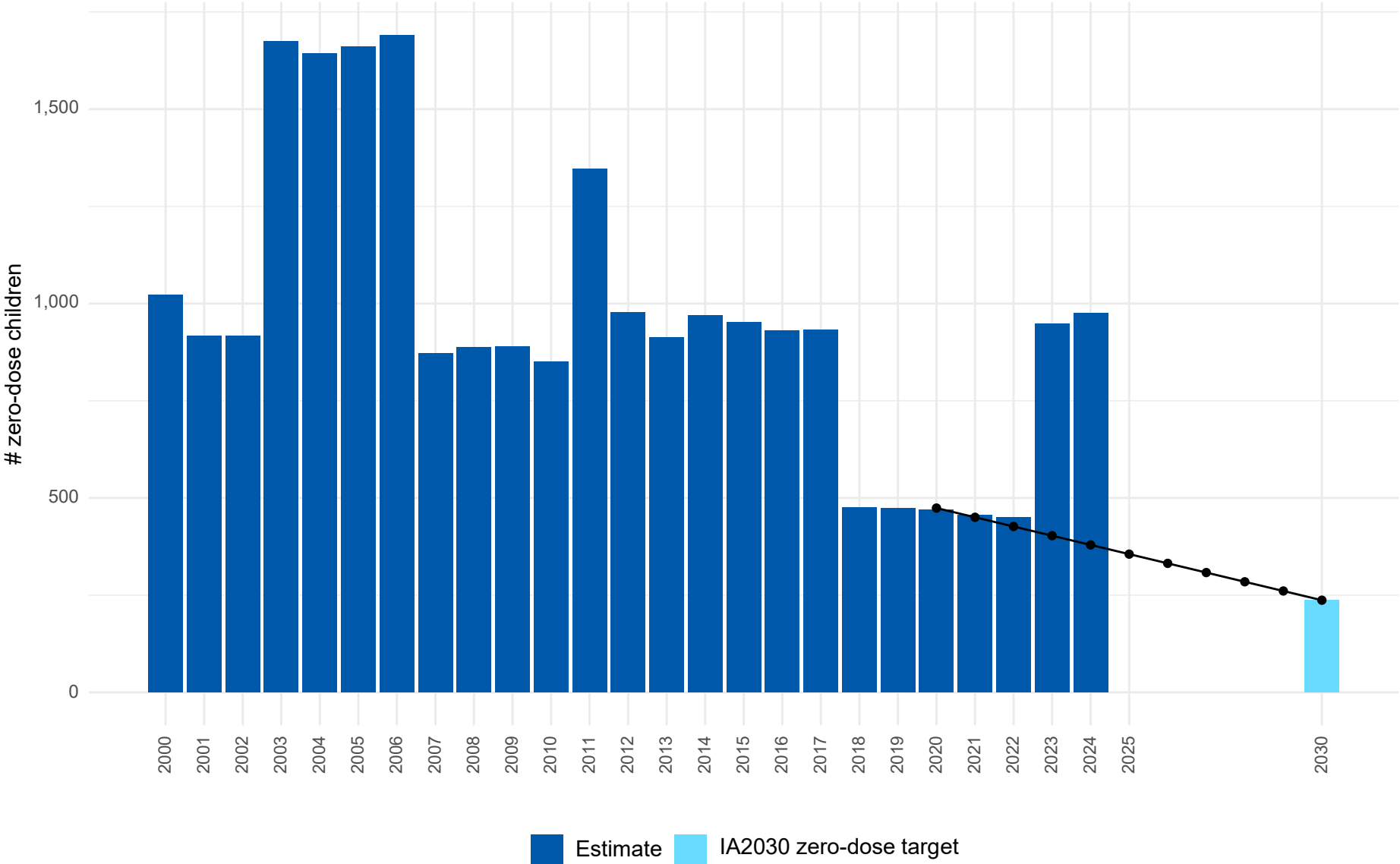


IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

Singapore is projected to have a small increase (<10,000) in the number of surviving infants by 2030. Therefore, to achieve the IA2030 ZD target, more (~1.08%) children need to be vaccinated with DTP1 each year.

Estimated number of zero-dose children, 2000-2024 and target by 2030, Singapore



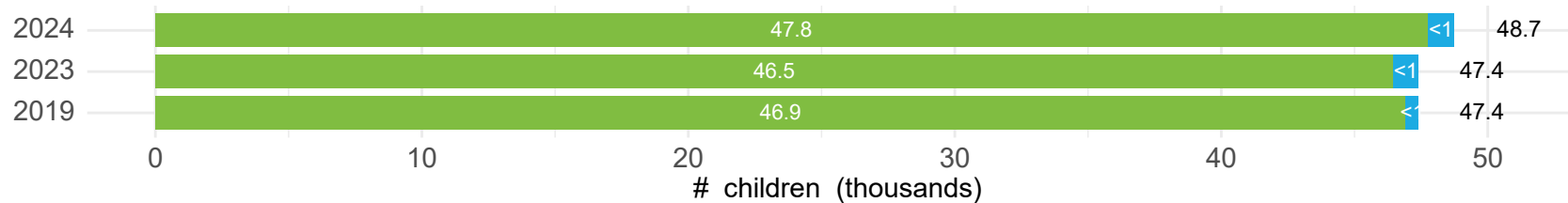
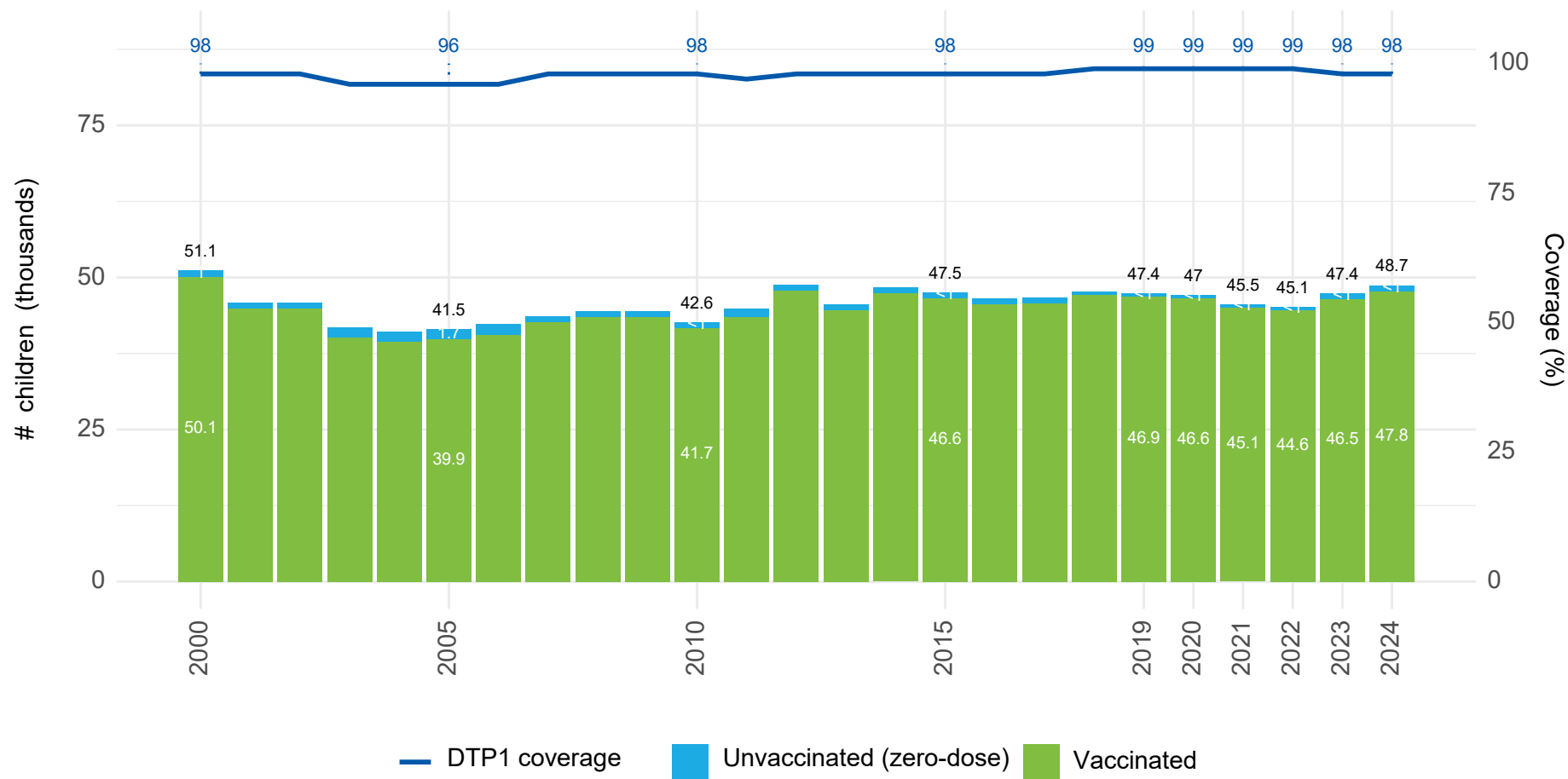
IA2030 aims to leave no one behind with immunization and calls on all countries to reduce the number of zero dose children by half by 2030.

- This chart shows:
- Estimated number of zero-dose children in 2000-2024 (dark blue bars)
 - Zero-dose target by 2030 (light blue bar)
 - Trajectory to reach the 2030 target based on a linear decline (points)

In 2024, the number of zero-dose children was approximately 157% higher than the annual number proposed to reach the target, based on a linear trajectory of decline.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. Dark blue bars are the estimated number of zero-dose children in 2000-2024, light blue bar is the target number of zero-dose children by 2030. The line and points show the yearly progress and trajectory to meet the target by 2030, based on a linear decline.

Estimated DTP1 coverage, and number of vaccinated and unvaccinated children, Singapore, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision

DTP1 coverage in 2024 (98%) was relatively constant within 1% compared to 2019 (99%).

The number of children vaccinated with DTP1 increased 2% compared to in 2019.

The number of surviving infants increased approximately 3% compared to in 2019.

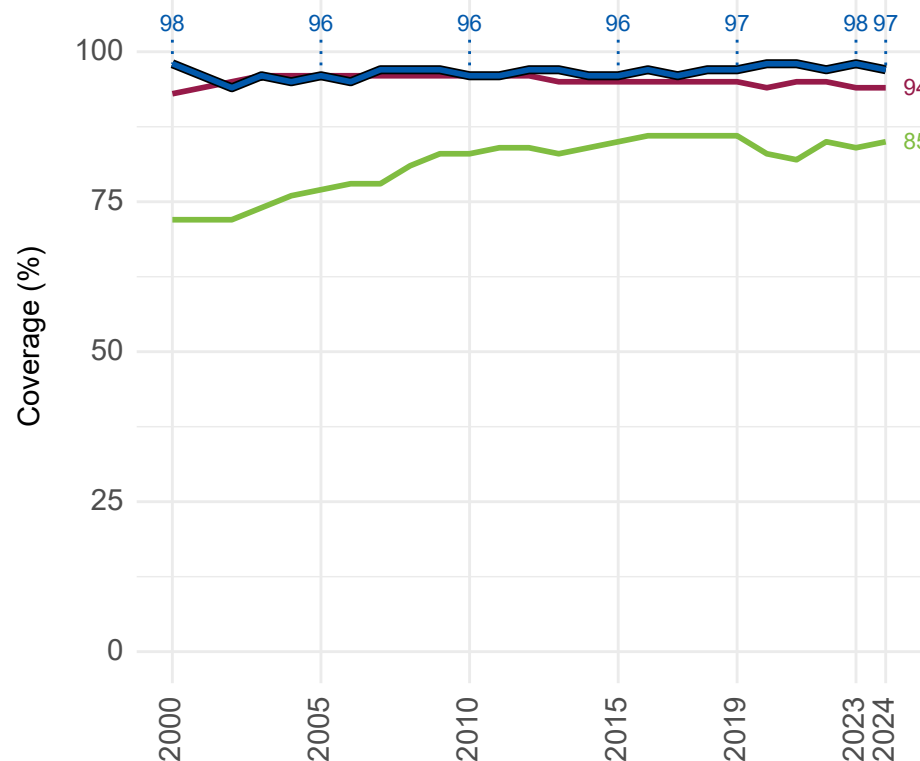
In 2024, more children were vaccinated than in 2019.

In 2024, there were more surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated must increase at a faster rate than the population increases.

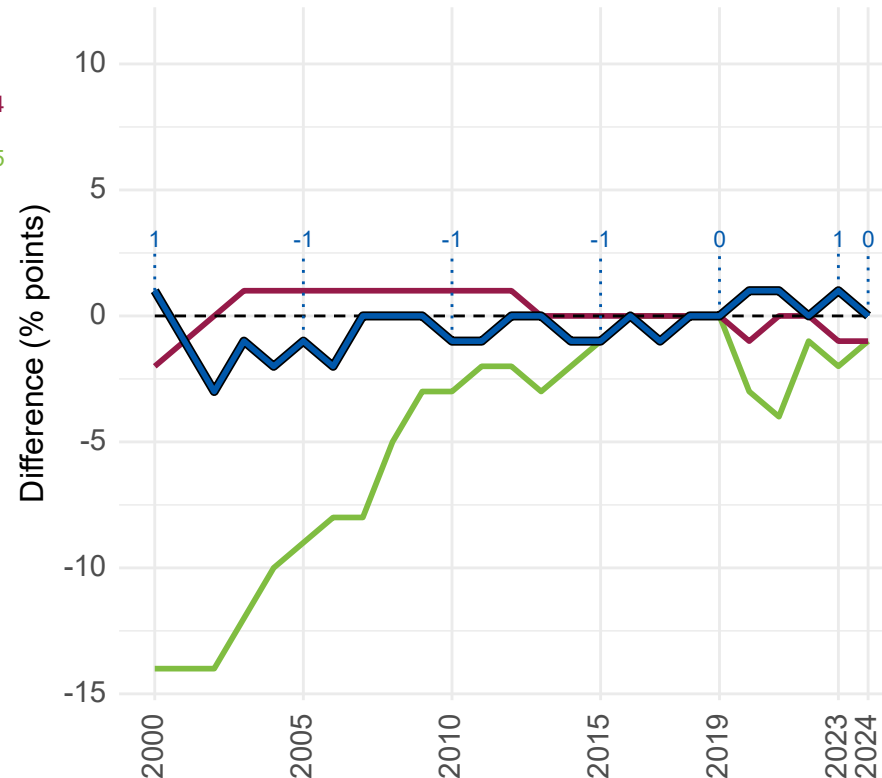
DTP3

DTP3 coverage, Singapore, 2000-2024



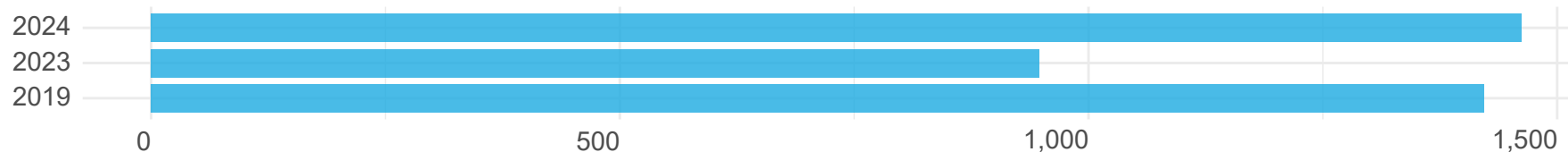
— Singapore — Global — Non-programme

Coverage difference compared to 2019



— Singapore — Global — Non-programme

Number of un- and undervaccinated children, 2019, 2023 and 2024



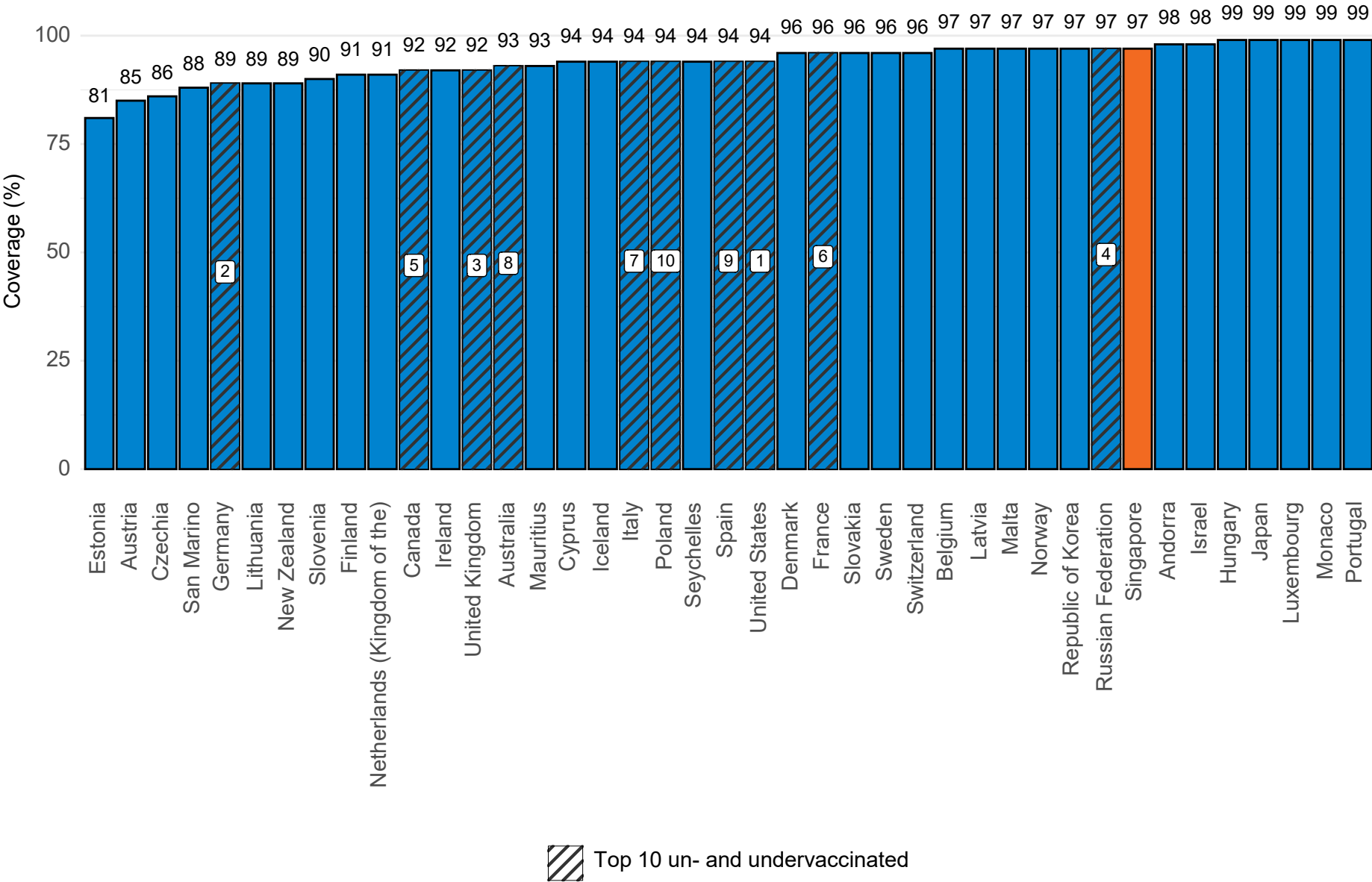
In 2024, DTP3 coverage in Singapore (97%) was 12 percentage points higher than the global average (85%) and 3 percentage points higher than the average across all non-programme countries (94%).

National DTP3 coverage was the same as in 2019 (97%).

This equates to 1,000 un- and undervaccinated children in 2024 - the same number of un- and undervaccinated children as in 2019.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

DTP3 coverage and ranking of number un- and undervaccinated, by country, Non-programme, 2024



This chart shows DTP3 coverage in countries in Non-programme from lowest to highest coverage, and the rank of the top 10 countries with the most un- and undervaccinated children, based on absolute numbers.

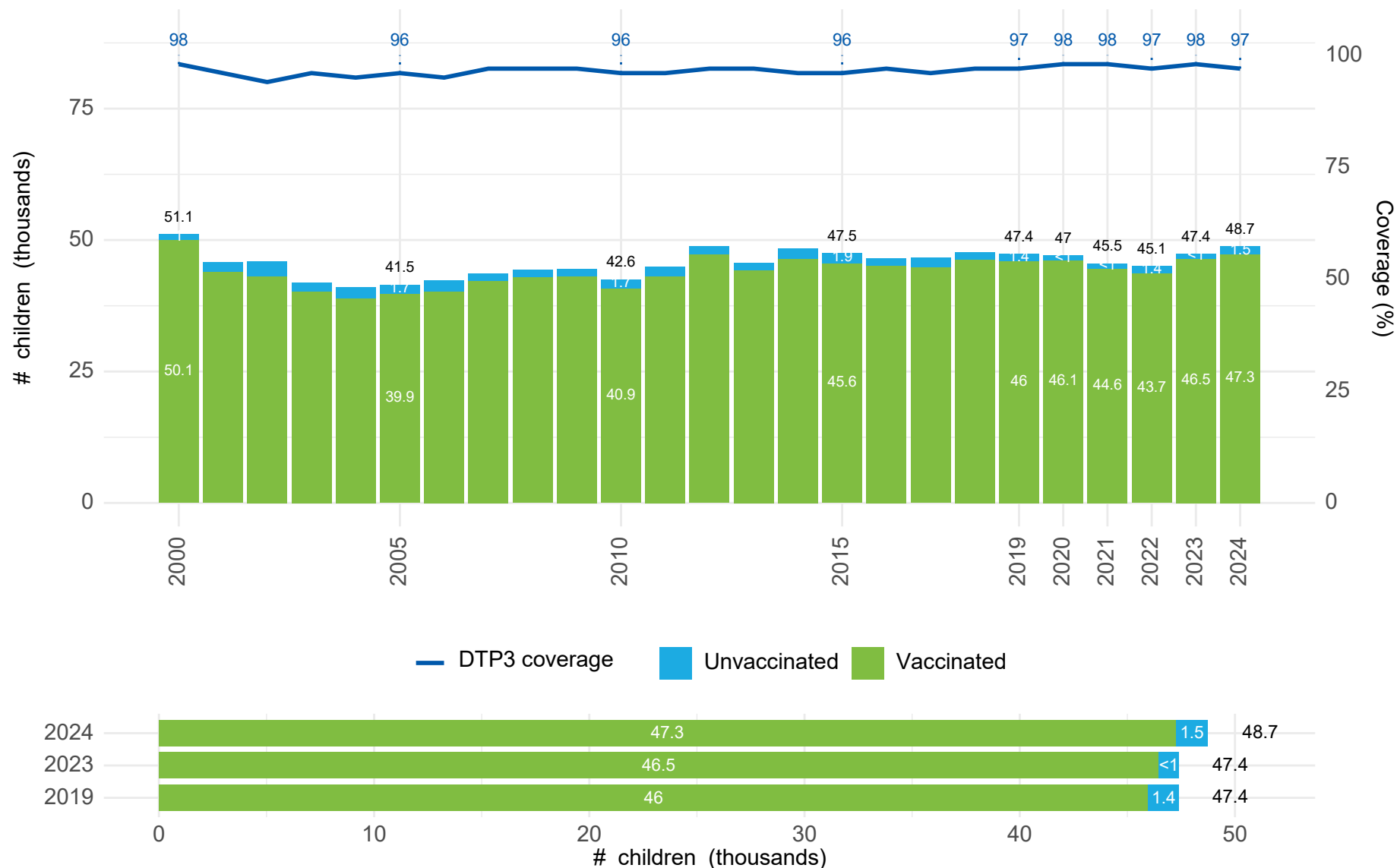
In 2024, Singapore ranked number 28 out of 41 countries for lowest DTP3 coverage (based on tied ranks).

Singapore was not in the top 10 non-programme countries with the most un- and undervaccinated children.

Note: Large cohort countries may have high numbers of un- and undervaccinated children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
Note: Bars are ranked by ascending coverage. Numbers in bubbles display top 10 rank based on absolute number of un- and undervaccinated children.

Estimated DTP3 coverage, and number of vaccinated and unvaccinated children, Singapore, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
Note: Unvaccinated includes zero-dose and undervaccinated children

DTP3 coverage in 2024 (97%) was the same as in 2019 (97%).

The number of children vaccinated with DTP3 increased 3% compared to in 2019.

The number of surviving infants increased approximately 3% compared to in 2019.

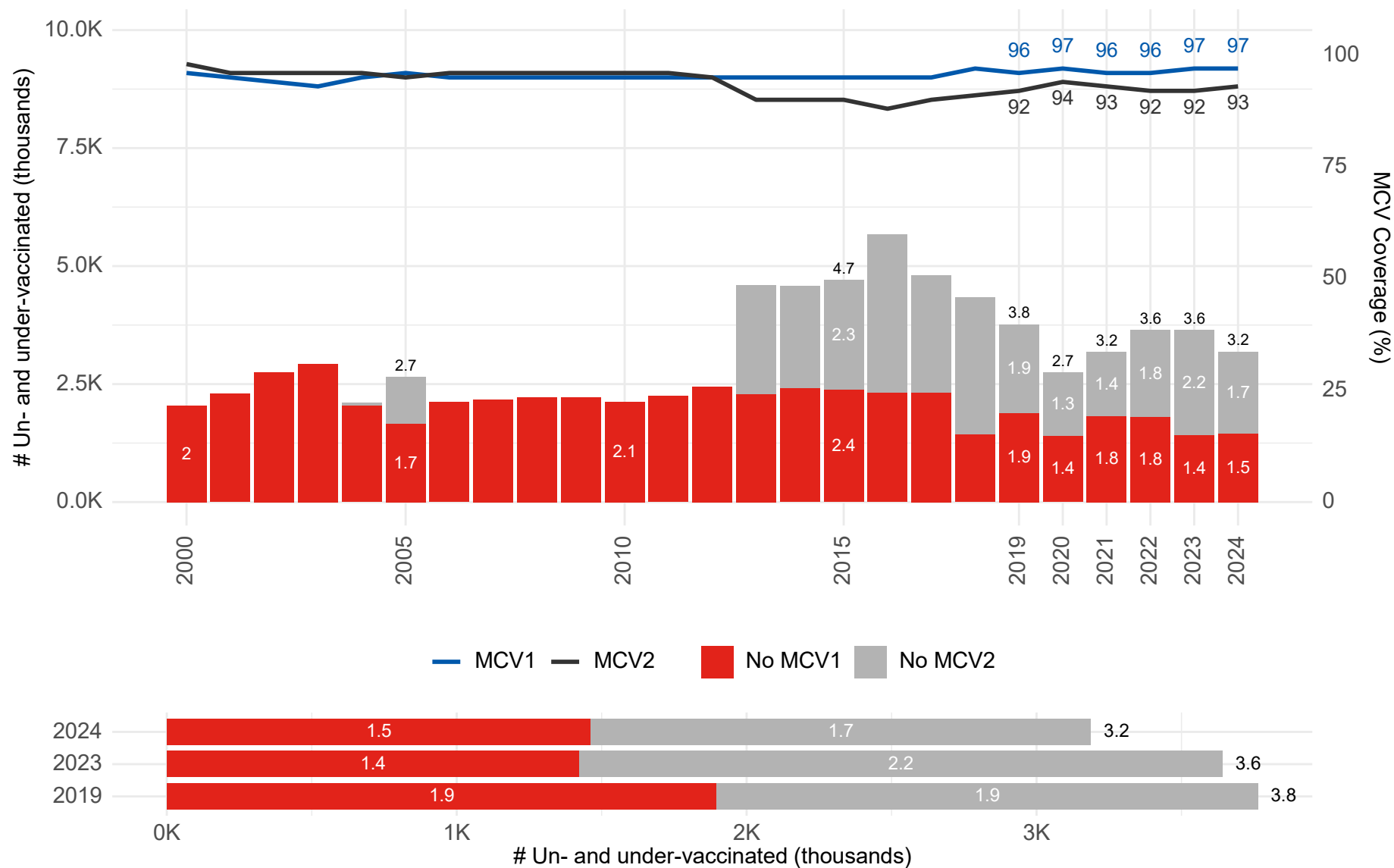
In 2024, more children were vaccinated than in 2019.

In 2024, there were more surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated must increase at a faster rate than the population increases.

MCV1

Estimated coverage and number of un- and under-vaccinated children for MCV, Singapore, 2000-2024



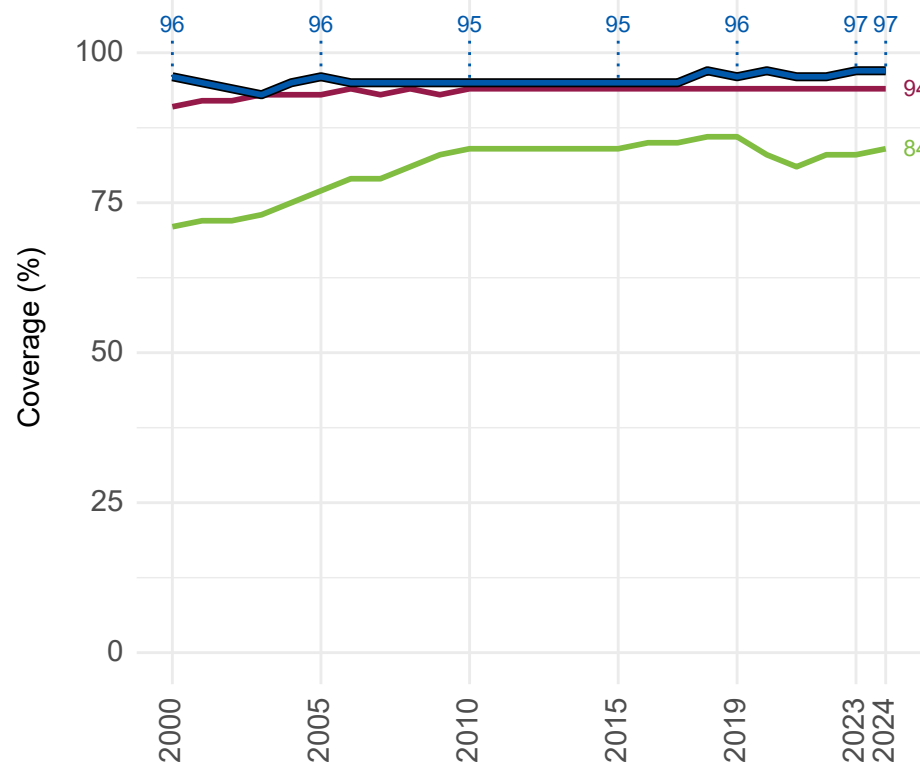
Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

The percentage of children receiving MCV1 – typically at 9 or 12 months depending on the national vaccination schedule – remained constant at 97%. This is similar to in 2019, where coverage was 96%.

1,000 children missed their routine first dose of measles vaccine.

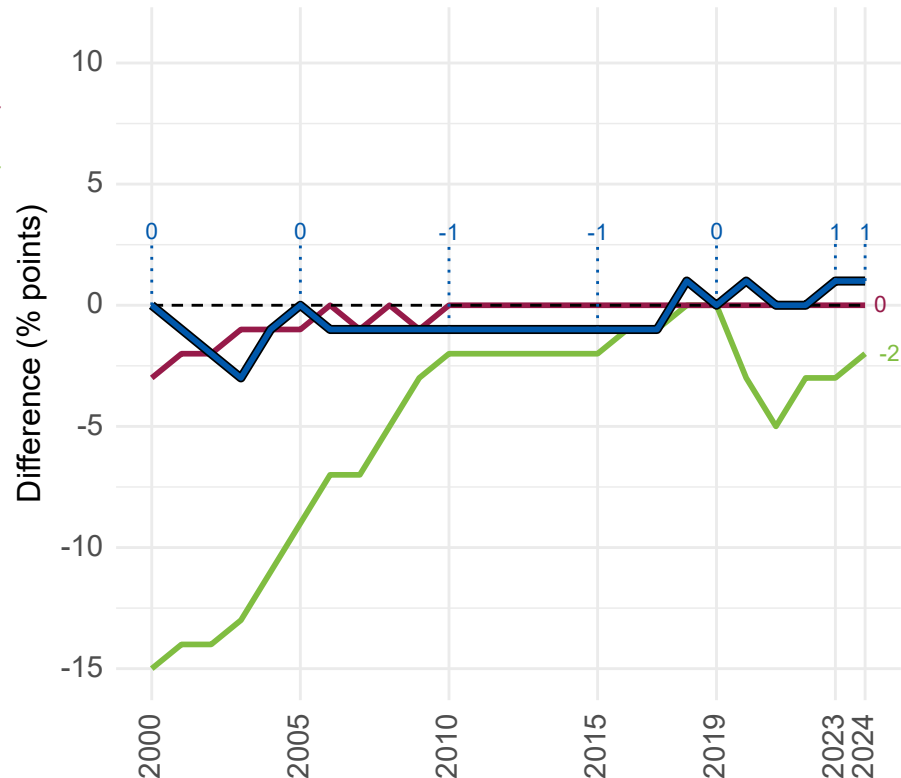
MCV2 is typically administered to children between 18 months and five years old. MCV2 coverage remained relatively constant (within 1%) at 93% in 2024.

MCV1 coverage, Singapore, 2000-2024



— Singapore — Global — Non-programme

Coverage difference compared to 2019



— Singapore — Global — Non-programme

In 2024, MCV1 coverage in Singapore (97%) was 13 percentage points higher than the global average (84%) and 3 percentage points higher than the average across all non-programme countries (94%).

National MCV1 coverage was 1 percentage point higher than in 2019 (96%).

This equates to 1,000 unvaccinated children in 2024 compared to 2,000 unvaccinated children in 2019.

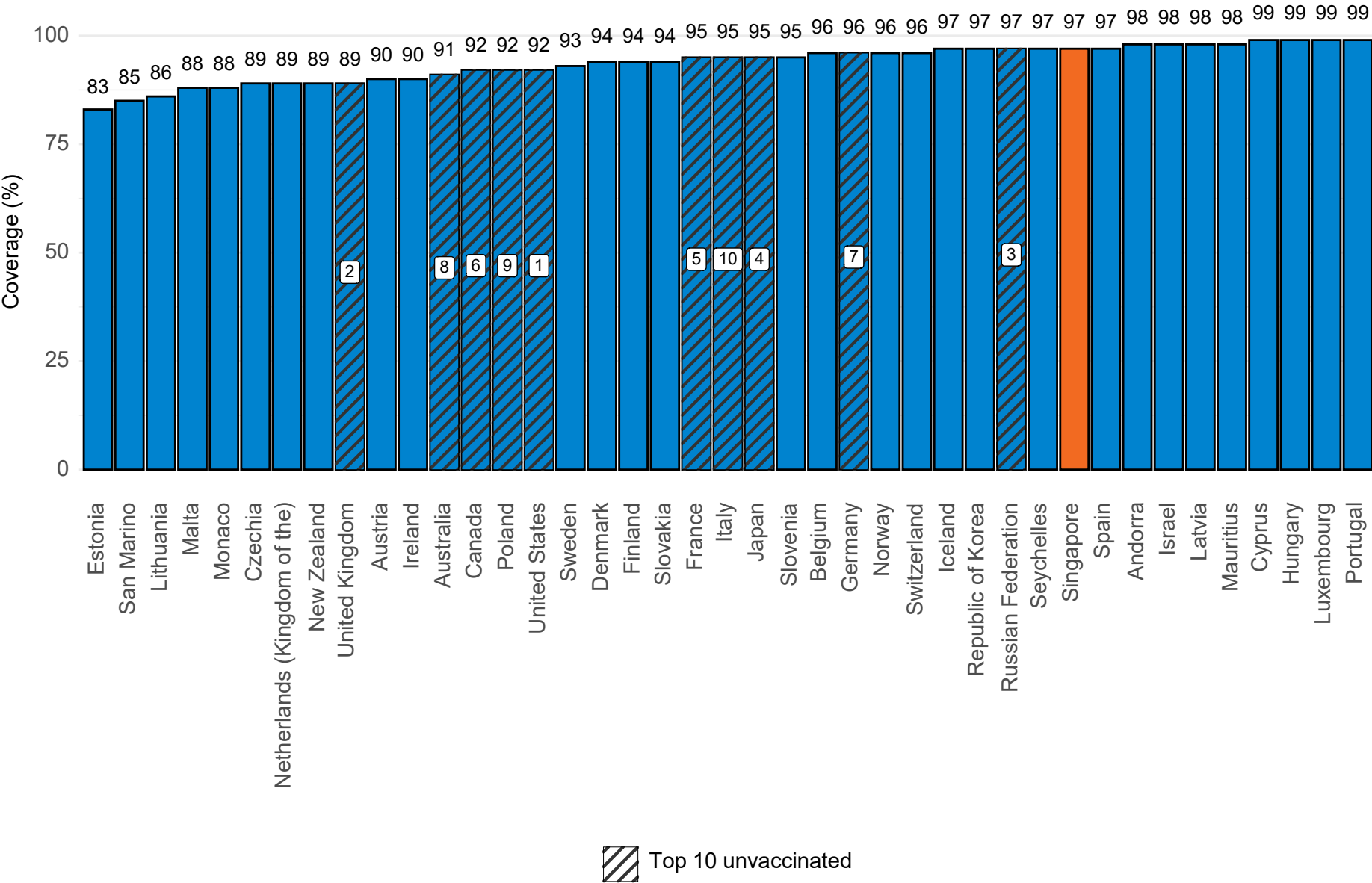
Number of infants unprotected against measles, 2019, 2023 and 2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision

Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

MCV1 coverage and ranking of number unvaccinated, by country, Non-programme, 2024



This chart shows MCV1 coverage in countries in Non-programme from lowest to highest coverage, and the rank of the top 10 countries with the most unvaccinated children, based on absolute numbers.

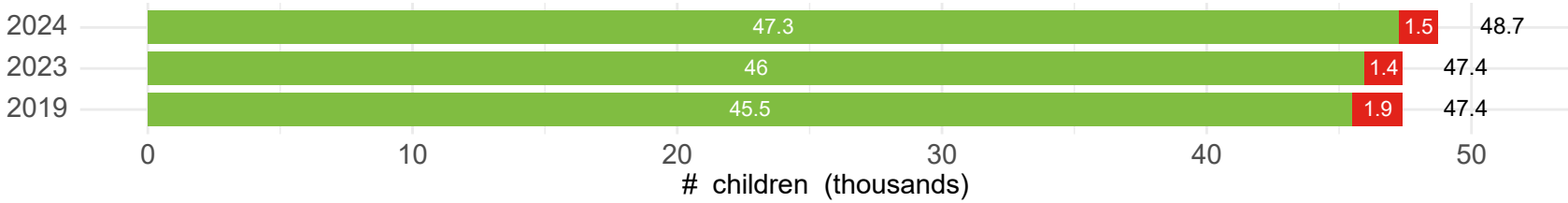
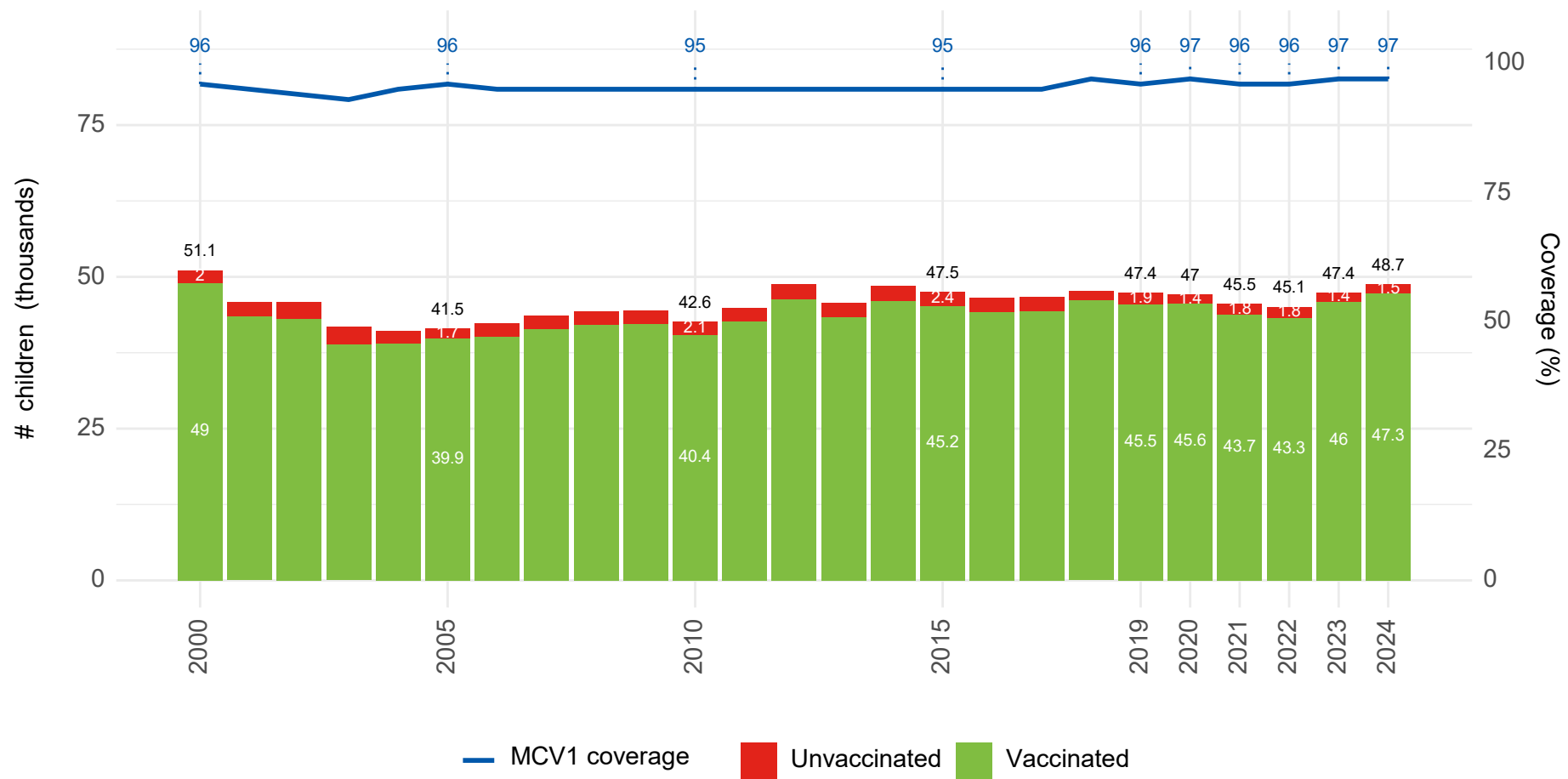
In 2024, Singapore ranked number 28 out of 41 countries for lowest MCV1 coverage (based on tied ranks).

Singapore was not in the top 10 non-programme countries with the most unvaccinated children.

Note: Large cohort countries may have high numbers of unvaccinated children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
Note: Bars are ranked by ascending coverage. Numbers in bubbles display top 10 rank based on absolute number of unvaccinated children.

Estimated MCV1 coverage, and number of vaccinated and unvaccinated children, Singapore, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision

MCV1 coverage in 2024 (97%) was relatively constant within 1% compared to 2019 (96%).

The number of children vaccinated with MCV1 increased 4% compared to in 2019.

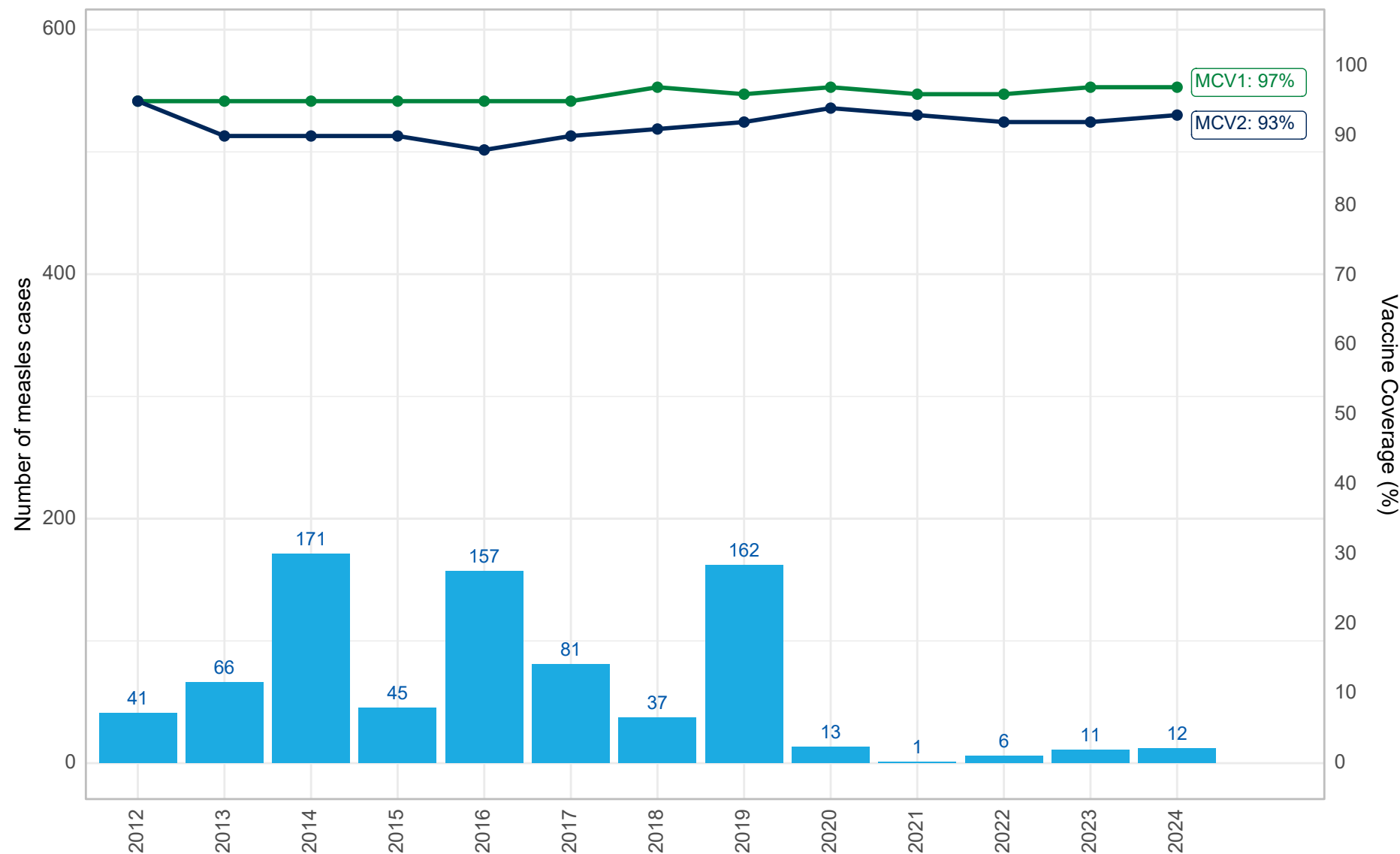
The number of surviving infants increased approximately 3% compared to in 2019.

In 2024, more children were vaccinated than in 2019.

In 2024, there were more surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated must increase at a faster rate than the population increases.

Trends in the number of measles cases and MCV coverage, Singapore, 2012-2024



In 2024, there was a total of 12 confirmed measles cases in Singapore. In the same year, MCV1 coverage was 97% and MCV2 coverage was 93%.

The number of cases in 2024 was 9% more than in 2023 (n=11).

The highest number of measles cases was reported in 2014 (n=171). In this year, MCV1 coverage was 95%.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision;
Reported measles and rubella cases and incidence rates by WHO Member States, as of 08-Jul-25.
Provisional data based on monthly data reported to WHO (Geneva) as of July 2025.

Note: Asterisks (*) indicate years with measles vaccine stockouts and carets (^) indicates years with measles vaccination campaigns (national or subnational).

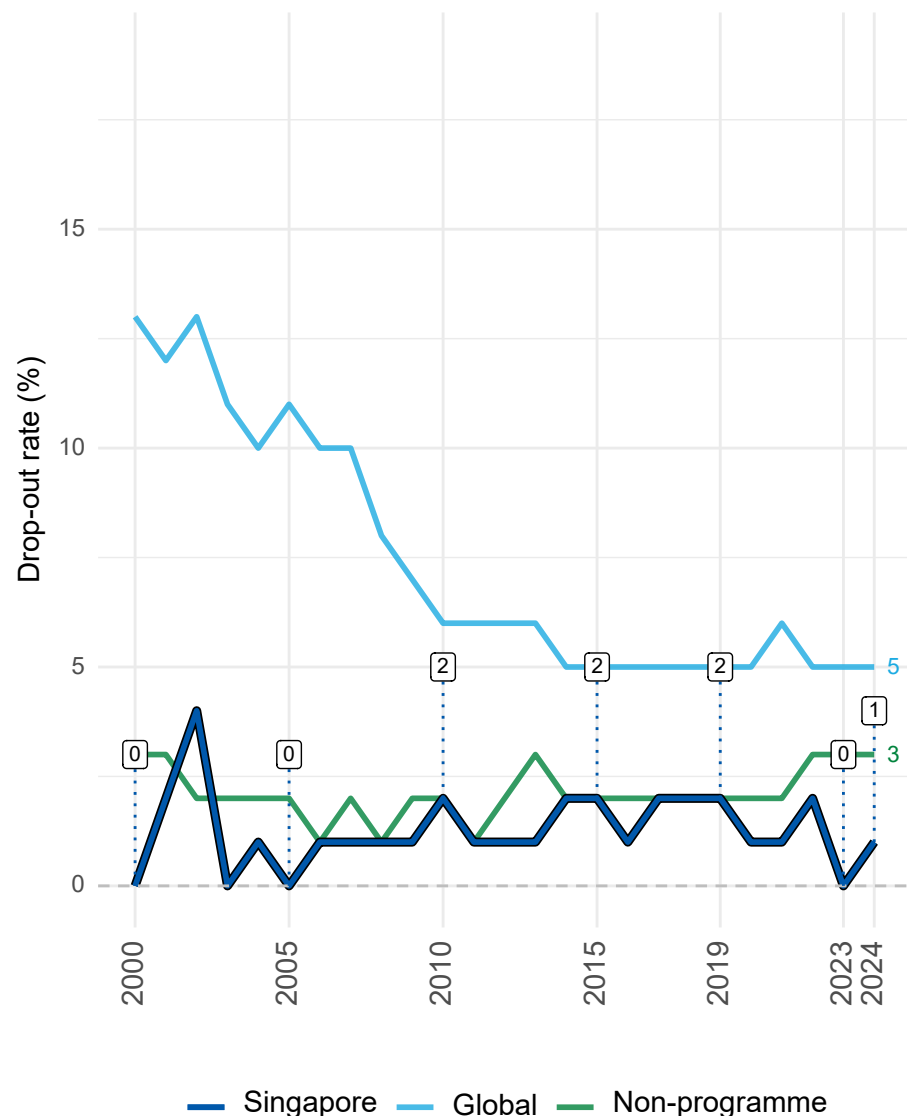


WUENIC 2024 revision

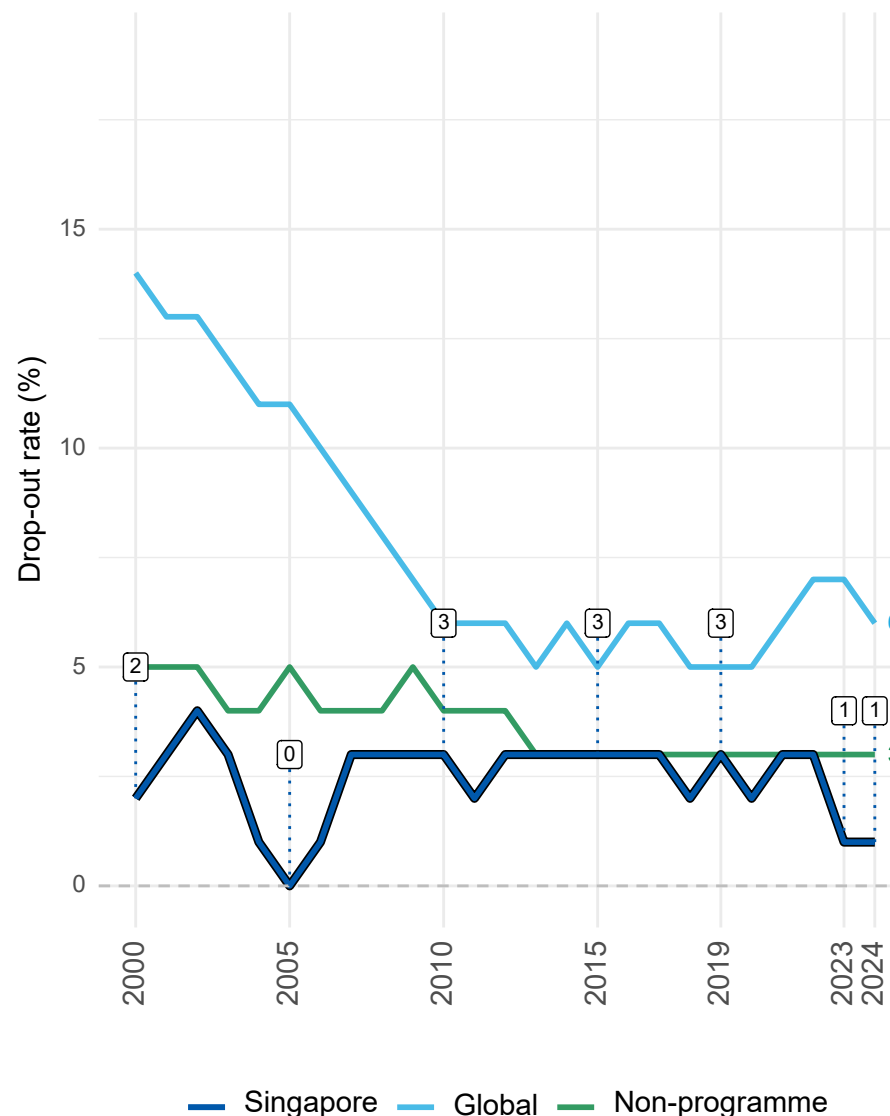
Childhood immunization: Additional charts

Zero-dose children are those who did not receive DTP1.

DTP1 and DTP3



DTP1 and MCV1



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
Drop-out classification: <5% = low, 5-10% = medium, >10% = high

Drop-out rates show the percentage of children who received DTP1, but not DTP3/MCV1. Low drop-out rates indicate high retention of children in immunization programmes.

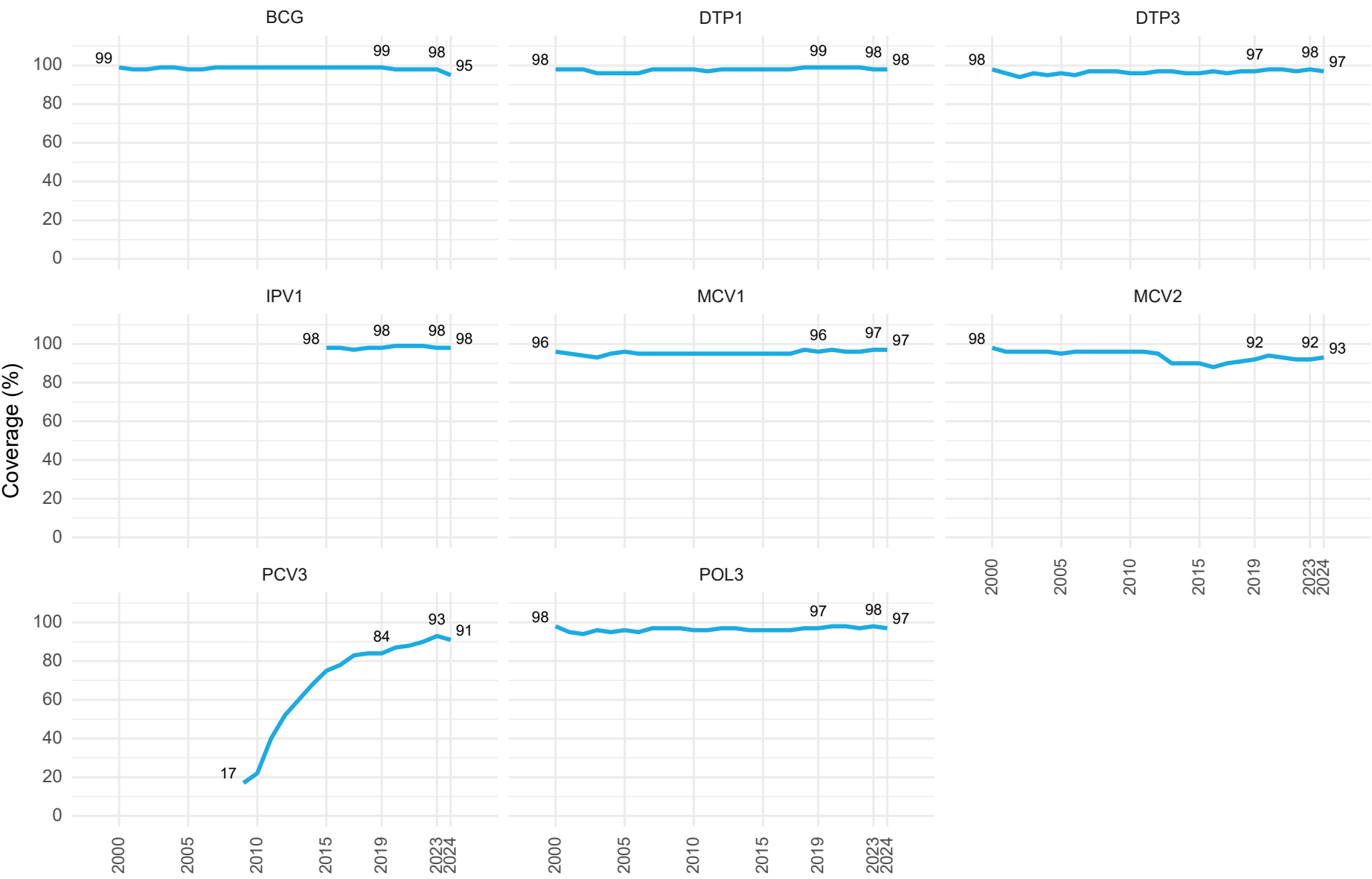
This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1.

In 2024, 1% of children who received DTP1 did not receive DTP3 (left), and 1% of children who received DTP1 did not receive MCV1 (right).

The low DTP drop-out rates imply good ability to provide a complete series of vaccines early in life. The low DTP-MCV drop-out rates imply good retention in immunization programmes and ability to provide a full course of vaccines in infancy (up to one year).

In 2024, Singapore DTP drop-out was lower and DTP-MCV drop-out was lower than global drop-out rates, respectively.

Coverage of recommended childhood vaccines, Singapore, 2000-2024



This chart shows trends in coverage of selected core routine vaccines recommended in childhood.

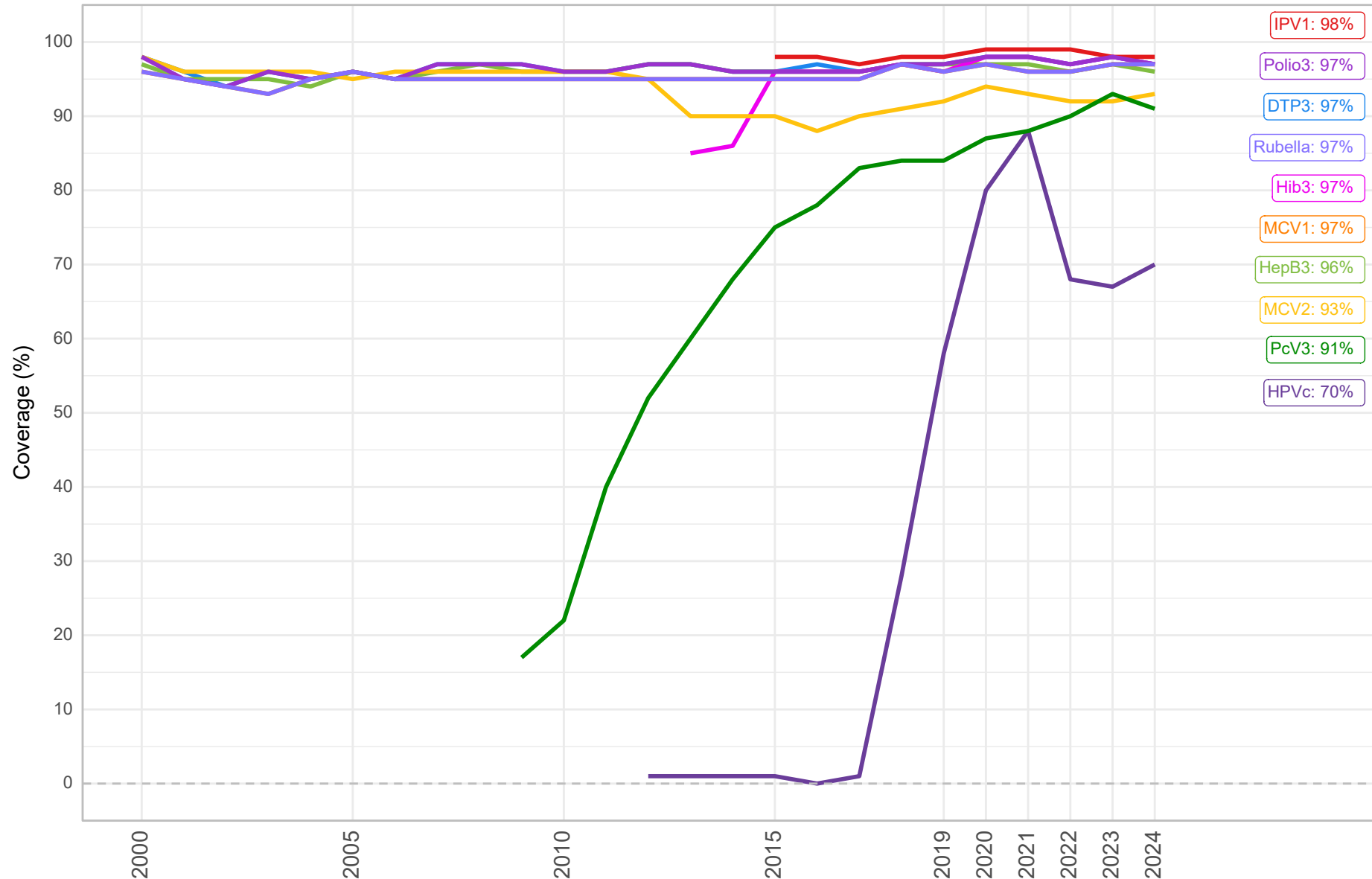
In 2024, PCV3 had the lowest coverage (91%), followed by MCV2 (93%).

Compared to 2019, coverage of 2 vaccines decreased (BCG and DTP1), 3 vaccines remained constant (DTP3, IPV1 and POL3), and 3 vaccines increased (MCV1, MCV2 and PCV3).

Compared to 2023, coverage of 4 vaccines decreased (BCG, DTP3, PCV3 and POL3), 3 vaccines remained constant (DTP1, IPV1 and MCV1), and one vaccine increased (MCV2).

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
Note: Data labels are shown for 2000 (or first year of reporting), 2019 and 2024

Vaccine coverage (%), Singapore, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
Numbers in the data label bubbles refer to vaccine coverage in the latest year estimates are available.

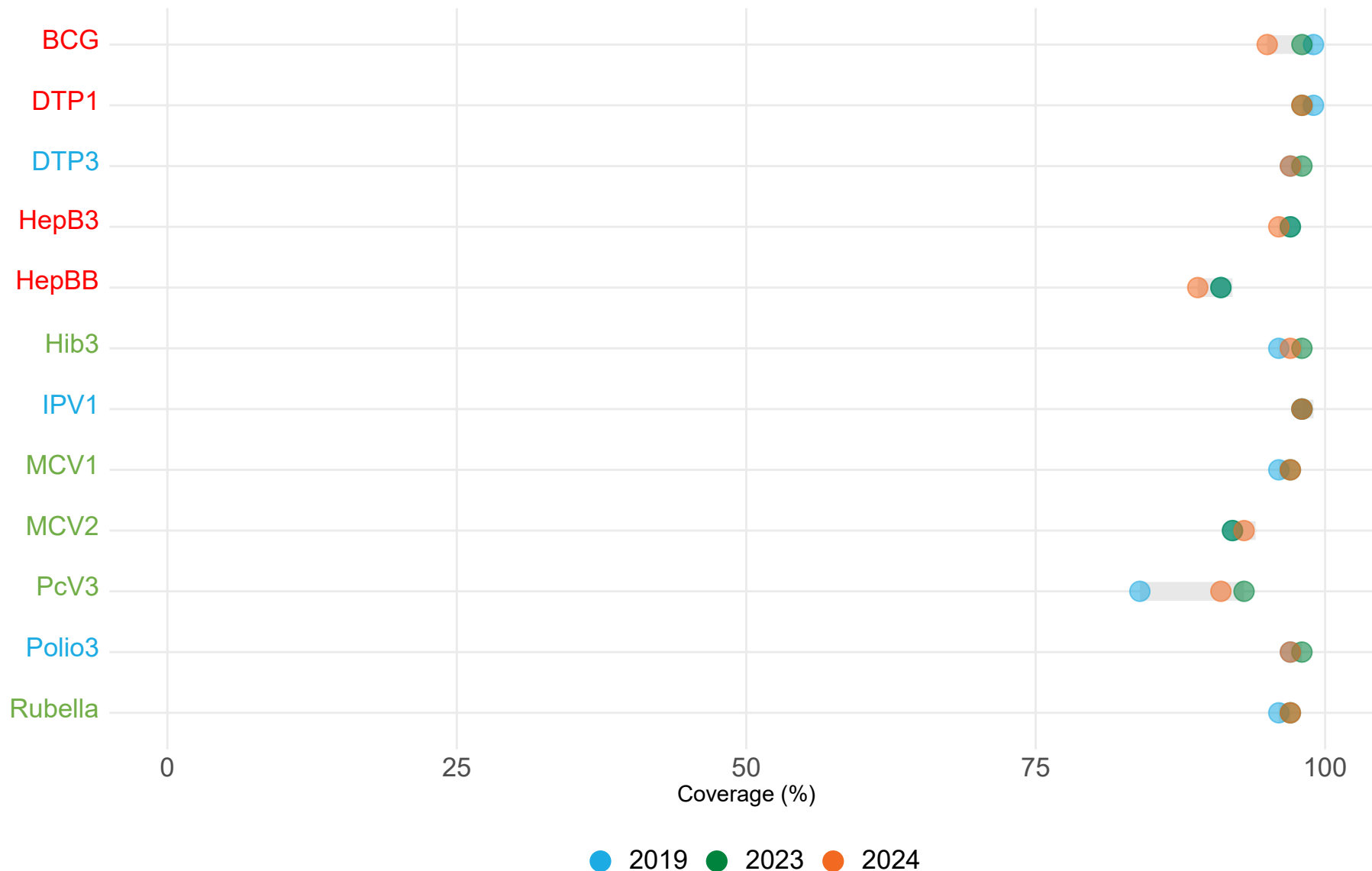
This chart shows trends in coverage of 8 vaccines (complete series).

In 2024, PCV3 had the lowest coverage of all vaccines (91%), followed by MCV2 (93%).

Coverage of 3 vaccines were the same (DTP3, IPV1 and Polio3), 6 vaccines increased (HPVc, Hib3, MCV1, MCV2, PcV3 and Rubella), and 1 vaccine decreased (HepB3) compared to respective coverage in 2019.

Coverage of 5 vaccines decreased (DTP3, HepB3, Hib3, PcV3 and Polio3), 2 vaccines increased (HPVc and MCV2), and 3 vaccines were the same (IPV1, MCV1 and Rubella) compared to respective coverage in 2023.

Vaccine coverage (%), Singapore, 2019-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
 Note: The grey bar spans vaccine coverage across all years 2019-2024 and the dots represent coverage in specific years.
 Coverage is shown for vaccines with data all years 2019-2024.
 Vaccine names are coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019

This chart shows the range of coverage across all years 2019 to 2024 (grey bars), and coverage in specific years (dots), by vaccine. The chart can be used for assessing recovery to pre-pandemic levels.

DTP1 coverage declined between 2019 (99%) and 2023 (98%). DTP1 coverage remained the same in 2024 (98%) compared to 2023, and was lower than in 2019. In 2019-2024, DTP1 coverage was at it's lowest level in 2023 and 2024 (98%).

In 2023, 2 vaccines had lower coverage than in 2019.

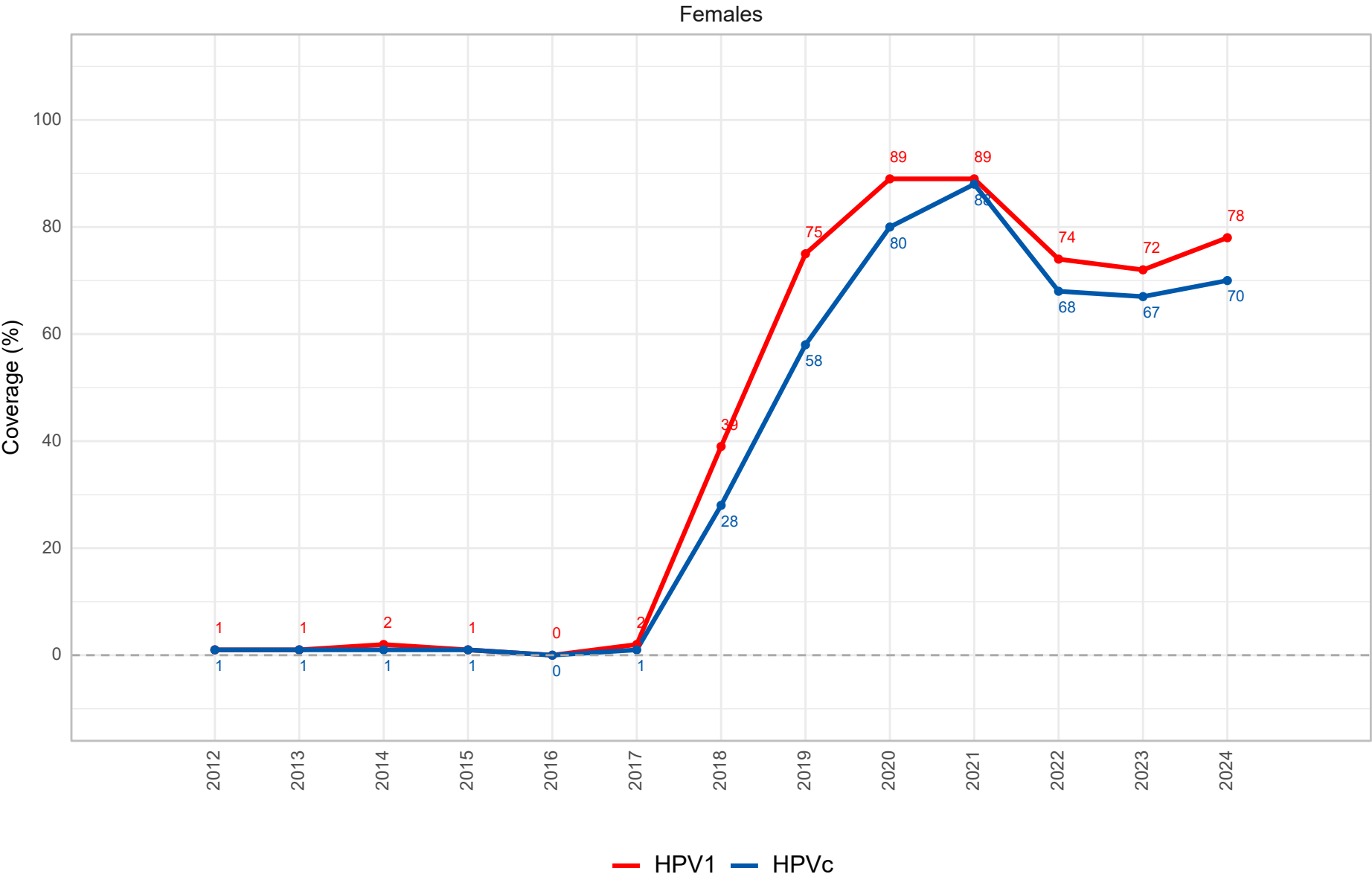
In 2024, 4 vaccines had lower coverage than in 2019.

In 2024, 7 vaccines had lower coverage than in 2023.

HPV vaccination

NA: • [Bruni et al. 2021, HPV vaccination introduction worldwide and WHO and UNICEF estimates of national HPV immunization coverage 2010–2019 \(supplementary materials\).](#)

Human papillomavirus (HPV) vaccine coverage (%), Singapore, 2012-2024



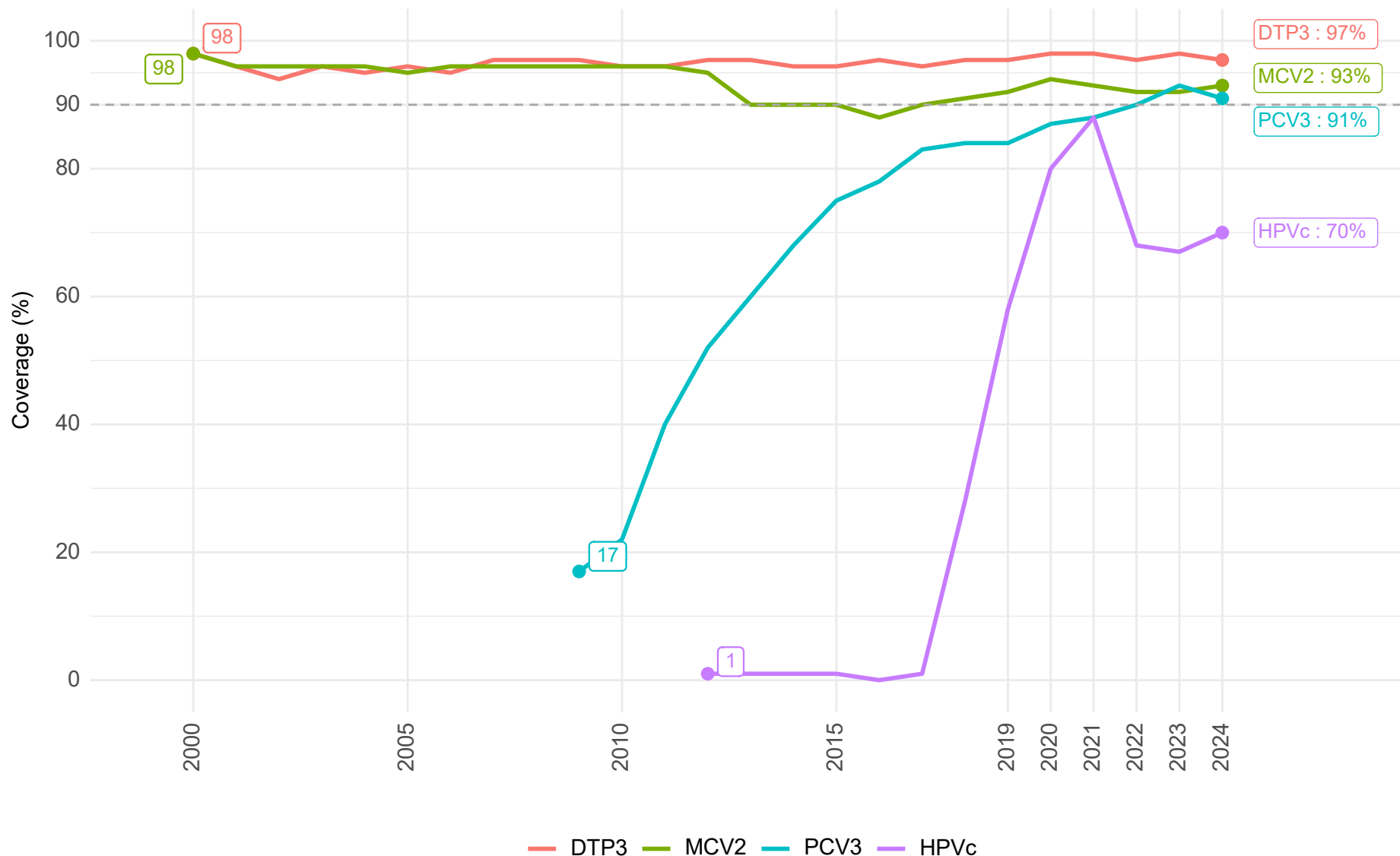
The first year of HPV programme coverage estimates in Singapore was 2012.

In 2024, first dose (HPV1) programme coverage among girls was 78% and last dose (HPVc) programme coverage was 70%.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision.
For some countries, if HPV vaccine is in the schedule, but the country did not report data in a given year, HPV programme coverage estimates are not produced.

SDG 3.b.1

SDG 3.b.1: Proportion of the target population covered by all vaccines included in their national programme, Singapore, 2000-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
 Note: The four vaccination coverage indicators contribute to SDG indicator 3.b.1 are: DTP3, MCV2, PCV3 and HPVc
 The Immunization Agenda 2030 (IA2030) global target is 90% coverage of all four antigens by 2030.

Four vaccination coverage indicators contribute to Sustainable Development Goal 3, indicator b.1: DTP3, PCV3, MCV2 and HPV.

The IA2030 global target is 90% coverage of all four antigens by 2030.

Singapore has all 4 of the SDG vaccines.

In 2024, Singapore had achieved at least 90% coverage of 3 out of the 4 vaccines.

Additional resources

[illegible][illegible]

WUENIC Trends

2020 2021 2022

Burkina Faso

DTP3

Reminder: WUENIC should be used with caution and assessed in light of the objectives for which they are being used.

Data received as of: 8/July, 2024

Suggested citation: WHO/UNICEF Estimates of National Immunization Coverage, 2023 Revision

Burkina Faso - DTP3

100
80
60
40
20
0

2010 2012 2014 2016 2018 2020 2022 2023

● Administrative Coverage ● Government Estimate — UNHCR/UNICEF Estimate ■ Survey ▲ Accepted Survey Value

Description of WUENIC Estimate

2023 Estimate informed by reported data. Estimate challenged by 0.

2022 Estimate informed by interpolation between reported data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Programme reports less than one month vaccine stockout at national level. Estimate of 93 percent changed from previous revision value of 91 percent. Estimate challenged by 0.

2021 Estimate informed by reported data. Estimate challenged by 0.

2020 Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Unplanned demographic event in Saint. Burkina Faso, 2021 and in history results of 88 percent modified for

Figure 1. Impact of the 2020-2021 season on COVID-19 coverage and number of unvaccinated individuals in the Pacific region.

A. DTP3 coverage (2019-2020 vs 2020-2021) for 18 Pacific countries.

Country	2019-2020 (%)	2020-2021 (%)
Algeria	98	98
Angola	98	98
Argentina	98	98
Australia	98	98
Austria	98	98
Bahamas	98	98
Bangladesh	98	98
Barbados	98	98
Belize	98	98
Bhutan	98	98
Bolivia	98	98
Brazil	98	98
Bulgaria	98	98
Cameroon	98	98
Canada	98	98
Chad	98	98
Colombia	98	98
Congo	98	98
Cuba	98	98
Cyprus	98	98
Dominican Republic	98	98
Ecuador	98	98
Egypt	98	98
El Salvador	98	98
Equatorial Guinea	98	98
Ethiopia	98	98
France	98	98
Ghana	98	98
Guatemala	98	98
Honduras	98	98
Hong Kong	98	98
India	98	98
Indonesia	98	98
Italy	98	98
Jamaica	98	98
Japan	98	98
Kenya	98	98
Korea	98	98
Kuwait	98	98
Laos	98	98
Lebanon	98	98
Lesotho	98	98
Liberia	98	98
Lithuania	98	98
Madagascar	98	98
Mali	98	98
Mexico	98	98
Moldova	98	98
Morocco	98	98
Mozambique	98	98
Nepal	98	98
Netherlands	98	98
Niger	98	98
Nigeria	98	98
North Macedonia	98	98
Oman	98	98
Pakistan	98	98
Panama	98	98
Papua New Guinea	98	98
Paraguay	98	98
Peru	98	98
Philippines	98	98
Poland	98	98
Portugal	98	98
Romania	98	98
Russia	98	98
Senegal	98	98
Sierra Leone	98	98
Slovakia	98	98
Slovenia	98	98
South Africa	98	98
South Korea	98	98
Spain	98	98
Sri Lanka	98	98
Sweden	98	98
Switzerland	98	98
Taiwan	98	98
Tanzania	98	98
Togo	98	98
Turkey	98	98
Uganda	98	98
Ukraine	98	98
United Kingdom	98	98
United States	98	98
Uruguay	98	98
Uzbekistan	98	98
Venezuela	98	98
Vietnam	98	98
Yemen	98	98
Zambia	98	98
Zimbabwe	98	98

B. DTP3 coverage (2019-2020 vs 2020-2021) for 18 Pacific countries.

C. Map of the Pacific region showing the number of unvaccinated individuals by country.

D. Heatmap of the number of unvaccinated individuals by country and age group (0-4, 5-14, 15-64, 65+).

A1		B1		C1		D1		E1		F1		G1		H1		I1		J1		K1		L1		M1		N1		O1	
Uncof		regio		country		vaccine		2023		2022		2021		2020		2019		2018		2017		2016		2015		2014		2013	
A1	2	ROSA		AFG		Afghanistan BCG		68		69		65		72		74		82		80		78		76		74		72	
		AZAR		ALB		Albania BCG		99		99		99		99		99		99		99		99		99		99		99	
A1	3	MENA		DZA		Algeria BCG		99		98		98		99		99		99		99		99		99		99		99	
		ESAR		ARG		Argentina BCG		73		60		56		58		99		72		69		40		64		72		71	
A1	4	LACR		ARG		Argentina BCG		69		80		81		80		95		95		95		95		95		95		95	
		FCAR		ARM		Armenia BCG		99		98		98		99		99		99		99		99		99		99		99	
A1	5	Non-regio		AUT		Austria BCG		99		99		99		99		99		99		99		99		99		99		99	
		AZAR		AZE		Azerbaijan BCG		99		96		95		94		96		97		97		98		98		98		98	
A1	6	ROSA		BGD		Bangladesh BCG		99		99		99		99															

WUENIC Analytics

Charts | Map | Data | About

Coverage of DTP3, 2015-2023

Year: 1980 | 2015 | 2020

Vaccine: DTP3

Group Type: UNICEF

Group: UNICEF Regions

Subgroup: EAPR

Name: Brunel Darussalam

Source: 4.8
Notes: 1,2,3

**Number of vaccinated children and target population
DTP3, EAPR, 2015-2023**

Percentage of unvaccinated children, UNICEF Regions, DTP3, 2015-2023

Group trends | Subgroup detail

Legend: WCAR, ESAR, ROSA, EAPR, MENA, LACR, Non programme, ECAR

<https://worldhealthorg.shinyapps.io/wuenic-trends/>

Short feedback questionnaire

(5 minutes)

We are seeking your feedback on the global groupings (GAVI, African Union, World Bank Income, WHO and UNICEF) and country-level PowerPoint slides developed for the release of global immunization estimates. Your input will help us understand their usefulness and identify areas for improvement.

Please take a few moments to complete this short survey and have your voice heard:



<https://forms.office.com/e/Qv1HXxxNZQ>

