



South Sudan

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).

Methods: • [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 76% between 2023 and 2024.
- DTP3 coverage remained constant at 73% between 2023 and 2024.
- There were 5,000 more zero-dose children in 2024. This leaves 80,000 children without vaccination, vulnerable to vaccine-preventable diseases and a further 10,000 with incomplete protection.
- South Sudan accounted for 2.8% of zero-dose children in Eastern and Southern Africa (ESAR) and 0.6% of zero-dose children globally.
- MCV1 coverage remained constant at 72% between 2023 and 2024. There were 93,000 children who missed out on the first measles vaccination.
- The second dose of measles-containing vaccine (MCV2) was not introduced.
- The Human papillomavirus (HPV) vaccine was not introduced.

Vaccination schedule, 2024

Level	Vaccine	Dose number and age administered			
		1	2	3	4
National	BCG	Birth			
National	DTWPHIBHEPB	6 weeks	10 weeks	14 weeks	
National	IPV	14 weeks	9 months		
Subnational	MALARIA	5 months	6 months	7 months	18 months
National	MEASLES	9 months			
National	OPV	6 weeks	10 weeks	14 weeks	

This table shows the 2024 national immunization schedule for routine services in South Sudan, 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	Not introduced	
HepB birth dose	Not introduced	
Hepatitis B vaccine	2014	
Hib (Haemophilus influenzae type B) vaccine	2014	
IPV (Inactivated polio vaccine)	2015	
IPV (Inactivated polio vaccine) 2nd dose	2021	
Malaria vaccine	Not introduced	2024
Measles-containing vaccine 2nd dose	Not introduced	
Meningococcal meningitis vaccines (all strains)	Not introduced	
Mumps vaccine	Not introduced	
PCV (Pneumococcal conjugate vaccine)	Not introduced	
Rotavirus vaccine	Not introduced	
Rubella vaccine	Not introduced	
YF (Yellow fever) vaccine	Not introduced	

This table displays the year each vaccine was introduced in South Sudan. 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.

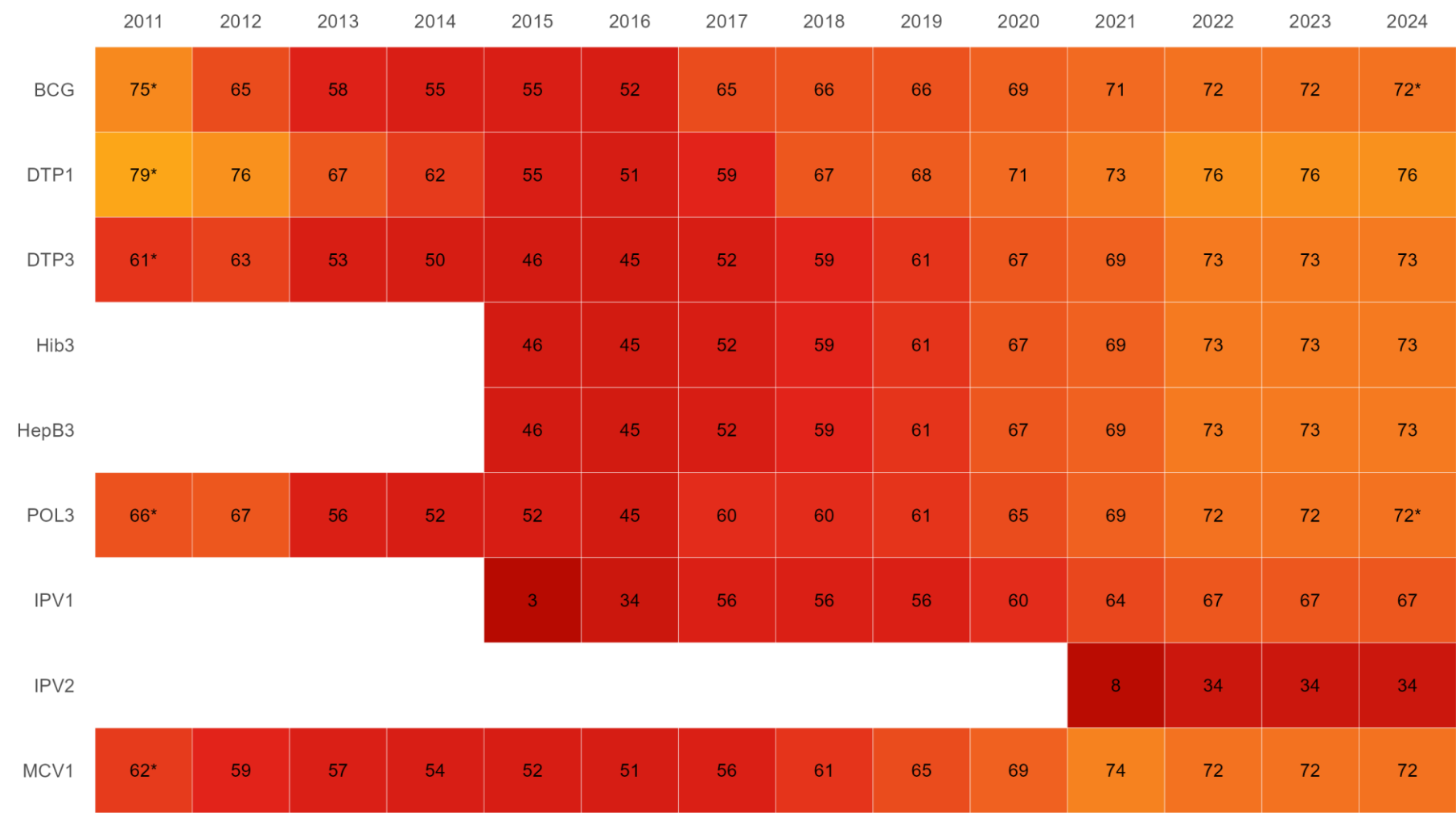
Vaccine stockouts

Vaccines / supplies	2024
BCG	National (1m) and subnational
OPV	National (5m)

This table presents reported vaccine stockouts of childhood vaccines relevant to WUENIC at the national and subnational levels over the last 5 years (2020 to 2024). Where available, the duration of national-level stockouts is indicated in months. Subnational stockouts are noted without specifying duration. Only vaccines that had a stockout during the specified time period are displayed.

A stockout refers to a period when vaccine storage and distribution points (e.g., national or district stores) are fully depleted, including buffer stock, and are unable to supply vaccines to lower-level stores or facilities. It is important to note that facility-level stockouts can still occur even when upper-level stores have inventory. Stockouts, especially prolonged ones, can negatively impact immunization coverage.

Vaccine coverage, South Sudan, 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.

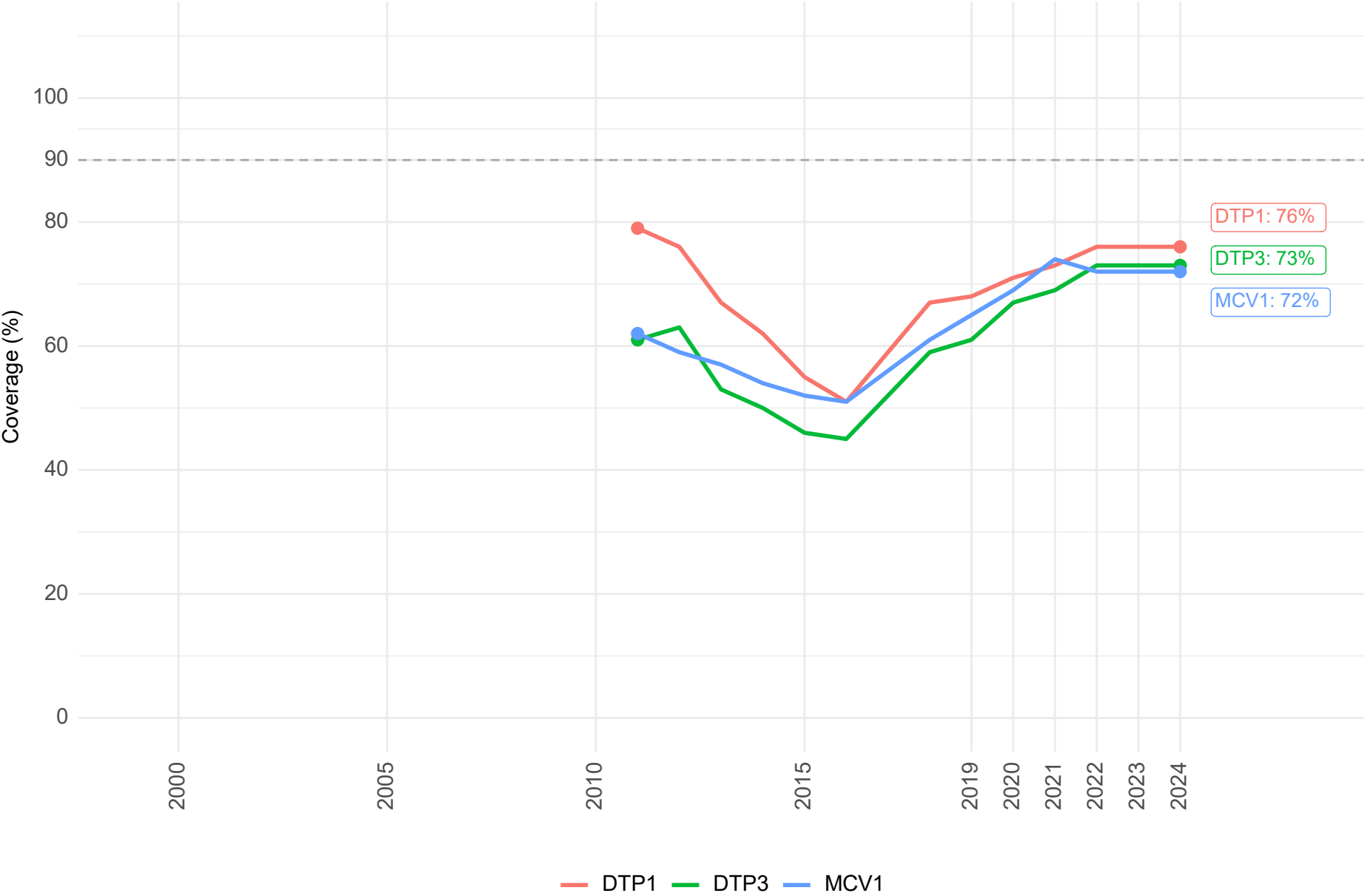
This heatmap shows trends in vaccine coverage since 2011, with green cells indicating coverage of 90% or more.

In 2024, none of the 9 vaccines in the schedule achieved coverage of 90% or more. Vaccine coverage ranged from 34% to 76%.

Since 2015, estimates have been made for 4 new vaccines. IPV2 is the newest vaccine reported (2021), which achieved 34% coverage in 2024.

In 2024, South Sudan reported stockouts of vaccines/supplies (BCG and OPV) (more information on slide 8).

Coverage of key childhood vaccines (%), South Sudan, 2011-2024



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 72%.

DTP3 coverage - a marker of how well countries are delivering immunization services to children - was below 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.

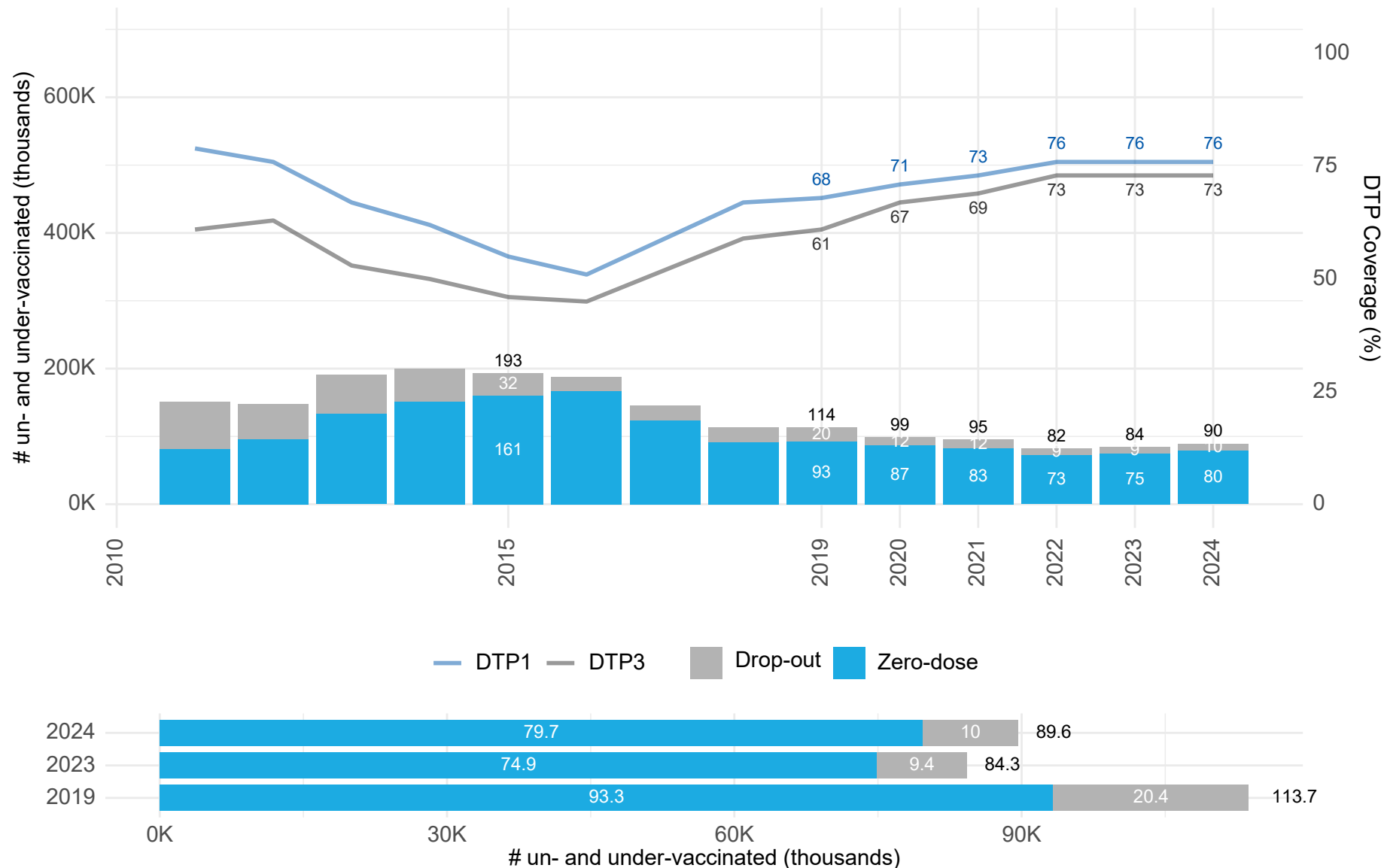
In 2024, MCV1 coverage was below the 95% target and MCV2 was not yet introduced.

Between 2023 and 2024, 0 vaccines increased coverage, 0 declined and 3 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, South Sudan, 2011-2024



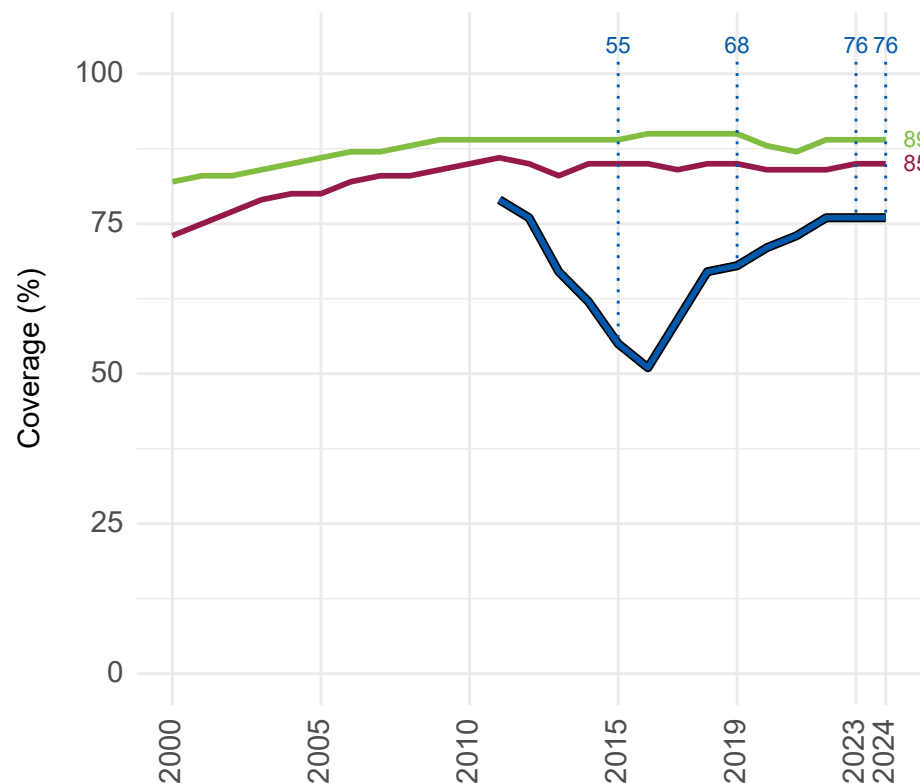
The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

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 South Sudan.

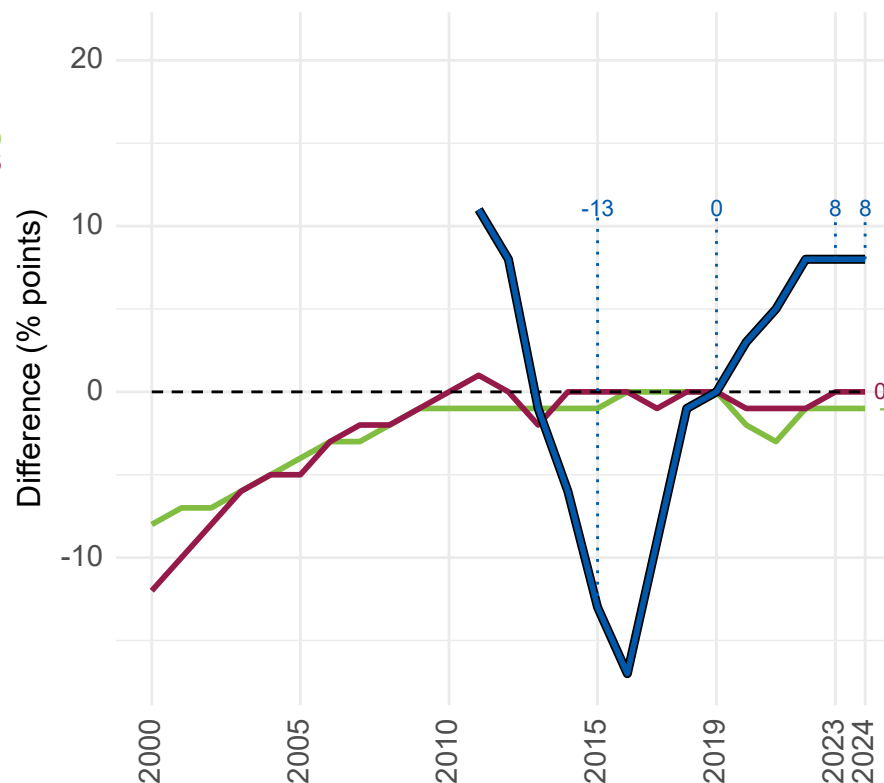
In 2024, DTP1 coverage in South Sudan remained constant 76%. The number of children missing out on any DTP vaccination (zero-dose children) increased from 75,000 in 2023 to 80,000 in 2024.

DTP3 coverage remained constant 73% in 2024, leaving 90,000 children vulnerable to vaccine-preventable diseases.

DTP1 coverage, South Sudan, 2000-2024



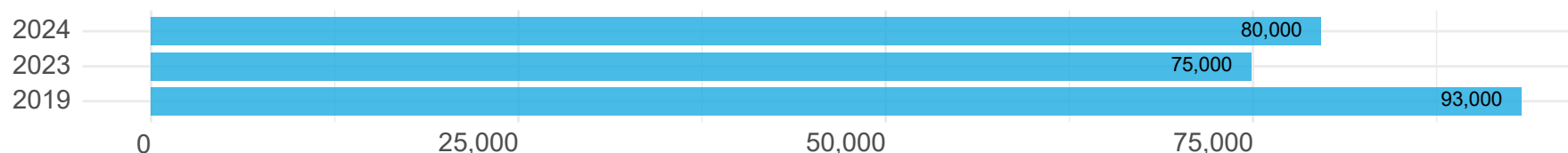
Coverage difference compared to 2019



— South Sudan — Global — ESAR

— South Sudan — Global — ESAR

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



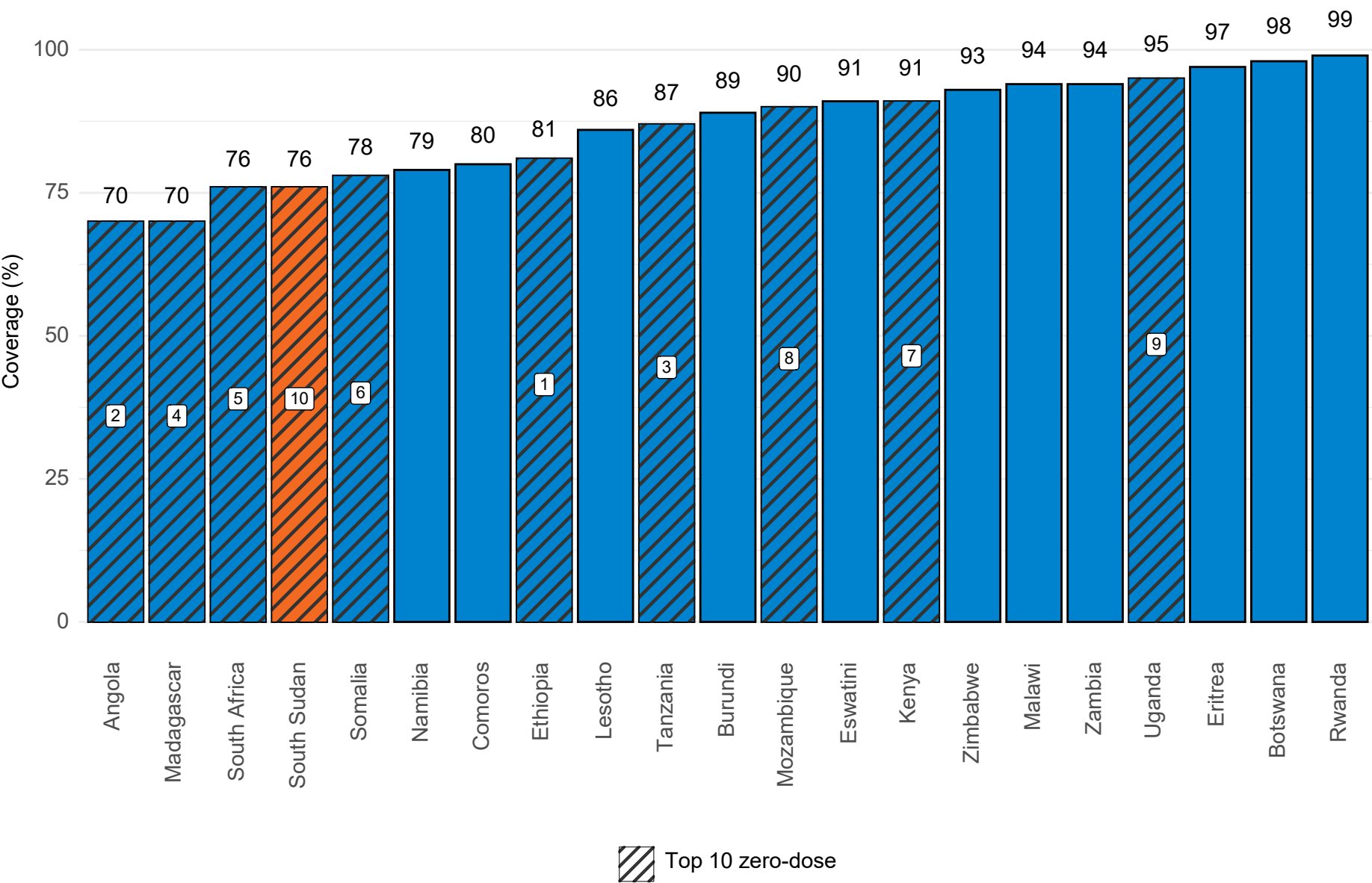
In 2024, DTP1 coverage in South Sudan (76%) was 13 percentage points lower than the global average (89%) and 9 percentage points lower than the average across all ESAR countries (85%).

National DTP1 coverage was 8 percentage points higher than in 2019 (68%).

This equates to 80,000 zero-dose children in 2024 compared to 93,000 zero-dose children 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

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



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

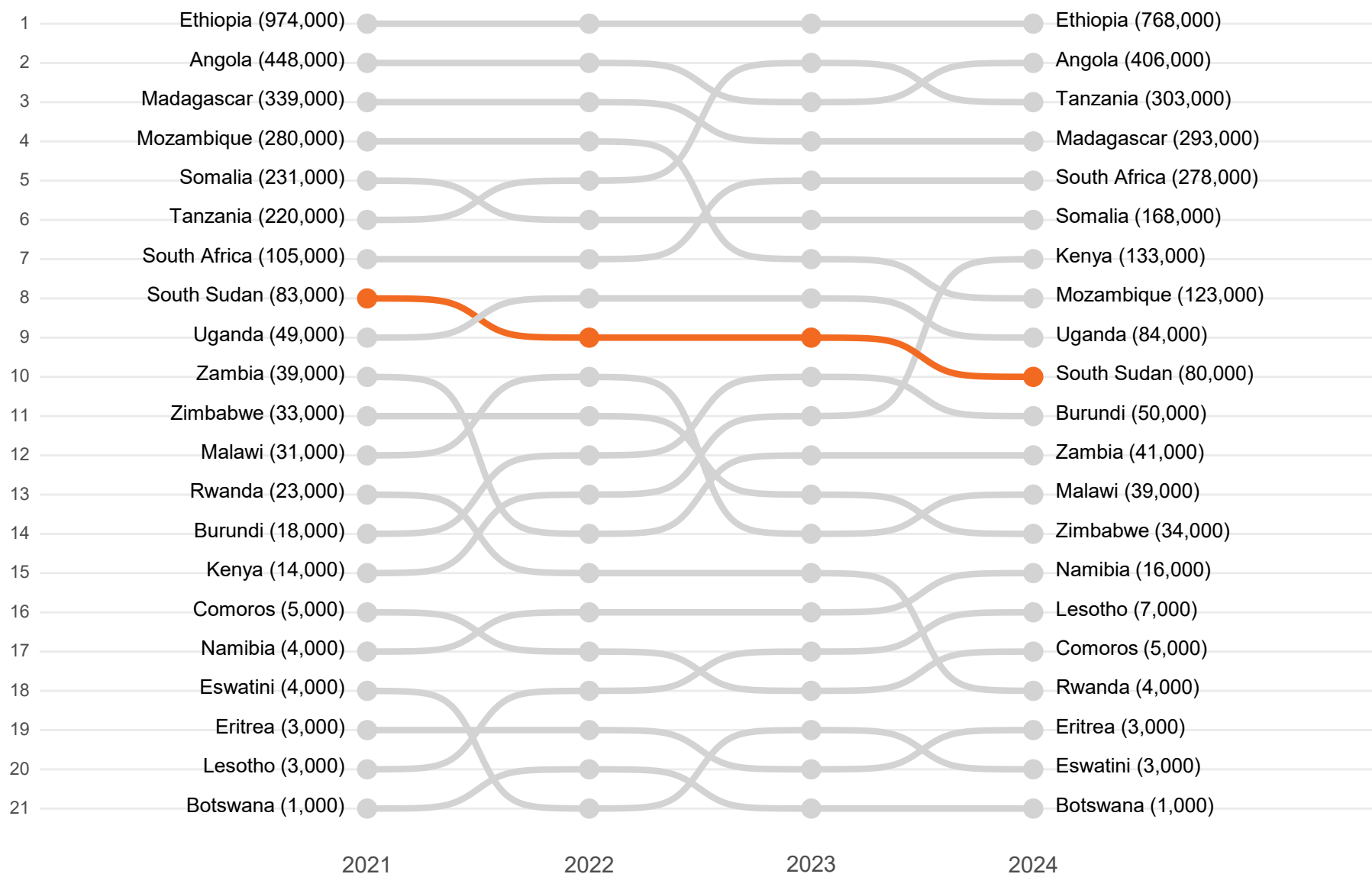
In 2024, South Sudan ranked number 3 out of 21 countries for lowest DTP1 coverage (based on tied ranks).

South Sudan was in the top 10 countries with the most zero-dose children (rank=10).

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, ESAR, 2021-2024



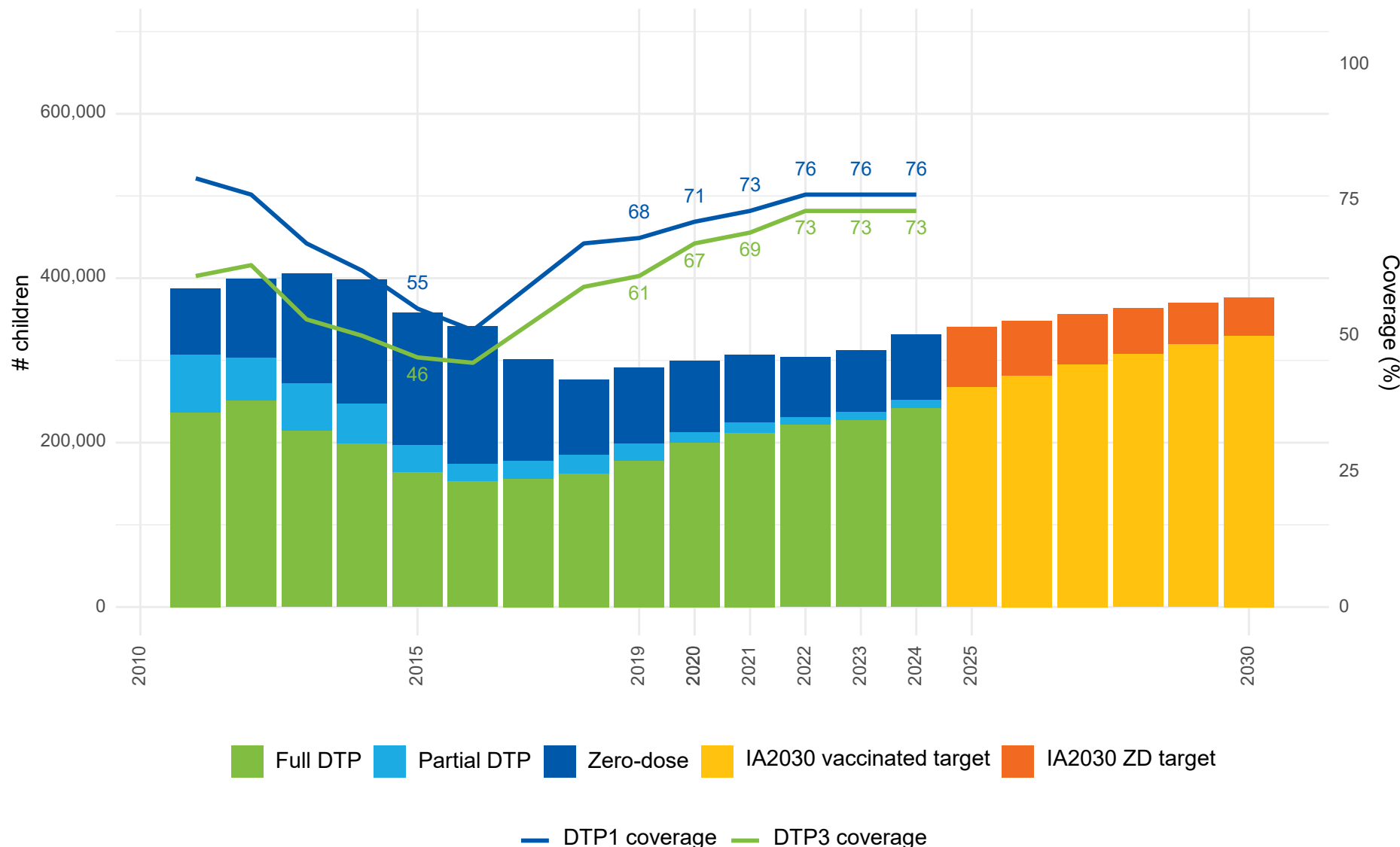
This chart compares the ranking of countries in ESAR based on the absolute number of zero-dose children, with rank 1 representing the country with the most zero-dose children.

In 2021, South Sudan ranked number 8 out of 21 countries with 83,000 zero-dose children.

In 2024, South Sudan ranked number 10 out of 21 countries with 80,000 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 , South Sudan



Sources: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision; United Nations, Department of Economic and Social Affairs, Population Division (2024). World Population Prospects 2024, Online Edition.
Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030.

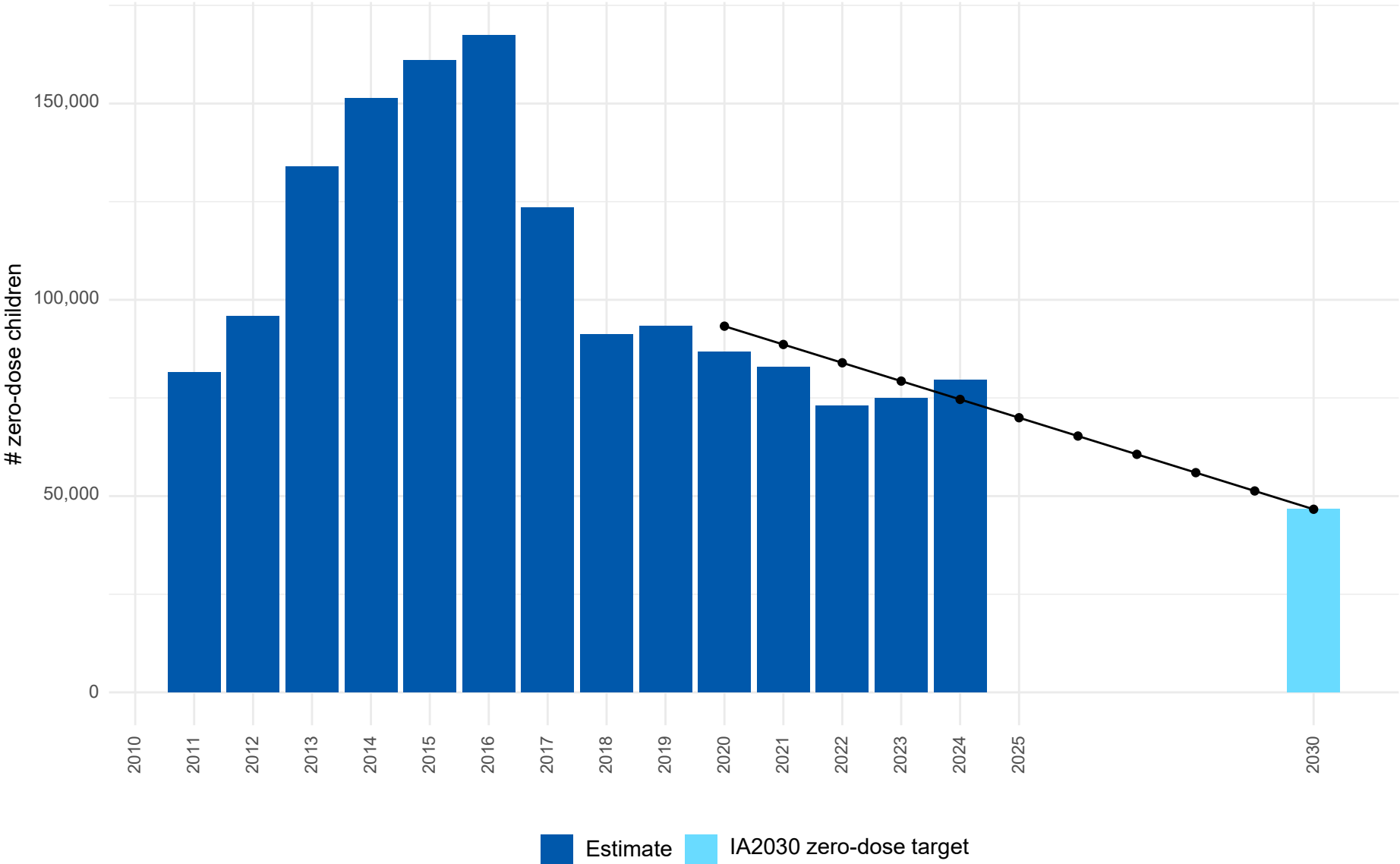
IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

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.

South Sudan is projected to have a moderate increase (10,000-50,000) in the number of surviving infants by 2030. Therefore, maintaining current coverage requires vaccinating an increasing number of children.

To achieve the IA2030 ZD target, more (~4.58%) children need to be vaccinated with DTP1 each year. This will require increases in immunization programme and health system capacity.

Estimated number of zero-dose children, 2011-2024 and target by 2030, South Sudan



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

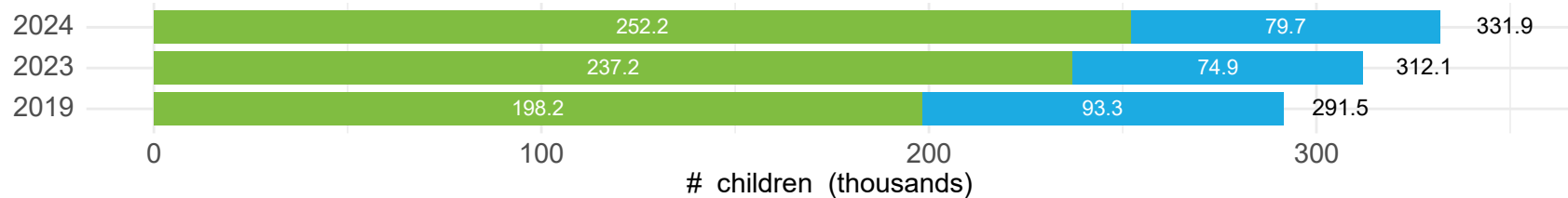
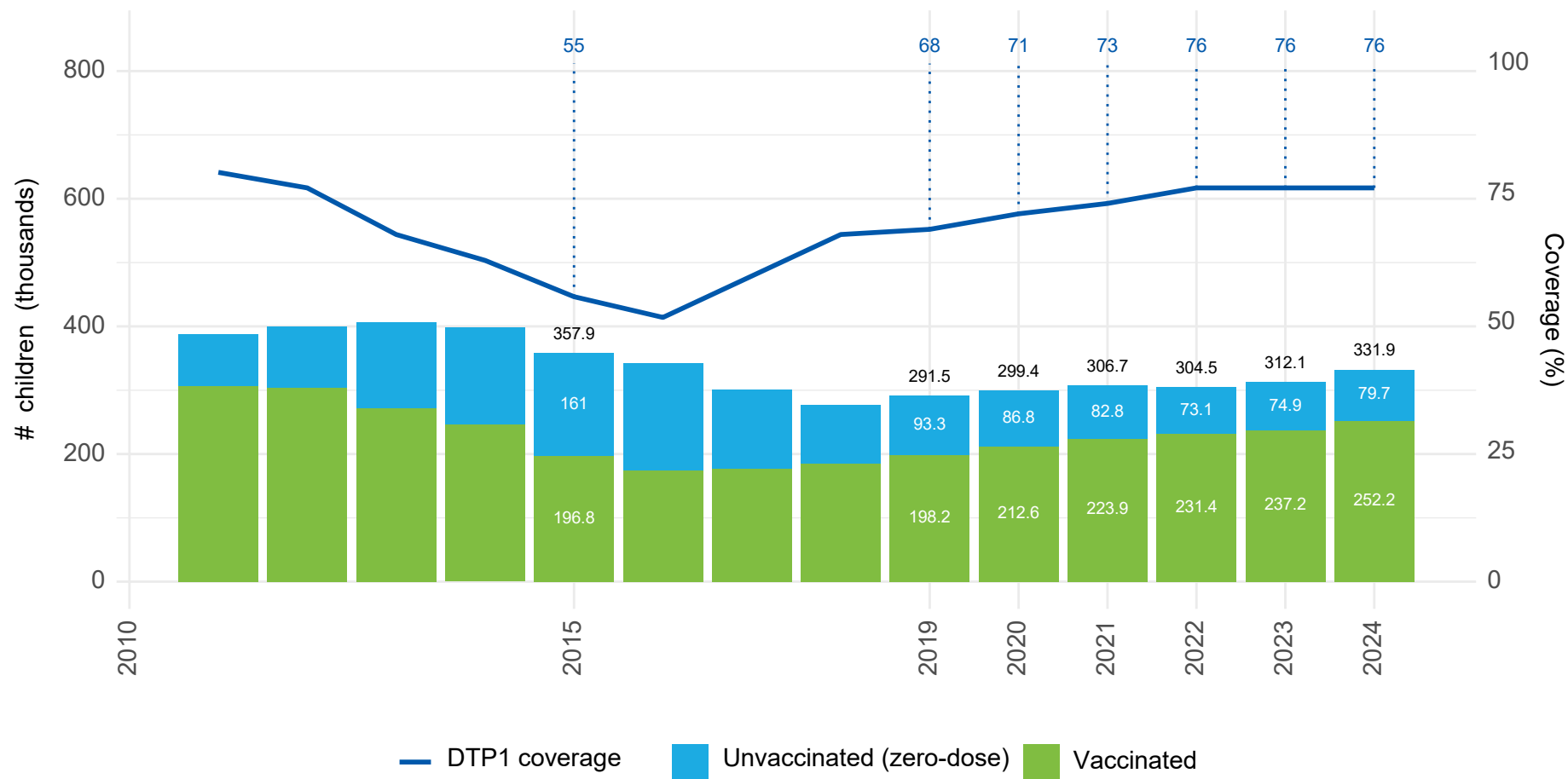
Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. Dark blue bars are the estimated number of zero-dose children in 2011-2024, light blue bar is the target number of zero-dose children by 2030. The line and points show the yearly progress and trajectory to meet the target by 2030, based on a linear decline.

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 7% higher than the annual number proposed to reach the target, based on a linear trajectory of decline.

Estimated DTP1 coverage, and number of vaccinated and unvaccinated children, South Sudan, 2011-2024



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

DTP1 coverage in 2024 (76%) was higher than in 2019 (68%).

The number of children vaccinated with DTP1 increased 27% compared to in 2019.

The number of surviving infants increased approximately 14% compared to in 2019.

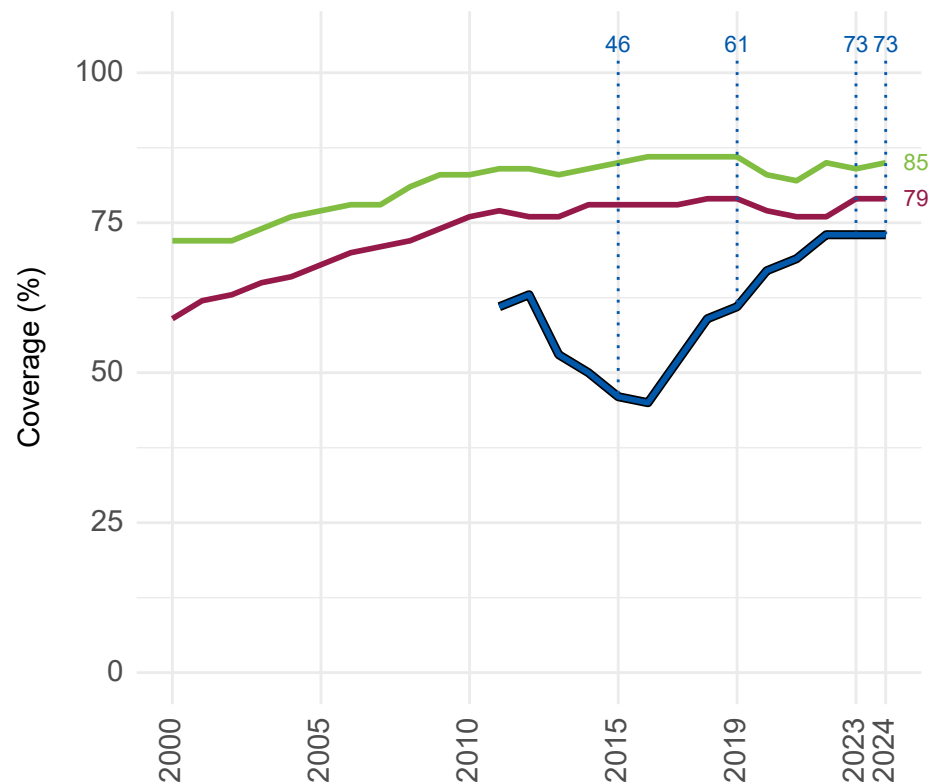
In 2024, 100,000 more children were vaccinated than in 2019.

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

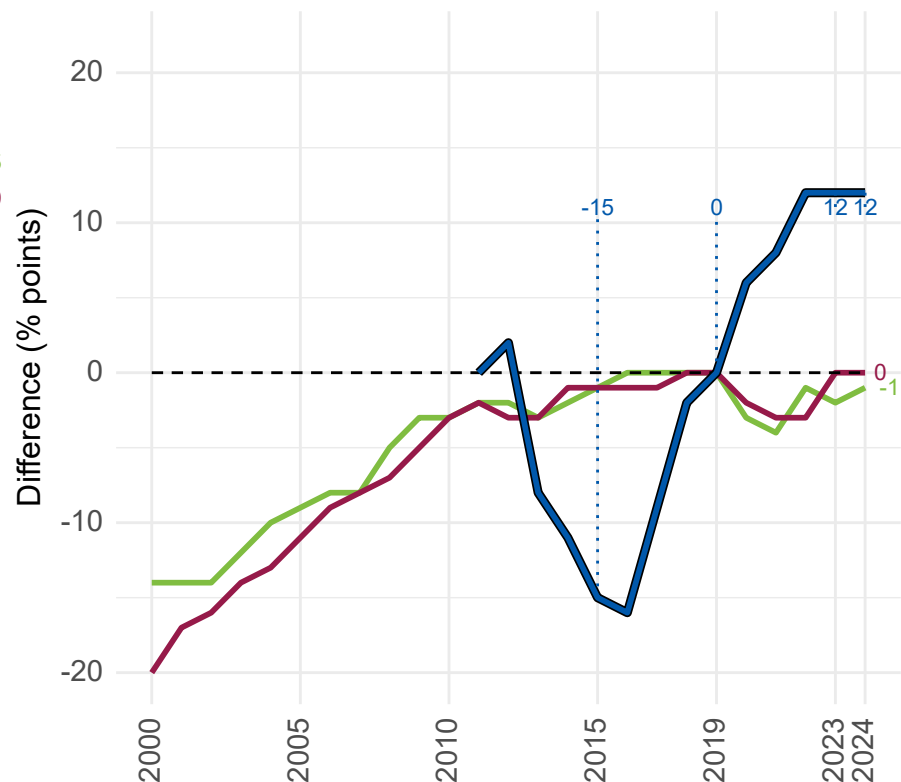
For vaccine coverage to increase, the number of children vaccinated must increase at a faster rate than the population increases.

DTP3

DTP3 coverage, South Sudan, 2000-2024



Coverage difference compared to 2019

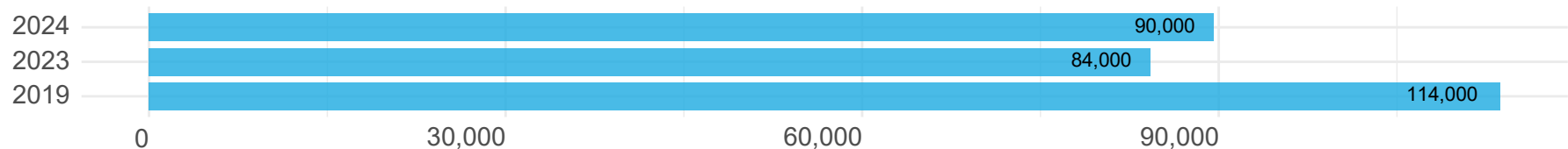


In 2024, DTP3 coverage in South Sudan (73%) was 12 percentage points lower than the global average (85%) and 6 percentage points lower than the average across all ESAR countries (79%).

National DTP3 coverage was 12 percentage points higher than in 2019 (61%).

This equates to 90,000 un- and undervaccinated children in 2024 compared to 114,000 un- and undervaccinated children in 2019.

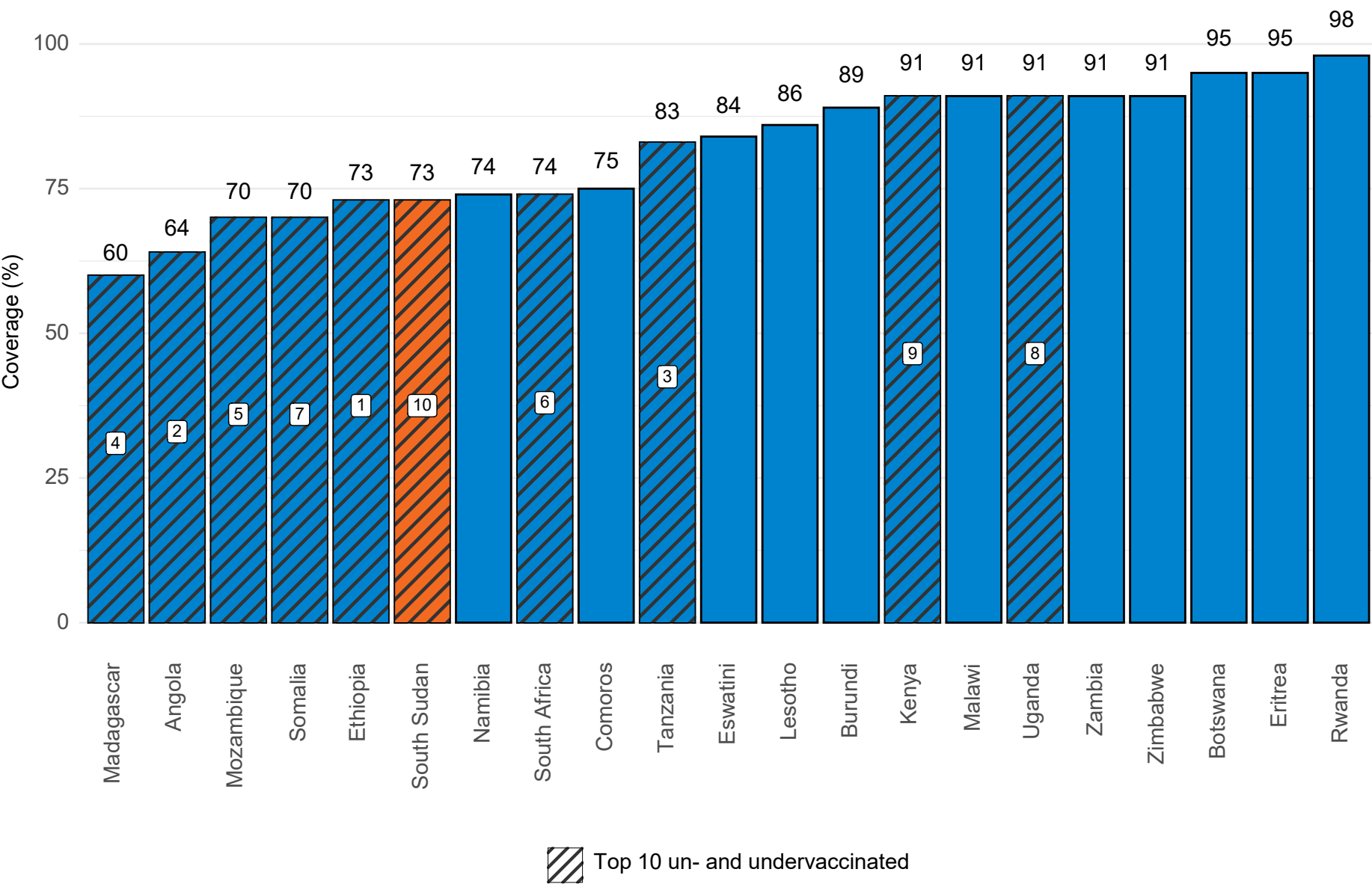
Number of un- and undervaccinated children, 2019, 2023 and 2024



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

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



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

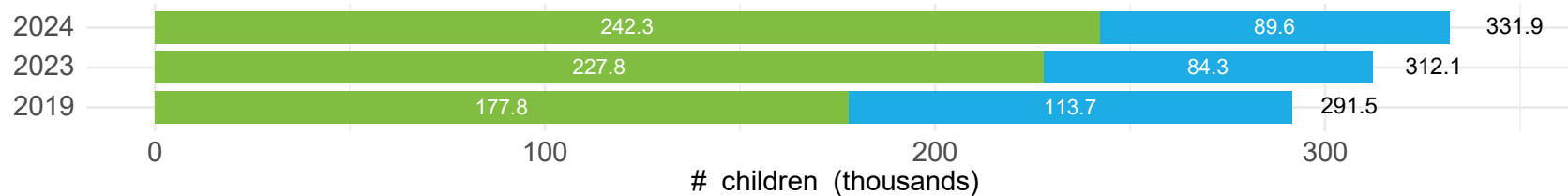
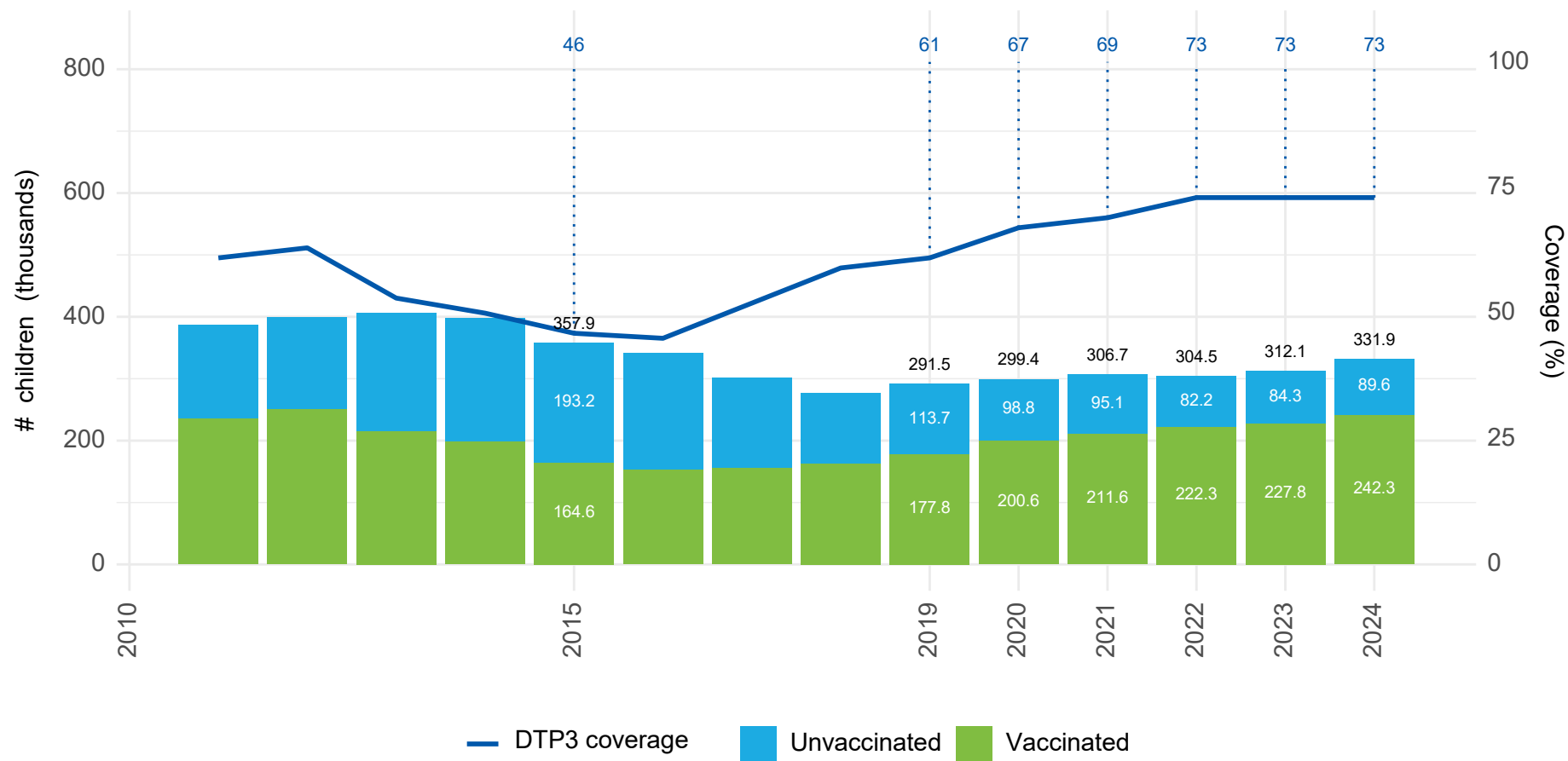
In 2024, South Sudan ranked number 5 out of 21 countries for lowest DTP3 coverage (based on tied ranks).

South Sudan was in the top 10 countries with the most un- and undervaccinated children (rank=10).

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, South Sudan, 2011-2024



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

DTP3 coverage in 2024 (73%) was higher than in 2019 (61%).

The number of children vaccinated with DTP3 increased 36% compared to in 2019.

The number of surviving infants increased approximately 14% compared to in 2019.

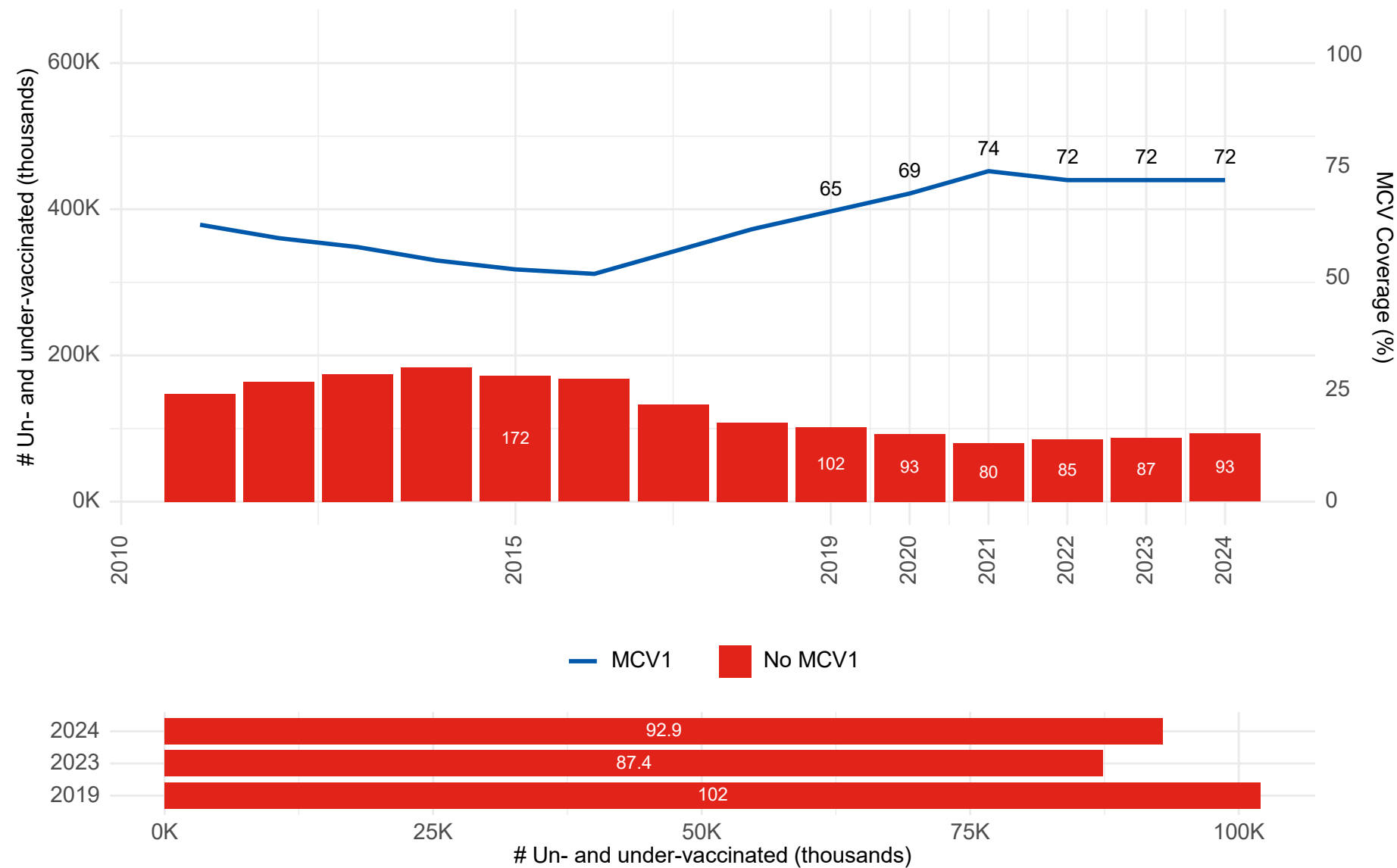
In 2024, 100,000 more children were vaccinated than in 2019.

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, South Sudan, 2011-2024



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2024 revision
Note: Lines show vaccine coverage and bars show number of children.

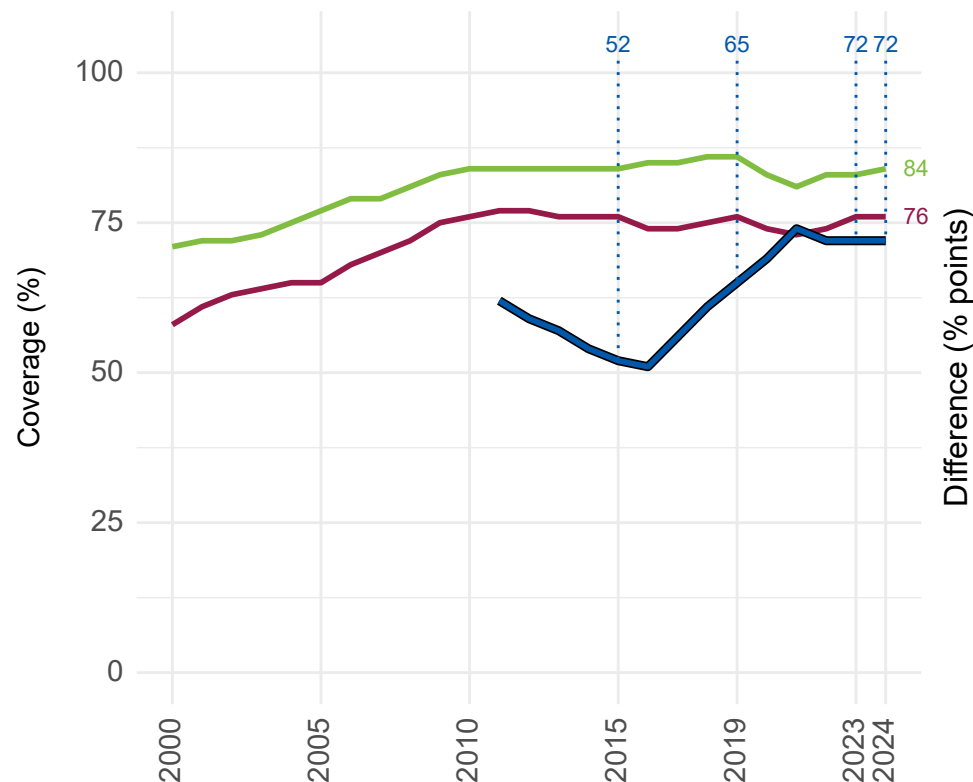
Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

The percentage of children receiving MCV1 – typically at 9 or 12 months depending on the national vaccination schedule – remained constant at 72%. This is greater than in 2019, where coverage was 65%.

93,000 children missed their routine first dose of measles vaccine.

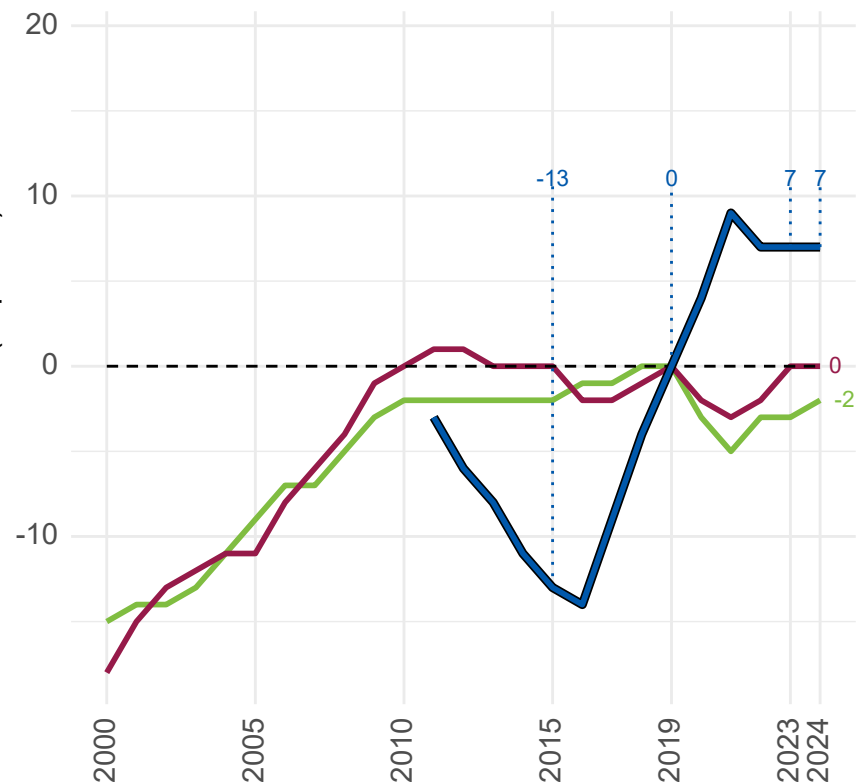
In 2024, South Sudan did not have MCV2.

MCV1 coverage, South Sudan, 2000-2024



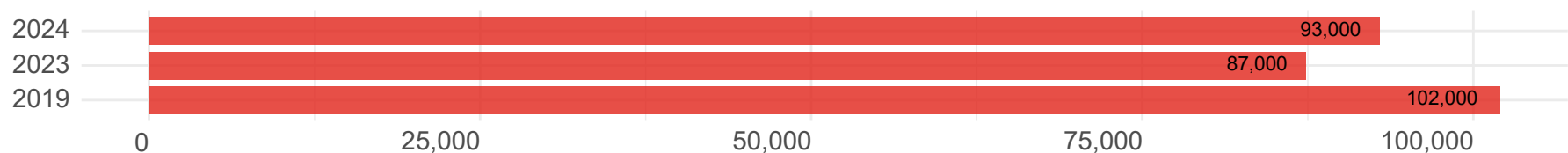
— South Sudan — Global — ESAR

Coverage difference compared to 2019



— South Sudan — Global — ESAR

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



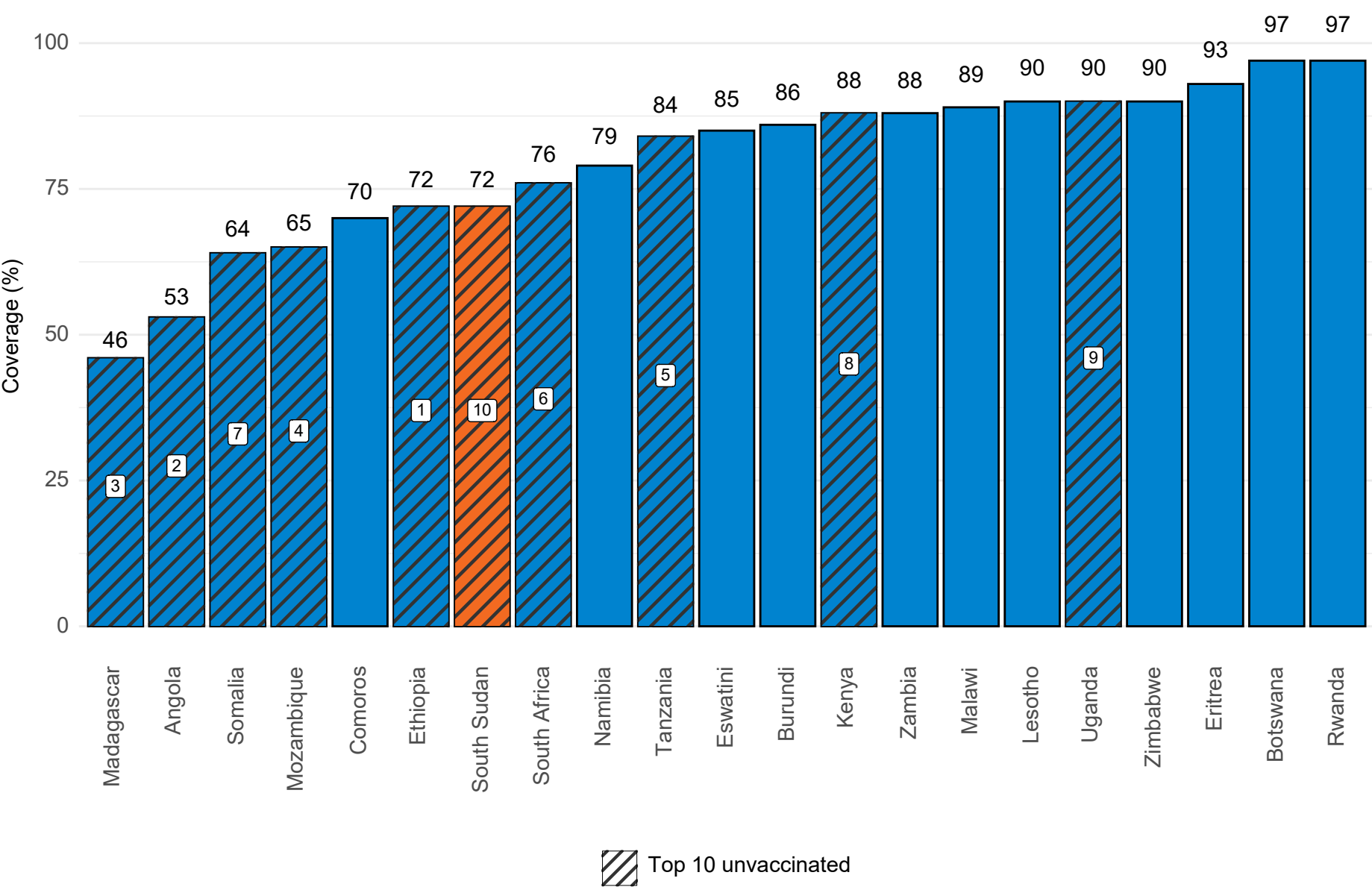
In 2024, MCV1 coverage in South Sudan (72%) was 12 percentage points lower than the global average (84%) and 4 percentage points lower than the average across all ESAR countries (76%).

National MCV1 coverage was 7 percentage points higher than in 2019 (65%).

This equates to 93,000 unvaccinated children in 2024 compared to 102,000 unvaccinated children 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

MCV1 coverage and ranking of number unvaccinated, by country, ESAR, 2024



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

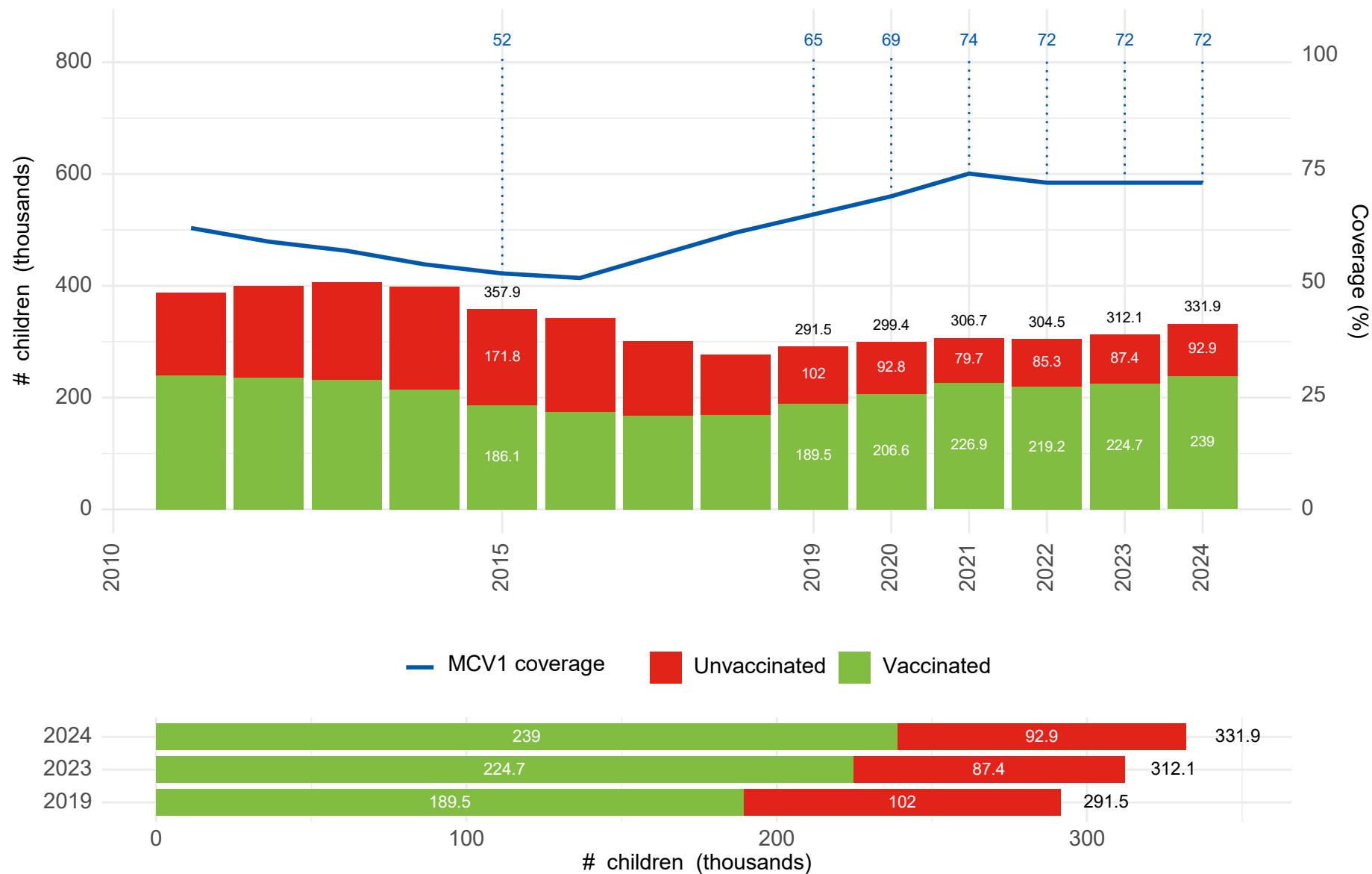
In 2024, South Sudan ranked number 6 out of 21 countries for lowest MCV1 coverage (based on tied ranks).

South Sudan was in the top 10 countries with the most unvaccinated children (rank=10).

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, South Sudan, 2011-2024



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

MCV1 coverage in 2024 (72%) was higher than in 2019 (65%).

The number of children vaccinated with MCV1 increased 26% compared to in 2019.

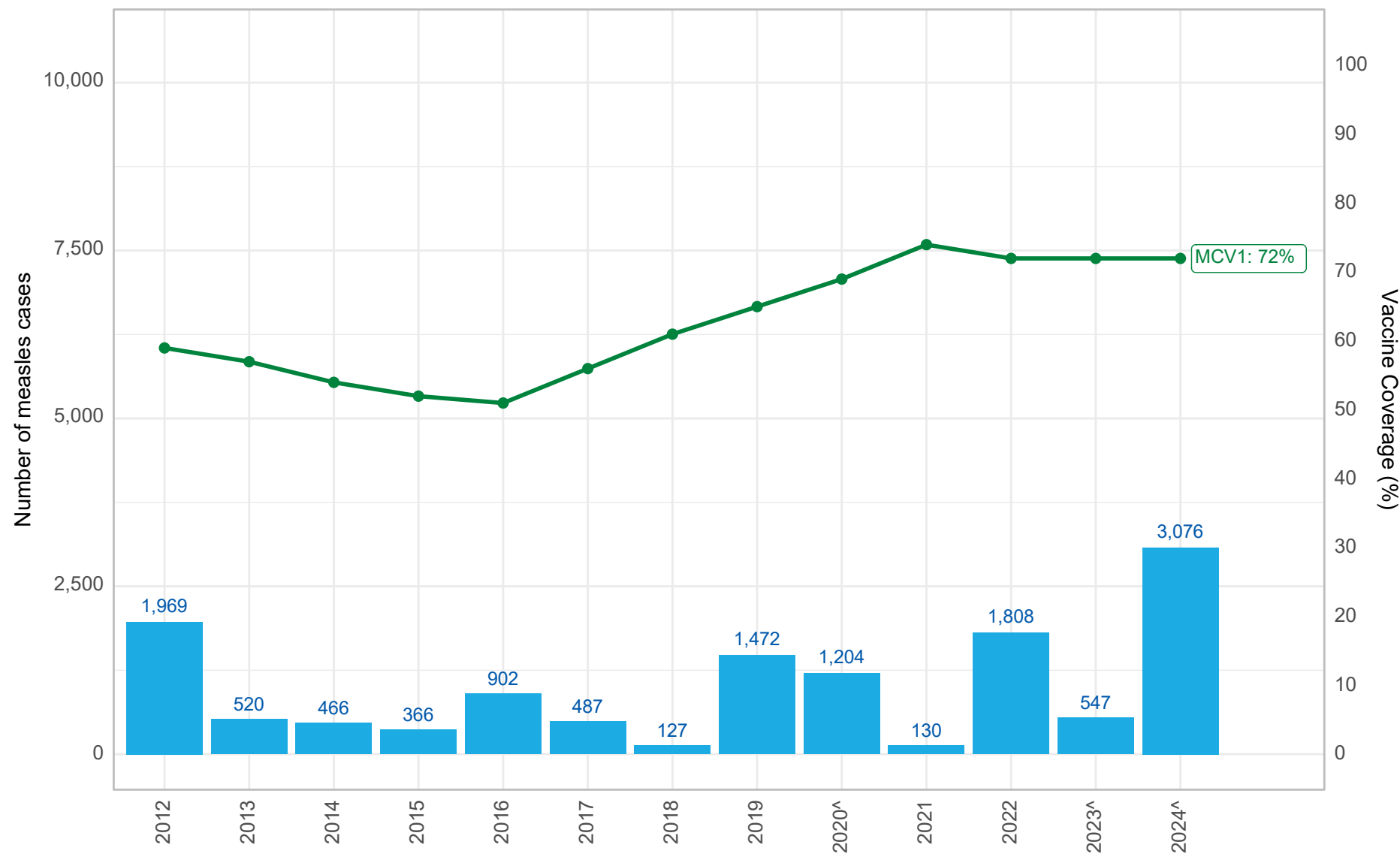
The number of surviving infants increased approximately 14% compared to in 2019.

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, South Sudan, 2012-2024



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).

In 2024, there was a total of 3,076 confirmed measles cases in South Sudan. In the same year, MCV1 coverage was 72%. There was no MCV2 in 2024.

The number of cases in 2024 was 5.6 times more cases than in 2023 (n=547).

The highest number of measles cases was reported in 2024 (n=3,076). In this year, MCV1 coverage was 72%.

South Sudan reported measles vaccine stockouts in 2011.

There were measles-containing vaccine supplementary immunization activities/campaigns in 2020, 2023, 2023, and 2024.

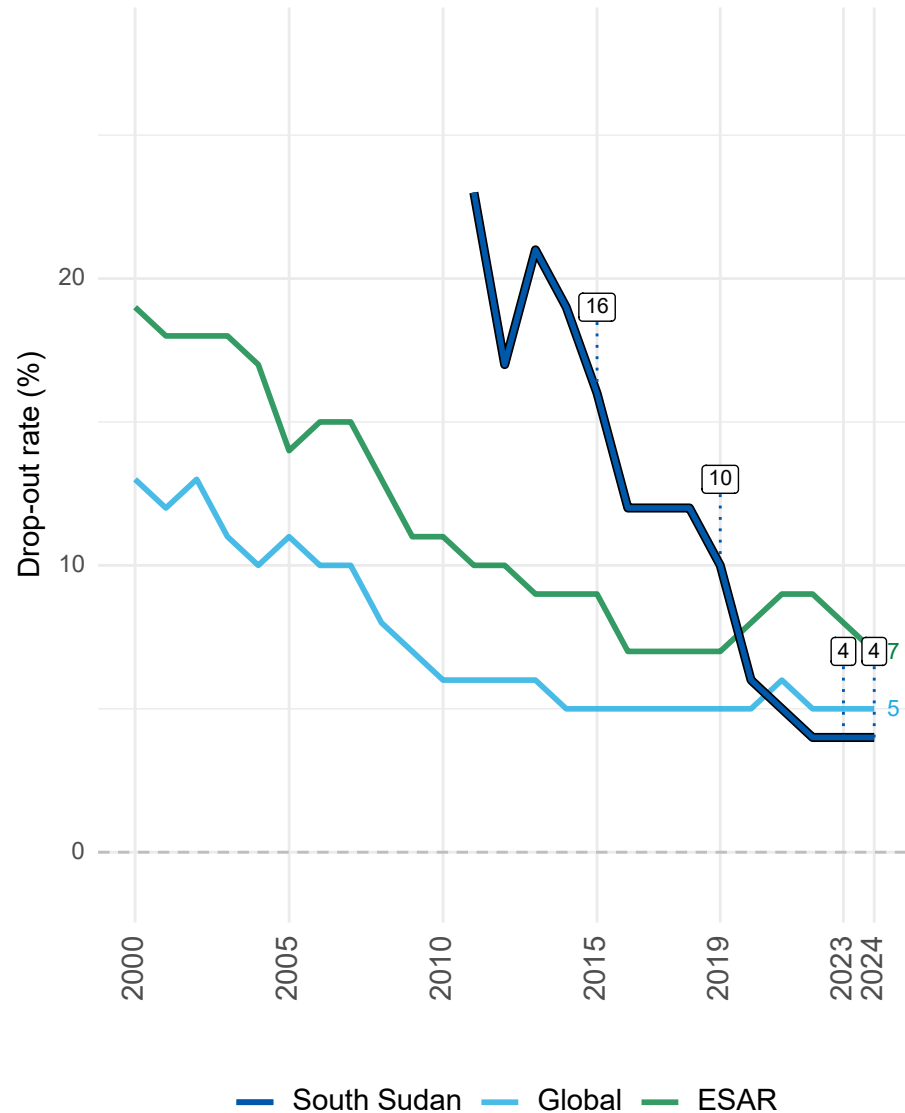


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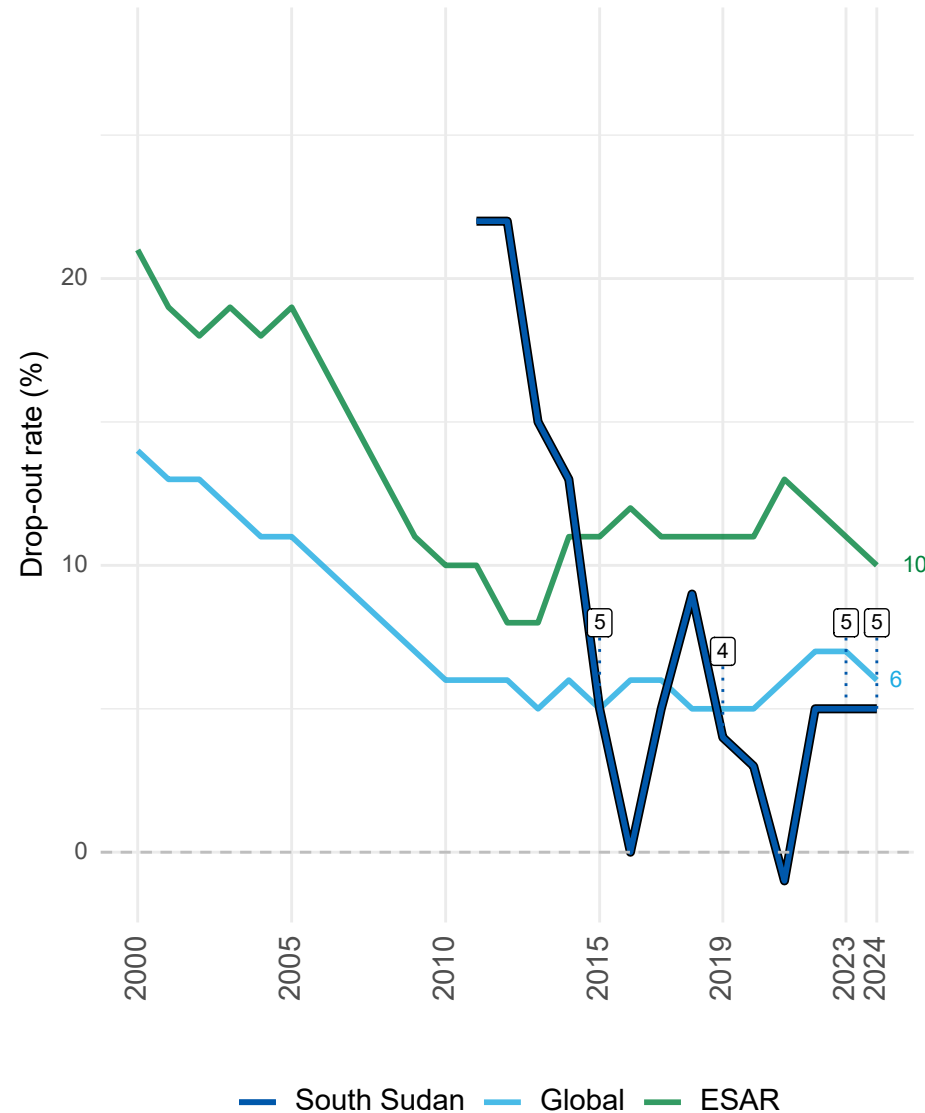
Childhood immunization: Additional charts

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

DTP1 and DTP3



DTP1 and MCV1



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.

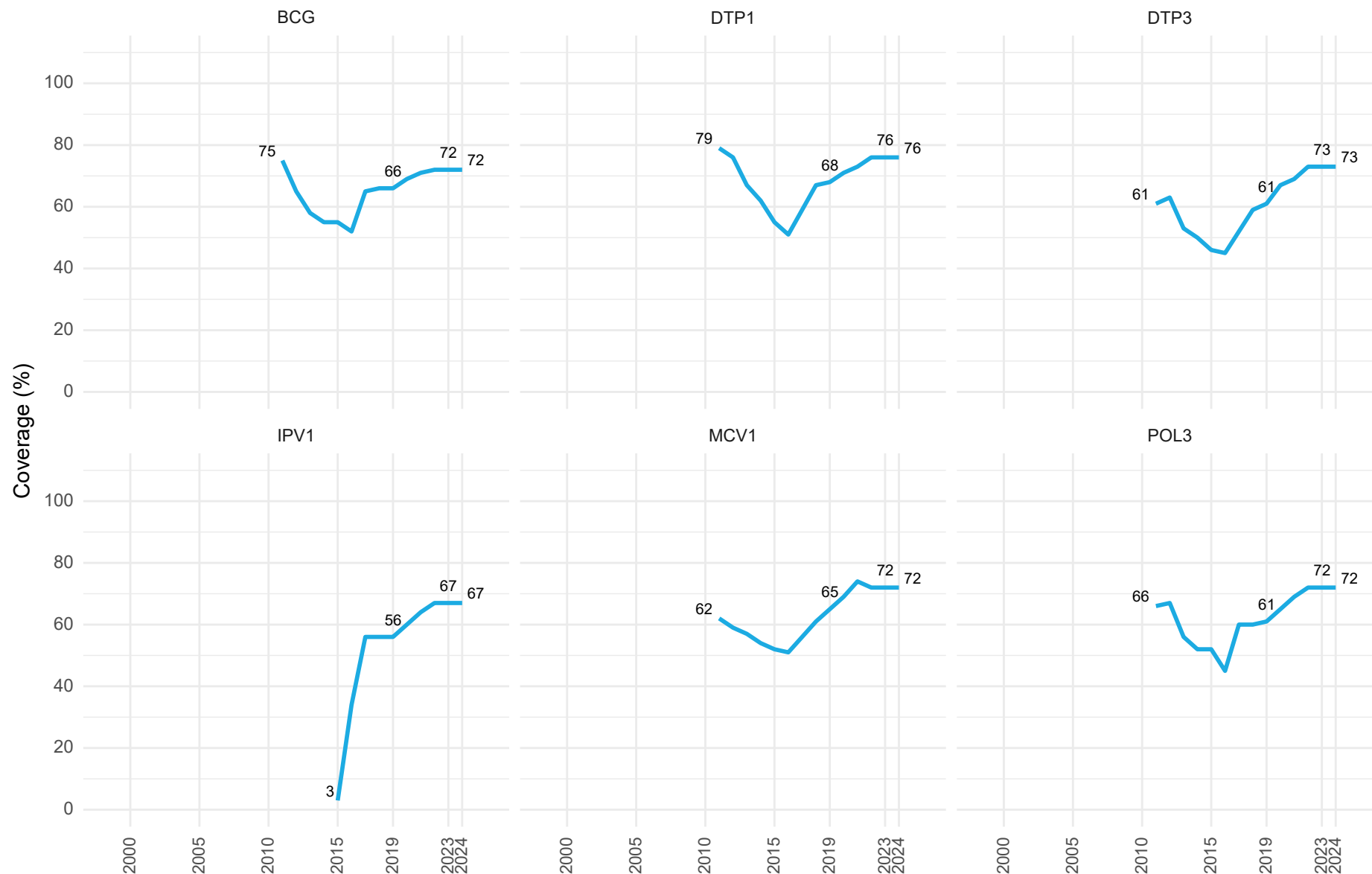
This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1.

In 2024, 4% of children who received DTP1 did not receive DTP3 (left), and 5% 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 medium DTP-MCV drop-out rates imply moderate retention in immunization programmes and ability to provide a full course of vaccines in infancy (up to one year).

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

Coverage of recommended childhood vaccines, South Sudan, 2011-2024



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

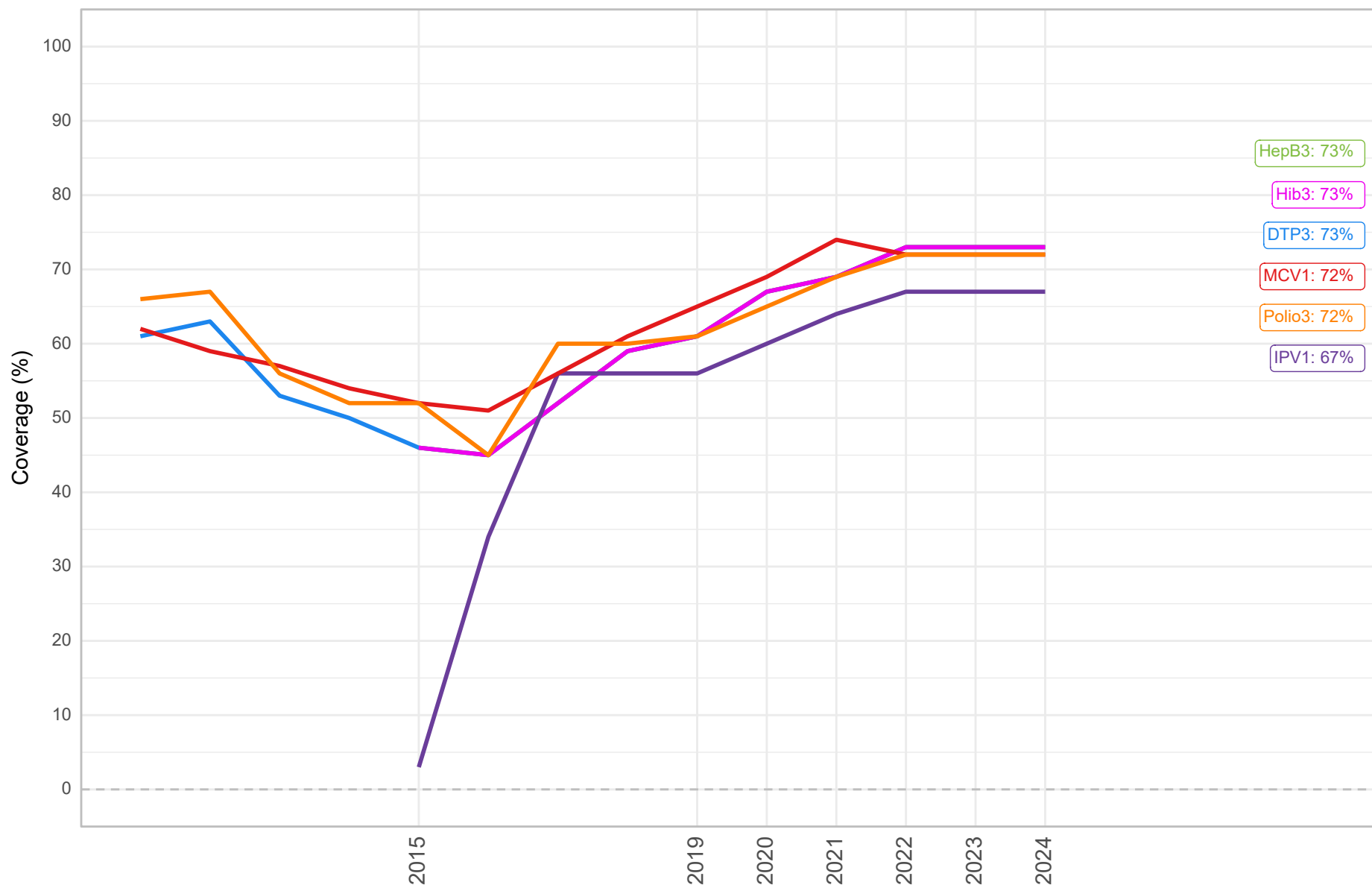
In 2024, IPV1 had the lowest coverage (67%), followed by BCG, MCV1, and POL3 (72%).

Compared to 2019, coverage of 6 vaccines increased (BCG, DTP1, DTP3, IPV1, MCV1 and POL3).

Compared to 2023, coverage of 6 vaccines remained constant (BCG, DTP1, DTP3, IPV1, MCV1 and POL3).

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 (%), South Sudan, 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 6 vaccines (complete series).

In 2024, IPV1 had the lowest coverage of all vaccines (67%), followed by BCG, MCV1, and POL3 (72%).

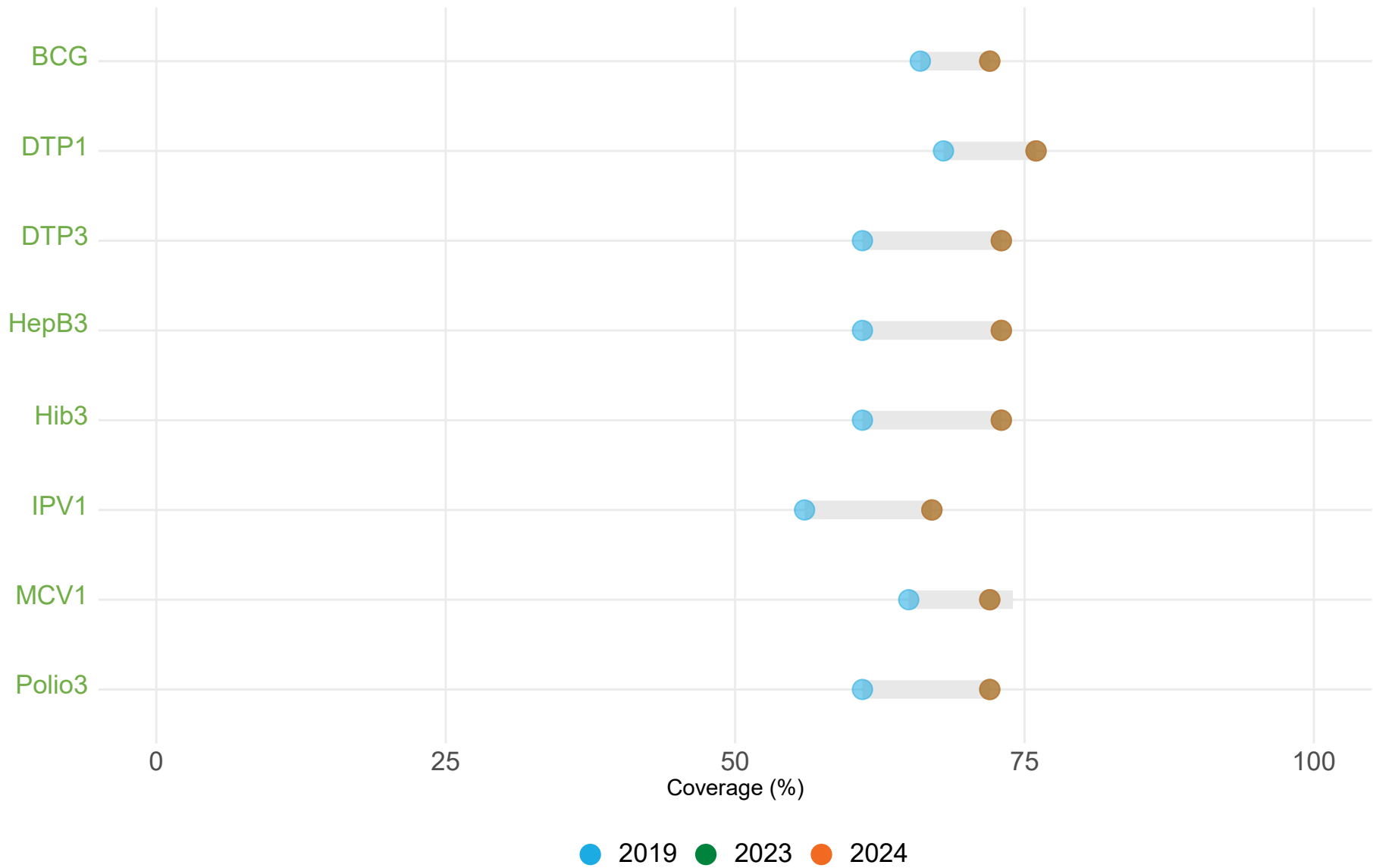
Coverage of 6 vaccines increased (DTP3, HepB3, Hib3, IPV1, MCV1 and Polio3) compared to respective coverage in 2019.

Coverage of 6 vaccines were the same (DTP3, HepB3, Hib3, IPV1, MCV1 and Polio3) compared to respective coverage in 2023.



WUENIC 2024 revision

Vaccine coverage (%), South Sudan, 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 increased between 2019 (68%) and 2023 (76%). DTP1 coverage remained the same in 2024 (76%) compared to 2023, and was higher than in 2019. In 2019-2024, DTP1 coverage was at it's lowest level in 2019 (68%).

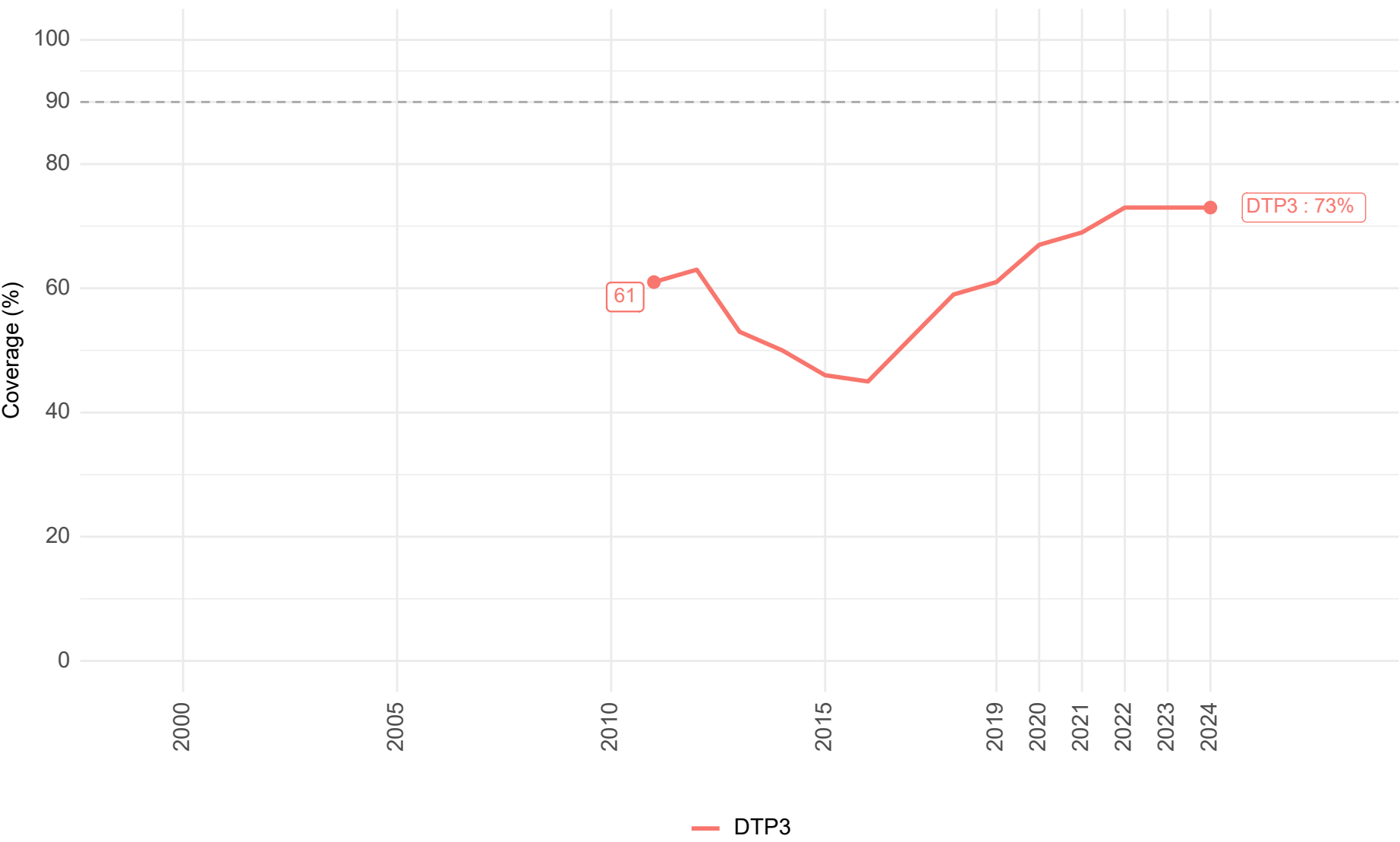
In 2023, 0 vaccines had lower coverage than in 2019.

In 2024, 0 vaccines had lower coverage than in 2019.

In 2024, 0 vaccines had lower coverage than in 2023.

SDG 3.b.1

SDG 3.b.1: Proportion of the target population covered by all vaccines included in their national programme, South Sudan, 2011-2024



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.
Data are missing for vaccines that have not been introduced by the country or where estimates were not made (MCV2, PCV3, and HPVc).

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.

South Sudan has 1 out of the 4 SDG vaccines.

In 2024, South Sudan had achieved at least 90% coverage of none out of the 4 vaccines.

Additional resources

Afghanistan - DTP3

APCs - DTP3

Year	Estimated Coverage (%)
2002	75
2003	70
2004	65
2005	60
2006	55
2007	50
2008	55
2009	60
2010	65
2011	70
2012	75
2013	70
2014	65
2015	60
2016	55

Description

2002 Reported data collected in 2002 through 2006. Estimate changed from previous revision value of 65 percent. Estimate challenged by DfH.

2003 Reported data collected in 2003 through 2006. Estimate changed from previous revision value of 65 percent. Estimate challenged by DfH.

2004 Survey evidence does not support reported data. Estimate based on survey methods. Survey evidence of 51 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey (MICS) 2004 used in survey results of 51 percent. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 54 percent and 3rd data call only coverage of 60 percent. Estimate of 50 percent reported for 2004.

2005 Reported data collected in 2005 and 2006. Estimates, Multiple Indicator Cluster Survey (MICS) 2005 used in survey results of 54 percent. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 70 percent and 3rd data call only coverage of 78 percent. Estimate of 60 percent reported for 2005.

2006 Reported data collected in 2006 and 2007. Estimates, Multiple Indicator Cluster Survey (MICS) 2006 used in survey results of 60 percent. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 70 percent and 3rd data call only coverage of 78 percent. Estimate of 60 percent reported for 2006.

2007 Reported data collected in 2007 and 2008. Estimate of 60 percent changed from previous revision value of 72 percent. Estimate challenged by DfH.

2008 Reported data collected in 2008 and 2009. Estimate of 60 percent changed from previous revision value of 72 percent. Estimate challenged by DfH.

2009 Reported data collected in 2009 and 2010. Estimates, Unpublished information to support reported numerator and denominator values. Significant increase in denominator from 2008 to 2009. Denominatoral change from suppression of data observed in 2008. Numerator increase from 2010 to 2009 comparable to those observed in 2013. Estimate of 60 percent reported for 2009.

2010 Reported data collected in 2010 and 2011. Estimate based on survey methods. Survey evidence of 60 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey (MICS) 2010 used in survey results of 60 percent. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 60 percent and 3rd data call only coverage of 60 percent. Estimate of 60 percent reported for 2010.

2011 Reported data collected in 2011 and 2012. Estimate based on survey methods. Survey evidence of 60 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey (MICS) 2011 used in survey results of 60 percent. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 60 percent and 3rd data call only coverage of 60 percent. Estimate of 60 percent reported for 2011.

2012 Reported data collected in 2012 and 2013. Estimate based on survey methods. Survey evidence of 60 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey (MICS) 2012 used in survey results of 60 percent. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 60 percent and 3rd data call only coverage of 60 percent. Estimate of 60 percent reported for 2012.

2013 Reported data collected in 2013 and 2014. Estimate based on survey methods. Survey evidence of 60 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey (MICS) 2013 used in survey results of 60 percent. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 60 percent and 3rd data call only coverage of 60 percent. Estimate of 60 percent reported for 2013.

2014 Reported data collected in 2014 and 2015. Estimate based on survey methods. Survey evidence of 60 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey (MICS) 2014 used in survey results of 60 percent. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 60 percent and 3rd data call only coverage of 60 percent. Estimate of 60 percent reported for 2014.

2015 Reported data collected in 2015 and 2016. Estimate based on survey methods. Survey evidence of 60 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey (MICS) 2015 used in survey results of 60 percent. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 60 percent and 3rd data call only coverage of 60 percent. Estimate of 60 percent reported for 2015.

2016 Reported data collected in 2016 and 2017. Estimate based on survey methods. Survey evidence does not support reported data. Estimate based on survey methods. Survey evidence of 60 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey (MICS) 2016 used in survey results of 60 percent. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 60 percent and 3rd data call only coverage of 60 percent. Estimate of 60 percent reported for 2016.

The WHO and UNICEF estimates of national immunization coverage (estimates) are based on survey data and information from national health authorities. The estimates are based on the best available data and are subject to the quality of the data and the methods used to estimate the coverage. The estimates are based on the best available data and are subject to the quality of the data and the methods used to estimate the coverage. The estimates are based on the best available data and are subject to the quality of the data and the methods used to estimate the coverage.

*** Estimates are supported by reported data. Data sources: Afghanistan Multiple Indicator Cluster Survey (MICS) 2002 through 2016. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 60 percent and 3rd data call only coverage of 60 percent. Estimate of 60 percent reported for 2002 through 2016.

*** Estimates are supported by reported data. Data sources: Afghanistan Multiple Indicator Cluster Survey (MICS) 2002 through 2016. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 60 percent and 3rd data call only coverage of 60 percent. Estimate of 60 percent reported for 2002 through 2016.

*** Estimates are supported by reported data. Data sources: Afghanistan Multiple Indicator Cluster Survey (MICS) 2002 through 2016. The survey was for more than 1 year based on 1st data call on 1 survey of only 1 year(s). In the first data call only coverage of 60 percent and 3rd data call only coverage of 60 percent. Estimate of 60 percent reported for 2002 through 2016.

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WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2025

data received as of June 27, 2024

[illegible]

WUENIC Trends

2010 2016 2021

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 on: 8 July 2024

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

Burkina Faso - DTP3

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 coverage suggests a need for a more robust approach to estimate official coverage. Programme reports less than one month vaccine stockout at national level. Estimate of 91 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. Survey evidence of 91 percent based on 1 survey(s). Unplanned demographic data at Saint. Burkina Faso, 2021 and in history results of 98 percent modified for 2020 as the survey was held in 2021.

Legend: Administrative Coverage, Government Estimates, WHO/UNICEF Estimate, Survey, Accepted Survey Value

[illegible]

WUENIC Analytics

[Charts](#)
[Map](#)
[Data](#)
[About](#)

Year: 2023
 Coverage: 2015 2023

Vaccine: DTP3

Group Type: UNICEF

Group: UNICEF Regions

Subgroup: EAPR

Name: Brunel Darussalam

Sources: A & B
 Notes: 1, 2, 3

Coverage of DTP3, 2015-2023

Year	Brunel Darussalam	Cambodia	EAPR
2015	95%	95%	90%
2016	95%	95%	90%
2017	95%	95%	90%
2018	95%	95%	90%
2019	95%	95%	90%
2020	95%	95%	90%
2021	95%	95%	85%
2022	95%	95%	90%
2023	95%	95%	90%

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

Year	Number of vaccinated children	Target population
2015	2500	2400
2016	2600	2400
2017	2500	2400
2018	2500	2400
2019	2400	2400
2020	2300	2400
2021	2200	2400
2022	2100	2400
2023	2000	2400

[Group trends](#)
[Subgroup detail](#)

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

Year	WCAR	ESAR	ROSA	EAPR	MENA	LACR	Non-programme	ECAR
2015	45%	15%	10%	10%	10%	5%	5%	5%
2016	45%	15%	10%	10%	10%	5%	5%	5%
2017	45%	15%	10%	10%	10%	5%	5%	5%
2018	45%	15%	10%	10%	10%	5%	5%	5%
2019	45%	15%	10%	10%	10%	5%	5%	5%
2020	45%	15%	10%	10%	10%	5%	5%	5%
2021	45%	15%	10%	10%	10%	5%	5%	5%
2022	45%	15%	10%	10%	10%	5%	5%	5%
2023	45%	15%	10%	10%	10%	5%	5%	5%

Sources: A & B
 Notes: 1, 2, 3

WCAR ESAR ROSA EAPR MENA LACR Non-programme ECAR

Highcharts.com

<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>

