

WUENIC Talking Points: Afghanistan

Revision Year: 2025

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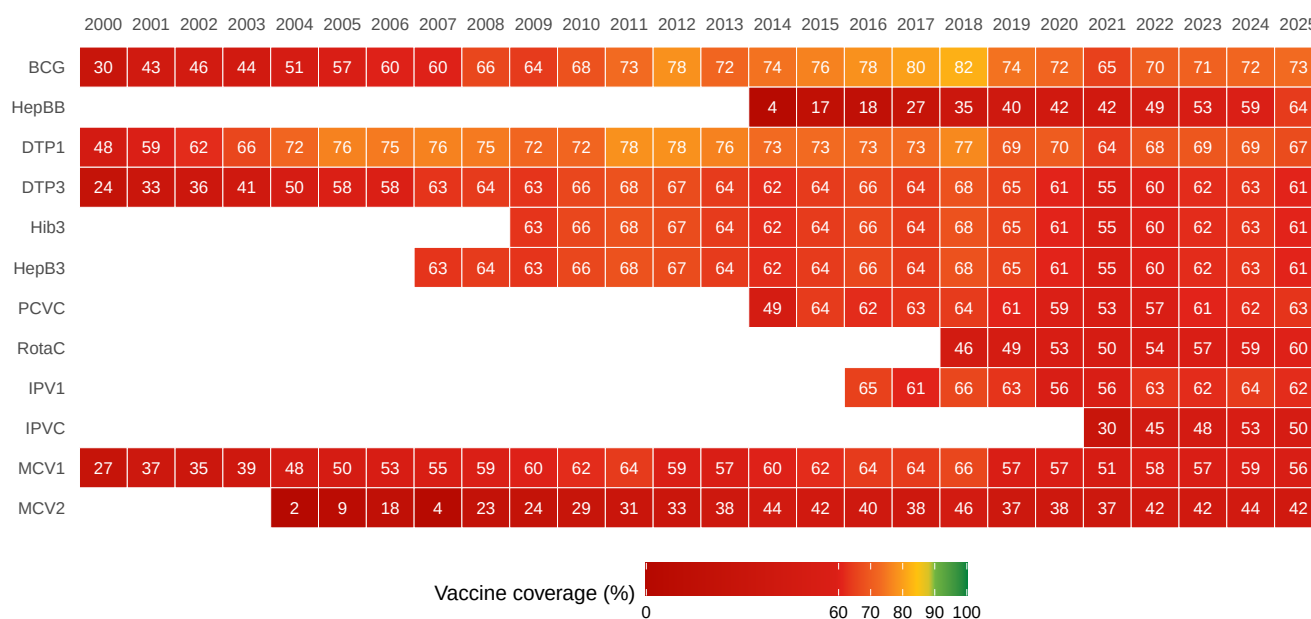
Afghanistan in the 'Asia' region



Overview

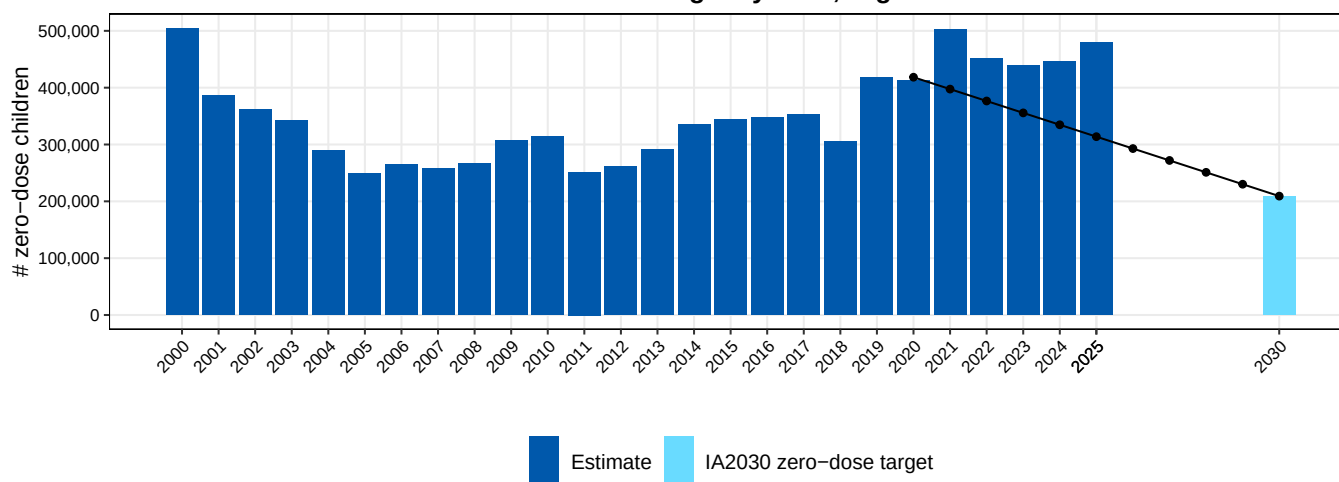
- None of the 12 childhood vaccines tracked for Afghanistan achieved coverage of 90% or higher in 2025.
- Coverage of the first dose of diphtheria-tetanus-pertussis-containing vaccine (DTP1) declined from 69% in 2024 to 67% in 2025, coverage of the third dose of DTP-containing vaccine (DTP3) declined from 63% in 2024 to 61% in 2025, and coverage of the first dose of the measles-containing vaccine (MCV1) declined from 59% in 2024 to 56% in 2025.
- In 2025, the number of zero-dose children for DTP in Afghanistan (480,000) was approximately 58% higher than the annual number proposed to achieve the IA2030 target of halving zero-dose children for DTP by 2030 (304,000), based on a linear trajectory of decline.

Vaccine coverage (%), Afghanistan, 2000–2025



Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

Estimated number of zero-dose children, 2000–2025 and target by 2030, Afghanistan

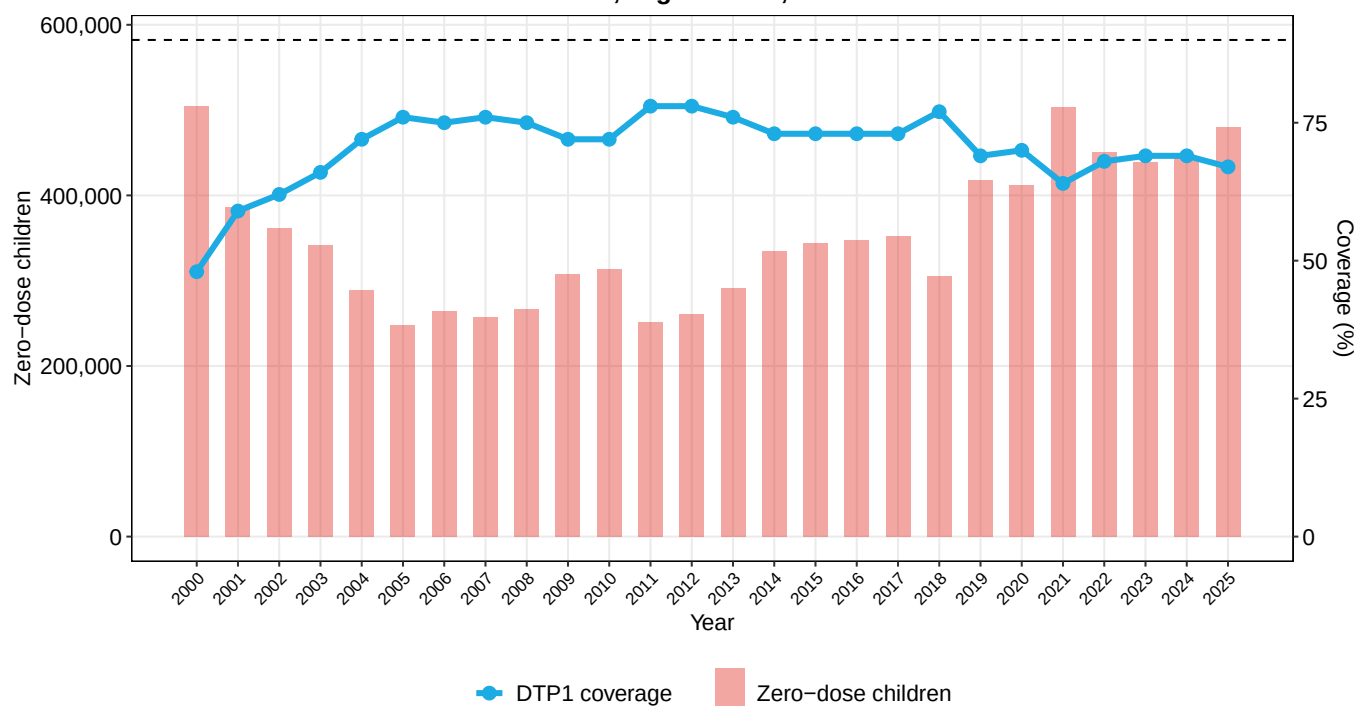


Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.
 Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero-dose children in 2019 in half by 2030.
 Dark blue bars are the estimated number of zero-dose children in 2000–2025, light blue 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.

DTP1: Reaching zero-dose children

- Coverage of DTP1 stood at 67% in 2025. This is lower than in 2019 (69%) and lower than in 2024 (69%).
- The percentage of zero-dose children was 58 percentage points higher than the IA2030 target in 2025. There were approximately 480,000 zero-dose children in 2025, more than the 418,000 in 2019 and more than the 446,000 in 2024.
- Coverage of DTP1 in Afghanistan (67%) was lower than the South Asia regional average of 95% in 2025.
- DTP1-to-DTP3 dropout in 2025 was 9%, 3 percentage points higher than in 2019 (6%). Medium DTP dropout rates imply moderate ability to provide a complete vaccine series early in life.

DTP1 coverage and zero-dose children over time, Afghanistan, 2000–2025

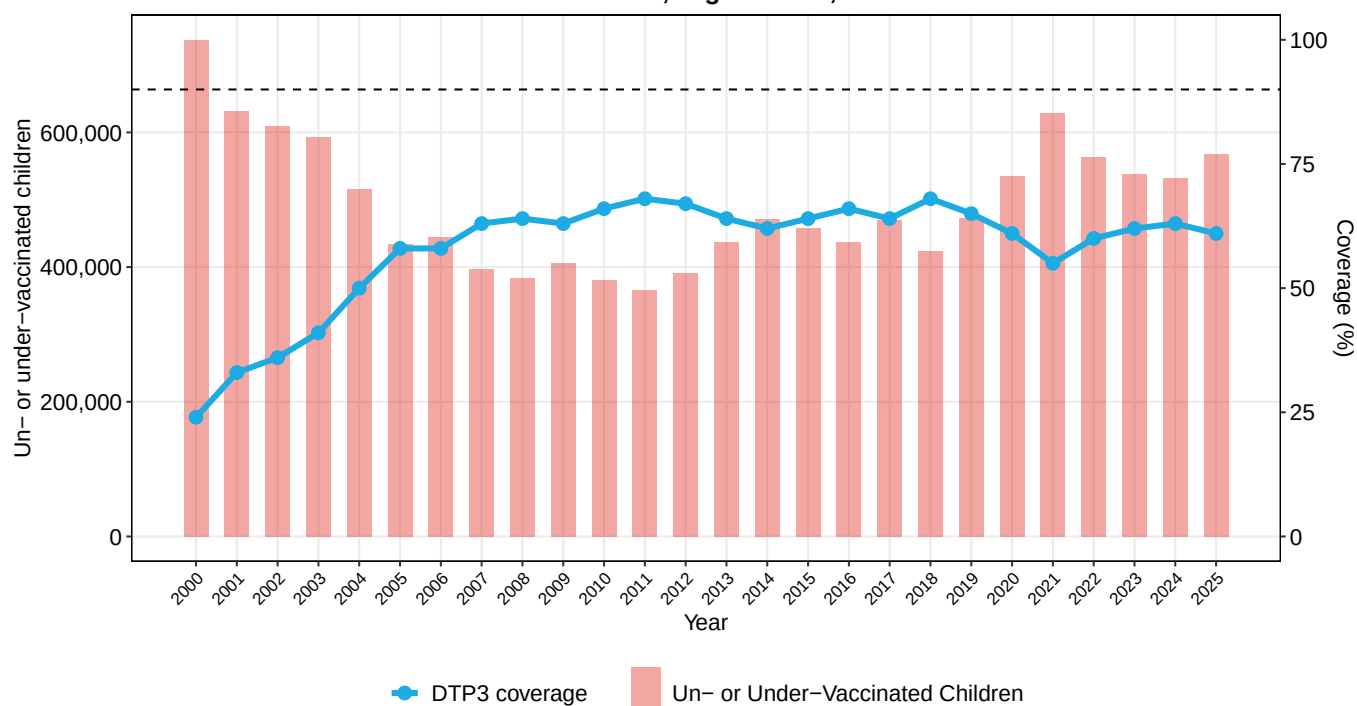


Dotted line shows the IA2030 target of 90% coverage
Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

DTP3: A marker of routine immunization service delivery to children

- Coverage of DTP3 stood at 61% in 2025. This is lower than in 2019 (65%) and lower than in 2024 (63%).
- The number of children vaccinated with DTP3 increased from 877,000 in 2019 to 888,000 in 2025.
- In 2025, there were 568,000 children un- or under-vaccinated in Afghanistan.
- In 2025, 9% of children who received DTP1 did not receive DTP3. This 9% dropout rate was 3 percentage points higher than in 2019 (6%) and the same as the 2024 dropout rate (9%).
- Coverage of DTP3 in Afghanistan (61%) was lower than the South Asia regional average of 92% in 2025.

DTP3 coverage and un- or under-vaccinated children over time, Afghanistan, 2000–2025

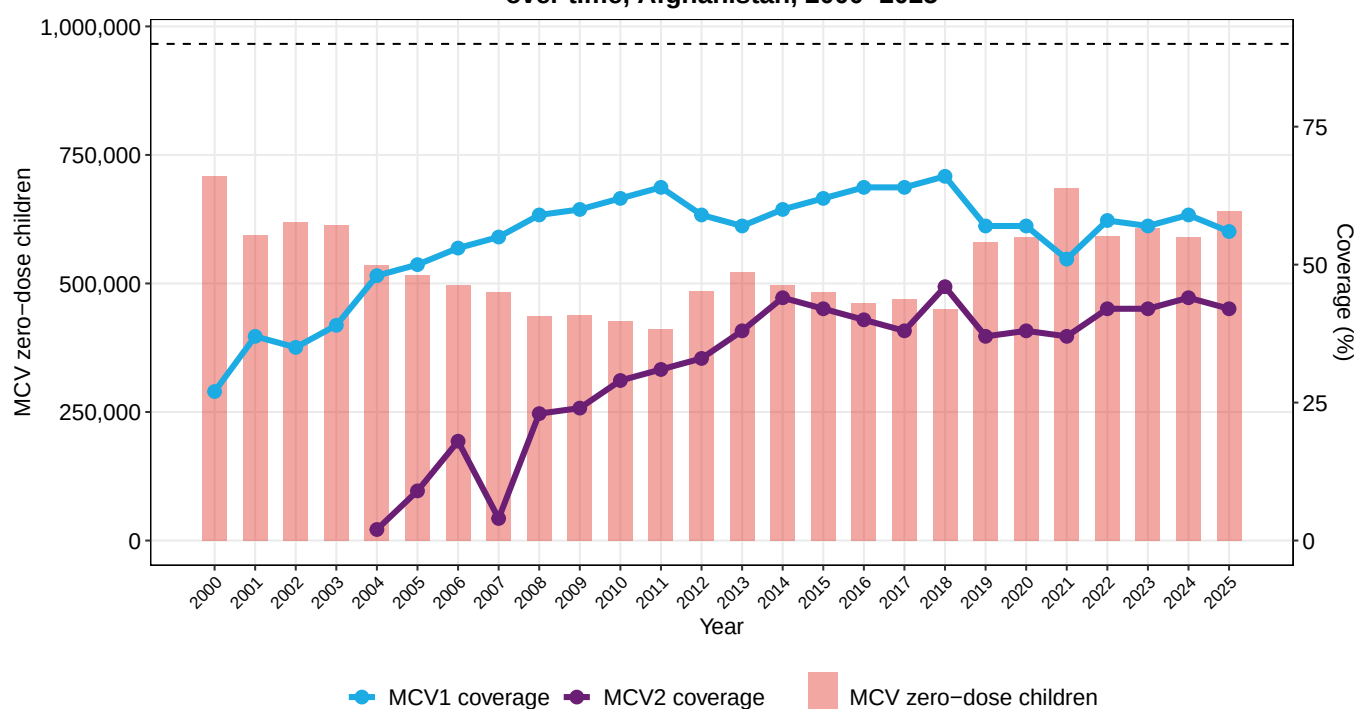


Dotted line shows the IA2030 target of 90% coverage
Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

MCV: Canary in the coal mine

- Coverage of MCV1 stood at 56% in 2025. This is lower than in 2019 (57%) and lower than in 2024 (59%).
- Coverage of the second dose of the measles-containing vaccine (MCV2) increased from 37% in 2019 to 42% in 2025. This leaves 640,000 children without any protection against measles and another 159,000 with only partial protection.
- In 2025, 16% of children who received DTP1 did not receive MCV1. This 16% dropout rate was 1 percentage points lower than in 2019 (17%) but 2 percentage points higher than the 2024 dropout rate (14%).
- Afghanistan has had MCV1 coverage below 80% for all of the last 3 years.
- Coverage of MCV1 in Afghanistan (56%) was lower than the South Asia regional average of 93% in 2025.

MCV coverage and MCV zero-dose children over time, Afghanistan, 2000–2025



Dotted line shows the IA2030 target of 90% coverage
Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

HPV

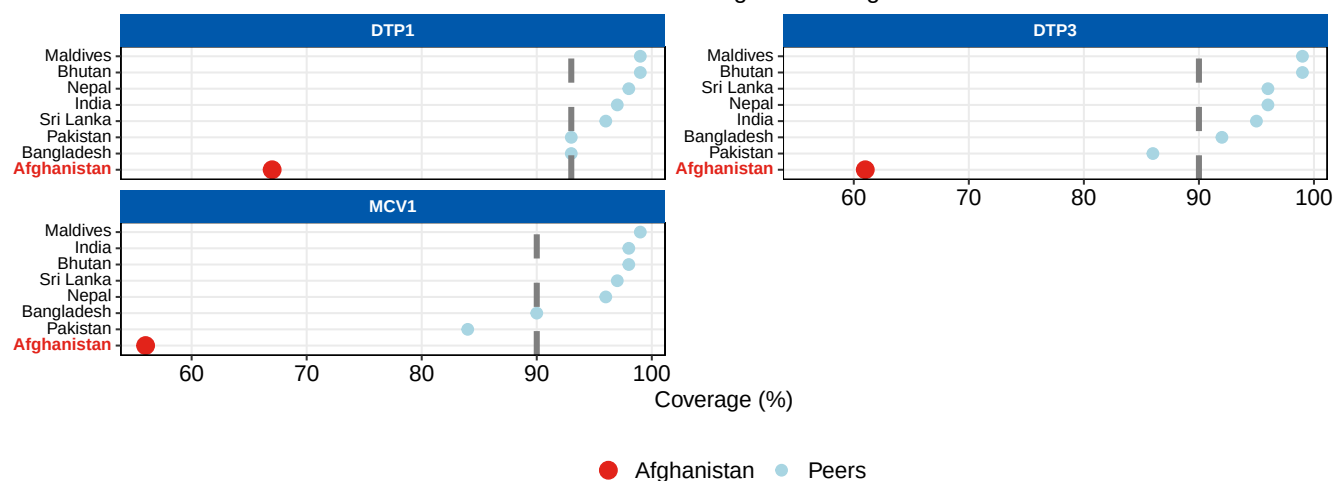
- Afghanistan had not introduced human pappilomavirus vaccination (HPV) as of 2025.

Regional Comparison

The chart below shows how Afghanistan compares to other countries in the South Asia region on DTP1, DTP3, MCV1 coverage in 2025. The dashed line represents the regional average for each vaccine.

Coverage comparison: Afghanistan vs. ROSA peers, 2025

Dashed line = regional average

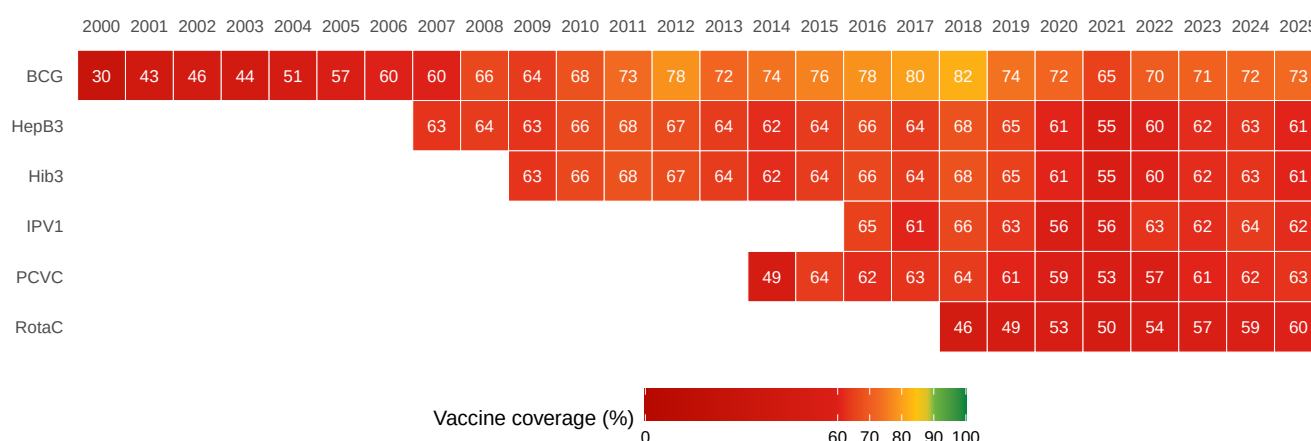


Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

Additional Vaccines

- Coverage of BCG stood at 73% in 2025. This is lower than in 2019 (74%) but higher than in 2024 (72%).
- Coverage of HepB3 stood at 61% in 2025. This is lower than in 2019 (65%) and lower than in 2024 (63%).
- Coverage of Hib3 stood at 61% in 2025. This is lower than in 2019 (65%) and lower than in 2024 (63%).
- Coverage of IPV1 stood at 62% in 2025. This is lower than in 2019 (63%) and lower than in 2024 (64%).
- Coverage of PCVC stood at 63% in 2025. This is higher than in 2019 (61%) and higher than in 2024 (62%).
- Coverage of RotaC stood at 60% in 2025. This is higher than in 2019 (49%) and higher than in 2024 (59%).

Additional vaccine coverage (%), Afghanistan, 2000–2025



Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

Appendix

WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Each year, WHO and UNICEF review national immunization data from Member States, including administrative and official coverage, survey estimates and contextual information, and use rules-based data triangulation approach to assess coverage. Estimates are produced independently, without borrowing data from other countries, and are not based on ad hoc adjustments. In some cases, they rely on a single source, typically nationally reported coverage. When data for a specific country-vaccine-year are unavailable, values from adjacent years are interpolated or extrapolated, and conflicting sources are assessed to determine the most reliable estimate, considering potential biases and expert opinion.

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](#)

These talking points present the latest WUENIC estimates (published 15 July 2026).

Definitions of immunization terms:

- 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)
- Inactivated polio vaccine, first dose (IPV1) and last dose (IPVC)
- Measles containing vaccine, first dose (MCV1) and second dose (MCV2)
- Rotavirus vaccine, last dose (RotaC)
- Pneumococcal vaccine, last dose (PCV)
- Yellow Fever vaccine (YFV)
- Meningococcal A vaccine (MengA)
- Human Papillomavirus vaccine, first dose (HPV1) and last dose (HPVc)

Additional resources: <https://data.unicef.org/resources/immunization/>