

# WUENIC Talking Points: Andorra

Revision Year: 2025

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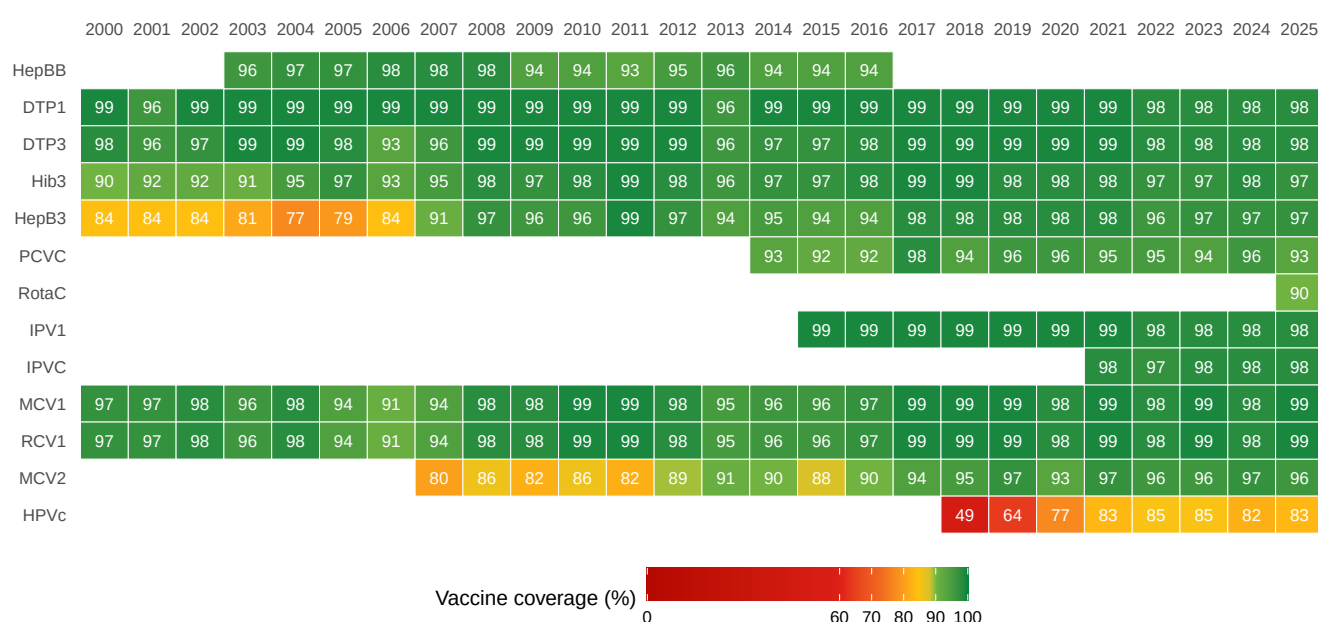
**Andorra** in the 'Europe' region



## Overview

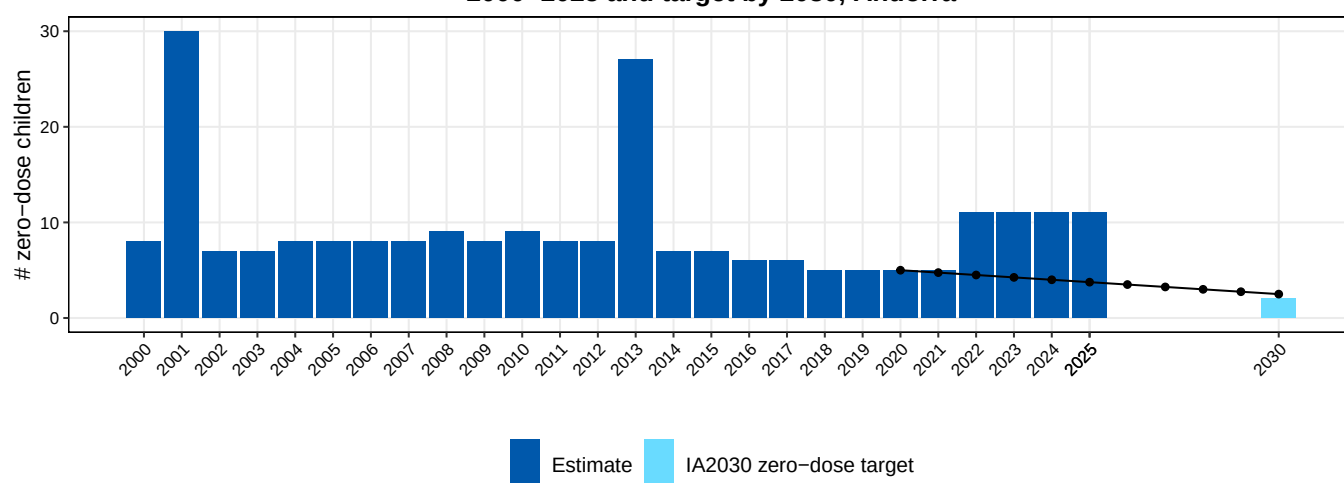
- A total of 11 childhood vaccines are tracked for Andorra; of these, 11 reached the 90% coverage target or higher in 2025.
- Coverage of the first dose of diphtheria-tetanus-pertussis-containing vaccine (DTP1) was the same in 2025 as it was in 2024 (98%), coverage of the third dose of DTP-containing vaccine (DTP3) was the same in 2025 as it was in 2024 (98%), and coverage of the first dose of the measles-containing vaccine (MCV1) increased from 98% in 2024 to 99% in 2025 in 2025.
- In 2025, the number of zero-dose children for DTP in Andorra (<100) was approximately 202% higher than the annual number proposed to achieve the IA2030 target of halving zero-dose children for DTP by 2030 (<100), based on a linear trajectory of decline.

### Vaccine coverage (%), Andorra, 2000–2025



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

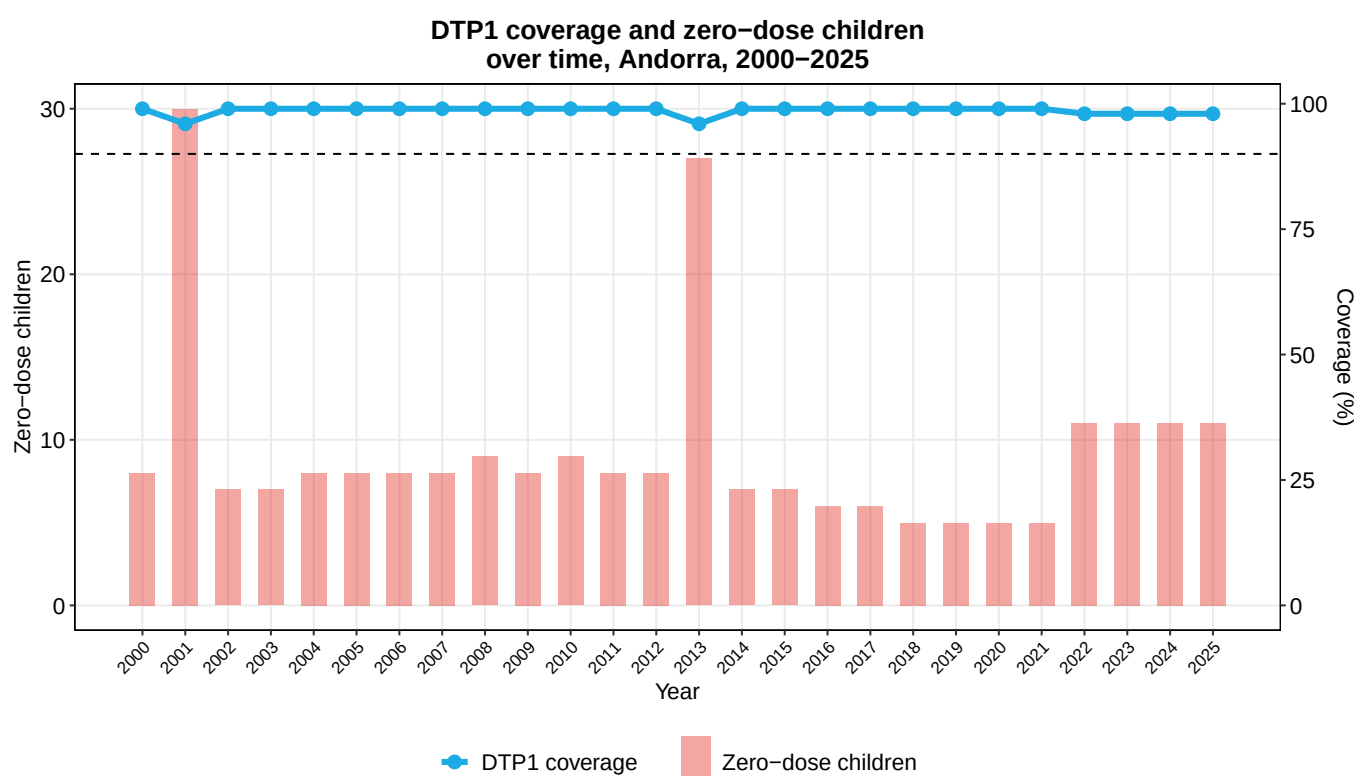
### Estimated number of zero-dose children, 2000–2025 and target by 2030, Andorra



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

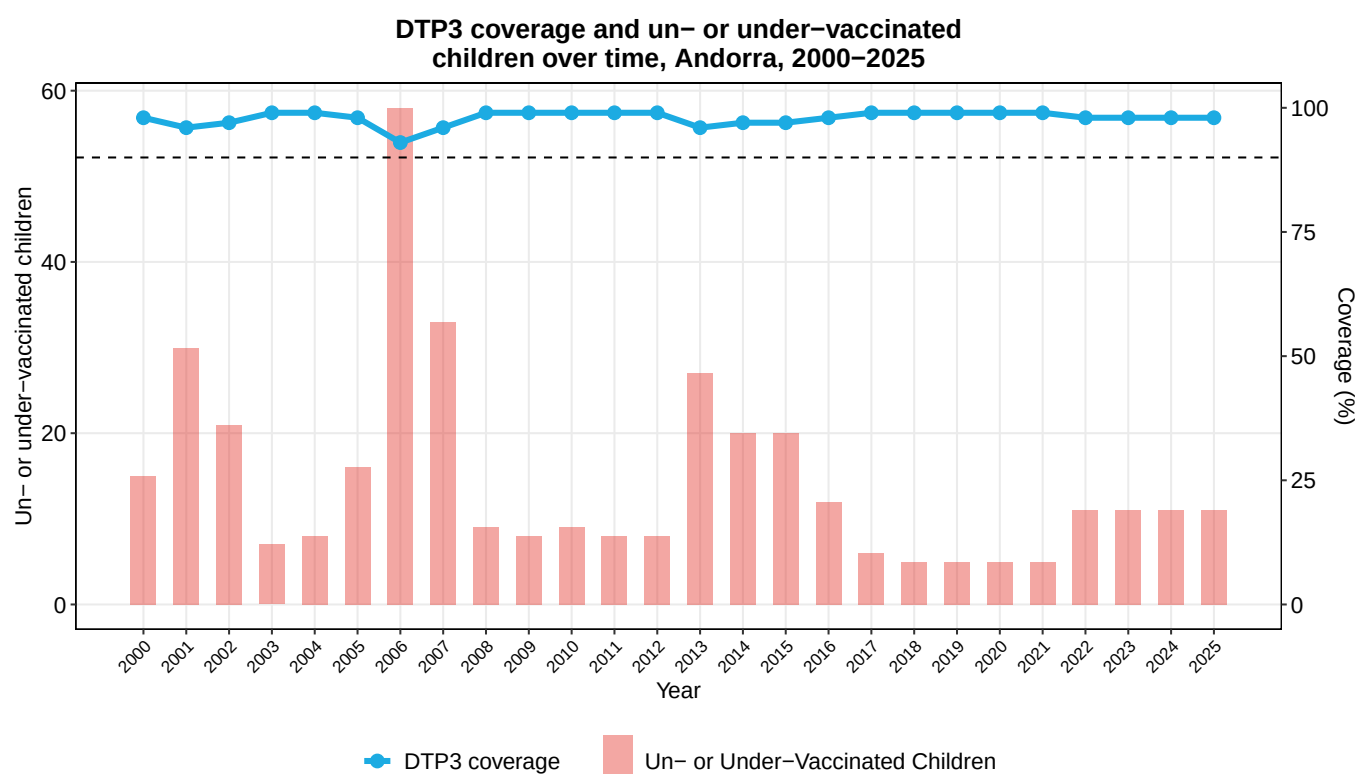
- Coverage of DTP1 stood at 98% in 2025. This is lower than in 2019 (99%) and the same as in 2024 (98%).
- The percentage of zero-dose children was 202 percentage points higher than the IA2030 target in 2025. There were approximately <100 zero-dose children in 2025, more than the <100 in 2019 and about the same as the <100 in 2024.
- Coverage of DTP1 in Andorra (98%) was higher than the Non-programme regional average of 96% in 2025.
- DTP1-to-DTP3 dropout in 2025 was 0%, the same as in 2019. Low DTP dropout rates imply good ability to provide a complete vaccine series early in life.



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

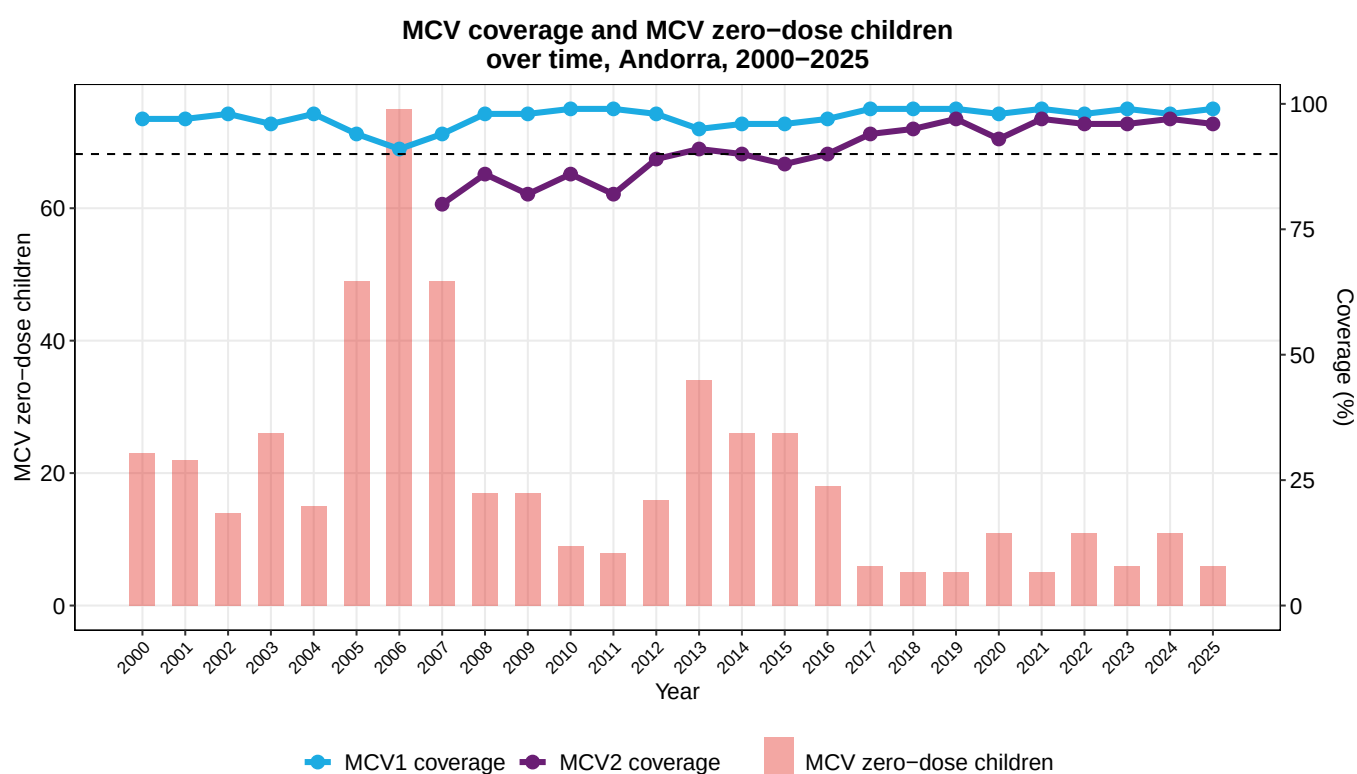
- Coverage of DTP3 stood at 98% in 2025. This is lower than in 2019 (99%) and the same as in 2024 (98%).
- The number of children vaccinated with DTP3 increased from <1,000 in 2019 to <1,000 in 2025.
- In 2025, there were <100 children un- or under-vaccinated in Andorra.
- In 2025, 0% of children who received DTP1 did not receive DTP3. This 0% dropout rate was the same as in 2019 (0%) and the same as the 2024 dropout rate (0%).
- Coverage of DTP3 in Andorra (98%) was higher than the Non-programme regional average of 94% in 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

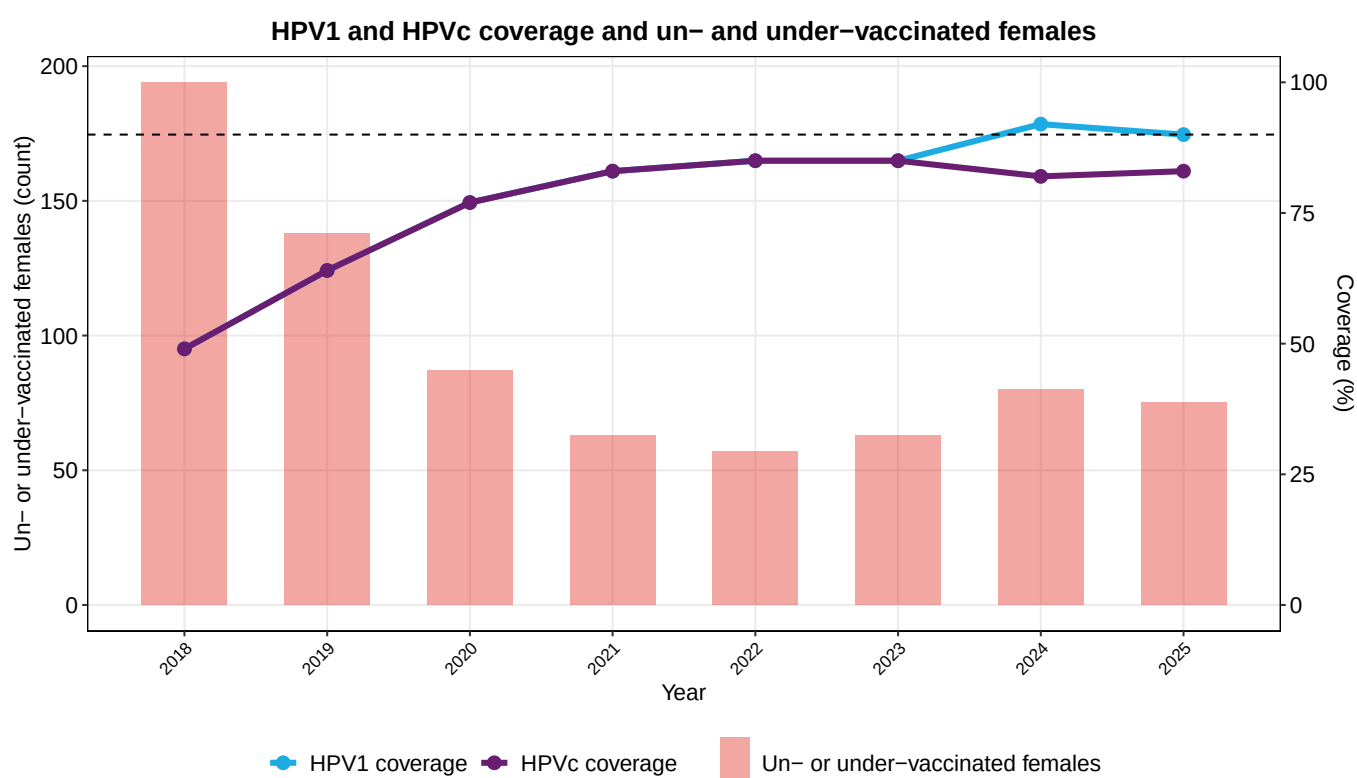
- Coverage of MCV1 stood at 99% in 2025. This is the same as in 2019 (99%) and higher than in 2024 (98%).
- Coverage of the second dose of the measles-containing vaccine (MCV2) remained relatively stable, within 1 percentage point of the 2019 level. This still leaves <100 children without any protection against measles and another <100 with only partial protection.
- In 2025, -1% of children who received DTP1 did not receive MCV1. This -1% dropout rate was 1 percentage points lower than in 2019 (0%) and 1 percentage points lower than the 2024 dropout rate (0%).
- Andorra has achieved MCV1 coverage above 80% over all of the last 3 years.
- Coverage of MCV1 in Andorra (99%) was higher than the Non-programme regional average of 93% in 2025.



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

## HPV

- Programme coverage of HPV1 among females decreased from 92% to 90% between 2024 and 2025, while coverage of the last dose (HPVc) increased from 82% to 83%.
- HPVc coverage is approaching the IA2030 target of 90% and is trending upward.
- In 2025, approximately <100 females in Andorra did not receive any HPV vaccination (un-vaccinated).
- Among Non-programme region peers, Andorra ranked 8 out of 40 countries in HPVc coverage in 2025.



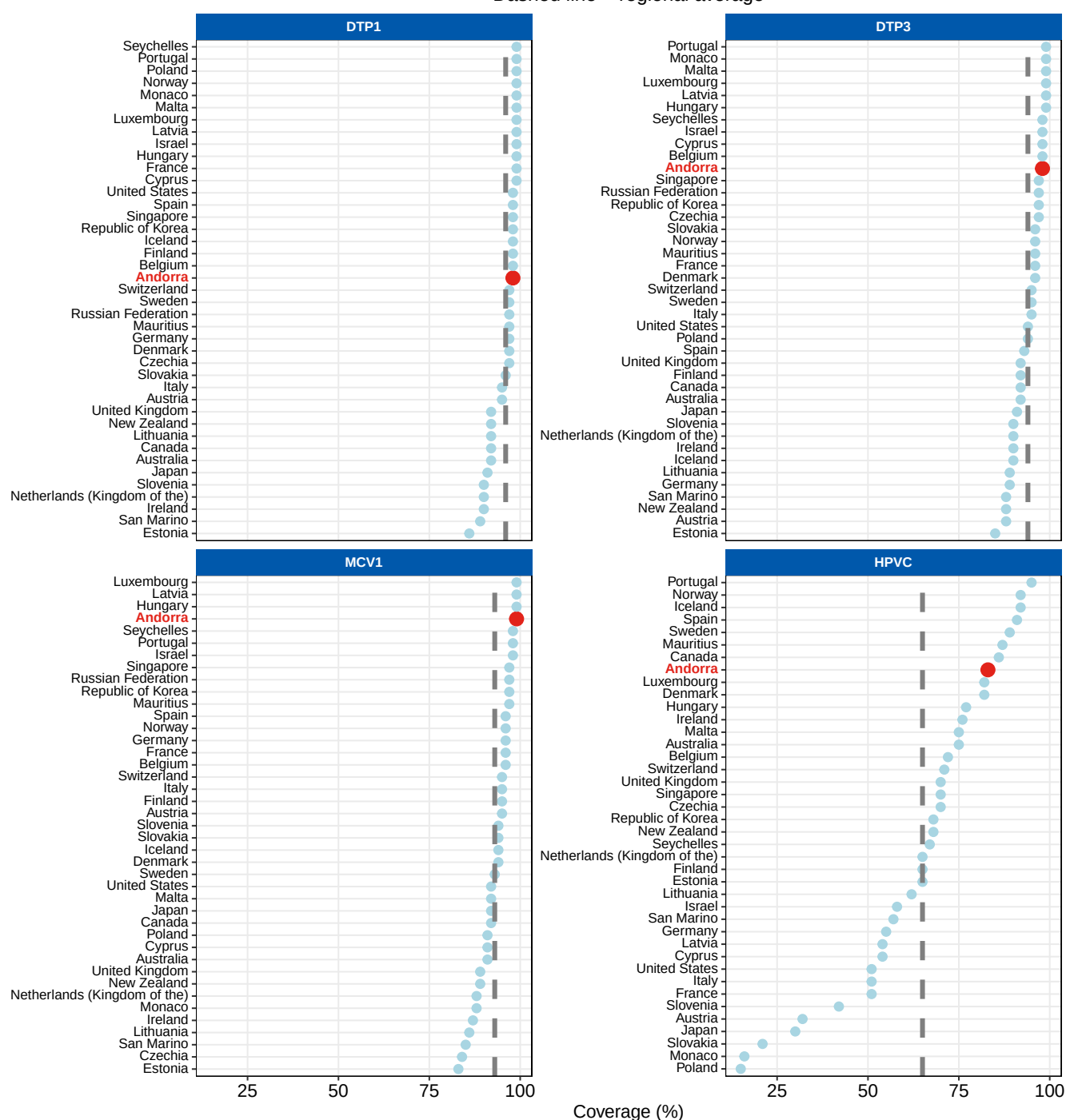
Dotted line shows the IA2030 target of 90% coverage  
Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

## Regional Comparison

The chart below shows how Andorra compares to other countries in the Non-programme region on DTP1, DTP3, MCV1, and HPVc coverage in 2025. The dashed line represents the regional average for each vaccine.

### Coverage comparison: Andorra vs. Non-programme peers, 2025

Dashed line = regional average

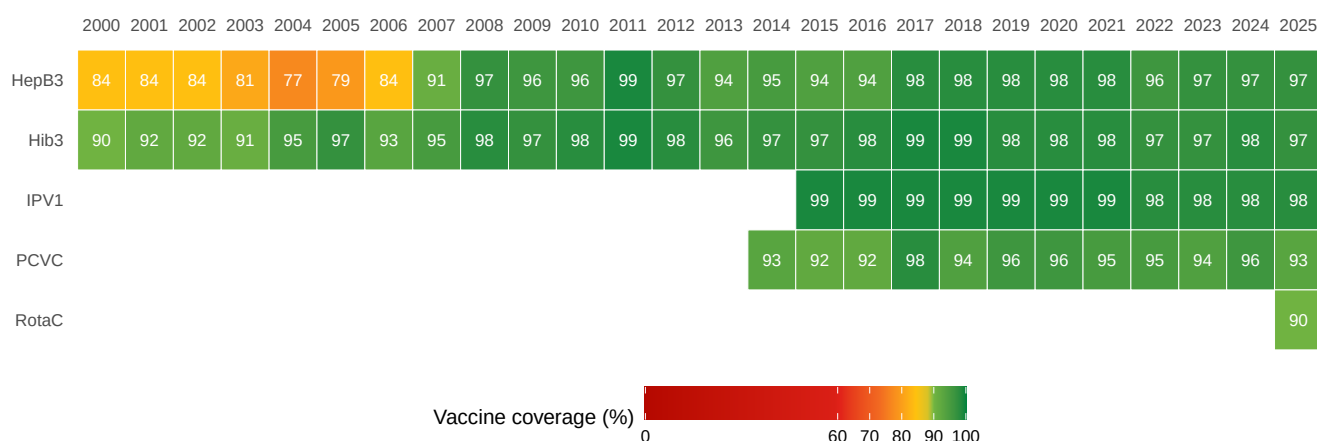


Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

## Additional Vaccines

- Coverage of HepB3 stood at 97% in 2025. This is lower than in 2019 (98%) and the same as in 2024 (97%).
- Coverage of Hib3 stood at 97% in 2025. This is lower than in 2019 (98%) and lower than in 2024 (98%).
- Coverage of IPV1 stood at 98% in 2025. This is lower than in 2019 (99%) and the same as in 2024 (98%).
- Coverage of PCVC stood at 93% in 2025. This is lower than in 2019 (96%) and lower than in 2024 (96%).
- Coverage of RotaC stood at 90% in 2025.

**Additional vaccine coverage (%), Andorra, 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/>