

WUENIC Talking Points: Burundi

Revision Year: 2025

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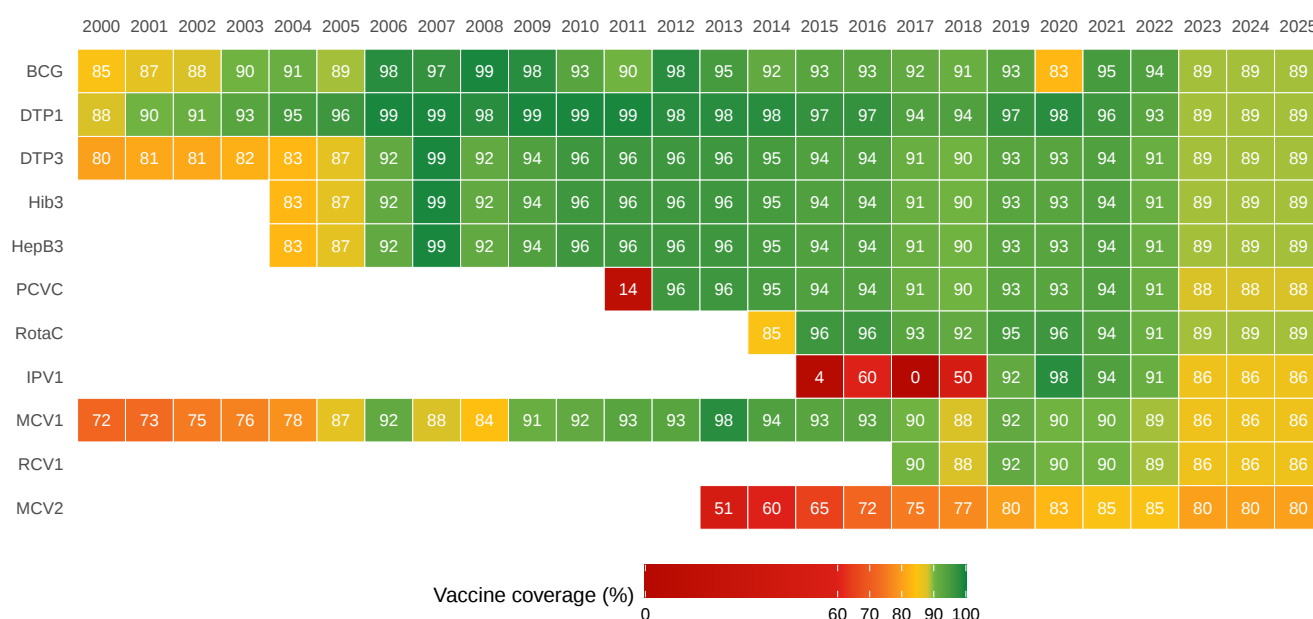
Burundi in the 'Africa' region



Overview

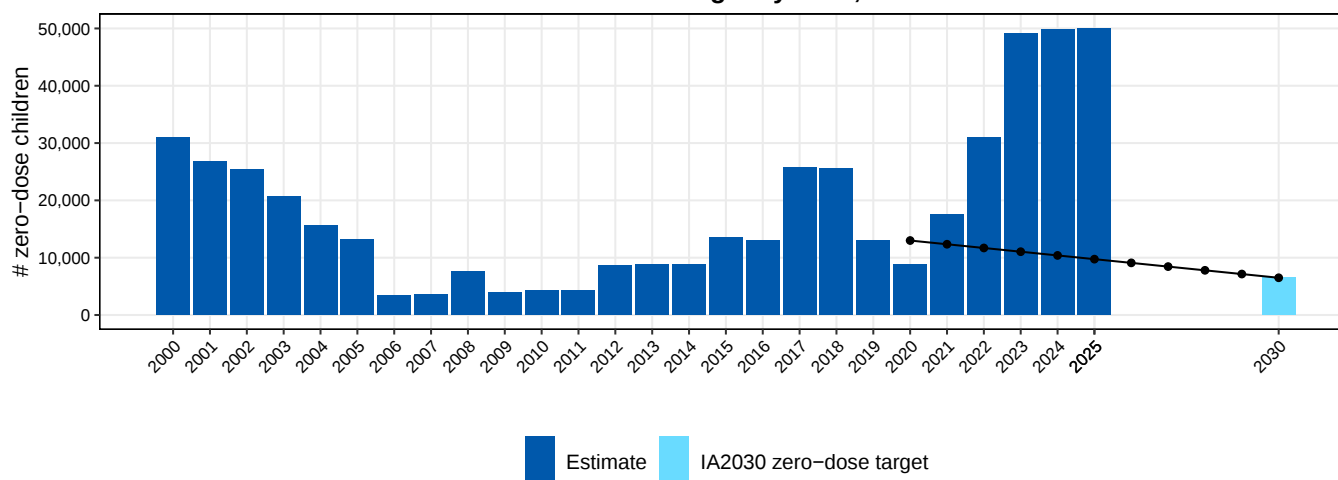
- None of the 11 childhood vaccines tracked for Burundi achieved coverage of 90% or higher in 2025.
- Coverage of the first dose of diphtheria-tetanus-pertussis-containing vaccine (DTP1) was the same in 2025 as it was in 2024 (89%), coverage of the third dose of DTP-containing vaccine (DTP3) was the same in 2025 as it was in 2024 (89%), and coverage of the first dose of the measles-containing vaccine (MCV1) was the same in 2025 as it was in 2024 (86%) in 2025.
- In 2025, the number of zero-dose children for DTP in Burundi (50,000) was approximately 429% higher than the annual number proposed to achieve the IA2030 target of halving zero-dose children for DTP by 2030 (9,000), based on a linear trajectory of decline.

Vaccine coverage (%), Burundi, 2000–2025



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

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

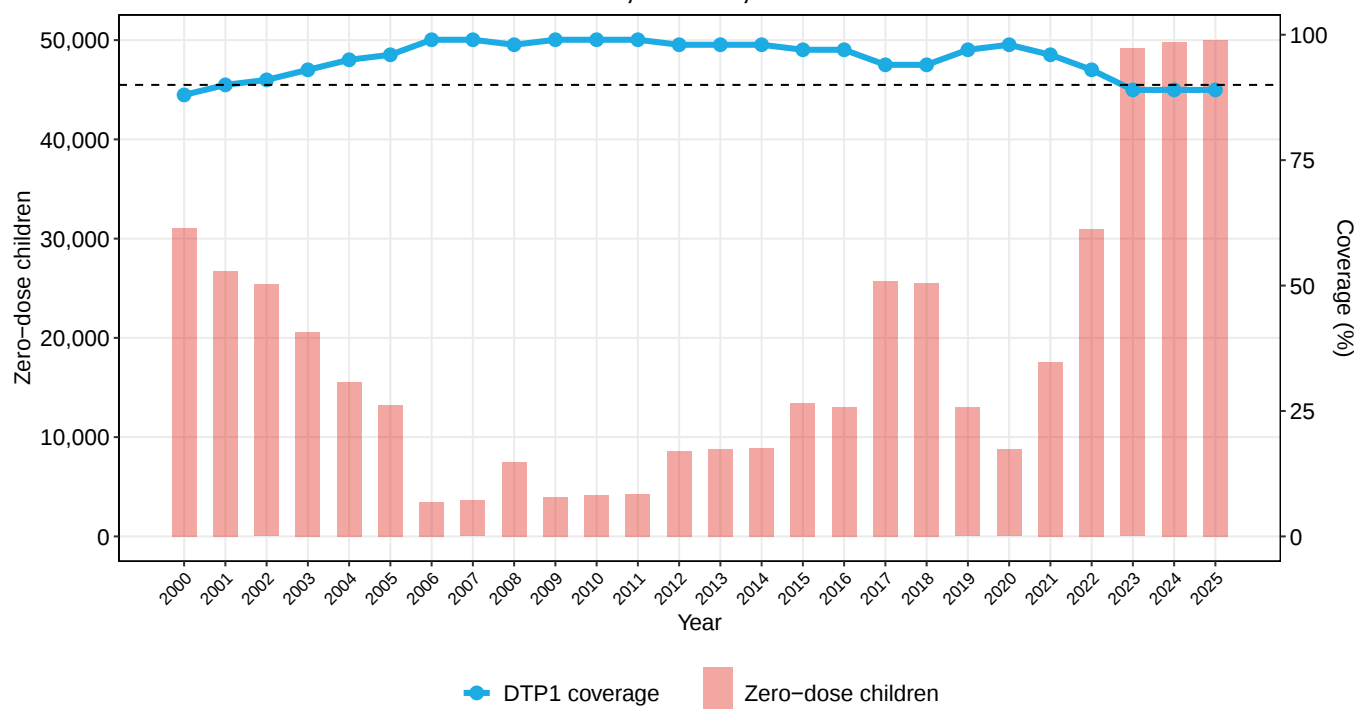


Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.
 Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero-dose children in 2019 in half by 2030.
 Dark blue bars are the estimated number of zero-dose children in 2000–2025, light blue 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 89% in 2025. This is lower than in 2019 (97%) and the same as in 2024 (89%).
- The percentage of zero-dose children was 429 percentage points higher than the IA2030 target in 2025. There were approximately 50,000 zero-dose children in 2025, more than the 13,000 in 2019 and more than the 50,000 in 2024.
- Coverage of DTP1 in Burundi (89%) was higher than the Eastern and Southern Africa regional average of 85% in 2025.
- DTP1-to-DTP3 dropout in 2025 was 0%, 4 percentage points lower than in 2019 (4%). Low DTP dropout rates imply good ability to provide a complete vaccine series early in life.

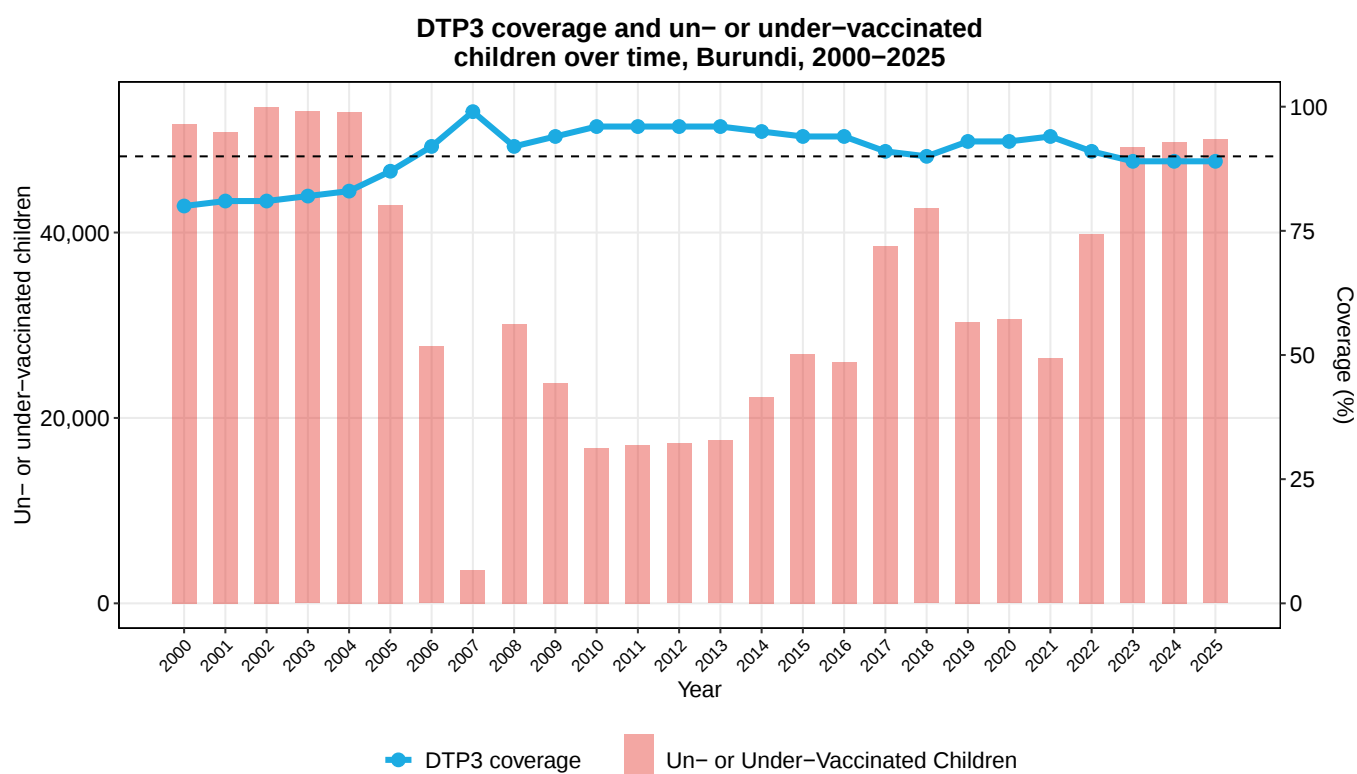
DTP1 coverage and zero-dose children over time, Burundi, 2000–2025



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

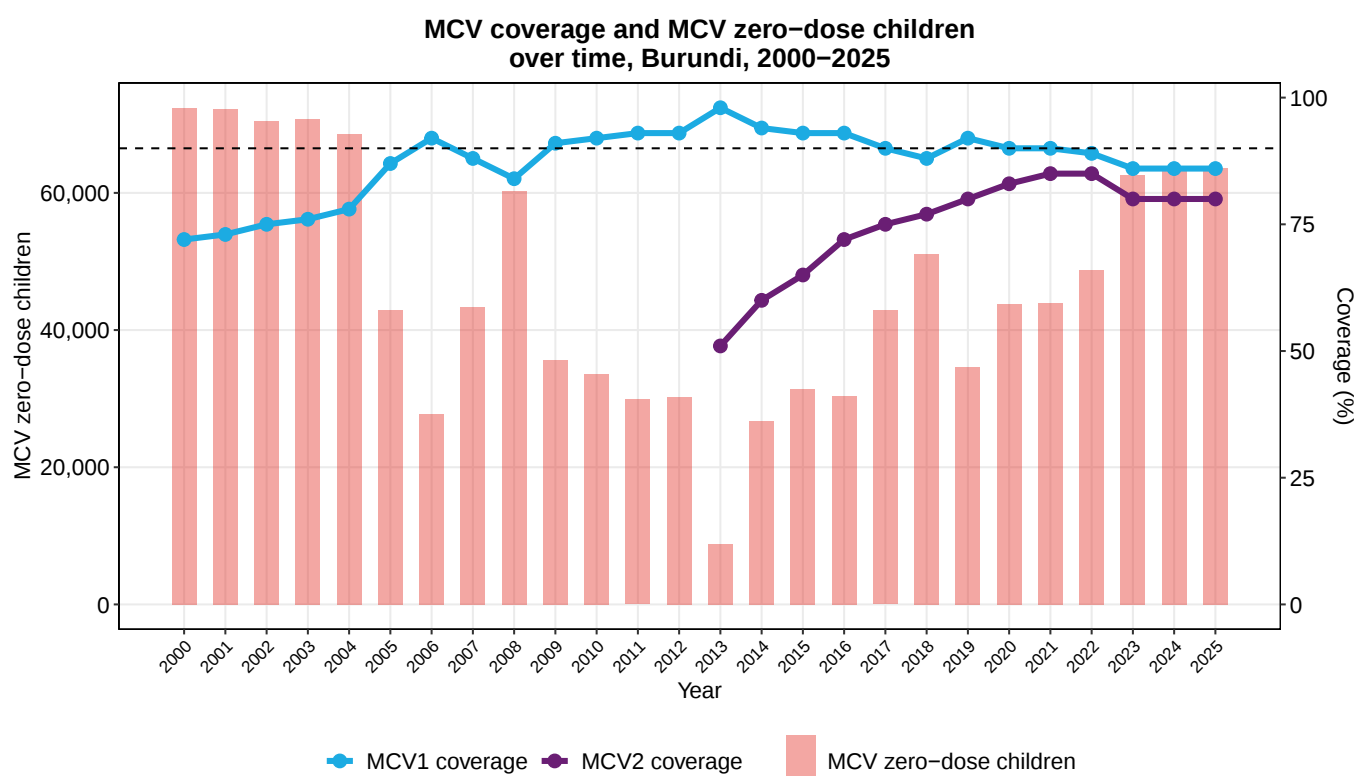
- Coverage of DTP3 stood at 89% in 2025. This is lower than in 2019 (93%) and the same as in 2024 (89%).
- The number of children vaccinated with DTP3 increased from 403,000 in 2019 to 405,000 in 2025.
- In 2025, there were 50,000 children un- or under-vaccinated in Burundi.
- In 2025, 0% of children who received DTP1 did not receive DTP3. This 0% dropout rate was 4 percentage points lower than in 2019 (4%) and the same as the 2024 dropout rate (0%).
- Coverage of DTP3 in Burundi (89%) was higher than the Eastern and Southern Africa regional average of 80% 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 86% in 2025. This is lower than in 2019 (92%) and the same as in 2024 (86%).
- Coverage of the second dose of the measles-containing vaccine (MCV2) remained relatively stable, within 1 percentage point of the 2019 level. This leaves 64,000 children without any protection against measles and another 24,000 with only partial protection.
- In 2025, 3% of children who received DTP1 did not receive MCV1. This 3% dropout rate was 2 percentage points lower than in 2019 (5%) and the same as the 2024 dropout rate (3%).
- Burundi has achieved MCV1 coverage above 80% over all of the last 3 years.
- Coverage of MCV1 in Burundi (86%) was higher than the Eastern and Southern Africa regional average of 77% in 2025.



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

HPV

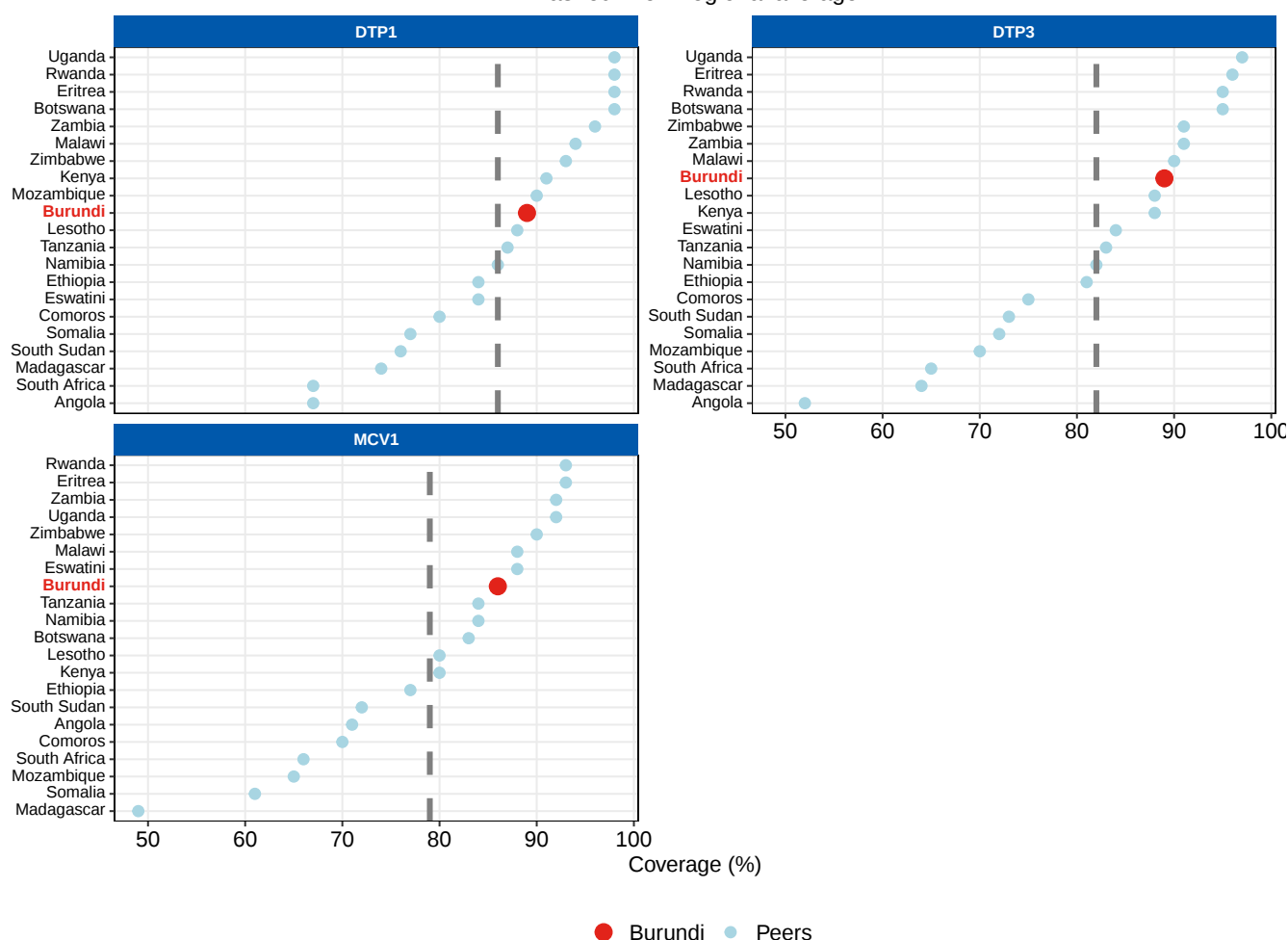
- Burundi had not introduced human pappilomavirus vaccination (HPV) as of 2025.

Regional Comparison

The chart below shows how Burundi compares to other countries in the Eastern and Southern Africa region on DTP1, DTP3, MCV1 coverage in 2025. The dashed line represents the regional average for each vaccine.

Coverage comparison: Burundi vs. ESAR peers, 2025

Dashed line = regional average



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

Additional Vaccines

- Coverage of BCG stood at 89% in 2025. This is lower than in 2019 (93%) and the same as in 2024 (89%).
- Coverage of HepB3 stood at 89% in 2025. This is lower than in 2019 (93%) and the same as in 2024 (89%).
- Coverage of Hib3 stood at 89% in 2025. This is lower than in 2019 (93%) and the same as in 2024 (89%).
- Coverage of IPV1 stood at 86% in 2025. This is lower than in 2019 (92%) and the same as in 2024 (86%).
- Coverage of PCVC stood at 88% in 2025. This is lower than in 2019 (93%) and the same as in 2024 (88%).
- Coverage of RotaC stood at 89% in 2025. This is lower than in 2019 (95%) and the same as in 2024 (89%).

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

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
BCG	85	87	88	90	91	89	98	97	99	98	93	90	98	95	92	93	93	92	91	93	83	95	94	89	89	89
HepB3					83	87	92	99	92	94	96	96	96	96	95	94	94	91	90	93	93	94	91	89	89	89
Hib3					83	87	92	99	92	94	96	96	96	96	95	94	94	91	90	93	93	94	91	89	89	89
IPV1																4	60	0	50	92	98	94	91	86	86	86
PCVC												14	96	96	95	94	94	91	90	93	93	94	91	88	88	88
RotaC															85	96	96	93	92	95	96	94	91	89	89	89



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/>