



# Bangladesh

WUENIC 2025 revision,  
Published 15 July 2026



# WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2025 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 reviewing each country's data independently, without borrowing from other countries when data are missing. The estimates are not ad hoc adjustments to reported figures and may rely on a single empirical source, typically nationally reported coverage. When no data exist for a specific country-vaccine-year, earlier and later data are interpolated. If sources conflict or vary widely, the most plausible estimate is selected after considering potential biases.

This slide deck presents the latest WUENIC estimates (published 15 July 2026), using UNPD World Population Prospects (WPP 2024) for population-weighted averages and to derive absolute numbers of vaccinated and unvaccinated/zero-dose children.

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)
- 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 (PCVC)
- 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 PCVC 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 declined 6 percentage points from 99% in 2024 to 93% in 2025.
- DTP3 coverage declined 5 percentage points from 97% in 2024 to 92% in 2025.
- There were there were 203,000 more zero-dose children in 2025. This leaves 237,000 children without vaccination, vulnerable to vaccine-preventable diseases and a further 34,000 with incomplete protection.
- Bangladesh accounted for 12.6% of zero-dose children in South Asia (ROSA) and 1.8% of zero-dose children globally.
- MCV1 coverage declined 6 percentage points from 96% in 2024 to 90% in 2025. There were 339,000 children who missed out on the first measles vaccination.
- MCV2 coverage declined 7 percentage points from 93% in 2024 to 86% in 2025.
- Last dose coverage of HPV vaccination (HPVc) among girls decreased from 90% to 3% in 2025.

# Vaccination schedule, 2025

| Level    | Vaccine       | Dose number and age administered |           |          |
|----------|---------------|----------------------------------|-----------|----------|
|          |               | 1                                | 2         | 3        |
| National | BCG           | Birth                            |           |          |
| National | DTWPHIBHEPB   | 6 weeks                          | 10 weeks  | 14 weeks |
| National | HPV (females) | 10 years                         |           |          |
| National | IPV_FRAC      | 6 weeks                          |           | 14 weeks |
| National | MR            | 38 weeks                         | 15 months |          |
| National | OPV           | 6 weeks                          | 10 weeks  | 14 weeks |
| National | PCV           | 6 weeks                          | 10 weeks  | 14 weeks |

This table shows the 2025 national immunization schedule for routine services in Bangladesh, 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 papillomavirus) vaccine                      | 2024                  | 2023                 |
| HepB birth dose                                         | Not introduced        |                      |
| Hepatitis B vaccine                                     | 2005                  | 2003                 |
| Hib (Haemophilus influenzae type B) vaccine             | 2009                  |                      |
| IPV (Inactivated polio vaccine)                         | 2015                  |                      |
| IPV (Inactivated polio vaccine) 2nd dose                | Not introduced        |                      |
| Malaria vaccine                                         | Not introduced        |                      |
| Measles-containing vaccine 2nd dose                     | 2012                  |                      |
| Meningococcal meningitis vaccines (any strain)          | Not introduced        |                      |
| Mumps vaccine                                           | Not introduced        |                      |
| PCV (Pneumococcal conjugate vaccine)                    | 2015                  |                      |
| RSV (Respiratory syncytial virus) immunization strategy | Not introduced        |                      |
| Rotavirus vaccine                                       | Not introduced        |                      |
| Rubella vaccine                                         | 2012                  |                      |
| Typhoid conjugate vaccine                               | Not introduced        |                      |

This table displays the year each vaccine was introduced in Bangladesh. 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

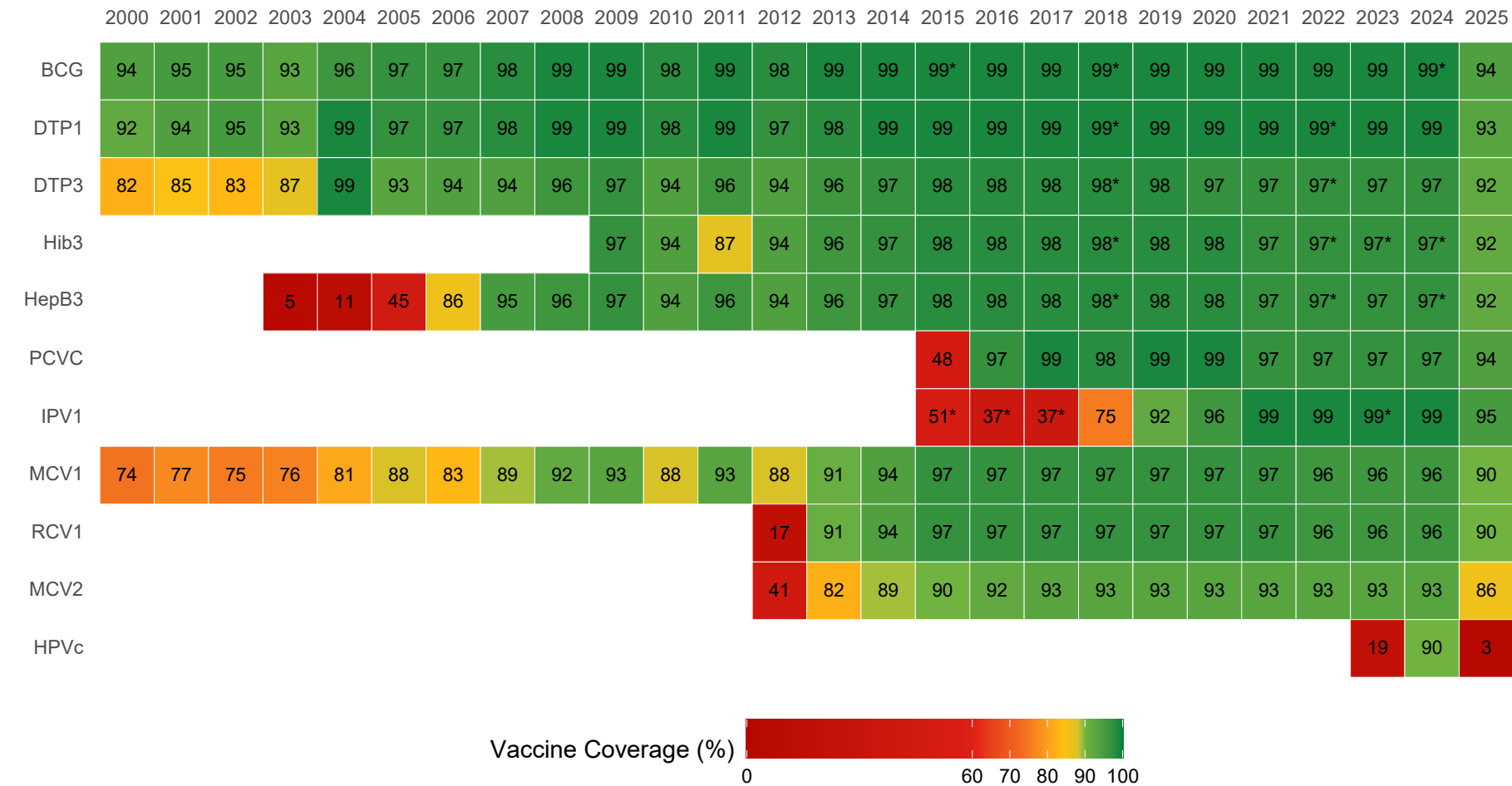
| Vaccines / supplies    | 2022        | 2023                             | 2024                             |
|------------------------|-------------|----------------------------------|----------------------------------|
| BCG                    |             |                                  | National (1m)<br>and subnational |
| DTP-containing vaccine | Subnational |                                  |                                  |
| HepB                   |             |                                  | National (1m)<br>and subnational |
| Hib                    |             | Subnational                      | National (1m)<br>and subnational |
| IPV                    |             | Subnational                      |                                  |
| PCV                    |             | National (1m)<br>and subnational |                                  |

This table presents reported vaccine stockouts of childhood vaccines relevant to WUENIC at the national and subnational levels over the last 5 years (2021 to 2025). 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.

Universal coverage reversals were observed in 2025, with all 11 antigens declining since 2024, however, 9 achieved at least 90% coverage, indicating good reach of at least some antigens.

Vaccine coverage, Bangladesh, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision.  
Note: Stock information available from 2003.  
An asterisk (\*) indicates where there was a vaccine stockout at the national or subnational level.

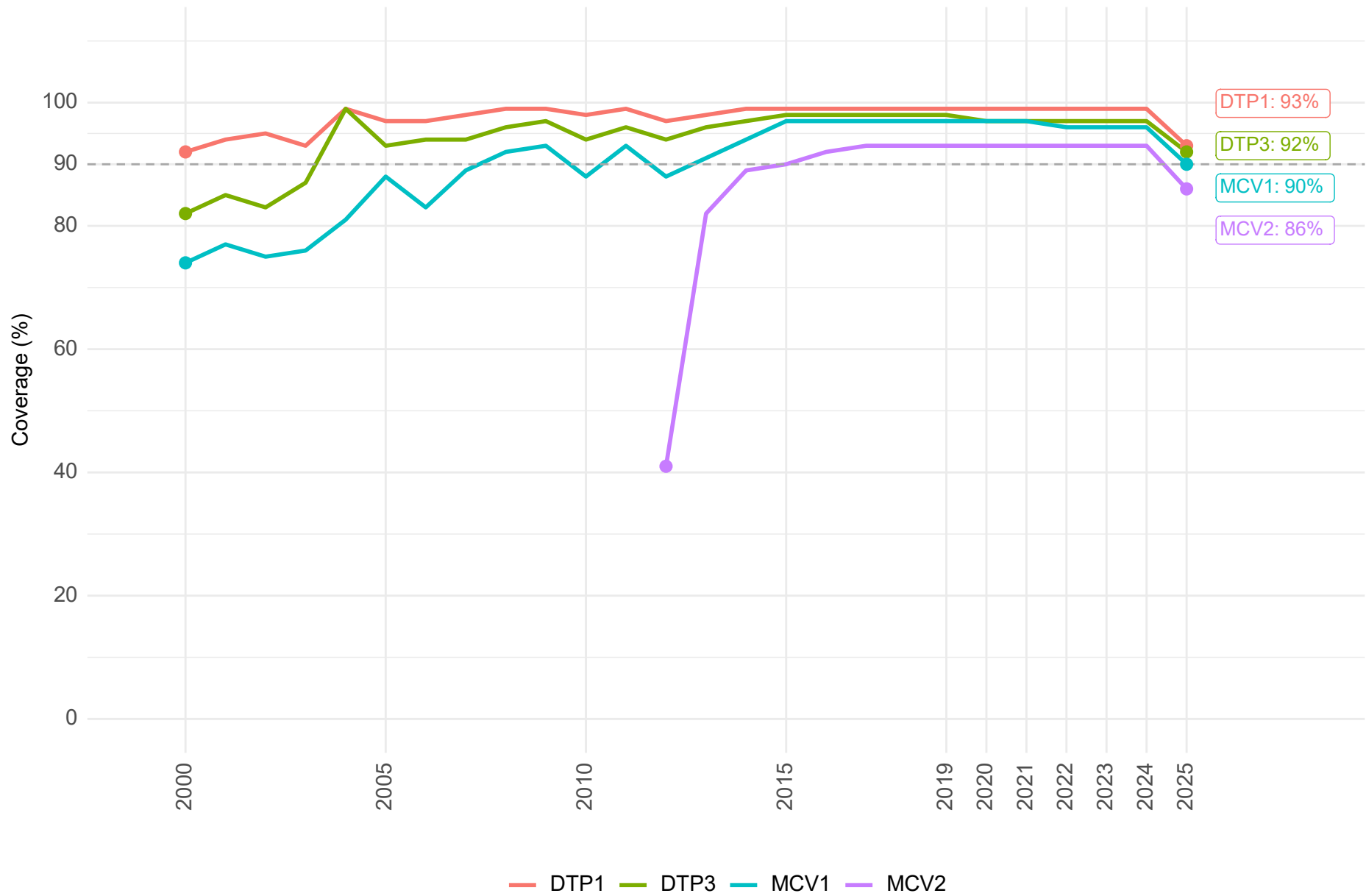
This heatmap shows trends in vaccine coverage since 2000, with green cells indicating coverage of 90% or more.

In 2025, 9 out of 11 (82%) vaccines in the schedule achieved coverage of 90% or more. Vaccine coverage ranged from 86% to 95%.

Since 2003, estimates have been made for 7 new vaccines. HPVc is the newest vaccine reported (2023), which achieved 3% coverage in 2025.

In 2025, Bangladesh did not report any stockouts of vaccines or supplies.

Coverage of key childhood vaccines (%), Bangladesh, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

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

In 2025, DTP1 coverage (a proxy for access to immunization services) was 90%.

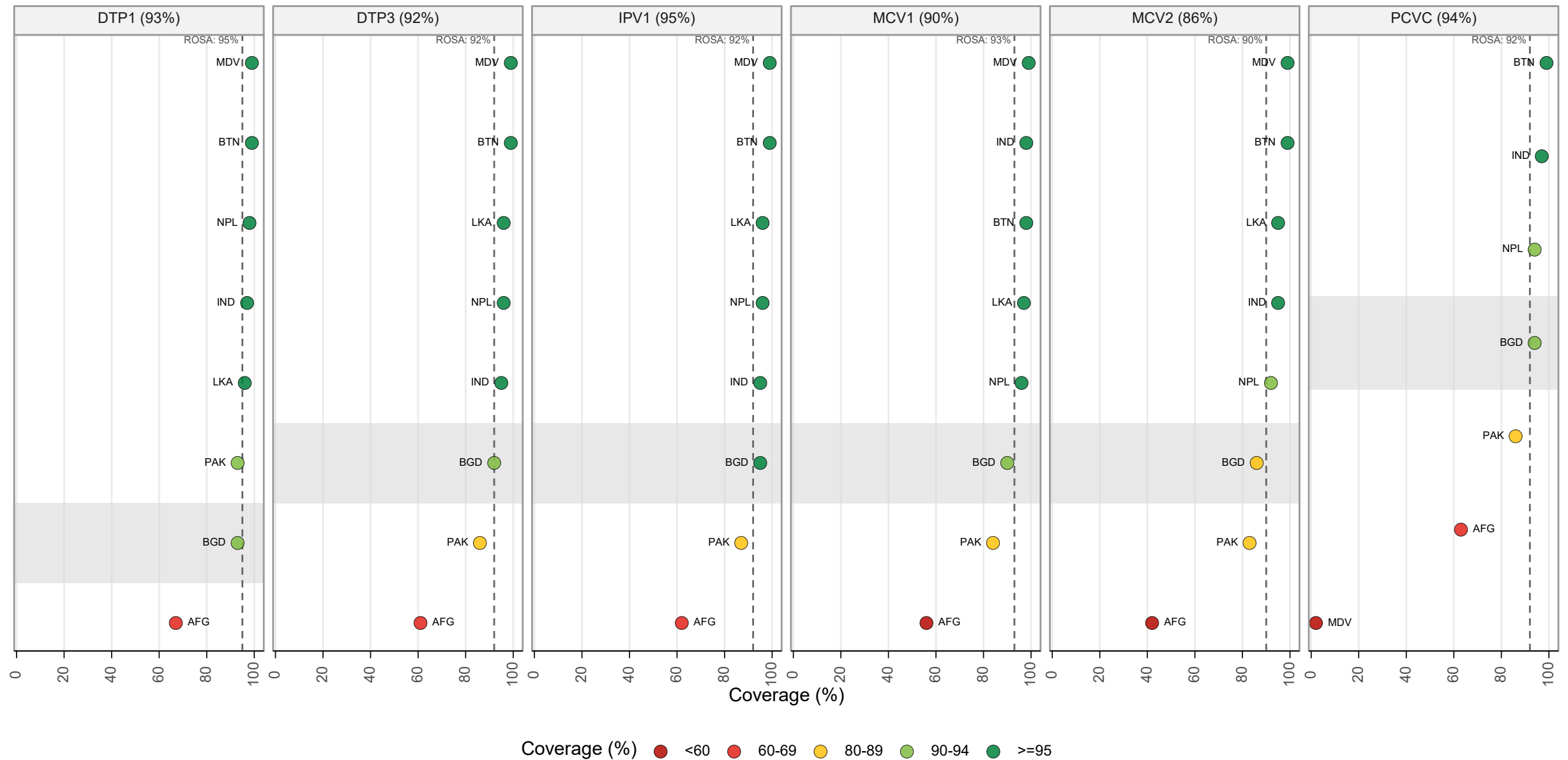
DTP3 coverage - a marker of how well countries are delivering immunization services to children - exceeded the 90% target set for 2030.

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 2025, MCV1 coverage was below, but close to the 95% target and MCV2 coverage was below the 95% target.

Between 2024 and 2025, 0 vaccines increased coverage, 4 declined and 0 remained the same.

Vaccine coverage compared with other countries in the region, ROSA, 2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision  
Note: Country ISO codes displayed. Coverage in bgd shown in the headers. Regional average coverage shown by the dashed line.

DTP1

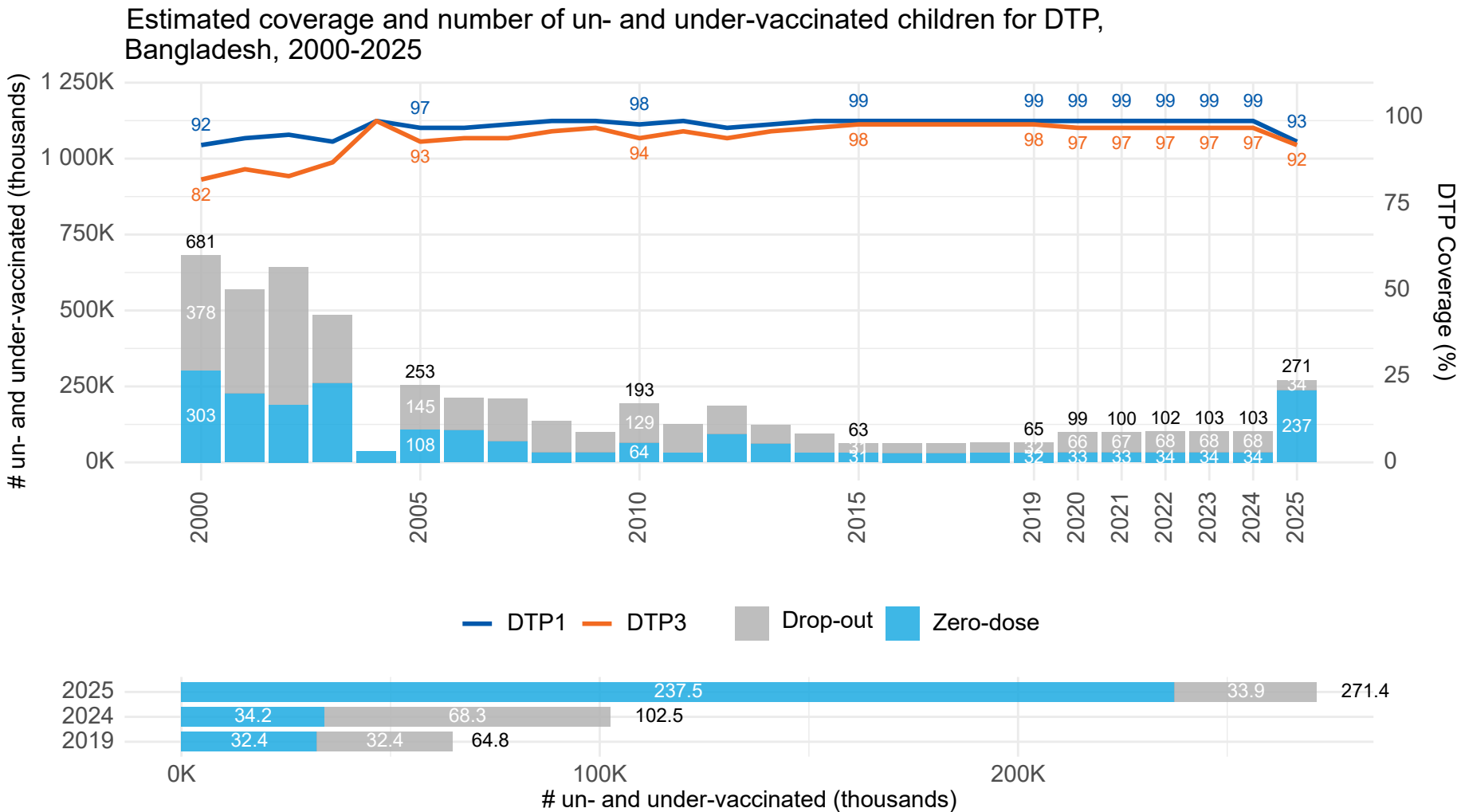
In 2025, DTP1 coverage was 93% and DTP3 was 92%, leaving 271,000 children un- or under-vaccinated, including 237,000 zero-dose and 34,000 with only partial protection.

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 Bangladesh.

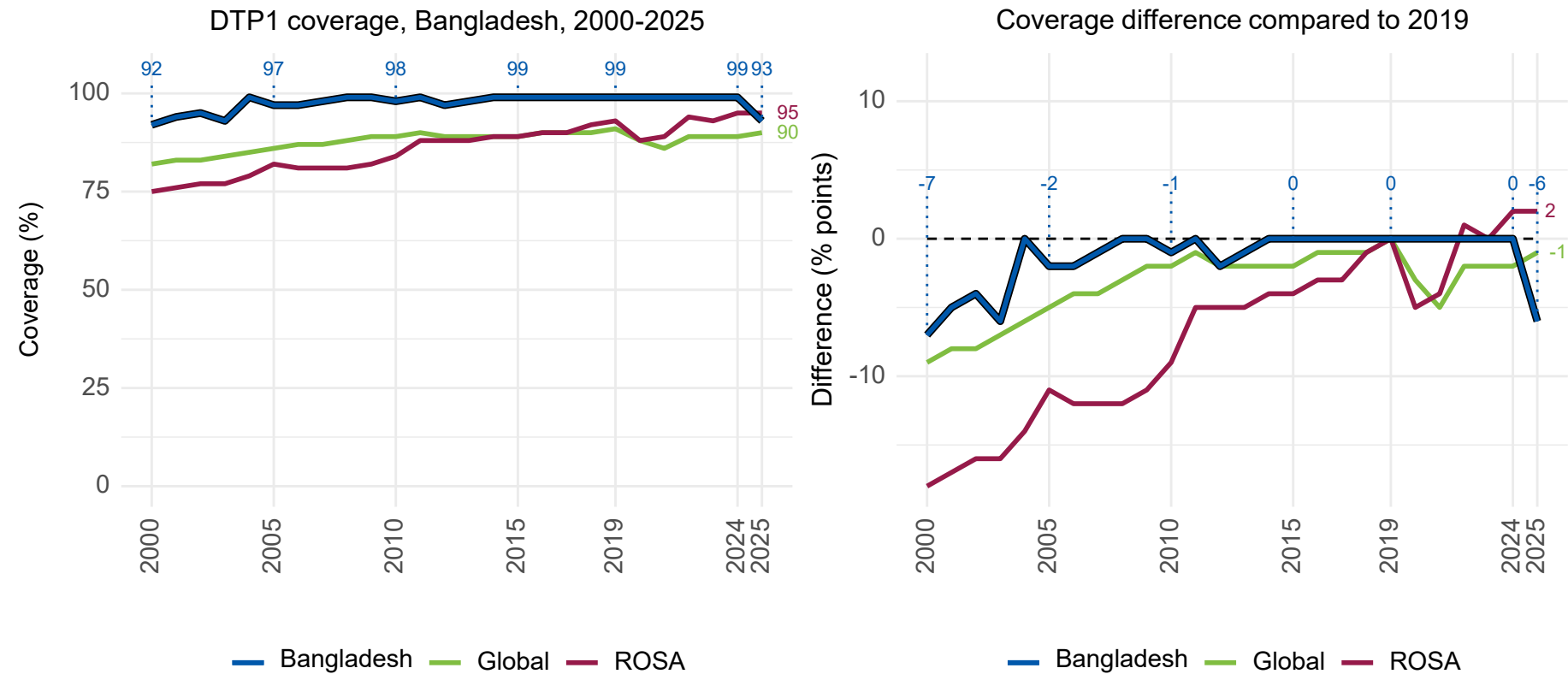
In 2025, DTP1 coverage in Bangladesh declined at 93%. The number of children missing out on any DTP vaccination (zero-dose children) increased from 34,000 in 2024 to 237,000 in 2025.

DTP3 coverage declined at 92% in 2025, leaving 271,000 children vulnerable to vaccine-preventable diseases.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision  
Note: Lines show vaccine coverage and bars show number of children.  
Zero-dose children are those who did not receive DTP1.

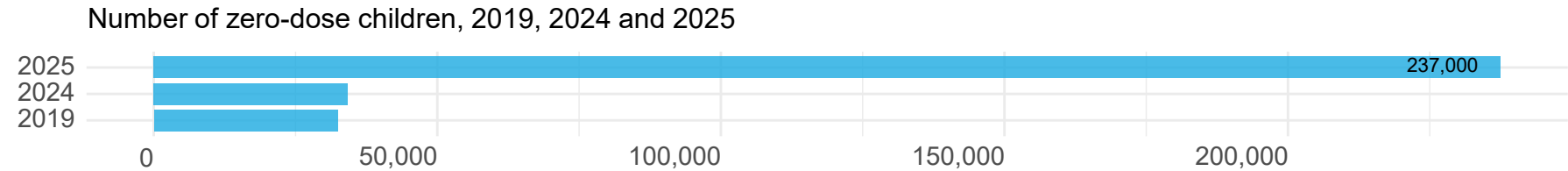
In 2025, Bangladesh DTP1 coverage was 93% - this is 6 percentage points lower than in 2019, but 3 percentage points higher than the global average (90%).



In 2025, DTP1 coverage in Bangladesh (93%) was 3 percentage points higher than the global average (90%) and 2 percentage points lower than the average across all ROSA countries (95%).

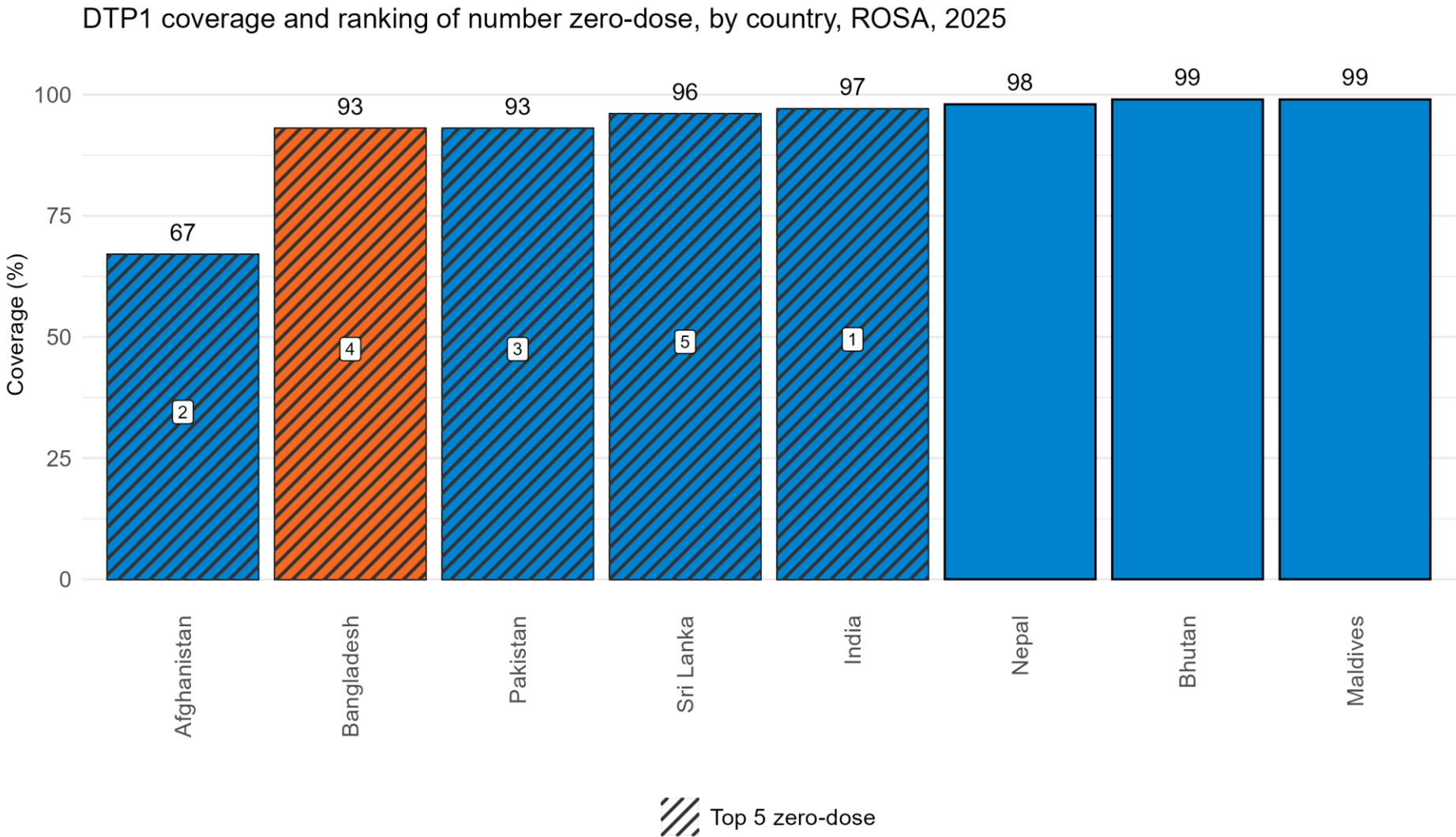
National DTP1 coverage was 6 percentage points lower than in 2019 (99%).

This equates to 237,000 zero-dose children in 2025 compared to 32,000 zero-dose children in 2019.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 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

In 2025, Bangladesh was among the countries with the lowest coverage and in the top 5 countries with the highest number of zero-dose children in the region.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision  
Note: Bars are ranked by ascending coverage. Numbers in bubbles display top 5 rank based on absolute number of zero-dose children.

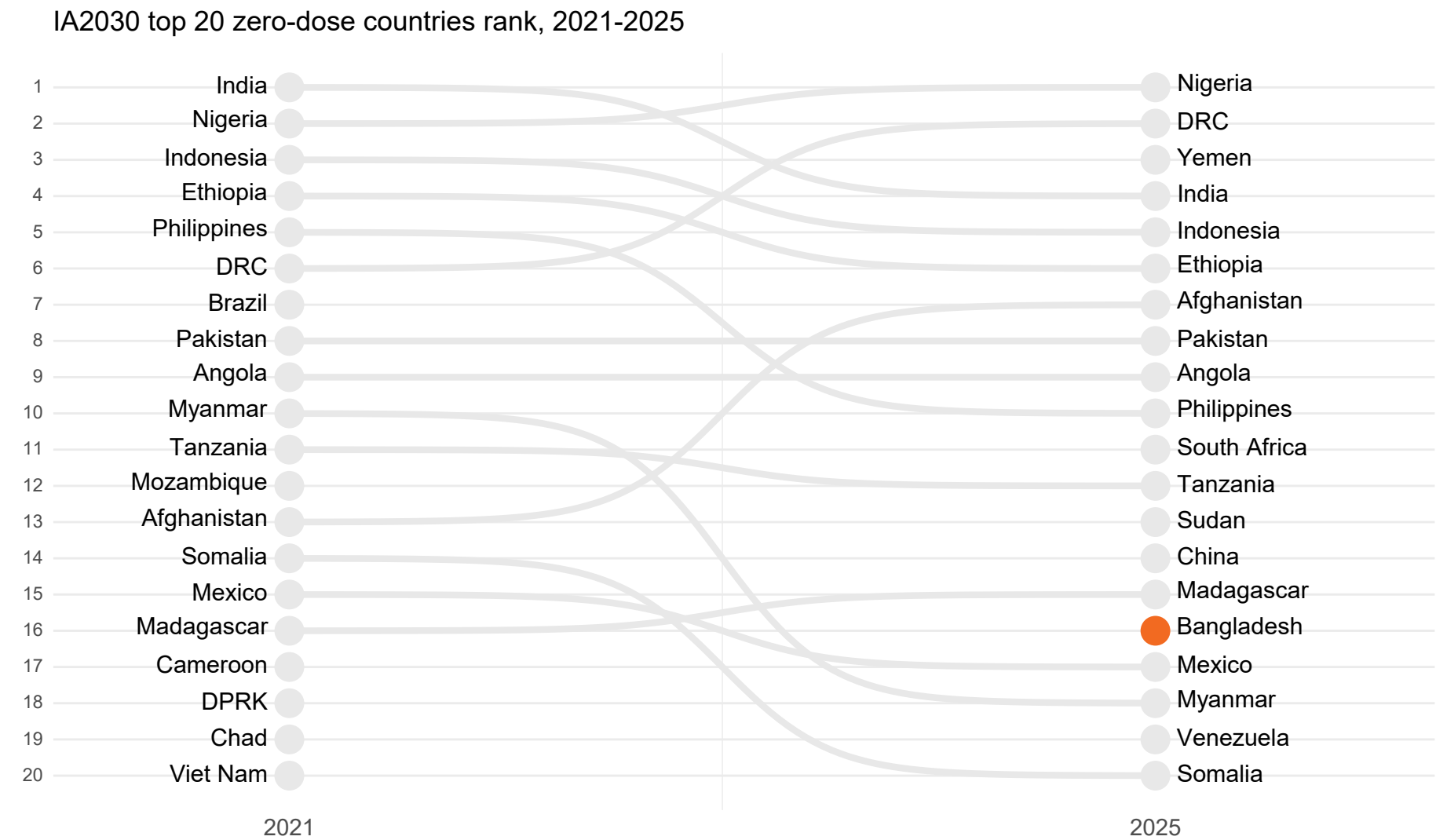
This chart shows DTP1 coverage in countries in ROSA from lowest to highest coverage, and the rank of the top 10 countries with the most zero-dose children, based on absolute numbers.

In 2025, Bangladesh ranked number 2 out of 8 countries for lowest DTP1 coverage (based on tied ranks).

Bangladesh was in the top 5 countries with the most zero-dose children (rank=4).

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.

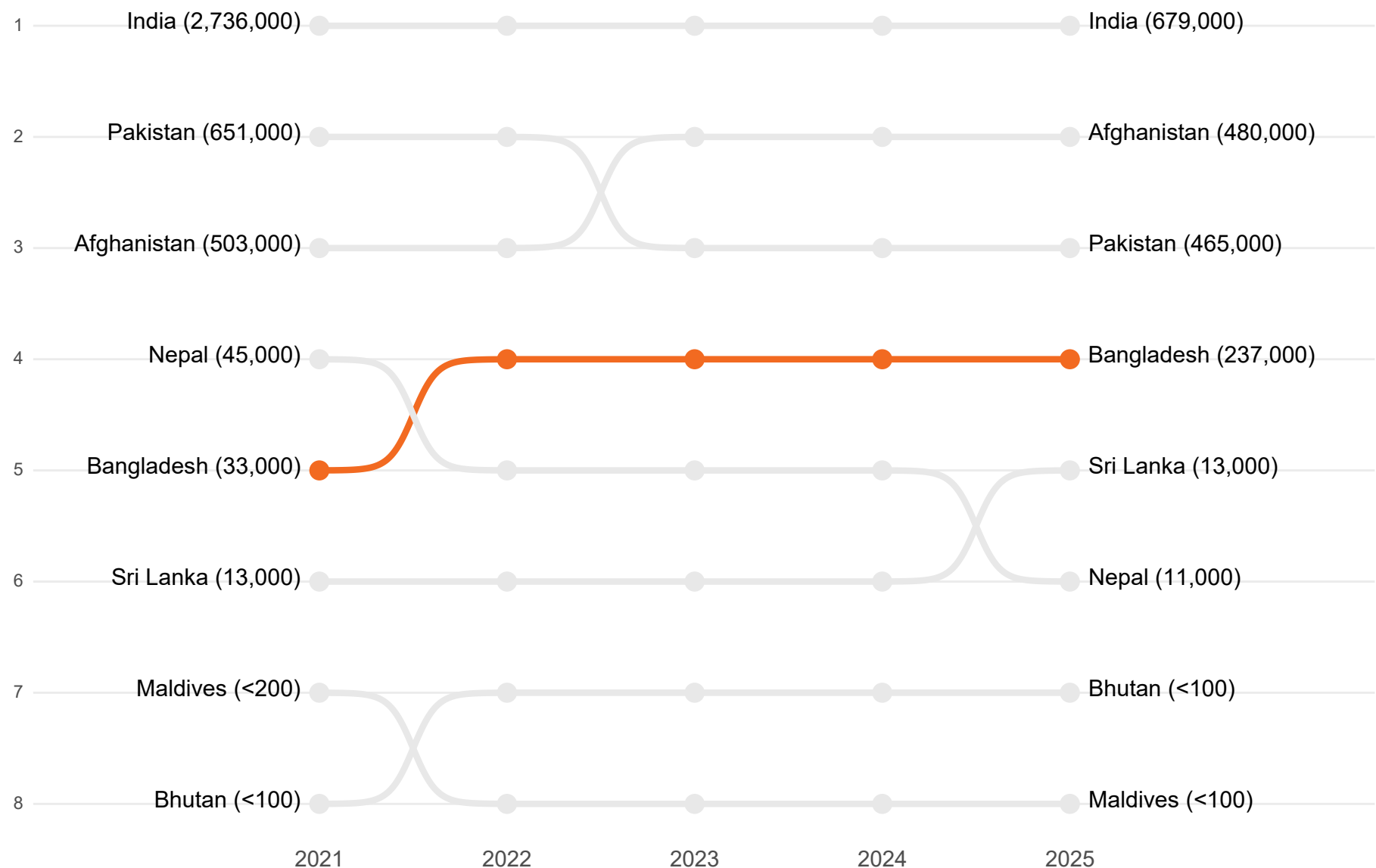
Bangladesh was not in the top 20 zero-dose countries globally in 2021 but was in 2025.



20 countries were prioritised in the context of the Immunization Agenda 2030 (IA2030), based on their number of zero-dose children in 2021. This chart compares the ranking of the top 20 countries in 2021 and 2025. Rank 1 indicates the country with the highest absolute number of zero-dose children.

Bangladesh was not in the top 20 zero-dose countries globally in 2021 but was in 2025.

Countries ranked by number of zero-dose children, ROSA, 2021-2025



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

In 2021, Bangladesh ranked number 5 out of 8 countries with 33,000 zero-dose children.

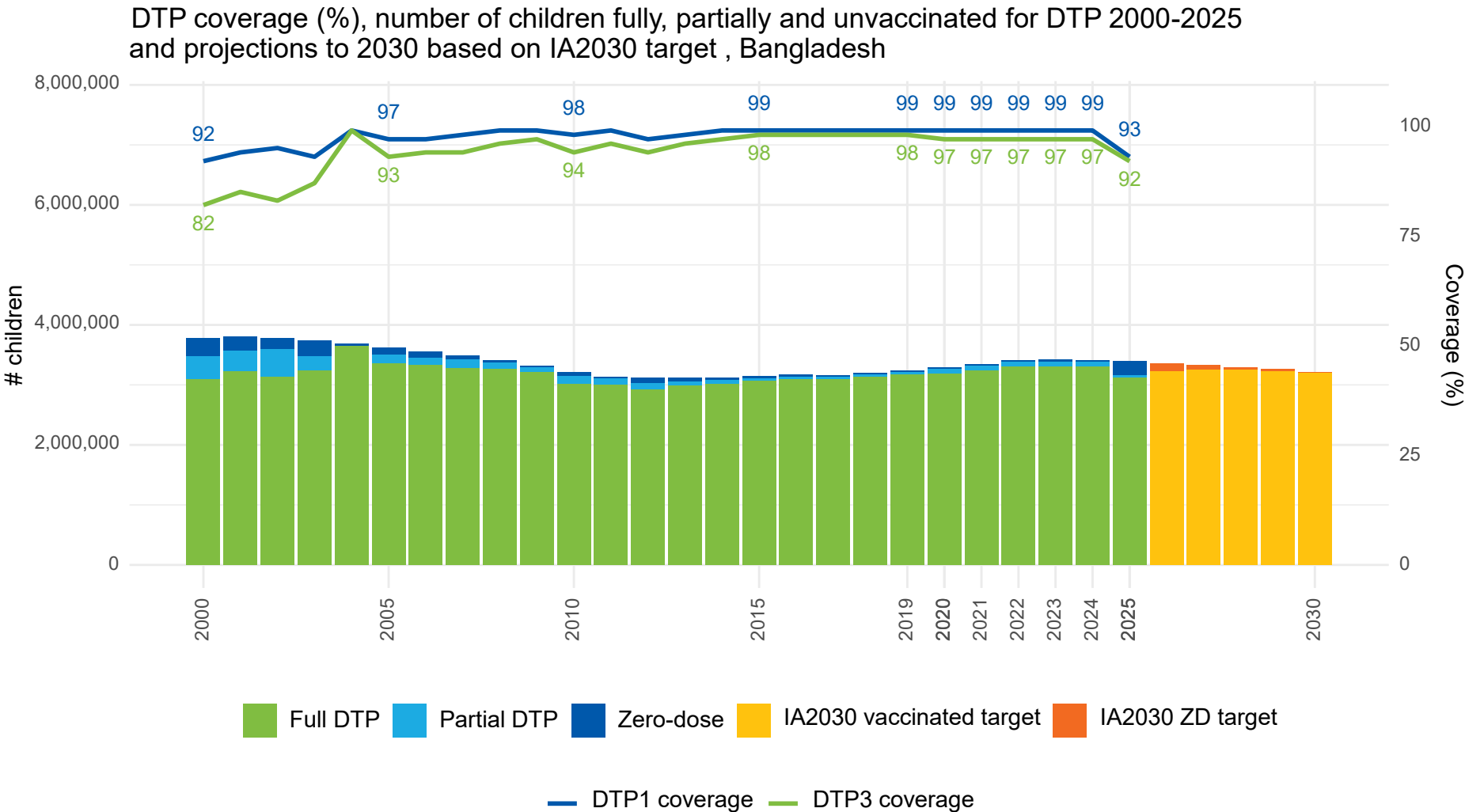
In 2025, Bangladesh ranked number 4 out of 8 countries with 237,000 zero-dose children.

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.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision  
Note: Number in parentheses is the number of zero-dose children.



Bangladesh is on track to halve zero-dose children by 2030, but sustaining progress will require continued strengthening of immunization systems.



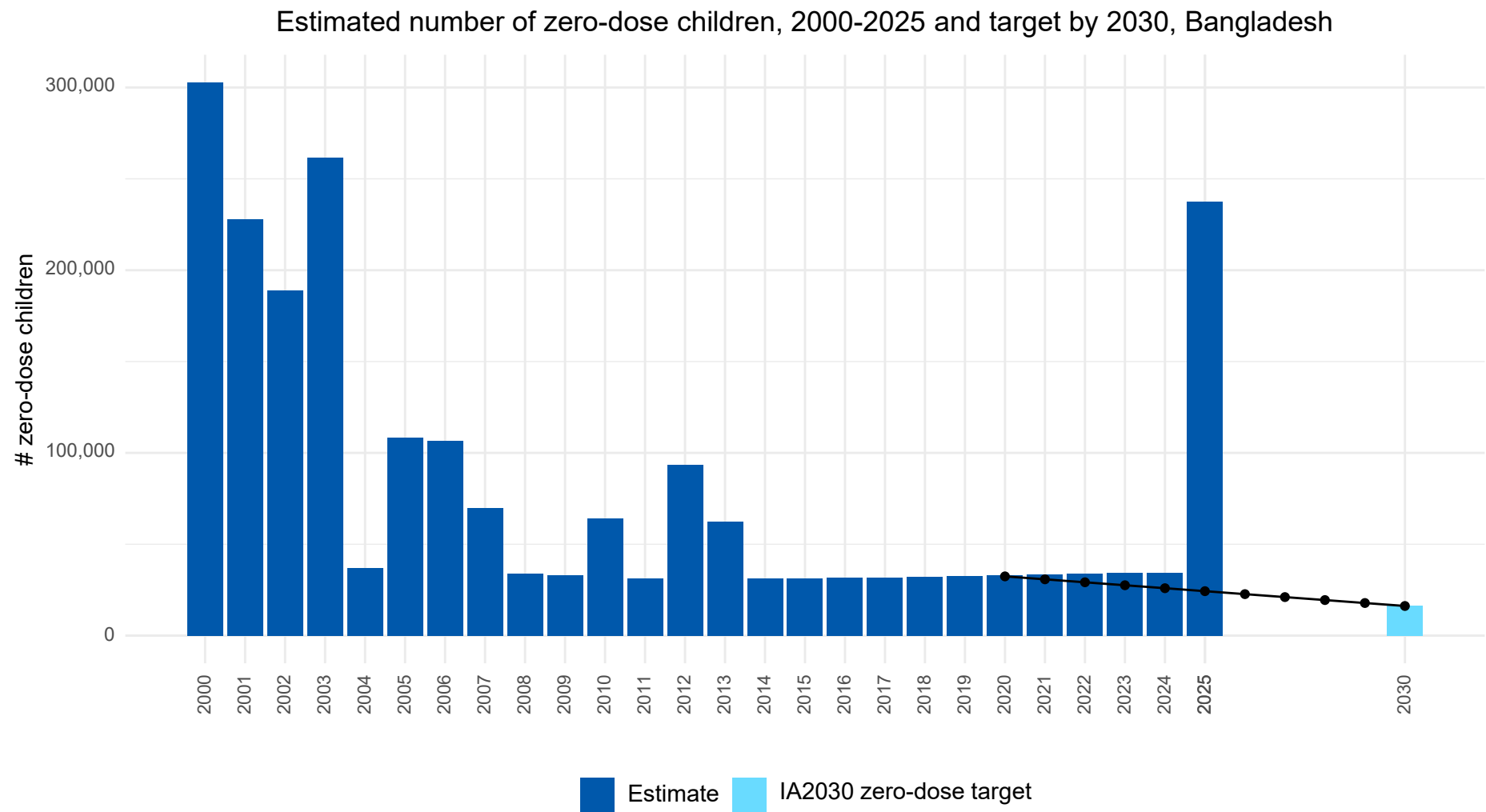
IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

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.

Bangladesh is projected to have a decline in the number of surviving infants by 2030. To achieve the IA2030 ZD target, current efforts would be sufficient, however, countries must strengthen beyond the targets.

Sources: WHO/UNICEF Estimates of National Immunization Coverage, 2025 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.

In 2025, the number of zero-dose children was 877% above the annual IA2030 goal, putting the 2030 goal at serious risk without accelerated action.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

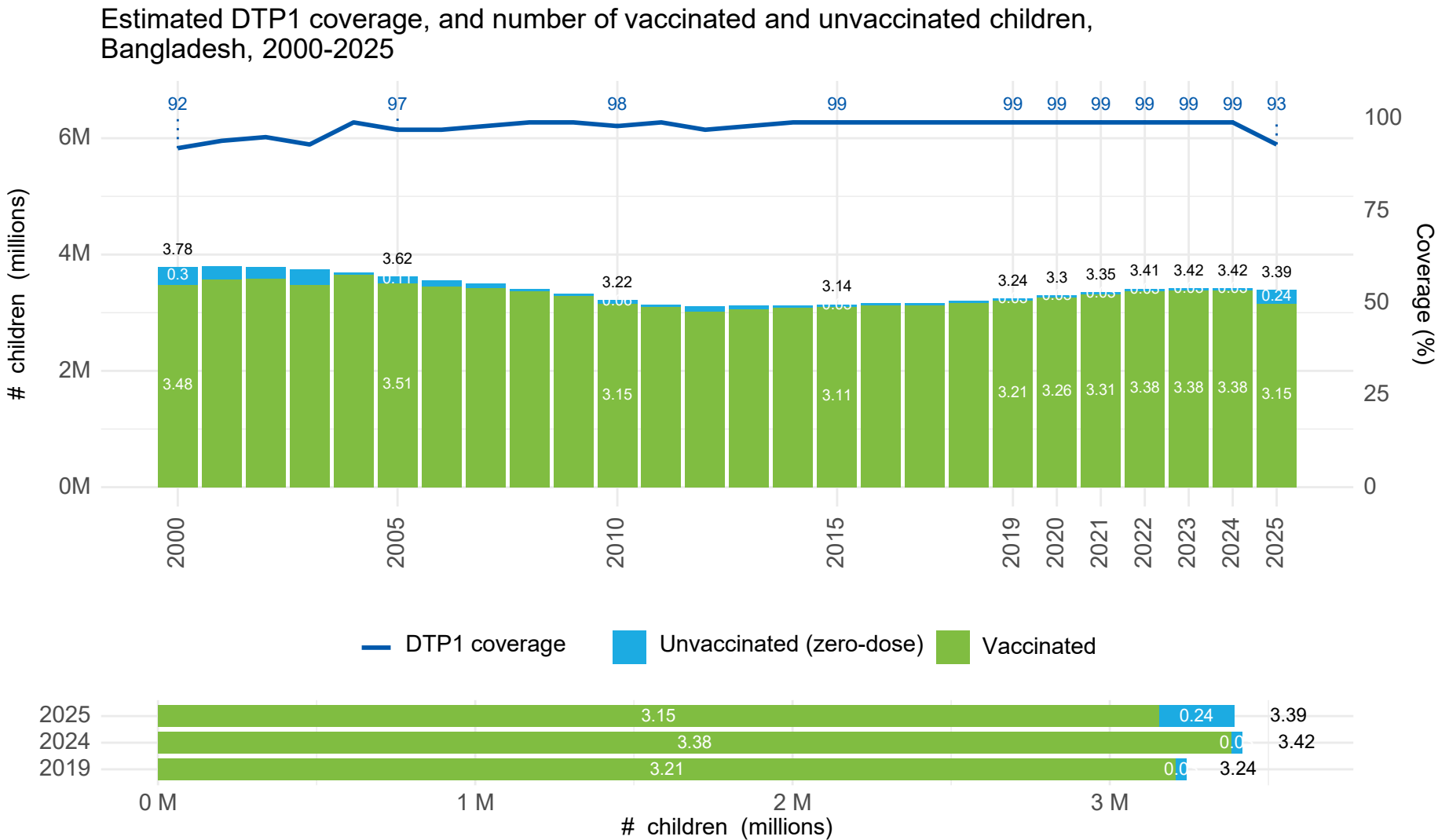
Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. Dark blue bars are the estimated number of zero-dose children in 2000-2025, light blue bar is the target number of zero-dose children by 2030. The line and points show the yearly progress and trajectory to meet the target by 2030, based on a linear decline.

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 2000-2025 (dark blue bars)
  - Zero-dose target by 2030 (light blue bar)
  - Trajectory to reach the 2030 target based on a linear decline (points)

In 2025, the number of zero-dose children was approximately 877% higher than the annual number proposed to reach the target, based on a linear trajectory of decline.

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



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

DTP1 coverage in 2025 (93%) was lower than in 2019 (99%).

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

The number of surviving infants increased approximately 5% compared to in 2019.

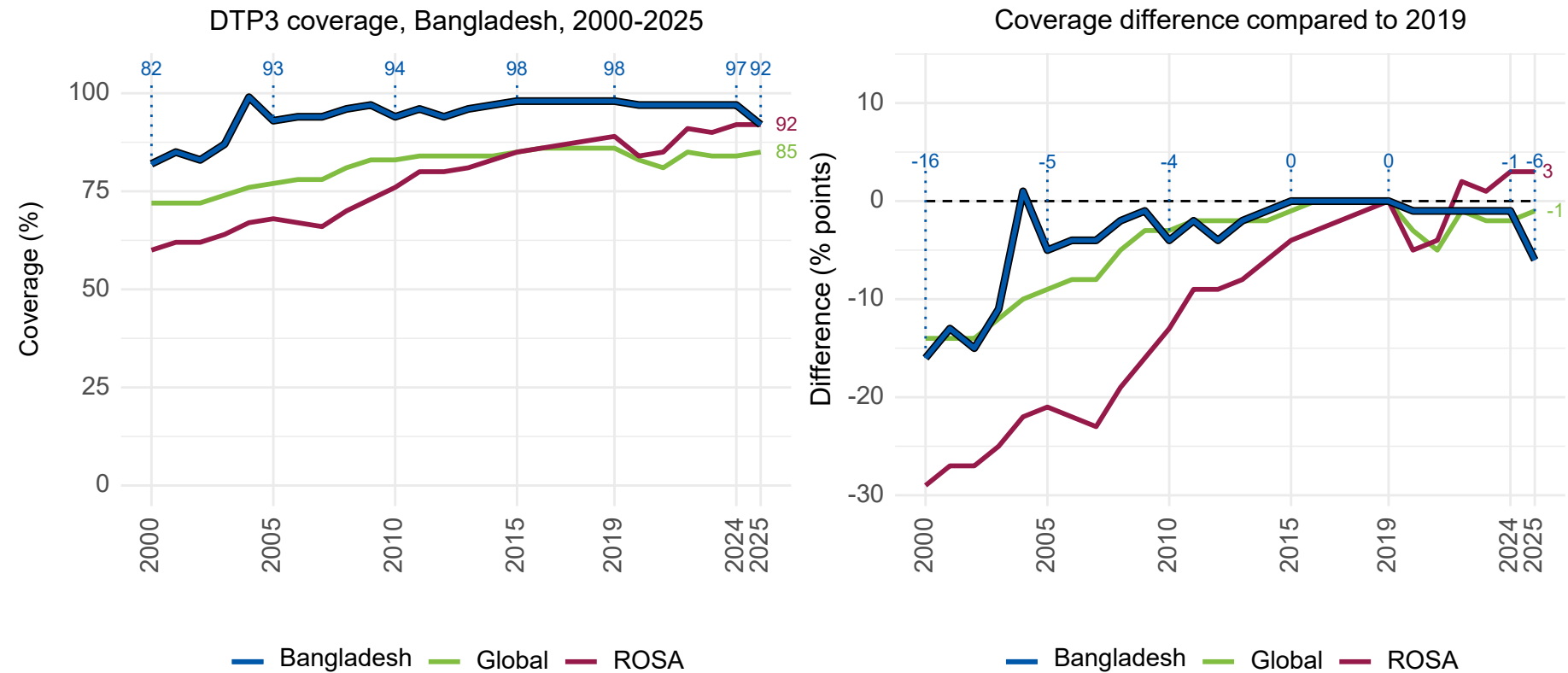
In 2025, 100,000 fewer children were vaccinated than in 2019.

In 2025, there were 200,000 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

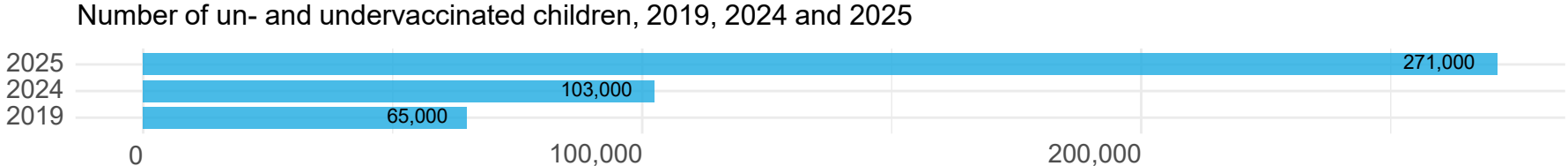
In 2025, Bangladesh DTP3 coverage was 92% - this is 6 percentage points lower than in 2019, but 7 percentage points higher than the global average (85%).



In 2025, DTP3 coverage in Bangladesh (92%) was 7 percentage points higher than the global average (85%) and the same the average across all {regn\_txt} countries.

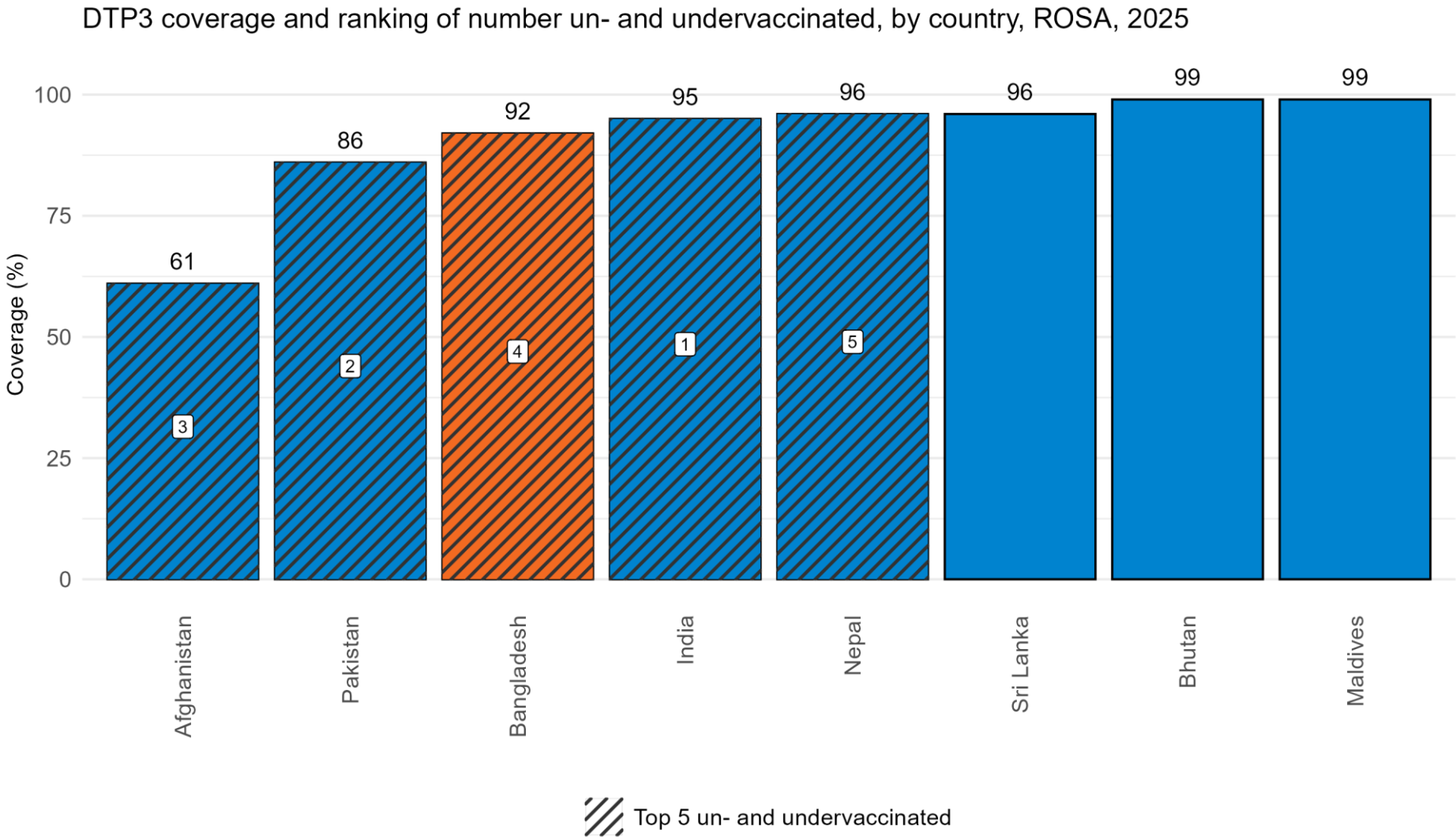
National DTP3 coverage was 6 percentage points lower than in 2019 (98%).

This equates to 271,000 un- and undervaccinated children in 2025 compared to 65,000 un- and undervaccinated children in 2019.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 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

In 2025, Bangladesh was among the countries with the lowest coverage and in the top 5 countries with the highest number of un- and undervaccinated children in the region.



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

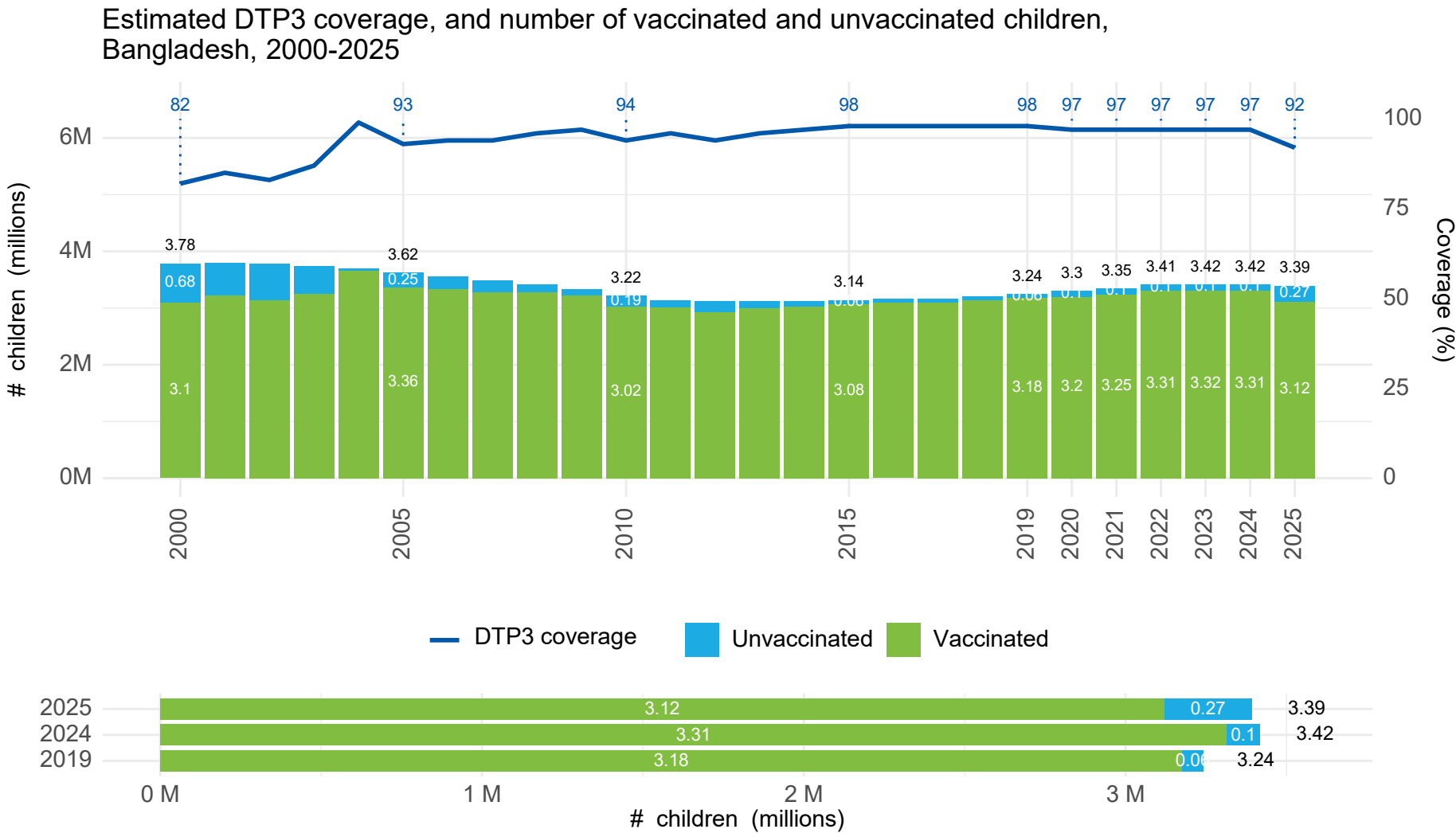
In 2025, Bangladesh ranked number 3 out of 8 countries for lowest DTP3 coverage (based on tied ranks).

Bangladesh was in the top 5 countries with the most un- and undervaccinated children (rank=4).

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, 2025 revision  
Note: Bars are ranked by ascending coverage. Numbers in bubbles display top 5 rank based on absolute number of un- and undervaccinated children.

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



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision  
Note: Unvaccinated includes zero-dose and undervaccinated children

DTP3 coverage in 2025 (92%) was lower than in 2019 (98%).

The number of children vaccinated with DTP3 decreased 2% compared to in 2019.

The number of surviving infants increased approximately 5% compared to in 2019.

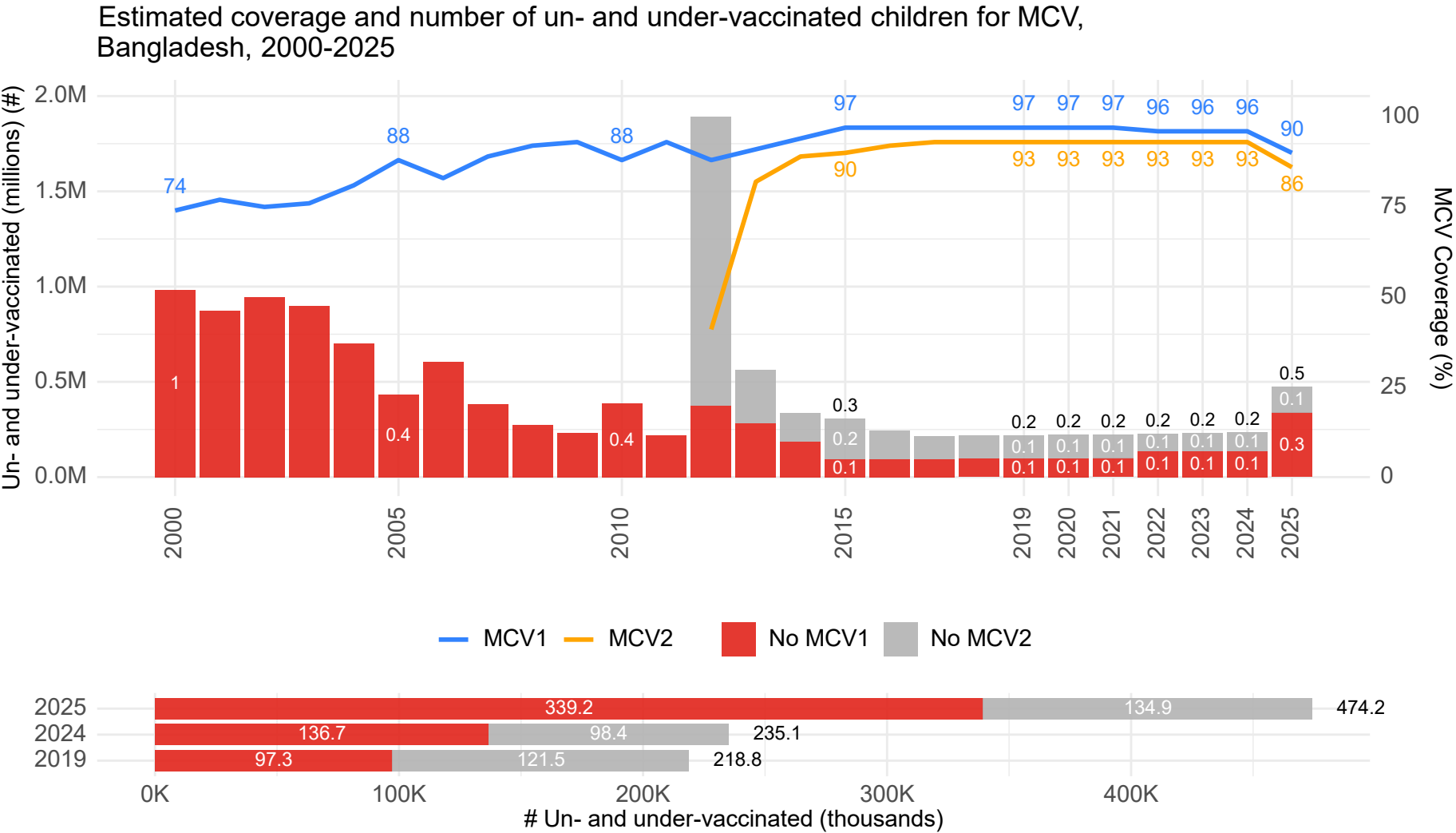
In 2025, 100,000 fewer children were vaccinated than in 2019.

In 2025, there were 200,000 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

MCV1 coverage declined at from 96% in 2024 to 90% in 2025 - below the 95% level needed to prevent outbreaks and, leaving 339,000 children without any protection against measles. MCV2 coverage declined at from 93% in 2024 to 86% in 2025 - below the IA2030 target of 90%.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision  
Note: Lines show vaccine coverage and bars show number of children.

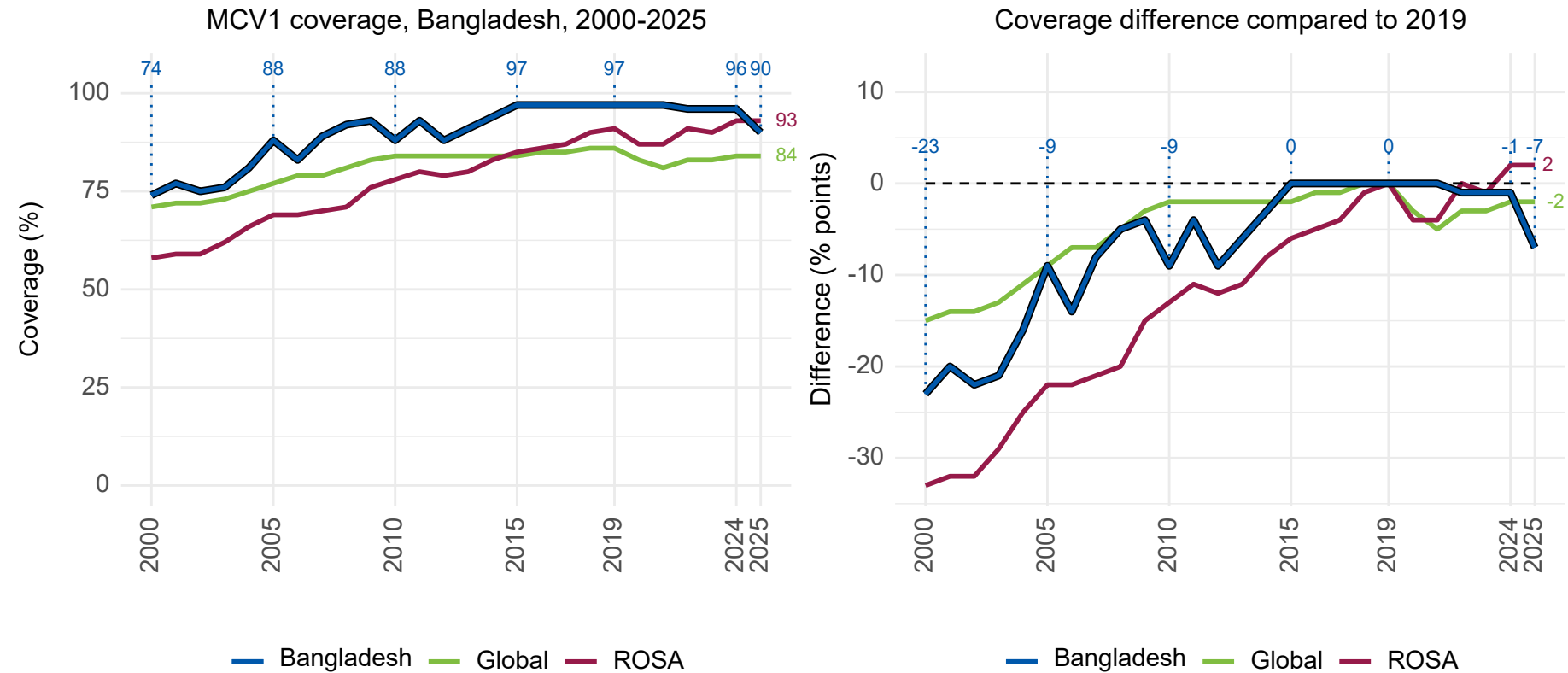
Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

The percentage of children receiving MCV1 – typically at 9 or 12 months depending on the national vaccination schedule – declined at 90%. This is lower than in 2019, where coverage was 97%.

339,000 children missed their routine first dose of measles vaccine.

MCV2 is typically administered to children between 18 months and five years old. MCV2 coverage declined at 86% in 2025.

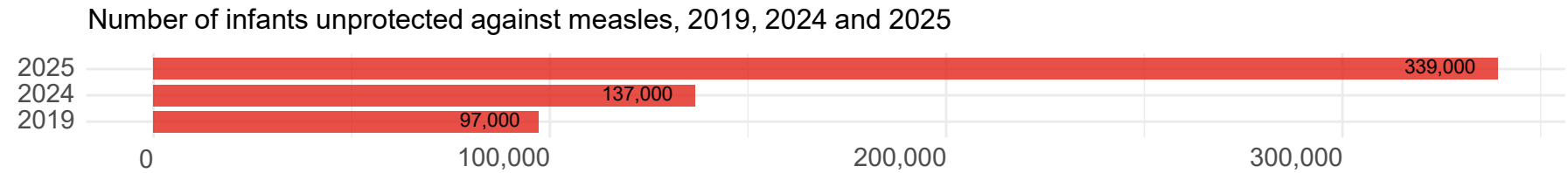
In 2025, Bangladesh MCV1 coverage was 90% - this is 7 percentage points lower than in 2019, but 6 percentage points higher than the global average (84%).



In 2025, MCV1 coverage in Bangladesh (90%) was 6 percentage points higher than the global average (84%) and 3 percentage points lower than the average across all ROSA countries (93%).

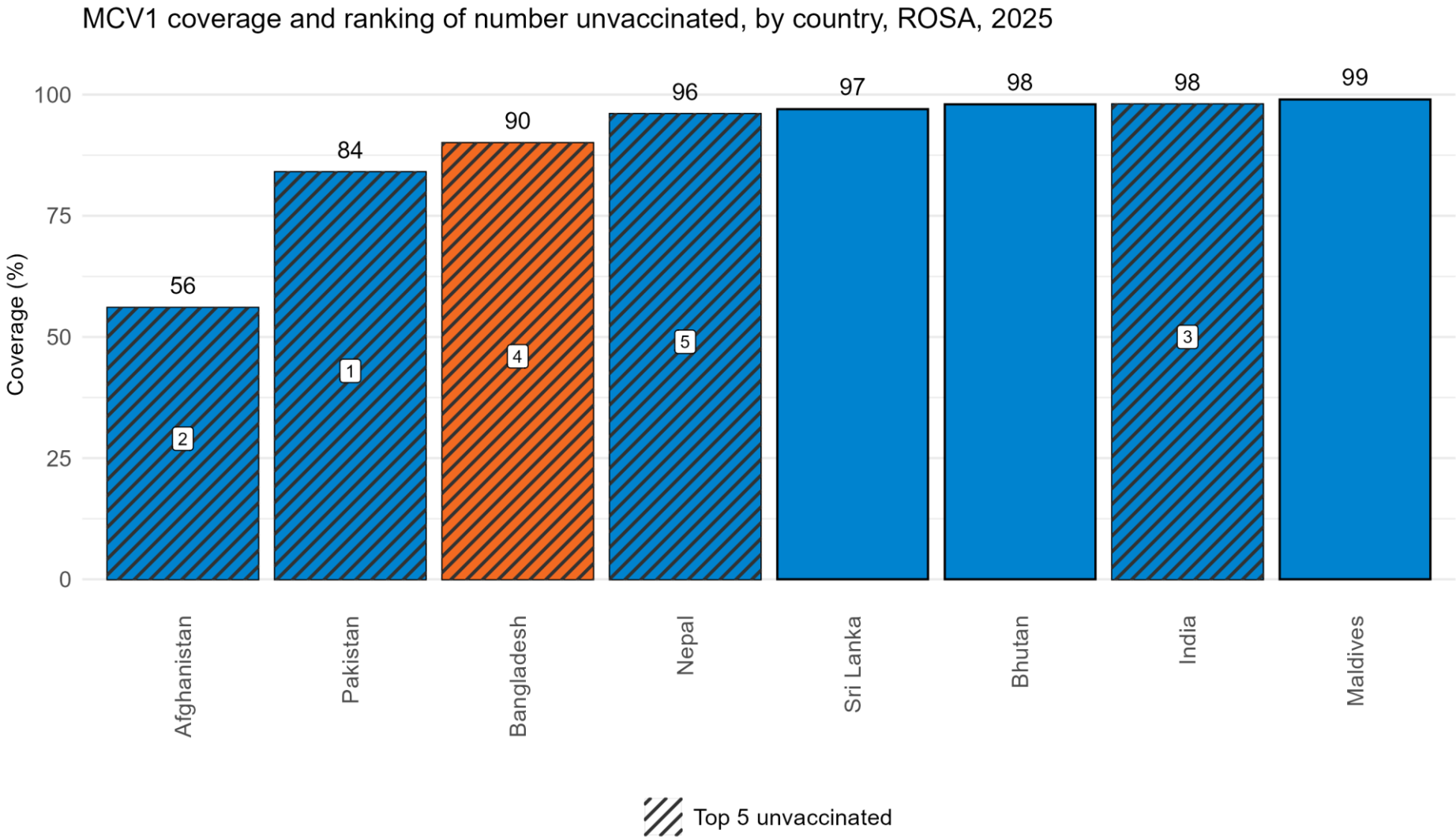
National MCV1 coverage was 7 percentage points lower than in 2019 (97%).

This equates to 339,000 unvaccinated children in 2025 compared to 97,000 unvaccinated children in 2019.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 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

In 2025, Bangladesh was among the countries with the lowest coverage and in the top 5 countries with the highest number of unvaccinated children in the region.



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

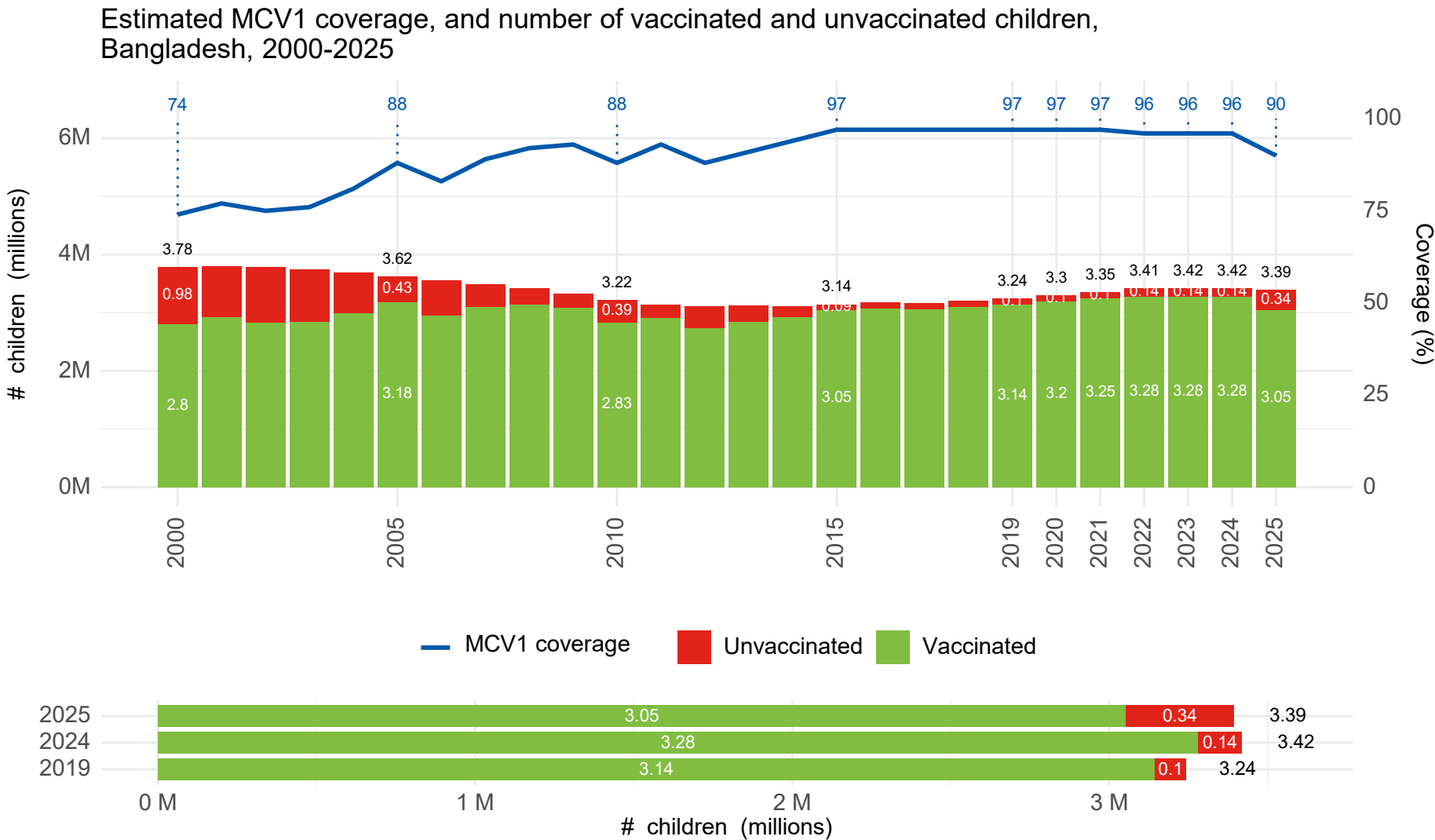
In 2025, Bangladesh ranked number 3 out of 8 countries for lowest MCV1 coverage (based on tied ranks).

Bangladesh was in the top 5 countries with the most unvaccinated children (rank=4).

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, 2025 revision  
Note: Bars are ranked by ascending coverage. Numbers in bubbles display top 5 rank based on absolute number of unvaccinated children.

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



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

MCV1 coverage in 2025 (90%) was lower than in 2019 (97%).

The number of children vaccinated with MCV1 decreased 3% compared to in 2019.

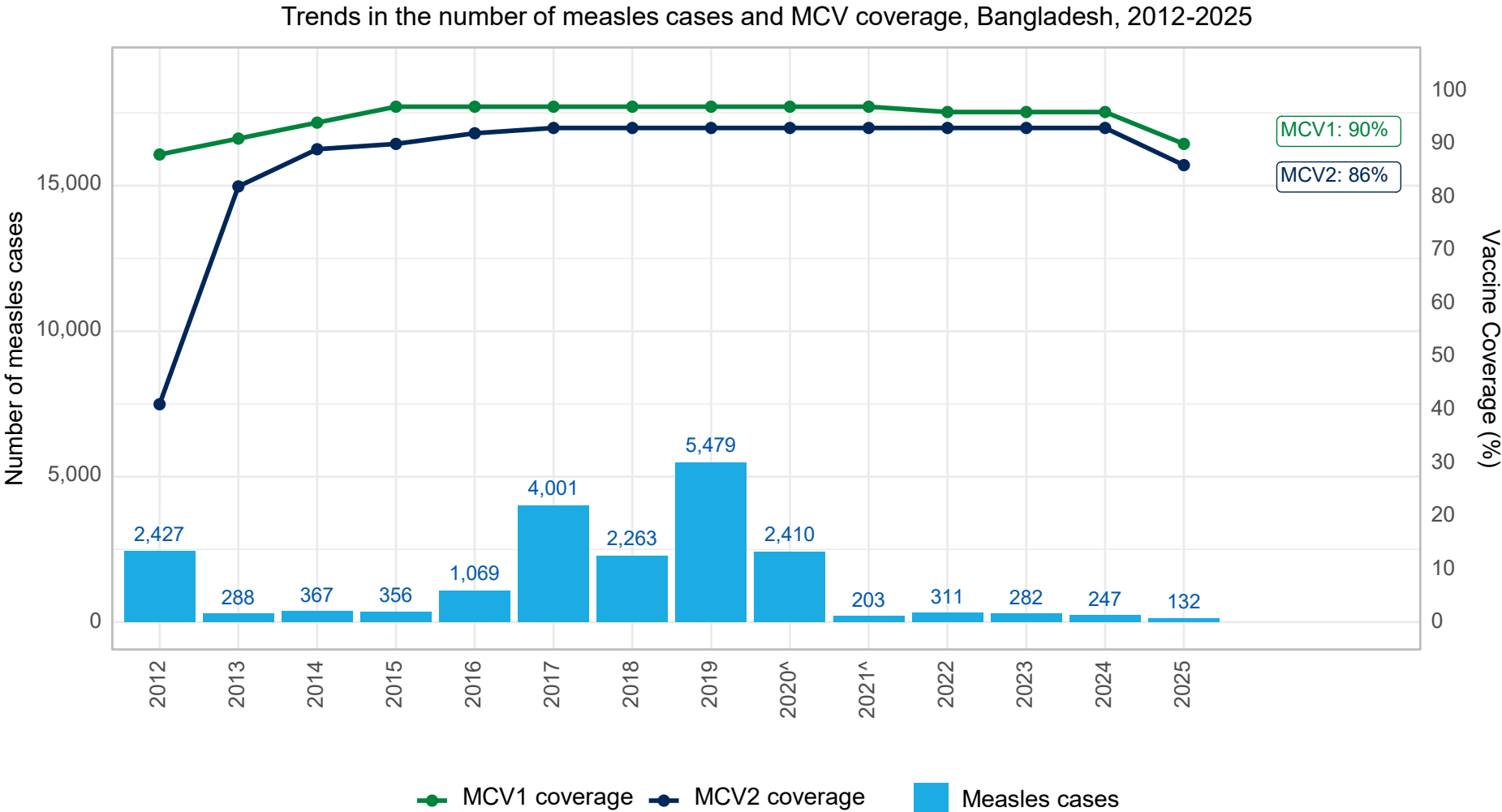
The number of surviving infants increased approximately 5% compared to in 2019.

In 2025, 100,000 fewer children were vaccinated than in 2019.

In 2025, there were 200,000 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.

In 2025, Bangladesh saw a decrease in measles cases compared with 2024, while MCV1 coverage was 90% and MCV2 coverage was 86%.



In 2025, there was a total of 132 confirmed measles cases in Bangladesh. In the same year, MCV1 coverage was 90% and MCV2 coverage was 86%.

The number of cases in 2025 was 47% lower than in 2024 (n=247).

The highest number of measles cases was reported in 2019 (n=5,479). In this year, MCV1 coverage was 97%.

There were measles-containing vaccine supplementary immunization activities/campaigns in 2020 and 2021.

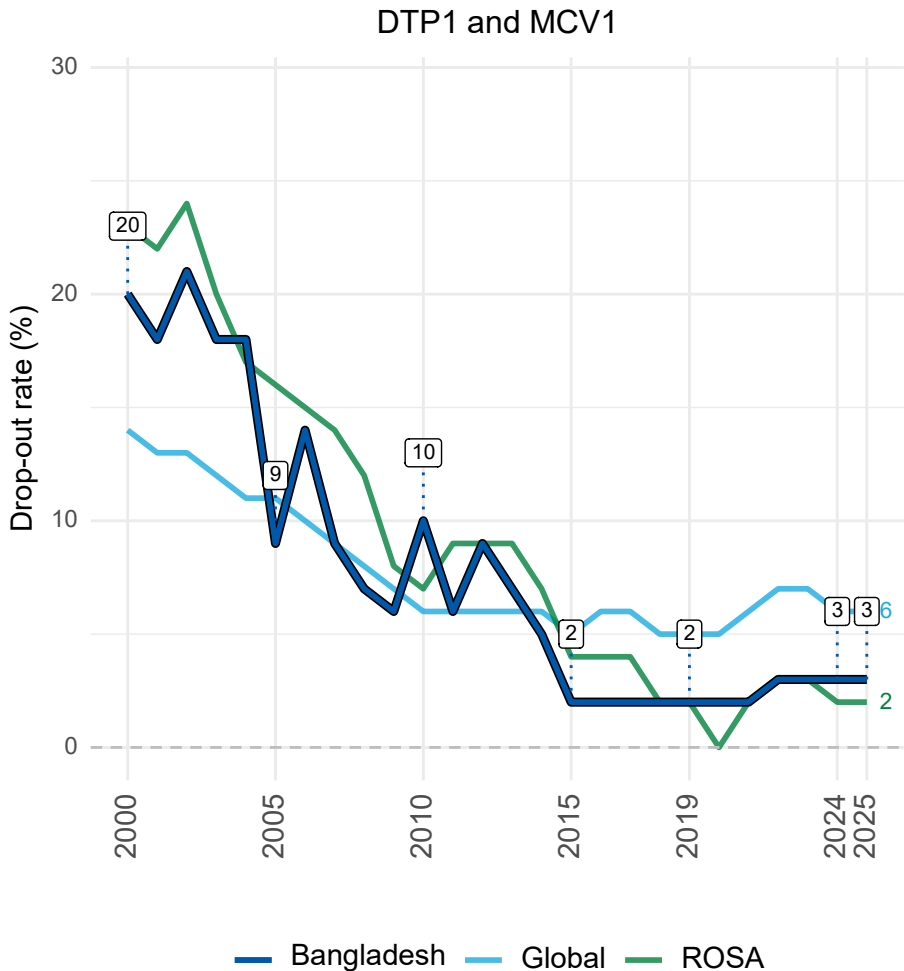
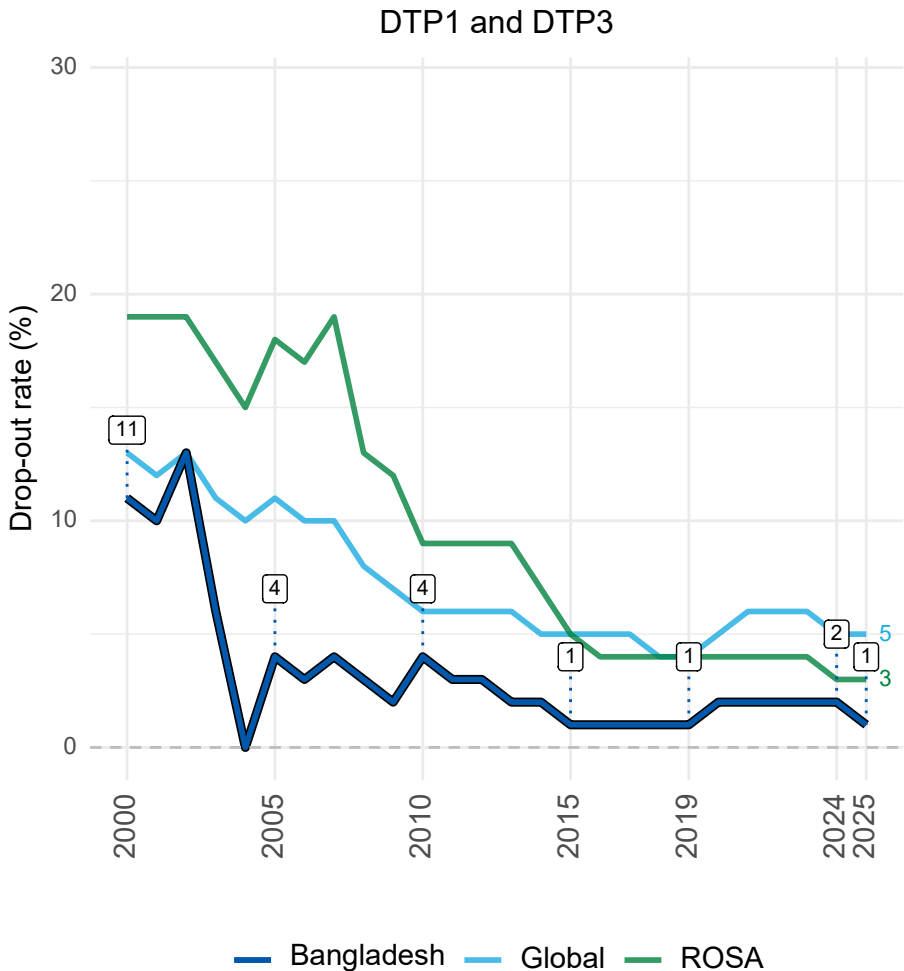
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision; Reported measles and rubella cases and incidence rates by WHO Member States, as of 12 June 2026. Provisional data based on monthly data reported to WHO (Geneva) as of 12 June 2026.

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

# Childhood immunization: Additional charts

In 2025, DTP1 and DTP3/MCV1 drop-out was low in Bangladesh, indicating good retention of children in immunization programmes, and current efforts to ensure follow up are successful.

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



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 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.

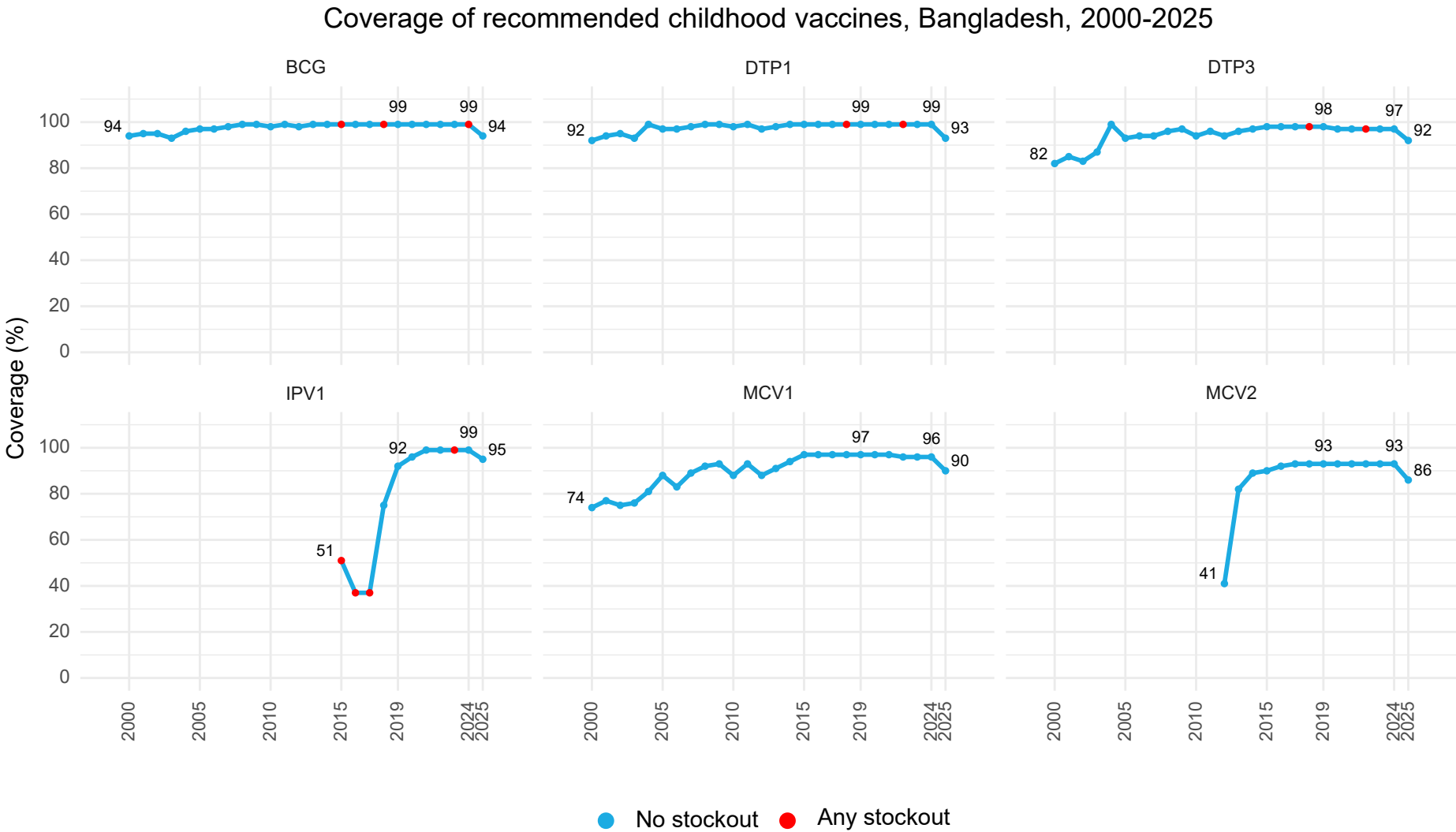
This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1.

In 2025, 1% of children who received DTP1 did not receive DTP3 (left), and 3% of children who received DTP1 did not receive MCV1 (right).

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

In 2025, Bangladesh DTP drop-out was lower than the global rate, while DTP-MCV drop-out was lower than the global rate.

In 2025, Bangladesh had its lowest coverage in MCV2 (86%), while most other routine vaccines clustered around 90-95%; 5 antigens decreased since 2019, and 6 antigens decreased since 2024.



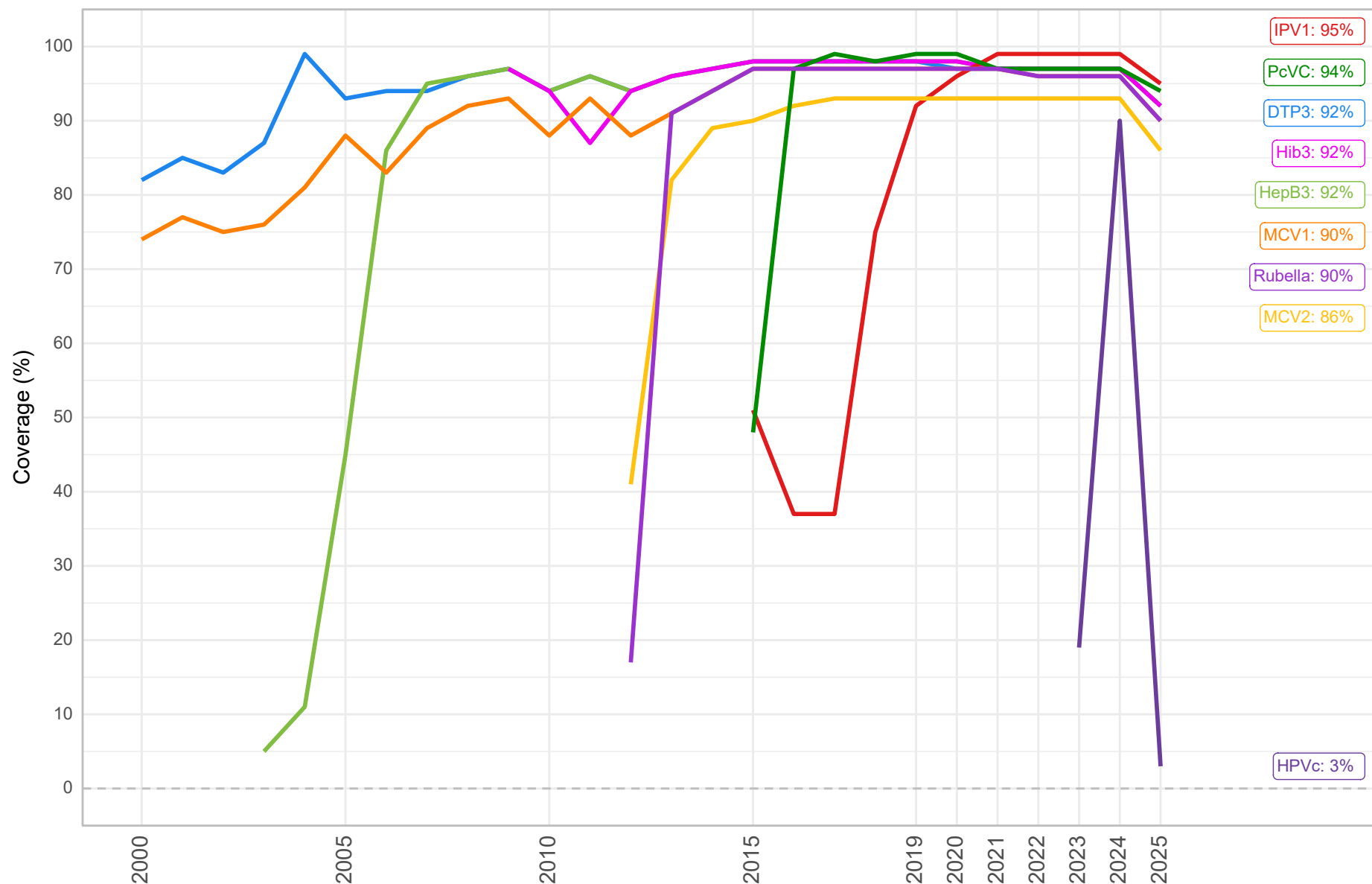
This chart shows trends in coverage of selected core routine vaccines recommended in childhood.

In 2025, MCV2 had the lowest coverage (86%), followed by MCV1 (90%).

Compared to 2019, coverage of 5 vaccines decreased (BCG, DTP1, DTP3, MCV1 and MCV2) and one vaccine increased (IPV1).

Compared to 2024, coverage of 6 vaccines decreased (BCG, DTP1, DTP3, IPV1, MCV1 and MCV2).

Vaccine coverage (%), Bangladesh, 2000-2025



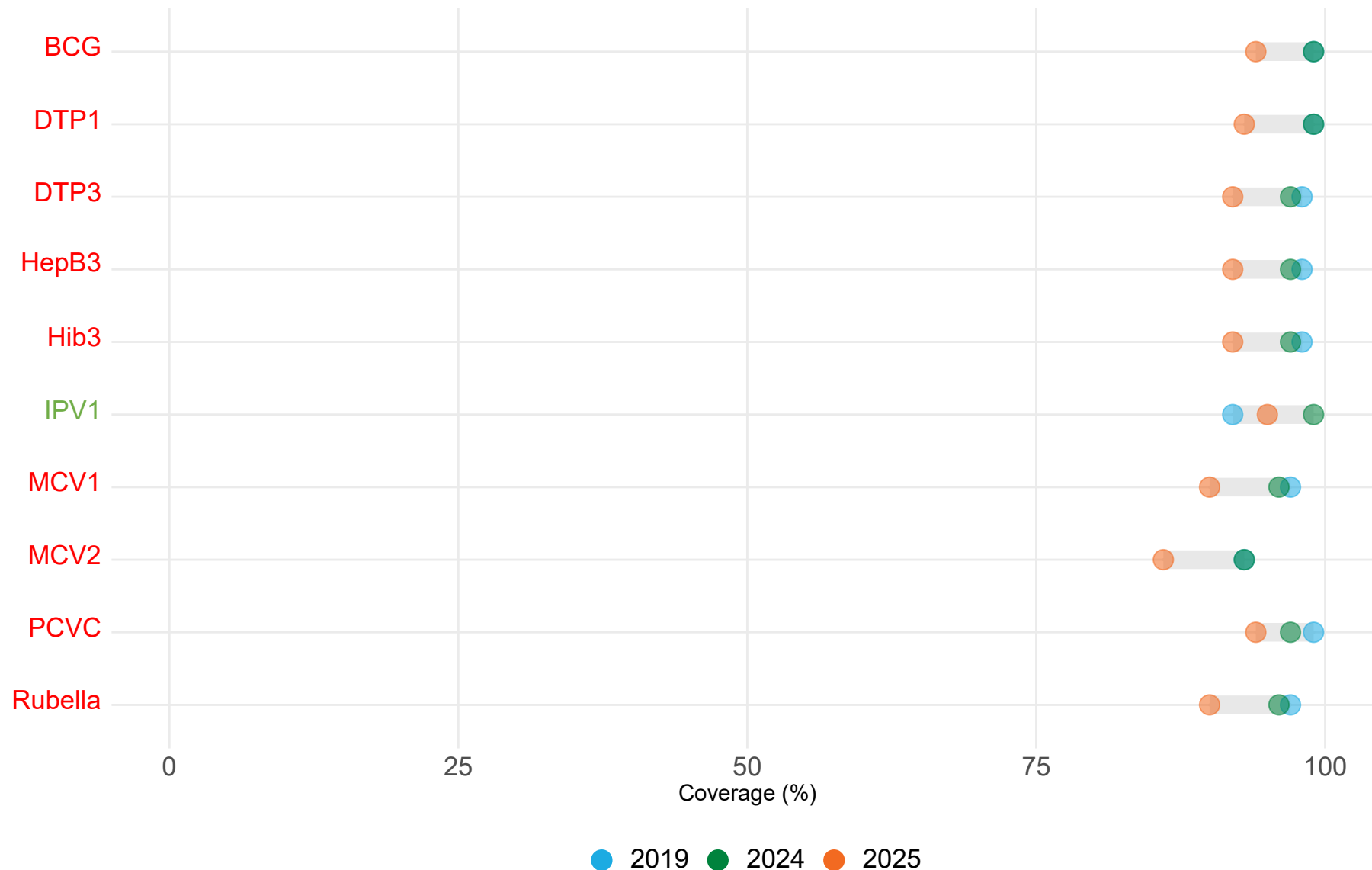
This chart shows trends in coverage of 8 vaccines (complete series).

In 2025, HPVc had the lowest coverage of all vaccines (3%), followed by MCV2 (86%).

Coverage of 6 vaccines decreased (DTP3, HEPB3, HIB3, MCV1, MCV2 and RUBELLA) and 1 vaccine increased (IPV1) compared to respective coverage in 2019.

Coverage of 8 vaccines decreased (DTP3, HEPB3, HIB3, HPVc, IPV1, MCV1, MCV2 and RUBELLA) compared to respective coverage in 2024.

# Vaccine coverage (%), Bangladesh, 2019-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision  
 Note: The grey bar spans vaccine coverage across all years 2019-2025 and the dots represent coverage in specific years.  
 Coverage is shown for vaccines with data all years 2019-2025.  
 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 2025 (grey bars), and coverage in specific years (dots), by vaccine. The chart can be used for assessing recovery to pre-pandemic levels.

DTP1 coverage remained the same between 2019 (99%) and 2024 (99%). DTP1 coverage declined in 2025 (93%) compared to 2024, and was lower than in 2019. In 2019-2025, DTP1 coverage was at it's lowest level in 2025 (93%).

In 2024, 6 vaccines had lower coverage than in 2019.

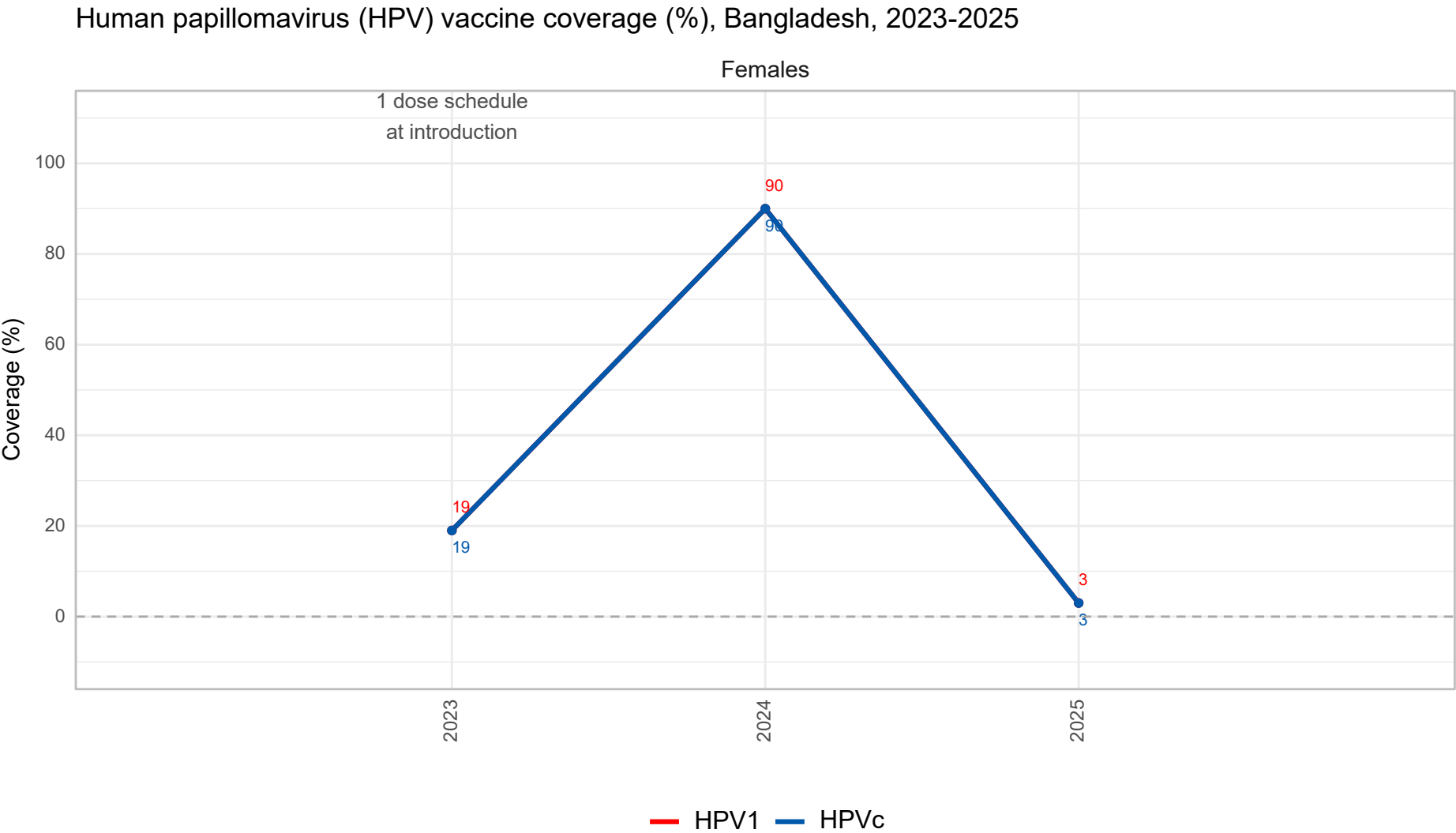
In 2025, 9 vaccines had lower coverage than in 2019.

In 2025, 10 vaccines had lower coverage than in 2024.

# HPV vaccination

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

In 2025, HPV last dose coverage among girls declined to 3%, following single dose schedule at introduction in 2023.



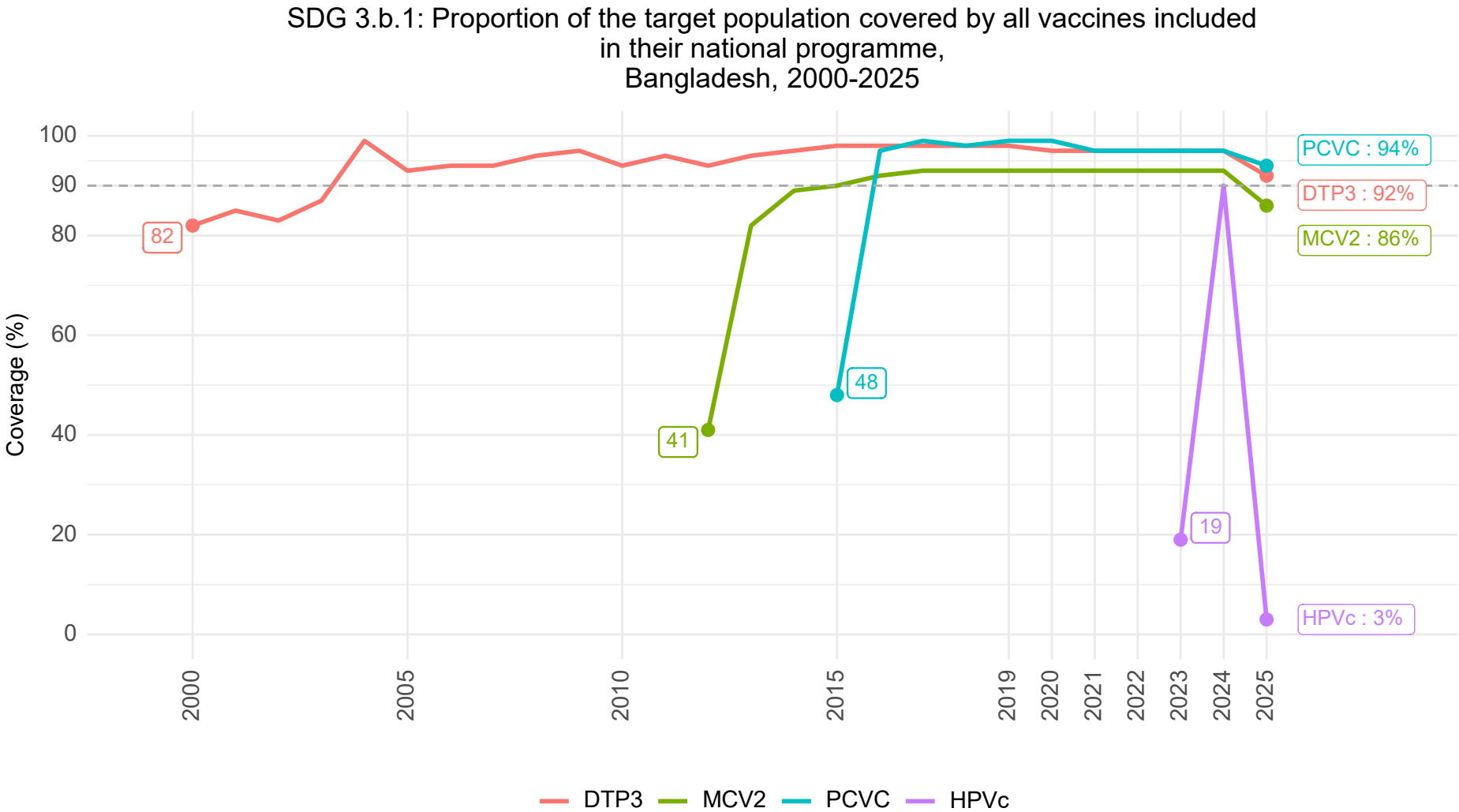
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision.  
For some countries, if HPV vaccine is in the schedule, but the country did not report data in a given year, HPV programme coverage estimates are not produced.

The first year of HPV programme coverage estimates in Bangladesh was 2023.

In 2025, first dose (HPV1) programme coverage among girls was 3%. In 2025, last dose (HPVc) programme coverage among girls was 3%.

SDG 3.b.1

In 2025, Bangladesh met the 90% SDG coverage target for DTP3 and PCVC, but not for the remaining vaccines.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision  
Note: The four vaccination coverage indicators contribute to SDG indicator 3.b.1 are: DTP3, MCV2, PCVC 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.

Bangladesh has all 4 of the SDG vaccines.

In 2025, Bangladesh had achieved at least 90% coverage of 2 out of the 4 vaccines.

Additional resources

## WUENIC country profiles (PDF and interactive versions)

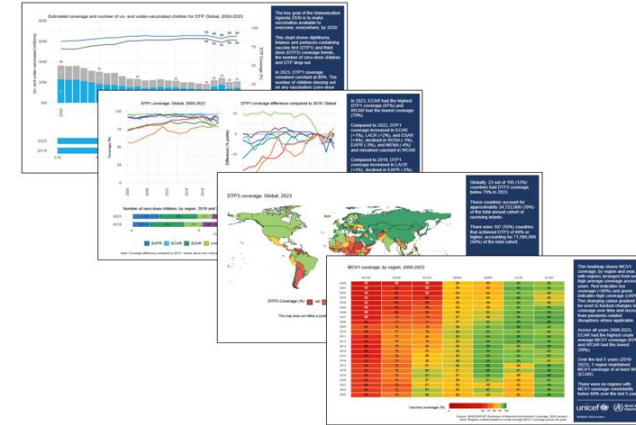


## Datasets: WUENIC, HPV, survey database

|    | A                 | B       | C               | D    | E          | F        | G          | H            | I         | J |
|----|-------------------|---------|-----------------|------|------------|----------|------------|--------------|-----------|---|
|    | unicef_regioiso3c | country | vaccine         | year | target_grp | coverage | vaccinated | unvaccinated | target    |   |
| 1  | ROSA              | AFG     | Afghanistan bcg | 1982 | births     | 10       | 57,000     | 514,000      | 571,000   |   |
| 2  | ROSA              | AFG     | Afghanistan bcg | 1983 | births     | 10       | 56,000     | 503,000      | 559,000   |   |
| 3  | ROSA              | AFG     | Afghanistan bcg | 1984 | births     | 11       | 62,000     | 501,000      | 563,000   |   |
| 4  | ROSA              | AFG     | Afghanistan bcg | 1985 | births     | 17       | 100,000    | 490,000      | 591,000   |   |
| 5  | ROSA              | AFG     | Afghanistan bcg | 1986 | births     | 18       | 107,000    | 489,000      | 596,000   |   |
| 6  | ROSA              | AFG     | Afghanistan bcg | 1987 | births     | 27       | 161,000    | 434,000      | 595,000   |   |
| 7  | ROSA              | AFG     | Afghanistan bcg | 1988 | births     | 40       | 238,000    | 358,000      | 596,000   |   |
| 8  | ROSA              | AFG     | Afghanistan bcg | 1989 | births     | 38       | 233,000    | 380,000      | 614,000   |   |
| 9  | ROSA              | AFG     | Afghanistan bcg | 1990 | births     | 30       | 191,000    | 446,000      | 637,000   |   |
| 10 | ROSA              | AFG     | Afghanistan bcg | 1991 | births     | 21       | 134,000    | 505,000      | 640,000   |   |
| 11 | ROSA              | AFG     | Afghanistan bcg | 1992 | births     | 19       | 127,000    | 541,000      | 668,000   |   |
| 12 | ROSA              | AFG     | Afghanistan bcg | 1993 | births     | 17       |            |              | 760,000   |   |
| 13 | ROSA              | AFG     | Afghanistan bcg | 1994 | births     | 15       |            |              | 852,000   |   |
| 14 | ROSA              | AFG     | Afghanistan bcg | 1995 | births     |          |            |              | 899,000   |   |
| 15 | ROSA              | AFG     | Afghanistan bcg | 1996 | births     |          |            |              | 932,000   |   |
| 16 | ROSA              | AFG     | Afghanistan bcg | 1997 | births     |          |            |              | 962,000   |   |
| 17 | ROSA              | AFG     | Afghanistan bcg | 1998 | births     |          |            |              | 986,000   |   |
| 18 | ROSA              | AFG     | Afghanistan bcg | 1999 | births     |          |            |              | 1,013,000 |   |
| 19 | ROSA              | AFG     | Afghanistan bcg | 2000 | births     | 30       |            |              | 1,037,000 |   |
| 20 | ROSA              | AFG     | Afghanistan bcg | 2001 | births     | 43       | 453,000    | 374,000      | 1,007,000 |   |
| 21 | ROSA              | AFG     | Afghanistan bcg | 2002 | births     | 46       | 467,000    | 548,000      | 1,015,000 |   |
| 22 | ROSA              | AFG     | Afghanistan bcg | 2002 | births     |          |            |              |           |   |

## Country and region-specific slides:

UNICEF, WHO, World Bank, Gavi and  
African Union regions



## Additional Resources

Additional  
immunization  
data resources  
can be found at:

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

## Interactive immunization regional snapshots:

UNICEF, WHO, World Bank, Gavi and  
African Union regions



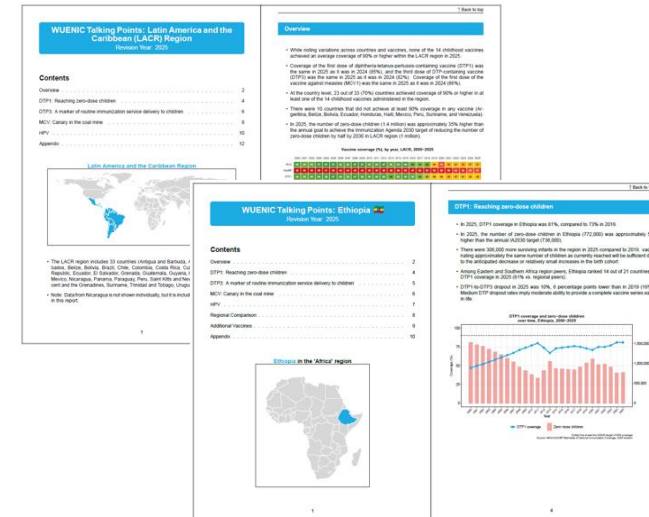
## Country data quality reports

(NEW 2026)



## Country and region-specific high-level talking points

(NEW 2026)



Interactive  
WUENIC  
country profiles  
can be found at:

<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>

