

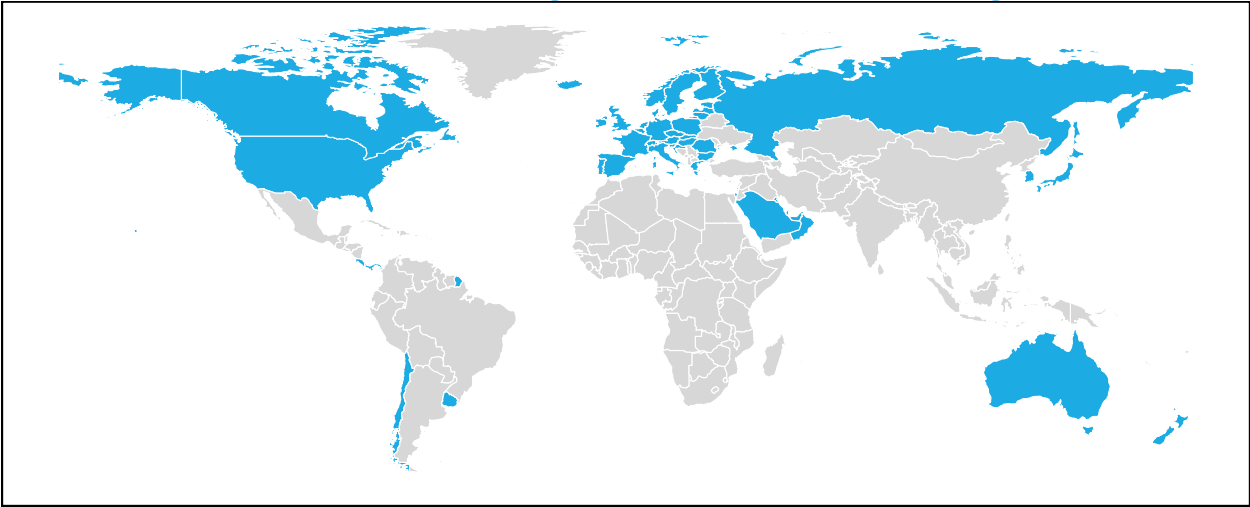
WUENIC Talking Points: Gavi High-Income Countries Region (Gavi HICs)

Revision Year: 2025

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Countries in Gavi High-Income Countries Region

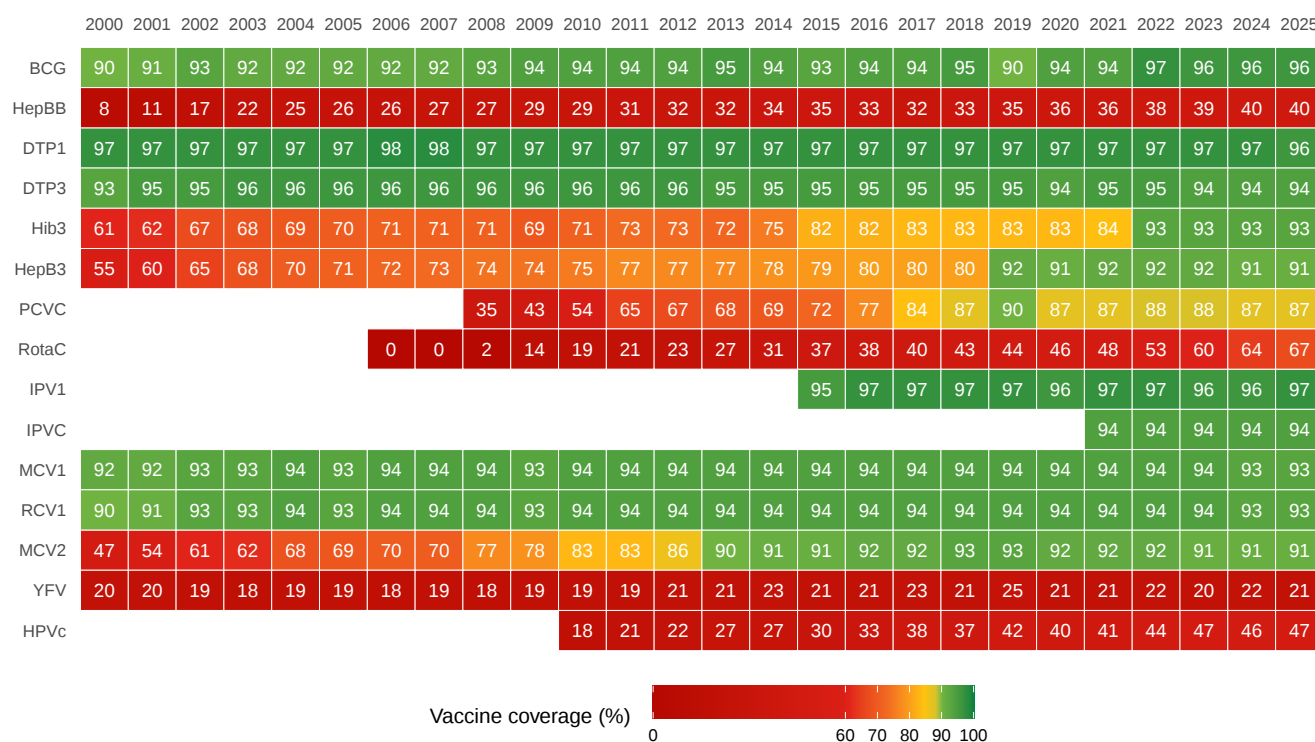


- The Gavi High-Income Countries region includes the following 62 countries: Andorra, Antigua and Barbuda, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Brunei Darussalam, Bulgaria, Canada, Chile, Costa Rica, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Latvia, Lithuania, Luxembourg, Malta, Monaco, Nauru, Netherlands (Kingdom of the), New Zealand, Norway, Oman, Palau, Panama, Poland, Portugal, Qatar, Republic of Korea, Romania, Russian Federation, Saint Kitts and Nevis, San Marino, Saudi Arabia, Seychelles, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom, United States, and Uruguay.

Overview

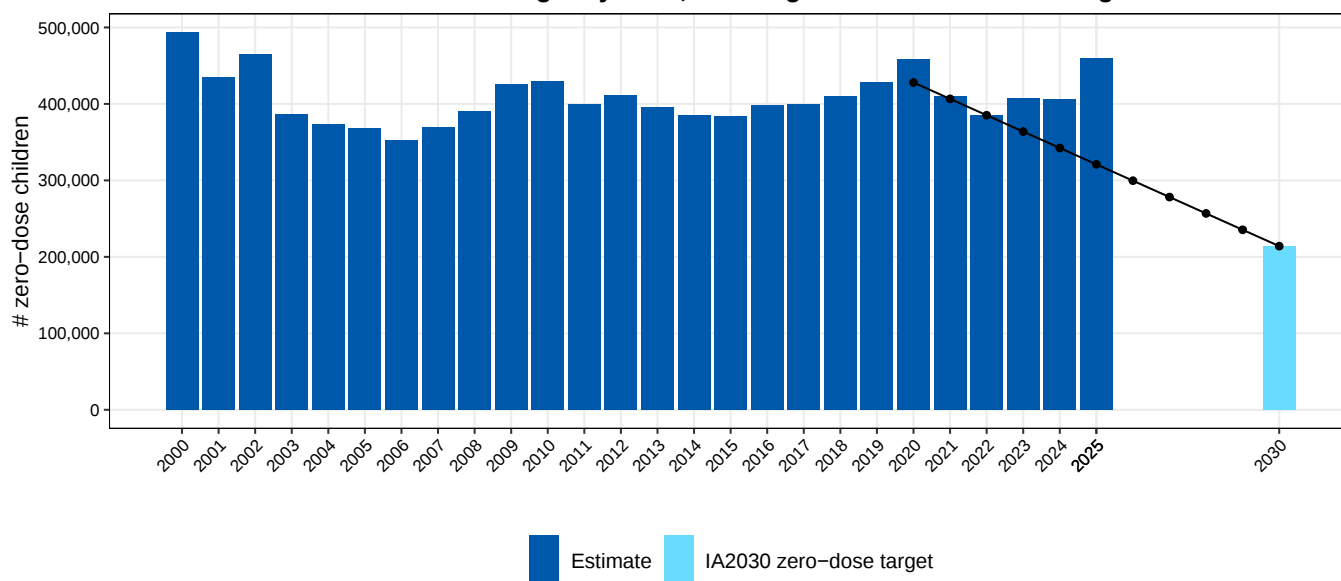
- While noting variations across countries and vaccines, 10 out of the 14 childhood vaccines achieved an average coverage of 90% or higher within the Gavi High-Income Countries region in 2025.
- Coverage of the first dose of diphtheria-tetanus-pertussis-containing vaccine (DTP1) declined from 97% in 2024 to 96% in 2025, and coverage of the third dose of DTP-containing vaccine (DTP3) was the same in 2025 as it was in 2024 (94%). Coverage of the first dose of the measles-containing vaccine (MCV1) was the same in 2025 as it was in 2024 (93%).
- A total of 59 out of 62 countries reached target coverage (90%) for all 14 antigens, representing 95% of the region.
- There were 3 countries that did not meet the target coverage across all antigens: Estonia, Romania, and San Marino.
- In 2025, the number of zero-dose children (459,000) was approximately 43% higher than the annual number proposed to achieve the Immunization Agenda 2030 target of reducing the number of zero-dose children by half by 2030 in Gavi High-Income Countries region (321,000), based on a linear trajectory of decline.

Vaccine coverage (%), Gavi HICs Region, 2000–2025



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

Estimated number of zero-dose children, 2000–2025 and target by 2030, Gavi High-Income Countries Region

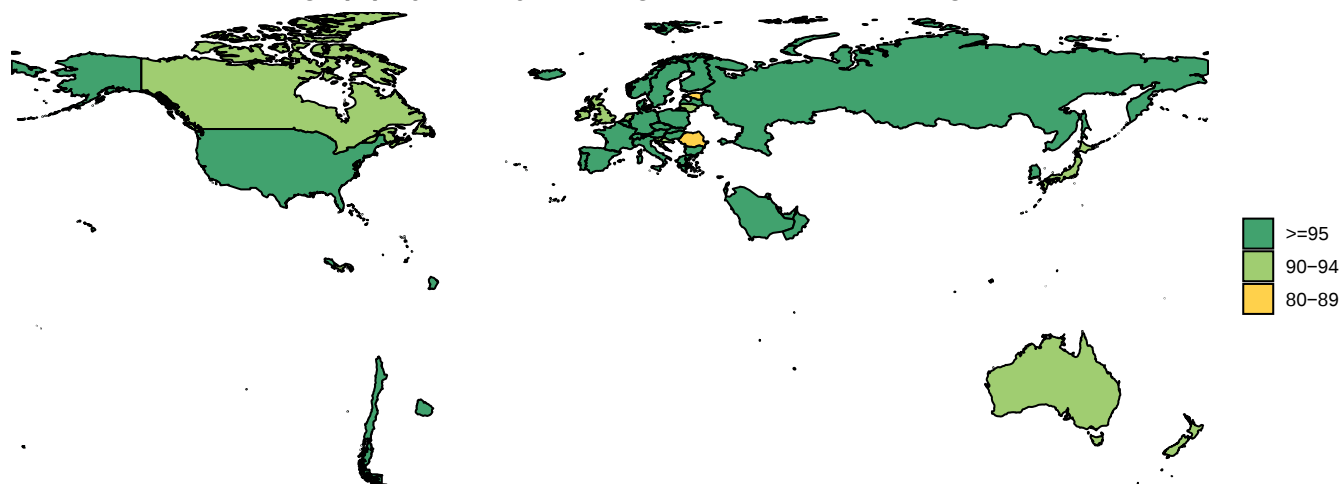


Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.
 Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero-dose children in 2019 in half by 2030. Dark blue bars are the estimated number of zero-dose children in 2000–2025, light blue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

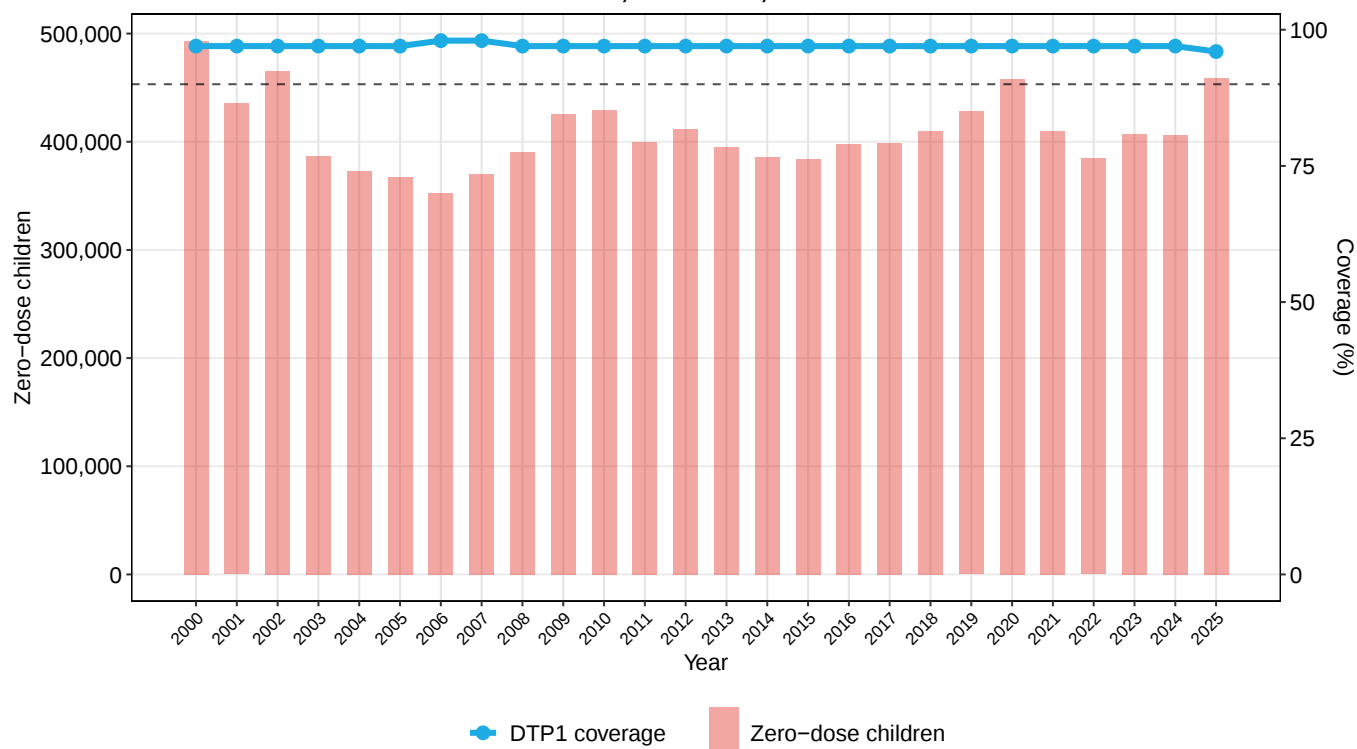
- The number of children vaccinated with DTP1 decreased 8.1% from 13.1 million in 2019 to 12.1 million in 2025.
- DTP1 coverage in 2025 was 96%, lower than in both 2019 (97%) and 2024 (97%).
- In 2025, the number of zero-dose children (459,000) was approximately 43% higher than the annual number proposed to achieve the Immunization Agenda 2030 target in Gavi HICs region (321,000), based on a linear trajectory of decline.
- In 2025, United States and Japan represented approximately 16% and 15% of all zero-dose children in Gavi HICs (n = 459,000), respectively. United States had the highest number of zero-dose children at 73,000, and Japan had the second highest at 67,000.
- In 2025, the lowest DTP1 coverage was observed in Romania at 85%, followed by Estonia at 86%.
- There were 59 (95%) out of 62 countries in the region that achieved DTP1 coverage of 90% or higher in 2025.

DTP1 coverage (%), by country, Gavi High-Income Countries Region, 2025



Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.
 Note: This map is stylized and based on an approximate scale.
 This map does not reflect a position by UNICEF or WHO on the legal status of any country or territory or the delimitation of any frontiers.

DTP1 coverage and zero-dose children over time, Gavi HICs, 2000-2025

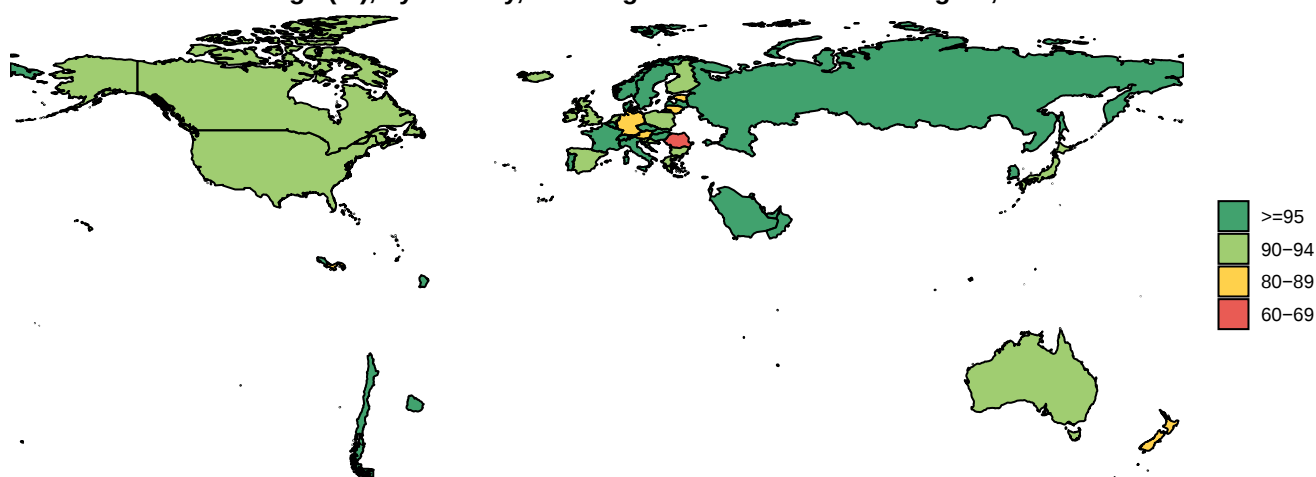


Dotted line shows the IA2030 target of 90% coverage
 Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

DTP3: A marker of routine immunization service delivery to children

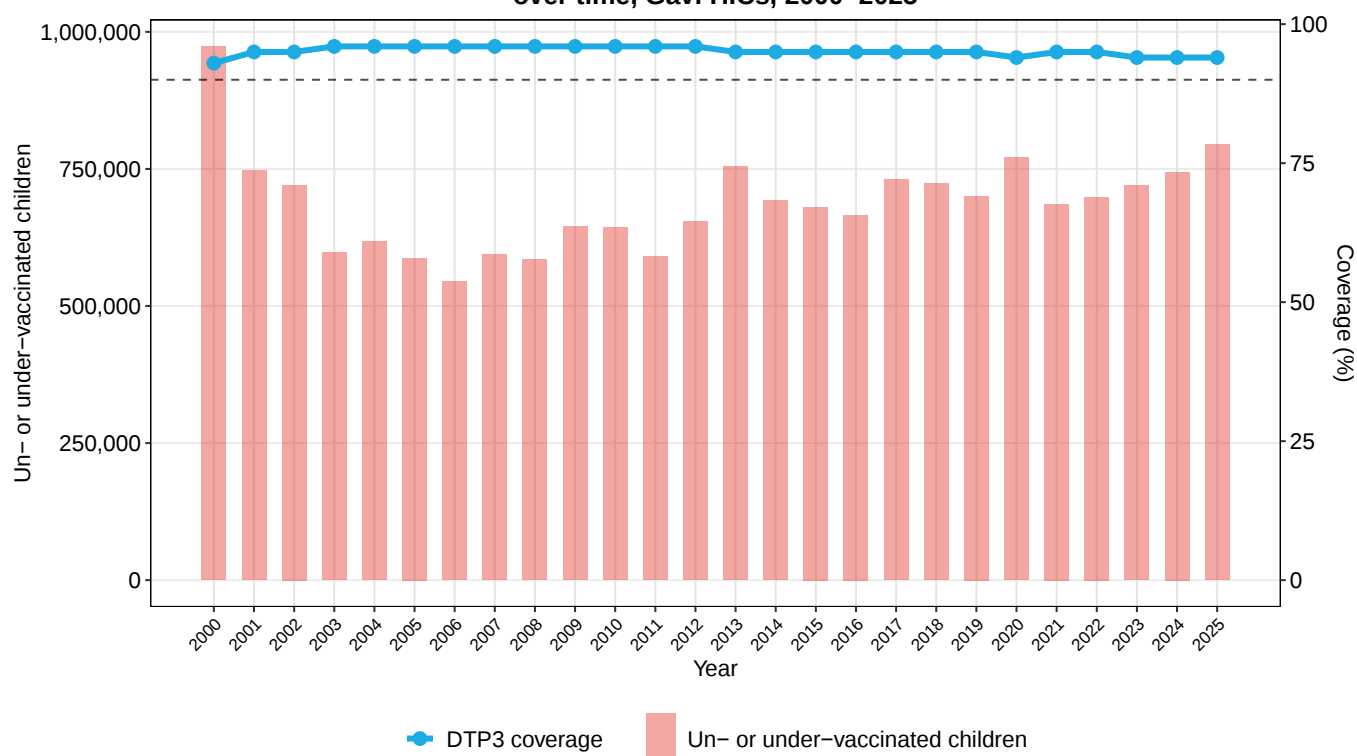
- The number of children vaccinated with DTP3 decreased 8.8% from 12.9 million in 2019 to 11.7 million in 2025.
- DTP3 coverage in 2025 was 94%, lower than in 2019 (95%) and the same as in 2024.
- In 2025, 3% of children who received DTP1 did not receive DTP3, which was 1 percentage point higher than in 2019 (2%); low dropout rates imply good ability to provide a complete series of vaccines early in life.
- In 2025, DTP3 coverage ranged from 66% in Nauru and Romania to 99% in Antigua and Barbuda, Brunei Darussalam, Hungary, Latvia, Luxembourg, Malta, Monaco, Oman, and Portugal.
- In 2025, United States had DTP3 coverage of 94% and the highest absolute number of un- and undervaccinated children in the region (219,000), followed by Germany with 89% coverage and 78,000 un- and undervaccinated children.

DTP3 coverage (%), by country, Gavi High-Income Countries Region, 2025



Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.
 Note: This map is stylized and based on an approximate scale.
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DTP3 coverage and un- or under-vaccinated children over time, Gavi HICs, 2000–2025

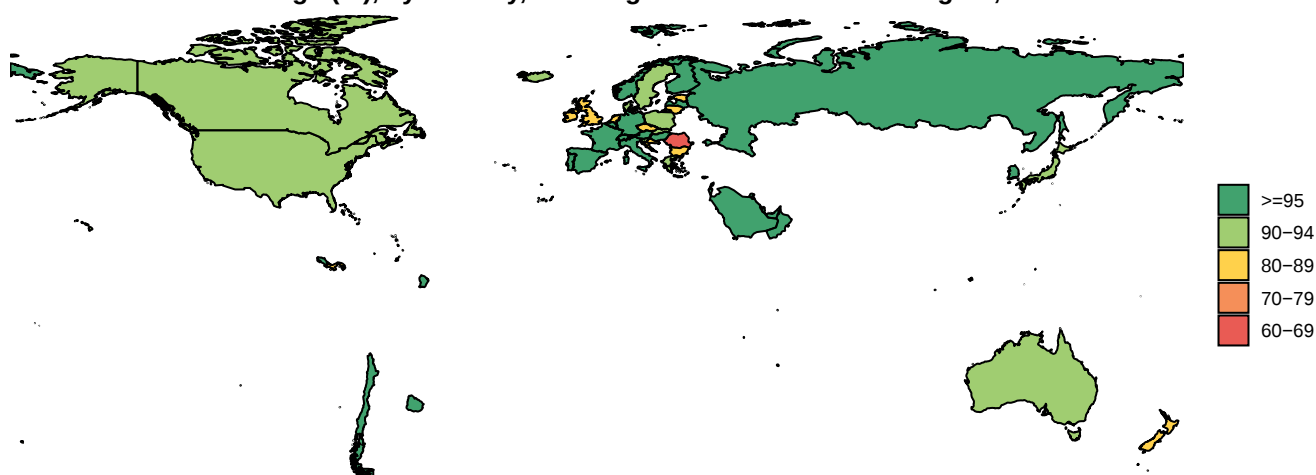


Dotted line shows the IA2030 target of 90% coverage
 Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

MCV: Canary in the coal mine

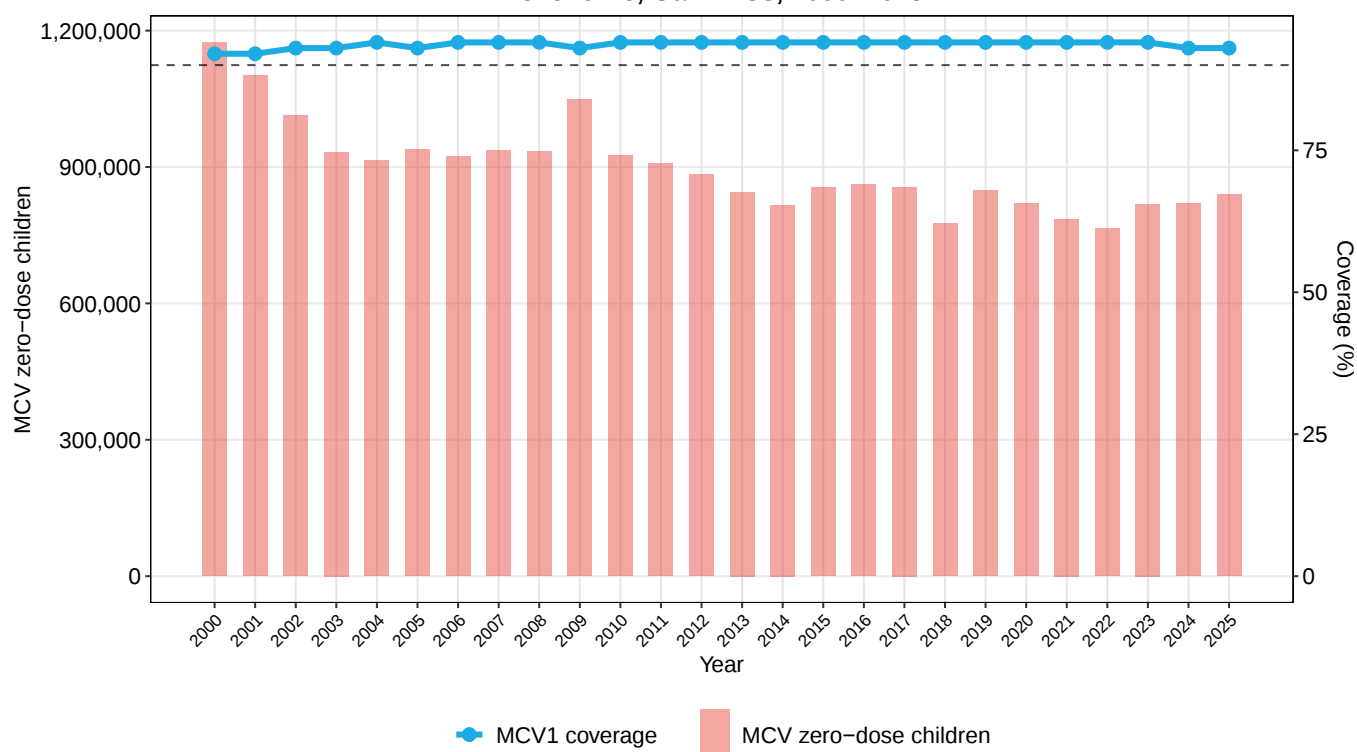
- MCV1 coverage in 2025 was 93%, the same as in 2019 and 2024.
- Coverage of the second dose of the measles-containing vaccine (MCV2) in 2025 was 91%, lower than in 2019 (93%) and the same as in 2024. This leaves 839,000 children without any protection and another 323,000 with only partial protection against the measles virus.
- In 2025, 3% of children who received DTP1 did not receive MCV1. This 3% dropout rate was the same as in 2019 (3%) and the same as the 2024 dropout rate (3%).
- Low DTP-MCV dropout rates imply good retention and ability to provide a full course of vaccines in infancy.
- One country (Romania) had MCV1 coverage below 80% for all of the last 3 years.
- In 2025, United States had the highest number of children who did not receive the measles vaccine (292,000), representing approximately 35% of all children unprotected against measles in Gavi HICs (839,000).

MCV1 coverage (%), by country, Gavi High-Income Countries Region, 2025



Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.
 Note: This map is stylized and based on an approximate scale.
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MCV coverage and MCV zero-dose children over time, Gavi HICs, 2000-2025

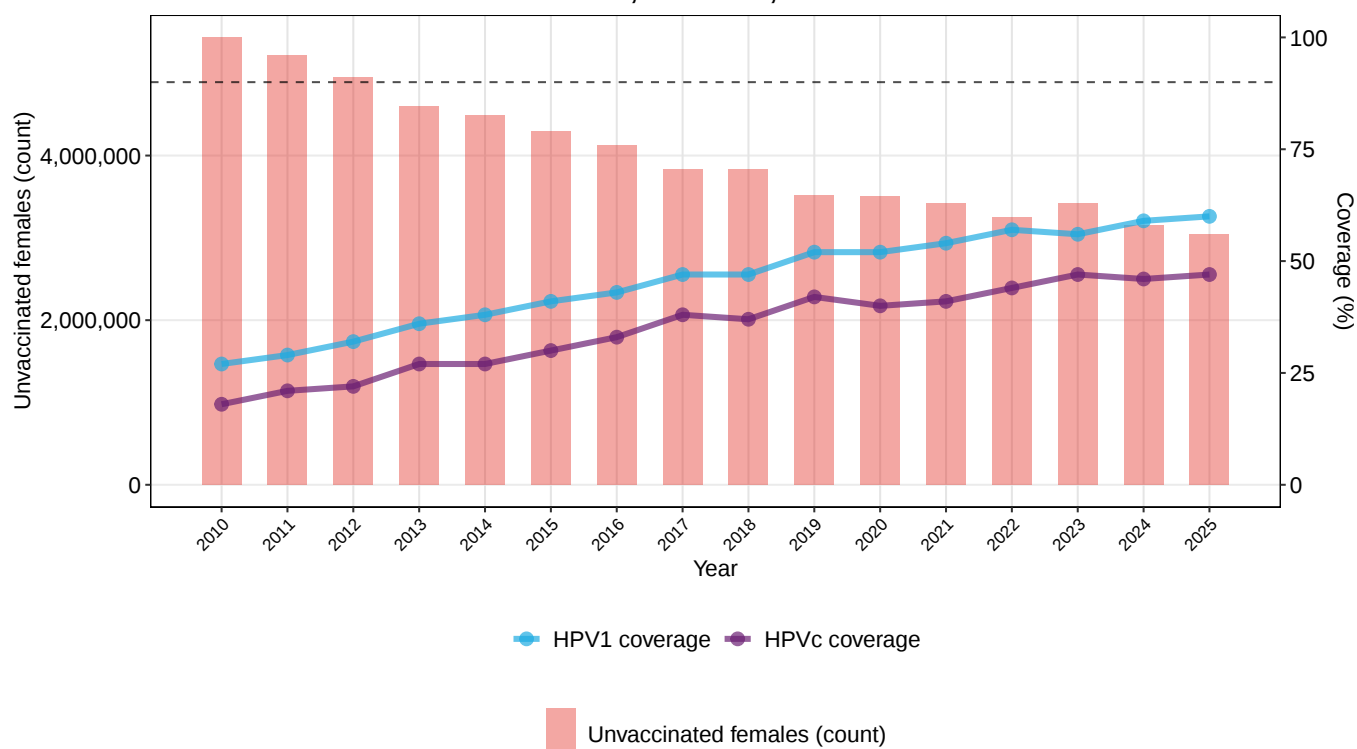


Dotted line shows the IA2030 target of 90% coverage
 Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

HPV

- Programme coverage of the first dose of HPV vaccine (HPV1) among girls stood at 60% in 2025, which was higher than the coverage of 59% in 2024.
- Coverage of the last dose (HPVc) stood at 47% in 2025, which was higher than the coverage of 46% in 2024.
- HPVc coverage remains well below the IA2030 target of 90%, though it is trending upward.
- In 2025, there were 3 million girls who did not receive any HPV vaccination.
- In Gavi HICs, 61 out of 62 countries (98%) had introduced HPV vaccination by 2025.
 - WUENIC HPV coverage estimates are available for 59 of these countries in 2025.
 - The country that has introduced HPV vaccination but does not yet have WUENIC coverage data available for 2025 is Kuwait.
- The country that had not introduced HPV vaccination is Russian Federation.

HPV1 and HPVc coverage and unvaccinated females over time, Gavi HICs, 2010–2025



Dotted line shows the IA2030 target of 90% coverage
 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/>