

Gavi transition

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

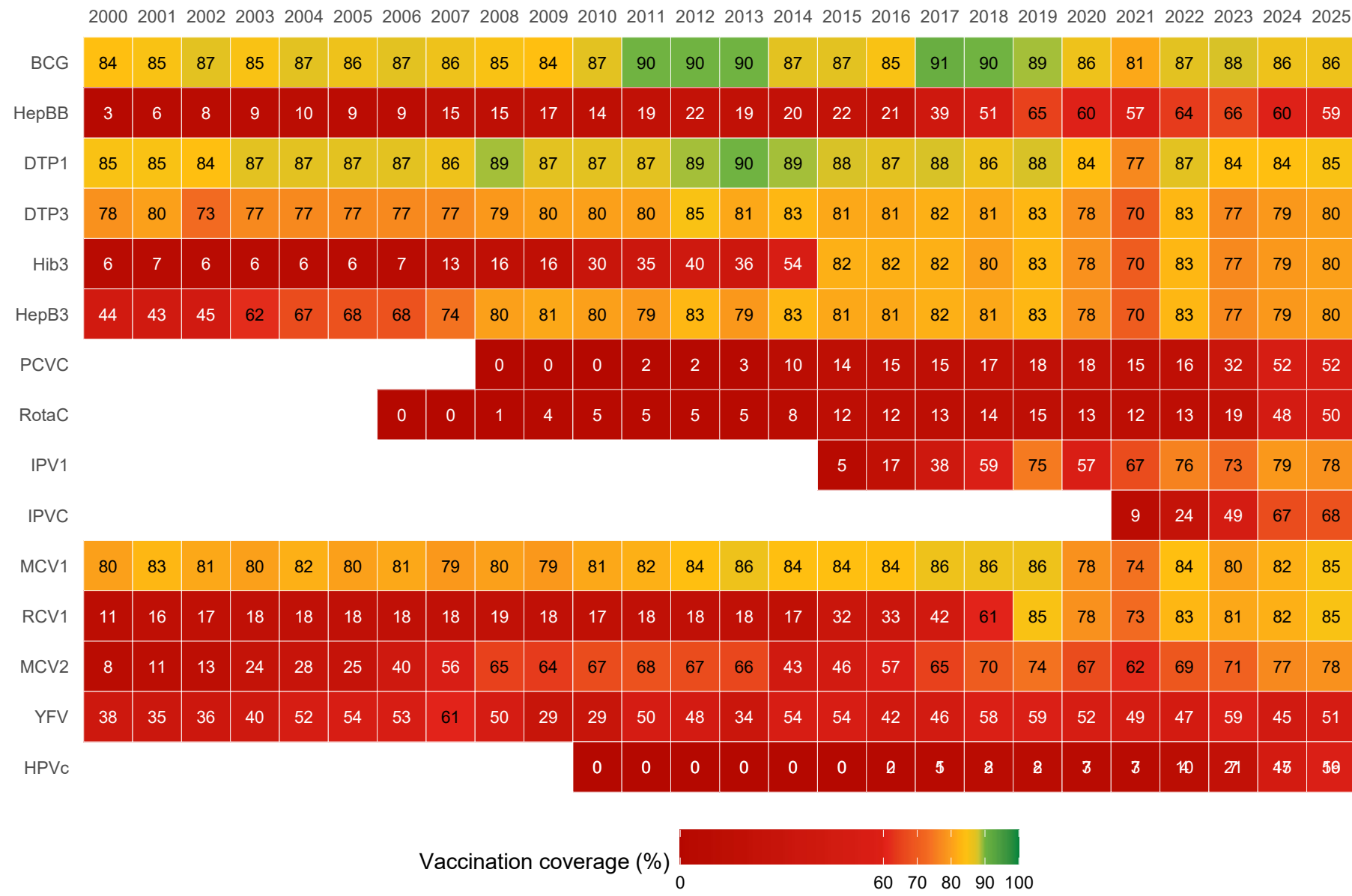
- The World Health Organization (WHO) provides global vaccine recommendations, which are adapted by countries based on local needs. Only DTP, polio and measles-containing vaccines are used in all countries.
- DTP1 is a marker of access to routine immunization services, and when not received, serves as 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).

Overview

- DTP1 coverage increased 1 percentage point from 84% in 2024 to 85% in 2025.
- DTP3 coverage increased 1 percentage point from 79% in 2024 to 80% in 2025.
- In Gavi transition, there were 35,000 fewer zero-dose children compared to in 2024. This leaves 1.3 million children without vaccination, vulnerable to vaccine-preventable diseases and a further 411,000 with only partial protection.
- In Gavi transition, 2 countries* accounted for over half (84.2%) of all zero-dose children.
- There were 8 (47%) countries that achieved DTP3 coverage of at least 90% (IA2030 target).
- MCV1 coverage increased 3 percentage points from 82% in 2024 to 85% in 2025. There were 1.3 million children who missed out on the first measles vaccination.
- MCV2 coverage increased 1 percentage point from 77% in 2024 to 78% in 2025.
- Last dose coverage of HPV vaccination (HPVc) among girls increased from 47% to 59% in 2025.

*Indonesia (49.8%) and Angola (34.4%)

Vaccine coverage (%), by year, Gavi transition, 2000-2025



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

Vaccine coverage and progress varies between antigens and over time.

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

In 2015, none of the 14 (0%) vaccines with data achieved coverage of 90% or more.

In 2025, none of the 15 (0%) vaccines achieved coverage of 90% or more.

Since 2006, estimates have been made for 5 new vaccines. IPV1 is the newest vaccine being reported (2021), which achieved 68% coverage in 2025.



Vaccine coverage, by country, Gavi transition, 2025

	BCG	HepBB	DTP1	DTP3	Hib3	HepB3	PCVC	RotaC	IPV1	IPVC	MCV1	RCV1	MCV2	YFV	HPVc
Cuba	99	99	99	99	99	99	99		99	99	99	99	99		94
Bhutan	98	93	99	99	99	99	99		99	97	98	98	99		98
Guyana	99	93	99	99	99	99	99	99	99	99	99	99	97	99	71
Viet Nam	96	86	99	97	97	97			93	86	98	95	95		
Sri Lanka	95		96	96	96	96			96		97	97	95		74
Armenia	99	99	99	97	97	97	96	96	99	97	96	96	95		47
Mongolia	99	98	97	96	96	96	96		95		97	97	95		53
Ukraine	92	74	95	94	90	91			91	89	96	96	94		
Honduras	87	78	88	86	86	86	86	87	88	87	87	87	84		73
Georgia	96	96	97	85	85	85	77	74	97	85	86	86	80		43
Moldova	96	94	82	82	84	85	77	69	90	90	79	79	91		43
Kiribati	94	70	97	87	87	87	87	91	82	40	84	84	47		91
Indonesia	85	72	85	82	82	82	69	71	81	76	85	85	78		83
Timor-Leste	90	76	89	83	83	83	82	27	80		61	61	57		40
Azerbaijan	96	86	65	51	51	51	52		65	51	71	71	88		
Bolivia	68		65	59	59	59	59	62	68	59	67	67	61	66	67
Angola	77		67	52	52	52	54	48	47	36	71	71	46	48	61



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Countries ordered based on descending crude average coverage across all vaccines.

This heatmap shows vaccine coverage by country and vaccine in 2025.

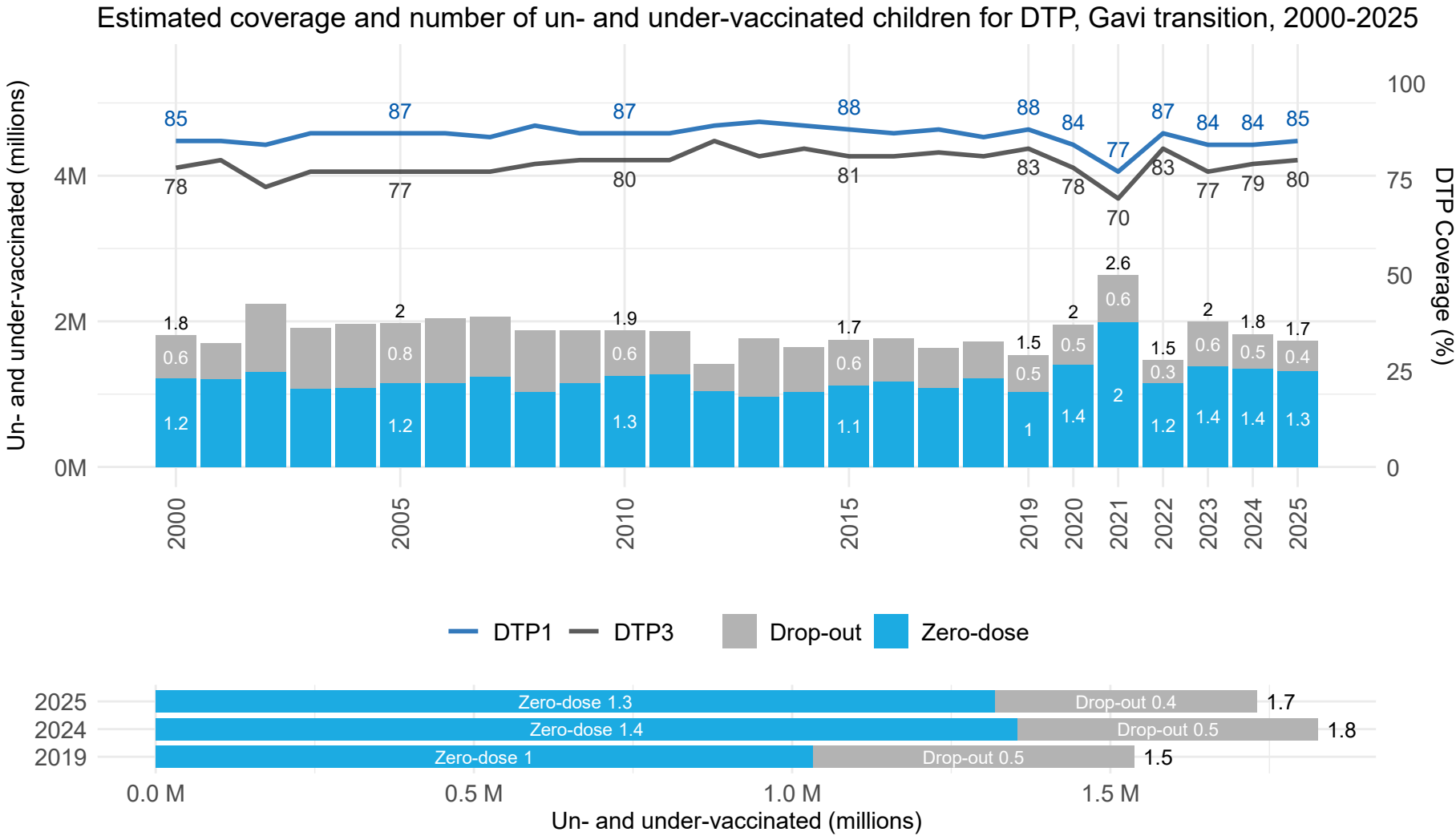
In 2025, 13 out of 17 countries achieved coverage of 90% or higher in at least one vaccine.

Bhutan and Cuba had the highest percentage of vaccines (100%) in the national immunization schedule with coverage of at least 90%, followed by Armenia and Guyana (93%).

4 countries had not achieved 90% coverage of any vaccine (Angola, Bolivia, Honduras, and Indonesia).

DTP1

In 2025, DTP1 coverage was 85% and DTP3 was 80%, leaving 1.7 million children un- or under-vaccinated, including 1.3 million zero-dose and 411,000 with only partial protection.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: There may be discrepancies due to rounding.

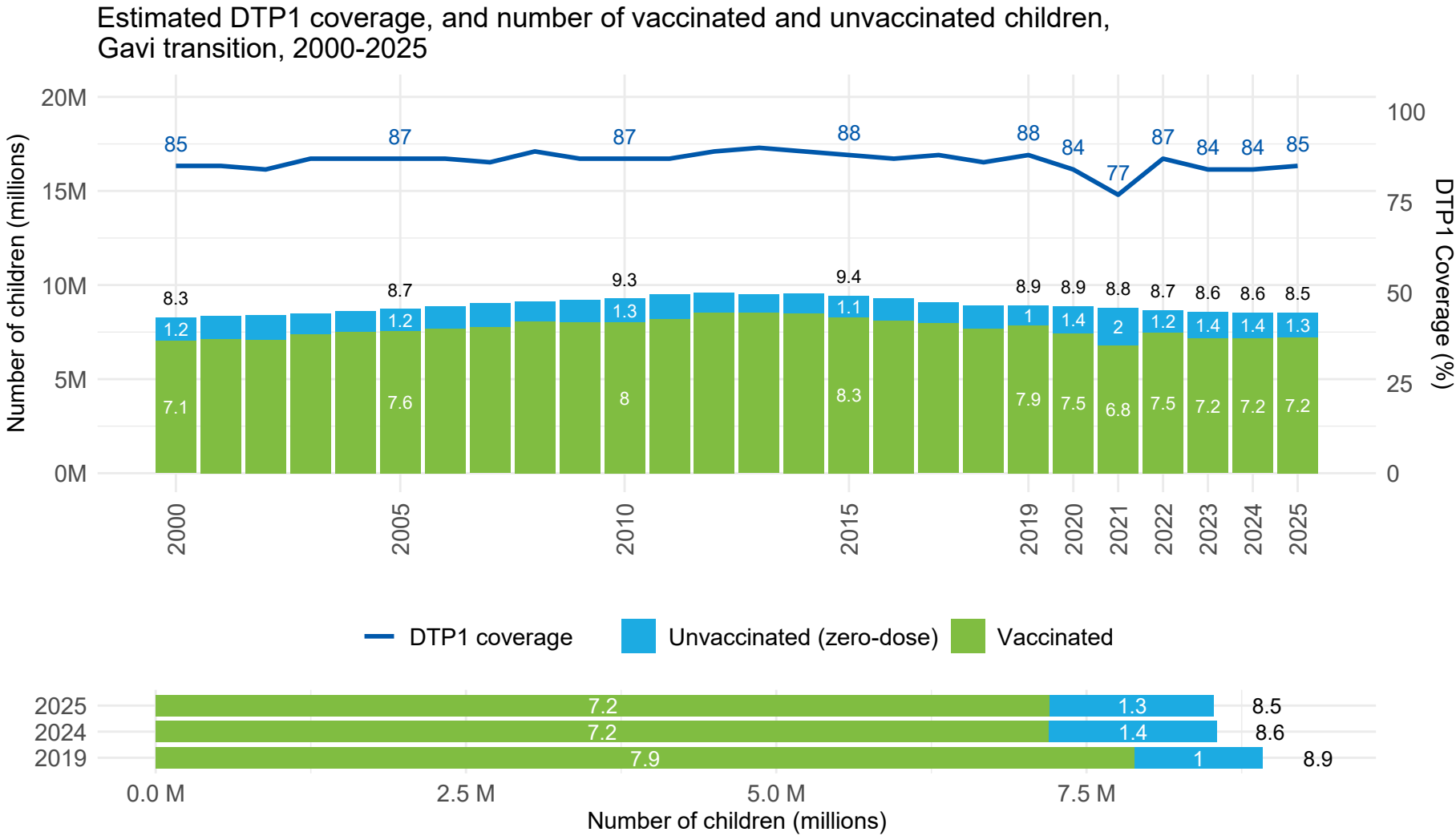
The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

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 2025, DTP1 coverage remained relatively constant within 1% at 85%. The number of children missing out on any vaccination (zero-dose children) improved from 1,355,000 in 2024 to 1,319,000 in 2025.

DTP3 coverage remained relatively constant within 1% at 80% in 2025, leaving 1,730,000 children vulnerable to vaccine-preventable diseases.

In 2025, DTP1 coverage was 85%: 7.2 million children received at least one dose of DTP-containing vaccine, but 1.3 million remain unreached.



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.

DTP1 coverage in 2025 (85%) was lower than in 2019 (88%).

The number of children vaccinated with DTP1 decreased 9% from 7.9 million in 2019 to 7.2 million in 2025.

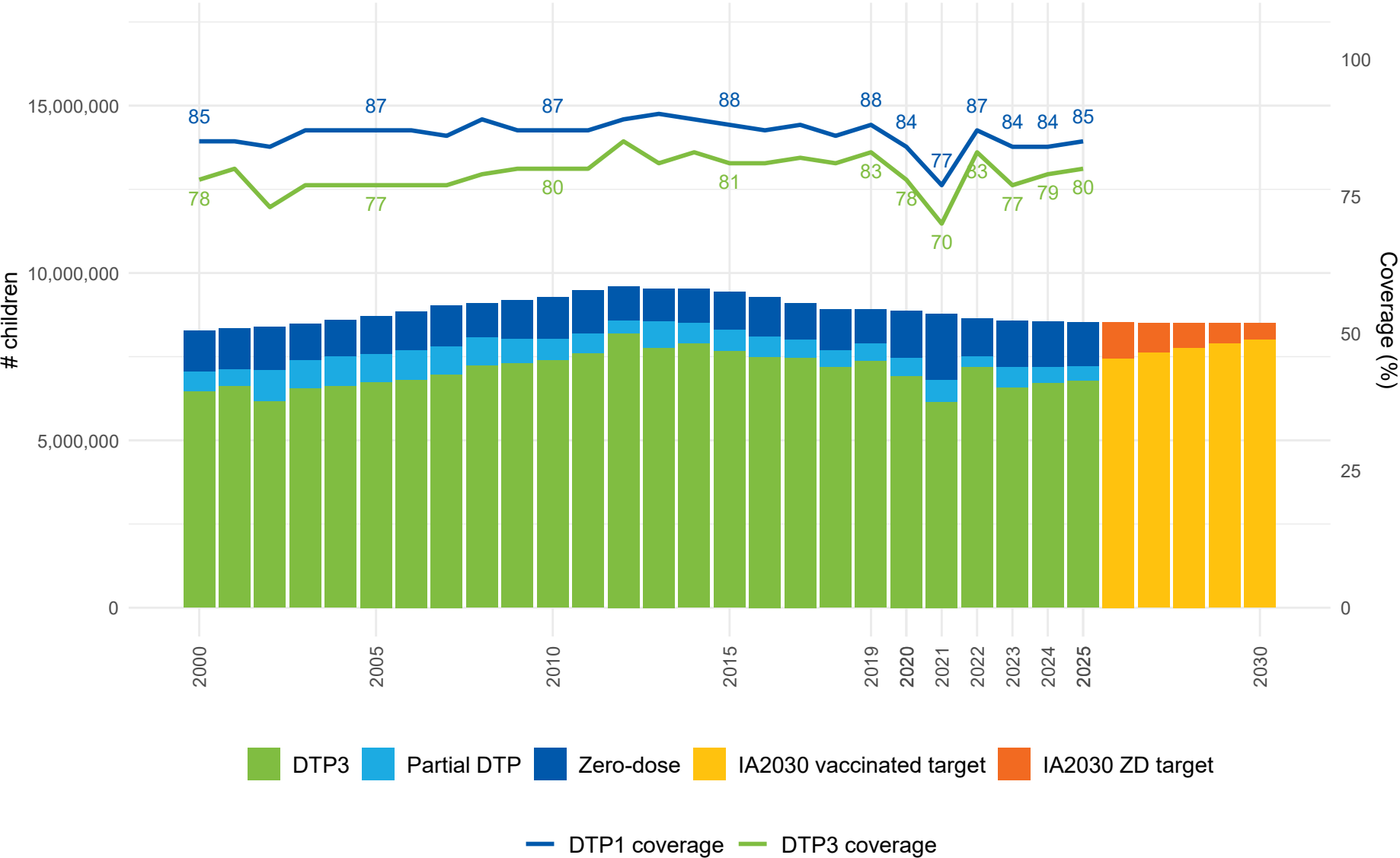
The number of surviving infants decreased approximately 4% from 8.9 million in 2019 to 8.5 million in 2025.

In 2025, 679,000 fewer children were vaccinated than in 2019.

In 2025, there were 392,000 fewer surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated needs to either increase or at least decline at a slower rate than the decline in surviving infant target population.

DTP coverage (%), number of children fully, partially and unvaccinated for DTP 2000-2025 and projections to 2030 based on IA2030 target , Gavi transition

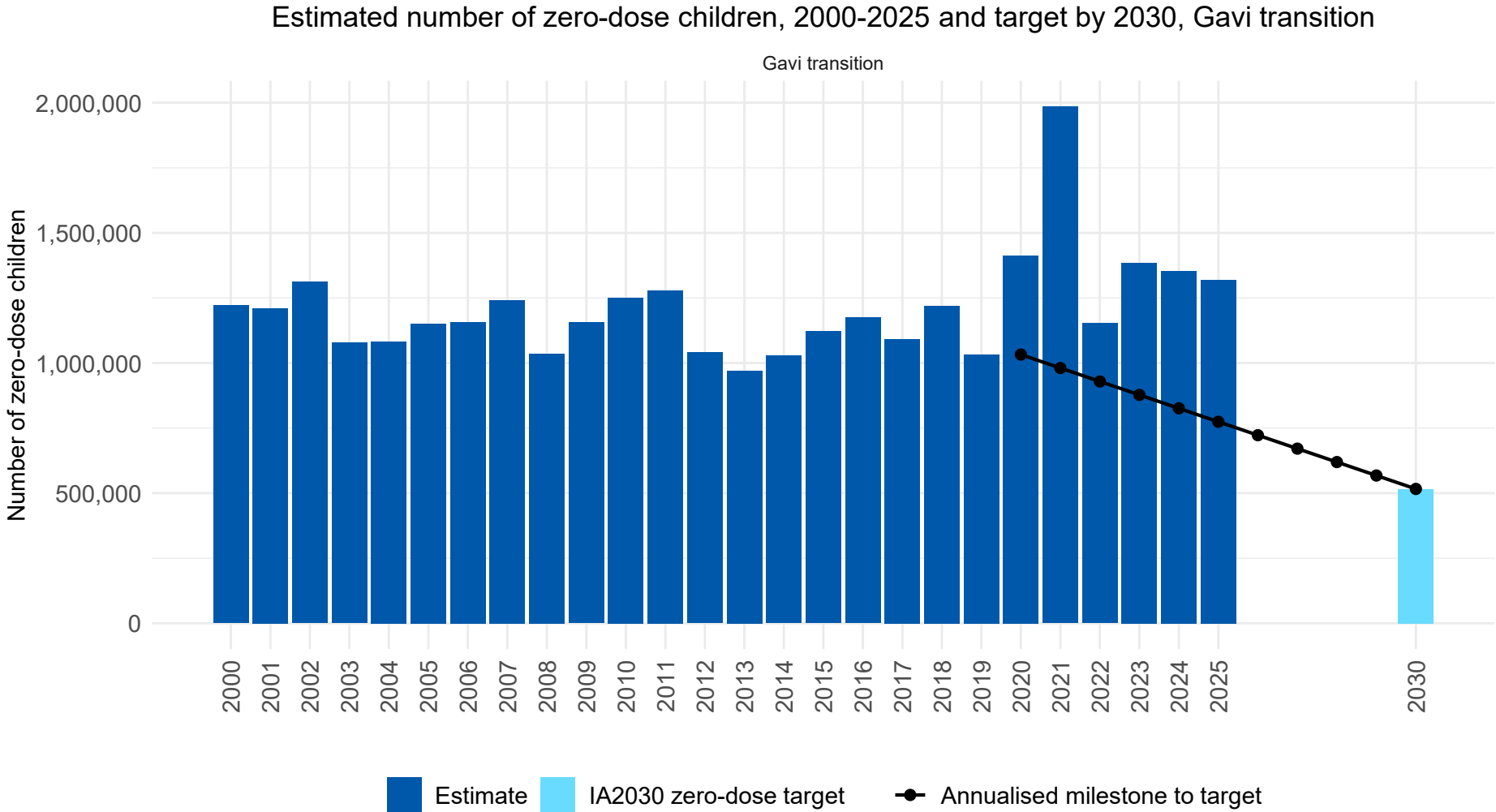


IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

Gavi transition is projected to have a decline in the number of surviving infants by 2030. To achieve the IA2030 ZD target, more (~2.12%) children need to be vaccinated with DTP1 each year.

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 70% above the annual IA2030 milestone, putting the 2030 goal at serious risk without accelerated action.



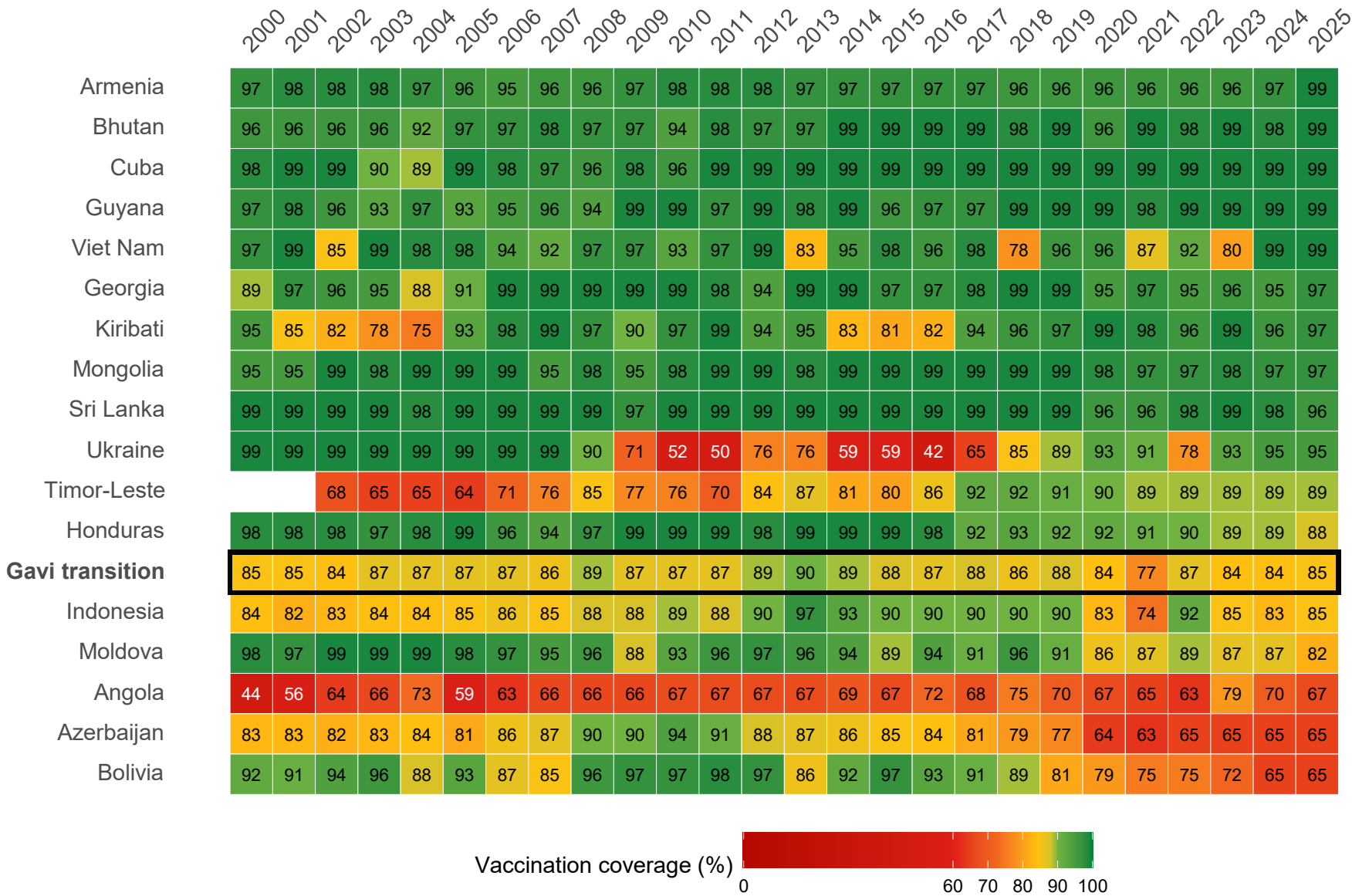
The Immunization Agenda 2030 (IA2030) aims to leave no one behind with immunization and calls on all countries to reduce the number of zero dose children by half by 2030.

- This chart shows:
- Estimated number of zero-dose children in 2000-2024 (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 70% higher than the annual milestone to reach the target.

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. The line and points show the yearly progress and trajectory to meet the target by 2030, based on a linear decline.

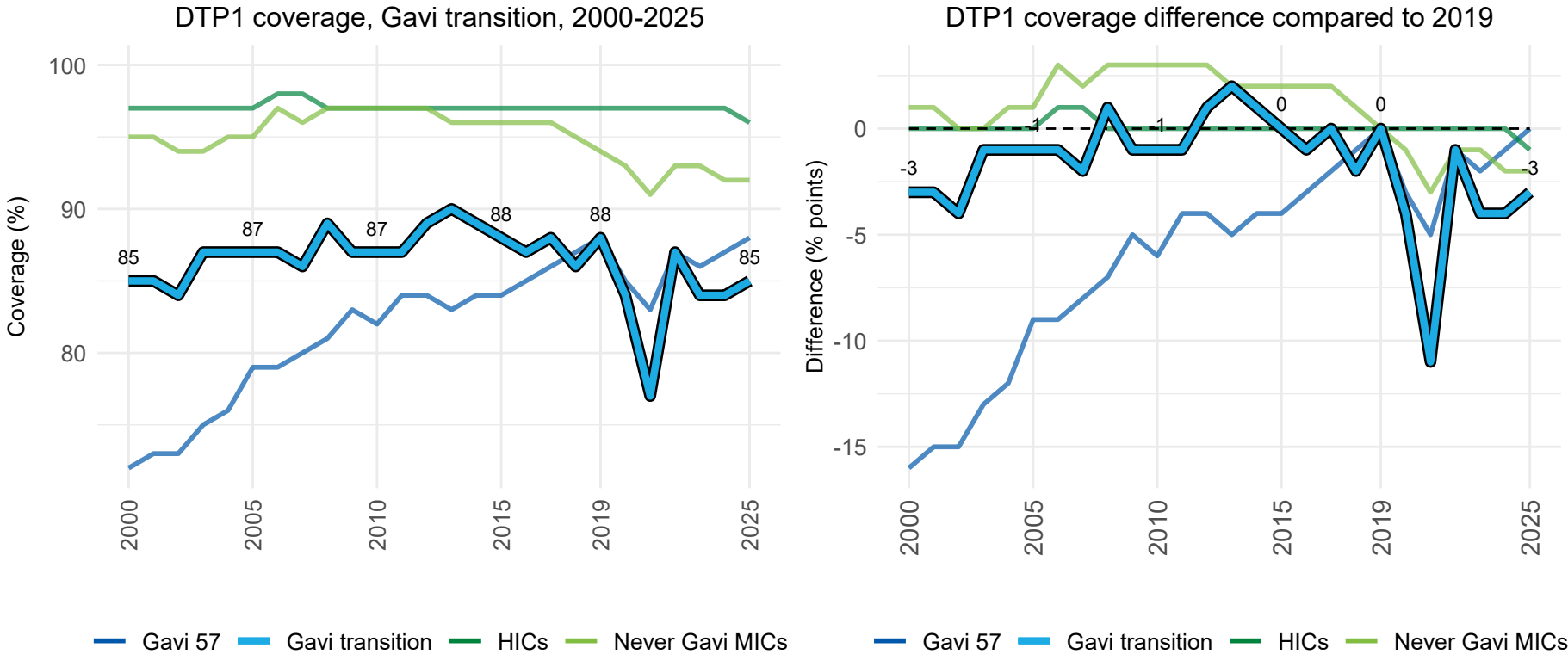
DTP1 coverage, by country, Gavi transition, 2000-2025



This heatmap shows DTP1 coverage, by region and year. Red indicates low coverage (<60%) and green indicates high coverage (≥90%). The changing colour gradient can be used to tracked changes in coverage over time and recovery from pandemic-related disruptions where applicable.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Countries ordered based on descending coverage in 2025

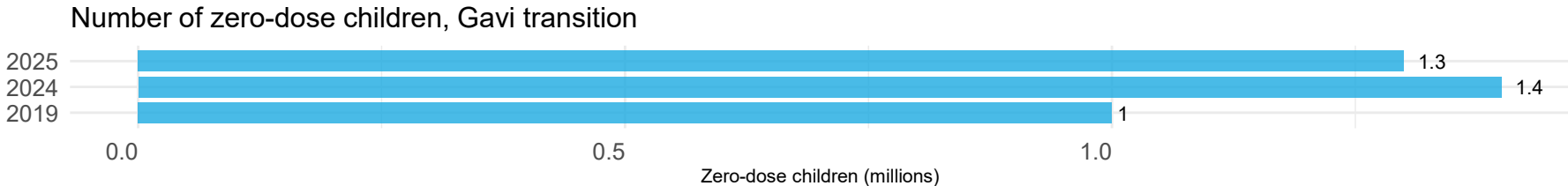
DTP1 coverage has improved since 2000 in one regions and exceeded pre-pandemic levels in some regions, but progress is uneven and gaps in zero-dose children persist.



In 2025, Gavi transition ranked number 4 out of 4 GAVI regions, with DTP1 coverage of 85%.

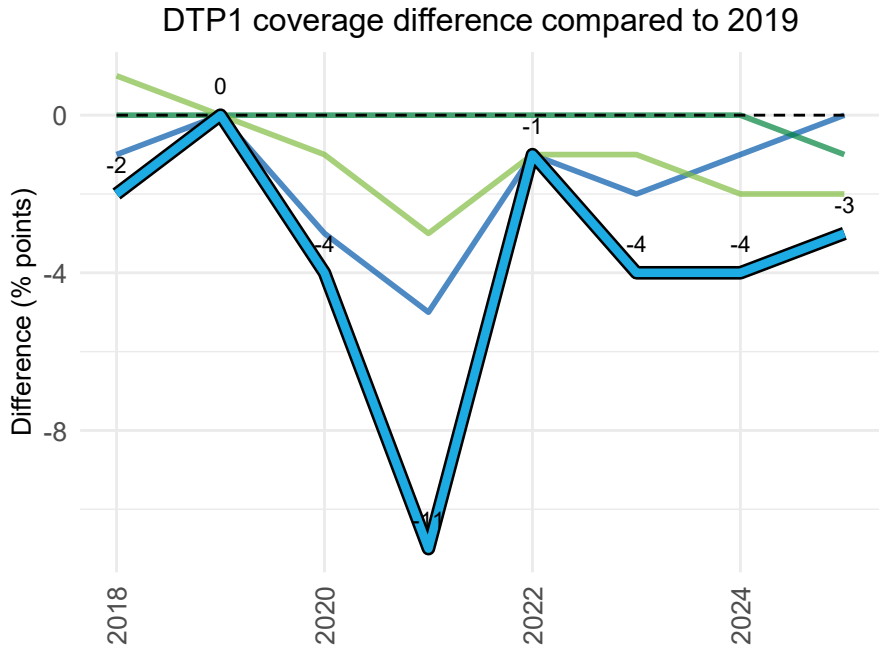
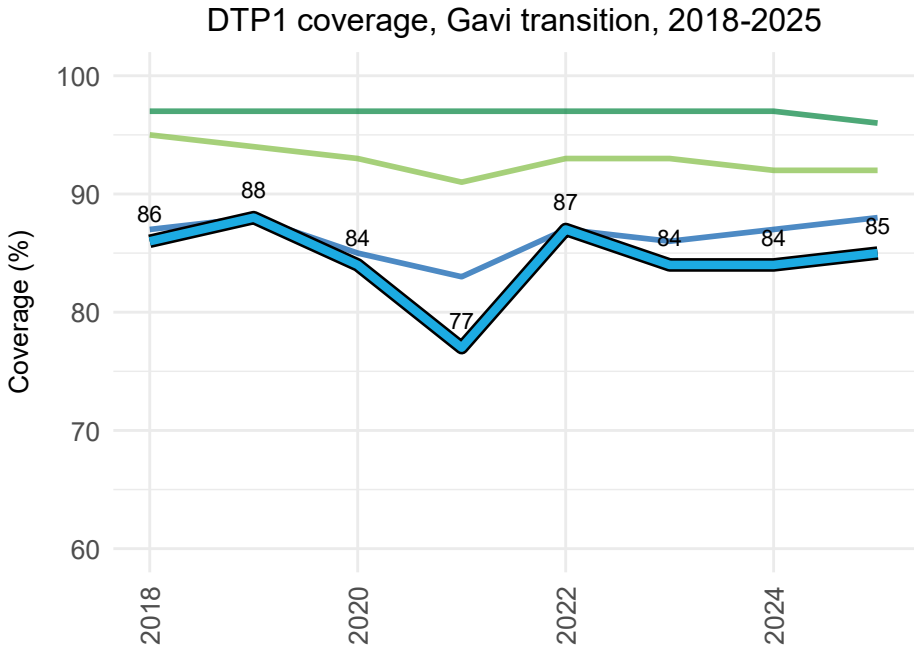
DTP1 coverage (85%) was 3 percentage points lower than in 2019 (88%).

This equates to 1.3 million zero-dose children in 2025 compared to 1 million 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.
There may be discrepancies in total Zero-dose children (millions) due to rounding.

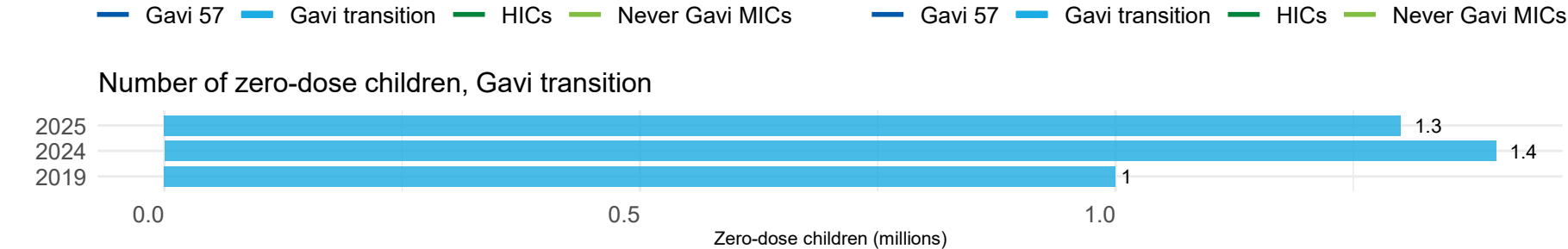
DTP1 coverage improved between 2024 and 2025 in some regions and exceeded pre-pandemic levels in some regions, but progress is uneven and gaps in zero-dose children persist.



In 2025, Gavi transition ranked number 4 out of 4 GAVI regions, with DTP1 coverage of 85%.

DTP1 coverage (85%) was 3 percentage points lower than in 2019 (88%).

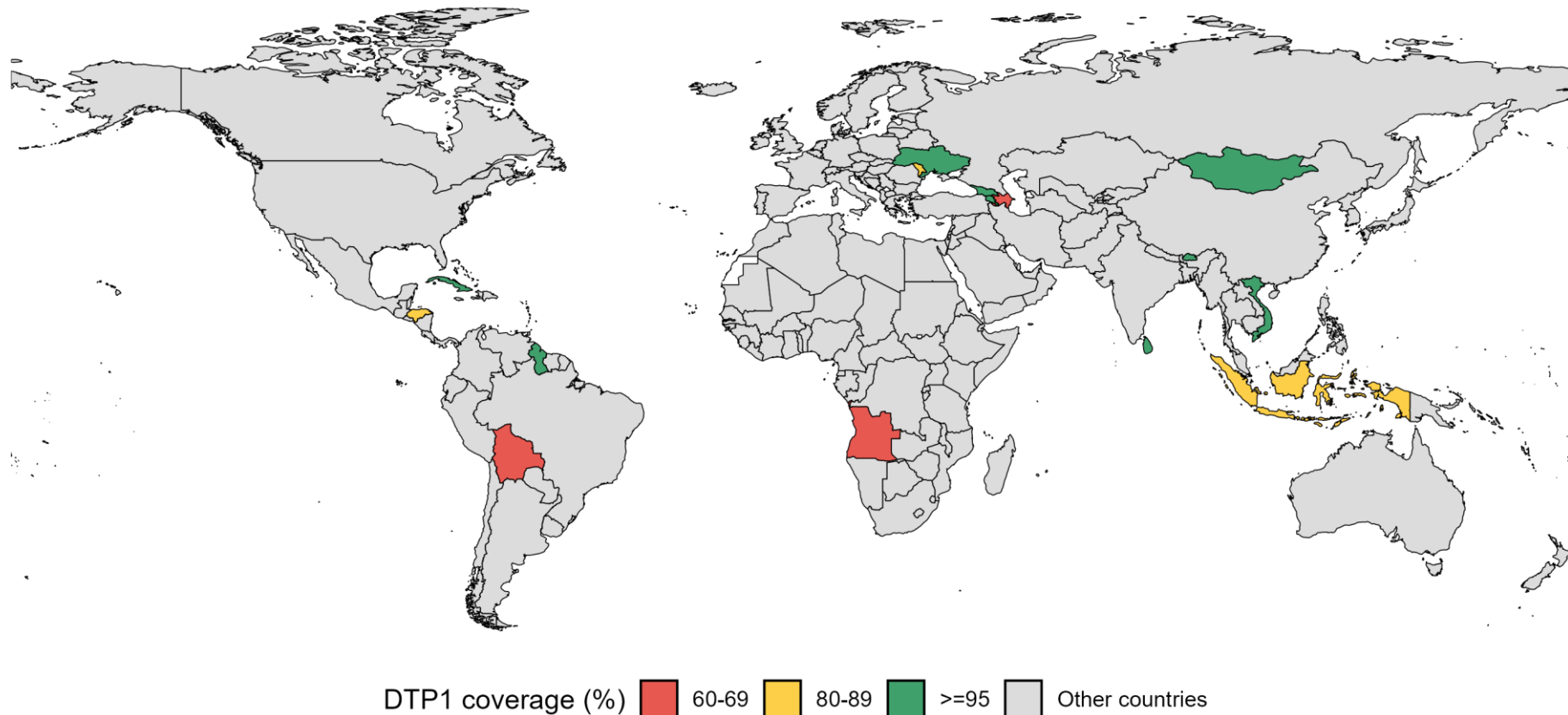
This equates to 1.3 million zero-dose children in 2025 compared to 1 million zero-dose children in 2019.



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.
There may be discrepancies in total Zero-dose children (millions) due to rounding.

In 2025, 10 countries achieved at least 90% DTP1 coverage, while 3 had coverage below 70%.

DTP1 Coverage (%), Gavi transition, 2025



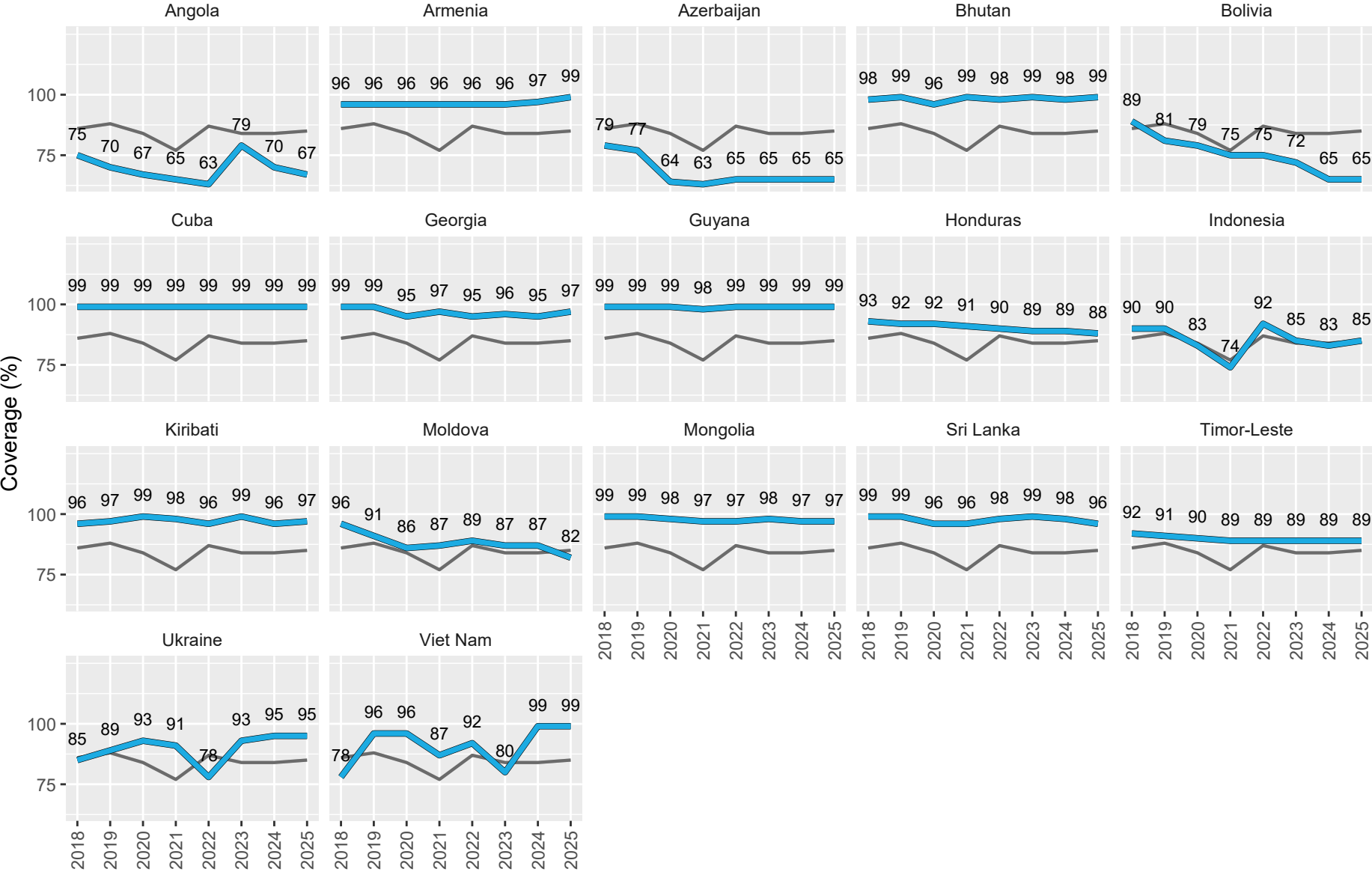
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: This map is stylized and based on an approximate scale. This map does not reflect a position by UNICEF or WHO on the legal status of any country or territory or the delimitation of any frontiers.

In Gavi transition, 3 out of 17 (18%) countries had DTP1 coverage below 70% in 2025. These are Angola, Azerbaijan, and Bolivia.

These countries account for approximately 1.7 million (21%) of the total annual cohort of surviving infants in the region.

There were 10 (59%) countries that achieved DTP1 of 90% or higher, accounting for 2.1 million (25%) of the total cohort.

Coverage of DTP1, by country, Gavi transition, 2018-2025



In 2025, Armenia, Bhutan, Cuba, Guyana, and Viet Nam had the highest coverage (99%), while Azerbaijan and Bolivia had the lowest coverage (65%).

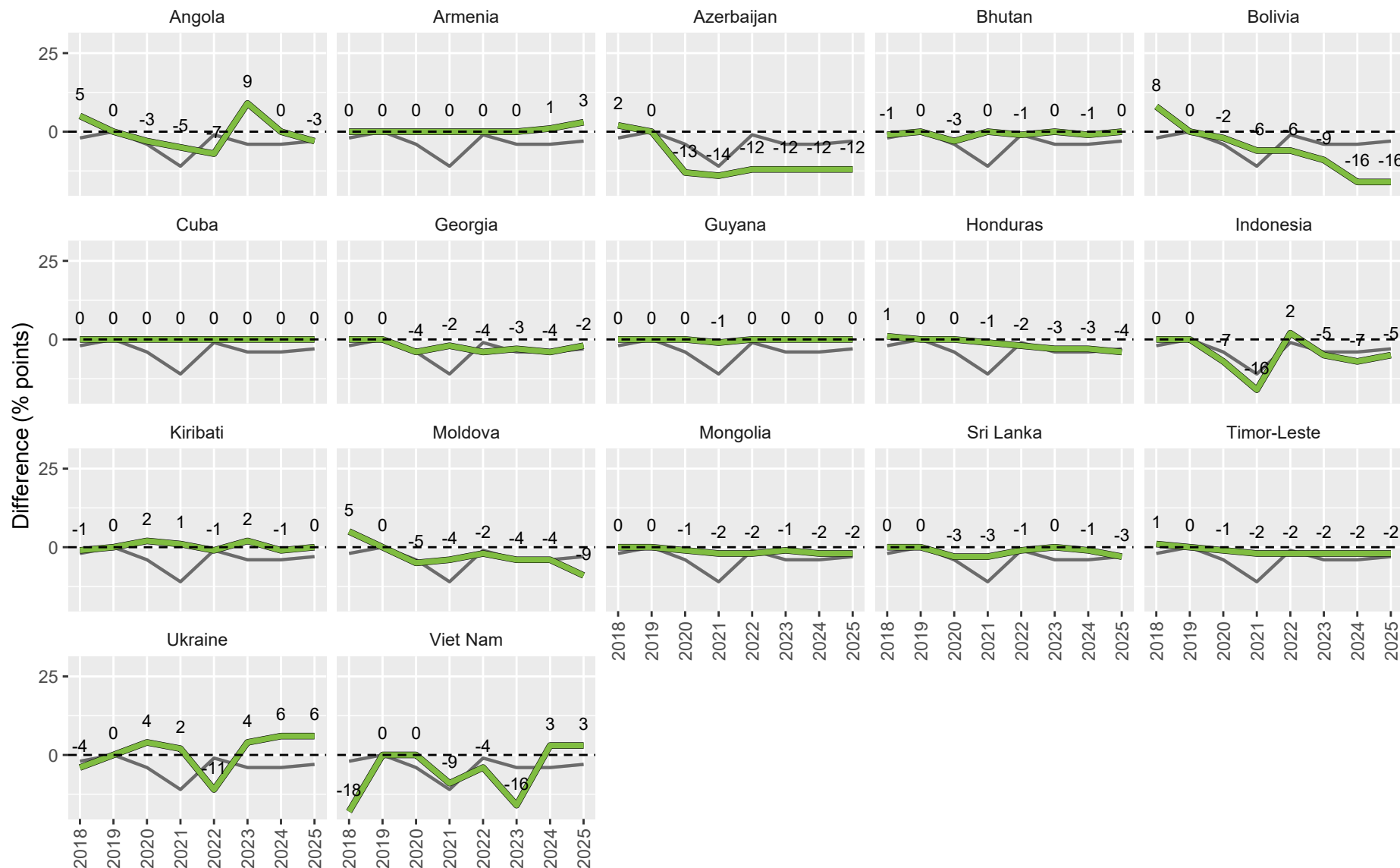
DTP1 coverage increased in 5 out of 17 countries between 2024 and 2025. The largest increase was 2% points in Armenia from 97% to 99%, Georgia from 95% to 97%, and Indonesia from 83% to 85%.

4 countries saw a decrease in coverage (Angola, Honduras, Moldova, and Sri Lanka). The largest decline was 5% points in Moldova from 87% to 82%. Coverage remained constant between 2024 and 2025 in the remaining 8 countries.

In 2025, 10 out of 17 countries had achieved DTP1 coverage of at least 90%.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Dark grey line displays regional coverage for reference

DTP1 coverage difference compared to 2019, by country, Gavi transition, 2018-2025



This chart shows difference in DTP1 coverage compared to 2019, by country.

Coverage was higher in 2025 compared to 2019 in 3 countries (Armenia, Ukraine, and Viet Nam).

The largest increase in coverage was 6% points in Ukraine from 89% in 2019 to 95% in 2025.

Coverage was lower than in 2019 in 10 countries (Angola, Azerbaijan, Bolivia, Georgia, Honduras, Indonesia, Moldova, Mongolia, Sri Lanka, and Timor-Leste).

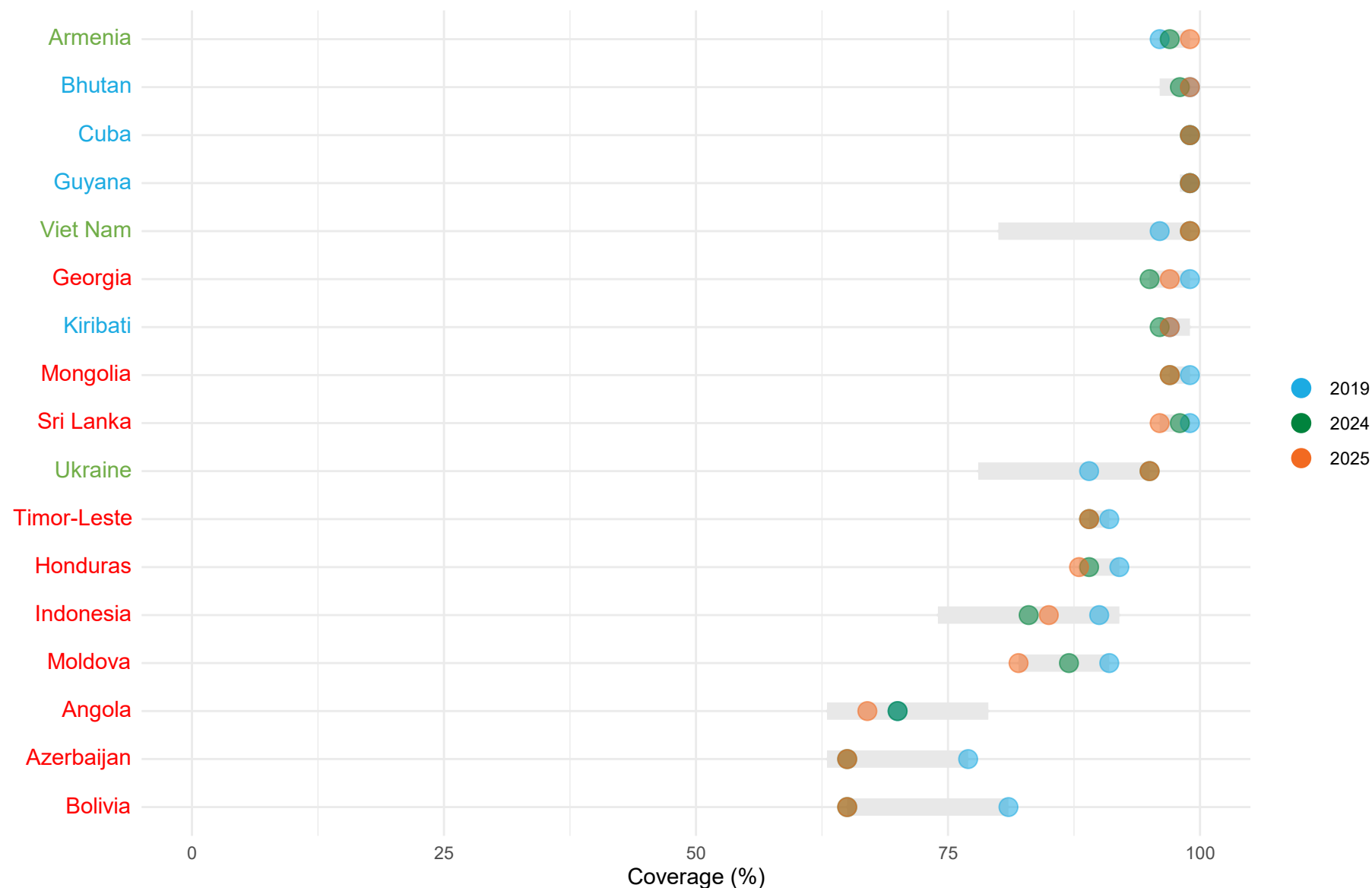
The largest decline in coverage was 16% points in Bolivia from 81% in 2019 to 65% in 2025.

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

Note: Dark grey line displays regional coverage difference for reference

ence compared to 2019, values above zero indicate coverage n percentage points higher than in 2019 and values below zero indicate coverage n percentage points lower than in 2019

DTP1 coverage, by country, Gavi transition, 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. Countries are arranged by high to low coverage in 2025 and coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019. An asterisk (*) indicates countries aiming to catch-up children missed since 2019 through a Big Catch-up Plan, supported by financing from The Gavi Alliance.

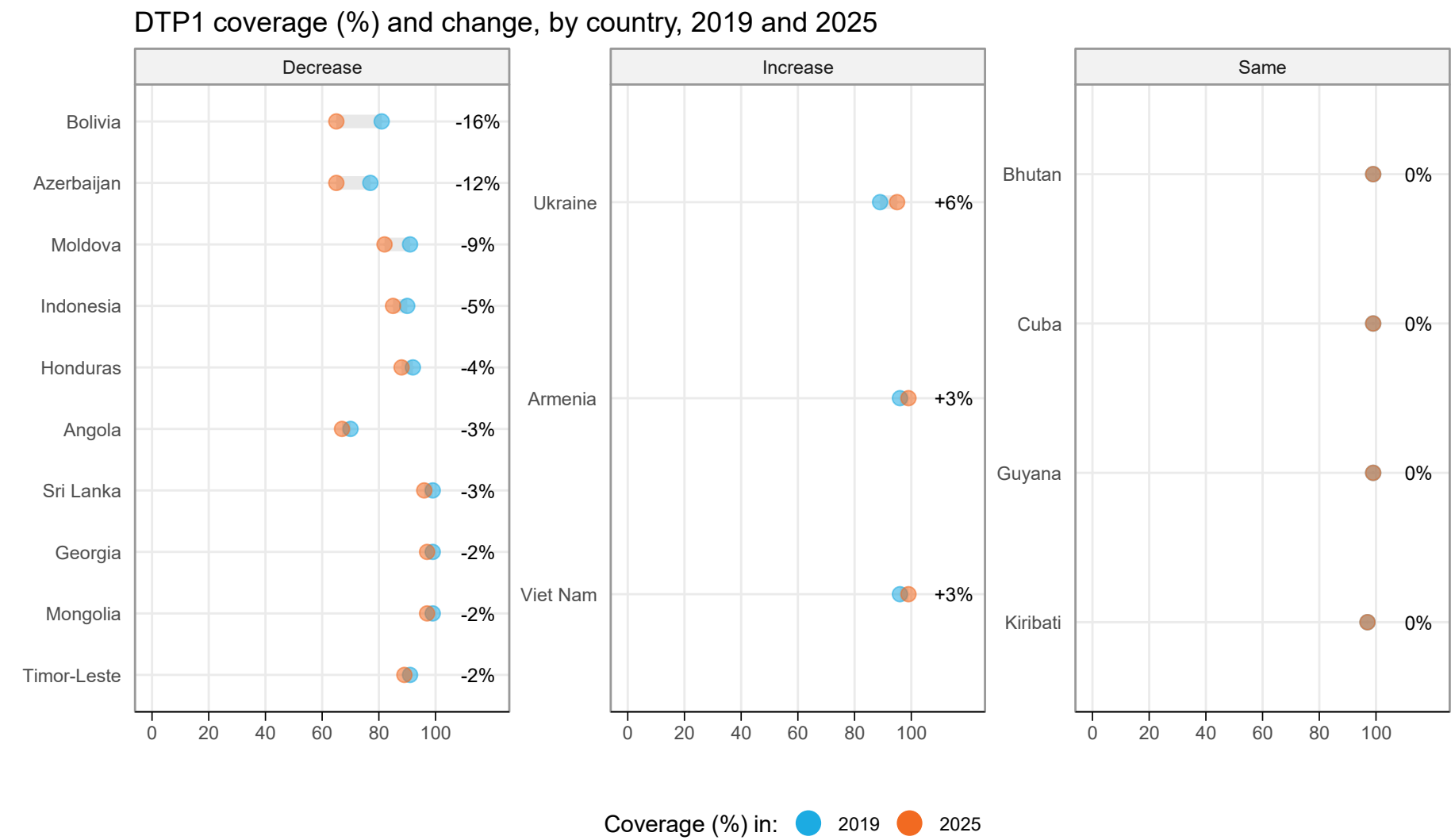
This chart shows the range of DTP1 coverage across years 2019 to 2025 (grey bars), and coverage in specific years (dots), by country. The chart can be used for assessing recovery to pre-pandemic levels and progress beyond 2019.

In 2024, 11 (out of 17) countries had lower coverage than in 2019.

In 2025, 4 countries had lower DTP1 coverage than in 2024.

In 2025, 10 countries had lower coverage than in 2019.

Between 2019 and 2025, DTP1 coverage increased in three countries and decreased in 10 countries.



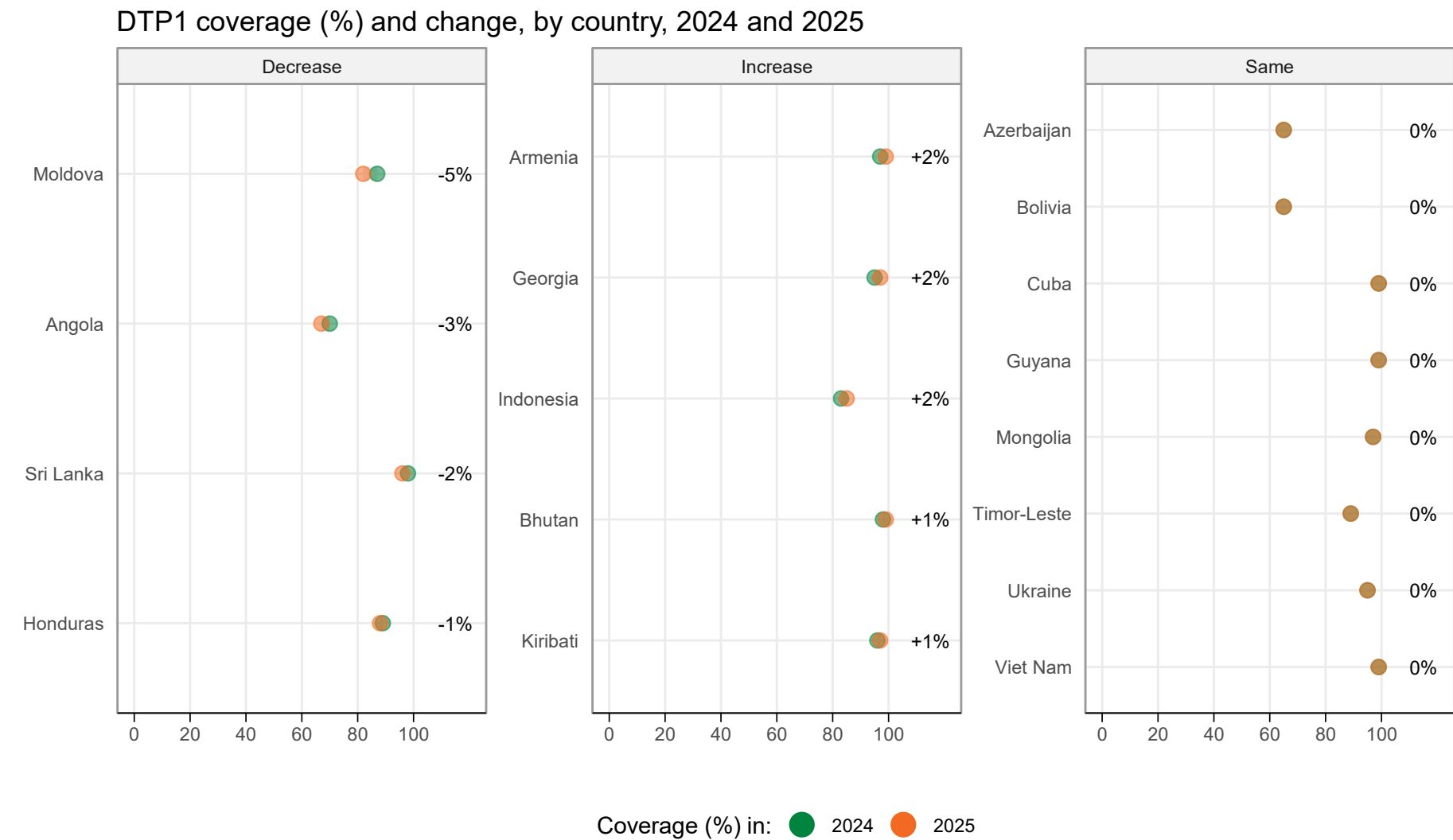
This chart shows DTP1 coverage in 2019 and 2025, and change in coverage between the two years.

Overall, 10 out of 17 (59%) countries in Gavi transition had a decline in coverage. The largest decline was in Bolivia (-16 percentage points), followed by Azerbaijan (-12 percentage points).

There were 3 (18%) countries with an increase in DTP1 coverage. Coverage remained the same in 4 countries between 2019 and 2025.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Change in coverage between 2019 and 2025 indicated to the right.

Between 2024 and 2025, DTP1 coverage increased in five countries and decreased in four countries.

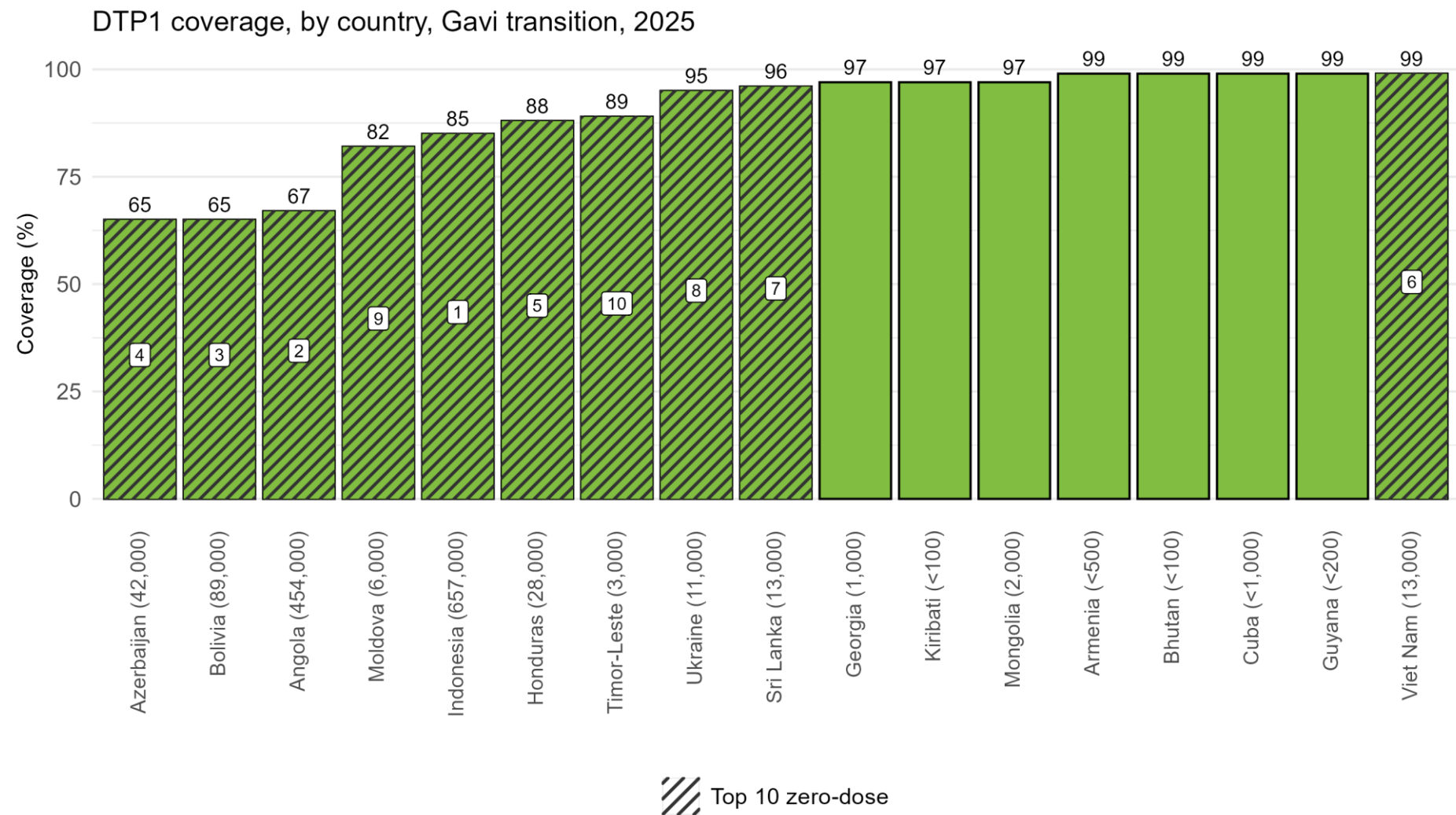


This chart shows DTP1 coverage in 2024 and 2025, and change in coverage between the two years.

Overall, 4 out of 17 (24%) countries in Gavi transition had a decline in coverage. The largest decline was in Moldova (-5 percentage points), followed by Angola (-3 percentage points).

There were 5 (29%) countries with an increase in DTP1 coverage. Coverage remained the same in 8 countries between 2024 and 2025.

In 2025, Bolivia, Azerbaijan, and Angola had the lowest DTP1 coverage. Angola was also among the countries with the highest number of zero-dose children, along with Bolivia, Azerbaijan, and Indonesia.



This chart shows DTP1 coverage in countries in Gavi transition 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, DTP1 coverage ranged from 65% in Bolivia and Azerbaijan to 99% in Viet Nam, Cuba, Armenia, Guyana, and Bhutan.

10 out of 17 (59%) countries had coverage of at least 90%.

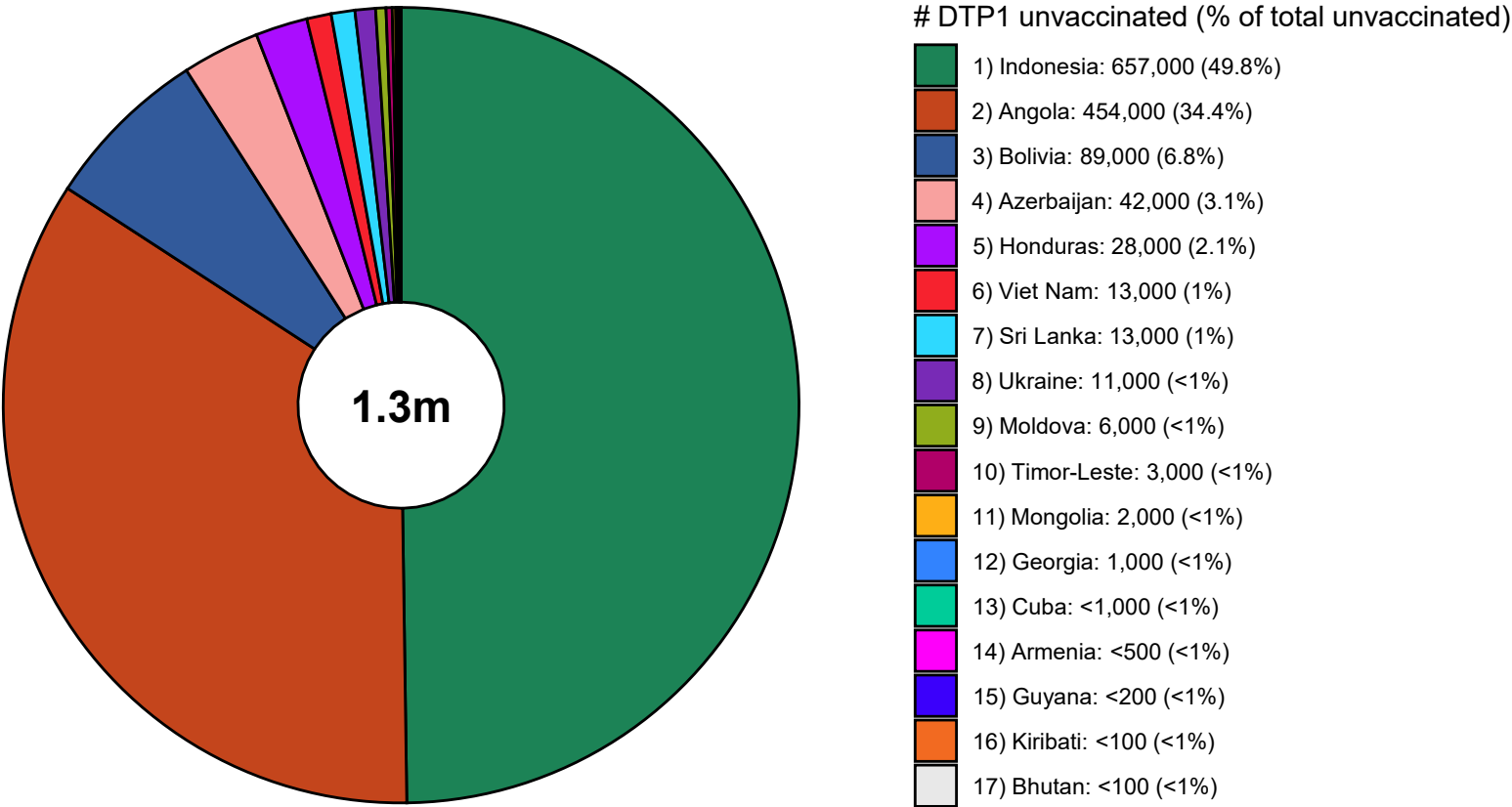
Indonesia had DTP1 coverage of 85% and the highest absolute number of zero-dose children in the region, followed by Angola.

Large cohort countries may have high numbers of zero-dose children despite high vaccine coverage. It is advantageous to look at both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not missed.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Bars are ranked by ascending coverage.
Numbers in bubbles display top 10 rank based on absolute number of zero-dose children. Number in parentheses shows number of zero-dose children.

In 2025, 2 countries accounted for over half of all zero-dose children in Gavi transition, with Indonesia contributing the highest share.

DTP1 unvaccinated (% of total unvaccinated)



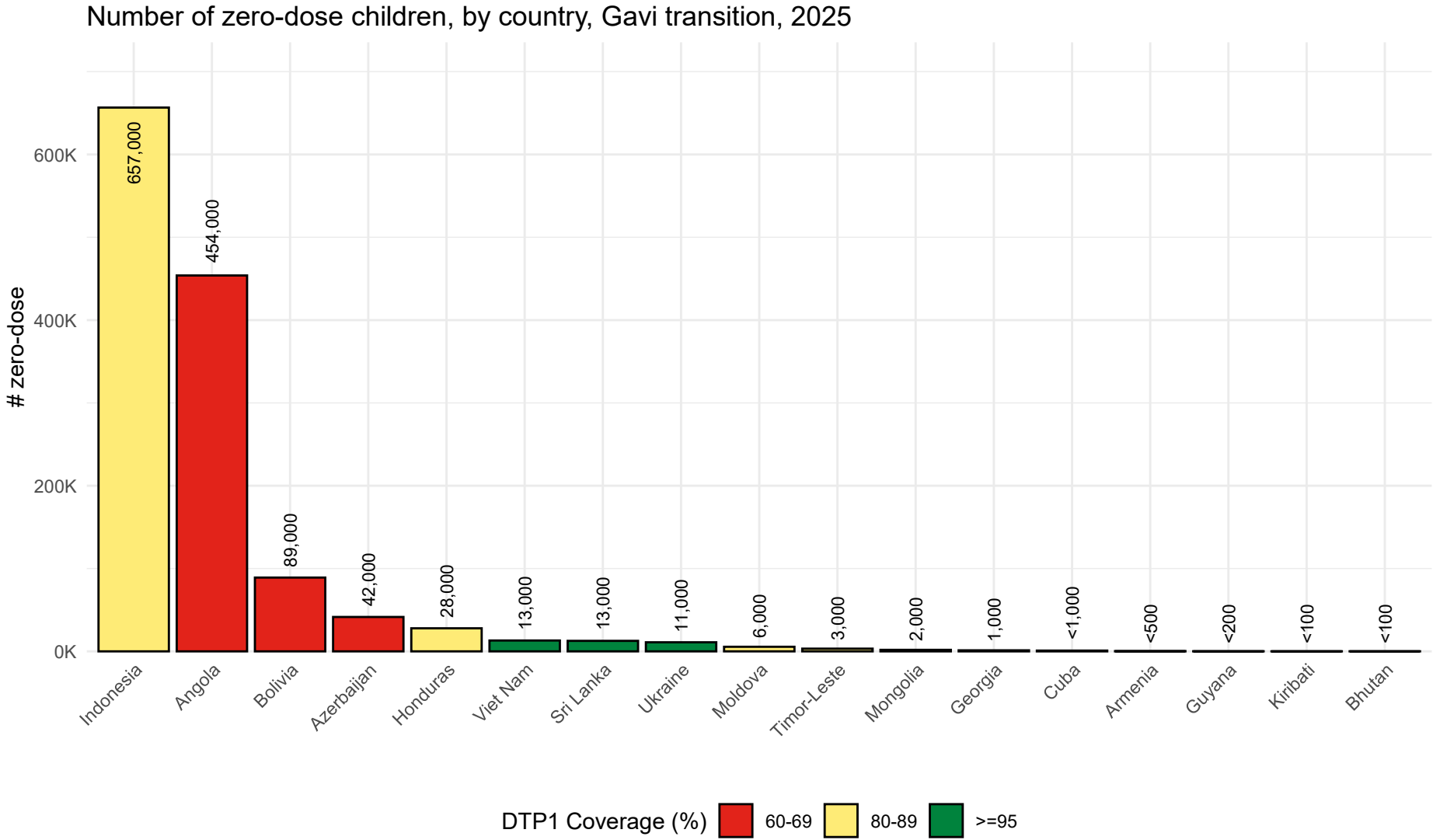
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in legend corresponds to region ranking based on highest to lowest absolute number of unvaccinated children and reflects order of pie slices.

In 2025, 2 countries accounted for over half (84.2%) of all zero-dose children in Gavi transition.

Indonesia had the highest number of children who did not receive DTP1 (n=657,000), which is approximately 49.8% of all zero-dose children in Gavi transition (n=1.3 million).

The number of unvaccinated children is influenced by both the birth cohort size and programme performance. As a result, countries with large birth cohorts may still have a high number of unvaccinated children, even if coverage rates are high. At the same time, countries with high coverage will also have a greater absolute number of children who are vaccinated. Please refer to the heatmaps for country-specific coverage.

Approximately 75% of zero-dose children in Gavi transition live in just 2 countries, highlighting where intensified efforts could have the greatest regional impact on zero-dose numbers.



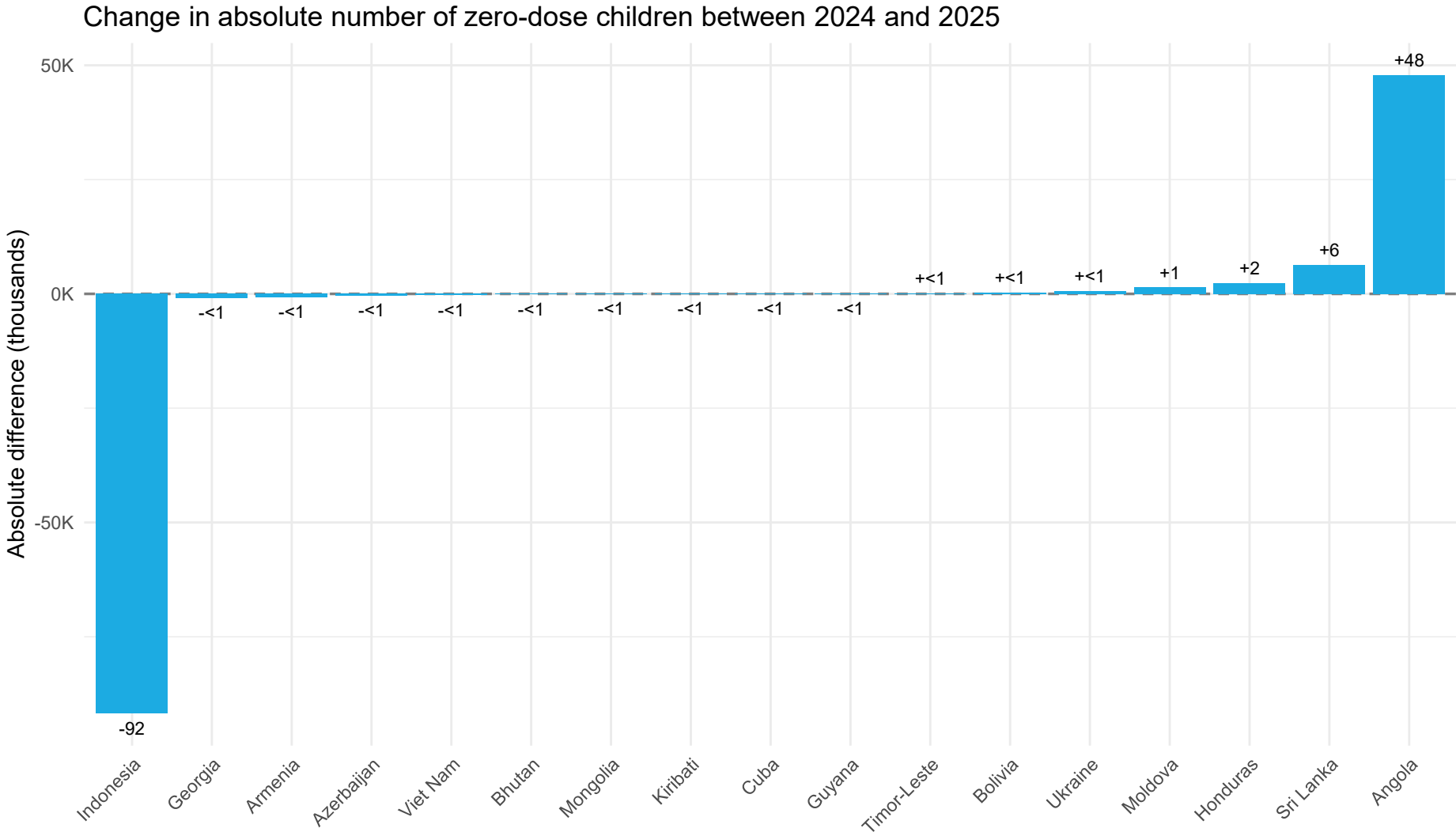
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

This chart shows the number of zero-dose children in 2025, by country in Gavi transition. Bars are coloured based on DTP1 coverage.

In 2025, Indonesia had the highest absolute number of zero-dose children, with 85% DTP1 coverage.

The number of unvaccinated children is influenced by both the birth cohort size and programme performance. As a result, countries with large birth cohorts may still have a high number of unvaccinated children, even if coverage rates are high. At the same time, countries with high coverage will also have a greater absolute number of children who are vaccinated. Please refer to the heatmaps for country-specific coverage.

Country trends in zero-dose children were heterogeneous, reinforcing the need to target resources and strategies to countries where the burden is increasing while sustaining gains elsewhere.



This chart shows the absolute change in number of zero-dose children, by country.

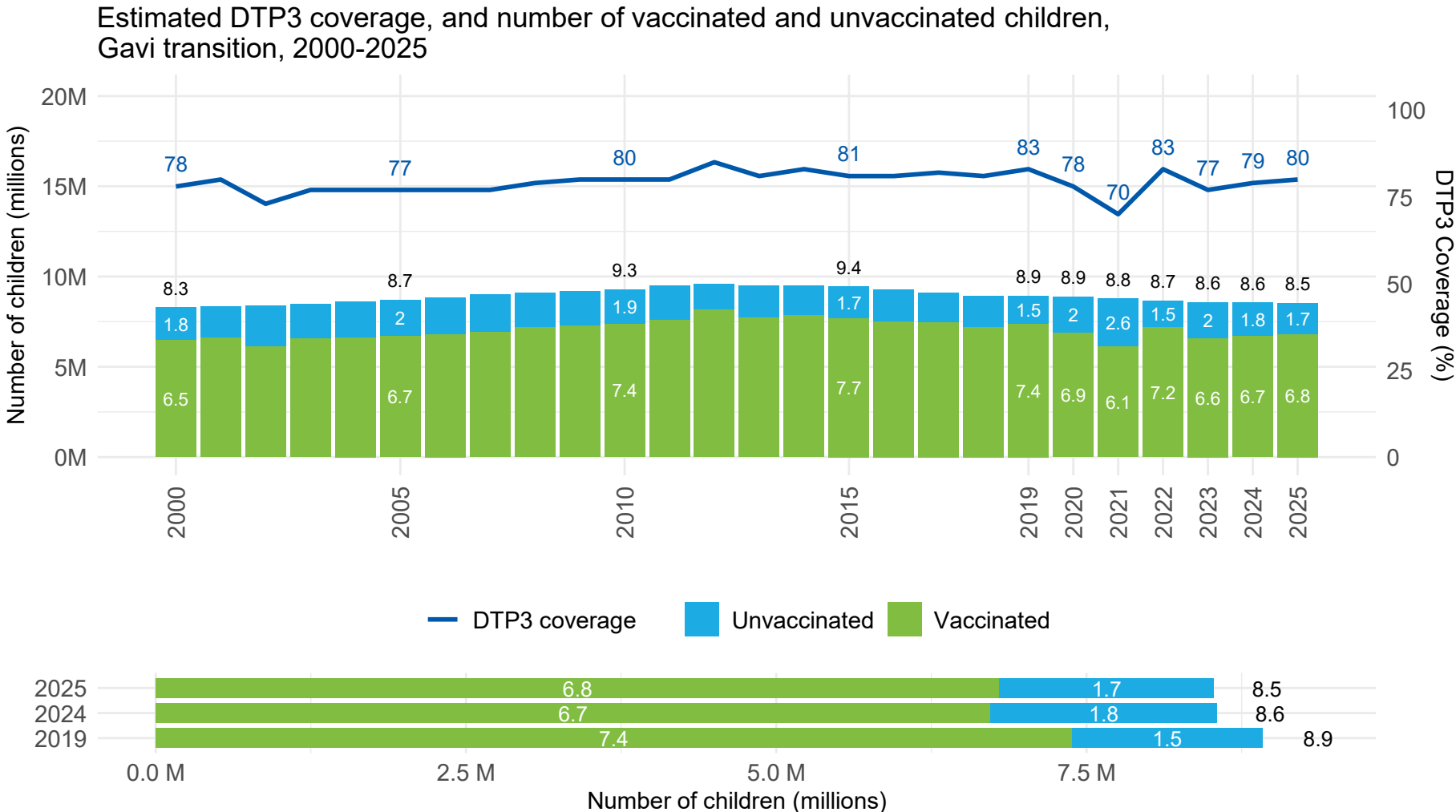
Overall, 7 countries had an increase in zero-dose children and 10 countries saw the number of zero-dose children decline between 2024 and 2025.

The three countries with the largest increase were: Angola (406,000 $\Rightarrow$ 454,000 [+48,000]), Sri Lanka (6,000 $\Rightarrow$ 13,000 [+6,000]), Honduras (25,000 $\Rightarrow$ 28,000 [+2,000]).

Indonesia had the largest decline in the number of zero-dose children from 748,000 in 2024 to 657,000 in 2025 (-92,000).

DTP3

In 2025, DTP3 coverage was 80%: 6.8 million children received three doses of DTP-containing vaccine, but 1.7 million remain un- or under-vaccinated.



DTP3 coverage in 2025 (80%) was lower than in 2019 (83%).

The number of children vaccinated with DTP3 decreased 8% from 7.4 million in 2019 to 6.8 million in 2025.

The number of surviving infants decreased approximately 4% from 8.9 million in 2019 to 8.5 million in 2025.

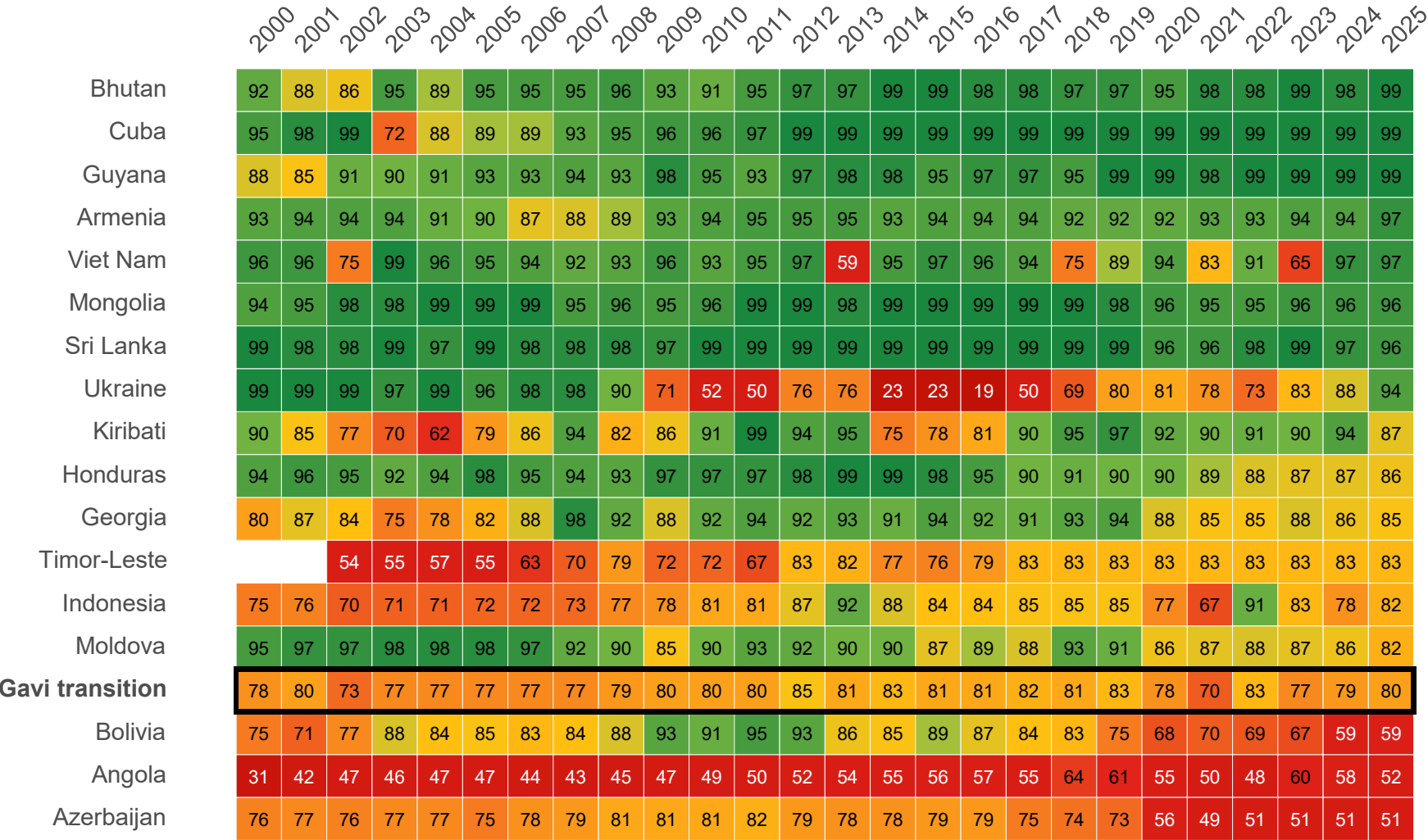
In 2025, 585,000 fewer children were vaccinated than in 2019.

In 2025, there were 392,000 fewer surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated needs to either increase or at least decline at a slower rate than the decline in surviving infant target population.

Source: 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: Unvaccinated includes zero-dose and undervaccinated children.

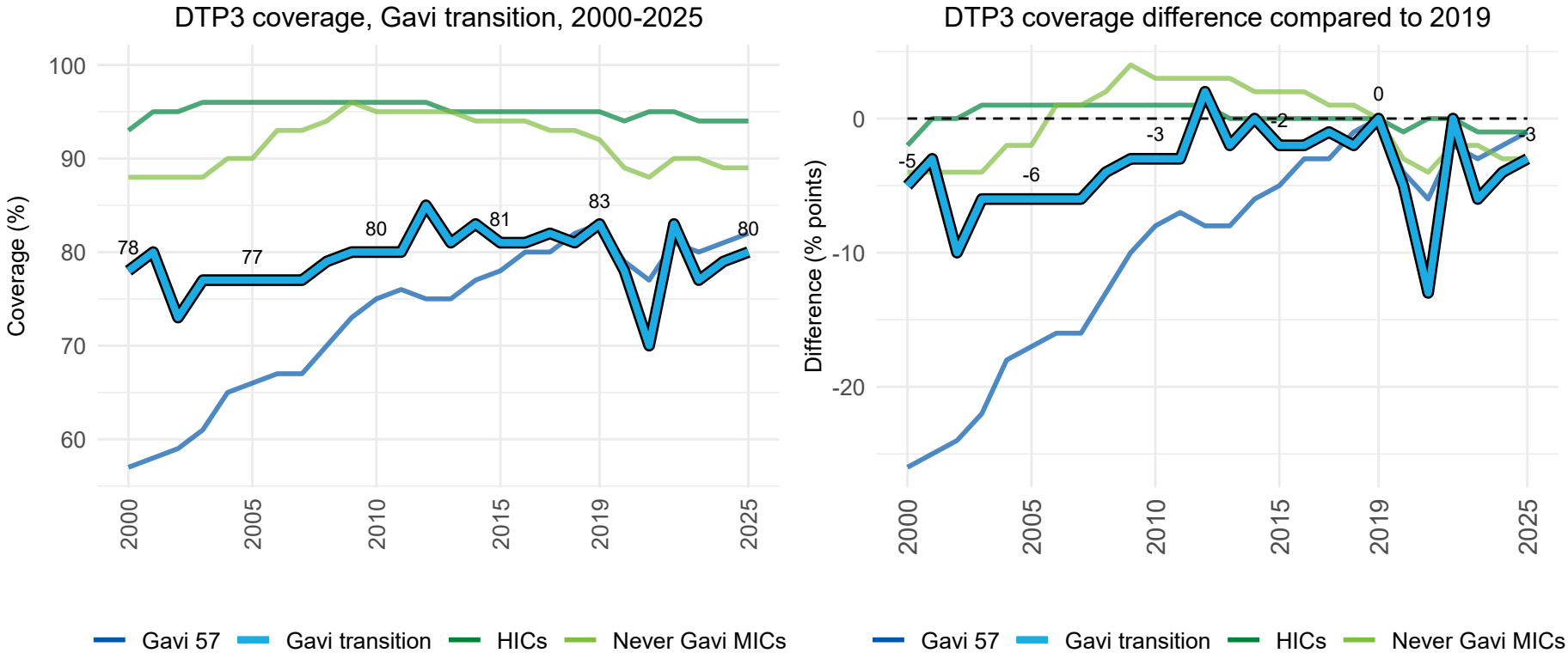
DTP3 coverage, by country, Gavi transition, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Countries ordered based on descending coverage in 2025

This heatmap shows DTP1 coverage, by region and year. Red indicates low coverage (<60%) and green indicates high coverage (≥90%). The changing colour gradient can be used to tracked changes in coverage over time and recovery from pandemic-related disruptions where applicable.

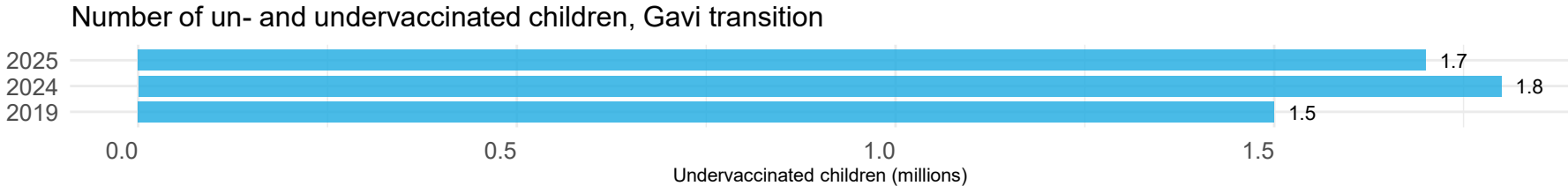
DTP3 coverage has improved since 2000 in all regions and exceeded pre-pandemic levels in some regions, but progress is uneven and gaps in undervaccinated children persist.



In 2025, Gavi transition ranked number 4 out of 4 GAVI regions, with DTP3 coverage of 80%.

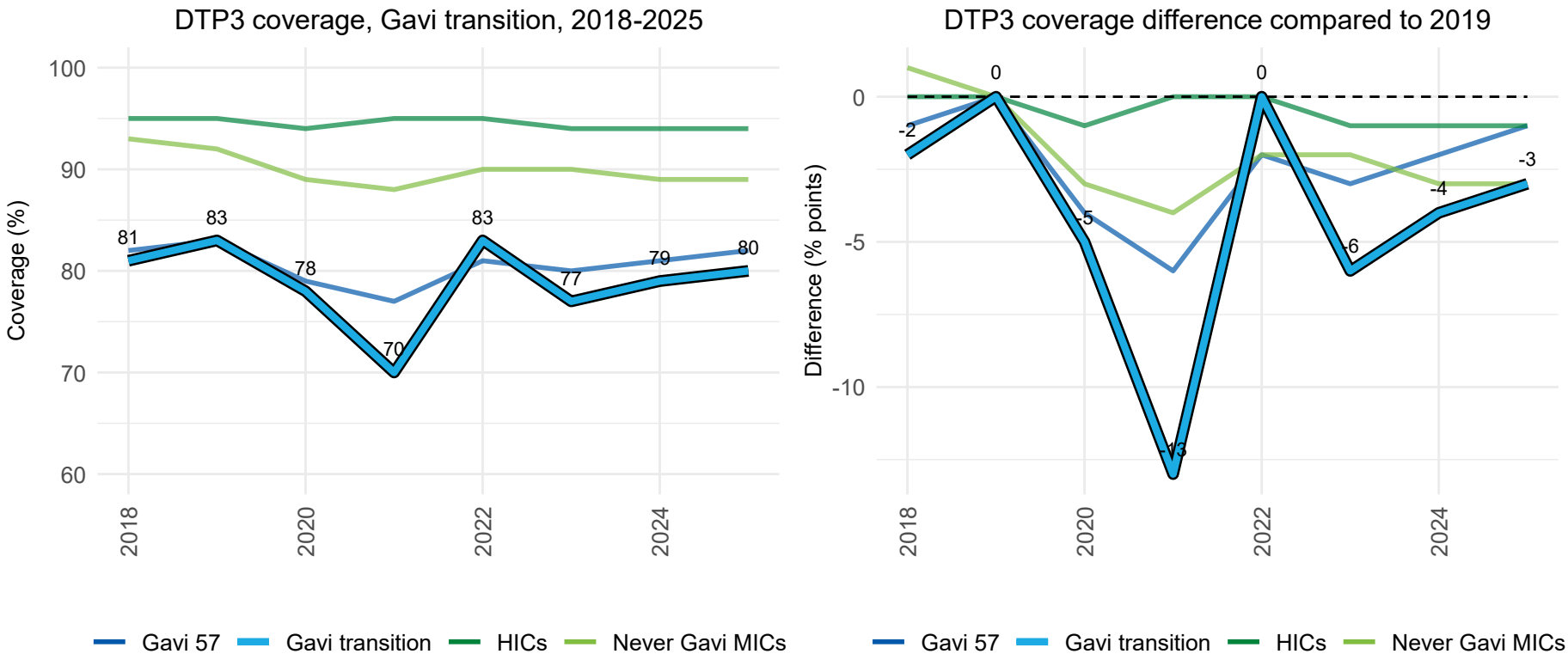
DTP3 coverage (80%) was 3 percentage points lower than in 2019 (83%).

This equates to 1.7 million undervaccinated children in 2025 compared to 1.5 million 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.
There may be discrepancies in total Undervaccinated children (millions) due to rounding.

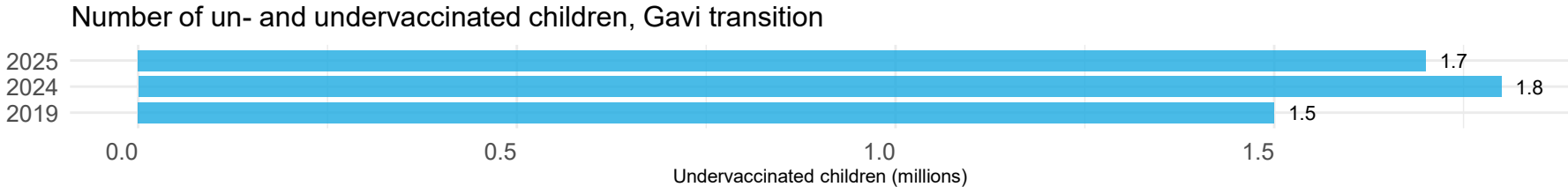
DTP3 coverage improved between 2024 and 2025 in some regions and exceeded pre-pandemic levels in some regions, but progress is uneven and gaps in undervaccinated children persist.



In 2025, Gavi transition ranked number 4 out of 4 GAVI regions, with DTP3 coverage of 80%.

DTP3 coverage (80%) was 3 percentage points lower than in 2019 (83%).

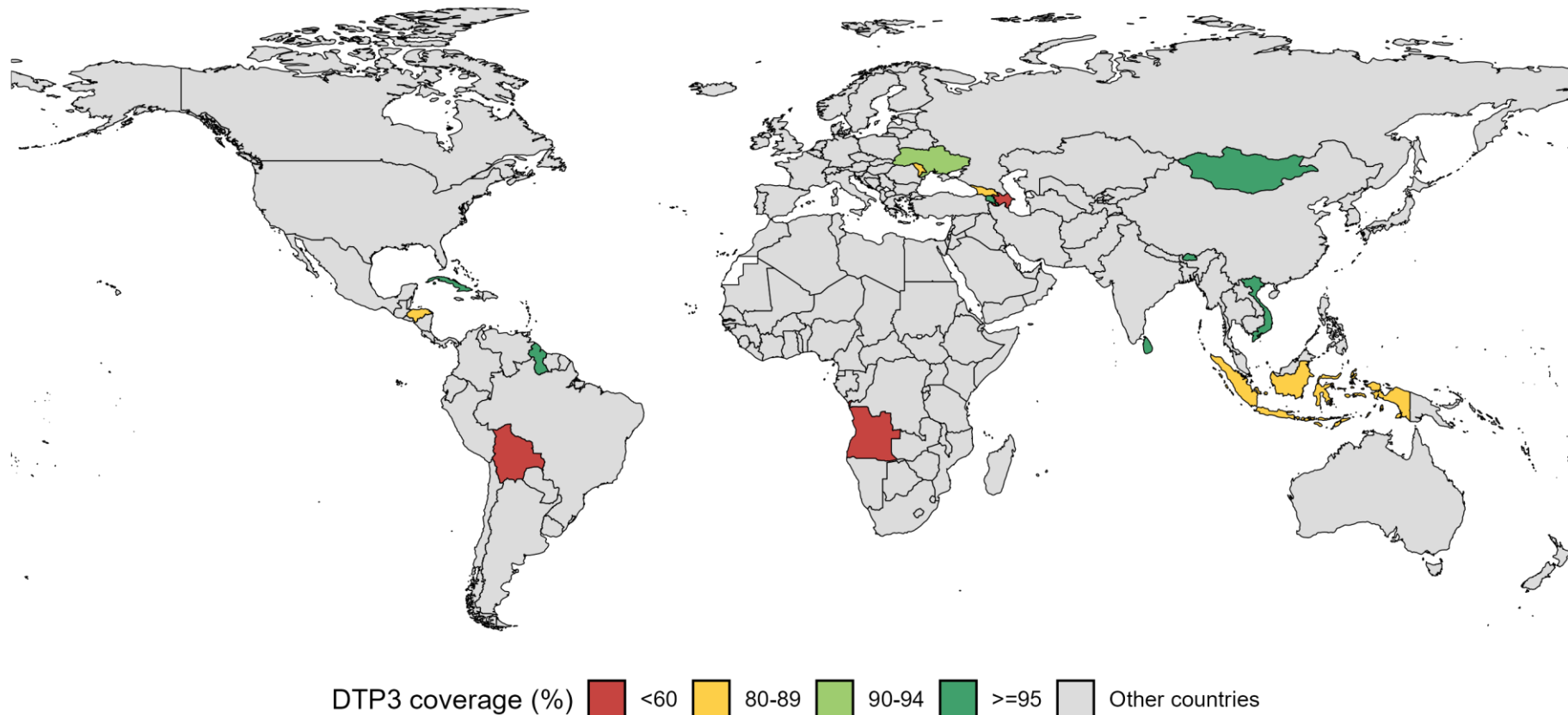
This equates to 1.7 million undervaccinated children in 2025 compared to 1.5 million undervaccinated children in 2019.



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.
There may be discrepancies in total Undervaccinated children (millions) due to rounding.

In 2025, 8 countries achieved at least 90% DTP3 coverage, while 3 had coverage below 70%.

DTP3 Coverage (%), Gavi transition, 2025



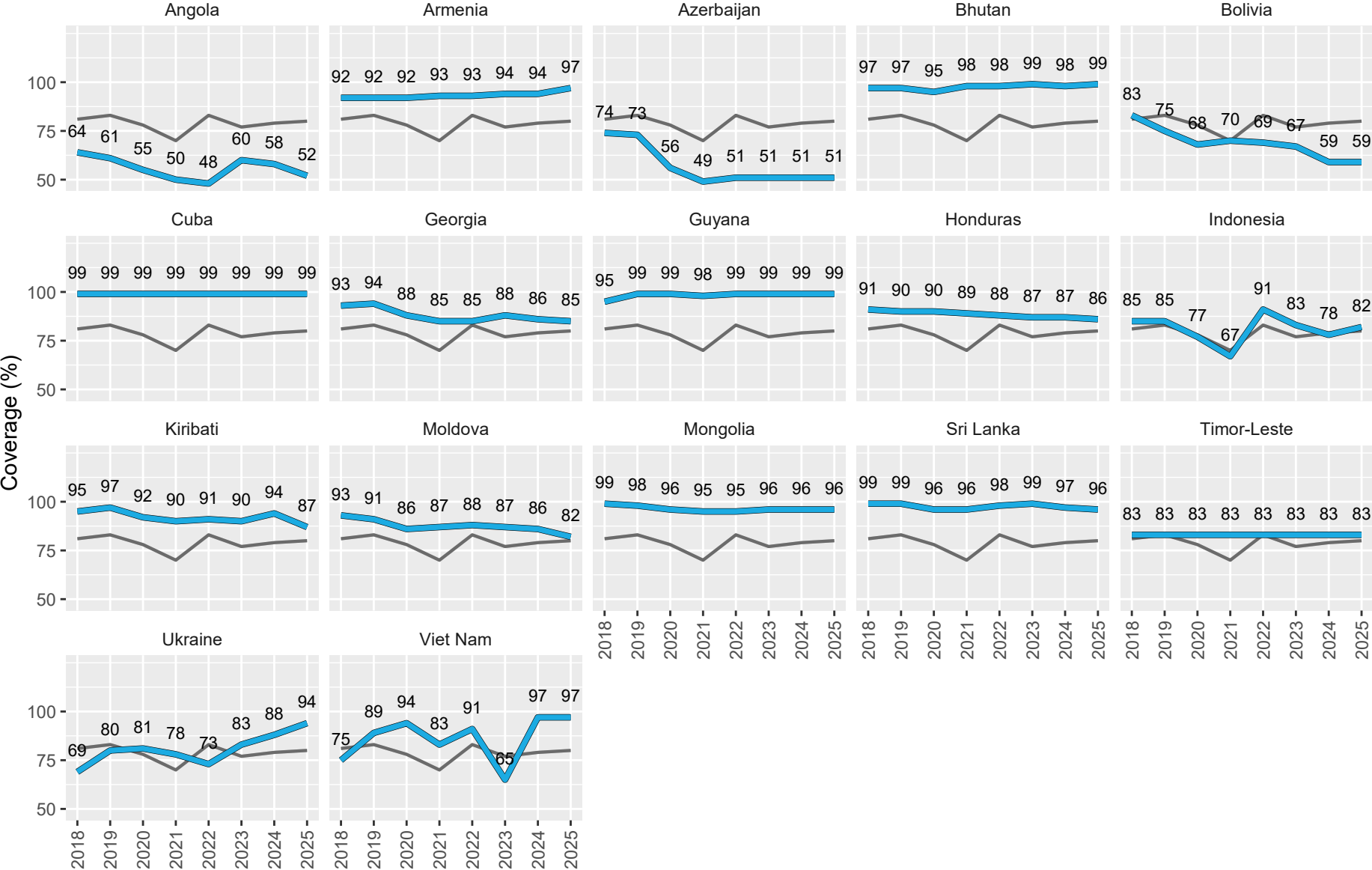
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: This map is stylized and based on an approximate scale. This map does not reflect a position by UNICEF or WHO on the legal status of any country or territory or the delimitation of any frontiers.

In Gavi transition, 3 out of 17 (18%) countries had DTP3 coverage below 70% in 2025. These are Angola, Azerbaijan, and Bolivia.

These countries account for approximately 1.7 million (21%) of the total annual cohort of surviving infants in the region.

There were 8 (47%) countries that achieved DTP3 of 90% or higher, accounting for 2.1 million (24%) of the total cohort.

Coverage of DTP3, by country, Gavi transition, 2018-2025



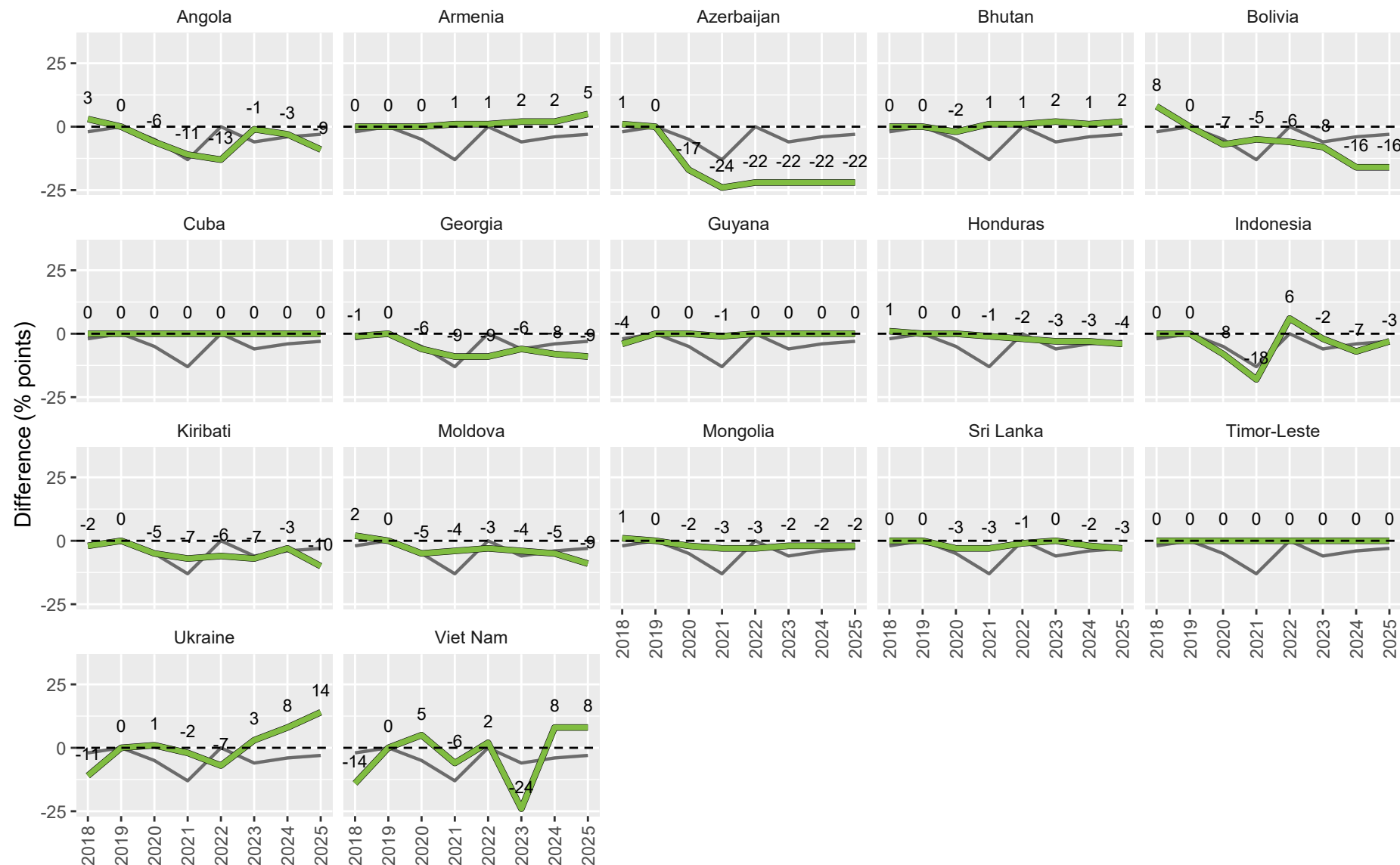
In 2025, Bhutan, Cuba, and Guyana had the highest coverage (99%), while Azerbaijan had the lowest coverage (51%).

DTP3 coverage increased in 4 out of 17 countries between 2024 and 2025. The largest increase was 6% points in Ukraine from 88% to 94%.

6 countries saw a decrease in coverage (Angola, Georgia, Honduras, Kiribati, Moldova, and Sri Lanka). The largest decline was 7% points in Kiribati from 94% to 87%. Coverage remained constant between 2024 and 2025 in the remaining 7 countries.

In 2025, 8 out of 17 countries had achieved DTP3 coverage of at least 90%.

DTP3 coverage difference compared to 2019, by country, Gavi transition, 2018-2025



This chart shows difference in DTP3 coverage compared to 2019, by country.

Coverage was higher in 2025 compared to 2019 in 4 countries (Armenia, Bhutan, Ukraine, and Viet Nam).

The largest increase in coverage was 14% points in Ukraine from 80% in 2019 to 94% in 2025.

Coverage was lower than in 2019 in 10 countries (Angola, Azerbaijan, Bolivia, Georgia, Honduras, Indonesia, Kiribati, Moldova, Mongolia, and Sri Lanka).

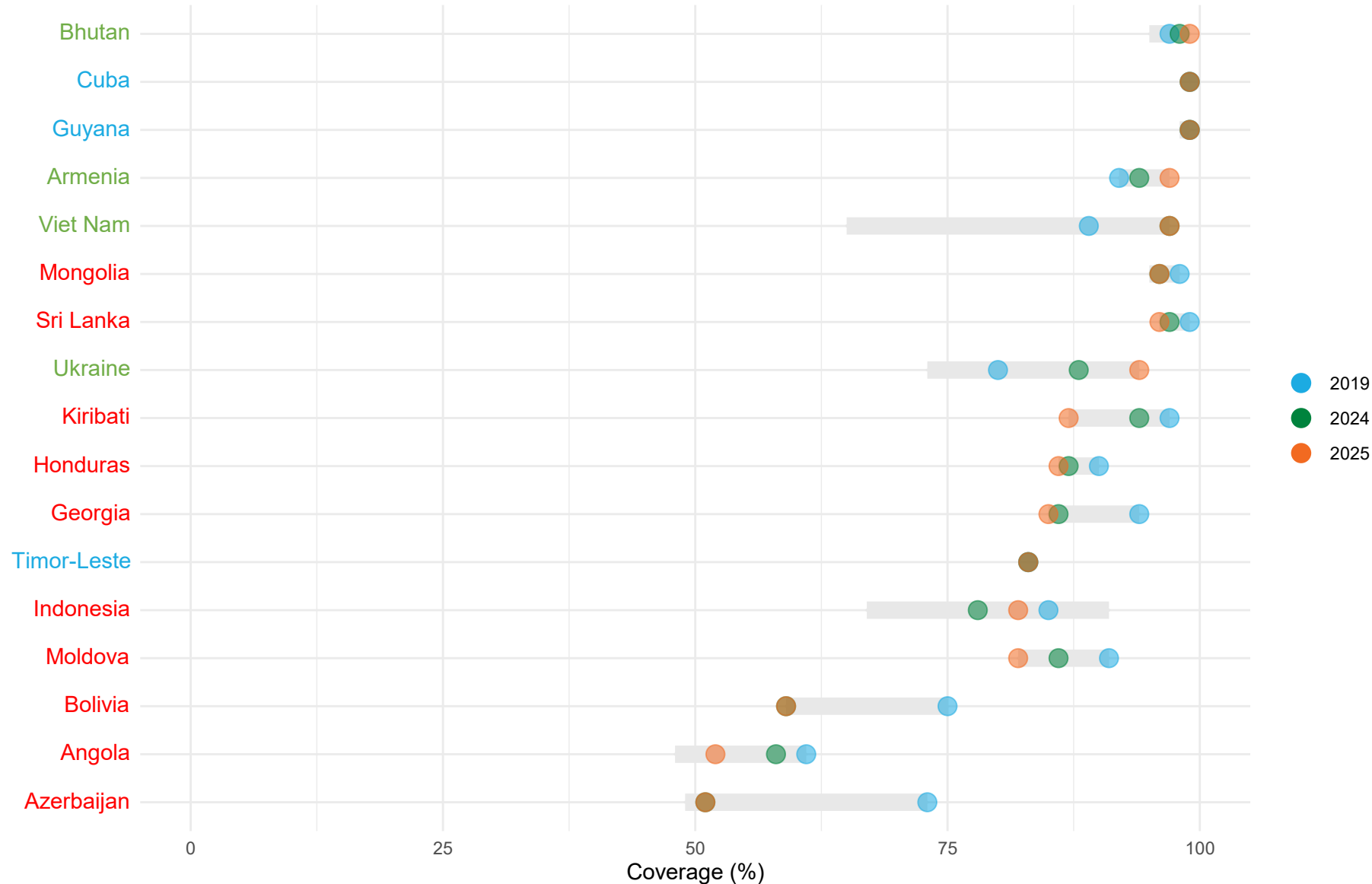
The largest decline in coverage was 22% points in Azerbaijan from 73% in 2019 to 51% in 2025.

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

Note: Dark grey line displays regional coverage difference for reference

ence compared to 2019, values above zero indicate coverage n percentage points higher than in 2019 and values below zero indicate coverage n percentage points lower than in 2019

DTP3 coverage, by country, Gavi transition, 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. Countries are arranged by high to low coverage in 2025 and coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019. An asterisk (*) indicates countries aiming to catch-up children missed since 2019 through a Big Catch-up Plan, supported by financing from The Gavi Alliance.

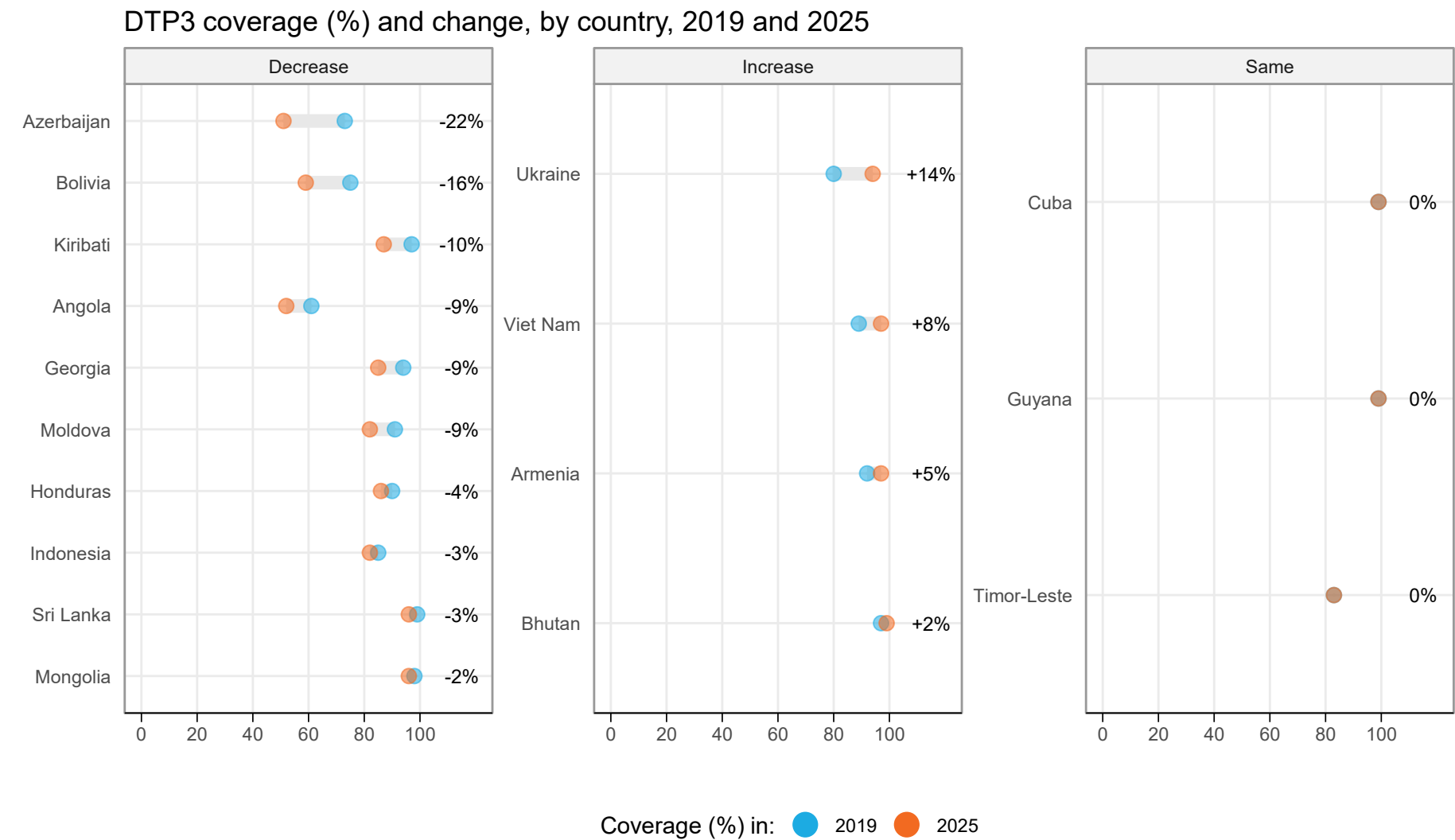
This chart shows the range of DTP3 coverage across years 2019 to 2025 (grey bars), and coverage in specific years (dots), by country. The chart can be used for assessing recovery to pre-pandemic levels and progress beyond 2019.

In 2024, 10 (out of 17) countries had lower coverage than in 2019.

In 2025, 6 countries had lower DTP3 coverage than in 2024.

In 2025, 10 countries had lower coverage than in 2019.

Between 2019 and 2025, DTP3 coverage increased in four countries and decreased in 10 countries.



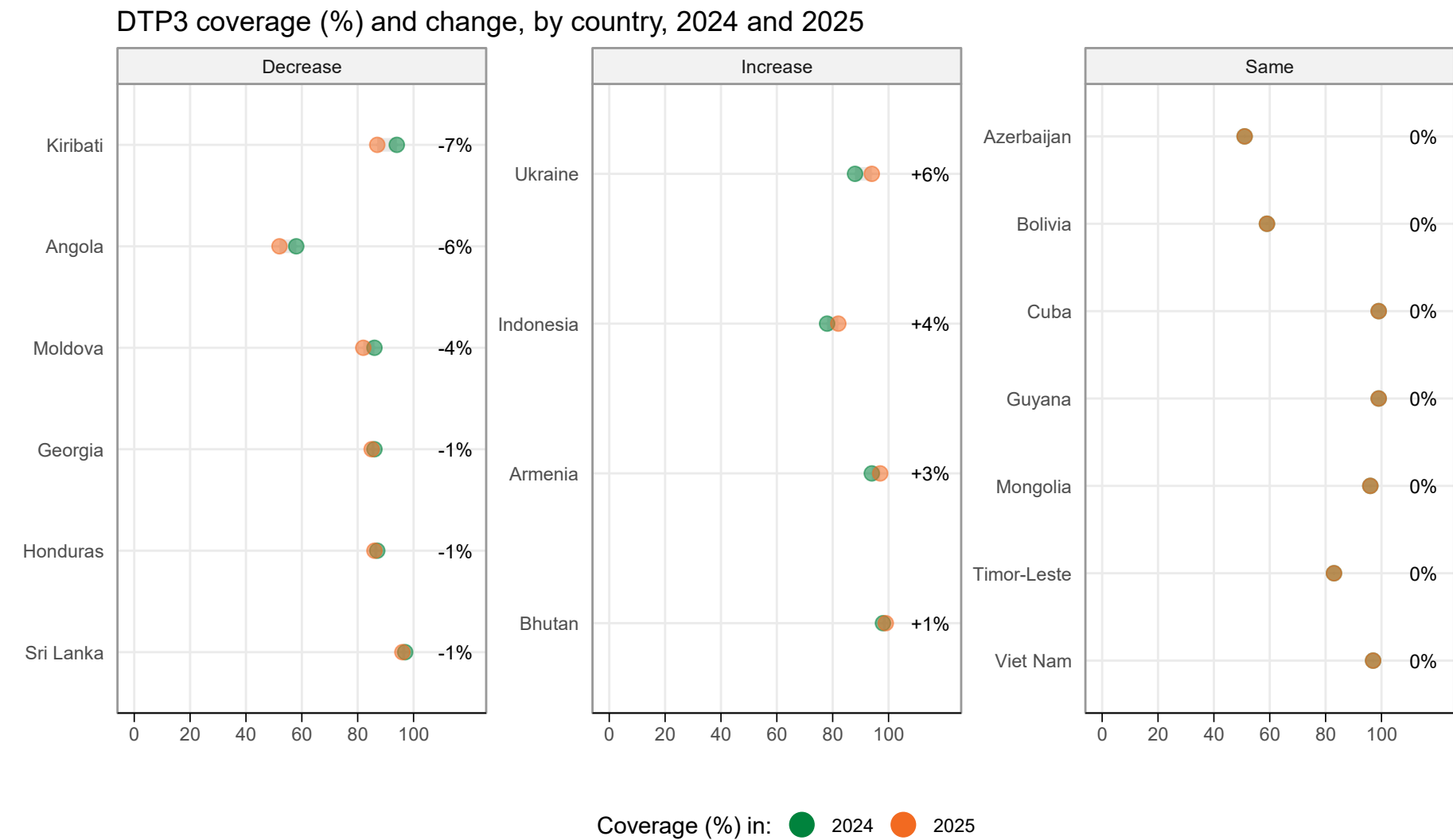
This chart shows DTP3 coverage in 2019 and 2025, and change in coverage between the two years.

Overall, 10 out of 17 (59%) countries in Gavi transition had a decline in coverage. The largest decline was in Azerbaijan (-22 percentage points), followed by Bolivia (-16 percentage points).

There were 4 (24%) countries with an increase in DTP3 coverage. Coverage remained the same in 3 countries between 2019 and 2025.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Change in coverage between 2019 and 2025 indicated to the right.

Between 2024 and 2025, DTP3 coverage increased in four countries and decreased in six countries.



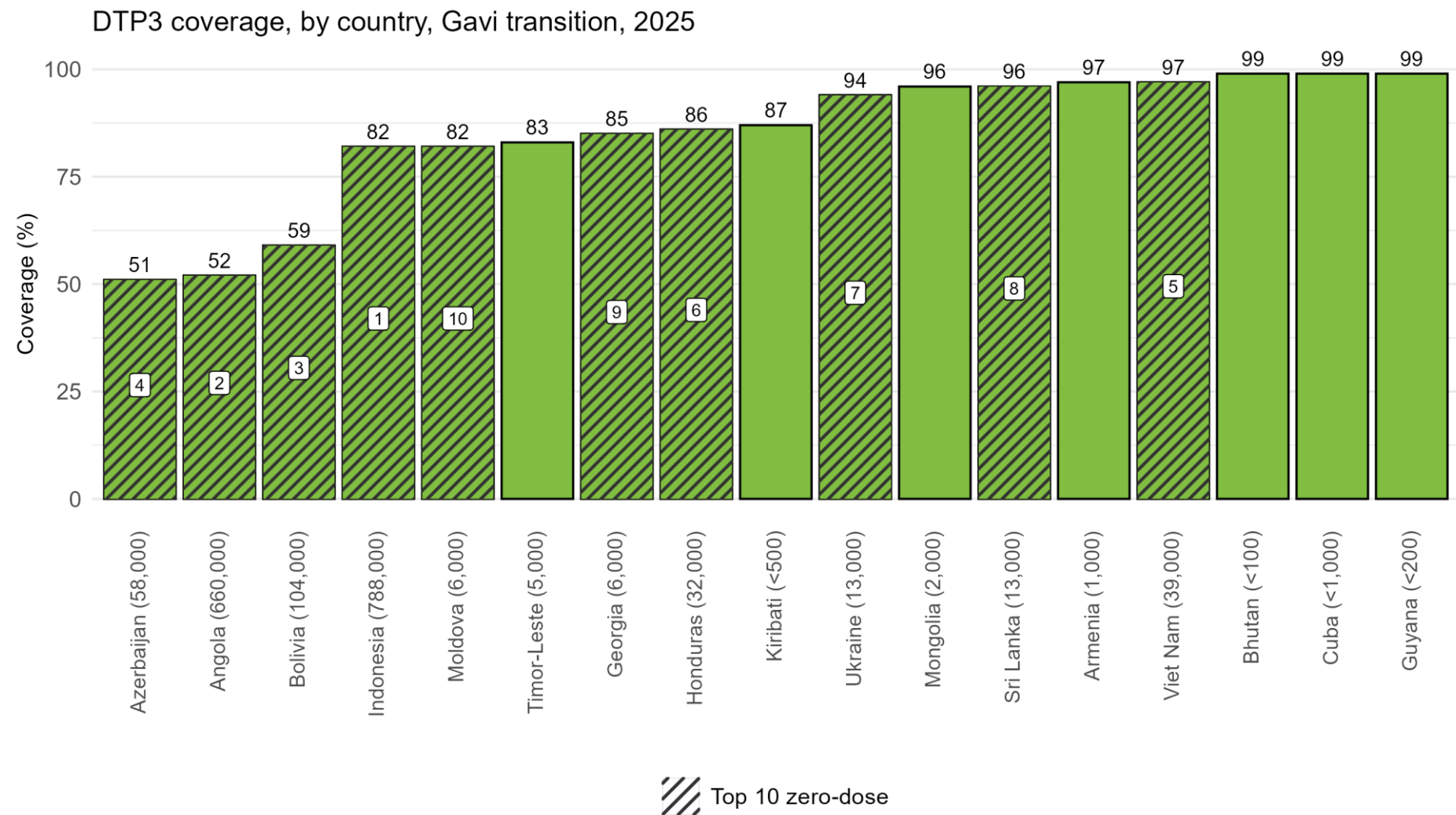
This chart shows DTP3 coverage in 2024 and 2025, and change in coverage between the two years.

Overall, 6 out of 17 (35%) countries in Gavi transition had a decline in coverage. The largest decline was in Kiribati (-7 percentage points), followed by Angola (-6 percentage points).

There were 4 (24%) countries with an increase in DTP3 coverage. Coverage remained the same in 7 countries between 2024 and 2025.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Change in coverage between 2024 and 2025 indicated to the right.

In 2025, Azerbaijan and Angola had the lowest DTP3 coverage and were also among the countries with the highest number of un- and undervaccinated children.



This chart shows DTP3 coverage in countries in Gavi transition 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, DTP3 coverage ranged from 51% in Azerbaijan to 99% in Cuba, Guyana, and Bhutan.

8 out of 17 (47%) countries had coverage of at least 90%.

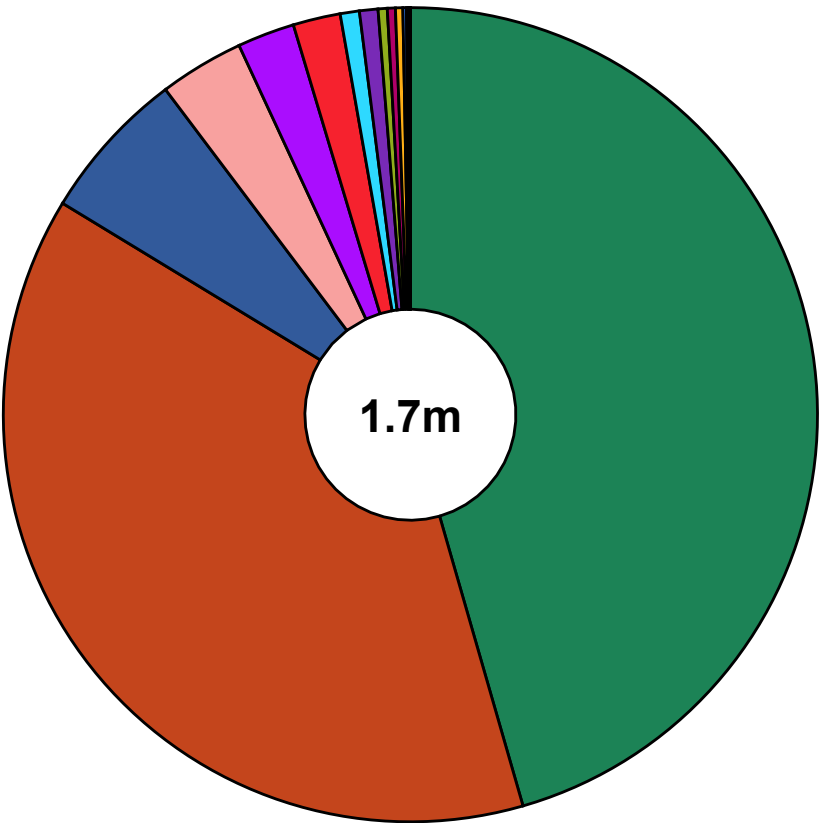
Indonesia had DTP3 coverage of 82% and the highest absolute number of un- and undervaccinated children in the region, followed by Angola.

Large cohort countries may have high numbers of un- and undervaccinated children despite high vaccine coverage. It is advantageous to look at both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not missed.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Bars are ranked by ascending coverage.
Numbers in bubbles display top 10 rank based on absolute number of un- and undervaccinated children. Number in parentheses shows number of un- and undervaccinated children.

In 2025, 2 countries accounted for over half of all un- and under-vaccinated children in Gavi transition, with Indonesia contributing the highest share.

DTP3 unvaccinated (% of total unvaccinated)



DTP3 unvaccinated (% of total unvaccinated)

1	Indonesia: 788,000 (45.5%)
2	Angola: 660,000 (38.2%)
3	Bolivia: 104,000 (6%)
4	Azerbaijan: 58,000 (3.4%)
5	Viet Nam: 39,000 (2.3%)
6	Honduras: 32,000 (1.9%)
7	Ukraine: 13,000 (<1%)
8	Sri Lanka: 13,000 (<1%)
9	Georgia: 6,000 (<1%)
10	Moldova: 6,000 (<1%)
11	Timor-Leste: 5,000 (<1%)
12	Mongolia: 2,000 (<1%)
13	Armenia: 1,000 (<1%)
14	Cuba: <1,000 (<1%)
15	Kiribati: <500 (<1%)
16	Guyana: <200 (<1%)
17	Bhutan: <100 (<1%)

In 2025, 2 countries accounted for over half (83.7%) of all un- and under-vaccinated children in Gavi transition.

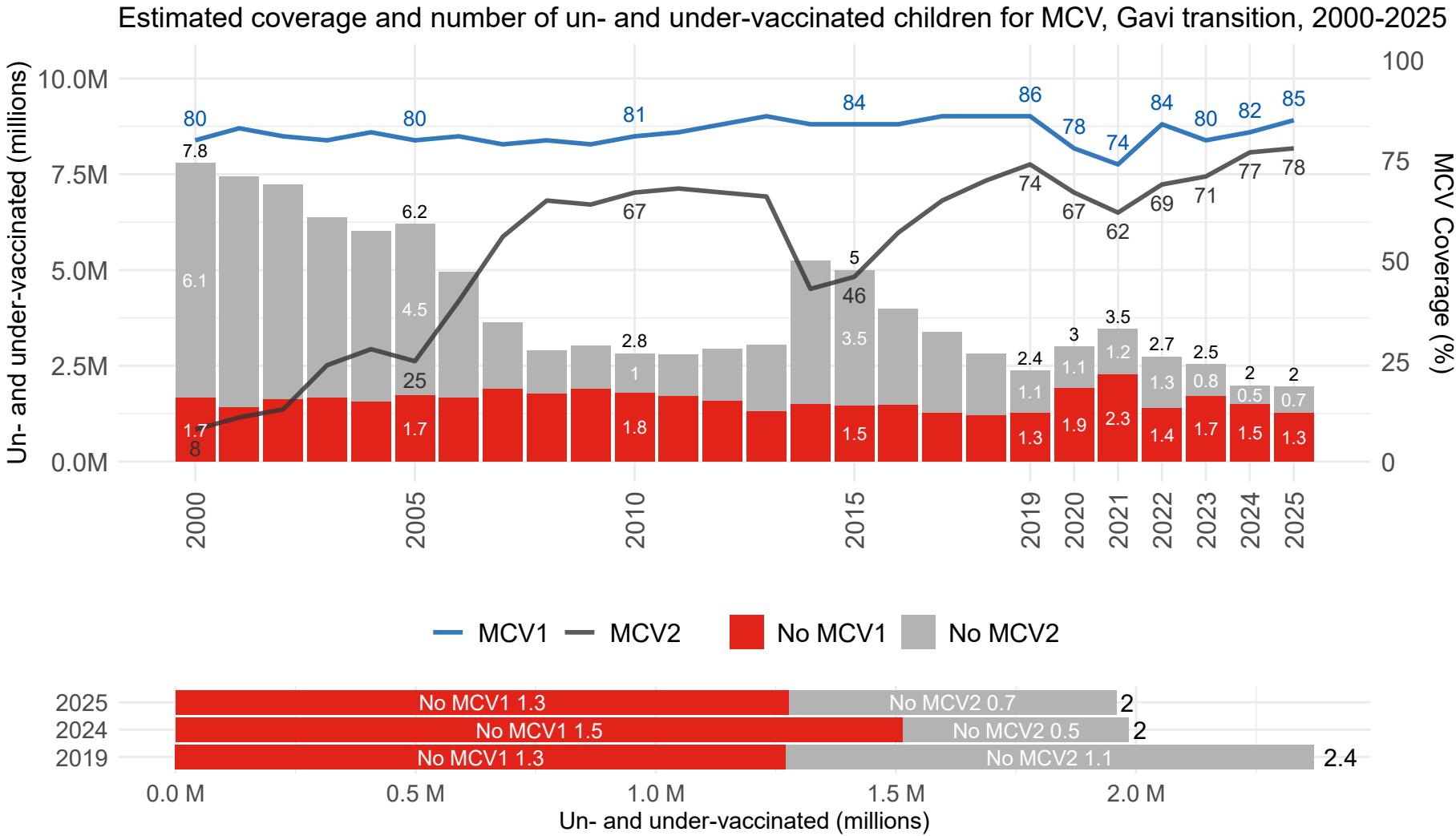
Indonesia had the highest number of children who did not receive DTP3 (n=788,000), which is approximately 45.5% of all un- and under-vaccinated children in Gavi transition (n=1.7 million).

The number of unvaccinated children is influenced by both the birth cohort size and programme performance. As a result, countries with large birth cohorts may still have a high number of unvaccinated children, even if coverage rates are high. At the same time, countries with high coverage will also have a greater absolute number of children who are vaccinated. Please refer to the heatmaps for country-specific coverage.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in legend corresponds to region ranking based on highest to lowest absolute number of unvaccinated children and reflects order of pie slices.

MCV1

MCV1 coverage increased from 82% in 2024 to 85% in 2025, but this still left ~1.3 million children without any protection against measles. MCV2 coverage remained relatively constant 77% in 2025.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: There may be discrepancies due to rounding.

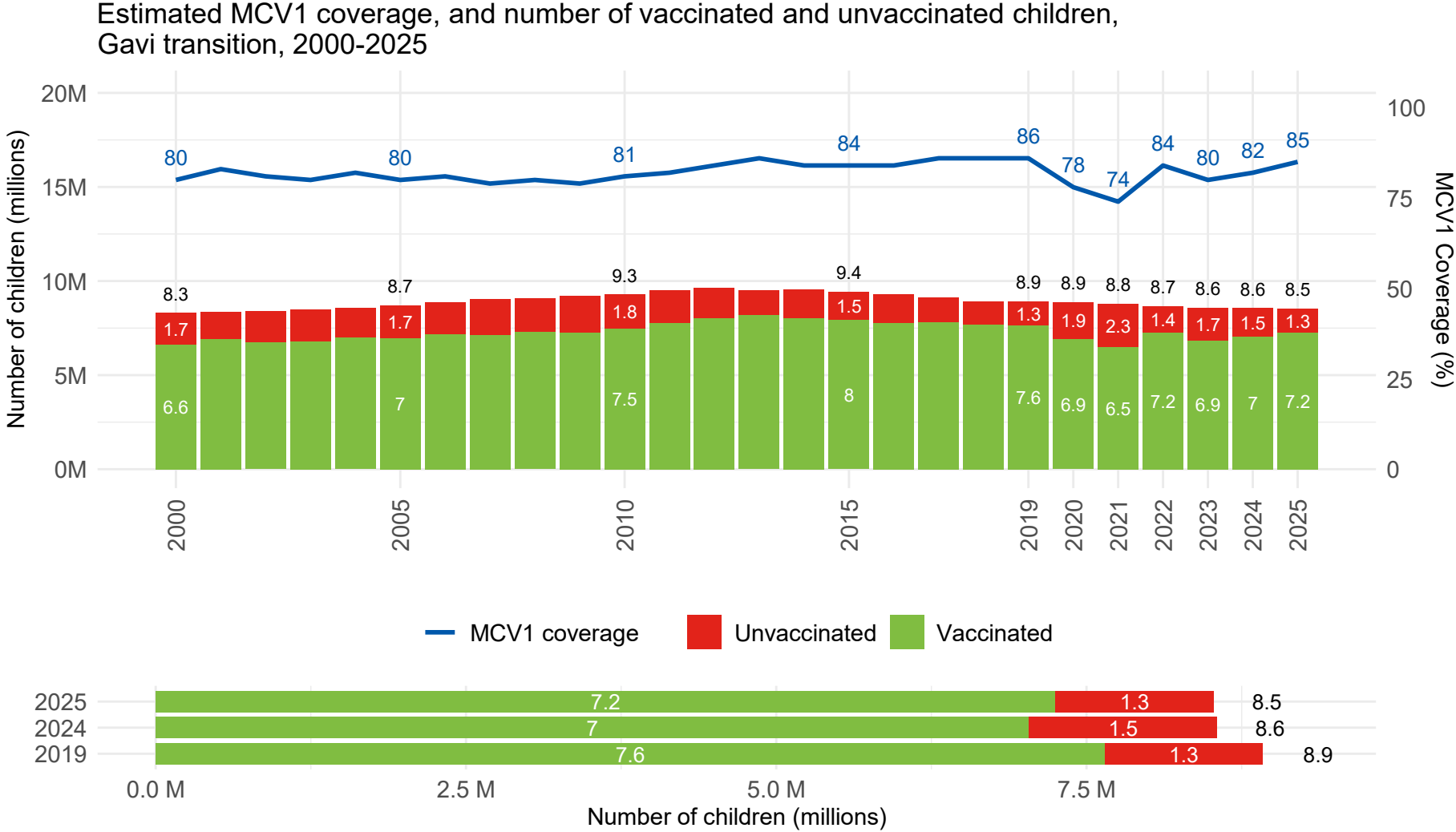
Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

The percentage of children receiving MCV1 – typically at 9 or 12 months – increased at 85%. This is similar to in 2019, where coverage was 86%.

1.3 million children missed their routine first dose of measles vaccine.

MCV2 is typically administered to children between 18 months and five years old. MCV2 coverage remained relatively constant at 78% in 2025.

In 2025, MCV1 coverage was 85%: 7.2 million children received the measles vaccine, but 1.3 million remain unvaccinated against the highly contagious disease.



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.

MCV1 coverage in 2025 (85%) was within 1% of coverage in 2019 (86%).

The number of children vaccinated with MCV1 decreased 5% from 7.6 million in 2019 to 7.2 million in 2025.

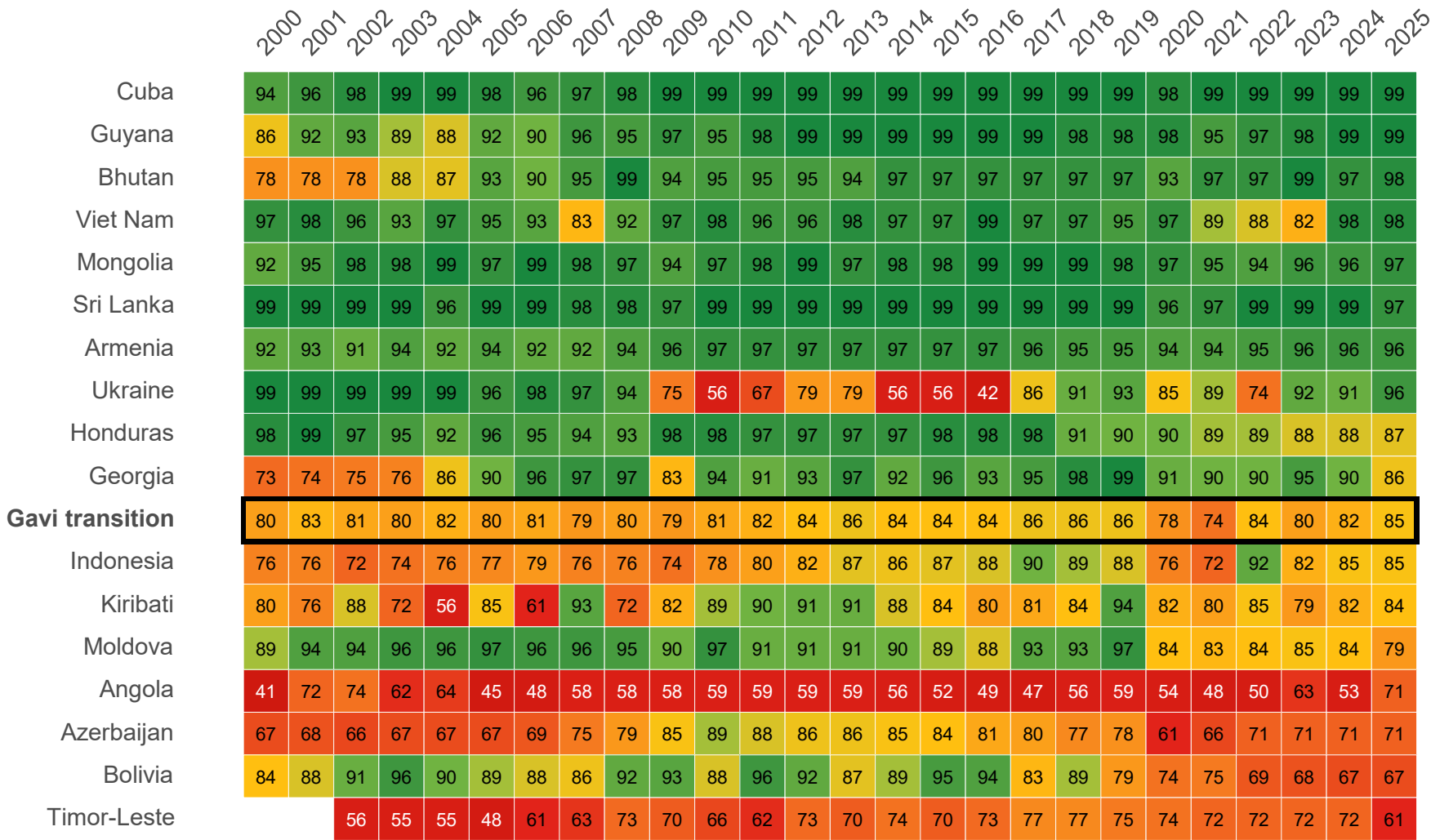
The number of surviving infants decreased approximately 4% from 8.9 million in 2019 to 8.5 million in 2025.

In 2025, 399,000 fewer children were vaccinated than in 2019.

In 2025, there were 392,000 fewer surviving infants (target population) than in 2019.

For vaccine coverage to increase, the number of children vaccinated needs to either increase or at least decline at a slower rate than the decline in surviving infant target population.

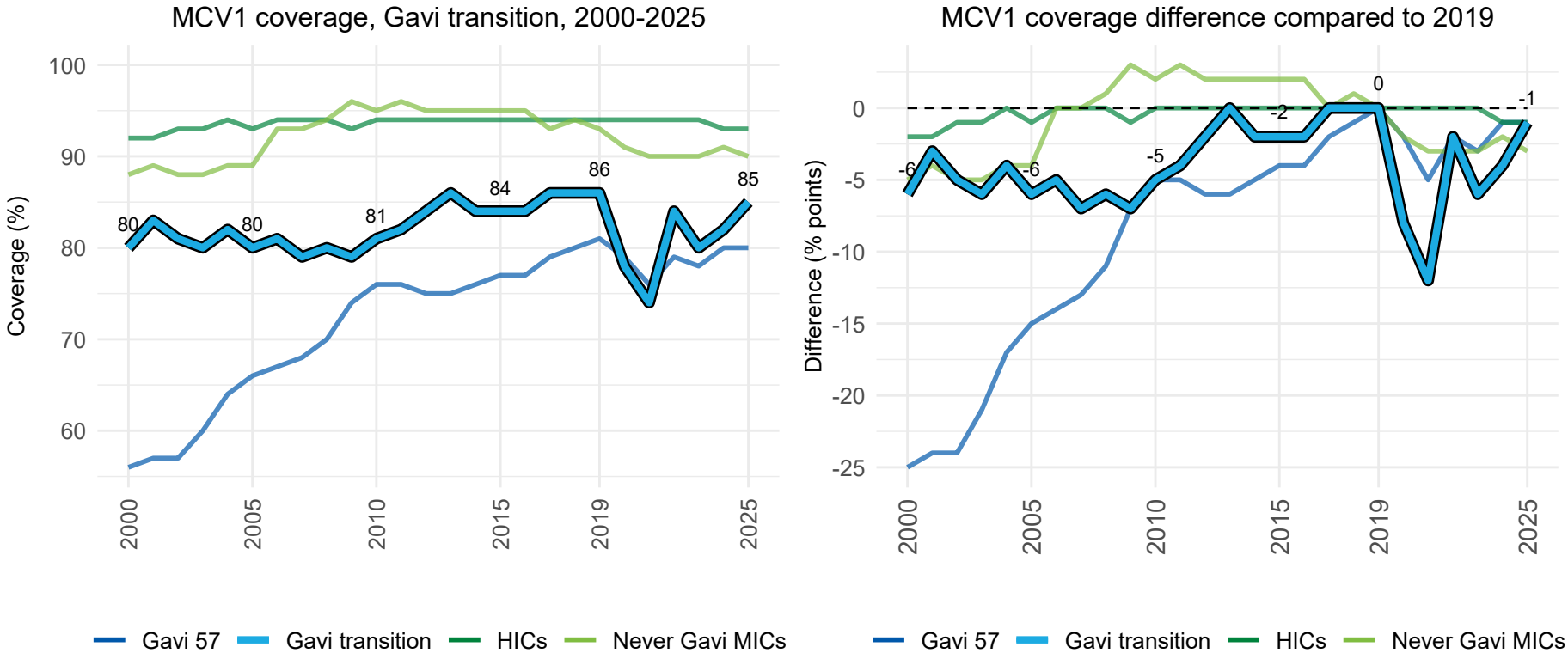
MCV1 coverage, by country, Gavi transition, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Countries ordered based on descending coverage in 2025

This heatmap shows MCV1 coverage, by region and year. Red indicates low coverage (<60%) and green indicates high coverage (≥90%). The changing colour gradient can be used to tracked changes in coverage over time and recovery from pandemic-related disruptions where applicable.

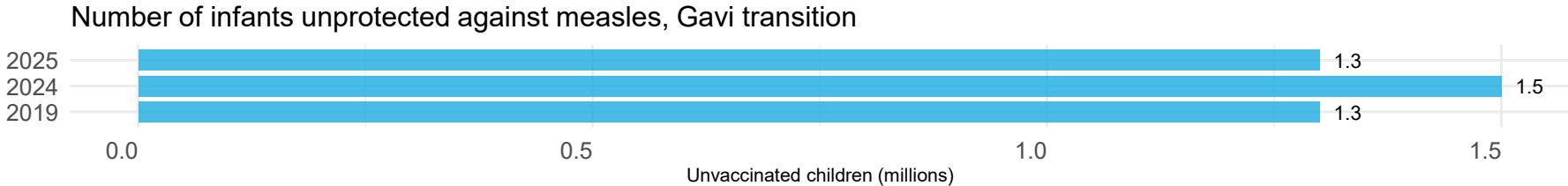
MCV1 coverage has improved since 2000 in all regions and exceeded pre-pandemic levels in one regions, but progress is uneven and gaps in unvaccinated children persist.



In 2025, Gavi transition ranked number 3 out of 4 GAVI regions, with MCV1 coverage of 85%.

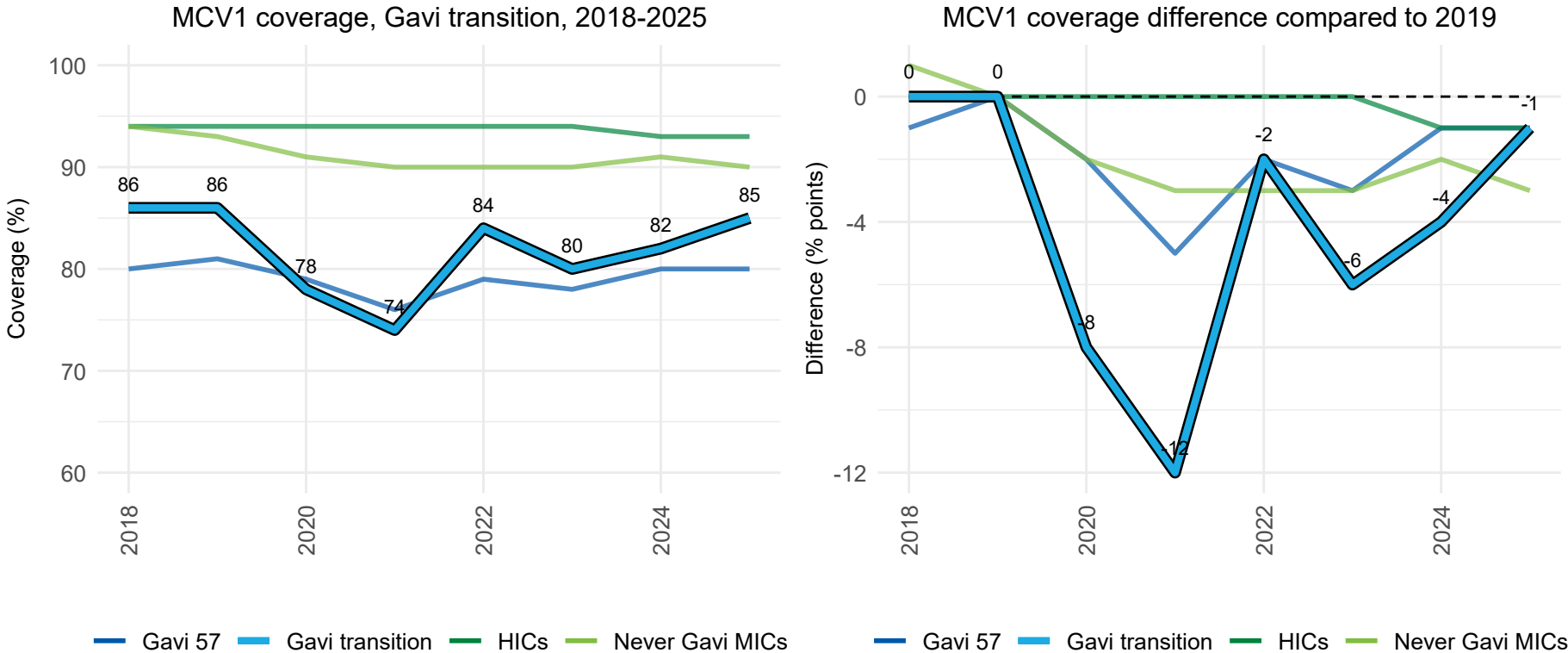
MCV1 coverage (85%) was 1 percentage point lower than in 2019 (86%).

This equates to 1.3 million unvaccinated children in 2025 compared to 1.3 million 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.
There may be discrepancies in total Unvaccinated children (millions) due to rounding.

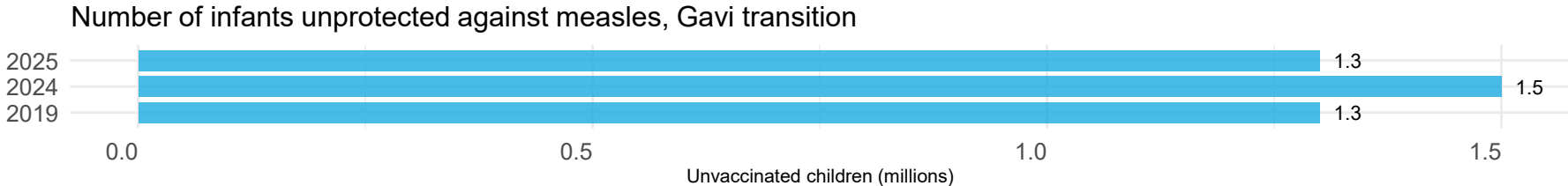
MCV1 coverage improved between 2024 and 2025 in one regions and exceeded pre-pandemic levels in one regions, but progress is uneven and gaps in unvaccinated children persist.



In 2025, Gavi transition ranked number 3 out of 4 GAVI regions, with MCV1 coverage of 85%.

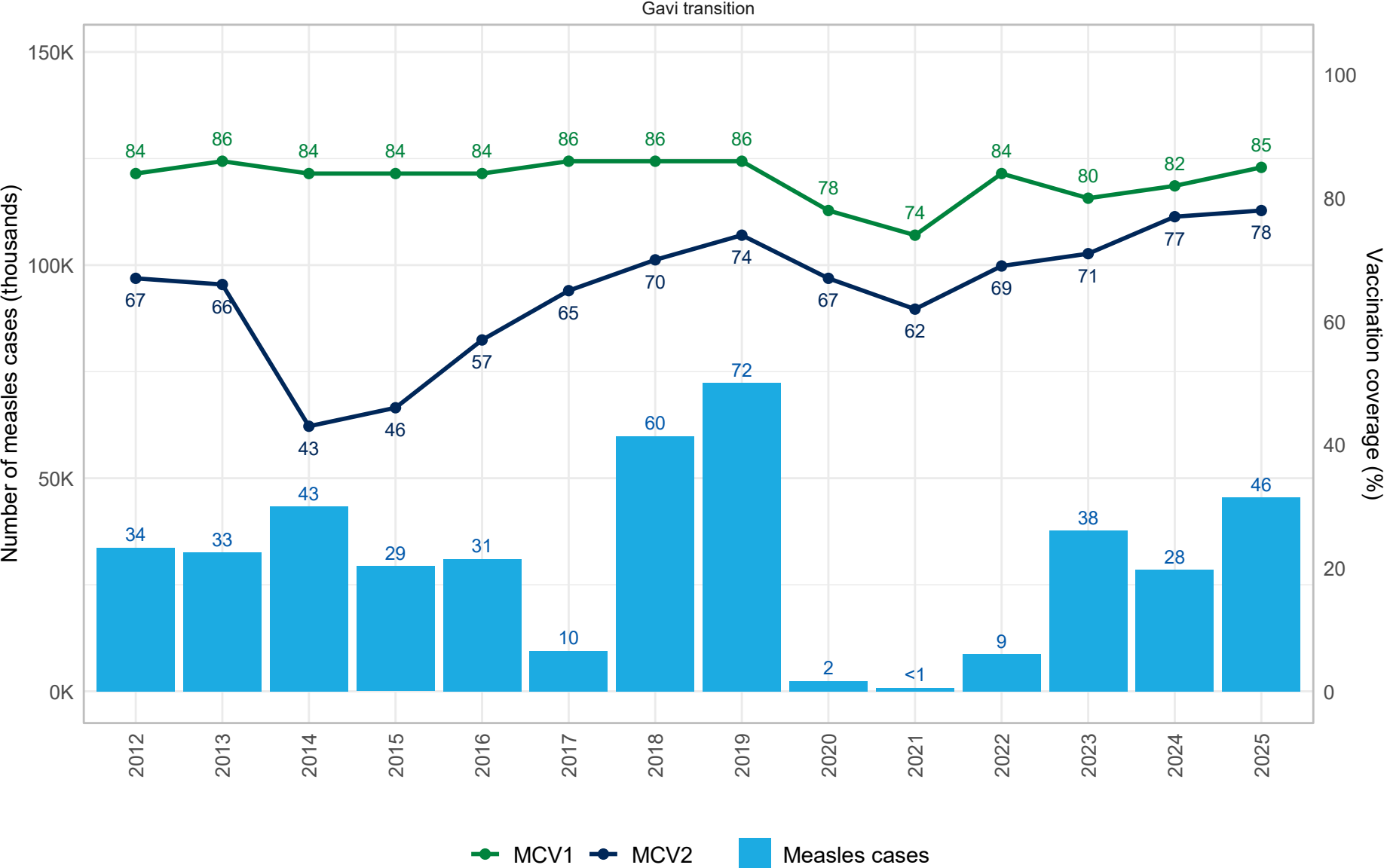
MCV1 coverage (85%) was 1 percentage point lower than in 2019 (86%).

This equates to 1.3 million unvaccinated children in 2025 compared to 1.3 million 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.
There may be discrepancies in total Unvaccinated children (millions) due to rounding.

Trends in the number of measles cases and MCV coverage, 2012-2025



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.

This chart shows trends in the number of measles cases and MCV coverage (Gavi transition).

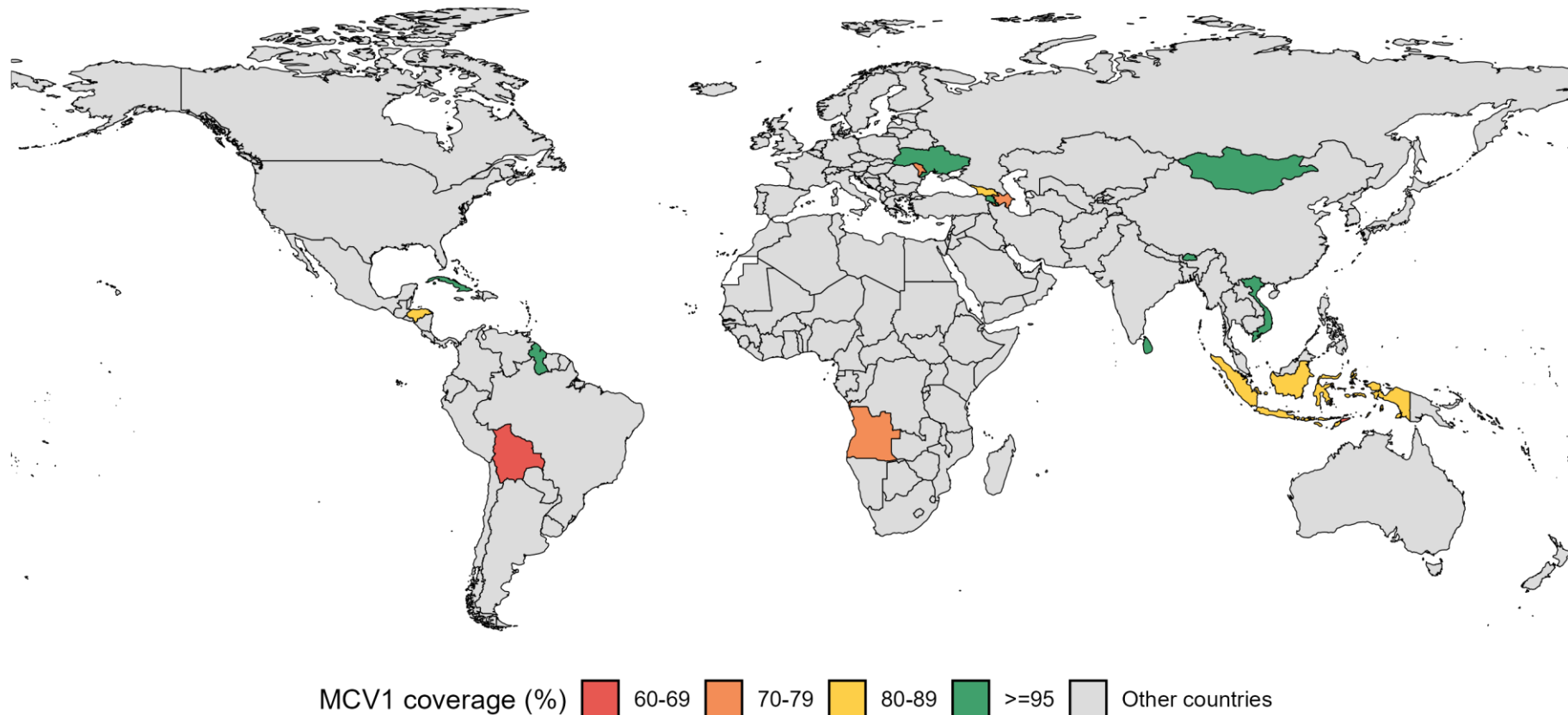
In 2025, there were 45,467 confirmed measles cases - an increase from 28,482 in 2024.

Measles cases were reported in 12 countries (Angola, Bolivia, Armenia, Azerbaijan, Georgia, Republic of Moldova, Ukraine, Bhutan, Sri Lanka, Indonesia, Mongolia, and Viet Nam). Indonesia reported the highest number of cases (n=17,204), accounting for 38% of total cases in the region.

Very high vaccination coverage is necessary to interrupt measles transmission due to the virus's high transmissibility. The WHO recommends a minimum of 95% coverage with two doses of MCV through routine immunization services.

In 2025, 8 countries achieved at least 90% MCV1 coverage, while 2 had coverage below 70%.

MCV1 Coverage (%), Gavi transition, 2025



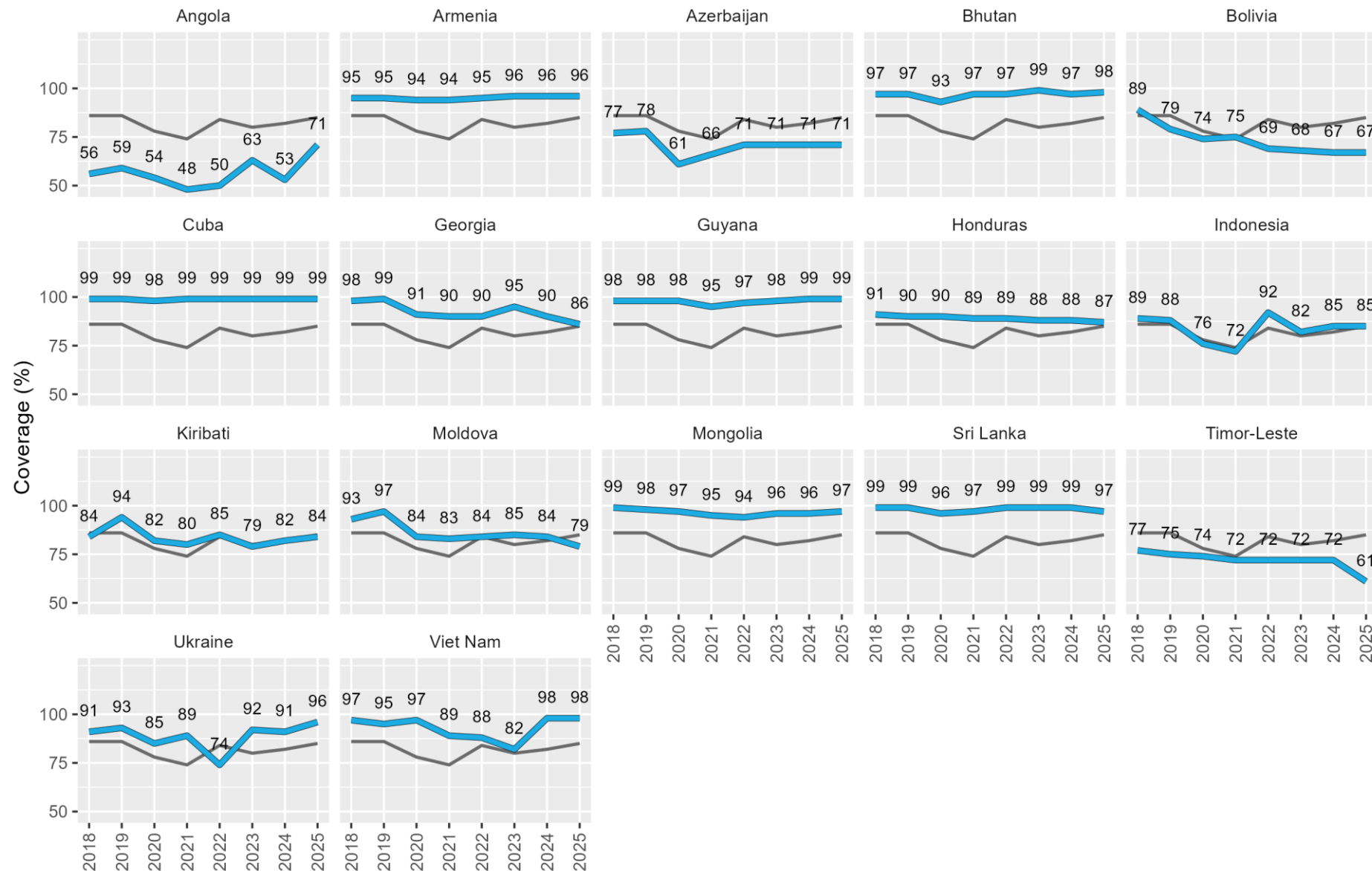
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: This map is stylized and based on an approximate scale. This map does not reflect a position by UNICEF or WHO on the legal status of any country or territory or the delimitation of any frontiers.

In Gavi transition, 2 out of 17 (12%) countries had MCV1 coverage below 70% in 2025. These are Bolivia and Timor-Leste.

These countries account for approximately 284,000 (3%) of the total annual cohort of surviving infants in the region.

There were 8 (47%) countries that achieved MCV1 of 90% or higher, accounting for 2.1 million (24%) of the total cohort.

Coverage of MCV1, by country, Gavi transition, 2018-2025



In 2025, Cuba and Guyana had the highest coverage (99%), while Timor-Leste had the lowest coverage (61%).

MCV1 coverage increased in 5 out of 17 countries between 2024 and 2025. The largest increase was 18% points in Angola from 53% to 71%.

5 countries saw a decrease in coverage (Georgia, Honduras, Moldova, Sri Lanka, and Timor-Leste). The largest decline was 11% points in Timor-Leste from 72% to 61%. Coverage remained constant between 2024 and 2025 in the remaining 7 countries.

In 2025, 8 out of 17 countries had achieved MCV1 coverage of at least 90%.

MCV1 coverage difference compared to 2019, by country, Gavi transition, 2018-2025



This chart shows difference in MCV1 coverage compared to 2019, by country.

Coverage was higher in 2025 compared to 2019 in 6 countries (Angola, Armenia, Bhutan, Guyana, Ukraine, and Viet Nam).

The largest increase in coverage was 12% points in Angola from 59% in 2019 to 71% in 2025.

Coverage was lower than in 2019 in 10 countries (Azerbaijan, Bolivia, Georgia, Honduras, Indonesia, Kiribati, Moldova, Mongolia, Sri Lanka, and Timor-Leste).

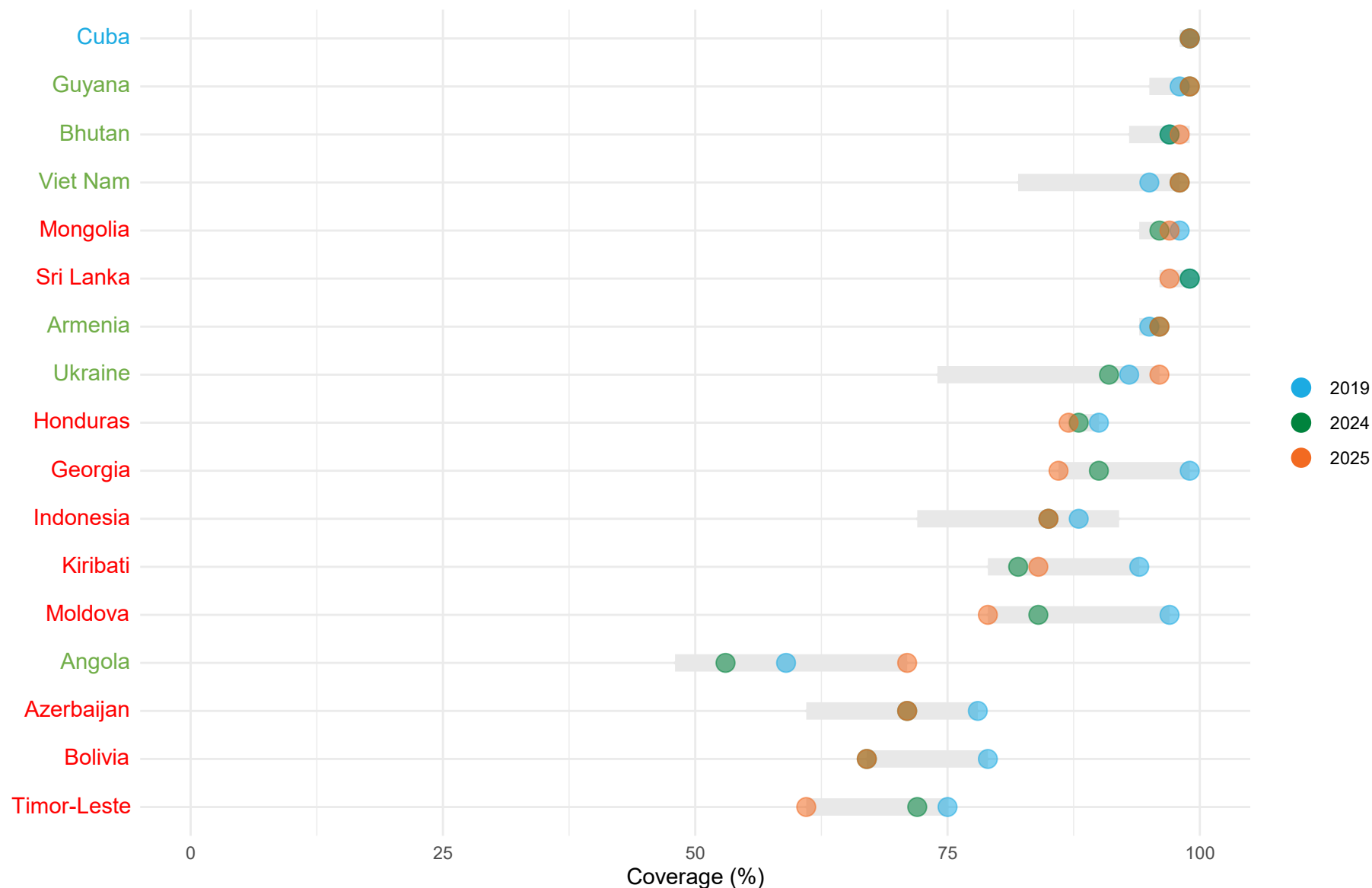
The largest decline in coverage was 18% points in Moldova from 97% in 2019 to 79% in 2025.

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

Note: Dark grey line displays regional coverage difference for reference

compared to 2019, values above zero indicate coverage n percentage points higher than in 2019 and values below zero indicate coverage n percentage points lower than in 2019

MCV1 coverage, by country, Gavi transition, 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. Countries are arranged by high to low coverage in 2025 and coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019. An asterisk (*) indicates countries aiming to catch-up children missed since 2019 through a Big Catch-up Plan, supported by financing from The Gavi Alliance.

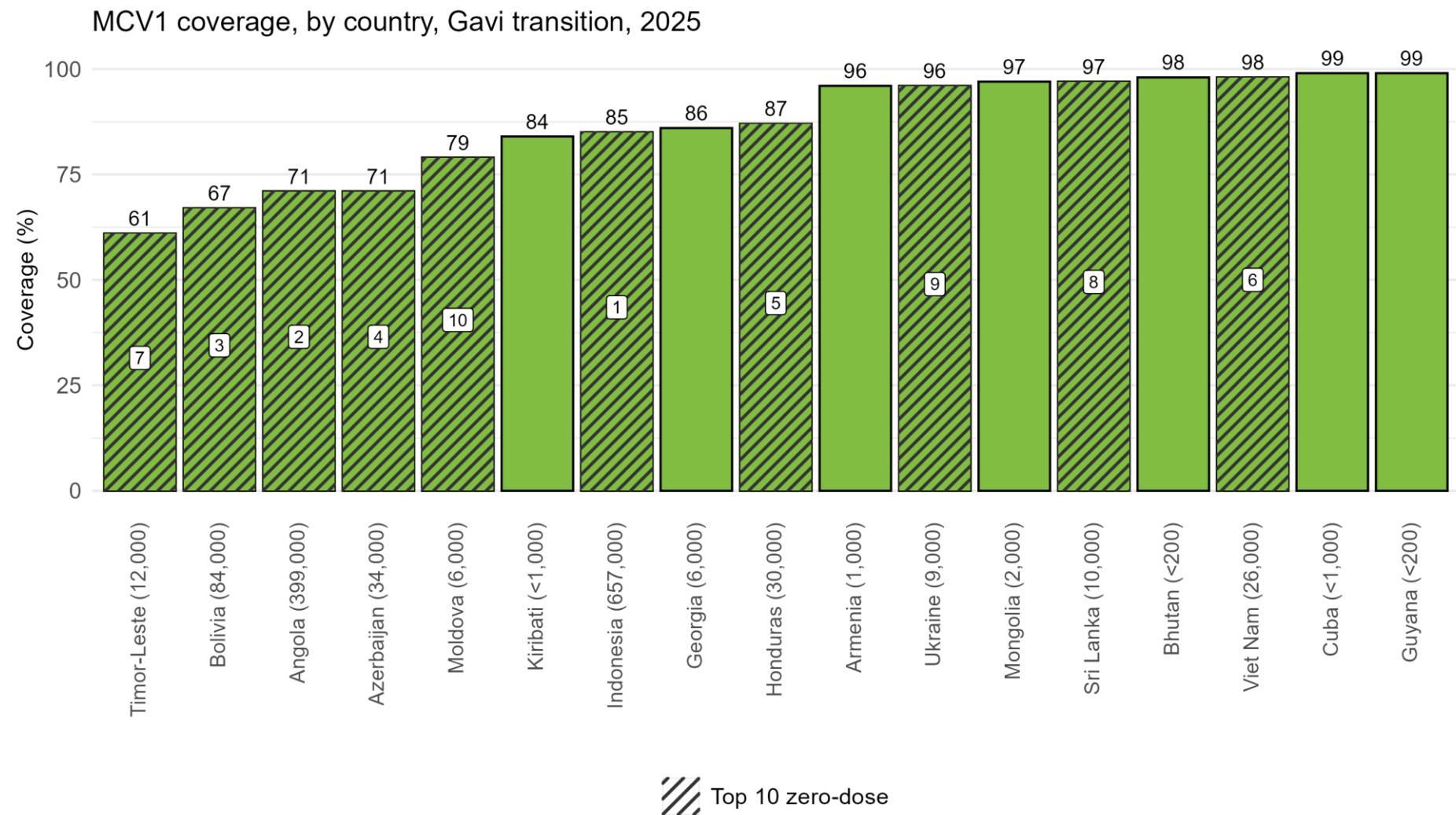
This chart shows the range of MCV1 coverage across years 2019 to 2025 (grey bars), and coverage in specific years (dots), by country. The chart can be used for assessing recovery to pre-pandemic levels and progress beyond 2019.

In 2024, 11 (out of 17) countries had lower coverage than in 2019.

In 2025, 5 countries had lower MCV1 coverage than in 2024.

In 2025, 10 countries had lower coverage than in 2019.

In 2025, Timor-Leste and Bolivia had the lowest MCV1 coverage, while Indonesia and Angola had the highest number of unvaccinated children, highlighting the need to consider both coverage and absolute numbers to identify all vulnerable populations.



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

In 2025, MCV1 coverage ranged from 61% in Timor-Leste to 99% in Cuba and Guyana.

8 out of 17 (47%) countries had coverage of at least 90%.

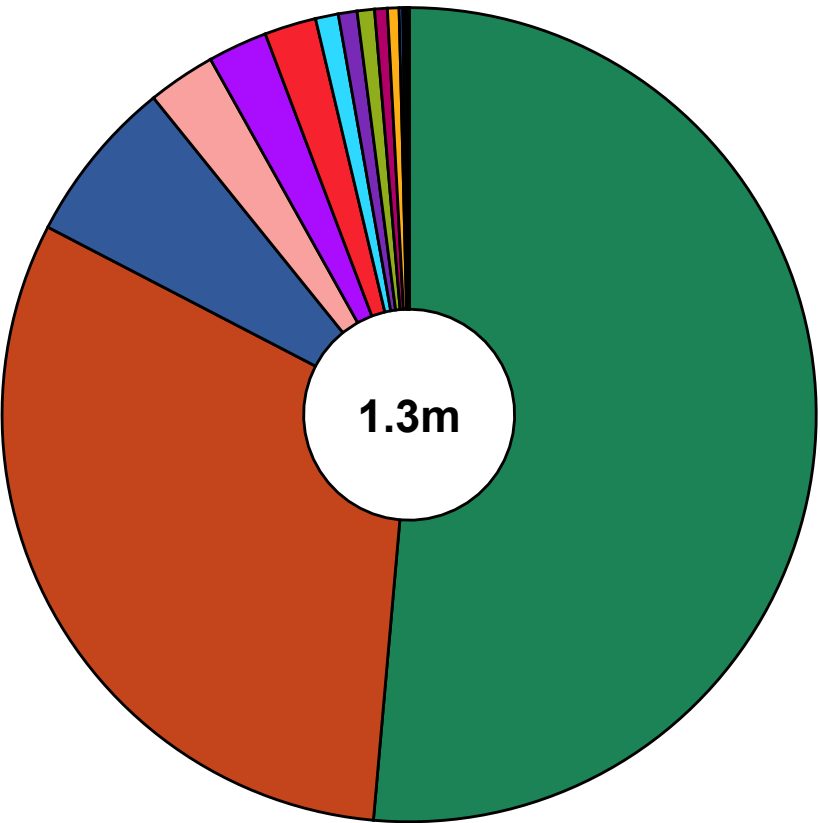
Indonesia had MCV1 coverage of 85% and the highest absolute number of unvaccinated children in the region, followed by Angola.

Large cohort countries may have high numbers of unvaccinated children despite high vaccine coverage. It is advantageous to look at both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not missed.

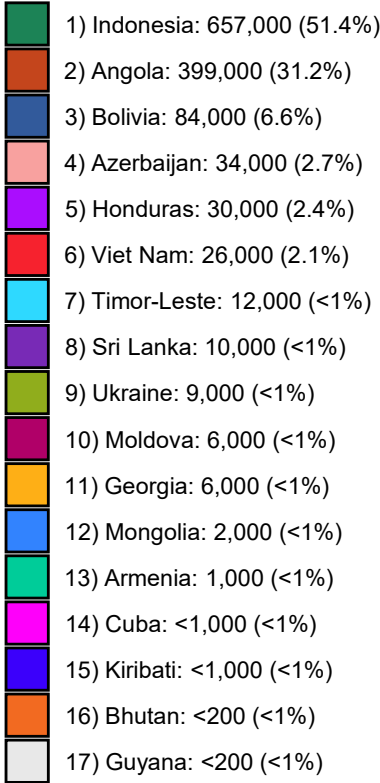
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Bars are ranked by ascending coverage.
Numbers in bubbles display top 10 rank based on absolute number of unvaccinated children. Number in parentheses shows number of unvaccinated children.

In 2025, 1 countries accounted for over half of all children unprotected against measles in Gavi transition, with Indonesia contributing the highest share.

MCV1 unvaccinated (% of total unvaccinated)



MCV1 unvaccinated (% of total unvaccinated)



In 2025, 1 countries accounted for over half (51.4%) of all children unprotected against measles in Gavi transition.

Indonesia had the highest number of children who did not receive MCV1 (n=657,000), which is approximately 51.4% of all children unprotected against measles in Gavi transition (n=1.3 million).

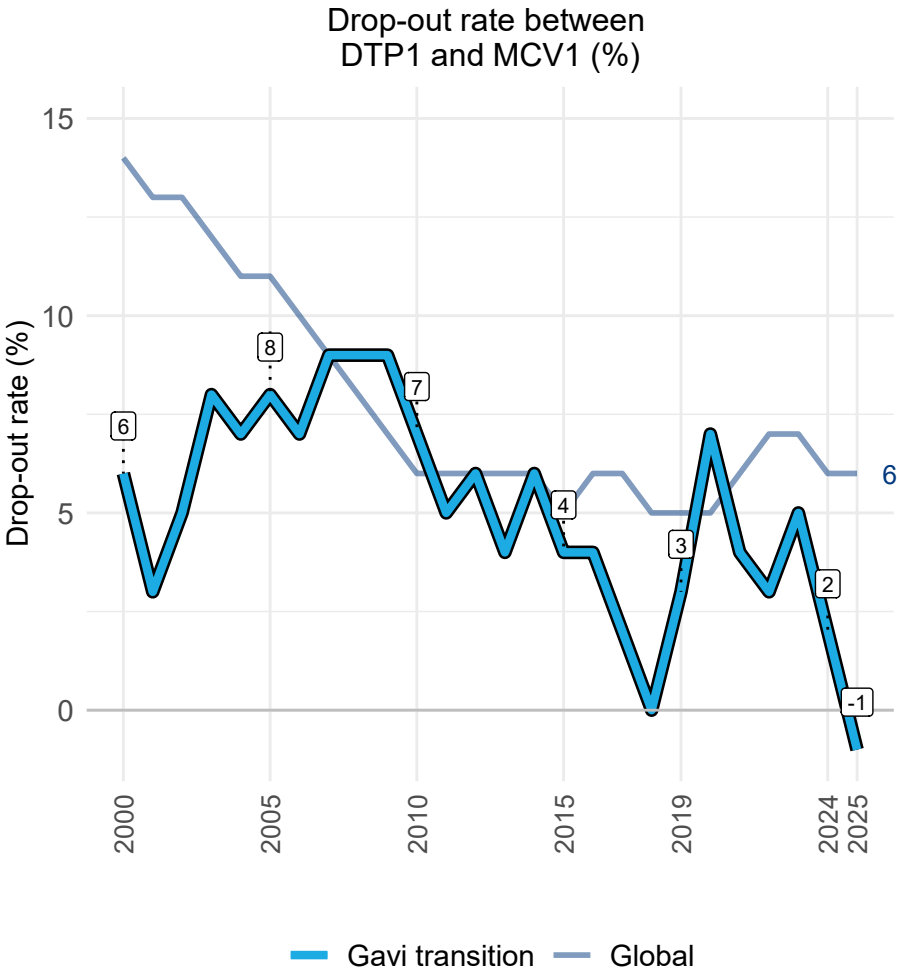
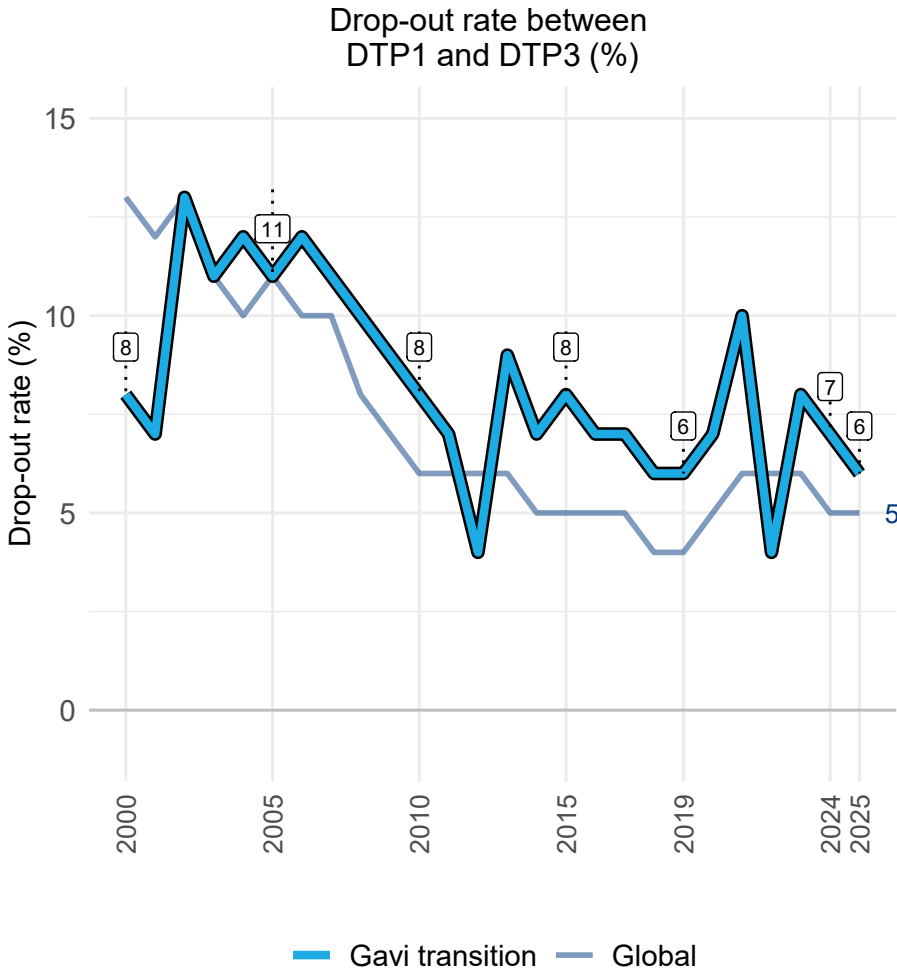
The number of unvaccinated children is influenced by both the birth cohort size and programme performance. As a result, countries with large birth cohorts may still have a high number of unvaccinated children, even if coverage rates are high. At the same time, countries with high coverage will also have a greater absolute number of children who are vaccinated. Please refer to the heatmaps for country-specific coverage.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in legend corresponds to region ranking based on highest to lowest absolute number of unvaccinated children and reflects order of pie slices.

Childhood immunization: Additional charts

In 2025, DTP1-DTP3 drop-out was moderate (6%) and DTP1-MCV1 drop-out was low (-1%) in Gavi transition

Vaccine drop-out, Gavi transition, 2000-2025



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 % of children who received DTP1, but not DTP3/MCV1. Low drop-out rates indicate high retention of children in immunization programmes.

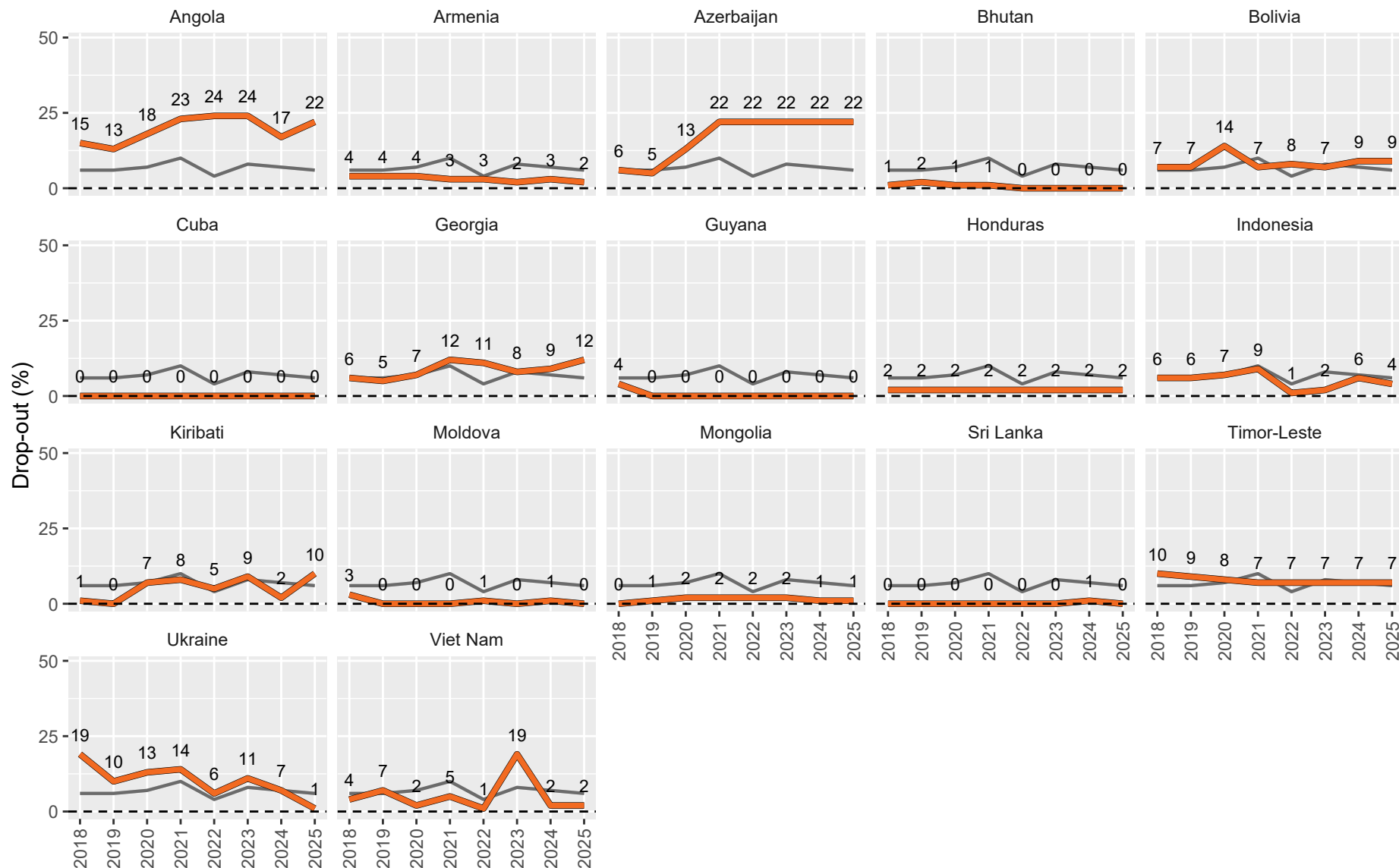
This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1.

In 2025, 6% of children who received DTP1 did not receive DTP3 (left), and -1% of children who received DTP1 did not receive MCV1 (right).

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

In 2025, Gavi transition DTP drop-out was higher and DTP-MCV drop-out was higher than global drop-out rates, respectively.

Drop-out between DTP1 and DTP3 (%), by country, Gavi transition, 2018-2025



This chart shows trends in drop-out rates between DTP1 and DTP3 by country.

In 2025, Angola and Azerbaijan had the highest drop-out with 22% of children who received DTP1 not receiving DTP3.

Bhutan, Cuba, Guyana, Moldova, and Sri Lanka had the lowest DTP drop-out (0%). Zero drop-out indicates that near enough all children that received DTP1 also received DTP3.

3 countries had DTP drop-out of more than 10%.

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

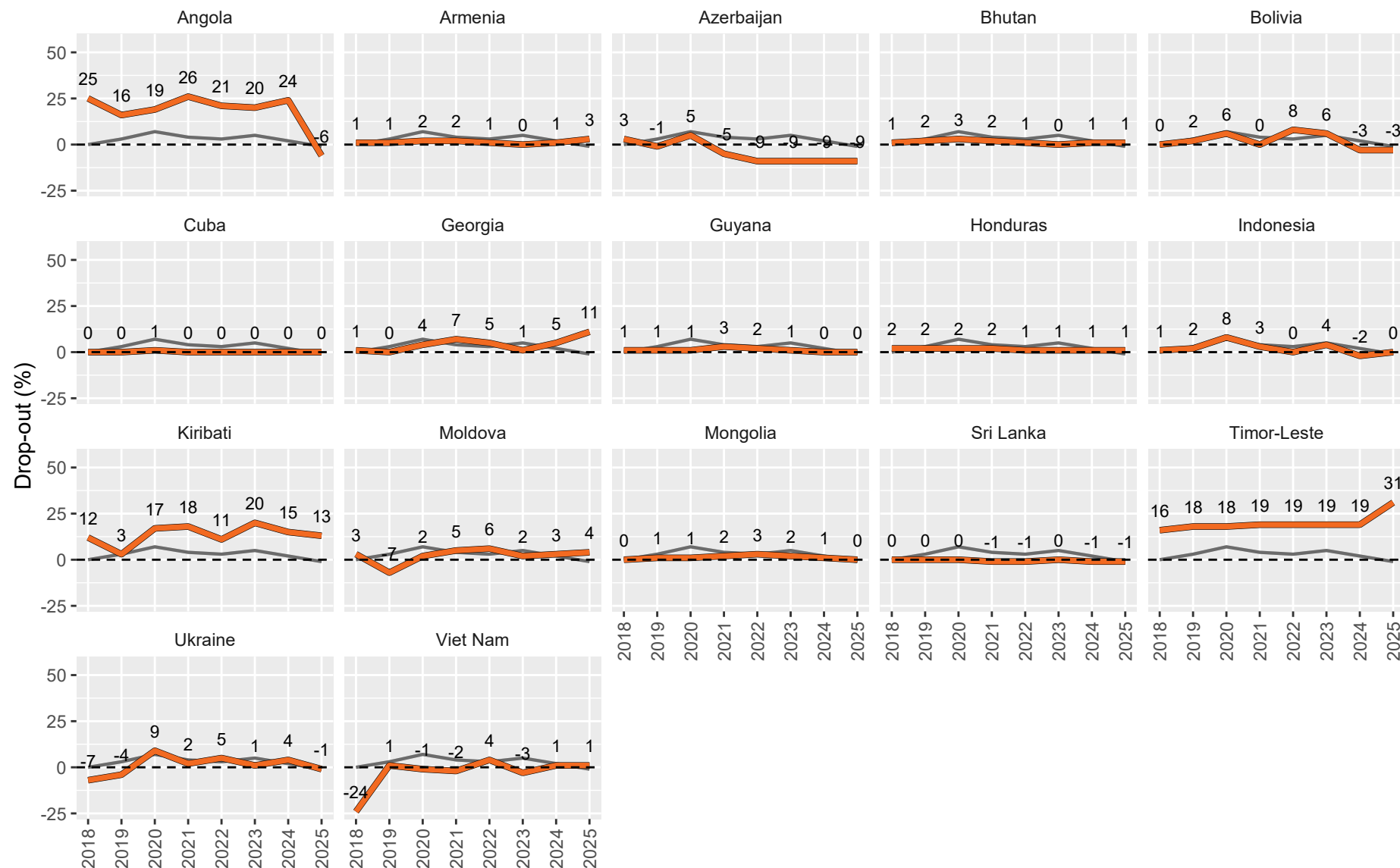
Note: Dark grey line displays regional dropout for reference

Drop-out classification: <5% = low, 5-10% = medium, >10% = high



WUENIC 2025 revision

Drop-out between DTP1 and MCV1 (%), by country, Gavi transition, 2018-2025



This chart shows trends in drop-out rates between DTP1 and MCV1 by country.

In 2025, Timor-Leste had the highest drop-out with 31% of children who received DTP1 not receiving MCV1.

Cuba, Guyana, Indonesia, and Mongolia had the lowest DTP-MCV drop-out (0%).

3 countries had DTP-MCV drop-out of more than 10%.#n

There were 5 countries with negative DTP-MCV dropout (ie. more children received MCV1 than DTP1).

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

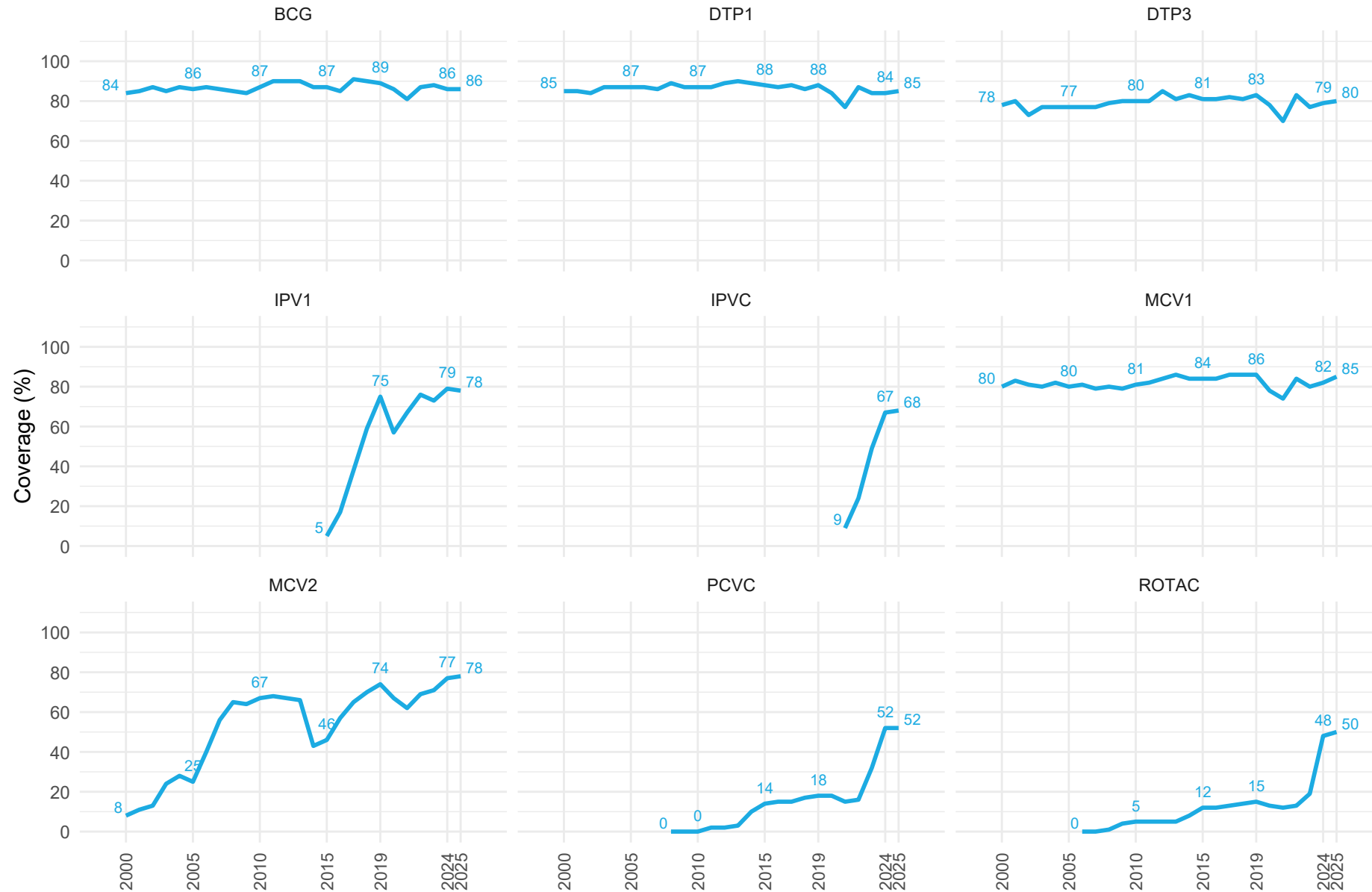
Note: Dark grey line displays regional dropout for reference

Drop-out classification: <5% = low, 5-10% = medium, >10% = high



WUENIC 2025 revision

Coverage of selected routine vaccines, Gavi transition, 2000-2025



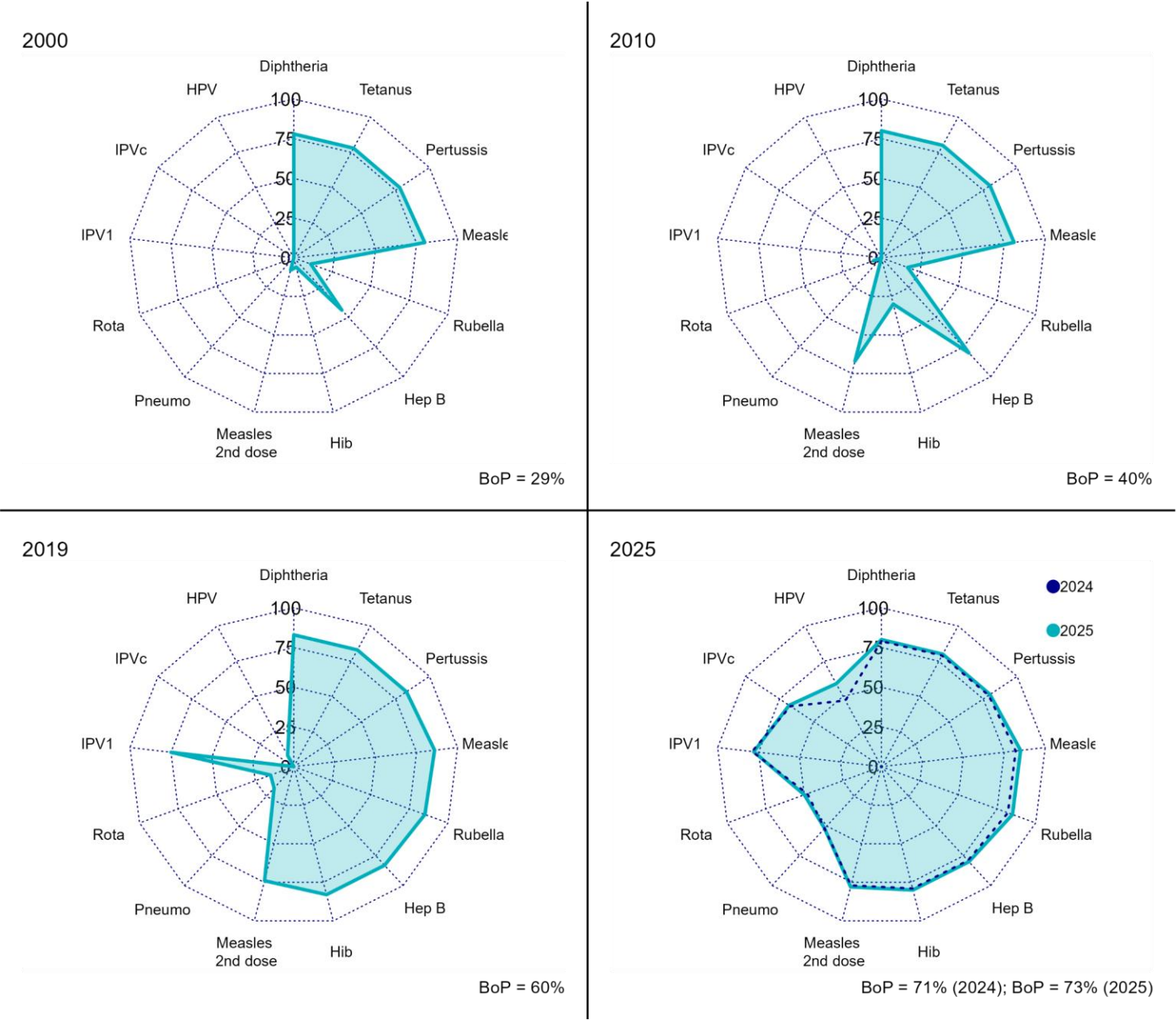
This chart shows coverage trends for 9 core routine vaccines recommended in childhood.

The steep increasing trends in coverage of IPV, MCV2, PCVC and RotaC is in-part related to increasing introduction in countries, along with improved coverage.

In 2025, ROTAC had the lowest coverage of all vaccines (50%), followed by PCVC (52%).

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

Breadth of Protection, Gavi transition, 2000-2025



Breadth of protection (BOP) is a combination of the number of vaccines in a country's national immunization programme and the coverage achieved for each vaccine.

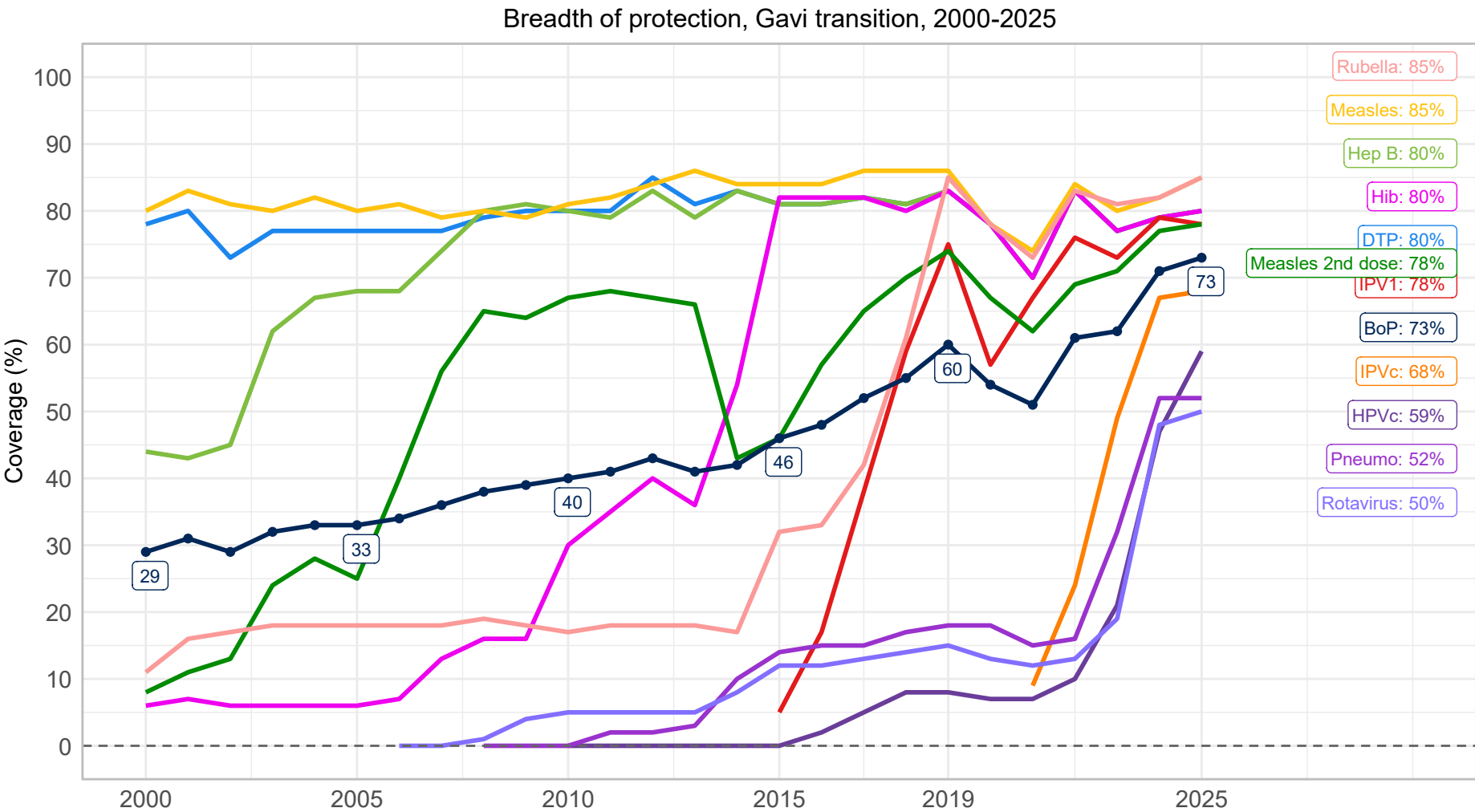
The radar chart displays the BOP (shaded area) and vaccine coverage (points), by year.

BOP increased from 29% in 2000 to 73% in 2025. This increase since 2000 is a result of incremental improvement in introducing new vaccines and expanding vaccination services to previously missed populations.

Enhancing BOP now depends partly on improving the coverage of ROTAC, PCVC, HPV, IPVc, IPV1, and MCV2 - vaccines with coverage less than 80% in 2025.

Breadth of protection = ((DTP3 x 3) + HepB3 + Hib3 + IPV1 + IPVc + MCV1 + MCV2 + PCV3 + RCV1 + RotaC + HPV) / 13

Breadth of protection with all recommended antigens has more than doubled since 2000, but reaching the next gains depends on closing coverage gaps in newer vaccines still below 73%.



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

Breadth of protection (BoP) = ((DTP3 x 3) + HepB3 + Hib3 + IPV1 +IPVC + MCV1 + MCV2 + PCVC + RCV1 + RotaC + HPVc) / 13

Breadth of protection (BOP) is a combination of the number of vaccines in a country's national immunization programme and the coverage achieved for each vaccine.

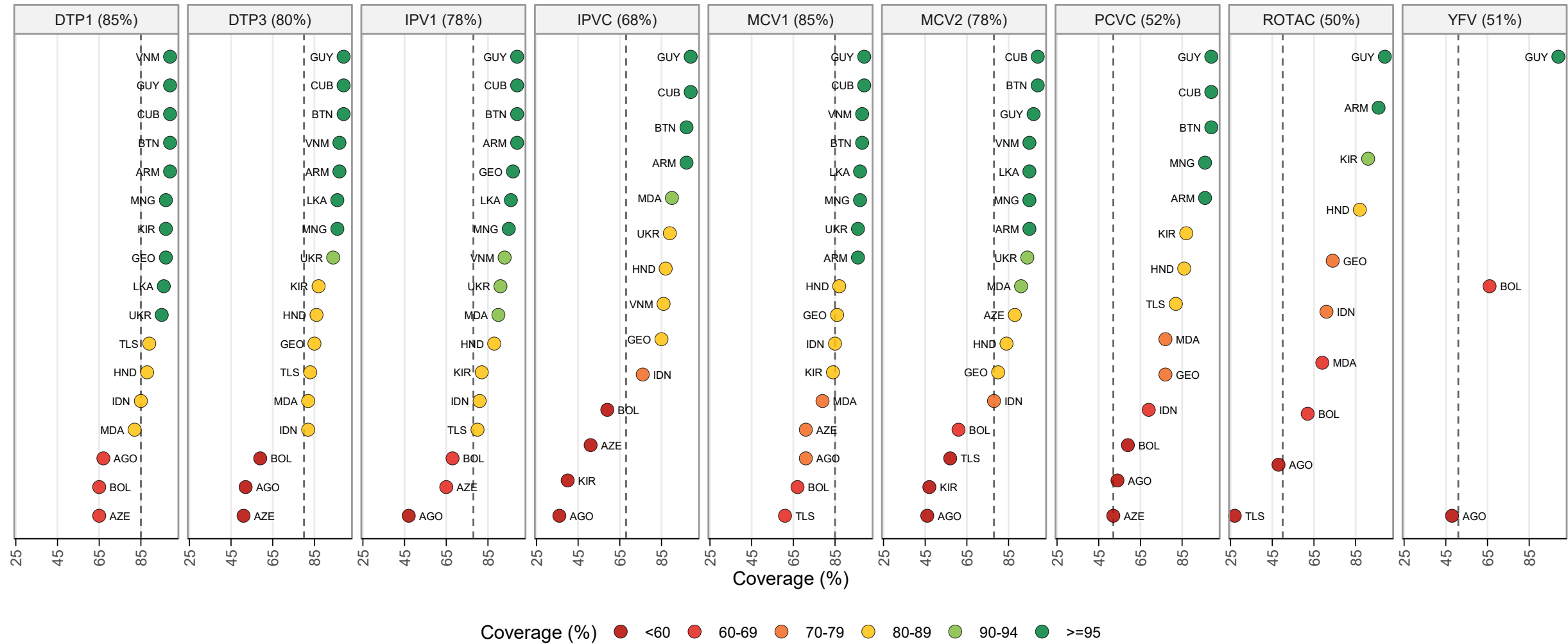
The radar chart displays the BOP (shaded area) and vaccine coverage (points), by year.

BOP increased from 29% in 2000 to 73% in 2025. This increase since 2000 is a result of incremental improvement in introducing new vaccines and expanding vaccination services to previously missed populations.

Enhancing BOP now depends partly on improving the coverage of ROTAC, PCVC, HPV, IPVc, IPV1, and MCV2 - vaccines with coverage less than 80% in 2025.

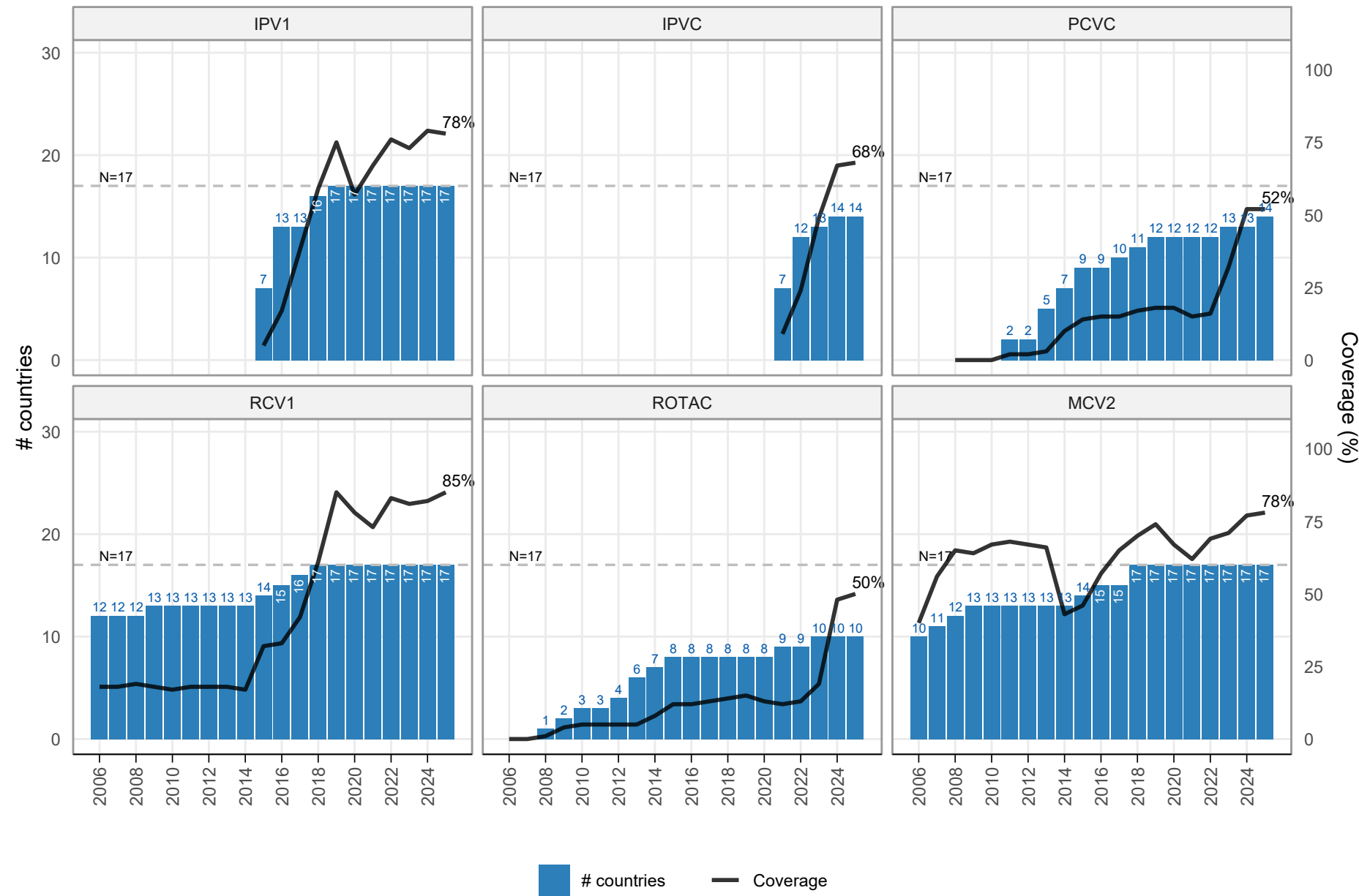
Regional average coverage masks variation between countries across all vaccines, highlighting heterogeneity in immunization performance and the need for targeted, country-specific strategies to reach underserved populations.

Vaccine coverage (%), by country, Gavi transition, 2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Countries are ranked within each region. Country ISO codes displayed. Regional average coverage is shown in the headers and by the dashed line.

Trends in number of countries with WUENIC estimates and coverage, Gavi transition, 2006-2025



This chart coverage progress of selected vaccines alongside number of countries with introductions to aid understanding of progress.

WUENIC starts producing estimates from the first year a country reports data. For new vaccines, this is often the year of, or the year year after a vaccine in introduced. As such, the numbers serve as a proxy for year of introduction.

As WUENIC has evolved and SAGE recommendations updated, more vaccines have been added to the estimation process. Where estimates were started after 2006, the first year of estimation is indicated by the vertical dashed line.

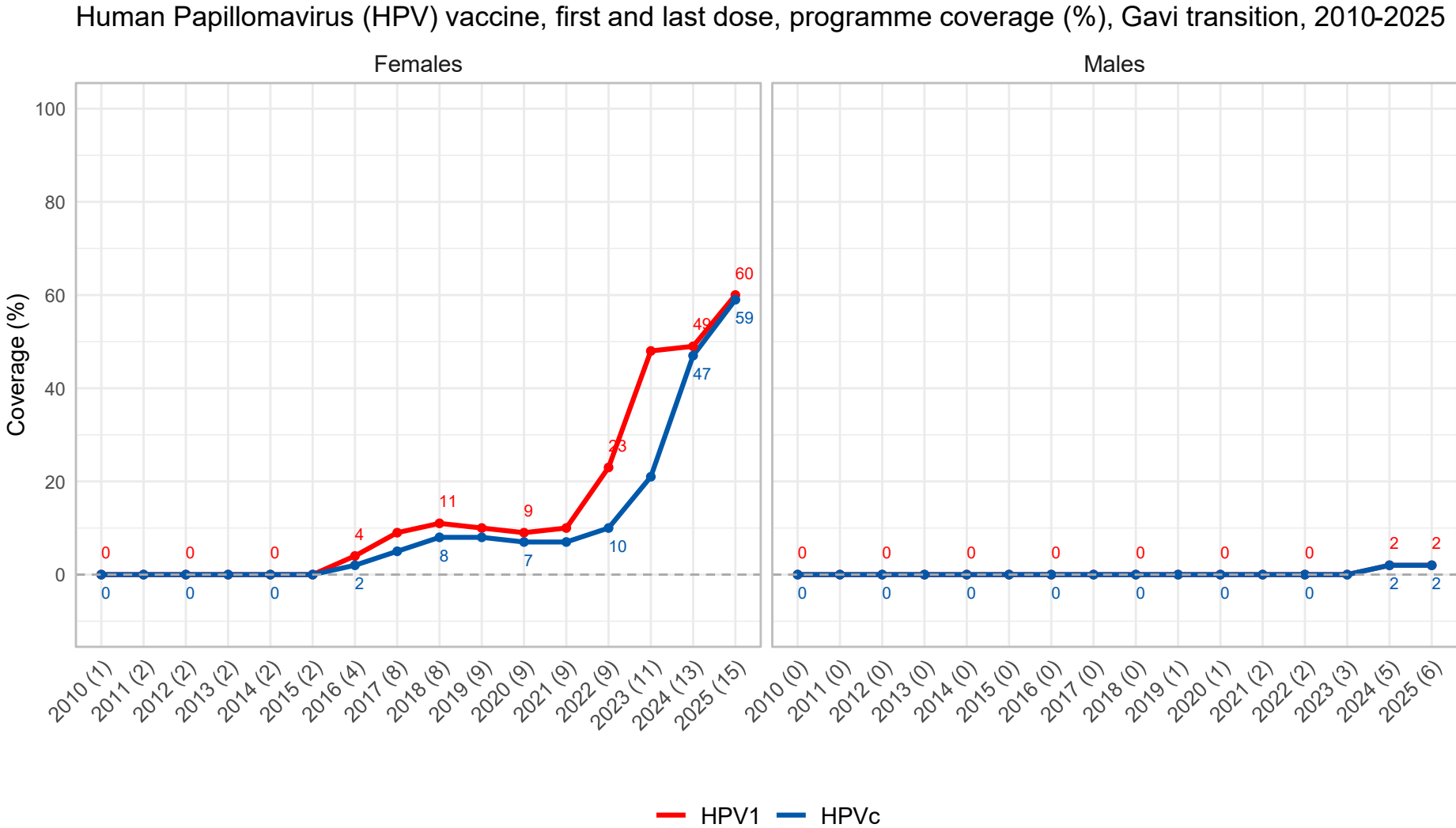
The total number of countries that are recommended for each vaccine is indicated by the dashed horizontal line and corresponding value.

Countries without the vaccine are included in aggregates as 0.

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 increased to 59% and coverage among boys remained the same at 2%.Increases among girls are driven by new introductions, national scale up and 1-dose scheudle implementation.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number of countries with HPV vaccination are indicated in parentheses. Countries without introduction are included in aggregates using a value of zero for the estimate.

HPV programme coverage is assessed according to the national schedule, and is used for short-term performance monitoring and SDG reporting.

In 2025, first dose (HPV1) coverage among girls increased to 60% and last dose (HPVc) coverage increased to 59%.

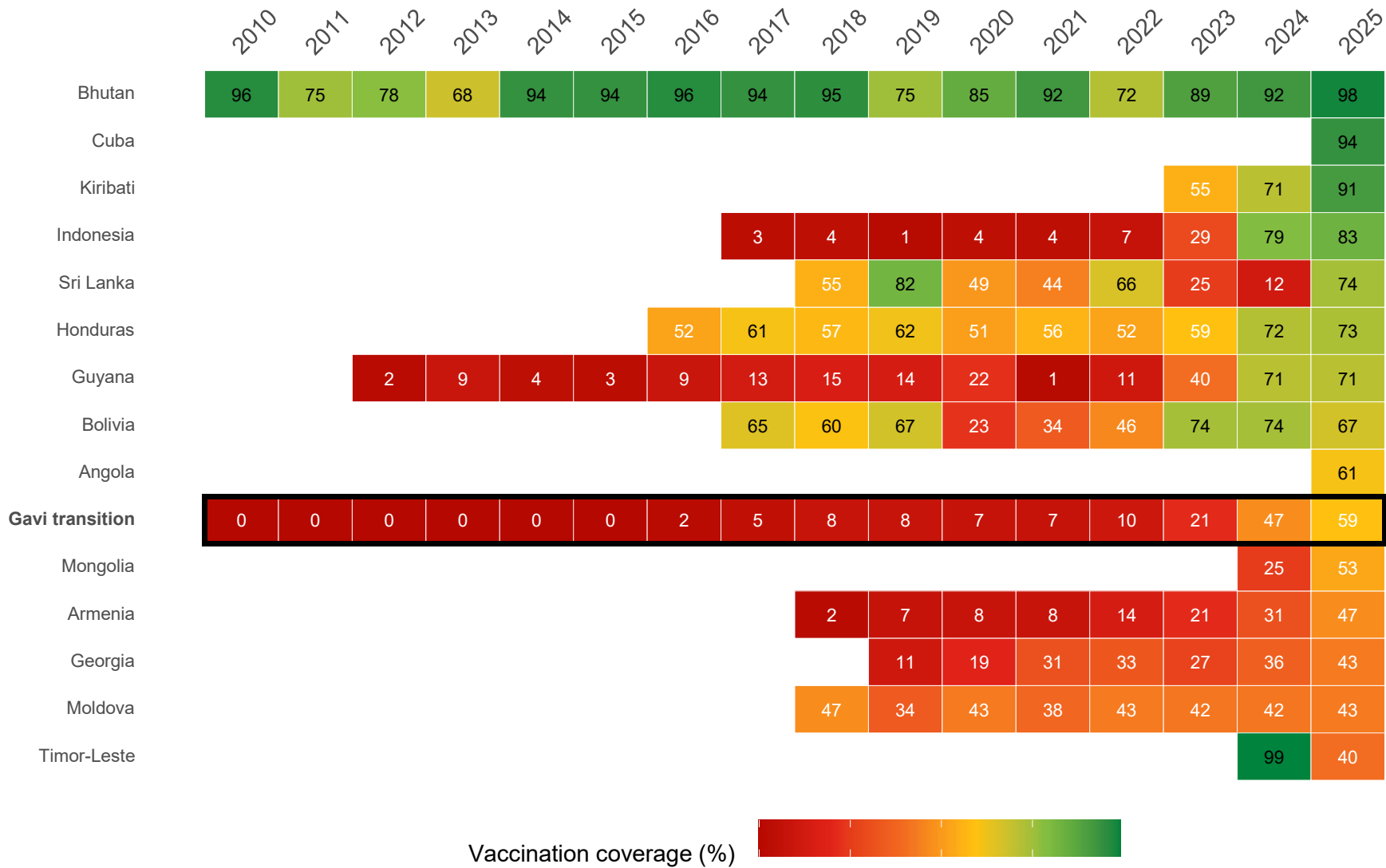
HPV1 coverage among boys remained the same at 2% and HPVc coverage remained the same at 2%.

HPV vaccine was available in 15* (out of 17) countries for girls and 6 for boys. Countries that have not introduced are included in aggregates with coverage of 0%.

Increasing coverage relies on reaching more girls and boys in existing programmes and introducing HPV vaccine in countries that have not yet introduced it.

*Includes partial introductions

HPVc programme coverage, girls, by country, Gavi transition, 2010-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Only countries with HPV introduction and where estimates were made are displayed.
Countries without HPV vaccination are included in the aggregate with a value of 0.
Countries are ordered based on descending coverage in 2025.

The 'HPVc programme coverage' indicator is defined as the target population who received the last dose of HPV vaccine in the reporting year.

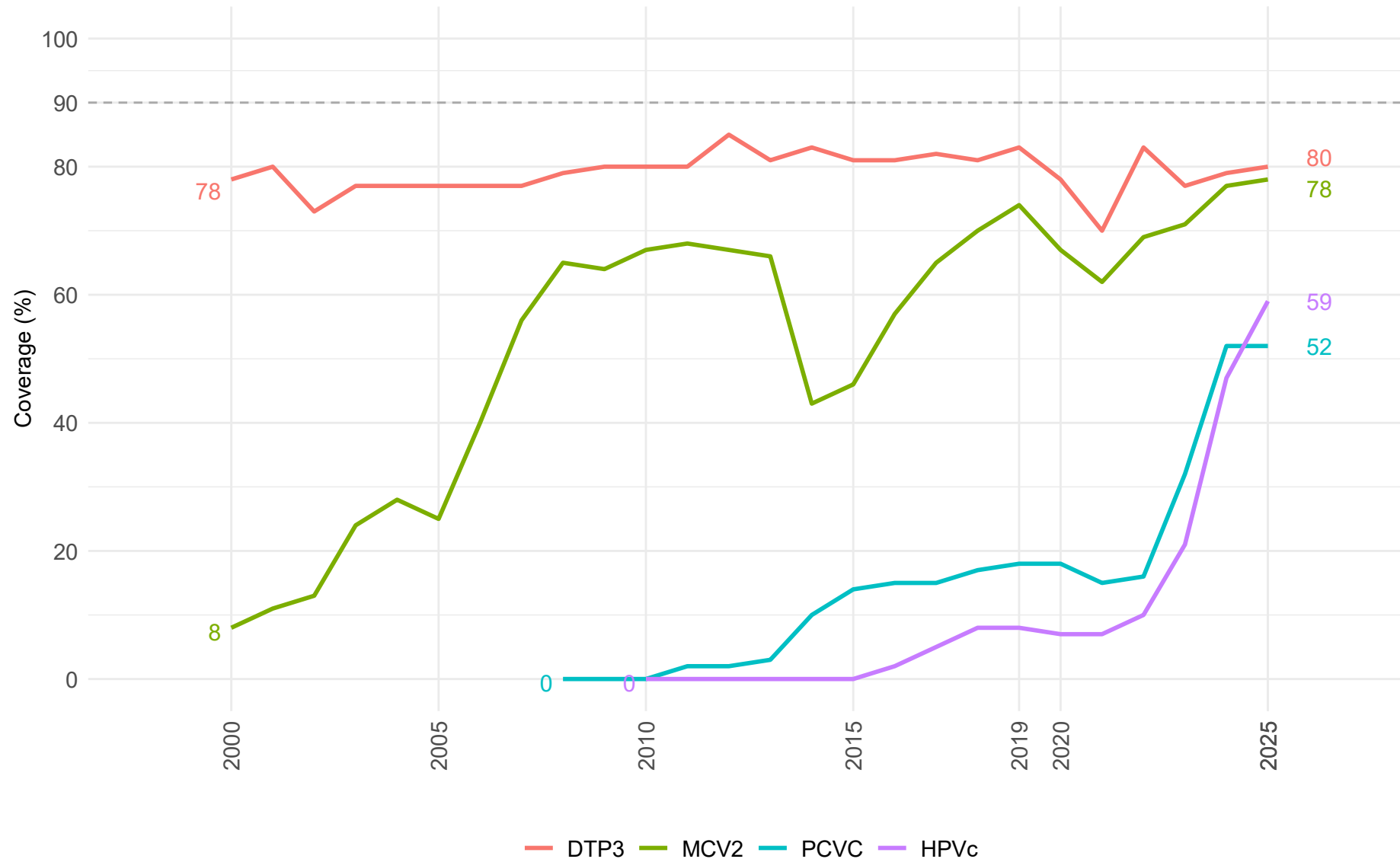
This heatmap shows HPVc programme coverage among girls, by country and year. The colour gradient is based on the best performing country.

In 2025, Bhutan had the highest HPVc coverage (98%), and Timor-Leste had the lowest coverage (40%).

Countries without HPV vaccine in 2025 (n=3): Azerbaijan, Ukraine, and Viet Nam.

SDG 3.b.1

SDG 3.b.1: Proportion of the target population covered by all vaccines included in their national programme, 2000-2025



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 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, PCVC, MCV2 and HPVc (females).

The IA2030 global target is 90% coverage of all four antigens by 2030.

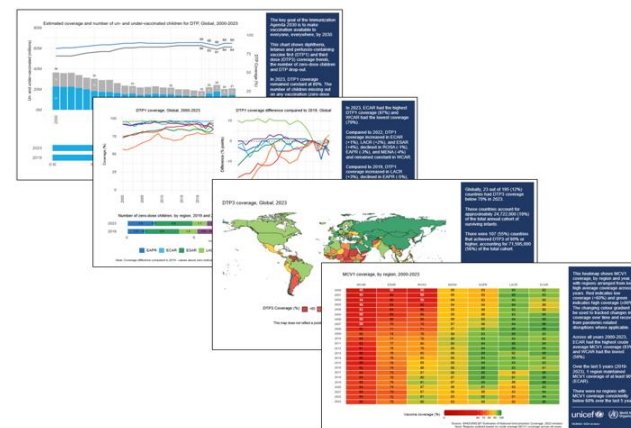
In 2025, Gavi transition had achieved at least 90% coverage of 0 out of the 4 vaccines.

Additional resources

[illegible]

	A	B	C	D	E	F	G	H	I	J
1	unicef_regio	isoc3	country	vaccine	year	target_grp	coverage	vaccinated	unvaccinated	target
2	ROSA	AFG	Afghanistan	bcg	1982	births	10	57,000	514,000	571,000
3	ROSA	AFG	Afghanistan	bcg	1983	births	10	56,000	503,000	539,000
4	ROSA	AFG	Afghanistan	bcg	1984	births	11	62,000	501,000	563,000
5	ROSA	AFG	Afghanistan	bcg	1985	births	17	100,000	490,000	591,000
6	ROSA	AFG	Afghanistan	bcg	1986	births	18	107,000	489,000	596,000
7	ROSA	AFG	Afghanistan	bcg	1987	births	27	161,000	434,000	595,000
8	ROSA	AFG	Afghanistan	bcg	1988	births	40	238,000	358,000	596,000
9	ROSA	AFG	Afghanistan	bcg	1989	births	38	233,000	380,000	614,000
10	ROSA	AFG	Afghanistan	bcg	1990	births	30	191,000	446,000	637,000
11	ROSA	AFG	Afghanistan	bcg	1991	births	21	134,000	505,000	640,000
12	ROSA	AFG	Afghanistan	bcg	1992	births	19	127,000	541,000	668,000
13	ROSA	AFG	Afghanistan	bcg	1993	births	17			760,000
14	ROSA	AFG	Afghanistan	bcg	1994	births	15			852,000
15	ROSA	AFG	Afghanistan	bcg	1995	births				899,000
16	ROSA	AFG	Afghanistan	bcg	1996	births				932,000
17	ROSA	AFG	Afghanistan	bcg	1997	births				962,000
18	ROSA	AFG	Afghanistan	bcg	1998	births				986,000
19	ROSA	AFG	Afghanistan	bcg	1999	births				1,013,000
20	ROSA	AFG	Afghanistan	bcg	2000	births	30			1,037,000
21	ROSA	AFG	Afghanistan	bcg	2001	births	43	455,000	596,000	1,007,000
22	ROSA	AFG	Afghanistan	bcg	2002	births	46	467,000	548,000	1,015,000

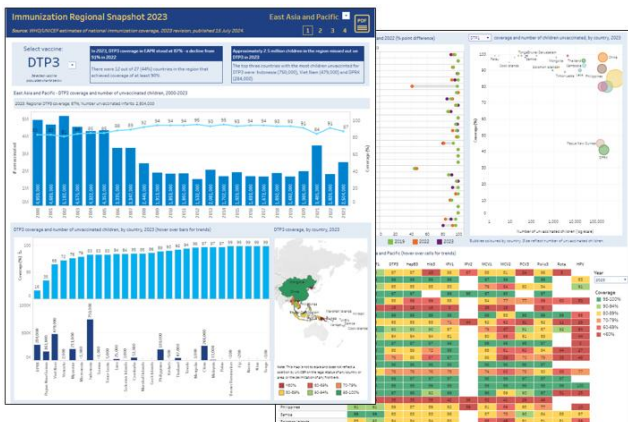
UNICEF, WHO, World Bank, Gavi and
African Union regions



Additional immunization data resources can be found at:

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

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



The collage features several distinct data visualizations:

- Top Left:** A line chart titled "Average Coverage Page by Vaccine and Year, 2010-2020" showing coverage percentages for various vaccines over time.
- Top Center:** A line chart titled "Number of Children Vaccinated by Vaccine and Year, 2010-2020" showing the number of children vaccinated for different vaccines over time.
- Top Right:** A line chart titled "Number of Children Vaccinated by Vaccine and Year, 2010-2020" showing the number of children vaccinated for different vaccines over time.
- Middle Left:** A line chart titled "Number of Children Vaccinated by Vaccine and Year, 2010-2020" showing the number of children vaccinated for different vaccines over time.
- Middle Center:** A bar chart titled "Number of Children Vaccinated by Vaccine and Year, 2010-2020" showing the number of children vaccinated for different vaccines over time.
- Middle Right:** A bar chart titled "Number of Children Vaccinated by Vaccine and Year, 2010-2020" showing the number of children vaccinated for different vaccines over time.
- Bottom Left:** A bar chart titled "Number of Children Vaccinated by Vaccine and Year, 2010-2020" showing the number of children vaccinated for different vaccines over time.
- Bottom Center:** A heatmap titled "Coverage Trends by Vaccine and District, 2010-2020" showing coverage trends for various vaccines across different districts over time.
- Bottom Right:** A heatmap titled "Coverage Trends by Vaccine and District, 2010-2020" showing coverage trends for various vaccines across different districts over time.

WUENIC Talking Points: Latin America and the Caribbean (LACR) Region

Revision Year: 2023

Overview

- While rising vaccine rates illustrate confidence and success, rates of the unvaccinated vaccinees advanced at average (range) 0.9% to 1.9% higher after the LACR Region 2023
- Coverage of the first dose of COVID-19 vaccine among the unvaccinated vaccinees (U171) was 20.4% in 2023, up from 19.2% in 2022. The first dose of U271 among the unvaccinated vaccinees (U271) was 19.1% in 2023, up from 18.2% in 2022. The second dose of U271 among the unvaccinated vaccinees (U272) was 18.1% in 2023, up from 17.2% in 2022. The third dose of U271 among the unvaccinated vaccinees (U273) was 17.1% in 2023, up from 16.2% in 2022. The fourth dose of U271 among the unvaccinated vaccinees (U274) was 16.1% in 2023, up from 15.2% in 2022. The fifth dose of U271 among the unvaccinated vaccinees (U275) was 15.1% in 2023, up from 14.2% in 2022. The sixth dose of U271 among the unvaccinated vaccinees (U276) was 14.1% in 2023, up from 13.2% in 2022. The seventh dose of U271 among the unvaccinated vaccinees (U277) was 13.1% in 2023, up from 12.2% in 2022. The eighth dose of U271 among the unvaccinated vaccinees (U278) was 12.1% in 2023, up from 11.2% in 2022. The ninth dose of U271 among the unvaccinated vaccinees (U279) was 11.1% in 2023, up from 10.2% in 2022. The tenth dose of U271 among the unvaccinated vaccinees (U280) was 10.1% in 2023, up from 9.2% in 2022. The eleventh dose of U271 among the unvaccinated vaccinees (U281) was 9.1% in 2023, up from 8.2% in 2022. The twelfth dose of U271 among the unvaccinated vaccinees (U282) was 8.1% in 2023, up from 7.2% in 2022. The thirteenth dose of U271 among the unvaccinated vaccinees (U283) was 7.1% in 2023, up from 6.2% in 2022. The fourteenth dose of U271 among the unvaccinated vaccinees (U284) was 6.1% in 2023, up from 5.2% in 2022. The fifteenth dose of U271 among the unvaccinated vaccinees (U285) was 5.1% in 2023, up from 4.2% in 2022. The sixteenth dose of U271 among the unvaccinated vaccinees (U286) was 4.1% in 2023, up from 3.2% in 2022. The seventeenth dose of U271 among the unvaccinated vaccinees (U287) was 3.1% in 2023, up from 2.2% in 2022. The eighteenth dose of U271 among the unvaccinated vaccinees (U288) was 2.1% in 2023, up from 1.2% in 2022. The nineteenth dose of U271 among the unvaccinated vaccinees (U289) was 1.1% in 2023, up from 0.2% in 2022. The twentieth dose of U271 among the unvaccinated vaccinees (U290) was 0.1% in 2023, up from 0.0% in 2022.
- At the country level, 23 of 33 (69.7%) countries achieved coverage of 10% or higher of at least one of the 14 identified vaccinees (unvaccinated in the region).
- These were 12 countries that did not achieve 10% of at least 10% of any vaccinee (10% of genitalia, Bolivia, Brazil, Chile, Colombia, Ecuador, Haiti, Mexico, Peru, Suriname, and Venezuela).
- In 2023, the number of unvaccinated vaccinees (U171) in the region was approximately 210 million, the average age of the unvaccinated vaccinees (U171) was approximately 21 years, and the average age of the unvaccinated vaccinees (U171) was approximately 21 years.
- Vaccine coverage (U171) by age, U171, 0-100, 100-199, 200-299, 300-399, 400-499, 500-599, 600-699, 700-799, 800-899, 900-999, 1000-1099, 1100-1199, 1200-1299, 1300-1399, 1400-1499, 1500-1599, 1600-1699, 1700-1799, 1800-1899, 1900-1999, 2000-2099, 2100-2199, 2200-2299, 2300-2399, 2400-2499, 2500-2599, 2600-2699, 2700-2799, 2800-2899, 2900-2999, 3000-3099, 3100-3199, 3200-3299, 3300-3399, 3400-3499, 3500-3599, 3600-3699, 3700-3799, 3800-3899, 3900-3999, 4000-4099, 4100-4199, 4200-4299, 4300-4399, 4400-4499, 4500-4599, 4600-4699, 4700-4799, 4800-4899, 4900-4999, 5000-5099, 5100-5199, 5200-5299, 5300-5399, 5400-5499, 5500-5599, 5600-5699, 5700-5799, 5800-5899, 5900-5999, 6000-6099, 6100-6199, 6200-6299, 6300-6399, 6400-6499, 6500-6599, 6600-6699, 6700-6799, 6800-6899, 6900-6999, 7000-7099, 7100-7199, 7200-7299, 7300-7399, 7400-7499, 7500-7599, 7600-7699, 7700-7799, 7800-7899, 7900-7999, 8000-8099, 8100-8199, 8200-8299, 8300-8399, 8400-8499, 8500-8599, 8600-8699, 8700-8799, 8800-8899, 8900-8999, 9000-9099, 9100-9199, 9200-9299, 9300-9399, 9400-9499, 9500-9599, 9600-9699, 9700-9799, 9800-9899, 9900-9999, 10000-10099, 10100-10199, 10200-10299, 10300-10399, 10400-10499, 10500-10599, 10600-10699, 10700-10799, 10800-10899, 10900-10999, 11000-11099, 11100-11199, 11200-11299, 11300-11399, 11400-11499, 11500-11599, 11600-11699, 11700-11799, 11800-11899, 11900-11999, 12000-12099, 12100-12199, 12200-12299, 12300-12399, 12400-12499, 12500-12599, 12600-12699, 12700-12799, 12800-12899, 12900-12999, 13000-13099, 13100-13199, 13200-13299, 13300-13399, 13400-13499, 13500-13599, 13600-13699, 13700-13799, 13800-13899, 13900-13999, 14000-14099, 14100-14199, 14200-14299, 14300-14399, 14400-14499, 14500-14599, 14600-14699, 14700-14799, 14800-14899, 14900-14999, 15000-15099, 15100-15199, 15200-15299, 15300-15399, 15400-15499, 15500-15599, 15600-15699, 15700-15799, 15800-15899, 15900-15999, 16000-16099, 16100-16199, 16200-16299, 16300-16399, 16400-16499, 16500-16599, 16600-16699, 16700-16799, 16800-16899, 16900-16999, 17000-17099, 17100-17199, 17200-17299, 17300-17399, 17400-17499, 17500-17599, 17600-17699, 17700-17799, 17800-17899, 17900-17999, 18000-18099, 18100-18199, 18200-18299, 18300-18399, 18400-18499, 18500-18599, 18600-18699, 18700-18799, 18800-18899, 18900-18999, 19000-19099, 19100-19199, 19200-19299, 19300-19399, 19400-19499, 19500-19599, 19600-19699, 19700-19799, 19800-19899, 19900-19999, 20000-20099, 20100-20199, 20200-20299, 20300-20399, 20400-20499, 20500-20599, 20600-20699, 20700-20799, 20800-20899, 20900-20999, 21000-21099, 21100-21199, 21200-21299, 21300-21399, 21400-21499, 21500-21

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>

