

WUENIC Talking Points: Guinea-Bissau

Revision Year: 2025

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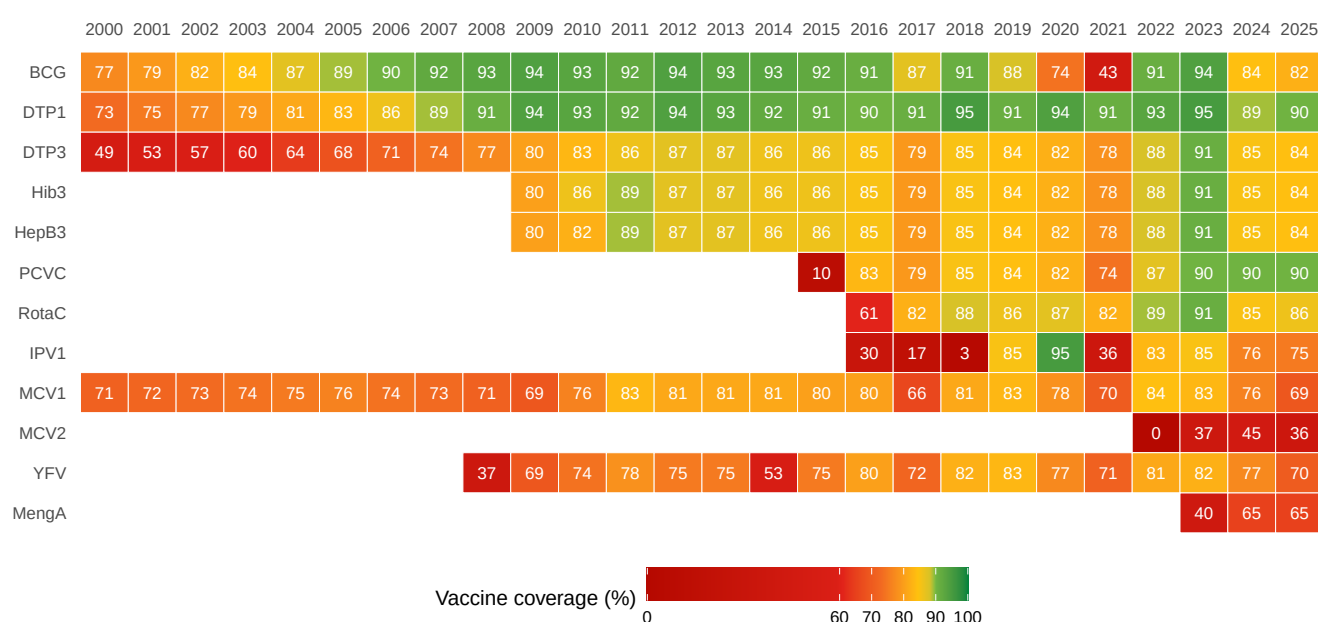
Guinea-Bissau in the 'Africa' region



Overview

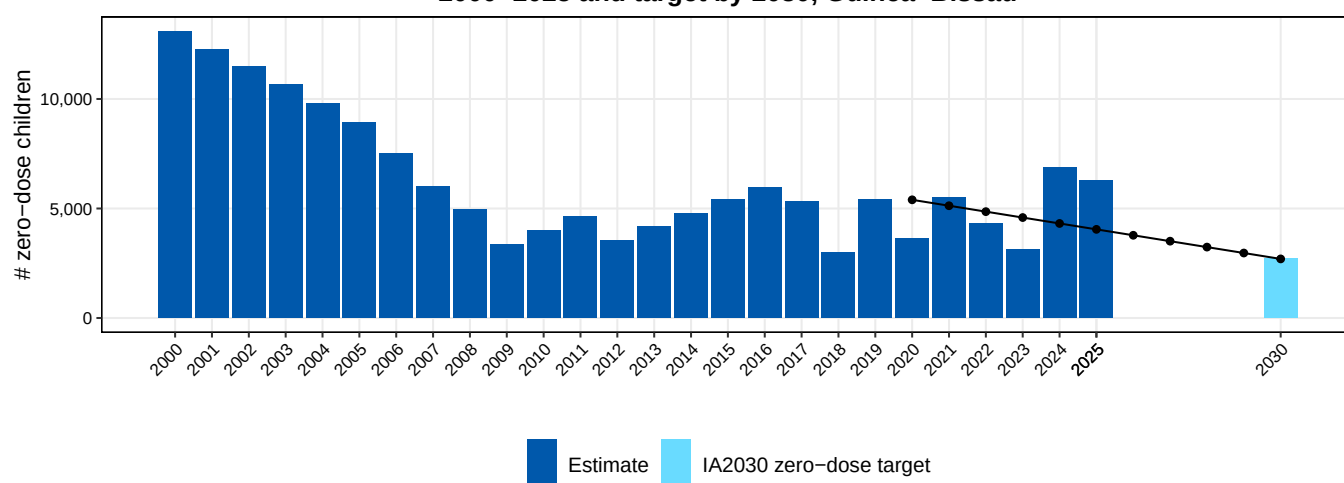
- A total of 12 childhood vaccines are tracked for Guinea-Bissau; of these, 2 reached the 90% coverage target or higher in 2025.
- Coverage of the first dose of diphtheria-tetanus-pertussis-containing vaccine (DTP1) increased from 89% in 2024 to 90% in 2025, coverage of the third dose of DTP-containing vaccine (DTP3) declined from 85% in 2024 to 84% in 2025, and coverage of the first dose of the measles-containing vaccine (MCV1) declined from 76% in 2024 to 69% in 2025.
- In 2025, the number of zero-dose children for DTP in Guinea-Bissau (6,000) was approximately 60% higher than the annual number proposed to achieve the IA2030 target of halving zero-dose children for DTP by 2030 (4,000), based on a linear trajectory of decline.

Vaccine coverage (%), Guinea-Bissau, 2000–2025



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

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

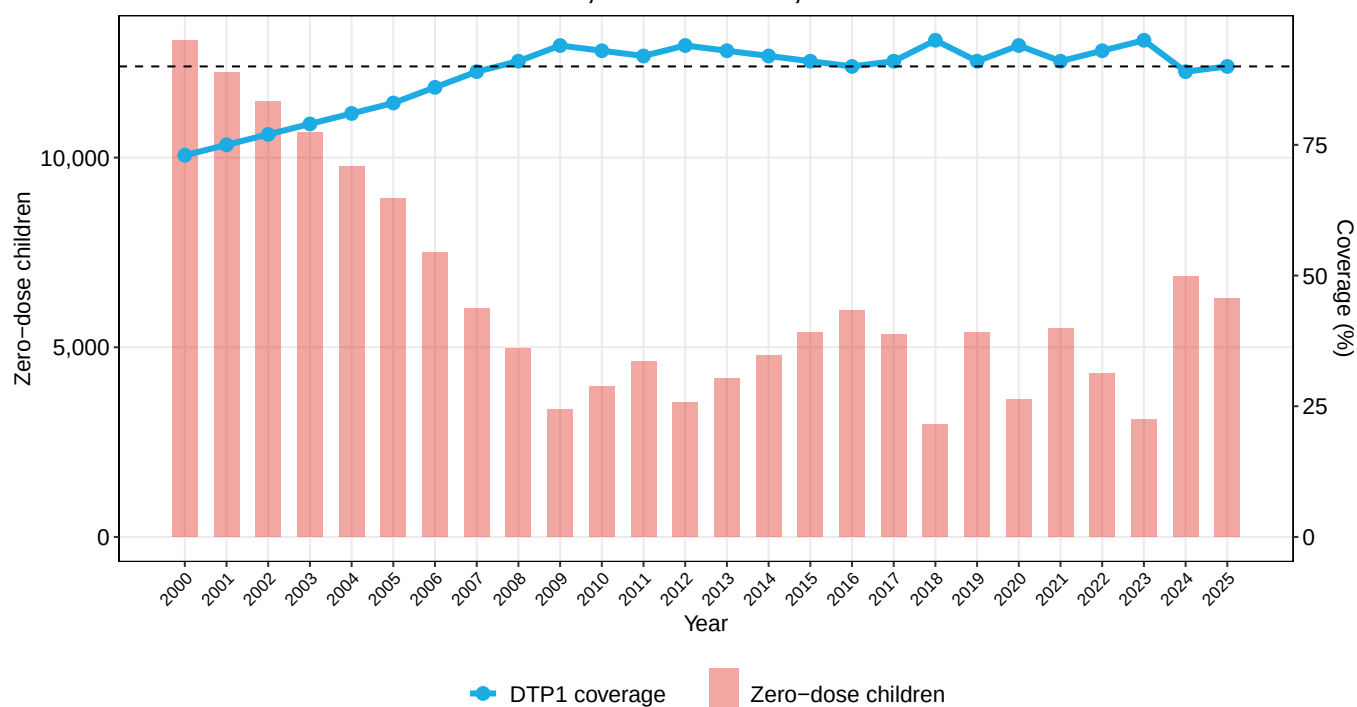


Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.
 Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero-dose children in 2019 in half by 2030.
 Dark blue bars are the estimated number of zero-dose children in 2000–2025, light blue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

DTP1: Reaching zero-dose children

- Coverage of DTP1 stood at 90% in 2025. This is lower than in 2019 (91%) and higher than in 2024 (89%).
- The percentage of zero-dose children was 60 percentage points higher than the IA2030 target in 2025. There were approximately 6,000 zero-dose children in 2025, more than the 5,000 in 2019 but fewer than the 7,000 in 2024.
- Coverage of DTP1 in Guinea-Bissau (90%) was higher than the West and Central Africa regional average of 81% in 2025.
- DTP1-to-DTP3 dropout in 2025 was 7%, 1 percentage point lower than in 2019 (8%). Medium DTP dropout rates imply moderate ability to provide a complete vaccine series early in life.

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

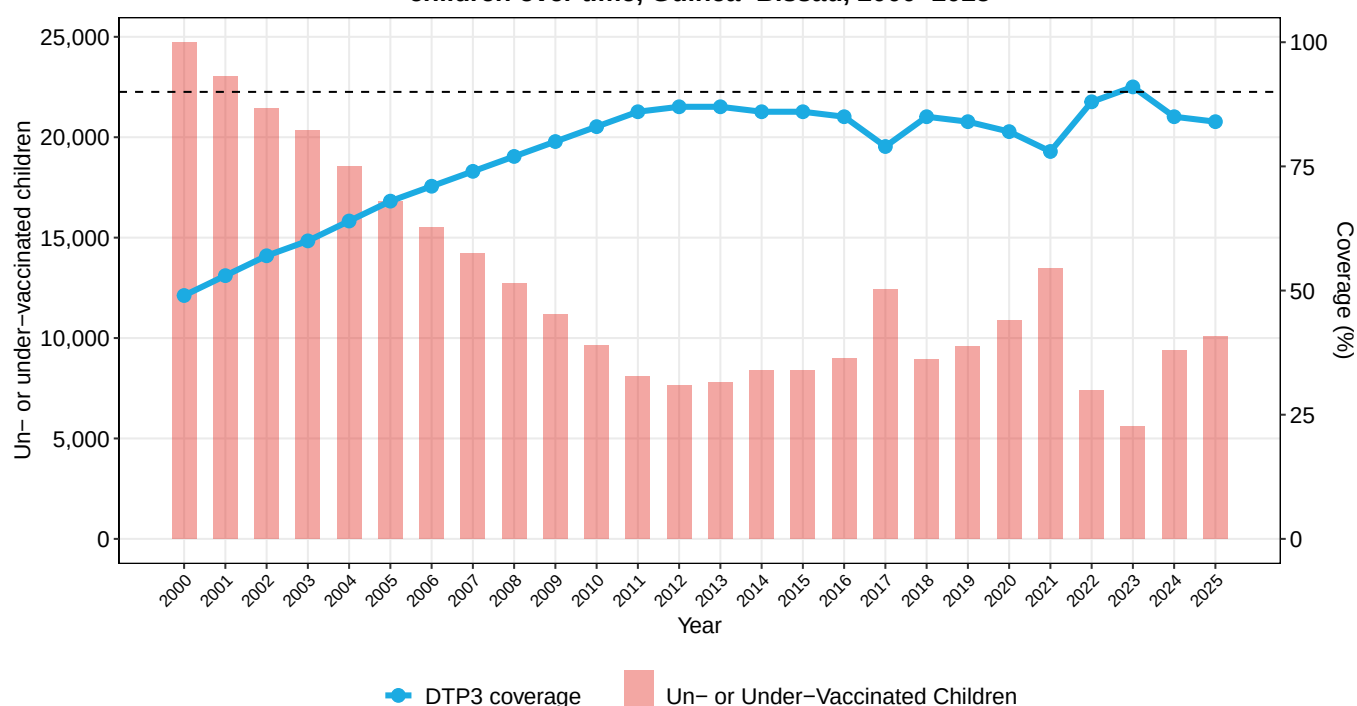


Dotted line shows the IA2030 target of 90% coverage
Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

DTP3: A marker of routine immunization service delivery to children

- Coverage of DTP3 stood at 84% in 2025. This is the same as in 2019 (84%) and lower than in 2024 (85%).
- The number of children vaccinated with DTP3 increased from 50,000 in 2019 to 53,000 in 2025.
- In 2025, there were 10,000 children un- or under-vaccinated in Guinea-Bissau.
- In 2025, 7% of children who received DTP1 did not receive DTP3. This 7% dropout rate was 1 percentage points lower than in 2019 (8%) but 3 percentage points higher than the 2024 dropout rate (4%).
- Coverage of DTP3 in Guinea-Bissau (84%) was higher than the West and Central Africa regional average of 71% in 2025.

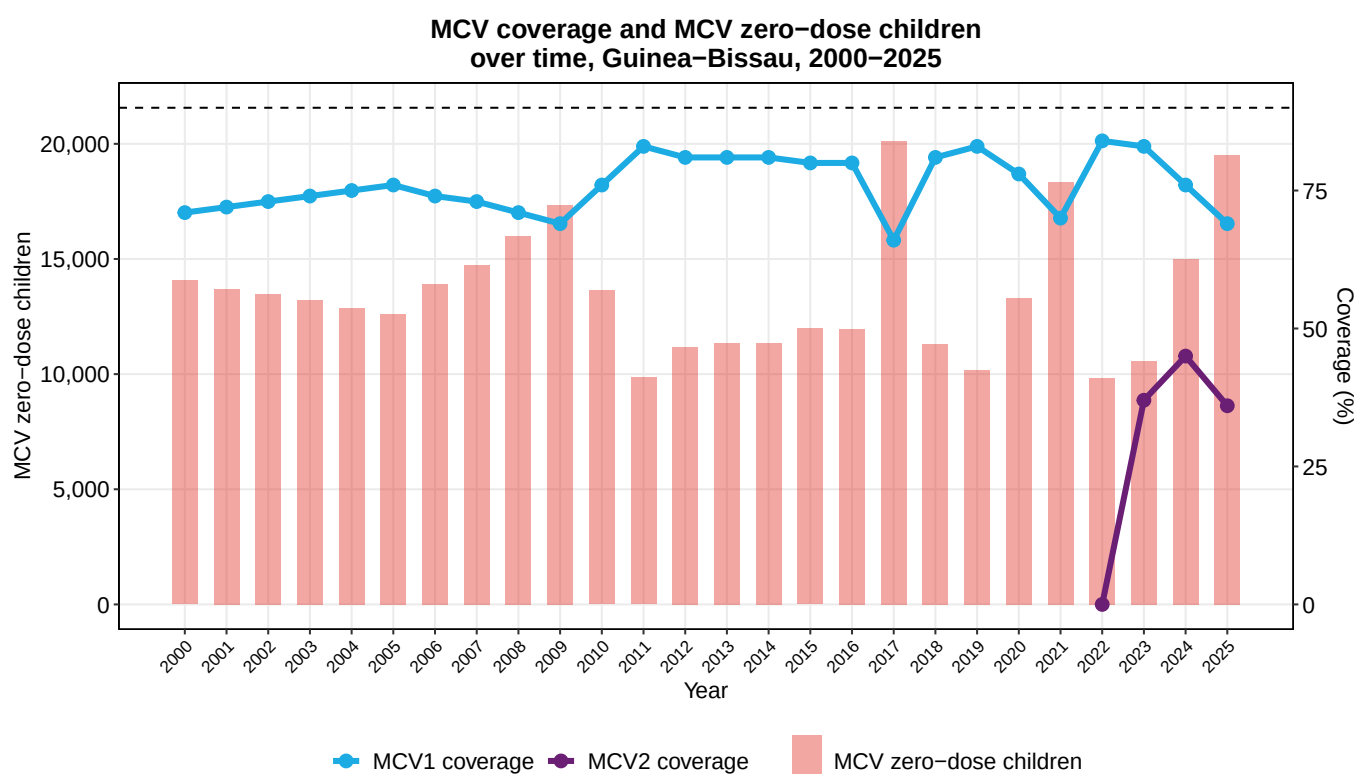
DTP3 coverage and un- or under-vaccinated children over time, Guinea-Bissau, 2000–2025



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

- Coverage of MCV1 stood at 69% in 2025. This is lower than in 2019 (83%) and lower than in 2024 (76%).
- Coverage of the second dose of the measles-containing vaccine (MCV2) NA. This leaves 20,000 children without any protection against measles and another 19,000 with only partial protection.
- In 2025, 23% of children who received DTP1 did not receive MCV1. This 23% dropout rate was 14 percentage points higher than in 2019 (9%) and 8 percentage points higher than the 2024 dropout rate (15%).
- Guinea-Bissau has achieved MCV1 coverage above 80% over all of the last 3 years.
- Coverage of MCV1 in Guinea-Bissau (69%) was higher than the West and Central Africa regional average of 64% in 2025.



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

HPV

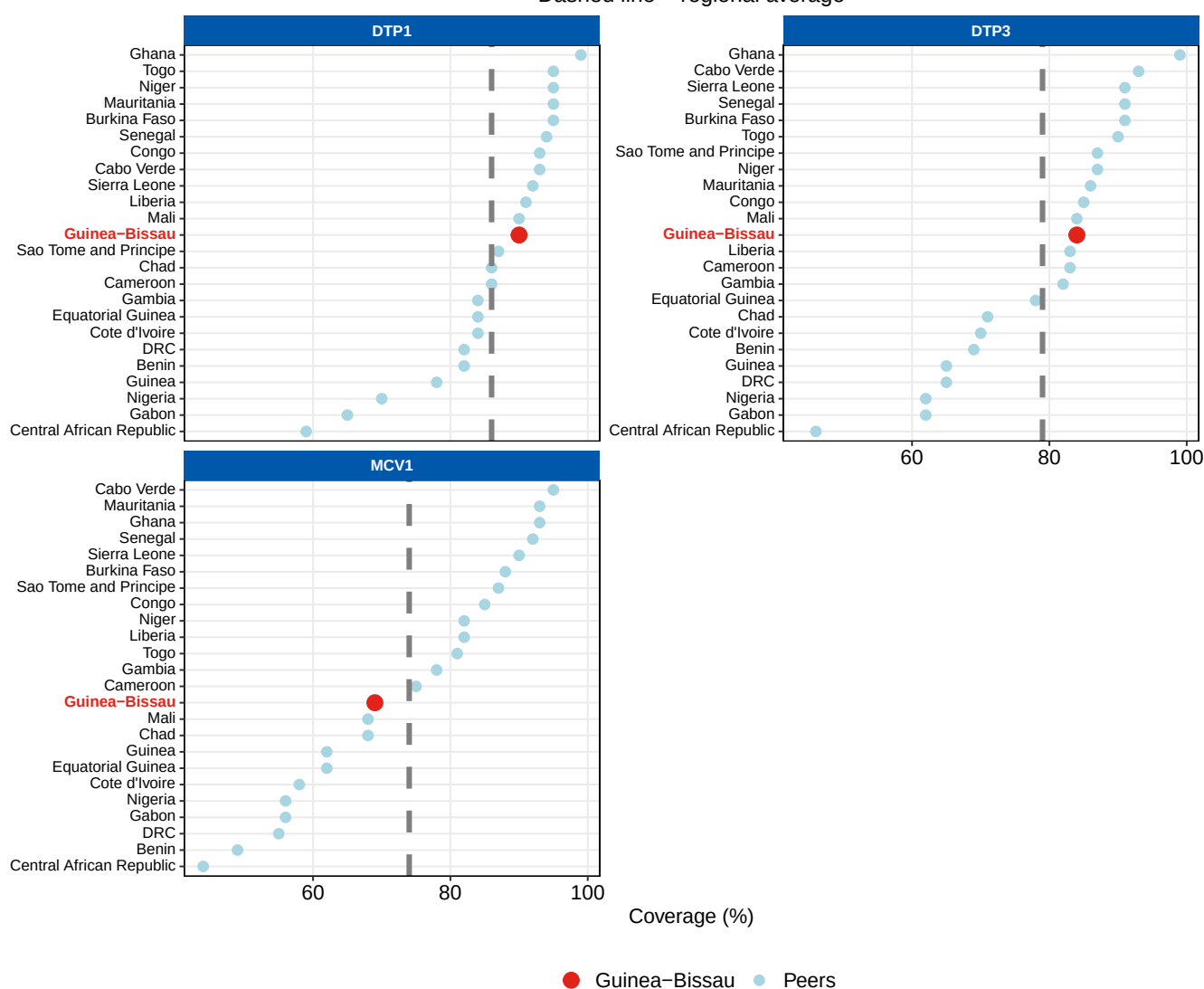
- Guinea-Bissau had not introduced human papillomavirus vaccination (HPV) as of 2025.

Regional Comparison

The chart below shows how Guinea-Bissau compares to other countries in the West and Central Africa region on DTP1, DTP3, MCV1 coverage in 2025. The dashed line represents the regional average for each vaccine.

Coverage comparison: Guinea-Bissau vs. WCAR peers, 2025

Dashed line = regional average



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

Additional Vaccines

- Coverage of BCG stood at 82% in 2025. This is lower than in 2019 (88%) and lower than in 2024 (84%).
- Coverage of HepB3 stood at 84% in 2025. This is the same as in 2019 (84%) but lower than in 2024 (85%).
- Coverage of Hib3 stood at 84% in 2025. This is the same as in 2019 (84%) but lower than in 2024 (85%).
- Coverage of IPV1 stood at 75% in 2025. This is lower than in 2019 (85%) and lower than in 2024 (76%).
- Coverage of PCVC stood at 90% in 2025. This is higher than in 2019 (84%) and the same as in 2024 (90%).
- Coverage of RotaC stood at 86% in 2025. This is the same as in 2019 (86%) but higher than in 2024 (85%).

Additional vaccine coverage (%), Guinea-Bissau, 2000–2025

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
BCG	77	79	82	84	87	89	90	92	93	94	93	92	94	93	93	92	91	87	91	88	74	43	91	94	84	82
HepB3										80	82	89	87	87	86	86	85	79	85	84	82	78	88	91	85	84
Hib3										80	86	89	87	87	86	86	85	79	85	84	82	78	88	91	85	84
IPV1																	30	17	3	85	95	36	83	85	76	75
PCVC																10	83	79	85	84	82	74	87	90	90	90
RotaC																	61	82	88	86	87	82	89	91	85	86



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/>