



India

WUENIC 2025 revision,
Published 15 July 2026



WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2025 revision

Every year, WHO and UNICEF jointly review submissions from Member States on national immunization coverage, including annual administrative and official coverage, finalized survey reports and data from both published and grey literature. The data is triangulated with consideration of potential biases and local expert opinions to differentiate between accurately reflective empirical data and potentially misleading data, to assess the most likely coverage levels for each country.

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

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

Methods: • [Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.](#)

- [Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.](#)
- [Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.](#)
- [Danovaro-Holliday et al. 2021. Compliance of WUENIC with Guidelines for Accurate and Transparent Health Estimates Reporting \(GATHER\) criteria.](#)

Definitions of immunization terms

Vaccine coverage

Percentage of infants (children under one year of age) who received certain vaccine-doses. For example, coverage of DTP3 is the percentage of infants who received all three doses of diphtheria, tetanus, and pertussis (DTP) vaccine.

Unvaccinated

An infant that did not receive the first dose of a vaccine series. The term zero-dose is used to describe children unvaccinated with DTP1.

Under-vaccinated

An infant who received some but not all the recommended vaccine-doses in the national schedule.

Vaccine-Doses

- Bacillus Calmette-Guerin (BCG): vaccine against tuberculosis
- Hepatitis B birth dose, given within 24 hours after birth (HepBB)
- Diphtheria, tetanus, and pertussis vaccine, first dose (DTP1) and third dose (DTP3)
- Hepatitis B vaccine, third dose (HepB3)
- Haemophilus influenzae type b vaccine, third dose (Hib3)
- Inactivated polio vaccine, first dose (IPV1) and last dose (IPVC)
- Measles containing vaccine, first dose (MCV1) and second dose (MCV2)
- Rotavirus vaccine, last dose (RotaC)
- Pneumococcal vaccine, last dose (PCVC)
- Yellow Fever vaccine (YFV)
- Meningococcal A vaccine (MengA)
- Human papillomavirus vaccine, first dose (HPV1) and last dose (HPVc): vaccine to protect against certain types of human papillomavirus that can lead to cancer or genital warts

The Immunization Agenda 2030 (IA2030)

The IA2030 is a global strategy endorsed by the World Health Assembly aiming to ensure everyone, everywhere, at every age benefits from vaccines for improved health and well-being by 2030. It focuses on increasing vaccine coverage, equity, sustainability and pandemic preparedness while promoting life-course immunization and integrating immunization with other health services.

Key concepts

- The World Health Organization (WHO) provides global vaccine recommendations, which are adapted by countries based on local needs. Only DTP, polio and measles-containing vaccines are used in all countries.
- DTP1 is a marker of access to routine immunization services, and when not received, serves as a proxy for identifying children who have not received any vaccinations, also known as "zero-dose" children. High DTP1 coverage indicates good access to immunization services, while low coverage suggests challenges in reaching children with essential vaccines.
- DTP3 is a widely used indicator of immunization programme performance. It reflects a country's ability to deliver routine immunization services and ensures children are protected against serious disease. DTP3 is tracked globally and serves as a key measure of a nation's vaccination efforts.
- DTP1-DTP3 drop-out measures the percentage of children who received DTP1 but not DTP3, and highlights where children are lost along the vaccination pathway, highlighting potential weaknesses in service delivery and follow-up.
- MCV1 (usually recommended between 9-12 months) assesses the ability to deliver vaccines later in infancy. It serves as a tracer for protection against measles and is a good indicator of health system performance.
- HPV vaccine protects against specific types of human papilloma virus (HPV), and is used to measure life cycle vaccination.
- Other key indicators include PCVC and MCV2, which are used to monitor the Sustainable Development Goals (SDGs).
- Together, these indicators provide a consistent and comparable way to track immunization progress, identify missed communities and monitor global targets, including those under the Immunization Agenda 2030 (IA2030) and Sustainable Development Goals (SDGs).

Key messages

- DTP1 coverage increased 1 percentage point from 96% in 2024 to 97% in 2025.
- DTP3 coverage increased 1 percentage point from 94% in 2024 to 95% in 2025.
- There were 230,000 fewer zero-dose children in 2025. This leaves 679,000 children without vaccination, vulnerable to vaccine-preventable diseases and a further 453,000 with incomplete protection.
- India accounted for 36% of zero-dose children in South Asia (ROSA) and 5% of zero-dose children globally.
- MCV1 coverage increased 1 percentage point from 97% in 2024 to 98% in 2025. There were 453,000 children who missed out on the first measles vaccination.
- MCV2 coverage increased 3 percentage points from 92% in 2024 to 95% in 2025.
- The Human papillomavirus (HPV) vaccine was not introduced.

Vaccination schedule, 2025

Level	Vaccine	Dose number and age administered				
		1	4	2	3	5
National	BCG	Birth				
National	DTWP (booster)		16-24 months			
National	DTWPHIBHEPB	6 weeks		10 weeks	14 weeks	
National	HEPB (pediatric)	Birth				
National	IPV_FRAC	6 weeks		14 weeks	9 months	
Subnational	Japanese Encephalitis	9-12 months		16-24 months		
National	MR	9-12 months		16-24 months		
National	OPV	Birth	14 weeks	6 weeks	10 weeks	16-24 months
National	PCV	6 weeks		14 weeks	9 months	
National	Rotavirus	6 weeks		10 weeks	14 weeks	

This table shows the 2025 national immunization schedule for routine services in India, reported through the WHO/UNICEF Joint Reporting Form on Immunization (JRF).

Each row corresponds to a vaccine or combination vaccine, indicating whether it is delivered at the national or subnational level. The schedule outlines the number of doses and the recommended ages for administration. Only childhood and adolescent vaccines relevant to WUENIC are included.

Vaccine introduction years

Vaccine	National introduction	Partial introduction
HPV (Human papillomavirus) vaccine	Not introduced	
HepB birth dose	2008	
Hepatitis B vaccine	2011	2002
Hib (Haemophilus influenzae type B) vaccine	2015	2011
IPV (Inactivated polio vaccine)	2015	
IPV (Inactivated polio vaccine) 2nd dose	2023	
Malaria vaccine	Not introduced	
Measles-containing vaccine 2nd dose	2011	2010
Meningococcal meningitis vaccines (any strain)	Not introduced	
Mumps vaccine	Not introduced	
PCV (Pneumococcal conjugate vaccine)	2021	2017
RSV (Respiratory syncytial virus) immunization strategy	Not introduced	
Rotavirus vaccine	2019	2016
Rubella vaccine	2018	2017
Typhoid conjugate vaccine	Not introduced	

This table displays the year each vaccine was introduced in India. If a vaccine has been suspended, no introduction year is shown, but if it was suspended and later reintroduced, the year of reintroduction is provided. The introduction years can reflect nationwide rollout, partial (subnational) rollout, or introduction targeted to specific risk groups or high-risk areas, as indicated in the column headers.

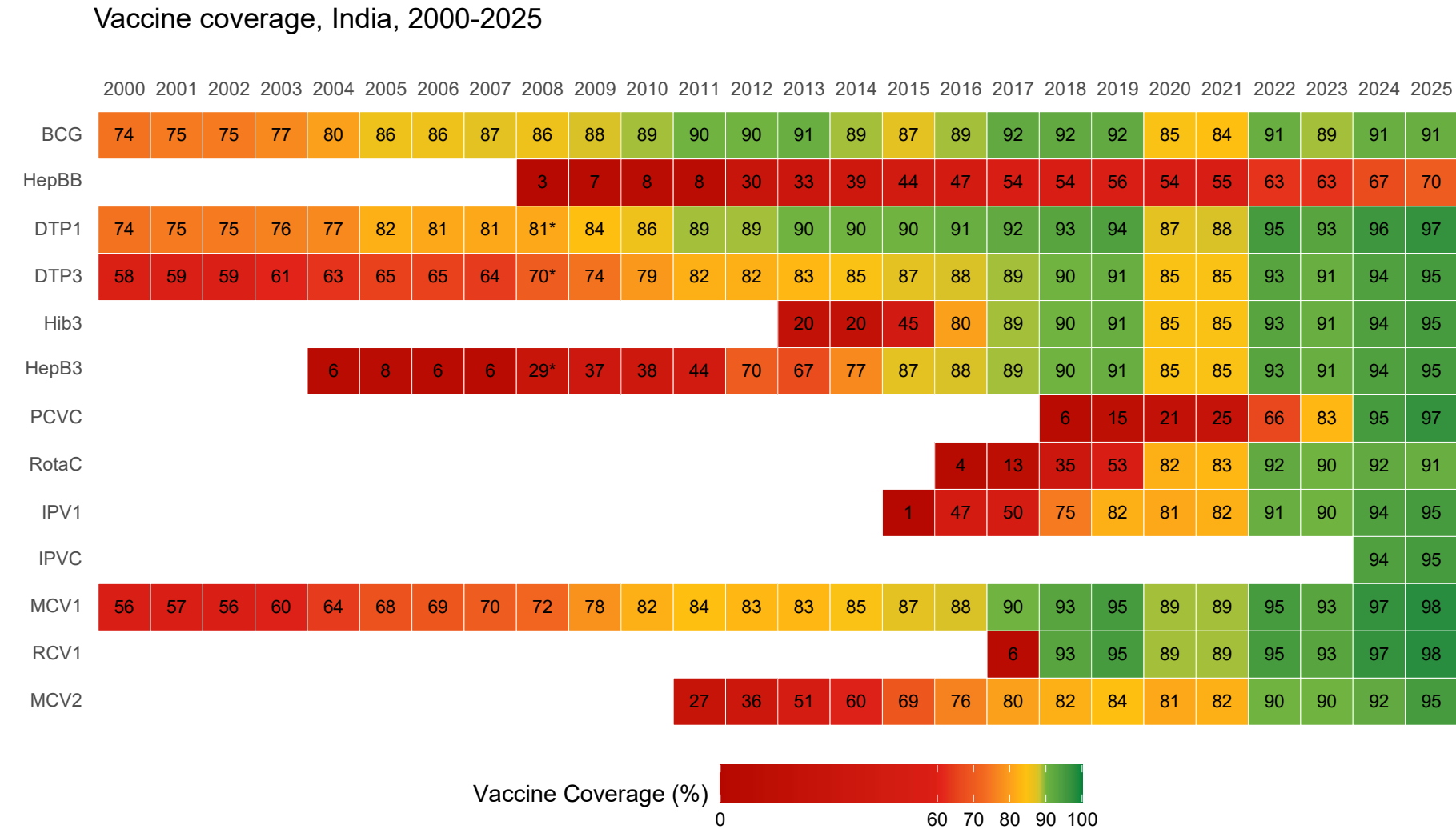
In 2025, coverage increased for 11 antigens, remained unchanged for one, and declined for one, indicating overall progress in routine immunization performance; 12 achieved at least 90% coverage.

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

In 2025, 12 out of 13 (92%) vaccines in the schedule achieved coverage of 90% or more. Vaccine coverage ranged from 70% to 98%.

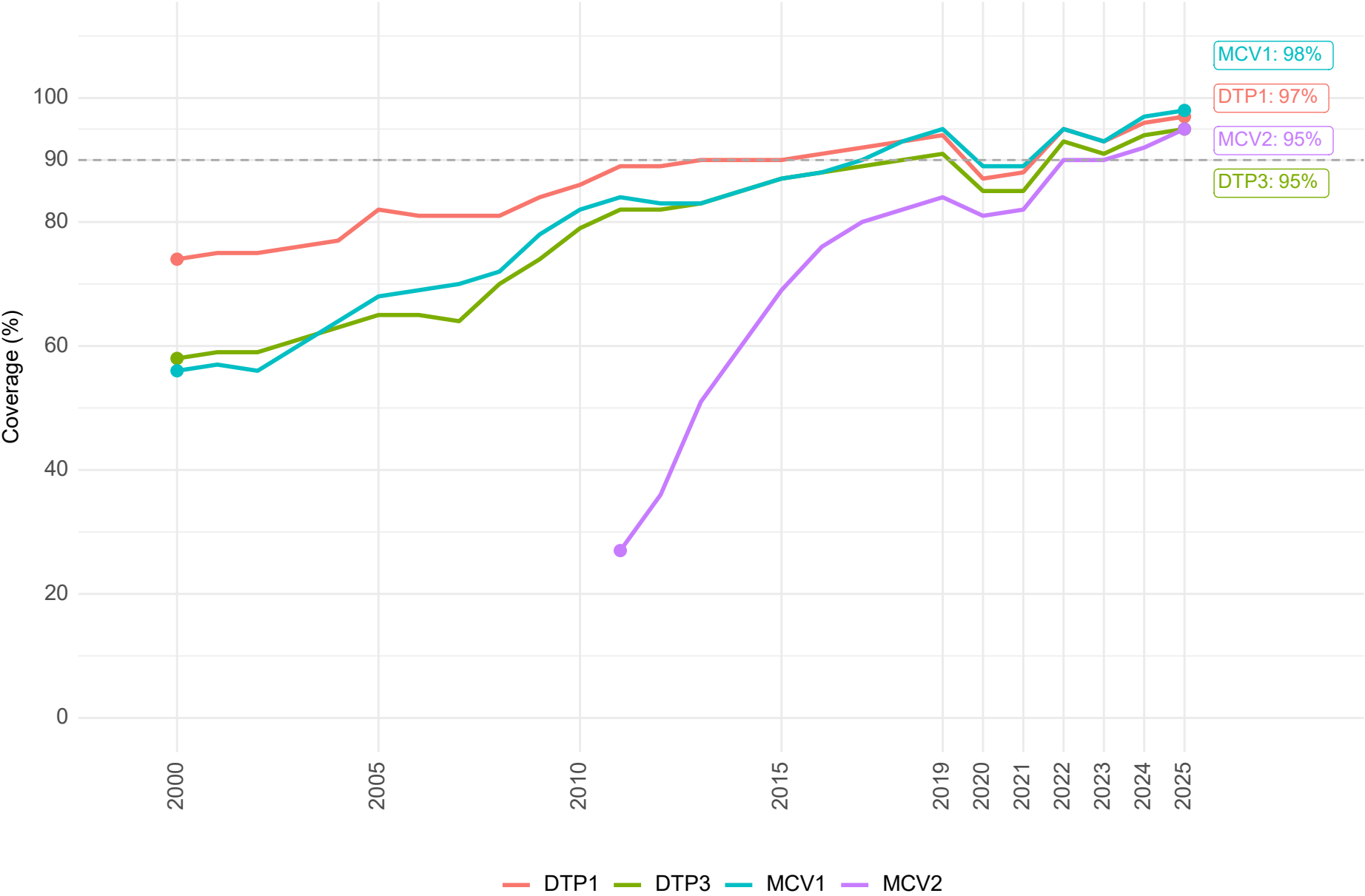
Since 2004, estimates have been made for 9 new vaccines. IPVC is the newest vaccine reported (2024), which achieved 95% coverage in 2025.

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



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

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



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

In 2025, DTP1 coverage (a proxy for access to immunization services) was 98%.

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

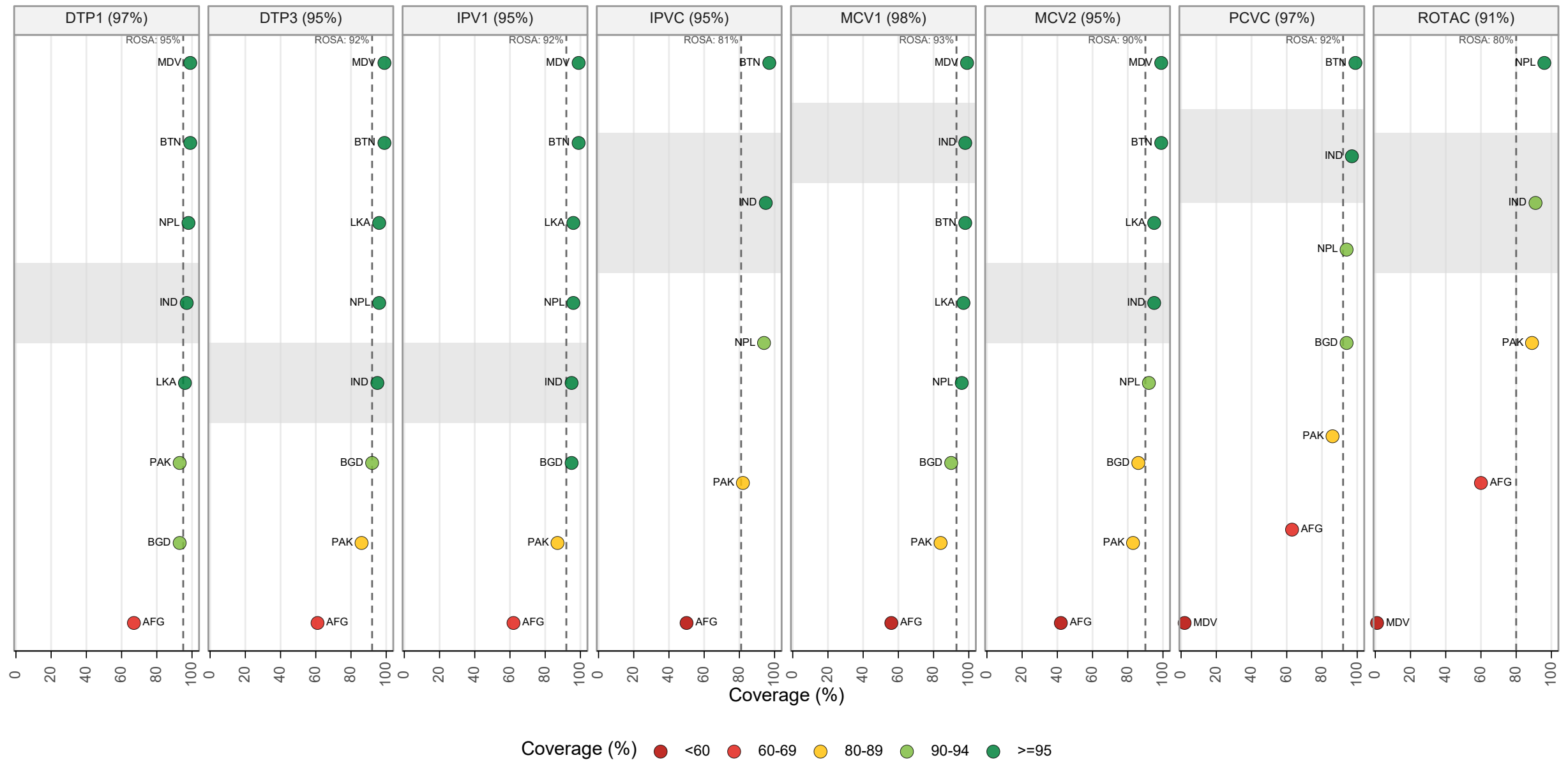
WHO recommends that countries achieve at least 95% coverage with both the first (MCV1) and second (MCV2) doses of measles-containing vaccine. MCV1 provides initial protection and MCV2 ensures long-term immunity and closes gaps in coverage.

In 2025, MCV1 coverage exceeded the 95% target and MCV2 coverage achieved the 95% target.

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

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

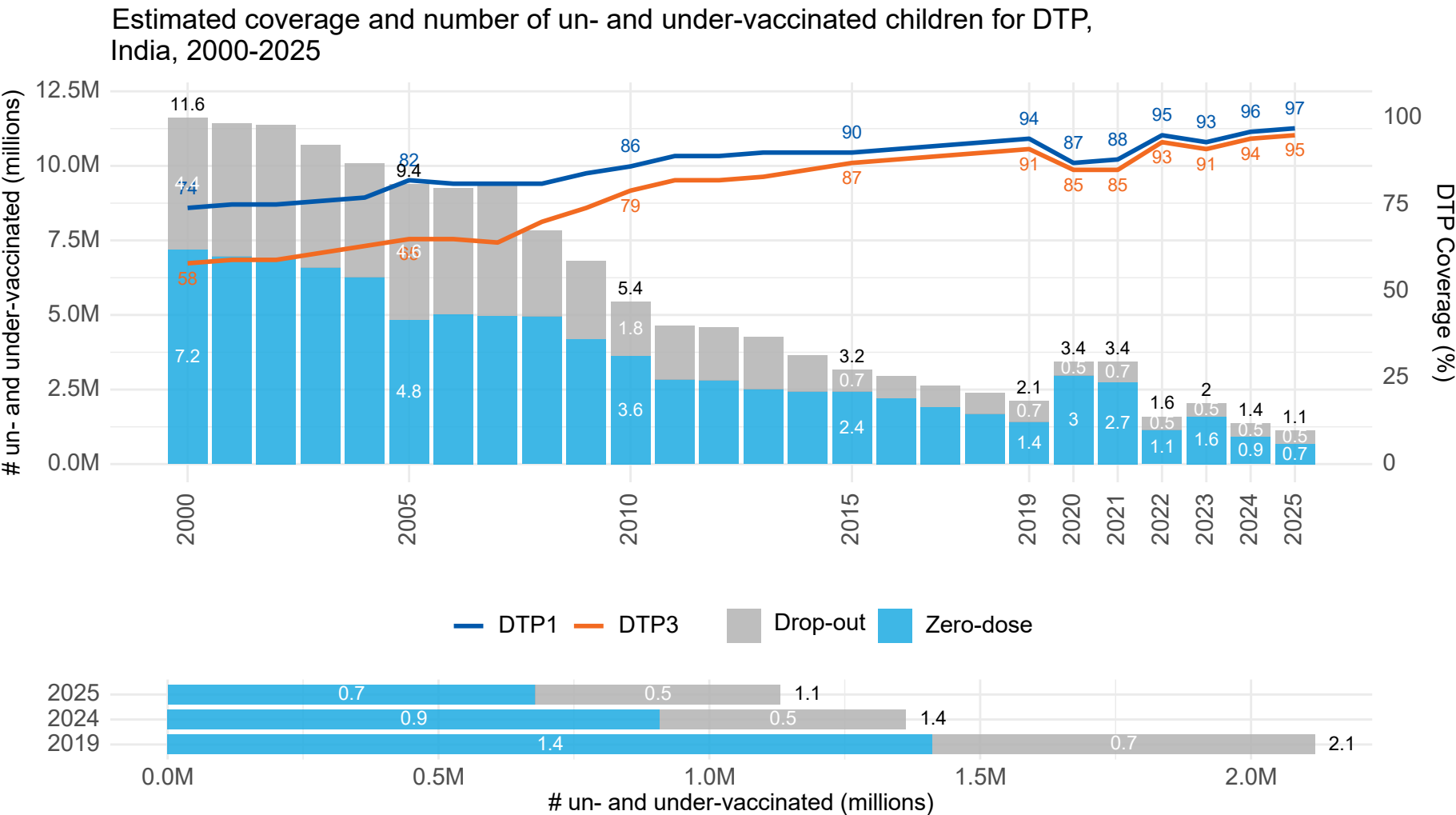
Vaccine coverage compared with other countries in the region, ROSA, 2025



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

DTP1

In 2025, DTP1 coverage was 97% and DTP3 was 95%, leaving 1,131,000 children un- or under-vaccinated, including 679,000 zero-dose and 453,000 with only partial protection.



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

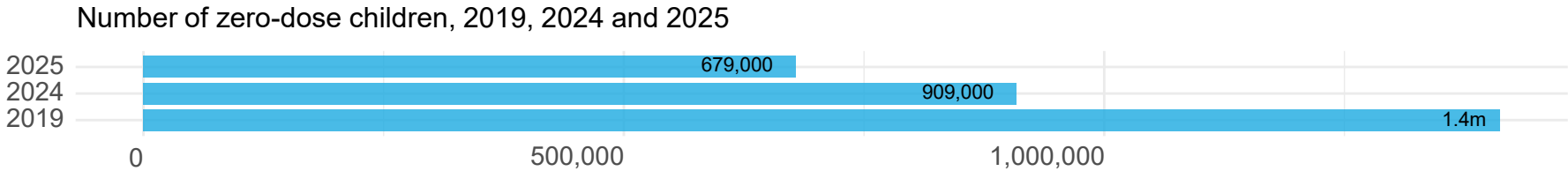
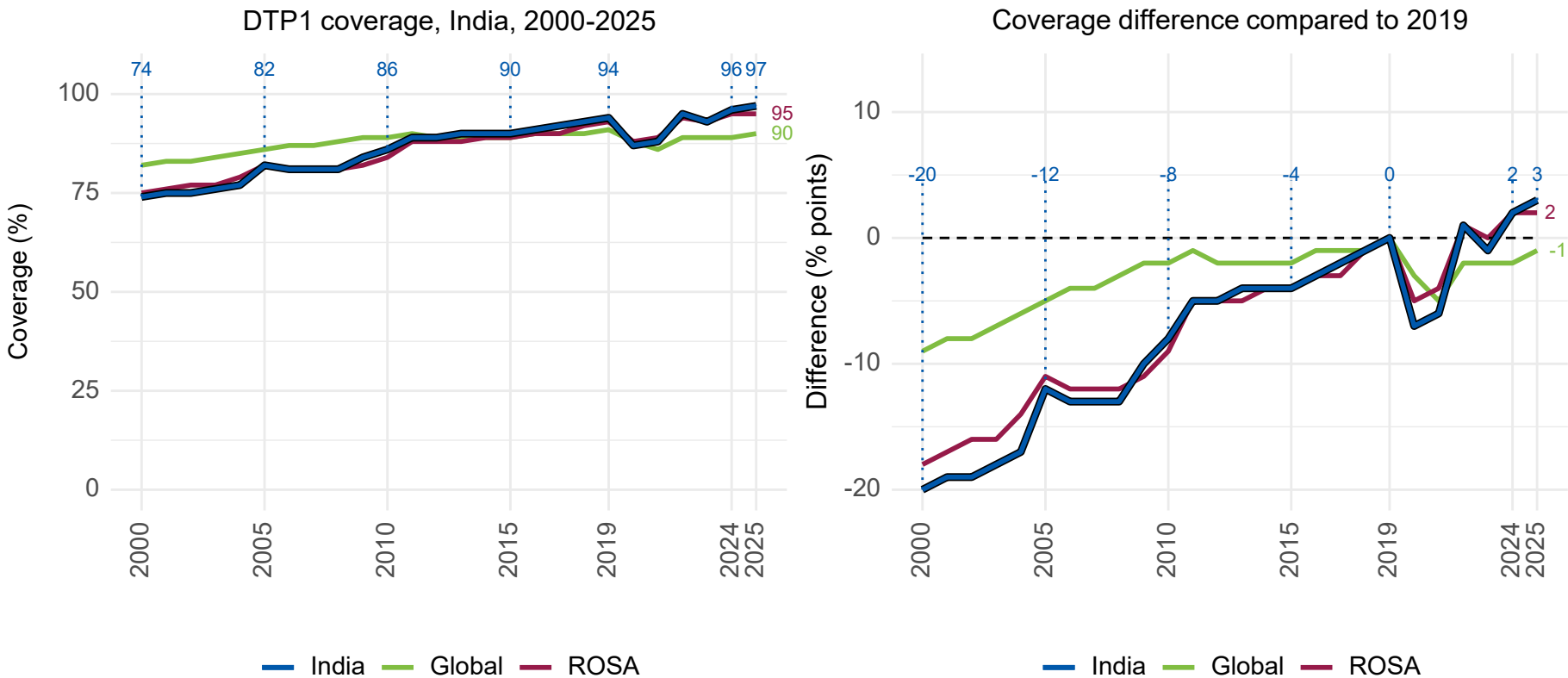
This chart shows diphtheria, tetanus and pertussis-containing vaccine first (DTP1) and third dose (DTP3) coverage trends, the number of zero-dose children and DTP drop-out in India.

In 2025, DTP1 coverage in India remained relatively constant within 1% at 97%. The number of children missing out on any DTP vaccination (zero-dose children) improved from 909,000 in 2024 to 679,000 in 2025.

DTP3 coverage remained relatively constant within 1% at 95% in 2025, leaving 1,131,000 children vulnerable to vaccine-preventable diseases.

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

In 2025, India DTP1 coverage was 97% - this is 3 percentage points higher than in 2019 and higher than both the global and regional averages.

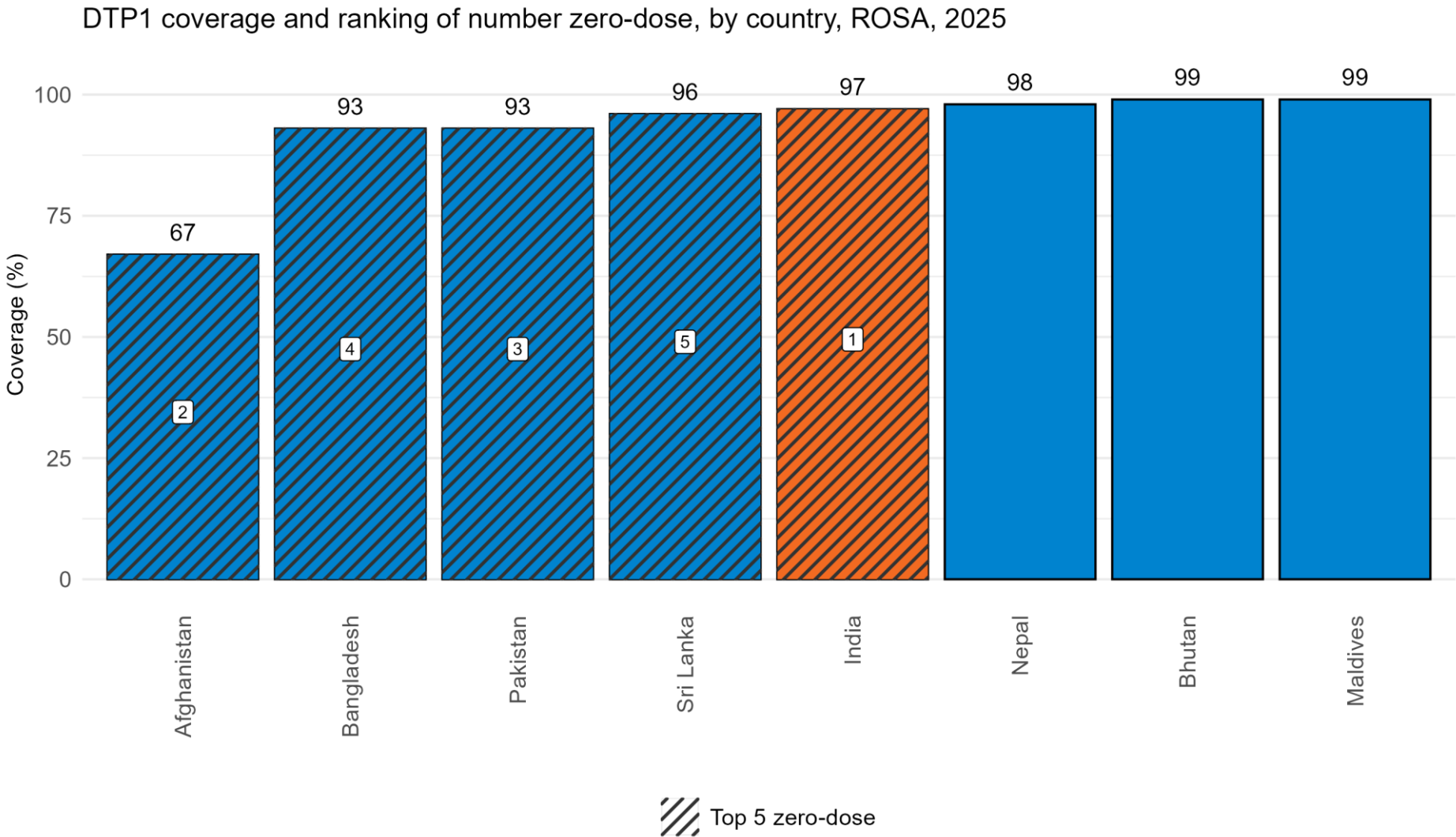


In 2025, DTP1 coverage in India (97%) was 7 percentage points higher than the global average (90%) and 2 percentage points higher than the average across all ROSA countries (95%).

National DTP1 coverage was 3 percentage points higher than in 2019 (94%).

This equates to 679,000 zero-dose children in 2025 compared to 1.4m zero-dose children in 2019.

In 2025, India had DTP1 coverage of 97% and was among the top 3 countries with the highest number of zero-dose children in the region.



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

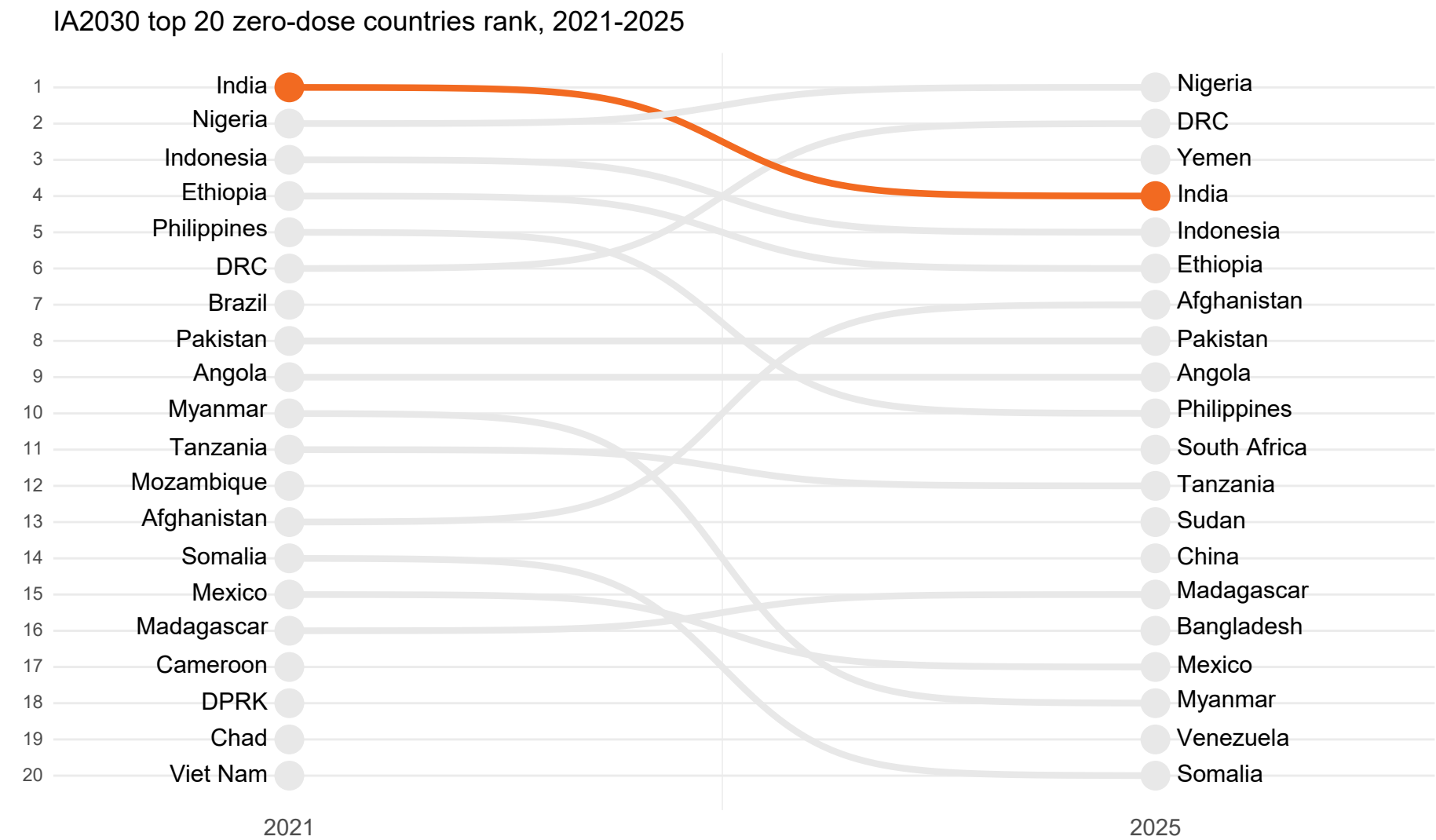
In 2025, India ranked number 5 out of 8 countries for lowest DTP1 coverage (based on tied ranks).

India was in the top 5 countries with the most zero-dose children (rank=1).

Note: Large cohort countries may have high numbers of zero-dose children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

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

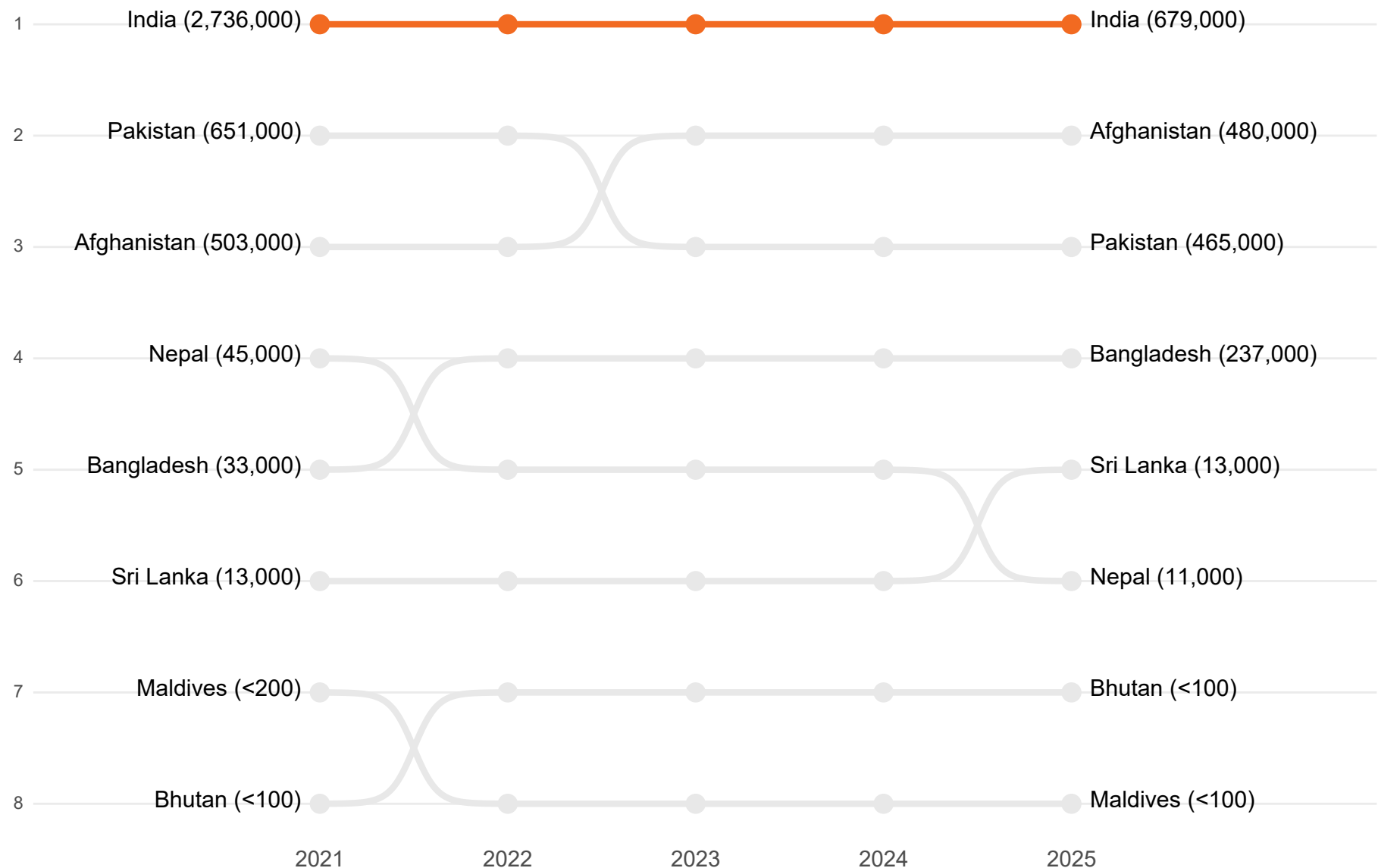
India was in the top 20 zero-dose countries globally in both 2021 and 2025.



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

India was in the top 20 zero-dose countries globally in both 2021 and 2025.

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



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

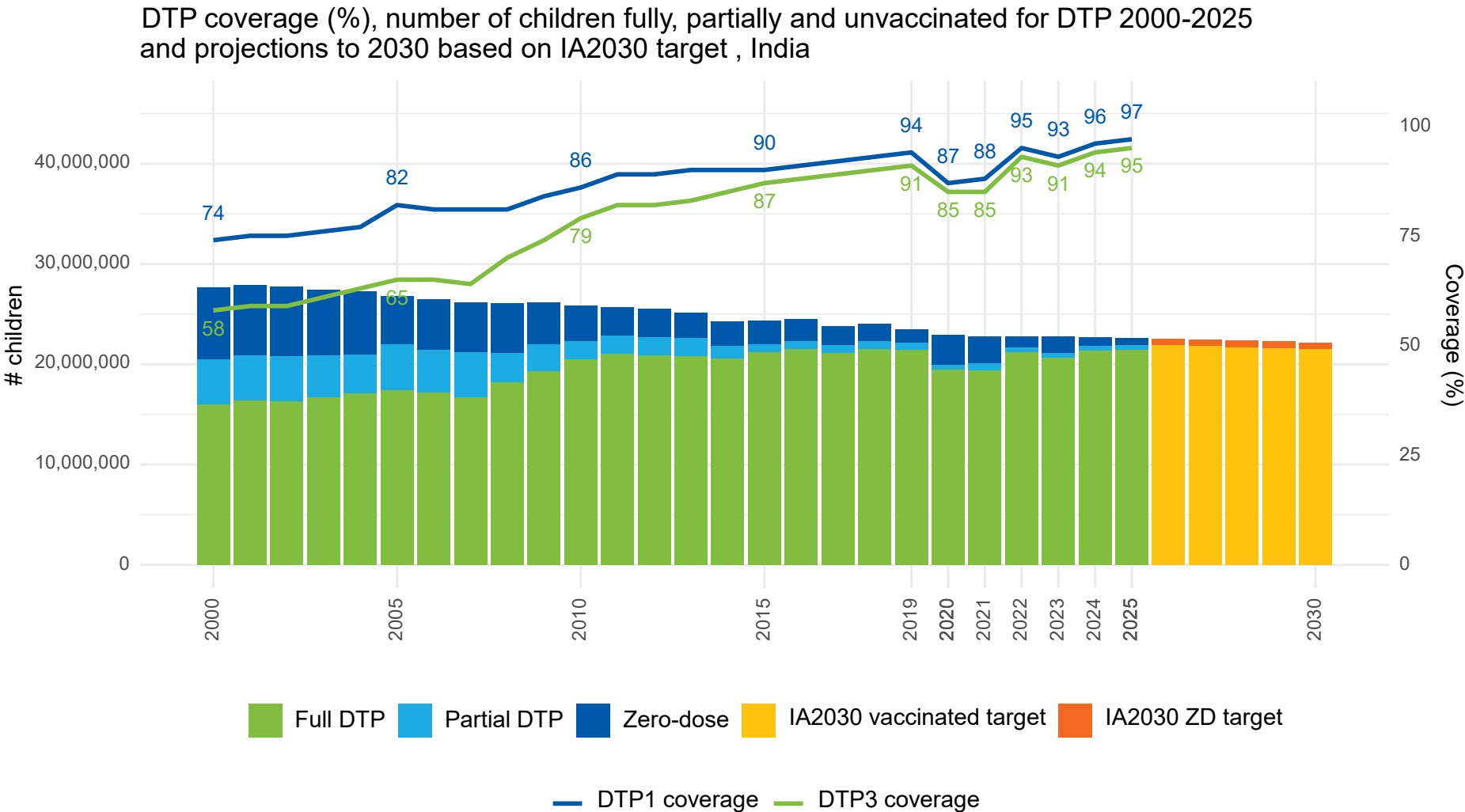
In 2021, India ranked number 1 out of 8 countries with 2,736,000 zero-dose children.

In 2025, India ranked number 1 out of 8 countries with 679,000 zero-dose children.

Note: Absolute numbers of zero-dose children is based on a combination of programme performance and surviving infant target population size. Countries may climb to a higher rank despite a decline in number of zero-dose children as the ranking also depends on performance of other countries in the region.

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

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



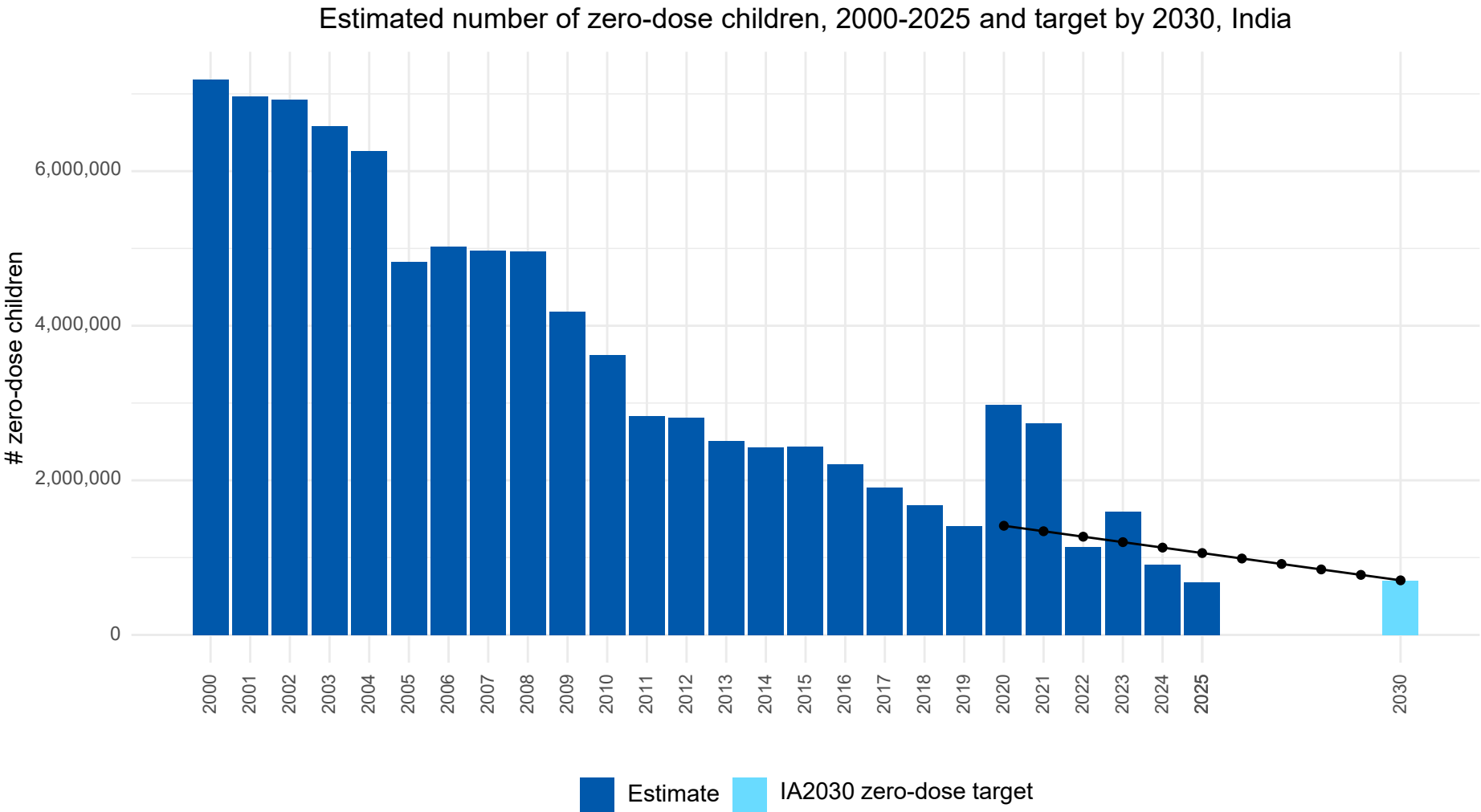
IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

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

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

Sources: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision; United Nations, Department of Economic and Social Affairs, Population Division (2024). World Population Prospects 2024, Online Edition. Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030.

In 2025, the number of zero-dose children was 36% below the annual IA2030 goal, positioning the programme to reach, and potentially exceed the 2030 goal if current progress continues.



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

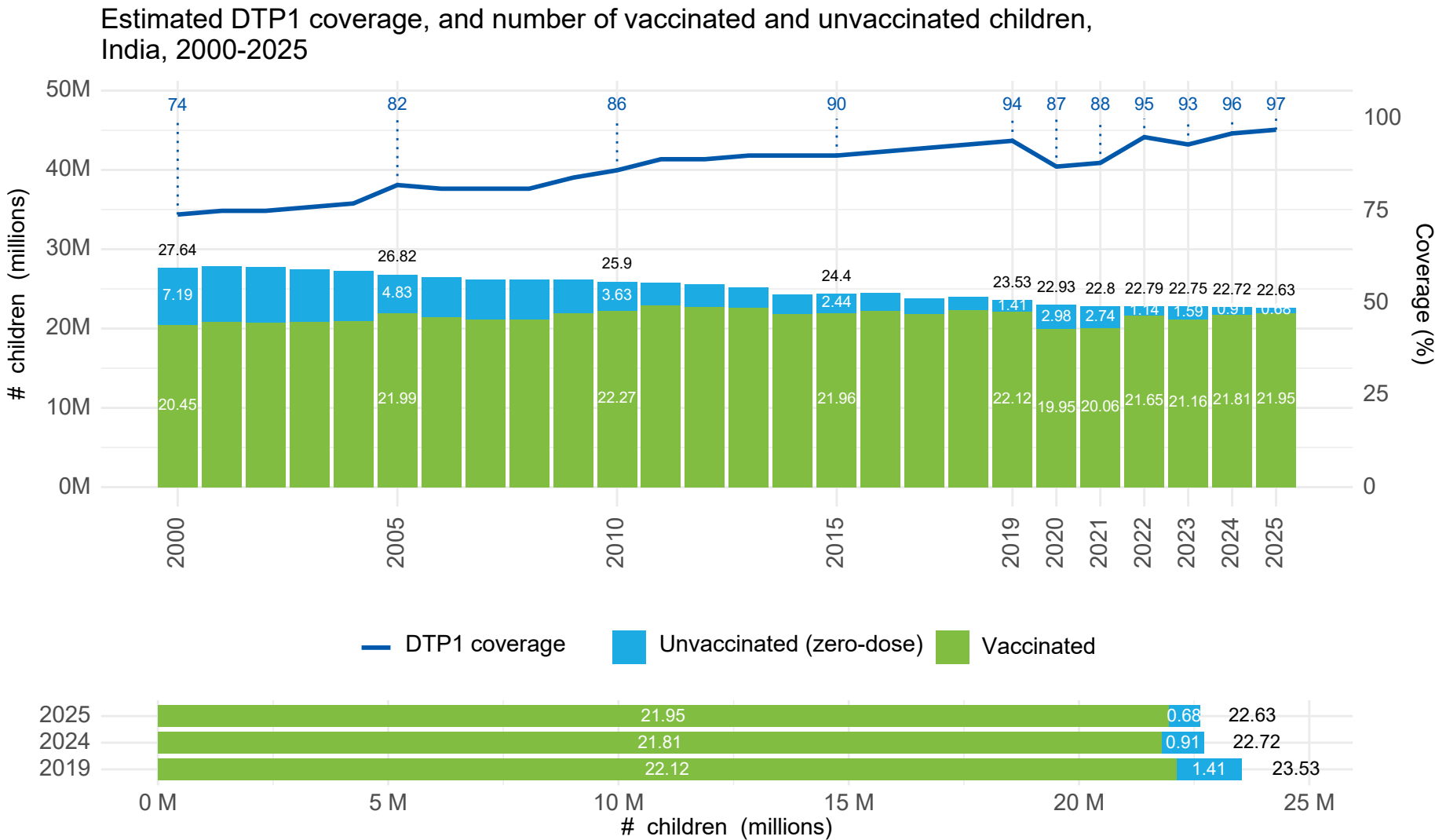
Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. Dark blue bars are the estimated number of zero-dose children in 2000-2025, light blue bar is the target number of zero-dose children by 2030. The line and points show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

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

- This chart shows:
- Estimated number of zero-dose children in 2000-2025 (dark blue bars)
 - Zero-dose target by 2030 (light blue bar)
 - Trajectory to reach the 2030 target based on a linear decline (points)

In 2025, the number of zero-dose children was approximately 36% lower than (ie. the country had achieved) the annual number proposed to reach the target, based on a linear trajectory of decline.

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



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

DTP1 coverage in 2025 (97%) was higher than in 2019 (94%).

The number of children vaccinated with DTP1 decreased 1% compared to in 2019.

The number of surviving infants decreased approximately 4% compared to in 2019.

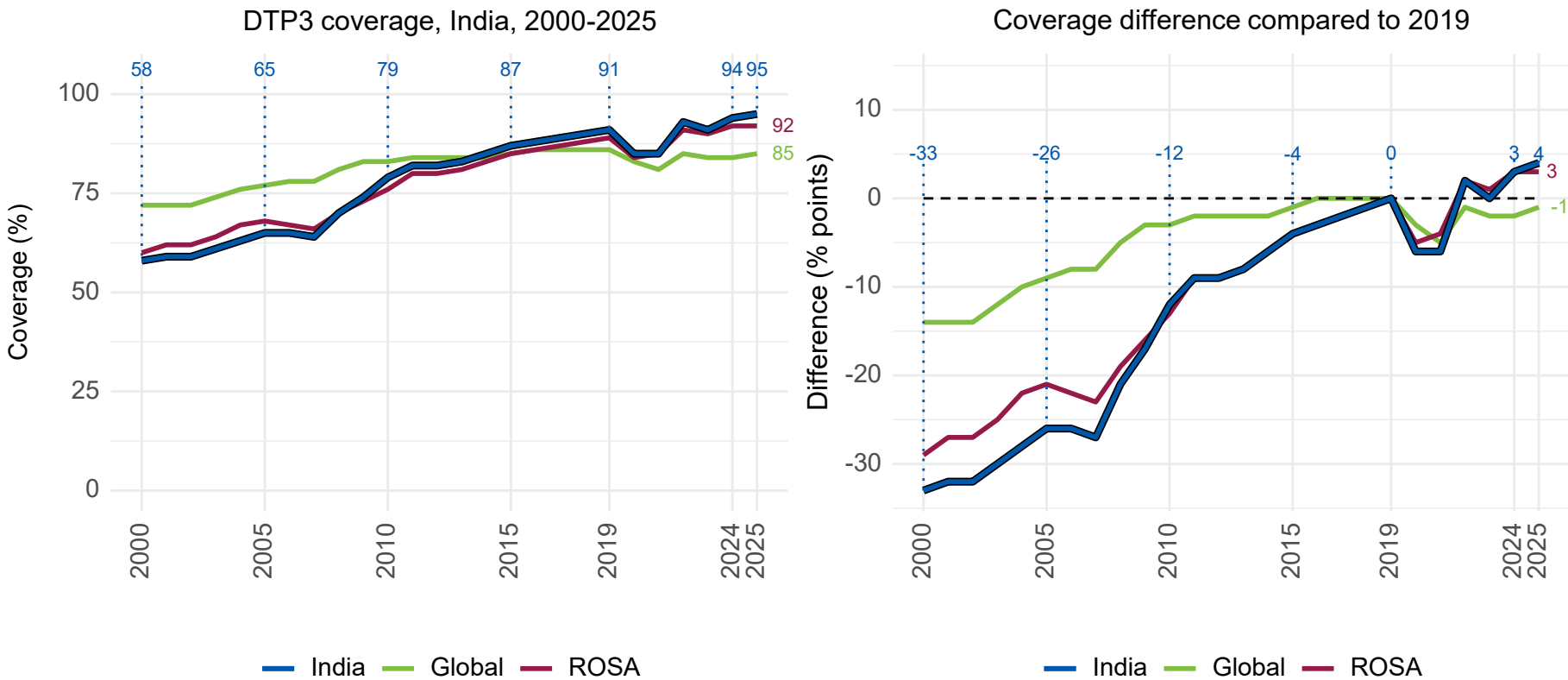
In 2025, 200,000 fewer children were vaccinated than in 2019.

In 2025, there were 900,000 fewer surviving infants (target population) than in 2019.

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

DTP3

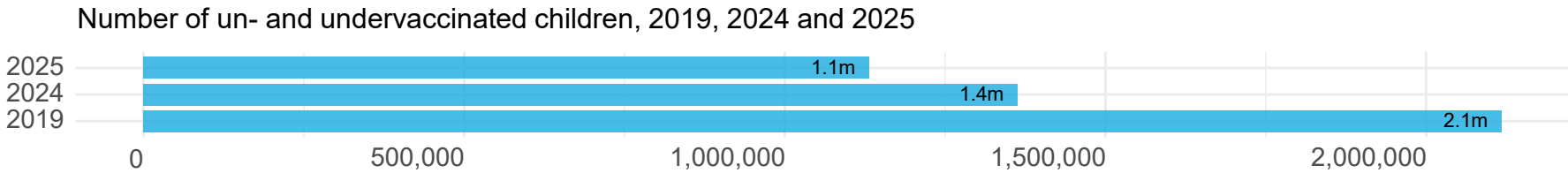
In 2025, India DTP3 coverage was 95% - this is 4 percentage points higher than in 2019 and higher than both the global and regional averages.



In 2025, DTP3 coverage in India (95%) was 10 percentage points higher than the global average (85%) and 3 percentage points higher than the average across all ROSA countries (92%).

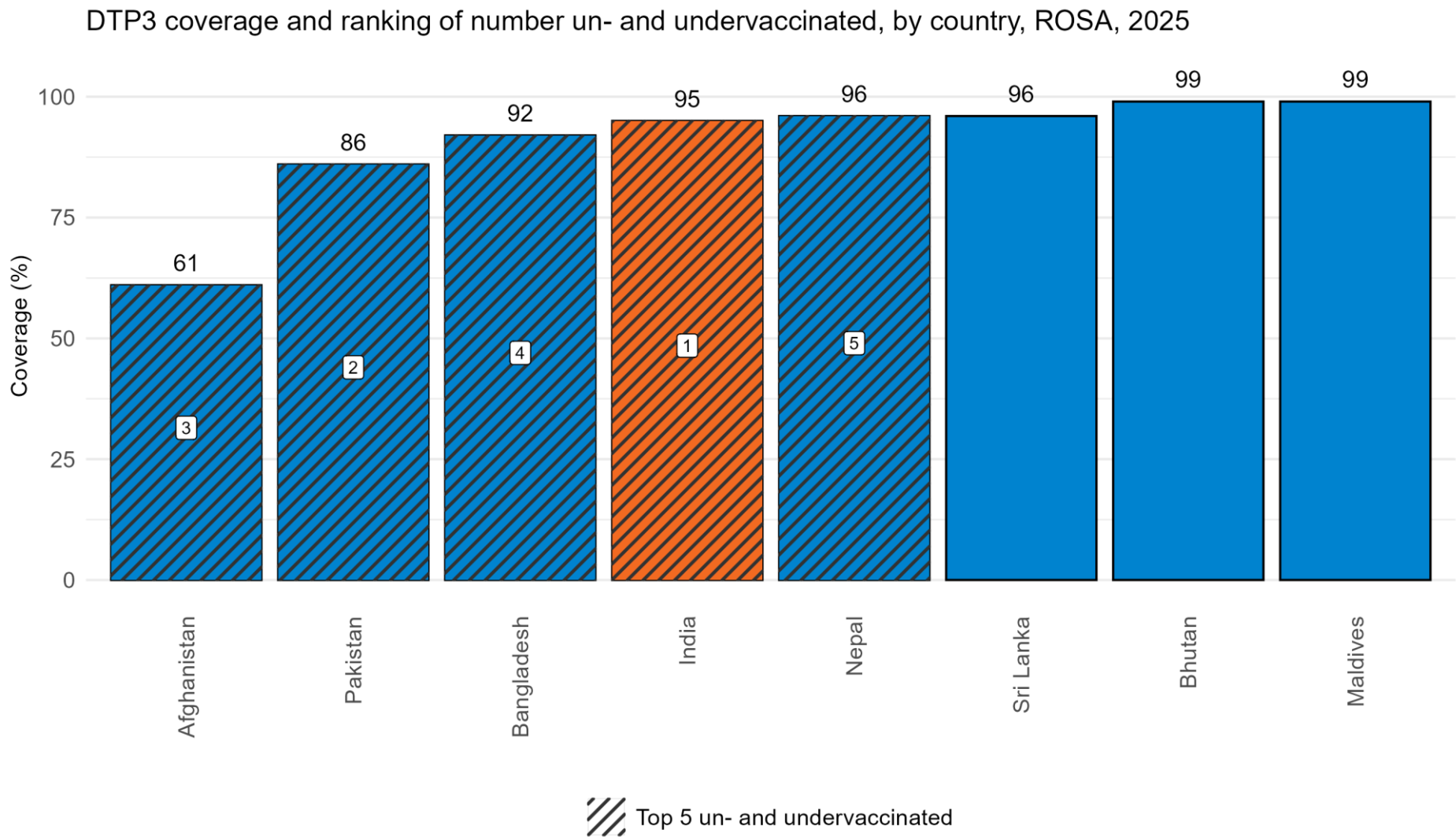
National DTP3 coverage was 4 percentage points higher than in 2019 (91%).

This equates to 1.1m un- and undervaccinated children in 2025 compared to 2.1m un- and undervaccinated children in 2019.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

In 2025, India had DTP3 coverage of 95% and was among the top 3 countries with the highest number of un- and undervaccinated children in the region.



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

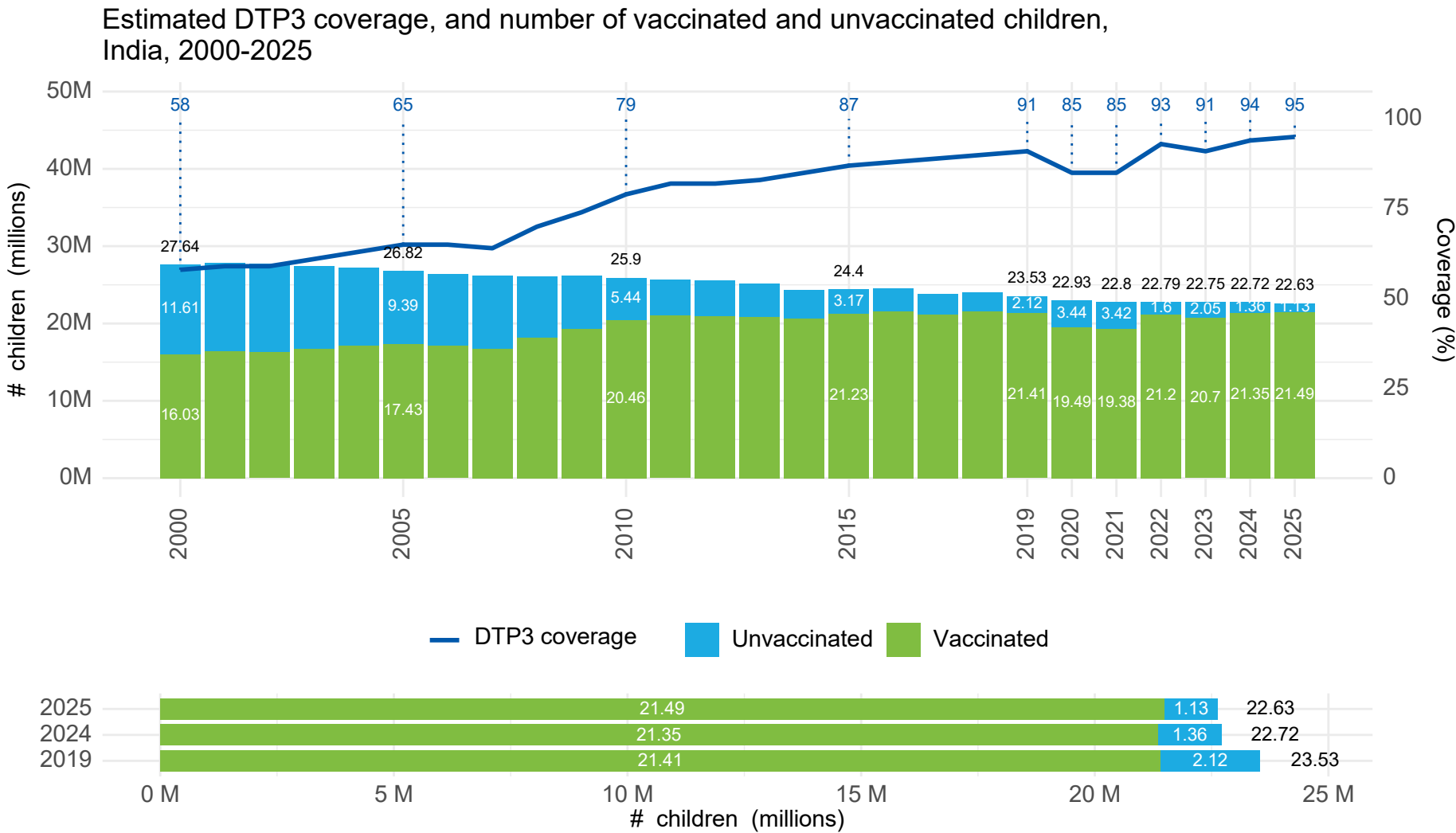
This chart shows DTP3 coverage in countries in ROSA from lowest to highest coverage, and the rank of the top 10 countries with the most un- and undervaccinated children, based on absolute numbers.

In 2025, India ranked number 4 out of 8 countries for lowest DTP3 coverage (based on tied ranks).

India was in the top 5 countries with the most un- and undervaccinated children (rank=1).

Note: Large cohort countries may have high numbers of un- and undervaccinated children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

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



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

DTP3 coverage in 2025 (95%) was higher than in 2019 (91%).

The number of children vaccinated with DTP3 remained constant 0% compared to in 2019.

The number of surviving infants decreased approximately 4% compared to in 2019.

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

In 2025, there were 900,000 fewer surviving infants (target population) than in 2019.

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

MCV1

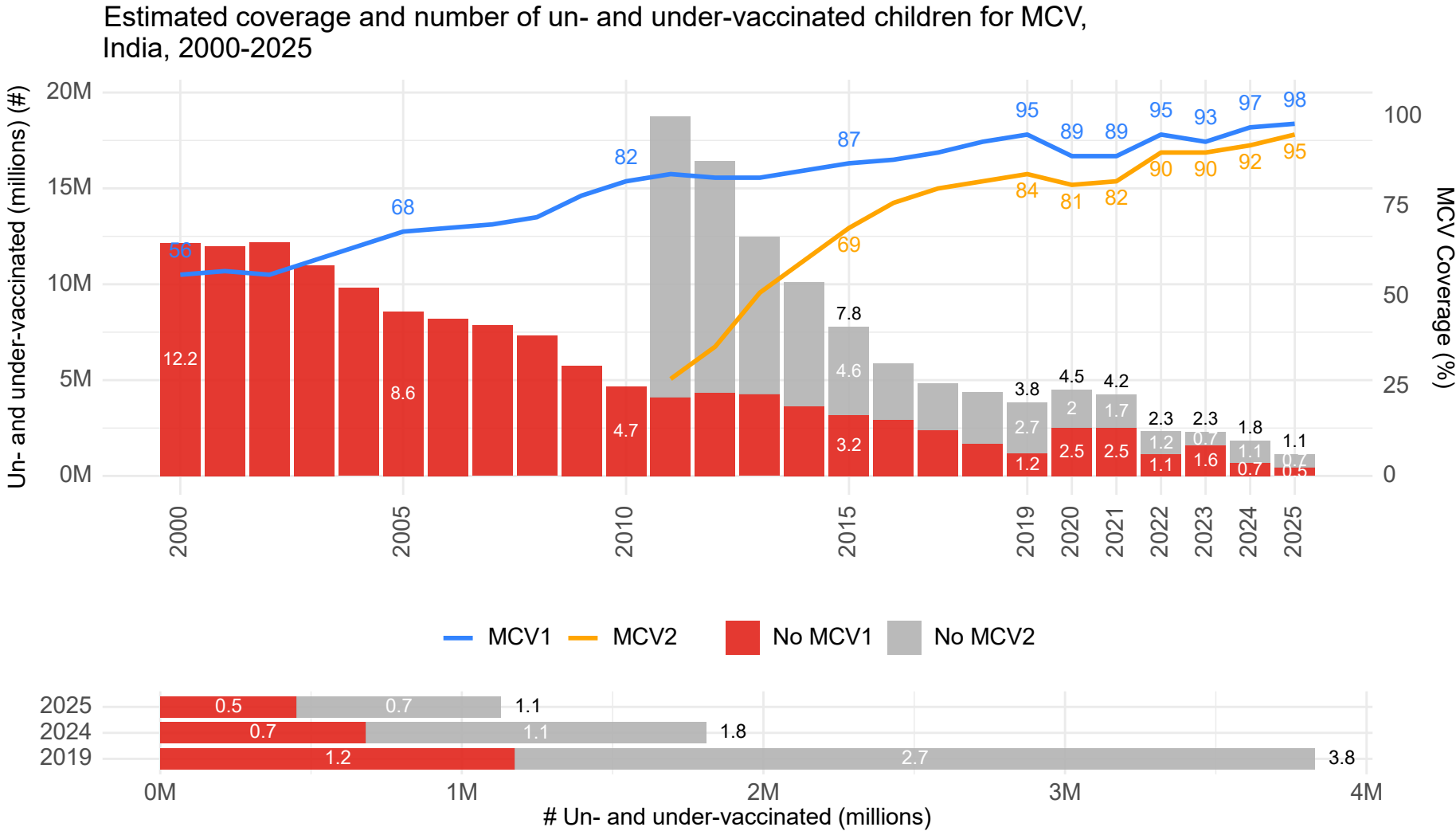
MCV1 coverage remained relatively constant (within 1%) at 97% in 2025, leaving 453,000 children without any protection against measles. MCV2 coverage increased to from 92% in 2024 to 95% in 2025

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

The percentage of children receiving MCV1 – typically at 9 or 12 months depending on the national vaccination schedule – remained relatively constant (within 1%) at 98%. This is greater than in 2019, where coverage was 95%.

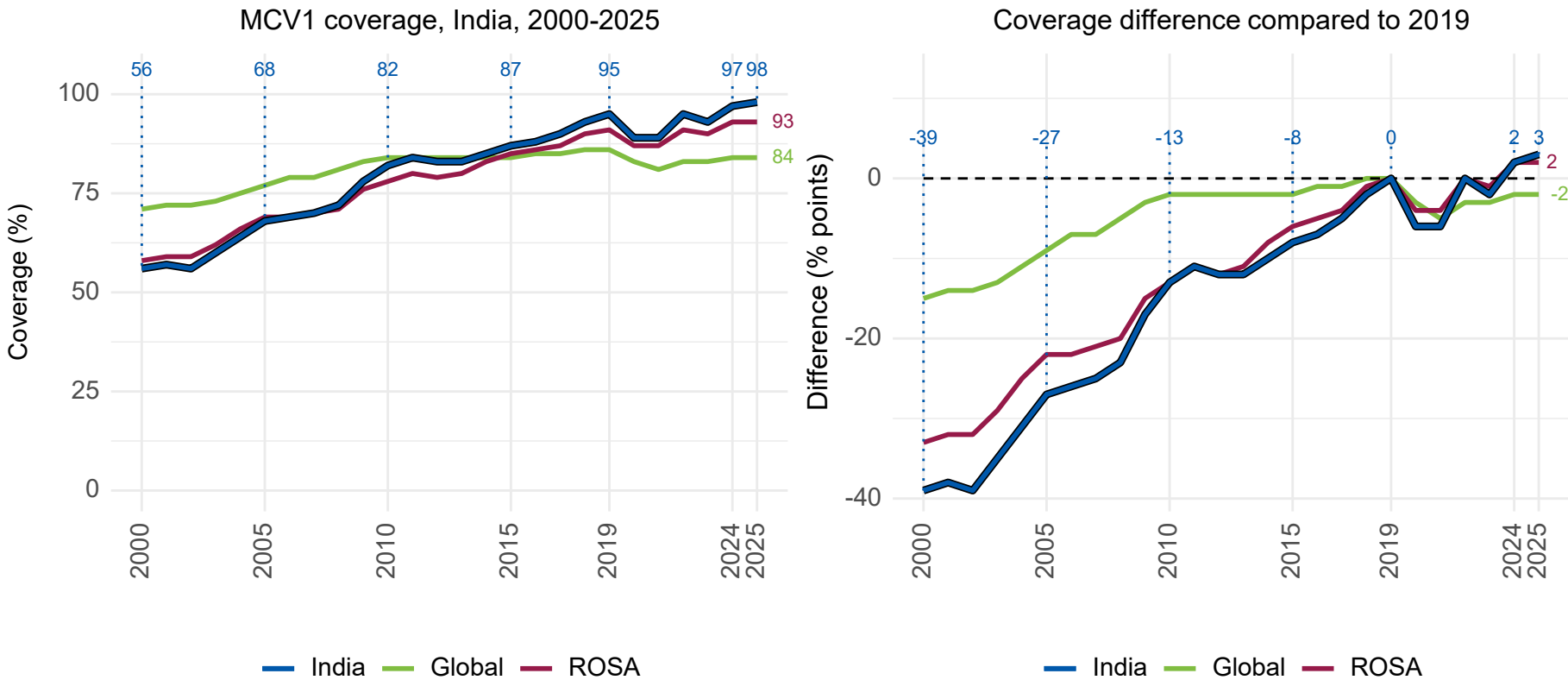
453,000 children missed their routine first dose of measles vaccine.

MCV2 is typically administered to children between 18 months and five years old. MCV2 coverage increased to 95% in 2025.



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

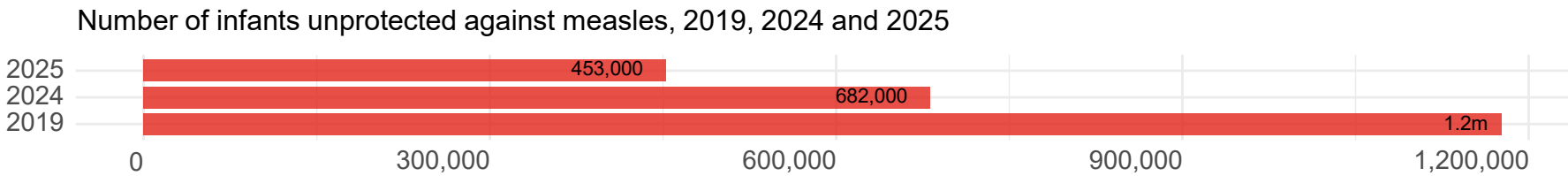
In 2025, India MCV1 coverage was 98% - this is 3 percentage points higher than in 2019 and higher than both the global and regional averages.



In 2025, MCV1 coverage in India (98%) was 14 percentage points higher than the global average (84%) and 5 percentage points higher than the average across all ROSA countries (93%).

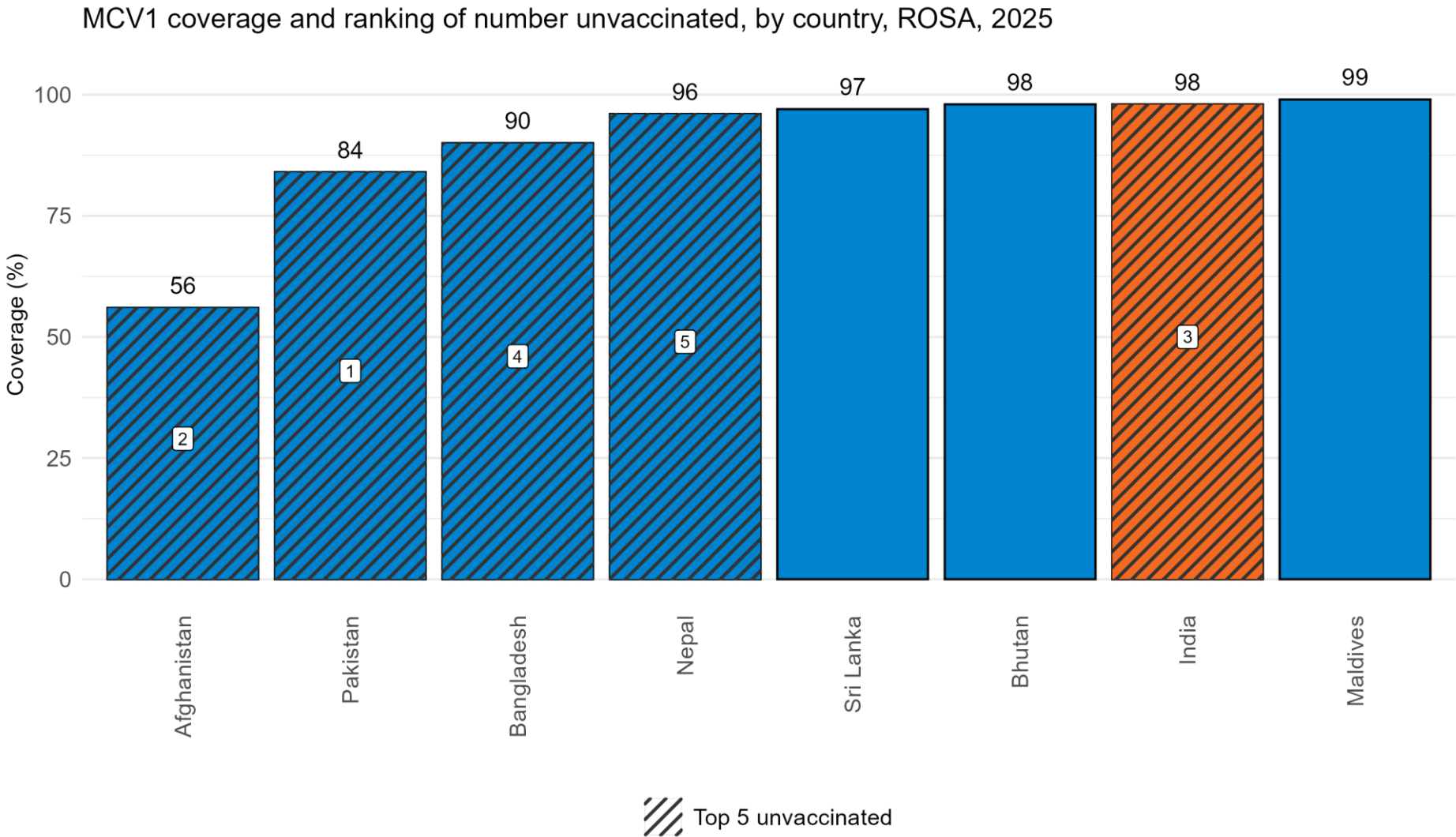
National MCV1 coverage was 3 percentage points higher than in 2019 (95%).

This equates to 453,000 unvaccinated children in 2025 compared to 1.2m unvaccinated children in 2019.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019

In 2025, India had MCV1 coverage of 98% and was among the top 3 countries with the highest number of unvaccinated children in the region.



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

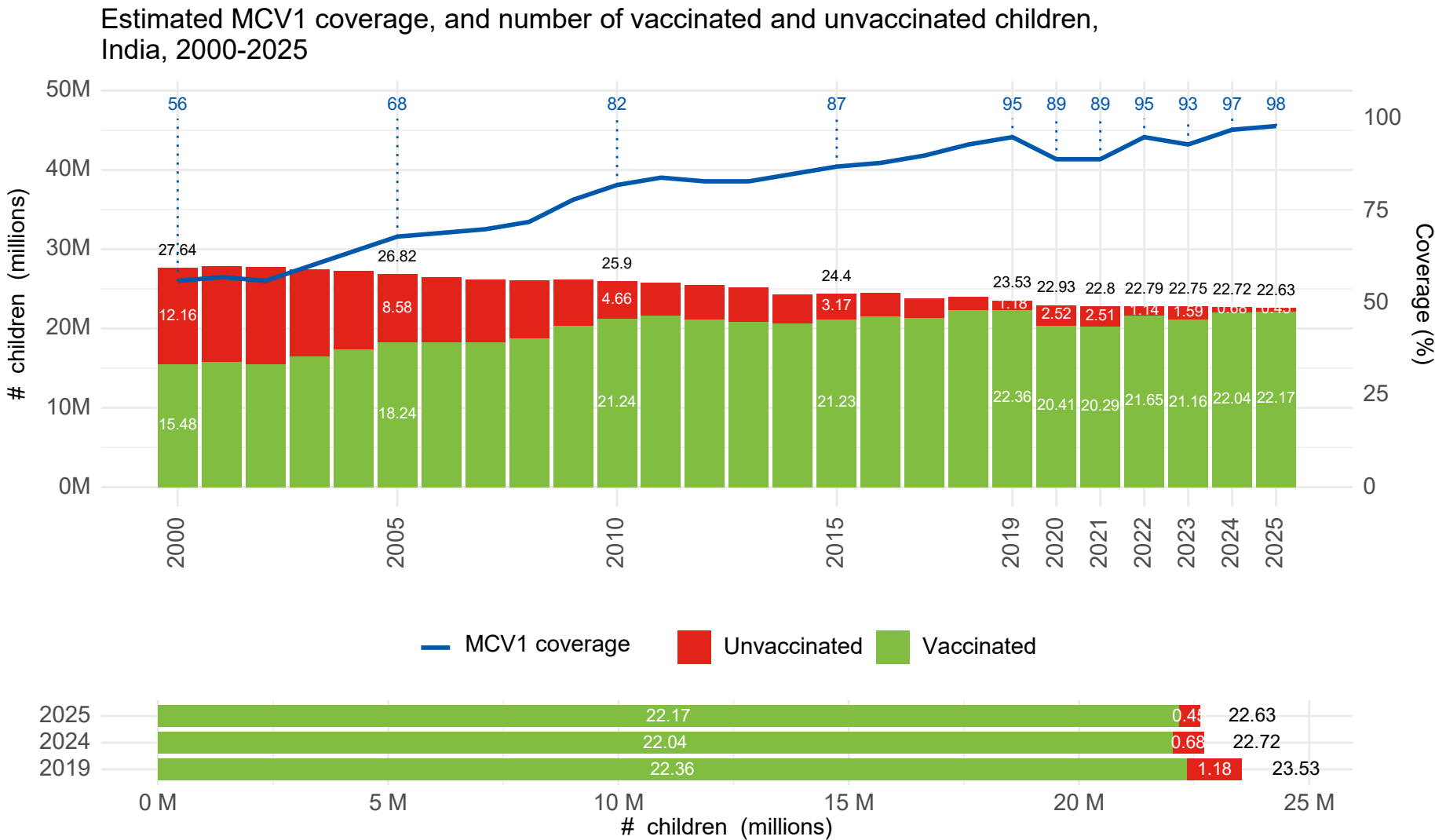
In 2025, India ranked number 6 out of 8 countries for lowest MCV1 coverage (based on tied ranks).

India was in the top 5 countries with the most unvaccinated children (rank=3).

Note: Large cohort countries may have high numbers of unvaccinated children despite high vaccine coverage. It is important to consider both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not overlooked.

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

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



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

MCV1 coverage in 2025 (98%) was higher than in 2019 (95%).

The number of children vaccinated with MCV1 decreased 1% compared to in 2019.

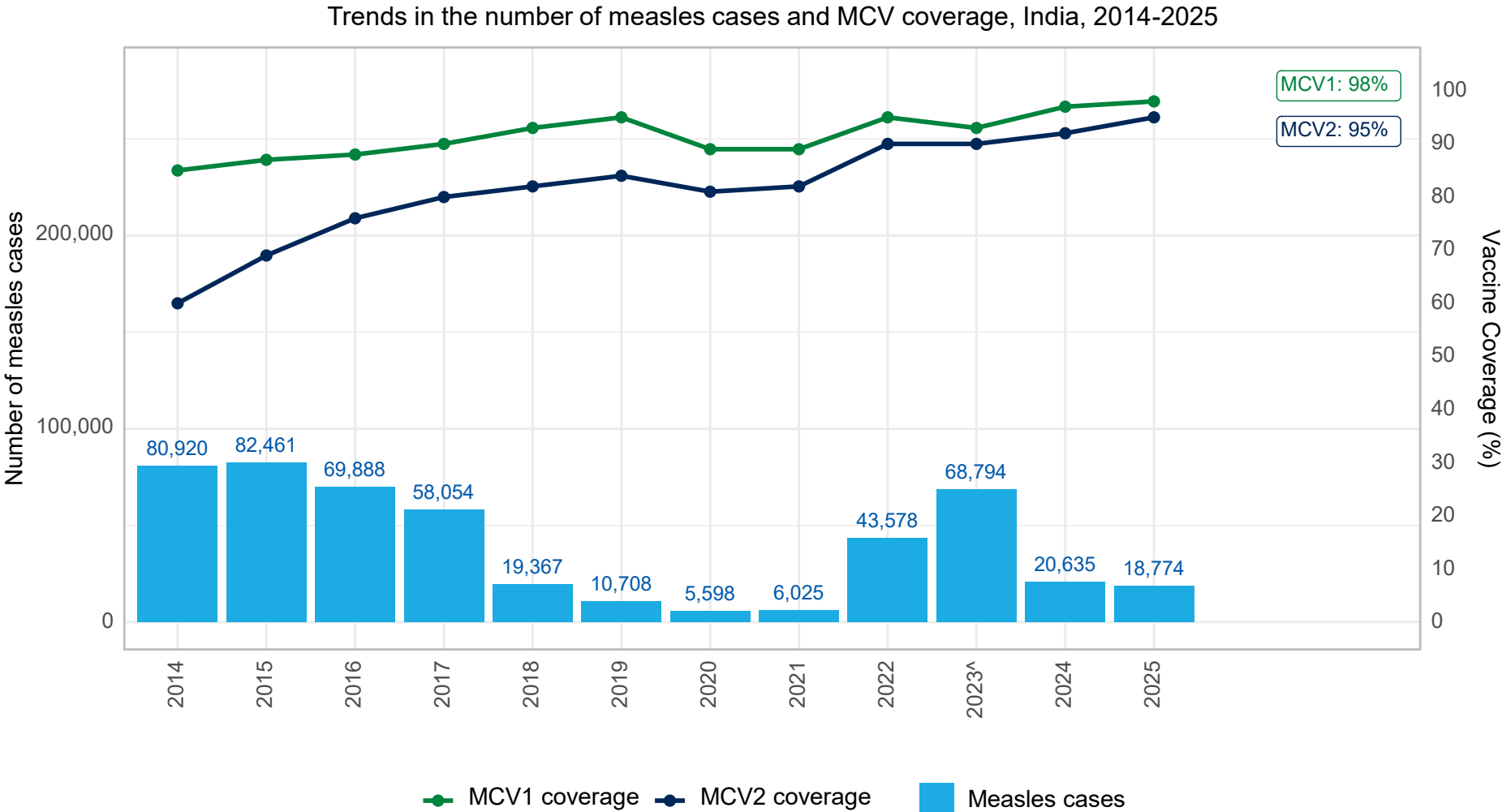
The number of surviving infants decreased approximately 4% compared to in 2019.

In 2025, 200,000 fewer children were vaccinated than in 2019.

In 2025, there were 900,000 fewer surviving infants (target population) than in 2019.

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

In 2025, India saw a decrease in measles cases compared with 2024, while MCV1 coverage was 98% and MCV2 coverage was 95%.



In 2025, there was a total of 18,774 confirmed measles cases in India. In the same year, MCV1 coverage was 98% and MCV2 coverage was 95%.

The number of cases in 2025 was 9% lower than in 2024 (n=20,635).

The highest number of measles cases was reported in 2015 (n=82,461). In this year, MCV1 coverage was 87%.

There were measles-containing vaccine supplementary immunization activities/campaigns in 2023.

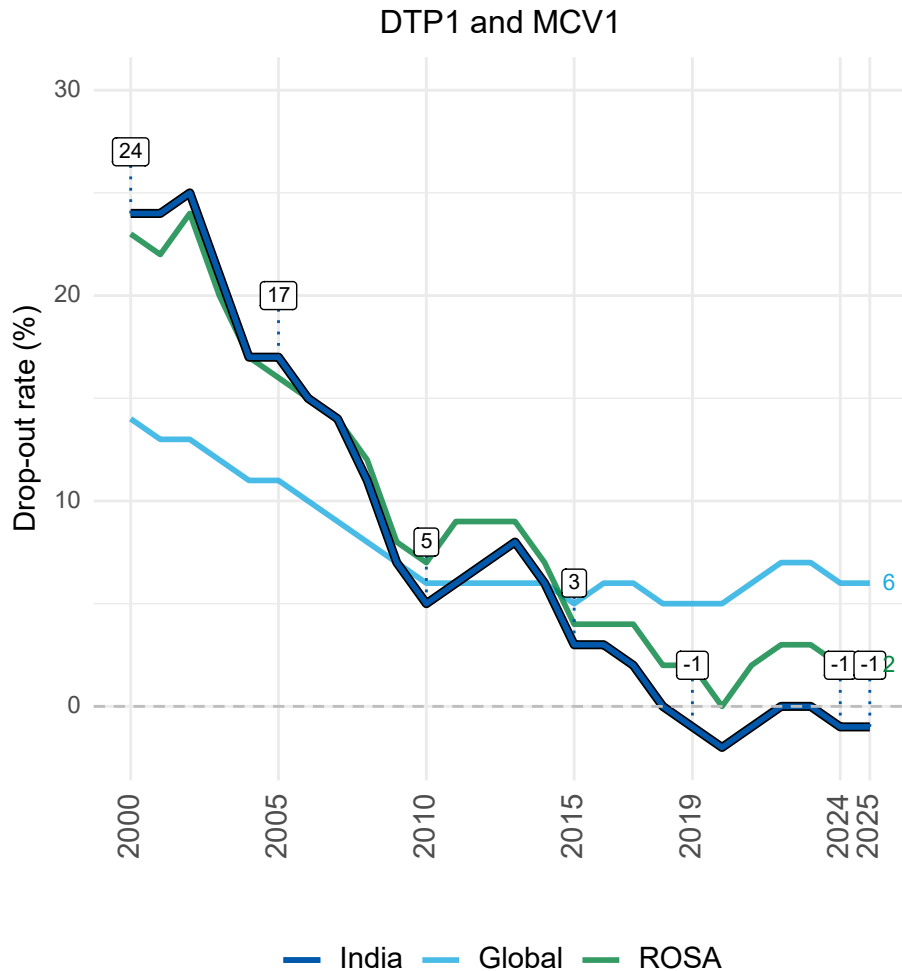
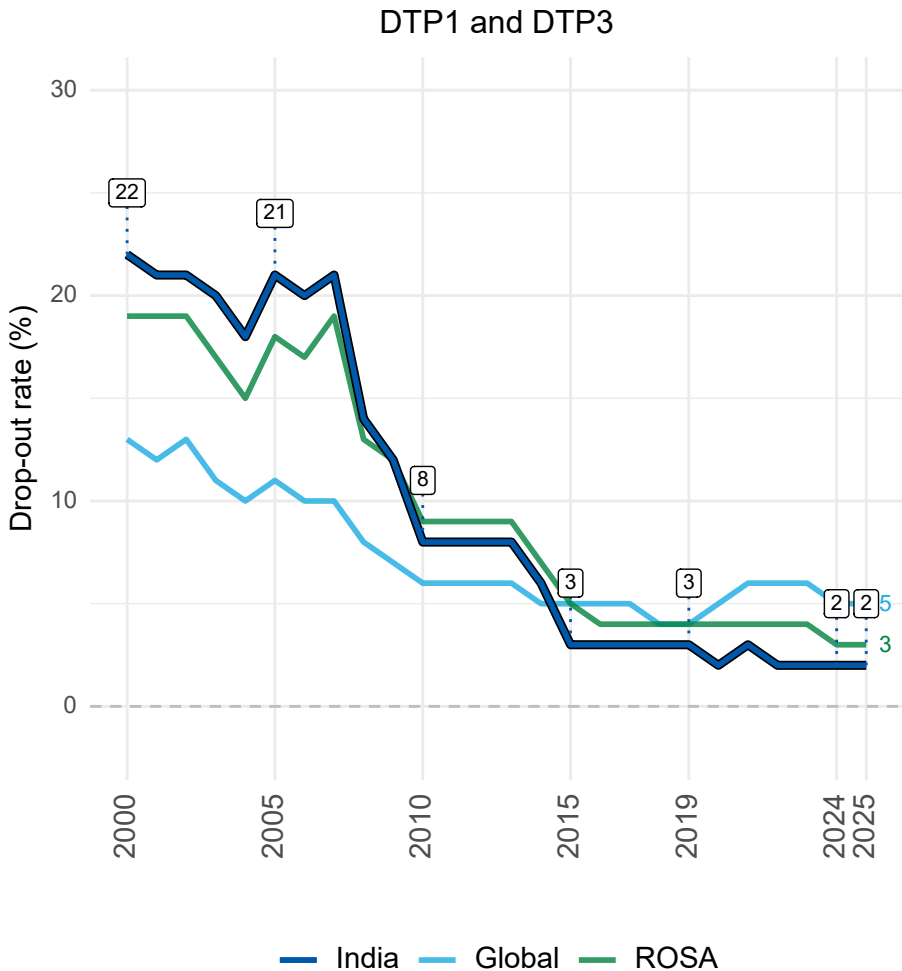
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision; Reported measles and rubella cases and incidence rates by WHO Member States, as of 12 June 2026. Provisional data based on monthly data reported to WHO (Geneva) as of 12 June 2026.

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

Childhood immunization: Additional charts

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

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



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Drop-out classification: <5% = low, 5-10% = medium, >10% = high

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

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

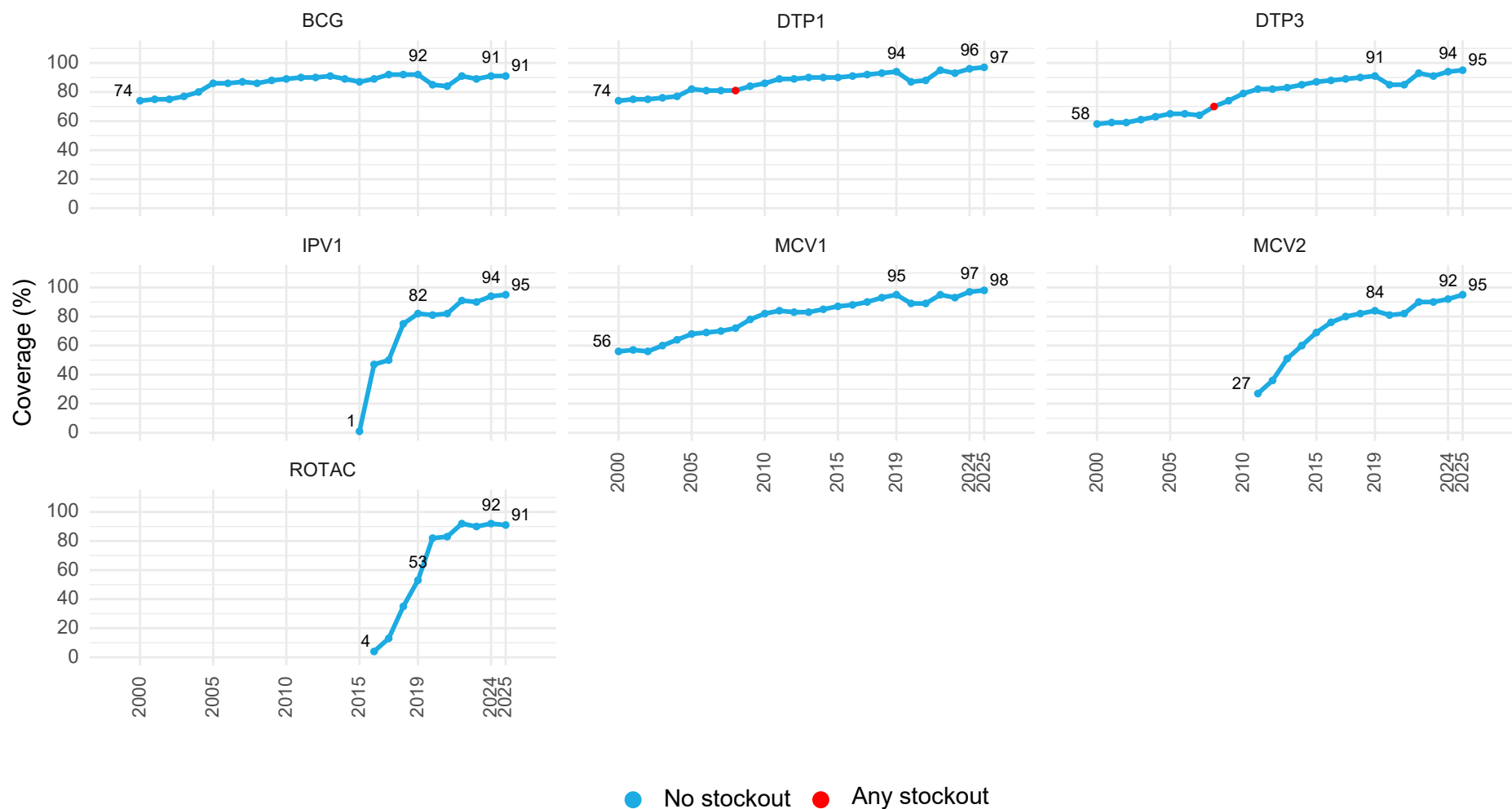
In 2025, 2% of children who received DTP1 did not receive DTP3 (left), and -1% of children who received DTP1 did not receive MCV1 (right).

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

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

In 2025, India had its lowest coverage in BCG and ROTAC (91%), while most other routine vaccines clustered around 95-98%; 6 antigens increased since 2019, and 5 antigens increased since 2024.

Coverage of recommended childhood vaccines, India, 2000-2025



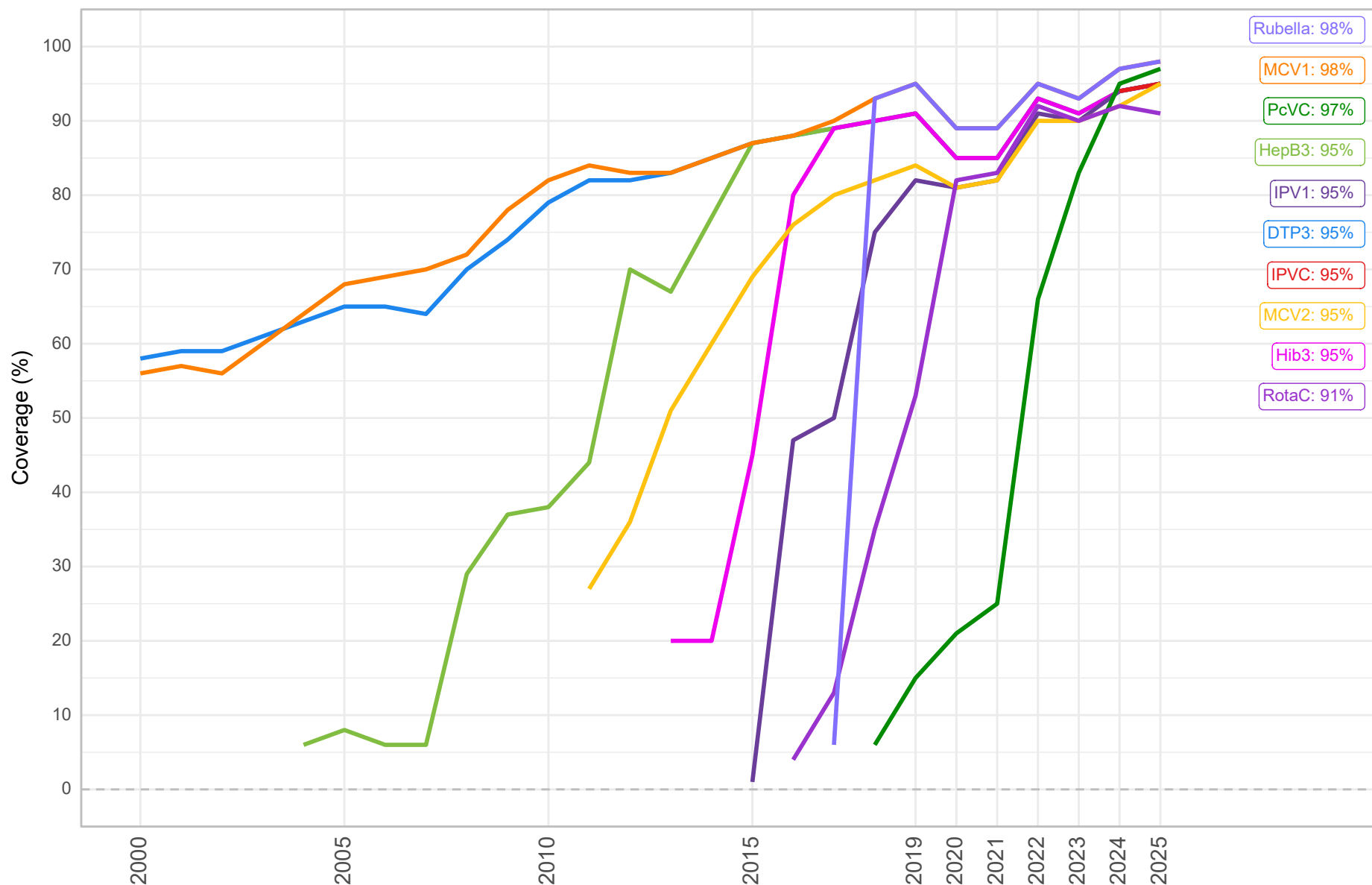
This chart shows trends in coverage of selected core routine vaccines recommended in childhood.

In 2025, BCG and ROTAC had the lowest coverage (91%), followed by DTP3, IPV1, and MCV2 (95%).

Compared to 2019, coverage of one vaccine decreased (BCG) and 6 vaccines increased (DTP1, DTP3, IPV1, MCV1, MCV2 and ROTAC).

Compared to 2024, coverage of one vaccine remained constant (BCG), 5 vaccines increased (DTP1, DTP3, IPV1, MCV1 and MCV2), and one vaccine decreased (ROTAC).

Vaccine coverage (%), India, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Numbers in the data label bubbles refer to vaccine coverage in the latest year estimates are available.

This chart shows trends in coverage of 9 vaccines (complete series).

In 2025, RotaC had the lowest coverage of all vaccines (91%), followed by DTP3, HepB3, Hib3, IPV1, IPVC, and MCV2 (95%).

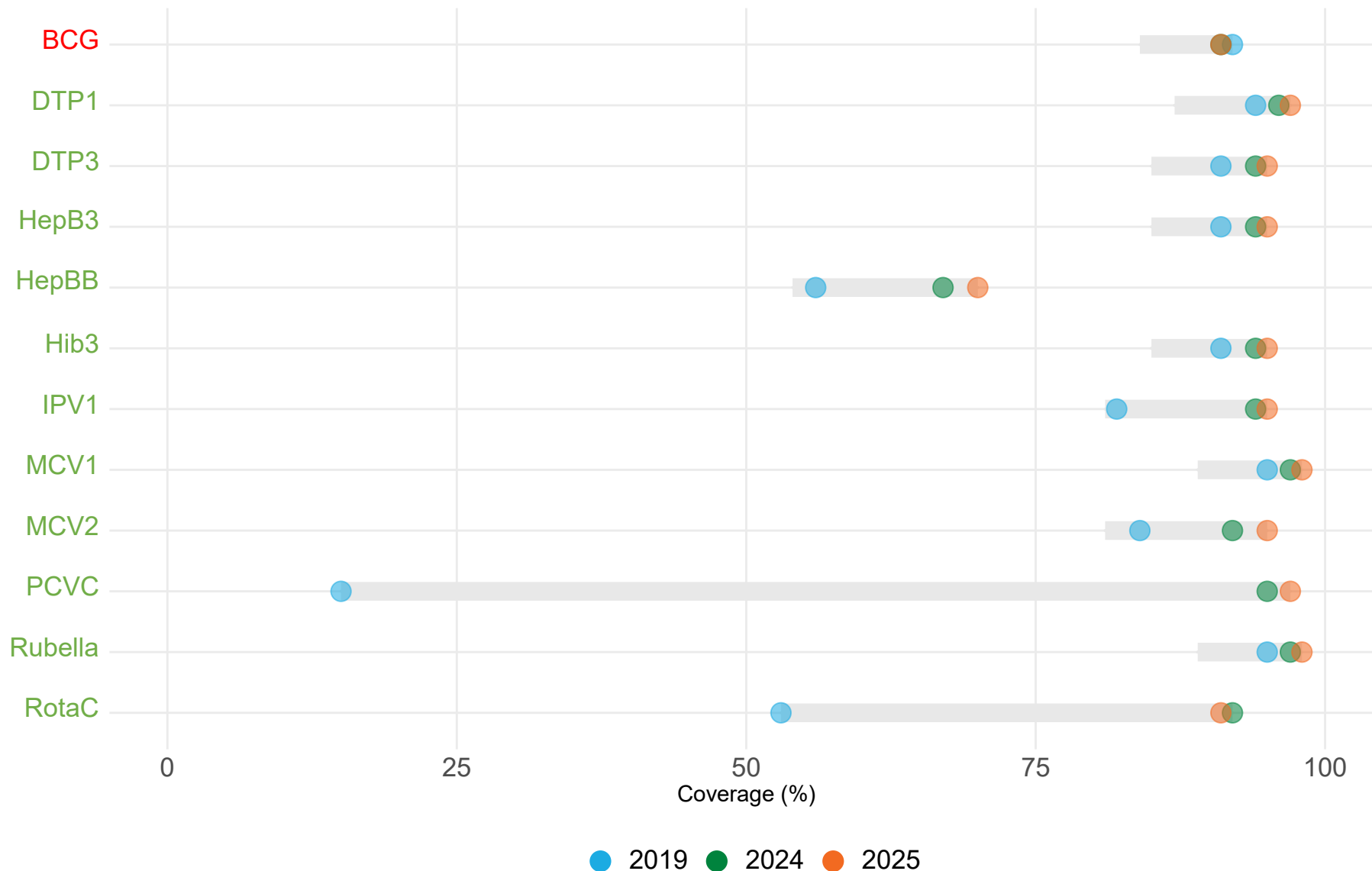
Coverage of 8 vaccines increased (DTP3, HEPB3, HIB3, IPV1, MCV1, MCV2, ROTAC and RUBELLA) compared to respective coverage in 2019.

Coverage of 8 vaccines increased (DTP3, HEPB3, HIB3, IPV1, IPVC, MCV1, MCV2 and RUBELLA) and 1 vaccine decreased (ROTAC) compared to respective coverage in 2024.



WUENIC 2025 revision

Vaccine coverage (%), India, 2019-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
 Note: The grey bar spans vaccine coverage across all years 2019-2025 and the dots represent coverage in specific years.
 Coverage is shown for vaccines with data all years 2019-2025.
 Vaccine names are coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019

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

DTP1 coverage increased between 2019 (94%) and 2024 (96%). DTP1 coverage increased in 2025 (97%) compared to 2024, and was higher than in 2019. In 2019-2025, DTP1 coverage was at it's lowest level in 2020 (87%).

In 2024, 1 vaccine had lower coverage than in 2019.

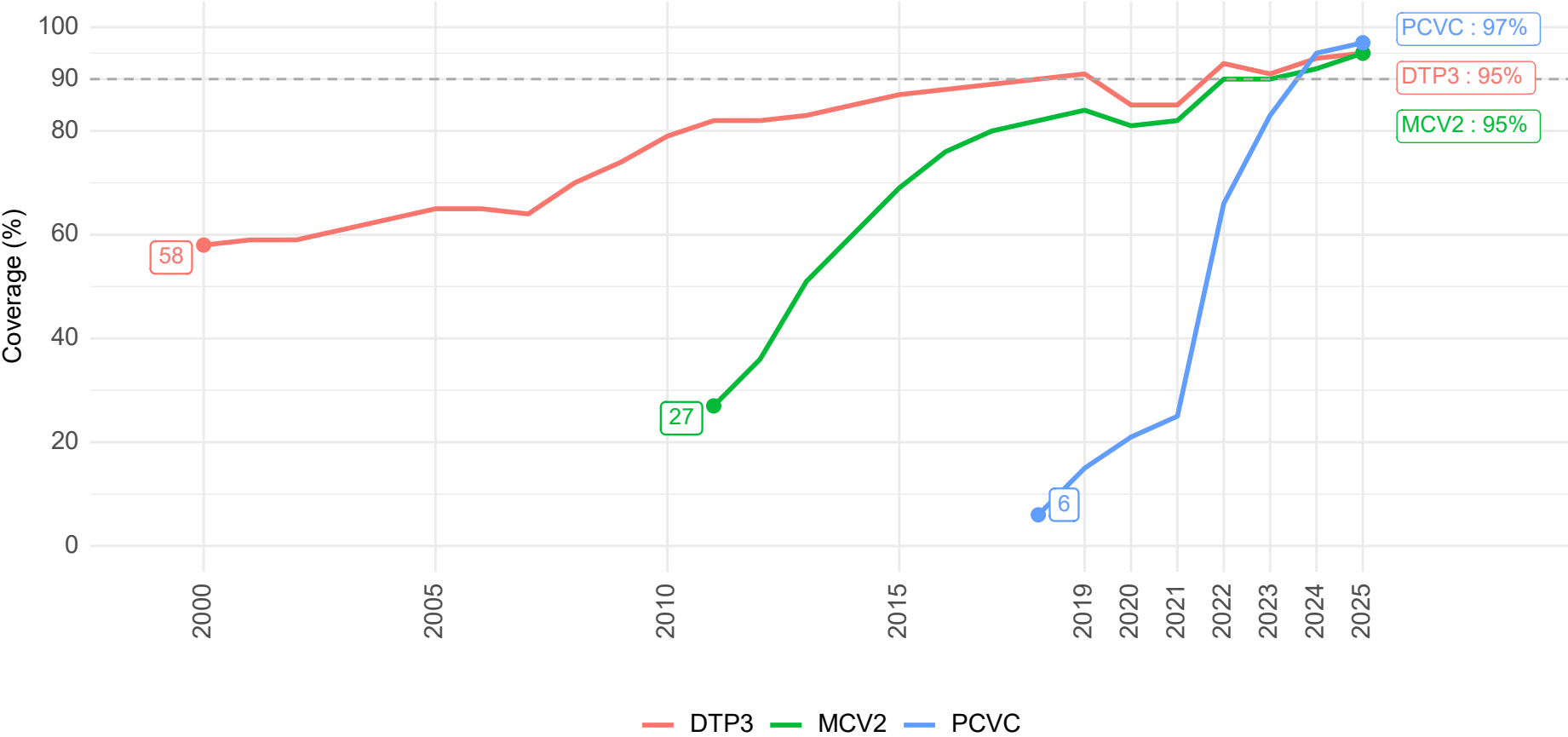
In 2025, 1 vaccine had lower coverage than in 2019.

In 2025, 1 vaccine had lower coverage than in 2024.

SDG 3.b.1

In 2025, India met the 90% SDG coverage target for all SDG vaccines.

SDG 3.b.1: Proportion of the target population covered by all vaccines included in their national programme, India, 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 Immunization Agenda 2030 (IA2030) global target is 90% coverage of all four antigens by 2030.
Data are missing for vaccines that have not been introduced by the country or where estimates were not made (HPVc).

Four vaccination coverage indicators contribute to Sustainable Development Goal 3, indicator b.1: DTP3, PCV3, MCV2 and HPV.

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

India has 3 out of the 4 SDG vaccines.

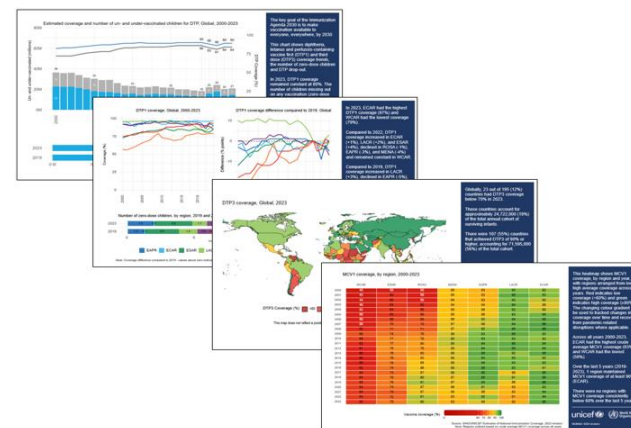
In 2025, India had achieved at least 90% coverage of 3 out of the 4 vaccines.

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

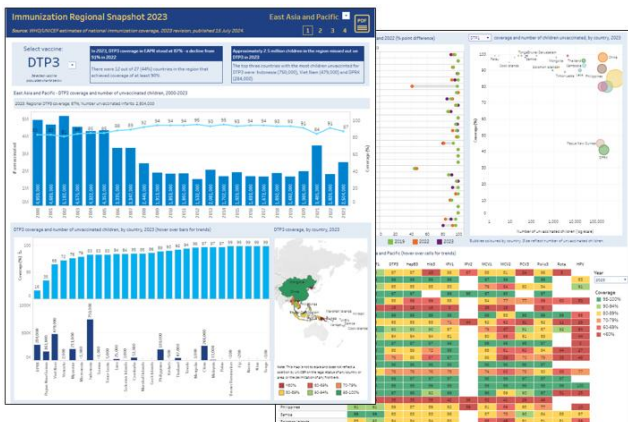
*UNICEF, WHO, World Bank, Gavi and
African Union regions*



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 "Adverse Climate Impacts by Sector and Year, 2010-2025" showing the number of children vaccinated by sector (Health, Education, Agriculture, etc.) over time. It includes a legend for "Sector" and "Year".
- Top Right:** A line chart titled "Number of Children Vaccinated by Vaccine and Year, 2010-2025" showing vaccination rates for different vaccines (MMR1, MMR2, etc.) over time. It includes a legend for "Vaccine" and "Year".
- Middle Left:** A line chart titled "Number of Children Vaccinated by Vaccine and Year, 2010-2025" showing vaccination rates for different vaccines (MMR1, MMR2, etc.) over time. It includes a legend for "Vaccine" and "Year".
- Middle Right:** A line chart titled "Number of Children Vaccinated by Vaccine and Year, 2010-2025" showing vaccination rates for different vaccines (MMR1, MMR2, etc.) over time. It includes a legend for "Vaccine" and "Year".
- Bottom Left:** A bar chart titled "Number of Children Vaccinated by Vaccine and Year, 2010-2025" showing vaccination rates for different vaccines (MMR1, MMR2, etc.) over time. It includes a legend for "Vaccine" and "Year".
- Bottom Center:** A bar chart titled "Number of Children Vaccinated by Vaccine and Year, 2010-2025" showing vaccination rates for different vaccines (MMR1, MMR2, etc.) over time. It includes a legend for "Vaccine" and "Year".
- Bottom Right:** A heatmap titled "Coverage Trends by Vaccine and District, 2010-2025" showing vaccination coverage trends across different districts and years. It includes a legend for "Vaccine" and "Year".

WUENIC Talking Points: Latin America and the Caribbean (LACR) Region Revision Year: 2020

Contents

- Overview 2
- OTPI: Reaching zero disease 4
- OTPI: A number of vaccine immunisation series delays to eliminate 6
- MEV: Country in the world 6
- HPV: Country in the world 6
- Appendix 12

Overview

• While rising vaccine series coverage and vaccine rates of the 14 included vaccines advanced at average (range) 0.9% to 1.9% higher rates in LACR Region 2020

• Coverage of the first dose of measles-containing vaccine (MCV1) was 70.9% in December 2019, up from 69.2% in 2018, 2019, 2017 and 2016 and of 72.9% (range) vaccine series against measles (MCV1) was the same in 2020 as in 2019 at 70.9%.

• At the country level, 23 of 32 (72%) countries achieved coverage of 90% or higher of at least one of the 14 included vaccine immunisation in the region.

• There were 10 countries that did not achieve 1 of 14 of 100% coverage in any vaccine (i.e. polio, measles, BCG, Hib, Hepatitis, measles, rubella, MCV1, Polio, Diphtheria, and tetanus) (DTP1) in 2020. The number of vaccine immunisation of 1 or more was approximately 21% higher over the average goal to achieve the immunisation target 2020 compared with the number of vaccine immunisation to 100% in 2019 in the region of 100,000.

Measles coverage (PI) by age, LACR, 2016-2020

1

Latin America and the Caribbean Region

WUENIC Talking Points: Ethiopia Revision Year: 2020

Contents

- Overview 2
- OTPI: Reaching zero disease 4
- OTPI: A number of vaccine immunisation series delays to eliminate 6
- MEV: Country in the world 6
- HPV: Country in the world 6
- Regional comparison 7
- Additional Vaccines 10
- Appendix 12

- The LACR region includes 33 countries (Argentina and Barbados, a French Overseas, Brazil, Chile, Cuba, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Haiti, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname and Venezuela).
- The LACR region includes 10 countries (Argentina, Barbados, French Overseas, Honduras, Haiti, Mexico, Paraguay, Peru, Suriname and Venezuela).
- Note: Ecuador, Nicaragua and Suriname individually, but not in total in the Region.

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Overview

OTPI: Reaching zero disease 4

OTPI: A number of vaccine immunisation series delays to eliminate 6

MEV: Country in the world 6

HPV: Country in the world 6

Regional comparison 7

Additional Vaccines 10

Appendix 12

Ethiopia in the African region

OTPI: Reaching zero disease children

• In 2020, OTPI coverage in Ethiopia was 67%, compared to 70% in 2019.

• In 2020, the number of zero-disease in Ethiopia (2019) was approximately 1 higher than the number of zero-disease in 2019.

• There were 34,600 zero vaccine coverage rates in the region in 2020 compared to 21,740 zero vaccine coverage rates in the region in 2019.

• The percentage decrease in the number of vaccine immunisation in the region was 36% (2019) compared to 2018 (2019) compared to 2017 (2019) compared to 2016 (2019) compared to 2015 (2019) compared to 2014 (2019) compared to 2013 (2019) compared to 2012 (2019) compared to 2011 (2019) compared to 2010 (2019) compared to 2009 (2019) compared to 2008 (2019) compared to 2007 (2019) compared to 2006 (2019) compared to 2005 (2019) compared to 2004 (2019) compared to 2003 (2019) compared to 2002 (2019) compared to 2001 (2019) compared to 2000 (2019) compared to 1999 (2019) compared to 1998 (2019) compared to 1997 (2019) compared to 1996 (2019) compared to 1995 (2019) compared to 1994 (2019) compared to 1993 (2019) compared to 1992 (2019) compared to 1991 (2019) compared to 1990 (2019) compared to 1989 (2019) compared to 1988 (2019) compared to 1987 (2019) compared to 1986 (2019) compared to 1985 (2019) compared to 1984 (2019) compared to 1983 (2019) compared to 1982 (2019) compared to 1981 (2019) compared to 1980 (2019) compared to 1979 (2019) compared to 1978 (2019) compared to 1977 (2019) compared to 1976 (2019) compared to 1975 (2019) compared to 1974 (2019) compared to 1973 (2019) compared to 1972 (2019) compared to 1971 (2019) compared to 1970 (2019) compared to 1969 (2019) compared to 1968 (2019) compared to 1967 (2019) compared to 1966 (2019) compared to 1965 (2019) compared to 1964 (2019) compared to 1963 (2019) compared to 1962 (2019) compared to 1961 (2019) compared to 1960 (2019) compared to 1959 (2019) compared to 1958 (2019) compared to 1957 (2019) compared to 1956 (2019) compared to 1955 (2019) compared to 1954 (2019) compared to 1953 (2019) compared to 1952 (2019) compared to 1951 (2019) compared to 1950 (2019) compared to 1949 (2019) compared to 1948 (2019) compared to 1947 (2019) compared to 1946 (2019) compared to 1945 (2019) compared to 1944 (2019) compared to 1943 (2019) compared to 1942 (2019) compared to 1941 (2019) compared to 1940 (2019) compared to 1939 (2019) compared to 1938 (2019) compared to 1937 (2019) compared to 1936 (2019) compared to 1935 (2019) compared to 1934 (2019) compared to 1933 (2019) compared to 1932 (2019) compared to 1931 (2019) compared to 1930 (2019) compared to 1929 (2019) compared to 1928 (2019) compared to 1927 (2019) compared to 1926 (2019) compared to 1925 (2019) compared to 1924 (2019) compared to 1923 (2019) compared to 1922 (2019) compared to 1921 (2019) compared to 1920 (2019) compared to 1919 (2019) compared to 1918 (2019) compared to 1917 (2019) compared to 1916 (2019) compared to 1915 (2019) compared to 1914 (2019) compared to 1913 (2019) compared to 1912 (2019) compared to 1911 (2019) compared to 1910 (2019) compared to 1909 (2019) compared to 1908 (2019) compared to 1907 (2019) compared to 1906 (2019) compared to 1905 (2019) compared to 1904 (2019) compared to 1903 (2019) compared to 1902 (2019) compared to 1901 (2019) compared to 1900 (2019) compared to 1899 (2019) compared to 1898 (2019) compared to 1897 (2019) compared to 1896 (2019) compared to 1895 (2019) compared to 1894 (2019) compared to 1893 (2019) compared to 1892 (2019) compared to 1891 (2019) compared to 1890 (2019) compared to 1889 (2019) compared to 1888 (2019) compared to 1887 (2019) compared to 1886 (2019) compared to 1885 (2019) compared to 1884 (2019) compared to 1883 (2019) compared to 1882 (2019) compared to 1881 (2019) compared to 1880 (2019) compared to 1879 (2019) compared to 1878 (2019) compared to 1877 (2019) compared to 1876 (2019) compared to 1875 (2019) compared to 1874 (2019) compared to 1873 (2019) compared to 1872 (2019) compared to 1871 (2019) compared to 1870 (2019) compared to 1869 (2019) compared to 1868 (2019) compared to 1867 (2019) compared to 1866 (2019) compared to 1865 (2019) compared to 1864 (2019) compared to 1863 (2019) compared to 1862 (2019) compared to 1861 (2019) compared to 1860 (2019) compared to 1859 (2019) compared to 1858 (2019) compared to 1857 (2019) compared to 1856 (2019) compared to 1855 (2019) compared to 1854 (2019) compared to 1853 (2019) compared to 1852 (2019) compared to 1851 (2019) compared to 1850 (2019) compared to 1849 (2019) compared to 1848 (2019) compared to 1847 (2019) compared to 1846 (2019) compared to 1845 (2019) compared to 1844 (2019) compared to 1843 (2019) compared to 1842 (2019) compared to 1841 (2019) compared to 1840 (2019) compared to 1839 (2019) compared to 1838 (2019) compared to 1837 (2019) compared to 1836 (2019) compared to 1835 (2019) compared to 1834 (2019)

Interactive
WUENIC
country profiles
can be found at:

<https://worldhealth.org.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>

