



Iran

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 98% in 2024 to 99% in 2025.
- DTP3 coverage remained constant at 98% between 2024 and 2025.
- There were 12,000 fewer zero-dose children in 2025. This leaves 11,000 children without vaccination, vulnerable to vaccine-preventable diseases and a further 11,000 with incomplete protection.
- Iran accounted for 0.9% of zero-dose children in Middle East and North Africa (MENA) and 0.1% of zero-dose children globally.
- MCV1 coverage remained constant at 99% between 2024 and 2025. There were 11,000 children who missed out on the first measles vaccination.
- MCV2 coverage declined 1 percentage point from 99% in 2024 to 98% 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	6
National	BCG	Birth					
National	DTWP (booster)		18 months				
National	DTWPHIBHEPB	2 months		4 months	6 months		
National	HEPB (pediatric)	Birth					
National	IPV	4 months		6 months			
Subnational	MEASLES	6 months					
National	MMR	12 months		18 months			
National	OPV	Birth	6 months	2 months	4 months	18 months	6 years
National	PCV	2 months		4 months	12 months		
National	Rotavirus	2 months		4 months	6 months		

This table shows the 2025 national immunization schedule for routine services in Iran, 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	Risk groups
HPV (Human papillomavirus) vaccine	Not introduced	
HepB birth dose	1998	
Hepatitis B vaccine	1993	
Hib (Haemophilus influenzae type B) vaccine	2014	
IPV (Inactivated polio vaccine)	2015	
IPV (Inactivated polio vaccine) 2nd dose	2021	
Malaria vaccine	Not introduced	
Measles-containing vaccine 2nd dose	1963	
Meningococcal meningitis vaccines (any strain)	Not introduced	2006
Mumps vaccine	2004	
PCV (Pneumococcal conjugate vaccine)	2024	2019
RSV (Respiratory syncytial virus) immunization strategy	Not introduced	
Rotavirus vaccine	2024	
Rubella vaccine	2004	
Typhoid conjugate vaccine	Not introduced	

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

Vaccine stockouts

Vaccines / supplies	2024	2025
DTP-Hib-HepB	National (1m) and subnational	National (2m)
Rotavirus		National (1m)

This table presents reported vaccine stockouts of childhood vaccines relevant to WUENIC at the national and subnational levels over the last 5 years (2021 to 2025). Where available, the duration of national-level stockouts is indicated in months. Subnational stockouts are noted without specifying duration. Only vaccines that had a stockout during the specified time period are displayed.

A stockout refers to a period when vaccine storage and distribution points (e.g., national or district stores) are fully depleted, including buffer stock, and are unable to supply vaccines to lower-level stores or facilities. It is important to note that facility-level stockouts can still occur even when upper-level stores have inventory. Stockouts, especially prolonged ones, can negatively impact immunization coverage.

In 2025, coverage increased for three antigens, remained unchanged for five, and declined for five, indicating limited improvement in routine immunization performance; 11 achieved at least 90% coverage.

Vaccine coverage, Iran, 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	99	91	97	99	99	99	99	99	99	99	99*	99*	99	99	99	99	99	99	99	99	98	99	99	99	99	96
HepBB	99	94	99	99	99	96	99	99	99	99	99*	99*	96	99	97	96	95	95	95	95	95	96	95	94	94	91
DTP1	99	96	99	99	99	97	98	99	99	99	99*	99*	99	98	99	99	99	99	99	99	99	98	99	99	98*	99*
DTP3	99	96	99	99	99	95	98	99	99	99	99*	99*	99	98	99	98	99	99	99	99	99	98	99	99	98*	98*
Hib3																98	99	99	99*	99	99	98	99	99	98*	98*
HepB3	99	94	99	98	95	94	98	97	99	99	99*	99*	98	99	99	98	99	99	99	99	99	98	99	99	98*	98*
PCVC																									0	54
RotaC																									2	57*
IPV1																			43*	99	99	98	99	99	99	98
IPVC																						98	99	99	99	98
MCV1	99	96	99	99	96	94	99	97	98	99	99*	99*	98	98	99	99	99	99	99	99	99	99	99	99	99	99
RCV1					96	94	99	97	98	99	99	99	98	98	99	99	99	99	99	99	99	99	99	99	99	99
MCV2	99	94	96	96	99	92	98	97	96	99	99*	99*	97	97	98	98	98	98	98	98	98	98	98	99	99	98



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

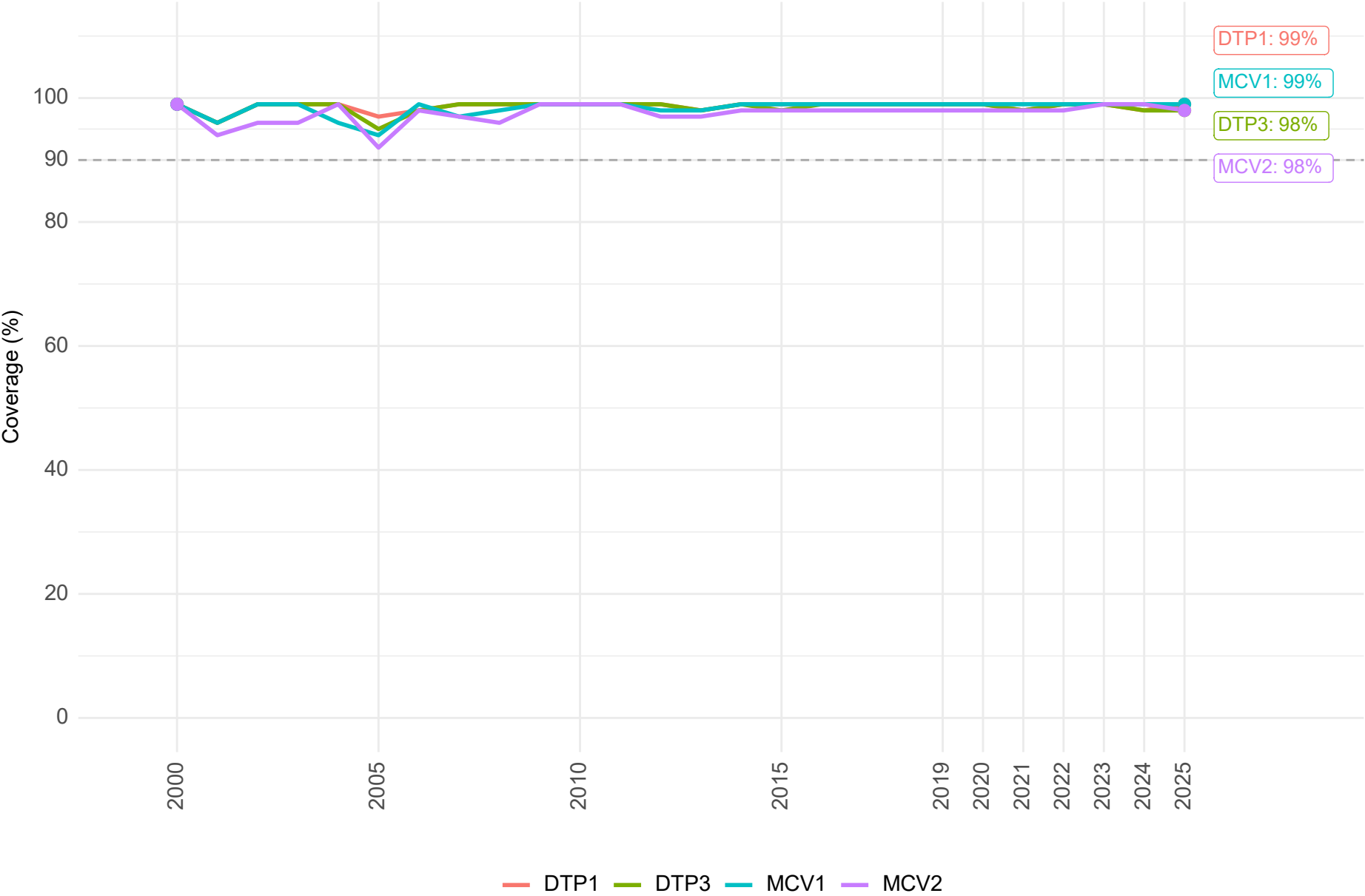
This heatmap shows trends in vaccine coverage since 2000, with green cells indicating coverage of 90% or more.

In 2025, 11 out of 13 (85%) vaccines in the schedule achieved coverage of 90% or more. Vaccine coverage ranged from 54% to 99%.

Since 2004, estimates have been made for 6 new vaccines. PCVC and RotaC is the newest vaccine reported (2024), which achieved 54% and 57% coverage in 2025.

In 2025, Iran reported stockouts of vaccines/supplies (DTP-Hib-HepB and Rotavirus) (more information on slide 8).

Coverage of key childhood vaccines (%), Iran, 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 99%.

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

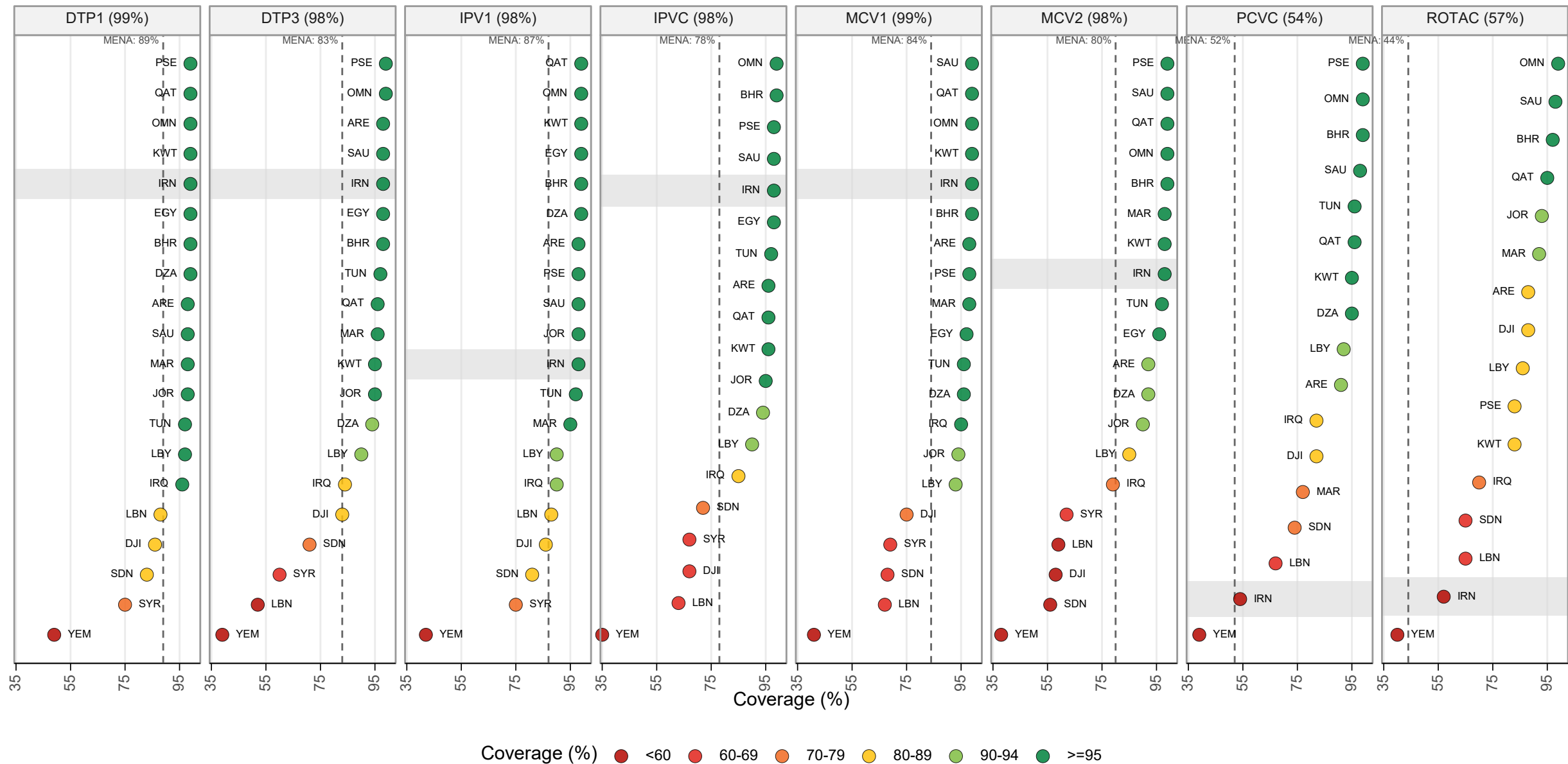
WHO recommends that countries achieve at least 95% coverage with both the first (MCV1) and second (MCV2) doses of measles-containing vaccine. MCV1 provides initial protection and MCV2 ensures long-term immunity and closes gaps in coverage.

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

Between 2024 and 2025, 1 vaccines increased coverage, 1 declined and 2 remained the same.

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

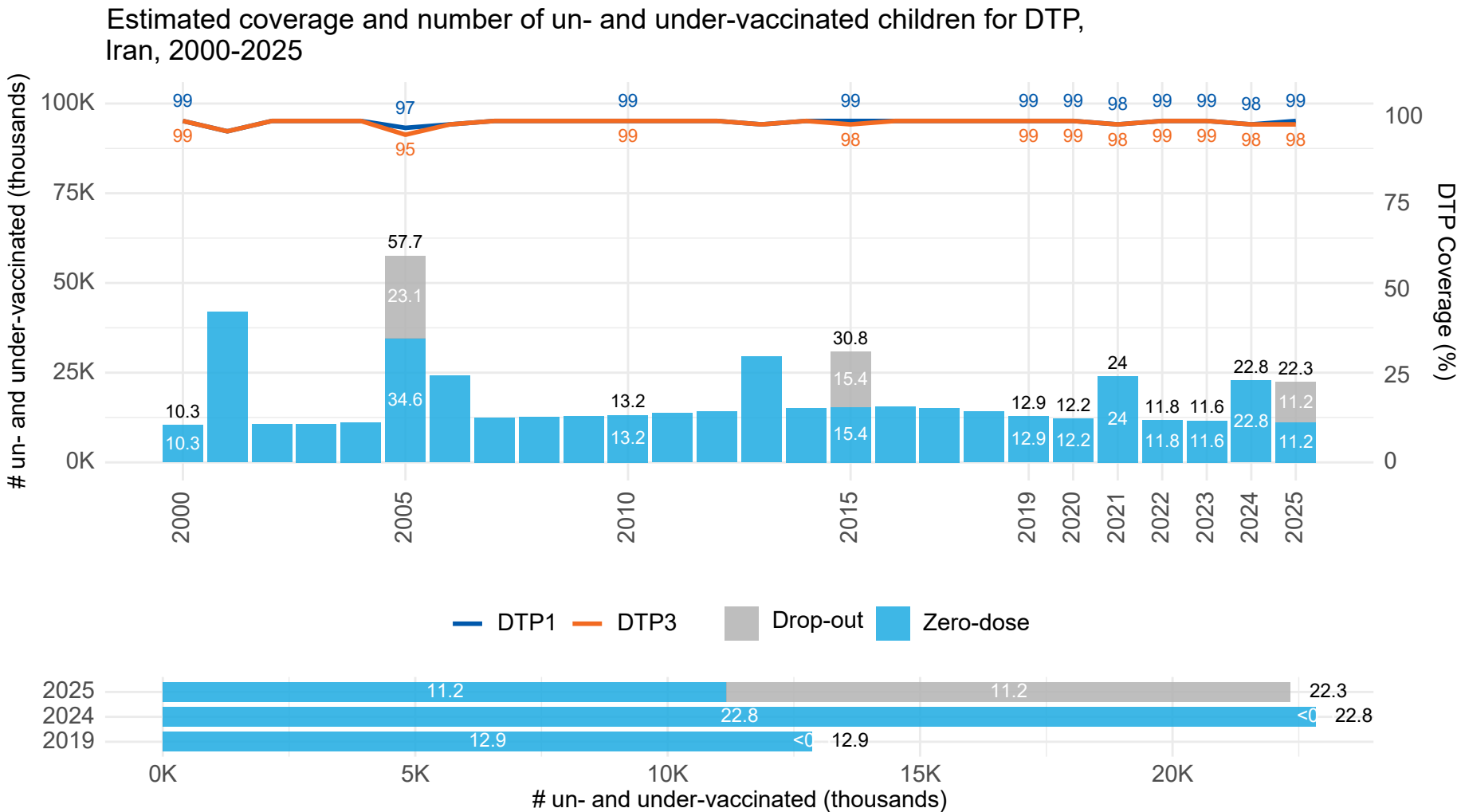
Vaccine coverage compared with other countries in the region, MENA, 2025



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

DTP1

In 2025, DTP1 coverage was 99% and DTP3 was 98%, leaving 22,000 children un- or under-vaccinated, including 11,000 zero-dose and 11,000 with only partial protection.



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.

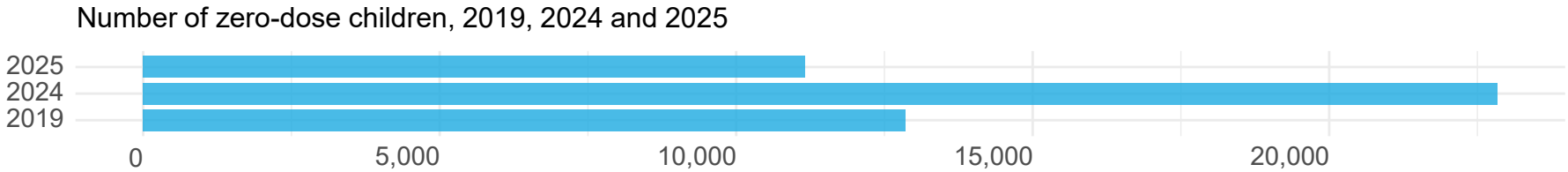
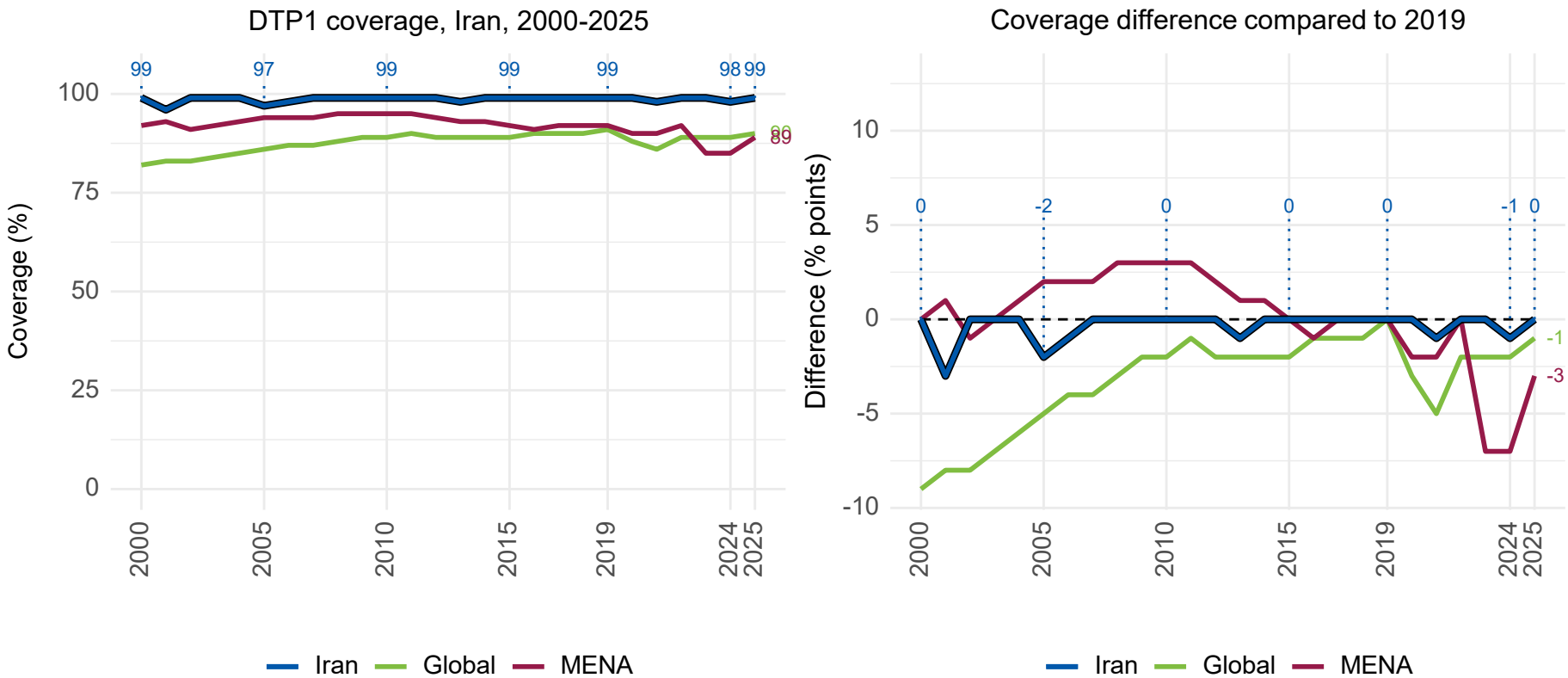
The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

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 Iran.

In 2025, DTP1 coverage in Iran remained relatively constant within 1% at 99%. The number of children missing out on any DTP vaccination (zero-dose children) improved from 23,000 in 2024 to 11,000 in 2025.

DTP3 coverage remained constant 98% in 2025, leaving 22,000 children vulnerable to vaccine-preventable diseases.

In 2025, Iran DTP1 coverage was 99% - this is the same as in 2019 and higher than both the global and regional averages.



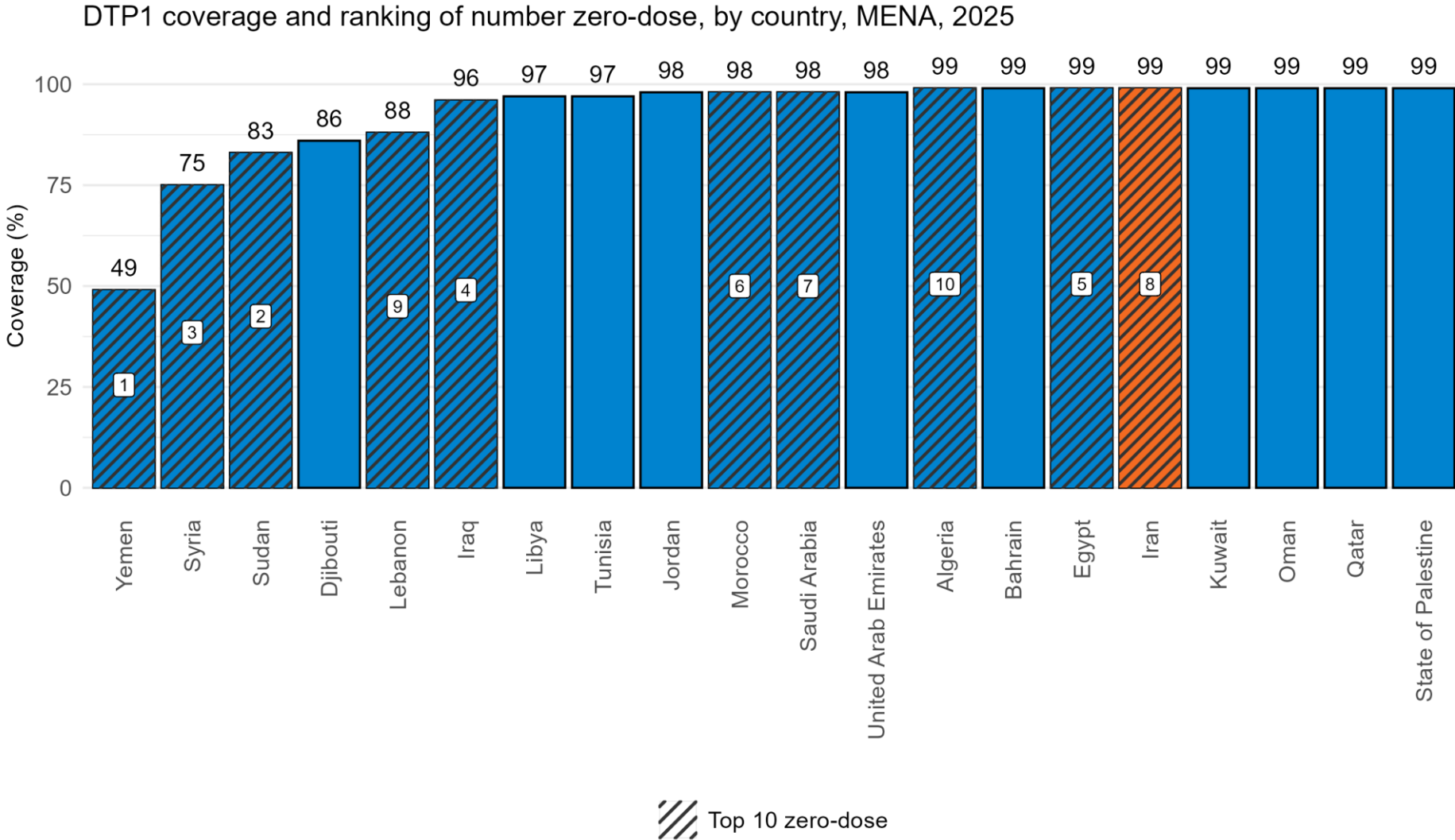
In 2025, DTP1 coverage in Iran (99%) was 9 percentage points higher than the global average (90%) and 10 percentage points higher than the average across all MENA countries (89%).

National DTP1 coverage was the same as in 2019 (99%).

This equates to 11,000 zero-dose children in 2025 compared to 13,000 zero-dose children in 2019.

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

In 2025, Iran had the highest coverage, but was among the top 10 countries with the highest number of zero-dose children in the region.



This chart shows DTP1 coverage in countries in MENA 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, Iran ranked number 13 out of 20 countries for lowest DTP1 coverage (based on tied ranks).

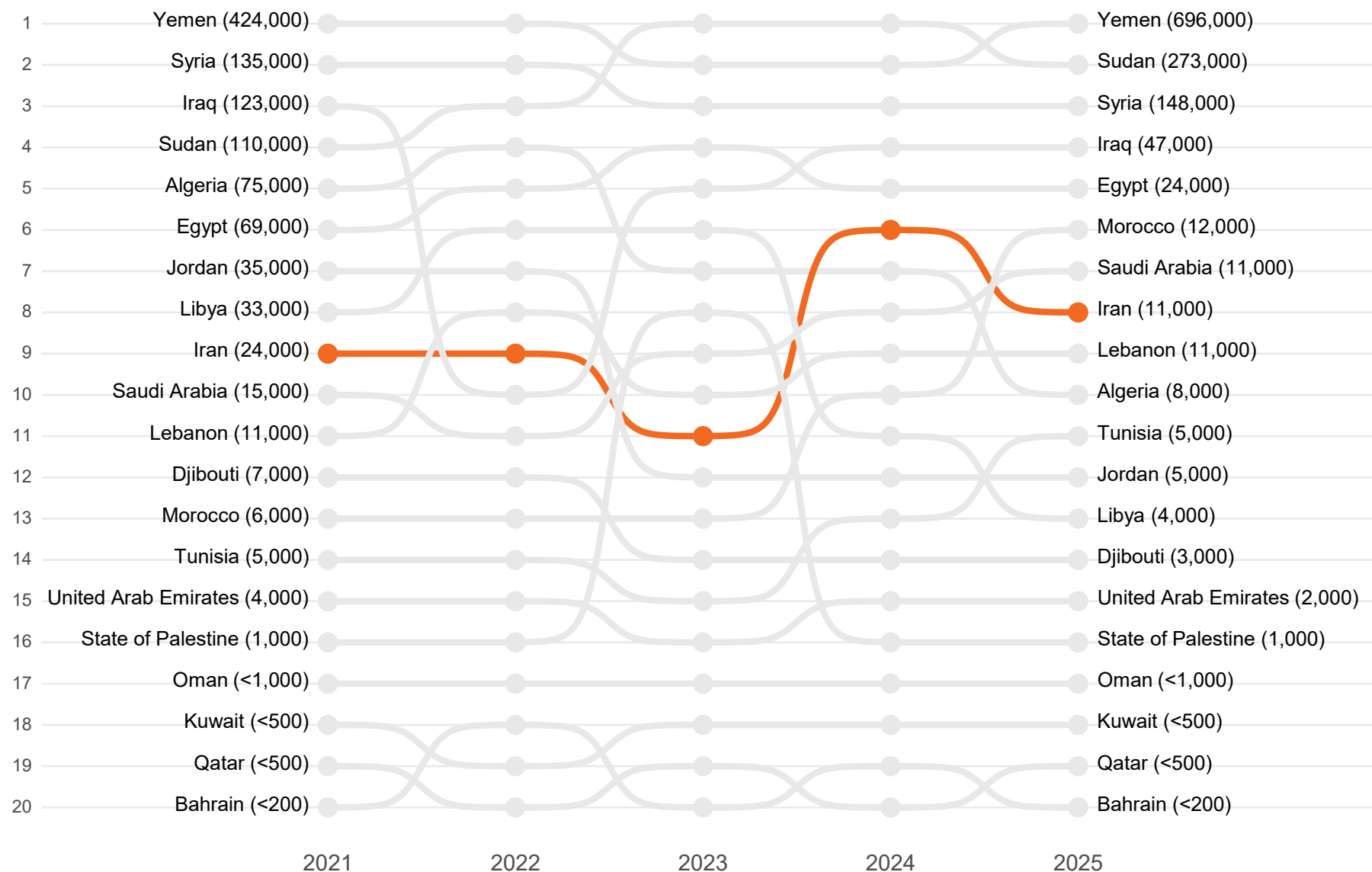
Iran was in the top 10 countries with the most zero-dose children (rank=8).

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 10 rank based on absolute number of zero-dose children.

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



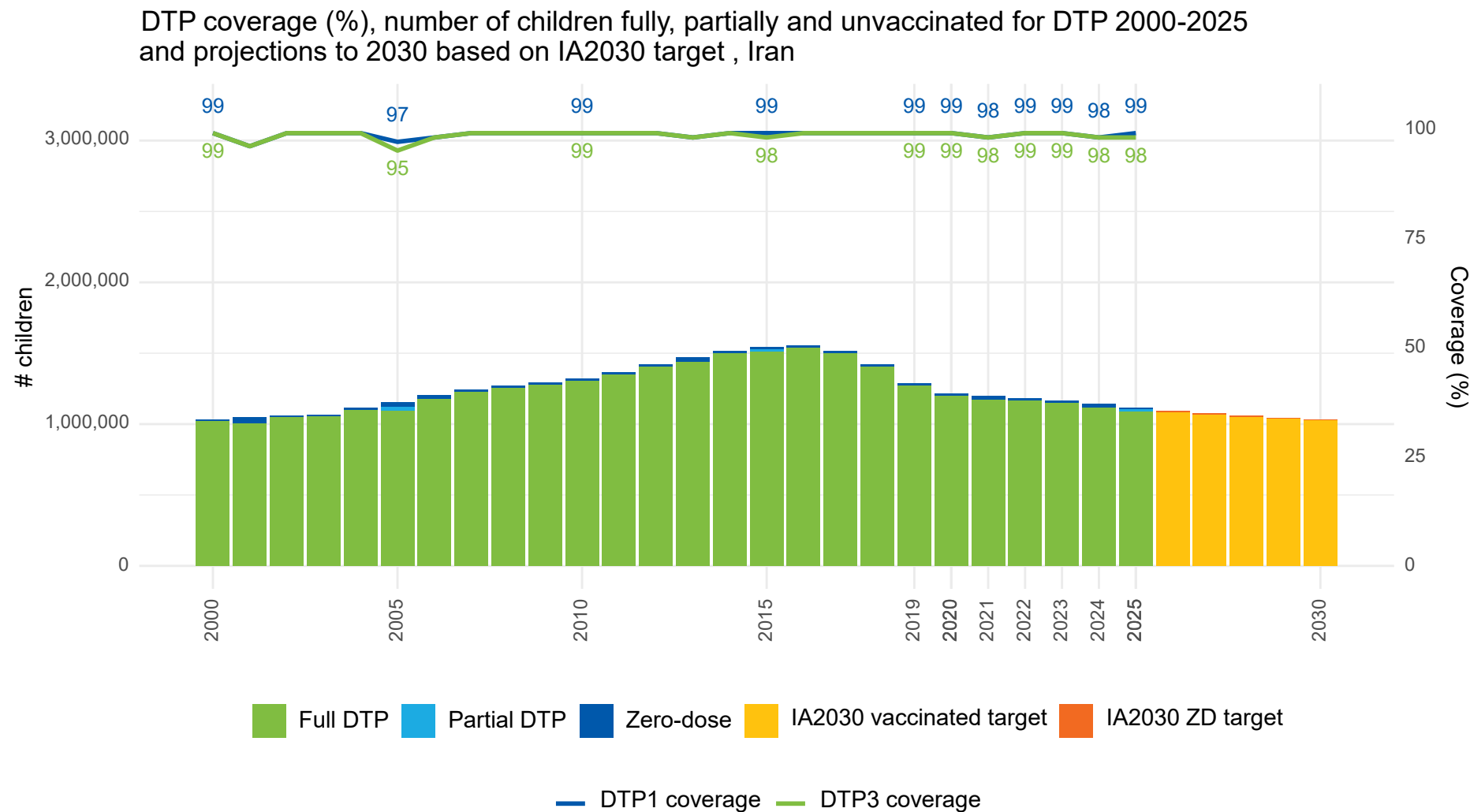
This chart compares the ranking of countries in the region based on the absolute number of zero-dose children, with rank 1 representing the country with the most zero-dose children.

In 2021, Iran ranked number 9 out of 20 countries with 24,000 zero-dose children.

In 2025, Iran ranked number 8 out of 20 countries with 11,000 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.

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



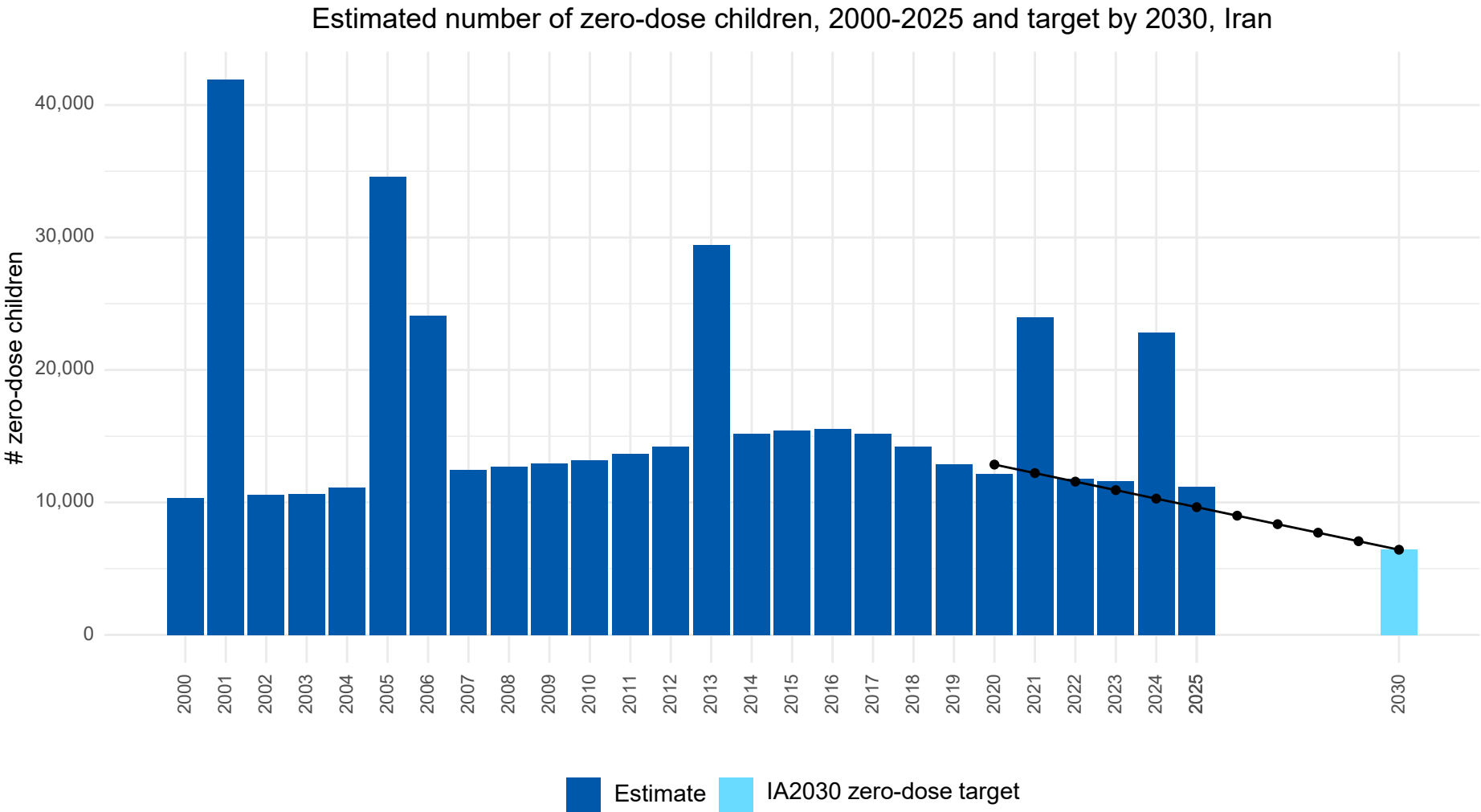
Sources: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision; United Nations, Department of Economic and Social Affairs, Population Division (2024). World Population Prospects 2024, Online Edition. Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number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

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.

Iran 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.

In 2025, the number of zero-dose children was 16% above the annual IA2030 goal, putting the 2030 goal at risk without accelerated action.



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

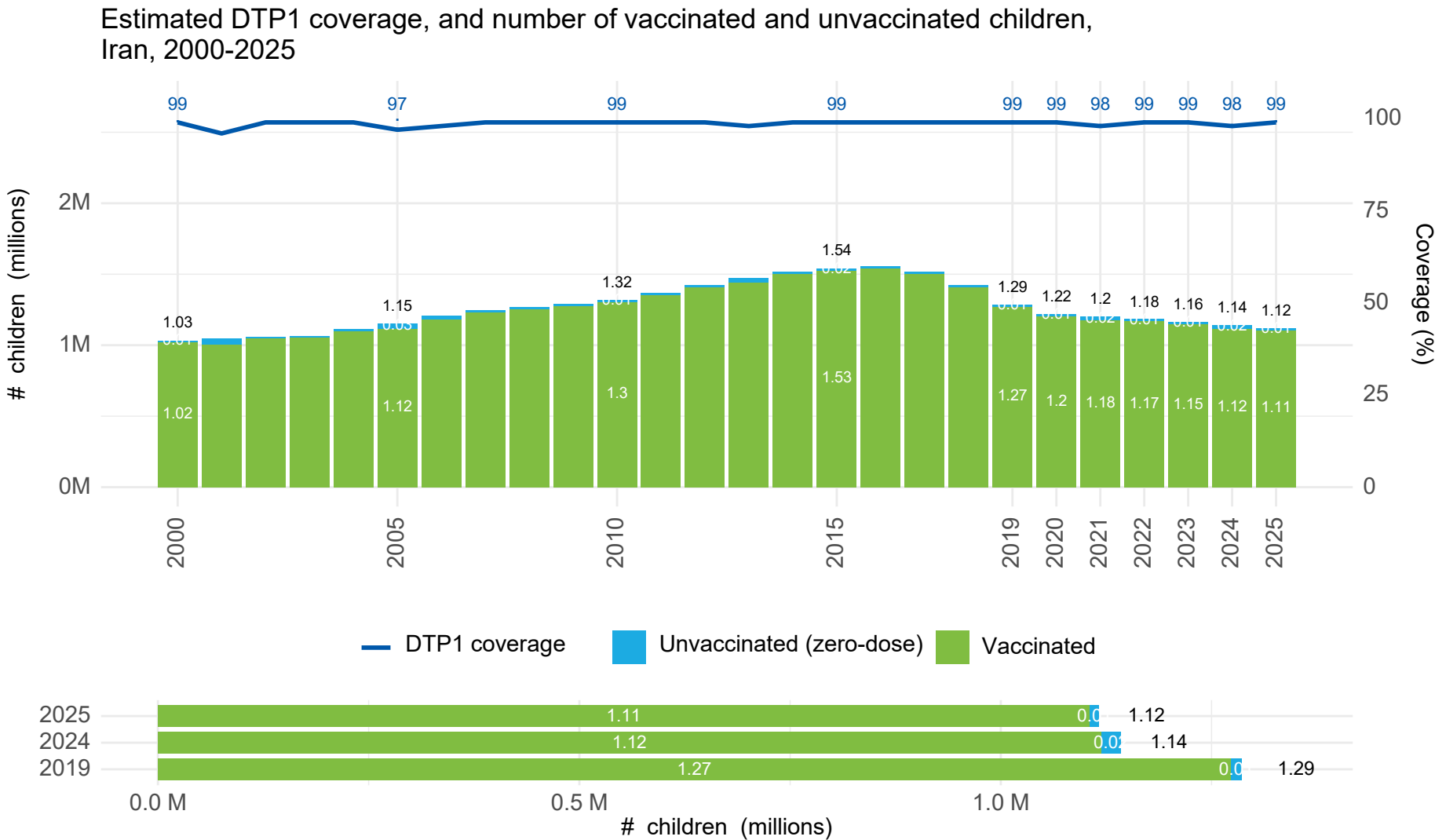
Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. Dark blue bars are the estimated number of zero-dose children in 2000-2025, light blue bar is the target number of zero-dose children by 2030. The line and points show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

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

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

In 2025, the number of zero-dose children was approximately 16% higher than the annual number proposed to reach the target, based on a linear trajectory of decline.

For vaccine coverage to increase, the number of children vaccinated 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 (99%) was the same as in 2019 (99%).

The number of children vaccinated with DTP1 decreased 13% compared to in 2019.

The number of surviving infants decreased approximately 13% compared to in 2019.

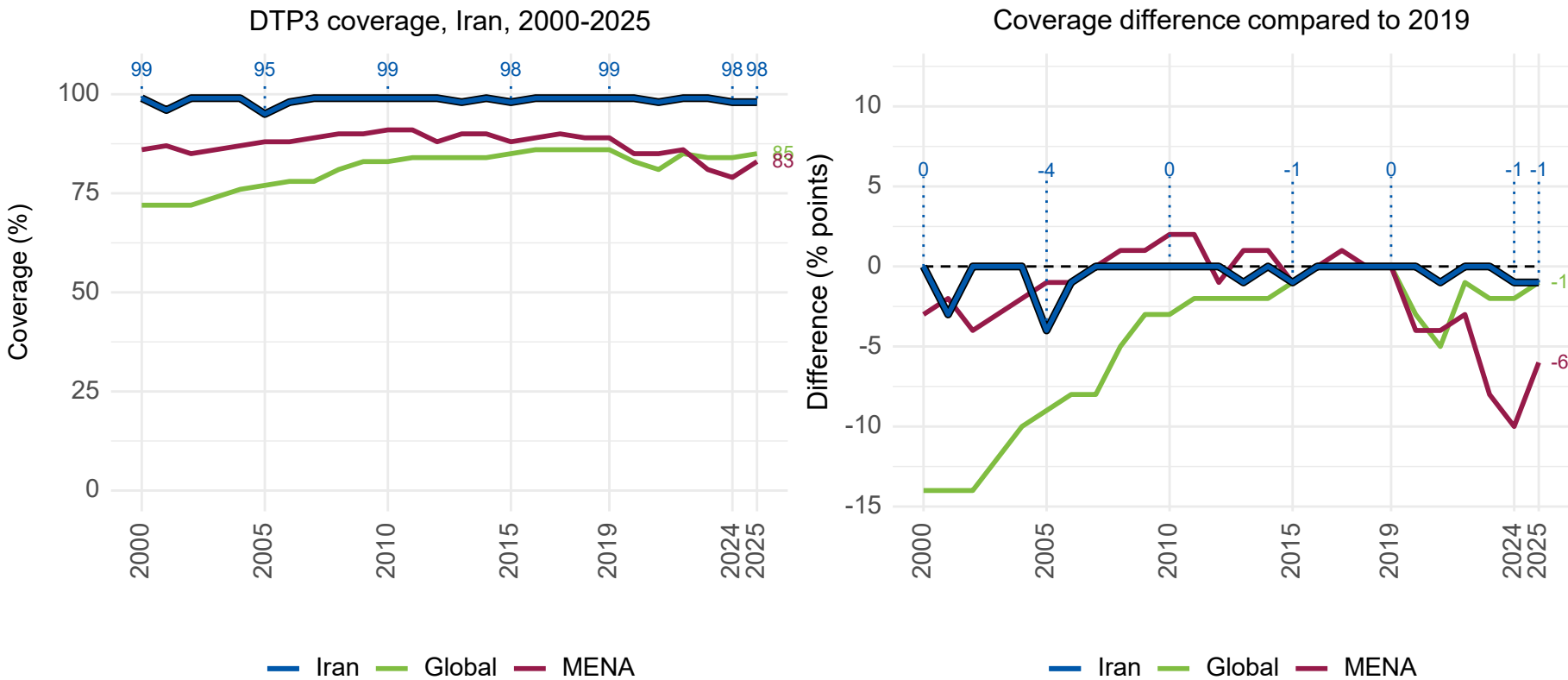
In 2025, 200,000 fewer children were vaccinated than in 2019.

In 2025, there were 200,000 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

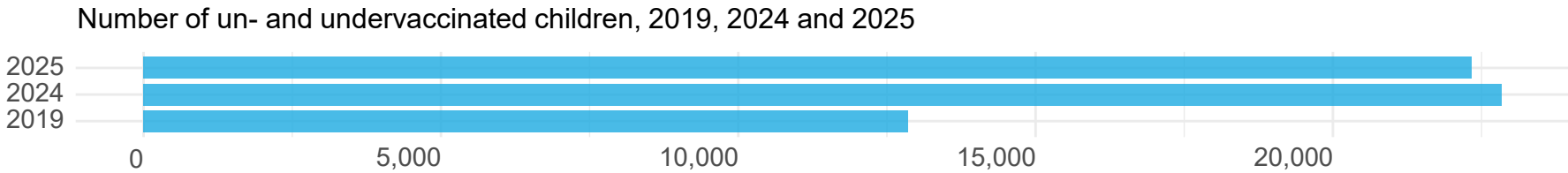
In 2025, Iran DTP3 coverage was 98% - this is 1 percentage point lower than in 2019 and more than 10 percentage points higher than both the global and regional averages.



In 2025, DTP3 coverage in Iran (98%) was 13 percentage points higher than the global average (85%) and 15 percentage points higher than the average across all MENA countries (83%).

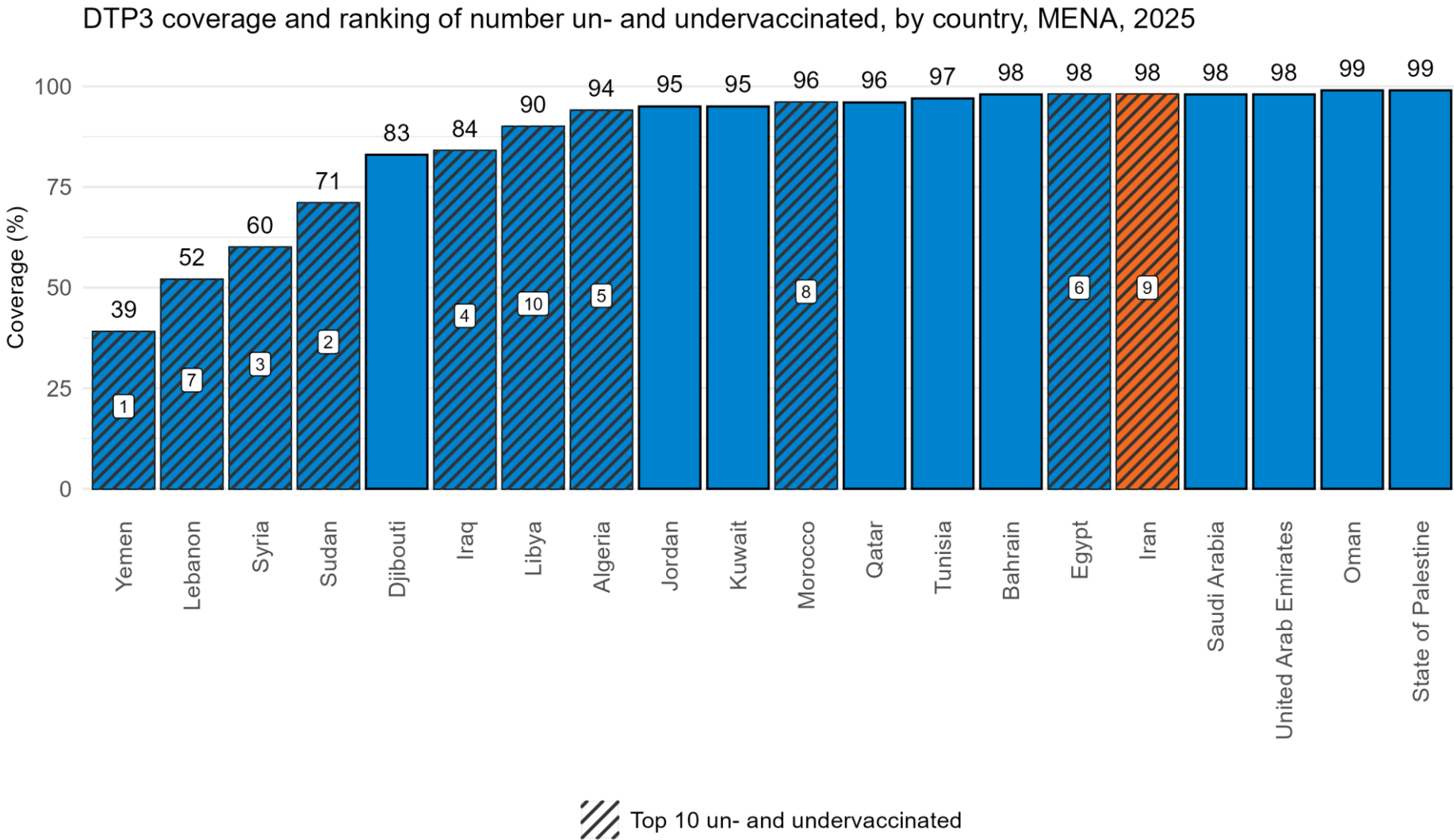
National DTP3 coverage was 1 percentage point lower than in 2019 (99%).

This equates to 22,000 un- and undervaccinated children in 2025 compared to 13,000 un- and undervaccinated children in 2019.



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

In 2025, Iran was among the countries with the highest coverage, but in the top 10 countries with the highest number of un- and undervaccinated children in the region.



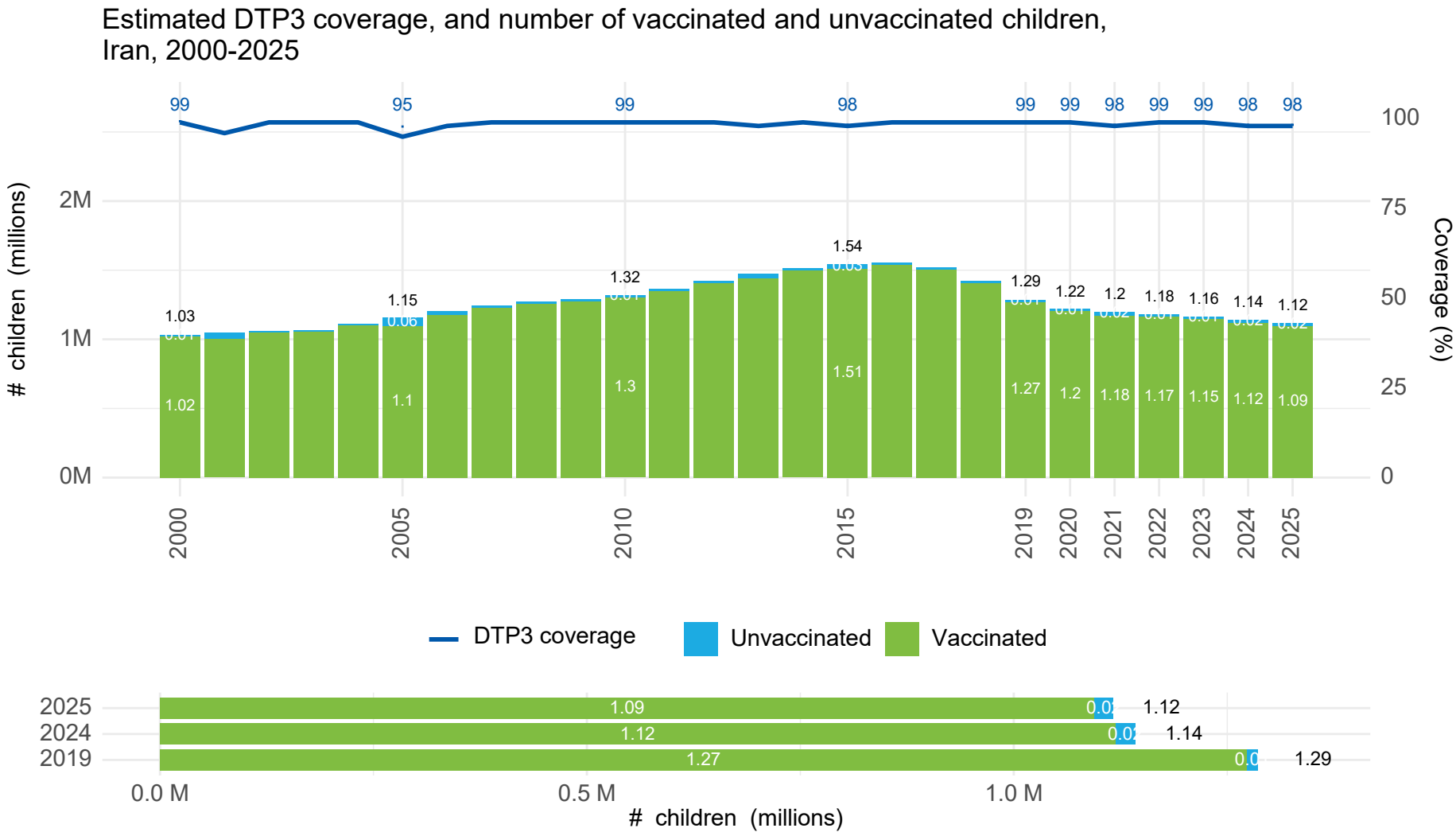
This chart shows DTP3 coverage in countries in MENA from lowest to highest coverage, and the rank of the top 10 countries with the most un- and undervaccinated children, based on absolute numbers.

In 2025, Iran ranked number 14 out of 20 countries for lowest DTP3 coverage (based on tied ranks).

Iran was in the top 10 countries with the most un- and undervaccinated children (rank=9).

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 (98%) was relatively constant within 1% compared to 2019 (99%).

The number of children vaccinated with DTP3 decreased 14% compared to in 2019.

The number of surviving infants decreased approximately 13% compared to in 2019.

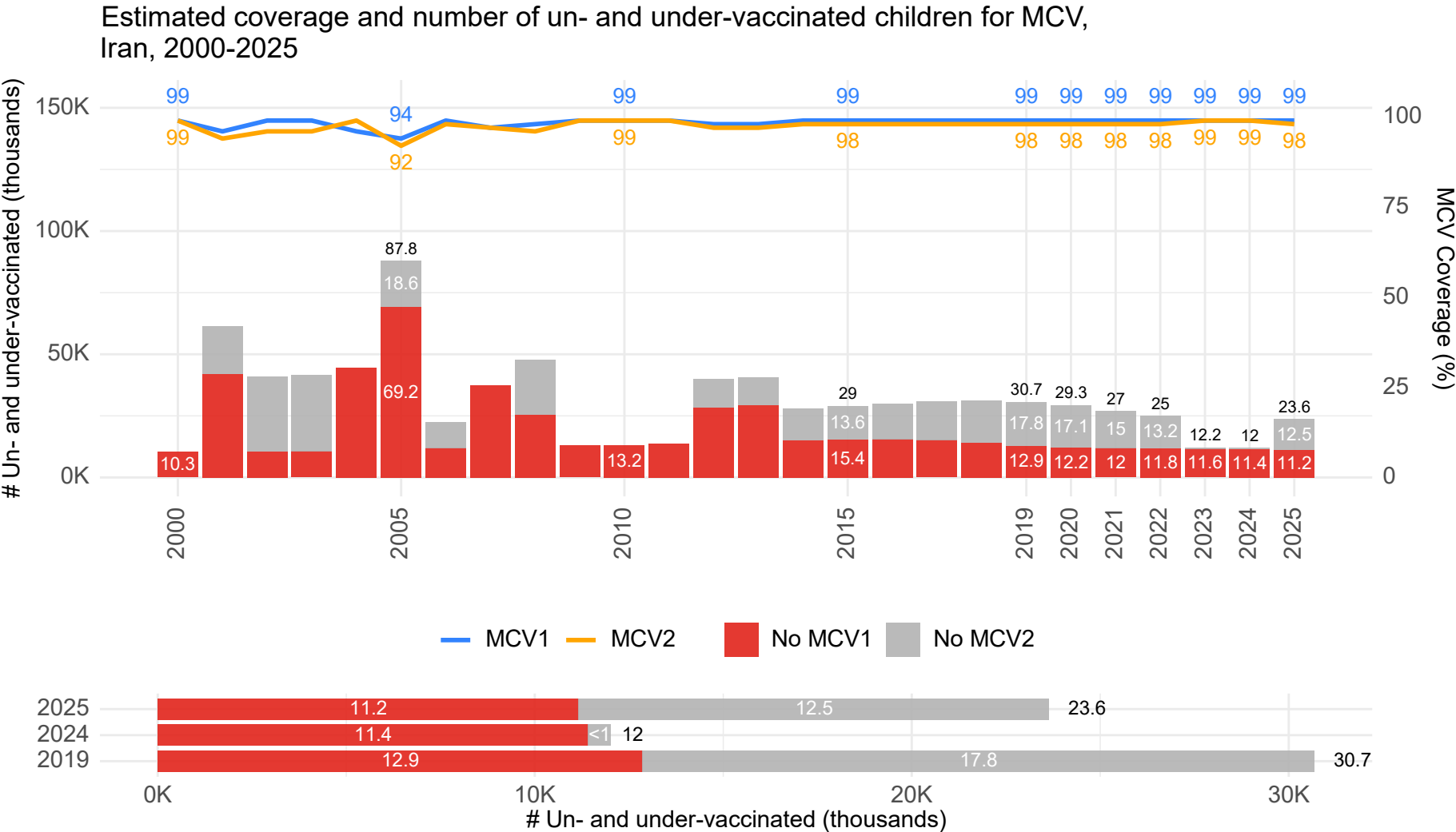
In 2025, 200,000 fewer children were vaccinated than in 2019.

In 2025, there were 200,000 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 constant at 99% in 2025, leaving 11,000 children without any protection against measles. MCV2 coverage also remained relatively constant (within 1%) at 99%



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

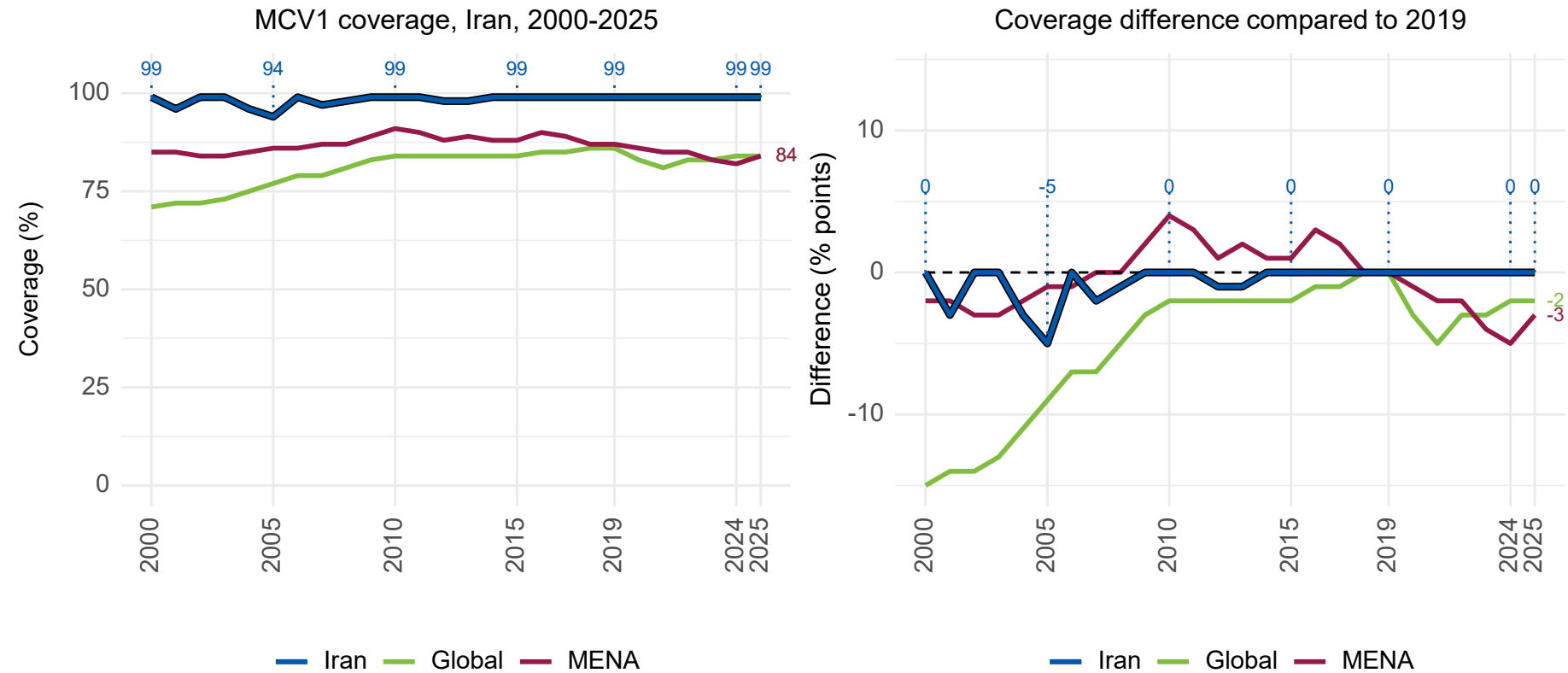
Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

The percentage of children receiving MCV1 – typically at 9 or 12 months depending on the national vaccination schedule – remained constant at 99%. This is similar to in 2019, where coverage was 99%.

11,000 children missed their routine first dose of measles vaccine.

MCV2 is typically administered to children between 18 months and five years old. MCV2 coverage remained relatively constant (within 1%) at 98% in 2025.

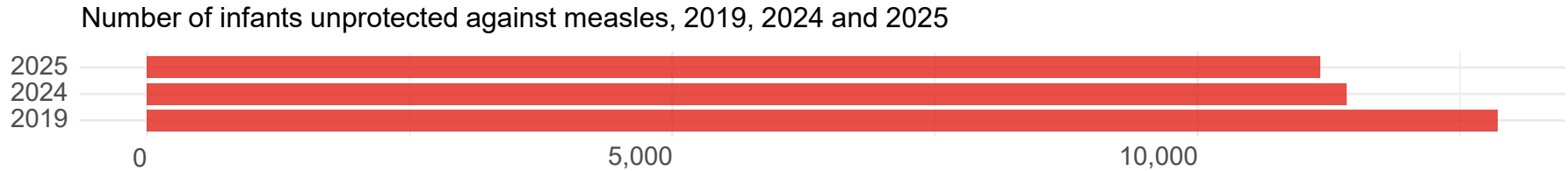
In 2025, Iran MCV1 coverage was 99% - this is the same as in 2019 and more than 10 percentage points higher than both the global and regional averages.



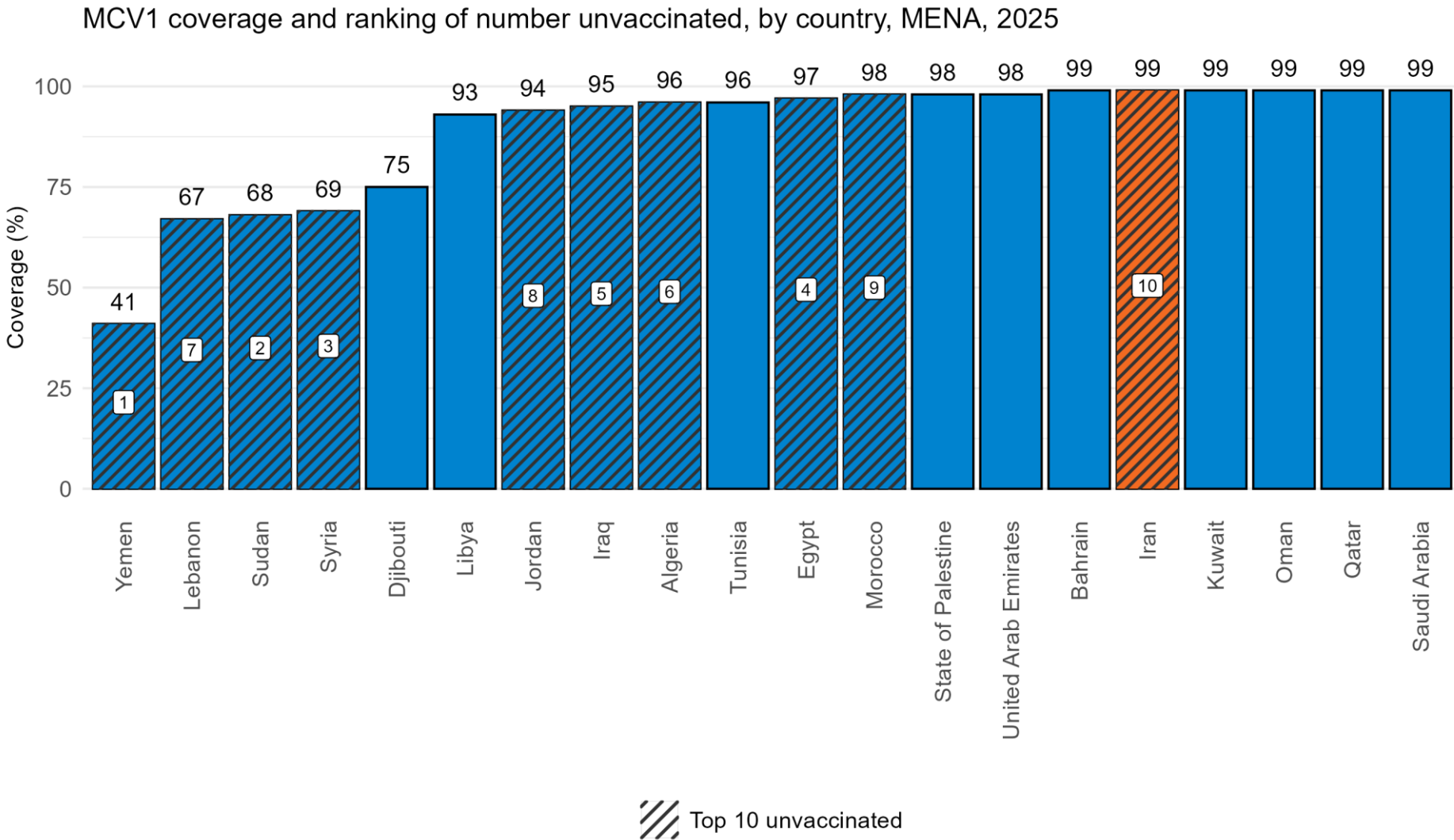
In 2025, MCV1 coverage in Iran (99%) was 15 percentage points higher than the global average (84%) and 15 percentage points higher than the average across all MENA countries (84%).

National MCV1 coverage was the same as in 2019 (99%).

This equates to 11,000 unvaccinated children in 2025 compared to 13,000 unvaccinated children in 2019.



In 2025, Iran had the highest coverage, but was among the top 10 countries with the highest number of unvaccinated children in the region.



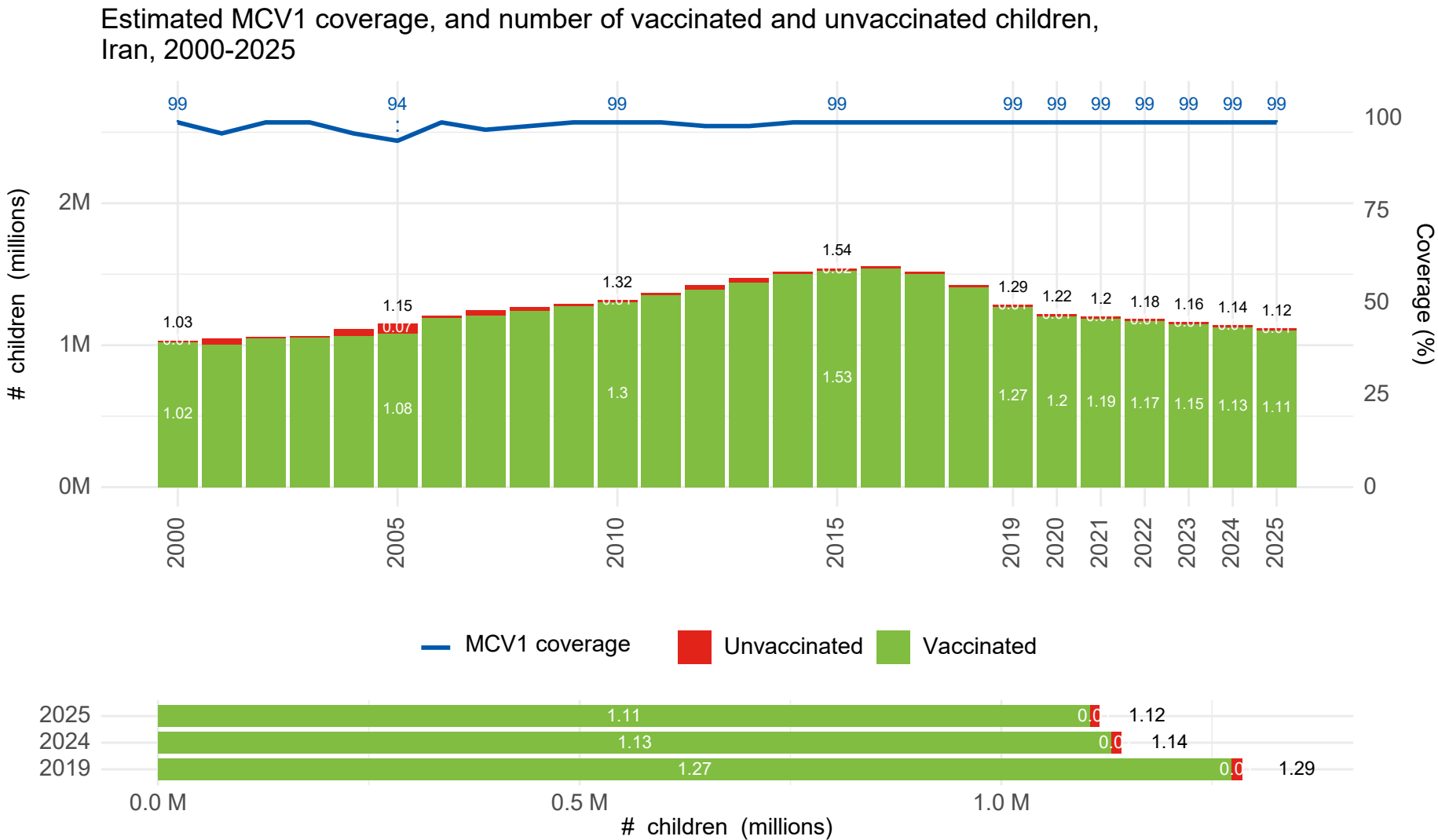
This chart shows MCV1 coverage in countries in MENA from lowest to highest coverage, and the rank of the top 10 countries with the most unvaccinated children, based on absolute numbers.

In 2025, Iran ranked number 15 out of 20 countries for lowest MCV1 coverage (based on tied ranks).

Iran was in the top 10 countries with the most unvaccinated children (rank=10).

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.

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 (99%) was the same as in 2019 (99%).

The number of children vaccinated with MCV1 decreased 13% compared to in 2019.

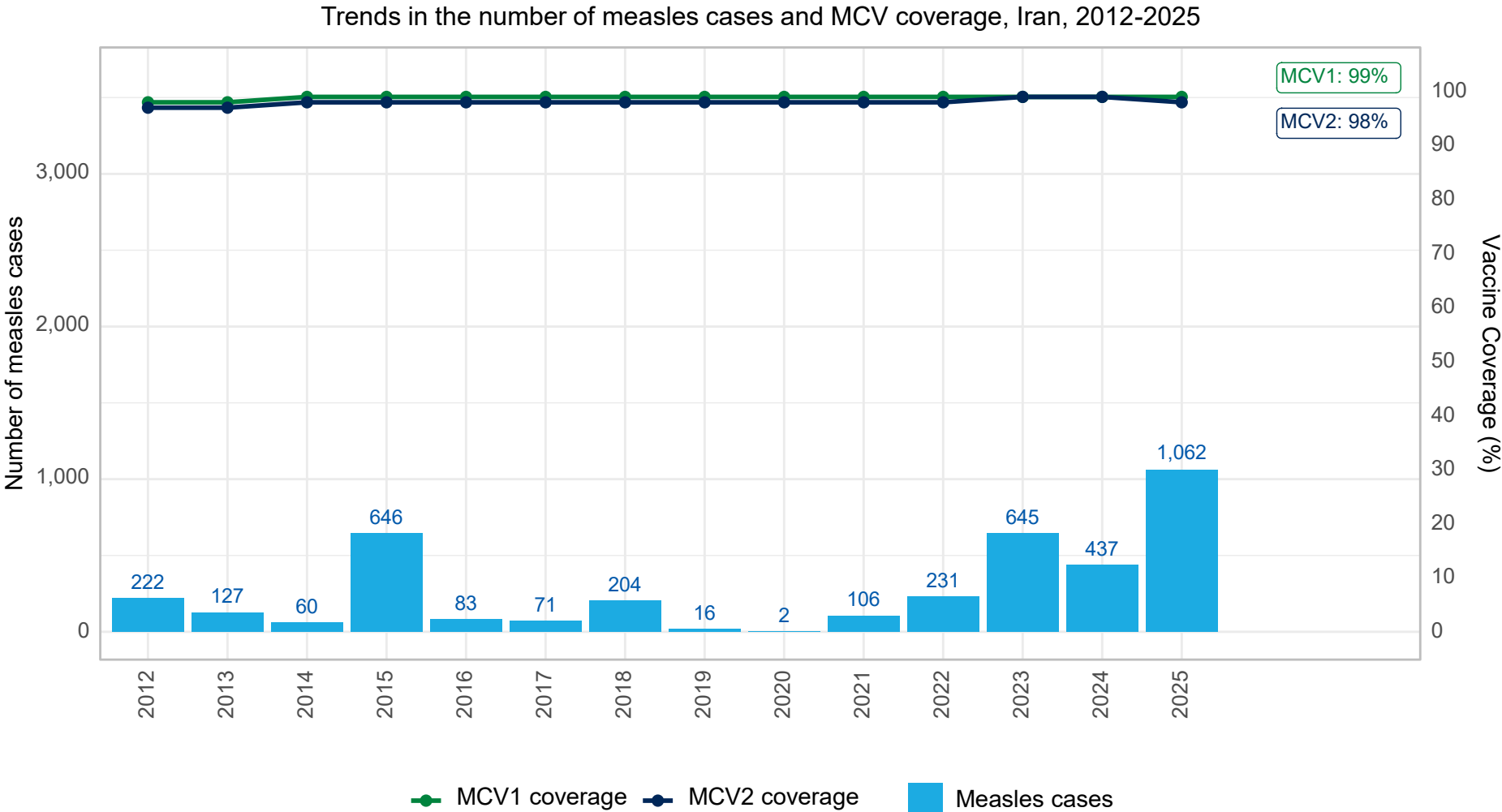
The number of surviving infants decreased approximately 13% compared to in 2019.

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

In 2025, there were 200,000 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, Iran experienced an increase in measles cases compared with 2024, while MCV1 coverage was 99% and MCV2 coverage was 98%.



In 2025, there was a total of 1,062 confirmed measles cases in Iran. In the same year, MCV1 coverage was 99% and MCV2 coverage was 98%.

The number of cases in 2025 was 2.4 times more cases than in 2024 (n=437).

The highest number of measles cases was reported in 2025 (n=1,062). In this year, MCV1 coverage was 99%.

Iran reported measles vaccine stockouts in 2010 and 2011.

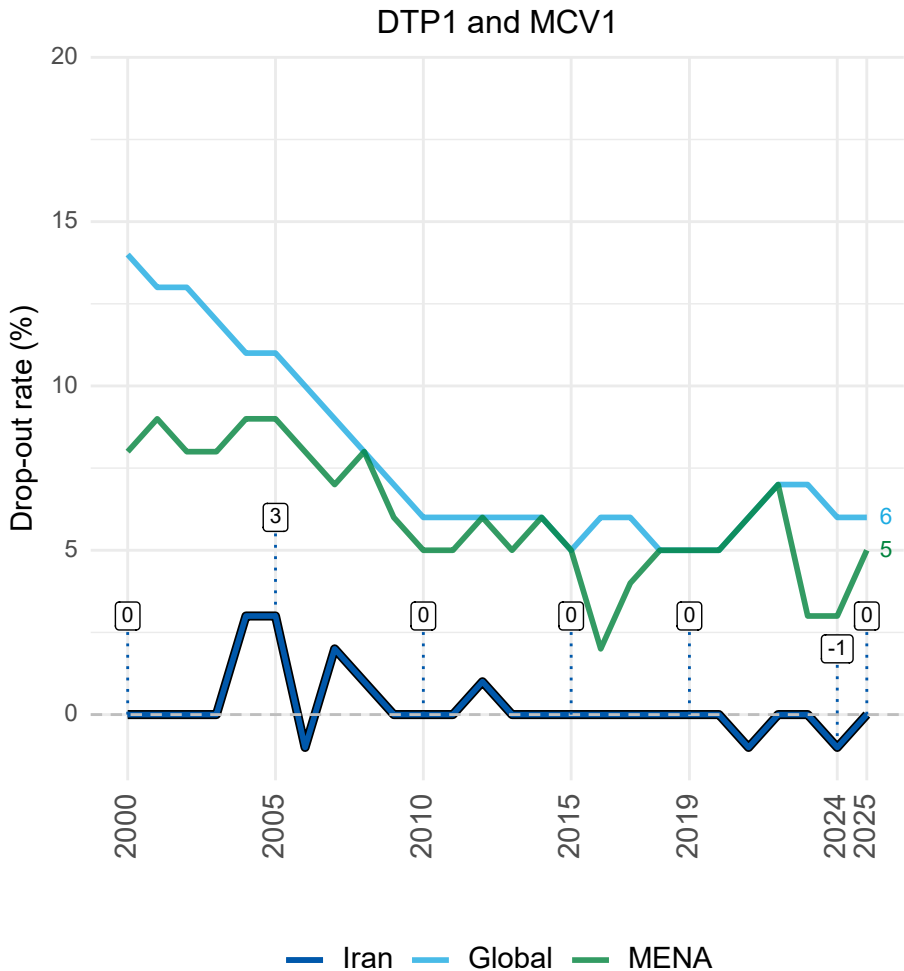
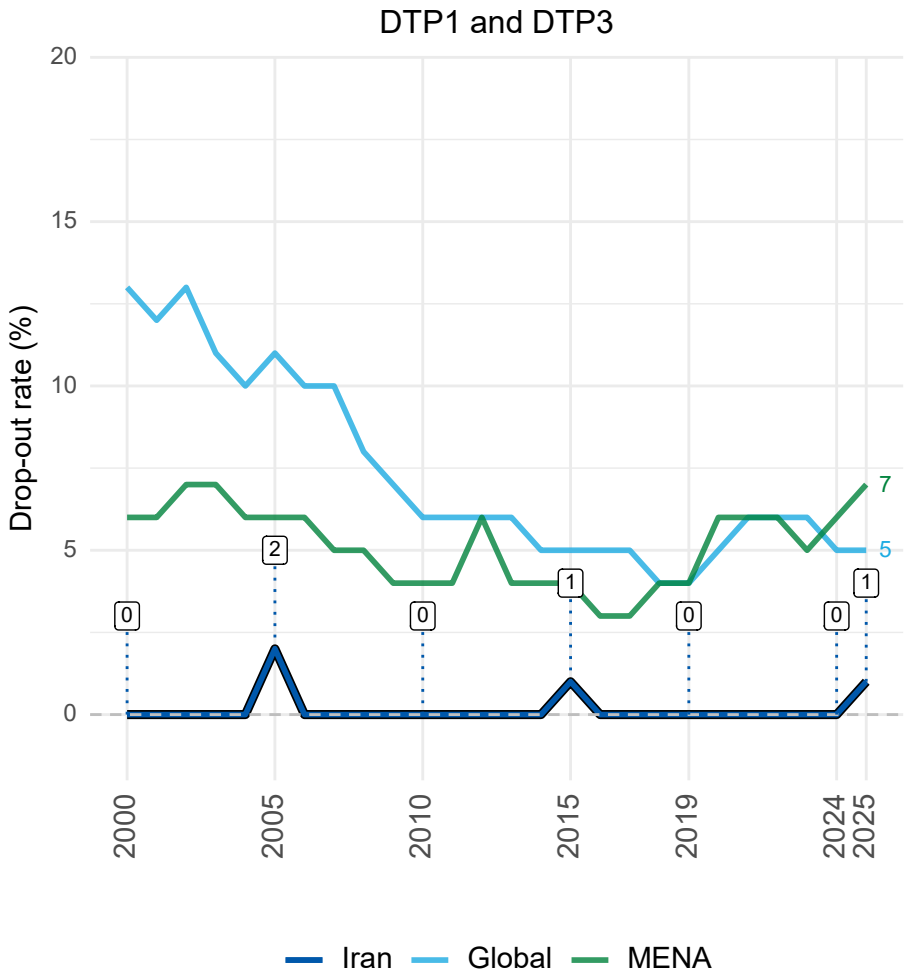
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision; Reported measles and rubella cases and incidence rates by WHO Member States, as of 12 June 2026. Provisional data based on monthly data reported to WHO (Geneva) as of 12 June 2026.

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-DTP3 drop-out was low (1%) and DTP1-MCV1 drop-out was no (0%) in Iran, indicating good ability to deliver the primary series early on, but very good ability to provide the full course of vaccines in infancy.

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



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

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

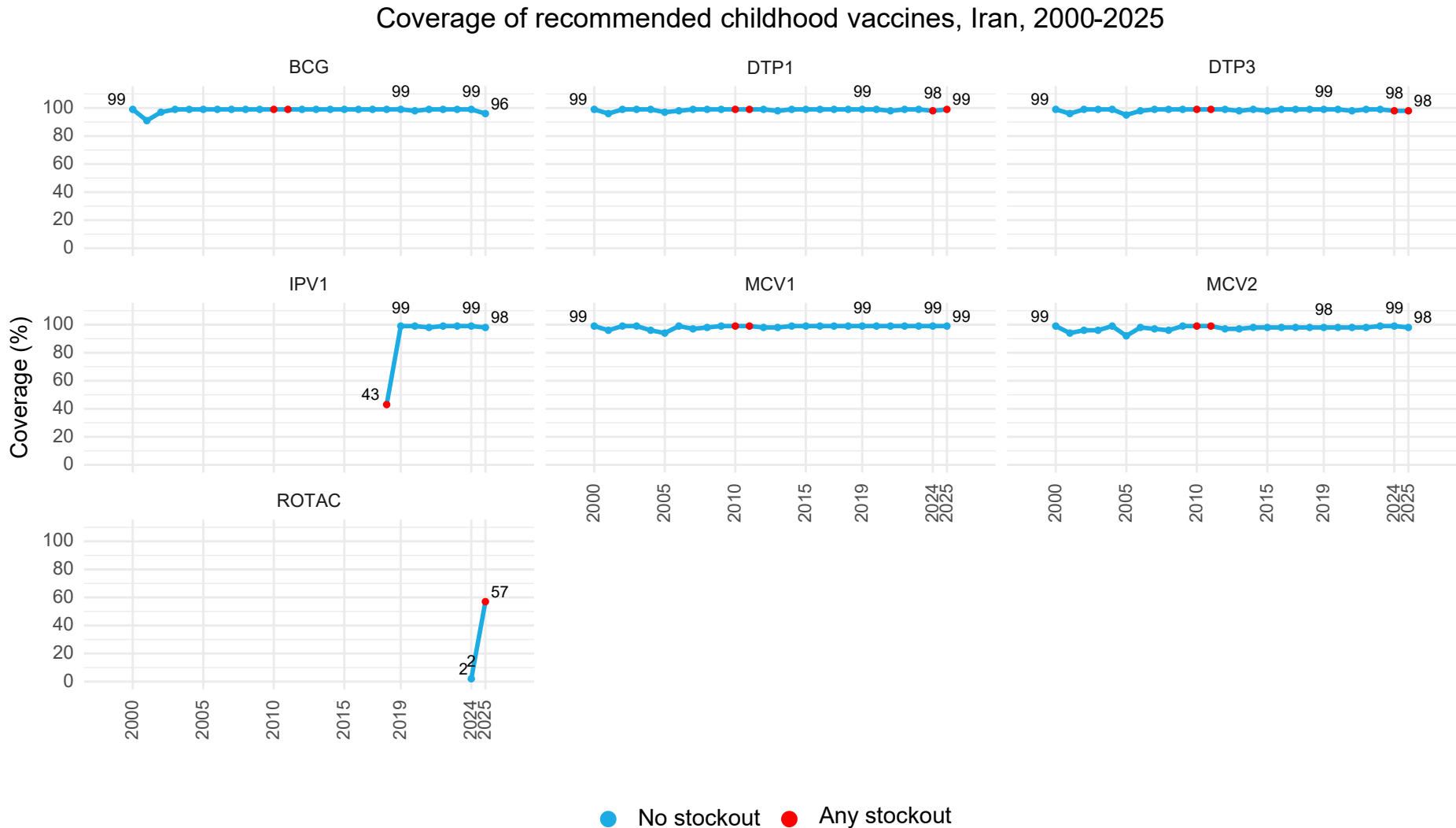
This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1.

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

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

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

In 2025, Iran had its lowest coverage in ROTAC (57%), while most other routine vaccines clustered around 96-99%; 3 antigens decreased since 2019, and 3 antigens decreased since 2024.



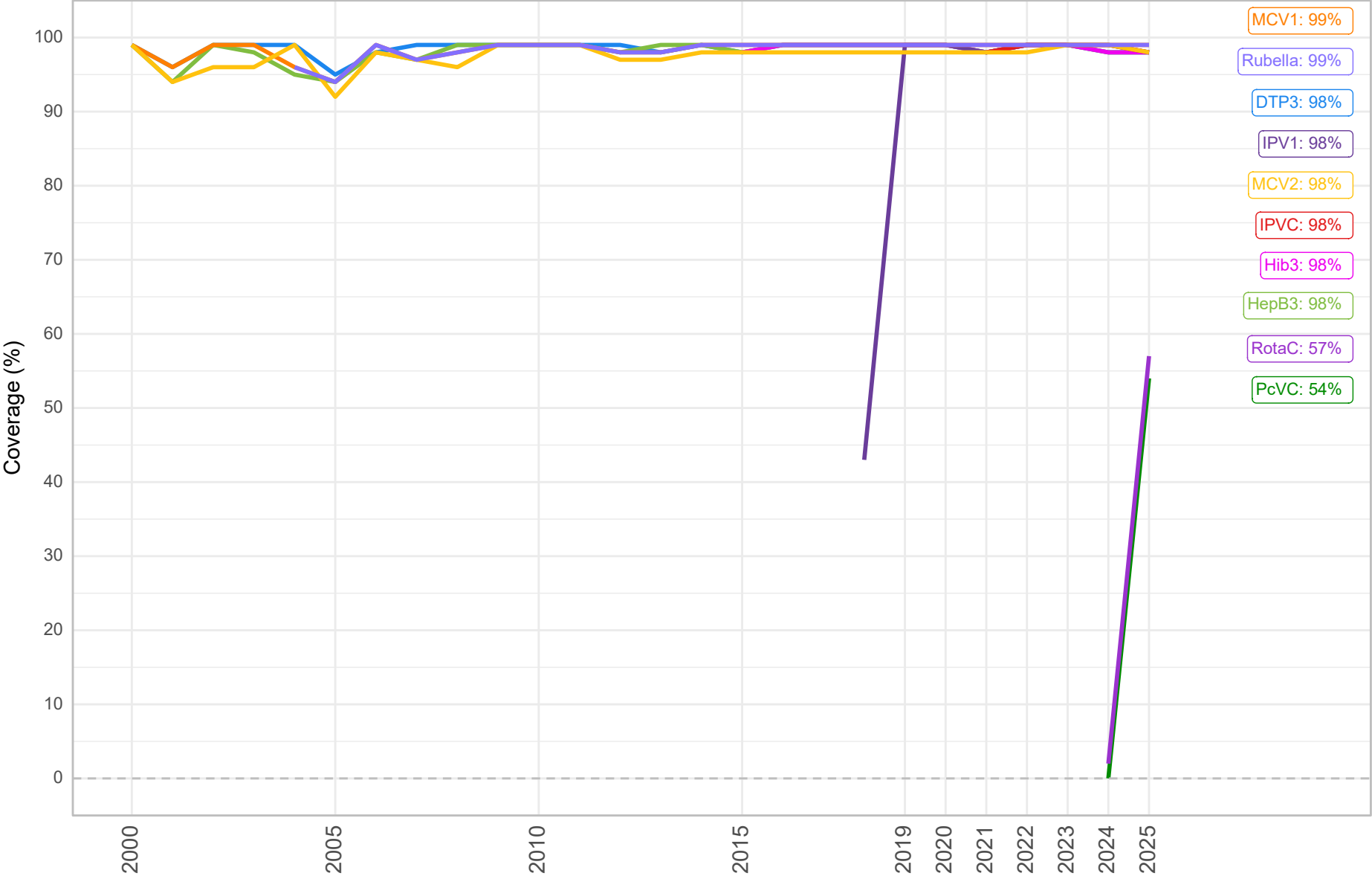
This chart shows trends in coverage of selected core routine vaccines recommended in childhood.

In 2025, ROTAC had the lowest coverage (57%), followed by BCG (96%).

Compared to 2019, coverage of 3 vaccines decreased (BCG, DTP3 and IPV1) and 3 vaccines remained constant (DTP1, MCV1 and MCV2).

Compared to 2024, coverage of 3 vaccines decreased (BCG, IPV1 and MCV2), 2 vaccines increased (DTP1 and ROTAC), and 2 vaccines remained constant (DTP3 and MCV1).

Vaccine coverage (%), Iran, 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.

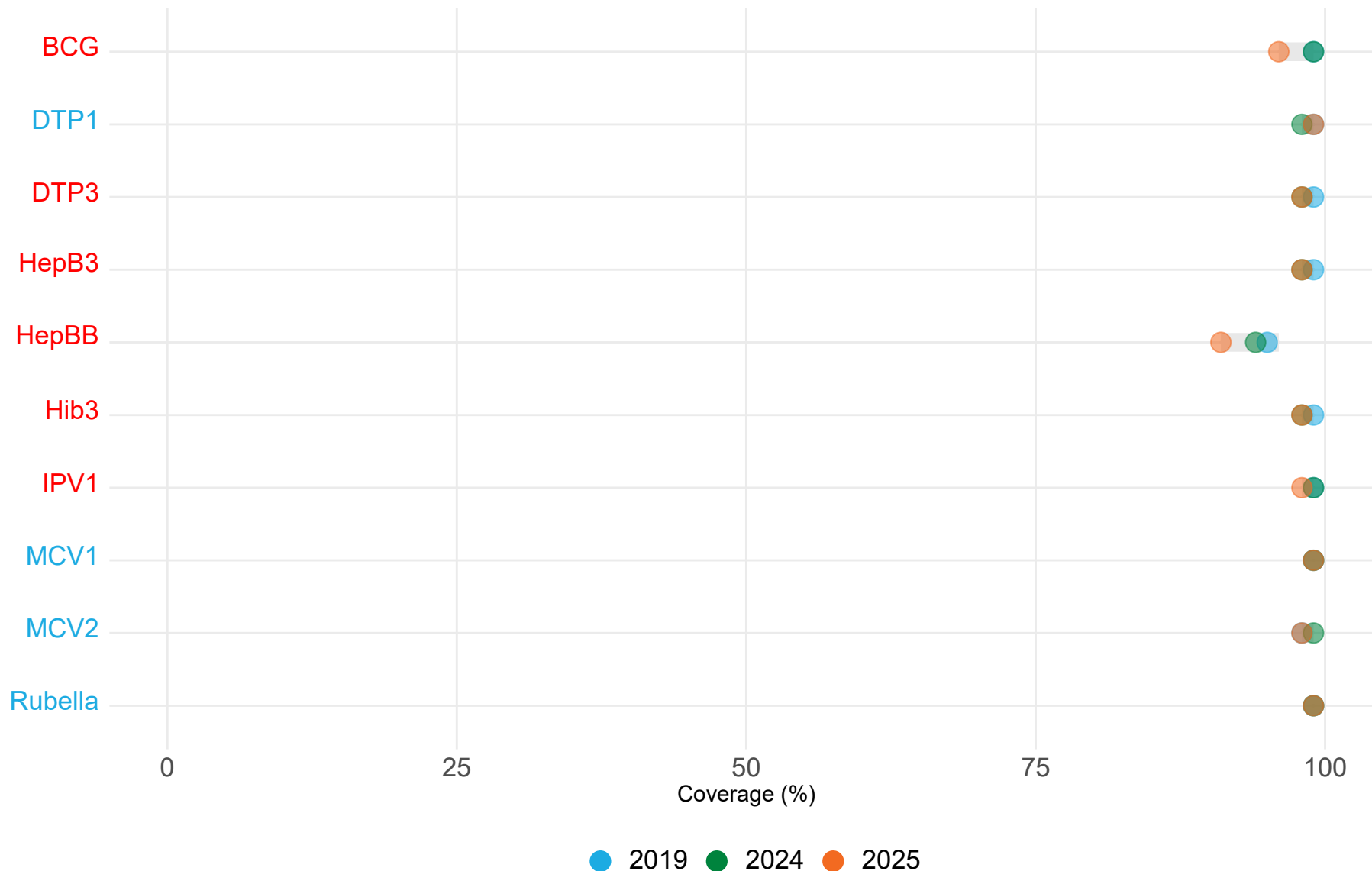
This chart shows trends in coverage of 9 vaccines (complete series).

In 2025, RotaC had the lowest coverage of all vaccines (57%), followed by DTP3, HepB3, Hib3, IPV1, IPVC, and MCV2 (98%).

Coverage of 4 vaccines decreased (DTP3, HEPB3, HIB3 and IPV1) and 3 vaccines were the same (MCV1, MCV2 and RUBELLA) compared to respective coverage in 2019.

Coverage of 5 vaccines were the same (DTP3, HEPB3, HIB3, MCV1 and RUBELLA), 3 vaccines decreased (IPV1, IPVC and MCV2), and 1 vaccine increased (ROTAC) compared to respective coverage in 2024.

Vaccine coverage (%), Iran, 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 declined between 2019 (99%) and 2024 (98%). DTP1 coverage increased in 2025 (99%) compared to 2024, and was the same as in 2019. In 2019-2025, DTP1 coverage was at it's lowest level in 2021 and 2024 (98%).

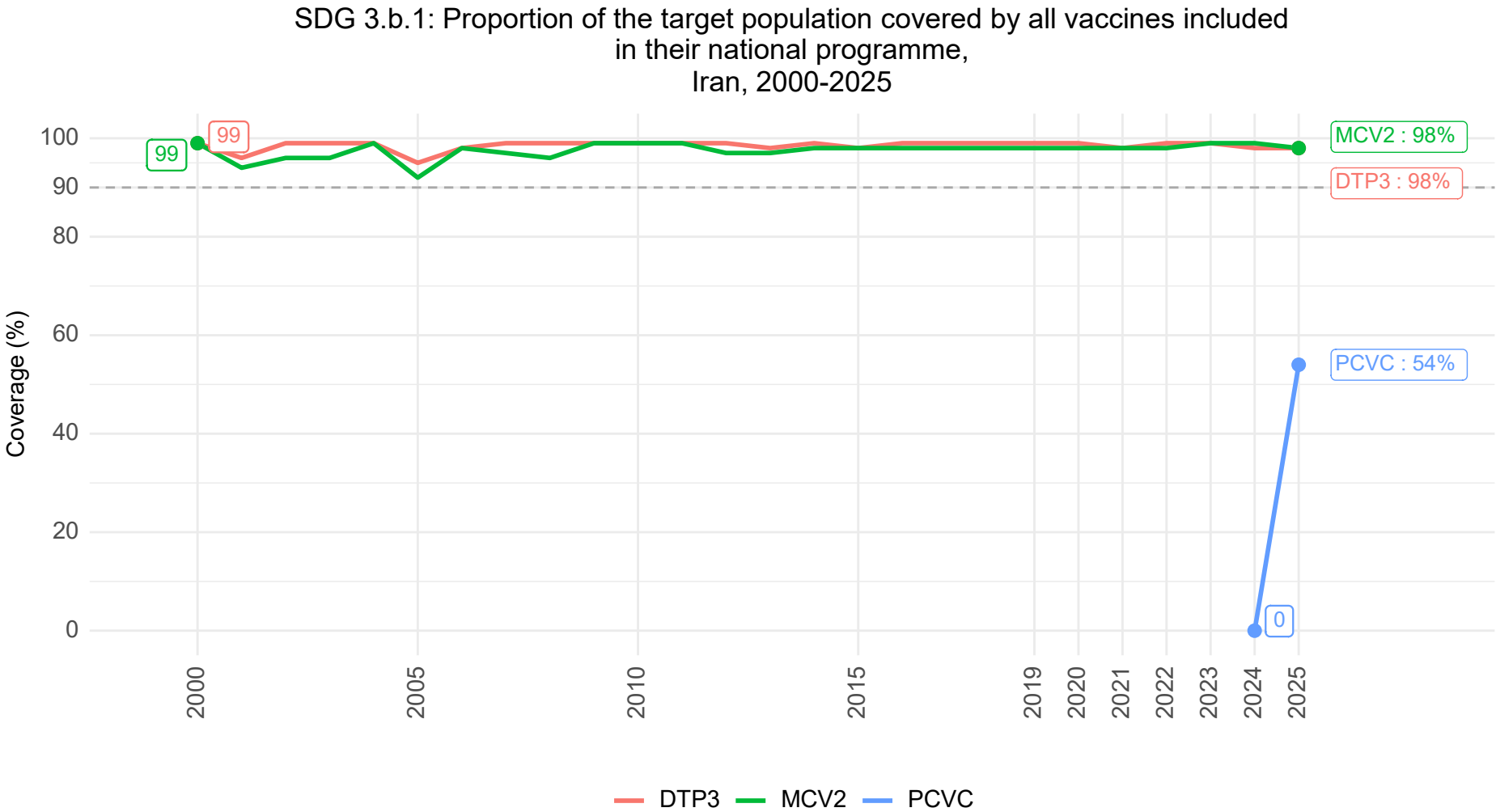
In 2024, 5 vaccines had lower coverage than in 2019.

In 2025, 6 vaccines had lower coverage than in 2019.

In 2025, 4 vaccines had lower coverage than in 2024.

SDG 3.b.1

In 2025, Iran met the 90% SDG coverage target for DTP3 and MCV2, but not for the remaining vaccines.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: The four vaccination coverage indicators contribute to SDG indicator 3.b.1 are: DTP3, MCV2, PCVC and HPVc
The Immunization Agenda 2030 (IA2030) global target is 90% coverage of all four antigens by 2030.
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.

Iran has 3 out of the 4 SDG vaccines.

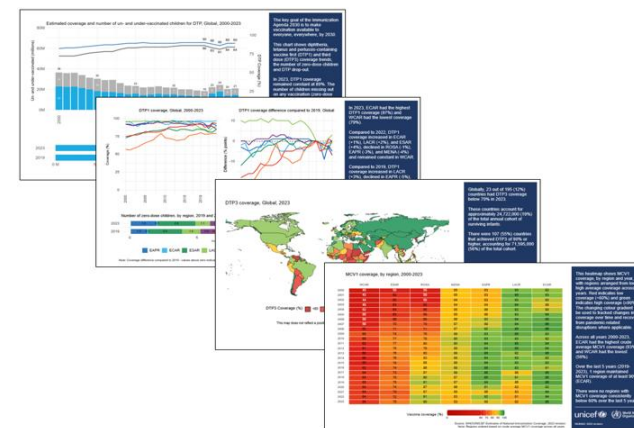
In 2025, Iran had achieved at least 90% coverage of 2 out of the 4 vaccines.

Additional resources

[illegible]

	A	B	C	D	E	F	G	H	I	J	
1	unicef	regio	iso3c	country	vaccine	year	target_grp	coverage	vaccinated	unvaccinated	target
2	ROSA	AFG	AFghanistan	bog	1982	births		10	57,000	514,000	571,000
3	ROSA	AFG	AFghanistan	bog	1983	births		10	56,000	503,000	559,000
4	ROSA	AFG	AFghanistan	bog	1984	births		11	62,000	501,000	563,000
5	ROSA	AFG	AFghanistan	bog	1985	births		17	100,000	490,000	591,000
6	ROSA	AFG	AFghanistan	bog	1986	births		18	107,000	489,000	596,000
7	ROSA	AFG	AFghanistan	bog	1987	births		27	161,000	434,000	595,000
8	ROSA	AFG	AFghanistan	bog	1988	births		40	238,000	358,000	596,000
9	ROSA	AFG	AFghanistan	bog	1989	births		38	233,000	380,000	614,000
10	ROSA	AFG	AFghanistan	bog	1990	births		30	191,000	446,000	637,000
11	ROSA	AFG	AFghanistan	bog	1991	births		21	134,000	505,000	640,000
12	ROSA	AFG	AFghanistan	bog	1992	births		19	127,000	541,000	668,000
13	ROSA	AFG	AFghanistan	bog	1993	births		17			760,000
14	ROSA	AFG	AFghanistan	bog	1994	births		15			852,000
15	ROSA	AFG	AFghanistan	bog	1995	births					899,000
16	ROSA	AFG	AFghanistan	bog	1996	births					932,000
17	ROSA	AFG	AFghanistan	bog	1997	births					962,000
18	ROSA	AFG	AFghanistan	bog	1998	births					986,000
19	ROSA	AFG	AFghanistan	bog	1999	births					1,013,000
20	ROSA	AFG	AFghanistan	bog	2000	births					1,037,000
21	ROSA	AFG	AFghanistan	bog	2001	births		43	432,000	574,000	1,007,000
22	ROSA	AFG	AFghanistan	bog	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*

[illegible]

WUENIC Talking Points: Little America and the Caribbean Region

February 2020

Overview

- While voting variations across countries and territories, none of the 18 identified countries achieved an average coverage of 40% or higher within the LACR region in 2020
- Coverage of the first round of representative/participatory consulting exercise (CPTE) was the highest in 2020 at an average of 27% compared to 2019's average coverage of 20% (CPTE was not conducted in 2019)
- Overall, the number of countries engaged in 1 or more rounds of CPTE was higher than the annual goal of achieving the international targets (2020 target of exceeding the number of participating countries to 140 in 2020 compared to 130 in 2019)

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WUENIC Talking Points: Ethiopia

February 2020

Overview

- In 2020, CPTE coverage in Ethiopia was 51%, compared to 39% in 2019
- In 2020, the number of countries engaged in Ethiopia (CPTE) was approximately 100 higher than in 2019
- There were 140,000 new vaccine introductions in the region in 2020 compared to 2019, with 100,000 new vaccine introductions in the region in 2020 compared to 2019
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Latin America and the Caribbean Region

Ethiopia in the African region

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February 2020

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CPTE: Reaching new-age children

February 2020

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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>

