

WUENIC Talking Points: Madagascar

Revision Year: 2025

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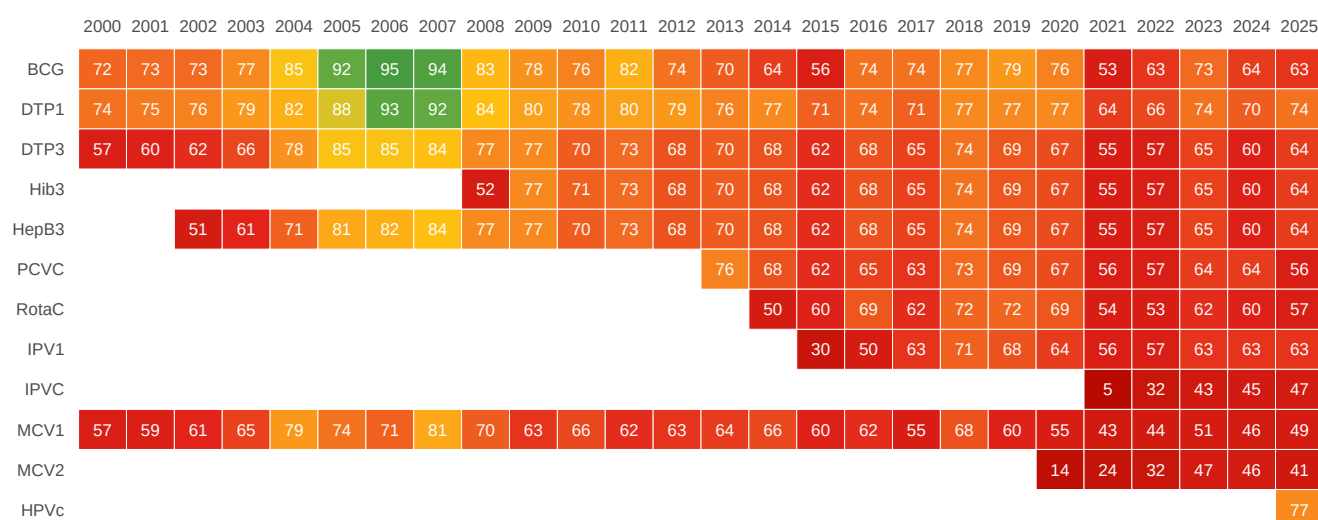
Madagascar in the 'Africa' region



Overview

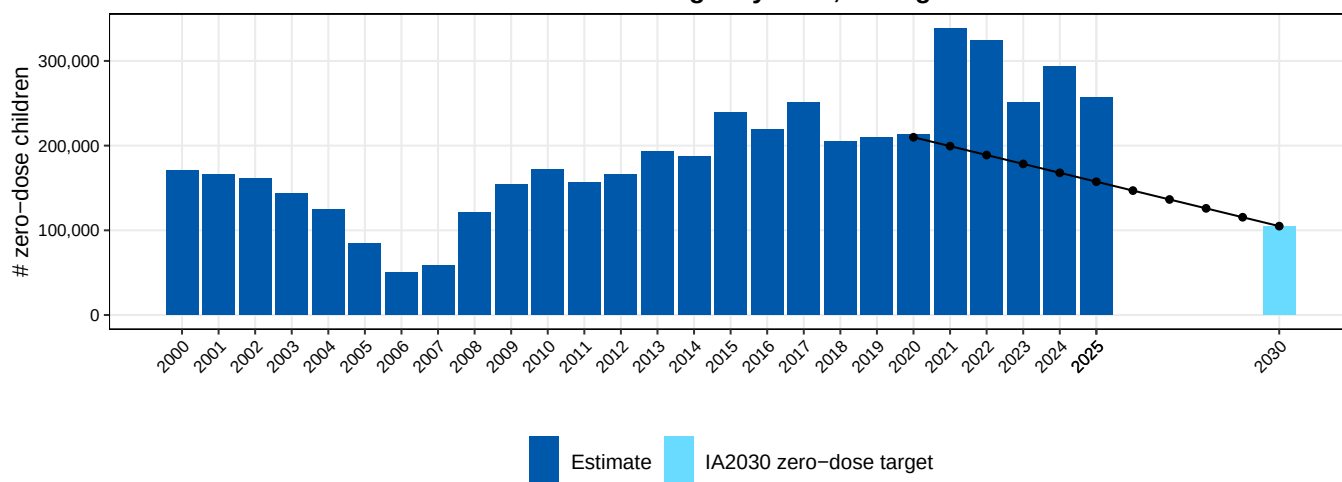
- None of the 11 childhood vaccines tracked for Madagascar achieved coverage of 90% or higher in 2025.
- Coverage of the first dose of diphtheria-tetanus-pertussis-containing vaccine (DTP1) increased from 70% in 2024 to 74% in 2025, coverage of the third dose of DTP-containing vaccine (DTP3) increased from 60% in 2024 to 64% in 2025, and coverage of the first dose of the measles-containing vaccine (MCV1) increased from 46% in 2024 to 49% in 2025 in 2025.
- In 2025, the number of zero-dose children for DTP in Madagascar (256,000) was approximately 68% higher than the annual number proposed to achieve the IA2030 target of halving zero-dose children for DTP by 2030 (153,000), based on a linear trajectory of decline.

Vaccine coverage (%), Madagascar, 2000–2025



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

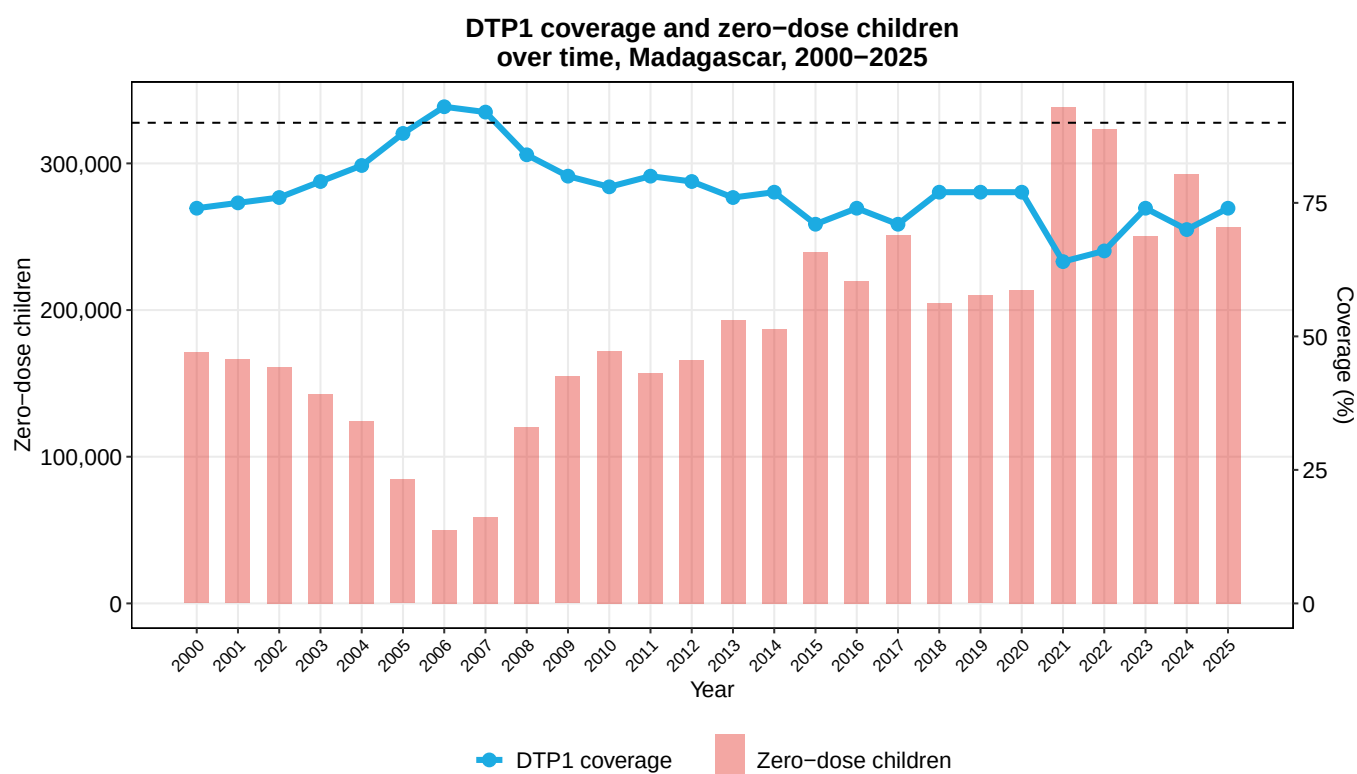
Estimated number of zero-dose children, 2000–2025 and target by 2030, Madagascar



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

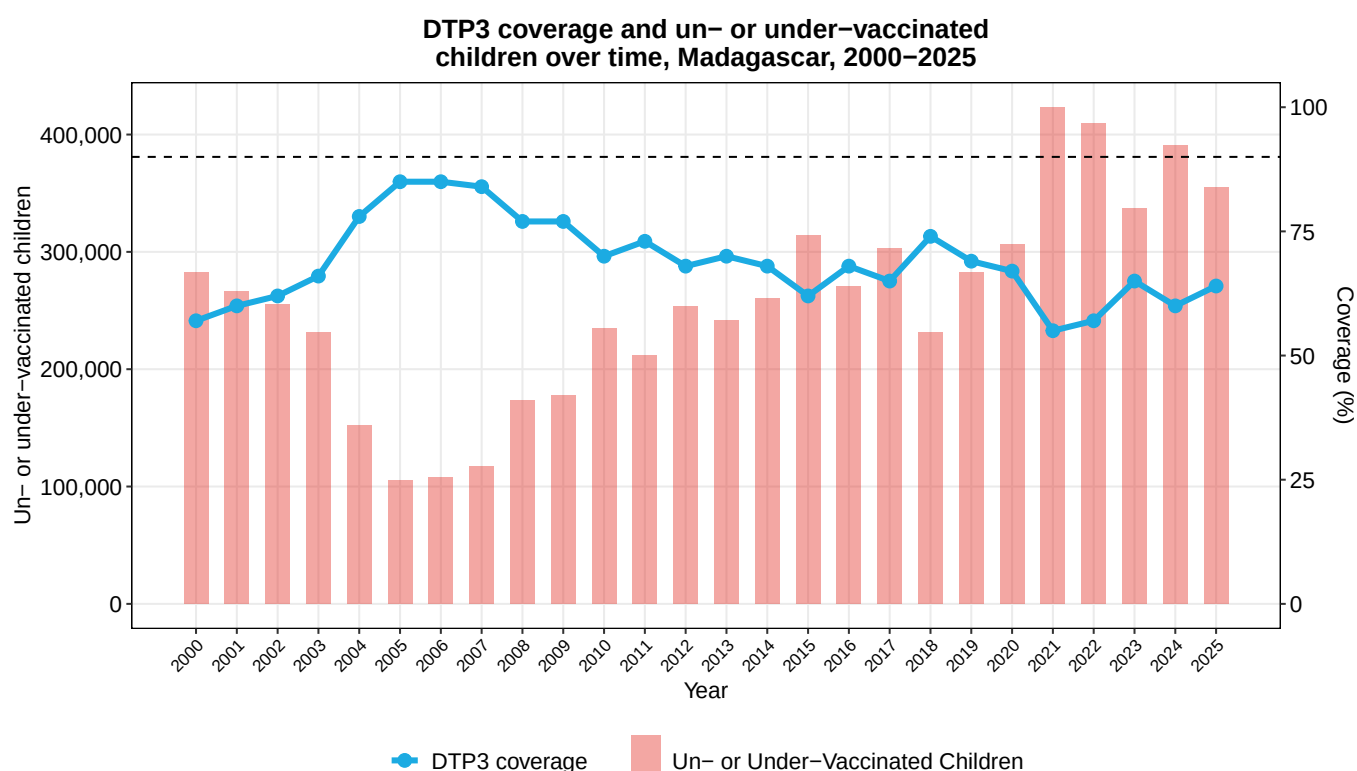
- Coverage of DTP1 stood at 74% in 2025. This is lower than in 2019 (77%) and higher than in 2024 (70%).
- The percentage of zero-dose children was 68 percentage points higher than the IA2030 target in 2025. There were approximately 256,000 zero-dose children in 2025, more than the 210,000 in 2019 but fewer than the 293,000 in 2024.
- Coverage of DTP1 in Madagascar (74%) was lower than the Eastern and Southern Africa regional average of 85% in 2025.
- DTP1-to-DTP3 dropout in 2025 was 14%, 4 percentage points higher than in 2019 (10%). High DTP dropout rates imply poor ability to provide a complete vaccine series early in life.



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

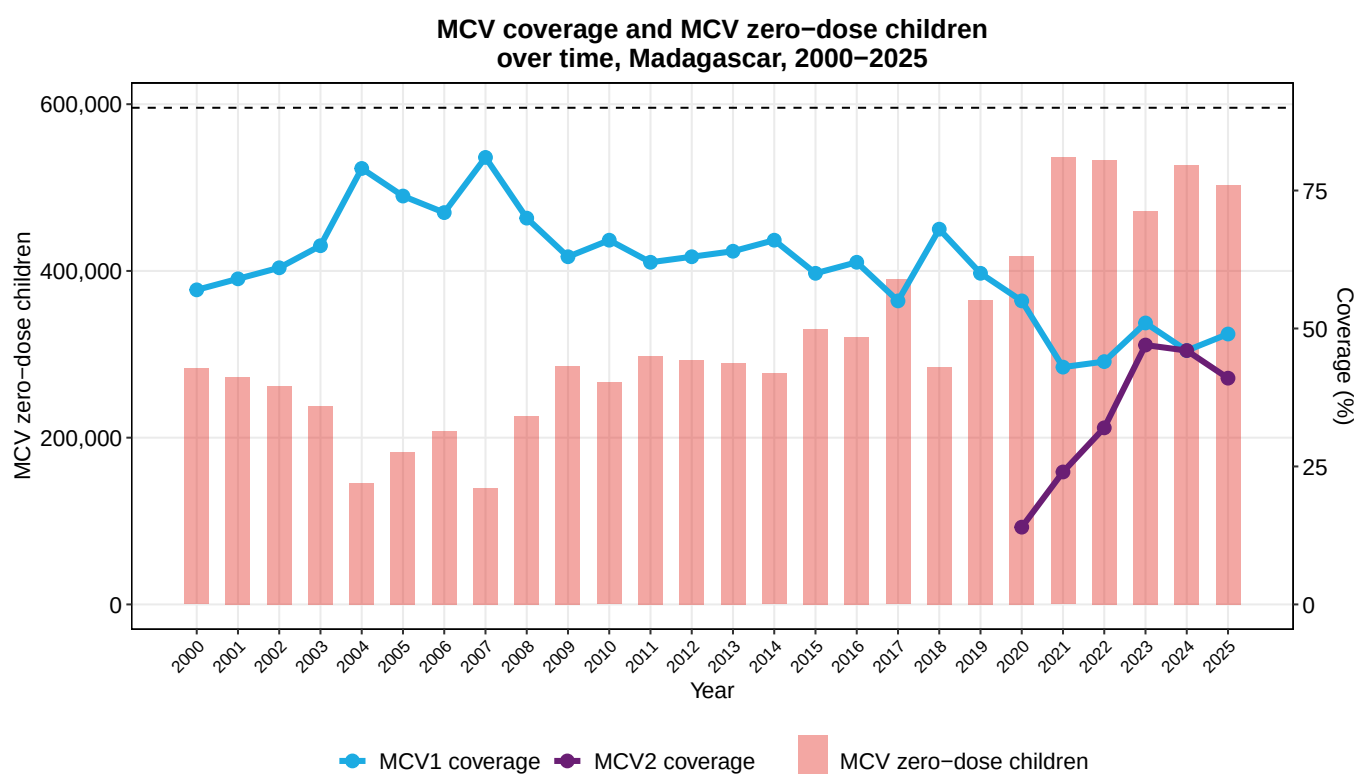
- Coverage of DTP3 stood at 64% in 2025. This is lower than in 2019 (69%) and higher than in 2024 (60%).
- The number of children vaccinated with DTP3 increased from 630,000 in 2019 to 631,000 in 2025.
- In 2025, there were 355,000 children un- or under-vaccinated in Madagascar.
- In 2025, 14% of children who received DTP1 did not receive DTP3. This 14% dropout rate was 4 percentage points higher than in 2019 (10%) and the same as the 2024 dropout rate (14%).
- Coverage of DTP3 in Madagascar (64%) was lower than the Eastern and Southern Africa regional average of 80% in 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

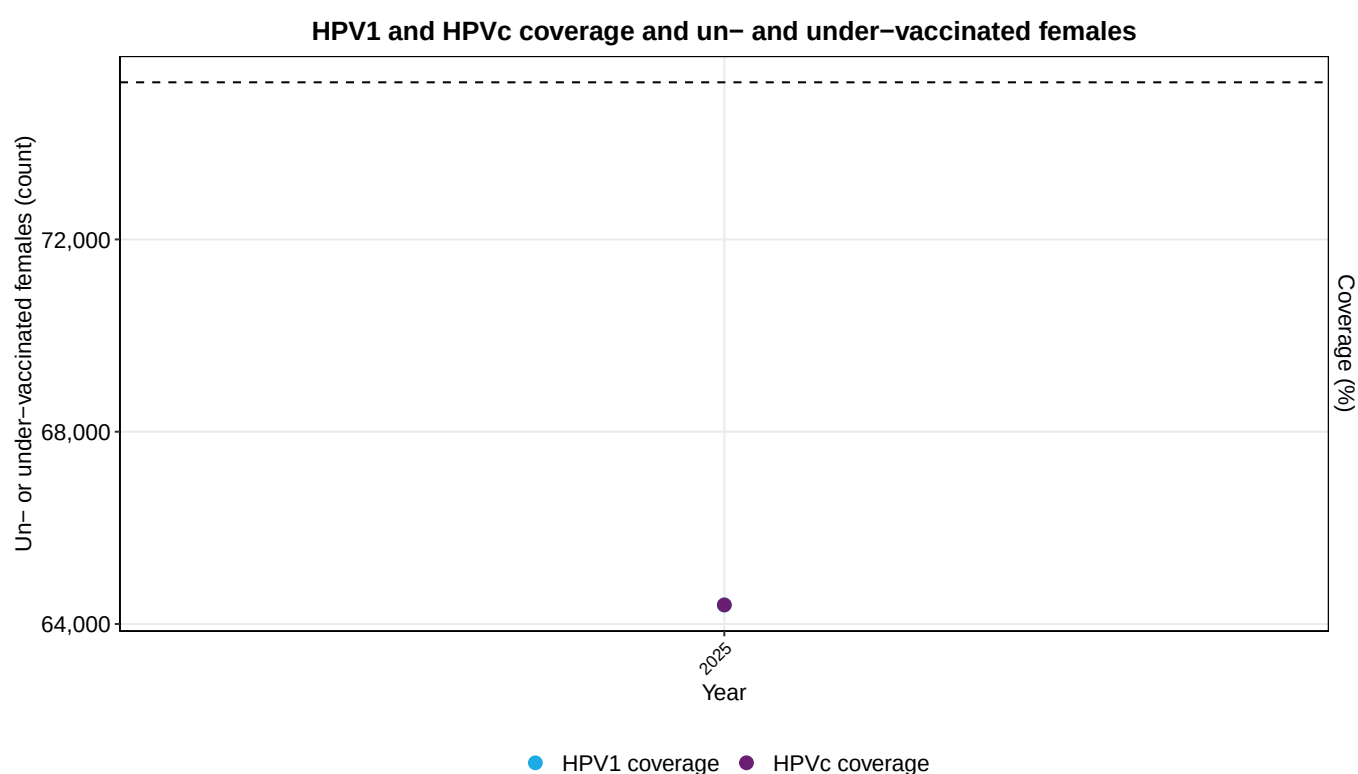
- Coverage of MCV1 stood at 49% in 2025. This is lower than in 2019 (60%) and higher than in 2024 (46%).
- Coverage of the second dose of the measles-containing vaccine (MCV2) NA. This leaves 503,000 children without any protection against measles and another 53,000 with only partial protection.
- In 2025, 34% of children who received DTP1 did not receive MCV1. This 34% dropout rate was 12 percentage points higher than in 2019 (22%) and the same as the 2024 dropout rate (34%).
- Madagascar has had MCV1 coverage below 80% for all of the last 3 years.
- Coverage of MCV1 in Madagascar (49%) was lower than the Eastern and Southern Africa regional average of 77% in 2025.



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

HPV

- In 2025, programme coverage among females was 77% for the first dose (HPV1) and 77% for the final dose (HPVc).
- NA
- In 2025, approximately 84,000 females in Madagascar did not receive any HPV vaccination (unvaccinated).
- Among Eastern and Southern Africa region peers, Madagascar ranked 6 out of 17 countries in HPV1 coverage in 2025.



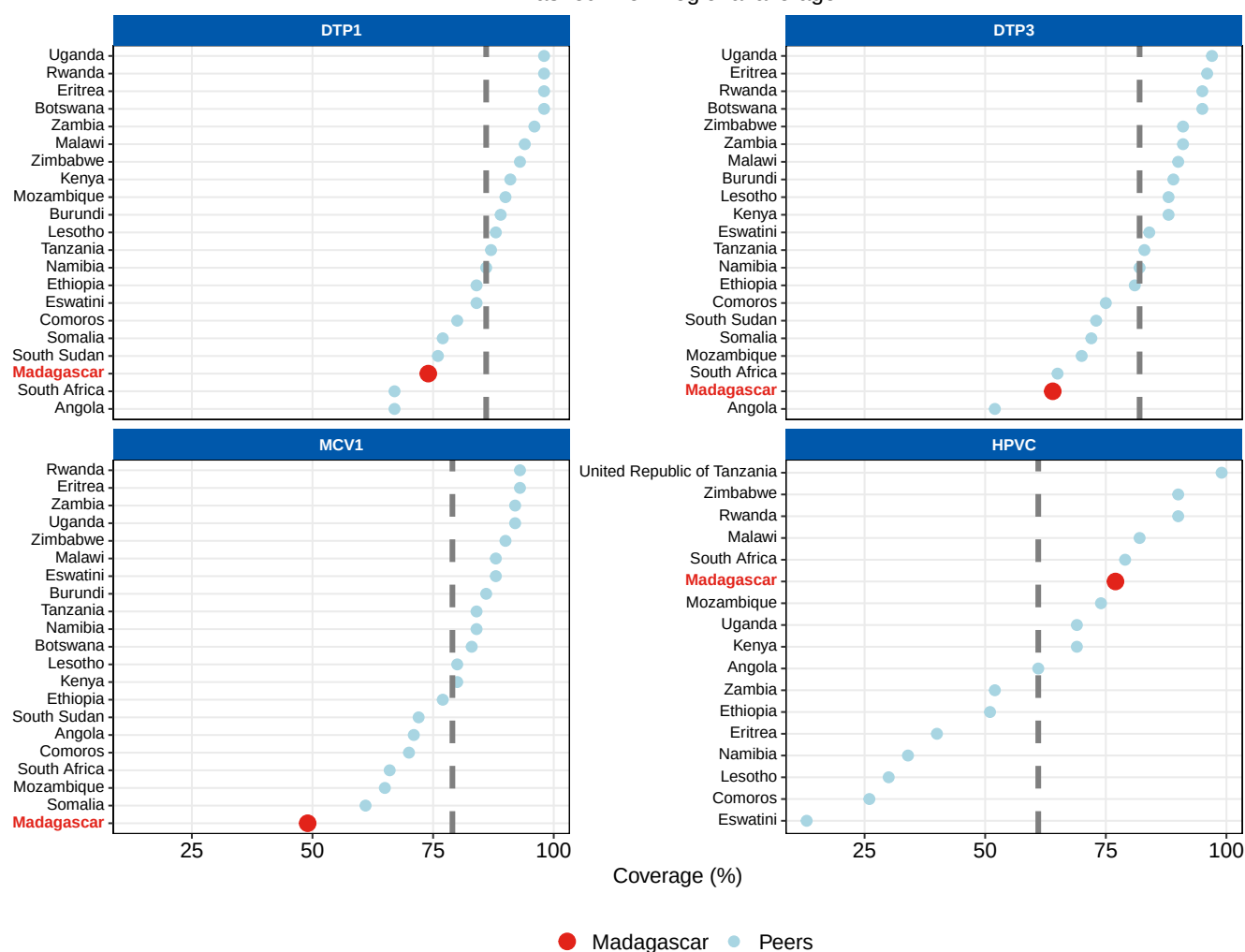
Dotted line shows the IA2030 target of 90% coverage
Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

Regional Comparison

The chart below shows how Madagascar compares to other countries in the Eastern and Southern Africa region on DTP1, DTP3, MCV1, and HPVc coverage in 2025. The dashed line represents the regional average for each vaccine.

Coverage comparison: Madagascar vs. ESAR peers, 2025

Dashed line = regional average

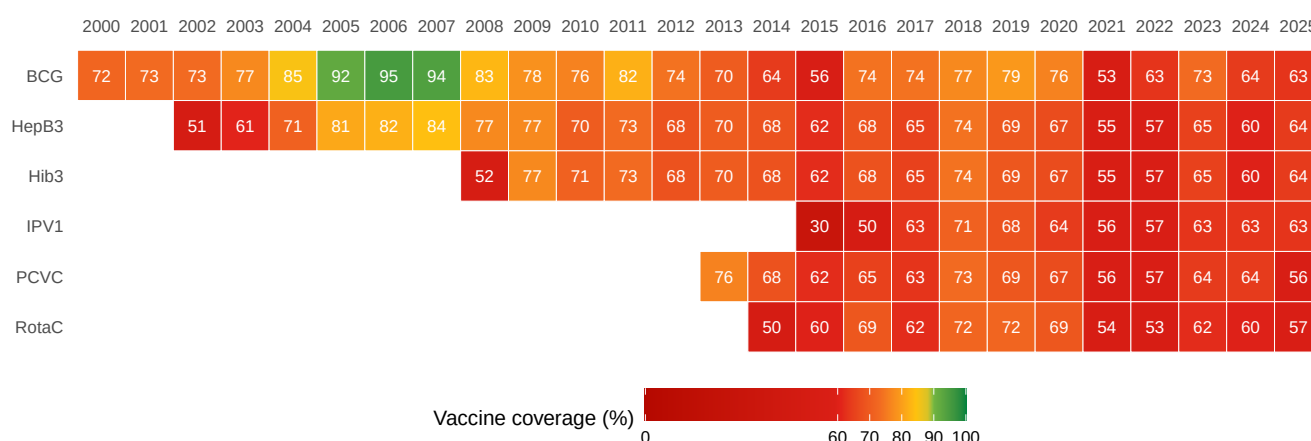


Source: WHO/UNICEF estimates of national immunization coverage, 2025 revision.

Additional Vaccines

- Coverage of BCG stood at 63% in 2025. This is lower than in 2019 (79%) and lower than in 2024 (64%).
- Coverage of HepB3 stood at 64% in 2025. This is lower than in 2019 (69%) but higher than in 2024 (60%).
- Coverage of Hib3 stood at 64% in 2025. This is lower than in 2019 (69%) but higher than in 2024 (60%).
- Coverage of IPV1 stood at 63% in 2025. This is lower than in 2019 (68%) and the same as in 2024 (63%).
- Coverage of PCVC stood at 56% in 2025. This is lower than in 2019 (69%) and lower than in 2024 (64%).
- Coverage of RotaC stood at 57% in 2025. This is lower than in 2019 (72%) and lower than in 2024 (60%).

Additional vaccine coverage (%), Madagascar, 2000–2025



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/>