

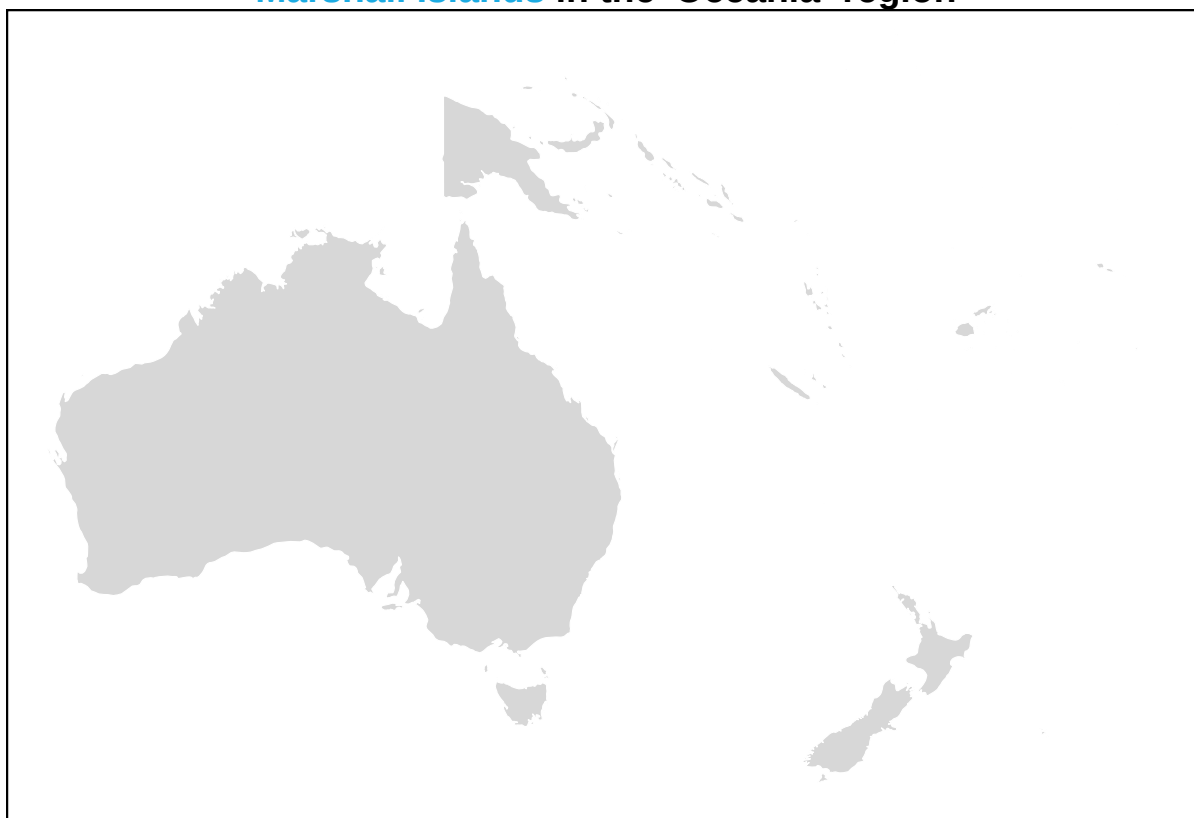
WUENIC Talking Points: Marshall Islands

Revision Year: 2025

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Marshall Islands in the 'Oceania' region



Overview

- A total of 13 childhood vaccines are tracked for the Marshall Islands; of these, 3 reached the 90% coverage target or higher in 2025.
- Coverage of the first dose of diphtheria-tetanus-pertussis-containing vaccine (DTP1) was the same in 2025 as it was in 2024 (98%), coverage of the third dose of DTP-containing vaccine (DTP3) was the same in 2025 as it was in 2024 (85%), and coverage of the first dose of the measles-containing vaccine (MCV1) was the same in 2025 as it was in 2024 (88%) in 2025.
- In 2025, the number of zero-dose children for DTP in the Marshall Islands (<100) was approximately 53% lower than the annual number proposed to achieve the IA2030 target of halving zero-dose children for DTP by 2030 (<100), based on a linear trajectory of decline.

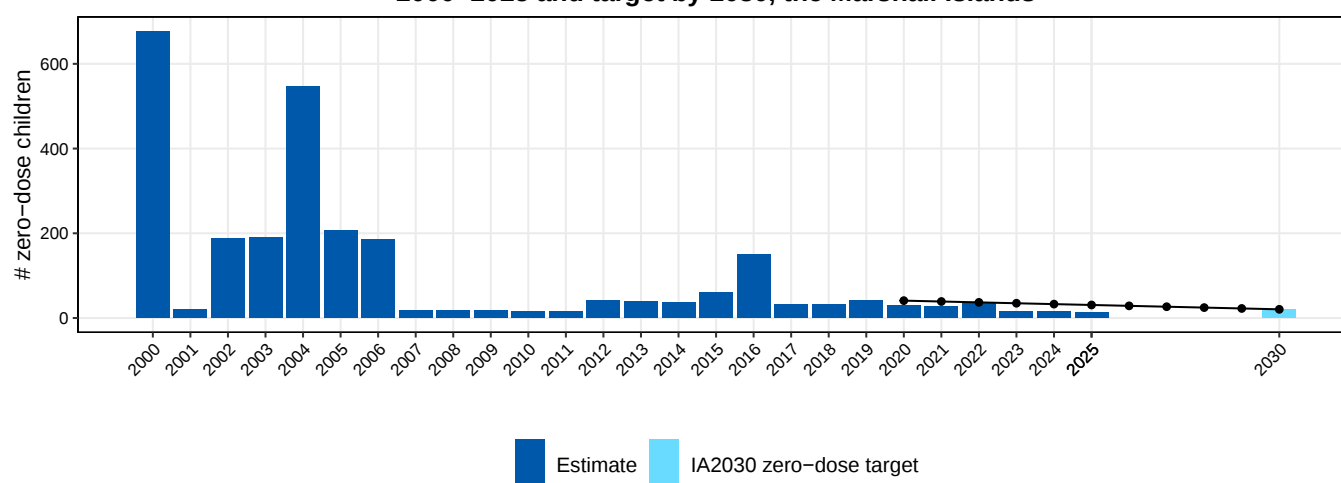
Vaccine coverage (%), Marshall Islands, 2000–2025

	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	89	99	90	93	91	93	92	92	95	98	99	80	97	93	89	99	94	92	98	89	91	83	95	99	81	81
HepBB	99	99	99	99	99	99	99	99	99	99	99	85	96	92	87	99	99	97	94	98	96	91	99	99	99	99
DTP1	64	99	90	90	71	89	90	99	99	99	99	99	97	97	97	95	87	97	97	96	97	97	96	98	98	98
DTP3	39	48	80	68	64	77	74	93	95	96	94	87	80	79	78	85	71	80	81	79	82	86	86	85	85	85
Hib3	45	45	80	70	46	69	60	83	92	99	92	80	67	66	65	70	58	65	72	72	75	72	68	72	72	72
HepB3	38	76	80	74	72	89	97	93	97	99	97	89	80	80	79	85	73	82	84	82	86	89	87	89	89	89
PCVC										49	24	35	46	38	29	75	65	72	67	63	38	61	29	62	62	62
RotaC										71	25	43	60	52	44	41	38	46	42	60	57	53	49	44	44	44
IPV1																95	95	96	97	96	97	96	96	98	98	98
IPVC																						85	86	84	84	84
MCV1	94	64	80	90	70	86	96	94	86	78	97	88	78	79	79	75	75	83	83	85	89	85	81	88	88	88
RCV1	94	64	80	90	70	86	96	94	86	78	97	88	78	79	79	75	75	83	83	85	89	85	81	88	88	88
MCV2	6	6	70	90	92	71	60	91	79	66	90	74	58	56	53	70	49	62	61	64	68	59	54	61	61	61
HPVc											37		4	14	20	32	43	30	35	33	23	36	32	27	50	50



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

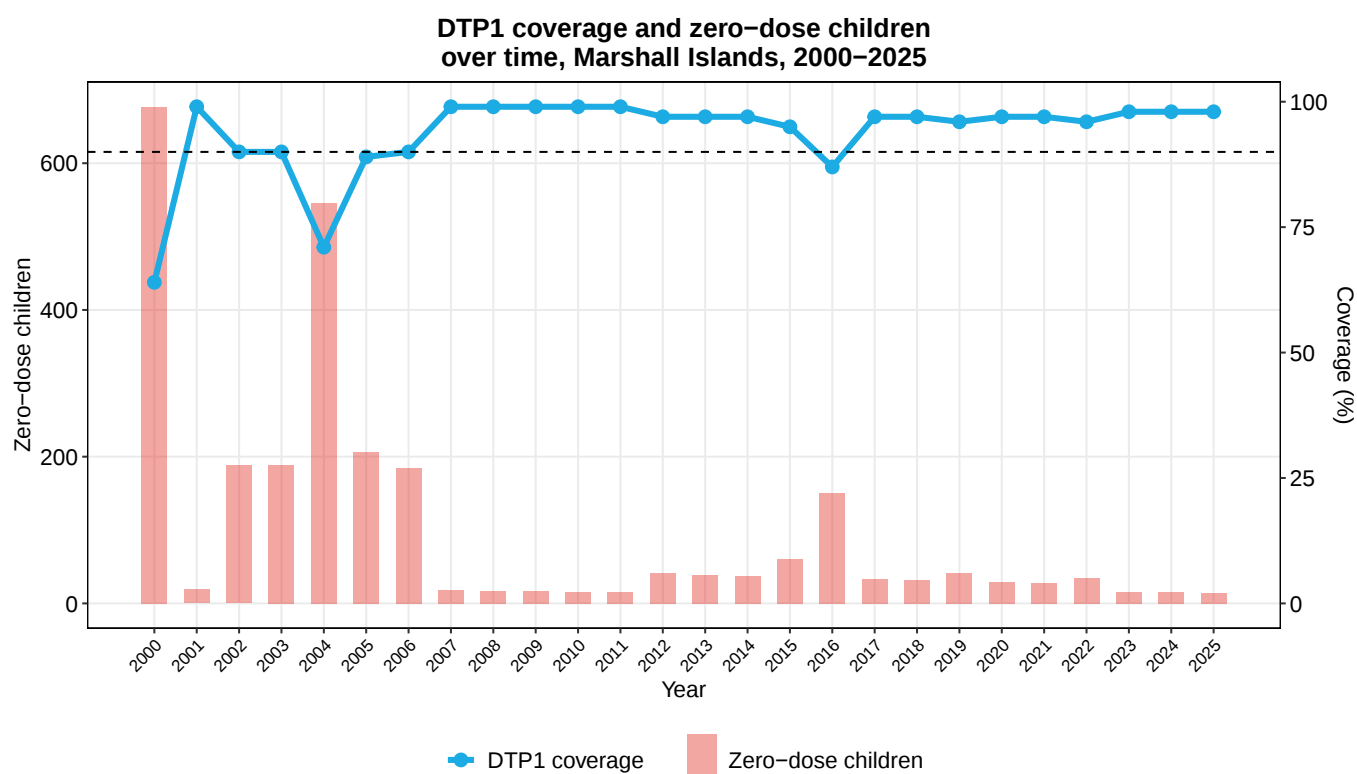
Estimated number of zero-dose children, 2000–2025 and target by 2030, the Marshall Islands



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

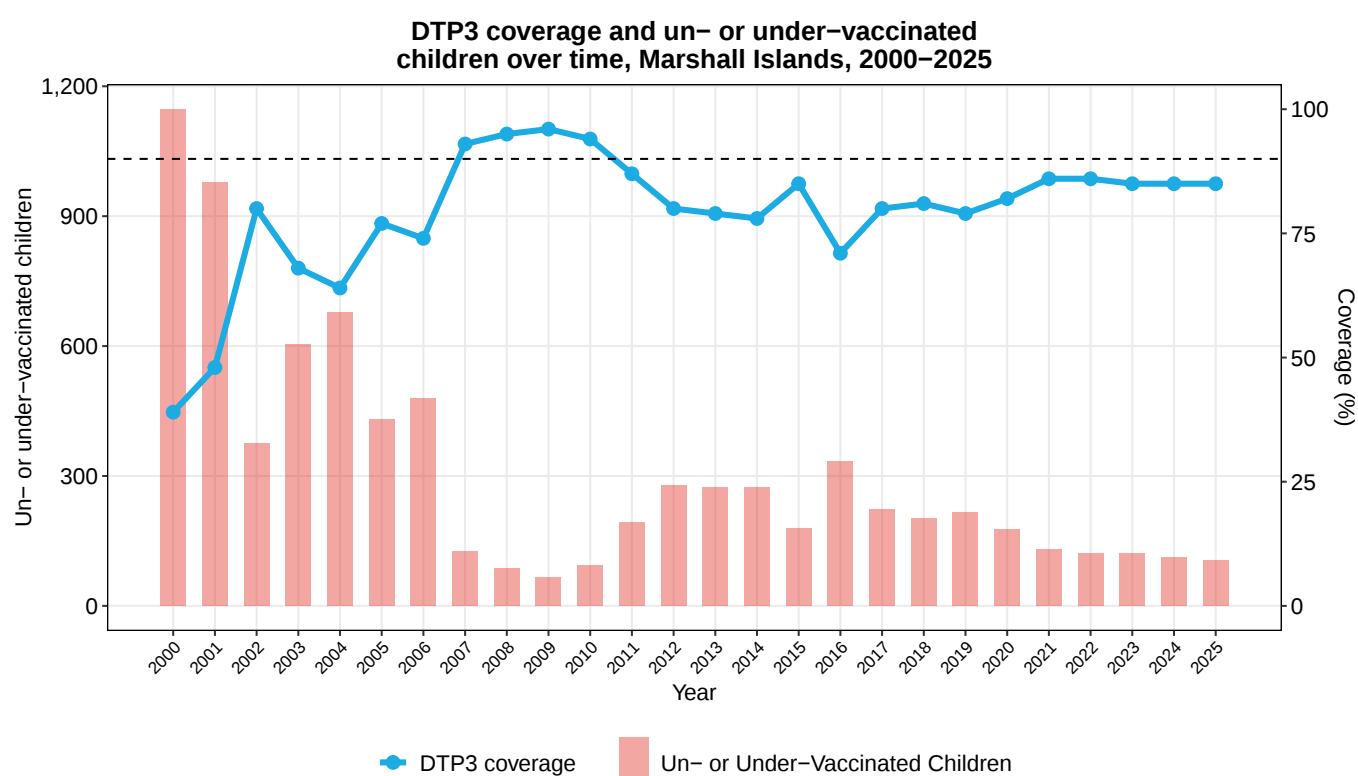
- Coverage of DTP1 stood at 98% in 2025. This is higher than in 2019 (96%) and the same as in 2024 (98%).
- The percentage of zero-dose children was 53 percentage points lower than the IA2030 target in 2025. There were approximately <100 zero-dose children in 2025, fewer than the <100 in 2019 and fewer than the <100 in 2024.
- Coverage of DTP1 in the Marshall Islands (98%) was higher than the East Asia and Pacific regional average of 91% in 2025.
- DTP1-to-DTP3 dropout in 2025 was 13%, 5 percentage points lower than in 2019 (18%). 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

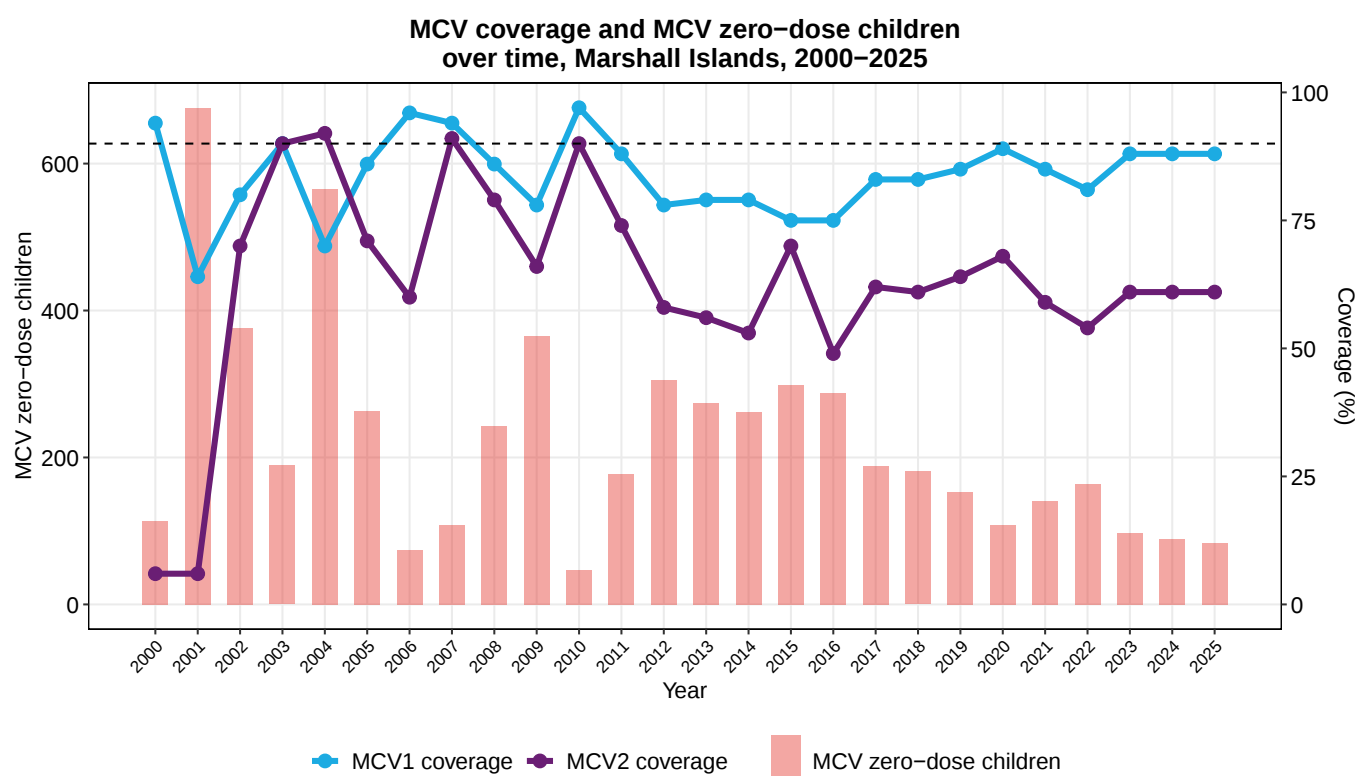
- Coverage of DTP3 stood at 85% in 2025. This is higher than in 2019 (79%) and the same as in 2024 (85%).
- The number of children vaccinated with DTP3 decreased from <1,000 in 2019 to <1,000 in 2025.
- In 2025, there were <200 children un- or under-vaccinated in the Marshall Islands.
- In 2025, 13% of children who received DTP1 did not receive DTP3. This 13% dropout rate was 5 percentage points lower than in 2019 (18%) and the same as the 2024 dropout rate (13%).
- Coverage of DTP3 in the Marshall Islands (85%) was lower than the East Asia and Pacific regional average of 89% 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

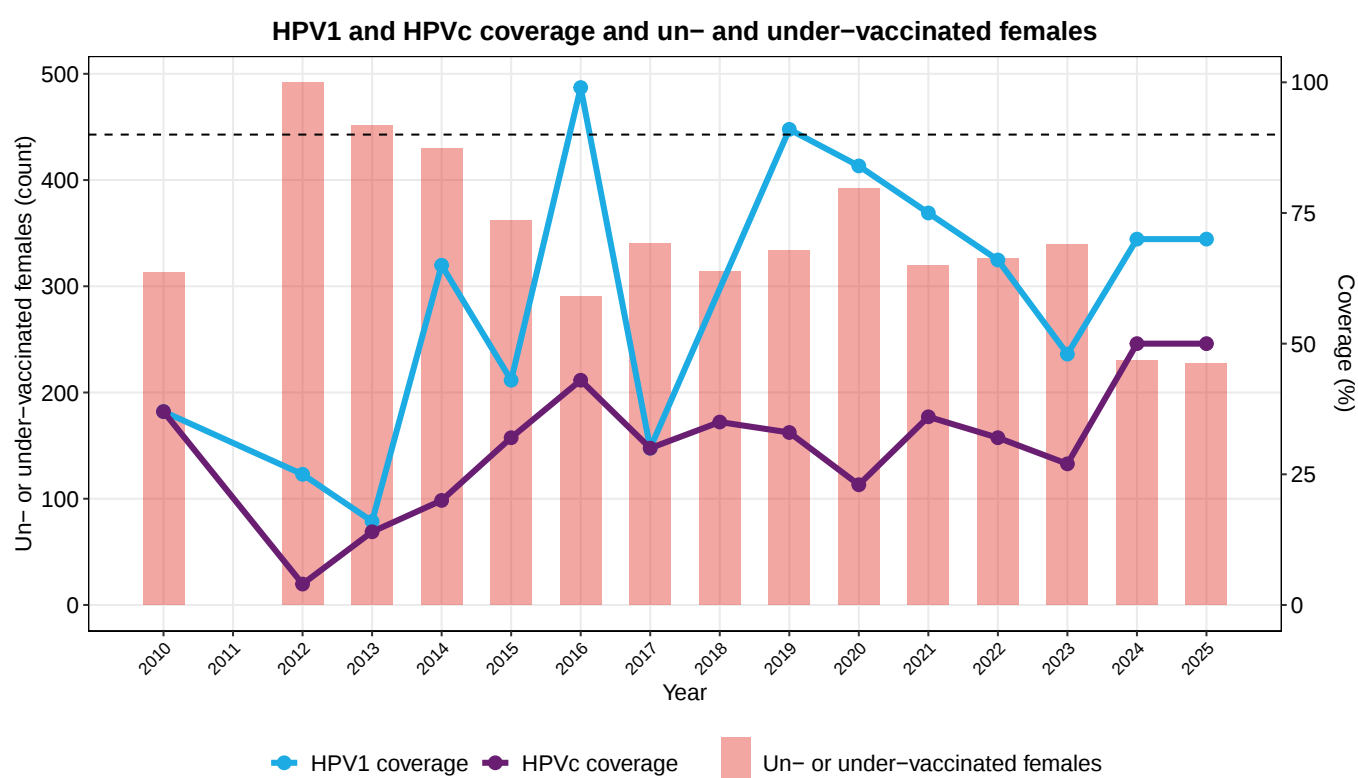
- Coverage of MCV1 stood at 88% in 2025. This is higher than in 2019 (85%) and the same as in 2024 (88%).
- Coverage of the second dose of the measles-containing vaccine (MCV2) decreased from 64% in 2019 to 61% in 2025. This still leaves <100 children without any protection against measles and another <500 with only partial protection.
- In 2025, 10% of children who received DTP1 did not receive MCV1. This 10% dropout rate was 1 percentage points lower than in 2019 (11%) and the same as the 2024 dropout rate (10%).
- The Marshall Islands has achieved MCV1 coverage above 80% over all of the last 3 years.
- Coverage of MCV1 in the Marshall Islands (88%) was lower than the East Asia and Pacific regional average of 89% in 2025.



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

HPV

- Programme coverage of HPV1 among females remained constant at 70% between 2024 and 2025, and coverage of the last dose (HPVc) also remained constant at 50%.
- HPVc coverage remains well below the IA2030 target of 90%.
- In 2025, approximately <200 females in the Marshall Islands did not receive any HPV vaccination (unvaccinated).
- Among East Asia and Pacific region peers, the Marshall Islands ranked 17 out of 23 countries in HPVc coverage in 2025.

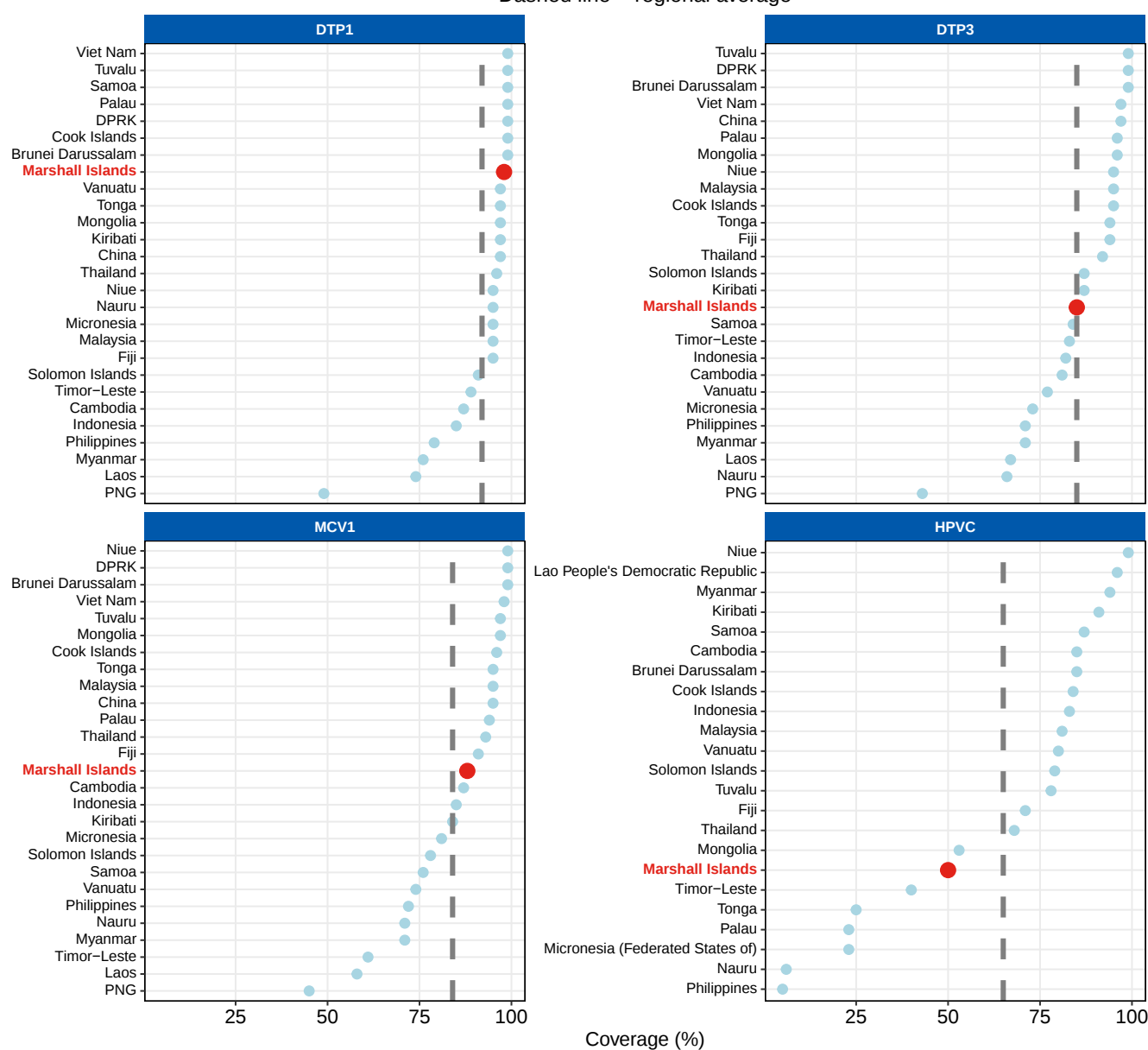


Regional Comparison

The chart below shows how the Marshall Islands compares to other countries in the East Asia and Pacific region on DTP1, DTP3, MCV1, and HPVc coverage in 2025. The dashed line represents the regional average for each vaccine.

Coverage comparison: Marshall Islands vs. EAPR peers, 2025

Dashed line = regional average



● Marshall Islands ● Peers

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

Additional Vaccines

- Coverage of BCG stood at 81% in 2025. This is lower than in 2019 (89%) and the same as in 2024 (81%).
- Coverage of HepB3 stood at 89% in 2025. This is higher than in 2019 (82%) and the same as in 2024 (89%).
- Coverage of Hib3 stood at 72% in 2025. This is the same as in 2019 (72%) and the same as in 2024 (72%).
- Coverage of IPV1 stood at 98% in 2025. This is higher than in 2019 (96%) and the same as in 2024 (98%).
- Coverage of PCVC stood at 62% in 2025. This is lower than in 2019 (63%) and the same as in 2024 (62%).
- Coverage of RotaC stood at 44% in 2025. This is lower than in 2019 (60%) and the same as in 2024 (44%).

Additional vaccine coverage (%), Marshall Islands, 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	89	99	90	93	91	93	92	92	95	98	99	80	97	93	89	99	94	92	98	89	91	83	95	99	81	81
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Hib3	45	45	80	70	46	69	60	83	92	99	92	80	67	66	65	70	58	65	72	72	75	72	68	72	72	72
IPV1																95	95	96	97	96	97	96	96	98	98	98
PCVC									49	24	35	46	38	29	75	65	72	67	63	38	61	29	62	62	62	62
RotaC									71	25	43	60	52	44	41	38	46	42	60	57	53	49	44	44	44	44



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/>