

Global

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

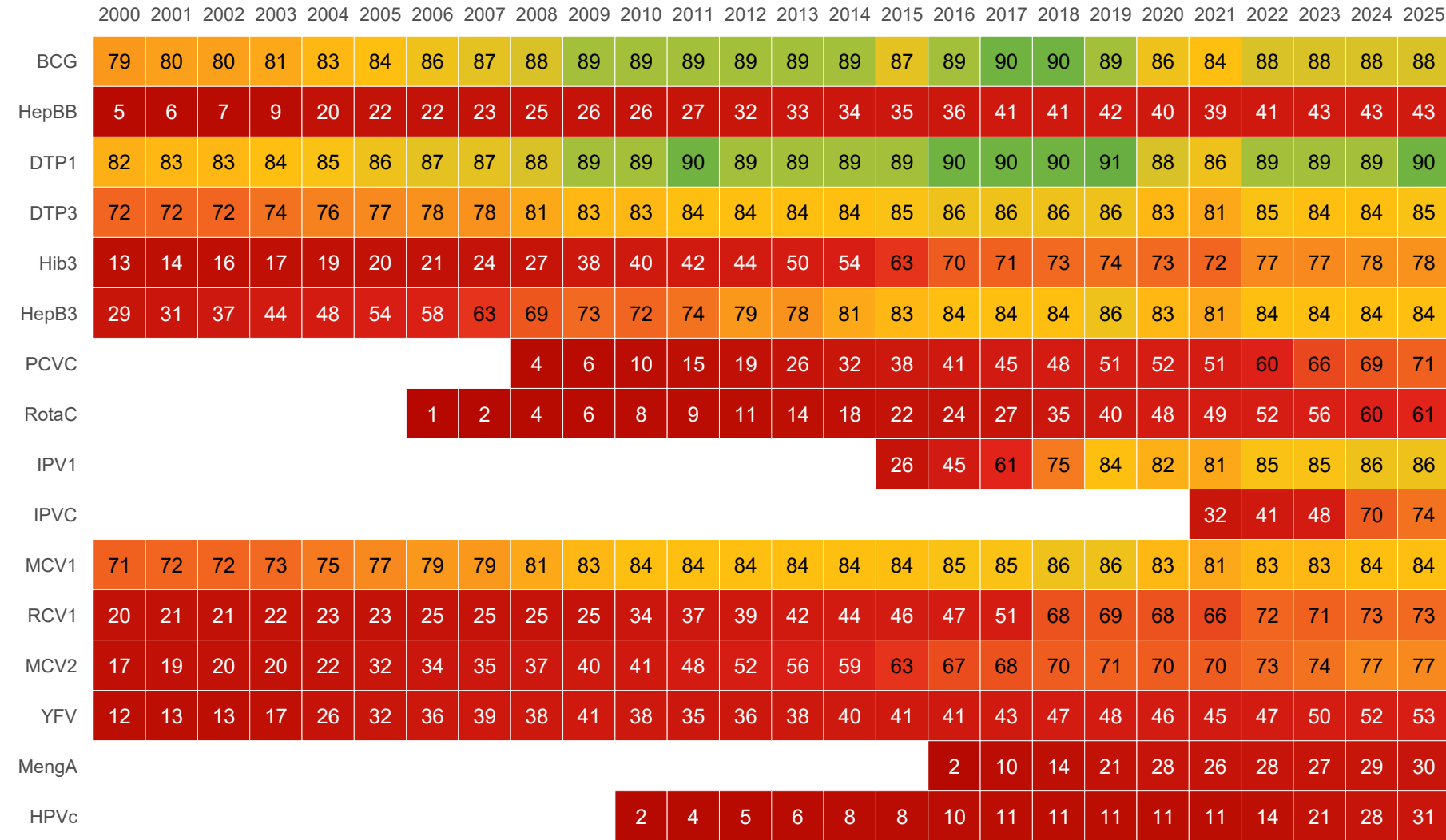
- The World Health Organization (WHO) provides global vaccine recommendations, which are adapted by countries based on local needs. Only DTP, polio and measles-containing vaccines are used in all countries.
- DTP1 is a marker of access to routine immunization services, and when not received, serves as 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).

Overview

- DTP1 coverage increased 1 percentage point from 89% in 2024 to 90% in 2025.
- DTP3 coverage increased 1 percentage point from 84% in 2024 to 85% in 2025.
- Globally, there were 745,000 fewer zero-dose children compared to in 2024. This leaves 13.5 million children without vaccination, vulnerable to vaccine-preventable diseases and a further 6.2 million with only partial protection.
- Globally, 9 countries* accounted for over half (52.4%) of all zero-dose children.
- There were 107 (55%) countries that achieved DTP3 coverage of at least 90% (IA2030 target).
- MCV1 coverage remained constant at 84% between 2024 and 2025. There were 20.8 million children who missed out on the first measles vaccination.
- MCV2 coverage remained constant at 77% between 2024 and 2025.
- Last dose coverage of HPV vaccination (HPVc) among girls increased from 28% to 31% in 2025.

*Nigeria (16.1%), DRC (5.9%), Yemen (5.2%), India (5%), Indonesia (4.9%), Ethiopia (4.8%), Afghanistan (3.6%), Pakistan (3.5%), and Angola (3.4%)

Vaccine coverage (%), by year, Global, 2000-2025



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

Vaccine coverage and progress varies between antigens and over time.

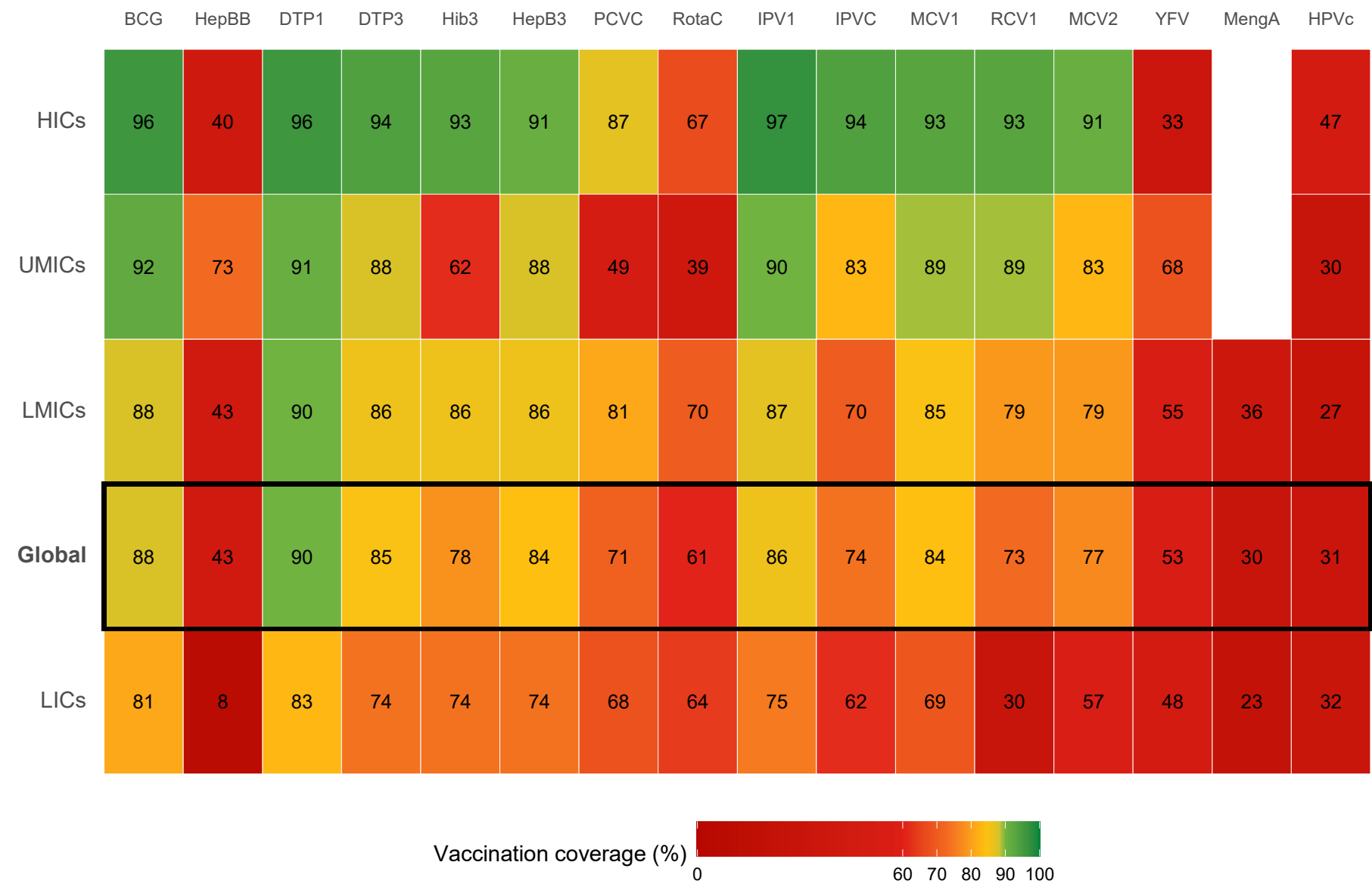
This heatmap shows vaccine coverage trends in Global since 2000, with green cells indicating coverage of 90% or more.

In 2015, none of the 14 (0%) vaccines with data achieved coverage of 90% or more.

In 2025, 1 out of 16 (6%) vaccines achieved coverage of 90% or more.

Since 2006, estimates have been made for 6 new vaccines. IPV1 is the newest vaccine being reported (2021), which achieved 74% coverage in 2025.

Vaccine coverage, by region, 2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Groups ordered based on crude average coverage across all vaccines.

Vaccine coverage varies between regions, but also within regions for different vaccines.

This heatmap shows vaccine coverage by region and vaccine in 2025.

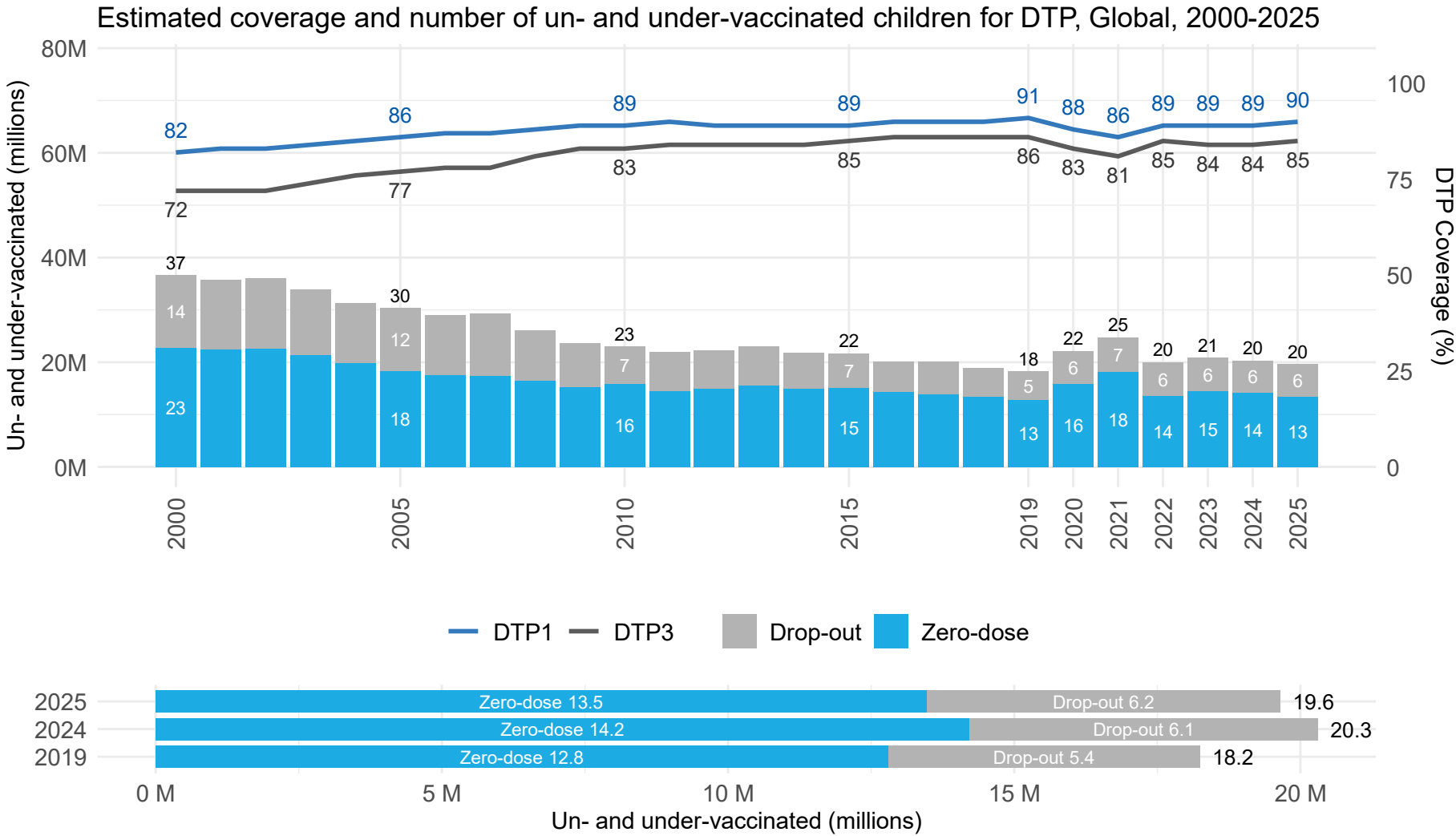
In 2025, 3 out of 4 regions achieved coverage of 90% or higher in at least one vaccine (HICs, LMICs, and UMICs).

HICs had the highest percentage of vaccines (67%) in the national immunization schedule with coverage of at least 90%, followed by UMICs (20%).

LICs did not achieve at least 90% coverage for any antigen.

DTP1

In 2025, DTP1 coverage was 90% and DTP3 was 85%, leaving 19.6 million children un- or under-vaccinated, including 13.5 million zero-dose and 6.2 million with only partial protection.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: There may be discrepancies due to rounding.

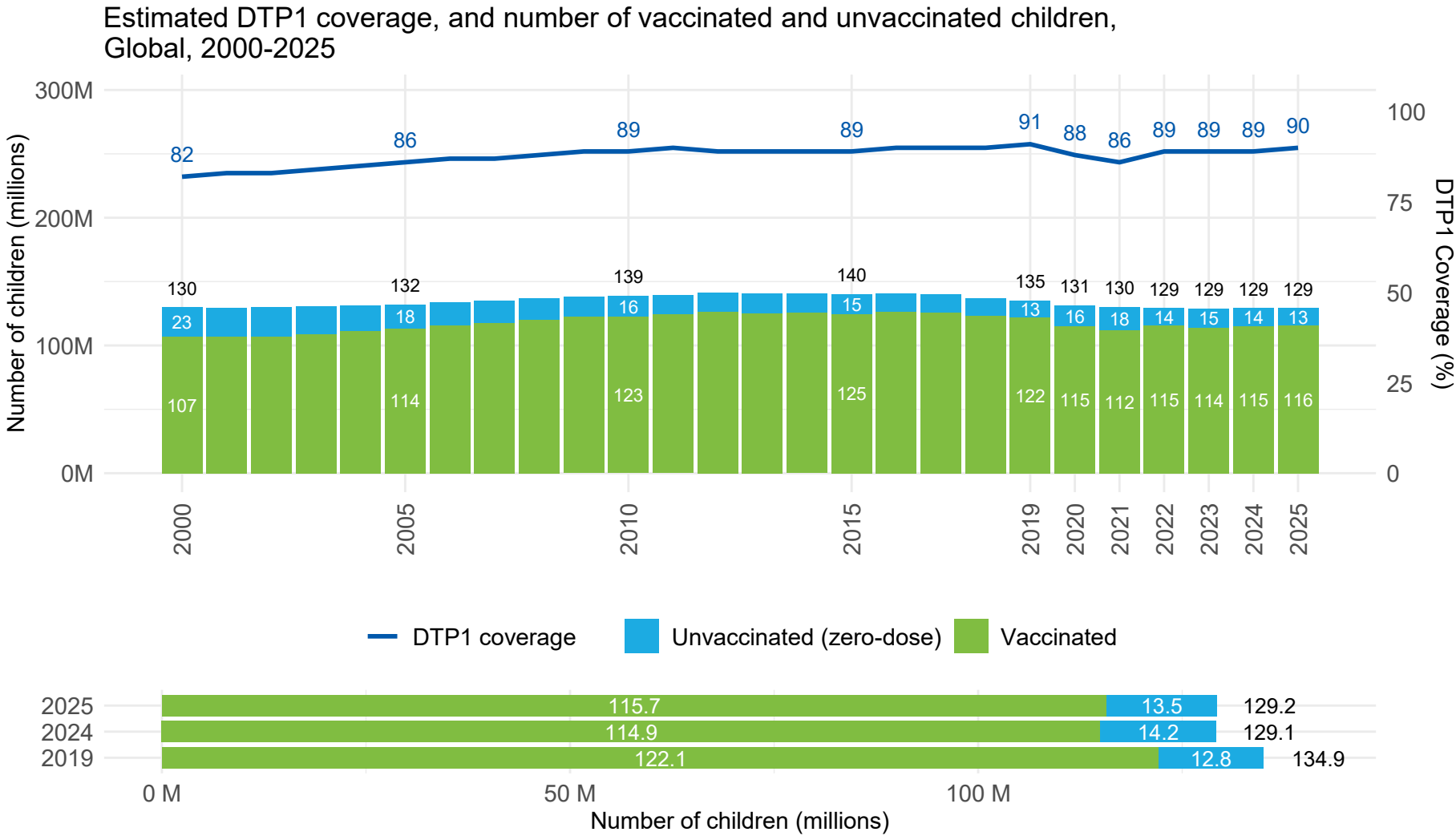
The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

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 2025, DTP1 coverage remained relatively constant within 1% at 90%. The number of children missing out on any vaccination (zero-dose children) improved from 14,219,000 in 2024 to 13,473,000 in 2025.

DTP3 coverage remained relatively constant within 1% at 85% in 2025, leaving 19,646,000 children vulnerable to vaccine-preventable diseases.

In 2025, DTP1 coverage was 90%: 115.7 million children received at least one dose of DTP-containing vaccine, but 13.5 million remain unreached.



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.

DTP1 coverage in 2025 (90%) was within 1% of coverage in 2019 (91%).

The number of children vaccinated with DTP1 decreased 5% from 122.1 million in 2019 to 115.7 million in 2025.

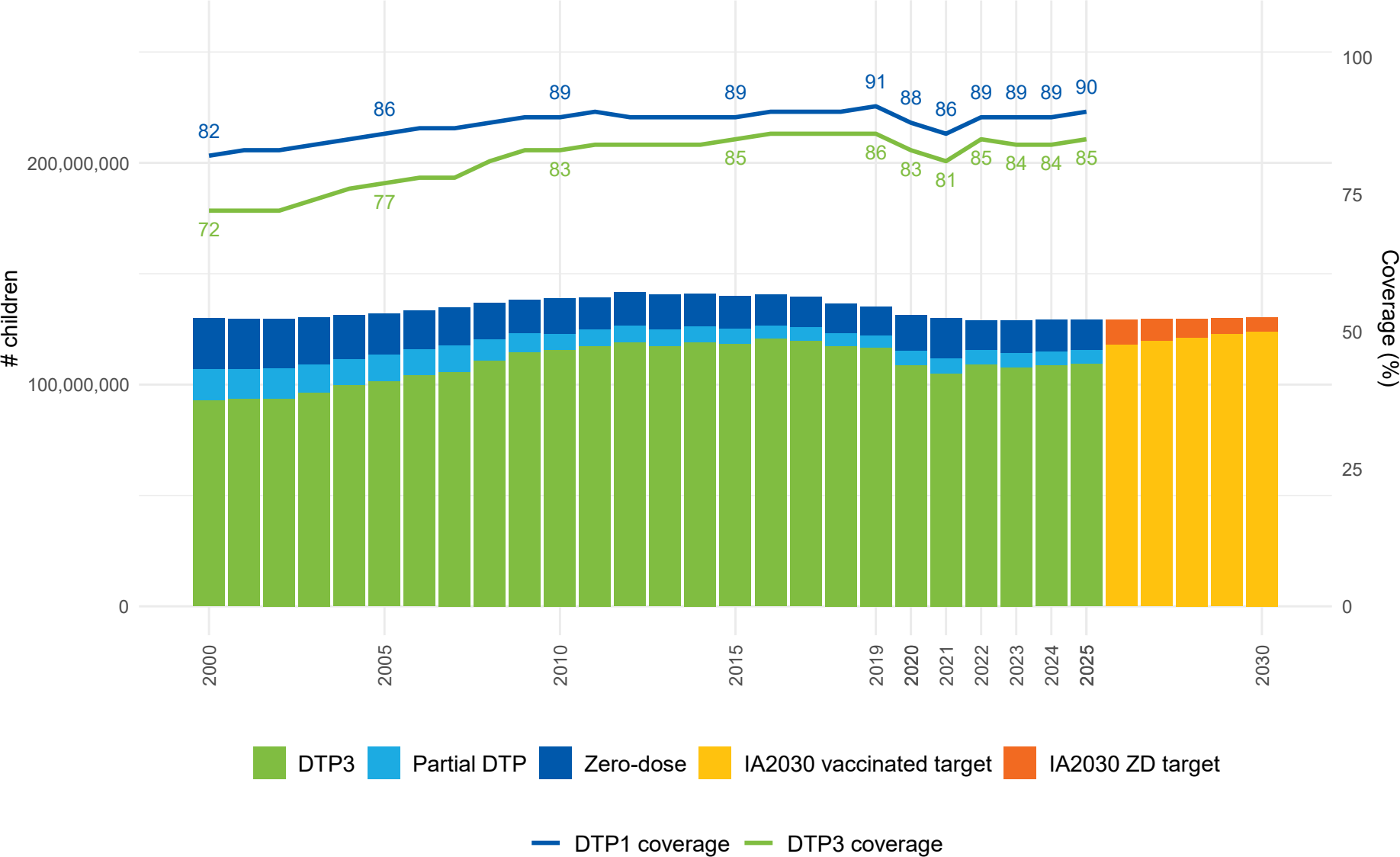
The number of surviving infants decreased approximately 4% from 134.9 million in 2019 to 129.2 million in 2025.

In 2025, 6.4 million fewer children were vaccinated than in 2019.

In 2025, there were 5.7 million fewer surviving infants (target population) than in 2019.

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

DTP coverage (%), number of children fully, partially and unvaccinated for DTP 2000-2025 and projections to 2030 based on IA2030 target , Global



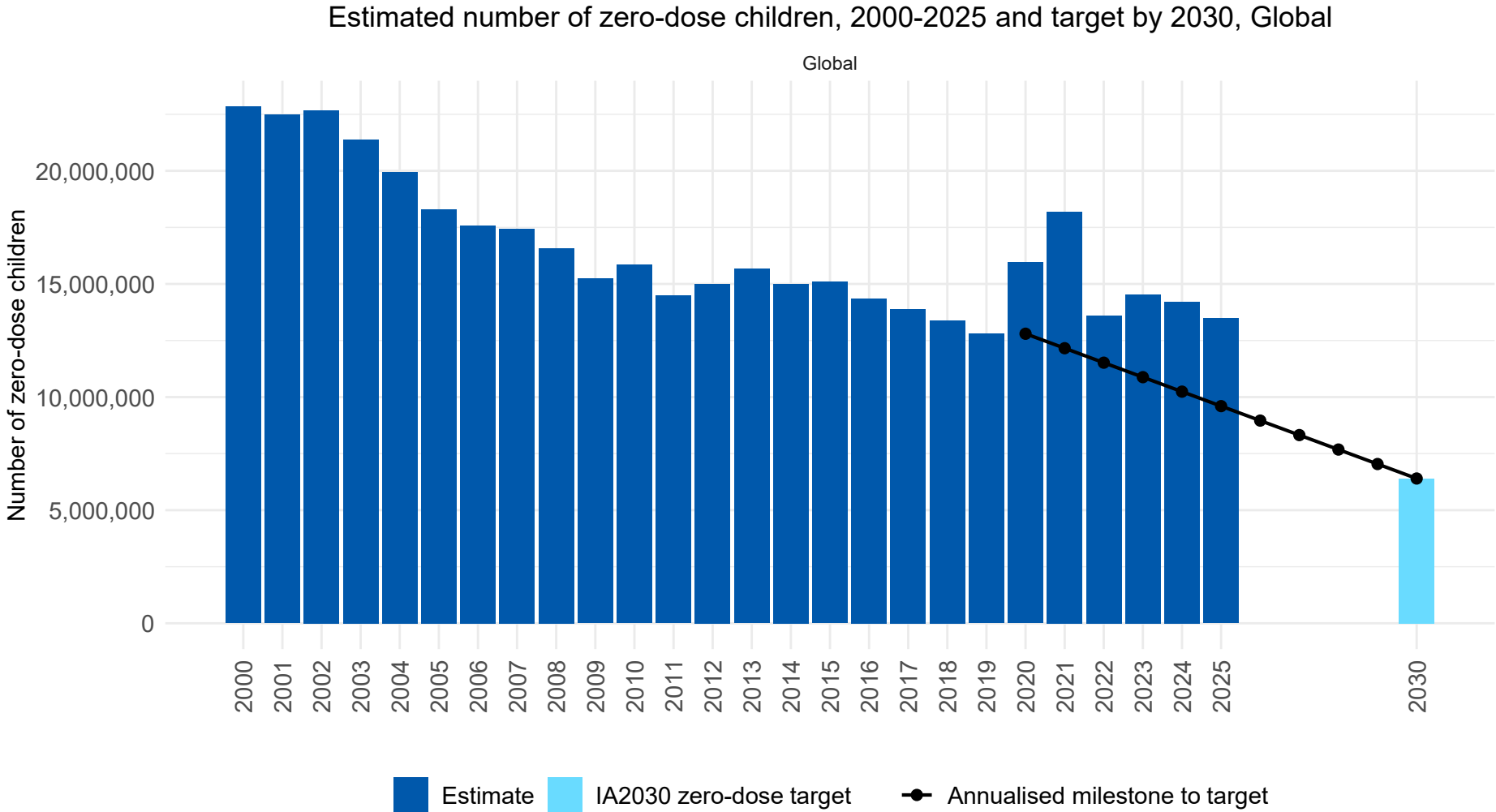
IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

Globally, there is projected to be a moderate increase (400,000-1 million) in the number of surviving infants by 2030. Therefore, maintaining current coverage requires vaccinating an increasing number of children.

To achieve the IA2030 ZD target, more (~1.38%) children need to be vaccinated with DTP1 each year. This will require increases in immunization programme and health system capacity.

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 40% above the annual IA2030 milestone, putting the 2030 goal at serious risk without accelerated action.



The Immunization Agenda 2030 (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.

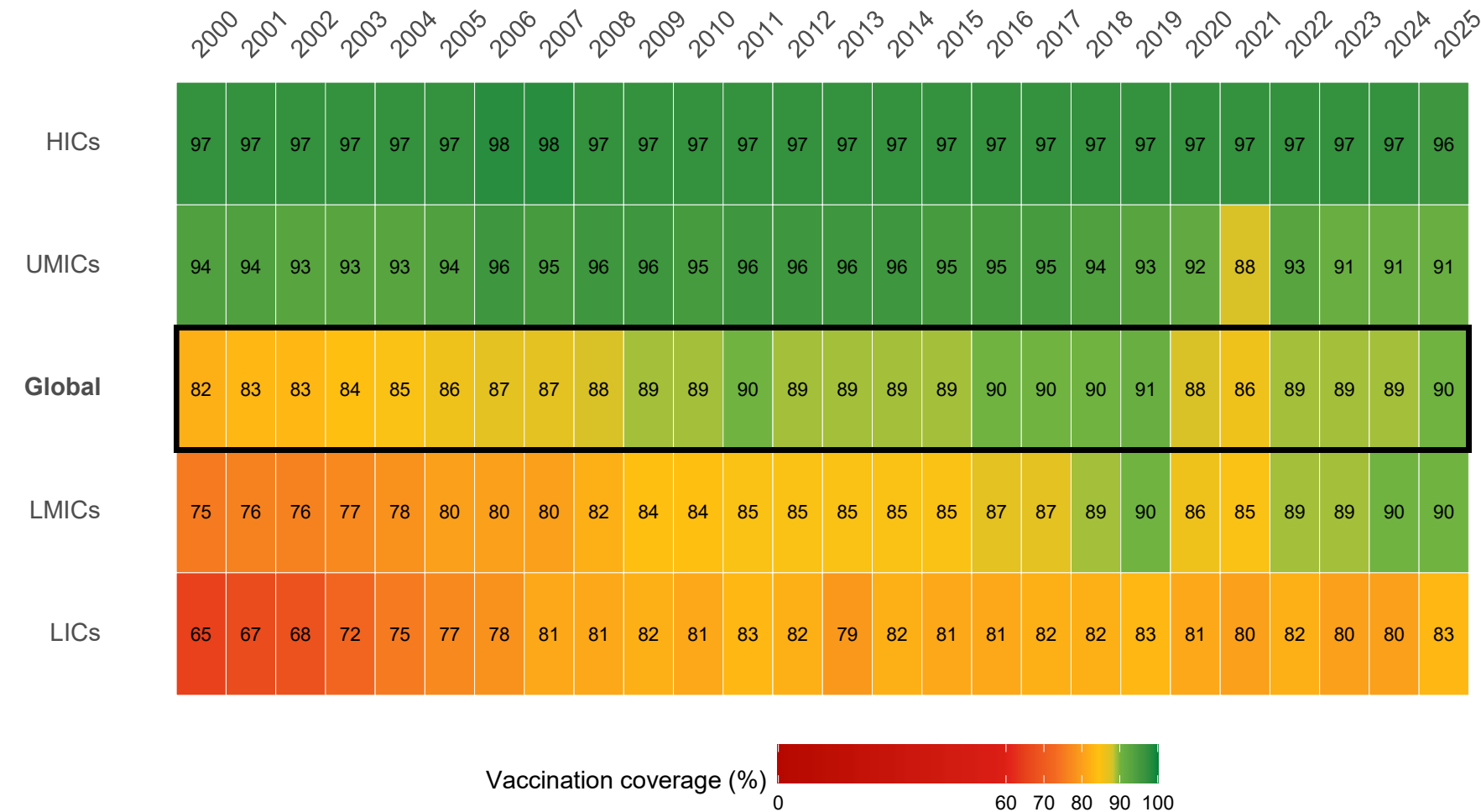
- This chart shows:
- Estimated number of zero-dose children in 2000-2024 (dark blue bars)
 - Zero-dose target by 2030 (light blue bar)
 - Trajectory to reach the 2030 target based on a linear decline (points)

In 2025, the number of zero-dose children was approximately 40% higher than the annual milestone to reach the target.

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. The line and points show the yearly progress and trajectory to meet the target by 2030, based on a linear decline.

Between 2023-2025, HICs and UMICs maintained DTP1 coverage $\geq 90\%$. LICs had the lowest coverage in 2025, but with an increase since 2023.

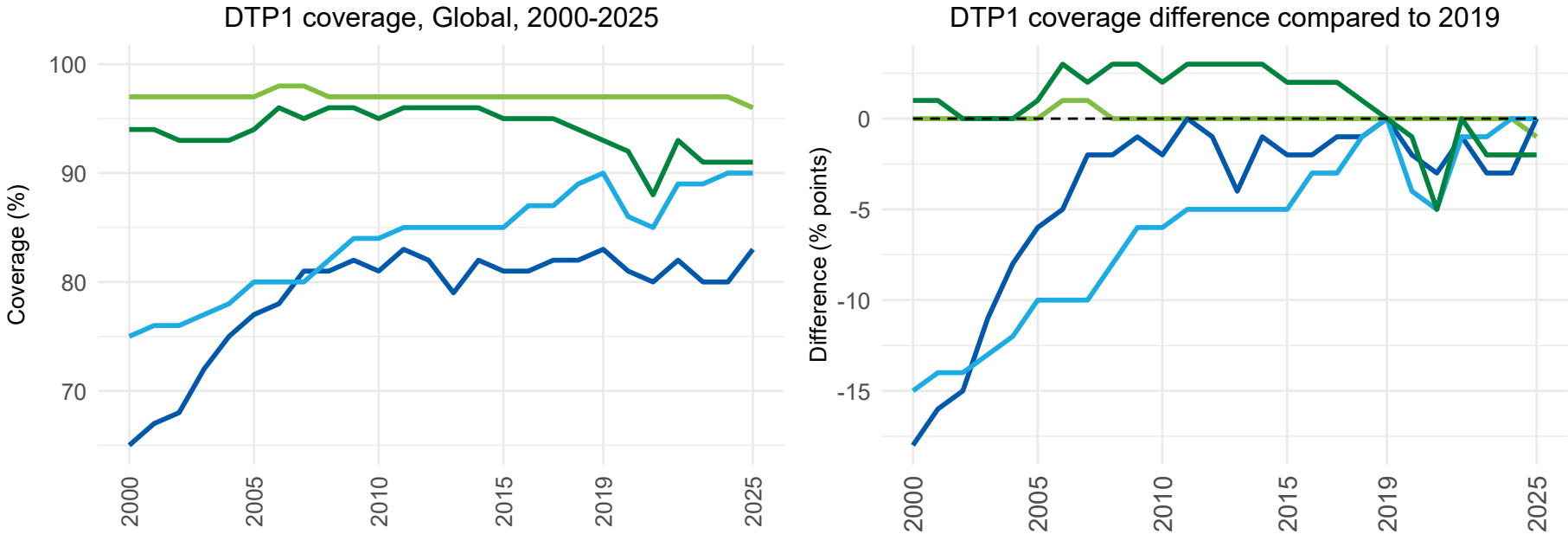
DTP1 coverage, by group, 2000-2025



This heatmap shows DTP1 coverage, by region and year. Red indicates low coverage ($<60\%$) and green indicates high coverage ($\geq 90\%$). The changing colour gradient can be used to tracked changes in coverage over time and recovery from pandemic-related disruptions where applicable.

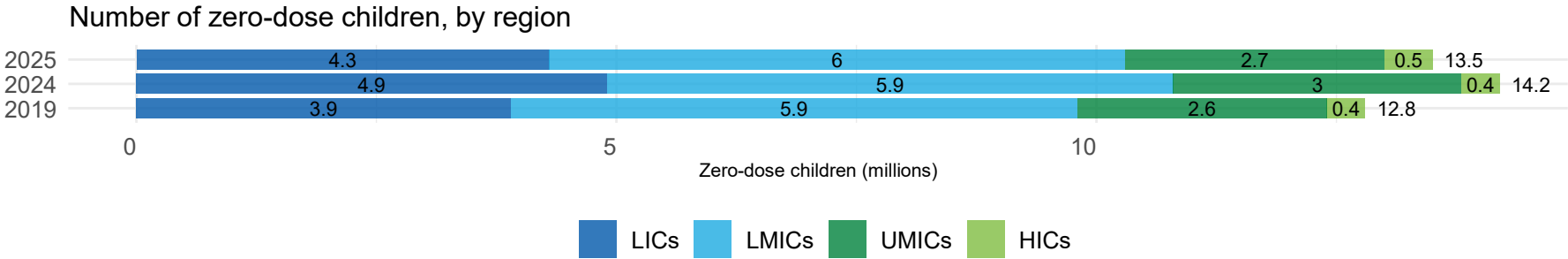
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Groups ordered based on descending DTP1 coverage in 2025.

DTP1 coverage has improved since 2000 in some groups and exceeded pre-pandemic levels in one groups, but progress is uneven and gaps in zero-dose children persist.



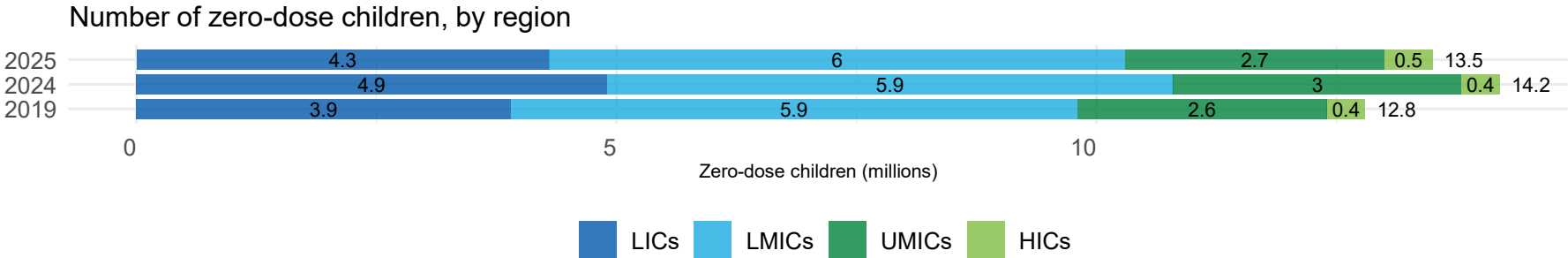
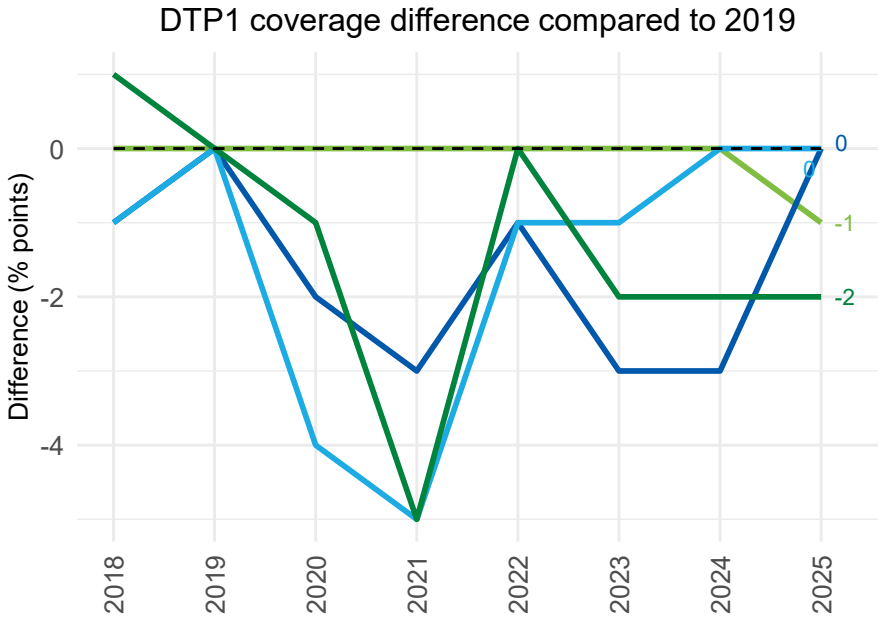
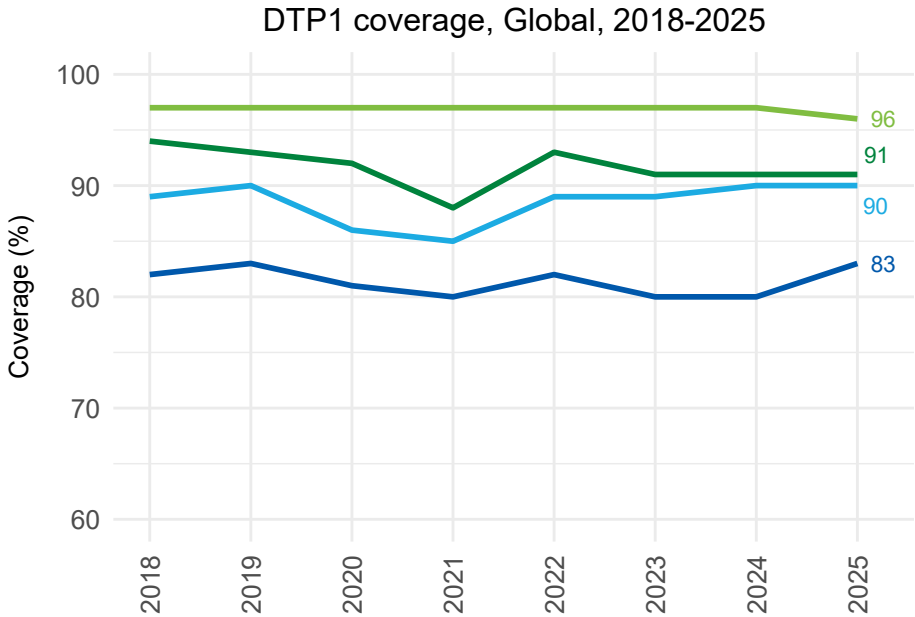
In 2025, HICs had the highest DTP1 coverage (96%) and LICs had the lowest coverage (83%).

Compared to 2019, DTP1 coverage increased in no groups, declined in HICs (-1%) and UMICs (-2%) and remained constant in LMICs and LICs. Compared to 2024, DTP1 coverage increased in LICs (+3%), declined in HICs (-1%) and remained constant in UMICs and LMICs.



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.
There may be discrepancies in total Zero-dose children (millions) due to rounding.

DTP1 coverage improved between 2024 and 2025 in one groups and exceeded pre-pandemic levels in one groups, but progress is uneven and gaps in zero-dose children persist.

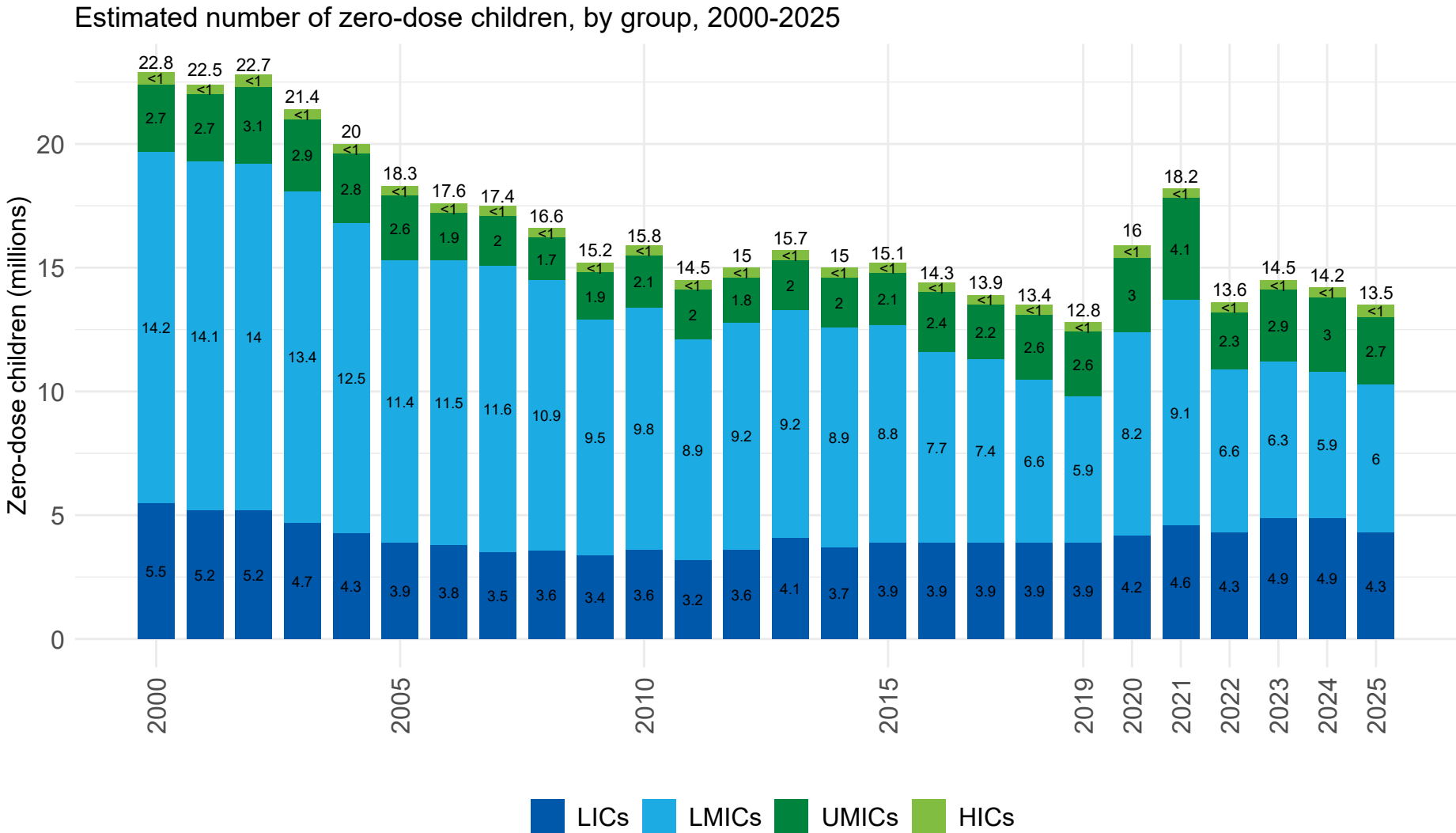


In 2025, HICs had the highest DTP1 coverage (96%) and LICs had the lowest coverage (83%).

Compared to 2019, DTP1 coverage increased in no groups, declined in HICs (-1%) and UMICs (-2%) and remained constant in LMICs and LICs. Compared to 2024, DTP1 coverage increased in LICs (+3%), declined in HICs (-1%) and remained constant in UMICs and LMICs.

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.
There may be discrepancies in total Zero-dose children (millions) due to rounding.

Globally, the number of zero-dose children declined between 2024 and 2025, with declines recorded in LICs, UMICs, and LICs.



Globally, the number of zero-dose children - those who did not receive DTP1 - declined from 22.8 million in 2000 to 13.5 million in 2025.

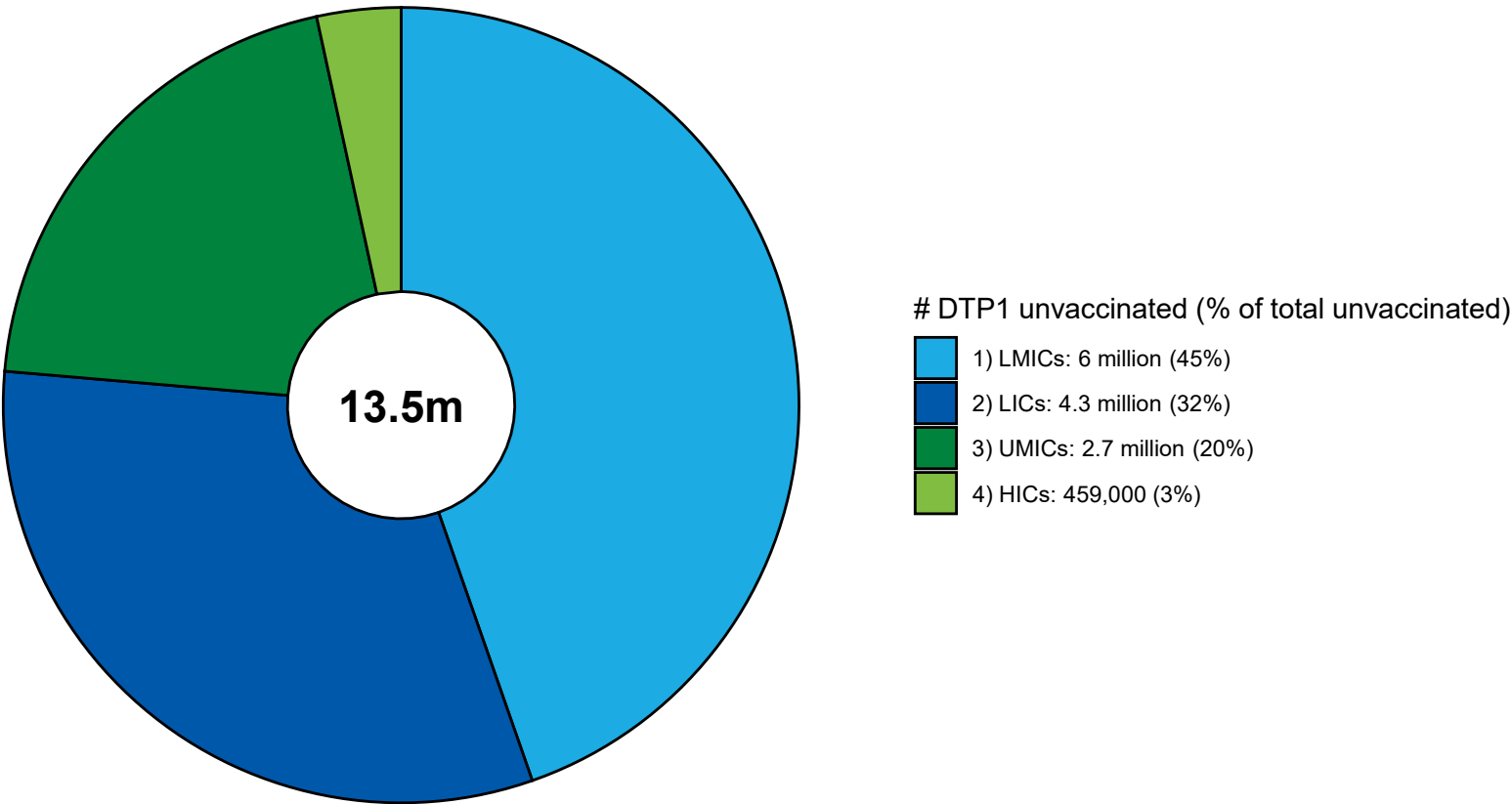
The number of zero-dose children in 2025 was a decline from 2024 (14.2 million).

The number of zero-dose children varied by group. In 2025, LMICs had the highest number of zero-dose children (6 million), followed by LICs (4.3 million).

Overall, 2 groups (HICs and LMICs) saw an increase in the number of zero-dose children between 2024 and 2025, 2 saw a decline (LICs and UMICs), and 0 (no groups) had approximately the same number of zero-dose children.

In 2025, 2 groups - LMICs and LICs - accounted for over three in four of all zero-dose children, globally.

Rank, number and percentage of zero-dose children, by group, Global, 2025

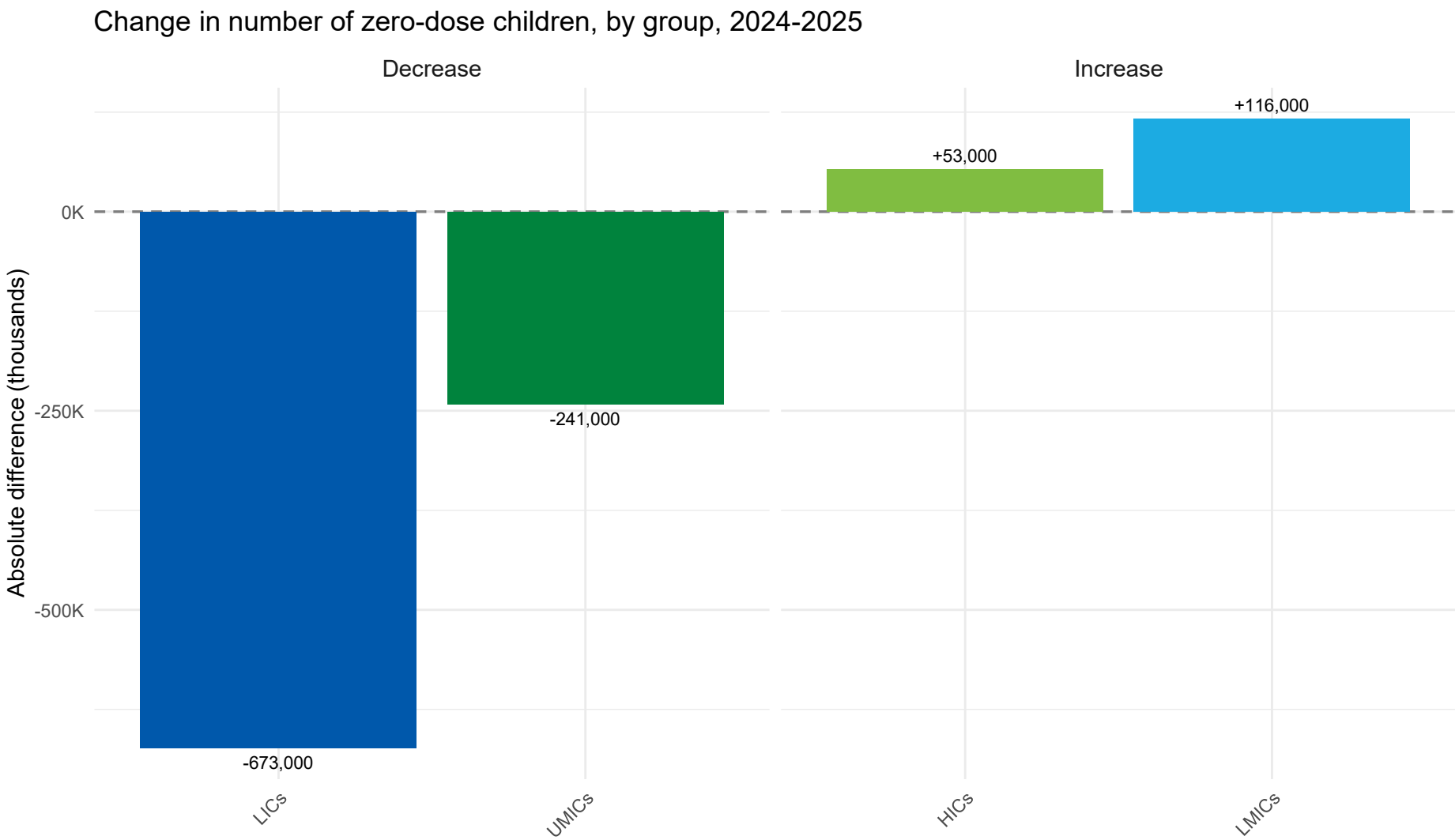


Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in legend corresponds to group ranking based on highest to lowest absolute number of unvaccinated children and reflects order of pie slices.

In 2025, 2 groups accounted for over half (77%) of all zero-dose children, globally.

LMICs had the highest number of children who did not receive DTP1 (n=6 million), which is approximately 45% of all zero-dose children, globally (n=13.5m).

Progress in reducing zero-dose children was uneven across groups, highlighting the importance of targeting resources and strategies to groups where children continue to be missed.

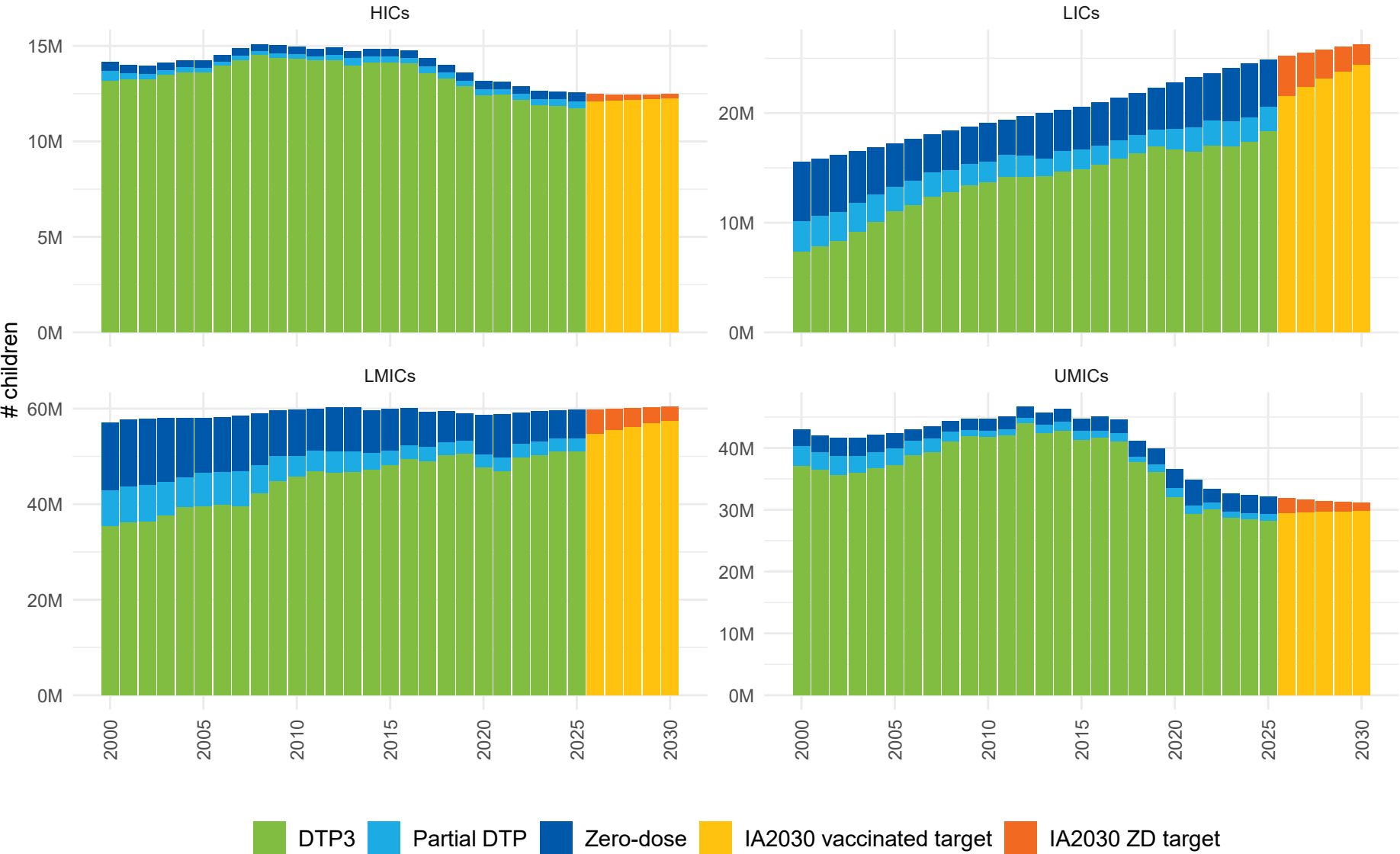


This chart shows the absolute change in number of zero-dose children, by group, between 2024 and 2025.

Overall, 2 groups had an increase in zero-dose children and 2 saw the number of zero-dose children decline.

LICs had the largest decline in the number of zero-dose children from 4.9m in 2024 to 4.3m in 2025 (-673,000).

Number of children vaccinated, partially vaccinated, unvaccinated for DTP 2000-2025 and projections to 2030 based on IA2030 target, by region

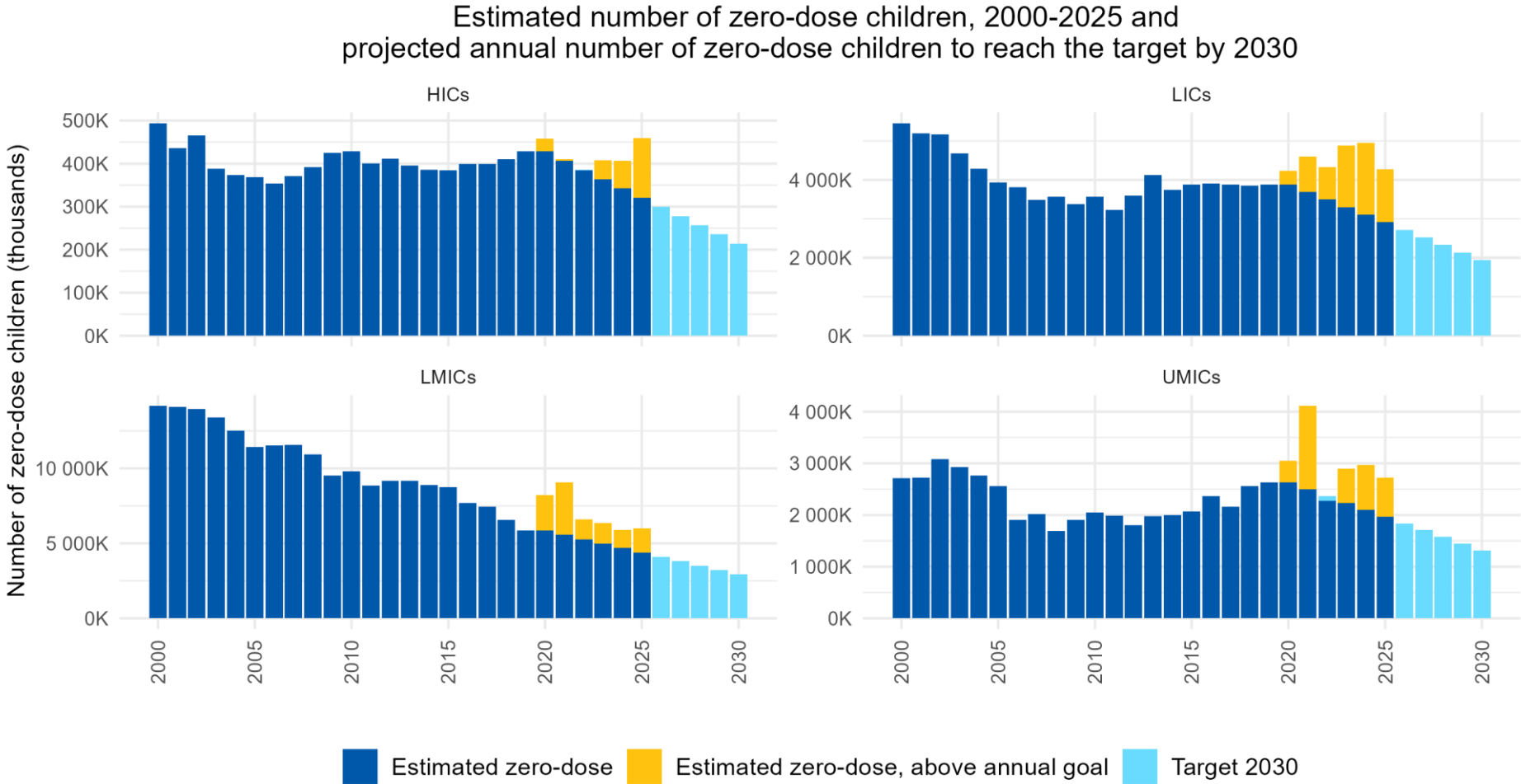


IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

In groups with large increases in projected annual birth cohort size (LICs), maintaining current coverage requires vaccinating an increasing number of children. To improve coverage and reach the 2030 ZD target will require increases in immunization programme and health system capacity.

To achieve the IA2030 ZD target in other groups, vaccinating approximately the same number of children as currently reached will be sufficient due to the anticipated decrease, stability or very small increases in the birth cohorts, and thus the number of children requiring vaccination.

In 2025, no group met the annual milestones needed to reach the IA2030 zero-dose goal. Accelerated progress will be needed to put groups back on track to achieve the 2030 target.



This chart shows the estimated number of zero-dose children in 2000-2025 (dark blue), the projected annual number of zero-dose children required to reach the 2030 target (light blue) and the number of additional zero-dose children above the annualised goals in 2020-2025 (yellow).

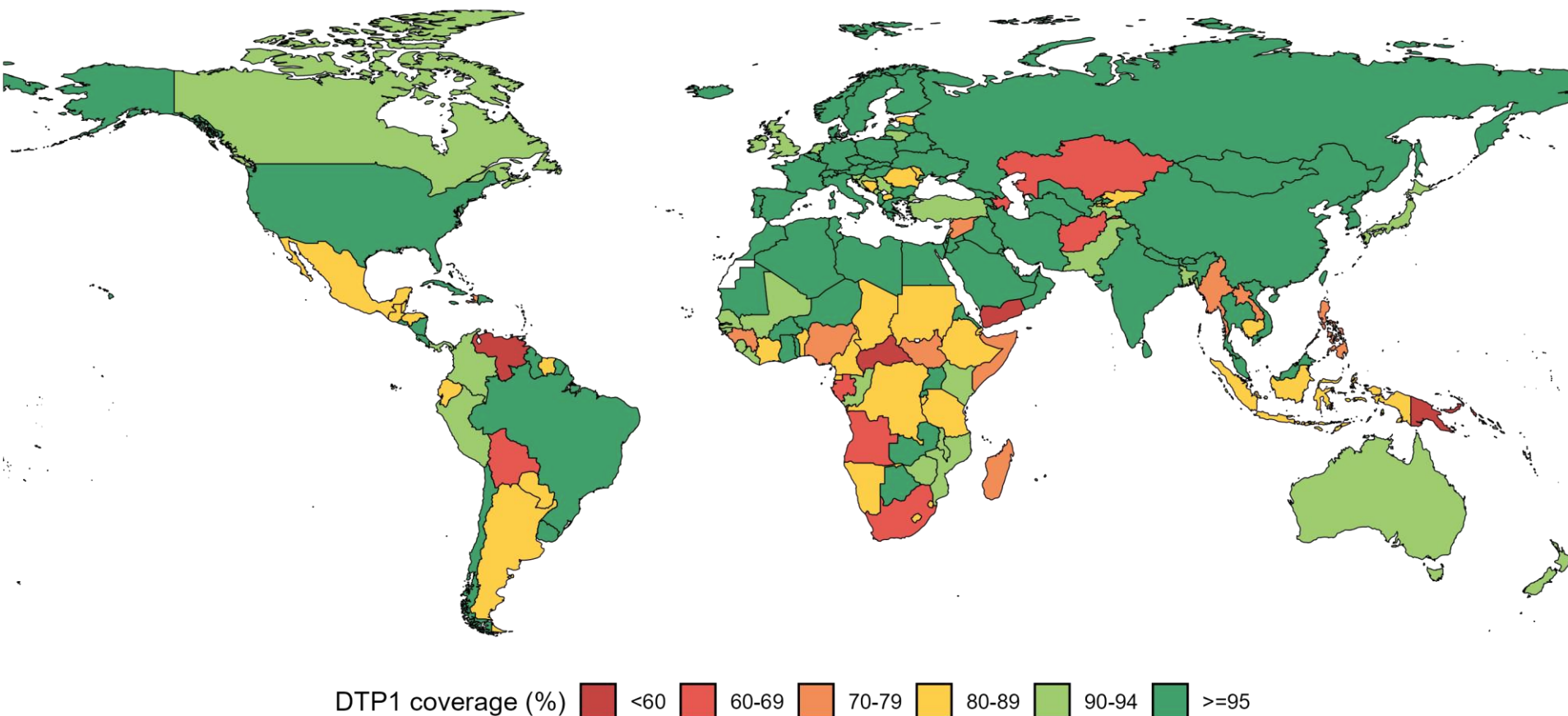
The challenges and setbacks posed by the COVID pandemic and related disruptions jeopardized the objectives of IA2030. Some groups continue to have significantly more zero-dose children compared to the annual goals required to meet the 2030 targets.

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. Dark blue bars are the estimated number of zero-dose children in 2000-2019, light blue bars are the number of zero-dose children required to meet the 2030 target based on a linear trajectory from baseline and yellow bars are the additional zero-dose children above the targets in 2020-2030.

In 2025, 138 countries achieved at least 90% DTP1 coverage, while 11 had coverage below 70%.

DTP1 Coverage (%), Global, 2025



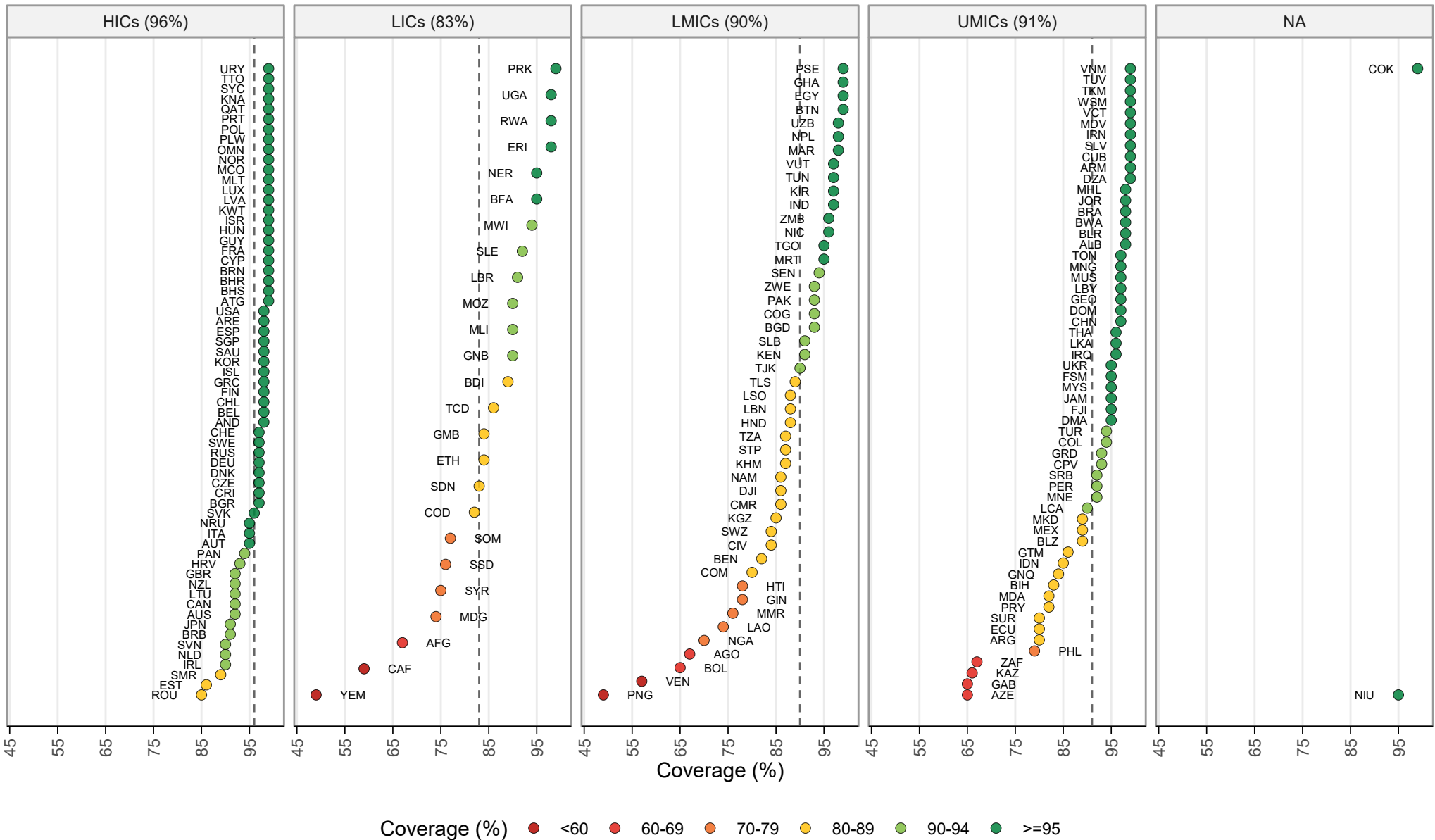
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: This map is stylized and based on an approximate scale. This map does not reflect a position by UNICEF or WHO on the legal status of any country or territory or the delimitation of any frontiers.

Globally, 11 out of 195 (6%) countries had DTP1 coverage below 70% in 2025.

These countries account for approximately 7.1 million (5%) of the total annual cohort of surviving infants.

There were 138 (71%) countries that achieved DTP1 of 90% or higher, accounting for 83.4 million (65%) of the total cohort.

DTP1 coverage (%), by region and country, 2025



HICs had the highest regional coverage (96%), while LICs had the lowest (83%).

138 countries achieved at least 90% coverage, while 21 remained below 80%.

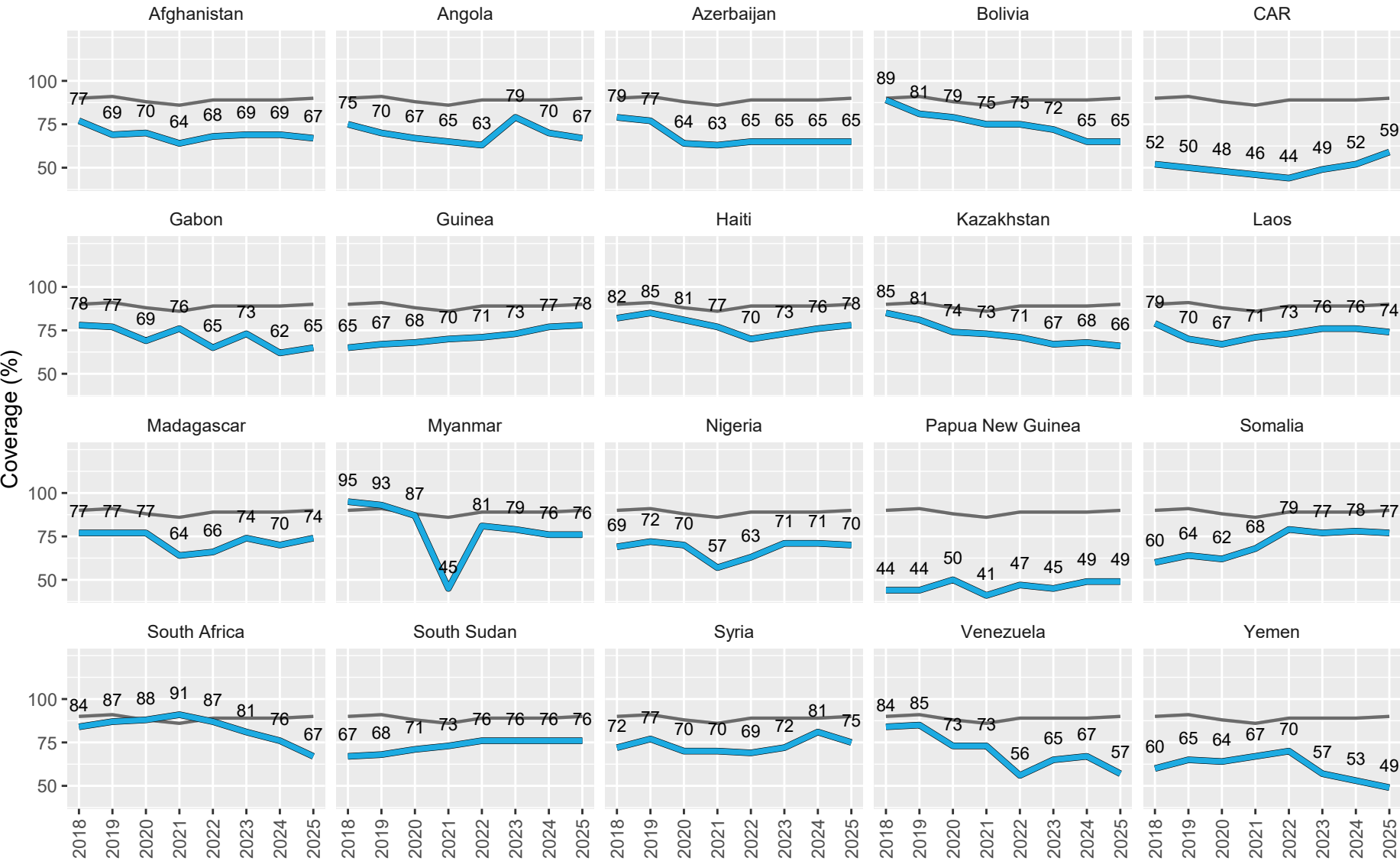
The lowest coverage was reported in Yemen (49%), Papua New Guinea (49%), Venezuela (57%), and CAR (59%).

The largest within-region variation was observed in LICs (49%-99%) and LMICs (49%-99%).

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Countries are ranked within each region. Country ISO codes displayed. Regional average coverage is shown in the headers and by the dashed line.

Coverage of DTP1, by country, Global, 2018-2025

Showing top 20 countries with the lowest coverage in 2025



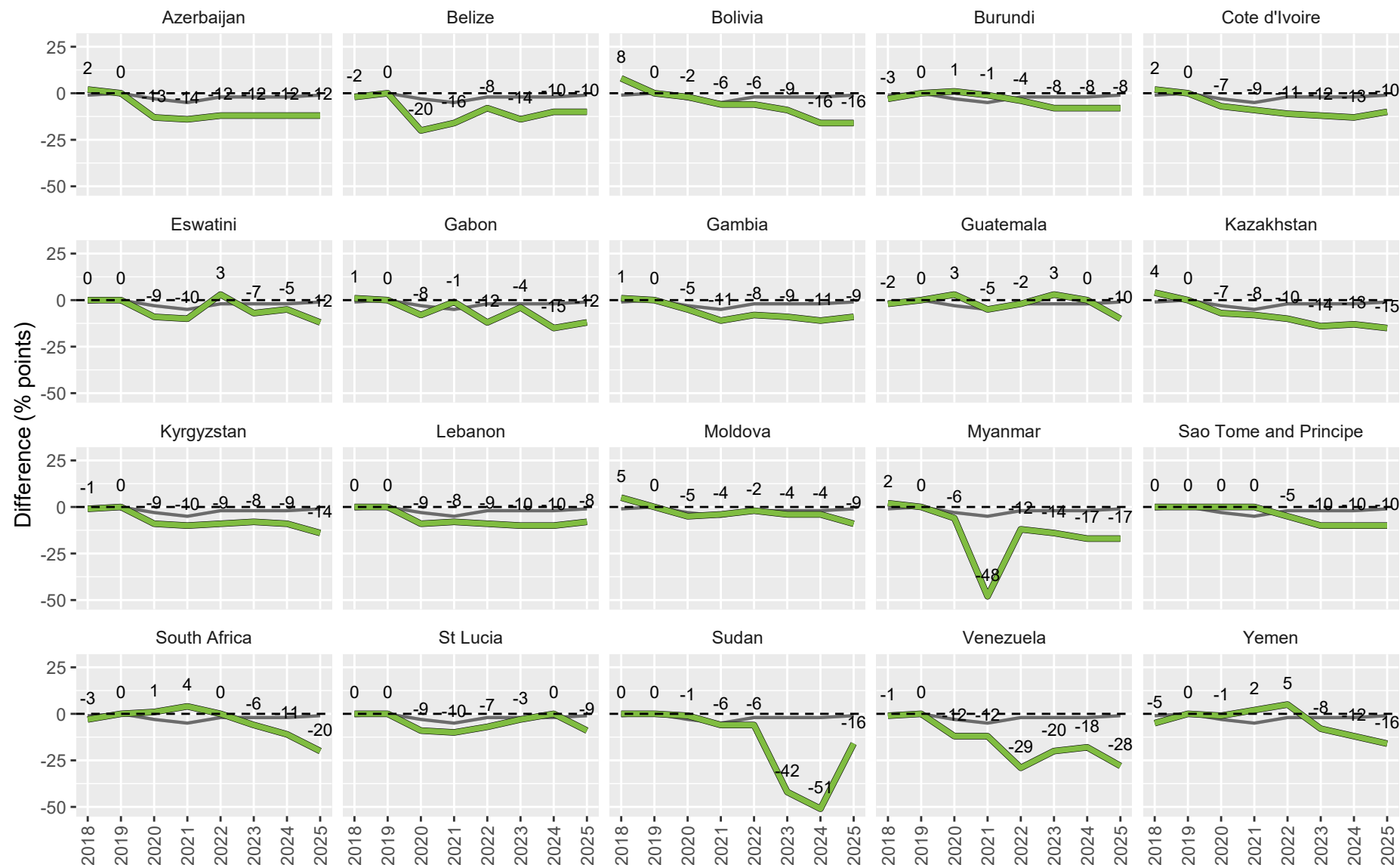
Among the 20 countries with the lowest DTP1 coverage in 2025, Guinea and Haiti had the highest coverage (78%), while Papua New Guinea and Yemen had the lowest coverage (49%).

DTP1 coverage increased in 5 out of these 20 countries between 2024 and 2025. The largest increase was 7 percentage points in CAR from 52% to 59%.

10 countries saw a decrease in coverage (Afghanistan, Angola, Kazakhstan, Laos, Nigeria, Somalia, South Africa, Syria, Venezuela, and Yemen). The largest decline was 10% points in Venezuela from 67% to 57%. Coverage remained constant between 2024 and 2025 in the remaining 5 countries.

In 2025, 0 out of these 20 countries had achieved DTP1 coverage of at least 90%.

DTP1 coverage difference compared to 2019, by country, Global, 2018-2025



This chart shows the difference in DTP1 coverage compared to 2019, for the 20 countries with the largest declines in coverage between 2019 and 2025. Among the 20 countries with the largest declines in DTP1 coverage between 2019 and 2025, Coverage was not higher in 2025 compared to 2019 in any of these 20 countries. Coverage was lower than in 2019 in 20 of these 20 countries (Azerbaijan, Belize, Bolivia, Burundi, Cote d'Ivoire, Eswatini, Gabon, Gambia, Guatemala, Kazakhstan, Kyrgyzstan, Lebanon, Moldova, Myanmar, Sao Tome and Principe, South Africa, St Lucia, Sudan, Venezuela, and Yemen). The largest decline in coverage was 28% points in Venezuela from 85% in 2019 to 57% in 2025.

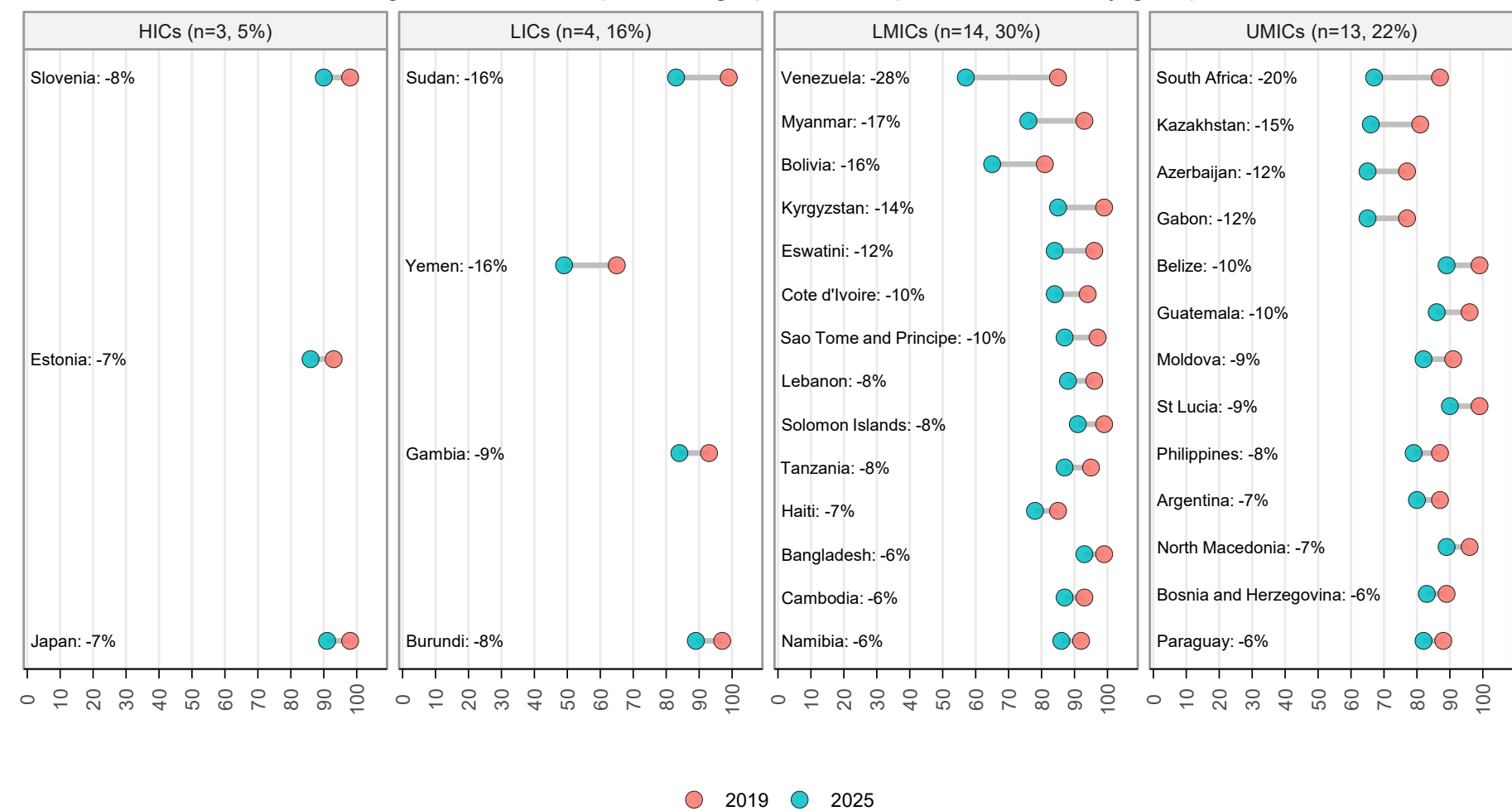
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

Note: Dark grey line displays regional coverage difference for reference

ence compared to 2019, values above zero indicate coverage n percentage points higher than in 2019 and values below zero indicate coverage n percentage points lower than in 2019

Between 2019 and 2025, 34 countries saw large declines in DTP1 coverage, with Venezuela and South Africa among those with the largest declines.

Countries with DTP1 coverage decline of >5 percentage points compared to 2019, by group



This chart shows the countries (number and percentage) in each group with DTP1 coverage decline of more than 5 percentage points in 2025 compared to in 2019.

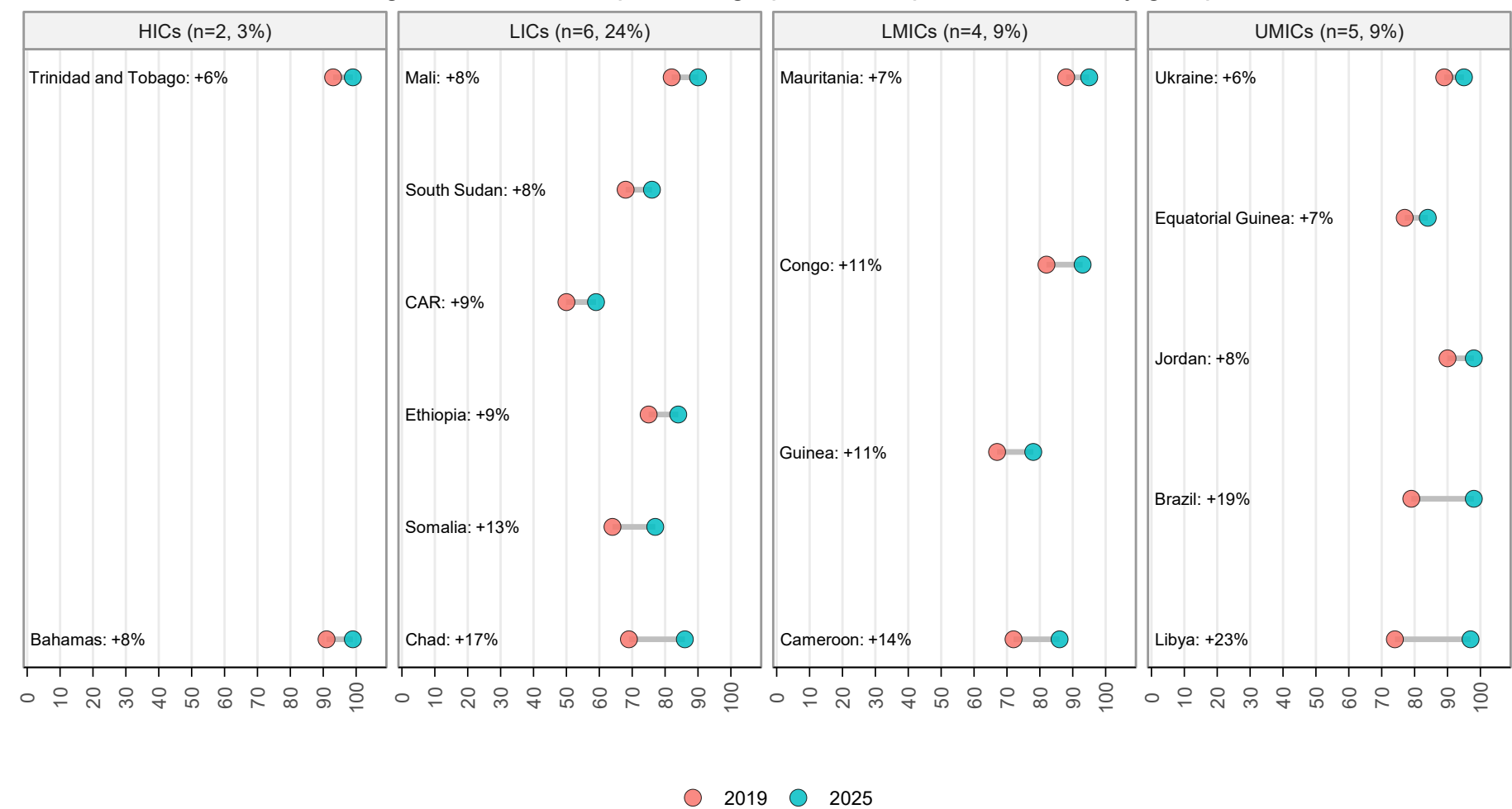
Overall, 34 out of 195 (17%) countries globally had a decline of more than 5 percentage points.

The largest decline was in Venezuela (-28 percentage points), followed by South Africa (-20 percentage points).

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Notes: Chart titles display the number and percentage of countries with coverage decline >5pp in each group.
Total countries in each group: HICs (N=63), LICs (N=25), LMICs (N=47), and UMICs (N=58).

Between 2019 and 2025, 17 countries saw large gains in DTP1 coverage, with Trinidad and Tobago, Mauritania, Equatorial Guinea, and Ukraine among those with the largest improvements.

Countries with DTP1 coverage increase of >5 percentage points compared to 2019, by group



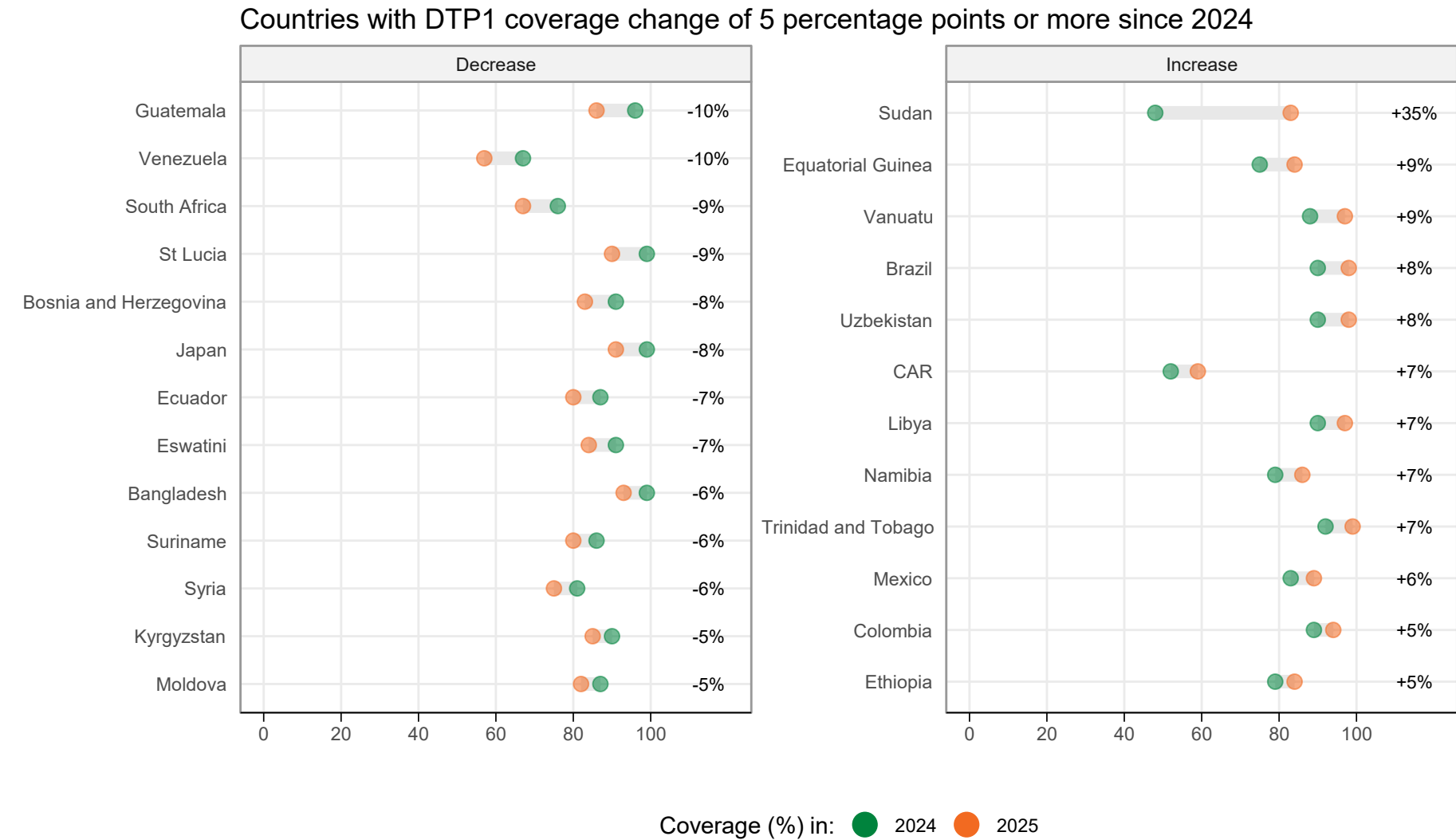
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Notes: Chart titles display the number and percentage of countries with coverage increase >5pp in each group.
Total countries in each group: HICs (N=63), LICs (N=25), LMICs (N=47), and UMICs (N=58).

This chart shows the countries (number and percentage) in each group with DTP1 coverage increase of more than 5 percentage points in 2025 compared to in 2019.

Overall, 17 out of 195 (9%) countries globally had an improvement of more than 5 percentage points.

The largest increase was in Libya (+23 percentage points), followed by Brazil (+19 percentage points).

Between 2024 and 2025, DTP1 coverage increased by at least 5 percentage points in 12 countries and decreased by the same amount in 13 countries.



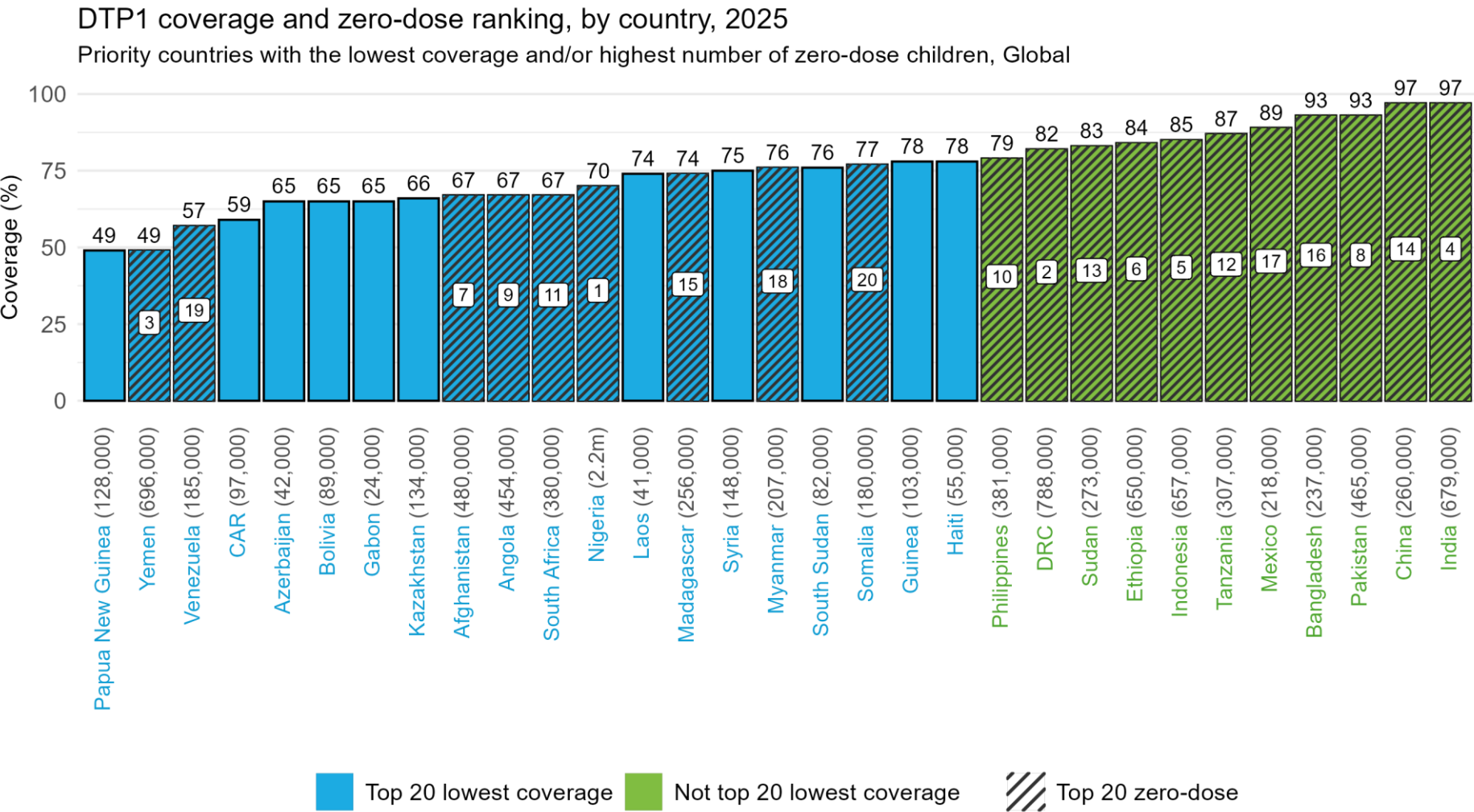
This chart shows the countries with DTP1 coverage change of 5 percentage points or more between 2024 and 2025.

Overall, 13 out of 195 (7%) countries globally had a decline of 5 percentage points or more.

The largest decline was in Venezuela and Guatemala (-10 percentage points), followed by St Lucia and South Africa (-9 percentage points).

There were 12 (7%) countries with an increase of at least 5 percentage points in DTP1 coverage.

In 2025, Yemen, Papua New Guinea, and Venezuela had the lowest DTP1 coverage, while Nigeria and DRC had the highest number of zero-dose children, highlighting the need to consider both coverage and absolute numbers to identify all vulnerable populations.



This chart shows the top 20 countries globally with the lowest DTP1 coverage (based on tied ranks) and/or the top 20 countries with the highest absolute number of zero-dose children.

In 2025, Yemen and Papua New Guinea had the lowest DTP1 coverage (49%), followed by Papua New Guinea (49%).

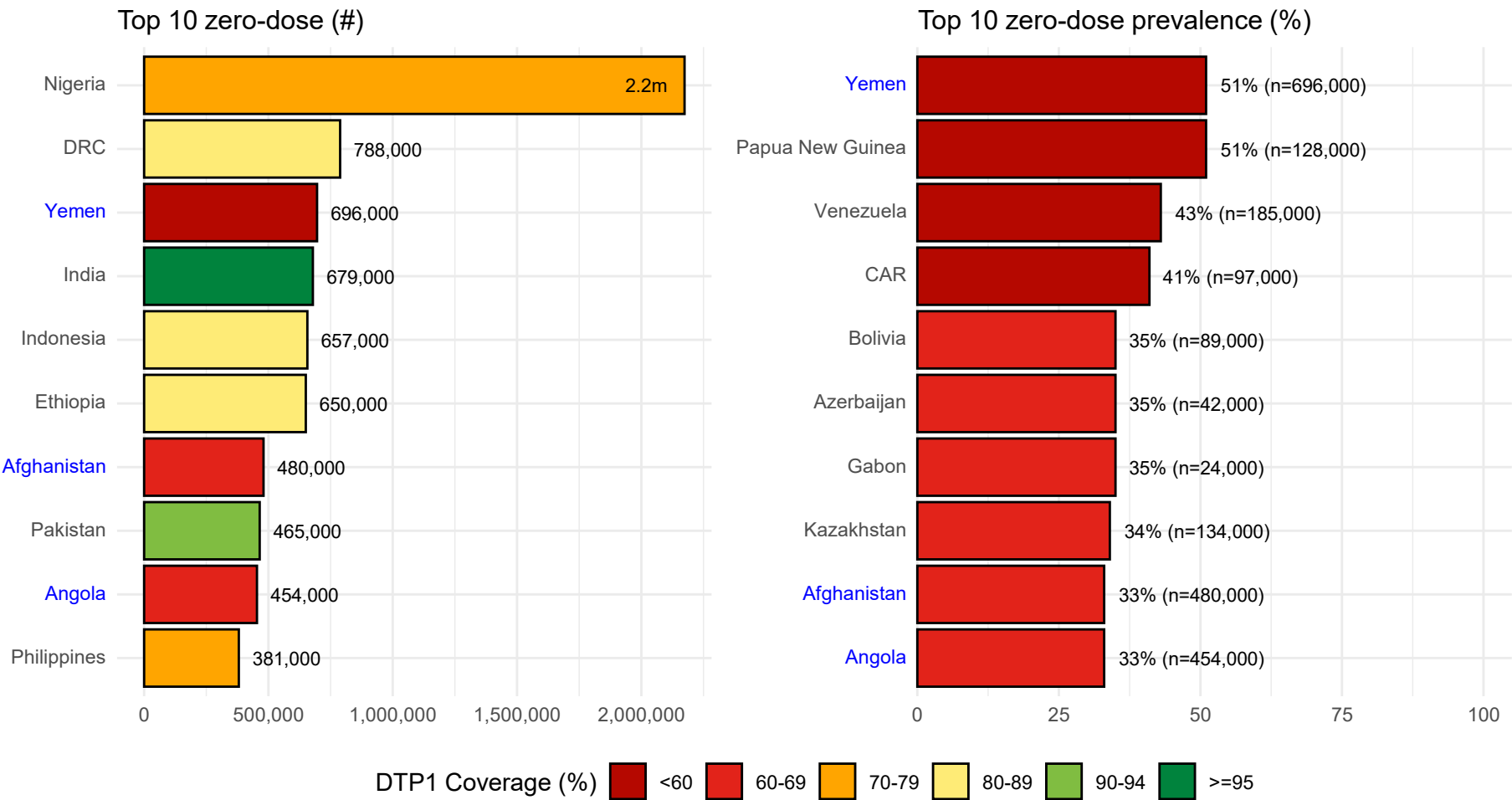
Nigeria had the highest absolute number of zero-dose children, followed by DRC.

Large cohort countries may have high numbers of zero-dose children despite high vaccine coverage. It is advantageous to look at both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not missed.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Bars are ranked by ascending coverage.
Numbers in bubbles display top 20 rank based on absolute number of zero-dose children. Number in parentheses shows number of zero-dose children.
Bars without bubbles represent countries with low coverage but not in the top 20 countries with the most zero-dose children

Three countries face the double burden of having the largest absolute numbers and highest prevalence of zero-dose children.

Top 10 countries with highest number and prevalence of zero-dose children, 2025



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

Note: Countries in blue appear in both lists.

Where multiple countries are tied on zero-dose prevalence, countries with the highest numbers of zero-dose children are prioritised to limit the ranking to 10 countries.

In 2025, the top 10 countries (out of 195) accounted for 7.4 million (55%) of zero-dose children globally.

Nigeria had the highest number of zero-dose children (2.2 million), followed by DRC (788,000), accounting for approximately 16% and 6% of zero-dose children globally, respectively.

Absolute numbers of zero-dose children is driven by a combination of birth cohort size and programme performance, as such, large birth cohort countries may have a large number of zero-dose children despite higher coverage than other countries.

Yemen and Papua New Guinea had the highest prevalence of zero-dose children, with about half (51%) of surviving infants missing out on any DTP vaccine.

Three countries appeared in both lists based on number and prevalence of zero-dose children (Yemen, Afghanistan, and Angola).

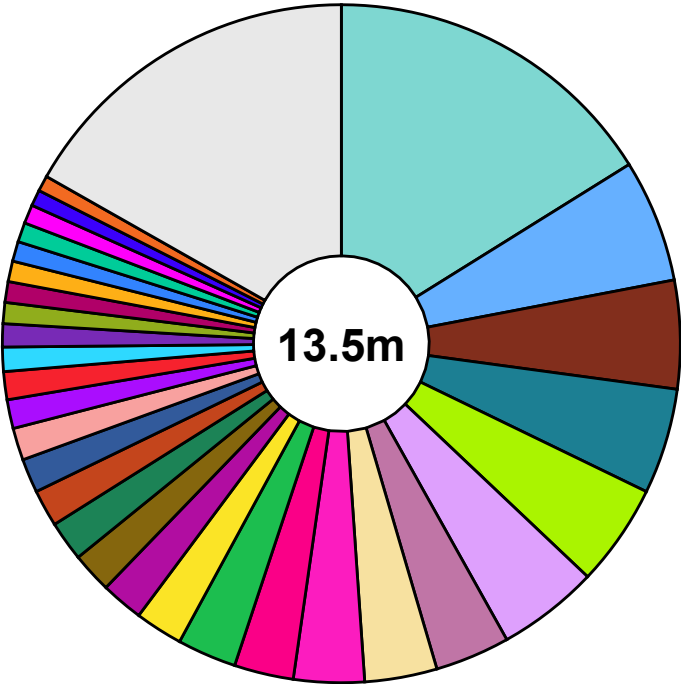
In 2025, 9 countries accounted for over half of all zero-dose children, globally, with Nigeria contributing the highest share.

In 2025, 9 countries accounted for over half (52.4%) of all zero-dose children, globally.

Nigeria had the highest number of children who did not receive DTP1 (n=2.2 million), which is approximately 16.1% of all zero-dose children, globally (n=13.5 million).

The number of unvaccinated children is influenced by both the birth cohort size and programme performance. As a result, countries with large birth cohorts may still have a high number of unvaccinated children, even if coverage rates are high. At the same time, countries with high coverage will also have a greater absolute number of children who are vaccinated. Please refer to the heatmaps for country-specific coverage.

DTP1 unvaccinated (% of total unvaccinated)

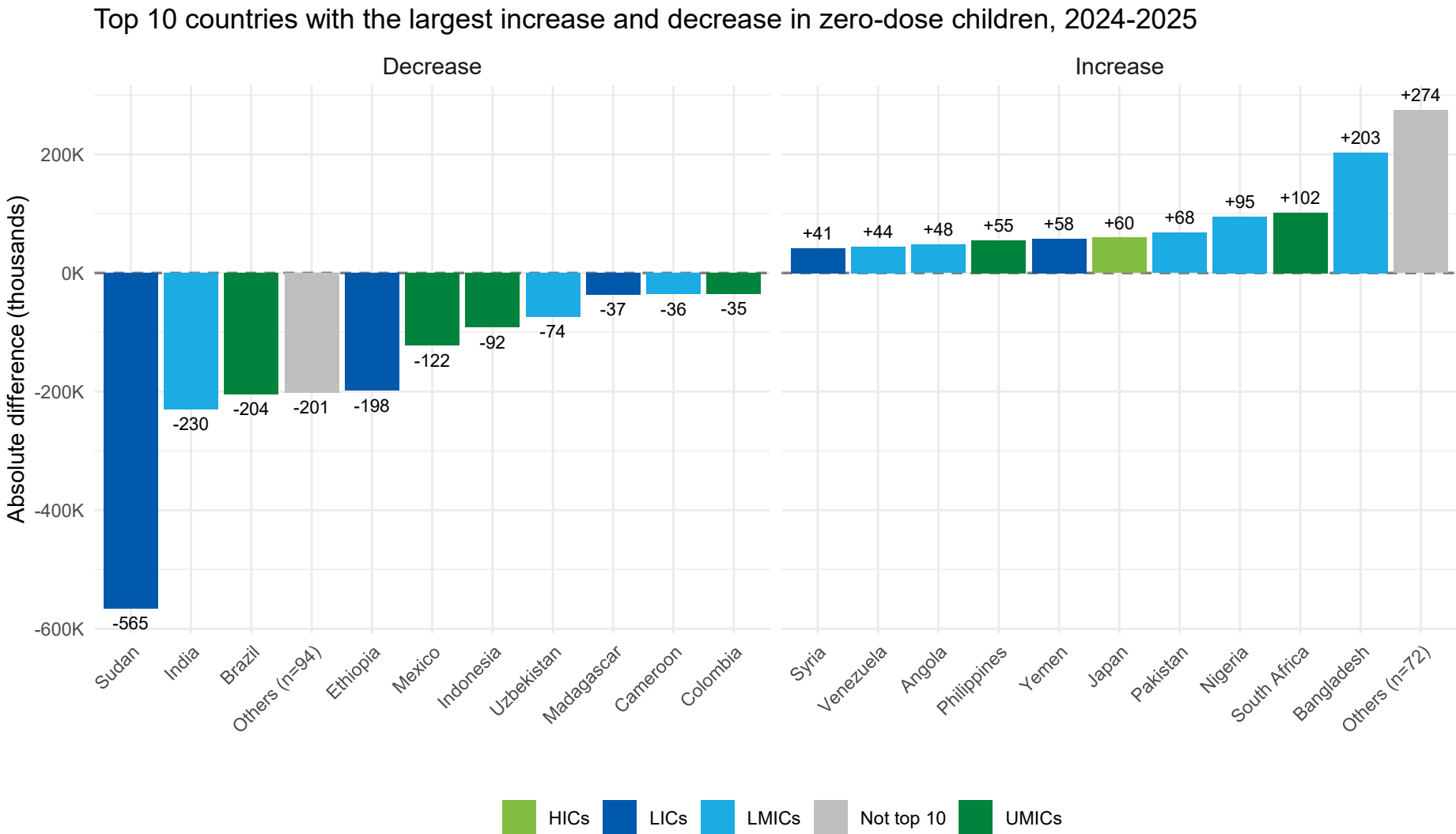


DTP1 unvaccinated (% of total unvaccinated)

1) Nigeria: 2.2 million (16.1%)	17) Mexico: 218,000 (1.6%)
2) DRC: 788,000 (5.9%)	18) Myanmar: 207,000 (1.5%)
3) Yemen: 696,000 (5.2%)	19) Venezuela: 185,000 (1.4%)
4) India: 679,000 (5%)	20) Somalia: 180,000 (1.3%)
5) Indonesia: 657,000 (4.9%)	21) Cote d'Ivoire: 156,000 (1.2%)
6) Ethiopia: 650,000 (4.8%)	22) Syria: 148,000 (1.1%)
7) Afghanistan: 480,000 (3.6%)	23) Kenya: 135,000 (1%)
8) Pakistan: 465,000 (3.5%)	24) Kazakhstan: 134,000 (1%)
9) Angola: 454,000 (3.4%)	25) Cameroon: 132,000 (1%)
10) Philippines: 381,000 (2.8%)	26) Papua New Guinea: 128,000 (<1%)
11) South Africa: 380,000 (2.8%)	27) Mozambique: 125,000 (<1%)
12) Tanzania: 307,000 (2.3%)	28) Chad: 121,000 (<1%)
13) Sudan: 273,000 (2%)	29) Guinea: 103,000 (<1%)
14) China: 260,000 (1.9%)	30) Argentina: 101,000 (<1%)
15) Madagascar: 256,000 (1.9%)	31) Remaining 165 countries: 2.3 million (16.8%)
16) Bangladesh: 237,000 (1.8%)	

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in legend corresponds to group ranking based on highest to lowest absolute number of unvaccinated children and reflects order of pie slices.

Sudan had the largest decline in the number of zero-dose children in the group, while the largest increases were in Bangladesh.



This chart shows the 10 countries with the largest increase and decrease in the absolute number of zero-dose children between 2024 and 2025.

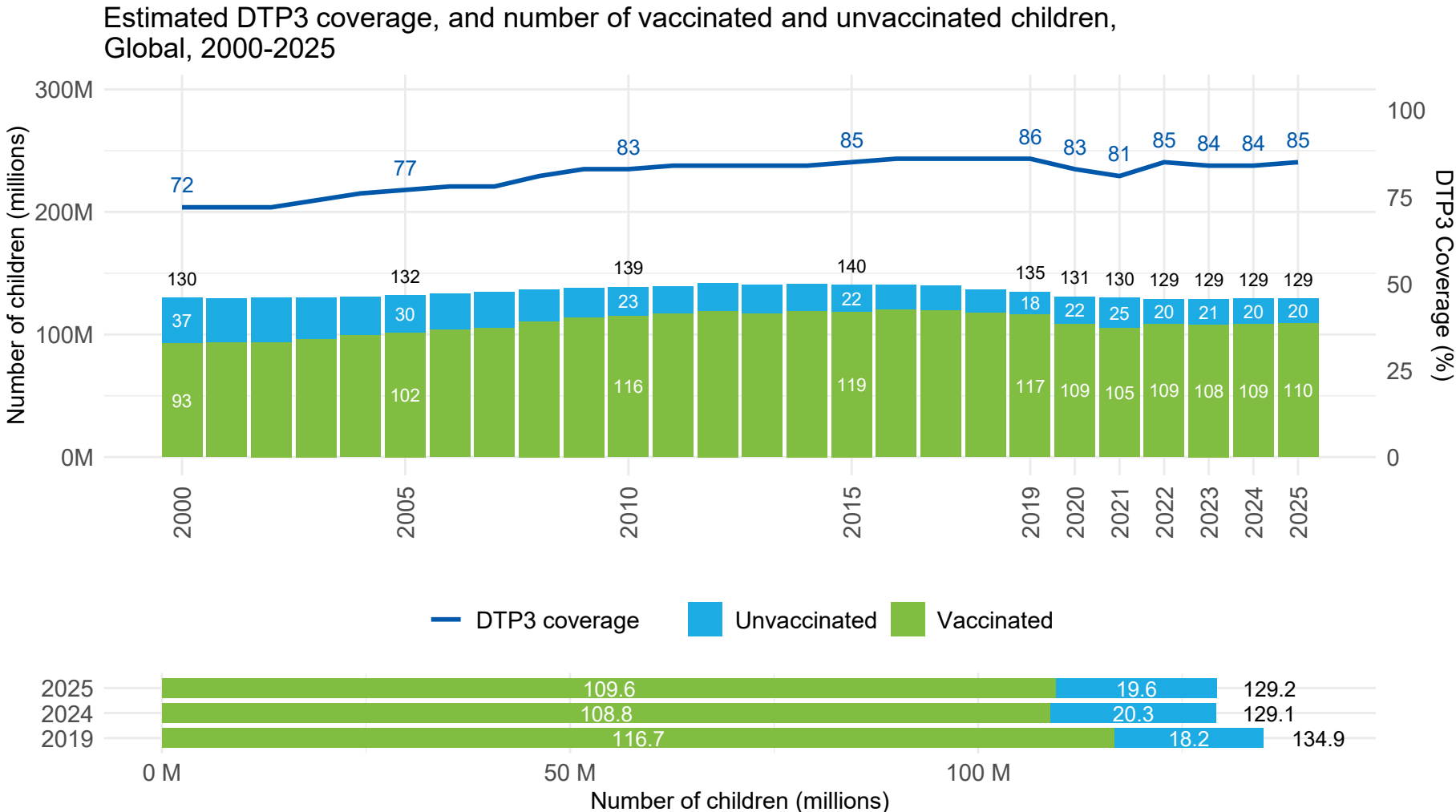
Sudan saw the largest decline (-565,000) from 838,000 zero-dose children in 2024 to 273,000 in 2025.

Bangladesh had the largest increase (+203,000) in zero-dose children, from 34,000 in 2024 to 237,000 in 2025.

Other countries that saw a large increase in the number of zero-dose children were Pakistan (397,000 $\Rightarrow$ 465,000 [+68,000]), Nigeria (2,078,000 $\Rightarrow$ 2,174,000 [+95,000]), and South Africa (278,000 $\Rightarrow$ 380,000 [+102,000]).

DTP3

In 2025, DTP3 coverage was 85%: 109.6 million children received three doses of DTP-containing vaccine, but 19.6 million remain un- or under-vaccinated.



DTP3 coverage in 2025 (85%) was within 1% of coverage in 2019 (86%).

The number of children vaccinated with DTP3 decreased 6% from 116.7 million in 2019 to 109.6 million in 2025.

The number of surviving infants decreased approximately 4% from 134.9 million in 2019 to 129.2 million in 2025.

In 2025, 7.1 million fewer children were vaccinated than in 2019.

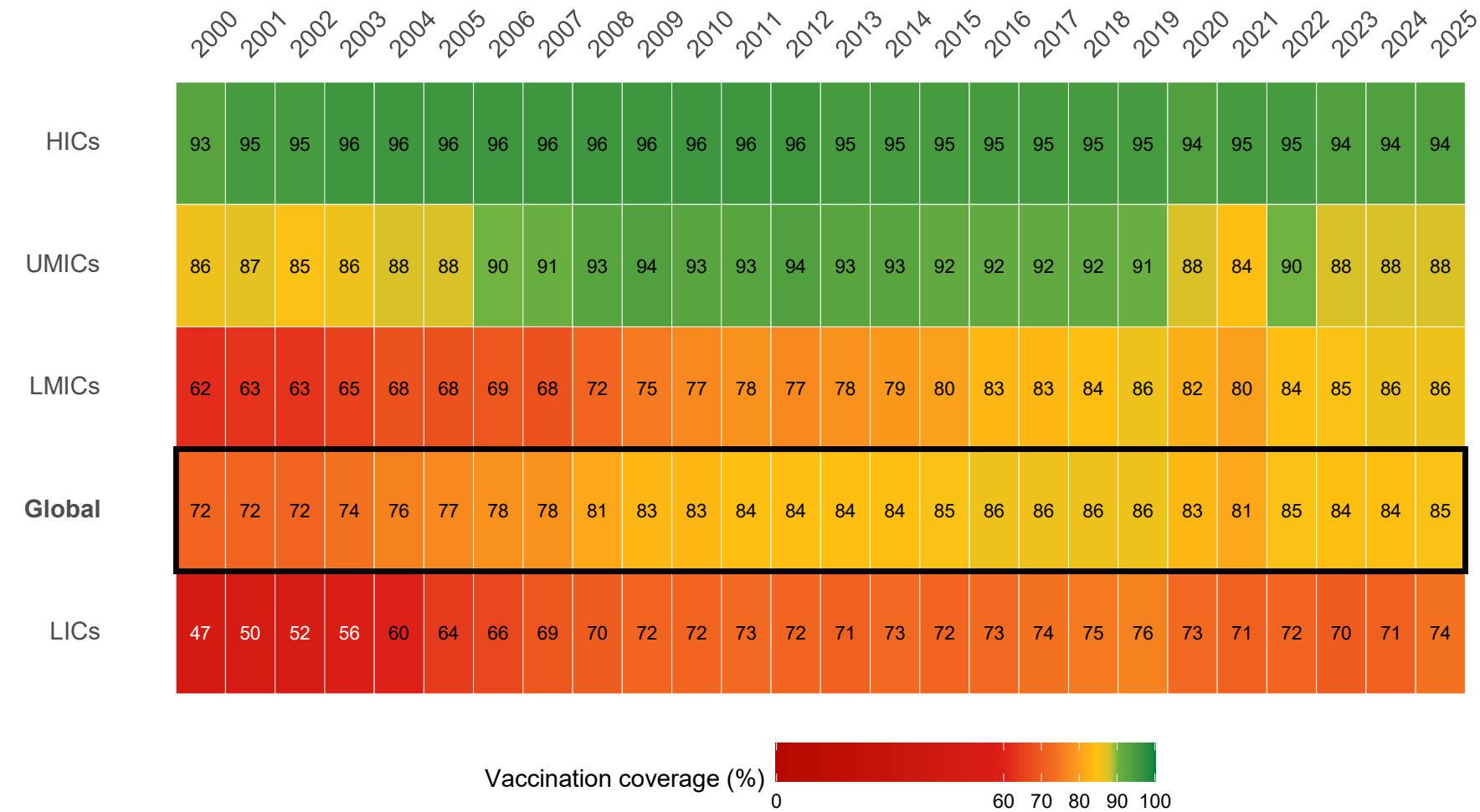
In 2025, there were 5.7 million fewer surviving infants (target population) than in 2019.

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

Source: 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: Unvaccinated includes zero-dose and undervaccinated children.

Between 2023-2025, HICs maintained DTP3 coverage $\geq 90\%$. LICs had the lowest coverage in 2025, but with an increase since 2023.

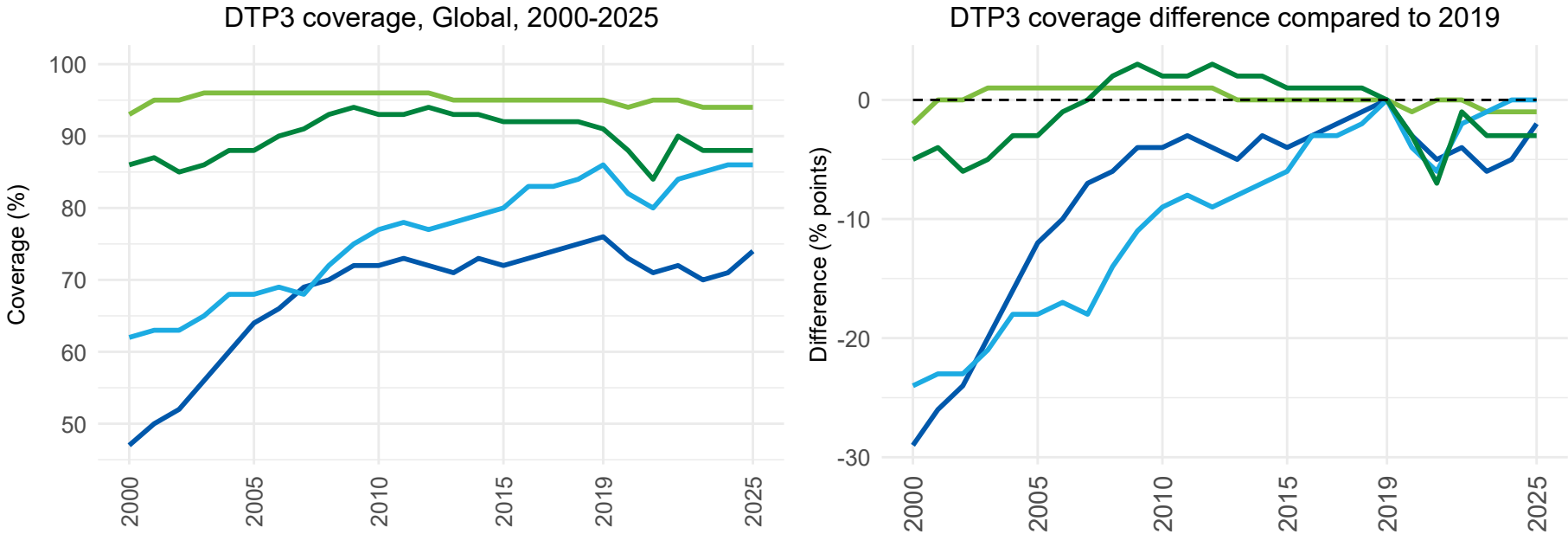
DTP3 coverage, by group, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Groups ordered based on descending DTP3 coverage in 2025.

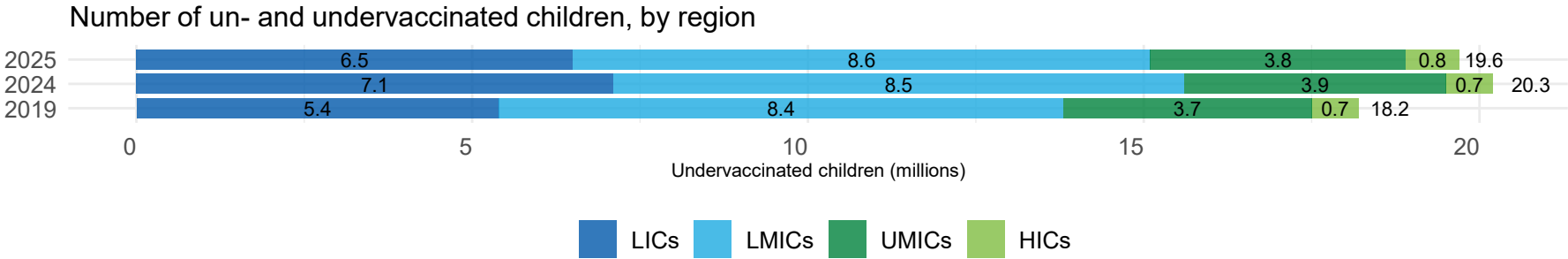
This heatmap shows DTP1 coverage, by region and year. Red indicates low coverage (<60%) and green indicates high coverage ($\geq 90\%$). The changing colour gradient can be used to tracked changes in coverage over time and recovery from pandemic-related disruptions where applicable.

DTP3 coverage has improved since 2000 in all groups and exceeded pre-pandemic levels in one groups, but progress is uneven and gaps in undervaccinated children persist.



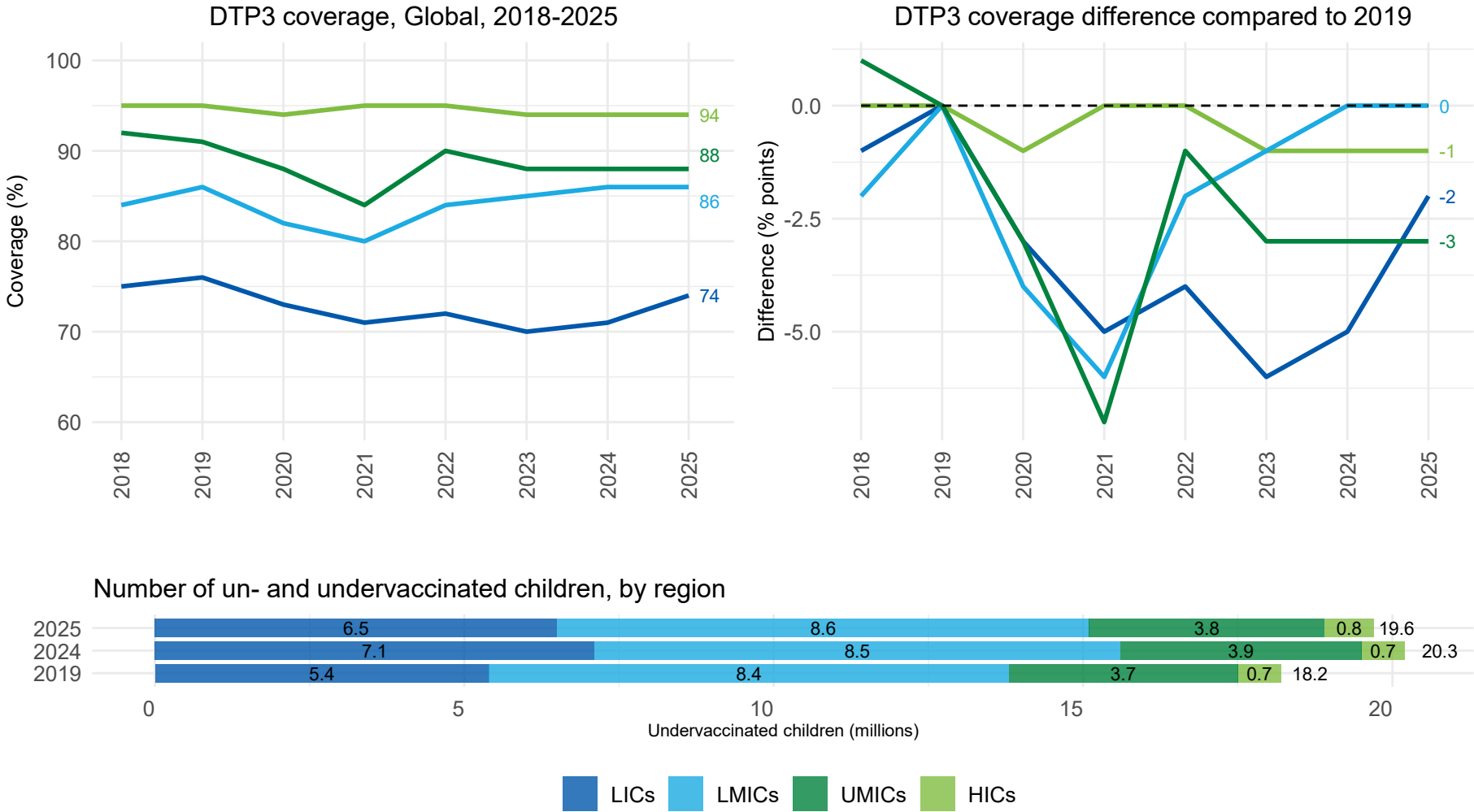
In 2025, HICs had the highest DTP3 coverage (94%) and LICs had the lowest coverage (74%).

Compared to 2019, DTP3 coverage increased in no groups, declined in HICs (-1%), UMICs (-3%), and LICs (-2%) and remained constant in LMICs. Compared to 2024, DTP3 coverage increased in LICs (+3%), declined in no groups and remained constant in HICs, UMICs, and LMICs.



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.
There may be discrepancies in total Undervaccinated children (millions) due to rounding.

DTP3 coverage improved between 2024 and 2025 in one groups and exceeded pre-pandemic levels in one groups, but progress is uneven and gaps in undervaccinated children persist.



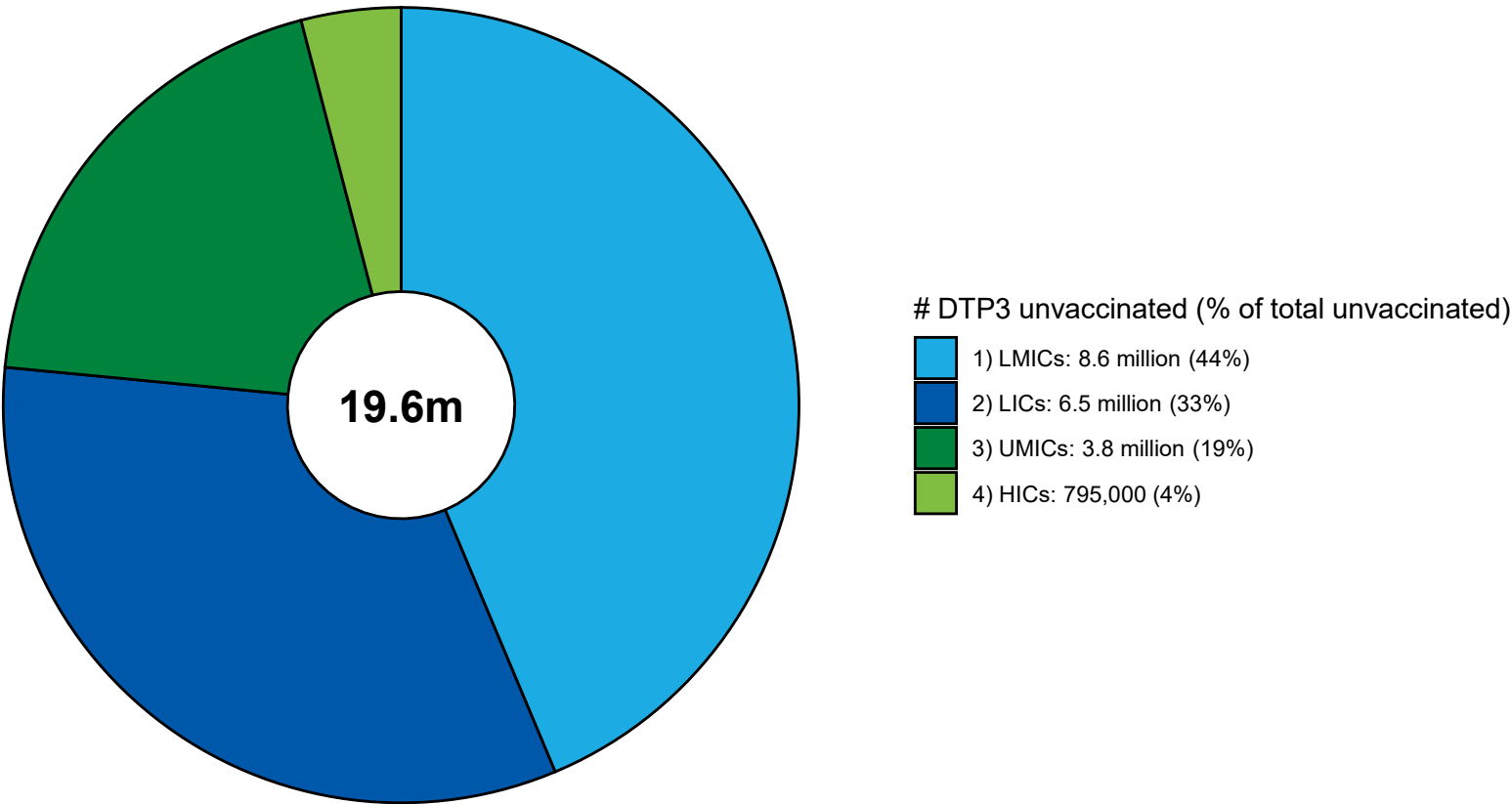
In 2025, HICs had the highest DTP3 coverage (94%) and LICs had the lowest coverage (74%).

Compared to 2019, DTP3 coverage increased in no groups, declined in HICs (-1%), UMICs (-3%), and LICs (-2%) and remained constant in LMICs. Compared to 2024, DTP3 coverage increased in LICs (+3%), declined in no groups and remained constant in HICs, UMICs, and LMICs.

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.
There may be discrepancies in total Undervaccinated children (millions) due to rounding.

In 2025, 2 groups - LMICs and LICs - accounted for over three in four of all un- and under-vaccinated children, globally.

Rank, number and percentage of un- and under-vaccinated children, by group, Global, 2025



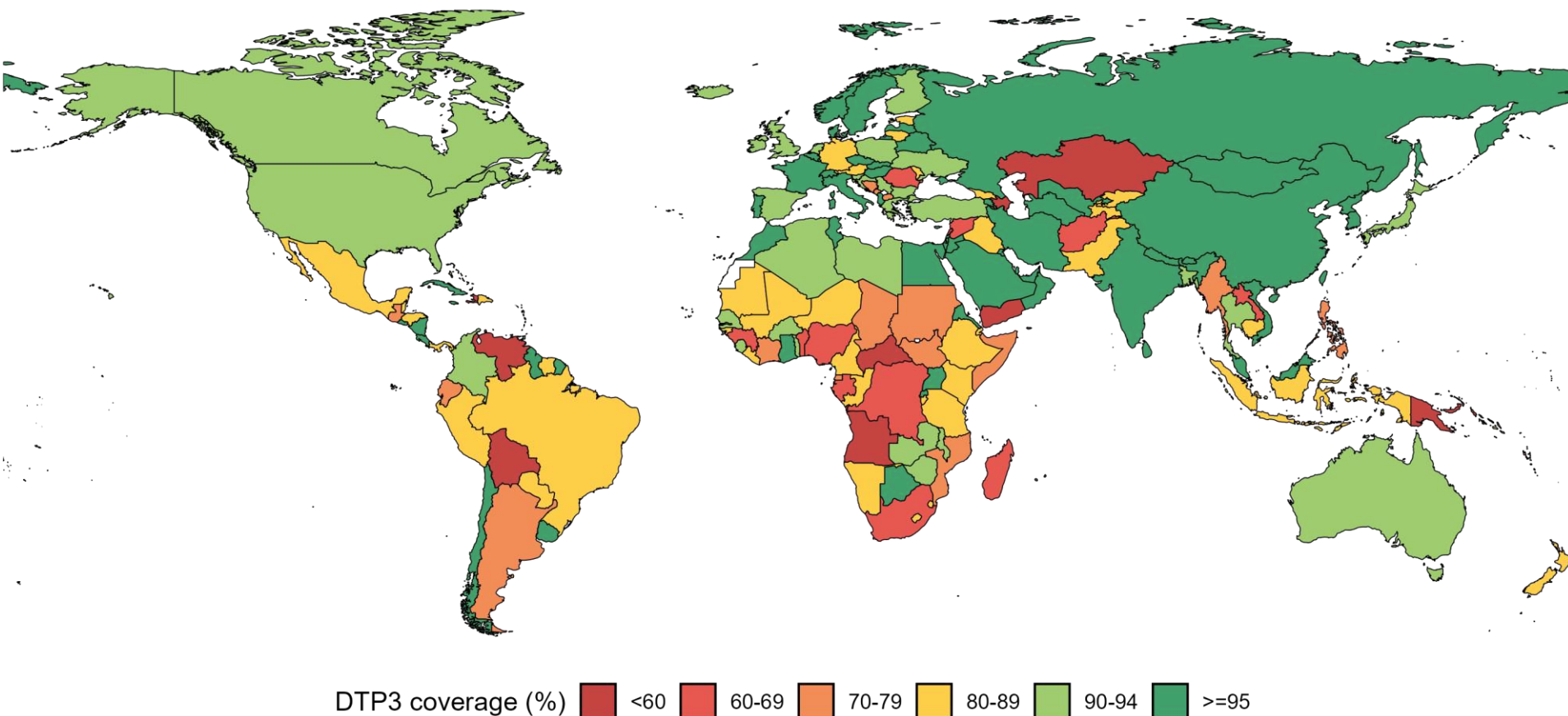
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in legend corresponds to group ranking based on highest to lowest absolute number of unvaccinated children and reflects order of pie slices.

In 2025, 2 groups accounted for over half (77%) of all un- and under-vaccinated children, globally.

LMICs had the highest number of children who did not receive DTP3 (n=8.6 million), which is approximately 44% of all un- and under-vaccinated children, globally (n=19.6m).

In 2025, 107 countries achieved at least 90% DTP3 coverage, while 22 had coverage below 70%.

DTP3 Coverage (%), Global, 2025



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

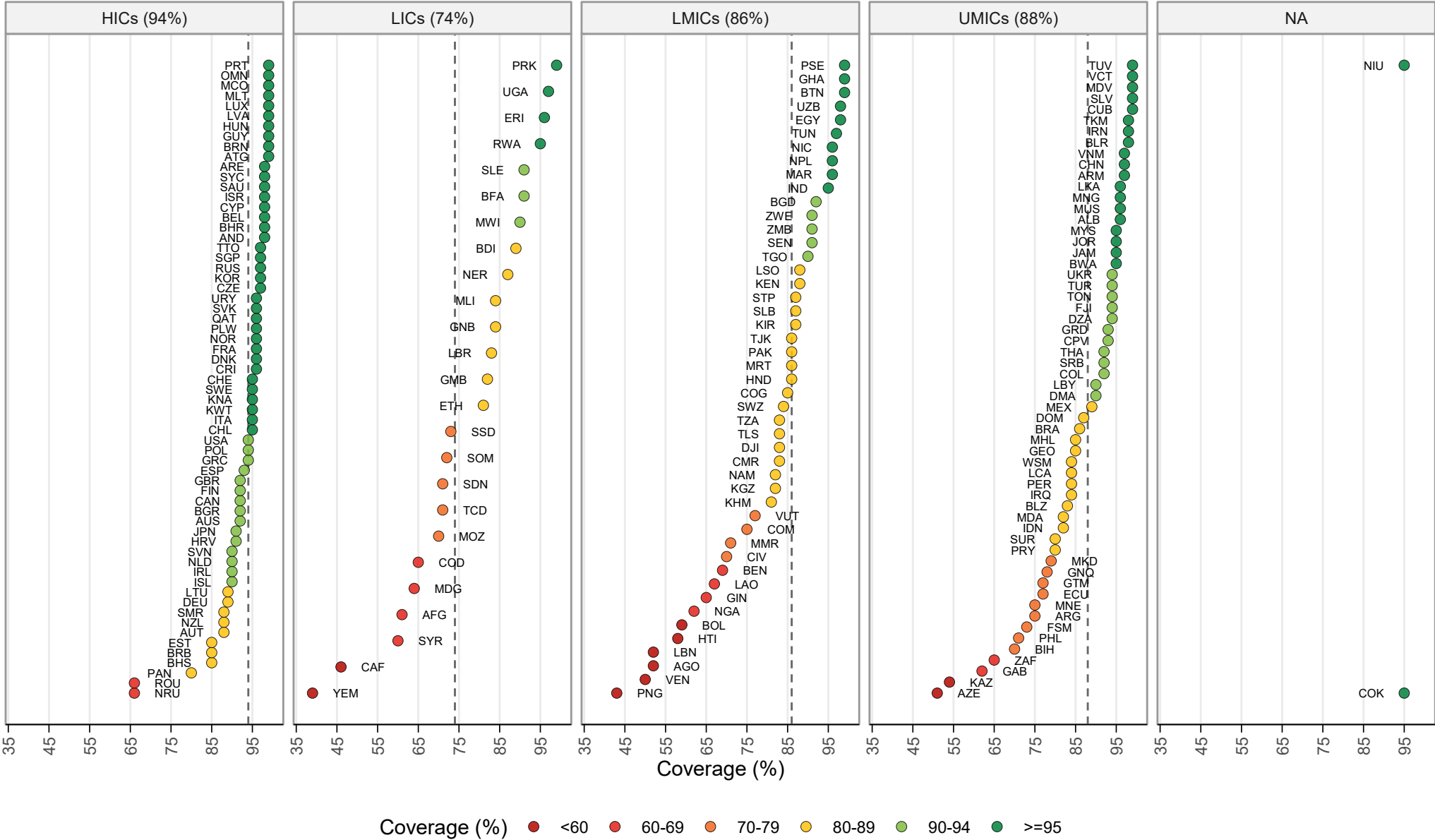
Note: This map is stylized and based on an approximate scale. This map does not reflect a position by UNICEF or WHO on the legal status of any country or territory or the delimitation of any frontiers.

Globally, 22 out of 195 (11%) countries had DTP3 coverage below 70% in 2025.

These countries account for approximately 21.9 million (17%) of the total annual cohort of surviving infants.

There were 107 (55%) countries that achieved DTP3 of 90% or higher, accounting for 65.7 million (51%) of the total cohort.

DTP3 coverage (%), by region and country, 2025



HICs had the highest regional coverage (94%), while LICs had the lowest (74%).

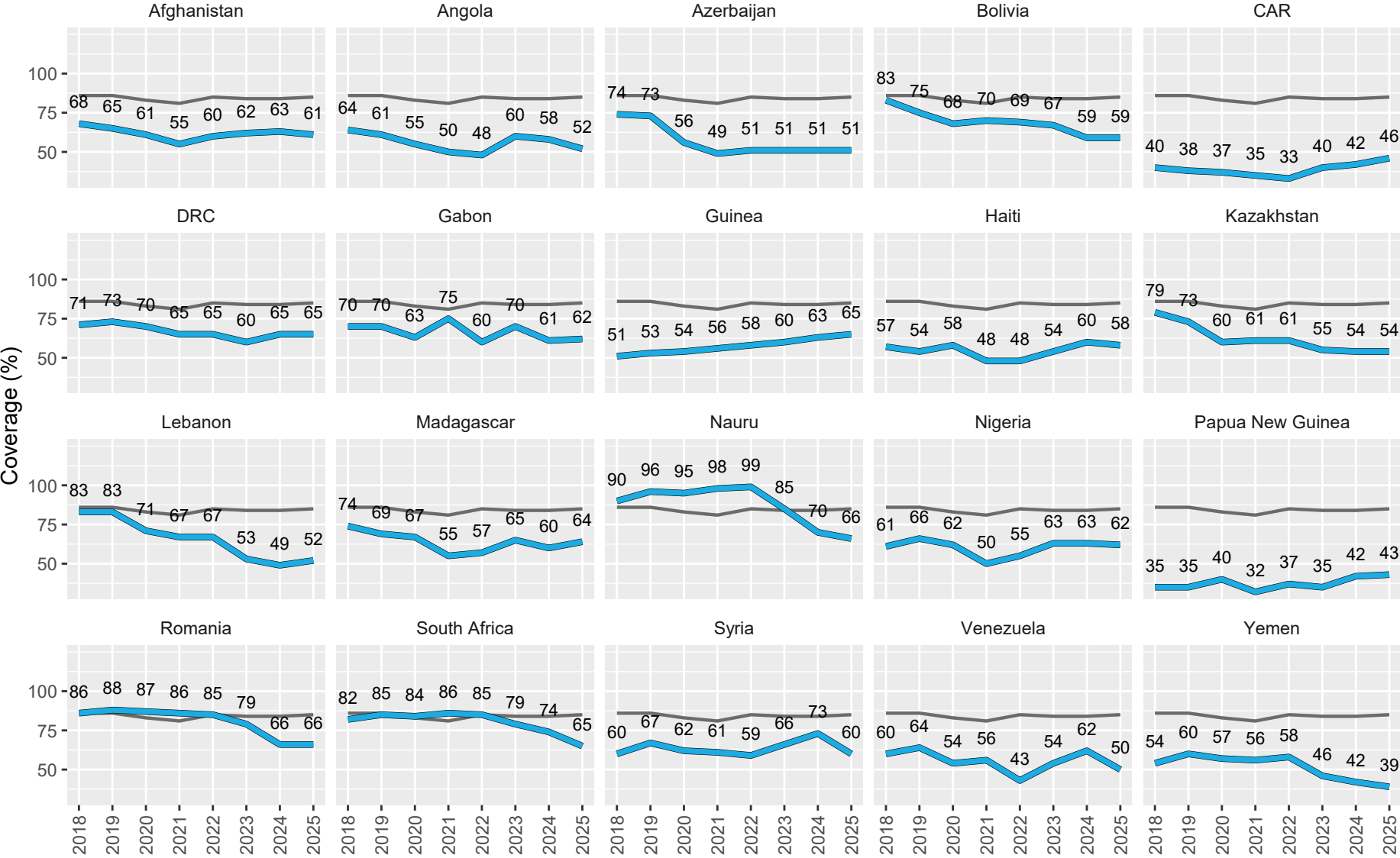
107 countries achieved at least 90% coverage, while 40 remained below 80%.

The lowest coverage was reported in Yemen (39%), Papua New Guinea (43%), and CAR (46%).

The largest within-region variation was observed in LICs (39%-99%).

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Countries are ranked within each region. Country ISO codes displayed. Regional average coverage is shown in the headers and by the dashed line.

Coverage of DTP3, by country, Global, 2018-2025
Showing top 20 countries with the lowest coverage in 2025



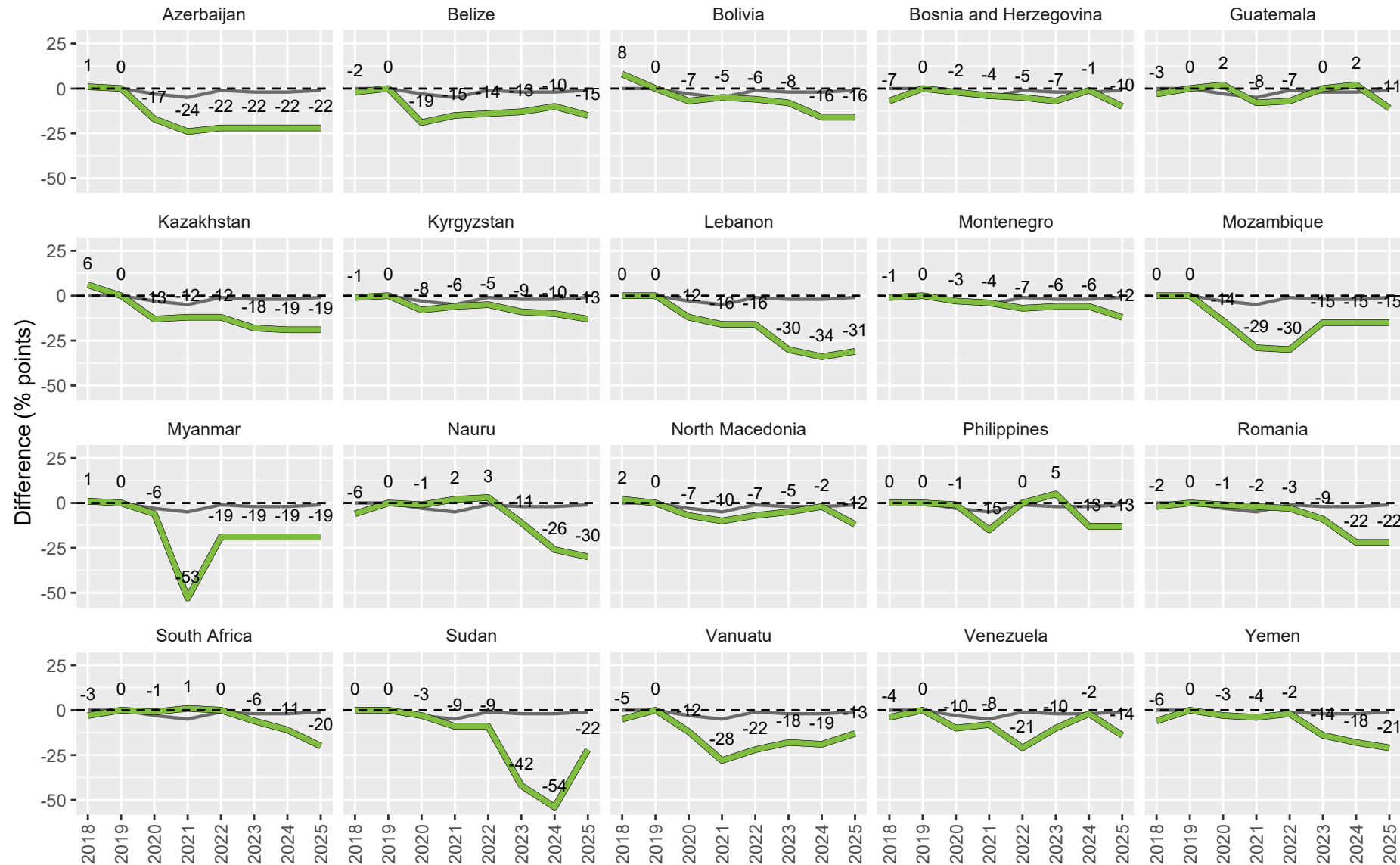
Among the 20 countries with the lowest DTP3 coverage in 2025, Nauru and Romania had the highest coverage (66%), while Yemen had the lowest coverage (39%).

DTP3 coverage increased in 6 out of these 20 countries between 2024 and 2025. The largest increase was 4 percentage points in CAR from 42% to 46% and Madagascar from 60% to 64%.

9 countries saw a decrease in coverage (Afghanistan, Angola, Haiti, Nauru, Nigeria, South Africa, Syria, Venezuela, and Yemen). The largest decline was 13% points in Syria from 73% to 60%. Coverage remained constant between 2024 and 2025 in the remaining 5 countries.

In 2025, 0 out of these 20 countries had achieved DTP3 coverage of at least 90%.

DTP3 coverage difference compared to 2019, by country, Global, 2018-2025



This chart shows the difference in DTP3 coverage compared to 2019, for the 20 countries with the largest declines in coverage between 2019 and 2025. Among the 20 countries with the largest declines in DTP3 coverage between 2019 and 2025, Coverage was not higher in 2025 compared to 2019 in any of these 20 countries. Coverage was lower than in 2019 in 20 of these 20 countries (Azerbaijan, Belize, Bolivia, Bosnia and Herzegovina, Guatemala, Kazakhstan, Kyrgyzstan, Lebanon, Montenegro, Mozambique, Myanmar, Nauru, North Macedonia, Philippines, Romania, South Africa, Sudan, Vanuatu, Venezuela, and Yemen). The largest decline in coverage was 31% points in Lebanon from 83% in 2019 to 52% in 2025.

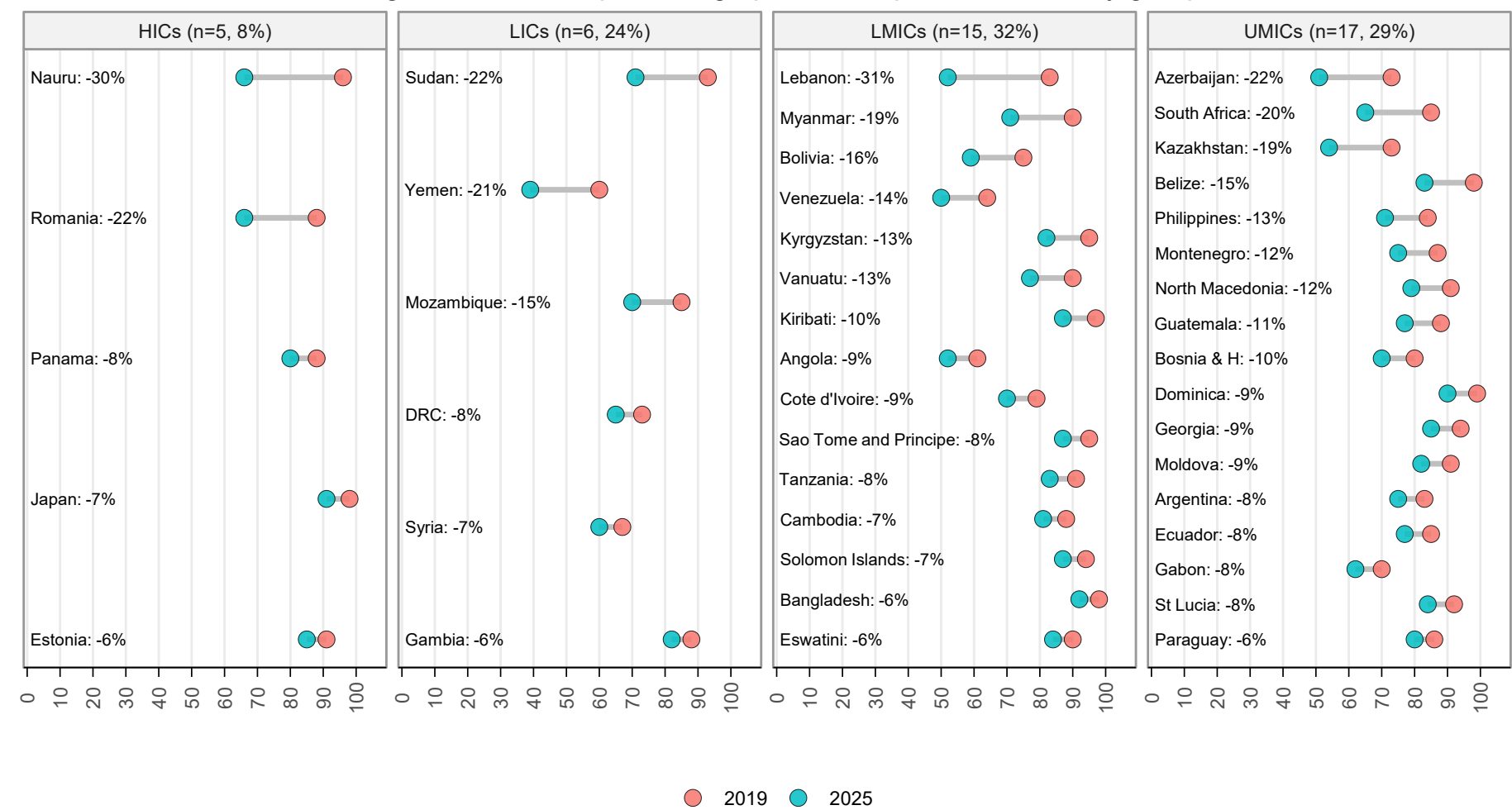
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

Note: Dark grey line displays regional coverage difference for reference

ence compared to 2019, values above zero indicate coverage n percentage points higher than in 2019 and values below zero indicate coverage n percentage points lower than in 2019

Between 2019 and 2025, 43 countries saw large declines in DTP3 coverage, with Nauru and Lebanon among those with the largest declines.

Countries with DTP3 coverage decline of >5 percentage points compared to 2019, by group



This chart shows the countries (number and percentage) in each group with DTP3 coverage decline of more than 5 percentage points in 2025 compared to in 2019.

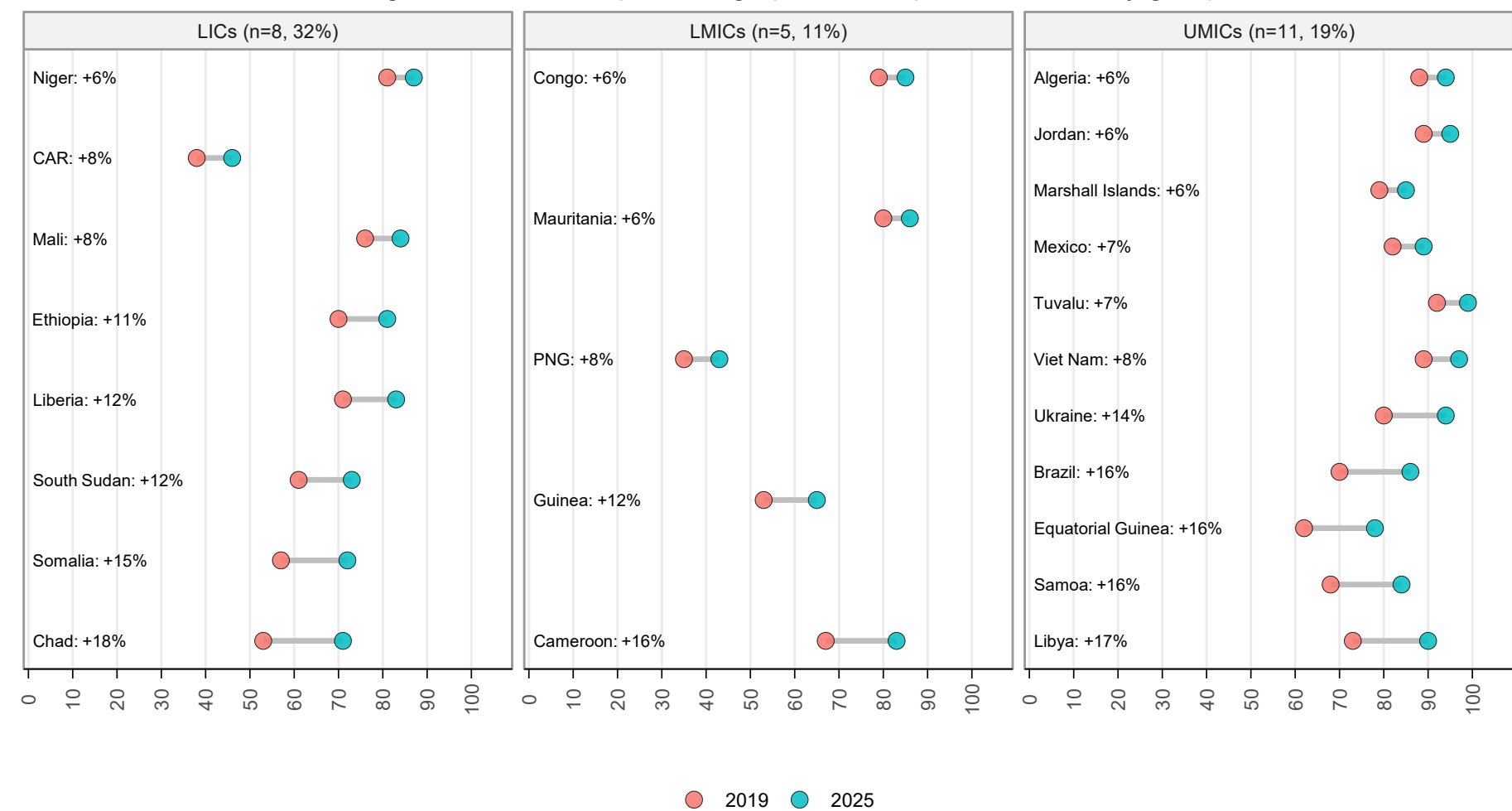
Overall, 43 out of 195 (22%) countries globally had a decline of more than 5 percentage points.

The largest decline was in Lebanon (-31 percentage points), followed by Nauru (-30 percentage points).

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Notes: Chart titles display the number and percentage of countries with coverage decline >5pp in each group.
Total countries in each group: HICs (N=63), LICs (N=25), LMICs (N=47), and UMICs (N=58).

Between 2019 and 2025, 24 countries saw large gains in DTP3 coverage, with Niger, Congo, Mauritania, Algeria, Jordan, Marshall Islands, Mexico, and Tuvalu among those with the largest improvements.

Countries with DTP3 coverage increase of >5 percentage points compared to 2019, by group



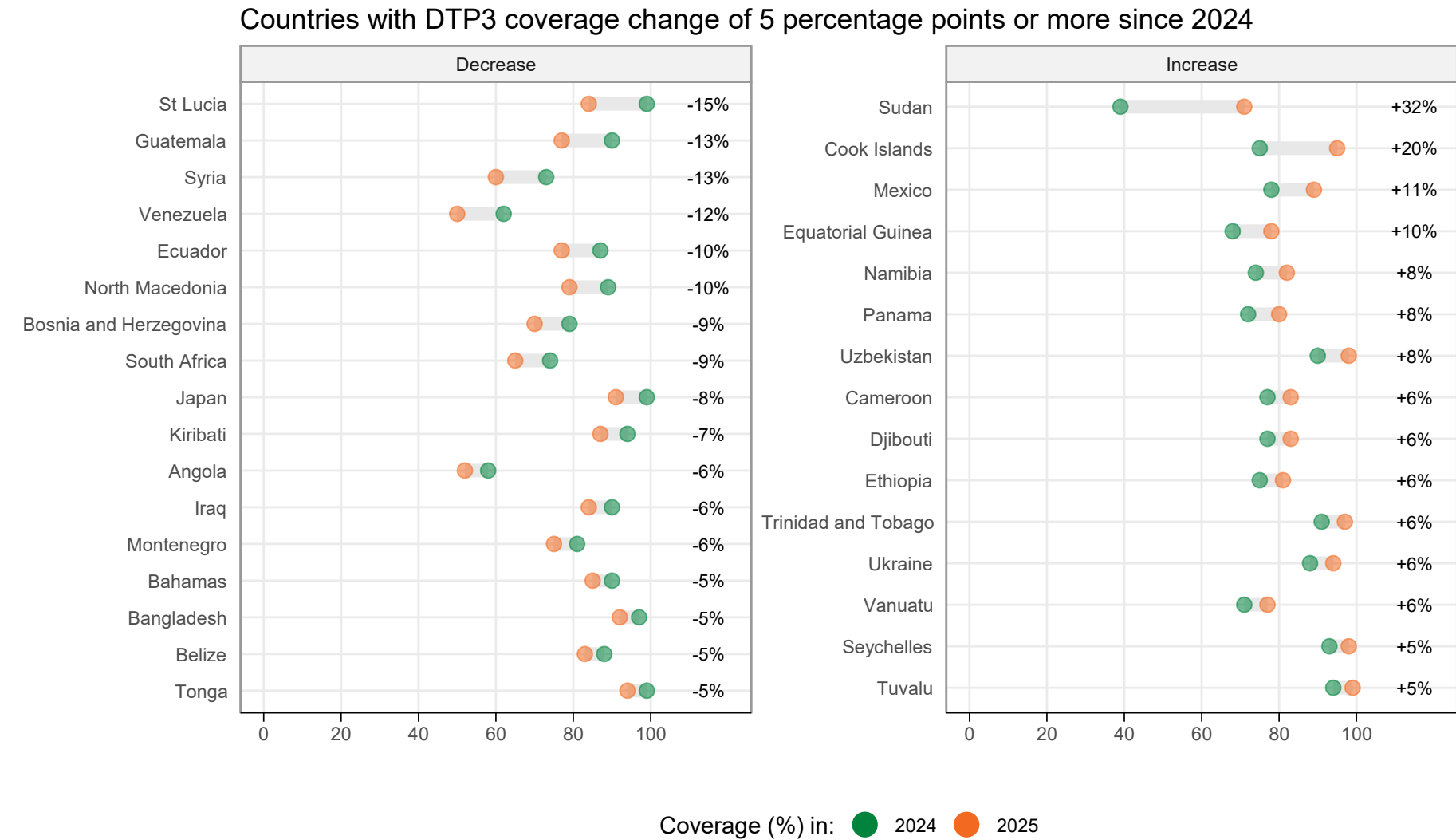
This chart shows the countries (number and percentage) in each group with DTP3 coverage increase of more than 5 percentage points in 2025 compared to in 2019.

Overall, 24 out of 195 (12%) countries globally had an improvement of more than 5 percentage points.

The largest increase was in Chad (+18 percentage points), followed by Libya (+17 percentage points).

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Notes: Chart titles display the number and percentage of countries with coverage increase >5pp in each group.
Total countries in each group: HICs (N=63), LICs (N=25), LMICs (N=47), and UMICs (N=58).

Between 2024 and 2025, DTP3 coverage increased by at least 5 percentage points in 15 countries and decreased by the same amount in 17 countries.



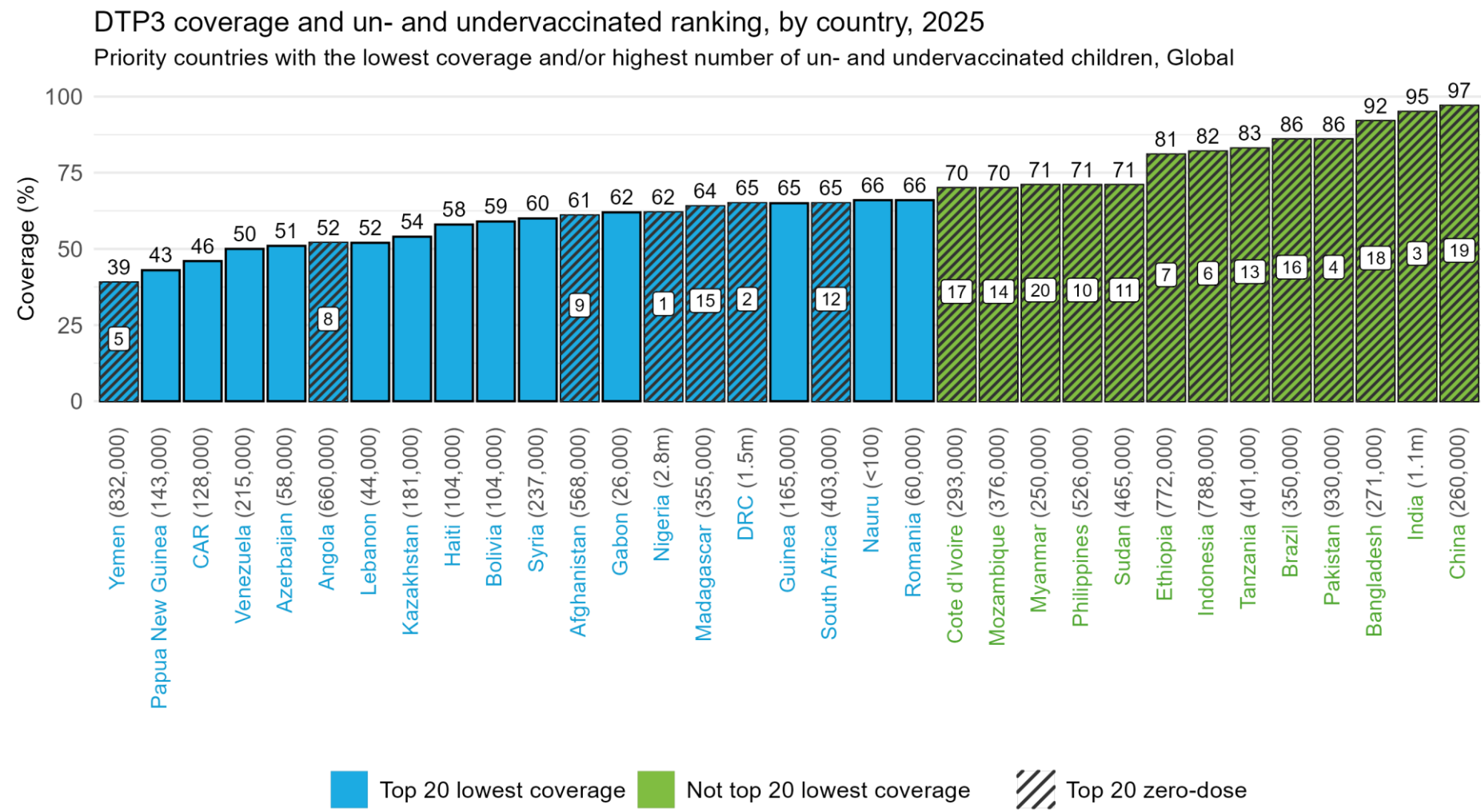
This chart shows the countries with DTP3 coverage change of 5 percentage points or more between 2024 and 2025.

Overall, 17 out of 195 (9%) countries globally had a decline of 5 percentage points or more.

The largest decline was in St Lucia (-15 percentage points), followed by Syria and Guatemala (-13 percentage points).

There were 15 (9%) countries with an increase of at least 5 percentage points in DTP3 coverage.

In 2025, Yemen and Papua New Guinea had the lowest DTP3 coverage, while Nigeria and DRC had the highest number of un- and undervaccinated children, highlighting the need to consider both coverage and absolute numbers to identify all vulnerable populations.



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

Note: Bars are ranked by ascending coverage.

Numbers in bubbles display top 20 rank based on absolute number of un- and undervaccinated children. Number in parentheses shows number of un- and undervaccinated children. Bars without bubbles represent countries with low coverage but not in the top 20 countries with the most un- and undervaccinated children

This chart shows the top 20 countries globally with the lowest DTP3 coverage (based on tied ranks) and/or the top 20 countries with the highest absolute number of un- and undervaccinated children.

In 2025, Yemen had the lowest DTP3 coverage (39%), followed by Papua New Guinea (43%).

Nigeria had the highest absolute number of un- and undervaccinated children, followed by DRC.

Large cohort countries may have high numbers of un- and undervaccinated children despite high vaccine coverage. It is advantageous to look at both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not missed.

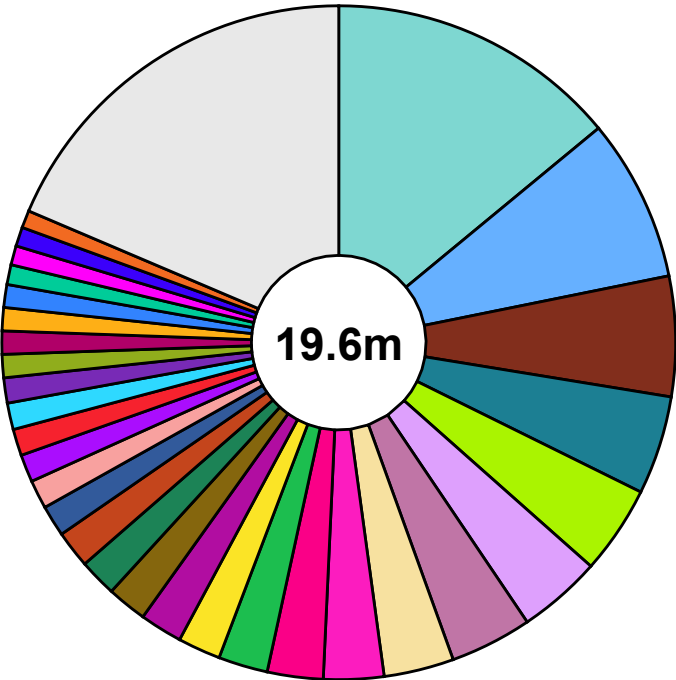
In 2025, 9 countries accounted for over half of all un- and under-vaccinated children, globally, with Nigeria contributing the highest share.

In 2025, 9 countries accounted for over half (50.7%) of all un- and under-vaccinated children, globally.

Nigeria had the highest number of children who did not receive DTP3 (n=2.8 million), which is approximately 14% of all un- and under-vaccinated children, globally (n=19.6 million).

The number of unvaccinated children is influenced by both the birth cohort size and programme performance. As a result, countries with large birth cohorts may still have a high number of unvaccinated children, even if coverage rates are high. At the same time, countries with high coverage will also have a greater absolute number of children who are vaccinated. Please refer to the heatmaps for country-specific coverage.

DTP3 unvaccinated (% of total unvaccinated)



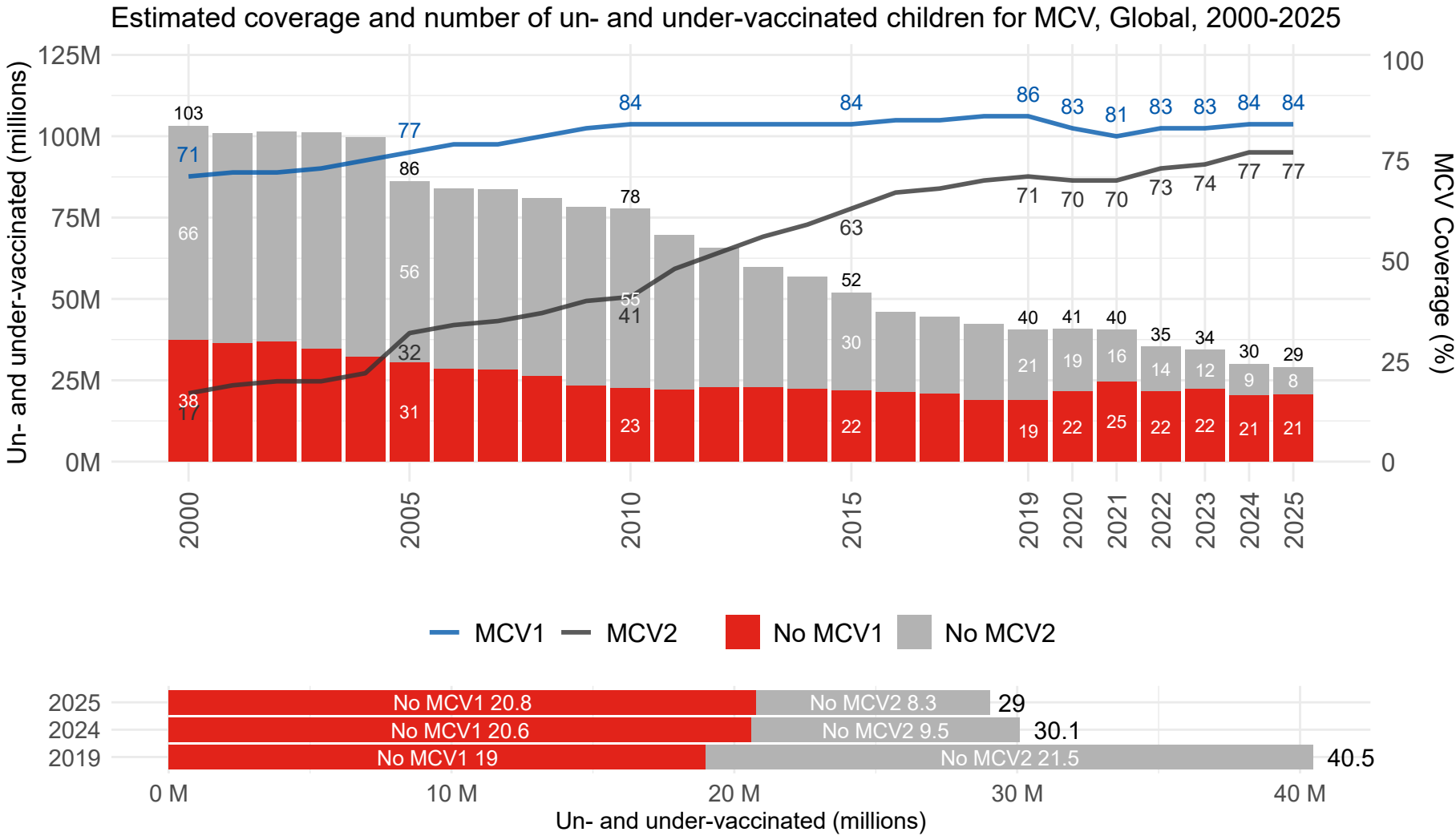
DTP3 unvaccinated (% of total unvaccinated)

1) Nigeria: 2.8 million (14%)	17) Cote d'Ivoire: 293,000 (1.5%)
2) DRC: 1.5 million (7.8%)	18) Bangladesh: 271,000 (1.4%)
3) India: 1.1 million (5.8%)	19) China: 260,000 (1.3%)
4) Pakistan: 930,000 (4.7%)	20) Myanmar: 250,000 (1.3%)
5) Yemen: 832,000 (4.2%)	21) Chad: 250,000 (1.3%)
6) Indonesia: 788,000 (4%)	22) Syria: 237,000 (1.2%)
7) Ethiopia: 772,000 (3.9%)	23) United States: 219,000 (1.1%)
8) Angola: 660,000 (3.4%)	24) Somalia: 219,000 (1.1%)
9) Afghanistan: 568,000 (2.9%)	25) Mexico: 218,000 (1.1%)
10) Philippines: 526,000 (2.7%)	26) Venezuela: 215,000 (1.1%)
11) Sudan: 465,000 (2.4%)	27) Iraq: 187,000 (1%)
12) South Africa: 403,000 (2.1%)	28) Kazakhstan: 181,000 (<1%)
13) Tanzania: 401,000 (2%)	29) Kenya: 180,000 (<1%)
14) Mozambique: 376,000 (1.9%)	30) Guinea: 165,000 (<1%)
15) Madagascar: 355,000 (1.8%)	31) Remaining 165 countries: 3.7 million (18.6%)
16) Brazil: 350,000 (1.8%)	

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in legend corresponds to group ranking based on highest to lowest absolute number of unvaccinated children and reflects order of pie slices.

MCV1

MCV1 coverage remained constant 84% in 2025, leaving 20.8 million children without any protection against measles. MCV2 coverage remained constant 77% in 2025.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: There may be discrepancies due to rounding.

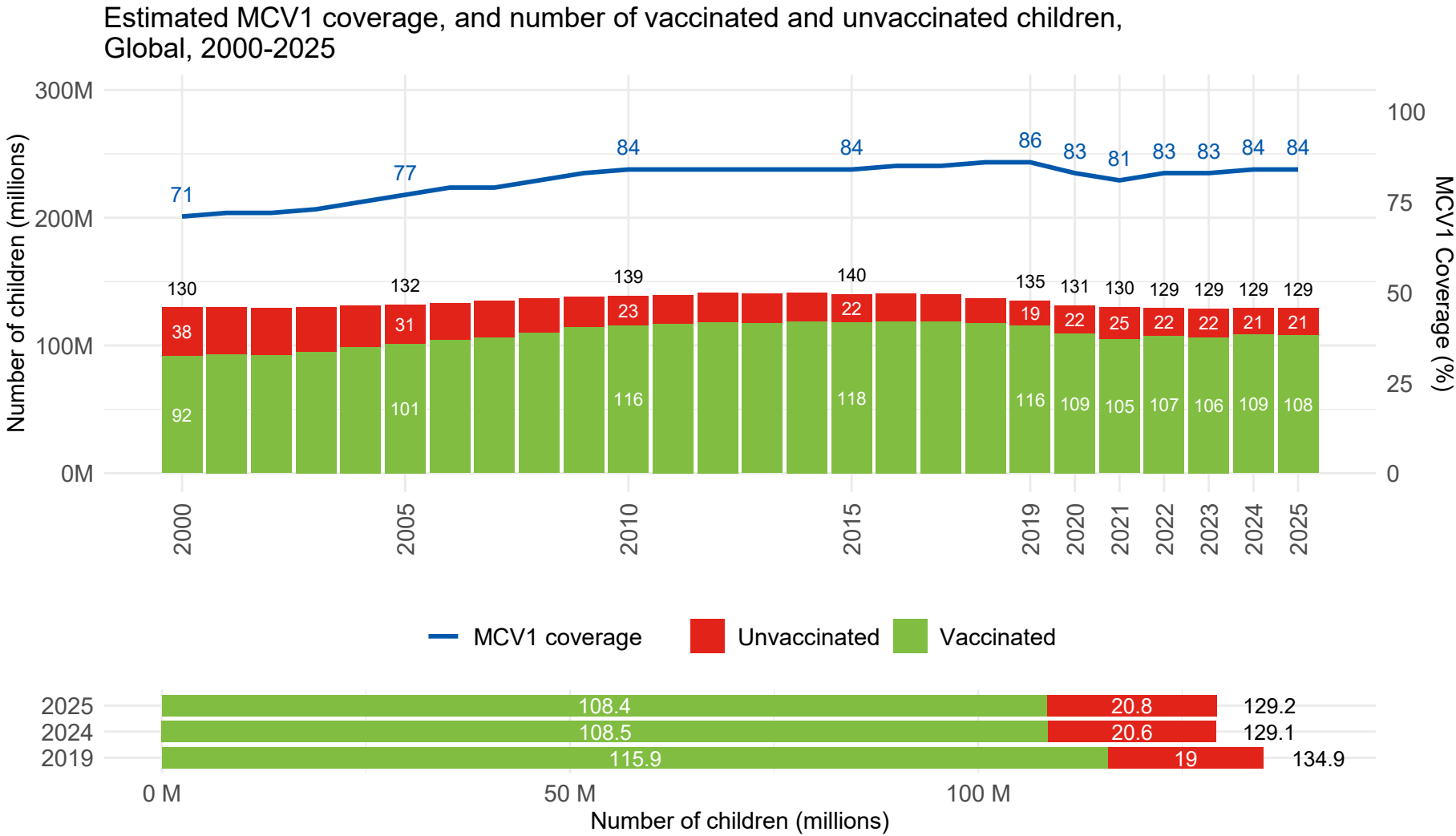
Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

The percentage of children receiving MCV1 – typically at 9 or 12 months – remained constant at 84%. This is lower than in 2019, where coverage was 86%.

20.8 million 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 constant at 77% in 2025.

In 2025, MCV1 coverage was 84%: 108.4 million children received the measles vaccine, but 20.8 million remain unvaccinated against the highly contagious disease.



MCV1 coverage in 2025 (84%) was lower than in 2019 (86%).

The number of children vaccinated with MCV1 decreased 6% from 115.9 million in 2019 to 108.4 million in 2025.

The number of surviving infants decreased approximately 4% from 134.9 million in 2019 to 129.2 million in 2025.

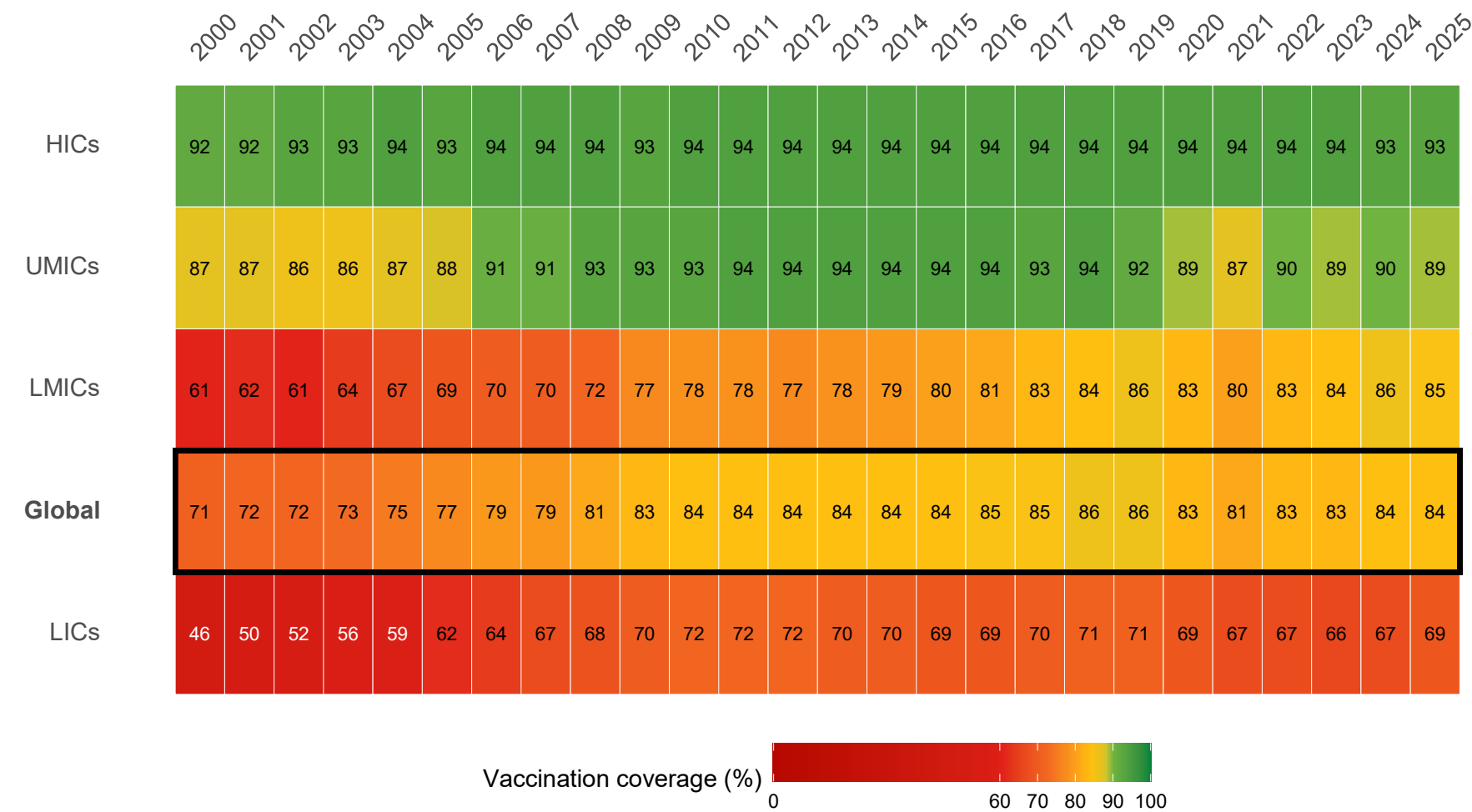
In 2025, 7.5 million fewer children were vaccinated than in 2019.

In 2025, there were 5.7 million fewer surviving infants (target population) than in 2019.

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

Between 2023-2025, HICs maintained MCV1 coverage $\geq 90\%$. LICs had the lowest coverage in 2025, but with an increase since 2023.

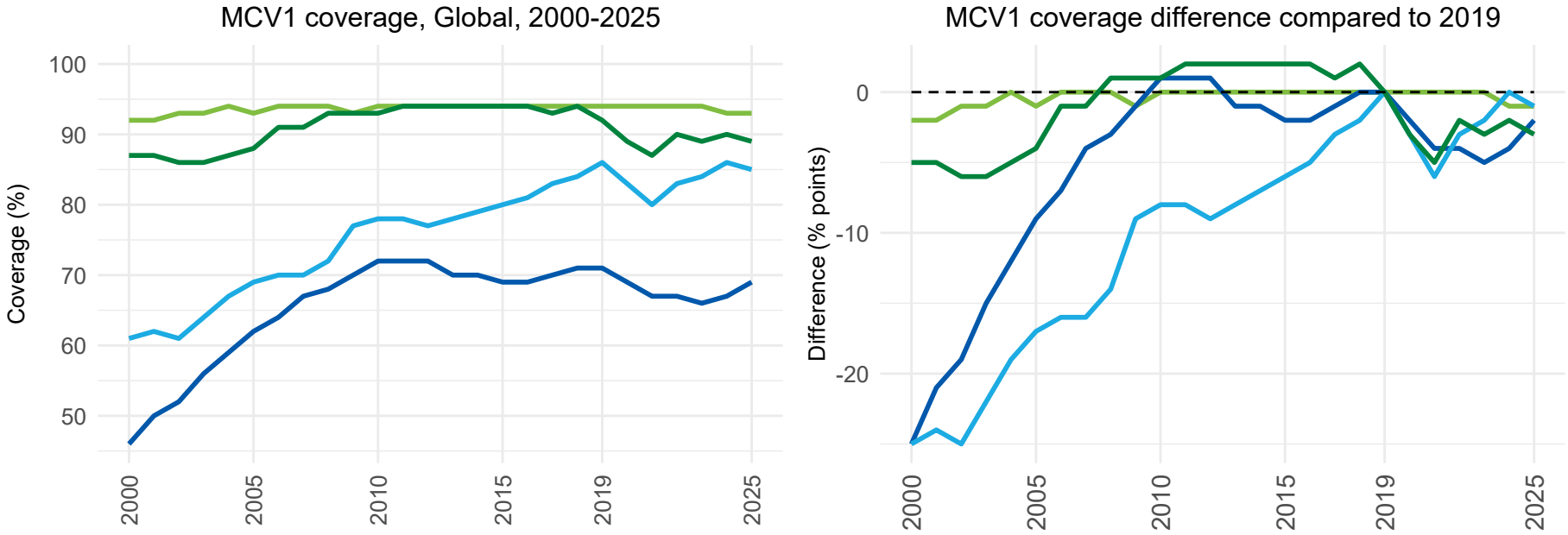
MCV1 coverage, by group, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Groups ordered based on descending MCV1 coverage in 2025.

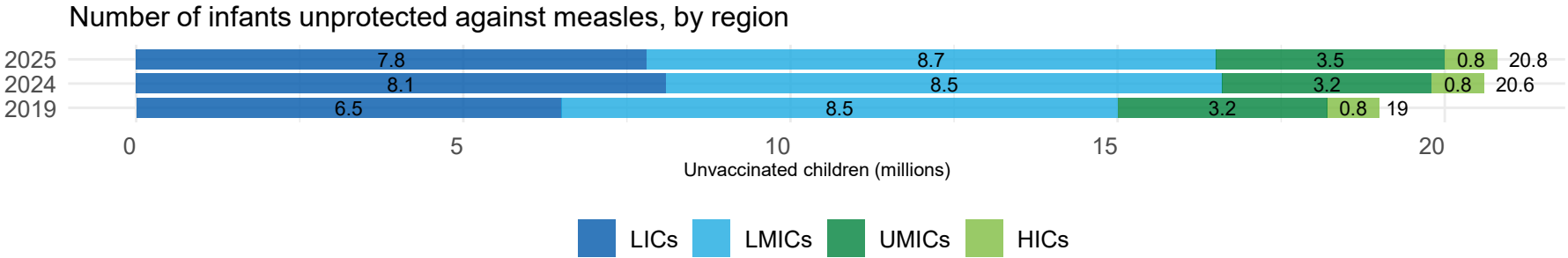
This heatmap shows MCV1 coverage, by region and year. Red indicates low coverage ($<60\%$) and green indicates high coverage ($\geq 90\%$). The changing colour gradient can be used to tracked changes in coverage over time and recovery from pandemic-related disruptions where applicable.

MCV1 coverage has improved since 2000 in all groups and exceeded pre-pandemic levels in one groups, but progress is uneven and gaps in unvaccinated children persist.



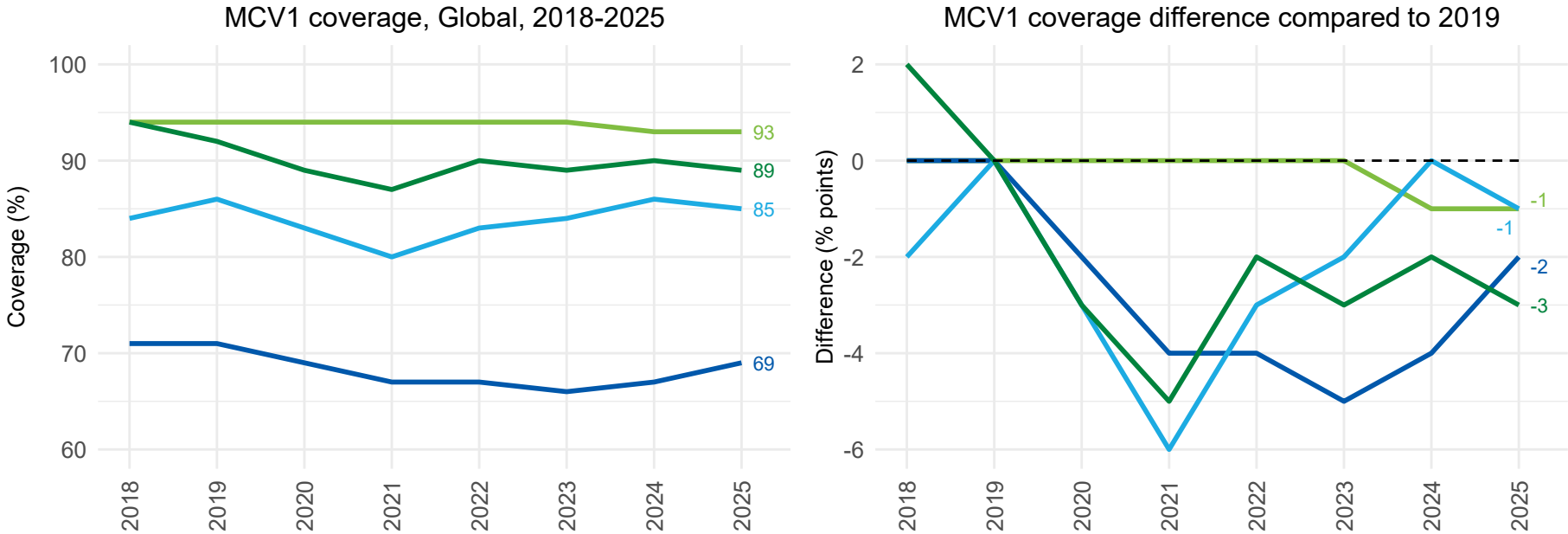
In 2025, HICs had the highest MCV1 coverage (93%) and LICs had the lowest coverage (69%).

Compared to 2019, MCV1 coverage increased in no groups, declined in HICs (-1%), UMICs (-3%), LMICs (-1%), and LICs (-2%) and remained constant in no groups.
Compared to 2024, MCV1 coverage increased in LICs (+2%), declined in UMICs (-1%) and LMICs (-1%) and remained constant in HICs.



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.
There may be discrepancies in total Unvaccinated children (millions) due to rounding.

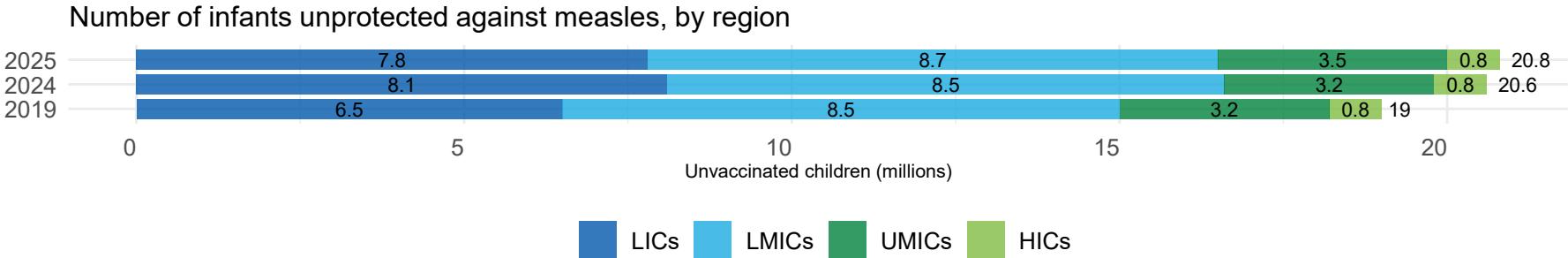
MCV1 coverage improved between 2024 and 2025 in one groups and exceeded pre-pandemic levels in one groups, but progress is uneven and gaps in unvaccinated children persist.



In 2025, HICs had the highest MCV1 coverage (93%) and LICs had the lowest coverage (69%).

Compared to 2019, MCV1 coverage increased in no groups, declined in HICs (-1%), UMICs (-3%), LMICs (-1%), and LICs (-2%) and remained constant in no groups.

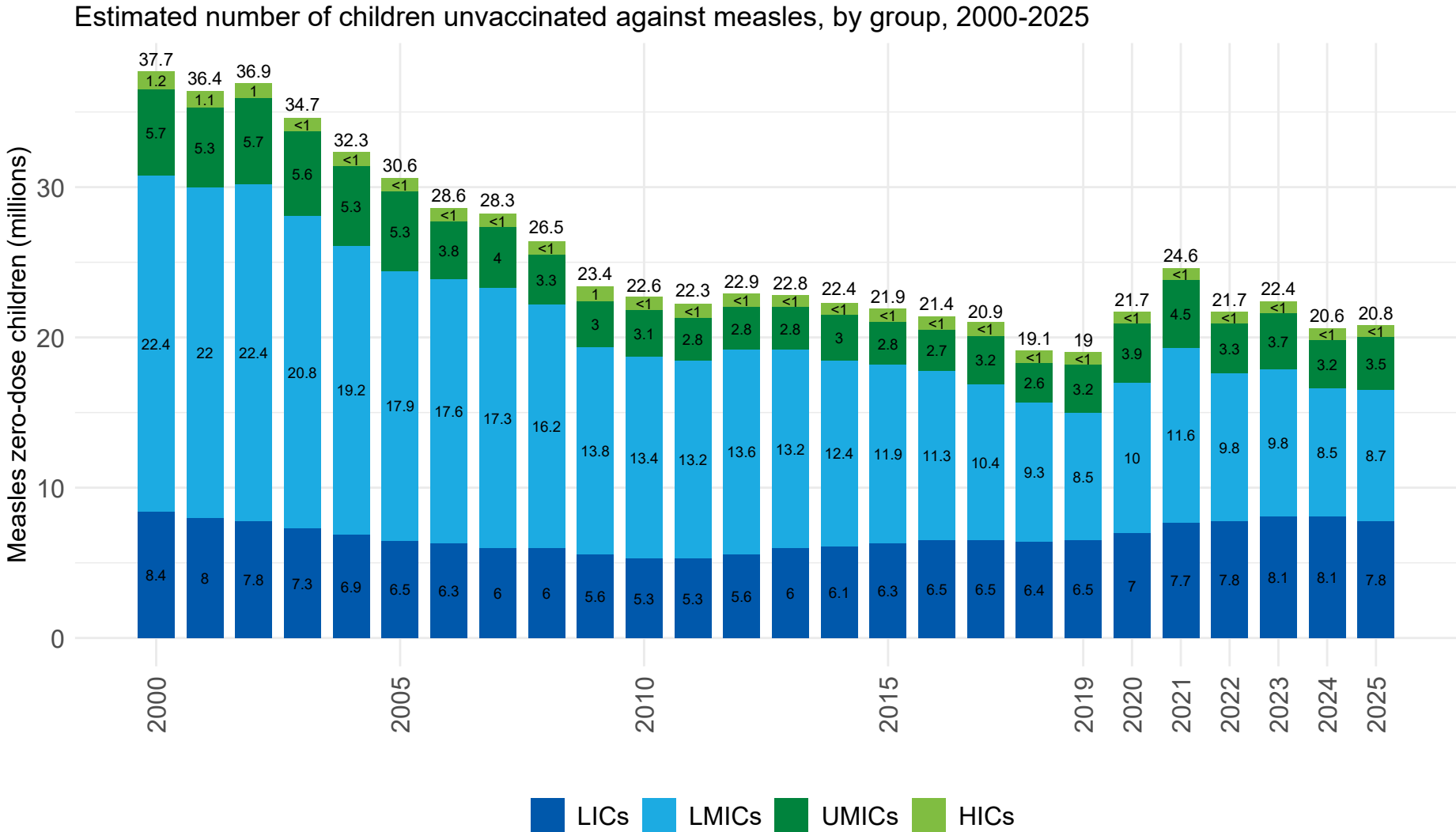
Compared to 2024, MCV1 coverage increased in LICs (+2%), declined in UMICs (-1%) and LMICs (-1%) and remained constant in HICs.



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. There may be discrepancies in total Unvaccinated children (millions) due to rounding.

Globally, the number of children not receiving the first dose of measles-containing vaccine increased between 2024 and 2025, with declines recorded in LICs, UMICs, and LICs.



Globally, the number of measles zero-dose children - those who did not receive MCV1 - declined from 37.7 million in 2000 to 20.8 million in 2025.

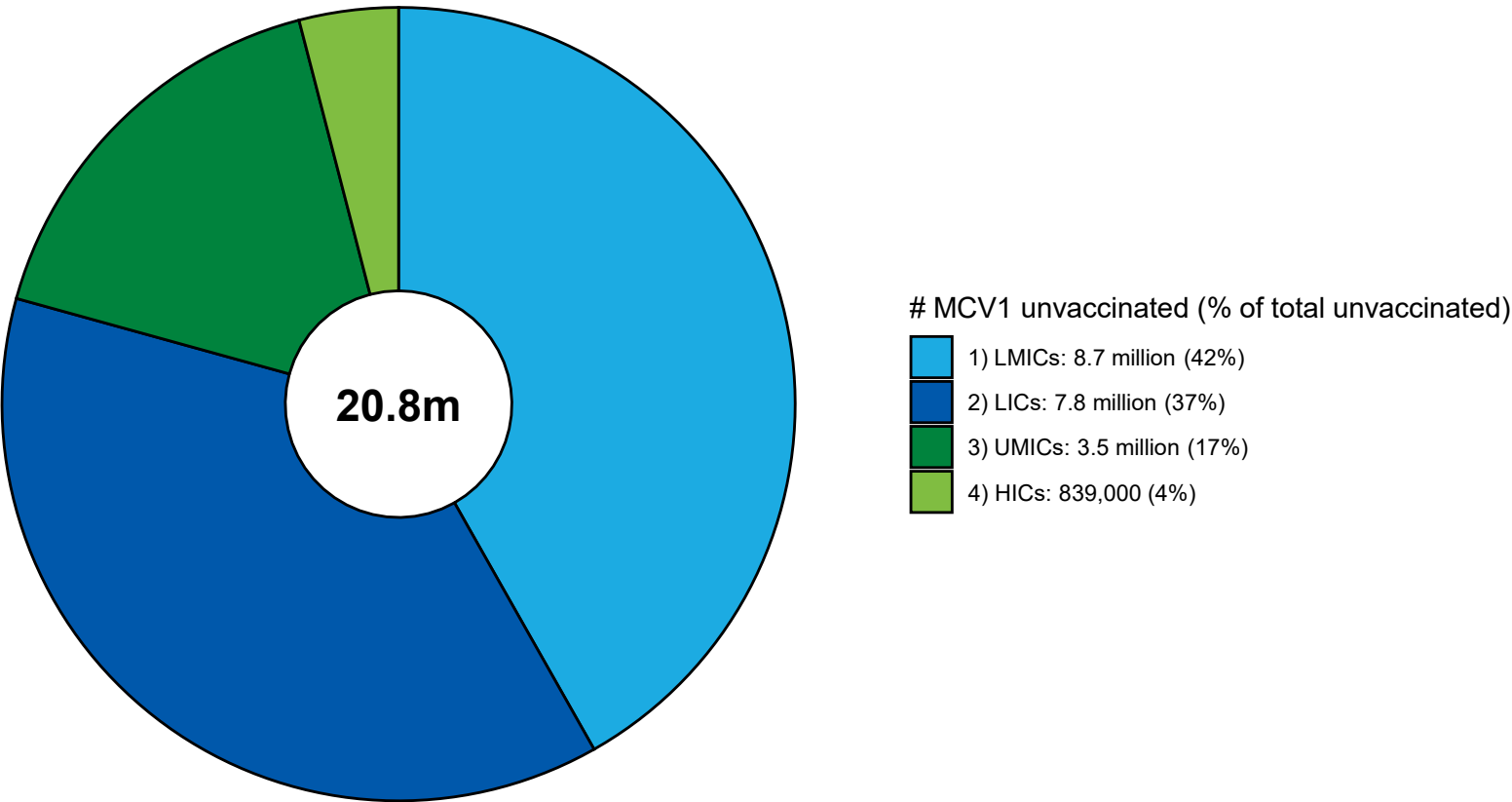
The number of measles zero-dose children in 2025 was an increase from 2024 (20.6 million).

The number of measles zero-dose children varied by group. In 2025, LMICs had the highest number of measles zero-dose children (8.7 million), followed by LICs (7.8 million).

Overall, 2 groups (LMICs and UMICs) saw an increase in the number of measles zero-dose children between 2024 and 2025, 1 saw a decline (LICs), and 1 (HICs) had approximately the same number of zero-dose children.

In 2025, 2 groups - LMICs and LICs - accounted for over three in four of all children unprotected against measles, globally.

Rank, number and percentage of children unprotected against measles, by group, Global, 2025

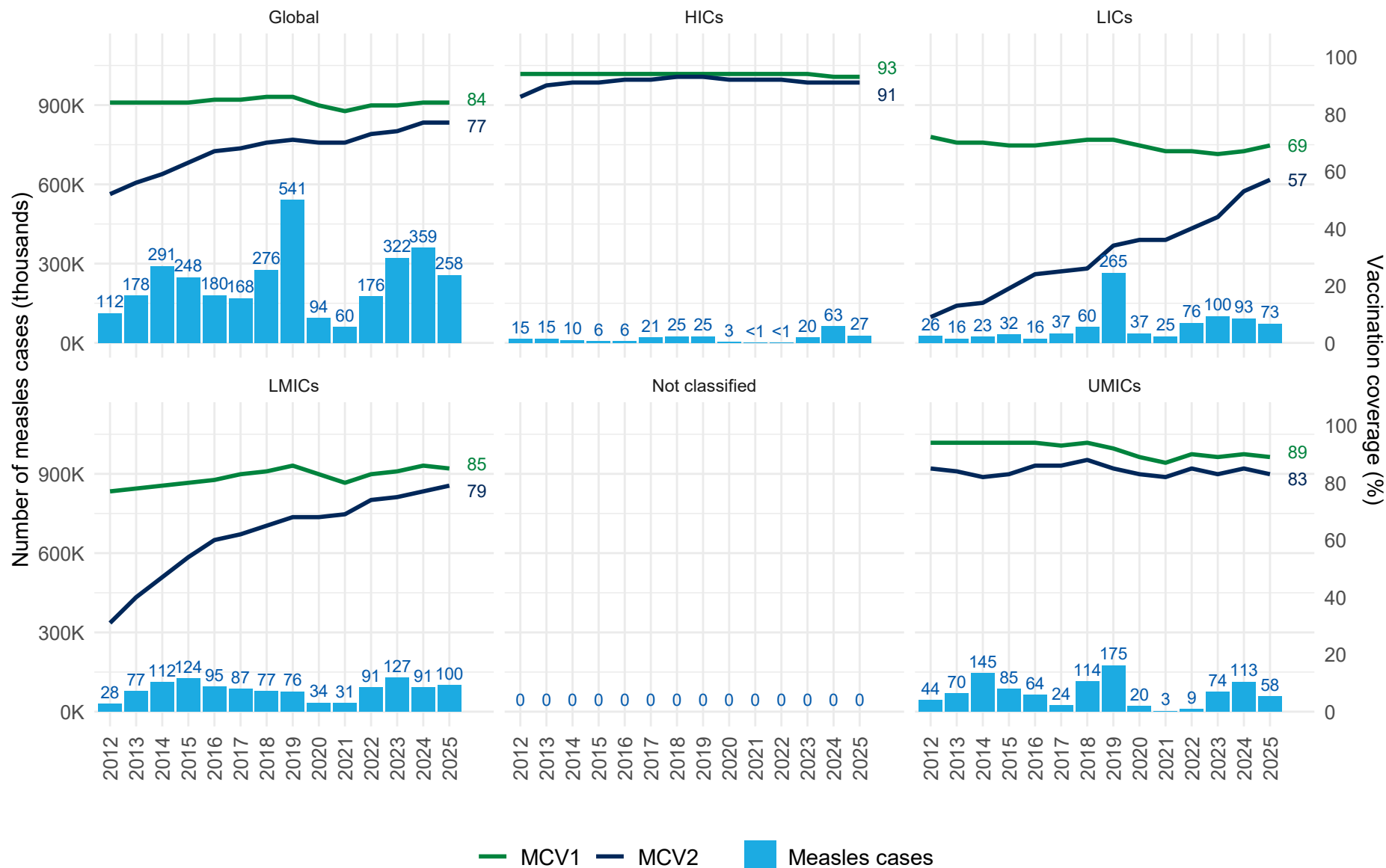


Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in legend corresponds to group ranking based on highest to lowest absolute number of unvaccinated children and reflects order of pie slices.

In 2025, 2 groups accounted for over half (79%) of all children unprotected against measles, globally.

LMICs had the highest number of children who did not receive MCV1 (n=8.7 million), which is approximately 42% of all children unprotected against measles, globally (n=20.8m).

Trends in the number of measles cases and MCV coverage, 2012-2025



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.

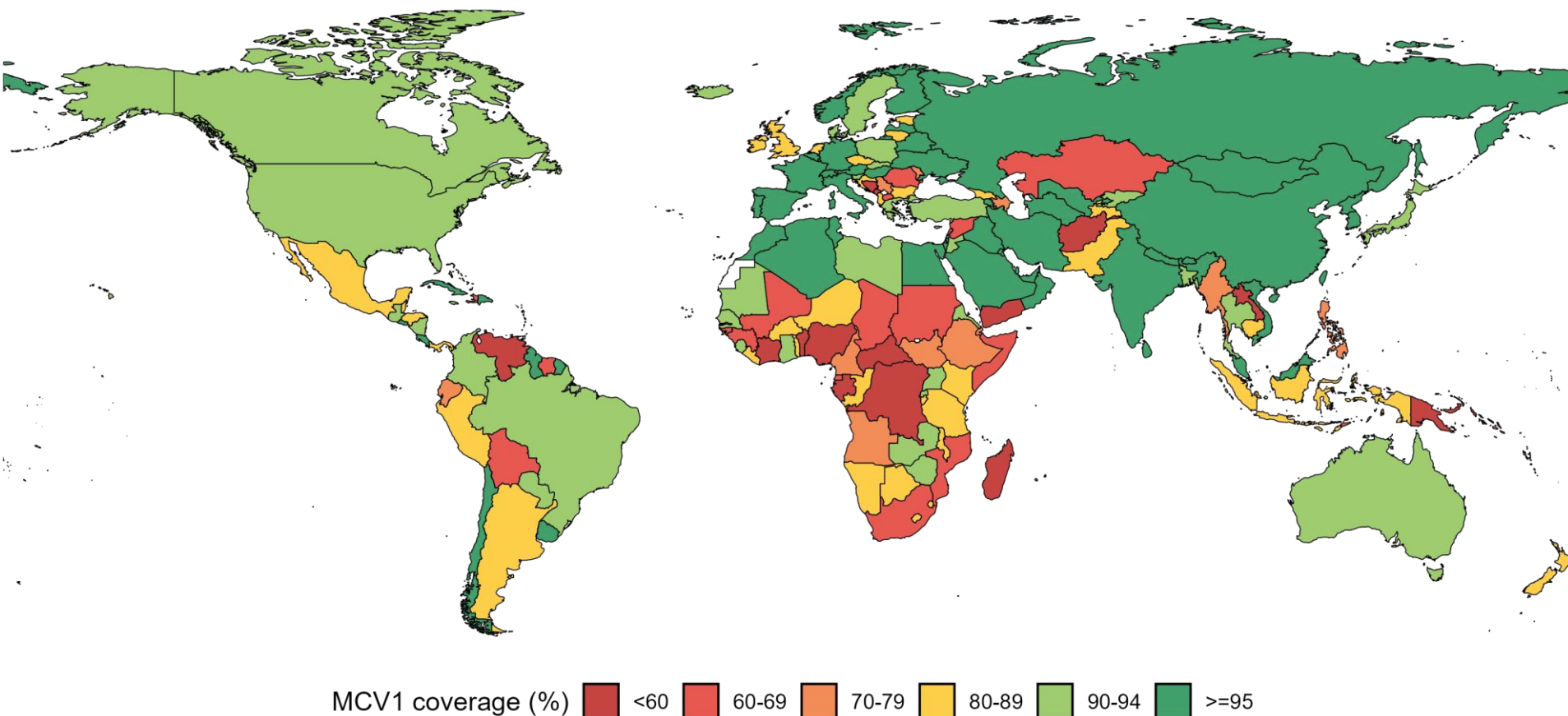
This chart shows trends in the number of measles cases and MCV coverage, by region.

In 2025, there were 257,456 confirmed measles cases, globally. LMICs had the highest number of cases (n=100,072), accounting for 39% of all measles cases globally.

Very high vaccination coverage is necessary to interrupt measles transmission due to the virus's high transmissibility. The WHO recommends a minimum of 95% coverage with two doses of MCV through routine immunization services.

In 2025, 102 countries achieved at least 90% MCV1 coverage, while 32 had coverage below 70%.

MCV1 Coverage (%), Global, 2025



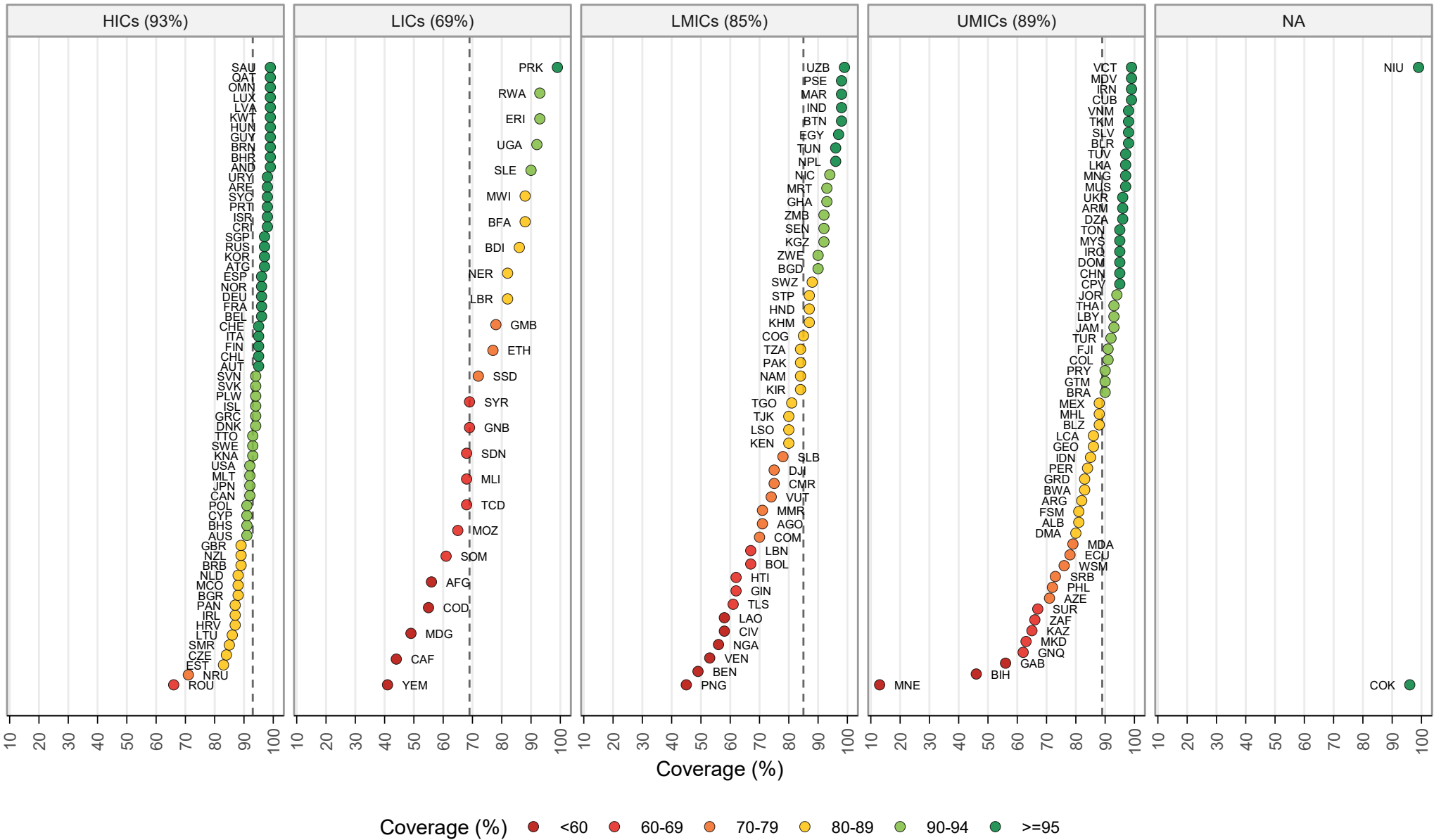
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: This map is stylized and based on an approximate scale. This map does not reflect a position by UNICEF or WHO on the legal status of any country or territory or the delimitation of any frontiers.

Globally, 32 out of 195 (16%) countries had MCV1 coverage below 70% in 2025.

These countries account for approximately 27.1 million (21%) of the total annual cohort of surviving infants.

There were 102 (52%) countries that achieved MCV1 of 90% or higher, accounting for 68.2 million (53%) of the total cohort.

MCV1 coverage (%), by region and country, 2025



HICs had the highest regional coverage (93%), while LICs had the lowest (69%).

102 countries achieved at least 90% coverage, while 49 remained below 80%.

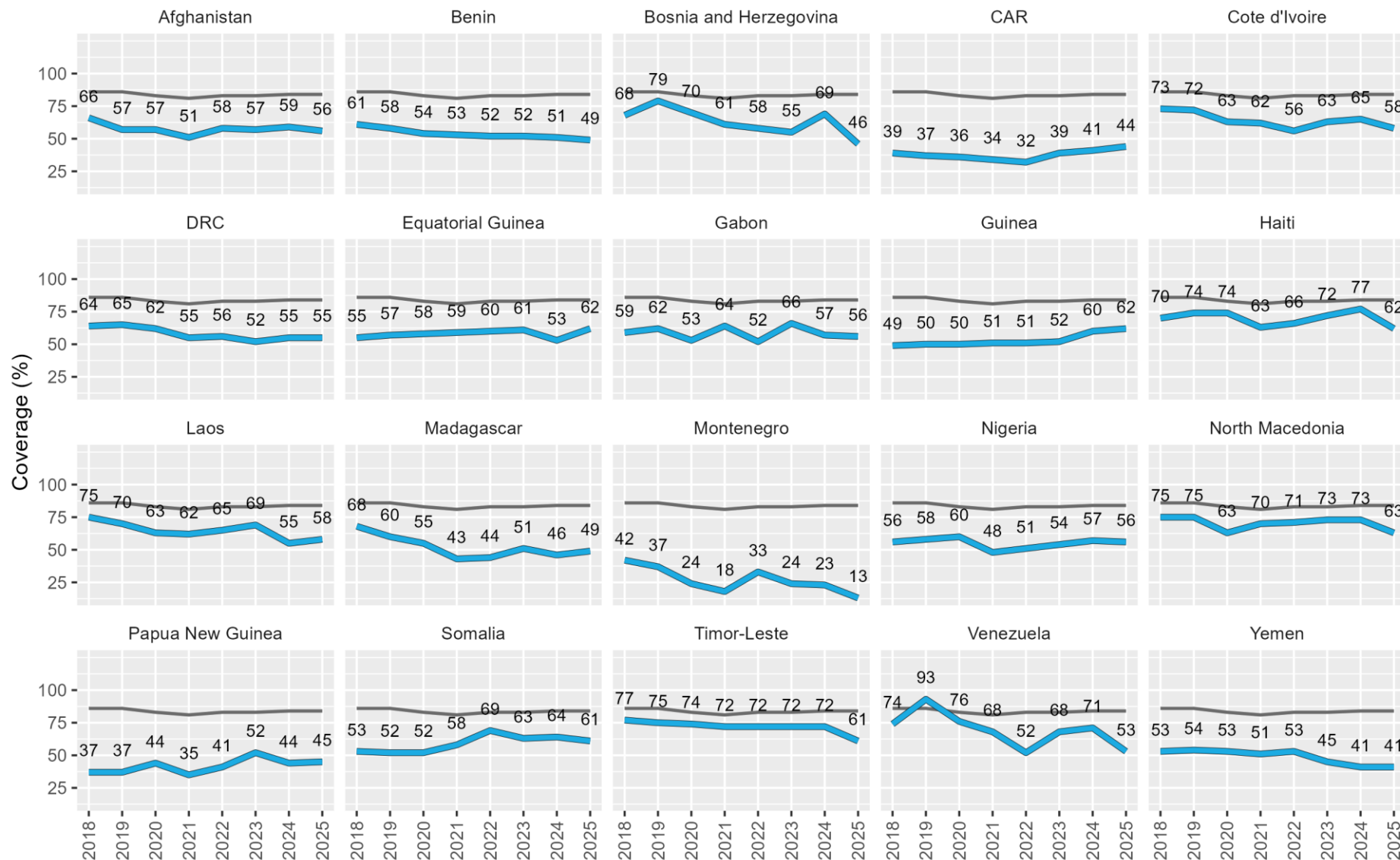
The lowest coverage was reported in Montenegro (13%), Yemen (41%), and CAR (44%).

The largest within-region variation was observed in UMICs (13%-99%).

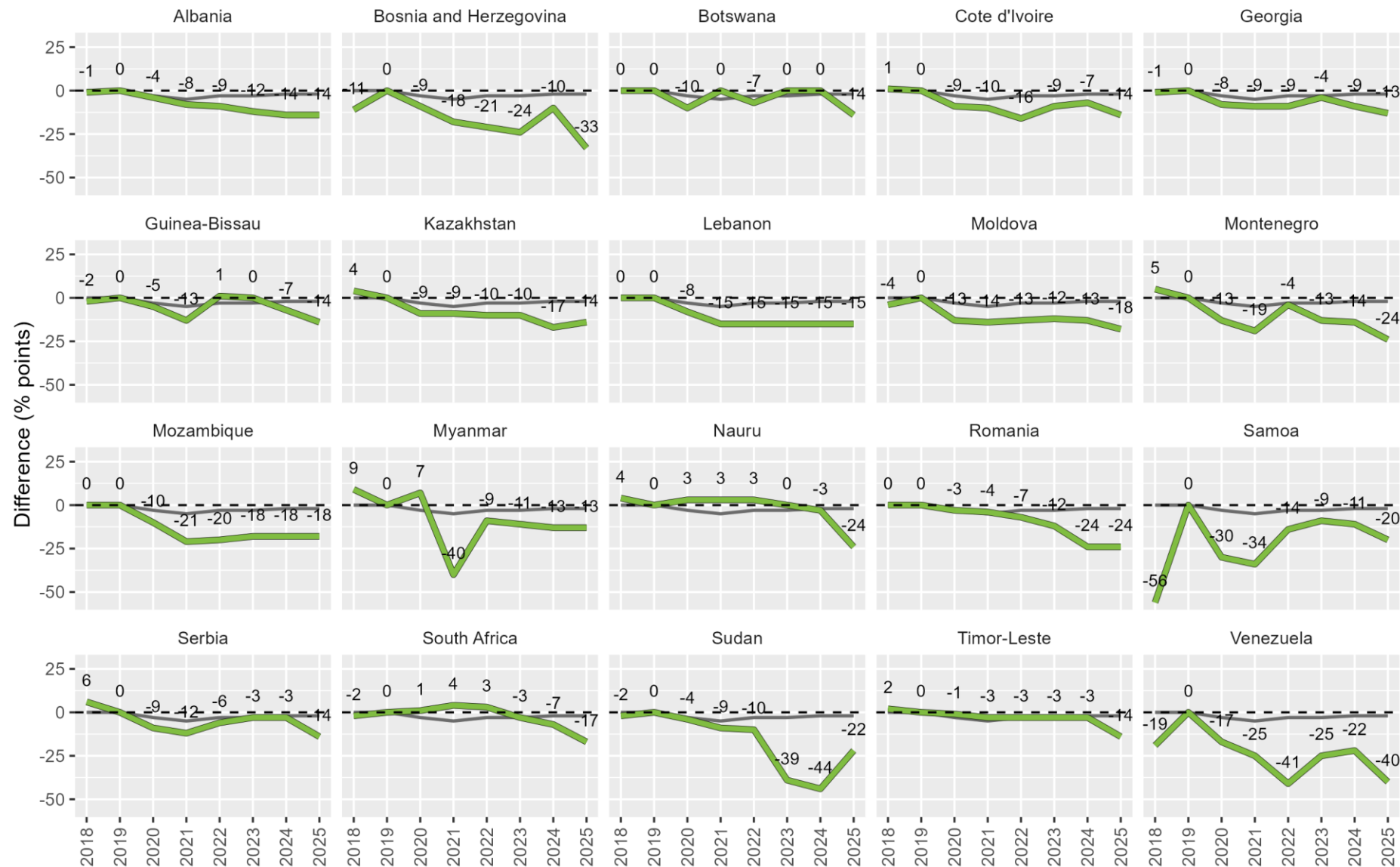
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Countries are ranked within each region. Country ISO codes displayed. Regional average coverage is shown in the headers and by the dashed line.

Coverage of MCV1, by country, Global, 2018-2025

Showing top 20 countries with the lowest coverage in 2025



MCV1 coverage difference compared to 2019, by country, Global, 2018-2025

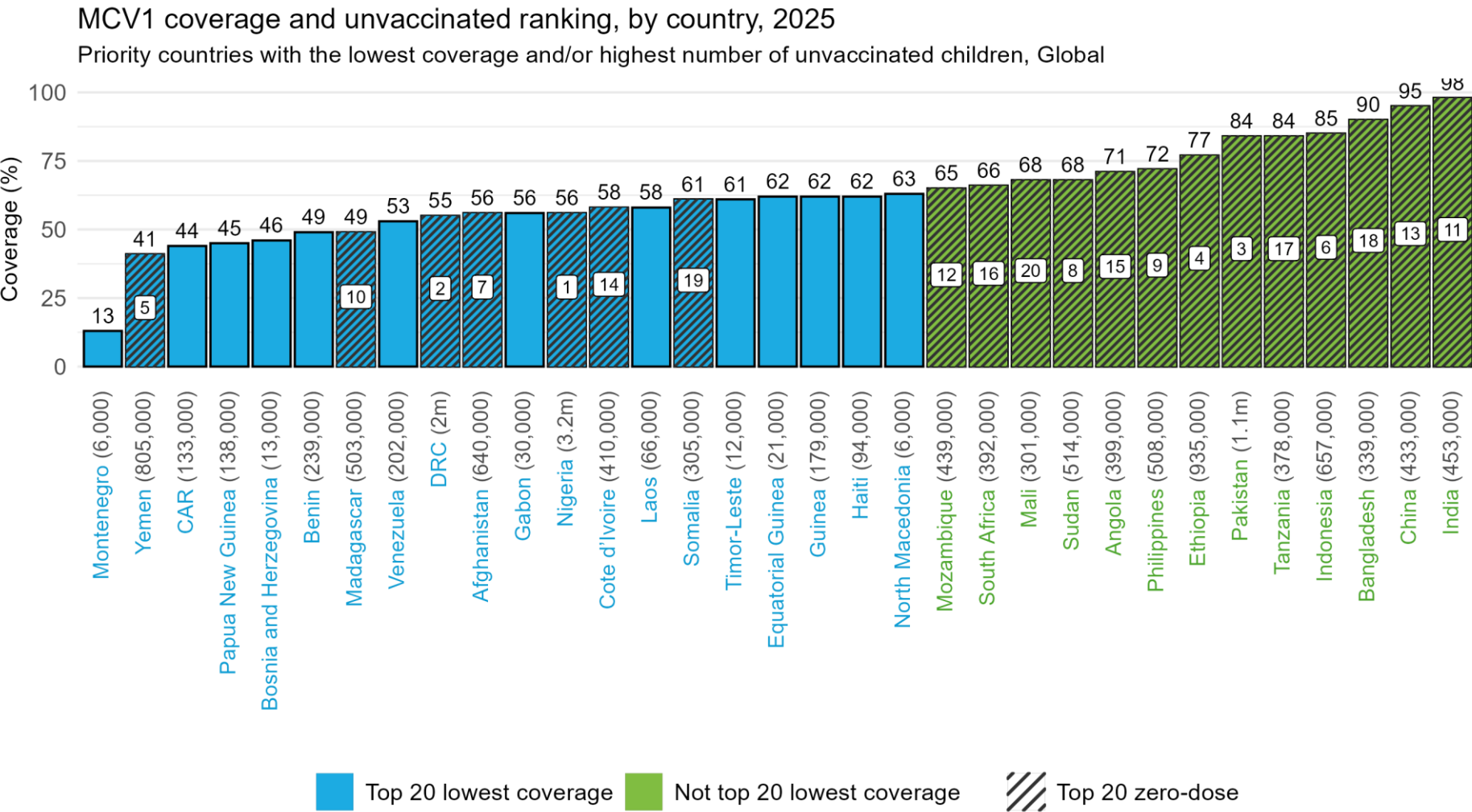


This chart shows the difference in MCV1 coverage compared to 2019, for the 20 countries with the largest declines in coverage between 2019 and 2025. Among the 20 countries with the largest declines in MCV1 coverage between 2019 and 2025, Coverage was not higher in 2025 compared to 2019 in any of these 20 countries. Coverage was lower than in 2019 in 20 of these 20 countries (Albania, Bosnia and Herzegovina, Botswana, Cote d'Ivoire, Georgia, Guinea-Bissau, Kazakhstan, Lebanon, Moldova, Montenegro, Mozambique, Myanmar, Nauru, Romania, Samoa, Serbia, South Africa, Sudan, Timor-Leste, and Venezuela). The largest decline in coverage was 40% points in Venezuela from 93% in 2019 to 53% in 2025.

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

Note: Dark grey line displays regional coverage difference for reference compared to 2019, values above zero indicate coverage n percentage points higher than in 2019 and values below zero indicate coverage n percentage points lower than in 2019

In 2025, Montenegro and Yemen had the lowest MCV1 coverage, while Nigeria and DRC had the highest number of unvaccinated children, highlighting the need to consider both coverage and absolute numbers to identify all vulnerable populations.



This chart shows the top 20 countries globally with the lowest MCV1 coverage (based on tied ranks) and/or the top 20 countries with the highest absolute number of unvaccinated children.

In 2025, Montenegro had the lowest MCV1 coverage (13%), followed by Yemen (41%).

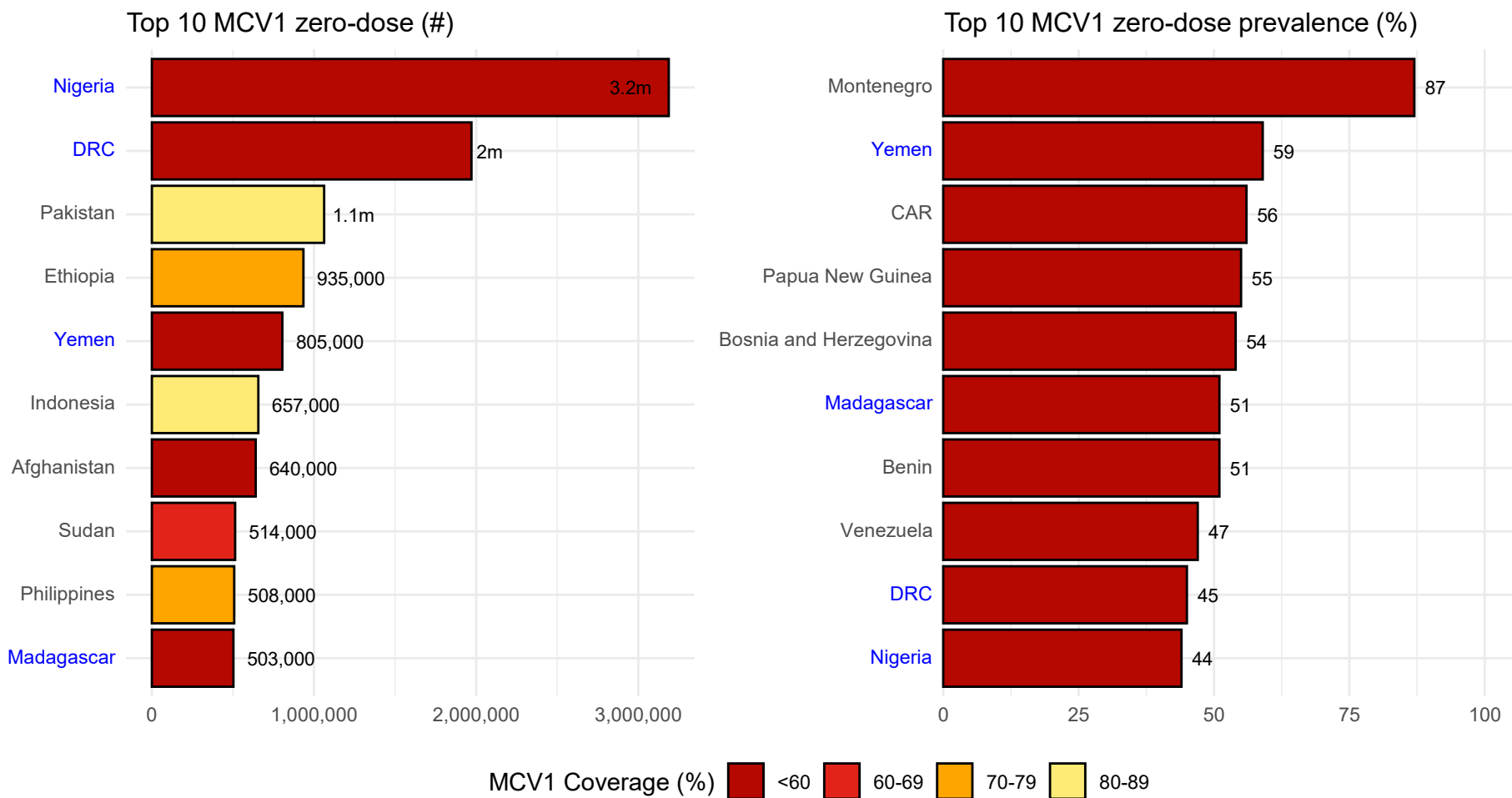
Nigeria had the highest absolute number of unvaccinated children, followed by DRC.

Large cohort countries may have high numbers of unvaccinated children despite high vaccine coverage. It is advantageous to look at both coverage and absolute numbers of unvaccinated children to ensure vulnerable countries with small birth cohorts are not missed.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Bars are ranked by ascending coverage.
Numbers in bubbles display top 20 rank based on absolute number of unvaccinated children. Number in parentheses shows number of unvaccinated children.
Bars without bubbles represent countries with low coverage but not in the top 20 countries with the most unvaccinated children

Four countries face the double burden of having the largest absolute numbers and highest prevalence of children missing out on measles vaccines.

Top 10 countries with highest number and prevalence of measles zero-dose children, 2025



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

Note: Countries in blue appear in both lists.

Where multiple countries are tied on MCV1 zero-dose prevalence, countries with the highest numbers of unvaccinated children are prioritised to limit the ranking to 10 countries.

In 2025, the top 10 countries (out of 195) accounted for 10.8 million (52%) of children who did not receive the first dose of measles vaccine (MCV1), globally.

Nigeria had the highest number of children who did not receive MCV1 (3.2 million), followed by DRC (2 million), accounting for approximately 15% and 9% of measles zero-dose children, respectively.

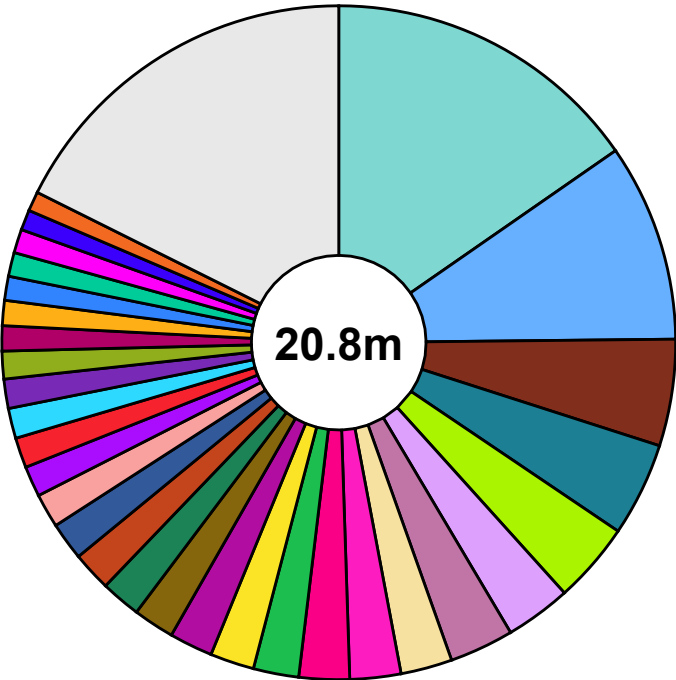
Absolute numbers of unvaccinated children is driven by a combination of birth cohort size and programme performance, as such, large birth cohort countries may have a large number of zero-dose children despite higher coverage than other countries.

Montenegro had the highest prevalence of measles zero-dose children, with over three in four (87%) of surviving infants missing out on any DTP vaccine.

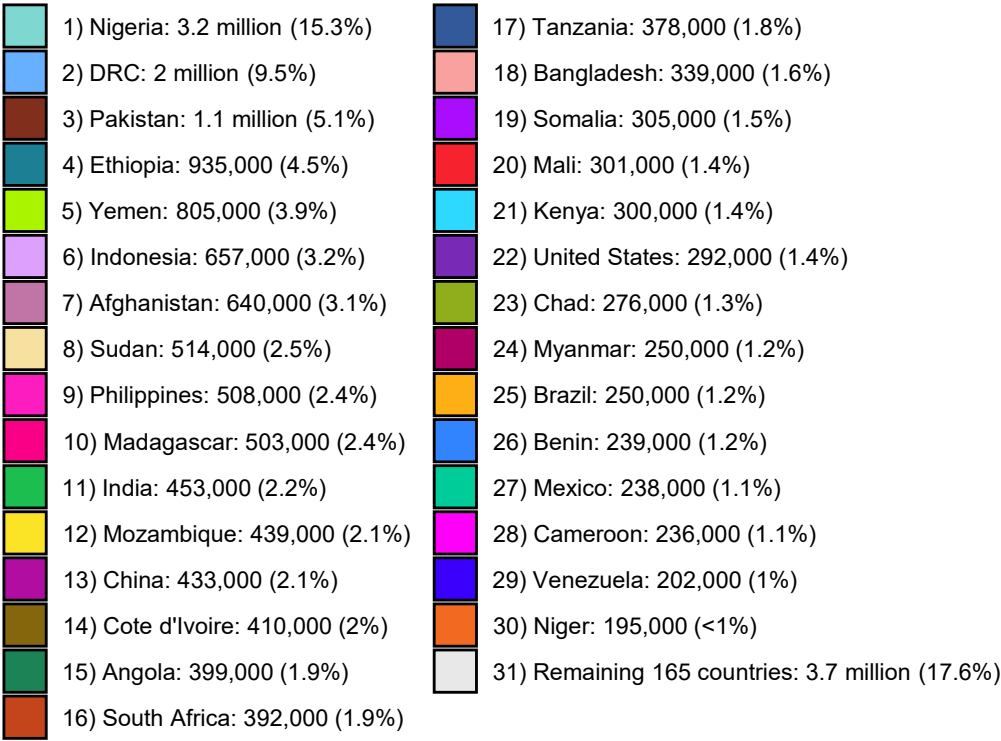
Four countries appeared in both lists based on number and prevalence of unvaccinated children (Nigeria, DRC, Yemen, and Madagascar).

In 2025, 10 countries accounted for over half of all children unprotected against measles, globally, with Nigeria contributing the highest share.

MCV1 unvaccinated (% of total unvaccinated)



MCV1 unvaccinated (% of total unvaccinated)



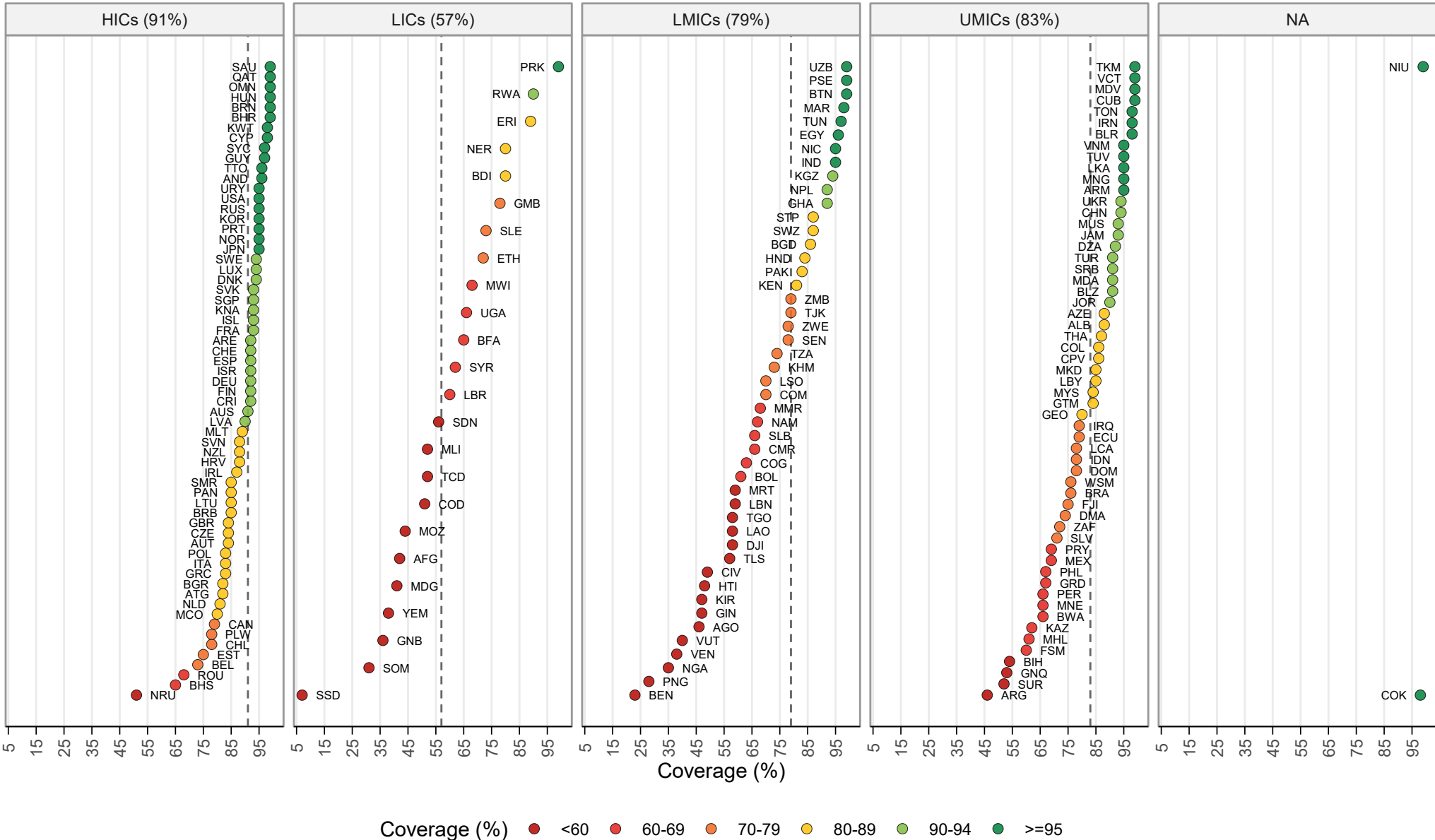
In 2025, 10 countries accounted for over half (51.9%) of all children unprotected against measles, globally.

Nigeria had the highest number of children who did not receive MCV1 (n=3.2 million), which is approximately 15.3% of all children unprotected against measles, globally (n=20.8 million).

The number of unvaccinated children is influenced by both the birth cohort size and programme performance. As a result, countries with large birth cohorts may still have a high number of unvaccinated children, even if coverage rates are high. At the same time, countries with high coverage will also have a greater absolute number of children who are vaccinated. Please refer to the heatmaps for country-specific coverage.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in legend corresponds to group ranking based on highest to lowest absolute number of unvaccinated children and reflects order of pie slices.

MCV2 coverage (%), by region and country, 2025



HICs had the highest regional coverage (91%), while LICs had the lowest (57%).

73 countries achieved at least 90% coverage, while 82 remained below 80%.

The lowest coverage was reported in South Sudan (7%), Benin (23%), and Papua New Guinea (28%).

The largest within-region variation was observed in LICs (7%-99%).

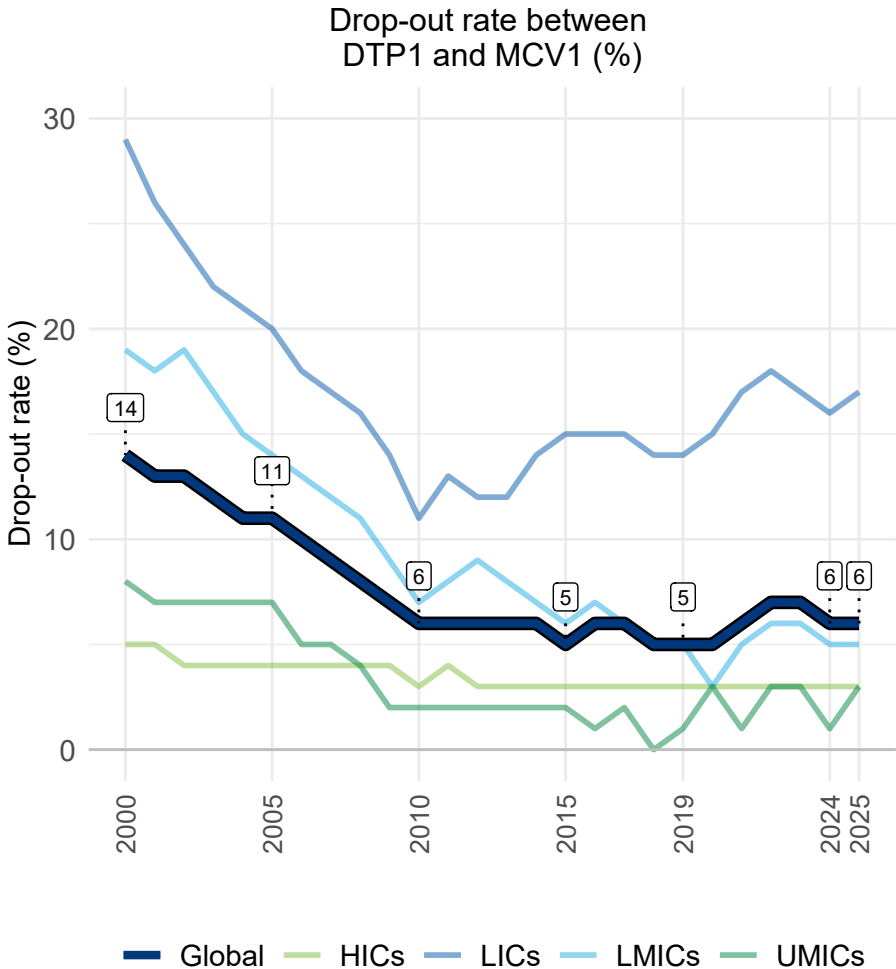
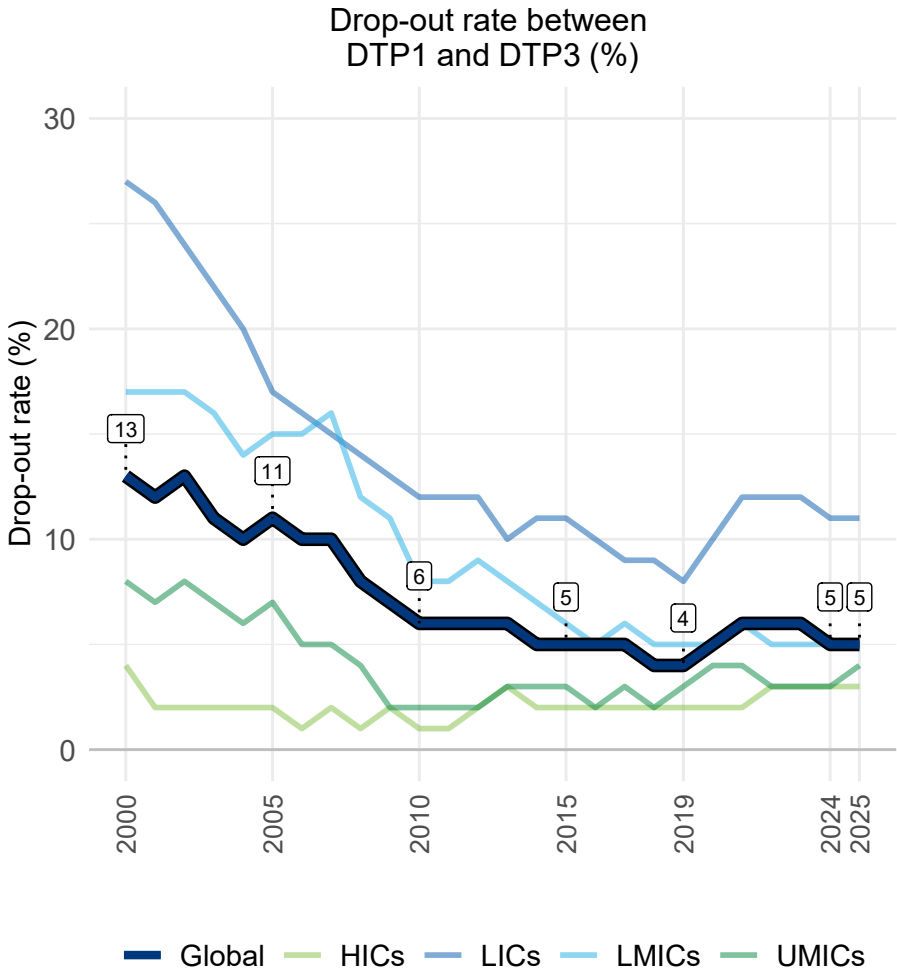
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

Note: Countries are ranked within each region. Country ISO codes displayed. Regional average coverage is shown in the headers and by the dashed line.

Childhood immunization: Additional charts

In 2025, DTP1 and DTP3/MCV1 drop-out was moderate. LICs had the highest drop-out rates (11% for DTP3 and 17% for MCV1).

Vaccine drop-out, Global, 2000-2025



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

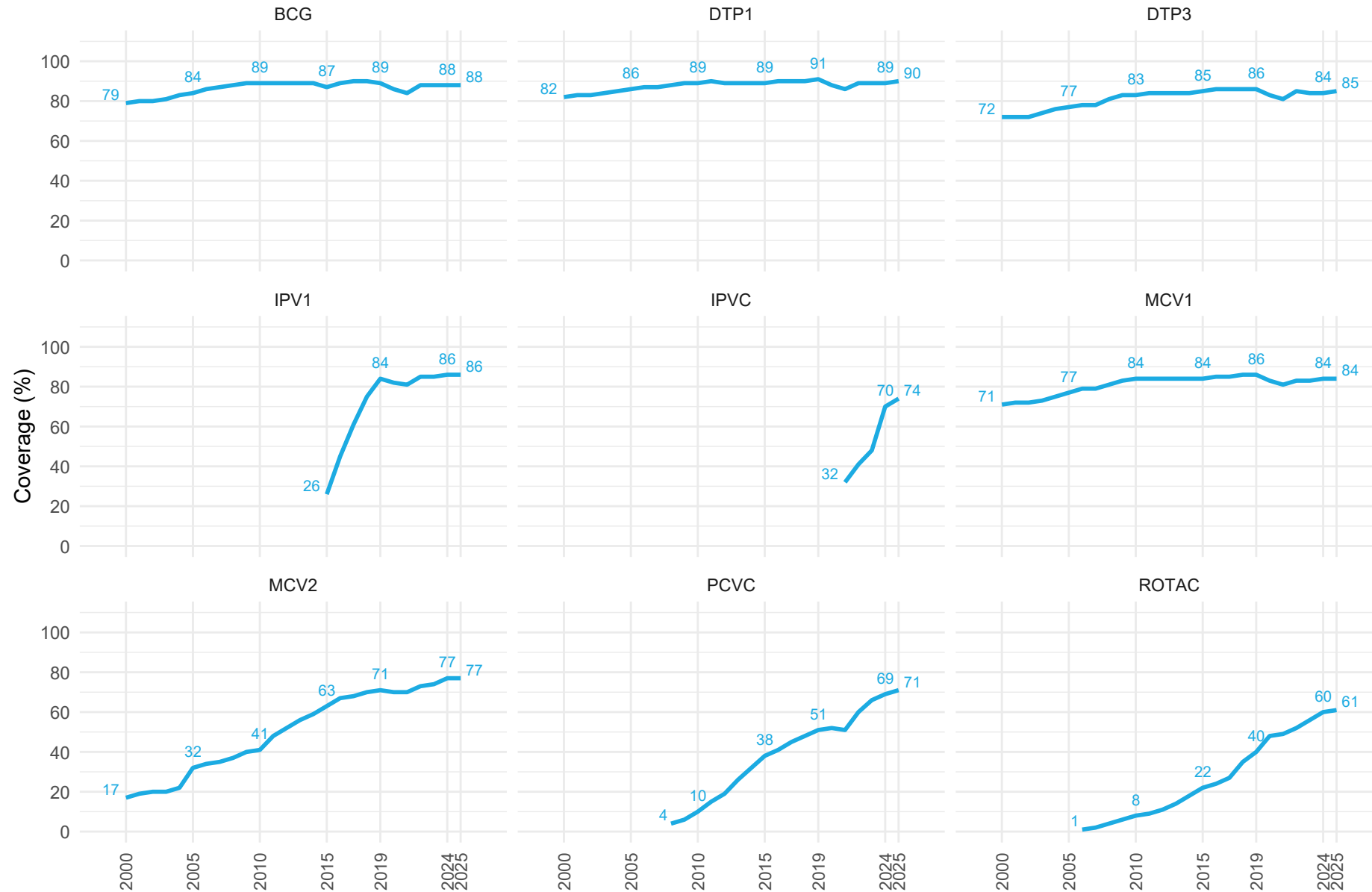
This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1 globally and by WB group.

In 2025, 5% of children who received DTP1 did not receive DTP3 (left), and 6% of children who received DTP1 did not receive MCV1 (right).

Globally, the medium DTP drop-out rates imply moderate ability to provide a complete series of vaccines early in life. The medium DTP-MCV drop-out rates imply moderate retention in immunization programmes and ability to provide a full course of vaccines in infancy (up to one year).

In 2025, LICs had the highest DTP drop-out (11%) and LICs had the highest DTP-MCV drop-out (17%).

Coverage of selected routine vaccines, Global, 2000-2025



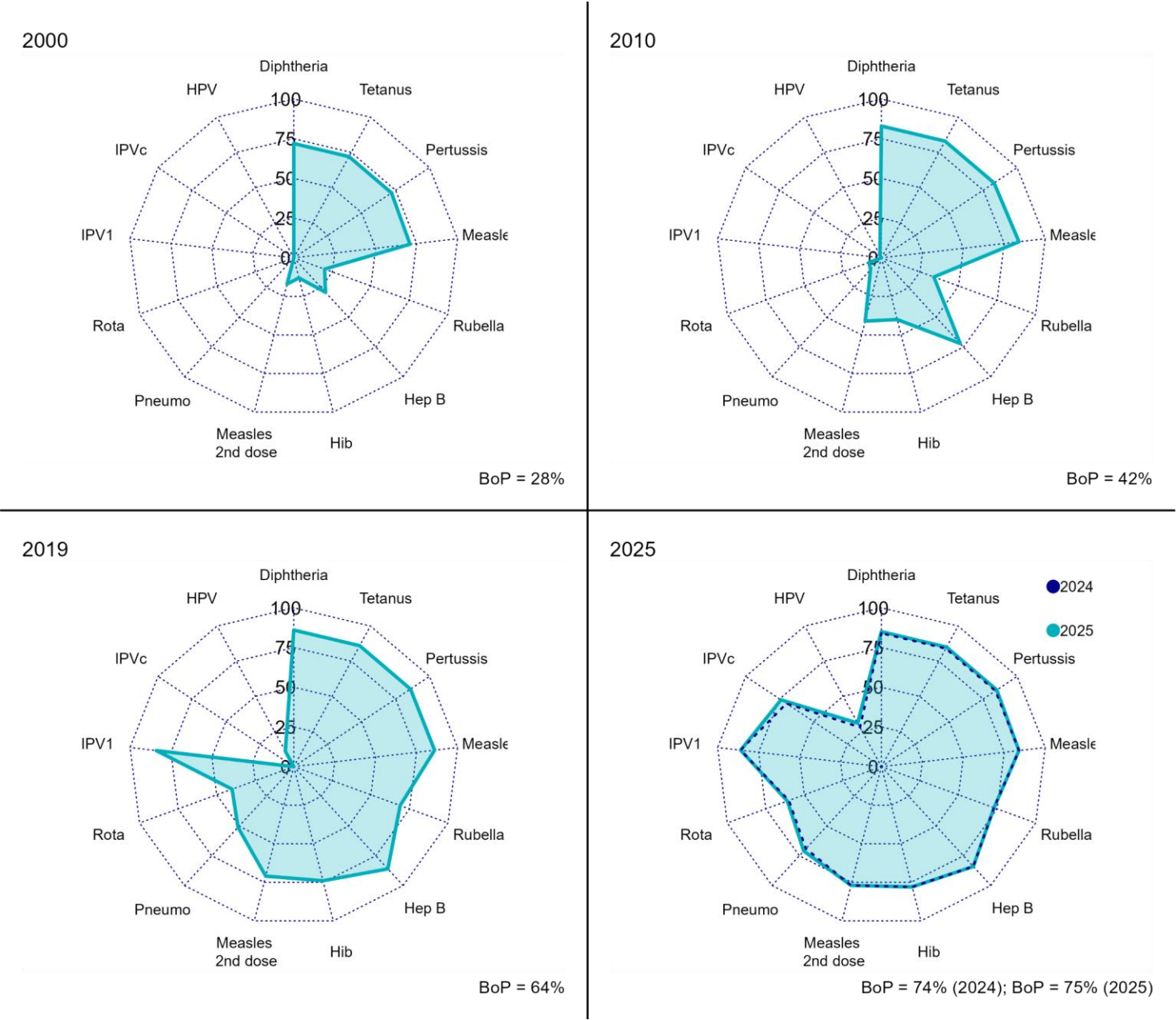
This chart shows coverage trends for 9 core routine vaccines recommended in childhood.

The steep increasing trends in coverage of IPV, MCV2, PCVC and RotaC is in-part related to increasing introduction in countries, along with improved coverage.

In 2025, ROTAC had the lowest coverage of all vaccines (61%), followed by PCVC (71%).

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

Breadth of Protection, Global, 2000-2025



Breadth of protection (BOP) is a combination of the number of vaccines in a country's national immunization programme and the coverage achieved for each vaccine.

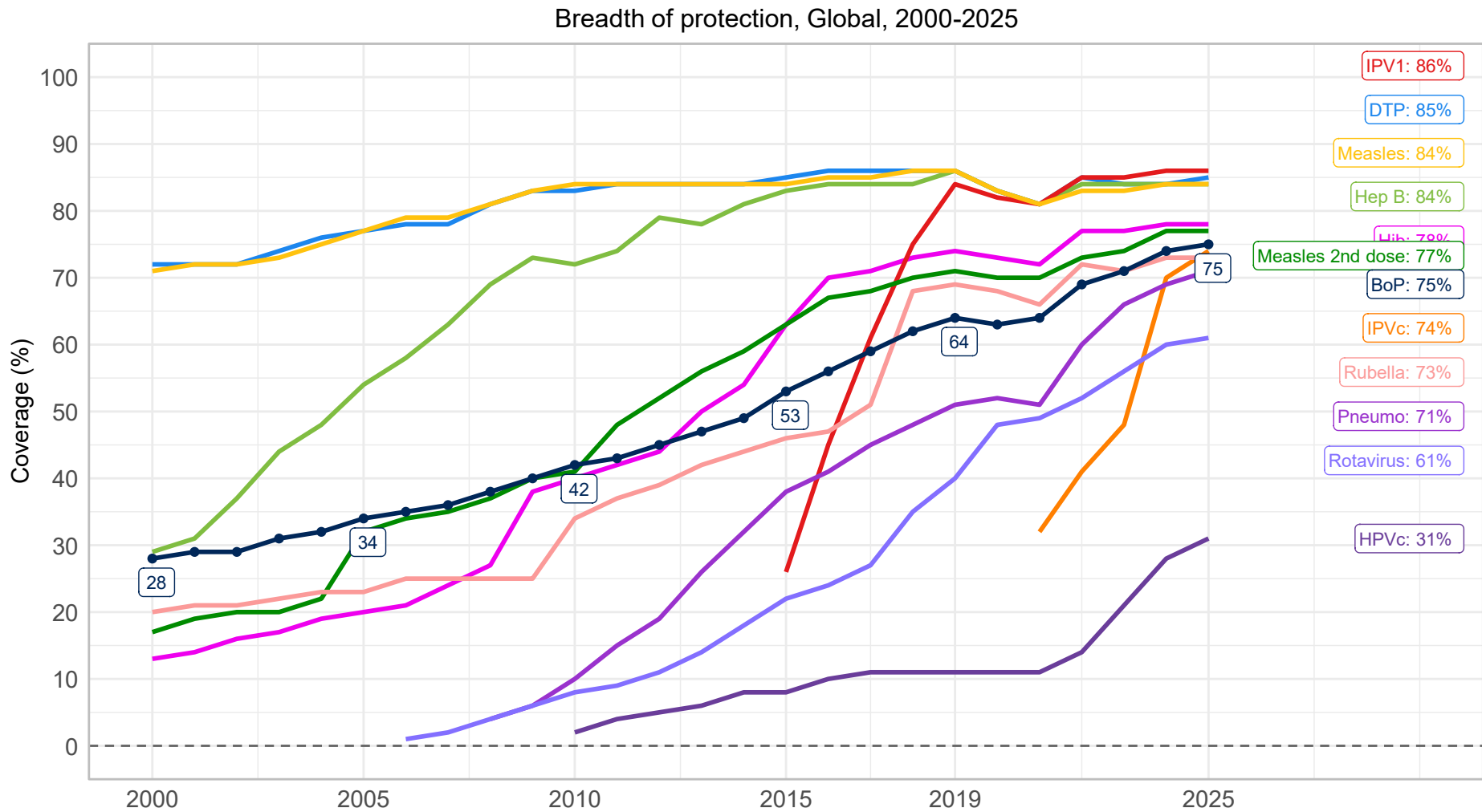
The radar chart displays the BOP (shaded area) and vaccine coverage (points), by year.

BOP increased from 28% in 2000 to 75% in 2025. This increase since 2000 is a result of incremental improvement in introducing new vaccines and expanding vaccination services to previously missed populations.

Enhancing BOP now depends partly on improving the coverage of HPV, ROTAC, PCVC, RCV1, IPVc, MCV2, and HIB3 - vaccines with coverage less than 80% in 2025.

Breadth of protection = ((DTP3 x 3) + HepB3 + Hib3 + IPV1 + IPVc + MCV1 + MCV2 + PCV3 + RCV1 + RotaC + HPV) / 13

Breadth of protection with all recommended antigens has more than doubled since 2000, but reaching the next gains depends on closing coverage gaps in newer vaccines still below 75%.



Breadth of protection (BOP) is a combination of the number of vaccines in a country's national immunization programme and the coverage achieved for each vaccine.

The radar chart displays the BOP (shaded area) and vaccine coverage (points), by year.

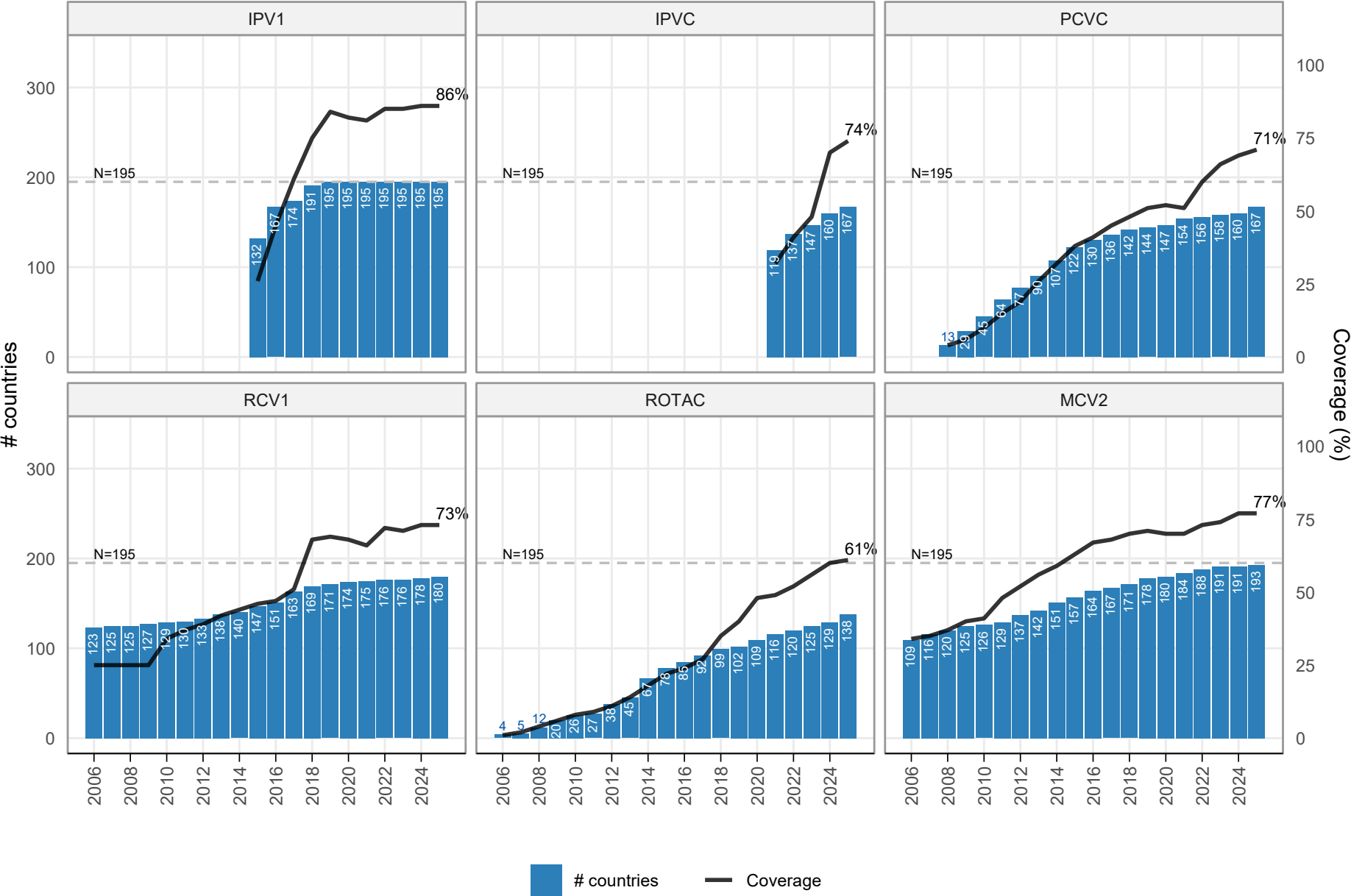
BOP increased from 28% in 2000 to 75% in 2025. This increase since 2000 is a result of incremental improvement in introducing new vaccines and expanding vaccination services to previously missed populations.

Enhancing BOP now depends partly on improving the coverage of HPV, ROTAC, PCVC, RCV1, IPVc, MCV2, and HIB3 - vaccines with coverage less than 80% in 2025.

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

Breadth of protection (BoP) = ((DTP3 x 3) + HepB3 + Hib3 + IPV1 +IPVC + MCV1 + MCV2 + PCVC + RCV1 + RotaC + HPVc) / 13

Trends in number of countries with WUENIC estimates and coverage, Global, 2006-2025



This chart coverage progress of selected vaccines alongside number of countries with introductions to aid understanding of progress.

WUENIC starts producing estimates from the first year a country reports data. For new vaccines, this is often the year of, or the year year after a vaccine in introduced. As such, the numbers serve as a proxy for year of introduction.

As WUENIC has evolved and SAGE recommendations updated, more vaccines have been added to the estimation process. Where estimates were started after 2006, the first year of estimation is indicated by the vertical dashed line.

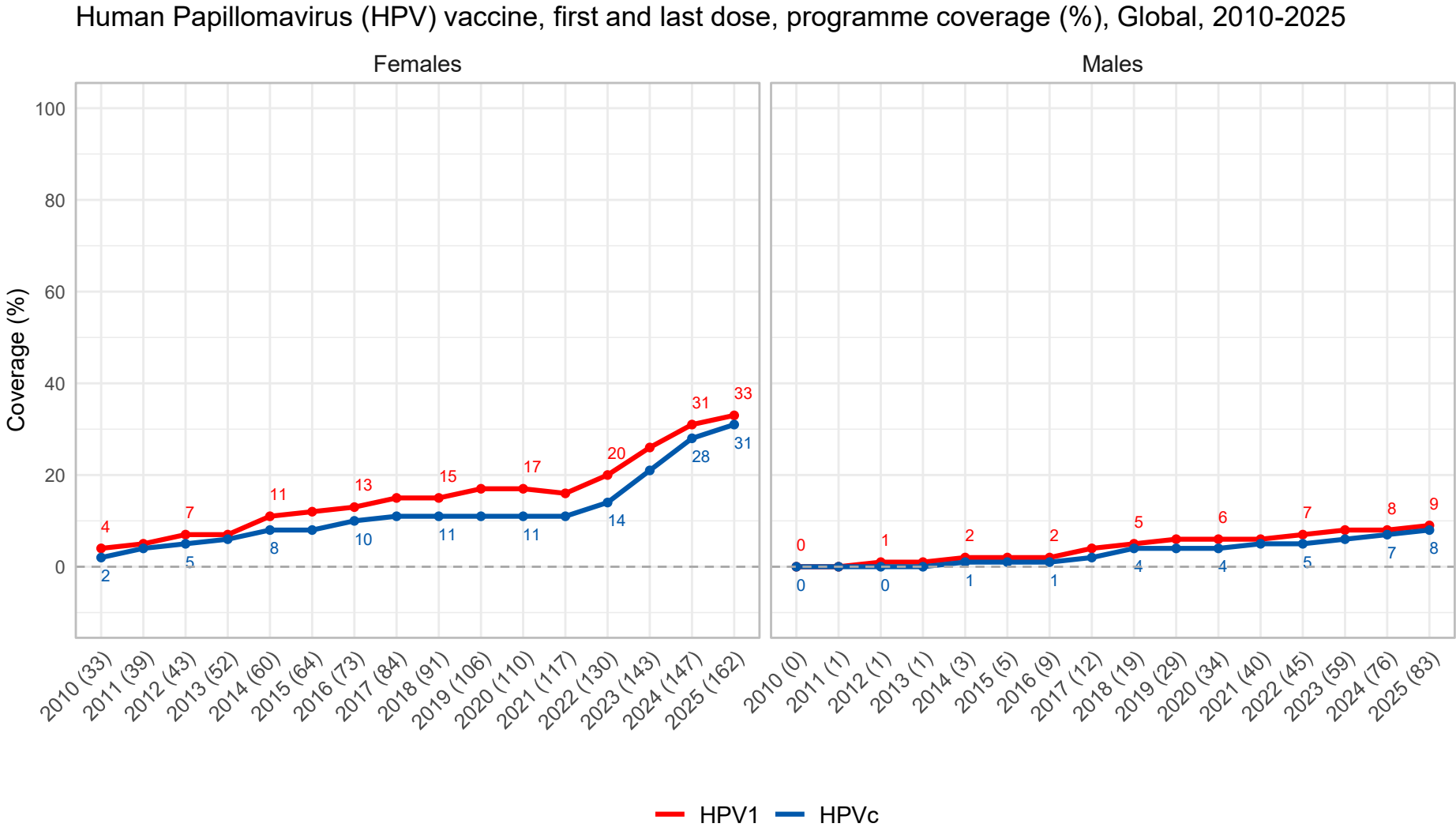
The total number of countries that are recommended for each vaccine is indicated by the dashed horizontal line and corresponding value.

Countries without the vaccine are included in aggregates as 0.

HPV vaccination

Methods: • [Bruni et al. 2021, HPV vaccination introduction worldwide and WHO and UNICEF estimates of national HPV immunization coverage 2010–2019 \(supplementary materials\).](#)

In 2025, HPV last dose coverage among girls increased to 31% and coverage among boys increased to 8%. Increases are driven by new introductions, national scale up and 1-dose schedule implementation.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number of countries with HPV vaccination are indicated in parentheses. Countries without introduction are included in aggregates using a value of zero for the estimate.

HPV programme coverage is assessed according to the national schedule, and is used for short-term performance monitoring and SDG reporting.

In 2025, first dose (HPV1) coverage among girls increased to 33% and last dose (HPVc) coverage increased to 31%.

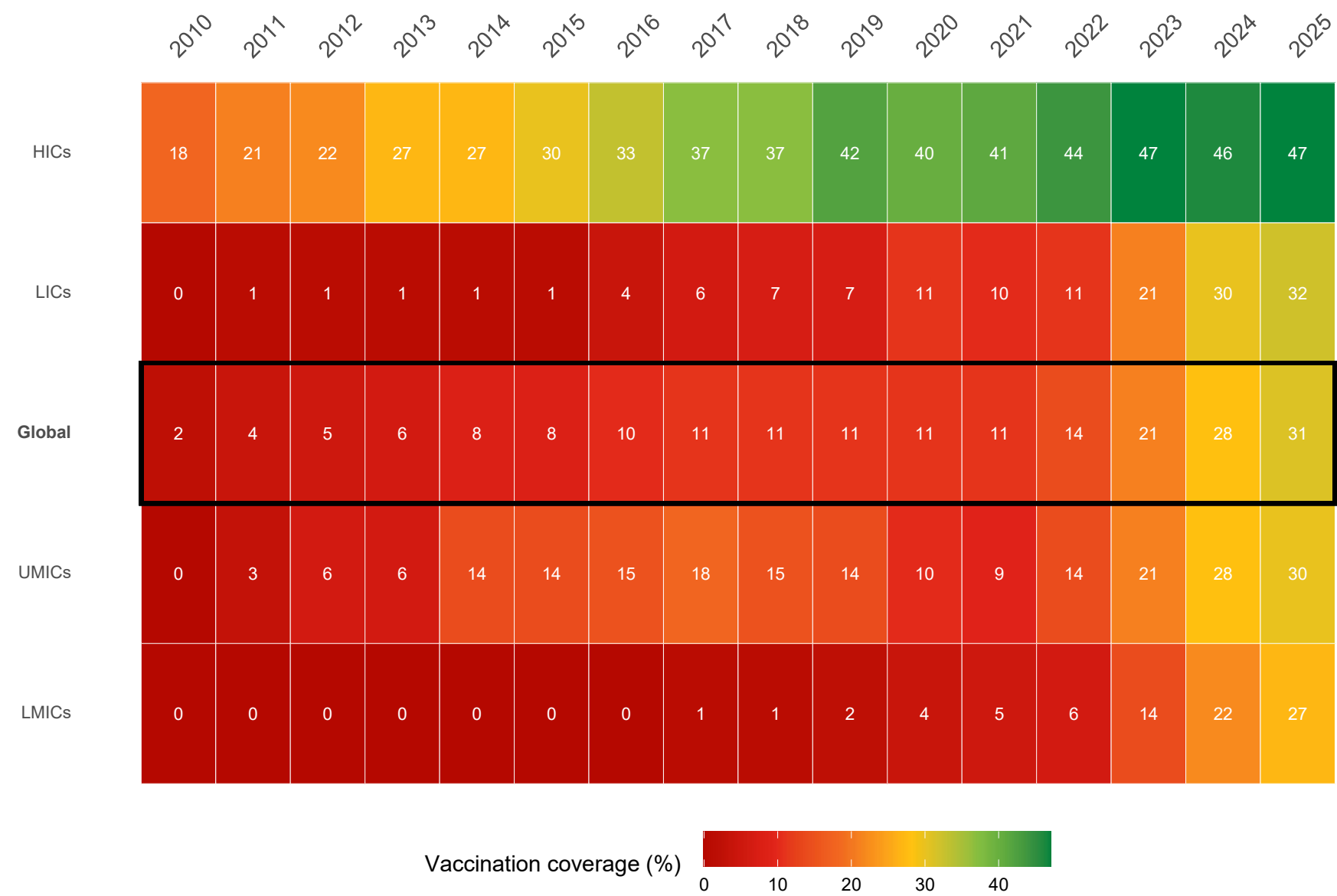
HPV1 coverage among boys increased to 9% and HPVc coverage increased to 8%.

HPV vaccine was available in 162* (out of 195) countries for girls and 83 for boys. Countries that have not introduced are included in aggregates with coverage of 0%.

Increasing coverage relies on reaching more girls and boys in existing programmes and introducing HPV vaccine in countries that have not yet introduced it, particularly low- and middle- income countries with the highest burden of cervical cancer.

*Includes partial introductions

HPVc programme coverage (%), girls, by group, 2010-2025

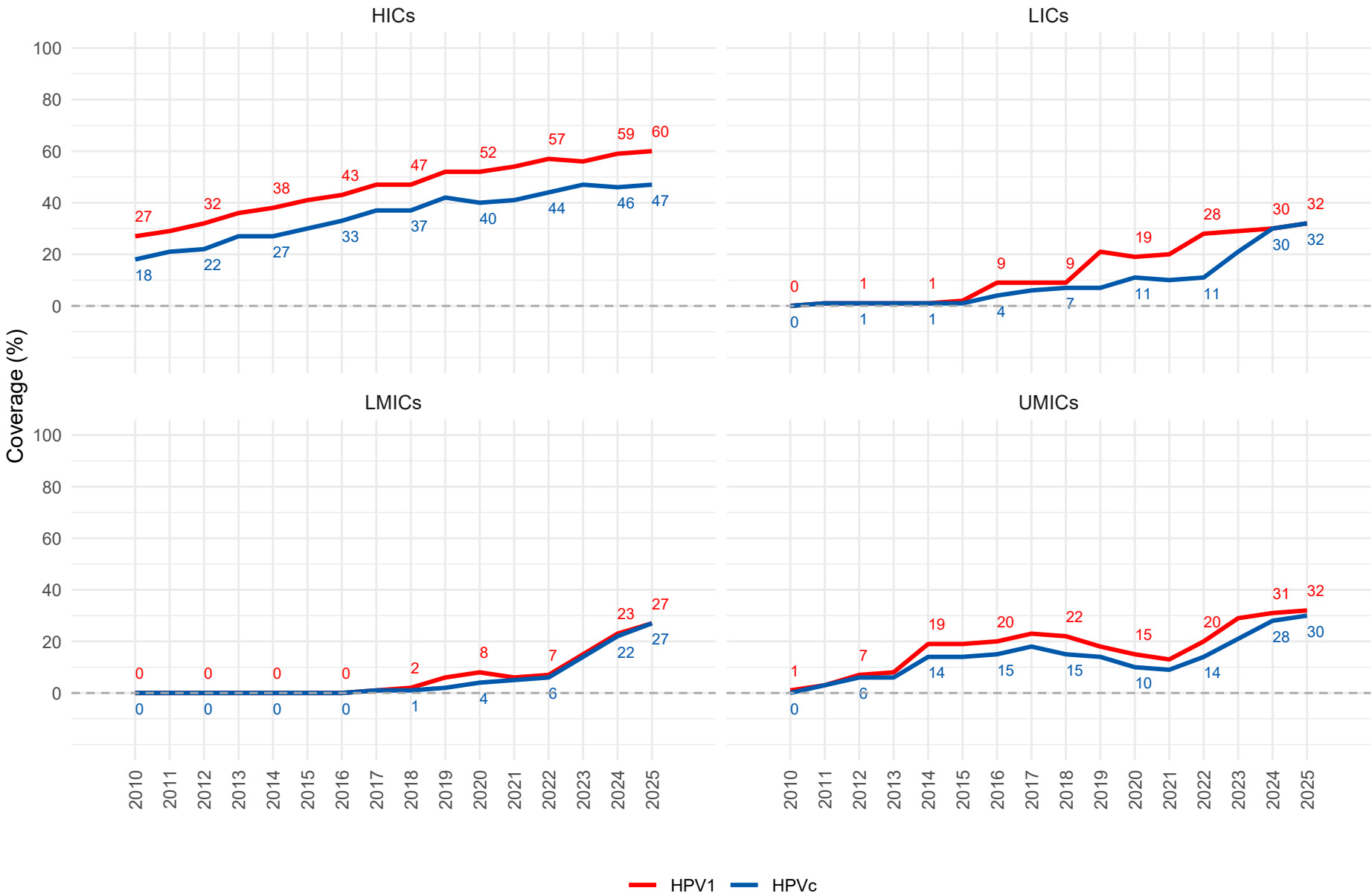


The 'HPVc programme coverage' indicator is defined as the target population who received the last dose of HPV vaccine in the reporting year.

This heatmap shows HPVc programme coverage among girls, by region and year. The colour gradient is based on the best performing region.

In 2025, HICs had the highest HPVc coverage (47%), and LMICs had the lowest coverage (27%).

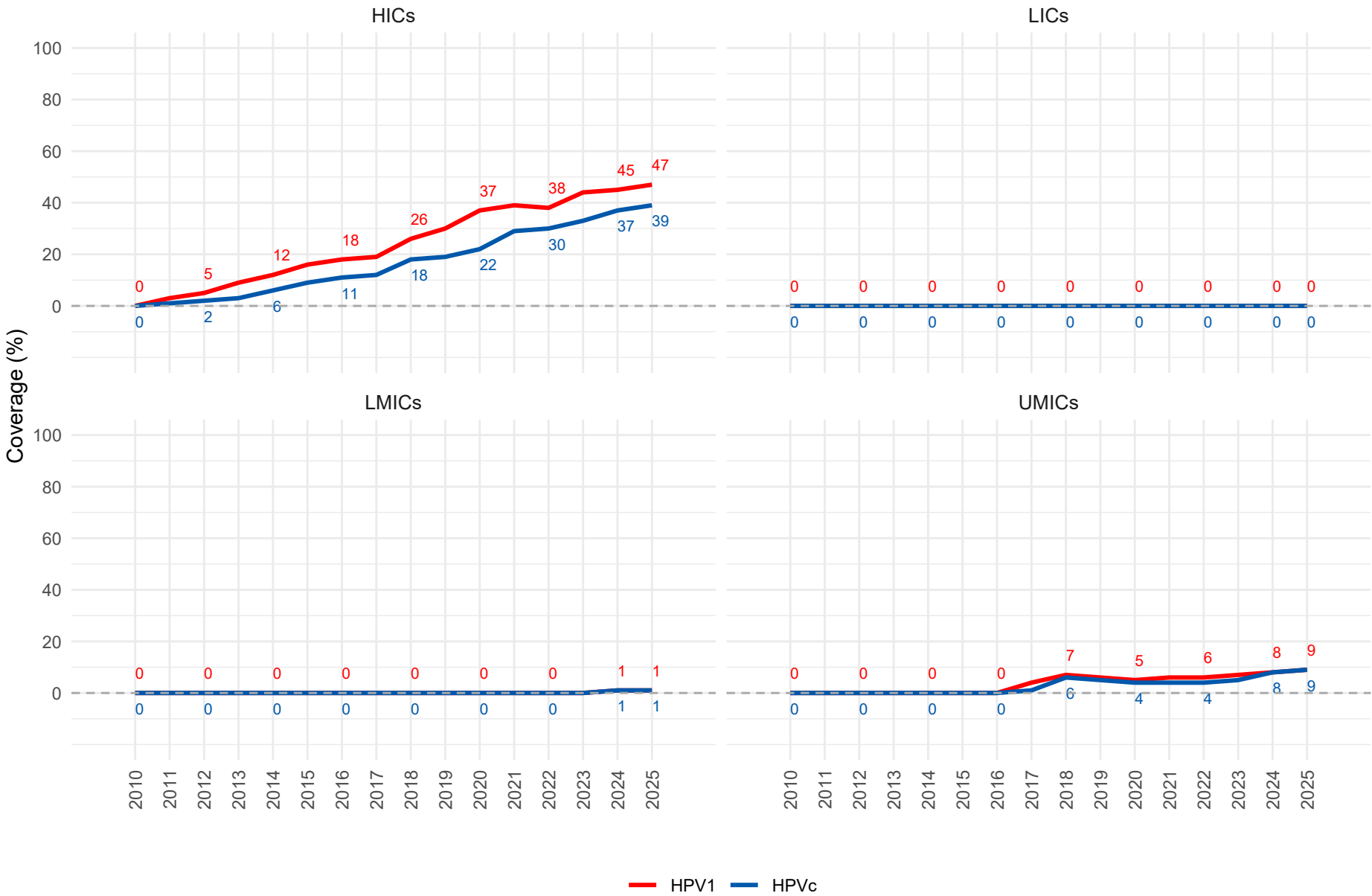
HPV first and last dose, Females, programme coverage (%), 2010-2025



The HPV vaccine helps protect against human papillomavirus (HPV), which can cause cervical cancer and other HPV-related diseases. It is usually recommended between 9-14 years of age, and is generally given as a one or two-dose schedule.

HPV programme coverage is based on the national schedule and the programmes eligibility criteria for each calendar year. Complete HPV coverage among girls contributes to SDG 3.b.1, with a target of 90% coverage by 2030.

HPV first and last dose, Males, programme coverage (%), 2010-2025



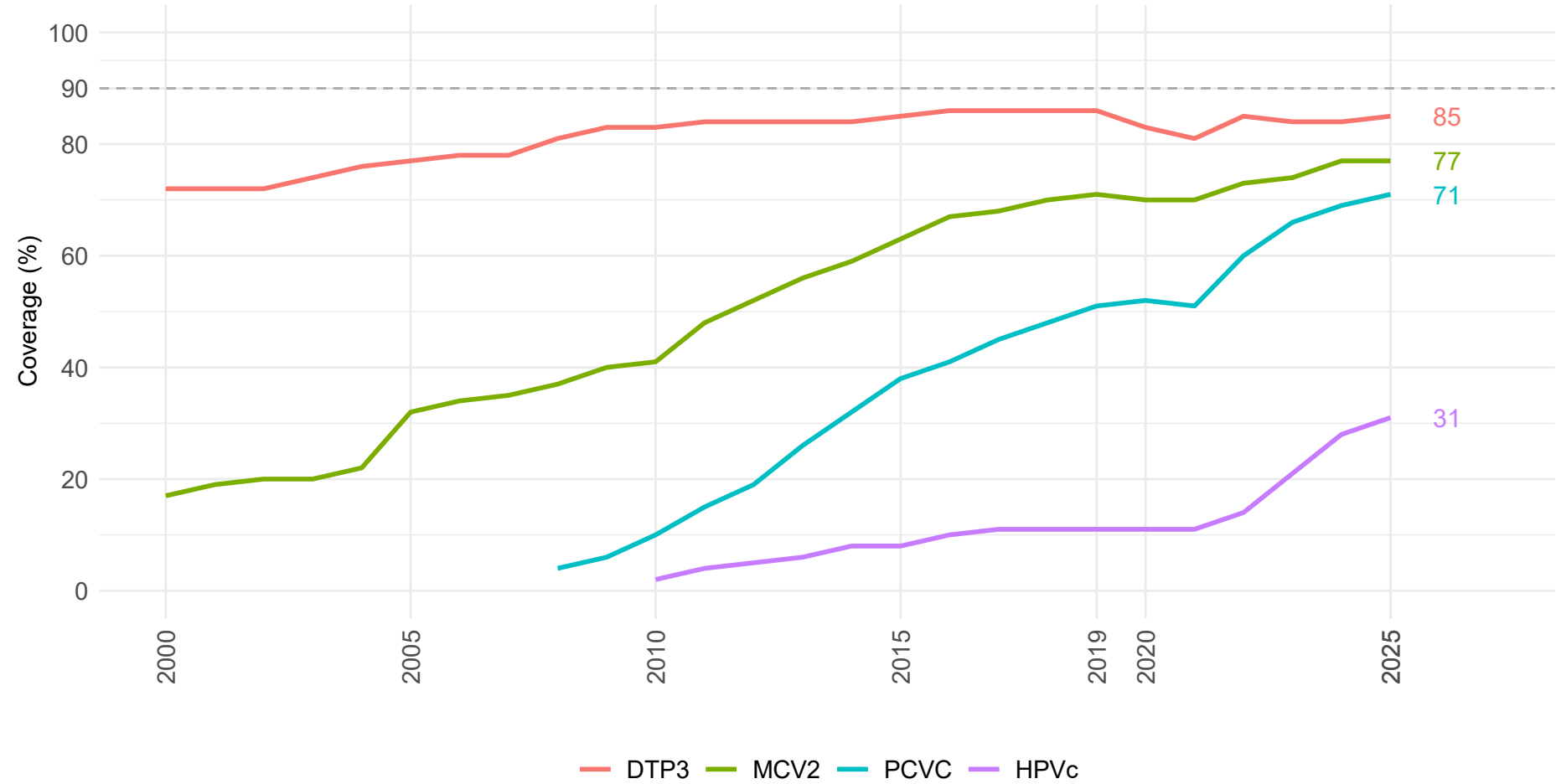
HPV programme coverage is based on the national schedule and the programmes eligibility criteria for each calendar year.

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

SDG 3.b.1

Global coverage remains below the 90% IA2030 target, with substantial gaps across all SDG 3.b.1 vaccines.

SDG 3.b.1: Proportion of the target population covered by all vaccines included in their national programme, 2000-2025



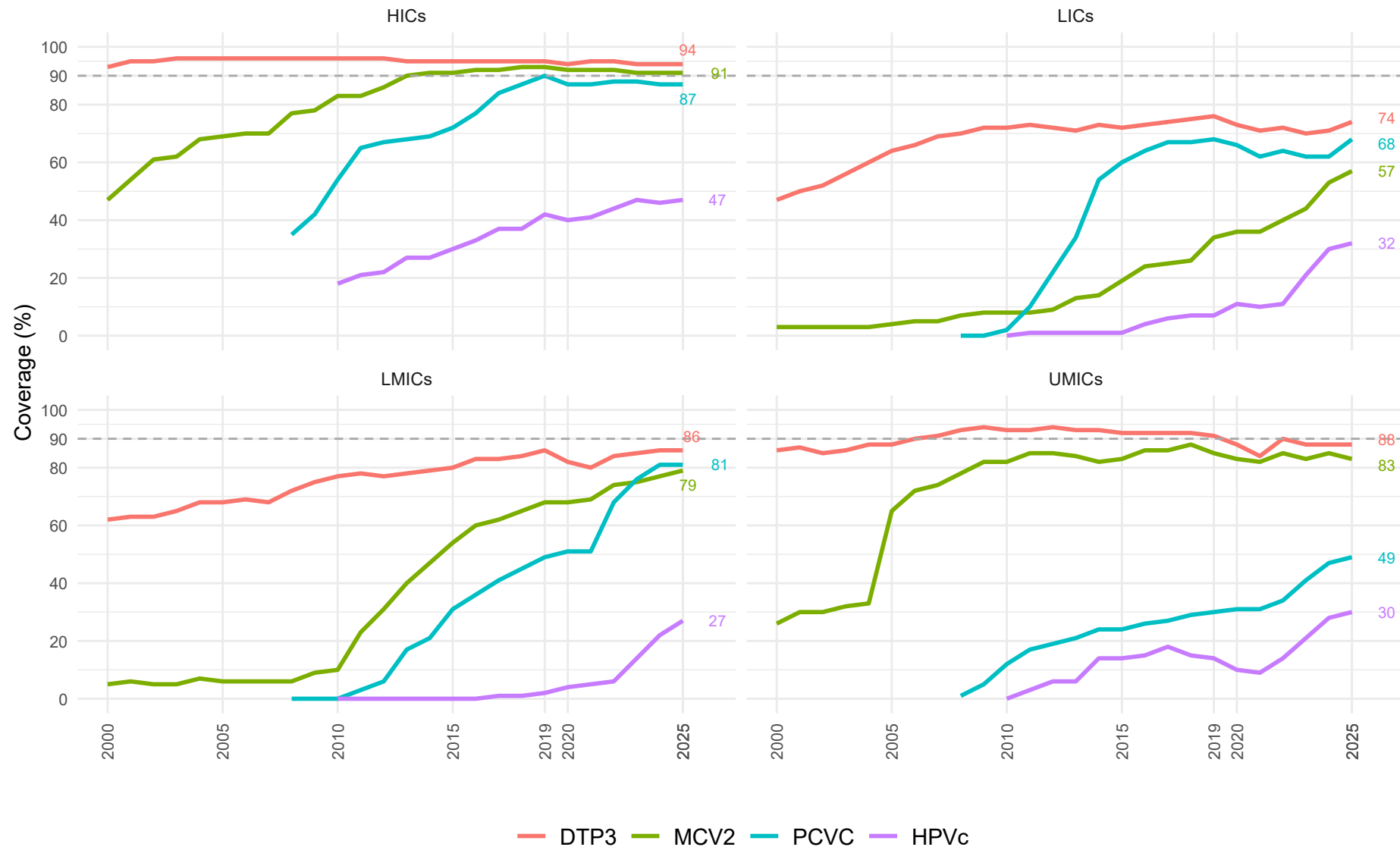
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: The four vaccination coverage indicators contribute to SDG indicator 3.b.1 are: DTP3, MCV2, PCVC and HPVc
The global target is 90% coverage of all four antigens by 2030

Four vaccination coverage indicators contribute to Sustainable Development Goal 3, indicator b.1: DTP3, PCVC, MCV2 and HPVc (females).

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



SDG 3.b.1: Proportion of the target population covered by all vaccines included in their national programme, 2000-2025



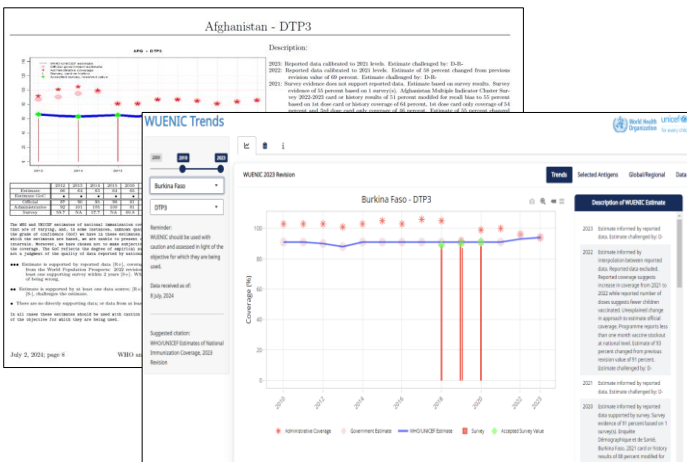
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
 Note: The four vaccination coverage indicators contribute to SDG indicator 3.b.1 are: DTP3, MCV2, PCVC and HPVc
 The global target is 90% coverage of all four antigens by 2030

Four vaccination coverage indicators contribute to Sustainable Development Goal 3, indicator b.1: DTP3, PCVC, MCV2 and HPVc (females).

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

Additional resources

WUENIC country profiles (PDF and interactive versions)

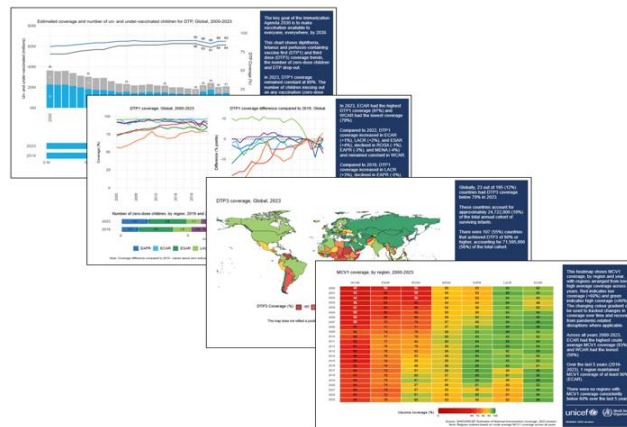


Datasets: WUENIC, HPV, survey database

	A	B	C	D	E	F	G	H	I	J
	unicef_regioiso3c	country	vaccine	year	target_grp	coverage	vaccinated	unvaccinated	target	
1	ROSA	AFG	Afghanistan bcg	1982	births	10	57,000	514,000	571,000	
2	ROSA	AFG	Afghanistan bcg	1983	births	10	56,000	503,000	559,000	
3	ROSA	AFG	Afghanistan bcg	1984	births	11	62,000	501,000	563,000	
4	ROSA	AFG	Afghanistan bcg	1985	births	17	100,000	490,000	591,000	
5	ROSA	AFG	Afghanistan bcg	1986	births	18	107,000	489,000	596,000	
6	ROSA	AFG	Afghanistan bcg	1987	births	27	161,000	434,000	595,000	
7	ROSA	AFG	Afghanistan bcg	1988	births	40	238,000	358,000	596,000	
8	ROSA	AFG	Afghanistan bcg	1989	births	38	233,000	380,000	614,000	
9	ROSA	AFG	Afghanistan bcg	1990	births	30	191,000	446,000	637,000	
10	ROSA	AFG	Afghanistan bcg	1991	births	21	134,000	505,000	640,000	
11	ROSA	AFG	Afghanistan bcg	1992	births	19	127,000	541,000	668,000	
12	ROSA	AFG	Afghanistan bcg	1993	births	17			760,000	
13	ROSA	AFG	Afghanistan bcg	1994	births	15			852,000	
14	ROSA	AFG	Afghanistan bcg	1995	births				899,000	
15	ROSA	AFG	Afghanistan bcg	1996	births				932,000	
16	ROSA	AFG	Afghanistan bcg	1997	births				962,000	
17	ROSA	AFG	Afghanistan bcg	1998	births				986,000	
18	ROSA	AFG	Afghanistan bcg	1999	births				1,013,000	
19	ROSA	AFG	Afghanistan bcg	2000	births	30			1,037,000	
20	ROSA	AFG	Afghanistan bcg	2001	births	43	453,000	374,000	1,007,000	
21	ROSA	AFG	Afghanistan bcg	2002	births	46	467,000	548,000	1,015,000	
22	ROSA	AFG	Afghanistan bcg	2002	births					

Country and region-specific slides:

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



Additional Resources

Additional
immunization
data resources
can be found at:

<https://data.unicef.org/resources/immunization/>

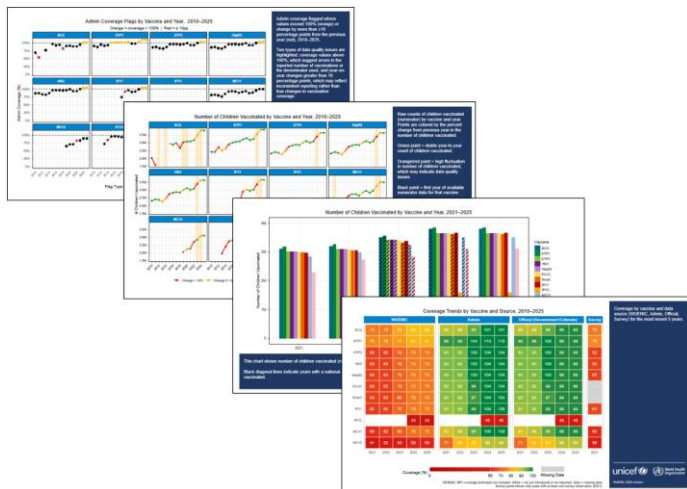
Interactive immunization regional snapshots:

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



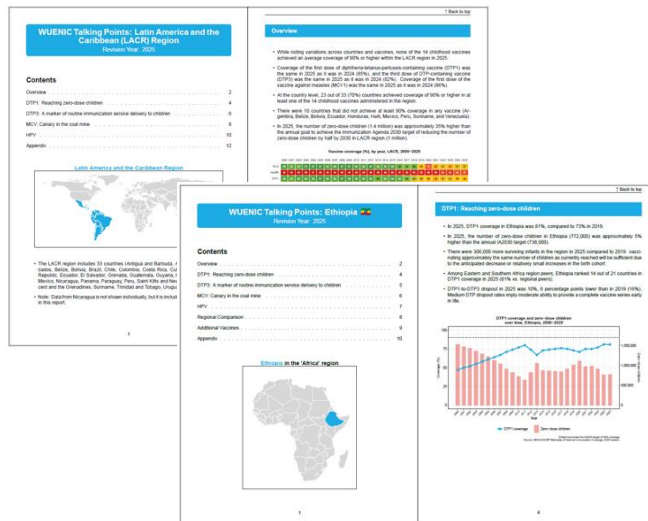
Country data quality reports

(NEW 2026)



Country and region-specific high-level talking points

(NEW 2026)



Interactive
WUENIC
country profiles
can be found at:

<https://worldhealthorg.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>

