

High income countries (HICs)

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

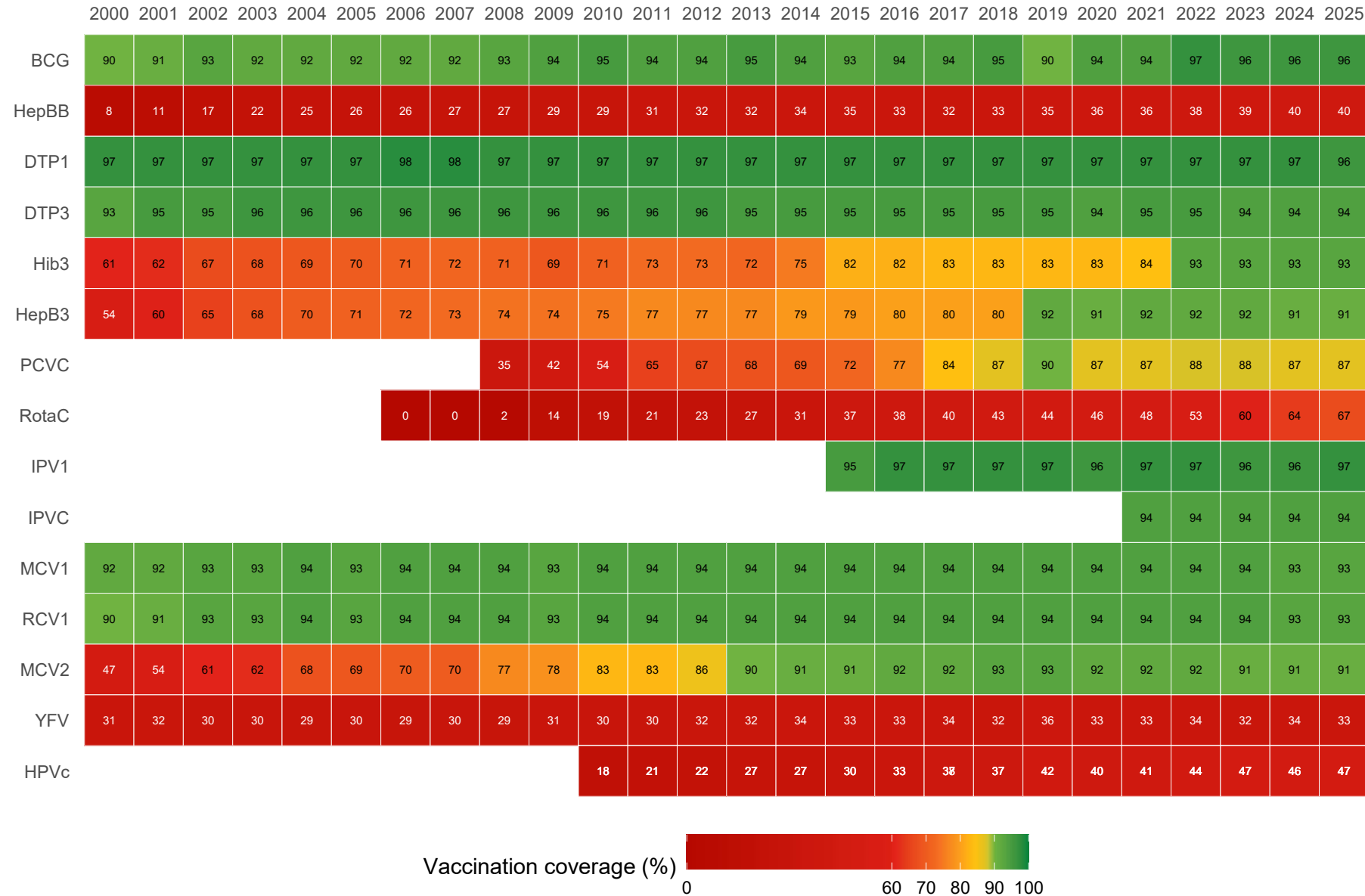
- The World Health Organization (WHO) provides global vaccine recommendations, which are adapted by countries based on local needs. Only DTP, polio and measles-containing vaccines are used in all countries.
- DTP1 is a marker of access to routine immunization services, and when not received, serves as 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 declined 1 percentage point from 97% in 2024 to 96% in 2025.
- DTP3 coverage remained constant at 94% between 2024 and 2025.
- In HICs, there were 53,000 more zero-dose children compared to in 2024. This leaves 459,000 children without vaccination, vulnerable to vaccine-preventable diseases and a further 336,000 with only partial protection.
- In HICs, 4 countries* accounted for over half (50.4%) of all zero-dose children.
- There were 52 (83%) countries that achieved DTP3 coverage of at least 90% (IA2030 target).
- MCV1 coverage remained constant at 93% between 2024 and 2025. There were 839,000 children who missed out on the first measles vaccination.
- MCV2 coverage remained constant at 91% between 2024 and 2025.
- Last dose coverage of HPV vaccination (HPVc) among girls increased from 46% to 47% in 2025.

*United States (15.9%), Japan (14.6%), United Kingdom (11.8%), and Russian Federation (8.1%)

Vaccine coverage (%), by year, HICs, 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 HICs since 2000, with green cells indicating coverage of 90% or more.

In 2015, 7 out of 14 (50%) vaccines with data achieved coverage of 90% or more.

In 2025, 10 out of 15 (67%) vaccines achieved coverage of 90% or more.

Since 2006, estimates have been made for 5 new vaccines. IPV1 is the newest vaccine being reported (2021), which achieved 94% coverage in 2025.

Vaccine coverage, by country, HICs, 2025



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

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

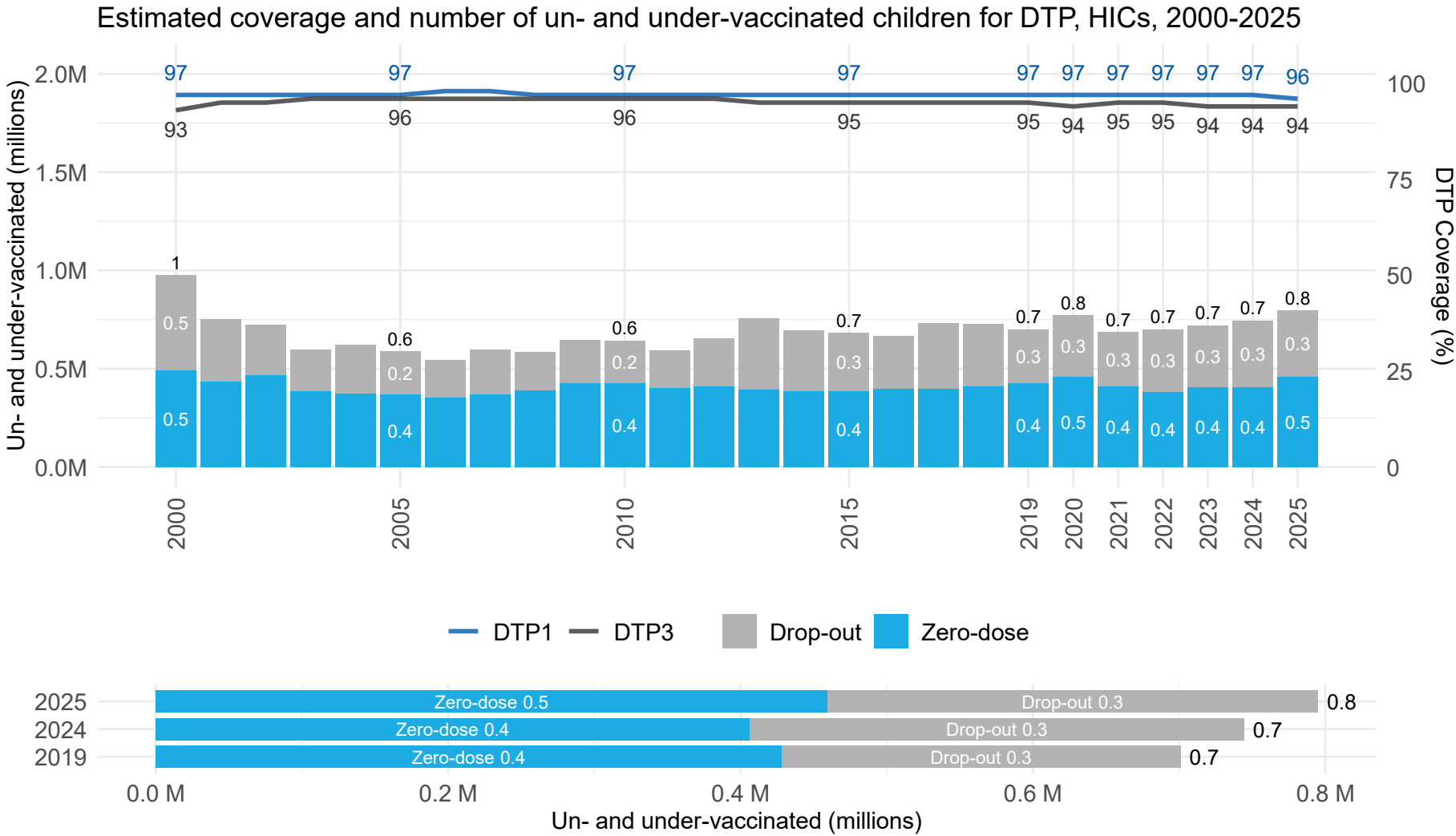
In 2025, 60 out of 63 countries achieved coverage of 90% or higher in at least one vaccine.

Norway, Portugal, and Saudi Arabia had the highest percentage of vaccines (100%) in the national immunization schedule with coverage of at least 90%, followed by Guyana, Oman, Qatar, and Republic of Korea (93%).

3 countries had not achieved 90% coverage of any vaccine (Estonia, Romania, and San Marino).

DTP1

In 2025, DTP1 coverage was 96% and DTP3 was 94%, leaving 795,000 children un- or under-vaccinated, including 459,000 zero-dose and 336,000 with only partial protection.



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

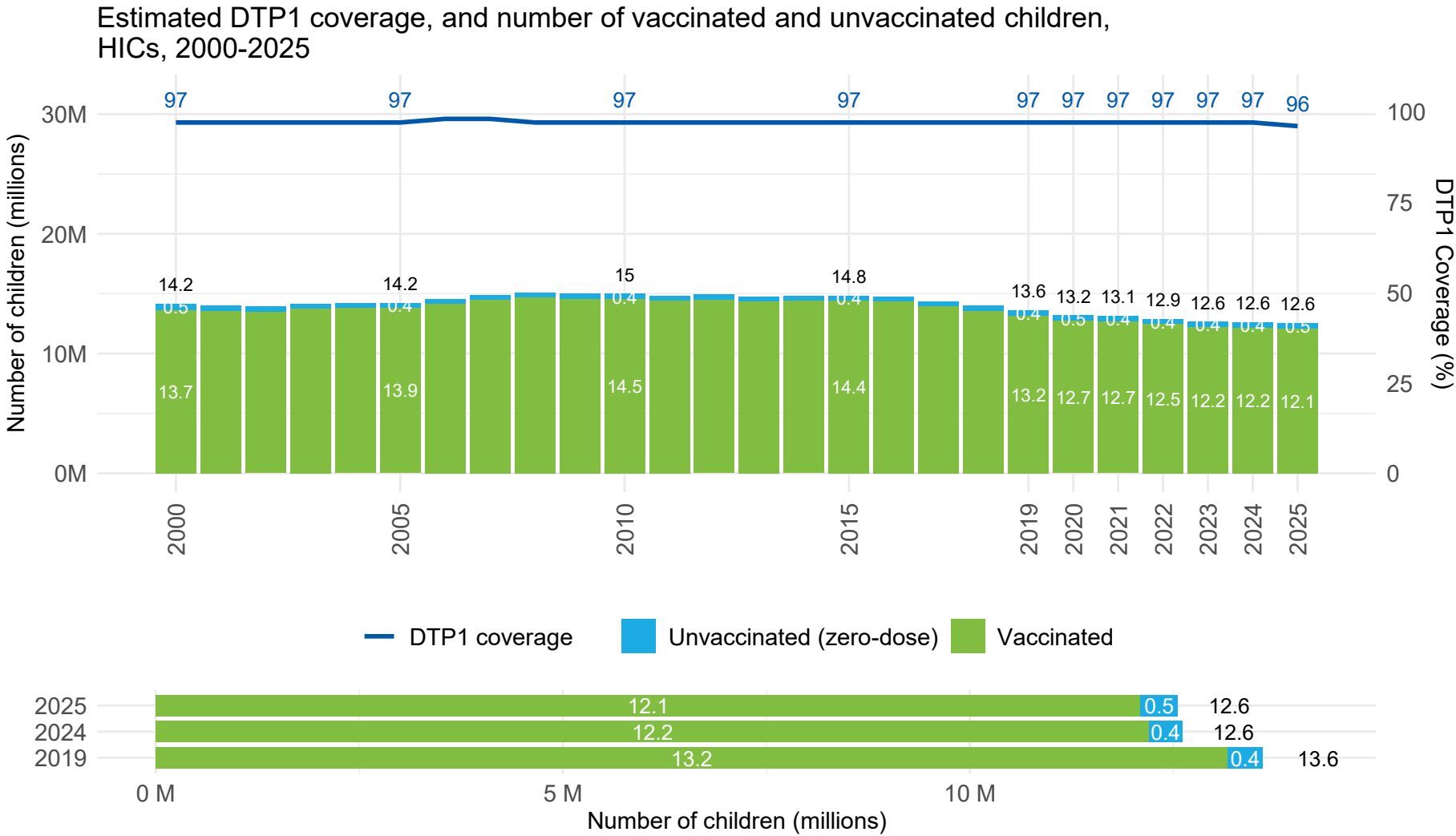
The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

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 96%. The number of children missing out on any vaccination (zero-dose children) increased from 406,000 in 2024 to 459,000 in 2025.

DTP3 coverage remained constant at 94% in 2025, leaving 795,000 children vulnerable to vaccine-preventable diseases.

In 2025, DTP1 coverage was 96%: 12.1 million children received at least one dose of DTP-containing vaccine, but 459,000 remain unreached.



DTP1 coverage in 2025 (96%) was within 1% of coverage in 2019 (97%).

The number of children vaccinated with DTP1 decreased 8% from 13.2 million in 2019 to 12.1 million in 2025.

The number of surviving infants decreased approximately 8% from 13.6 million in 2019 to 12.6 million in 2025.

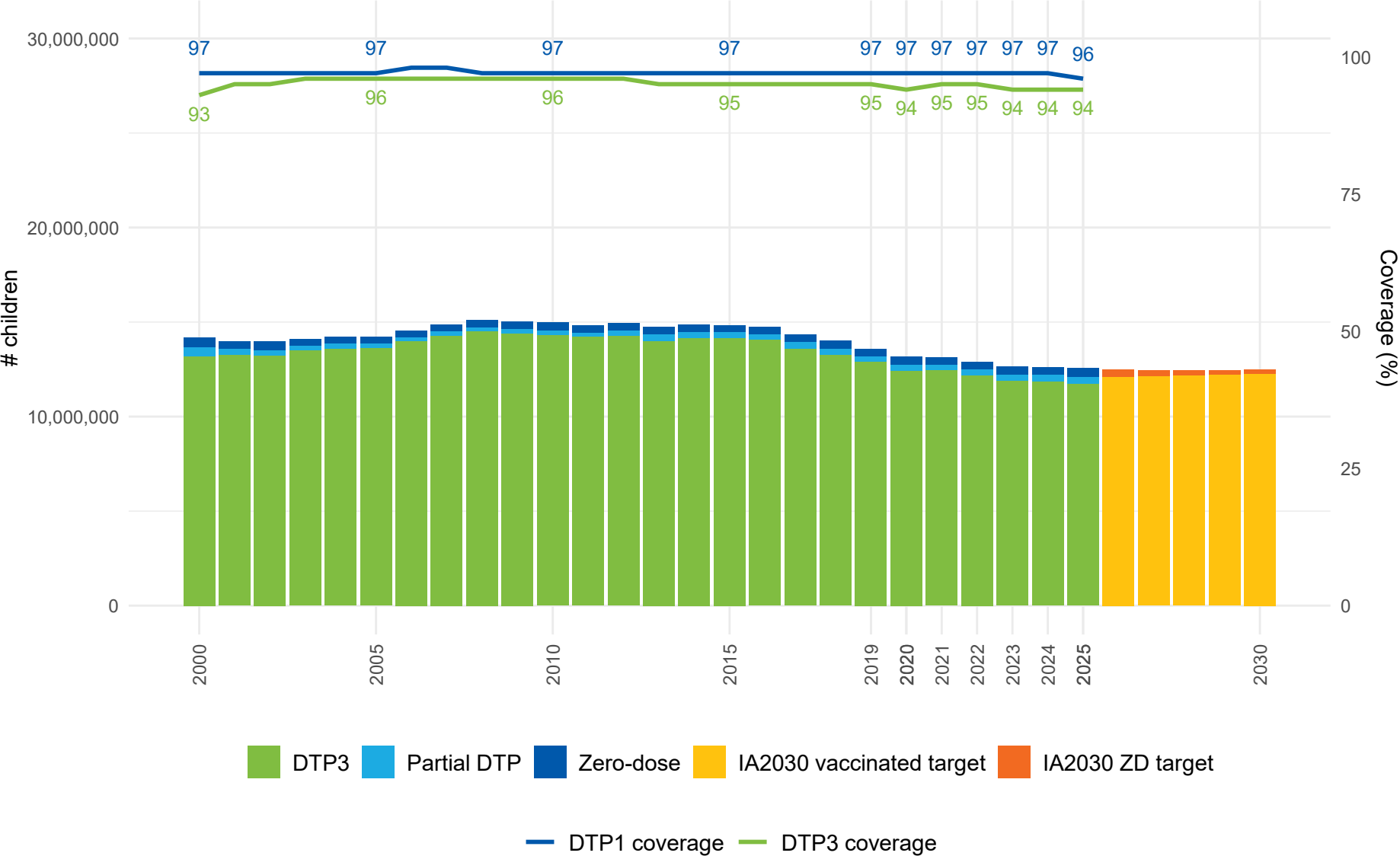
In 2025, 1.1 million fewer children were vaccinated than in 2019.

In 2025, there were 1 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.

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.

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

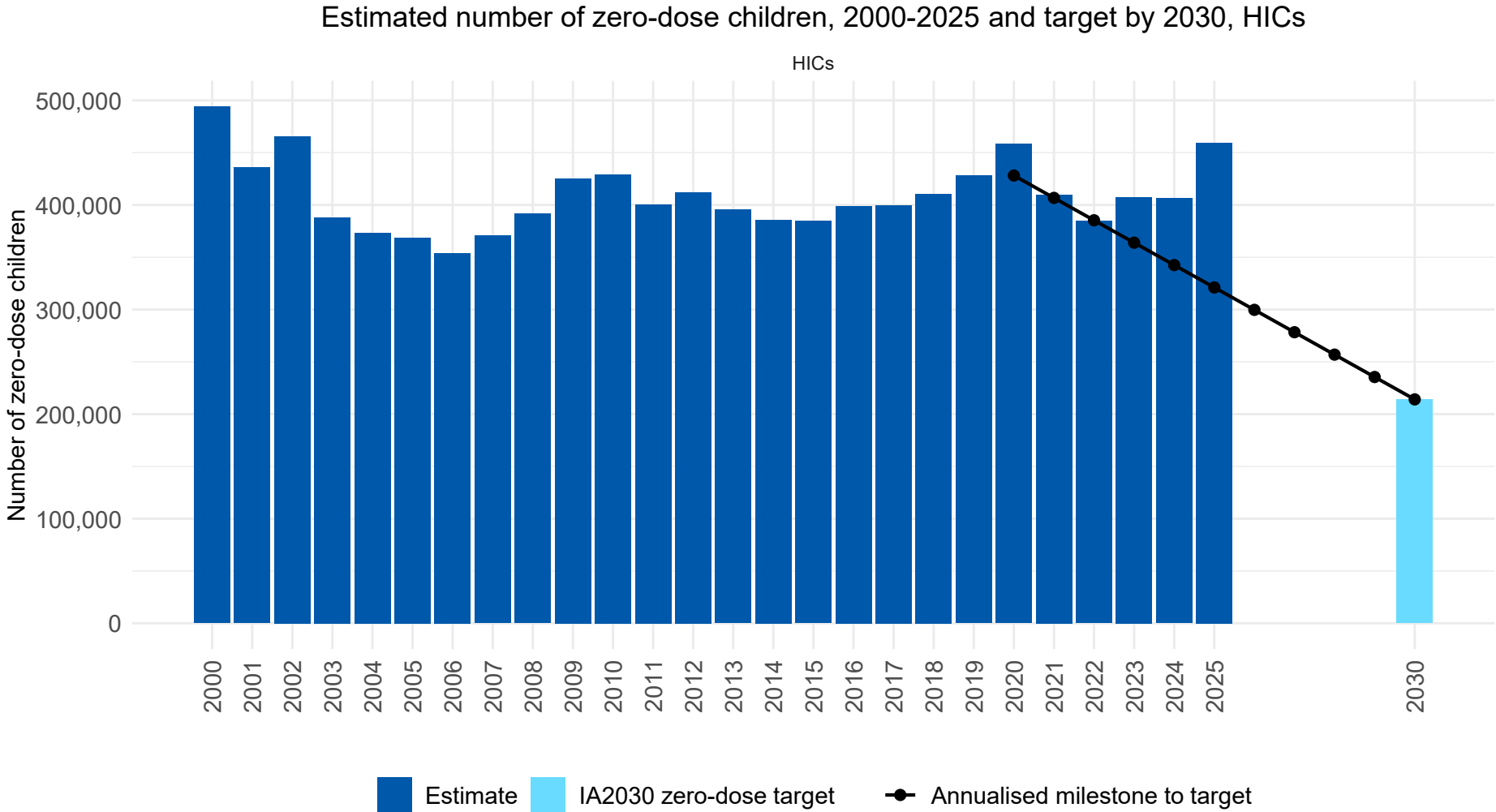


IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

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

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

In 2025, the number of zero-dose children was 43% above the annual IA2030 milestone, putting the 2030 goal at serious risk without accelerated action.



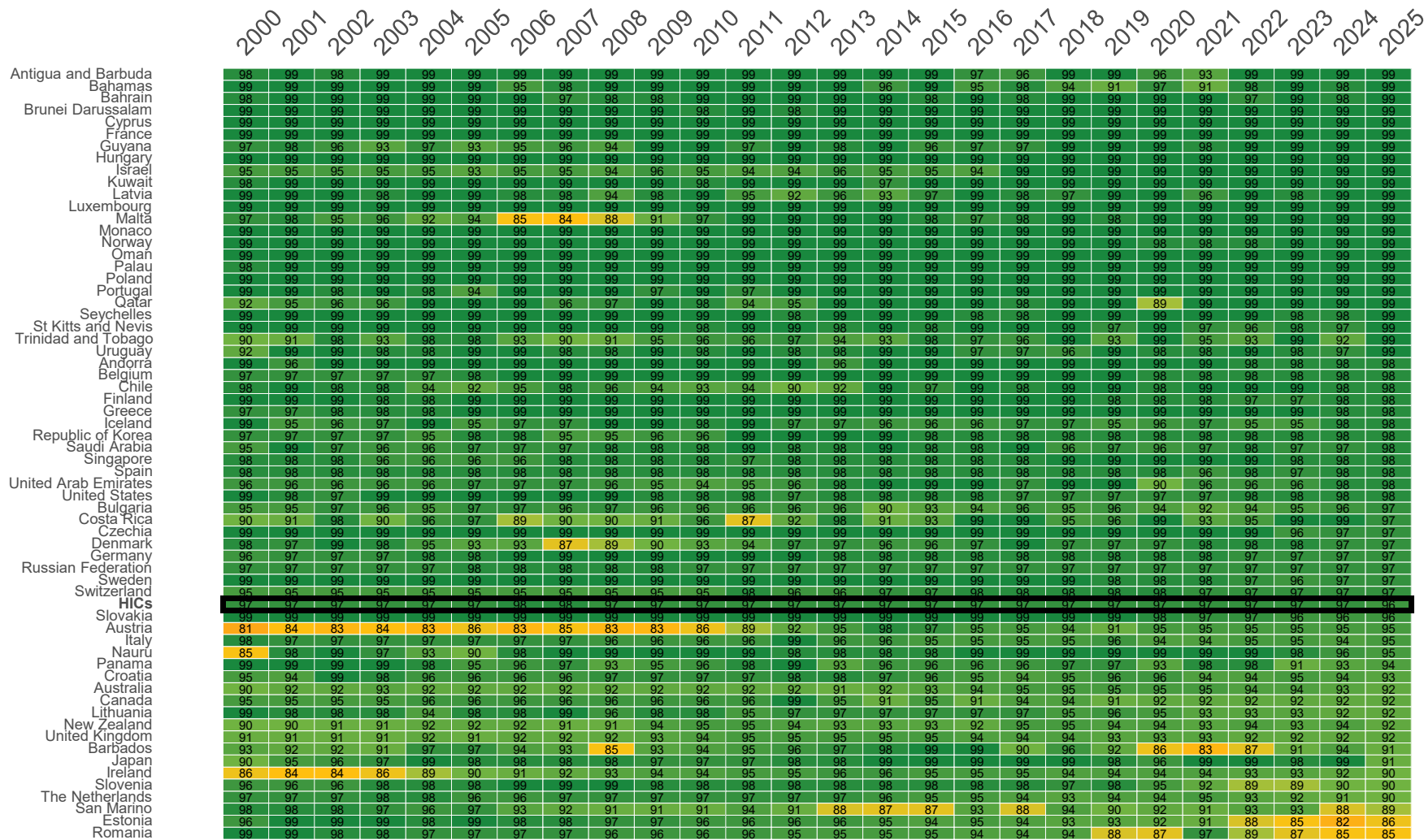
The Immunization Agenda 2030 (IA2030) aims to leave no one behind with immunization and calls on all countries to reduce the number of zero dose children by half by 2030.

- 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 43% higher than the annual milestone to reach the target.

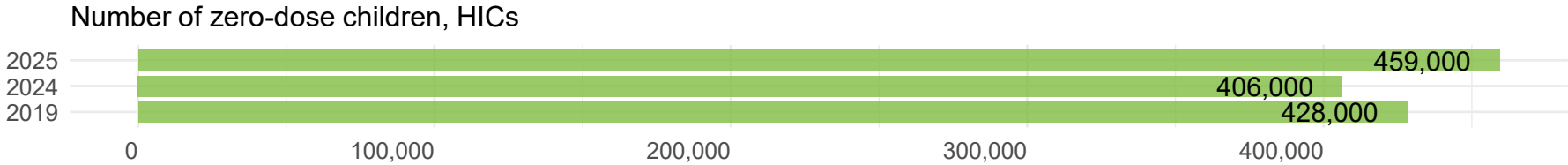
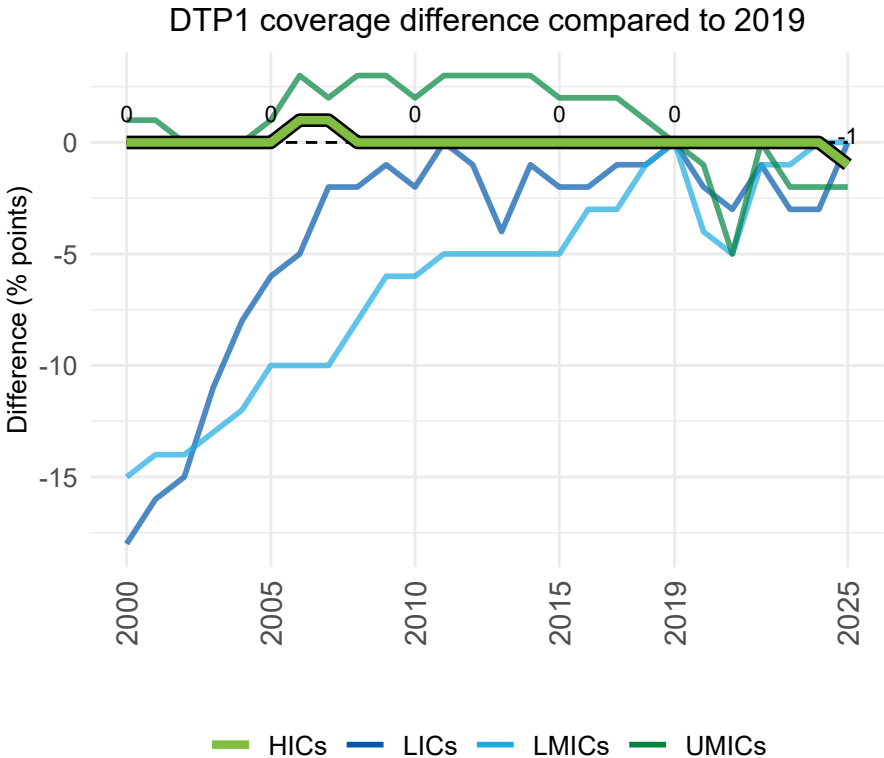
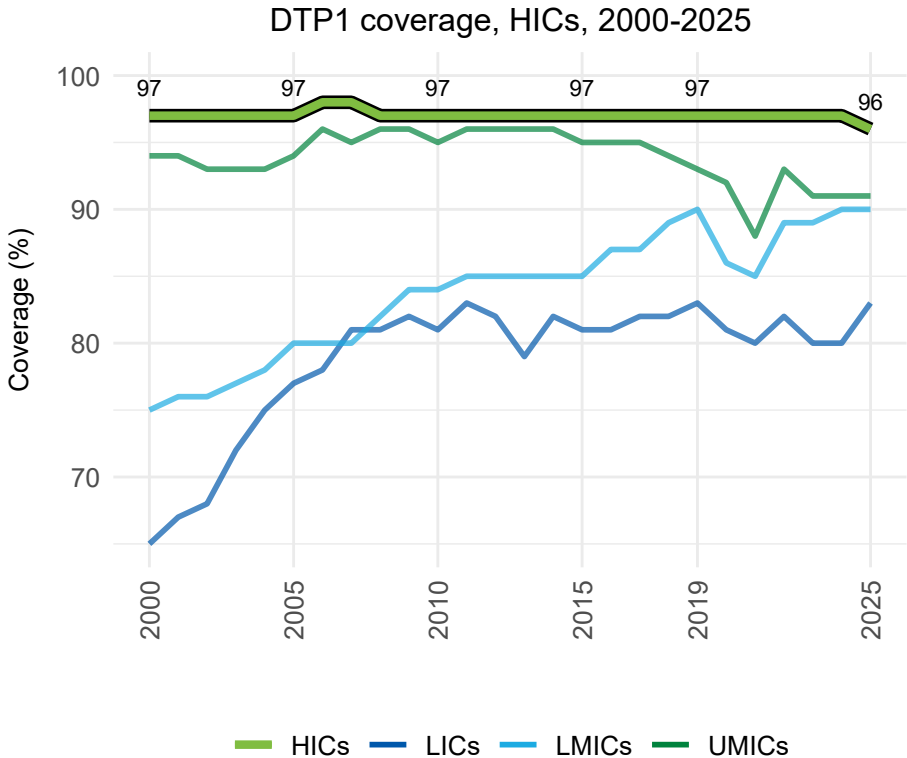
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: The Immunization Agenda 2030 (IA2030) calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. The line and points show the yearly progress and trajectory to meet the target by 2030, based on a linear decline.

DTP1 coverage, by country, HICs, 2000-2025



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

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.



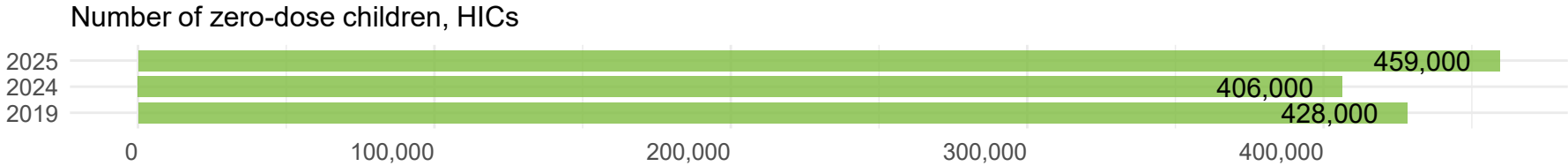
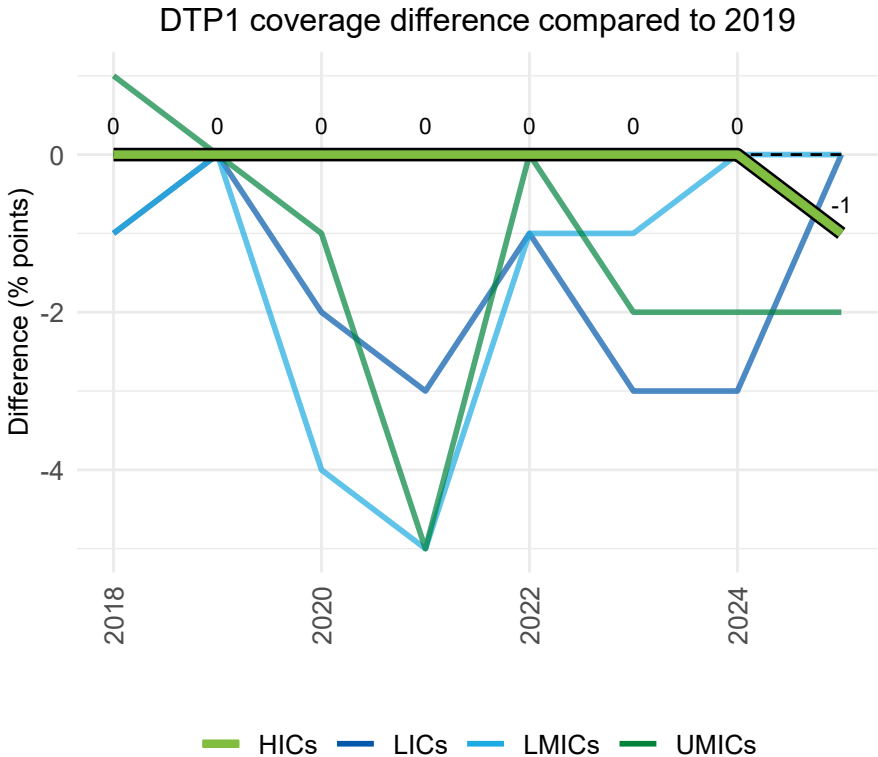
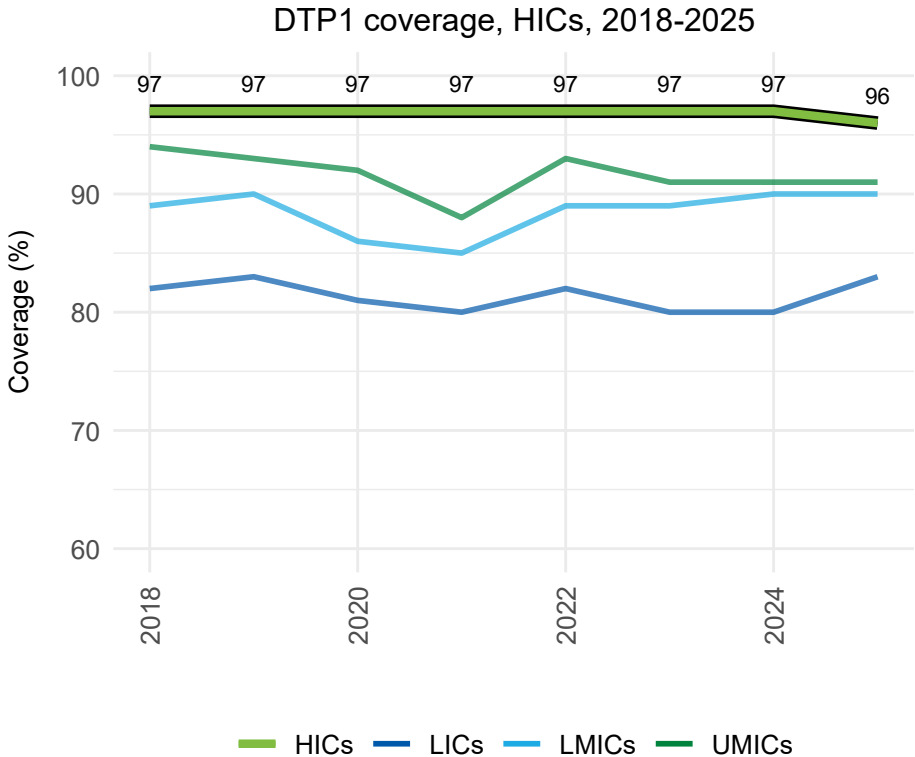
In 2025, HICs ranked number 1 out of 4 WB groups, with DTP1 coverage of 96%.

DTP1 coverage (96%) was 1 percentage point lower than in 2019 (97%).

This equates to 459,000 zero-dose children in 2025 compared to 428,000 zero-dose children in 2019.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019.
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 ranked number 1 out of 4 WB groups, with DTP1 coverage of 96%.

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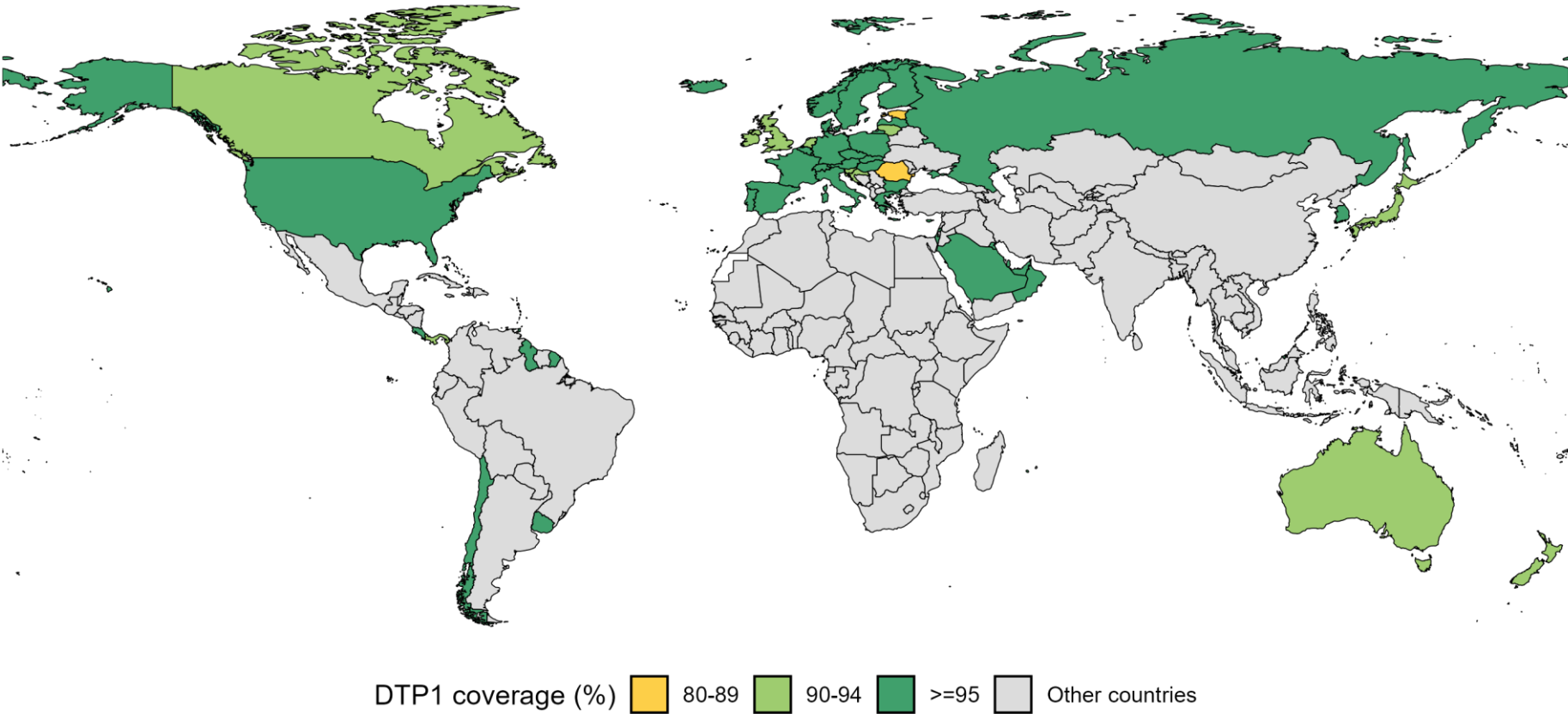
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019.
There may be discrepancies in total Zero-dose children (millions) due to rounding.

In 2025, 60 countries achieved at least 90% DTP1 coverage, while 0 had coverage below 80%.

In HICs, 0 out of 63 (0%) countries had DTP1 coverage below 80% in 2025.

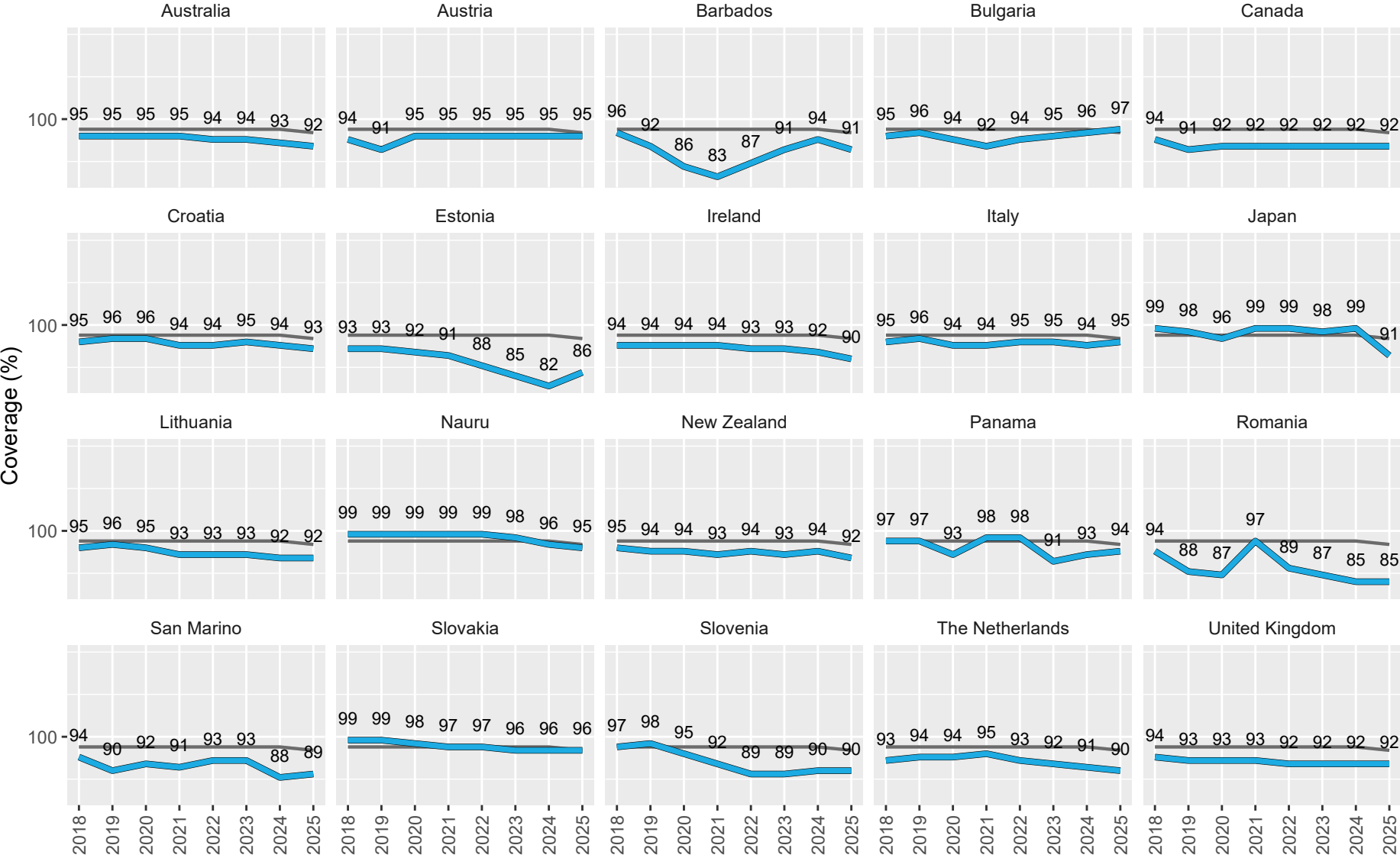
There were 60 (95%) countries that achieved DTP1 of 90% or higher, accounting for 12.4 million (98%) of the total cohort.

DTP1 Coverage (%), HICs, 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.

Coverage of DTP1, by country, HICs, 2018-2025
Showing top 20 countries with the lowest coverage in 2025



Among the 20 countries with the lowest DTP1 coverage in 2025, Bulgaria had the highest coverage (97%), while Romania had the lowest coverage (85%).

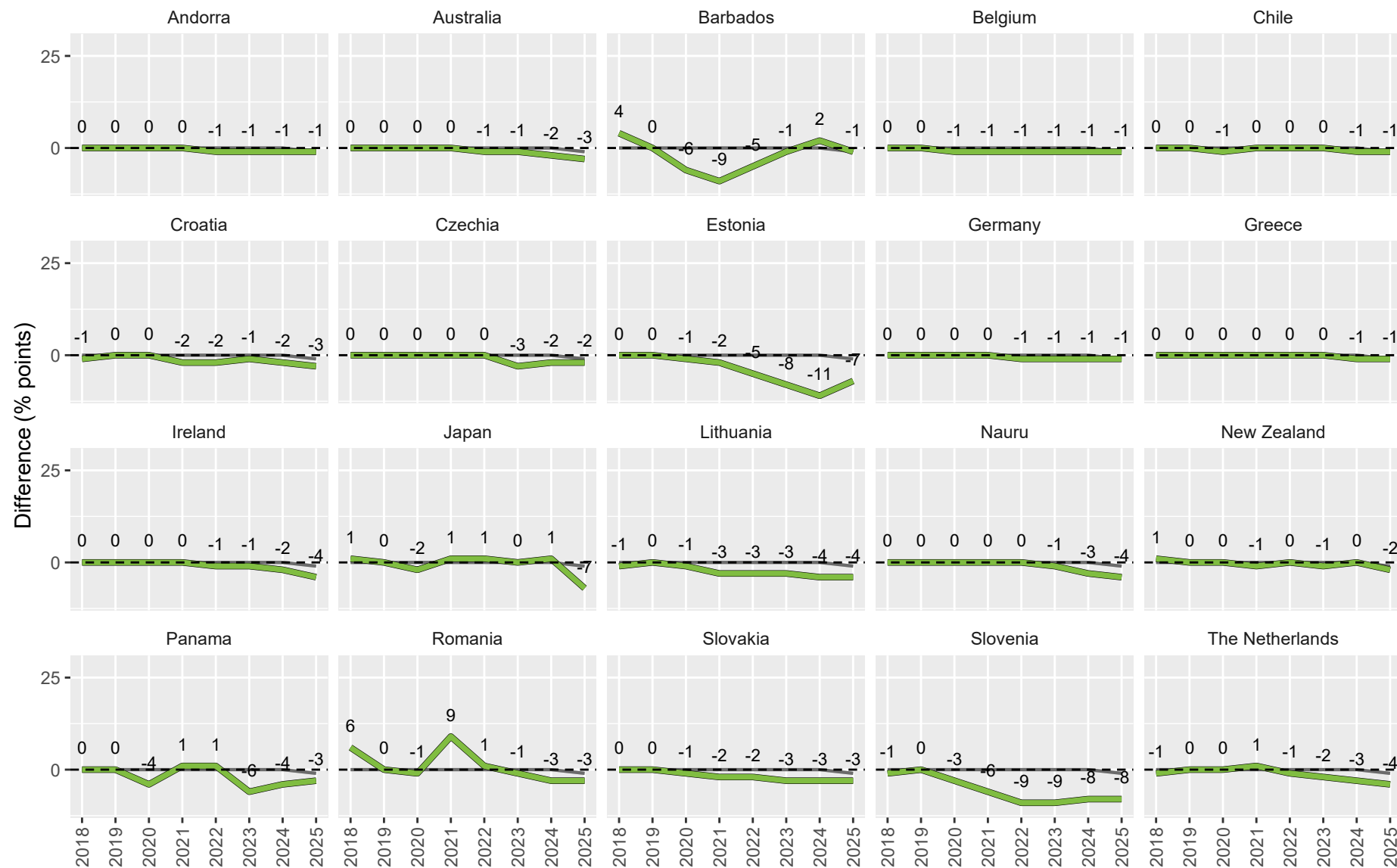
DTP1 coverage increased in 5 out of these 20 countries between 2024 and 2025. The largest increase was 4 percentage points in Estonia from 82% to 86%.

8 countries saw a decrease in coverage (Australia, Barbados, Croatia, Ireland, Japan, Nauru, New Zealand, and The Netherlands). The largest decline was 8% points in Japan from 99% to 91%. Coverage remained constant between 2024 and 2025 in the remaining 7 countries.

In 2025, 17 out of these 20 countries had achieved DTP1 coverage of at least 90%.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Dark grey line displays regional coverage for reference

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



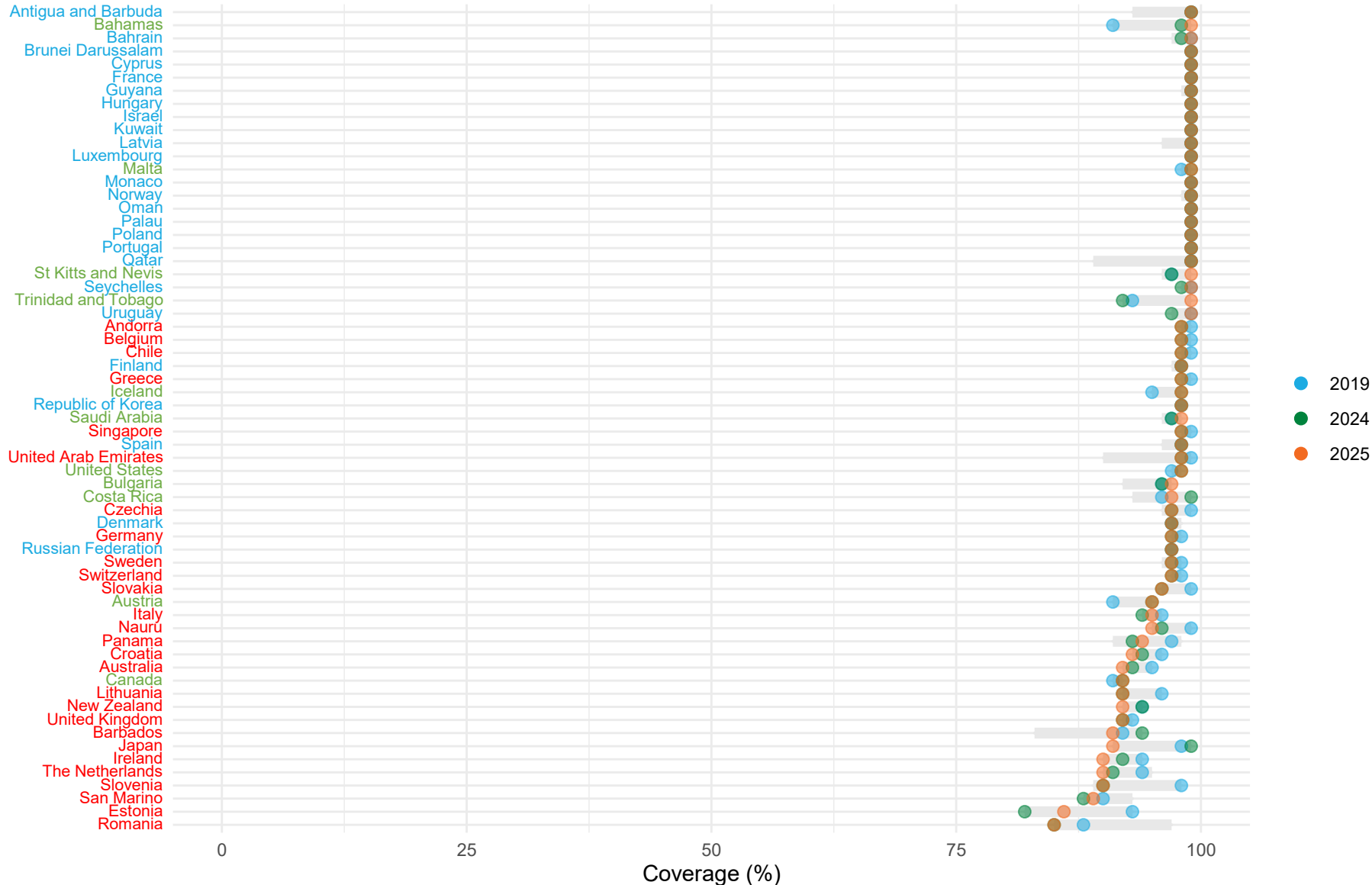
This chart shows the difference in DTP1 coverage compared to 2019, for the 20 countries with the largest declines in coverage between 2019 and 2025. Among the 20 countries with the largest declines in DTP1 coverage between 2019 and 2025, Coverage was not higher in 2025 compared to 2019 in any of these 20 countries. Coverage was lower than in 2019 in 20 of these 20 countries (Andorra, Australia, Barbados, Belgium, Chile, Croatia, Czechia, Estonia, Germany, Greece, Ireland, Japan, Lithuania, Nauru, New Zealand, Panama, Romania, Slovakia, Slovenia, and The Netherlands). The largest decline in coverage was 8% points in Slovenia from 98% in 2019 to 90% 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

DTP1 coverage, by country, HICs, 2019-2025



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

Note: The grey bar spans vaccine coverage across all years 2019-2025 and the dots represent coverage in specific years.

Countries are arranged by high to low coverage in 2025 and coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019. An asterisk (*) indicates countries aiming to catch-up children missed since 2019 through a Big Catch-up Plan, supported by financing from The Gavi Alliance.

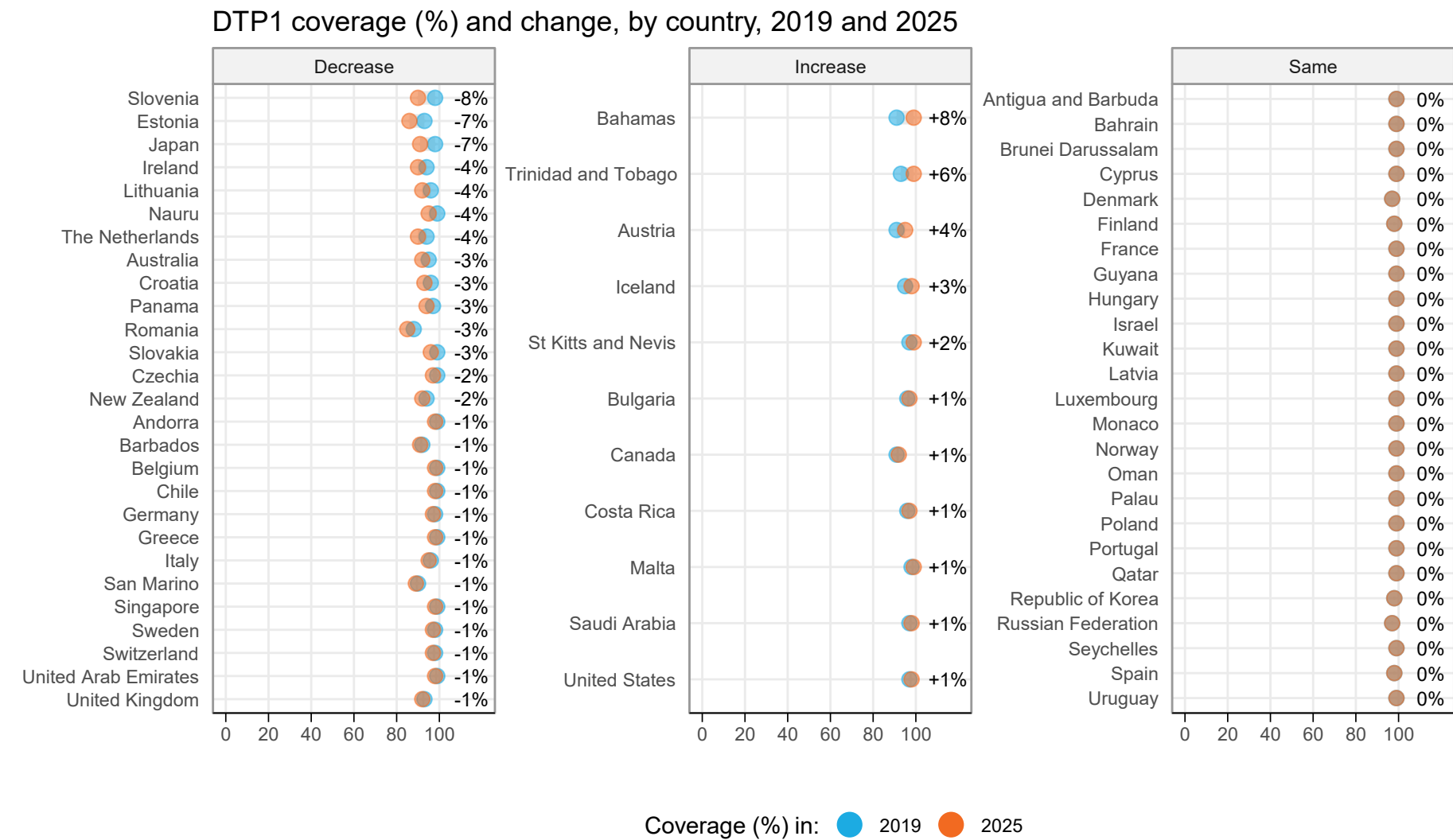
This chart shows the range of DTP1 coverage across years 2019 to 2025 (grey bars), and coverage in specific years (dots), by country. The chart can be used for assessing recovery to pre-pandemic levels and progress beyond 2019.

In 2024, 28 (out of 63) countries had lower coverage than in 2019.

In 2025, 9 countries had lower DTP1 coverage than in 2024.

In 2025, 27 countries had lower coverage than in 2019.

Between 2019 and 2025, DTP1 coverage increased in 11 countries and decreased in 27 countries.

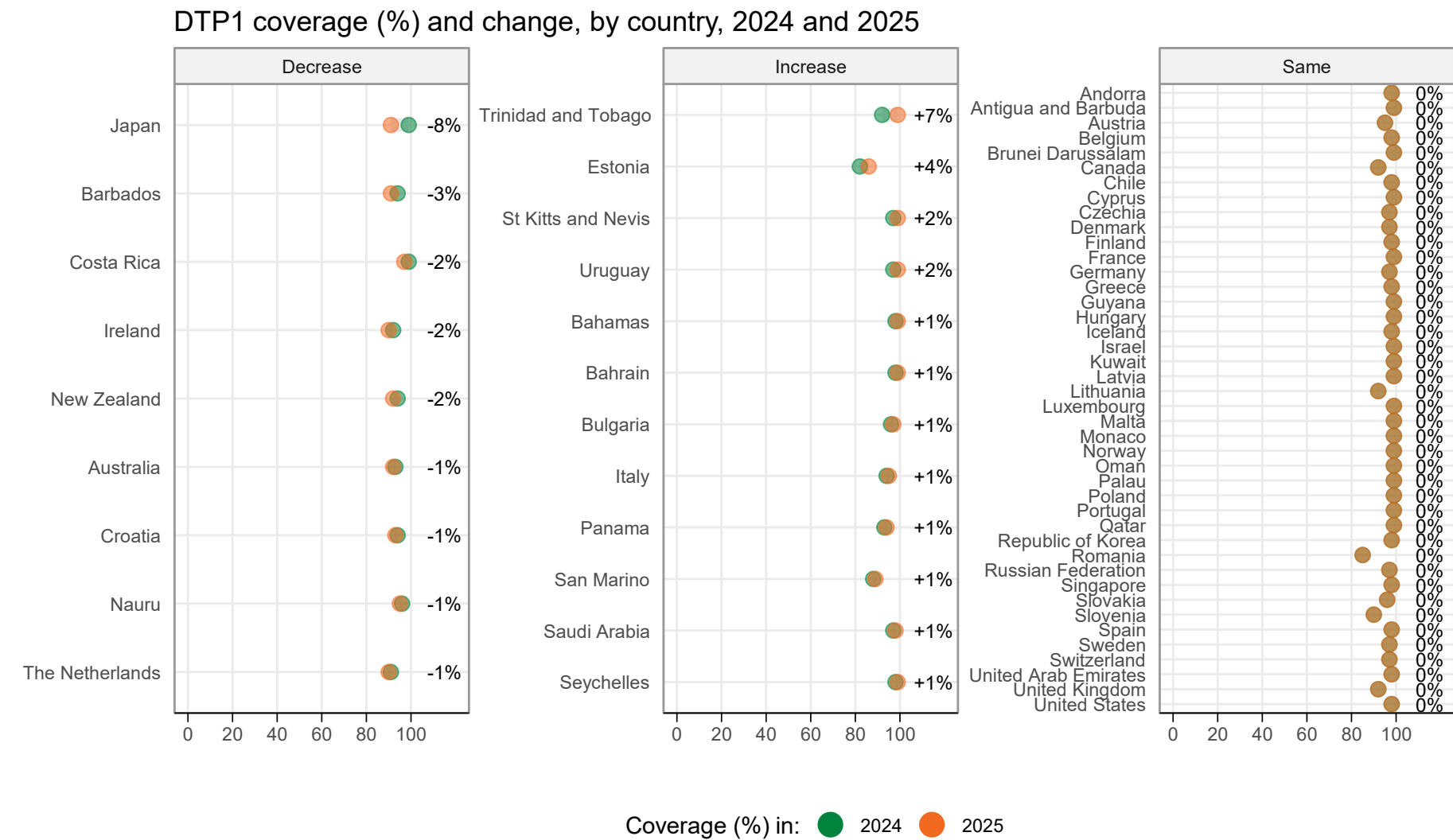


This chart shows DTP1 coverage in 2019 and 2025, and change in coverage between the two years.

Overall, 27 out of 63 (43%) countries in HICs had a decline in coverage. The largest decline was in Slovenia (-8 percentage points), followed by Estonia and Japan (-7 percentage points).

There were 11 (17%) countries with an increase in DTP1 coverage. Coverage remained the same in 25 countries between 2019 and 2025.

Between 2024 and 2025, DTP1 coverage increased in 12 countries and decreased in nine countries.

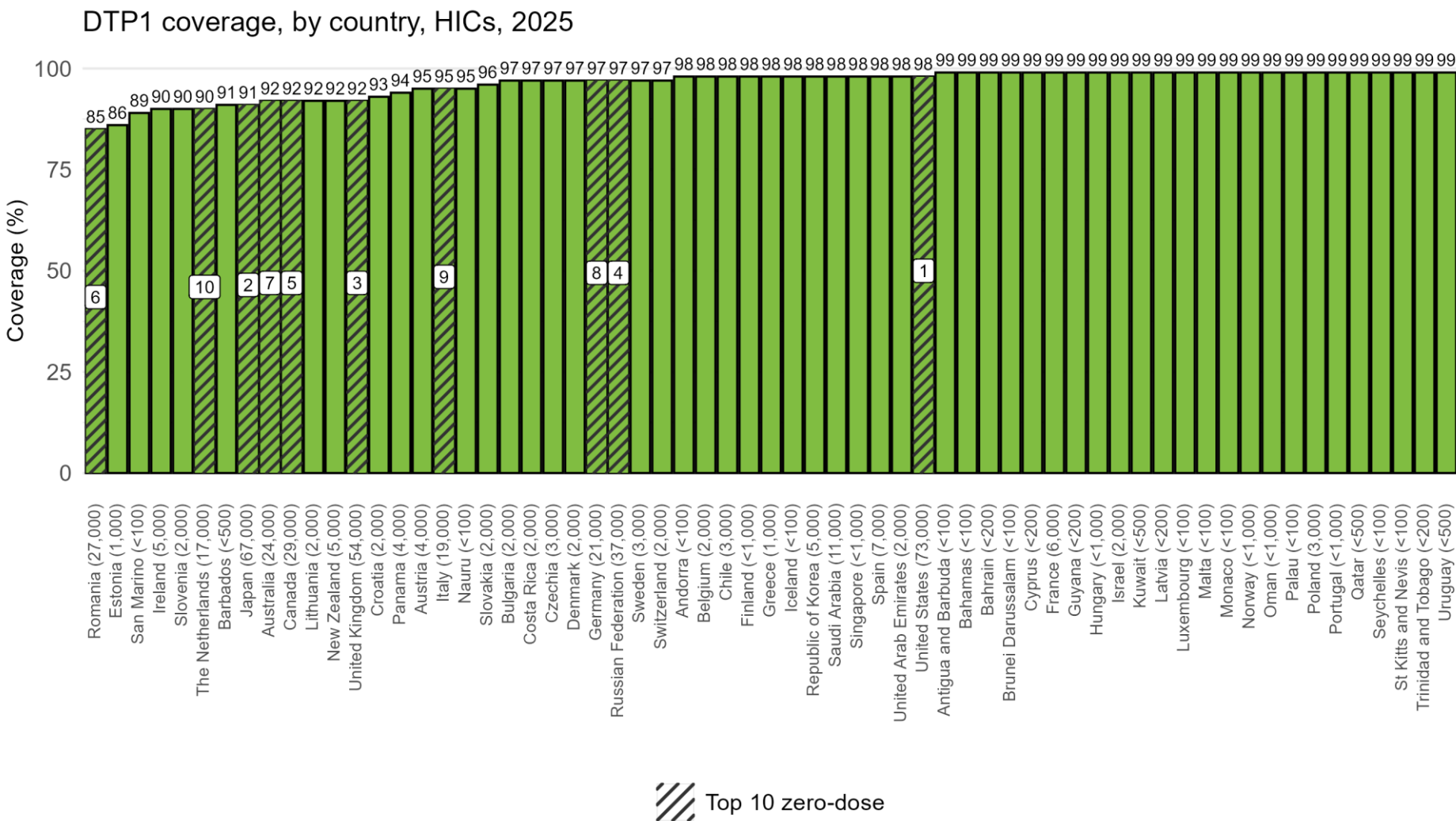


This chart shows DTP1 coverage in 2024 and 2025, and change in coverage between the two years.

Overall, 9 out of 63 (14%) countries in HICs had a decline in coverage. The largest decline was in Japan (-8 percentage points), followed by Barbados (-3 percentage points).

There were 12 (19%) countries with an increase in DTP1 coverage. Coverage remained the same in 42 countries between 2024 and 2025.

In 2025, Romania and Estonia had the lowest DTP1 coverage, while United States and Japan 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 DTP1 coverage in countries in HICs from lowest to highest coverage, and the rank of the top 10 countries with the most zero-dose children, based on absolute numbers.

In 2025, DTP1 coverage ranged from 85% in Romania to 99% in France, Poland, Israel, Oman, Portugal, Hungary, Norway, Kuwait, Uruguay, Qatar, Bahrain, Guyana, Trinidad and Tobago, Cyprus, Latvia, Luxembourg, Brunei Darussalam, Bahamas, Malta, Seychelles, Antigua and Barbuda, St Kitts and Nevis, Monaco, and Palau.

60 out of 63 (95%) countries had coverage of at least 90%.

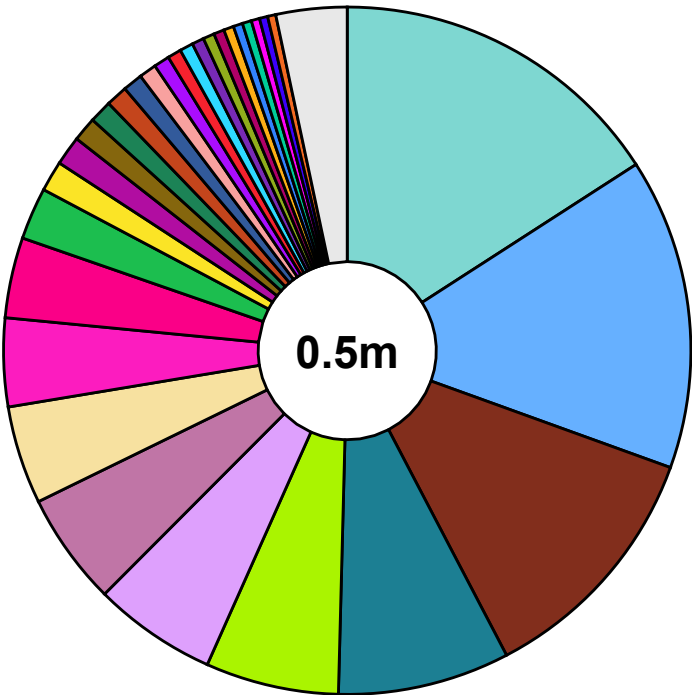
United States had DTP1 coverage of 98% and the highest absolute number of zero-dose children in the group, followed by Japan.

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.

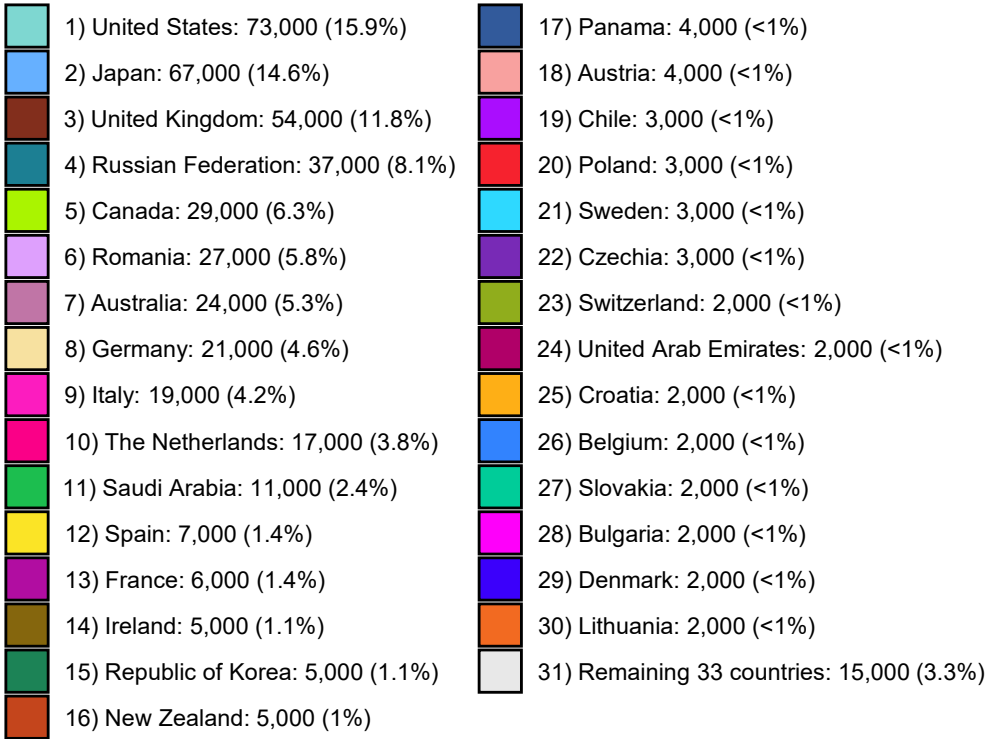
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Bars are ranked by ascending coverage.
Numbers in bubbles display top 10 rank based on absolute number of zero-dose children. Number in parentheses shows number of zero-dose children.

In 2025, 4 countries accounted for over half of all zero-dose children in HICs, with United States contributing the highest share.

DTP1 unvaccinated (% of total unvaccinated)



DTP1 unvaccinated (% of total unvaccinated)



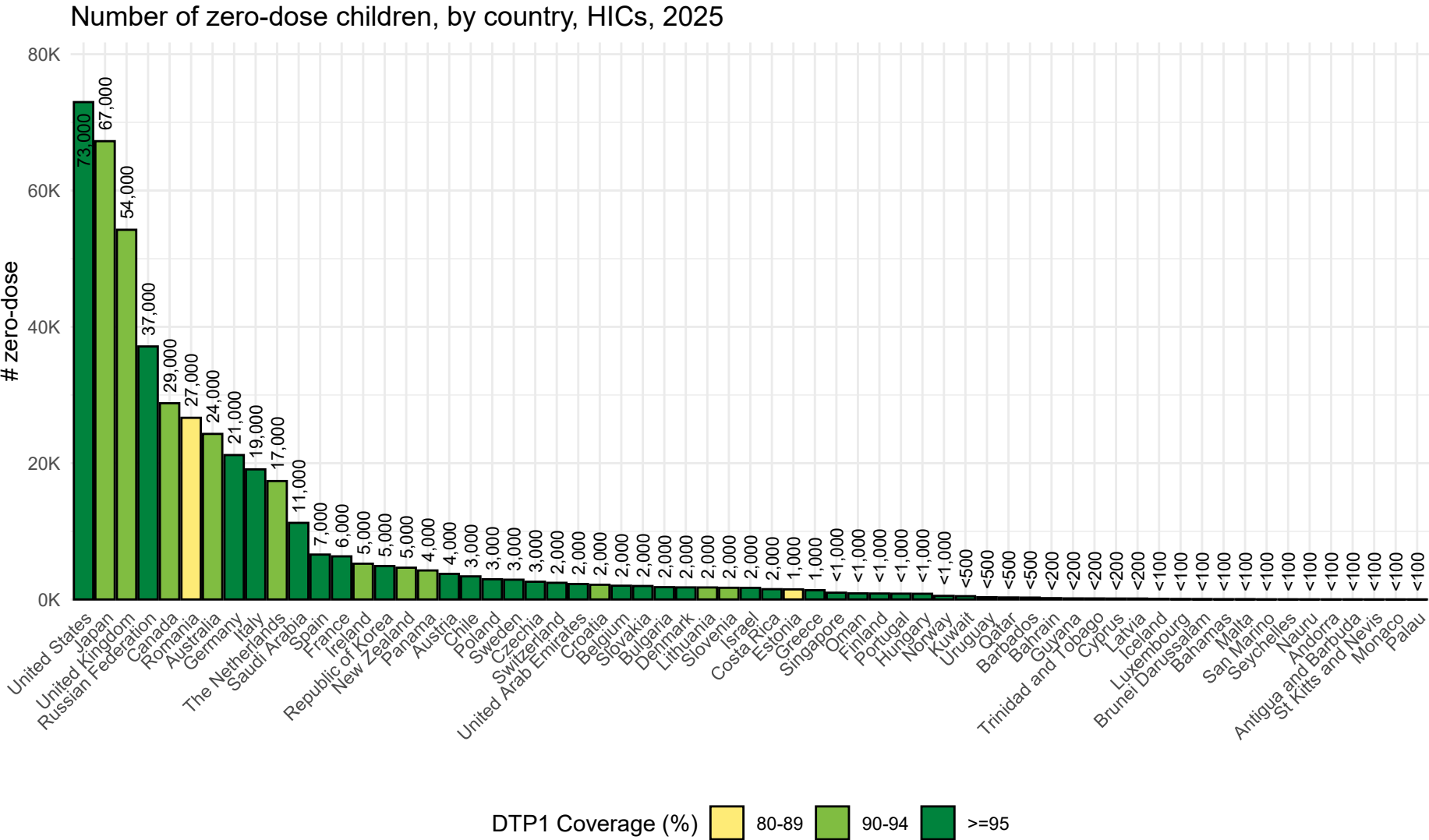
In 2025, 4 countries accounted for over half (50.4%) of all zero-dose children in HICs.

United States had the highest number of children who did not receive DTP1 (n=73,000), which is approximately 15.9% of all zero-dose children in HICs (n=459,000).

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.

Approximately 75% of zero-dose children in HICs live in just 9 countries, highlighting where intensified efforts could have the greatest regional impact on zero-dose numbers.



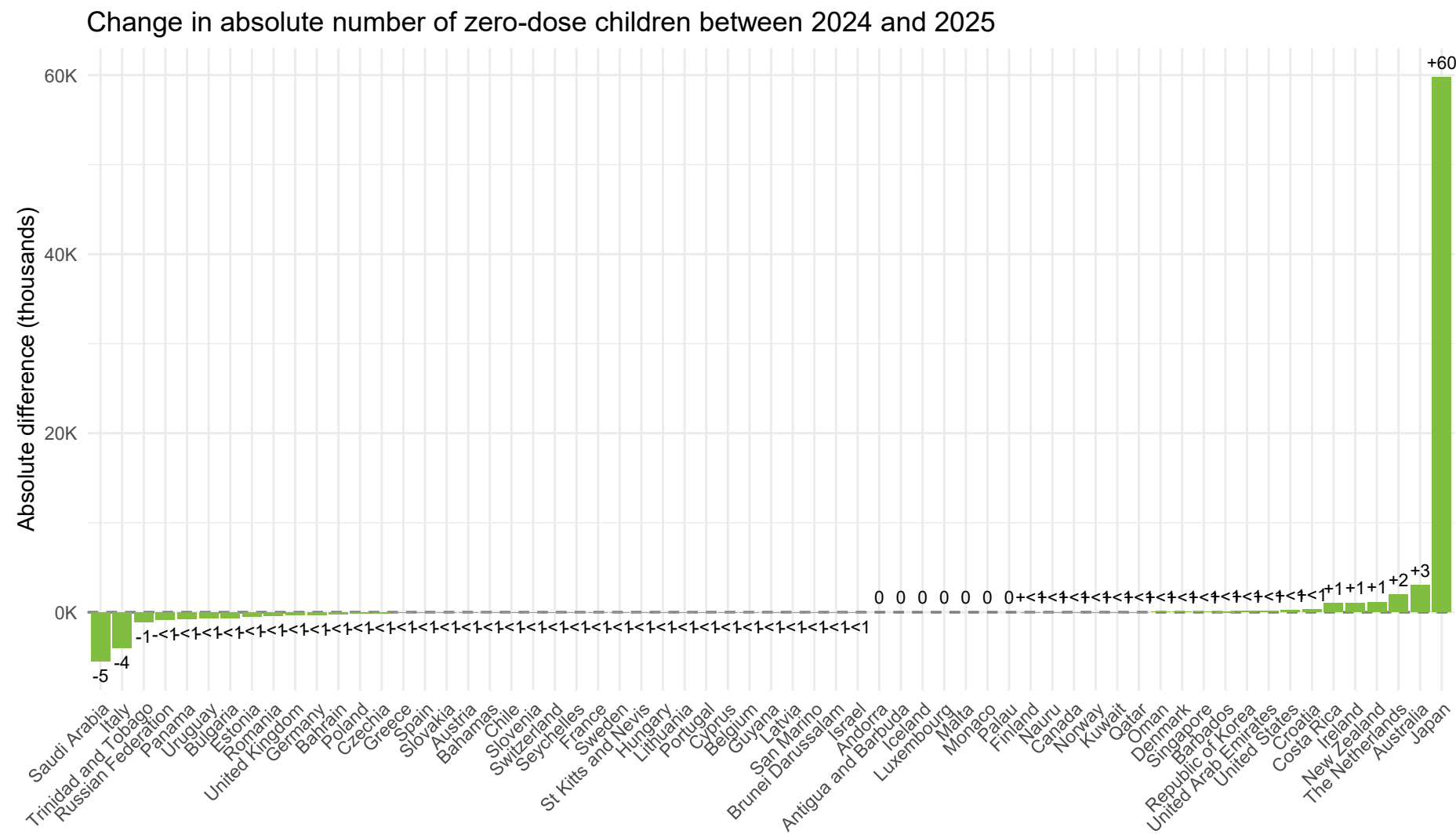
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

This chart shows the number of zero-dose children in 2025, by country in HICs. Bars are coloured based on DTP1 coverage.

In 2025, United States had the highest absolute number of zero-dose children, with 98% DTP1 coverage.

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.

Country trends in zero-dose children were heterogeneous, reinforcing the need to target resources and strategies to countries where the burden is increasing while sustaining gains elsewhere.



This chart shows the absolute change in number of zero-dose children, by country.

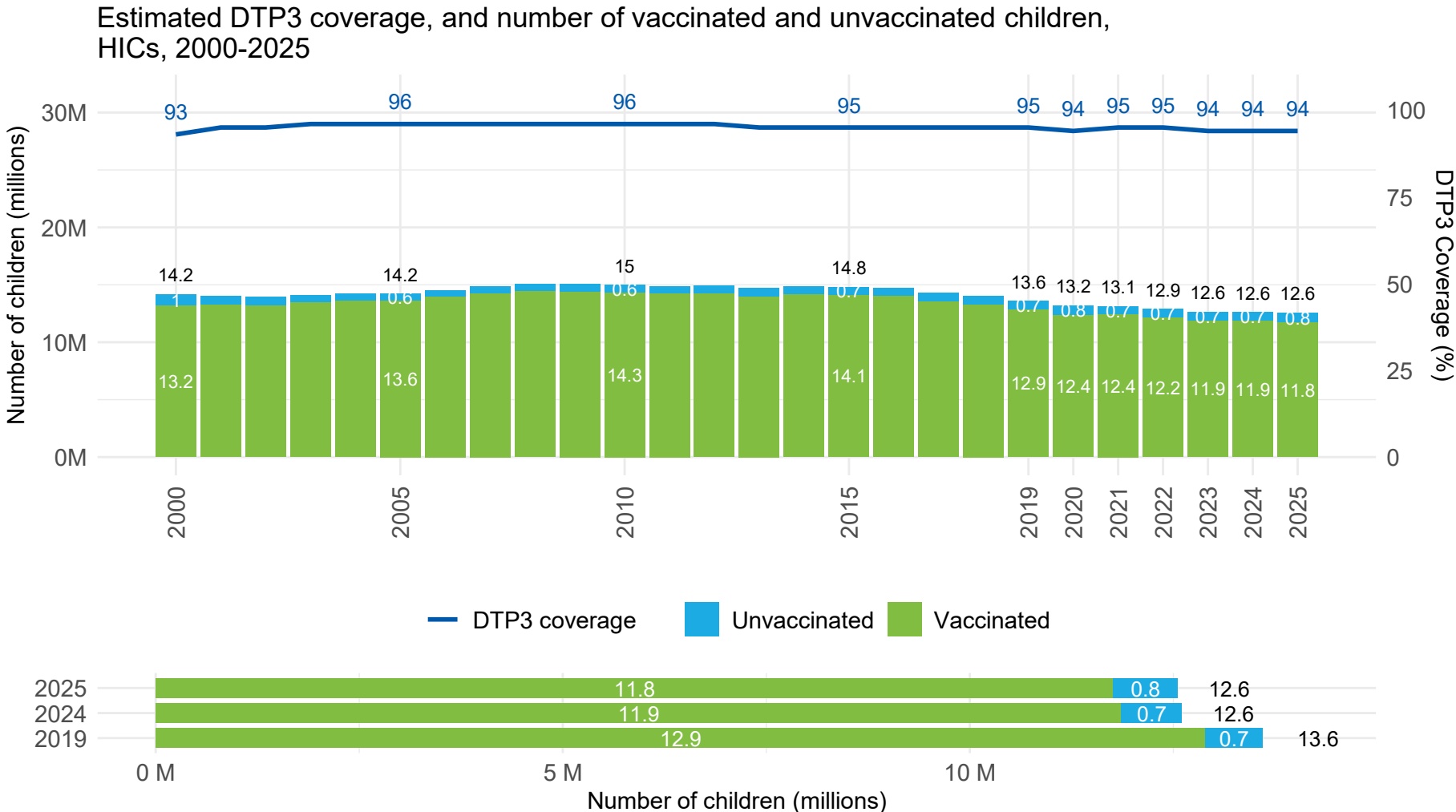
Overall, 20 countries had an increase in zero-dose children and 36 countries saw the number of zero-dose children decline between 2024 and 2025.

The three countries with the largest increase were: Japan (7,000 ⇒ 67,000 [+60,000]), Australia (21,000 ⇒ 24,000 [+3,000]), The Netherlands (15,000 ⇒ 17,000 [+2,000]).

Saudi Arabia had the largest decline in the number of zero-dose children from 17,000 in 2024 to 11,000 in 2025 (-5,000).

DTP3

In 2025, DTP3 coverage was 94%: 11.8 million children received three doses of DTP-containing vaccine, but 795,000 remain un- or under-vaccinated.



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.

DTP3 coverage in 2025 (94%) was within 1% of coverage in 2019 (95%).

The number of children vaccinated with DTP3 decreased 9% from 12.9 million in 2019 to 11.8 million in 2025.

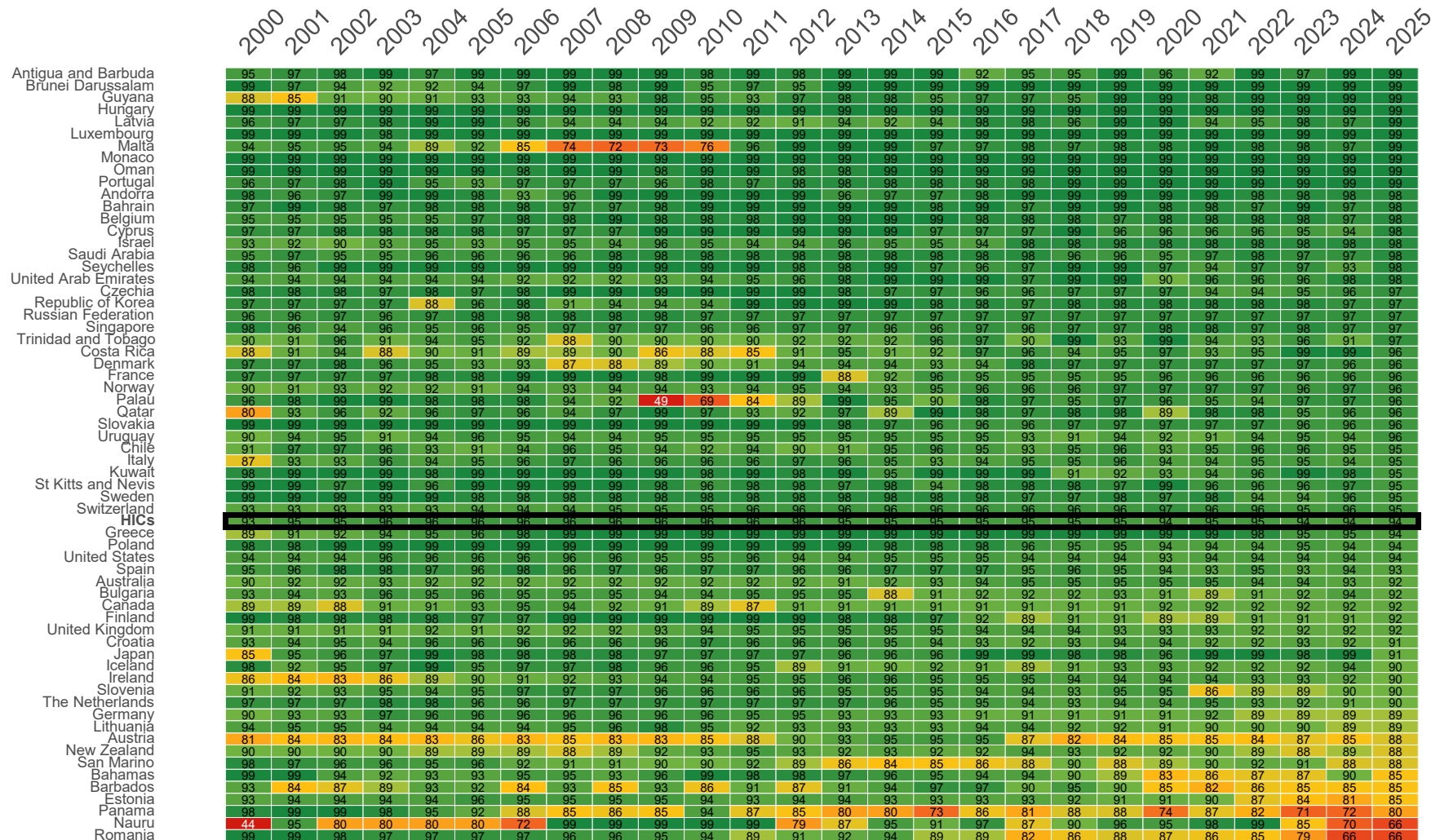
The number of surviving infants decreased approximately 8% from 13.6 million in 2019 to 12.6 million in 2025.

In 2025, 1.1 million fewer children were vaccinated than in 2019.

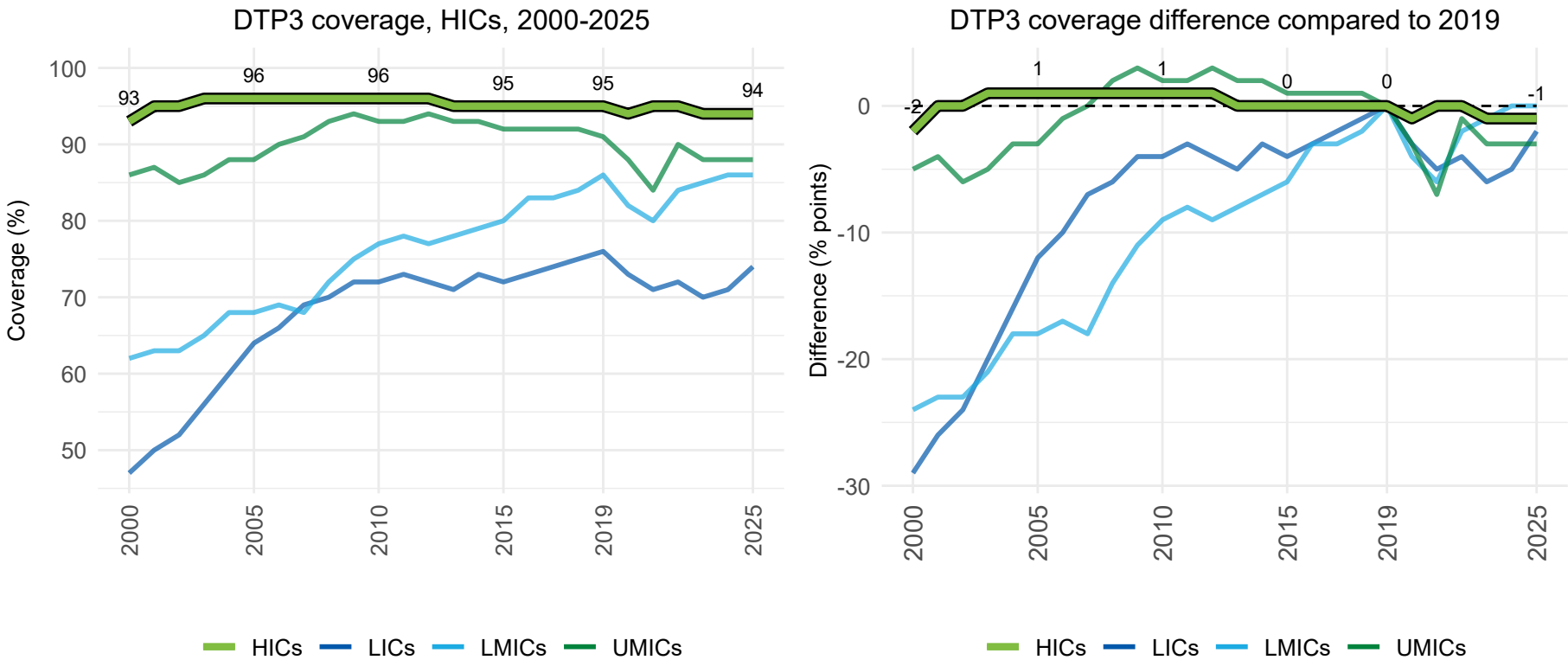
In 2025, there were 1 million fewer surviving infants (target population) than in 2019.

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.

DTP3 coverage, by country, HICs, 2000-2025



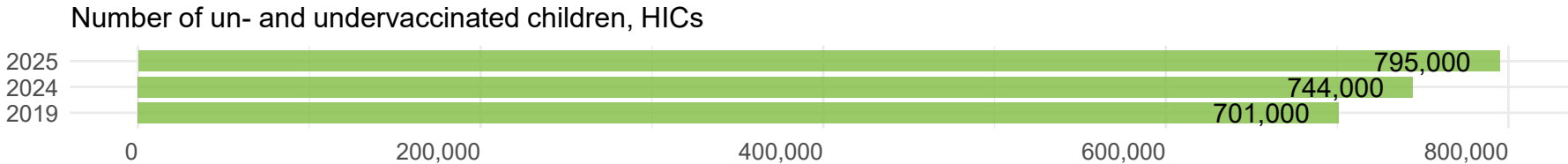
DTP3 coverage has improved since 2000 in all groups and exceeded pre-pandemic levels in one groups, but progress is uneven and gaps in undervaccinated children persist.



In 2025, HICs ranked number 1 out of 4 WB groups, with DTP3 coverage of 94%.

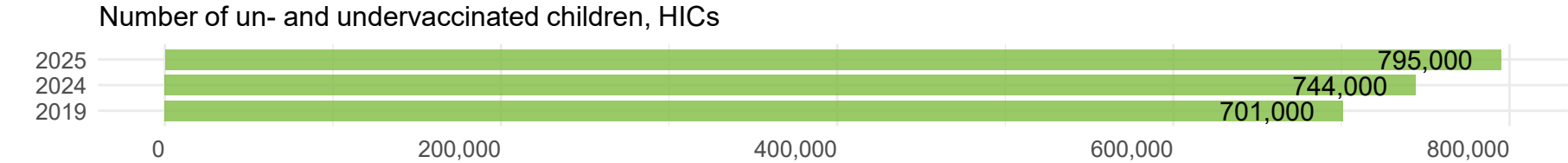
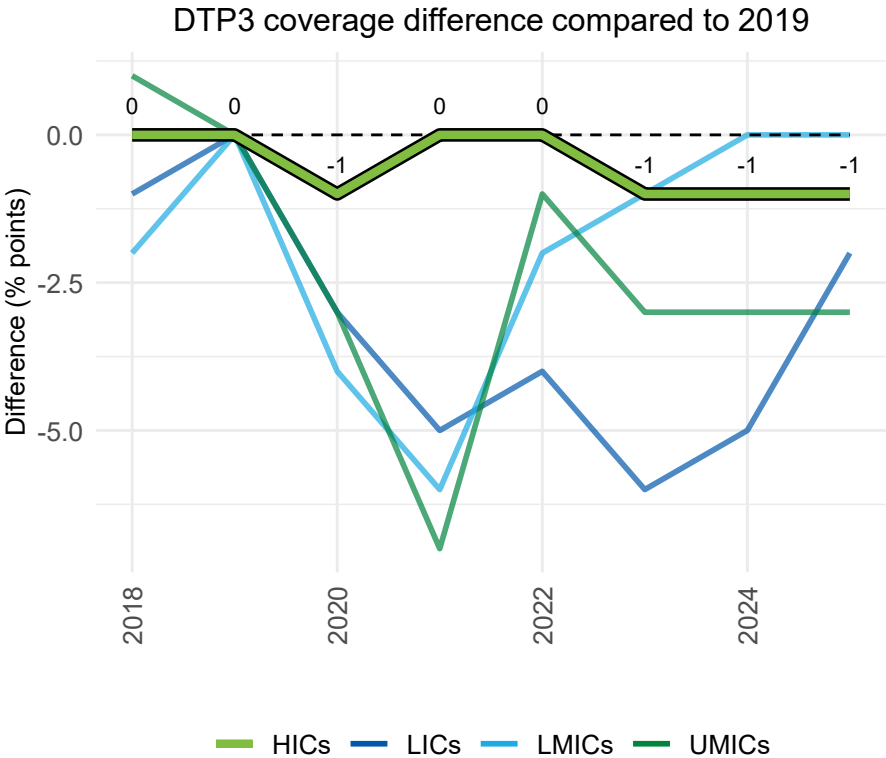
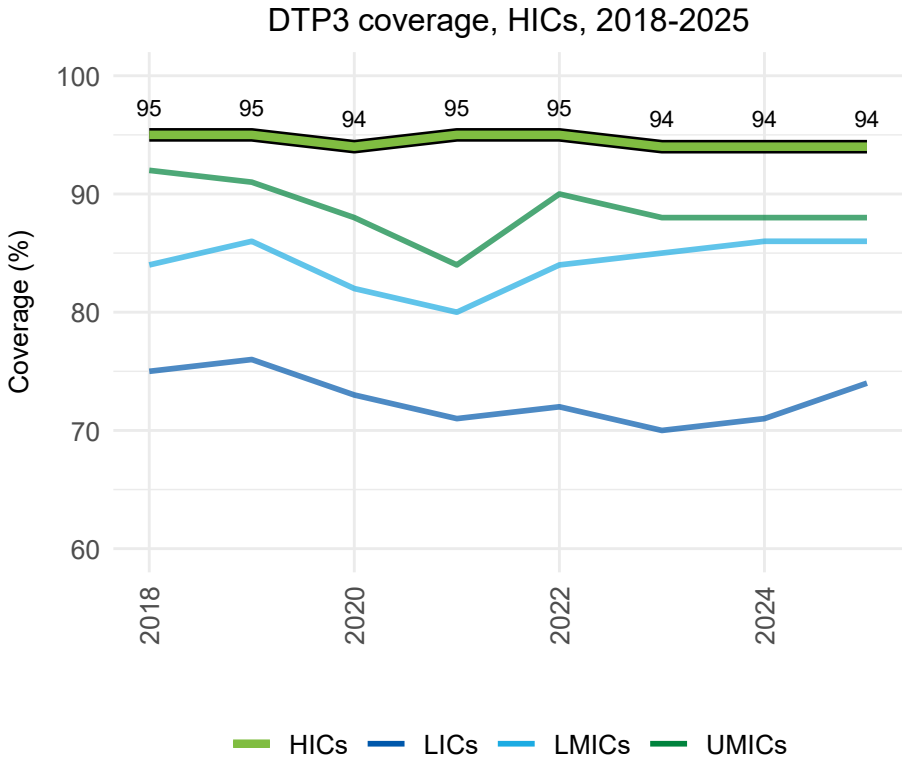
DTP3 coverage (94%) was 1 percentage point lower than in 2019 (95%).

This equates to 795,000 undervaccinated children in 2025 compared to 701,000 undervaccinated children in 2019.



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019.
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 ranked number 1 out of 4 WB groups, with DTP3 coverage of 94%.

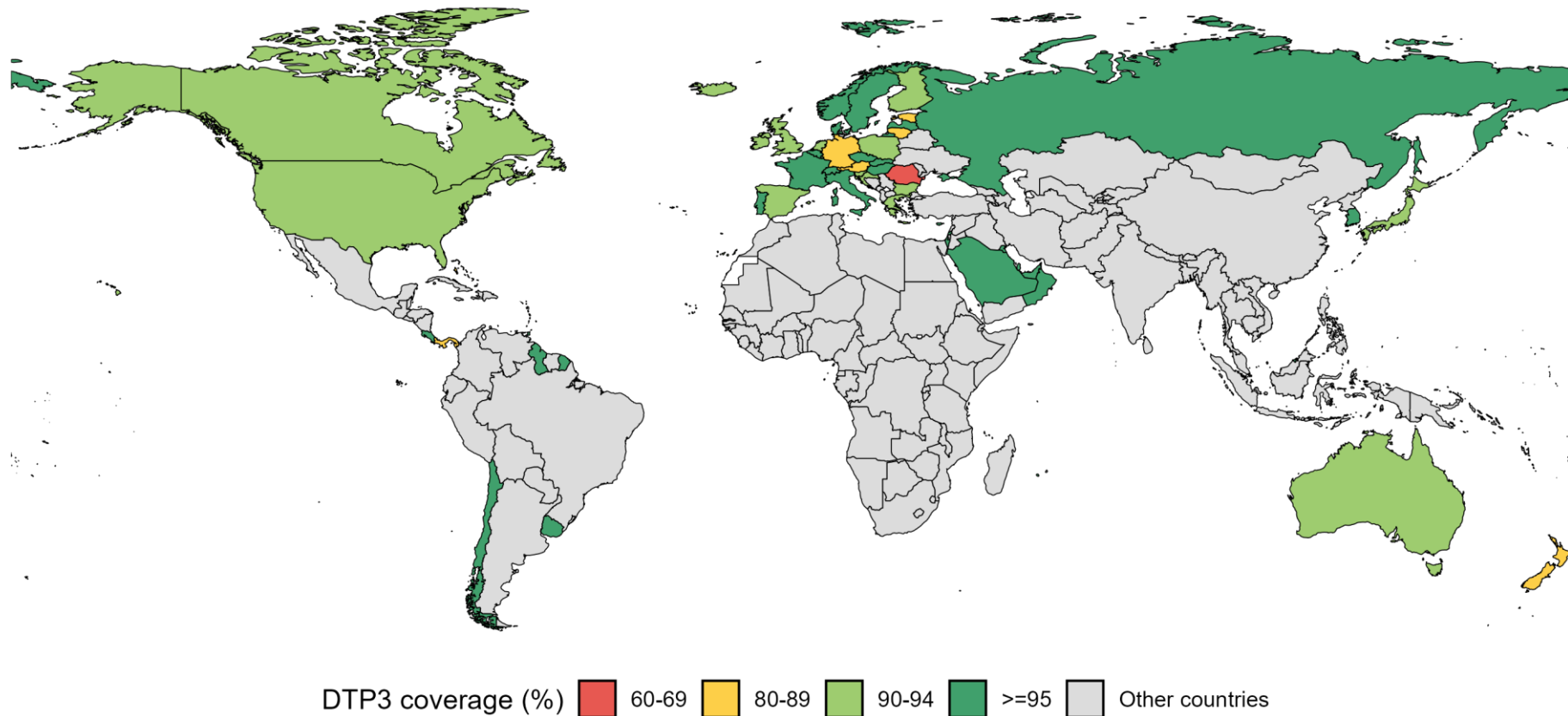
DTP3 coverage (94%) was 1 percentage point lower than in 2019 (95%).

This equates to 795,000 undervaccinated children in 2025 compared to 701,000 undervaccinated children in 2019.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019. There may be discrepancies in total Undervaccinated children (millions) due to rounding.

In 2025, 52 countries achieved at least 90% DTP3 coverage, while 2 had coverage below 70%.

DTP3 Coverage (%), HICs, 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.

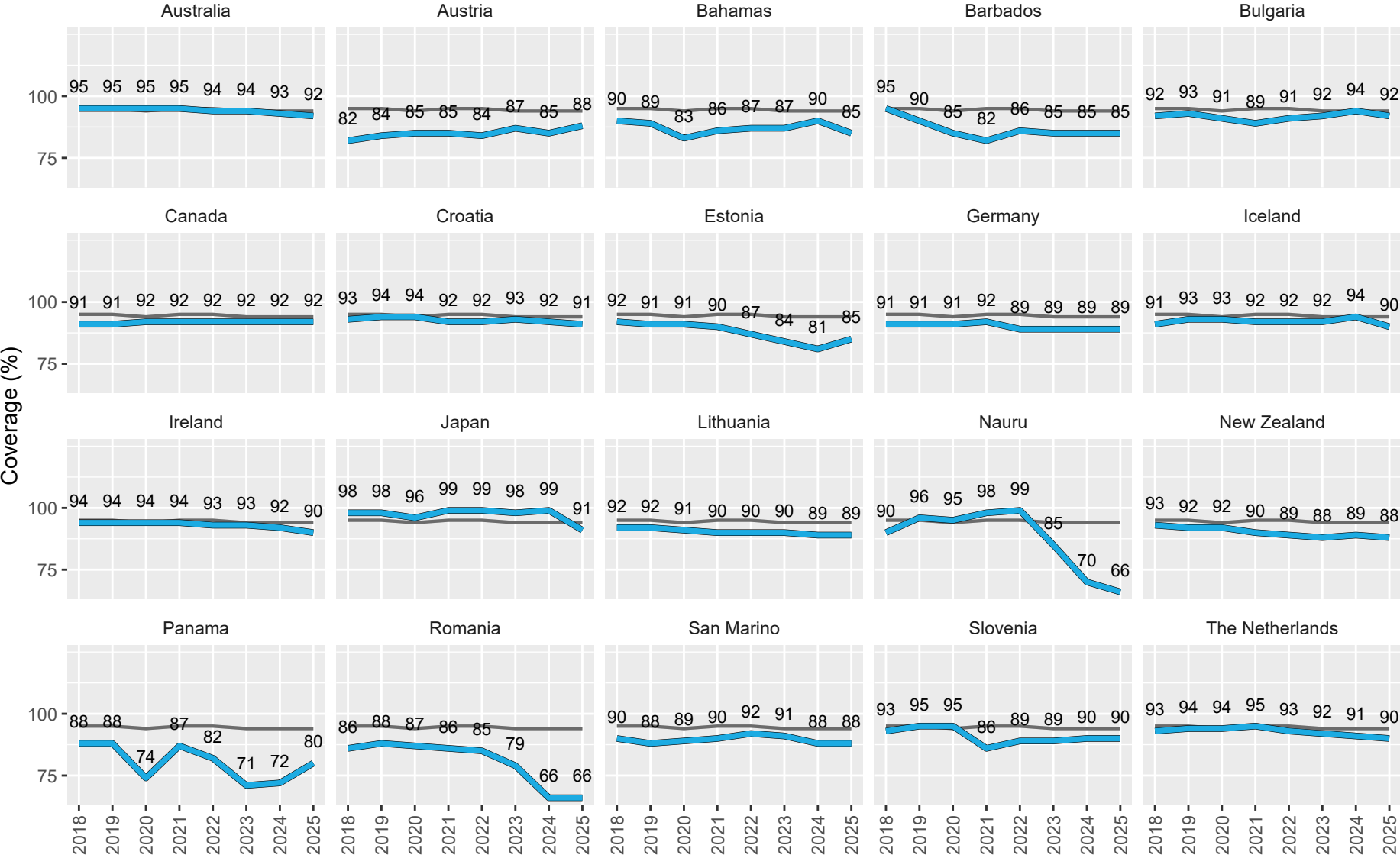
In HICs, 2 out of 63 (3%) countries had DTP3 coverage below 70% in 2025. These are Nauru and Romania.

These countries account for approximately 178,000 (1%) of the total annual cohort of surviving infants in the group.

There were 52 (83%) countries that achieved DTP3 of 90% or higher, accounting for 11.4 million (91%) of the total cohort.

Coverage of DTP3, by country, HICs, 2018-2025

Showing top 20 countries with the lowest coverage in 2025



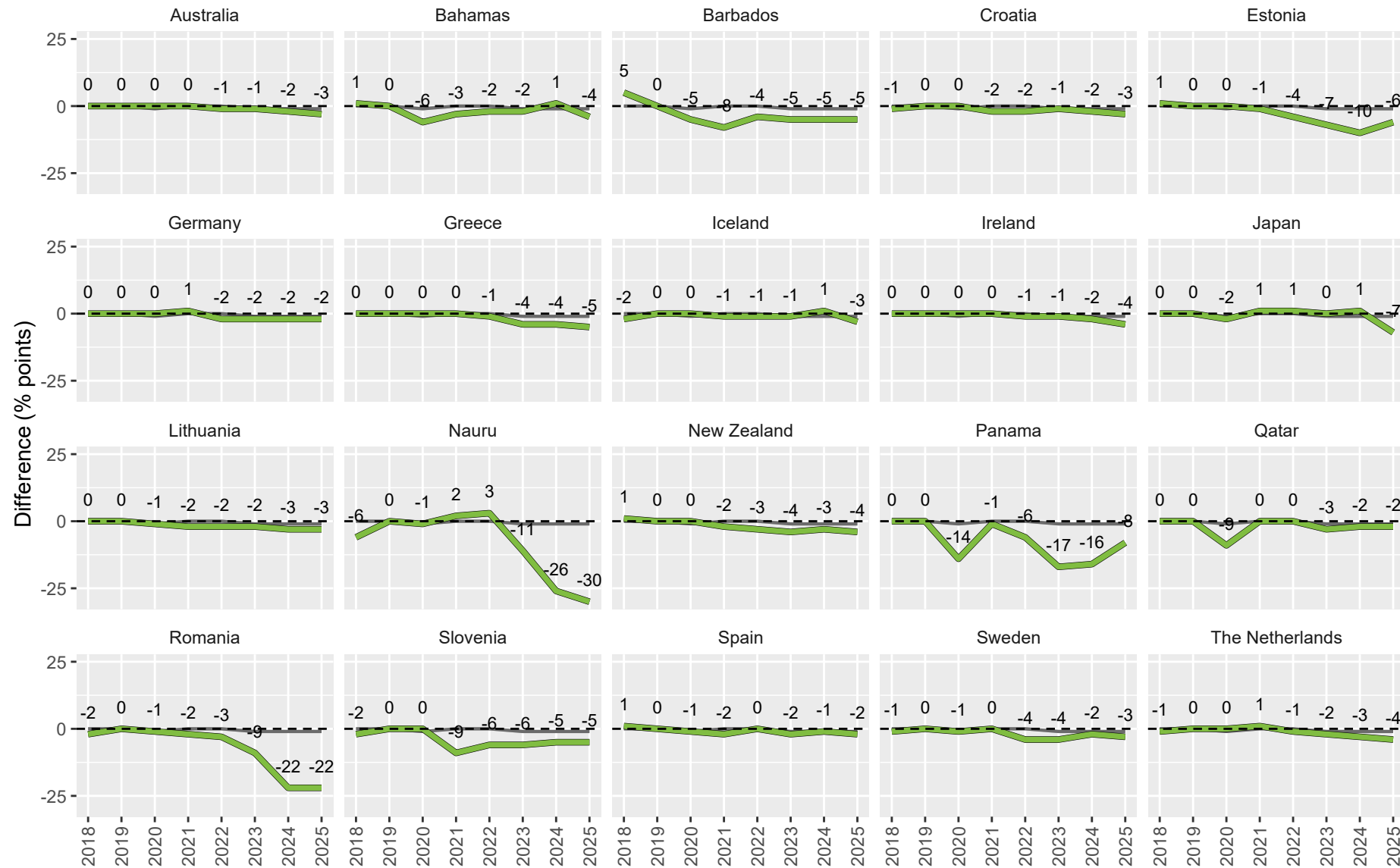
Among the 20 countries with the lowest DTP3 coverage in 2025, Australia, Bulgaria, and Canada had the highest coverage (92%), while Nauru and Romania had the lowest coverage (66%).

DTP3 coverage increased in 3 out of these 20 countries between 2024 and 2025. The largest increase was 8 percentage points in Panama from 72% to 80%.

10 countries saw a decrease in coverage (Australia, Bahamas, Bulgaria, Croatia, Iceland, Ireland, Japan, Nauru, New Zealand, and The Netherlands). The largest decline was 8% points in Japan from 99% to 91%. Coverage remained constant between 2024 and 2025 in the remaining 7 countries.

In 2025, 9 out of these 20 countries had achieved DTP3 coverage of at least 90%.

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



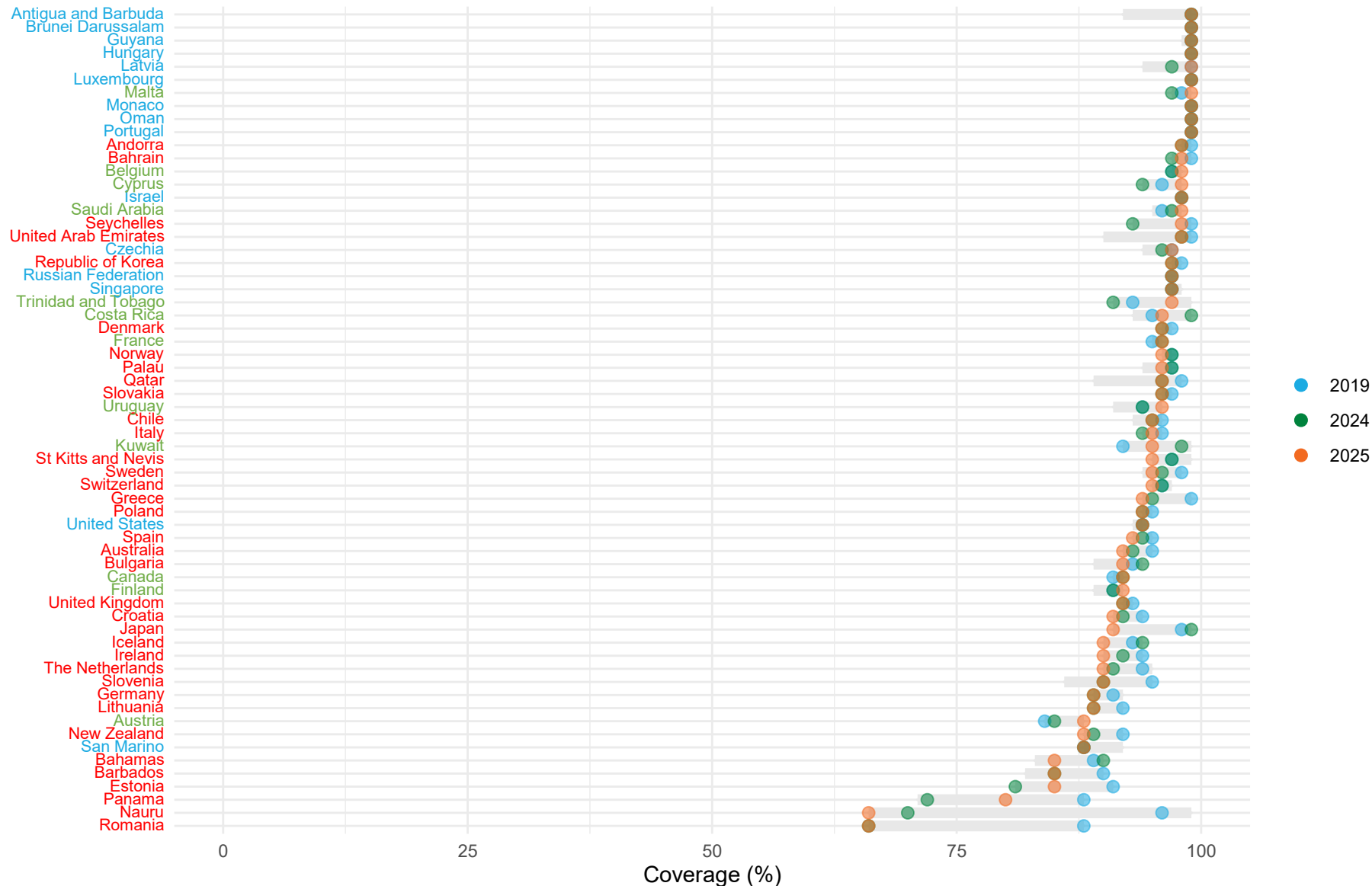
This chart shows the difference in DTP3 coverage compared to 2019, for the 20 countries with the largest declines in coverage between 2019 and 2025. Among the 20 countries with the largest declines in DTP3 coverage between 2019 and 2025, Coverage was not higher in 2025 compared to 2019 in any of these 20 countries. Coverage was lower than in 2019 in 20 of these 20 countries (Australia, Bahamas, Barbados, Croatia, Estonia, Germany, Greece, Iceland, Ireland, Japan, Lithuania, Nauru, New Zealand, Panama, Qatar, Romania, Slovenia, Spain, Sweden, and The Netherlands). The largest decline in coverage was 30% points in Nauru from 96% in 2019 to 66% 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

DTP3 coverage, by country, HICs, 2019-2025



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

Note: The grey bar spans vaccine coverage across all years 2019-2025 and the dots represent coverage in specific years. Countries are arranged by high to low coverage in 2025 and coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019. An asterisk (*) indicates countries aiming to catch-up children missed since 2019 through a Big Catch-up Plan, supported by financing from The Gavi Alliance.

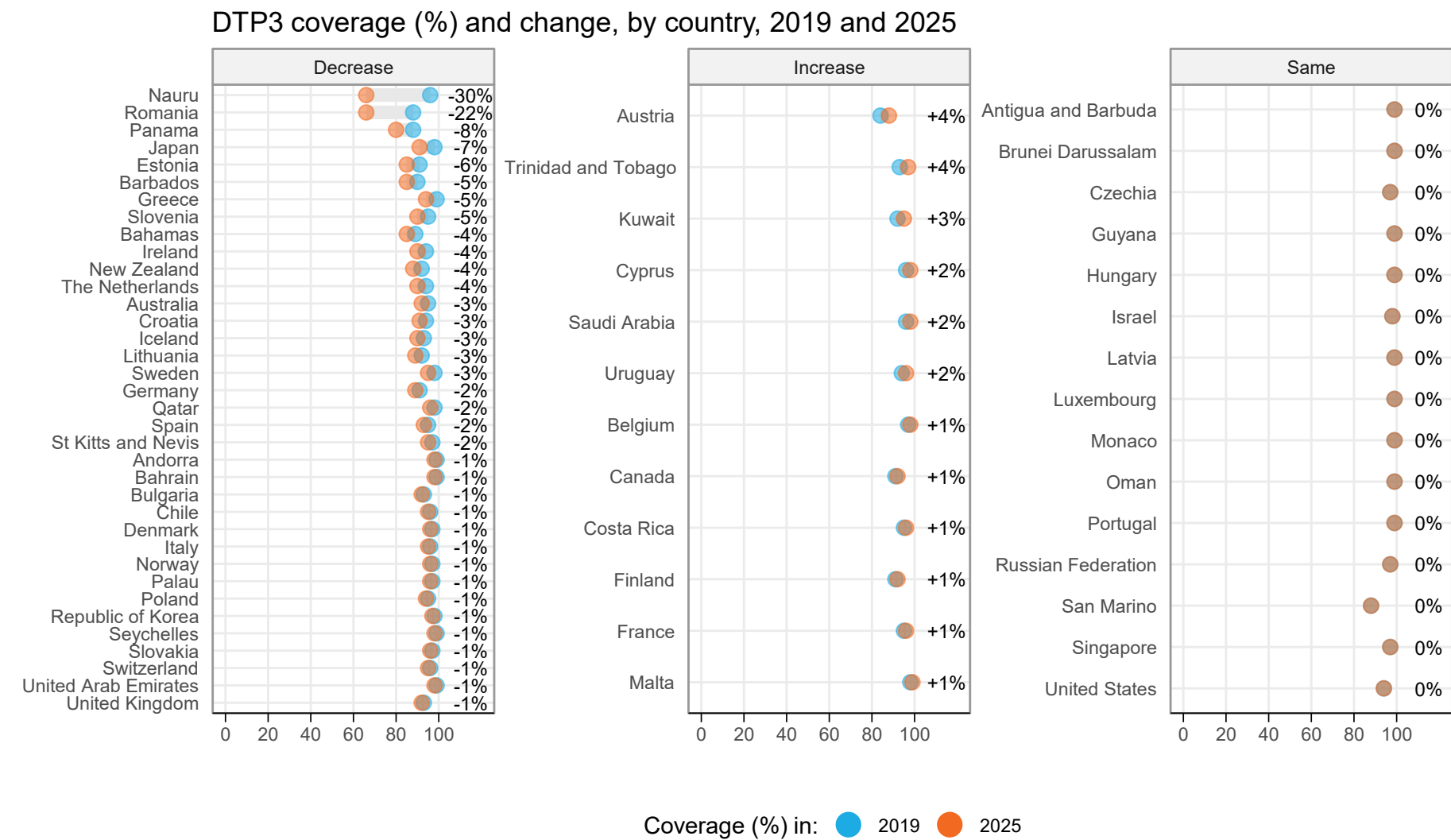
This chart shows the range of DTP3 coverage across years 2019 to 2025 (grey bars), and coverage in specific years (dots), by country. The chart can be used for assessing recovery to pre-pandemic levels and progress beyond 2019.

In 2024, 33 (out of 63) countries had lower coverage than in 2019.

In 2025, 19 countries had lower DTP3 coverage than in 2024.

In 2025, 36 countries had lower coverage than in 2019.

Between 2019 and 2025, DTP3 coverage increased in 12 countries and decreased in 36 countries.

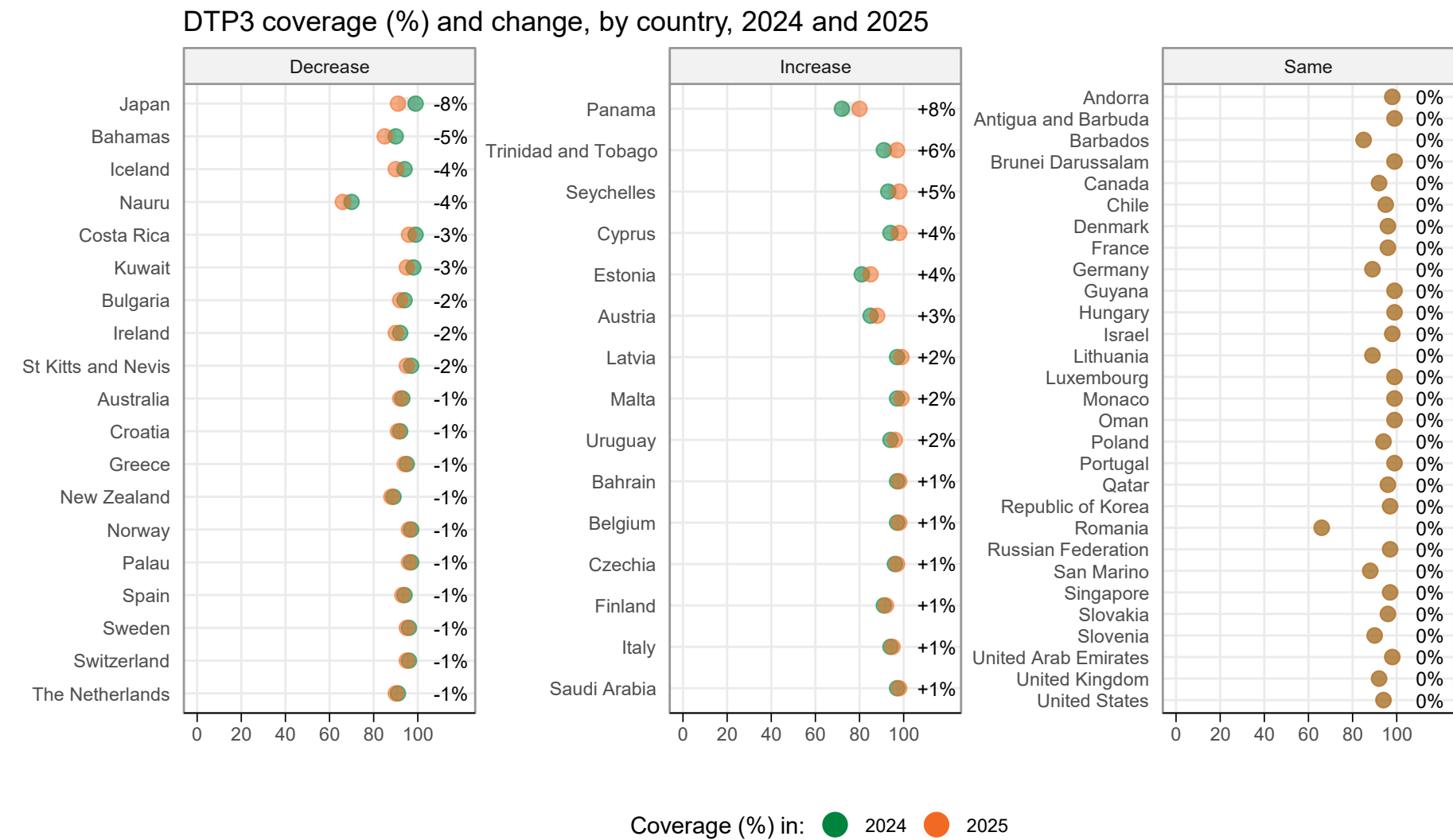


This chart shows DTP3 coverage in 2019 and 2025, and change in coverage between the two years.

Overall, 36 out of 63 (57%) countries in HICs had a decline in coverage. The largest decline was in Nauru (-30 percentage points), followed by Romania (-22 percentage points).

There were 12 (19%) countries with an increase in DTP3 coverage. Coverage remained the same in 15 countries between 2019 and 2025.

Between 2024 and 2025, DTP3 coverage increased in 15 countries and decreased in 19 countries.

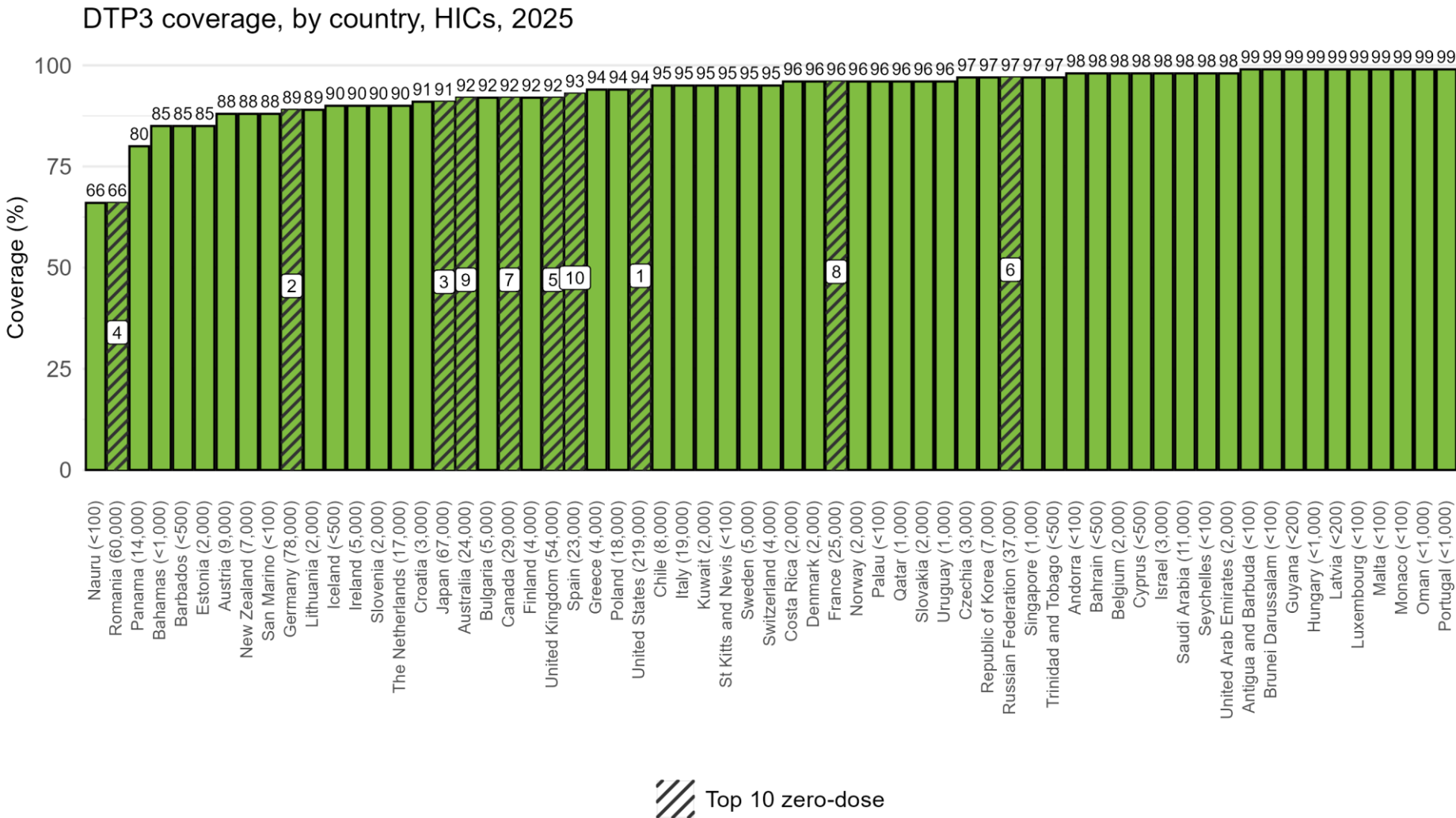


This chart shows DTP3 coverage in 2024 and 2025, and change in coverage between the two years.

Overall, 19 out of 63 (30%) countries in HICs had a decline in coverage. The largest decline was in Japan (-8 percentage points), followed by Bahamas (-5 percentage points).

There were 15 (24%) countries with an increase in DTP3 coverage. Coverage remained the same in 29 countries between 2024 and 2025.

In 2025, Romania, Nauru, and Panama had the lowest DTP3 coverage, while United States and Germany had the highest number of un- and undervaccinated children, highlighting the need to consider both coverage and absolute numbers to identify all vulnerable populations.



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

In 2025, DTP3 coverage ranged from 66% in Romania and Nauru to 99% in Oman, Portugal, Hungary, Guyana, Latvia, Luxembourg, Brunei Darussalam, Malta, Antigua and Barbuda, and Monaco.

52 out of 63 (83%) countries had coverage of at least 90%.

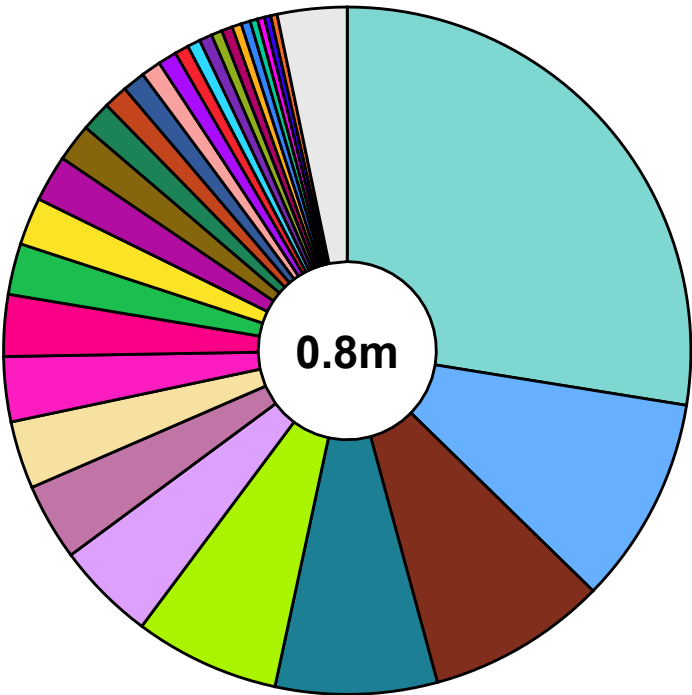
United States had DTP3 coverage of 94% and the highest absolute number of un- and undervaccinated children in the group, followed by Germany.

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.

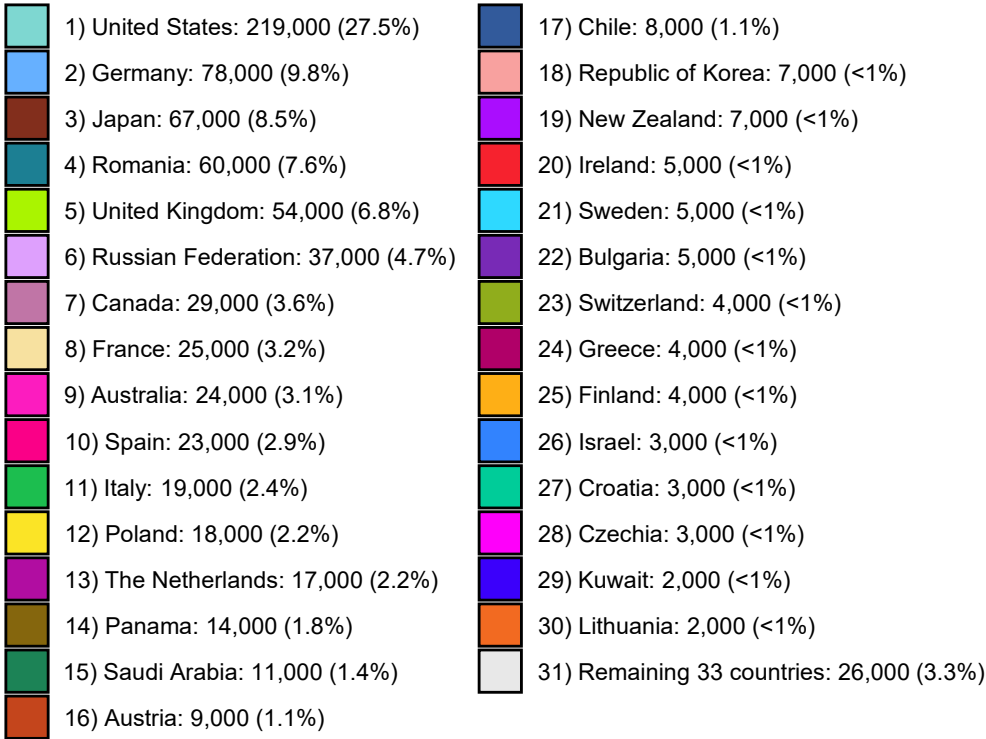
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Bars are ranked by ascending coverage.
Numbers in bubbles display top 10 rank based on absolute number of un- and undervaccinated children. Number in parentheses shows number of un- and undervaccinated children.

In 2025, 4 countries accounted for over half of all un- and under-vaccinated children in HICs, with United States contributing the highest share.

DTP3 unvaccinated (% of total unvaccinated)



DTP3 unvaccinated (% of total unvaccinated)



In 2025, 4 countries accounted for over half (53.4%) of all un- and under-vaccinated children in HICs.

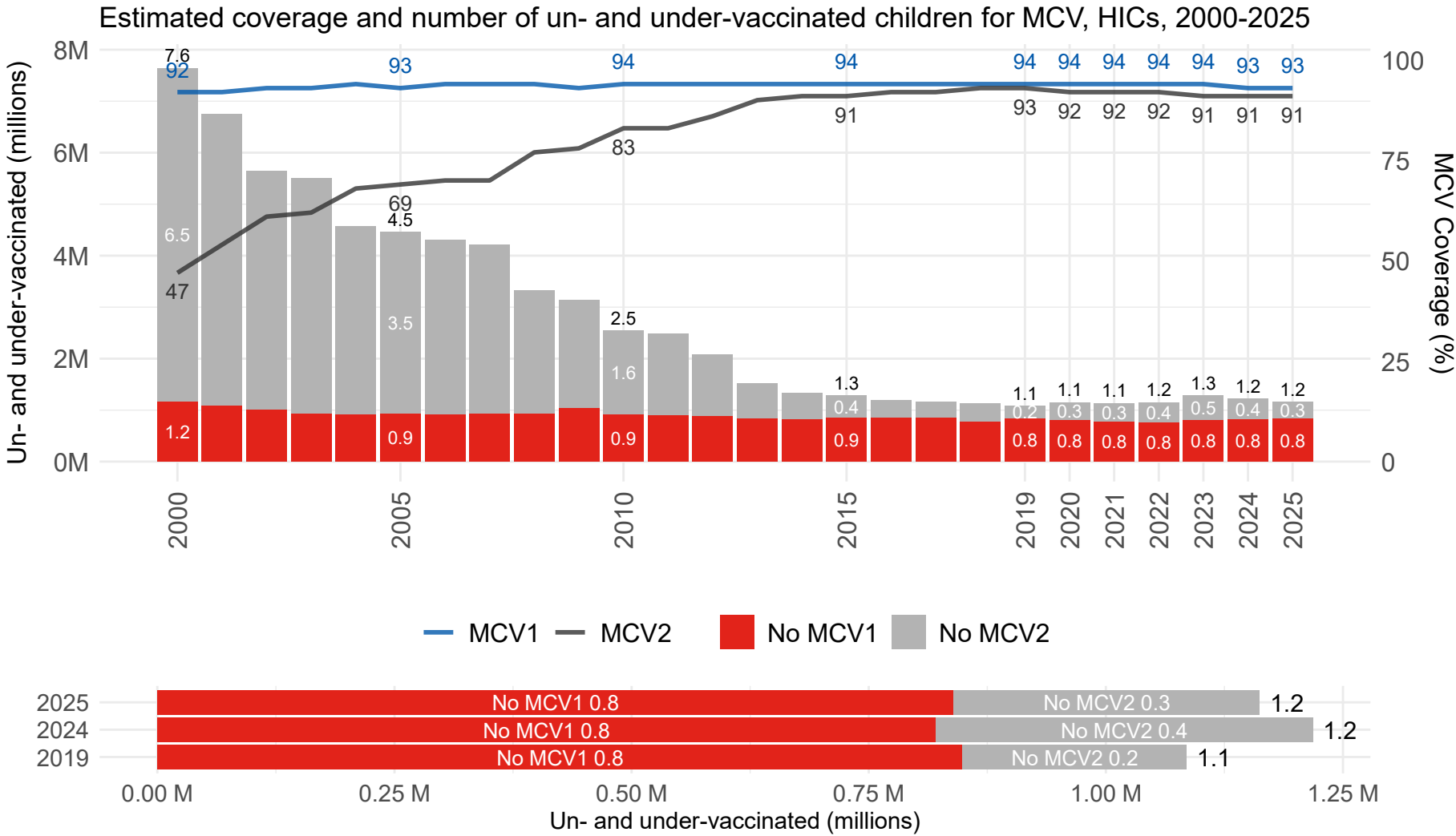
United States had the highest number of children who did not receive DTP3 (n=219,000), which is approximately 27.5% of all un- and under-vaccinated children in HICs (n=795,000).

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.

MCV1

MCV1 coverage remained constant 93% in 2025, leaving 839,000 children without any protection against measles. MCV2 coverage remained constant 91% in 2025.



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

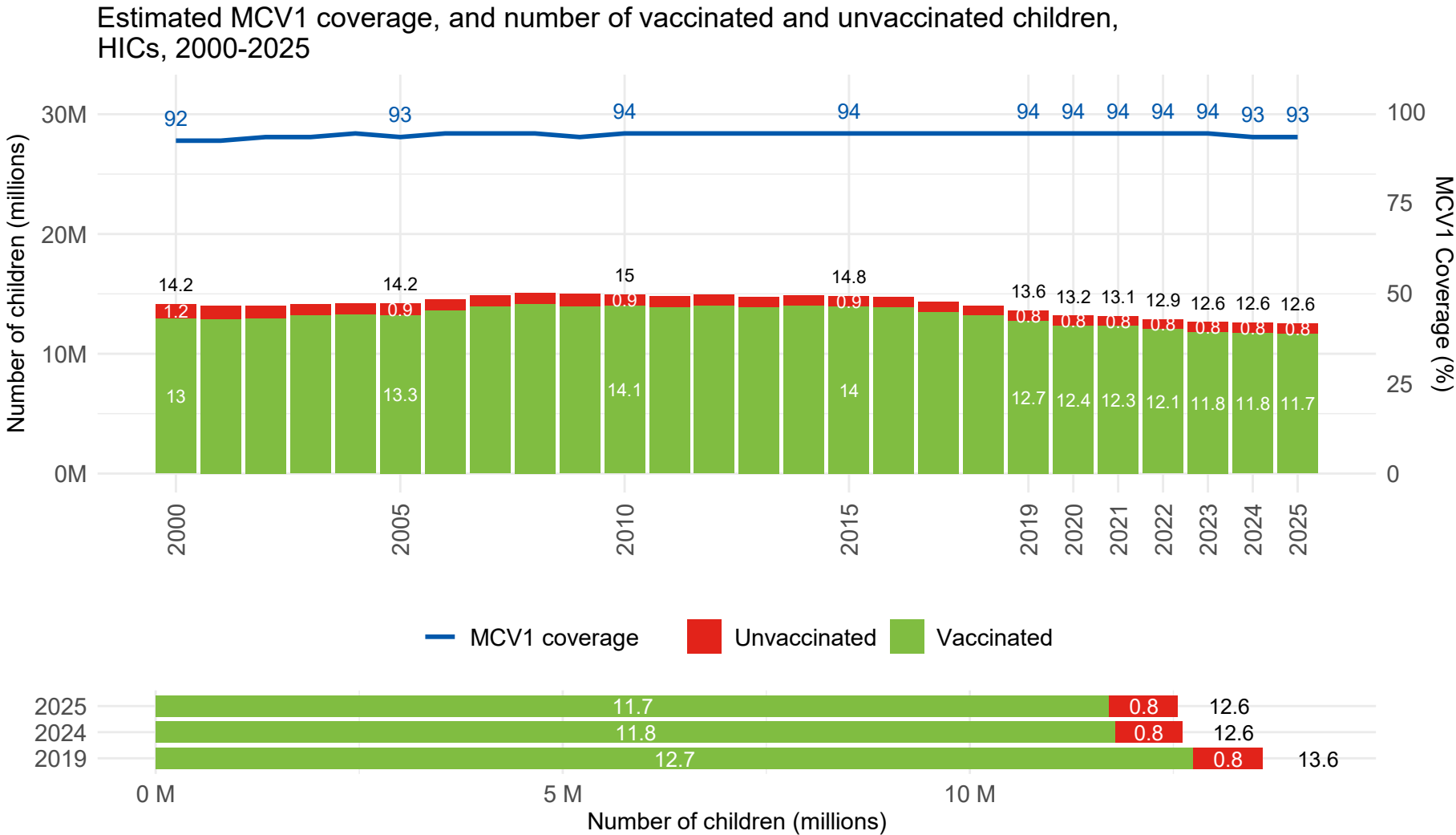
Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

The percentage of children receiving MCV1 – typically at 9 or 12 months – remained constant at 93%. This is similar to in 2019, where coverage was 94%.

839,000 children missed their routine first dose of measles vaccine.

MCV2 is typically administered to children between 18 months and five years old. MCV2 coverage remained constant at 91% in 2025.

In 2025, MCV1 coverage was 93%: 11.7 million children received the measles vaccine, but 839,000 remain unvaccinated against the highly contagious disease.



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.

MCV1 coverage in 2025 (93%) was within 1% of coverage in 2019 (94%).

The number of children vaccinated with MCV1 decreased 8% from 12.7 million in 2019 to 11.7 million in 2025.

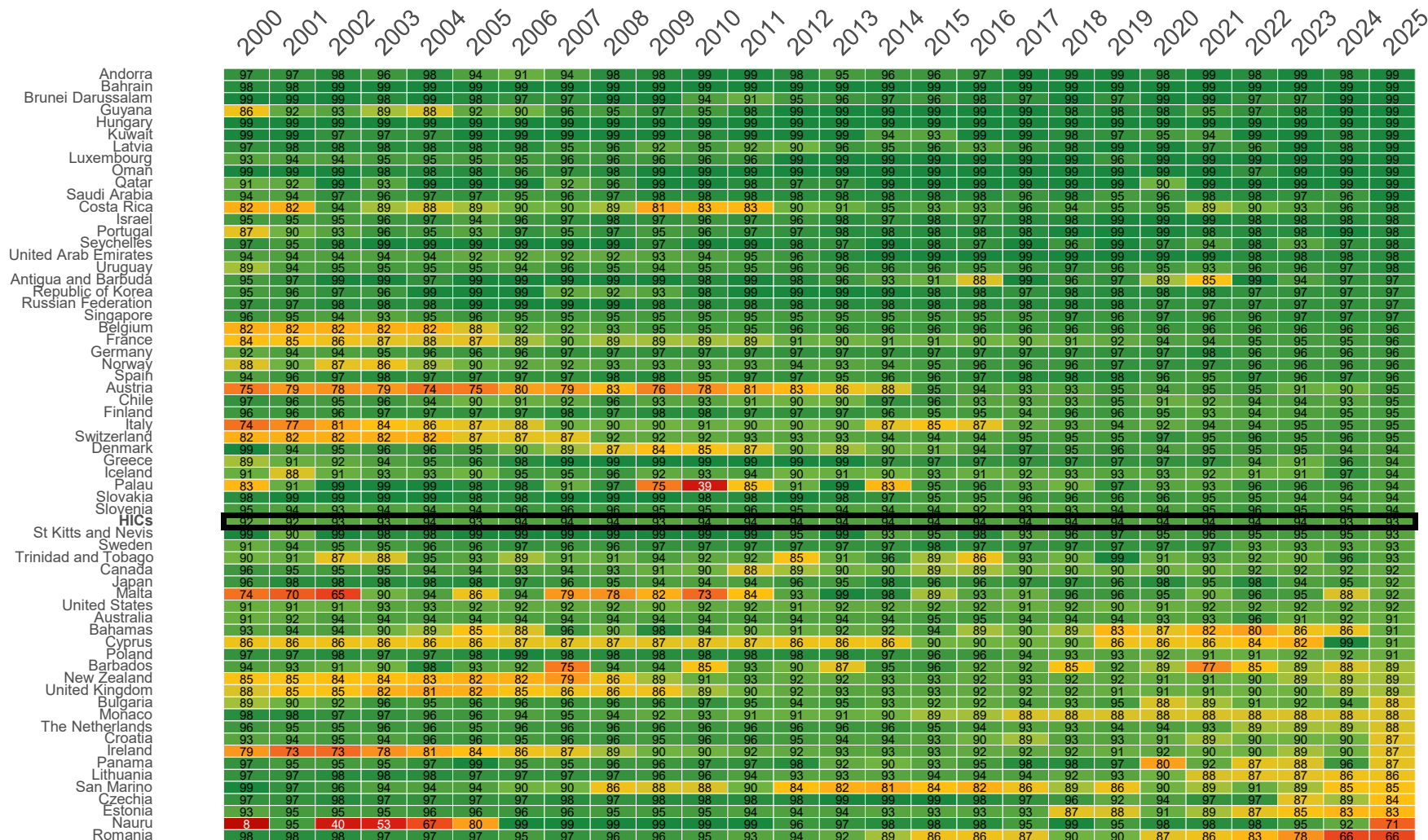
The number of surviving infants decreased approximately 8% from 13.6 million in 2019 to 12.6 million in 2025.

In 2025, 1 million fewer children were vaccinated than in 2019.

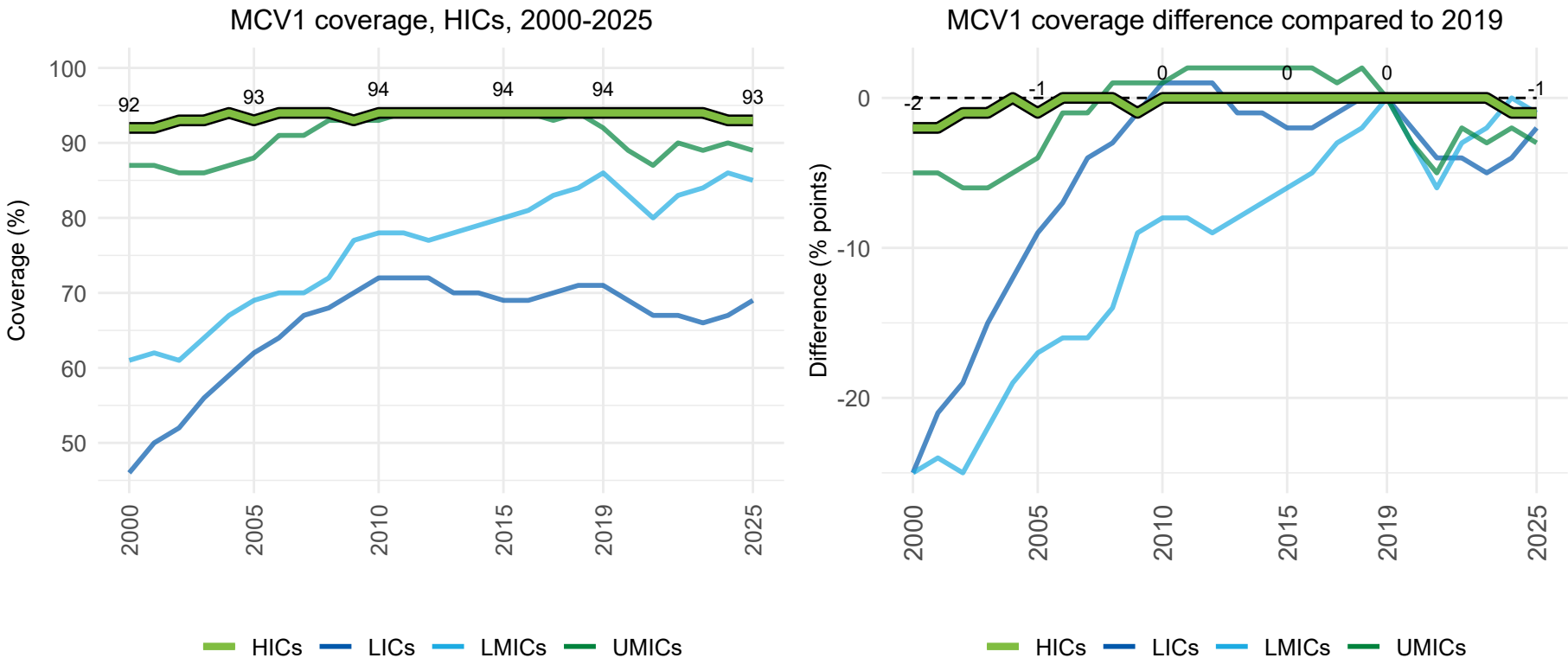
In 2025, there were 1 million fewer surviving infants (target population) than in 2019.

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.

MCV1 coverage, by country, HICs, 2000-2025



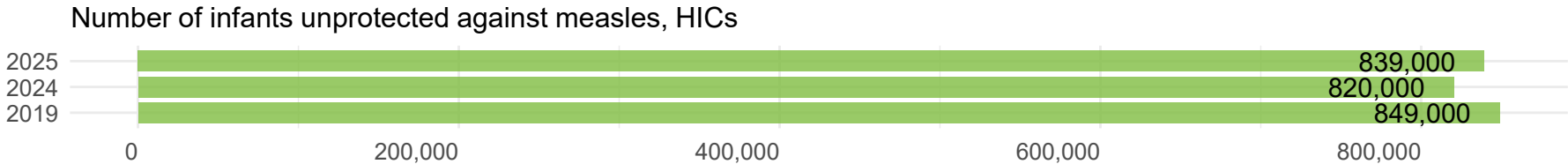
MCV1 coverage has improved since 2000 in all groups and exceeded pre-pandemic levels in one groups, but progress is uneven and gaps in unvaccinated children persist.



In 2025, HICs ranked number 1 out of 4 WB groups, with MCV1 coverage of 93%.

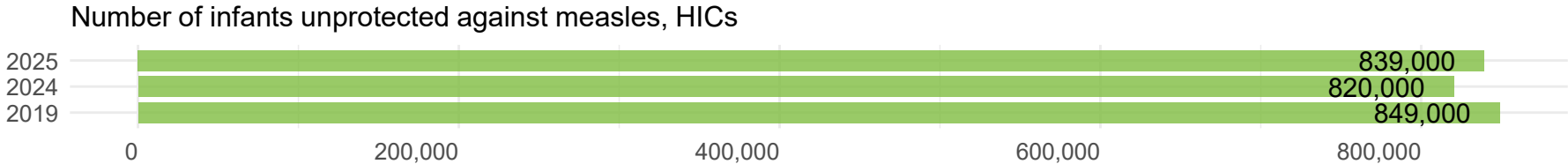
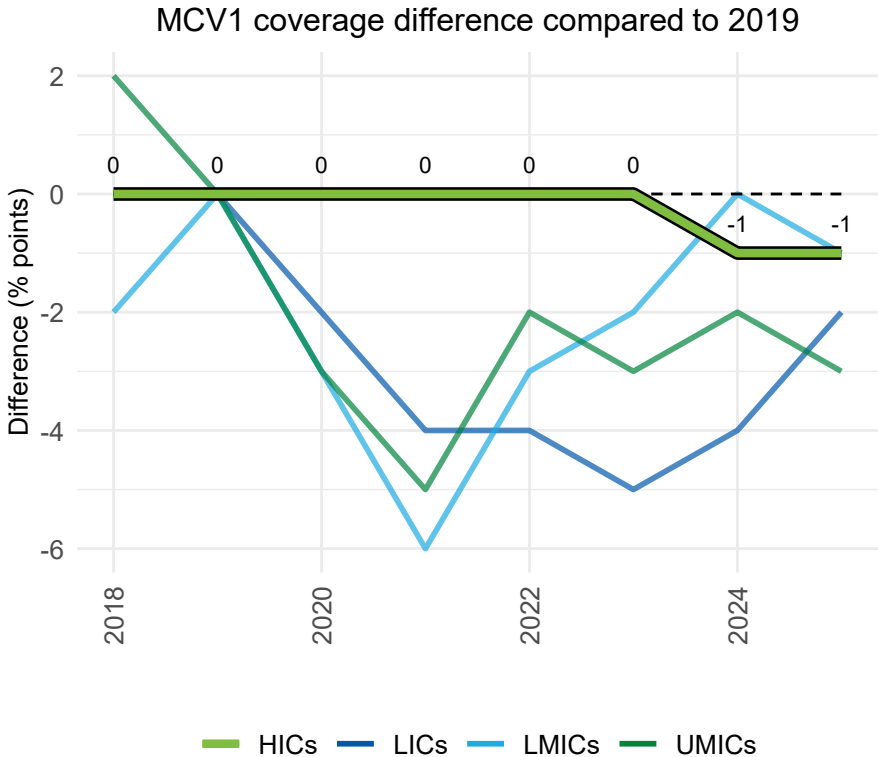
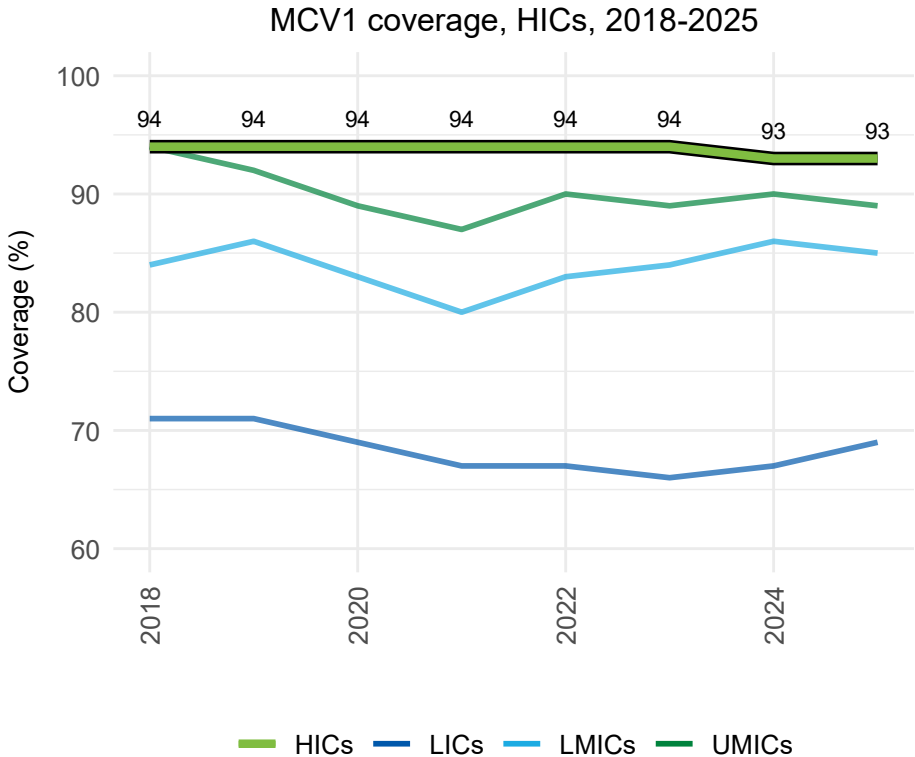
MCV1 coverage (93%) was 1 percentage point lower than in 2019 (94%).

This equates to 839,000 unvaccinated children in 2025 compared to 849,000 unvaccinated children in 2019.



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



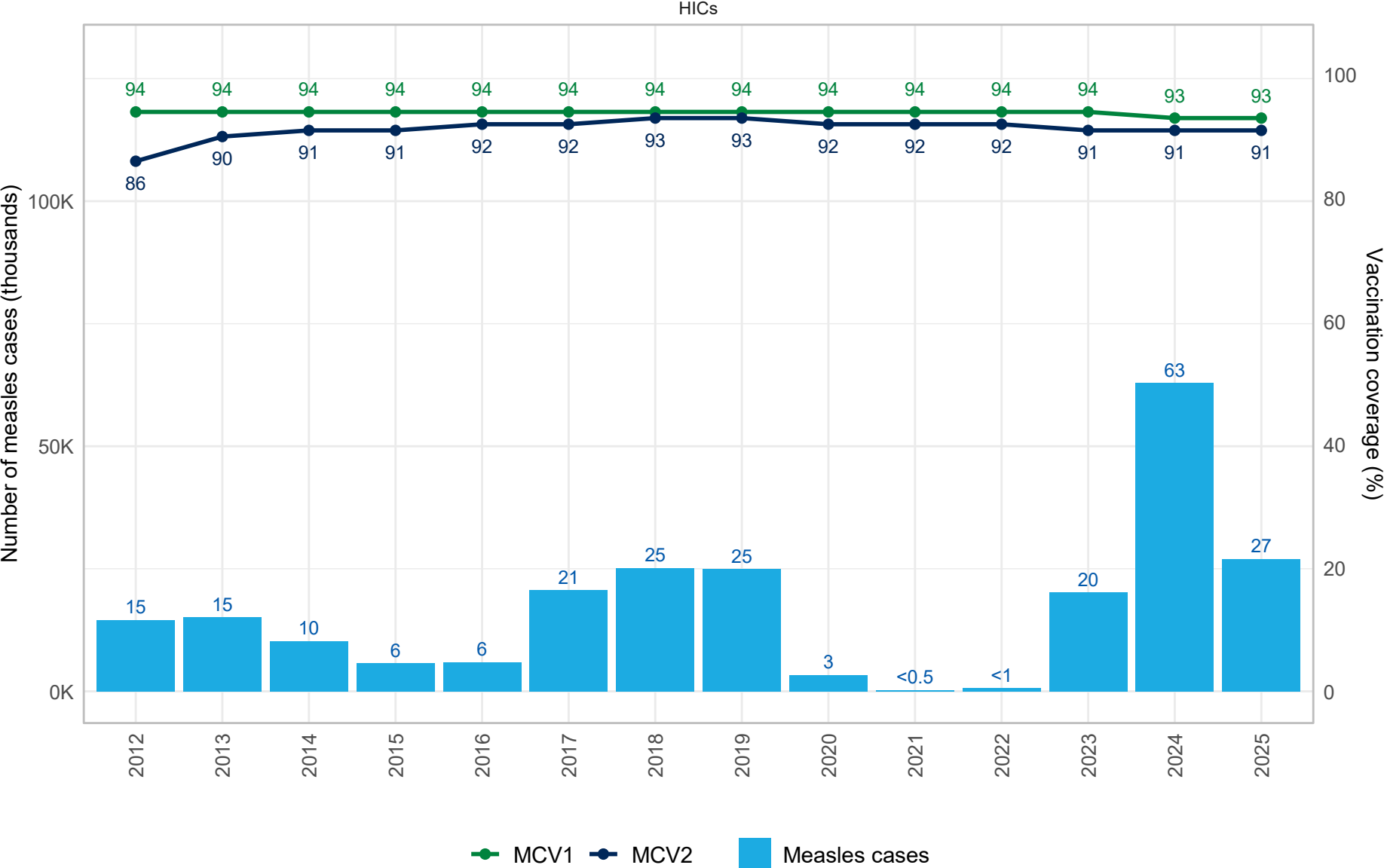
In 2025, HICs ranked number 1 out of 4 WB groups, with MCV1 coverage of 93%.

MCV1 coverage (93%) was 1 percentage point lower than in 2019 (94%).

This equates to 839,000 unvaccinated children in 2025 compared to 849,000 unvaccinated children in 2019.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019.
There may be discrepancies in total Unvaccinated children (millions) due to rounding.

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 (HICs).

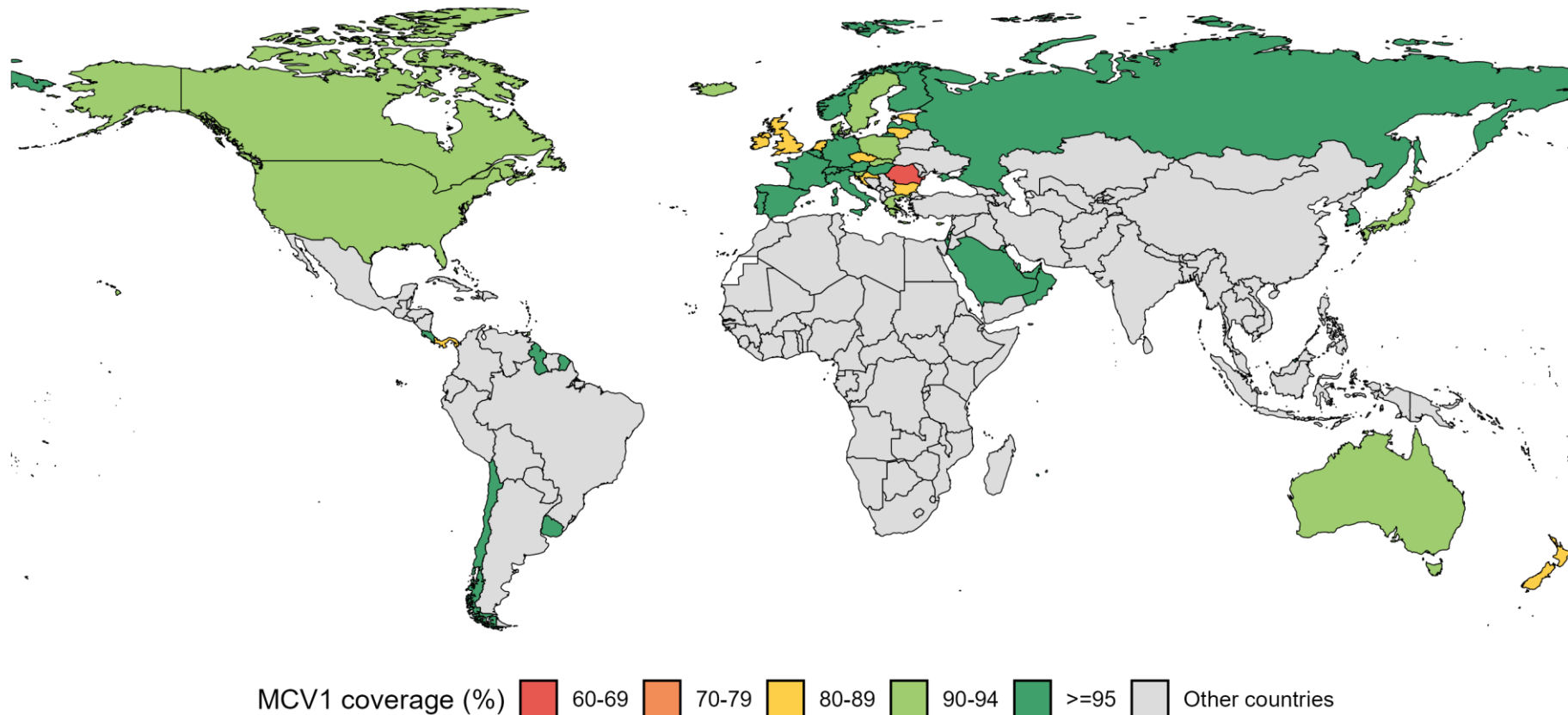
In 2025, there were 26,996 confirmed measles cases - a decrease from 62,878 in 2024.

Measles cases were reported in 47 countries (Canada, Chile, Costa Rica, United States, Uruguay, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Netherlands (Kingdom of the), Norway, Poland, Portugal, Romania, Russian Federation, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom, Australia, Japan, New Zealand, Republic of Korea, and Singapore). Romania reported the highest number of cases (n=6,834), accounting for 25% of total cases in the group.

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, 48 countries achieved at least 90% MCV1 coverage, while 1 had coverage below 70%.

MCV1 Coverage (%), HICs, 2025



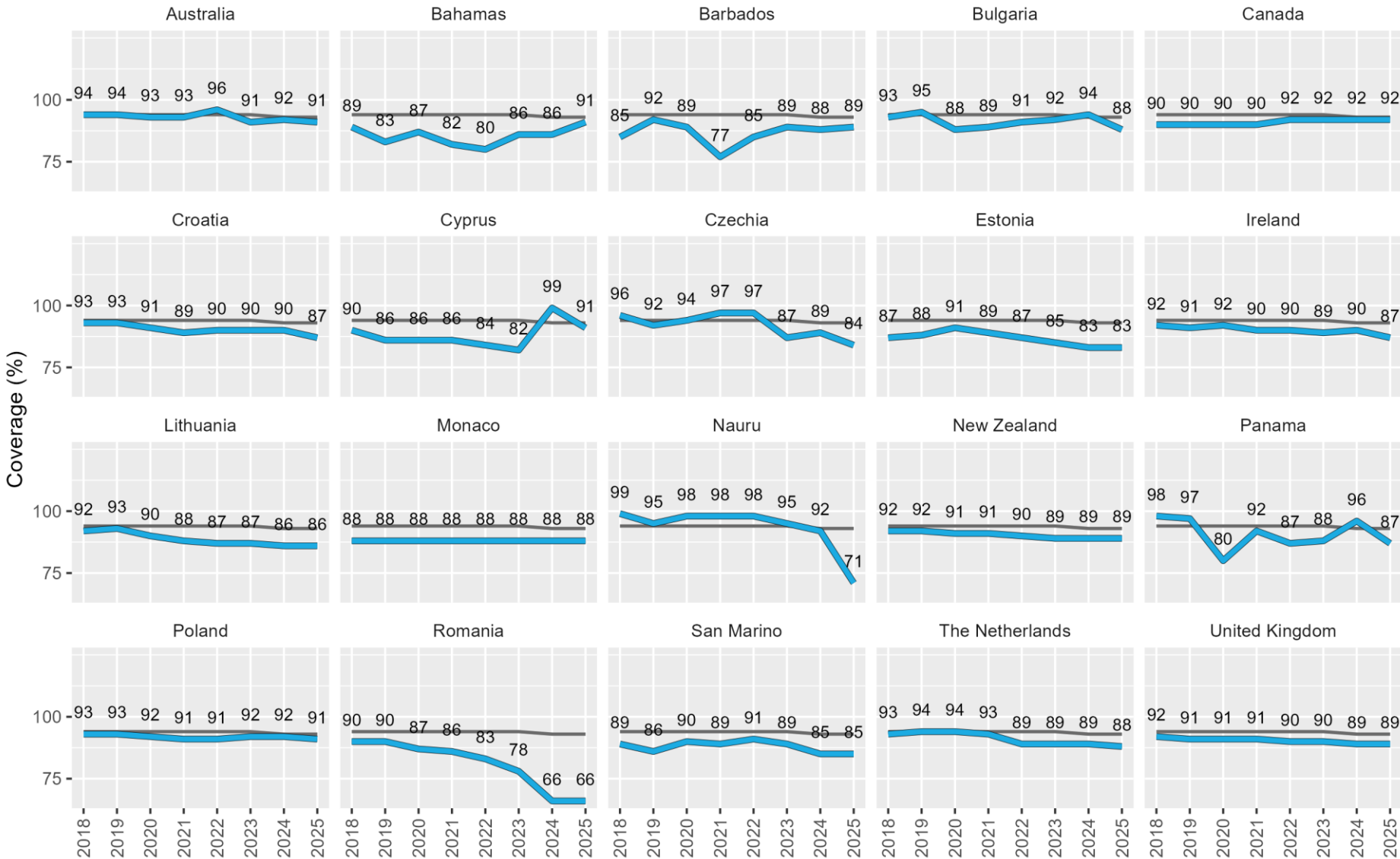
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: This map is stylized and based on an approximate scale. This map does not reflect a position by UNICEF or WHO on the legal status of any country or territory or the delimitation of any frontiers.

In HICs, 1 out of 63 (2%) countries had MCV1 coverage below 70% in 2025. This was Romania, which accounts for approximately 178,000 (1%) of the total annual cohort of surviving infants in the group.

There were 48 (76%) countries that achieved MCV1 of 90% or higher, accounting for 11.1 million (89%) of the total cohort.

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

Showing top 20 countries with the lowest coverage in 2025



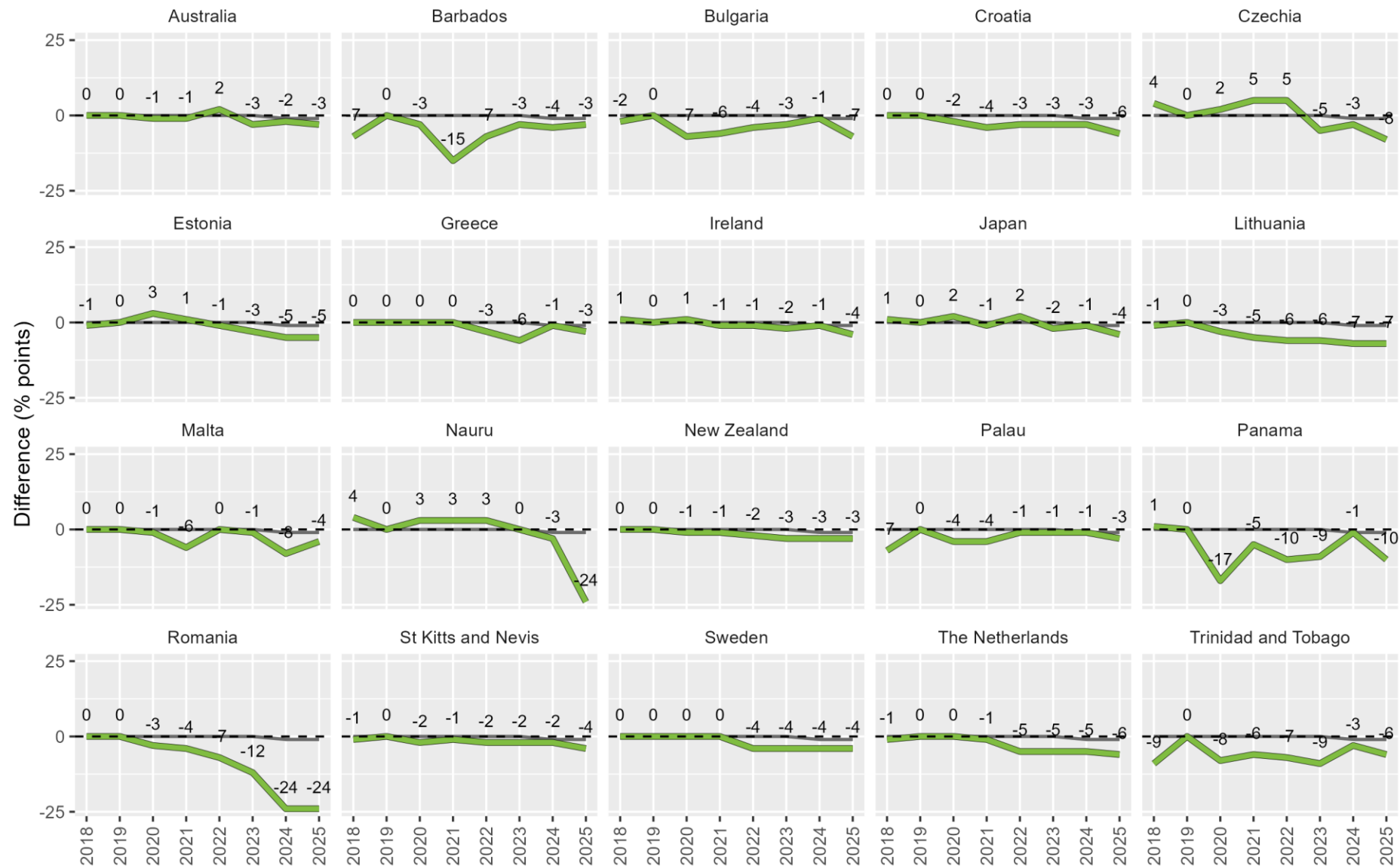
Among the 20 countries with the lowest MCV1 coverage in 2025, Canada had the highest coverage (92%), while Romania had the lowest coverage (66%).

MCV1 coverage increased in 2 out of these 20 countries between 2024 and 2025. The largest increase was 5 percentage points in Bahamas from 86% to 91%.

10 countries saw a decrease in coverage (Australia, Bulgaria, Croatia, Cyprus, Czechia, Ireland, Nauru, Panama, Poland, and The Netherlands). The largest decline was 21% points in Nauru from 92% to 71%. Coverage remained constant between 2024 and 2025 in the remaining 8 countries.

In 2025, 5 out of these 20 countries had achieved MCV1 coverage of at least 90%.

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

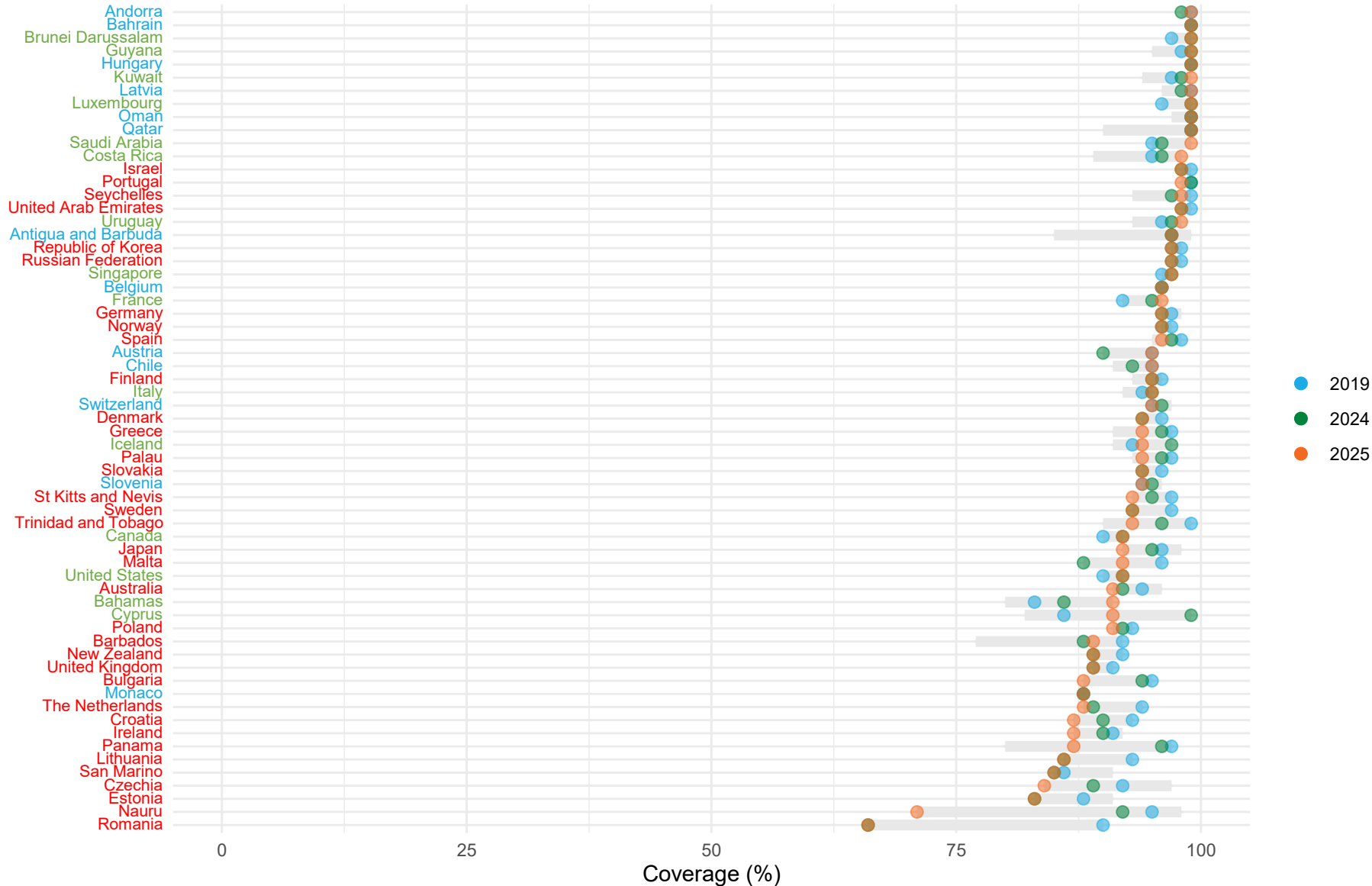


This chart shows the difference in MCV1 coverage compared to 2019, for the 20 countries with the largest declines in coverage between 2019 and 2025. Among the 20 countries with the largest declines in MCV1 coverage between 2019 and 2025, Coverage was not higher in 2025 compared to 2019 in any of these 20 countries. Coverage was lower than in 2019 in 20 of these 20 countries (Australia, Barbados, Bulgaria, Croatia, Czechia, Estonia, Greece, Ireland, Japan, Lithuania, Malta, Nauru, New Zealand, Palau, Panama, Romania, St Kitts and Nevis, Sweden, The Netherlands, and Trinidad and Tobago). The largest decline in coverage was 24% points in Nauru from 95% in 2019 to 71% in 2025 and Romania from 90% in 2019 to 66% 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

MCV1 coverage, by country, HICs, 2019-2025



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

Note: The grey bar spans vaccine coverage across all years 2019-2025 and the dots represent coverage in specific years. Countries are arranged by high to low coverage in 2025 and coloured based on if coverage is lower (red), the same as (blue) or higher (green) than in 2019. An asterisk (*) indicates countries aiming to catch-up children missed since 2019 through a Big Catch-up Plan, supported by financing from The Gavi Alliance.

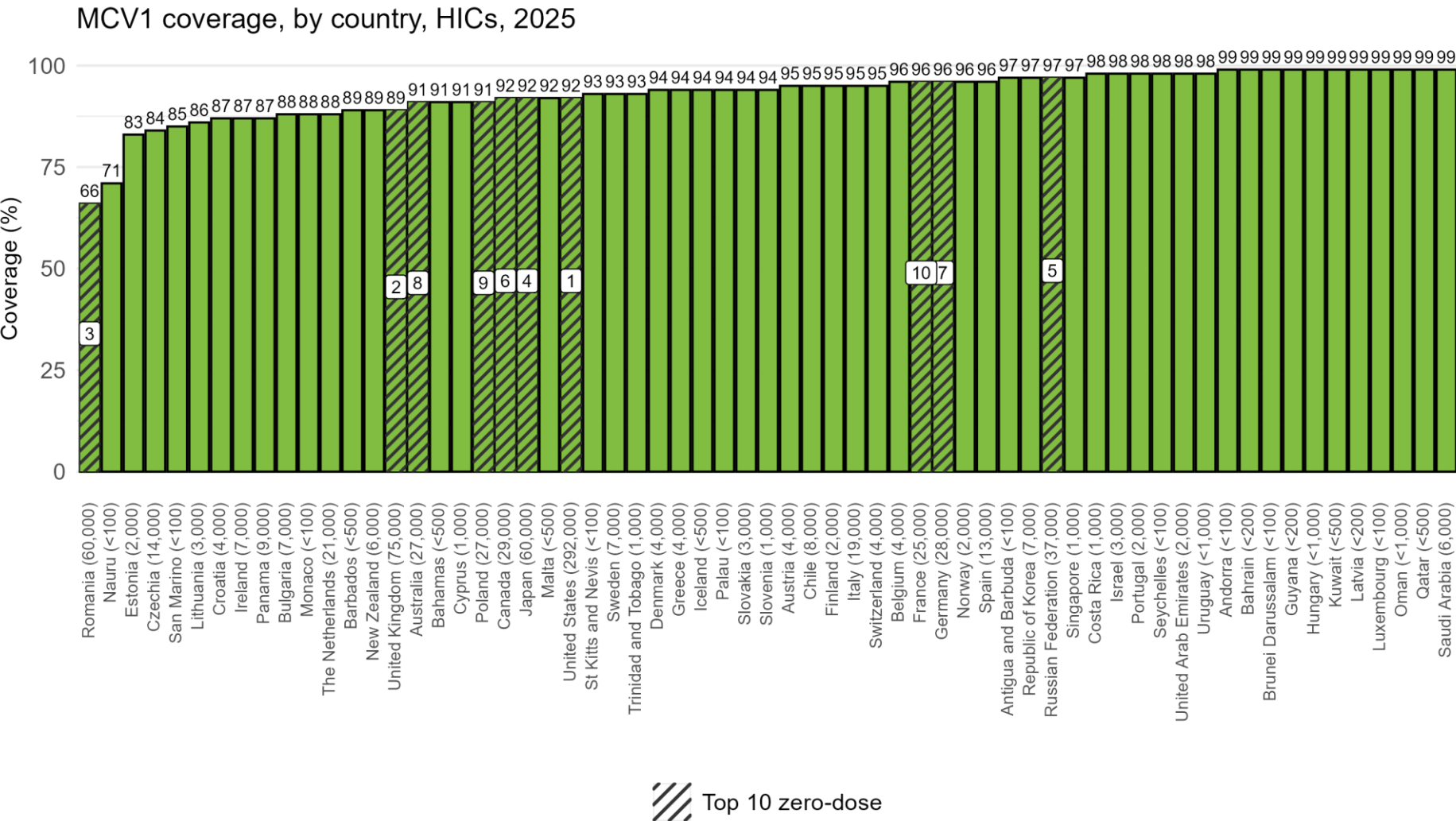
This chart shows the range of MCV1 coverage across years 2019 to 2025 (grey bars), and coverage in specific years (dots), by country. The chart can be used for assessing recovery to pre-pandemic levels and progress beyond 2019.

In 2024, 38 (out of 63) countries had lower coverage than in 2019.

In 2025, 20 countries had lower MCV1 coverage than in 2024.

In 2025, 35 countries had lower coverage than in 2019.

In 2025, Romania and Nauru had the lowest MCV1 coverage, while United States and United Kingdom 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 MCV1 coverage in countries in HICs from lowest to highest coverage, and the rank of the top 10 countries with the most unvaccinated children, based on absolute numbers.

In 2025, MCV1 coverage ranged from 66% in Romania to 99% in Saudi Arabia, Oman, Hungary, Kuwait, Qatar, Bahrain, Guyana, Latvia, Luxembourg, Brunei Darussalam, and Andorra.

48 out of 63 (76%) countries had coverage of at least 90%.

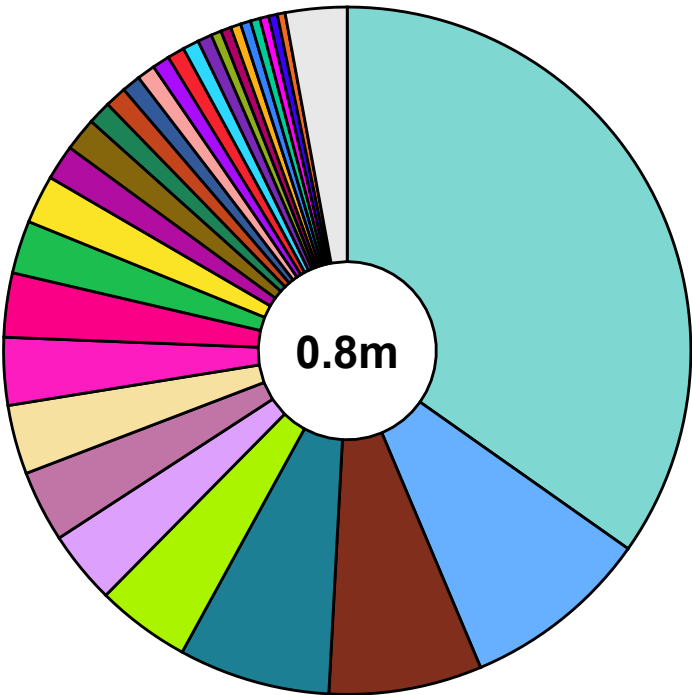
United States had MCV1 coverage of 92% and the highest absolute number of unvaccinated children in the group, followed by United Kingdom.

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.

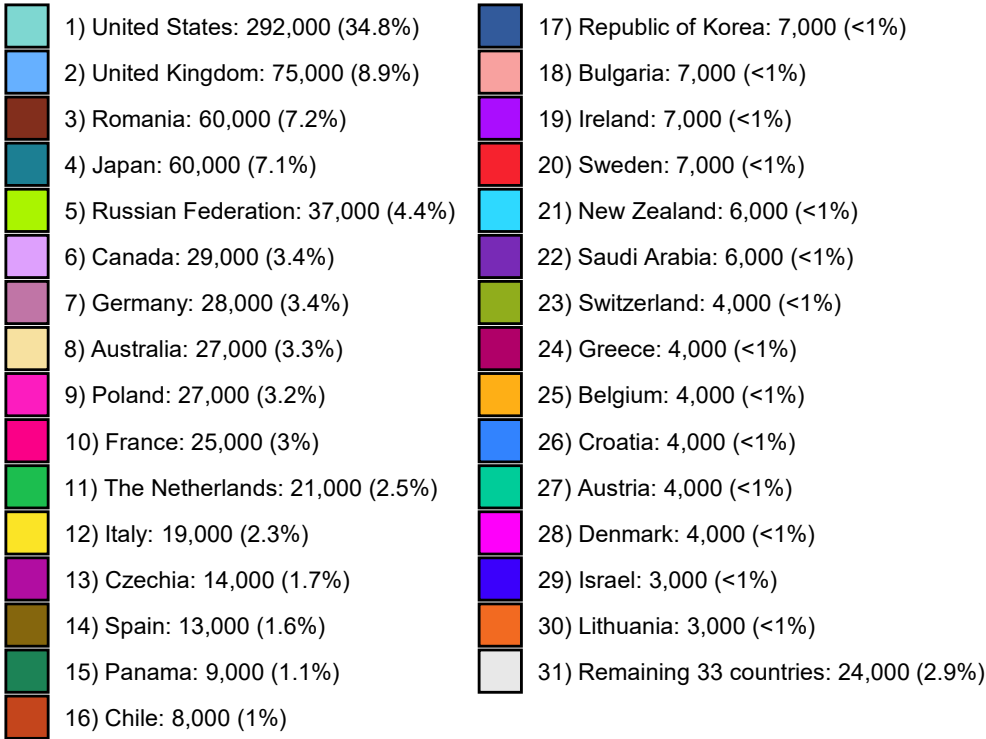
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Bars are ranked by ascending coverage.
Numbers in bubbles display top 10 rank based on absolute number of unvaccinated children. Number in parentheses shows number of unvaccinated children.

In 2025, 3 countries accounted for over half of all children unprotected against measles in HICs, with United States contributing the highest share.

MCV1 unvaccinated (% of total unvaccinated)



MCV1 unvaccinated (% of total unvaccinated)



In 2025, 3 countries accounted for over half (50.9%) of all children unprotected against measles in HICs.

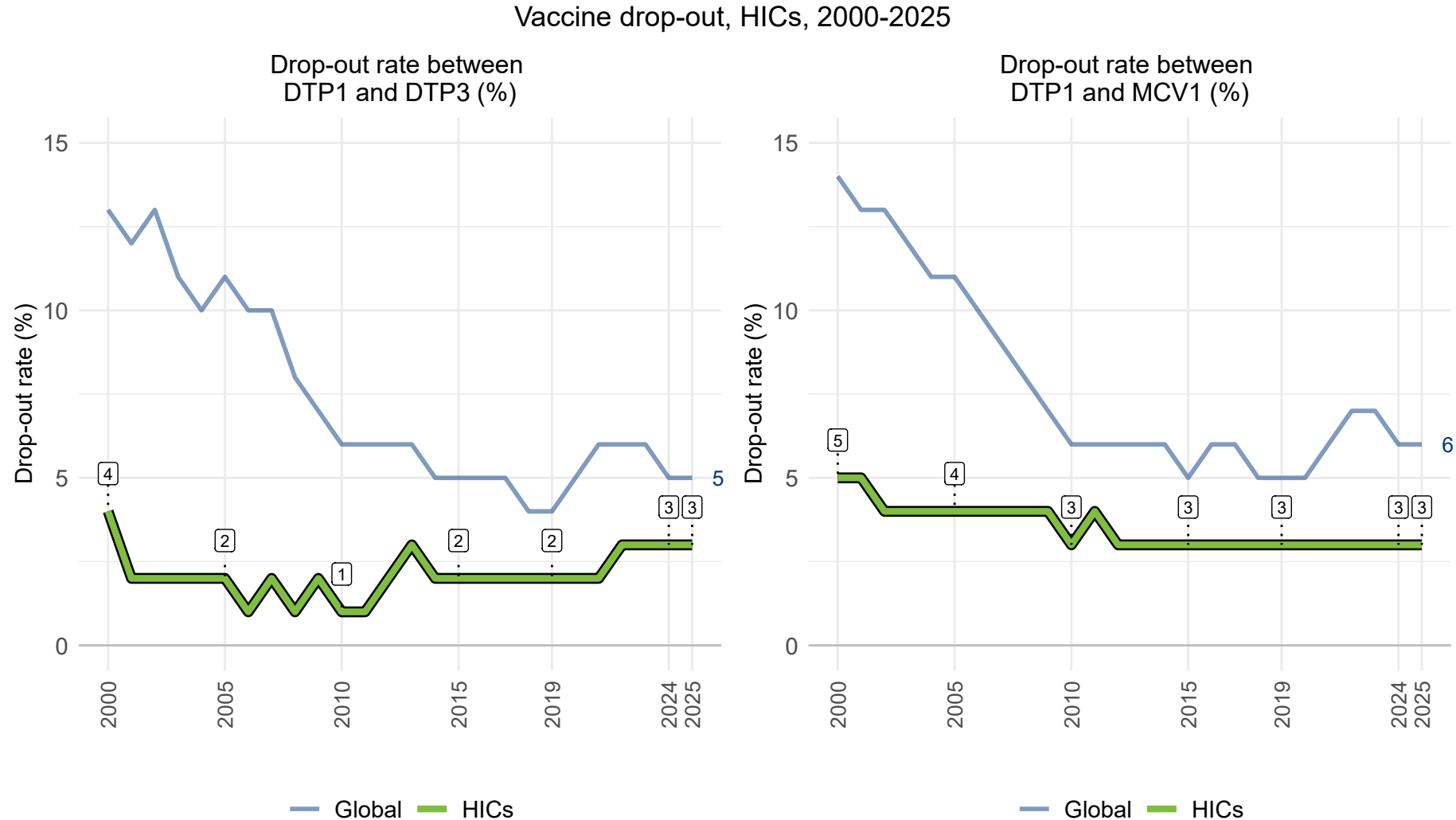
United States had the highest number of children who did not receive MCV1 (n=292,000), which is approximately 34.8% of all children unprotected against measles in HICs (n=839,000).

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.

Childhood immunization: Additional charts

In 2025, DTP1 and DTP3/MCV1 drop-out was low in HICs



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.

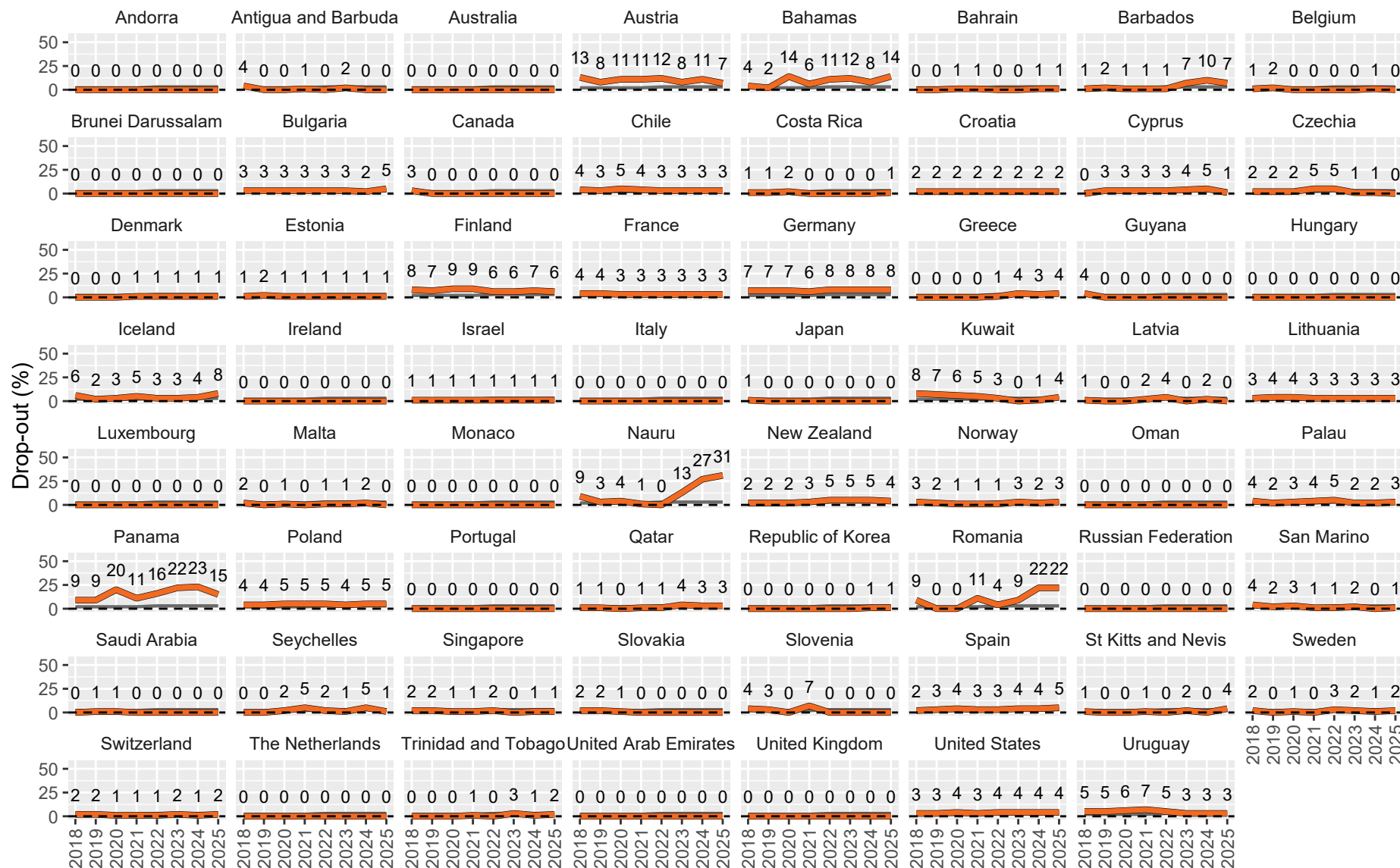
This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1.

In 2025, 3% of children who received DTP1 did not receive DTP3 (left), and 3% of children who received DTP1 did not receive MCV1 (right).

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

In 2025, HICs DTP drop-out was lower and DTP-MCV drop-out was lower than global drop-out rates, respectively.

Drop-out between DTP1 and DTP3 (%), by country, HICs, 2018-2025



This chart shows trends in drop-out rates between DTP1 and DTP3 by country.

In 2025, Nauru had the highest drop-out with 31% of children who received DTP1 not receiving DTP3.

Andorra, Antigua and Barbuda, Australia, Belgium, Brunei Darussalam, Canada, Czechia, Guyana, Hungary, Ireland, Italy, Japan, Latvia, Luxembourg, Malta, Monaco, The Netherlands, Oman, Portugal, Russian Federation, Saudi Arabia, Slovakia, Slovenia, United Arab Emirates, and United Kingdom had the lowest DTP drop-out (0%). Zero drop-out indicates that near enough all children that received DTP1 also received DTP3.

4 countries had DTP drop-out of more than 10%.

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

Note: Dark grey line displays regional dropout for reference

Drop-out classification: <5% = low, 5-10% = medium, >10% = high



WUENIC 2025 revision

Drop-out between DTP1 and MCV1 (%), by country, HICs, 2018-2025



This chart shows trends in drop-out rates between DTP1 and MCV1 by country.

In 2025, Nauru had the highest drop-out with 25% of children who received DTP1 not receiving MCV1.

Austria, Bahrain, Brunei Darussalam, Canada, Guyana, Hungary, Italy, Kuwait, Latvia, Luxembourg, Oman, Qatar, Russian Federation, and United Arab Emirates had the lowest DTP-MCV drop-out (0%).

4 countries had DTP-MCV drop-out of more than 10%.

There were 5 countries with negative DTP-MCV dropout (ie. more children received MCV1 than DTP1).

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

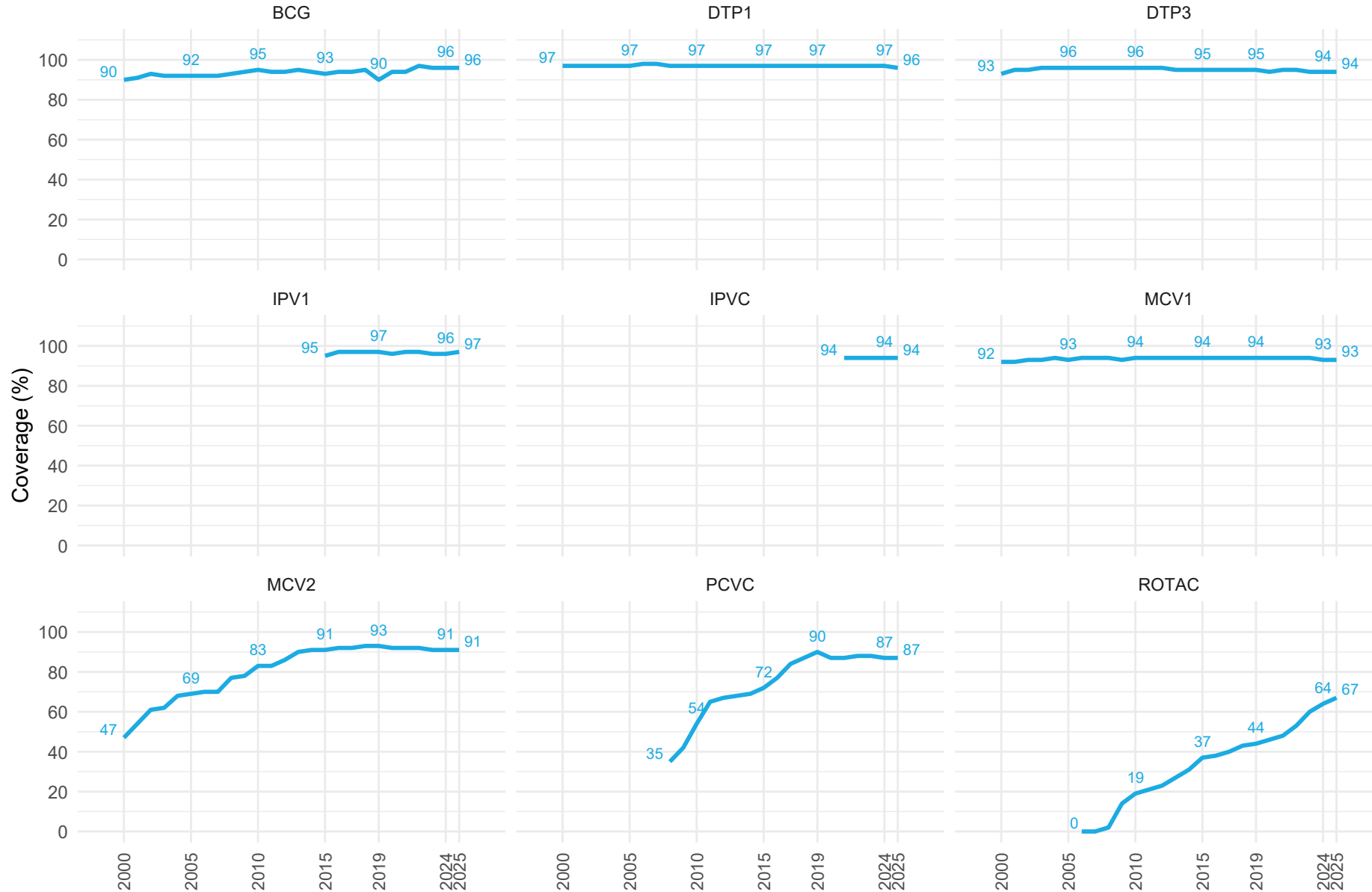
Note: Dark grey line displays regional dropout for reference

Drop-out classification: <5% = low, 5-10% = medium, >10% = high



WUENIC 2025 revision

Coverage of selected routine vaccines, HICs, 2000-2025



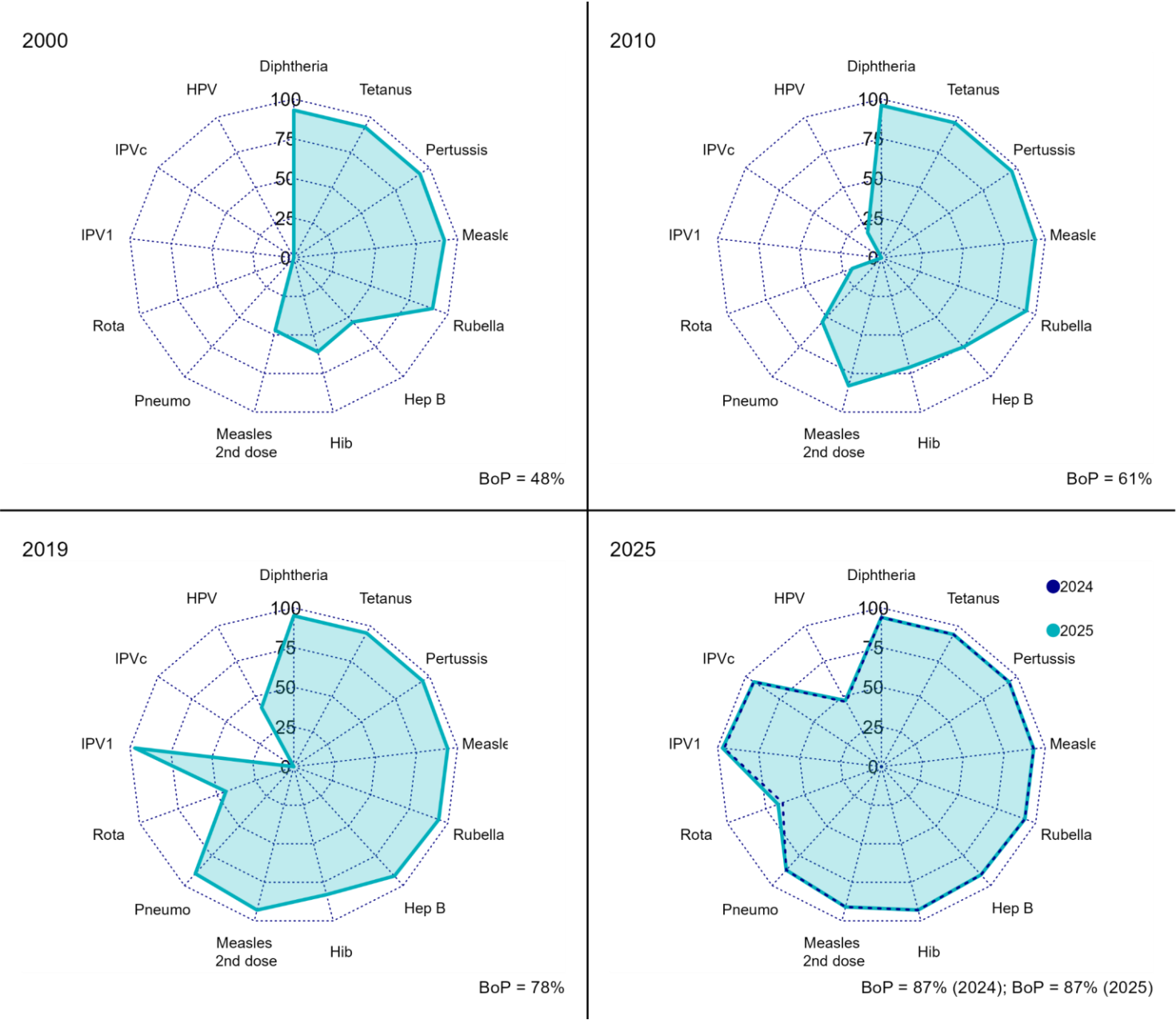
This chart shows coverage trends for 9 core routine vaccines recommended in childhood.

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 (67%), followed by PCVC (87%).

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

Breadth of Protection, HICs, 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.

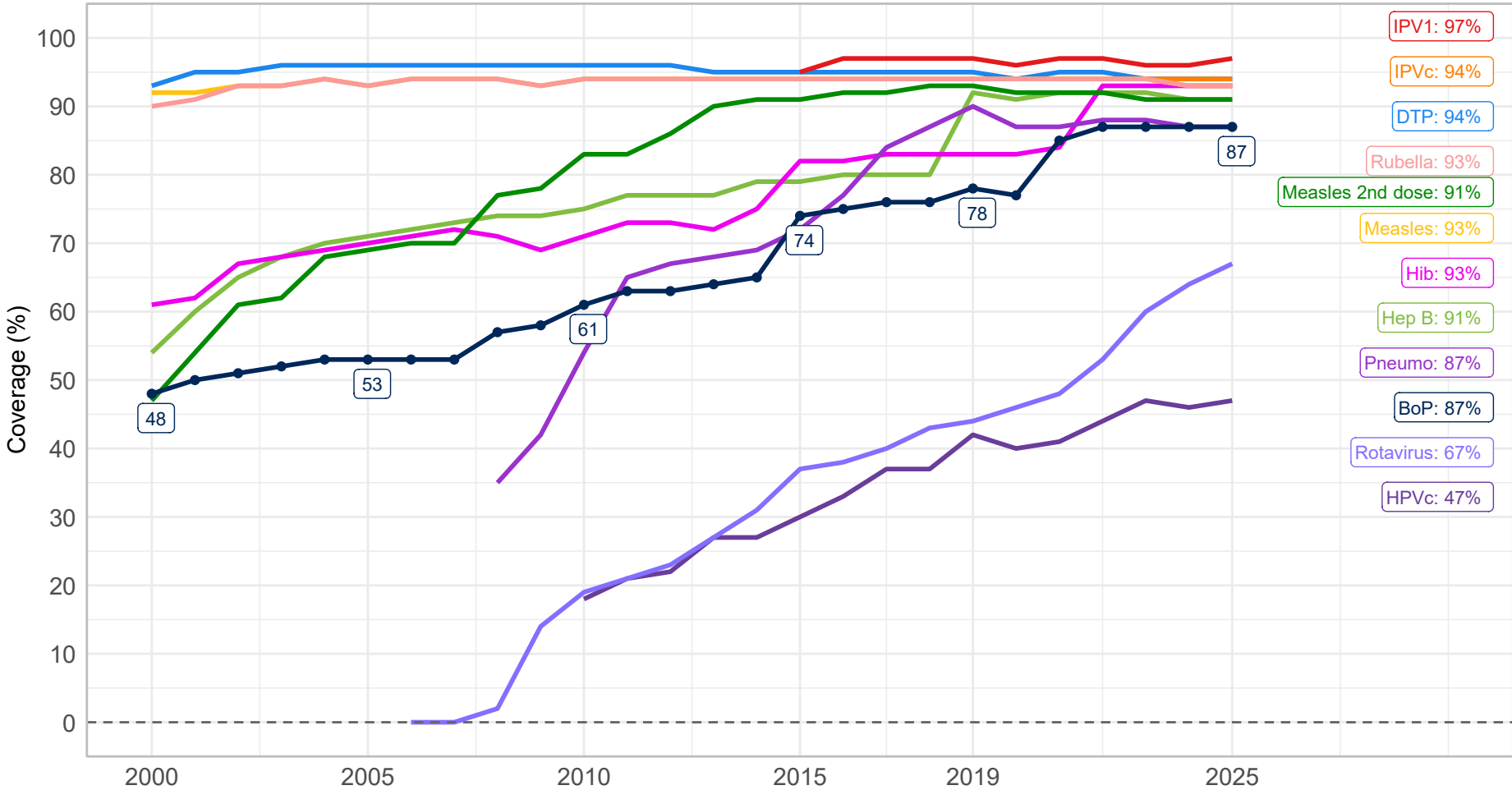
BOP increased from 48% in 2000 to 87% in 2025. This increase since 2000 is a result of incremental improvement in introducing new vaccines and expanding vaccination services to previously missed populations.

Enhancing BOP now depends partly on improving the coverage of HPV and ROTAC - 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 increased by more than half since 2000, but reaching the next gains depends on closing coverage gaps in newer vaccines still below 87%.

Breadth of protection, HICs, 2000-2025



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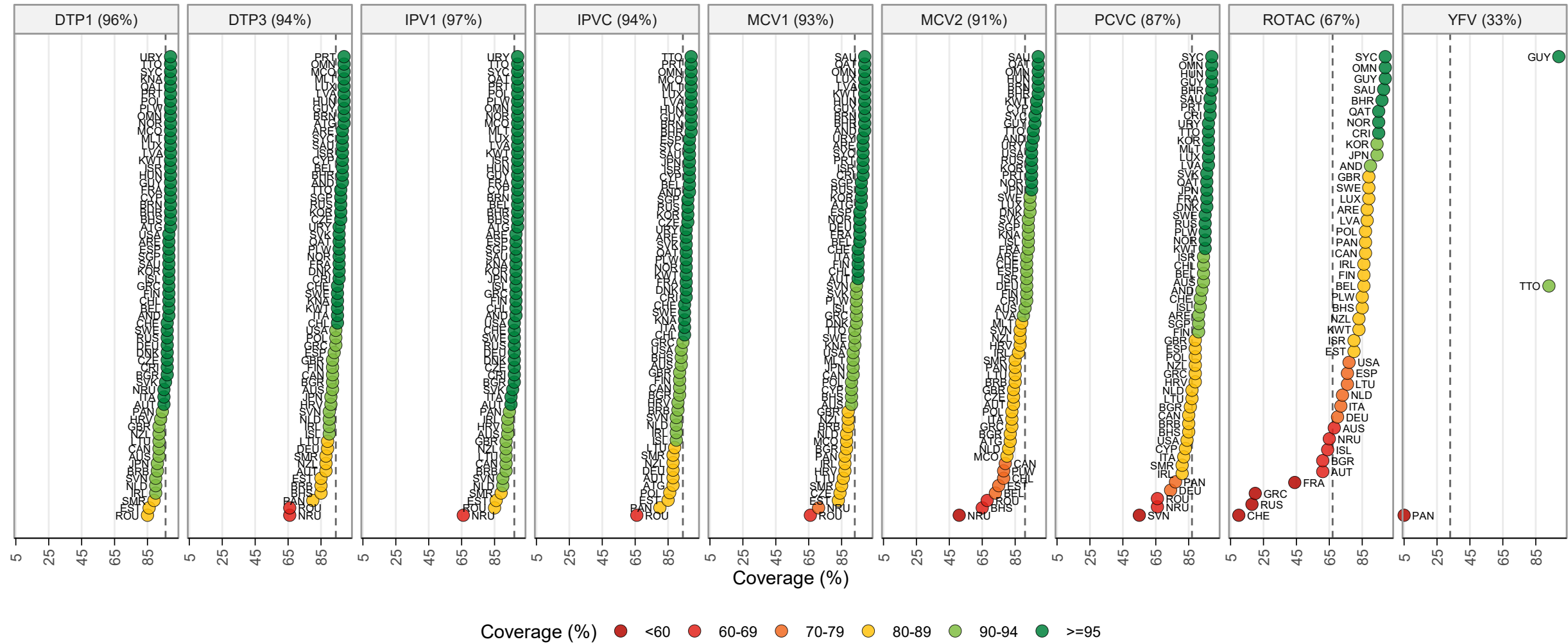
Enhancing BOP now depends partly on improving the coverage of HPV and ROTAC - vaccines with coverage less than 80% in 2025.

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

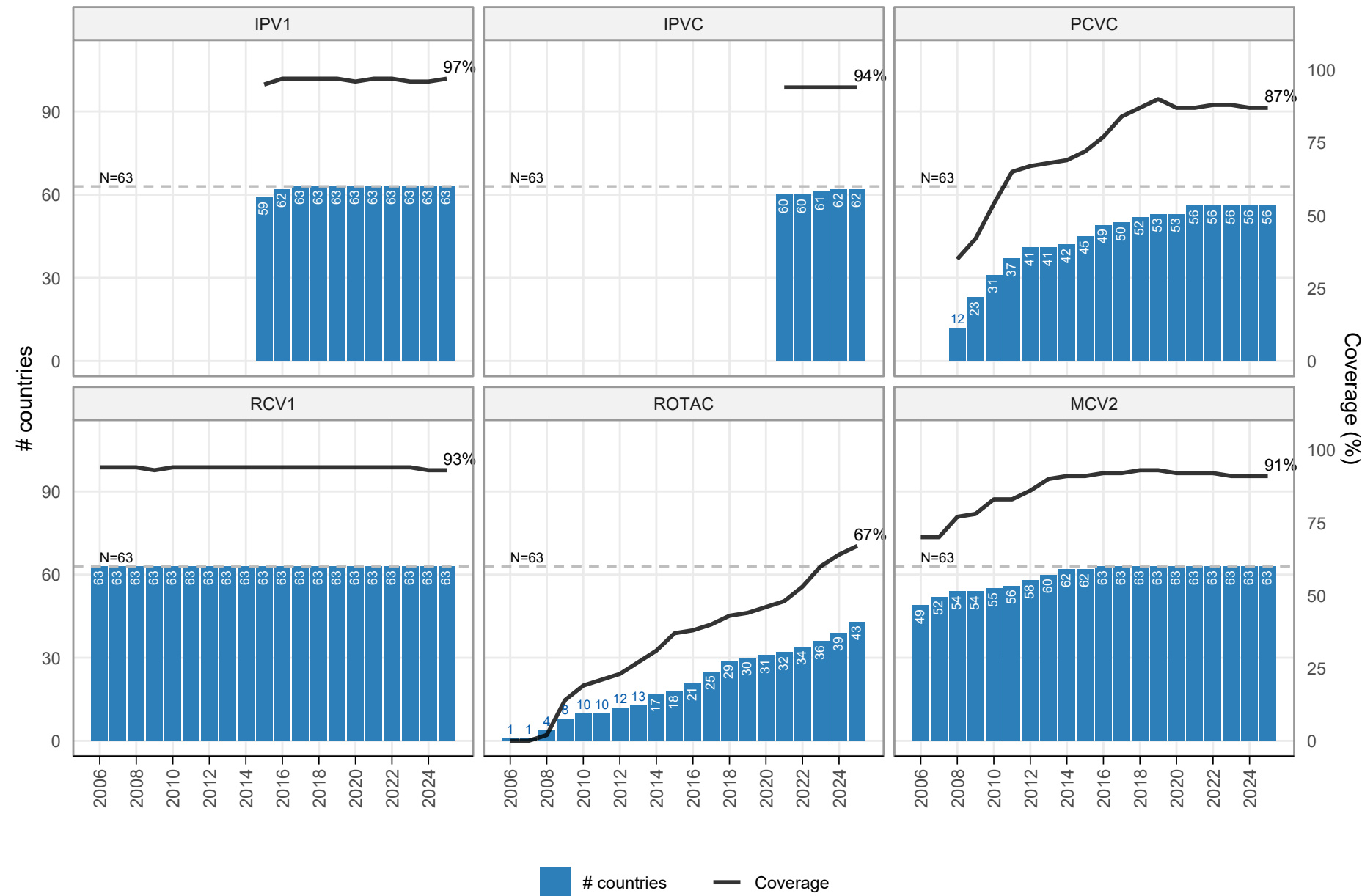
Regional average coverage masks variation between countries across all vaccines, highlighting heterogeneity in immunization performance and the need for targeted, country-specific strategies to reach underserved populations.

Vaccine coverage (%), by country, HICs, 2025



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.

Trends in number of countries with WUENIC estimates and coverage, HICs, 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.

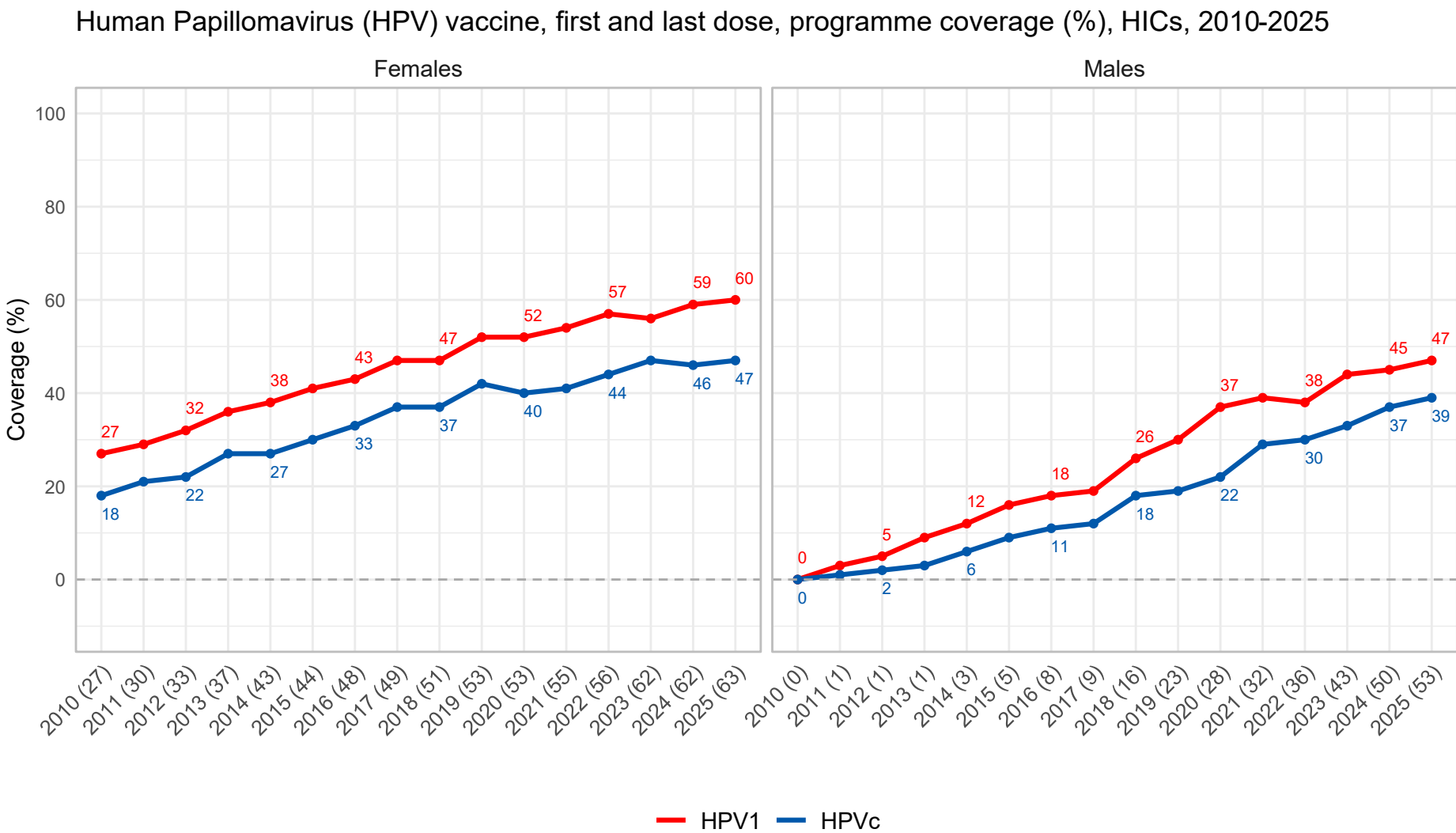
The total number of countries that are recommended for each vaccine is indicated by the dashed horizontal line and corresponding value.

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 47% and coverage among boys increased to 39%. 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 60% and last dose (HPVc) coverage increased to 47%.

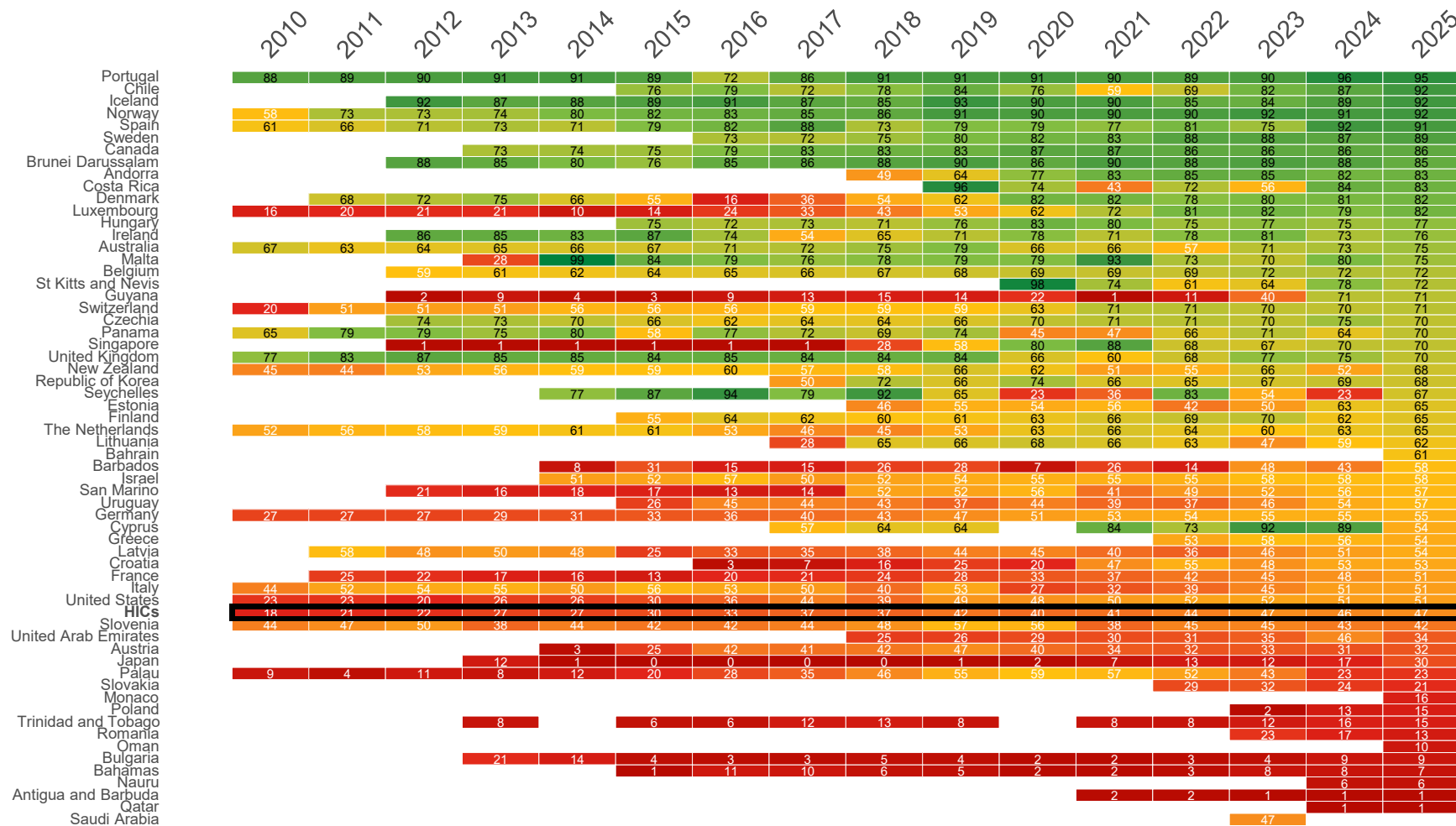
HPV1 coverage among boys increased to 47% and HPVc coverage increased to 39%.

HPV vaccine was available in 63* (out of 63) countries for girls and 53 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.

*Includes partial introductions

HPVc programme coverage, girls, by country, HICs, 2010-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
 Note: Only countries with HPV introduction and where estimates were made are displayed.
 Countries without HPV vaccination are included in the aggregate with a value of 0.
 Countries are ordered based on descending coverage in 2025.

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

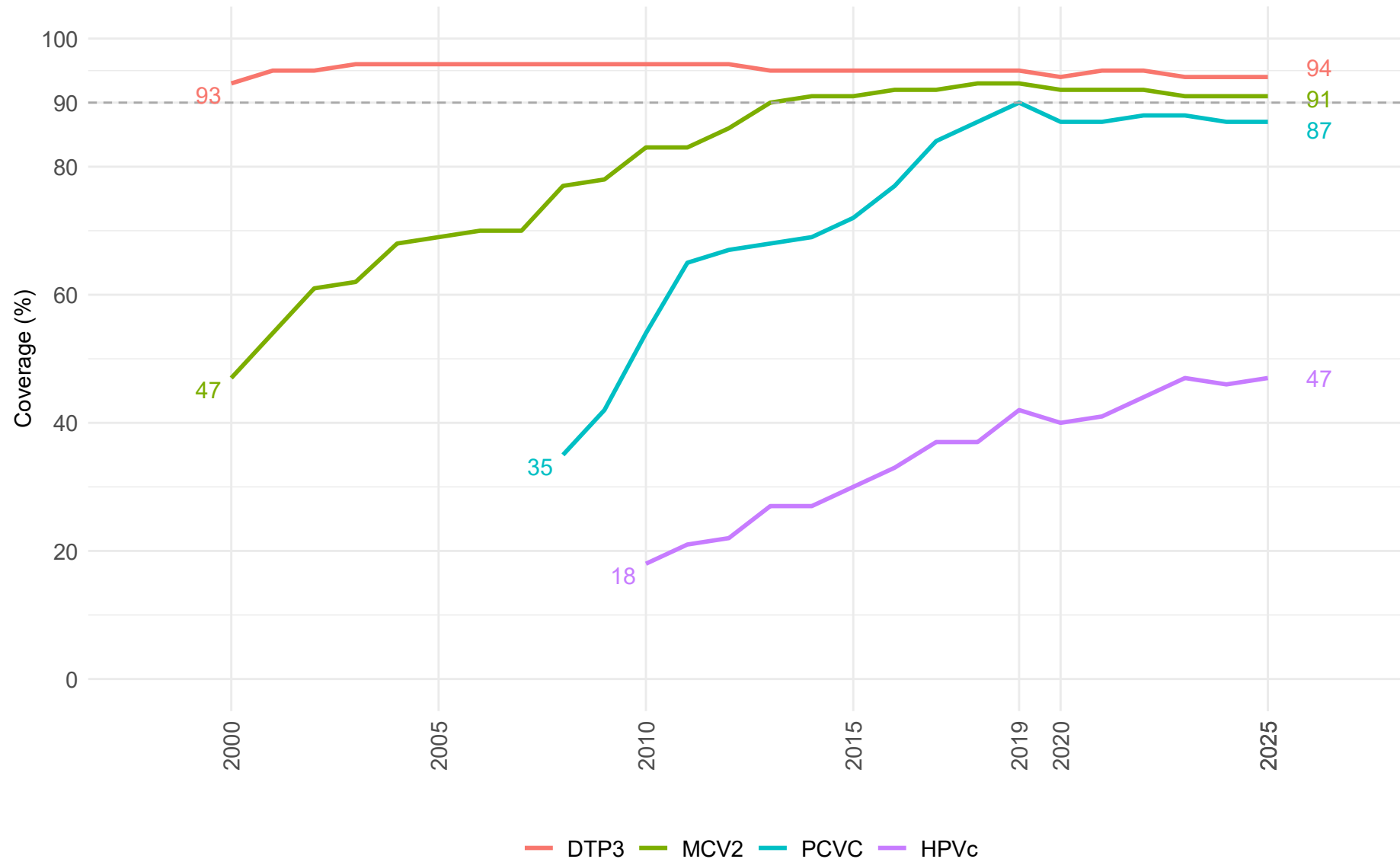
This heatmap shows HPVc programme coverage among girls, by country and year. The colour gradient is based on the best performing country.

In 2025, Portugal had the highest HPVc coverage (95%), and Antigua and Barbuda and Qatar had the lowest coverage (1%).

Countries without HPV vaccine in 2025 (n=1): Russian Federation.

SDG 3.b.1

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

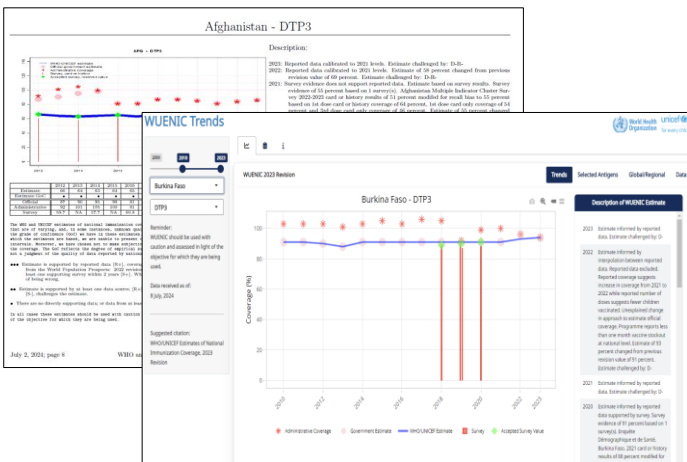
Four vaccination coverage indicators contribute to Sustainable Development Goal 3, indicator b.1: DTP3, PCVC, MCV2 and HPVc (females).

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

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

Additional resources

WUENIC country profiles (PDF and interactive versions)

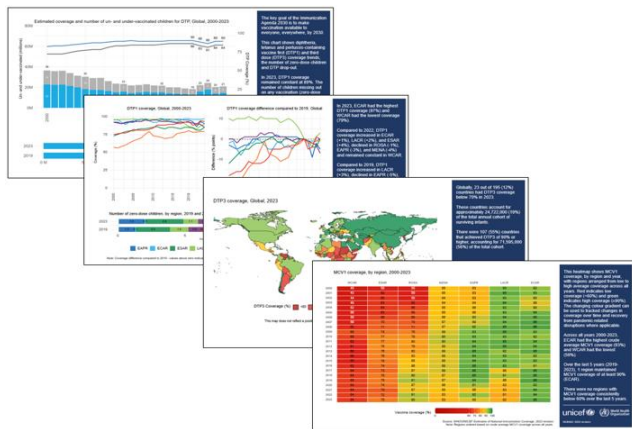


Datasets: WUENIC, HPV, survey database

	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/>

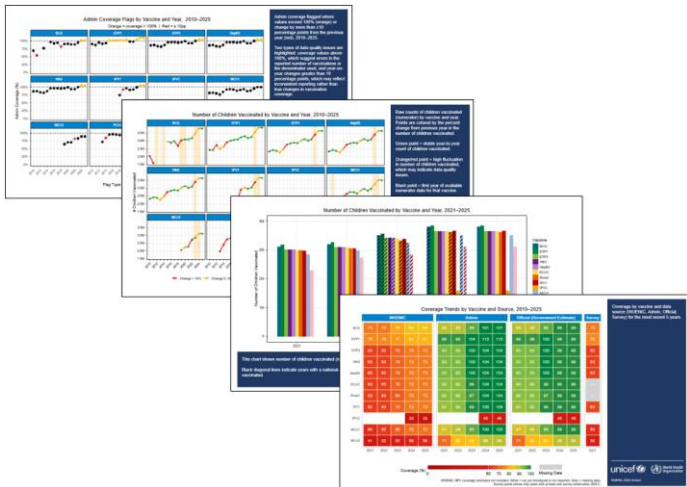
Interactive immunization regional snapshots:

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



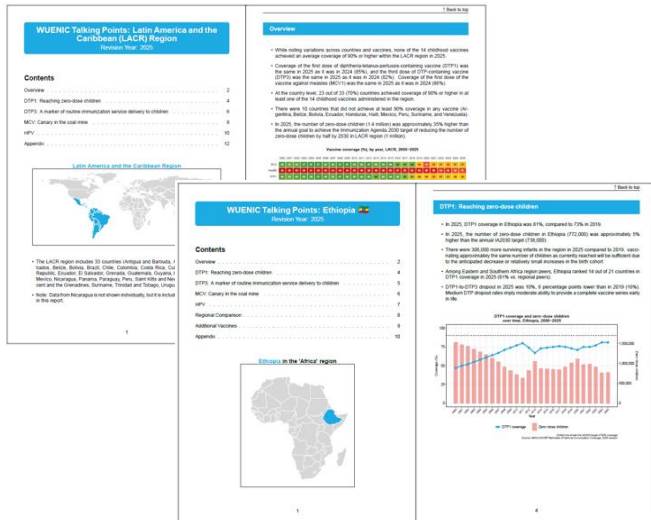
Country data quality reports

(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>

