

SEARO

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

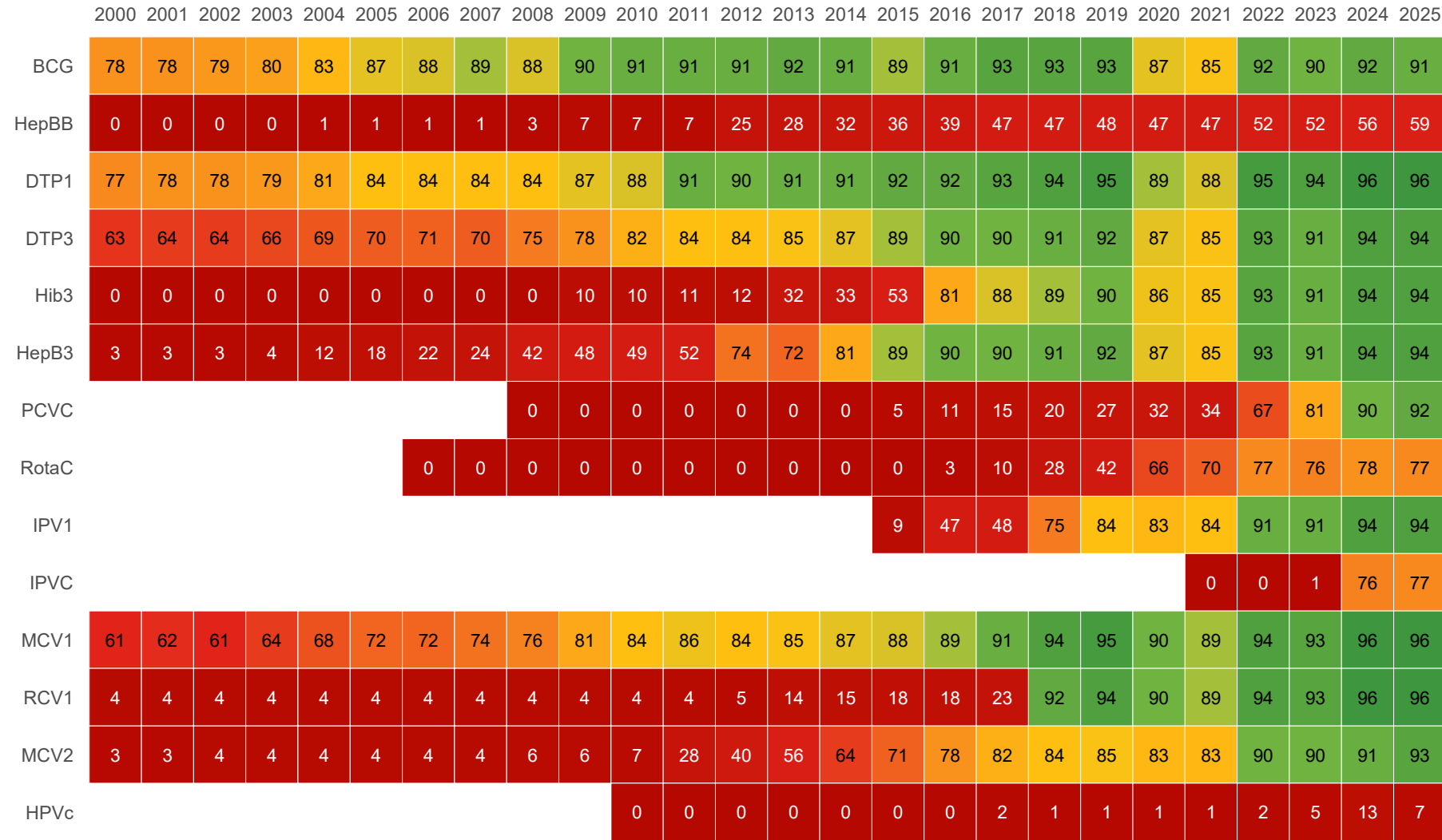
- The World Health Organization (WHO) provides global vaccine recommendations, which are adapted by countries based on local needs. Only DTP, polio and measles-containing vaccines are used in all countries.
- DTP1 is a marker of access to routine immunization services, and when not received, serves as 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 remained constant at 96% between 2024 and 2025.
- DTP3 coverage remained constant at 94% between 2024 and 2025.
- In SEAR, there were approximately the same number of zero-dose children in 2024 and 2025. This leaves 1.2 million children without vaccination, vulnerable to vaccine-preventable diseases and a further 565,000 with only partial protection.
- In SEAR, 1 countries* accounted for over half (57.7%) of all zero-dose children.
- There were 8 (80%) countries that achieved DTP3 coverage of at least 90% (IA2030 target).
- MCV1 coverage remained constant at 96% between 2024 and 2025. There were 1.1 million children who missed out on the first measles vaccination.
- MCV2 coverage increased 2 percentage points from 91% in 2024 to 93% in 2025.
- Last dose coverage of HPV vaccination (HPVc) among girls decreased from 13% to 7% in 2025.

*India (57.7%)

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

In 2015, 1 out of 13 (8%) vaccines with data achieved coverage of 90% or more.

In 2025, 10 out of 14 (71%) 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 77% coverage in 2025.

Vaccine coverage, by country, SEAR, 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.

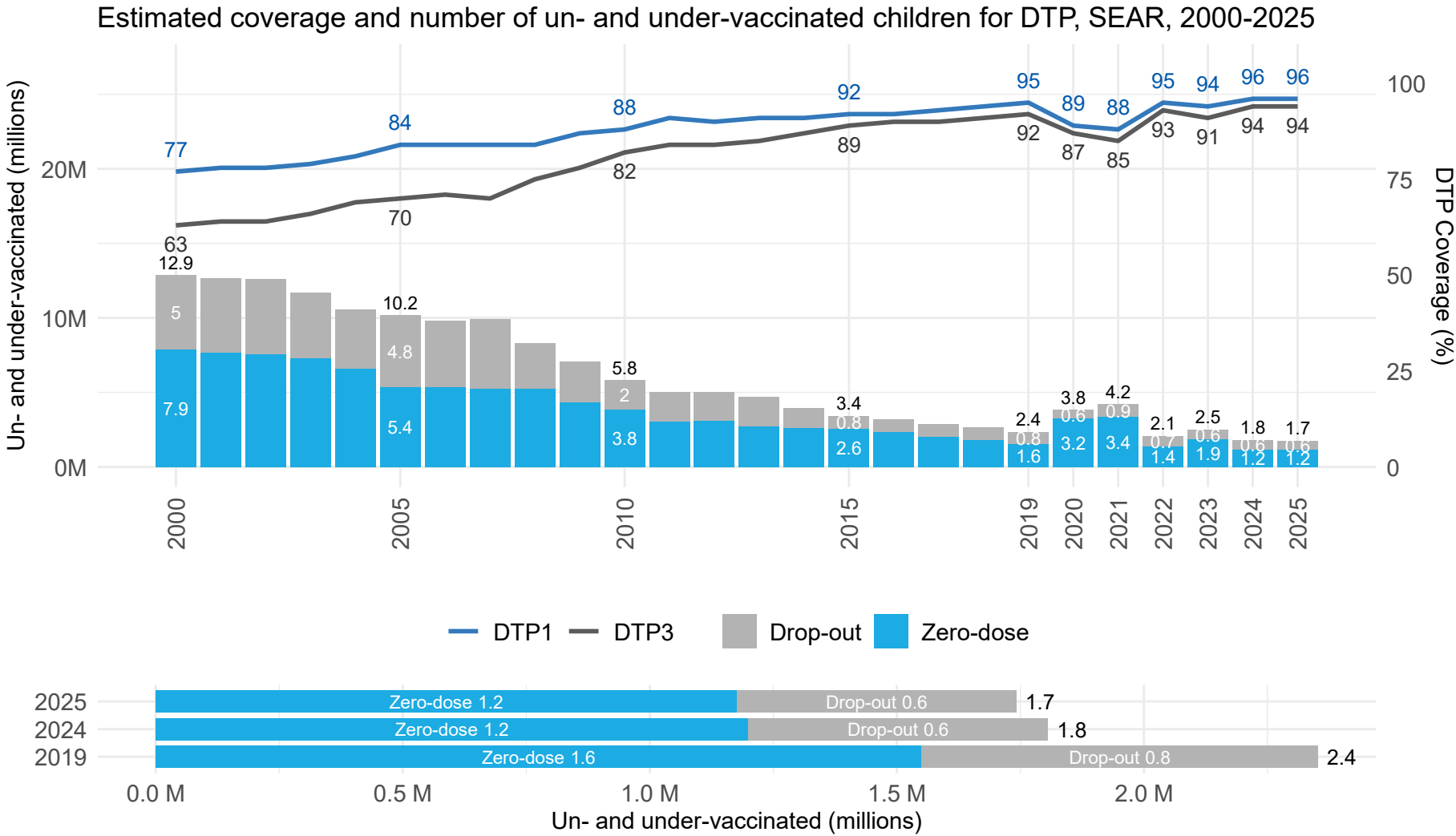
In 2025, 10 out of 10 countries achieved coverage of 90% or higher in at least one vaccine.

Bhutan, DPRK, and Nepal had the highest percentage of vaccines (100%) in the national immunization schedule with coverage of at least 90%, followed by India (92%).

Myanmar and Timor-Leste had the lowest percentage of vaccines (8%) that had reached 90% coverage.

DTP1

In 2025, DTP1 coverage was 96% and DTP3 was 94%, leaving 1.7 million children un- or under-vaccinated, including 1.2 million zero-dose and 565,000 with only partial protection.



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

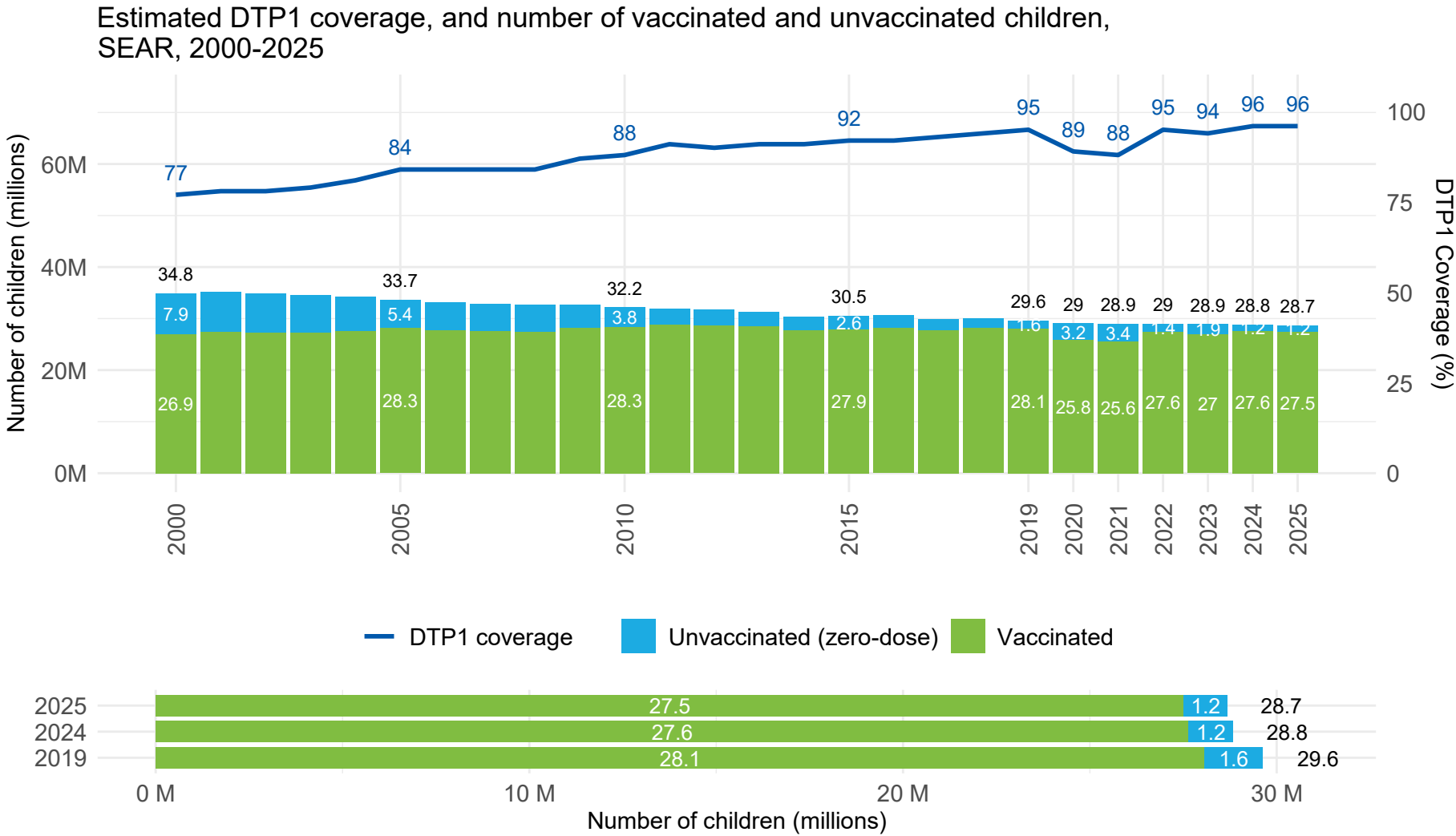
The key goal of the Immunization Agenda 2030 is to make vaccination available to everyone, everywhere, by 2030.

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 constant at 96%. The number of children missing out on any vaccination (zero-dose children) improved from 1,199,000 in 2024 to 1,176,000 in 2025.

DTP3 coverage remained constant at 94% in 2025, leaving 1,741,000 children vulnerable to vaccine-preventable diseases.

In 2025, DTP1 coverage was 96%: 27.5 million children received at least one dose of DTP-containing vaccine, but 1.2 million remain unreached.



DTP1 coverage in 2025 (96%) was within 1% of coverage in 2019 (95%).

The number of children vaccinated with DTP1 decreased 2% from 28.1 million in 2019 to 27.5 million in 2025.

The number of surviving infants decreased approximately 3% from 29.6 million in 2019 to 28.7 million in 2025.

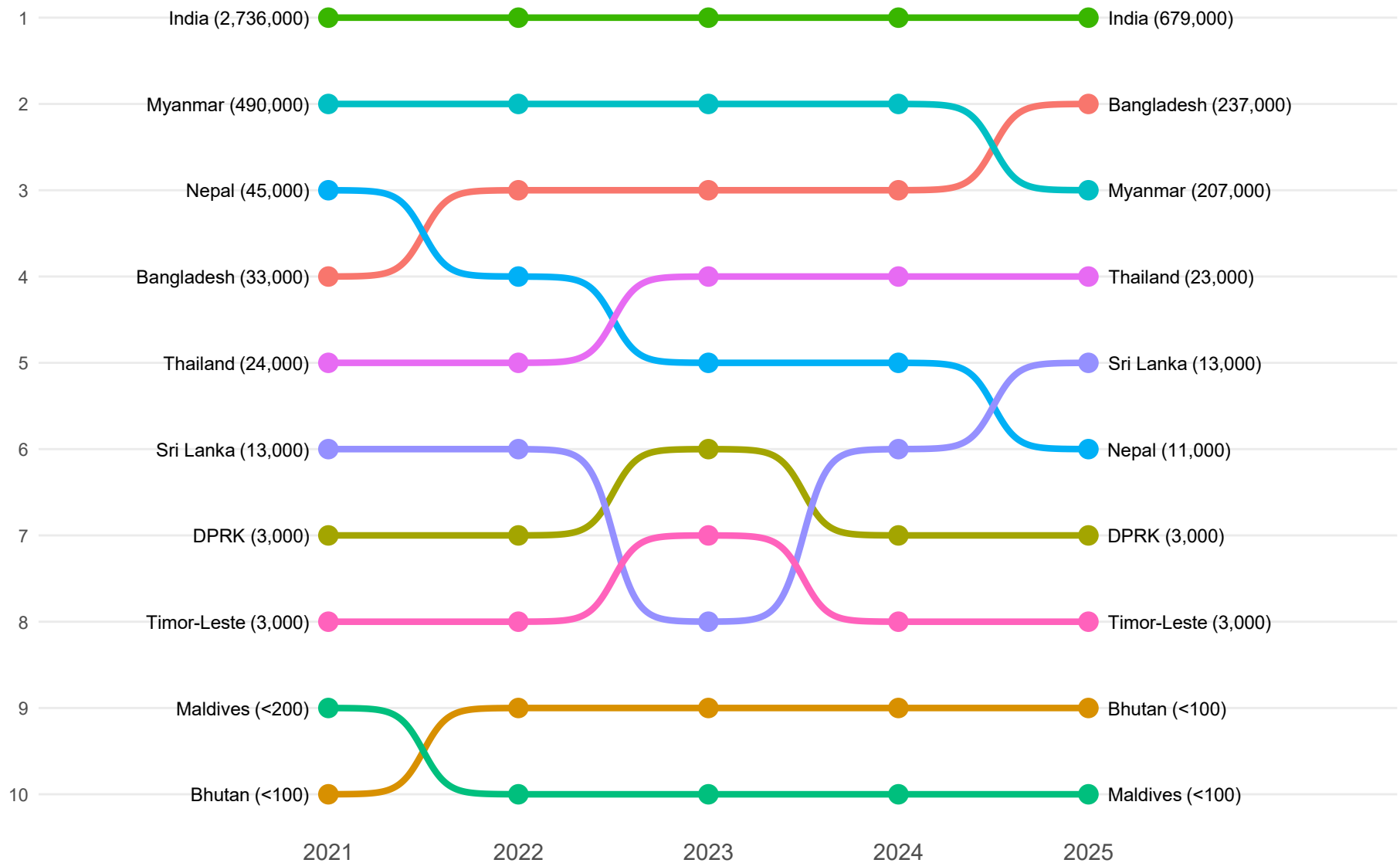
In 2025, 562,000 fewer children were vaccinated than in 2019.

In 2025, there were 936,000 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.

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



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

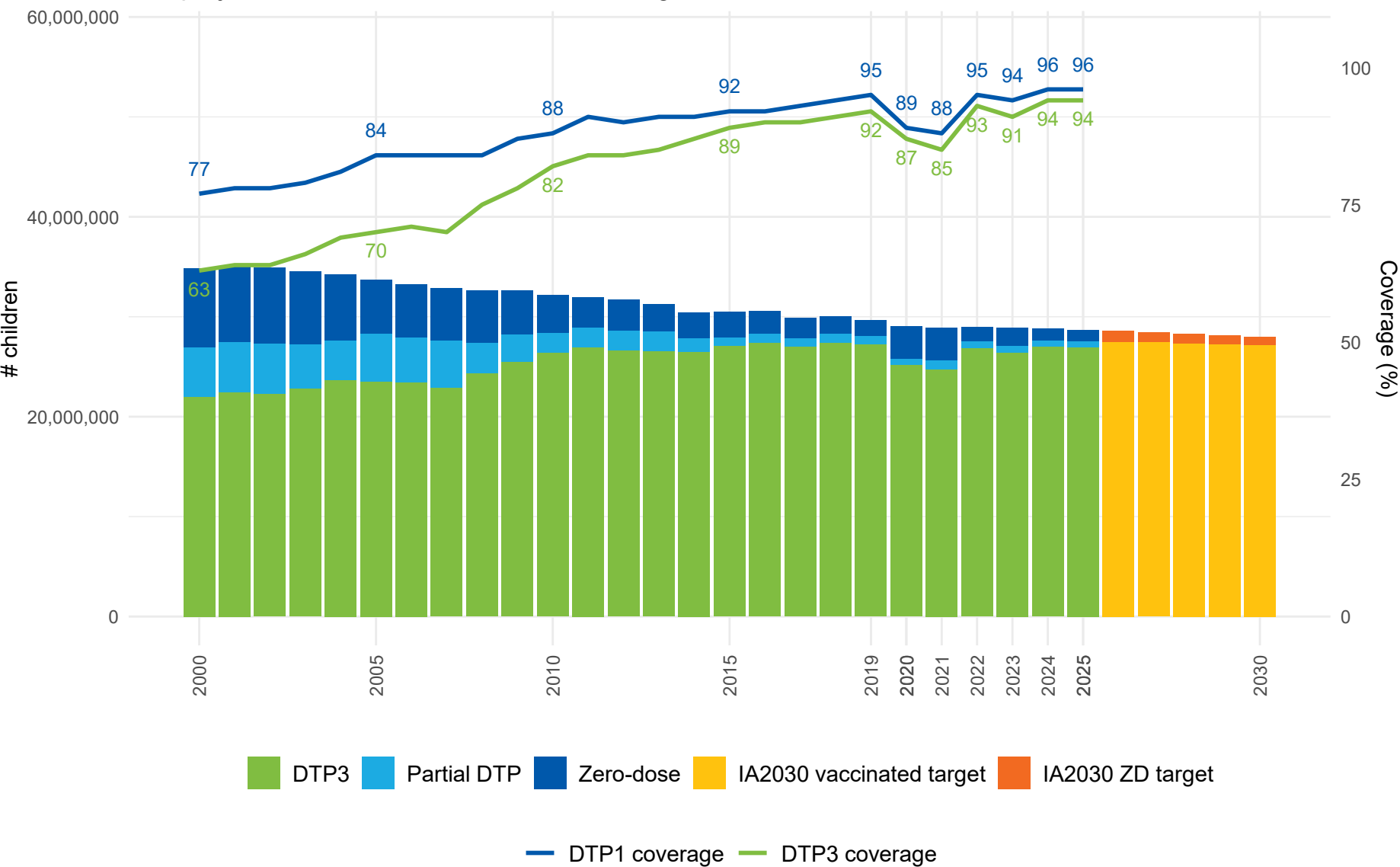
In 2021, India had the highest number of zero-dose children (2,736,000), followed by Myanmar (490,000).

In 2025, India had the highest number of zero-dose children (679,000), followed by Bangladesh (237,000).

There was some change in the top 3 countries between 2021 and 2025.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in parentheses is the number of zero-dose children.
Zero-dose children are those who did not receive DTP1.

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

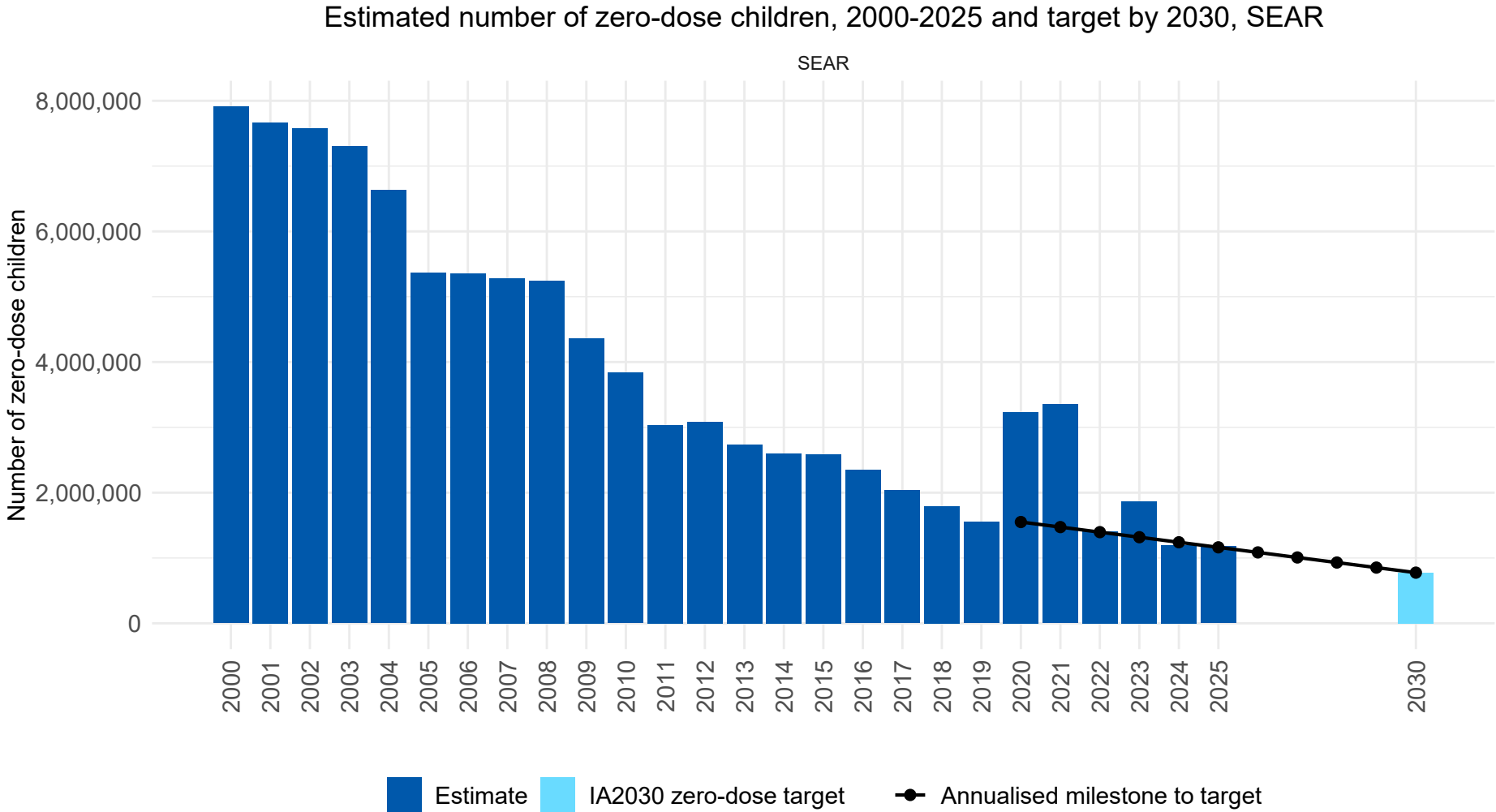


IA2030 calls on all countries to reduce the number of zero dose children in 2019 by half by 2030. This chart shows the annual number of children required to be vaccinated to reach the ZD target.

SEAR 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 1% above the annual IA2030 milestone, bringing the 2030 goal within reach if progress is sustained.



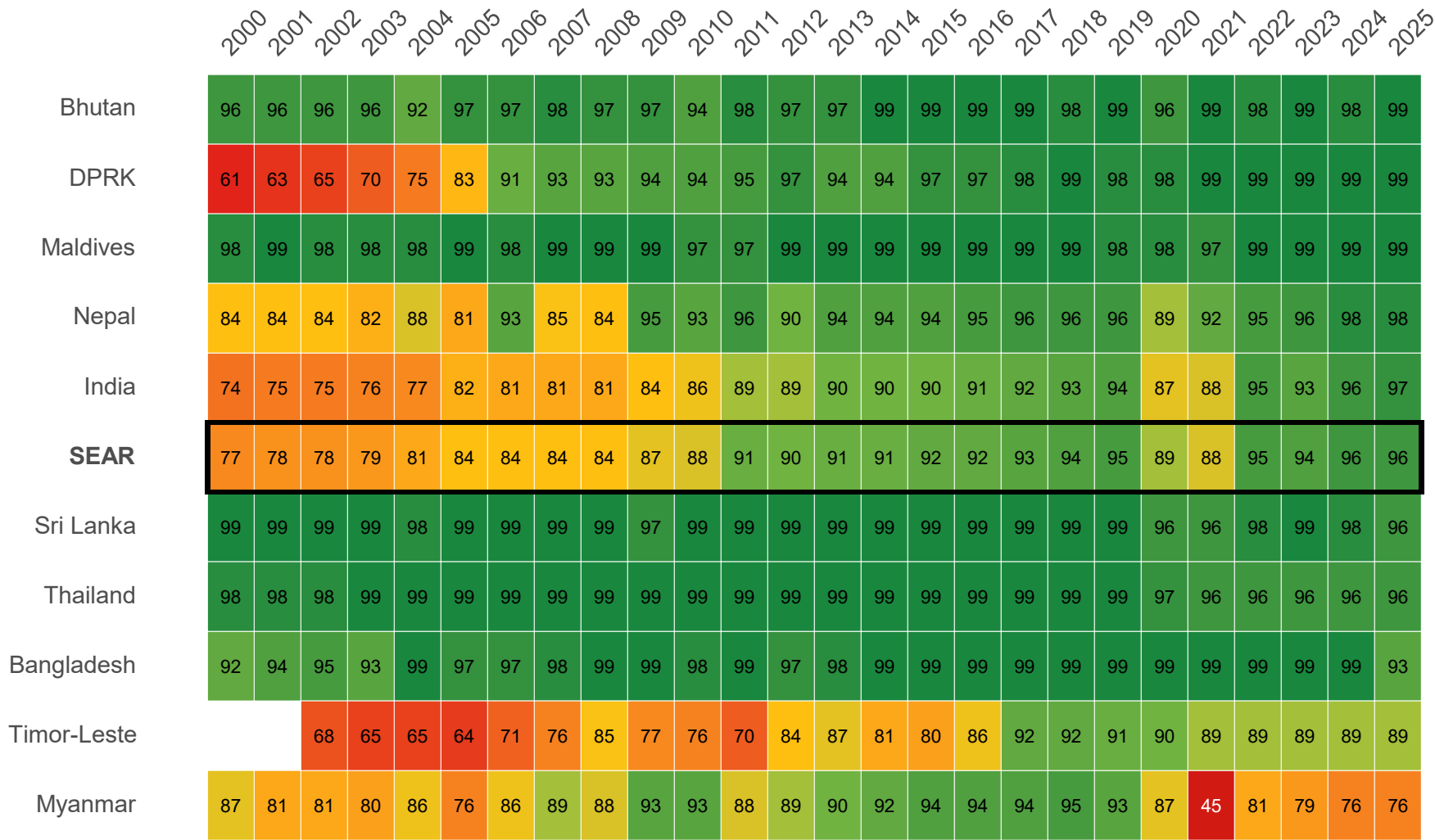
The Immunization Agenda 2030 (IA2030) aims to leave no one behind with immunization and calls on all countries to reduce the number of zero dose children by half by 2030.

- 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 1% 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.

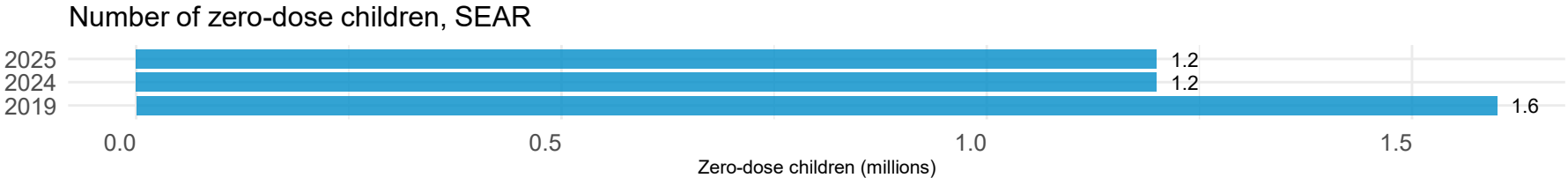
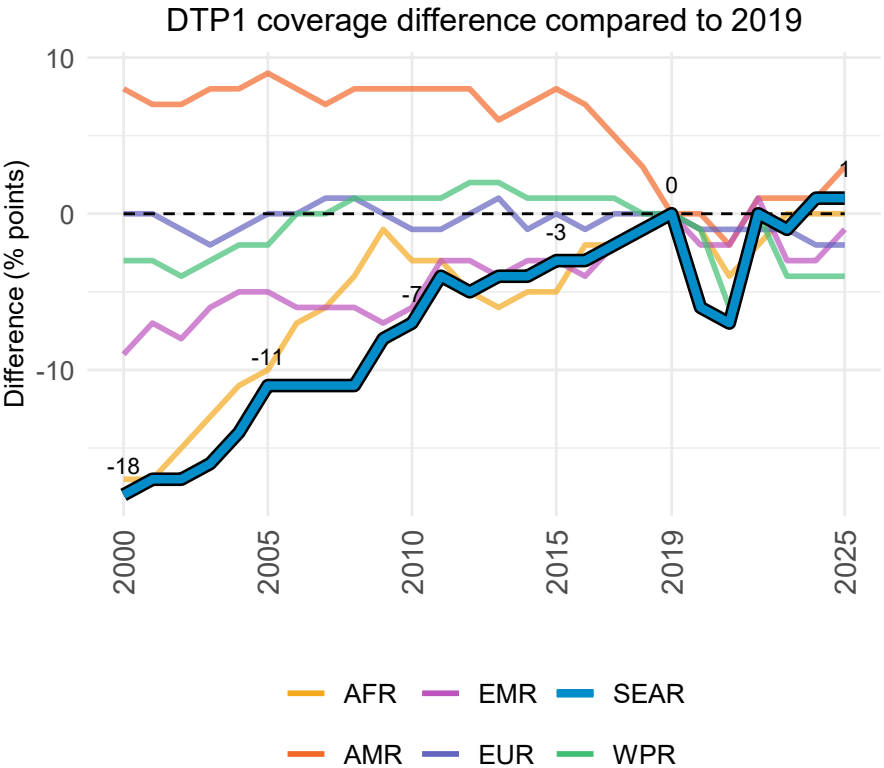
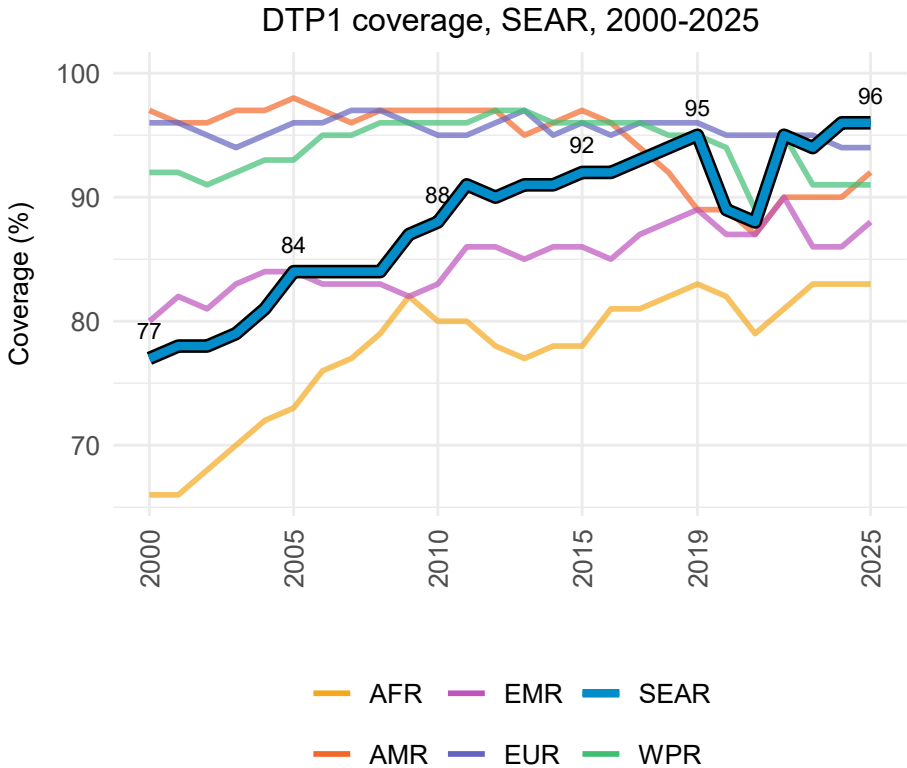
DTP1 coverage, by country, SEAR, 2000-2025



Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Countries ordered based on descending coverage in 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 regions and exceeded pre-pandemic levels in some regions, but progress is uneven and gaps in zero-dose children persist.



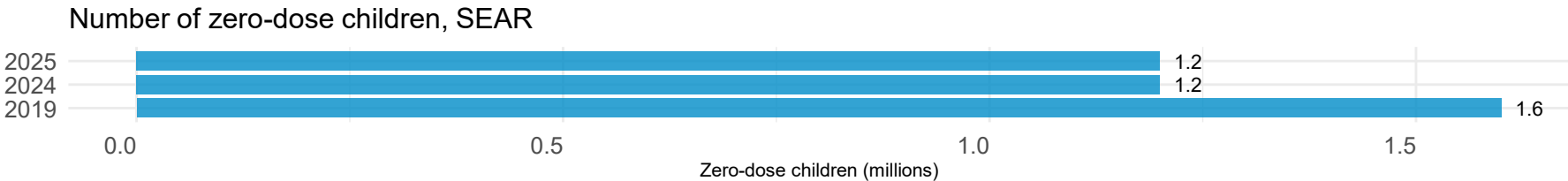
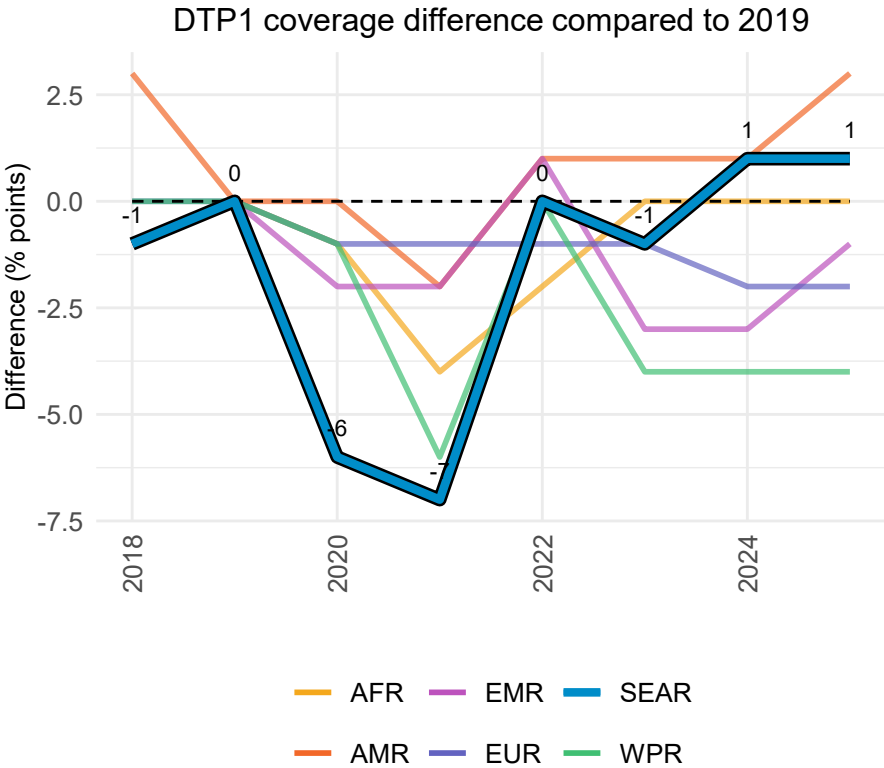
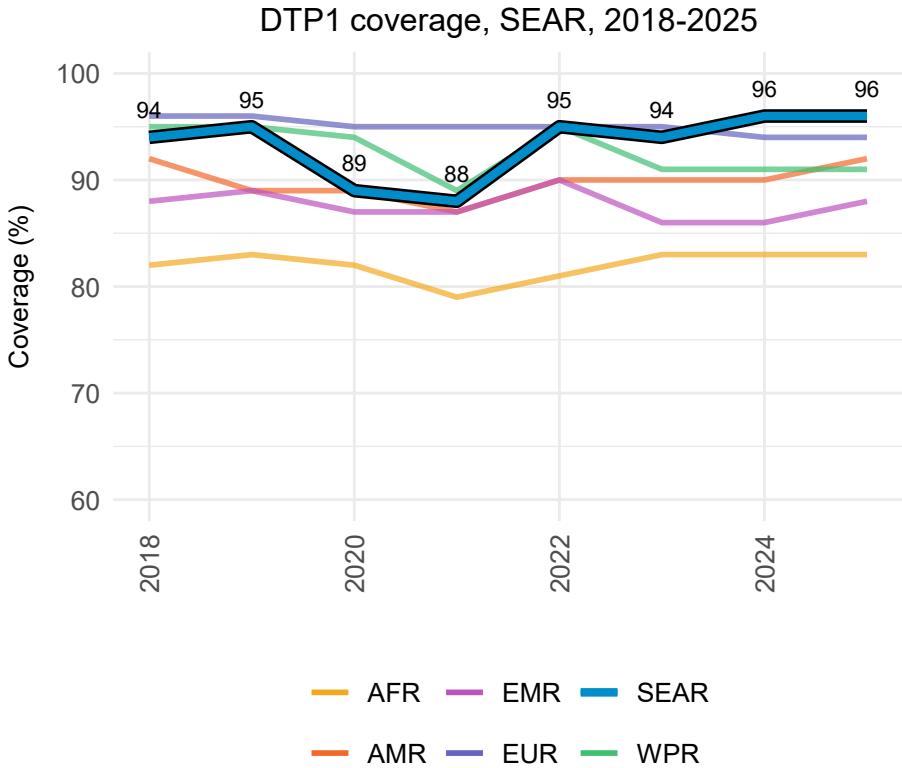
In 2025, SEAR ranked number 1 out of 6 WHO regions, with DTP1 coverage of 96%.

DTP1 coverage (96%) was 1 percentage point higher than in 2019 (95%).

This equates to 1.2 million zero-dose children in 2025 compared to 1.6 million 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 some regions and exceeded pre-pandemic levels in some regions, but progress is uneven and gaps in zero-dose children persist.



In 2025, SEAR ranked number 1 out of 6 WHO regions, with DTP1 coverage of 96%.

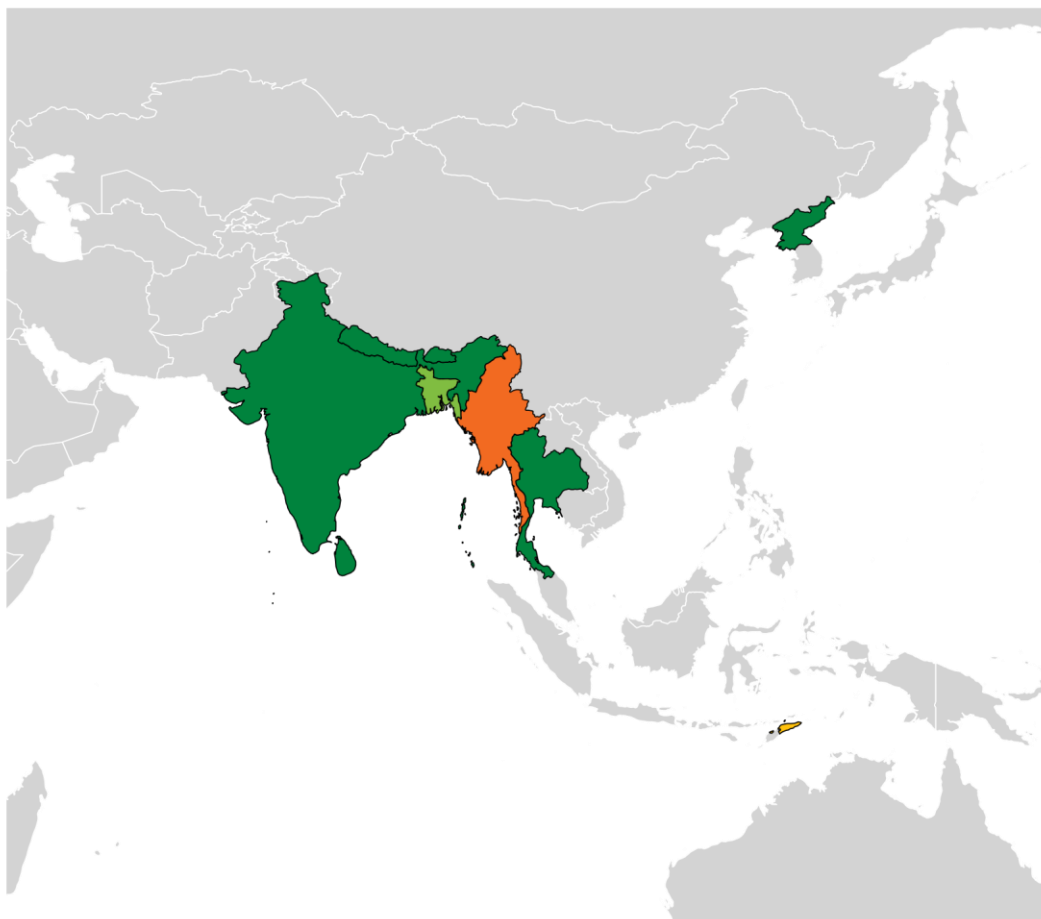
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Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Coverage difference compared to 2019 - values above zero indicate coverage higher than in 2019 and values below zero indicate coverage lower than in 2019.
There may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

In 2025, 8 countries achieved at least 90% DTP1 coverage, while 1 had coverage below 80%.

DTP1 Coverage (%), SEAR, 2025



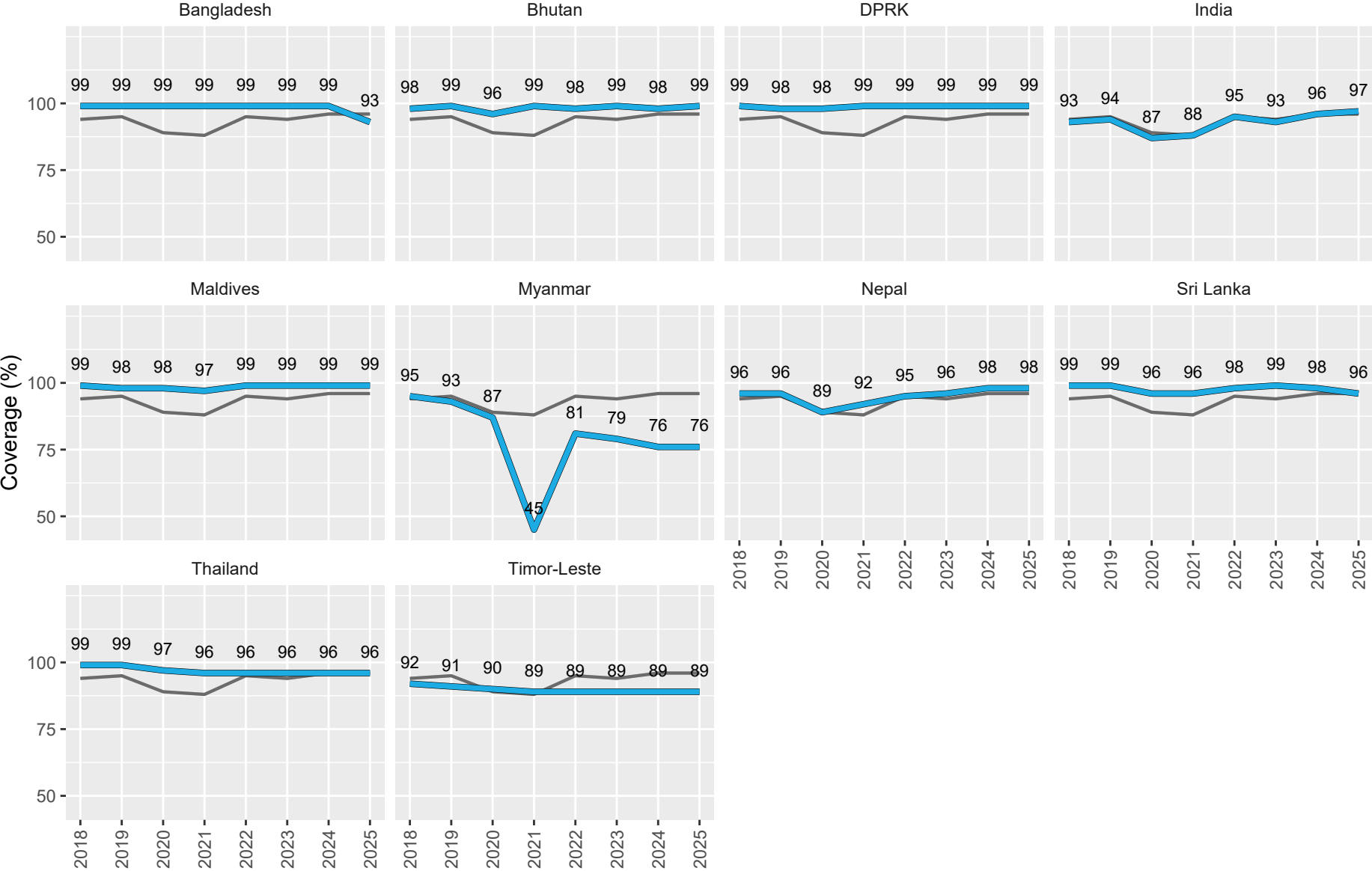
DTP1 coverage (%) ■ 70-79 ■ 80-89 ■ 90-94 ■ >=95

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 SEAR, 1 out of 10 (10%) countries had DTP1 coverage below 80% in 2025.

There were 8 (80%) countries that achieved DTP1 of 90% or higher, accounting for 27.8 million (97%) of the total cohort.

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



In 2025, Bhutan, DPRK, and Maldives had the highest coverage (99%), while Myanmar had the lowest coverage (76%).

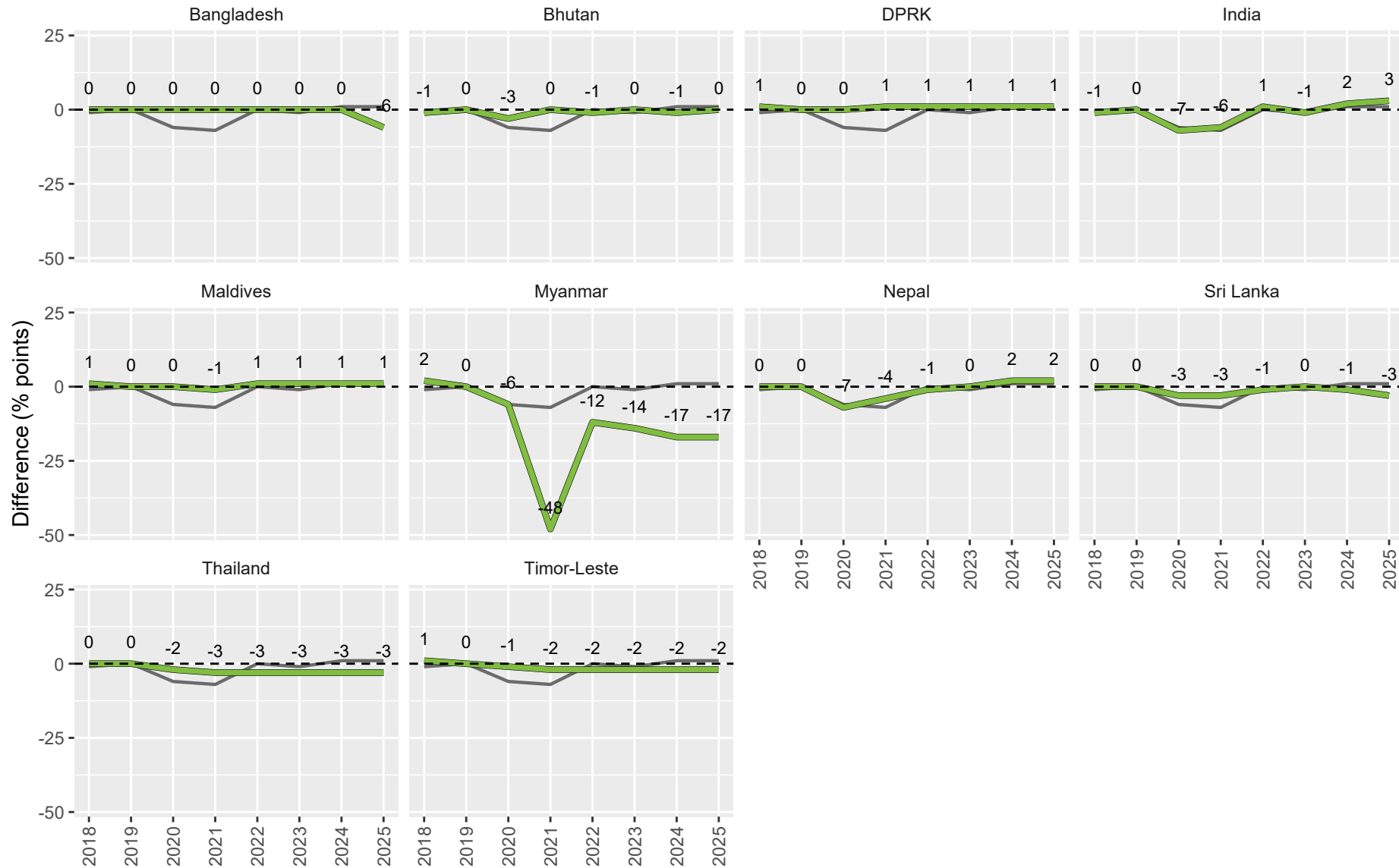
DTP1 coverage increased in 2 out of 10 countries between 2024 and 2025. The largest increase was 1% points in Bhutan from 98% to 99% and India from 96% to 97%.

2 countries saw a decrease in coverage (Bangladesh and Sri Lanka). The largest decline was 6% points in Bangladesh from 99% to 93%. Coverage remained constant between 2024 and 2025 in the remaining 6 countries.

In 2025, 8 out of 10 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, SEAR, 2018-2025



This chart shows difference in DTP1 coverage compared to 2019, by country.

Coverage was higher in 2025 compared to 2019 in 4 countries (DPRK, India, Maldives, and Nepal).

The largest increase in coverage was 3% points in India from 94% in 2019 to 97% in 2025.

Coverage was lower than in 2019 in 5 countries (Bangladesh, Myanmar, Sri Lanka, Thailand, and Timor-Leste).

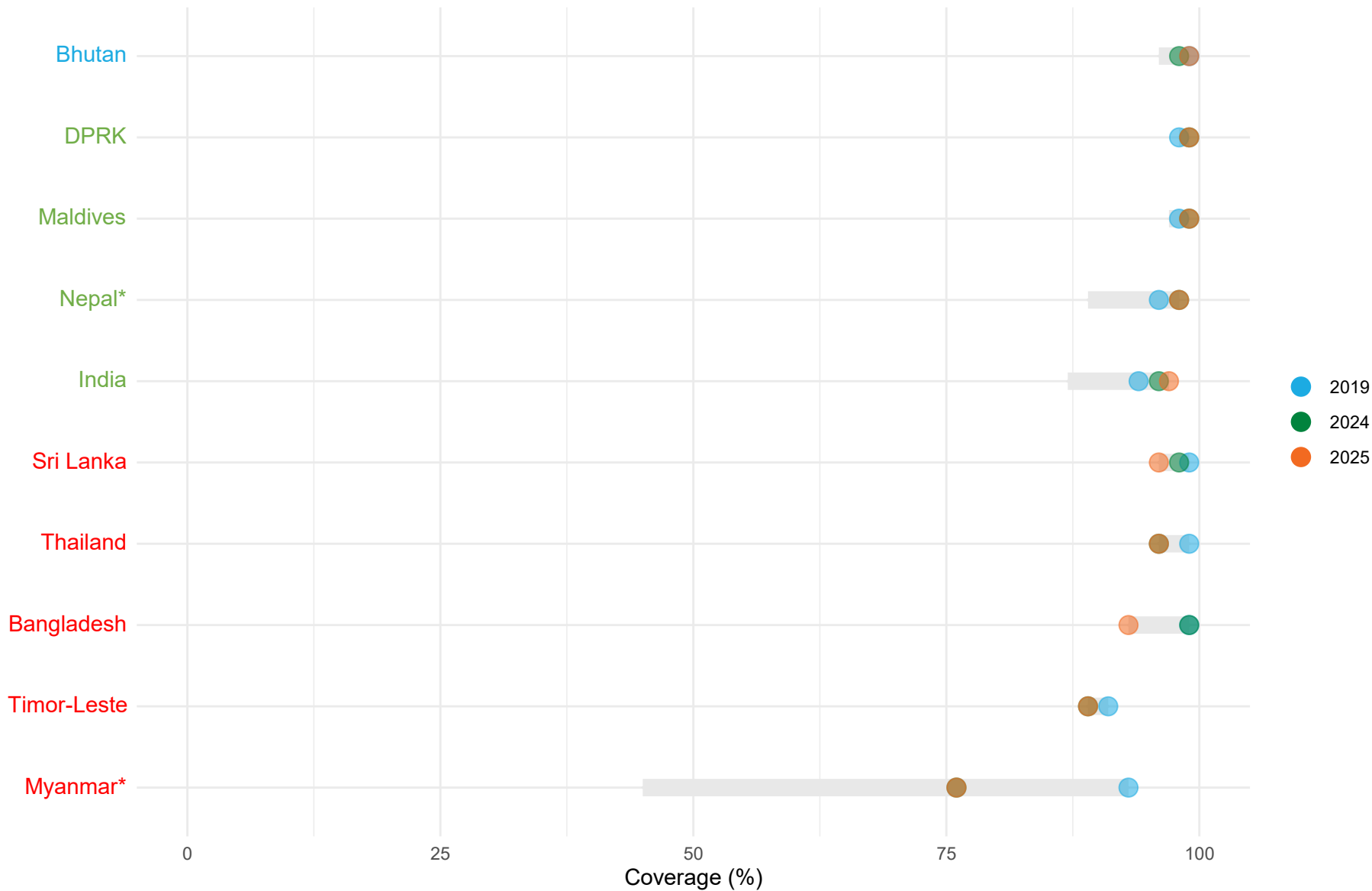
The largest decline in coverage was 17% points in Myanmar from 93% in 2019 to 76% in 2025.

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, SEAR, 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.

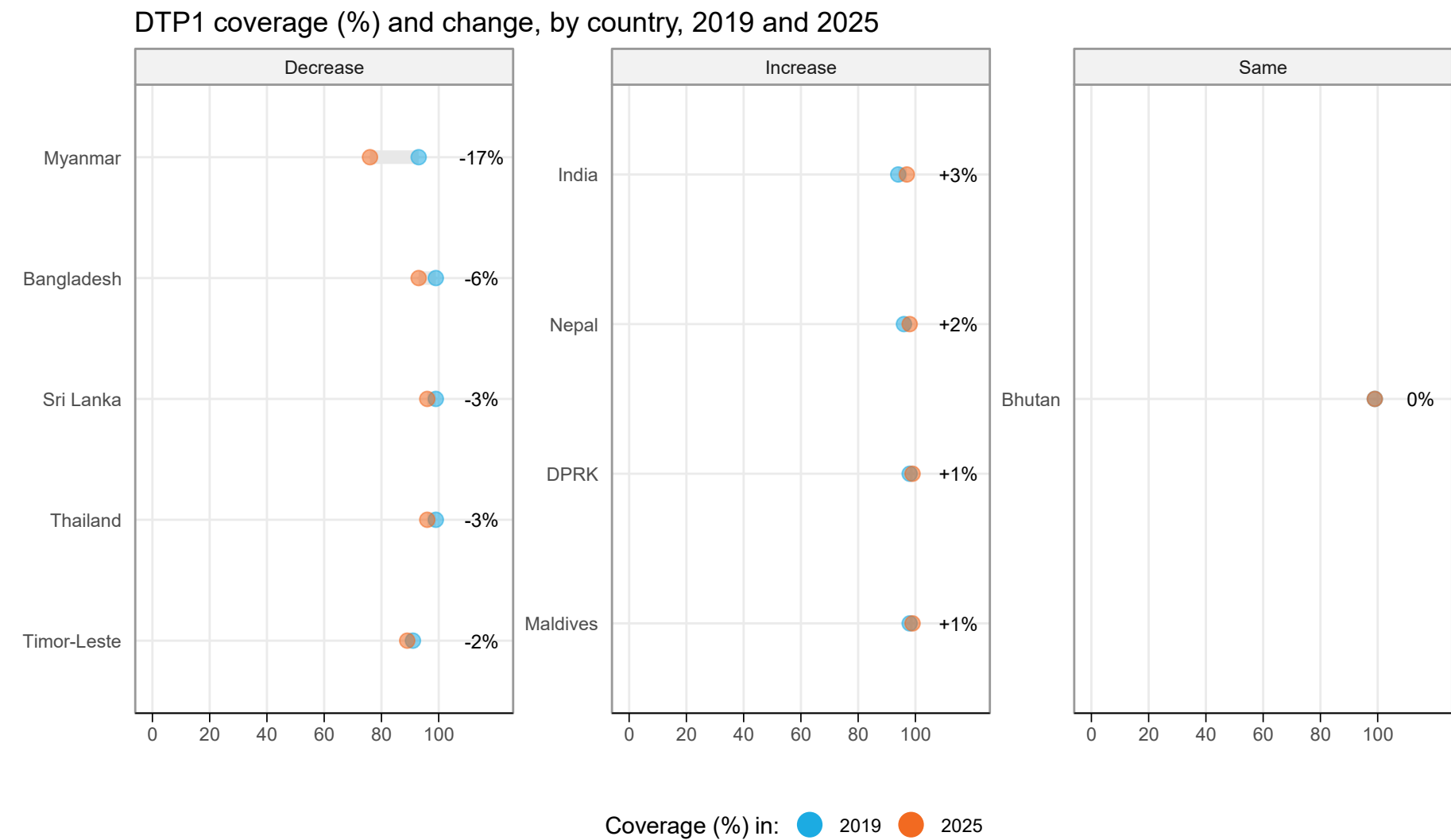
This chart shows the range of DTP1 coverage across years 2019 to 2025 (grey bars), and coverage in specific years (dots), by country. The chart can be used for assessing recovery to pre-pandemic levels and progress beyond 2019.

In 2024, 5 (out of 10) countries had lower coverage than in 2019.

In 2025, 2 countries had lower DTP1 coverage than in 2024.

In 2025, 5 countries had lower coverage than in 2019.

Between 2019 and 2025, DTP1 coverage increased in four countries and decreased in five countries.



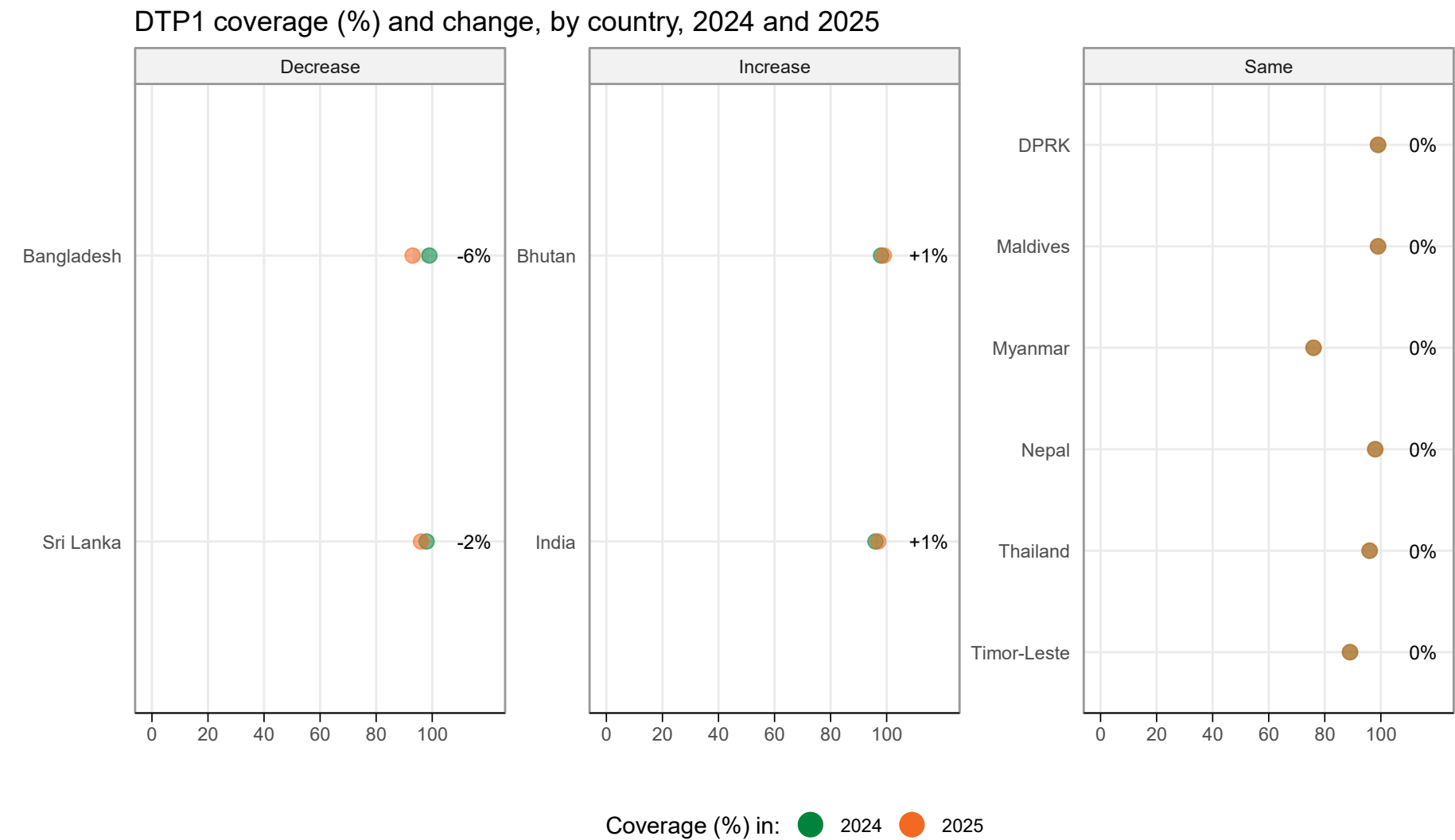
This chart shows DTP1 coverage in 2019 and 2025, and change in coverage between the two years.

Overall, 5 out of 10 (50%) countries in SEAR had a decline in coverage. The largest decline was in Myanmar (-17 percentage points), followed by Bangladesh (-6 percentage points).

There were 4 (40%) countries with an increase in DTP1 coverage. Coverage remained the same in 1 countries between 2019 and 2025.

Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Change in coverage between 2019 and 2025 indicated to the right.

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

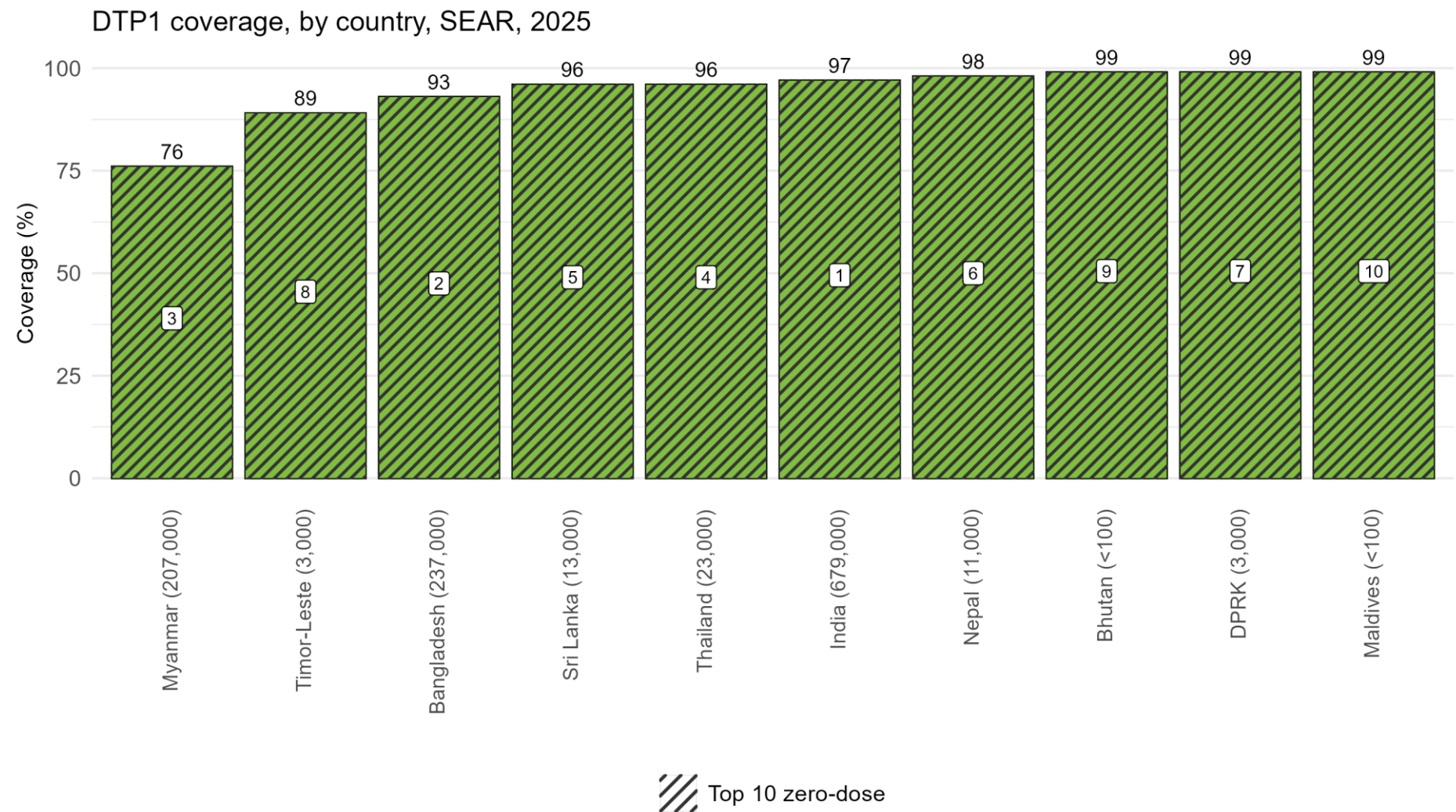


This chart shows DTP1 coverage in 2024 and 2025, and change in coverage between the two years.

Overall, 2 out of 10 (20%) countries in SEAR had a decline in coverage. The largest decline was in Bangladesh (-6 percentage points), followed by Sri Lanka (-2 percentage points).

There were 2 (20%) countries with an increase in DTP1 coverage. Coverage remained the same in 6 countries between 2024 and 2025.

In 2025, Myanmar and Timor-Leste had the lowest DTP1 coverage, while India and Bangladesh 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 SEAR 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 76% in Myanmar to 99% in DPRK, Bhutan, and Maldives.

8 out of 10 (80%) countries had coverage of at least 90%.

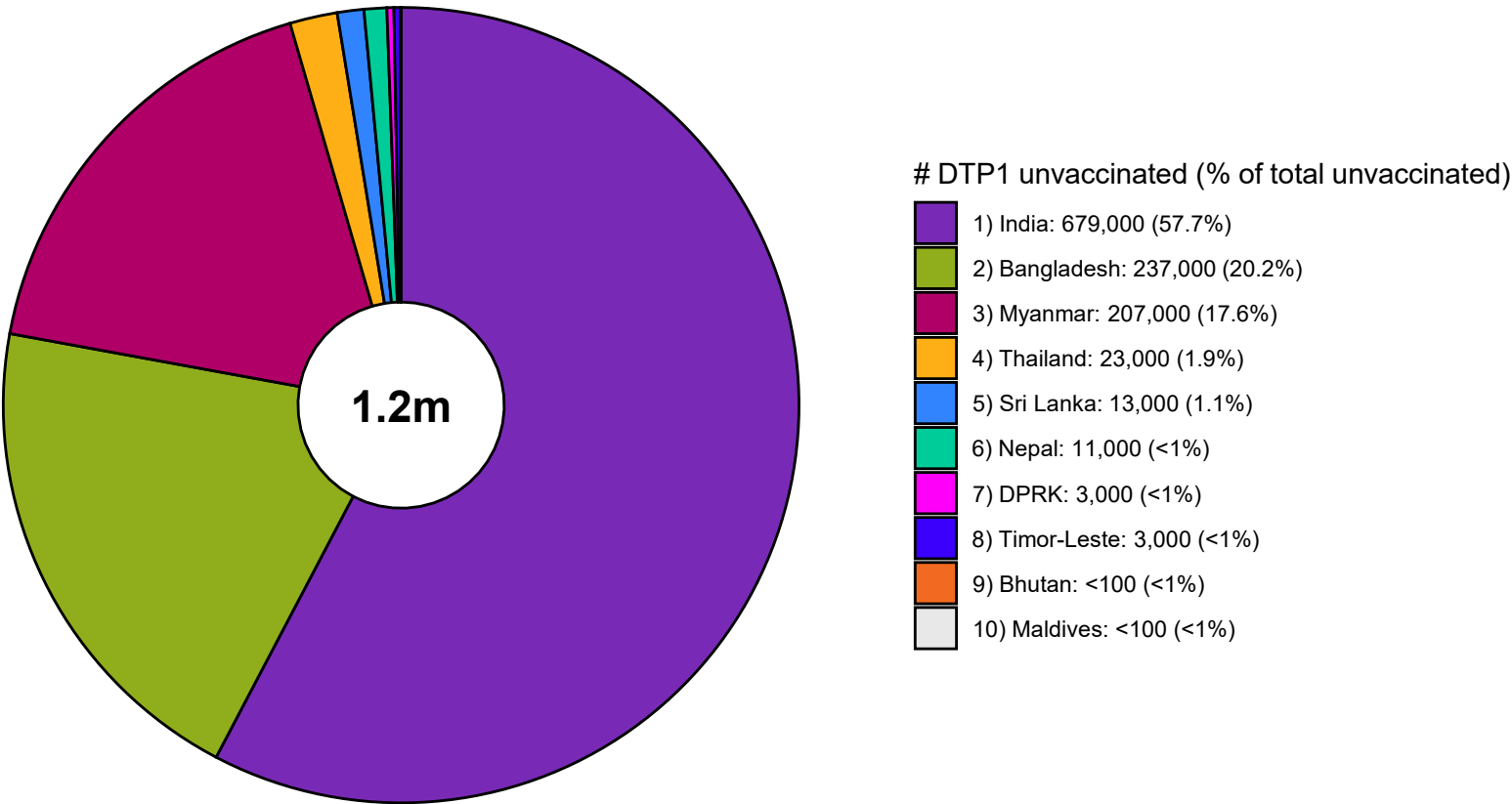
India had DTP1 coverage of 97% and the highest absolute number of zero-dose children in the region, followed by Bangladesh.

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, 1 countries accounted for over half of all zero-dose children in SEAR, with India contributing the highest share.

DTP1 unvaccinated (% of total unvaccinated)



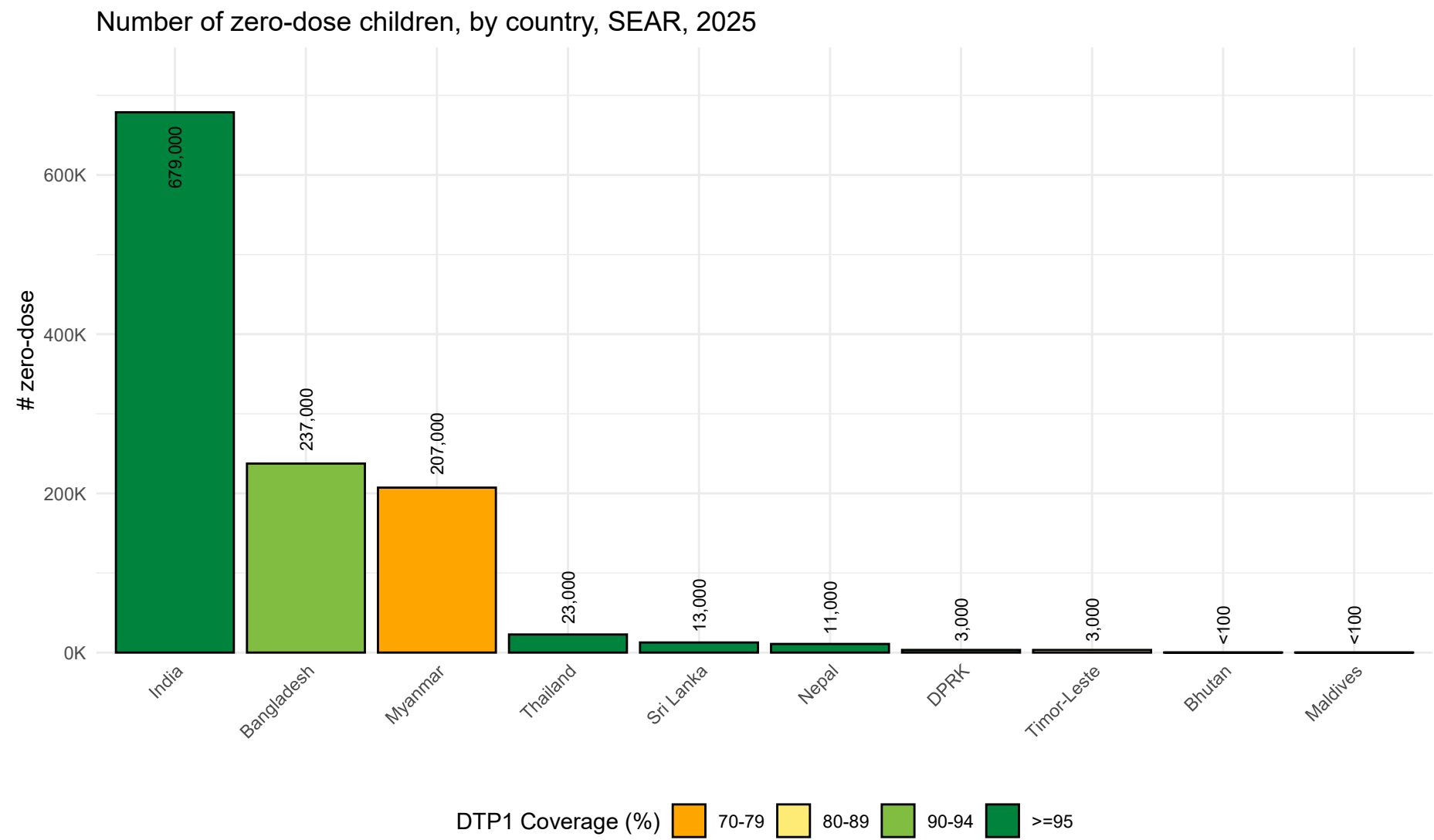
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision
Note: Number in legend corresponds to region ranking based on highest to lowest absolute number of unvaccinated children and reflects order of pie slices.

In 2025, 1 countries accounted for over half (57.7%) of all zero-dose children in SEAR.

India had the highest number of children who did not receive DTP1 (n=679,000), which is approximately 57.7% of all zero-dose children in SEAR (n=1.2 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.

Approximately 75% of zero-dose children in SEAR live in just 2 countries, highlighting where intensified efforts could have the greatest regional impact on zero-dose numbers.



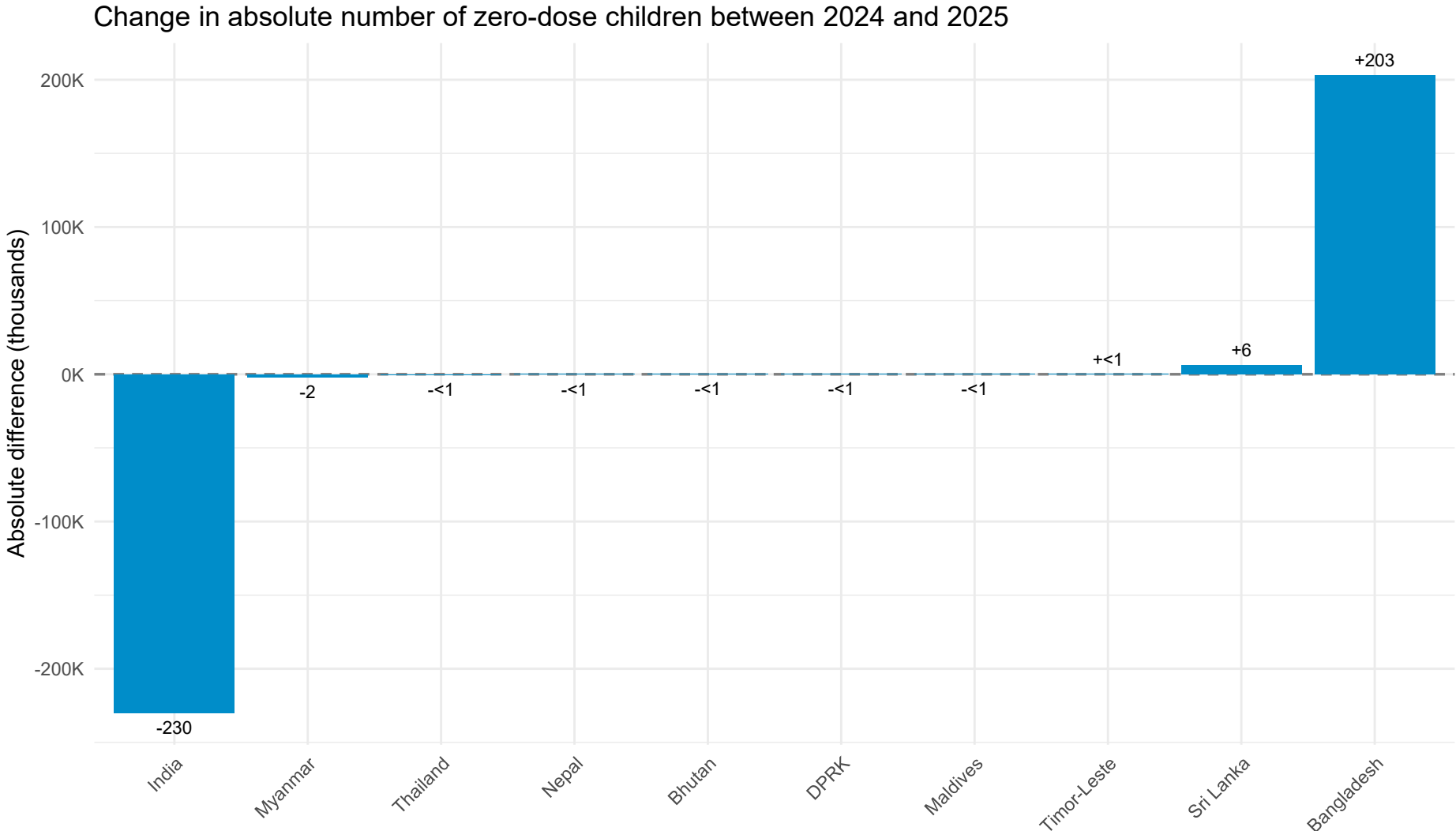
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

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

In 2025, India had the highest absolute number of zero-dose children, with 97% 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.

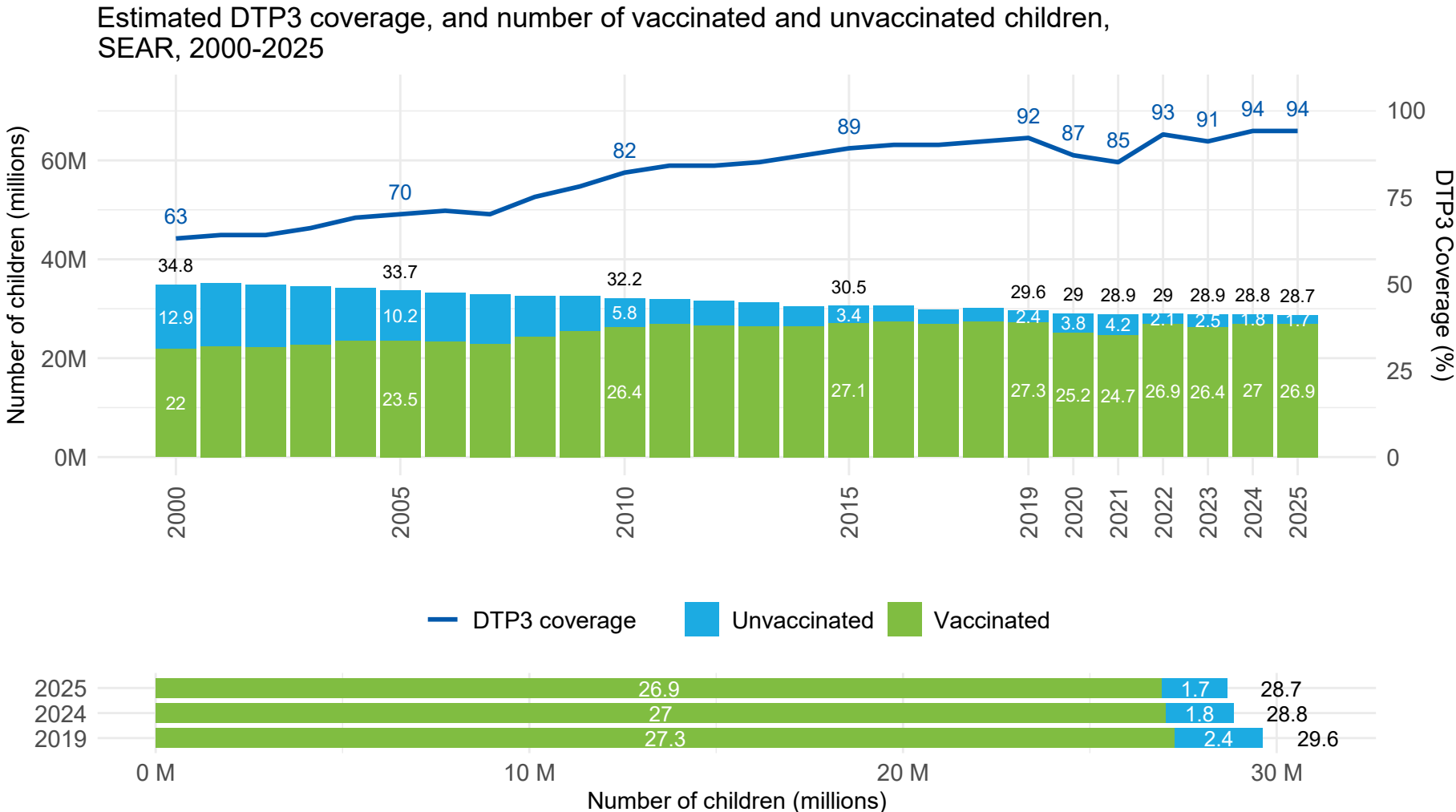
Overall, 3 countries had an increase in zero-dose children and 7 countries saw the number of zero-dose children decline between 2024 and 2025.

The three countries with the largest increase were: Bangladesh (34,000 $\Rightarrow$ 237,000 [+203,000]), Sri Lanka (6,000 $\Rightarrow$ 13,000 [+6,000]), Timor-Leste (3,000 $\Rightarrow$ 3,000 [+<100]).

India had the largest decline in the number of zero-dose children from 909,000 in 2024 to 679,000 in 2025 (-230,000).

DTP3

In 2025, DTP3 coverage was 94%: 26.9 million children received three doses of DTP-containing vaccine, but 1.7 million remain un- or under-vaccinated.



DTP3 coverage in 2025 (94%) was higher than in 2019 (92%).

The number of children vaccinated with DTP3 decreased 1% from 27.3 million in 2019 to 26.9 million in 2025.

The number of surviving infants decreased approximately 3% from 29.6 million in 2019 to 28.7 million in 2025.

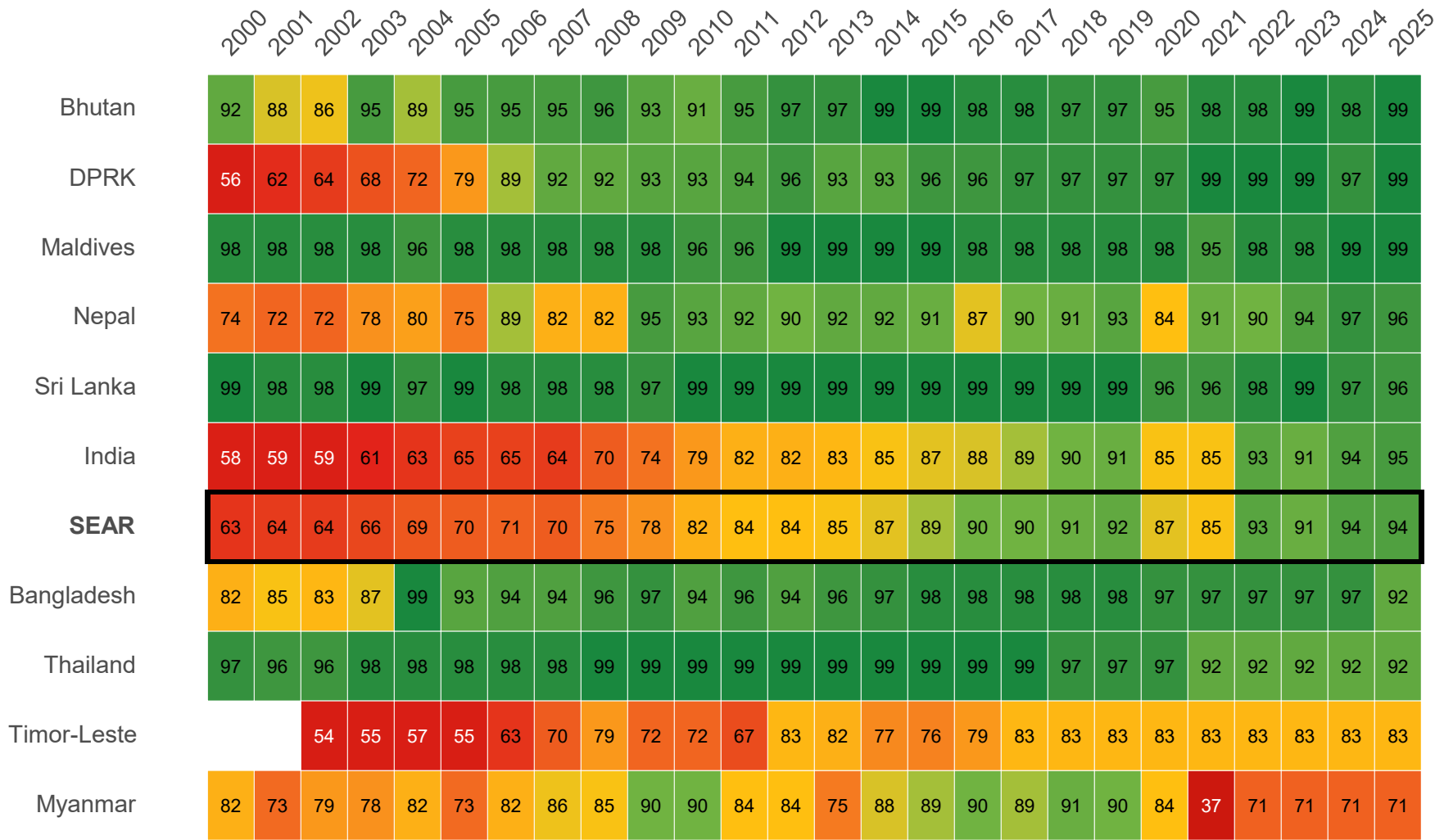
In 2025, 325,000 fewer children were vaccinated than in 2019.

In 2025, there were 936,000 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.

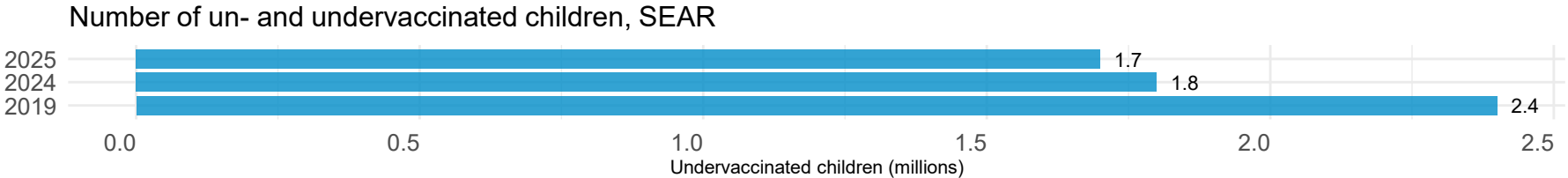
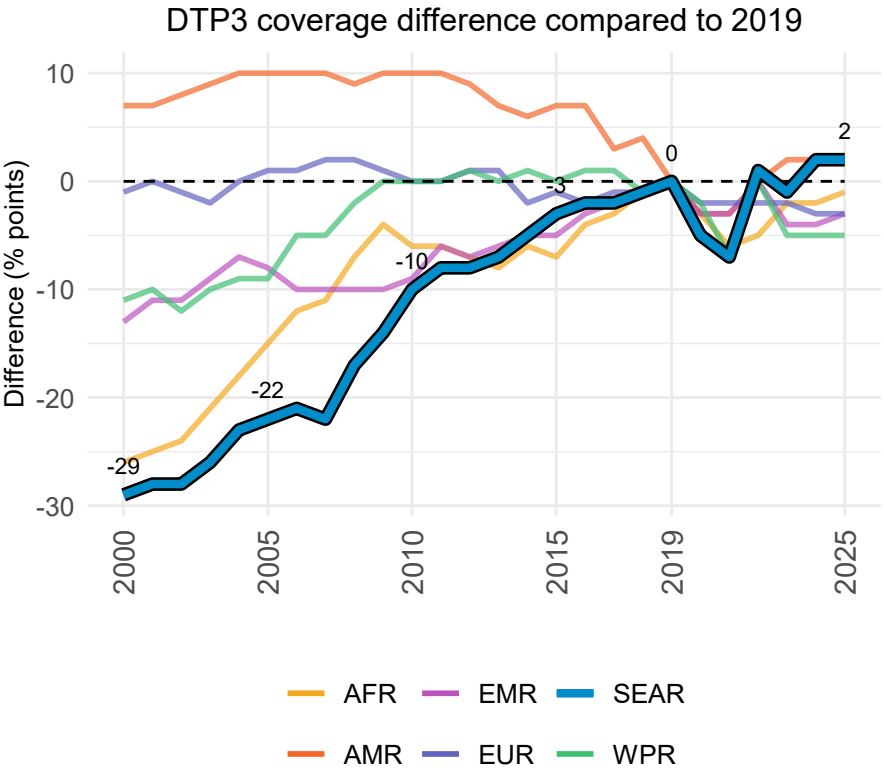
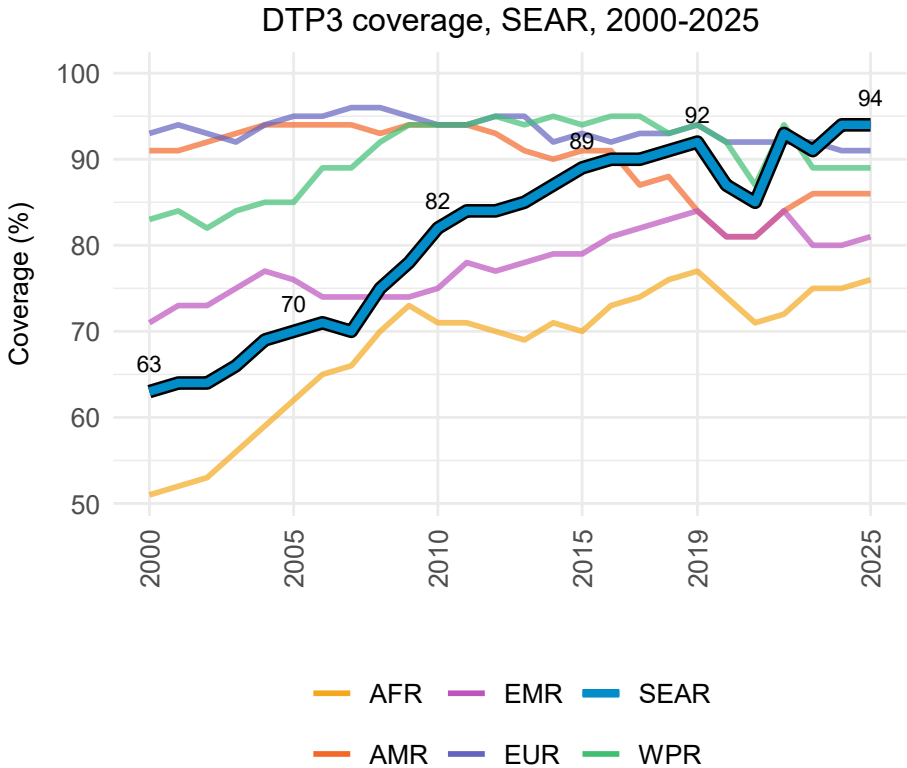
DTP3 coverage, by country, SEAR, 2000-2025



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

DTP3 coverage has improved since 2000 in most regions and exceeded pre-pandemic levels in some regions, but progress is uneven and gaps in undervaccinated children persist.



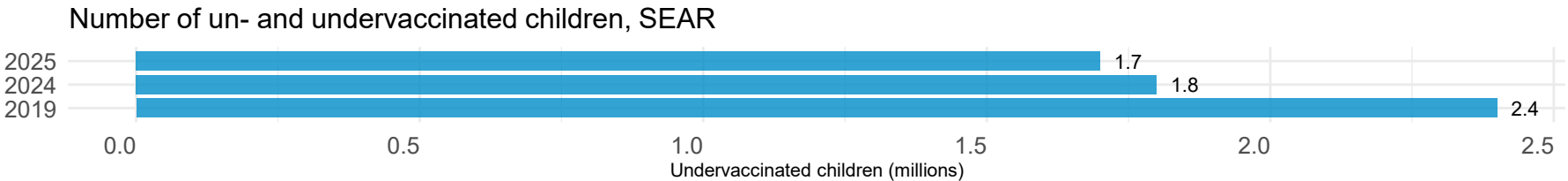
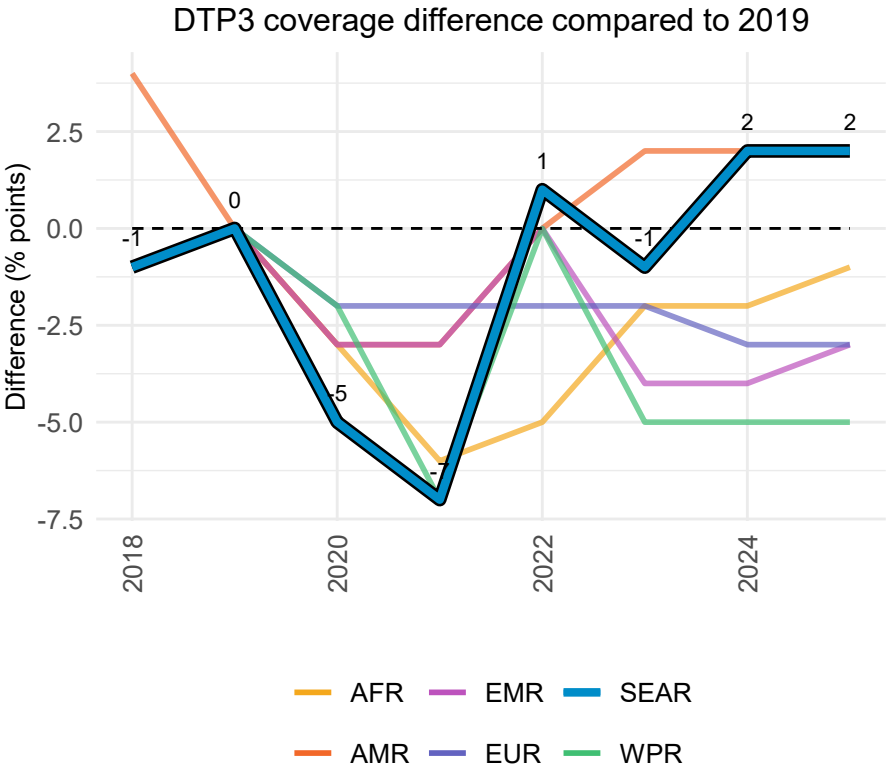
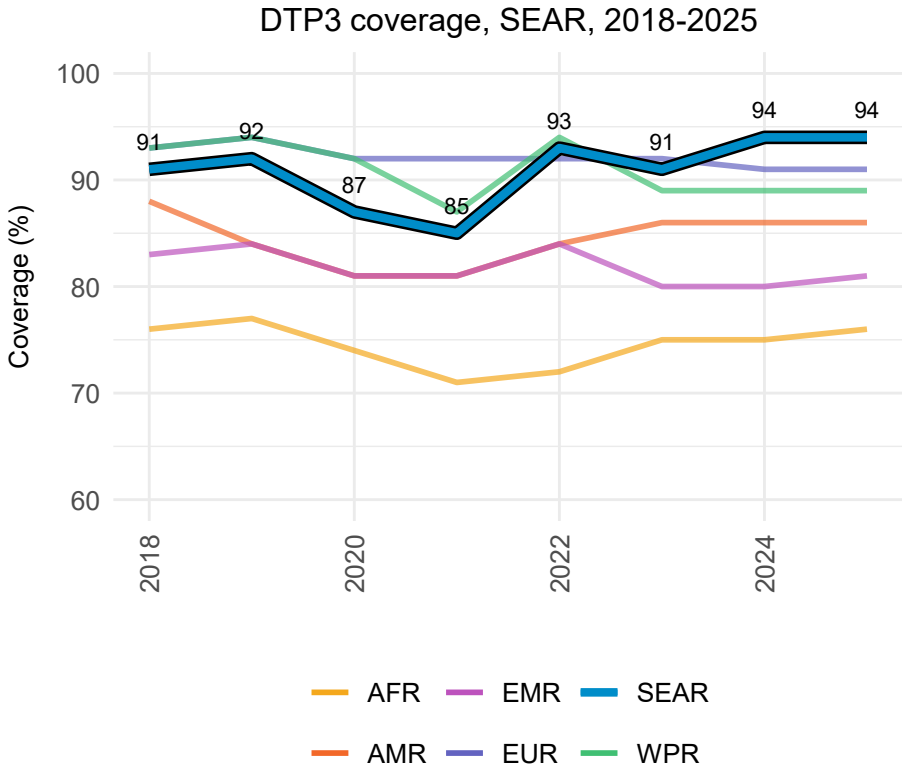
In 2025, SEAR ranked number 1 out of 6 WHO regions, with DTP3 coverage of 94%.

DTP3 coverage (94%) was 2 percentage points higher than in 2019 (92%).

This equates to 1.7 million undervaccinated children in 2025 compared to 2.4 million 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 some regions and exceeded pre-pandemic levels in some regions, but progress is uneven and gaps in undervaccinated children persist.



In 2025, SEAR ranked number 1 out of 6 WHO regions, with DTP3 coverage of 94%.

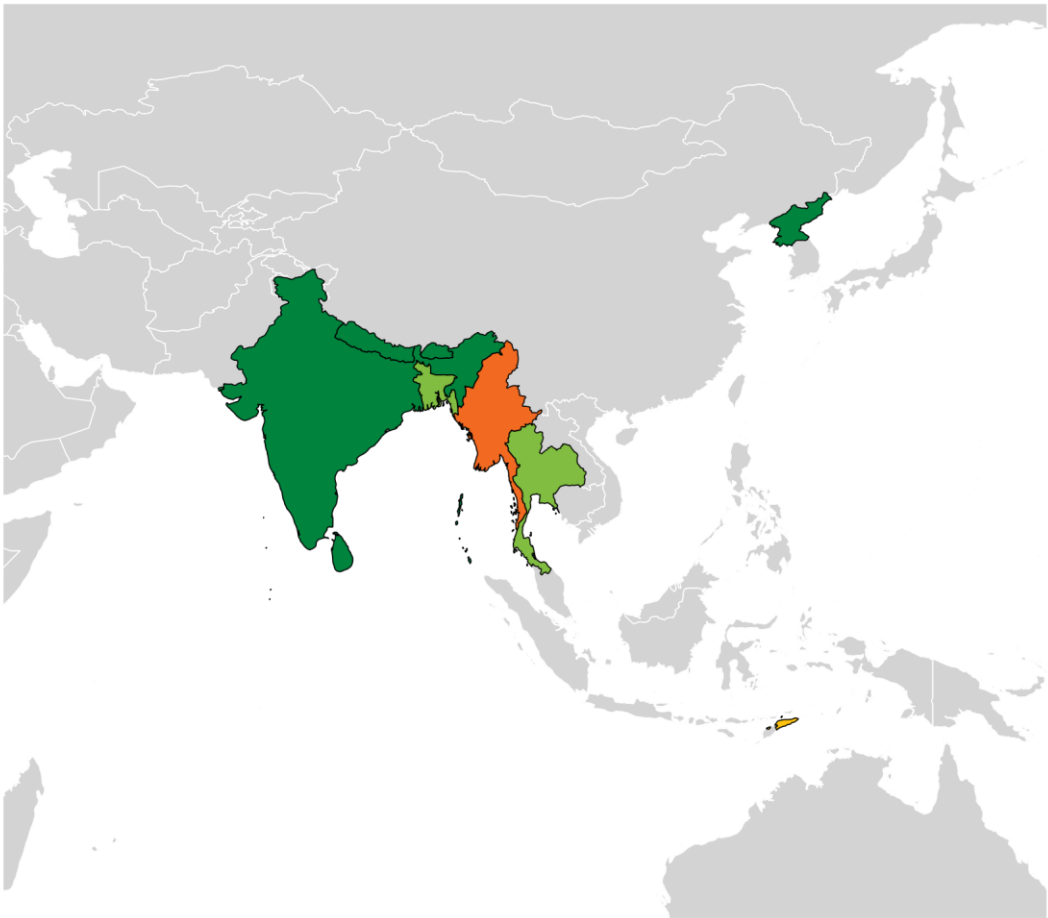
DTP3 coverage (94%) was 2 percentage points higher than in 2019 (92%).

This equates to 1.7 million undervaccinated children in 2025 compared to 2.4 million undervaccinated children in 2019.

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, 8 countries achieved at least 90% DTP3 coverage, while 1 had coverage below 80%.

DTP3 Coverage (%), SEAR, 2025



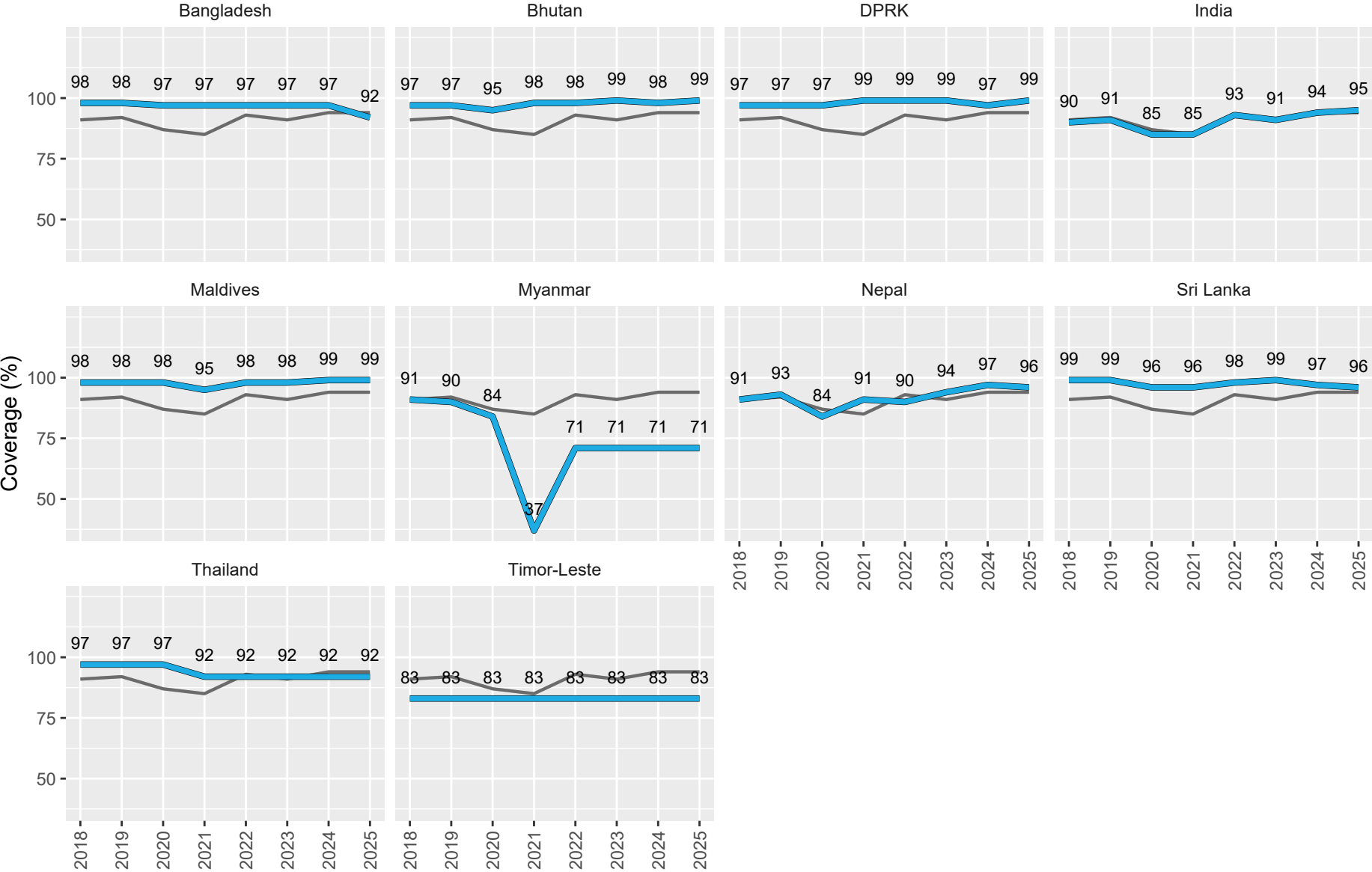
DTP3 coverage (%) 70-79 80-89 90-94 >=95

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 SEAR, 1 out of 10 (10%) countries had DTP3 coverage below 80% in 2025.

There were 8 (80%) countries that achieved DTP3 of 90% or higher, accounting for 27.8 million (97%) of the total cohort.

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



In 2025, Bhutan, DPRK, and Maldives had the highest coverage (99%), while Myanmar had the lowest coverage (71%).

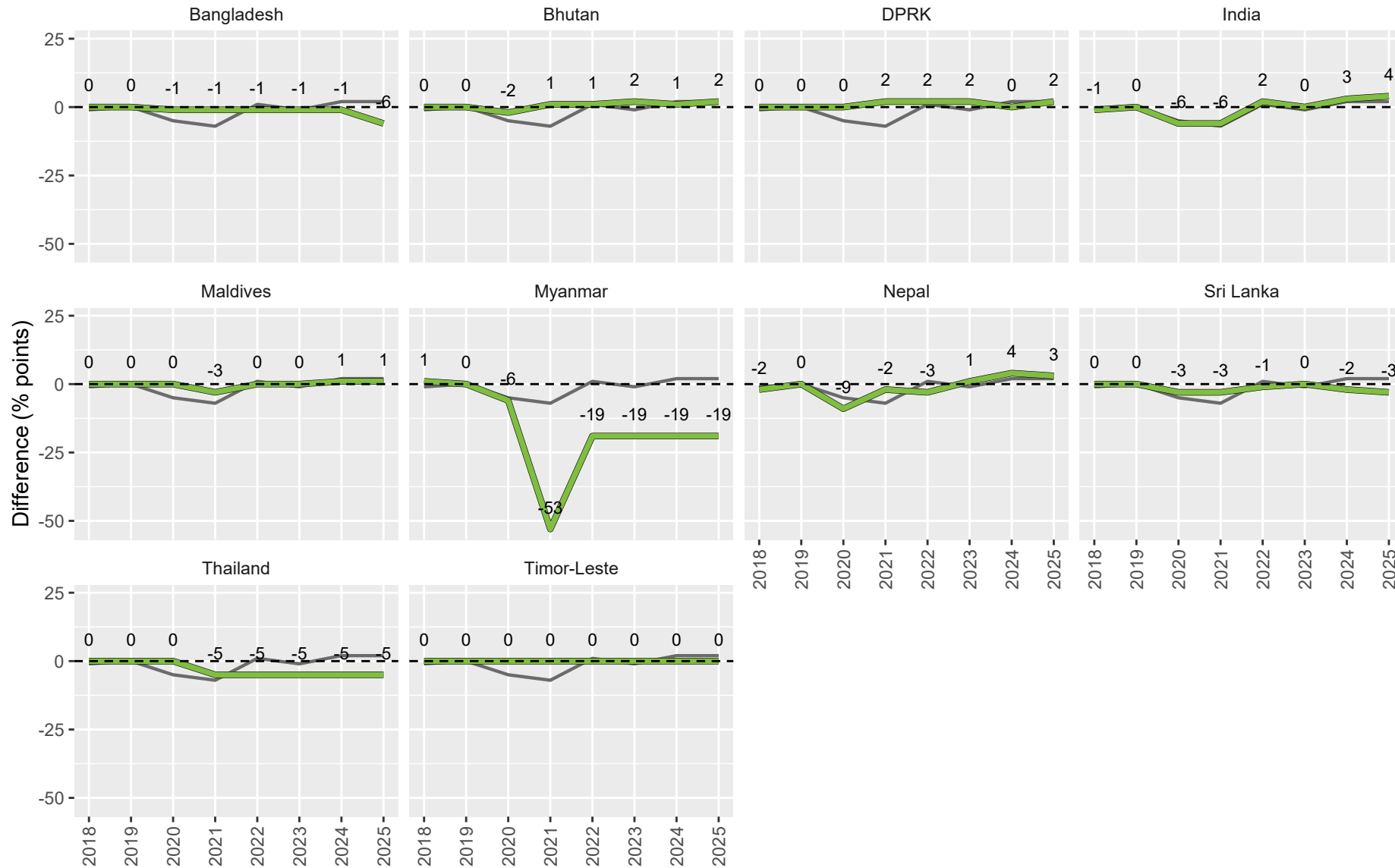
DTP3 coverage increased in 3 out of 10 countries between 2024 and 2025. The largest increase was 2% points in DPRK from 97% to 99%.

3 countries saw a decrease in coverage (Bangladesh, Nepal, and Sri Lanka). The largest decline was 5% points in Bangladesh from 97% to 92%. Coverage remained constant between 2024 and 2025 in the remaining 4 countries.

In 2025, 8 out of 10 countries had achieved DTP3 coverage of at least 90%.

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

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



This chart shows difference in DTP3 coverage compared to 2019, by country.

Coverage was higher in 2025 compared to 2019 in 5 countries (Bhutan, DPRK, India, Maldives, and Nepal).

The largest increase in coverage was 4% points in India from 91% in 2019 to 95% in 2025.

Coverage was lower than in 2019 in 4 countries (Bangladesh, Myanmar, Sri Lanka, and Thailand).

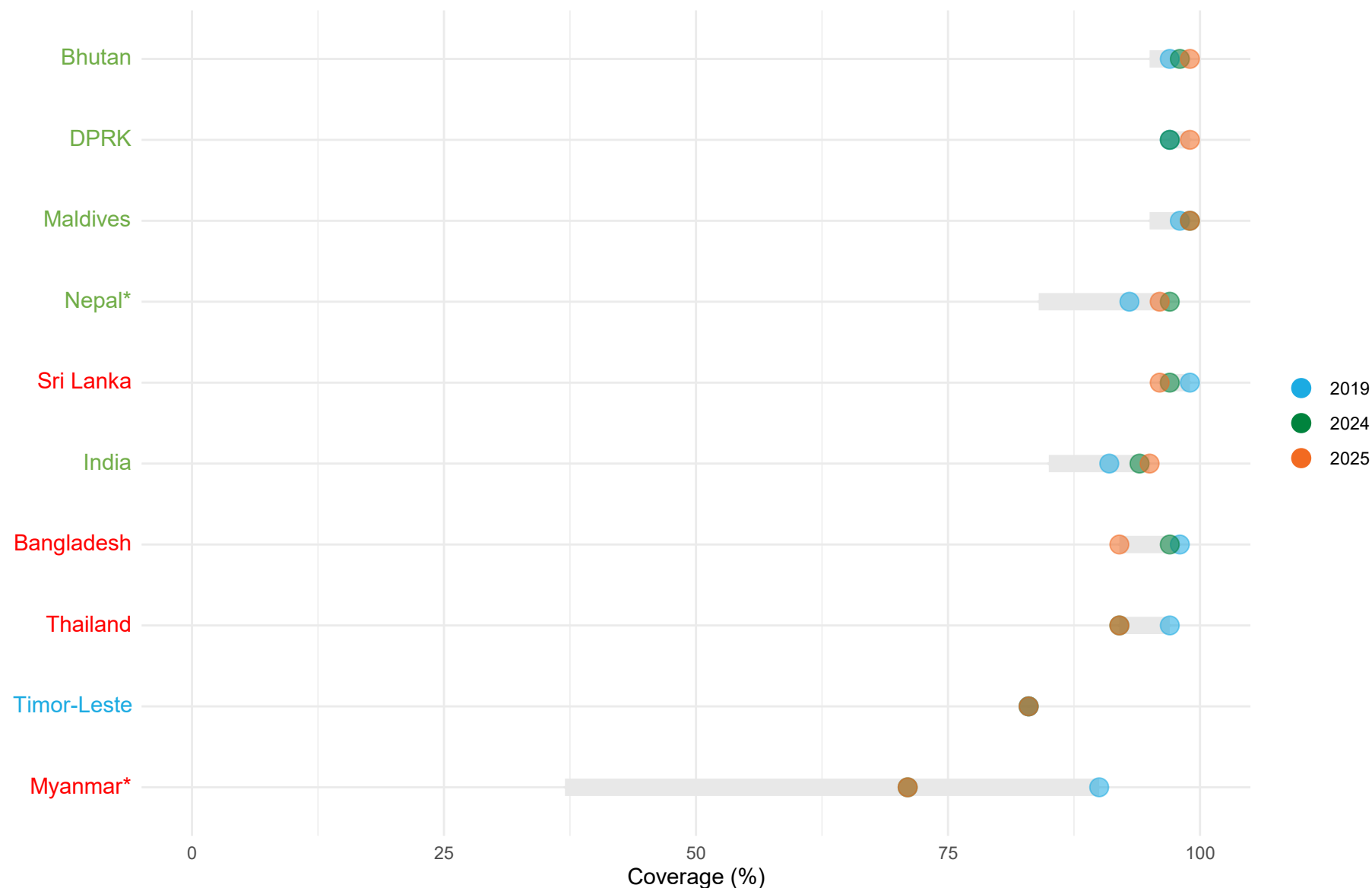
The largest decline in coverage was 19% points in Myanmar from 90% in 2019 to 71% in 2025.

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, SEAR, 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, 4 (out of 10) countries had lower coverage than in 2019.

In 2025, 3 countries had lower DTP3 coverage than in 2024.

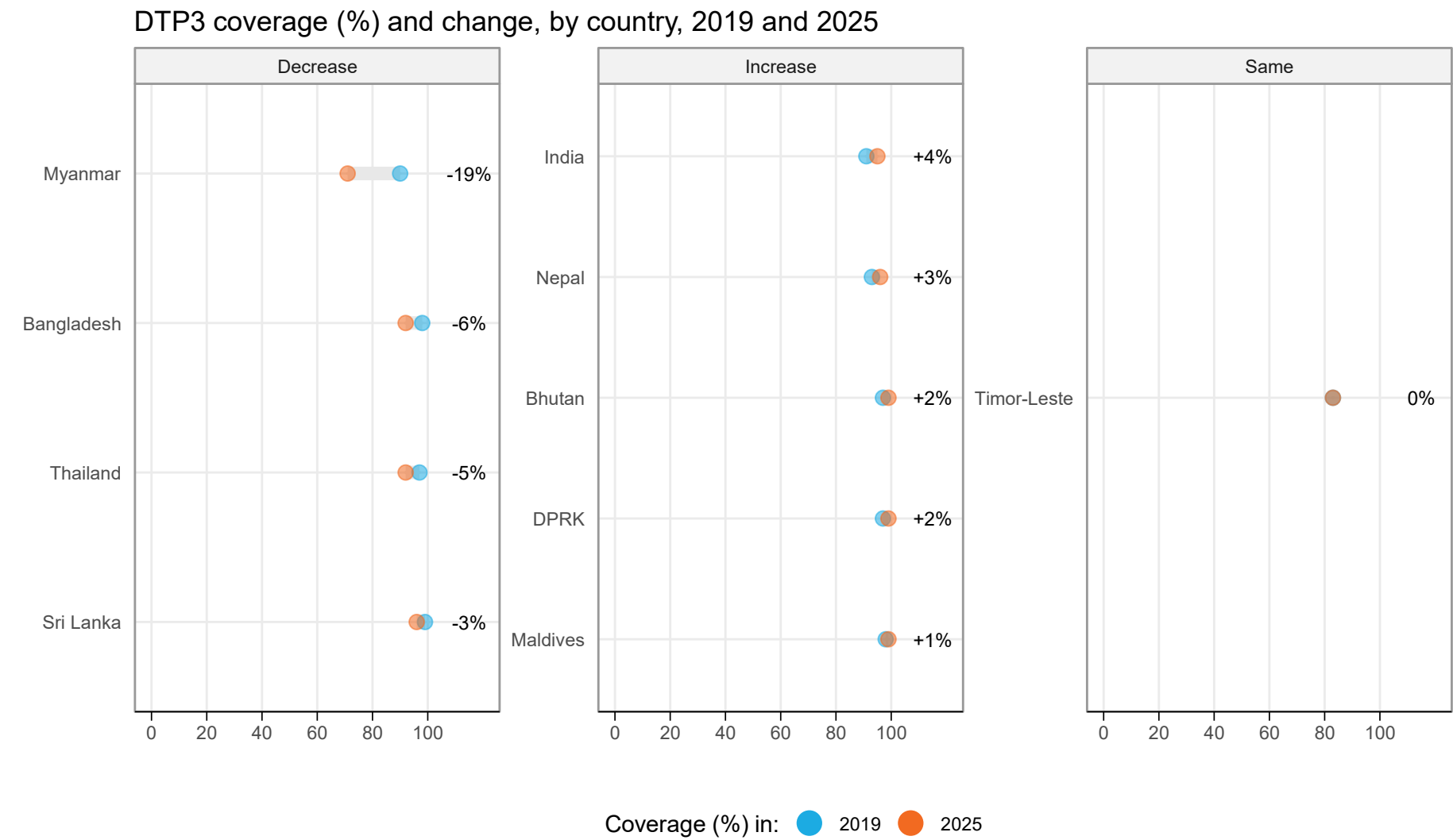
In 2025, 4 countries had lower coverage than in 2019.

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Between 2019 and 2025, DTP3 coverage increased in five countries and decreased in four countries.

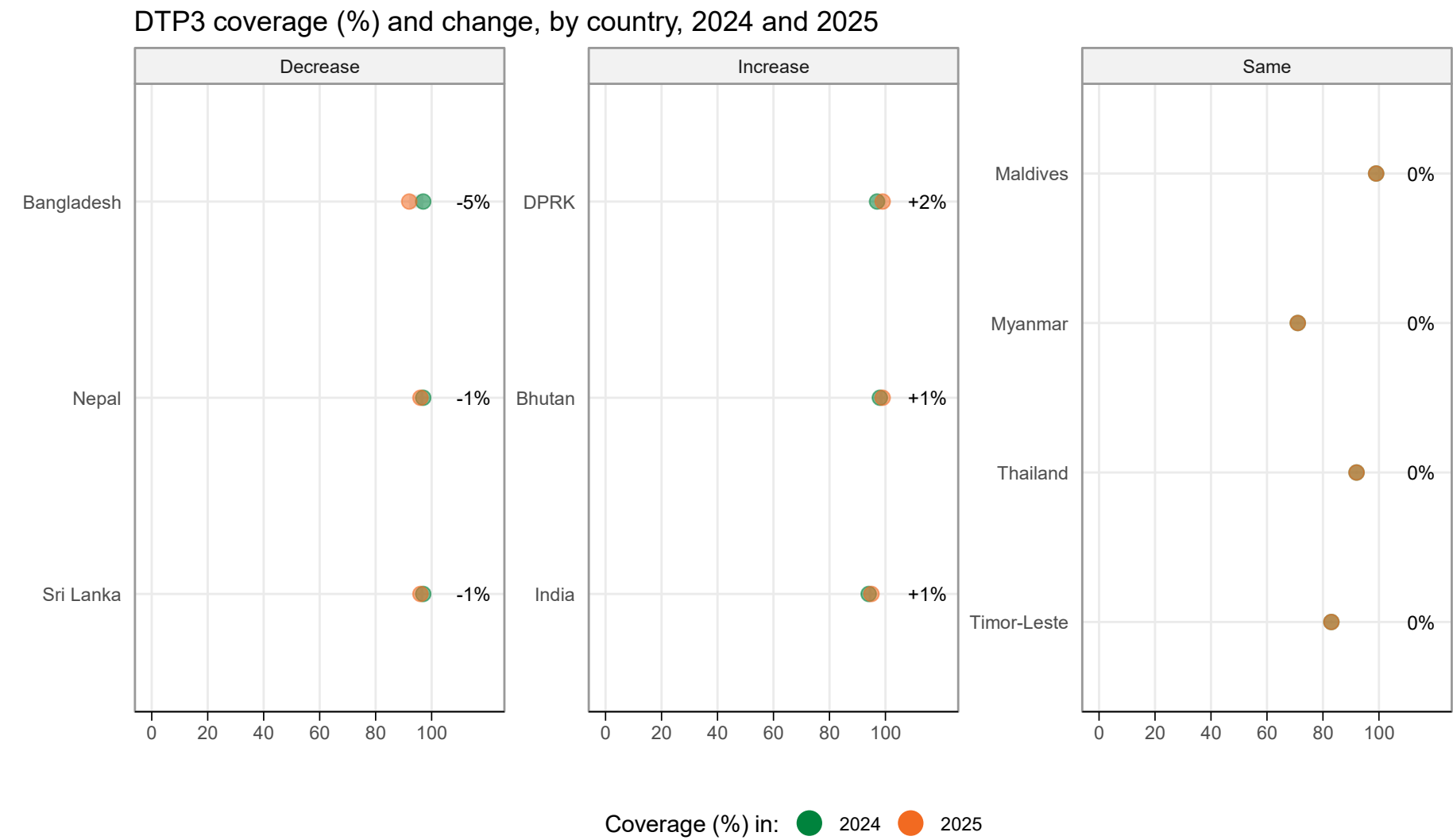


This chart shows DTP3 coverage in 2019 and 2025, and change in coverage between the two years.

Overall, 4 out of 10 (40%) countries in SEAR had a decline in coverage. The largest decline was in Myanmar (-19 percentage points), followed by Bangladesh (-6 percentage points).

There were 5 (50%) countries with an increase in DTP3 coverage. Coverage remained the same in 1 countries between 2019 and 2025.

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

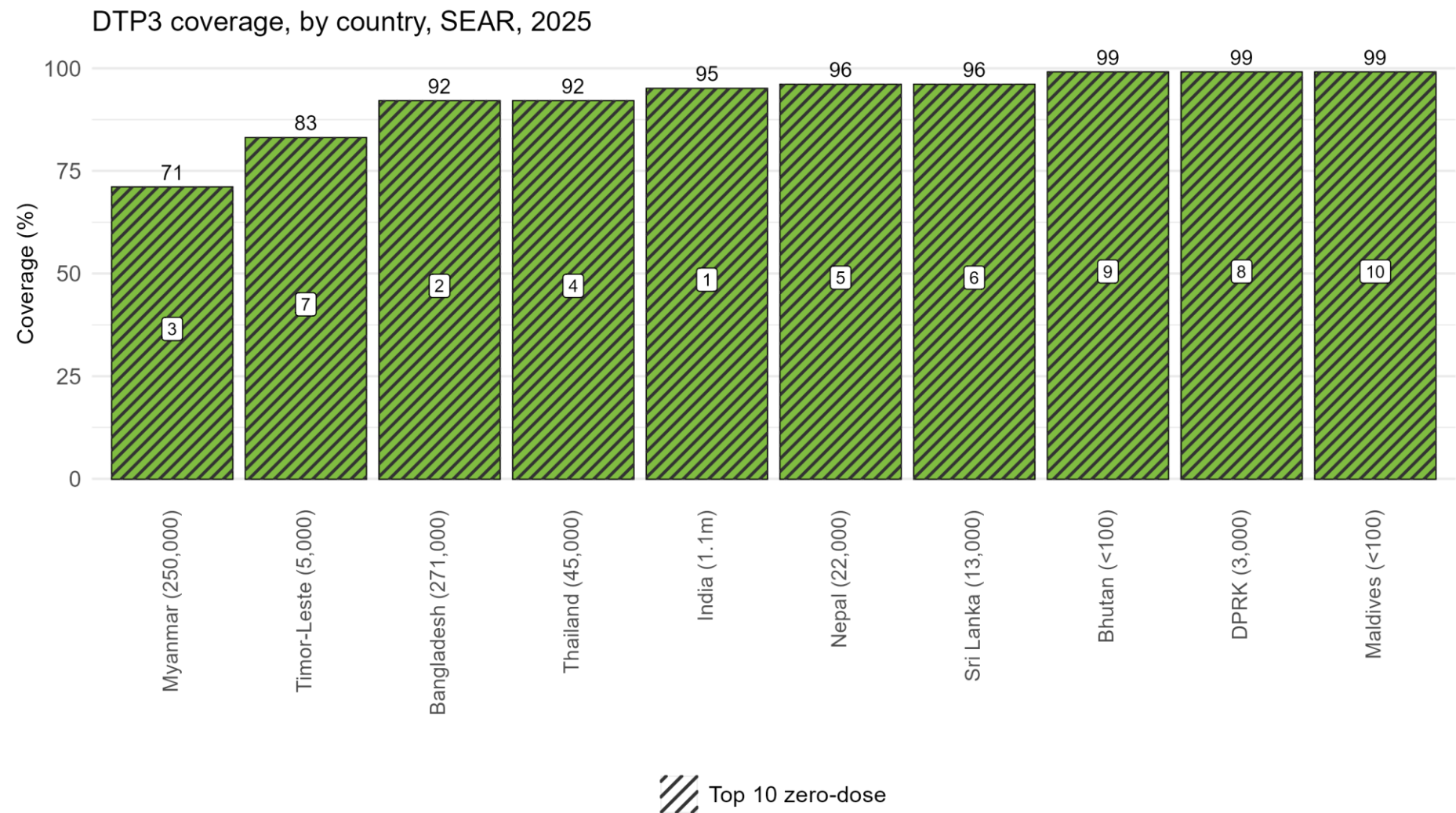


This chart shows DTP3 coverage in 2024 and 2025, and change in coverage between the two years.

Overall, 3 out of 10 (30%) countries in SEAR had a decline in coverage. The largest decline was in Bangladesh (-5 percentage points), followed by Nepal and Sri Lanka (-1 percentage points).

There were 3 (30%) countries with an increase in DTP3 coverage. Coverage remained the same in 4 countries between 2024 and 2025.

In 2025, Myanmar and Timor-Leste had the lowest DTP3 coverage, while India and Bangladesh 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 SEAR 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 71% in Myanmar to 99% in DPRK, Bhutan, and Maldives.

8 out of 10 (80%) countries had coverage of at least 90%.

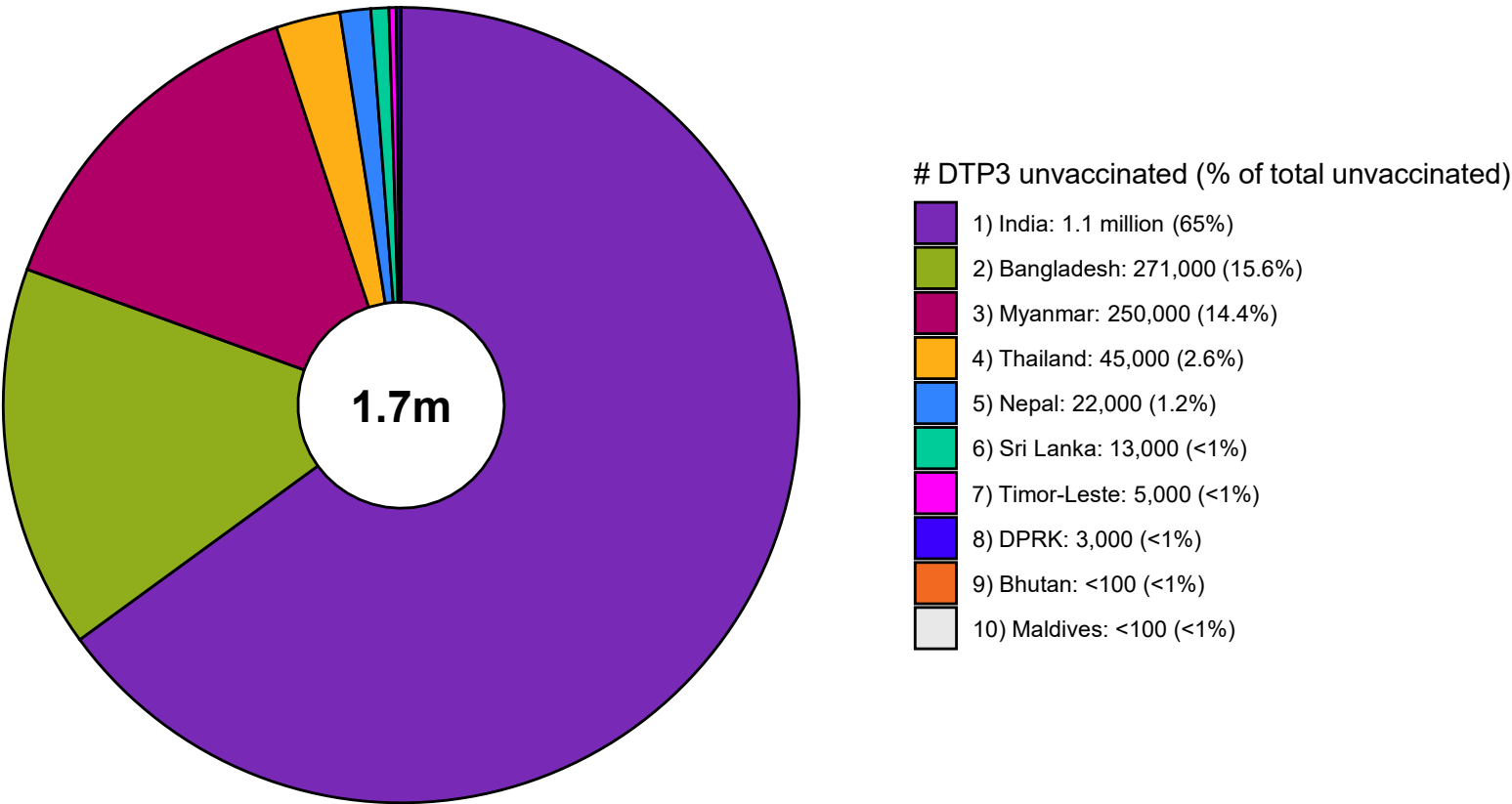
India had DTP3 coverage of 95% and the highest absolute number of un- and undervaccinated children in the region, followed by Bangladesh.

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, 1 countries accounted for over half of all un- and under-vaccinated children in SEAR, with India contributing the highest share.

DTP3 unvaccinated (% of total unvaccinated)



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

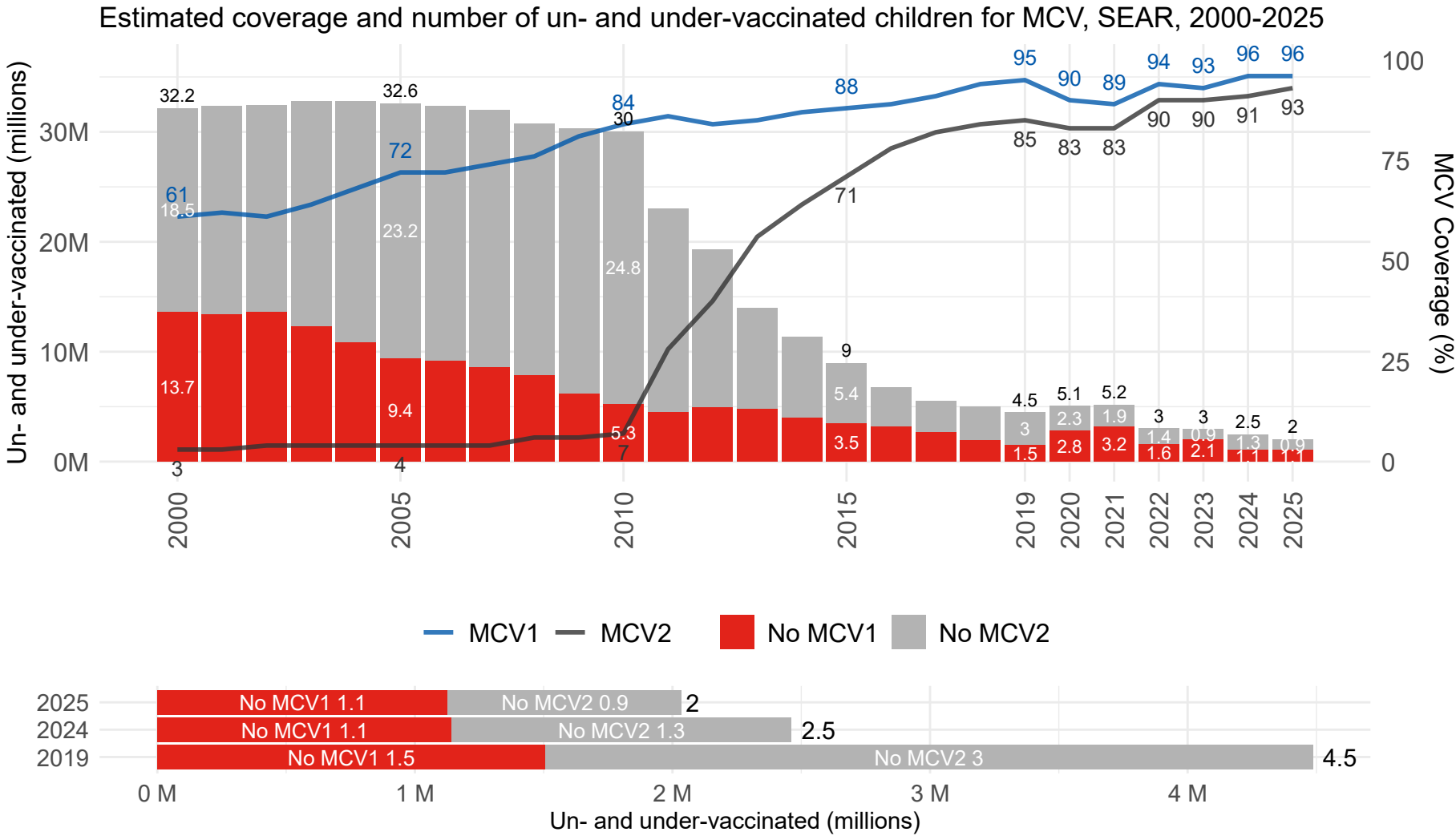
In 2025, 1 countries accounted for over half (65%) of all un- and under-vaccinated children in SEAR.

India had the highest number of children who did not receive DTP3 (n=1.1 million), which is approximately 65% of all un- and under-vaccinated children in SEAR (n=1.7 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.

MCV1

MCV1 coverage remained constant 96% in 2025, leaving 1.1 million children without any protection against measles. MCV2 coverage increased to 93% in 2025.



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

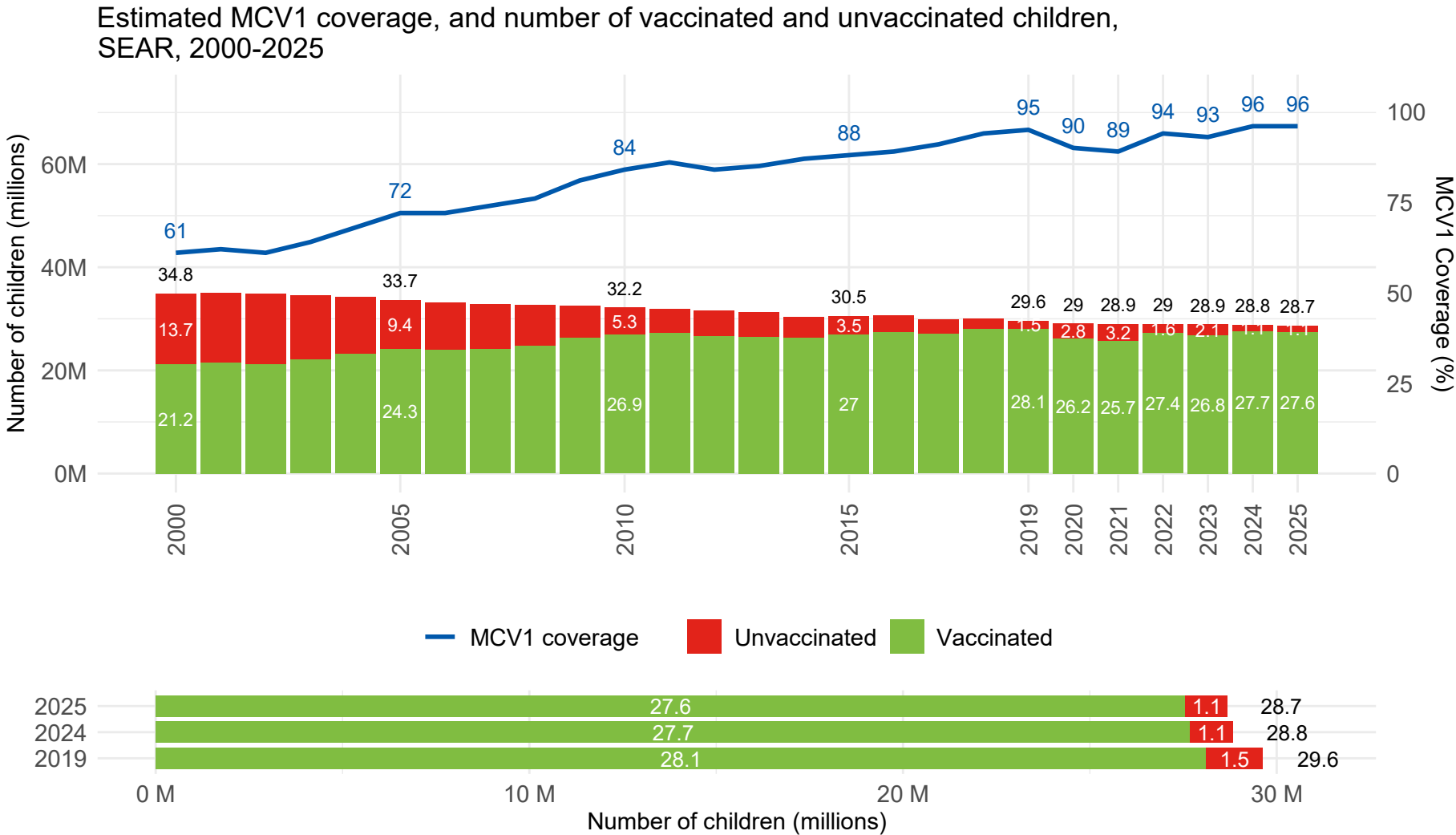
Measles, because of its high transmissibility, acts as a 'canary in the coalmine', quickly exposing any immunity gaps in the population. The coverage of measles containing vaccine (MCV) is thus often used as a tracer for protection.

The percentage of children receiving MCV1 – typically at 9 or 12 months – remained constant at 96%. This is similar to in 2019, where coverage was 95%.

1.1 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 increased at 93% in 2025.

In 2025, MCV1 coverage was 96%: 27.6 million children received the measles vaccine, but 1.1 million remain unvaccinated against the highly contagious disease.



MCV1 coverage in 2025 (96%) was within 1% of coverage in 2019 (95%).

The number of children vaccinated with MCV1 decreased 2% from 28.1 million in 2019 to 27.6 million in 2025.

The number of surviving infants decreased approximately 3% from 29.6 million in 2019 to 28.7 million in 2025.

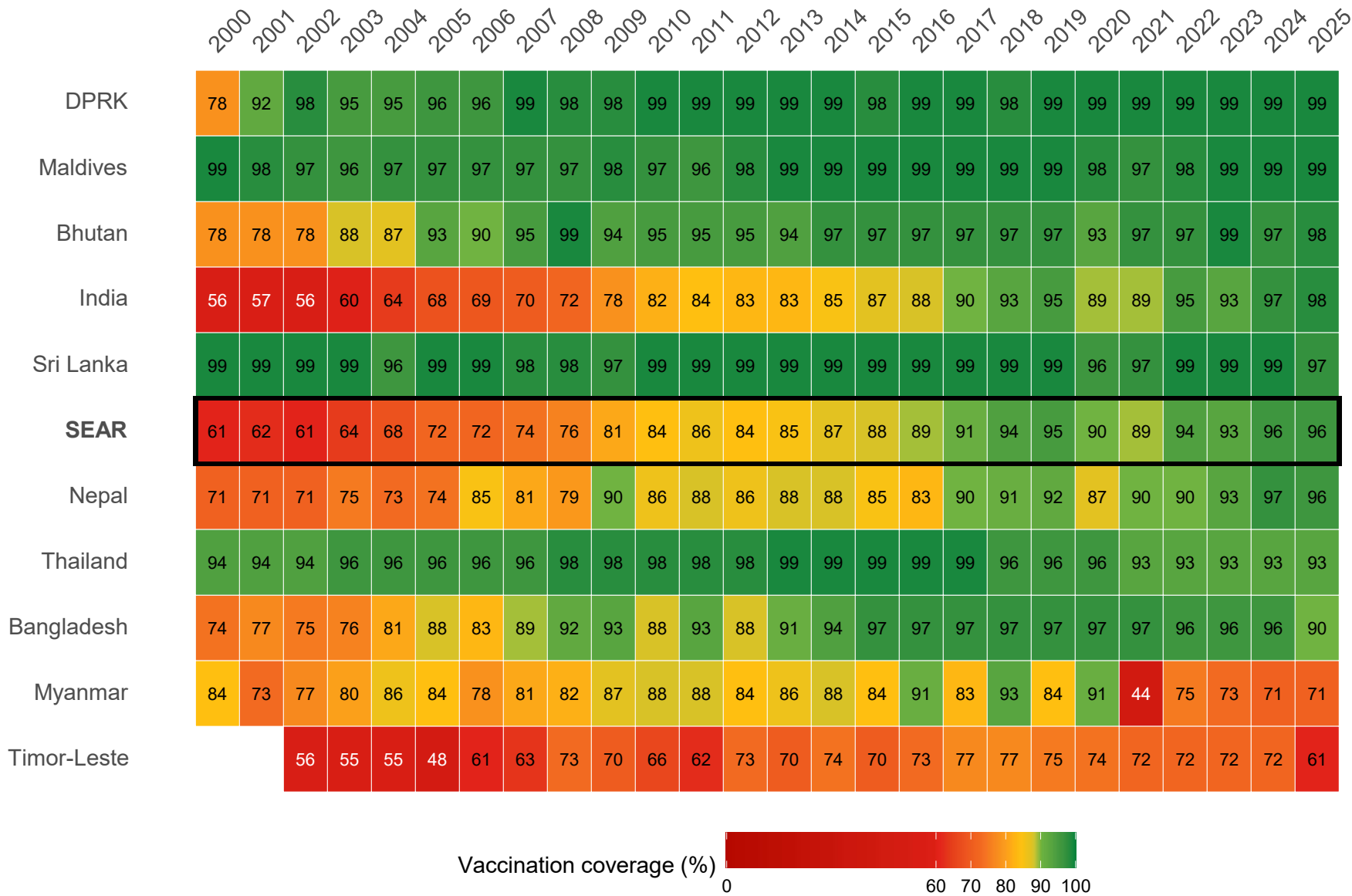
In 2025, 559,000 fewer children were vaccinated than in 2019.

In 2025, there were 936,000 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.

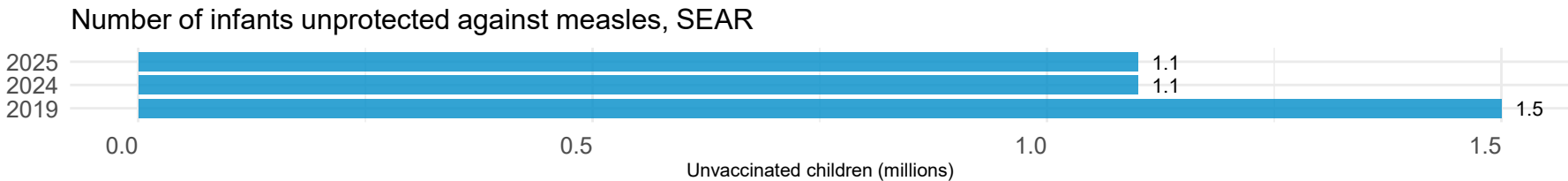
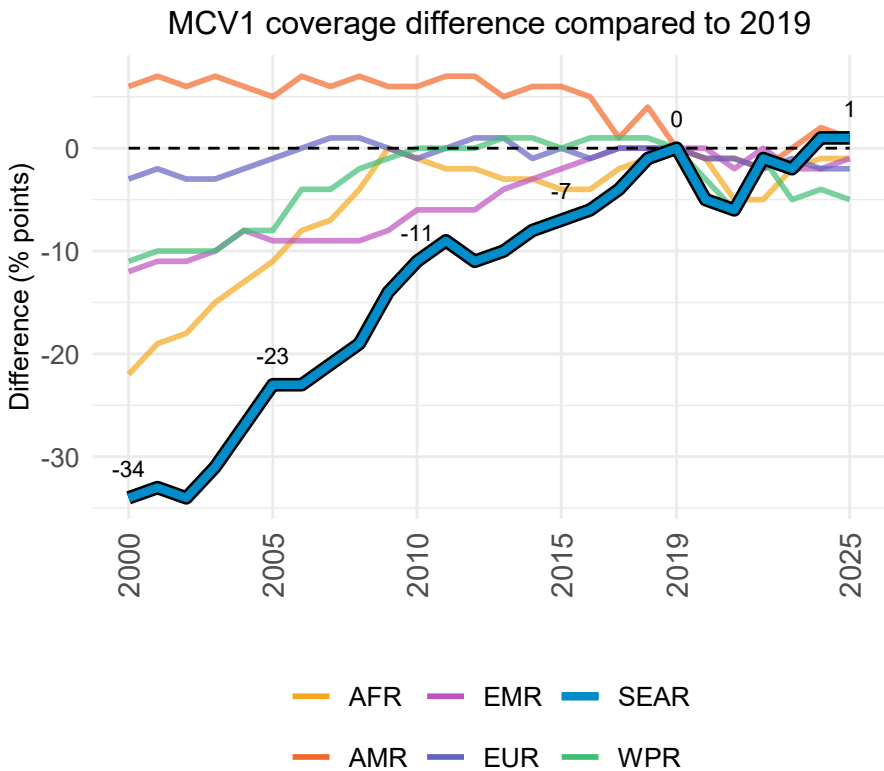
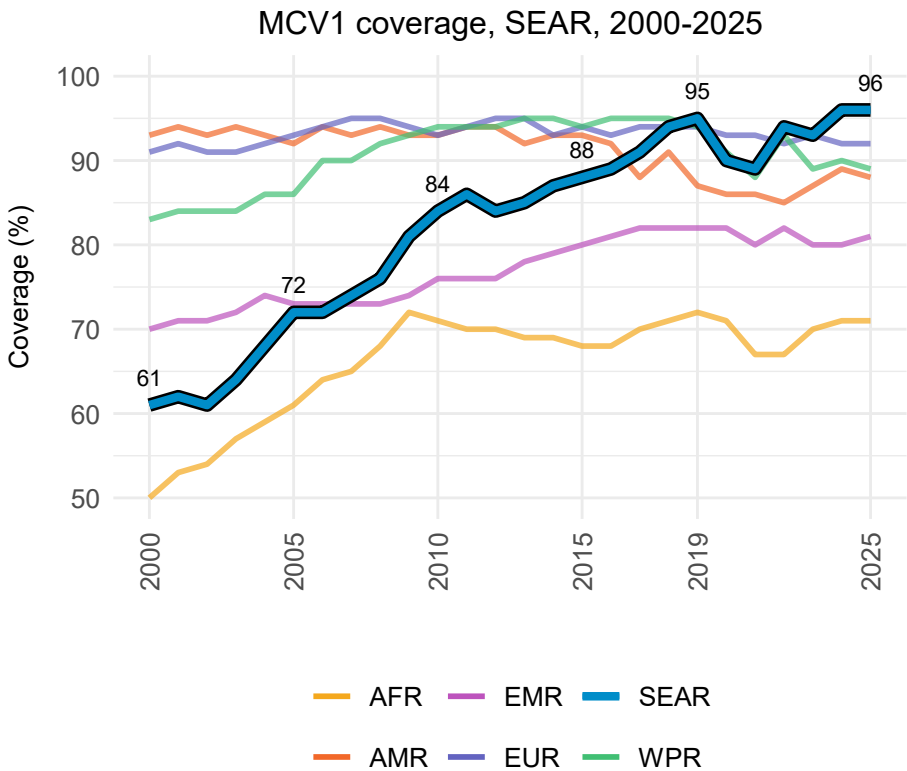
Sources: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision; United Nations, Department of Economic and Social Affairs, Population Division (2024). World Population Prospects 2024, Online Edition.

MCV1 coverage, by country, SEAR, 2000-2025



This heatmap shows MCV1 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.

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



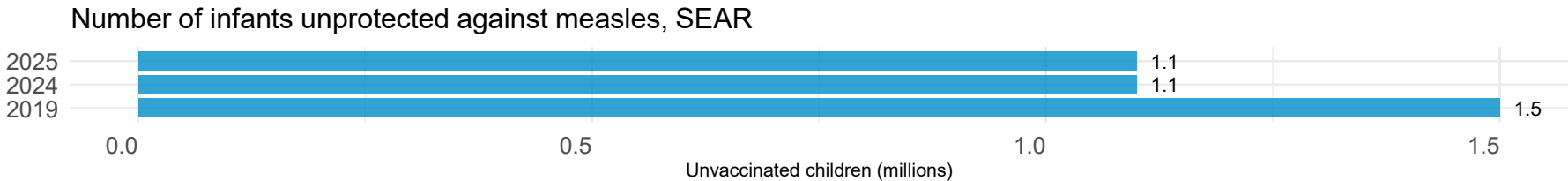
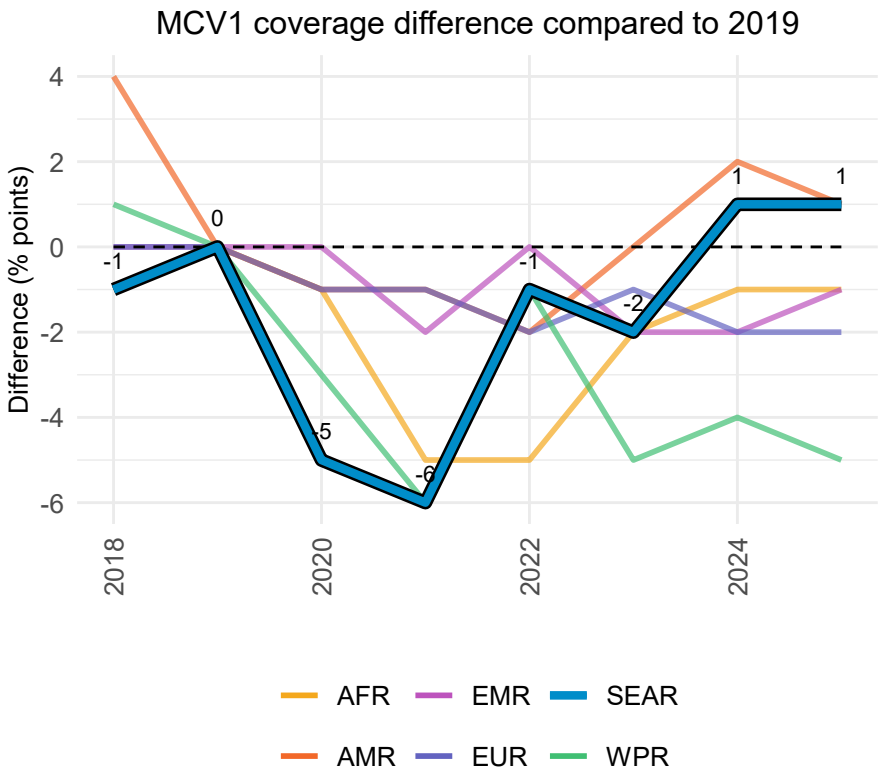
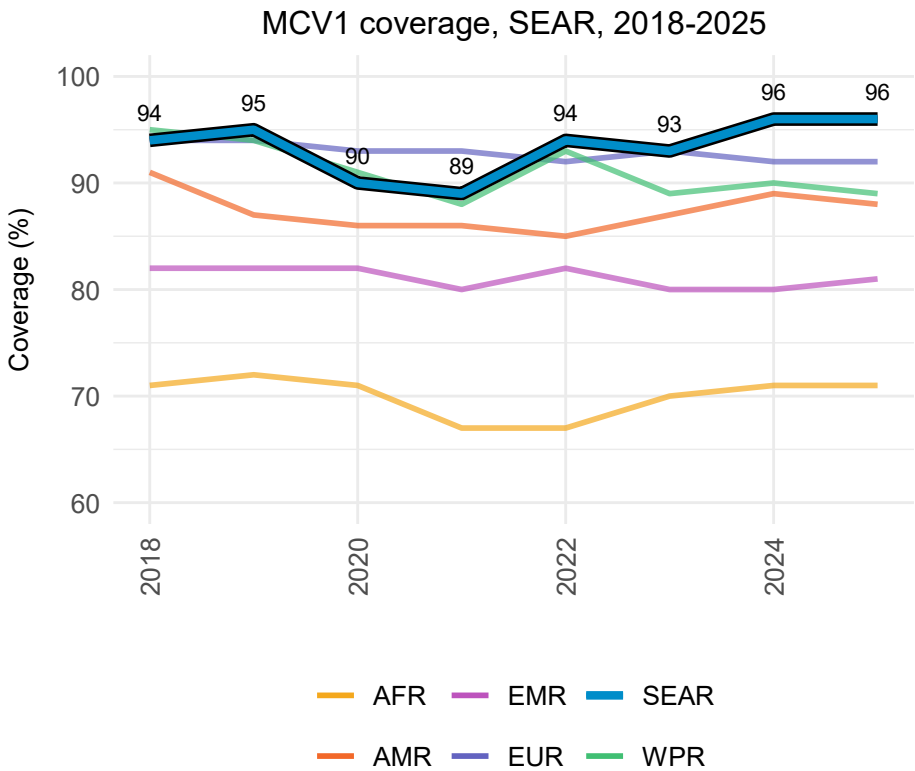
In 2025, SEAR ranked number 1 out of 6 WHO regions, with MCV1 coverage of 96%.

MCV1 coverage (96%) was 1 percentage point higher than in 2019 (95%).

This equates to 1.1 million unvaccinated children in 2025 compared to 1.5 million 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 regions and exceeded pre-pandemic levels in one regions, but progress is uneven and gaps in unvaccinated children persist.



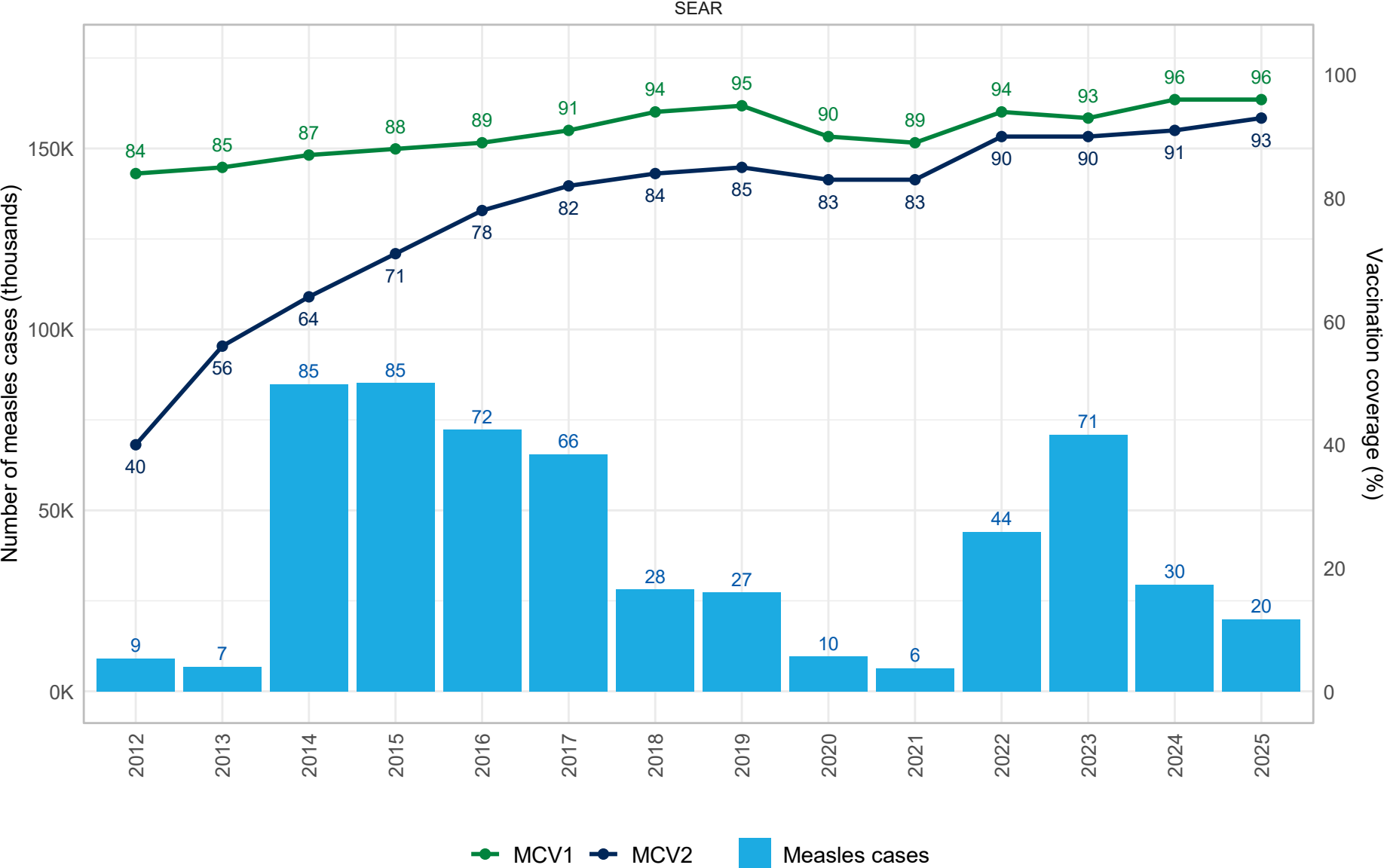
In 2025, SEAR ranked number 1 out of 6 WHO regions, with MCV1 coverage of 96%.

MCV1 coverage (96%) was 1 percentage point higher than in 2019 (95%).

This equates to 1.1 million unvaccinated children in 2025 compared to 1.5 million 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 (SEAR).

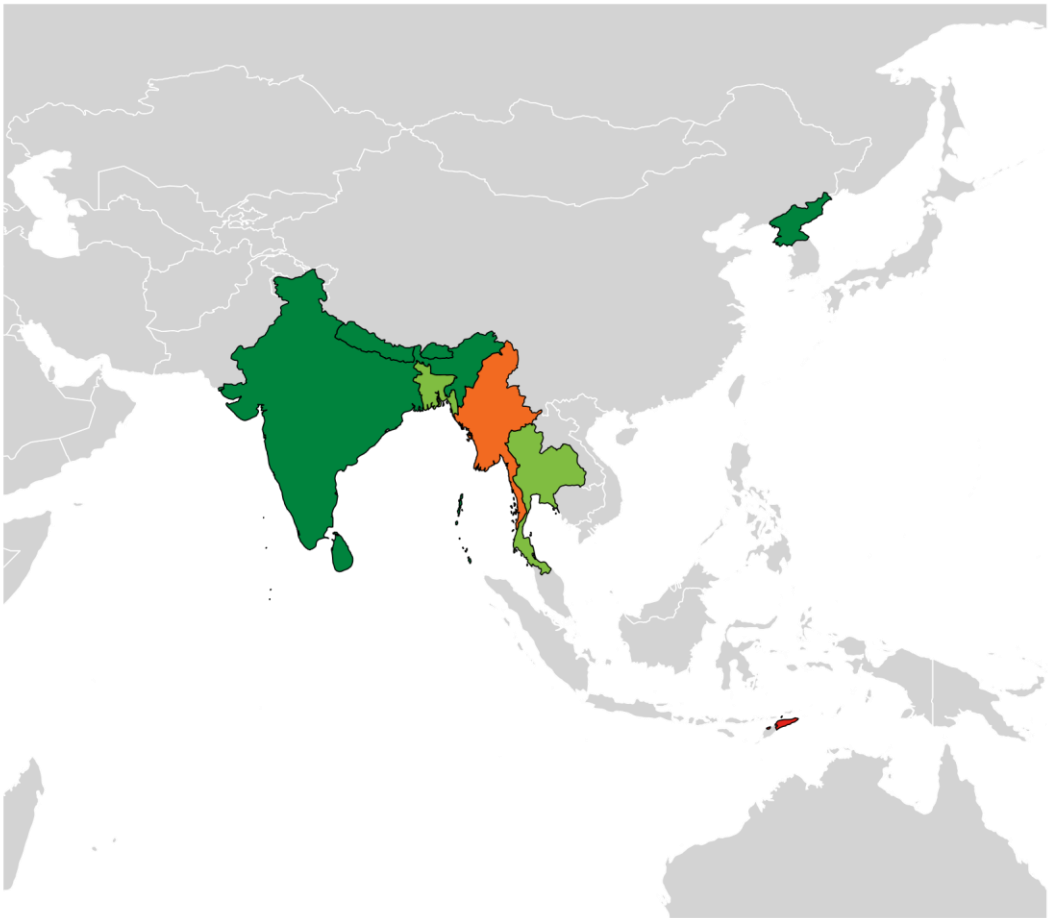
In 2025, there were 19,906 confirmed measles cases - a decrease from 29,532 in 2024.

Measles cases were reported in 7 countries (Bangladesh, Bhutan, India, Myanmar, Nepal, Sri Lanka, and Thailand). India reported the highest number of cases (n=18,774), accounting for 94% of total cases in the region.

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

MCV1 Coverage (%), SEAR, 2025



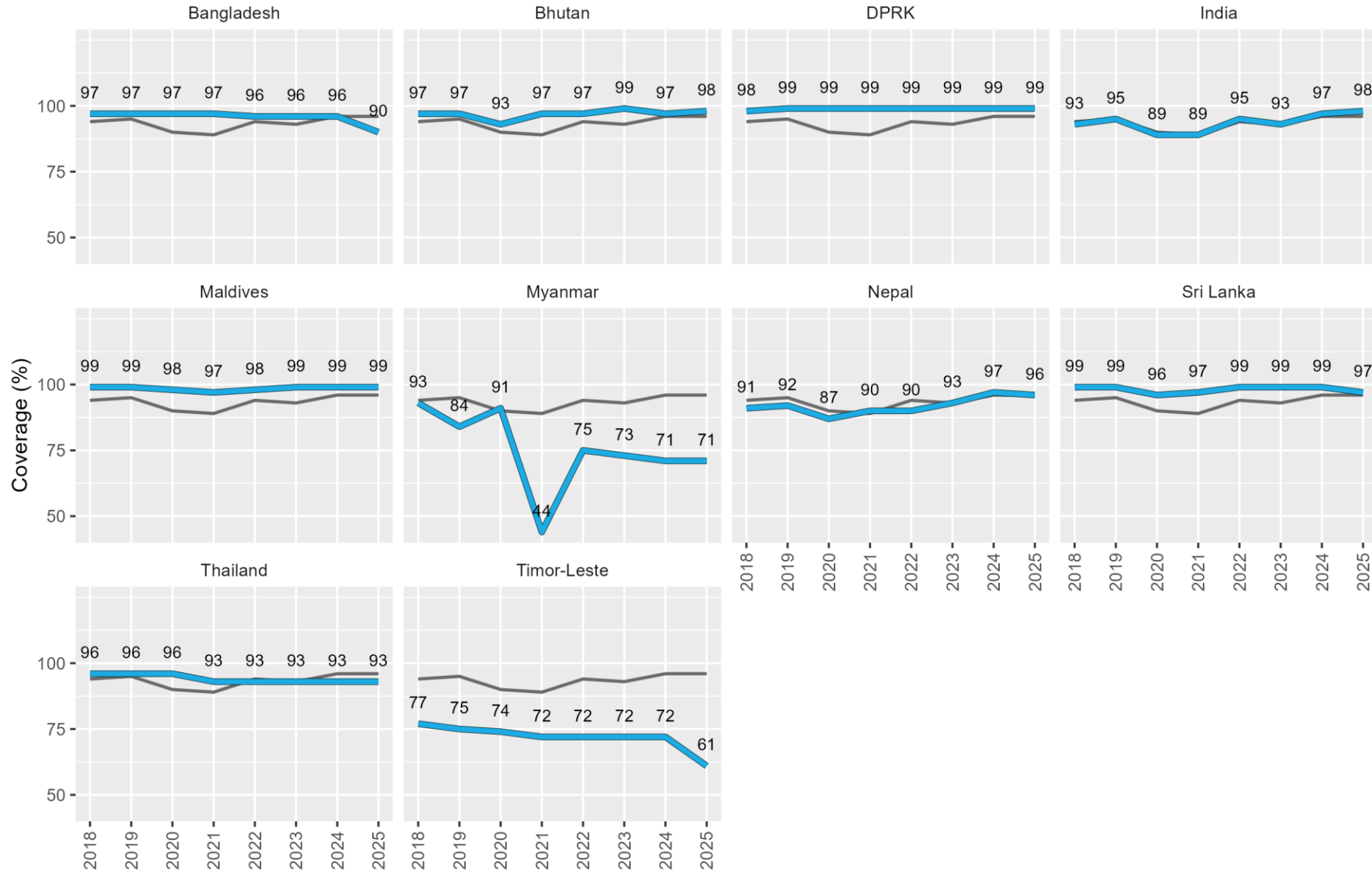
MCV1 coverage (%) ■ 60-69 ■ 70-79 ■ 90-94 ■ >=95

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 SEAR, 1 out of 10 (10%) countries had MCV1 coverage below 70% in 2025. This was Timor-Leste, which accounts for approximately 30,000 (0%) of the total annual cohort of surviving infants in the region.

There were 8 (80%) countries that achieved MCV1 of 90% or higher, accounting for 27.8 million (97%) of the total cohort.

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



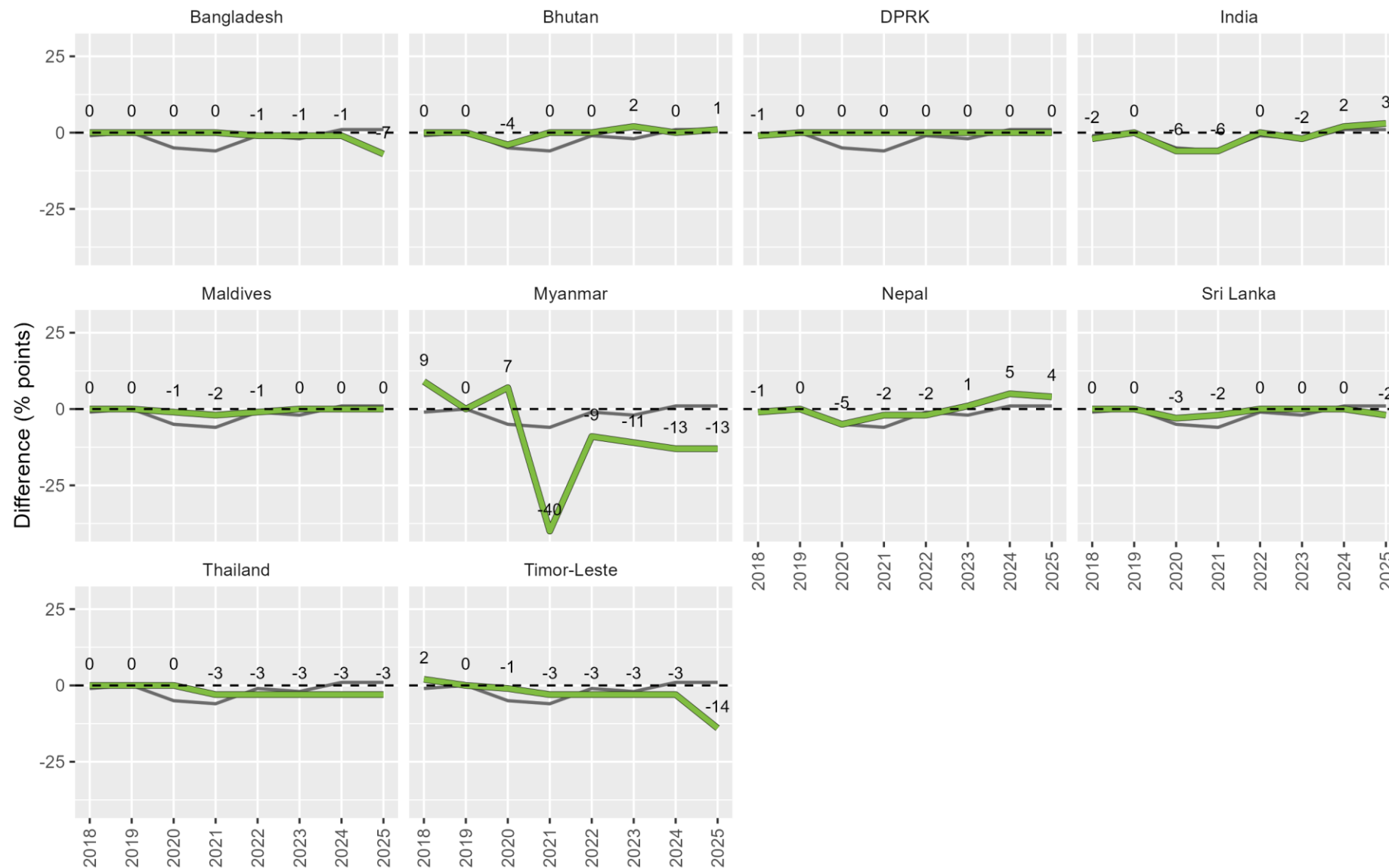
In 2025, DPRK and Maldives had the highest coverage (99%), while Timor-Leste had the lowest coverage (61%).

MCV1 coverage increased in 2 out of 10 countries between 2024 and 2025. The largest increase was 1% points in Bhutan from 97% to 98% and India from 97% to 98%.

4 countries saw a decrease in coverage (Bangladesh, Nepal, Sri Lanka, and Timor-Leste). The largest decline was 11% points in Timor-Leste from 72% to 61%. Coverage remained constant between 2024 and 2025 in the remaining 4 countries.

In 2025, 8 out of 10 countries had achieved MCV1 coverage of at least 90%.

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



This chart shows difference in MCV1 coverage compared to 2019, by country.

Coverage was higher in 2025 compared to 2019 in 3 countries (Bhutan, India, and Nepal).

The largest increase in coverage was 4% points in Nepal from 92% in 2019 to 96% in 2025.

Coverage was lower than in 2019 in 5 countries (Bangladesh, Myanmar, Sri Lanka, Thailand, and Timor-Leste).

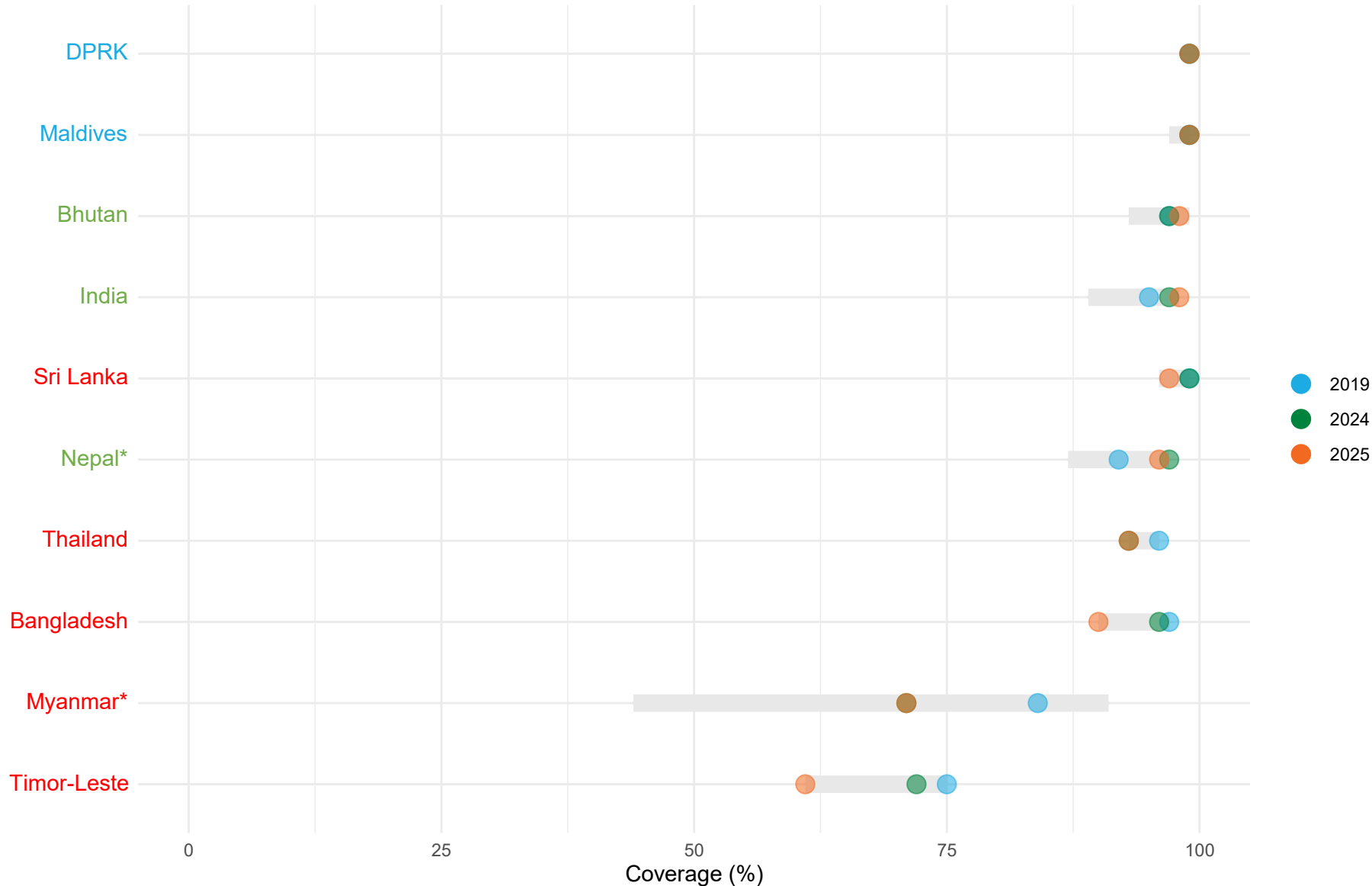
The largest decline in coverage was 14% points in Timor-Leste from 75% in 2019 to 61% in 2025.

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, SEAR, 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.

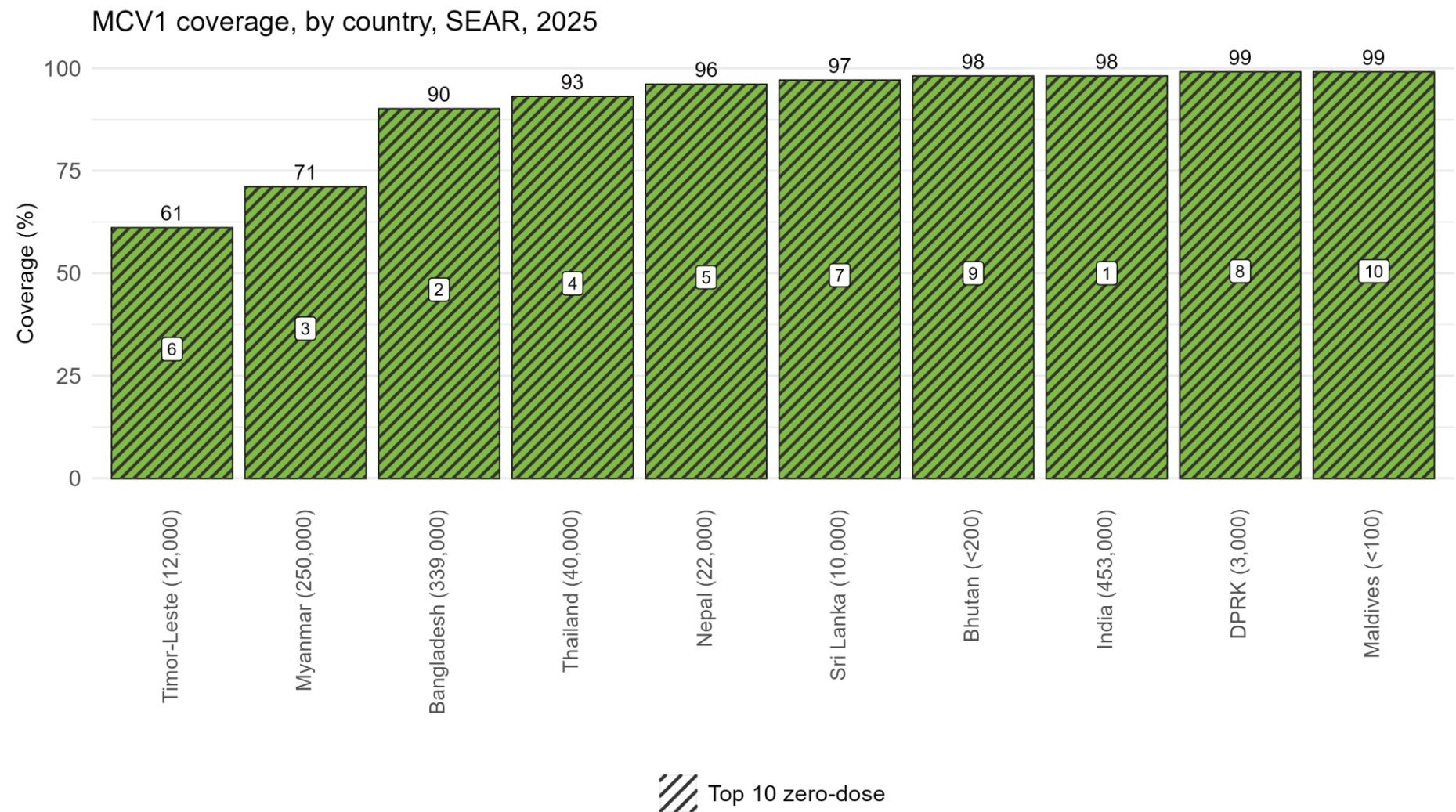
This chart shows the range of MCV1 coverage across years 2019 to 2025 (grey bars), and coverage in specific years (dots), by country. The chart can be used for assessing recovery to pre-pandemic levels and progress beyond 2019.

In 2024, 4 (out of 10) countries had lower coverage than in 2019.

In 2025, 4 countries had lower MCV1 coverage than in 2024.

In 2025, 5 countries had lower coverage than in 2019.

In 2025, Timor-Leste and Myanmar had the lowest MCV1 coverage, while India and Bangladesh 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 SEAR 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 61% in Timor-Leste to 99% in DPRK and Maldives.

8 out of 10 (80%) countries had coverage of at least 90%.

India had MCV1 coverage of 98% and the highest absolute number of unvaccinated children in the region, followed by Bangladesh.

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.

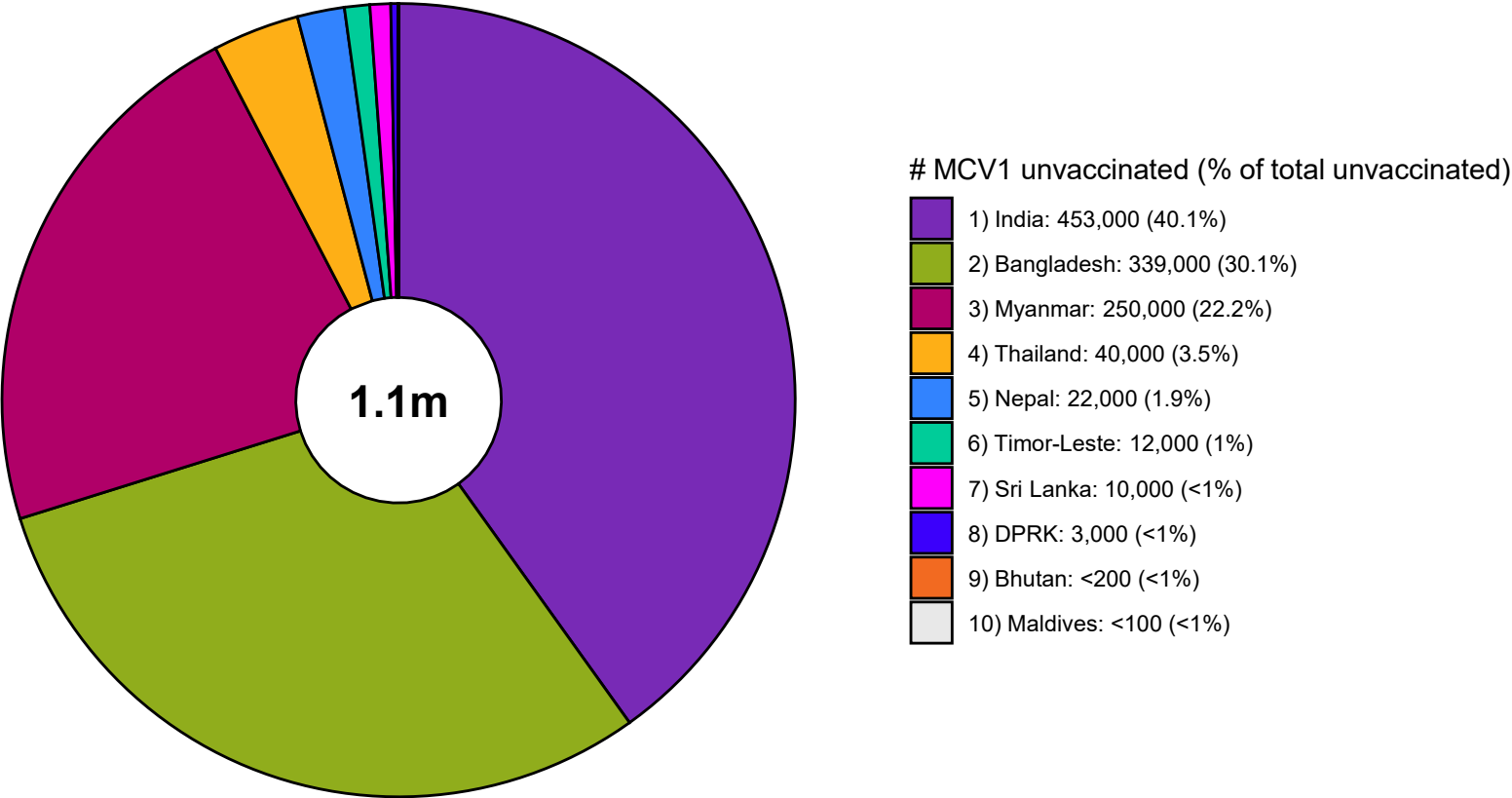
Source: WHO/UNICEF Estimates of National Immunization Coverage, 2025 revision

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, 2 countries accounted for over half of all children unprotected against measles in SEAR, with India contributing the highest share.

MCV1 unvaccinated (% of total unvaccinated)



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

In 2025, 2 countries accounted for over half (70.2%) of all children unprotected against measles in SEAR.

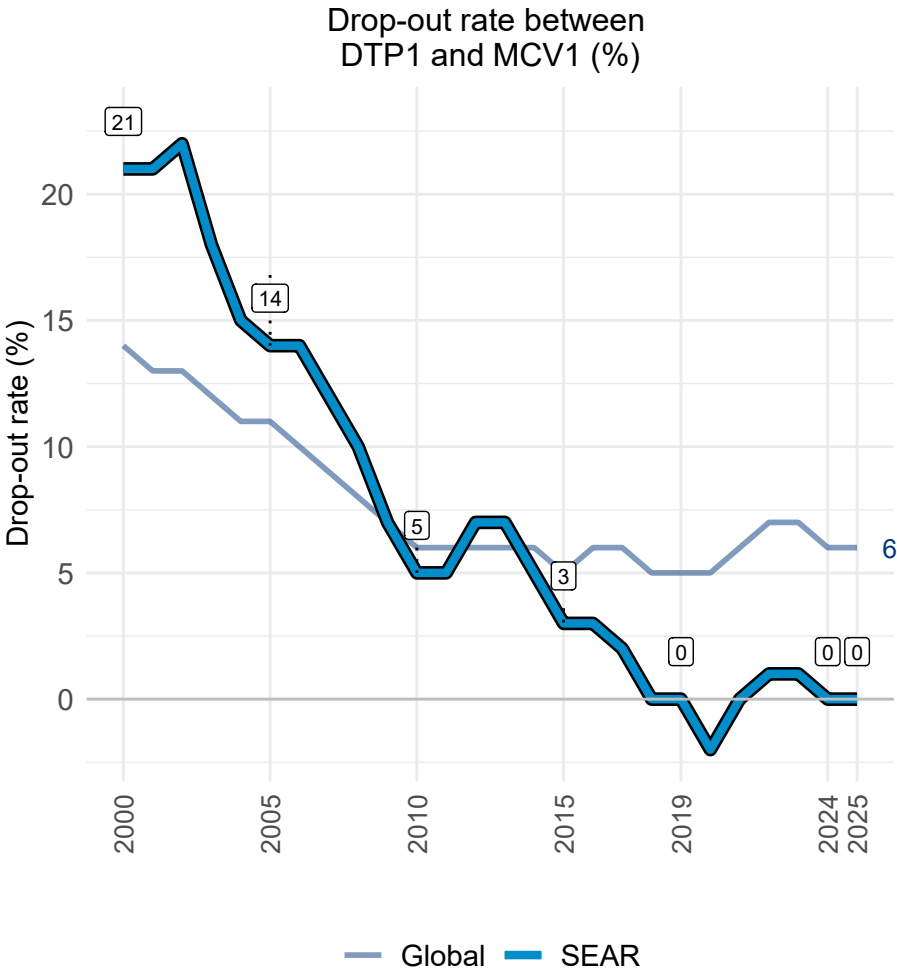
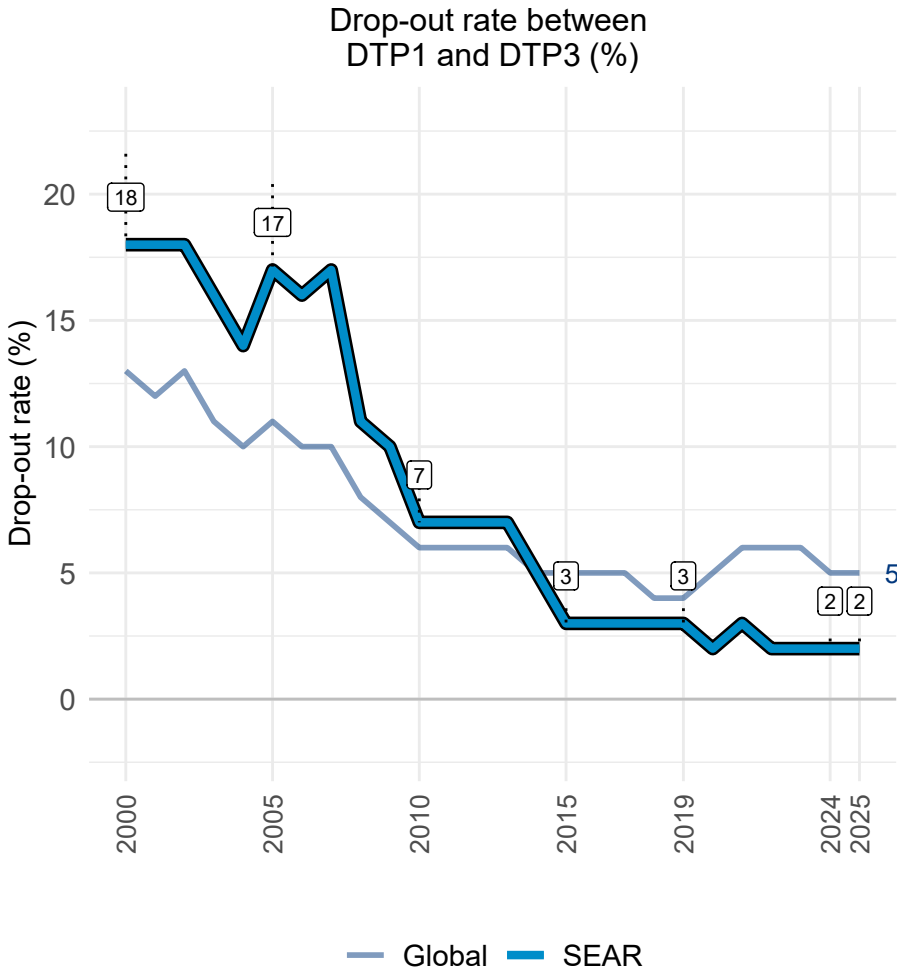
India had the highest number of children who did not receive MCV1 (n=453,000), which is approximately 40.1% of all children unprotected against measles in SEAR (n=1.1 million).

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.

Childhood immunization: Additional charts

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

Vaccine drop-out, SEAR, 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.

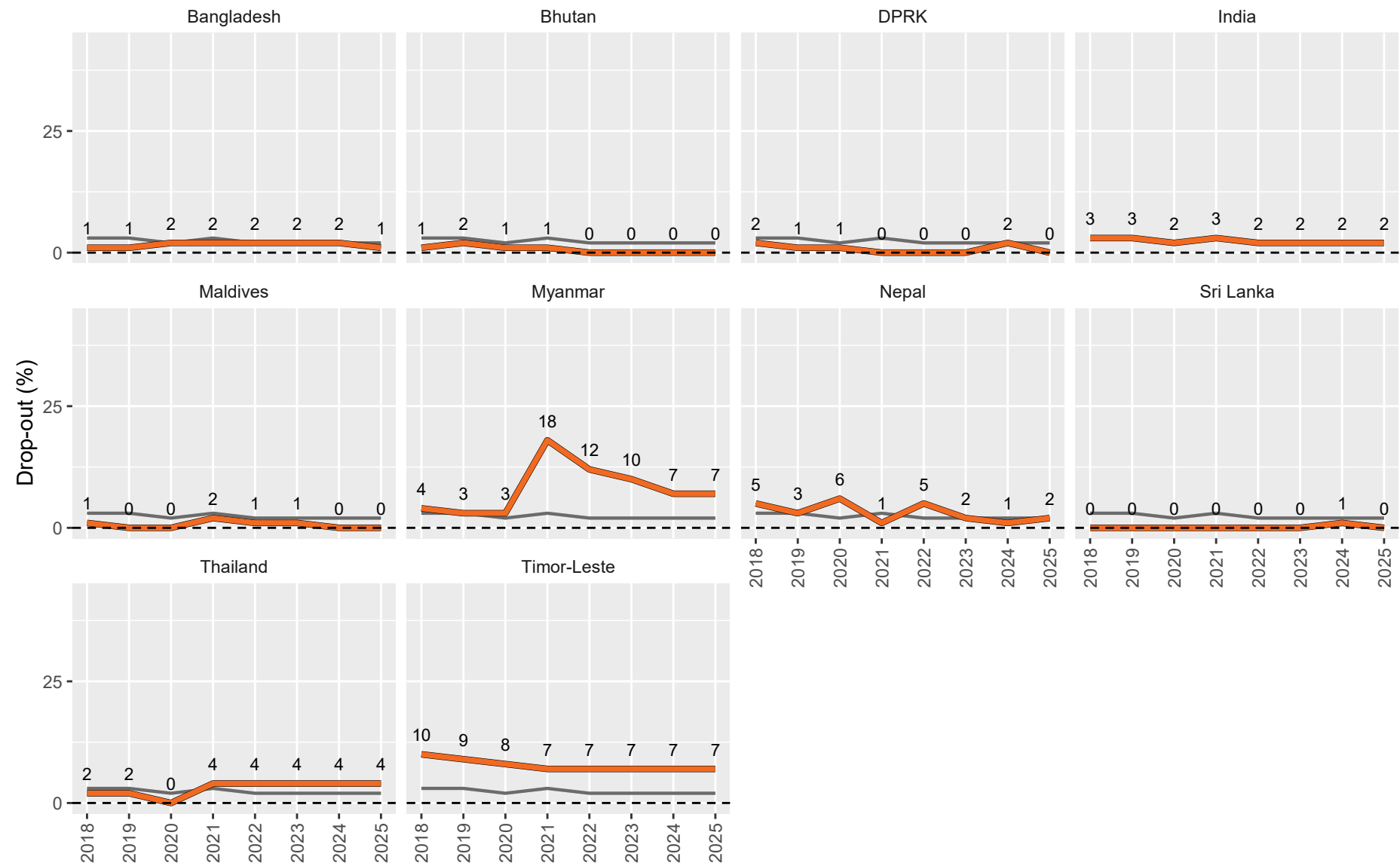
This chart shows trends in drop-out rates between DTP1 and DTP3, and DTP1 and MCV1.

In 2025, 2% of children who received DTP1 did not receive DTP3 (left), and 0% 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, SEAR 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, SEAR, 2018-2025



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

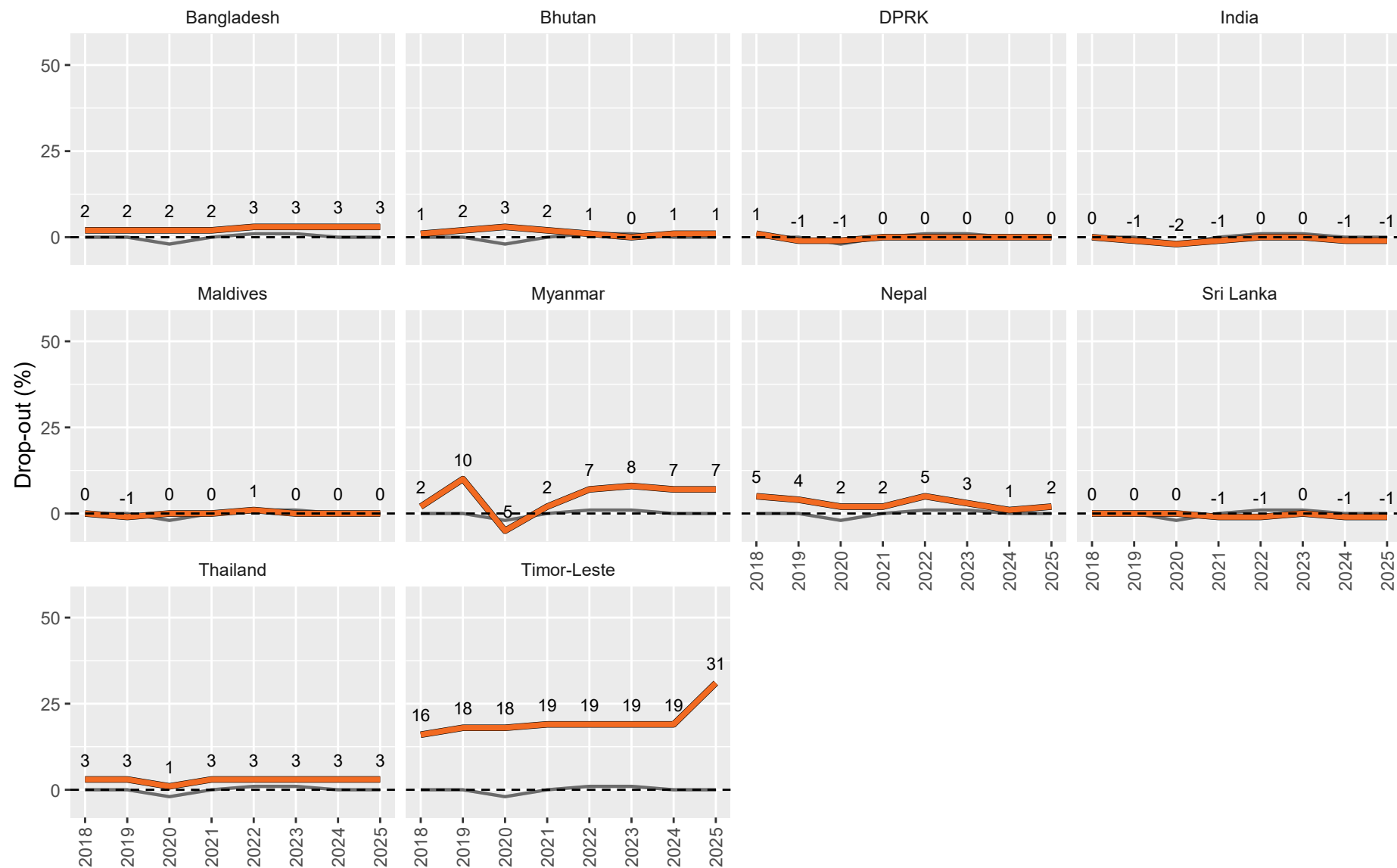
In 2025, Myanmar and Timor-Leste had the highest drop-out with 7% of children who received DTP1 not receiving DTP3.

Bhutan, DPRK, Maldives, and Sri Lanka had the lowest DTP drop-out (0%). Zero drop-out indicates that near enough all children that received DTP1 also received DTP3.

0 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

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



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

In 2025, Timor-Leste had the highest drop-out with 31% of children who received DTP1 not receiving MCV1.

DPRK and Maldives had the lowest DTP-MCV drop-out (0%).

1 country had DTP-MCV drop-out of more than 10%.#n

There were 2 countries with negative DTP-MCV dropout (ie. more children received MCV1 than DTP1).

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

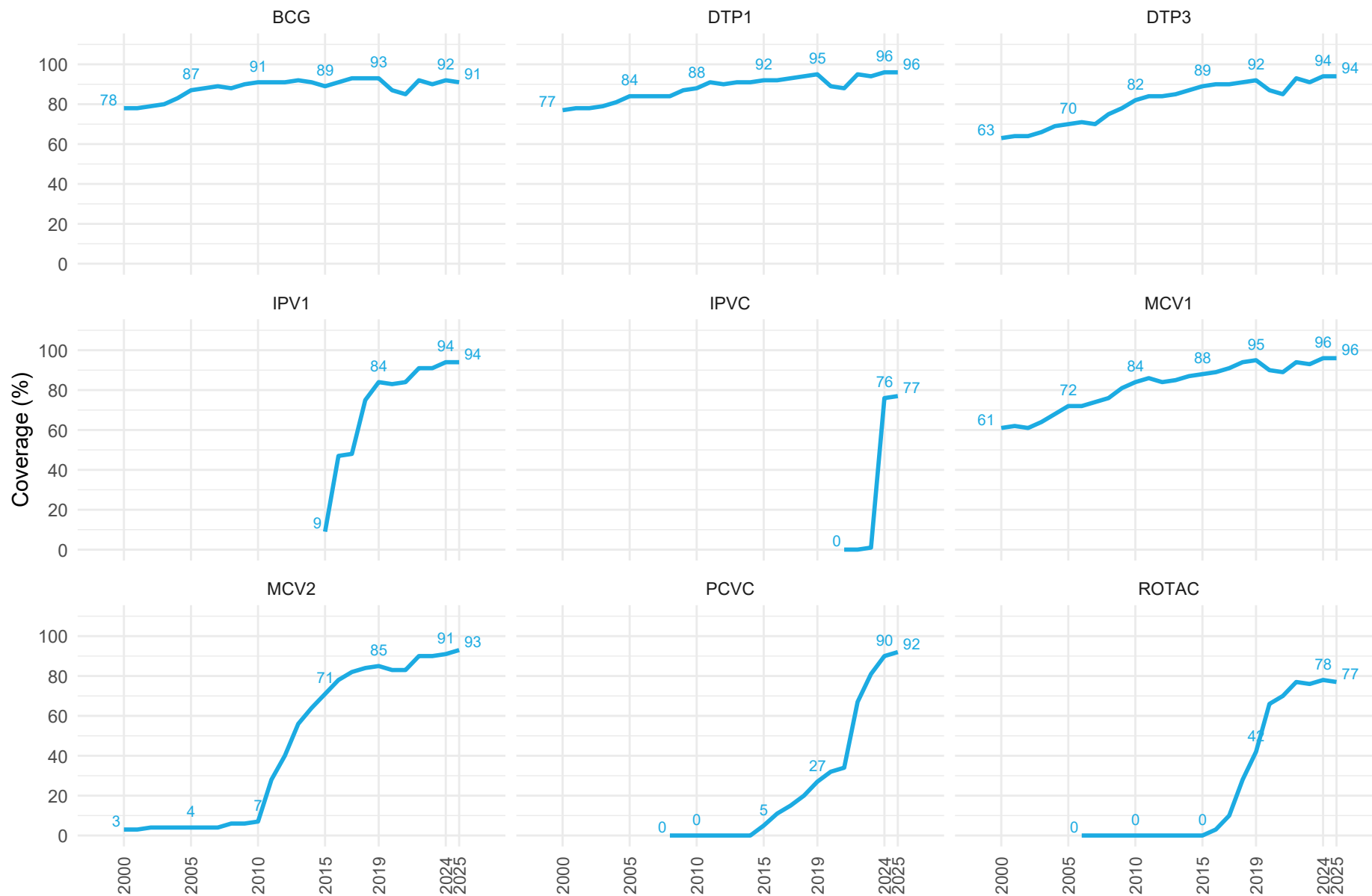
Note: Dark grey line displays regional dropout for reference

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



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Coverage of selected routine vaccines, SEAR, 2000-2025



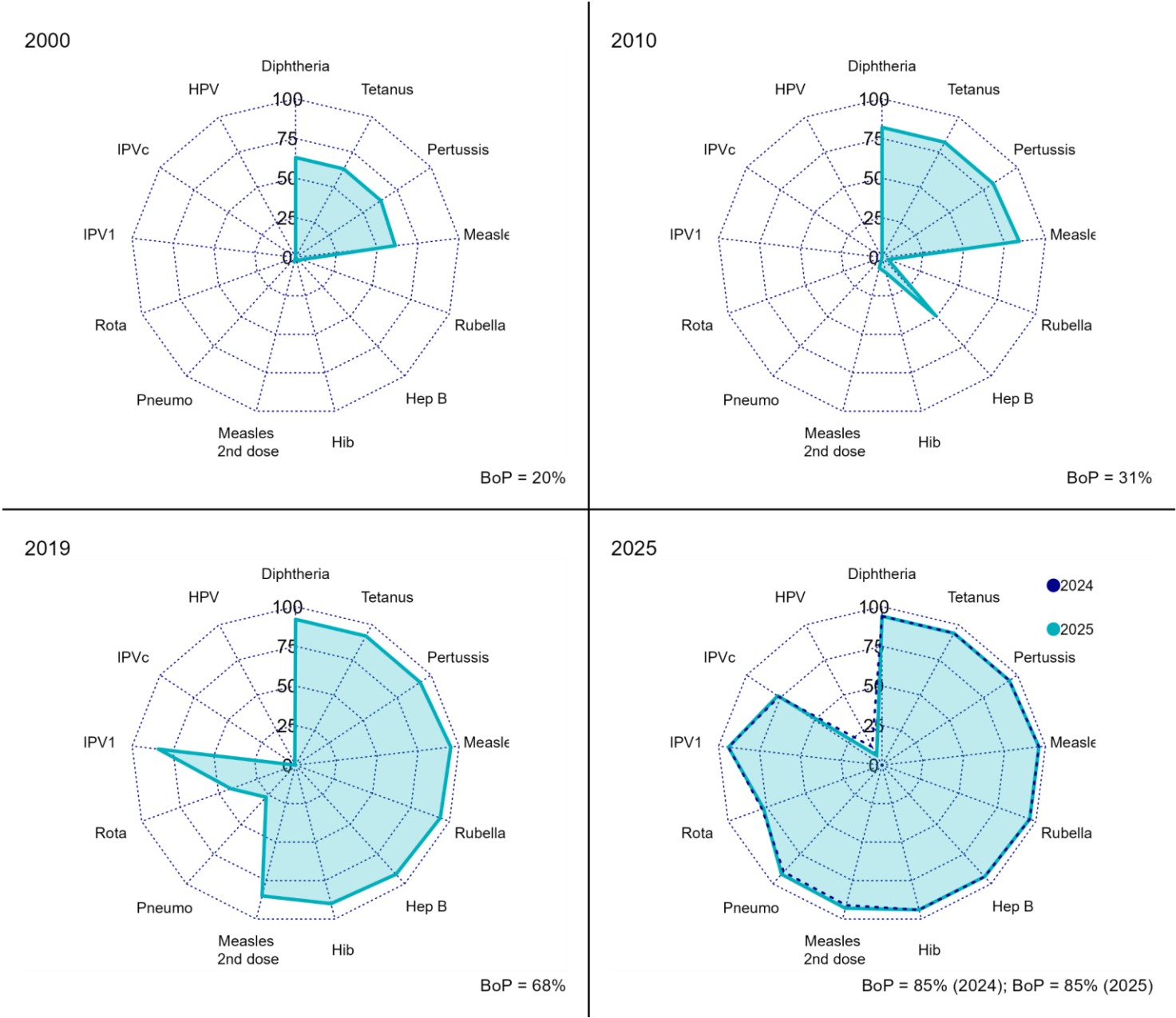
This chart shows coverage trends for 9 core routine vaccines recommended in childhood.

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, IPV2 and ROTAC had the lowest coverage of all vaccines (77%), followed by BCG (91%).

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

Breadth of Protection, SEAR, 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.

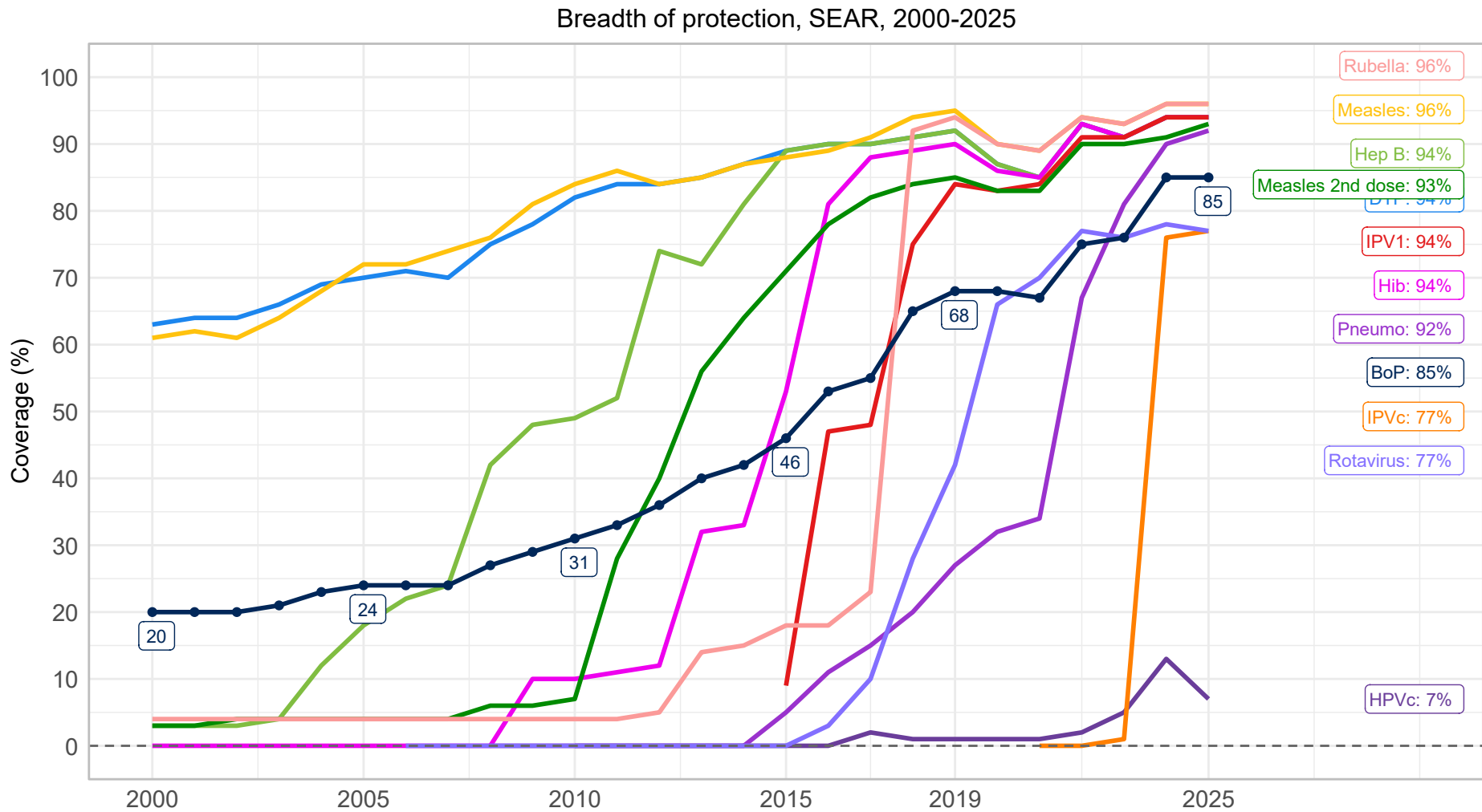
The radar chart displays the BOP (shaded area) and vaccine coverage (points), by year.

BOP increased from 20% in 2000 to 85% 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, IPVc, 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 more than doubled since 2000, but reaching the next gains depends on closing coverage gaps in newer vaccines still below 85%.



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.

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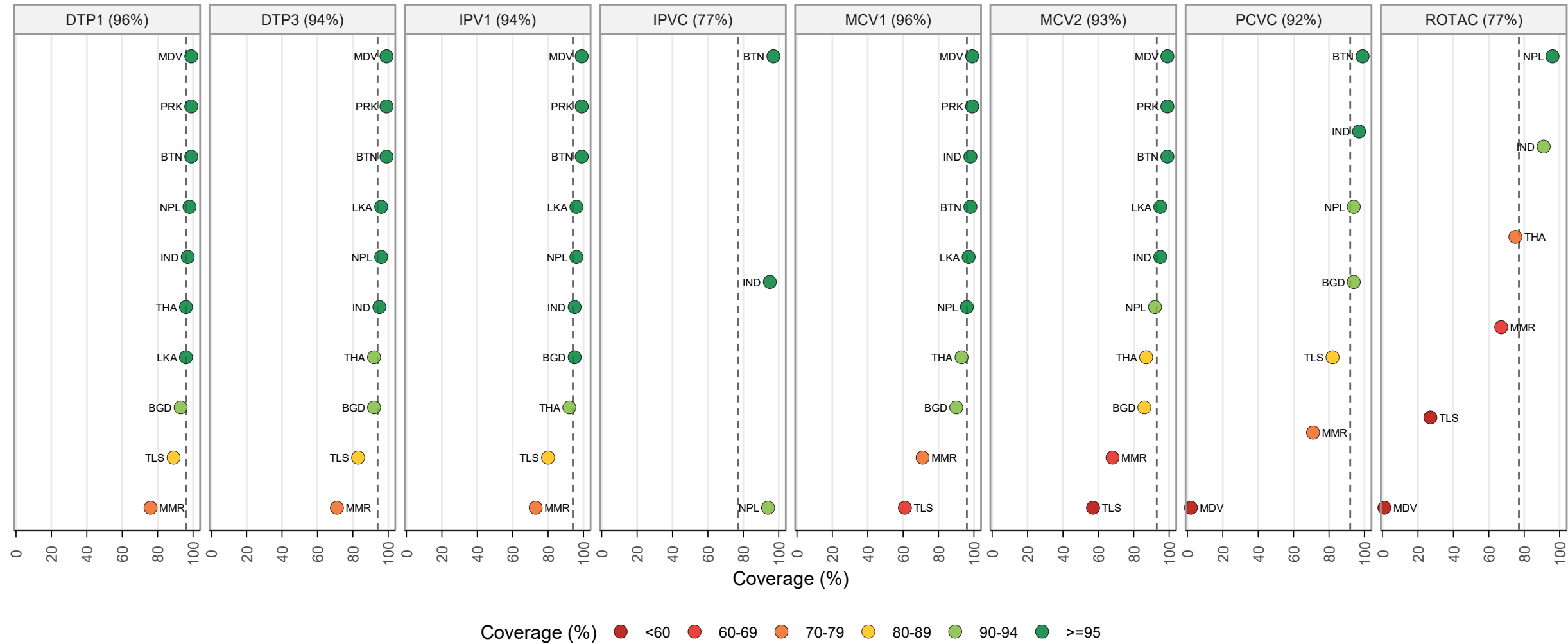
Enhancing BOP now depends partly on improving the coverage of HPV, IPVc, and ROTAC - vaccines with coverage less than 80% in 2025.

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

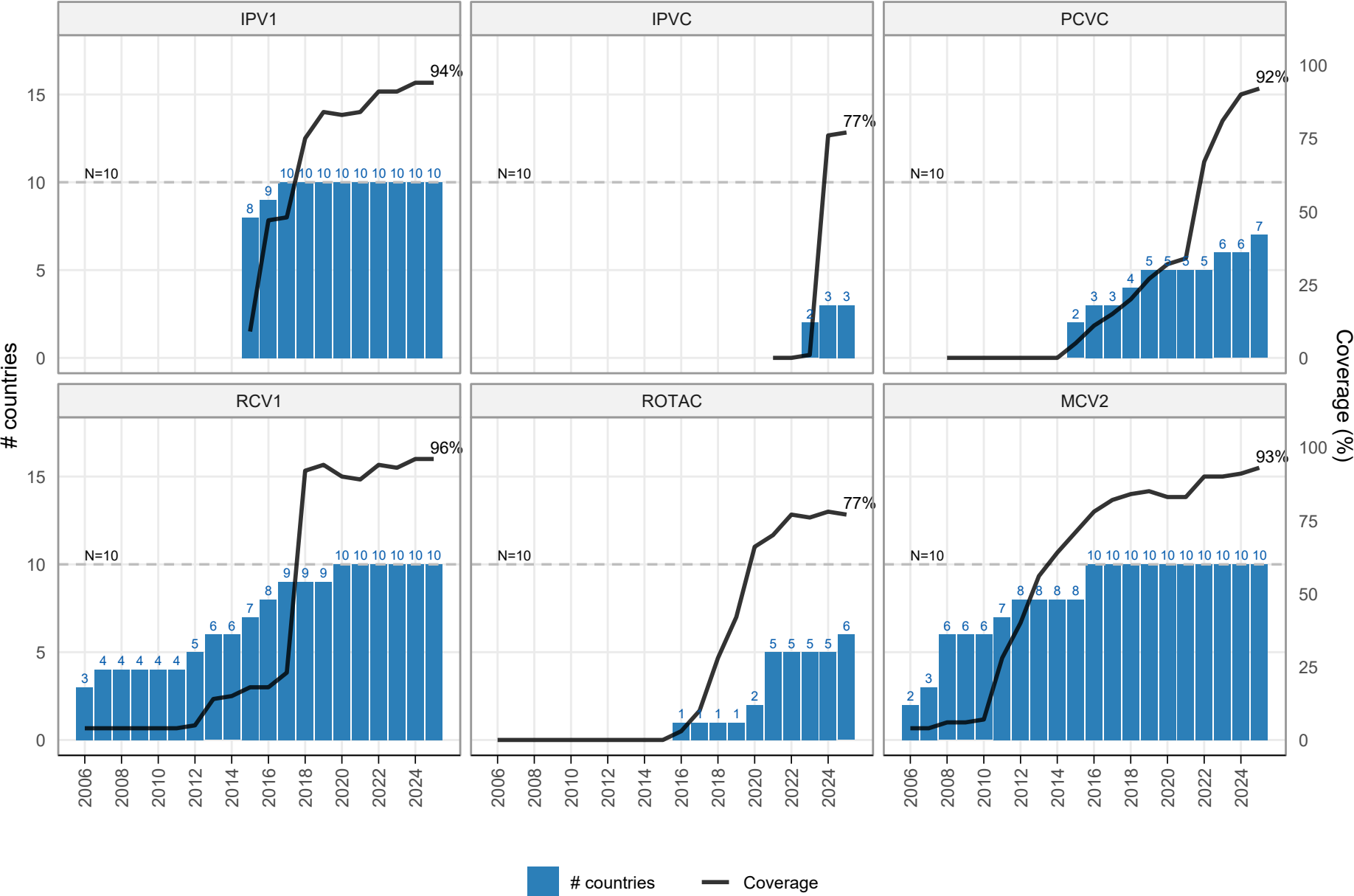
Regional average coverage masks variation between countries across all vaccines, highlighting heterogeneity in immunization performance and the need for targeted, country-specific strategies to reach underserved populations.

Vaccine coverage (%), by country, SEAR, 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, SEAR, 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.

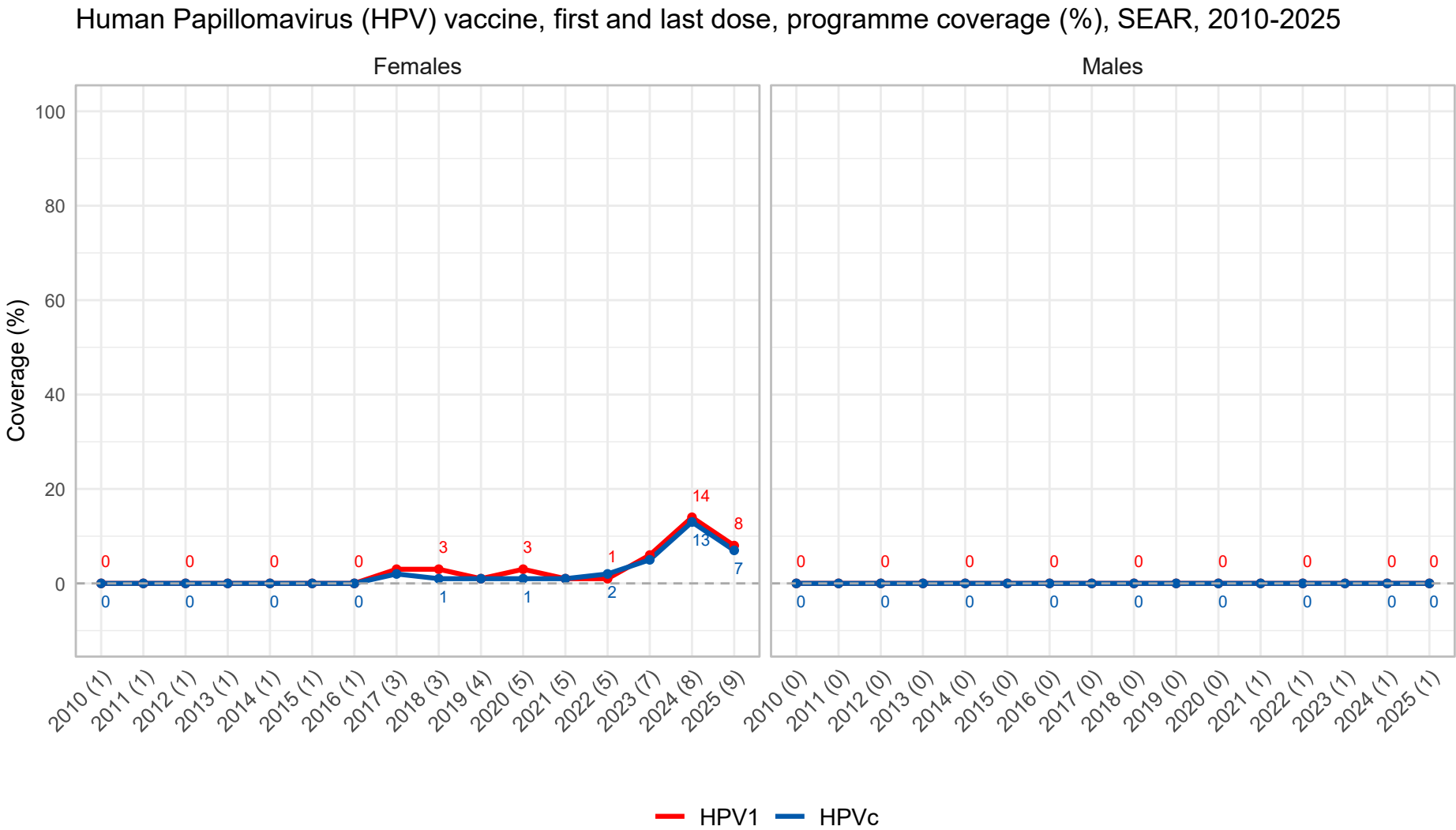
The total number of countries that are recommended for each vaccine is indicated by the dashed horizontal line and corresponding value.

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 declined to 7% and coverage among boys remained the same at 0%



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 declined to 8% and last dose (HPVc) coverage declined to 7%.

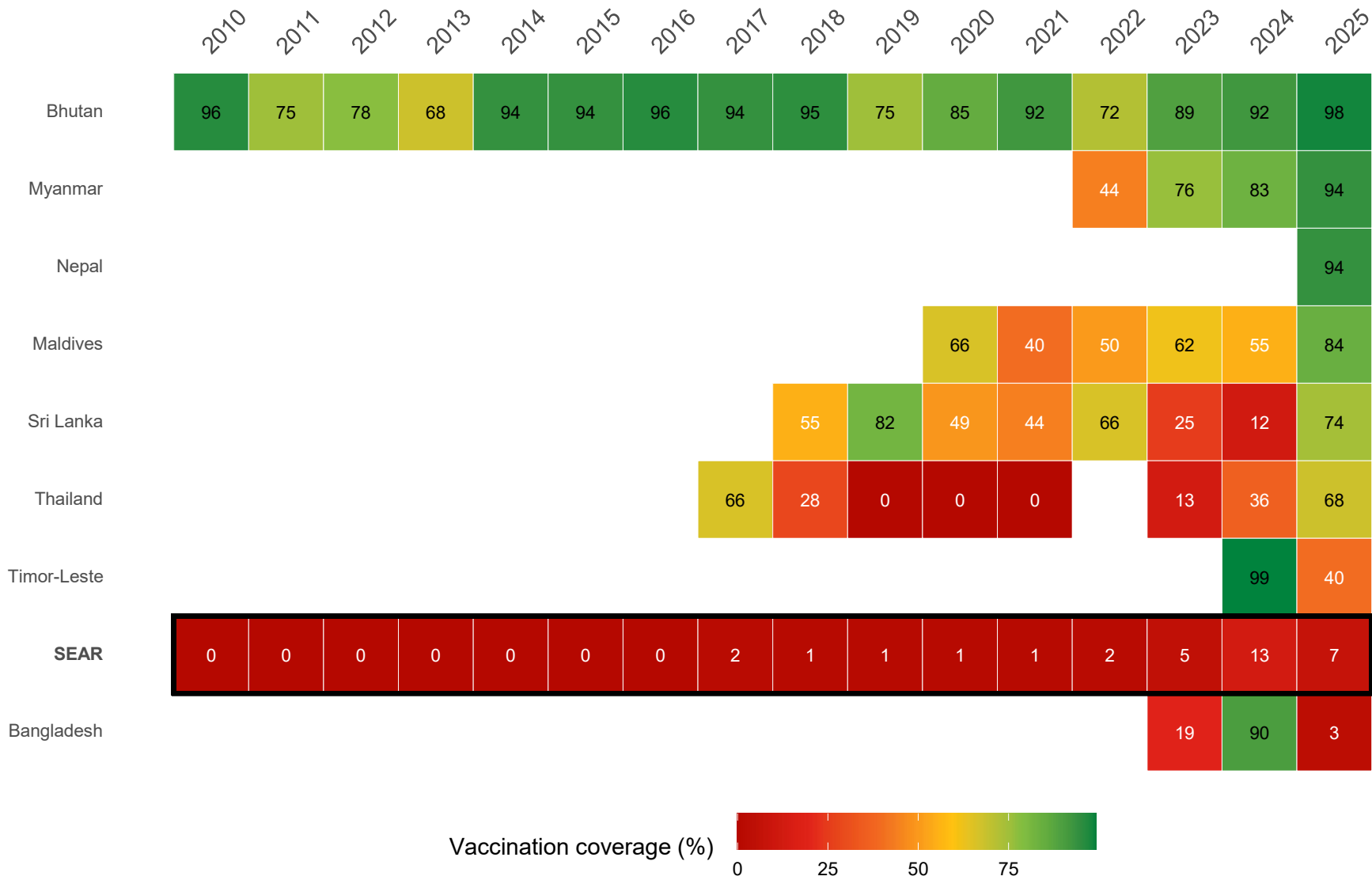
HPV1 coverage among boys remained the same at 0% and HPVc coverage remained the same at 0%.

HPV vaccine was available in 9* (out of 10) countries for girls and 1 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, SEAR, 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.

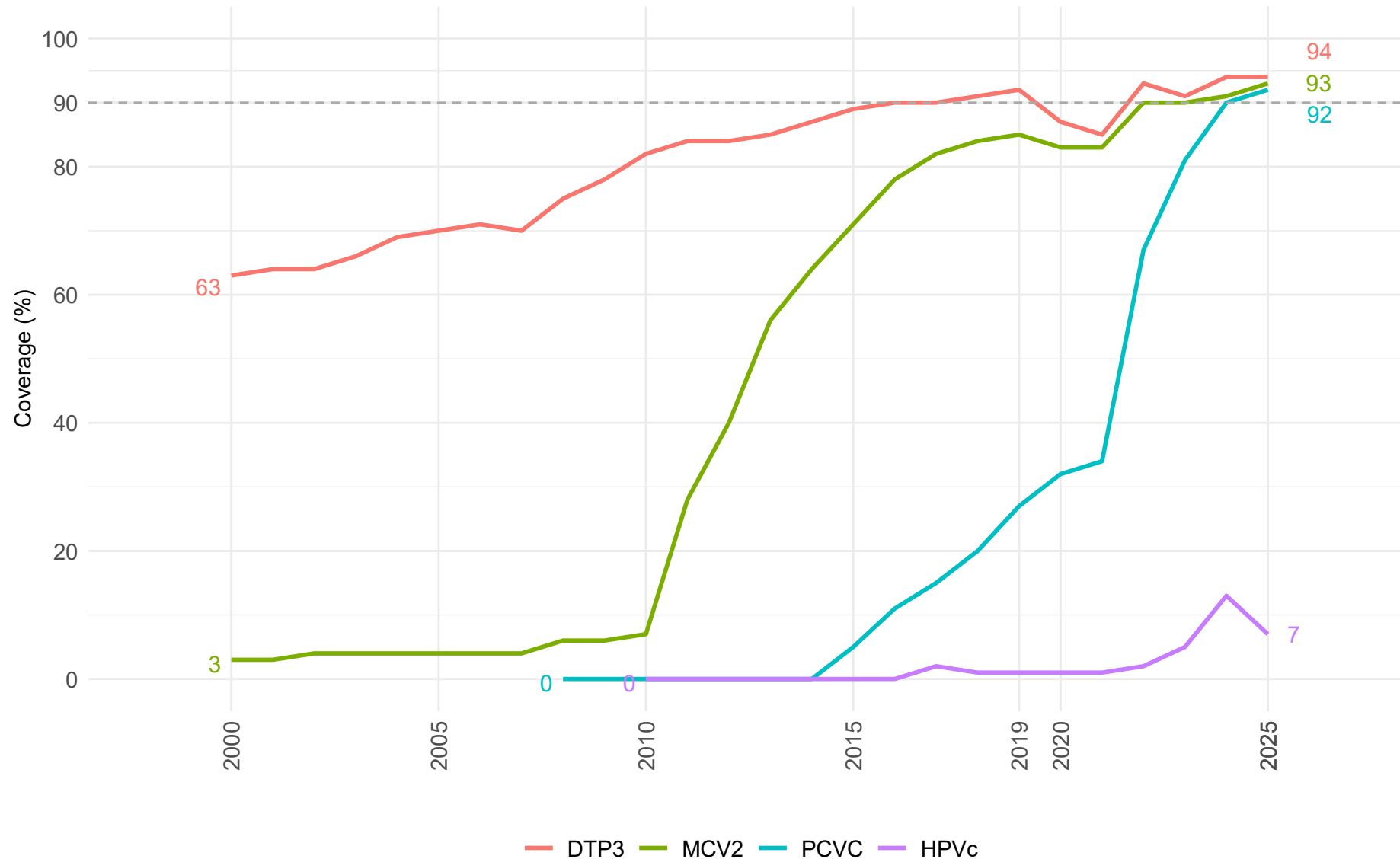
This heatmap shows HPVc programme coverage among girls, by country and year. The colour gradient is based on the best performing country.

In 2025, Bhutan had the highest HPVc coverage (98%), and Bangladesh had the lowest coverage (3%).

Countries without HPV vaccine in 2025 (n=2): DPRK and India.

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

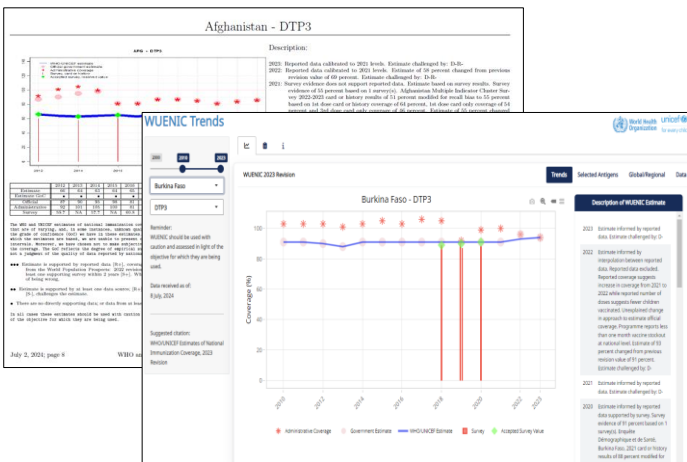
Four vaccination coverage indicators contribute to Sustainable Development Goal 3, indicator b.1: DTP3, PCVC, MCV2 and HPVc (females).

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

In 2025, SEAR had achieved at least 90% coverage of 3 out of the 4 vaccines.

Additional resources

WUENIC country profiles (PDF and interactive versions)

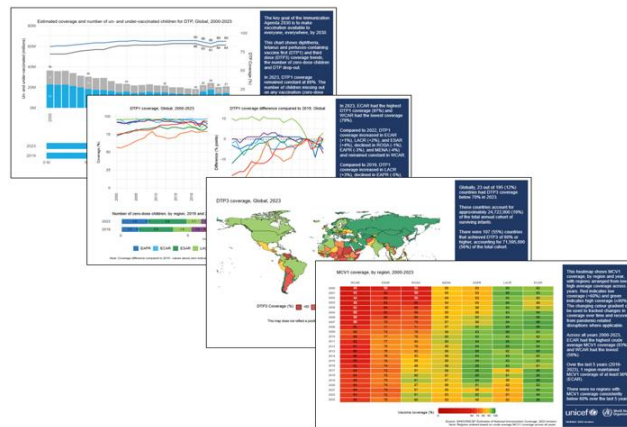


Datasets: WUENIC, HPV, survey database

	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/>

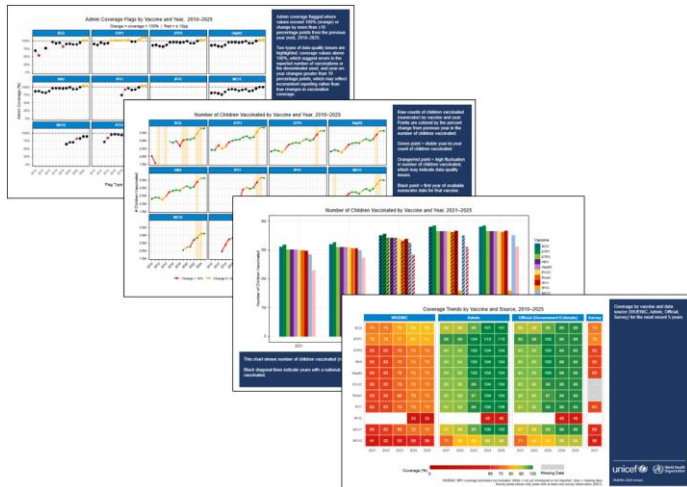
Interactive immunization regional snapshots:

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



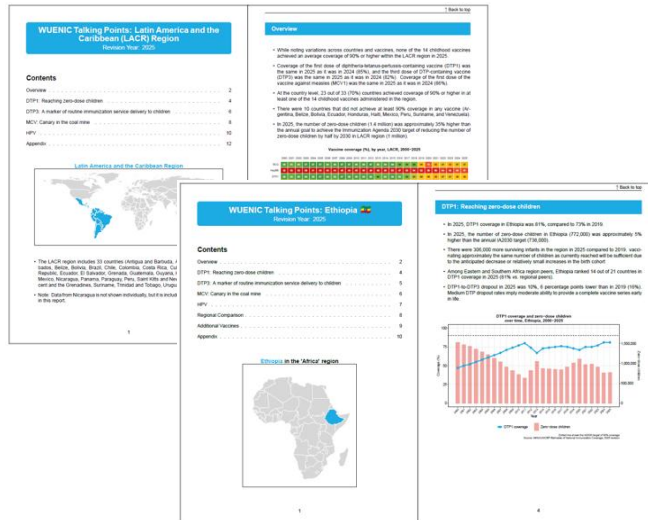
Country data quality reports

(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>

