2024 Immunization Coverage Data at Subnational Level

A descriptive analysis

24 July 2025

World Health Organization

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2024 data collection of subnational immunization administrative data

Data requested:

- Denominator (number of children targeted), numerator (number of children vaccinated) and coverage
- For the 1st and 3rd dose of DTP-containing vaccines (DTP1, DTP3) and 1st dose of measles-containing vaccines (MCV1)
- For the 2nd subnational administrative level (referred as Admin2, often known as district)
- Aggregated for the whole calendar year (from 01 January through 31 December 2024)
- From 194 WHO Member States

Data received:

- Data for additional antigens, doses and vaccines: BCG, DTP2, DTP4, HepA1, HepA2, HepB birth dose, HepB1, HepB2, HepB3, Hib1, Hib2, Hib3, HPV, IPV1, IPV2, JE, Malaria, MCV2, Meningitis A, OPV0, PAB, PCV1, PCV2, PCV3, Pol1, Pol2, Pol3, RCV1, RCV2, Rota1, RotaC, TT2+, Typhoid, VAD1, Varicella and YFV
- Reported as Admin1 and/or Admin2
- From **150** WHO Member States
- Data received as of 24 July 2025

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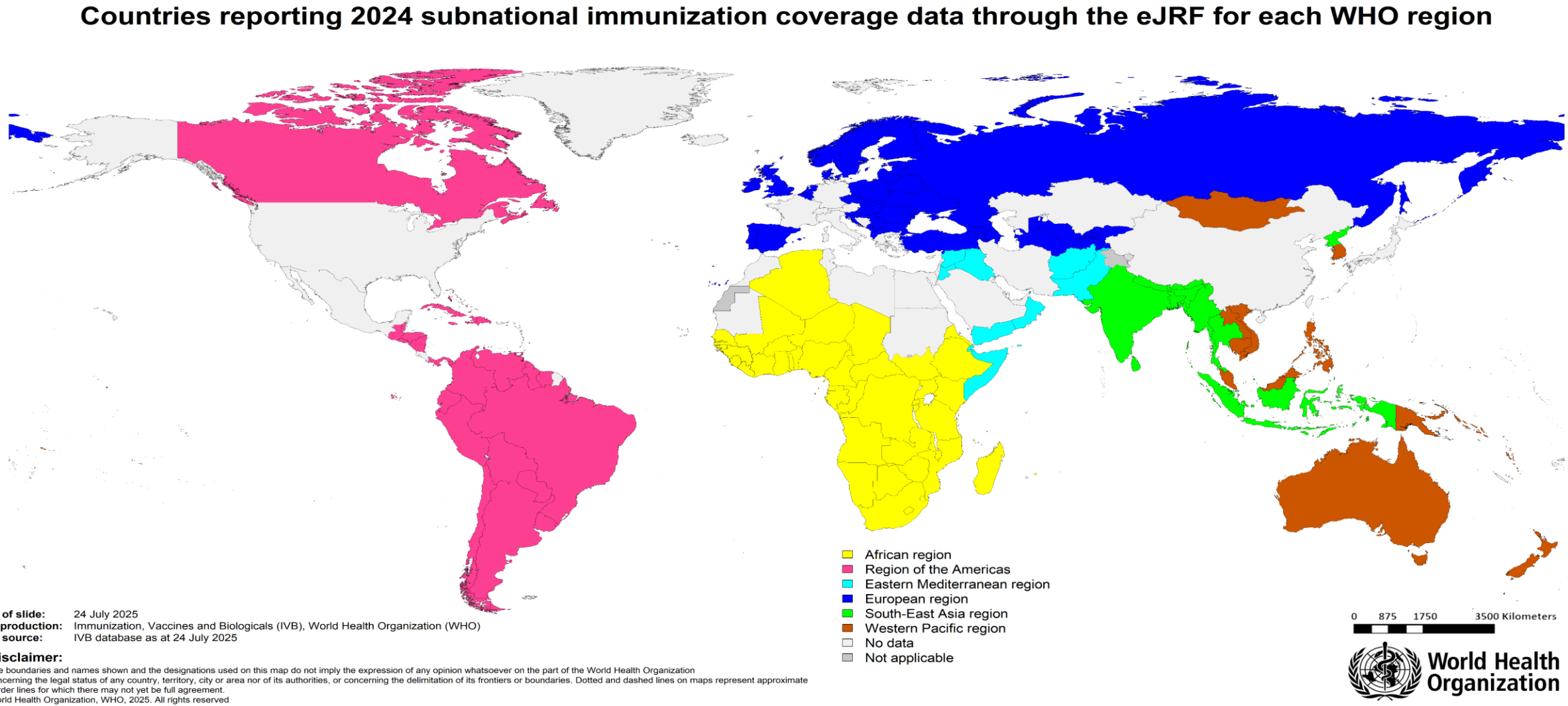
150 Member States from all WHO regions shared 2024 subnational data



Data received from more than 22 000 Admin2, in which 85% of the global surviving infants live

Data completeness:

- **53** countries reported *admin1* level only, **11** countries reported *admin2* level only, and **86** countries reported both *admin1* and *admin2* levels
- Data is reported from **2 400 *admin1*** and more than **22 000 *admin2***

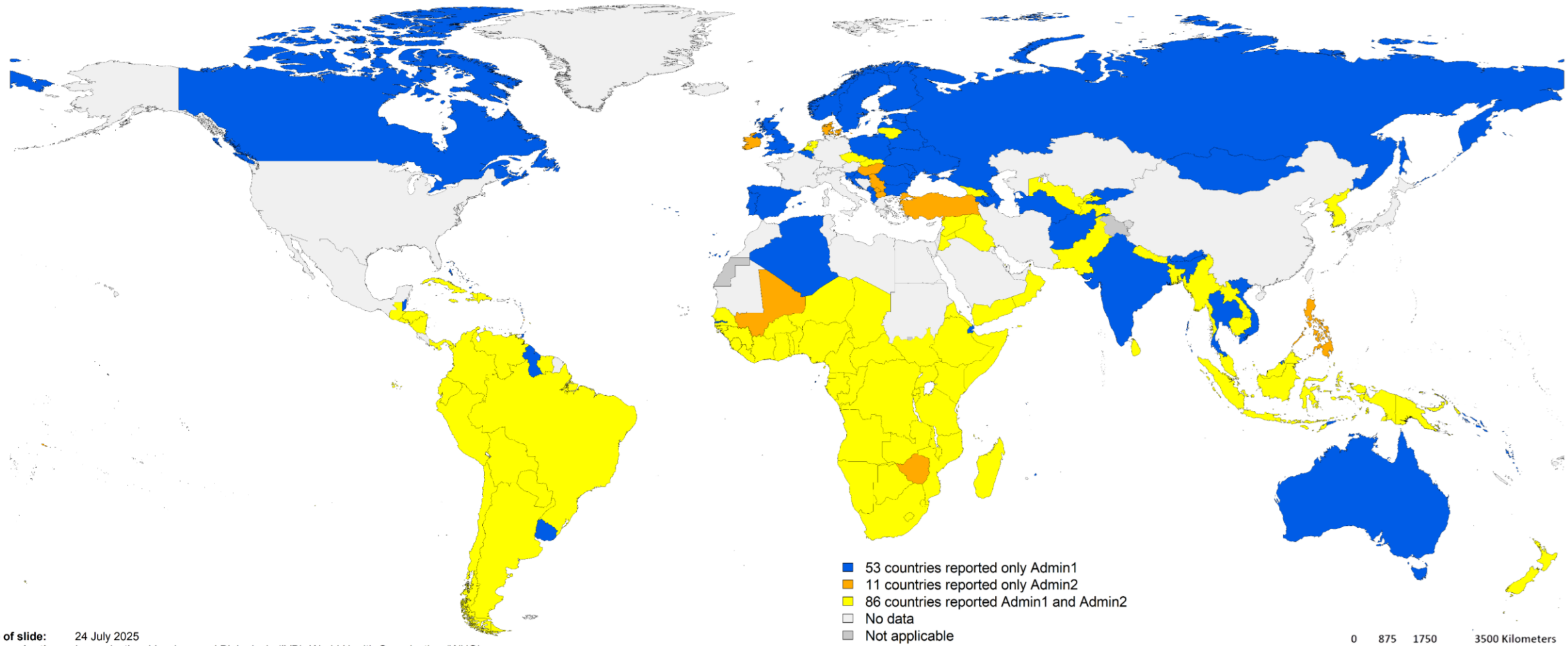
Population size:

- From the reported data, the smallest *admin2* has only 1 targeted child for immunization, and the largest *admin2* is Lahore in Pakistan with a target population of 420 000 children
- **Around 85% of the world's surviving infants** live in countries reporting subnational administrative data

Subnational administrative data available from 150 WHO Member States

44 countries with no subnational administrative data available – this includes 8 small countries with no subnational geographical divisions

Data completeness: illustration



Date of slide: 24 July 2025
Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)
Data source: IVB database as at 24 July 2025

Disclaimer:

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area nor of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

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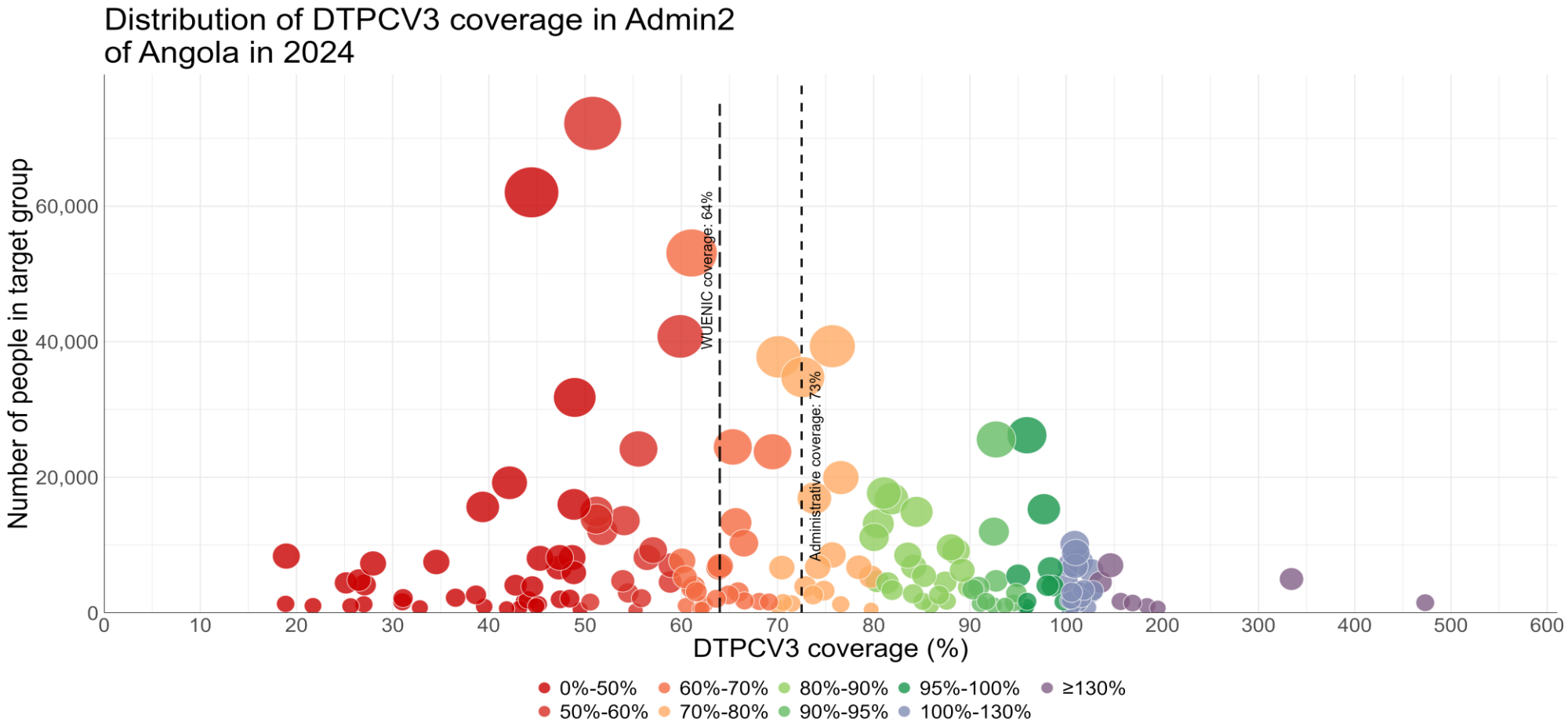
Population size & coverage: illustration



Each bubble corresponds to an admin2 of the country.
Bubble size is proportional to the number of children in the target group.

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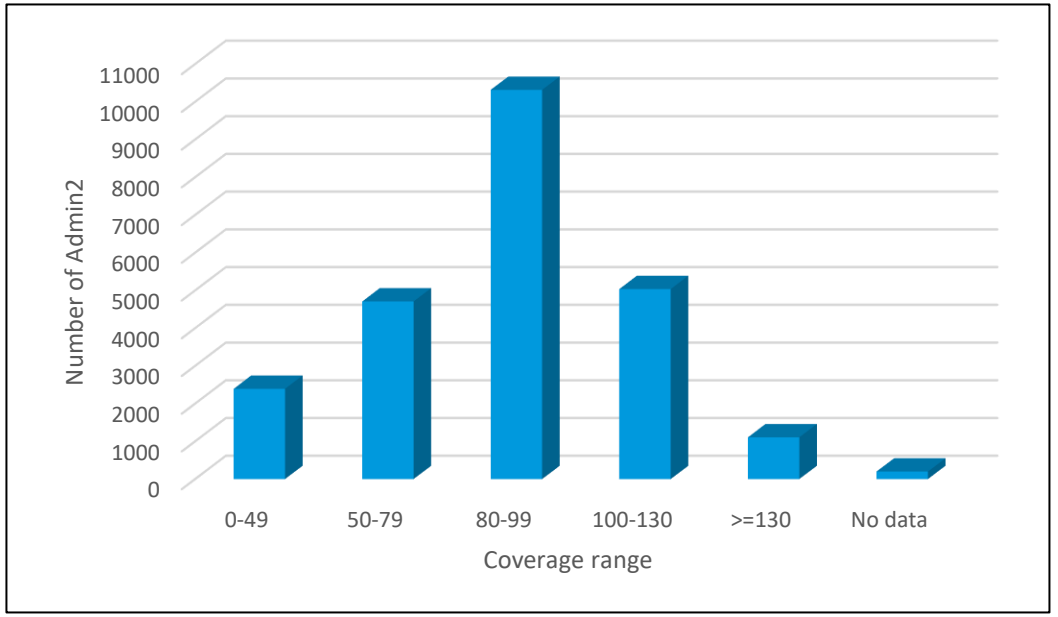
DTP3 *Admin2* coverage data

Target population (rounded average and median) per *Admin2*

	Average	Median
African Region	8 277	6 064
Region of the Americas	532	154
Eastern Mediterranean Region	12 945	4 255
European Region	5 065	1 610
South-East Asia Region	26 347	3 289
Western Pacific Region	5 288	1 875
Global	**4 990**	**622**

- DTP3 data reported from about 22 000 *admin2*
- Total number of children vaccinated with 3 doses of DTPcv in all *admin2:* more than **100 million**

Distribution of reported *Admin2* DTP3 coverage by coverage range



IA2030 Global Strategic Priority Objective Indicators

SP3: COVERAGE & EQUITY

SP Objective 3.2: Advance and sustain high and equitable immunization coverage nationally and in all districts

DTP3, MCV1, and MCV2 coverage in the 20% of districts with lowest coverage (mean across countries)

https://www.immunizationagenda2030.org/images/documents/IA2030_Annex_FrameworkForActionv04.pdf

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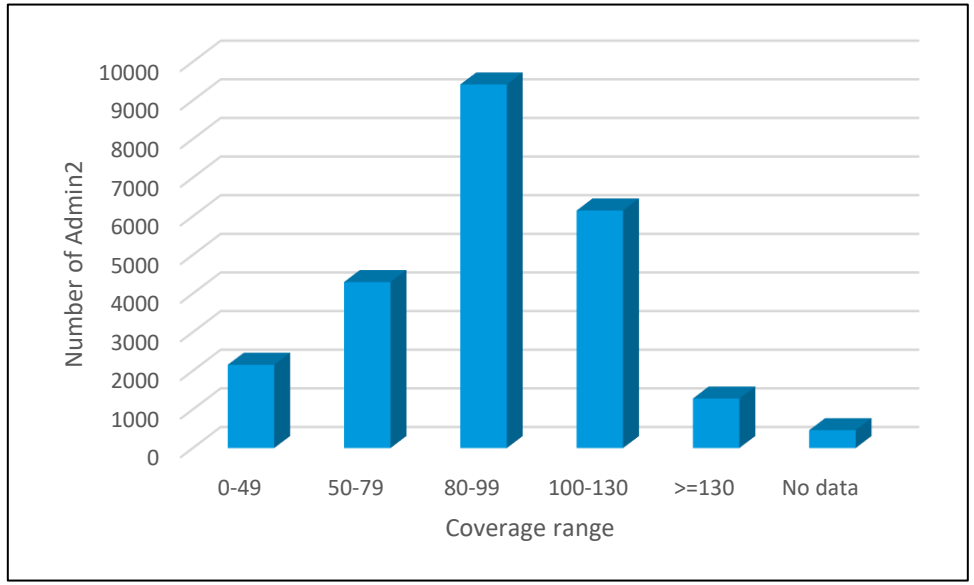
DTP1 *Admin2* coverage data

Target population (rounded average and median) per *Admin2*

	Average	Median
African Region	8 277	6 064
Region of the Americas	531	154
Eastern Mediterranean Region	12 945	4 255
European Region	4 292	1 393
South-East Asia Region	26 347	3 289
Western Pacific Region	5 066	1 862
Global	**4 937**	**624**

- DTP1 data reported from more than 22 000 *admin2*
- Total number of children vaccinated with 1 dose of DTPcv in all *admin2*: more than **101 million**

Distribution of reported *Admin2* DTP1 coverage by coverage range



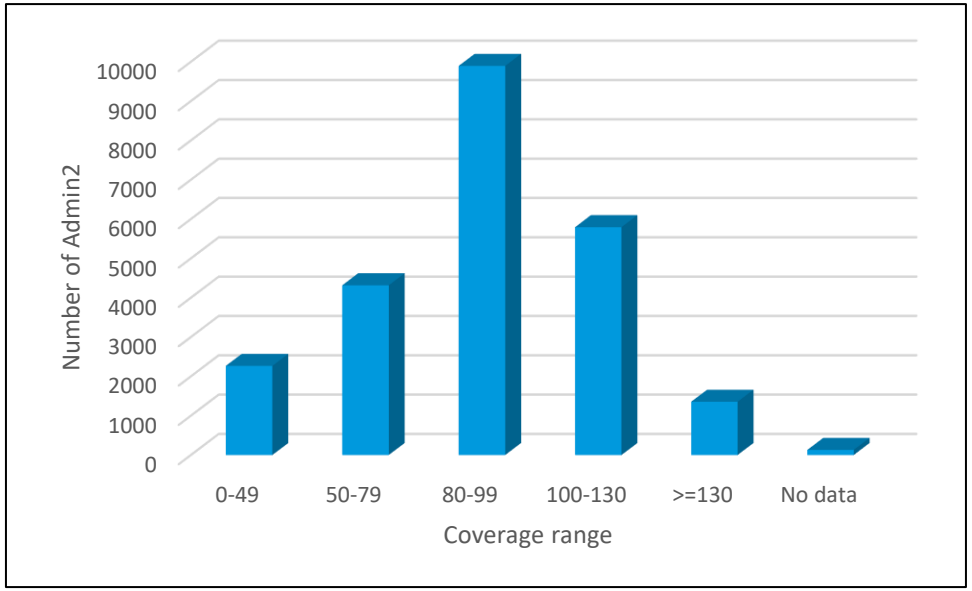
MCV1 *Admin2* coverage data

Target population (rounded average and median) per *Admin2*

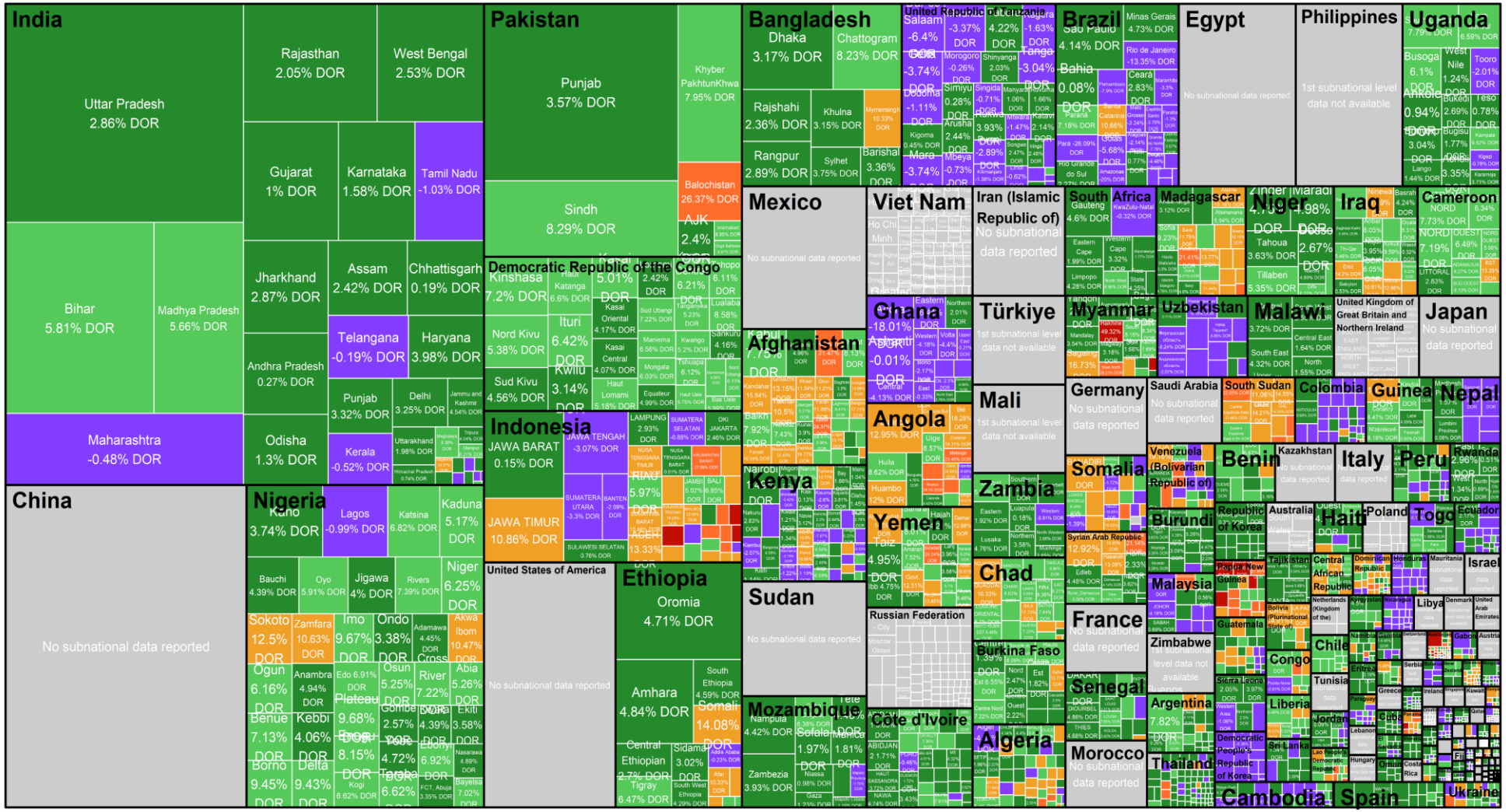
	Average	Median
African Region	8 217	6 013
Region of the Americas	545	160
Eastern Mediterranean Region	12 946	4 255
European Region	5 176	1 633
South-East Asia Region	26 347	3 289
Western Pacific Region	5 080	1 878
Global	**4 979**	**645**

- MCV1 data reported from more than 22 000 *admin2*
- Total number of children vaccinated with 1 dose of MCV in all a*dmin2*: more than **102 million**

Distribution of reported *Admin2* MCV1 coverage by coverage range



Dropout at *Admin1* level - **Global**



World Subnational Dropout by Administrative Level for 2024

Colored by percentage of (DTP1-DTP3) / (DTP1) vaccinations. Approximately sized by sum of surviving infants for Admin1 regions. Countries without subnational data colored light grey.

2024 Dropout Rate

- More than 30.0%
- 20.0% to 30.0%
- 10.0% to 20.0%
- 5.0% to 10.0%
- 0.0% to 5.0%
- Less than 0%

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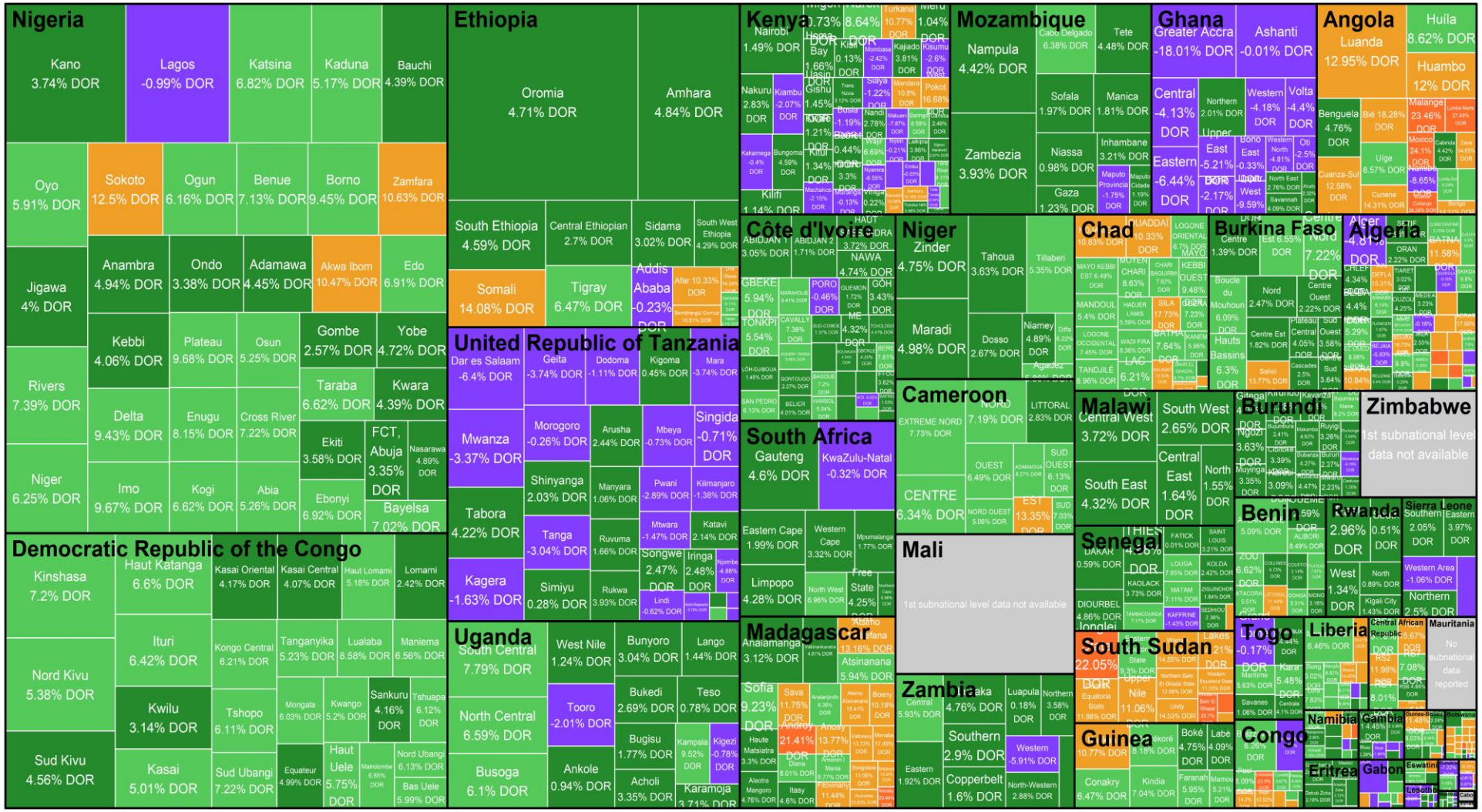
Dropout at *Admin1* level - **African region**



AFR Subnational Dropout by Administrative Level for 2024

Colored by percentage of (DTP1-DTP3) / (DTP1) vaccinations. Approximately sized by sum of surviving infants for Admin1 regions. Countries without subnational data colored light grey.

2024 Dropout Rate

- More than 30.0%
- 20.0% to 30.0%
- 10.0% to 20.0%
- 5.0% to 10.0%
- 0.0% to 5.0%
- Less than 0%

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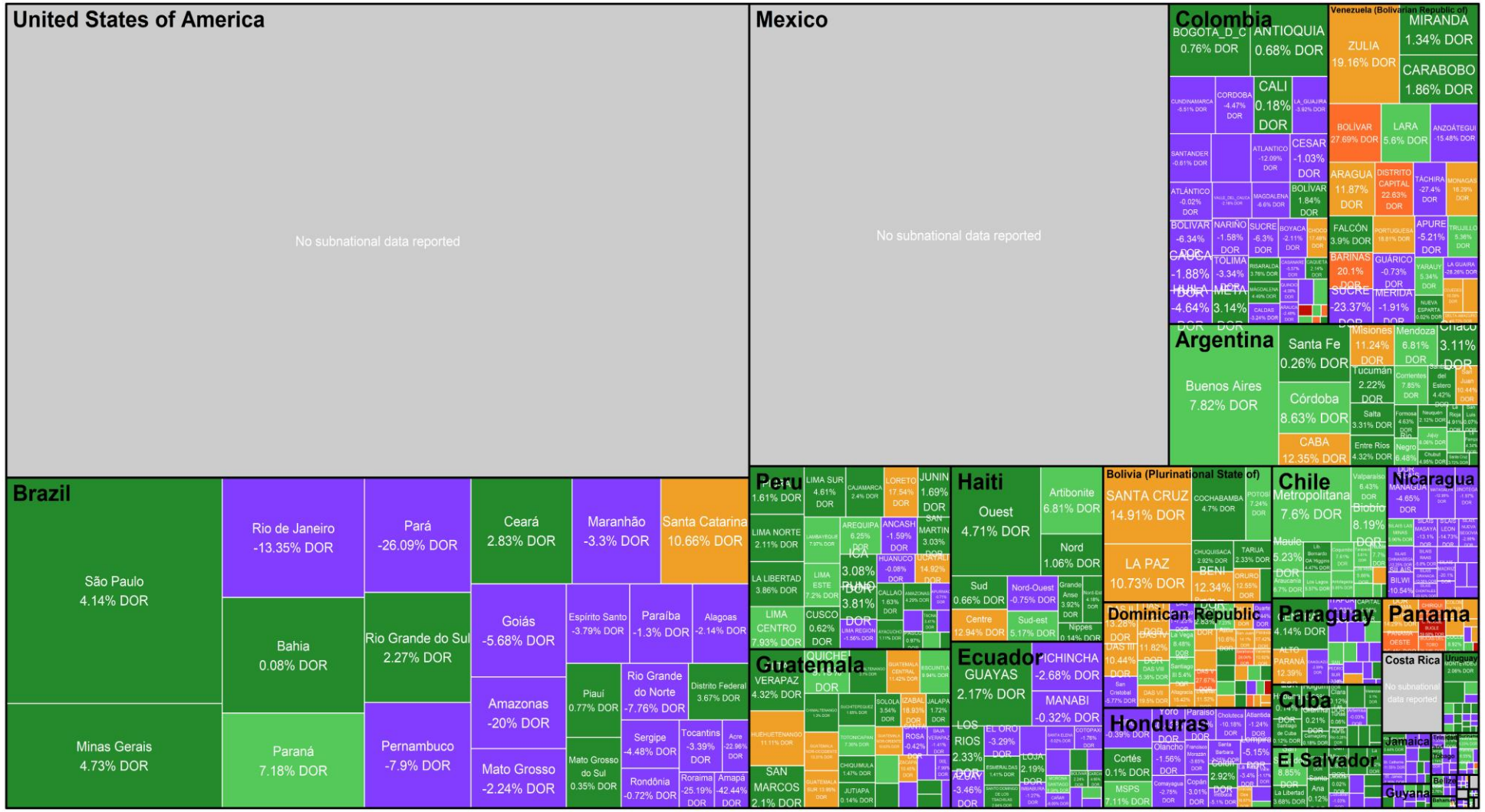
Dropout at *Admin1* level - **Region of the Americas**



AMR Subnational Dropout by Administrative Level for 2024

Colored by percentage of (DTP1-DTP3) / (DTP1) vaccinations. Approximately sized by sum of surviving infants for Admin1 regions. Countries without subnational data colored light grey.

2024 Dropout Rate

- More than 30.0%
- 20.0% to 30.0%
- 10.0% to 20.0%
- 5.0% to 10.0%
- 0.0% to 5.0%
- Less than 0%

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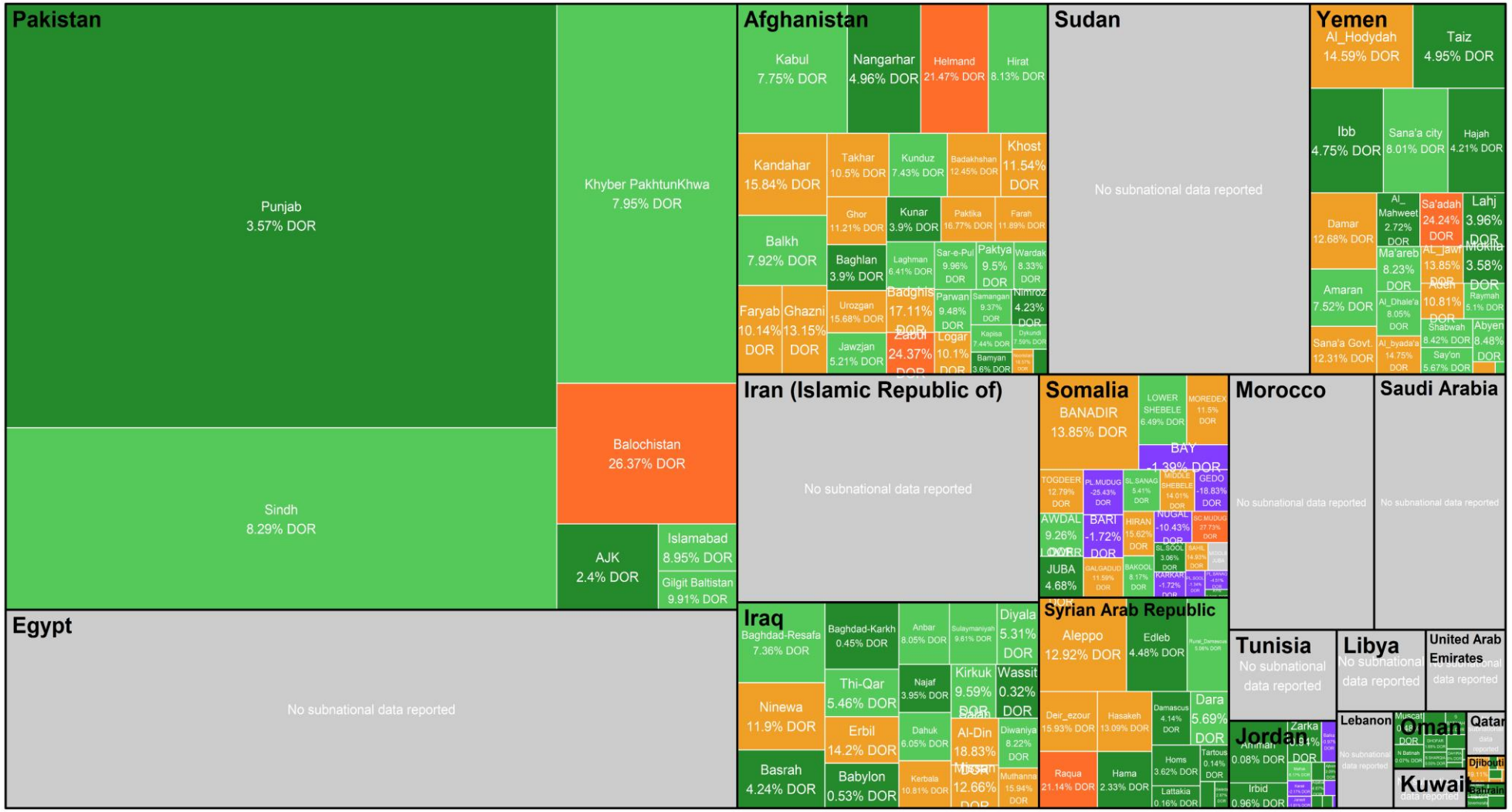
Dropout at *Admin1* level - **Eastern Mediterranean region**



EMR Subnational Dropout by Administrative Level for 2024

Colored by percentage of (DTP1-DTP3) / (DTP1) vaccinations. Approximately sized by sum of surviving infants for Admin1 regions. Countries without subnational data colored light grey.

2024 Dropout Rate

- More than 30.0%
- 20.0% to 30.0%
- 10.0% to 20.0%
- 5.0% to 10.0%
- 0.0% to 5.0%
- Less than 0%

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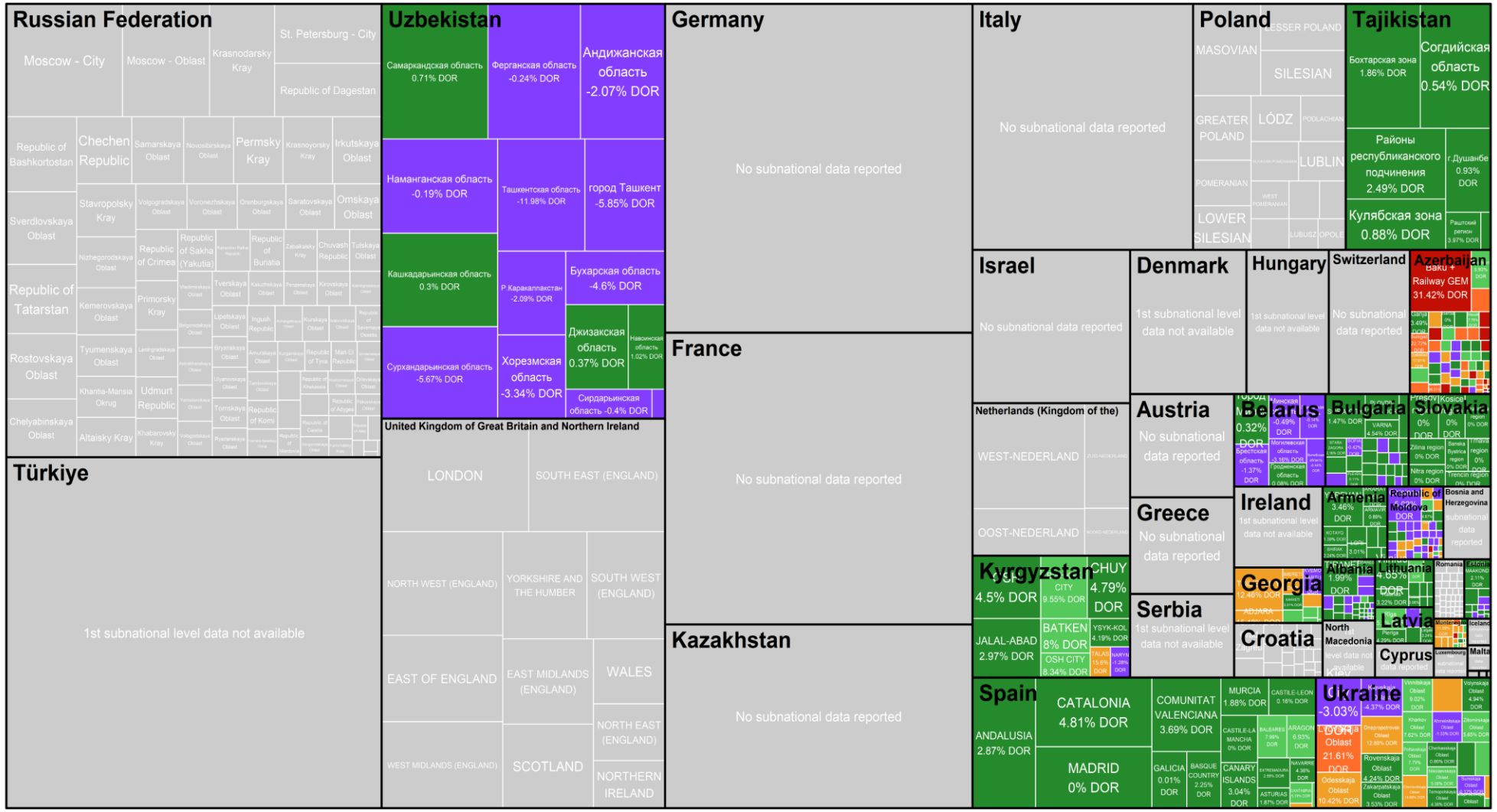
Dropout at *Admin1* level - **European region**



EUR Subnational Dropout by Administrative Level for 2024

Colored by percentage of (DTP1-DTP3) / (DTP1) vaccinations. Approximately sized by sum of surviving infants for Admin1 regions. Countries without subnational data colored light grey.

2024 Dropout Rate

- More than 30.0%
- 20.0% to 30.0%
- 10.0% to 20.0%
- 5.0% to 10.0%
- 0.0% to 5.0%
- Less than 0%

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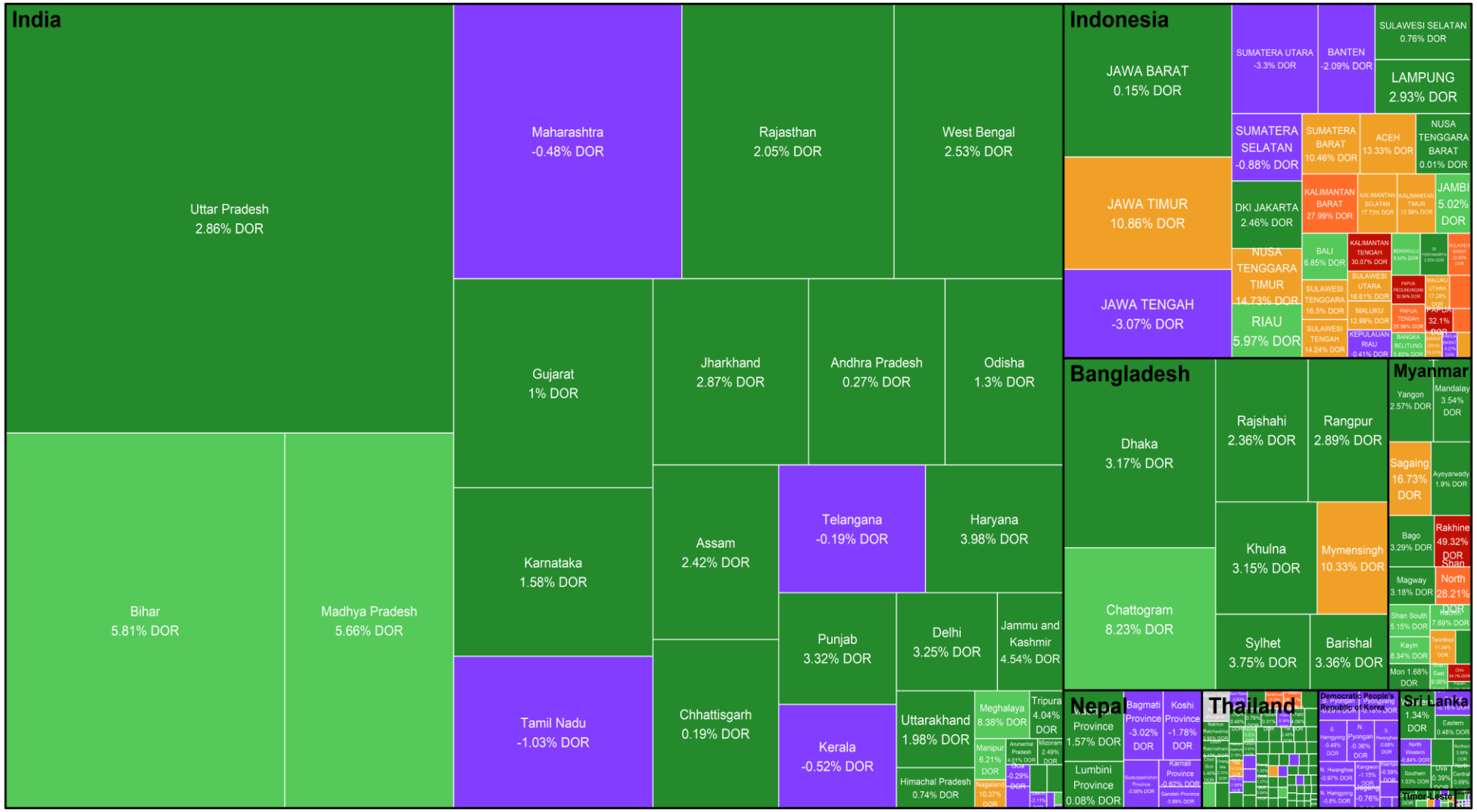
Dropout at *Admin1* level - **South-East Asian region**



SEAR Subnational Dropout by Administrative Level for 2024

Colored by percentage of (DTP1-DTP3) / (DTP1) vaccinations. Approximately sized by sum of surviving infants for Admin1 regions. Countries without subnational data colored light grey.

2024 Dropout Rate

- More than 30.0%
- 20.0% to 30.0%
- 10.0% to 20.0%
- 5.0% to 10.0%
- 0.0% to 5.0%
- Less than 0%

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Dropout at *Admin1* level - **West Pacific region**

WPR Subnational Dropout by Administrative Level for 2024

Colored by percentage of (DTP1-DTP3) / (DTP1) vaccinations. Approximately sized by sum of surviving infants for Admin1 regions. Countries without subnational data colored light grey.

2024 Dropout Rate

- More than 30.0%
- 20.0% to 30.0%
- 10.0% to 20.0%
- 5.0% to 10.0%
- 0.0% to 5.0%
- Less than 0%

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Limitations in the sub-national administrative data reported

Data completeness

- Not all Member States included: 23% not included
- ≈22,000 reported *Admin2* represent about 62% of all *Admin2* worldwide
- *Admin2* coverage data mainly originates from 3 regions: Africa, the Americas and South-East Asia

Interpretation bias

- Some of the data received as *Admin2* is actually for the 1st, 3rd or even lower level
- Also, some *Admin1* may refer to 2nd subnational administrative level. This may explain some of the disparities in terms of district sizes.
- Some reported districts not linked to a specific geographical place (eg. migrant population, army camps, etc). These non-geographically based population often don't have a denominator
- The diversity in reporting limits comparability across countries

Data quality

- **Numerator errors**: introduced when tallying, summarizing, and reporting the administered doses by health facilities and district administrations
- **Inaccurate denominators**: population estimates often based on census data and derived estimates, leading to distortions over time as certain districts may grow faster than others
- **Numerator / denominator mismatches**: population mobility creates mismatches between numerator and denominator, aggravated in countries with important migratory movements

Notes

Please share your comments, questions and analysis to WHO through vpdata@who.int (subject line: Subnational data)

When using the data, always source WHO products, data and information related to the immunization subnational administrative data: "Subnationally reported immunization system performance data for calendar year 2024 submitted on the joint annual data collection process."

Visit our page:

https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/immunization-coverage/subnational-immunization-coverage-data

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Thank you

For more information, please contact:

vpdata@who.int

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