2025 Immunization Coverage Data at Subnational Level

A descriptive analysis

15 July 2026

World Health Organization

unicef

2025 data collection of subnational immunization administrative data

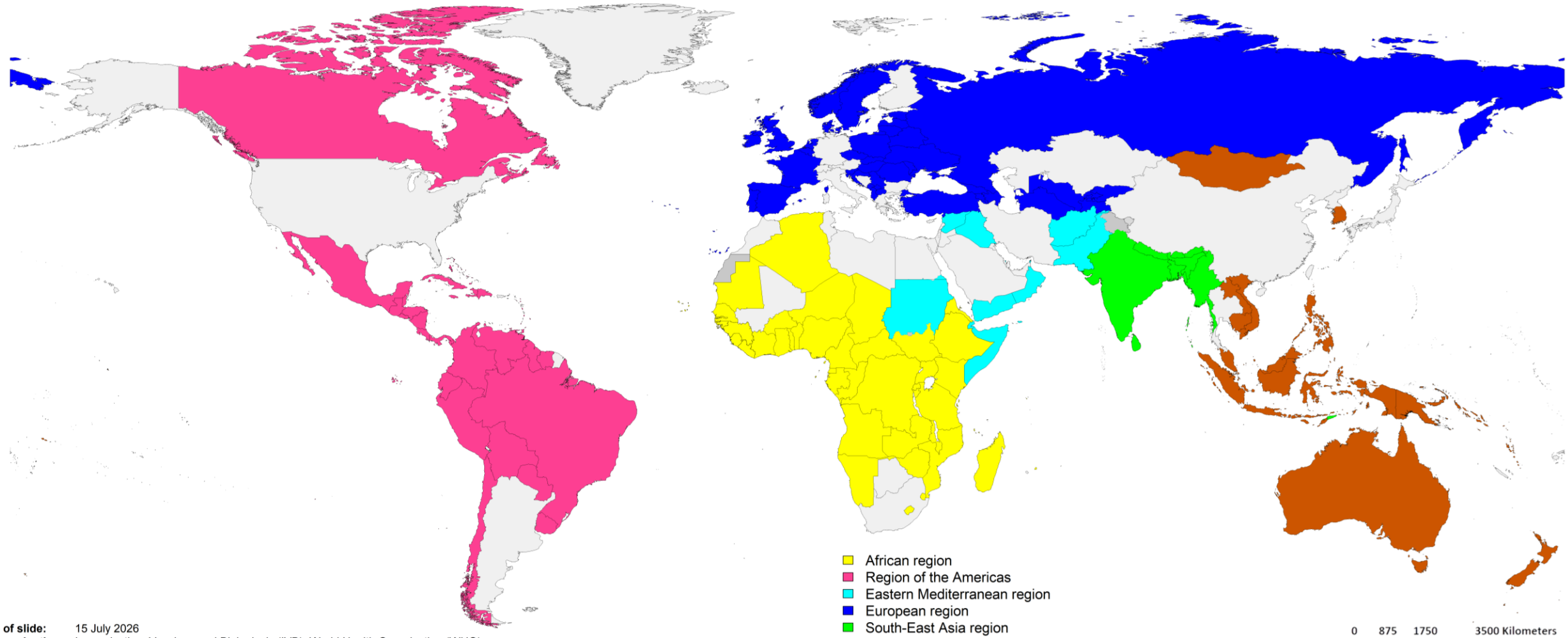
Data requested:

- 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 2025)
- 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, IPVC 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 **147** WHO Member States
- Data received as of 14 July 2026

147 Member States from all WHO regions shared 2025 subnational data



Date of slide: 15 July 2026
Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)
Data source: IVB database as at 15 July 2026

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.

World Health Organization

Data received from more than 29 000 Admin2, in which 84% of the global surviving infants live

Data completeness:

- **45** countries reported *admin1* level only, **6** countries reported *admin2* level only, and **96** countries reported both *admin1* and *admin2* levels
- Data is reported from more than **2 300 *admin1*** and more than **29 000 *admin2***

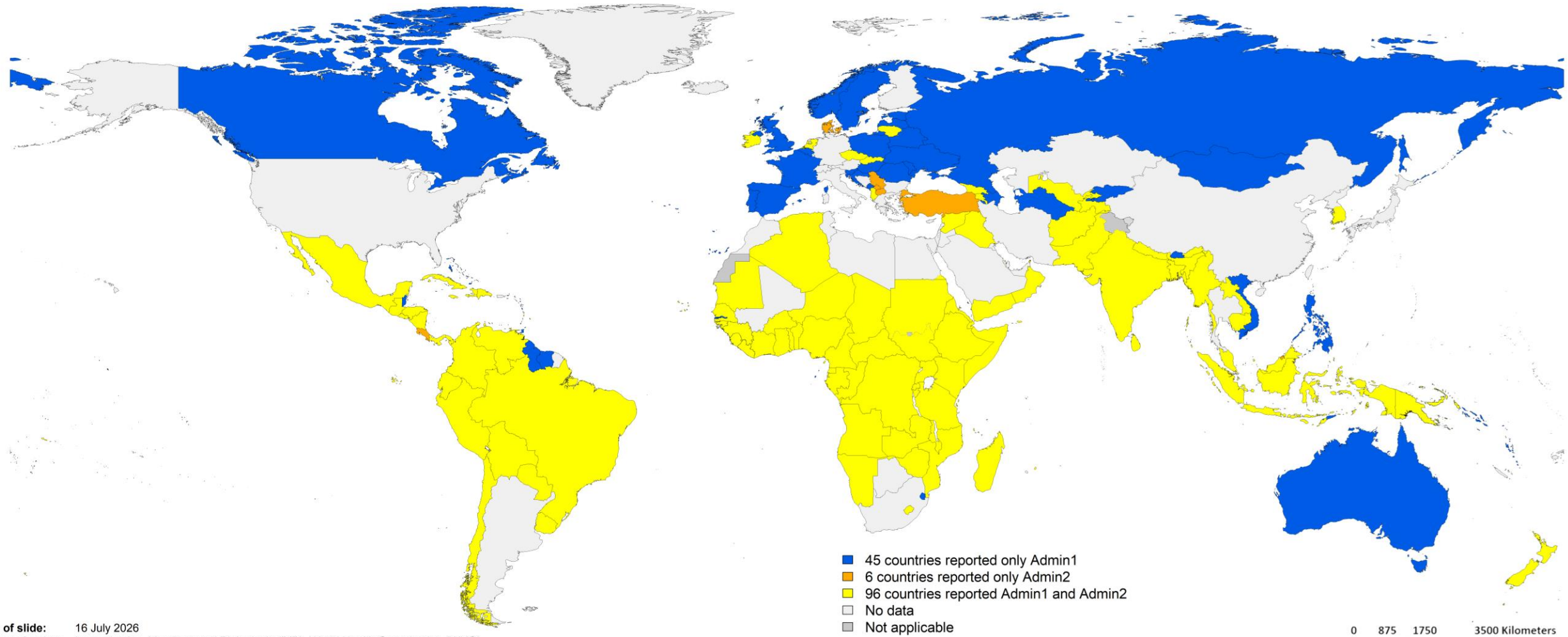
Population size:

- 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 405 000 children
- **Around 84% of the world's surviving infants** live in countries reporting subnational administrative data

Subnational administrative data available from 147 WHO Member States

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

Data completeness by Admin1 and Admin2



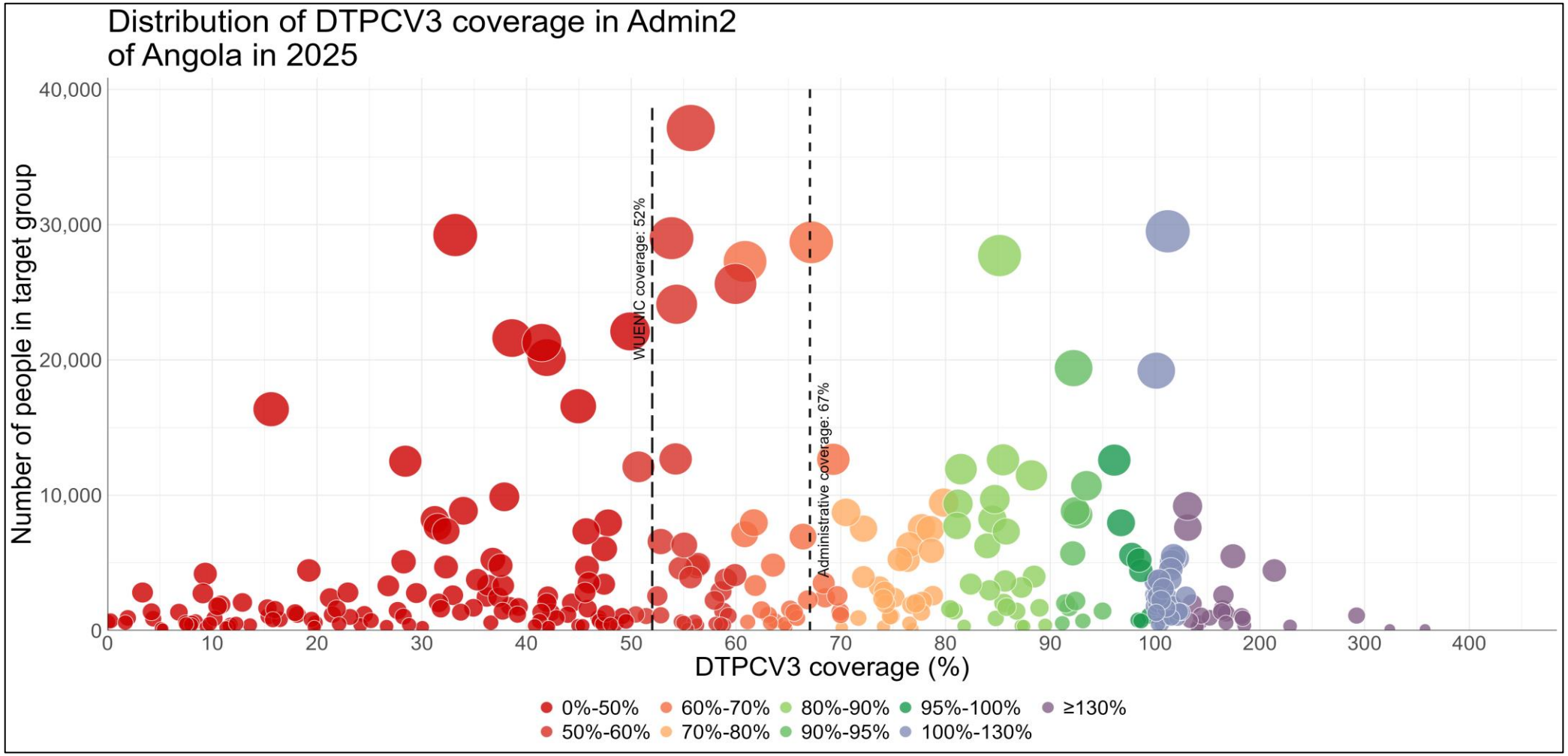
Date of slide: 16 July 2026
Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)
Data source: IVB database as at 16 July 2026

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.

World Health Organization

Population size & coverage



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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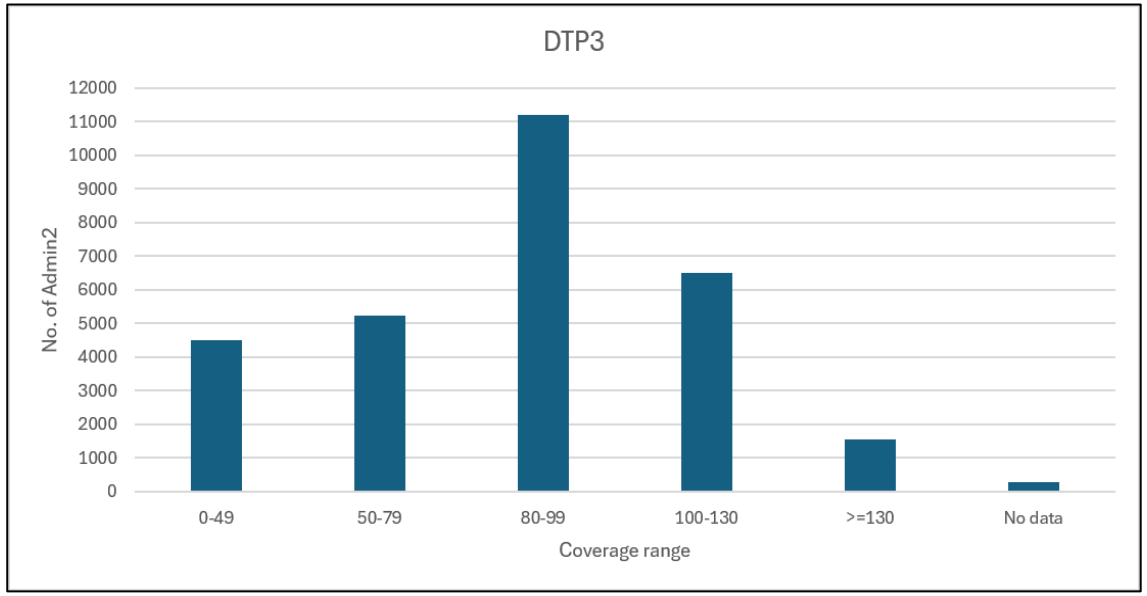
DTP3 *Admin2* coverage data

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

	Average	Median
African Region	7 918	5 737
Region of the Americas	510	140
Eastern Mediterranean Region	9 194	3 857
European Region	4 876	1 583
South-East Asia Region	24 551	12 996
Western Pacific Region	6 639	2 831
Global	**4 353**	**535**

- DTP3 data reported from about 29 000 *admin2*
- Total number of children vaccinated with 3 doses of DTPcv in all *admin2:* more than **101 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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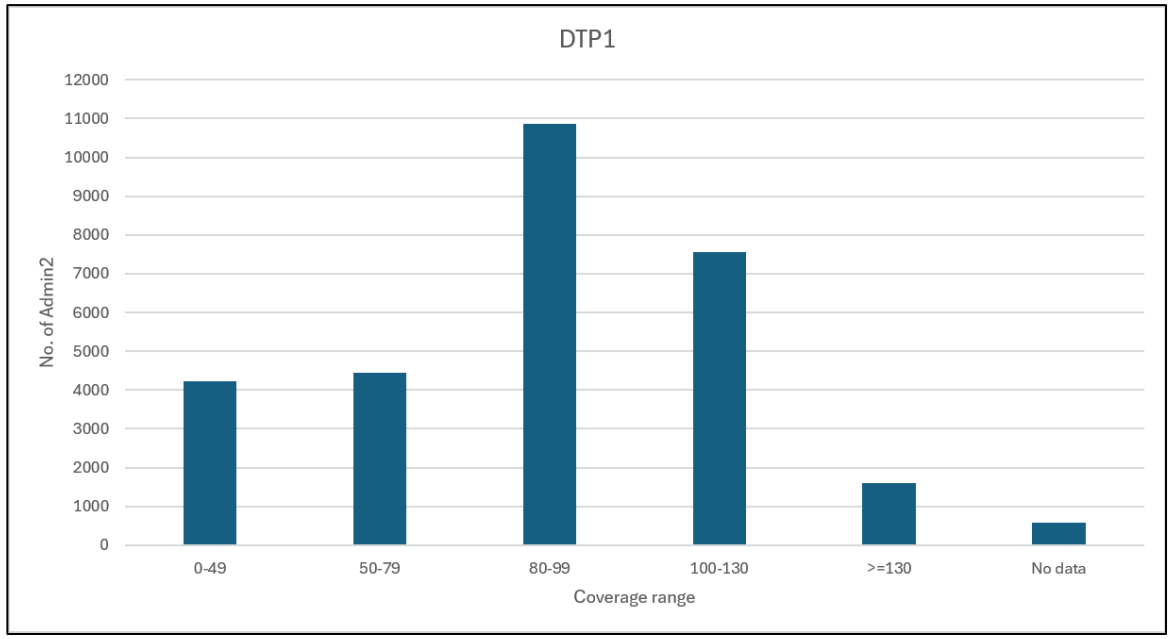
DTP1 *Admin2* coverage data

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

	Average	Median
African Region	7 969	5 741
Region of the Americas	510	140
Eastern Mediterranean Region	9 194	3 857
European Region	4 254	1 497
South-East Asia Region	24 551	12 996
Western Pacific Region	6 489	2 796
Global	**4 326**	**534**

- DTP1 data reported from more than 29 000 *admin2*
- Total number of children vaccinated with 1 dose of DTPcv in all *admin2*: more than **103 million**

Distribution of reported *Admin2* DTP1 coverage by coverage range



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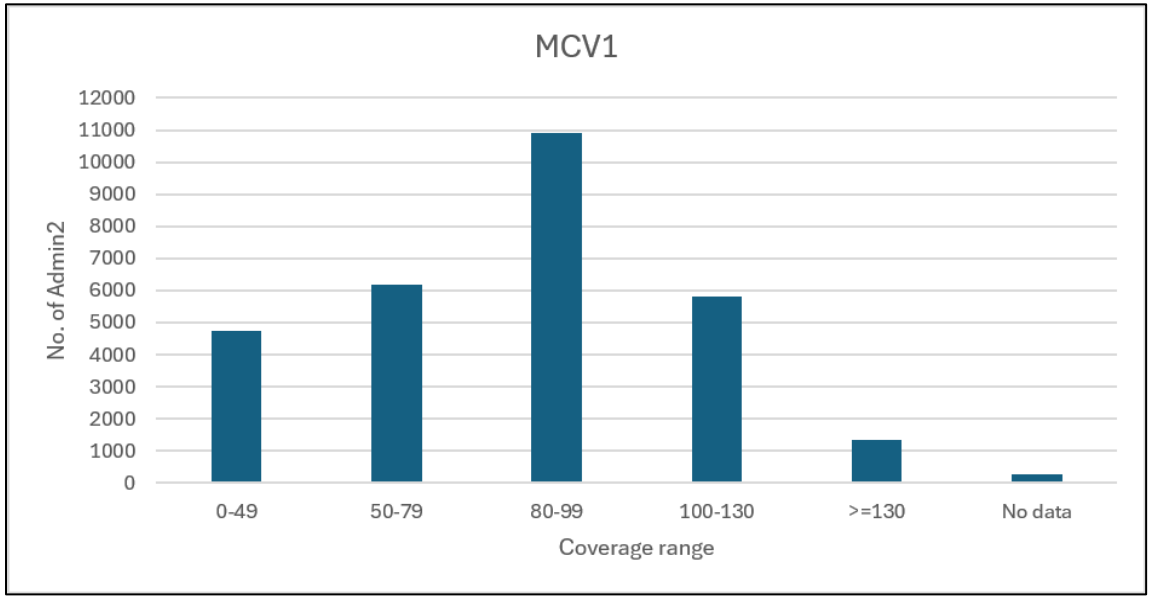
MCV1 *Admin2* coverage data

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

	Average	Median
African Region	7 917	5 737
Region of the Americas	531	146
Eastern Mediterranean Region	9 081	3 731
European Region	5 070	1 617
South-East Asia Region	24 551	12 996
Western Pacific Region	12 521	2 879
Global	**4 711**	**558**

- MCV1 data reported from more than 29 000 *admin2*
- Total number of children vaccinated with 1 dose of MCV in all a*dmin2*: more than **100 million**

Distribution of reported *Admin2* MCV1 coverage by coverage range



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

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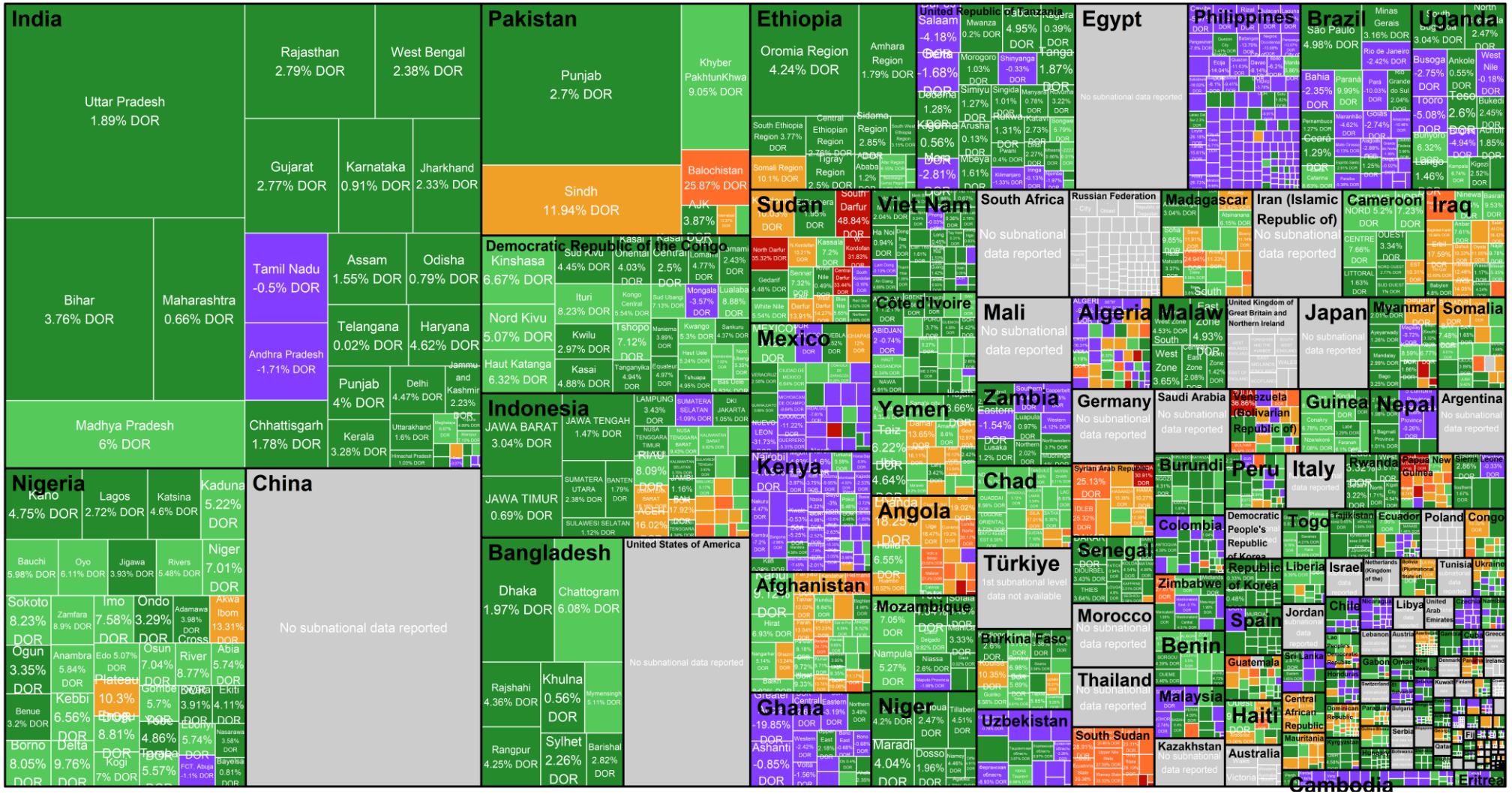
Dropout at *Admin1* level - **Global**



World Subnational Dropout by Administrative Level for 2025

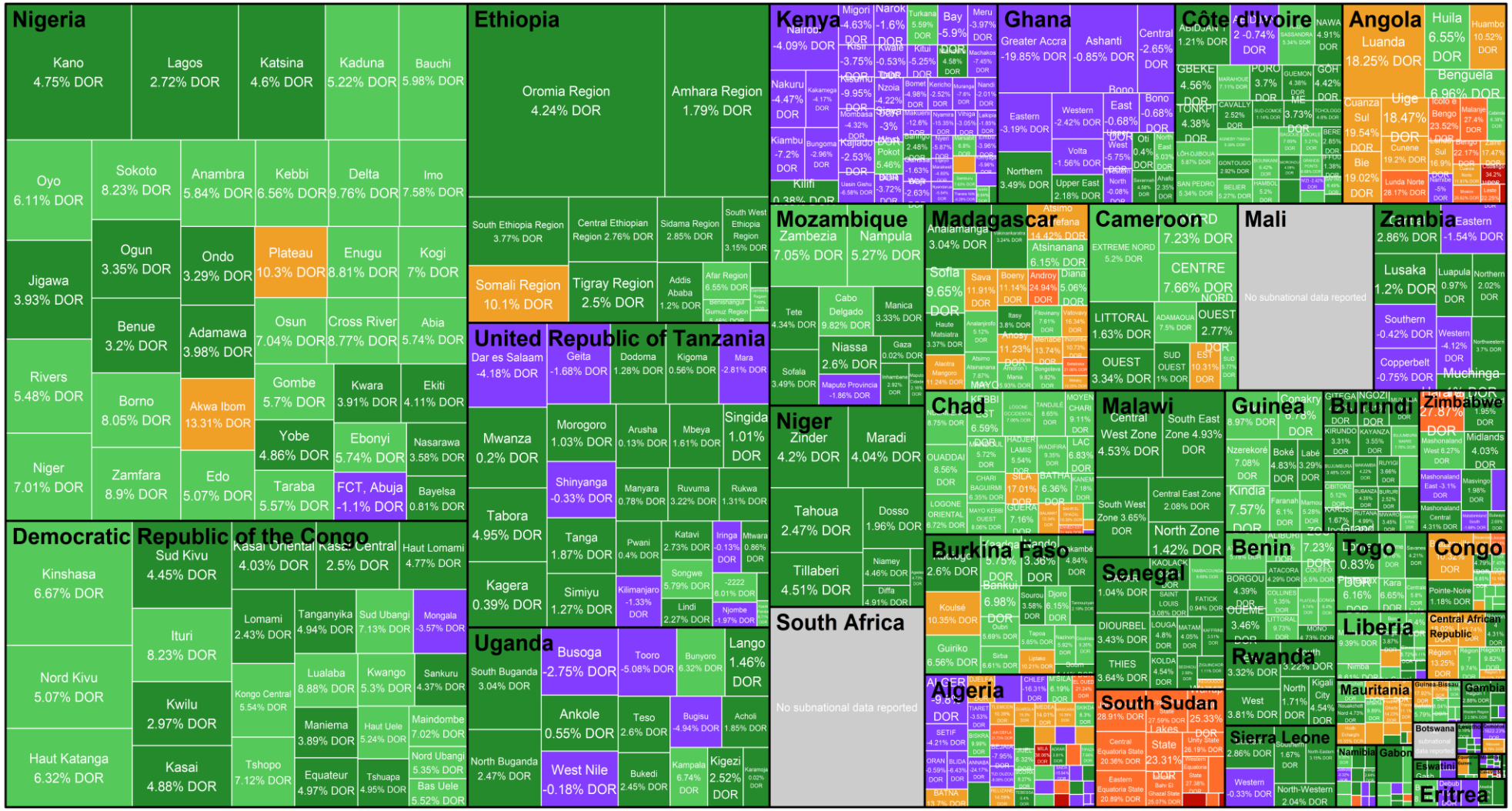
Colored by percentage of (DTP1-DTP3) / (DTP1) vaccinations. Approximately sized by sum of surviving infants for Admin1 regions. Countries without subnational data colored light grey.

2025 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%

World Health Organization unicef

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



AFR Subnational Dropout by Administrative Level for 2025

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.

2025 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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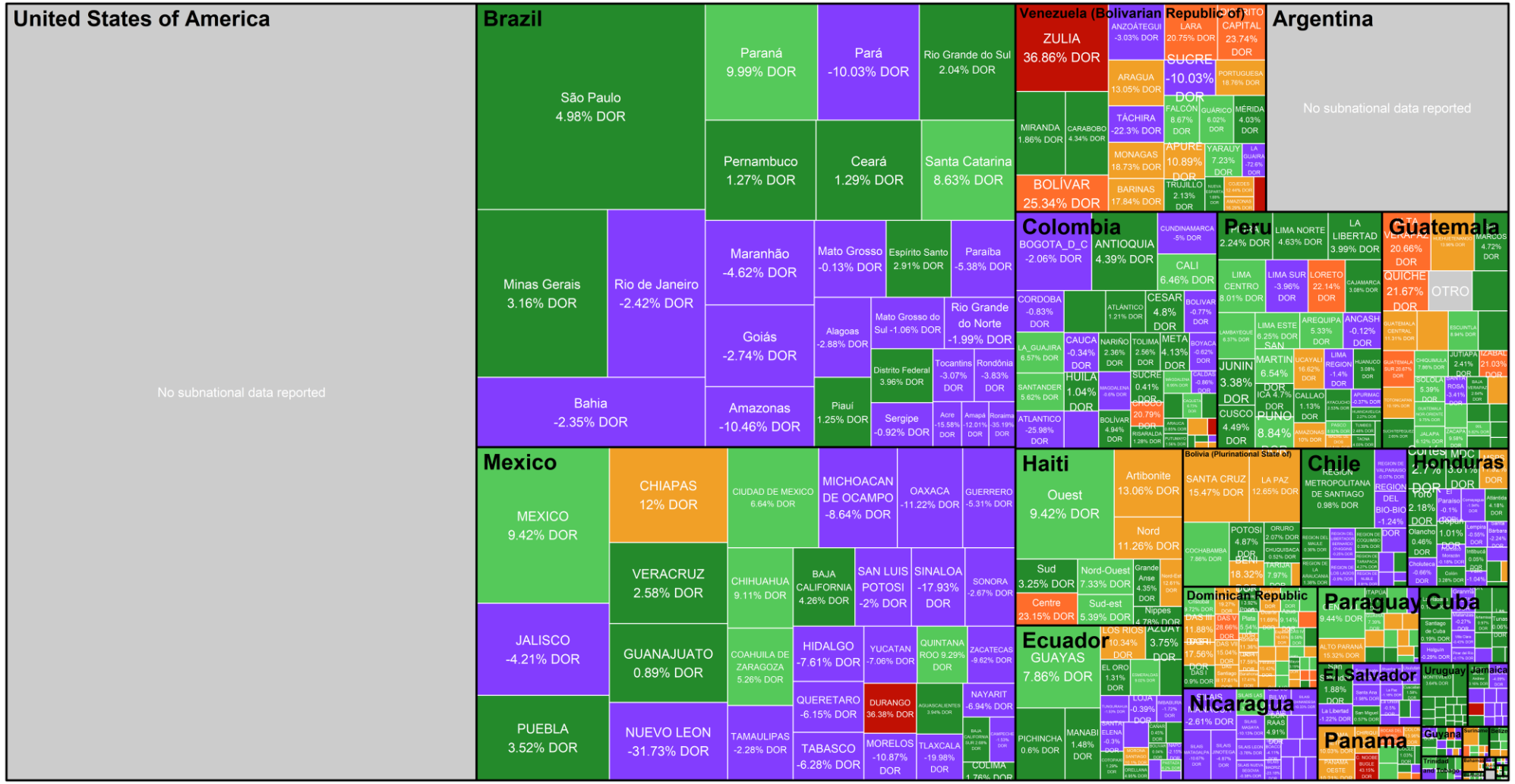
Dropout at *Admin1* level - **Region of the Americas**



AMR Subnational Dropout by Administrative Level for 2025

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.

2025 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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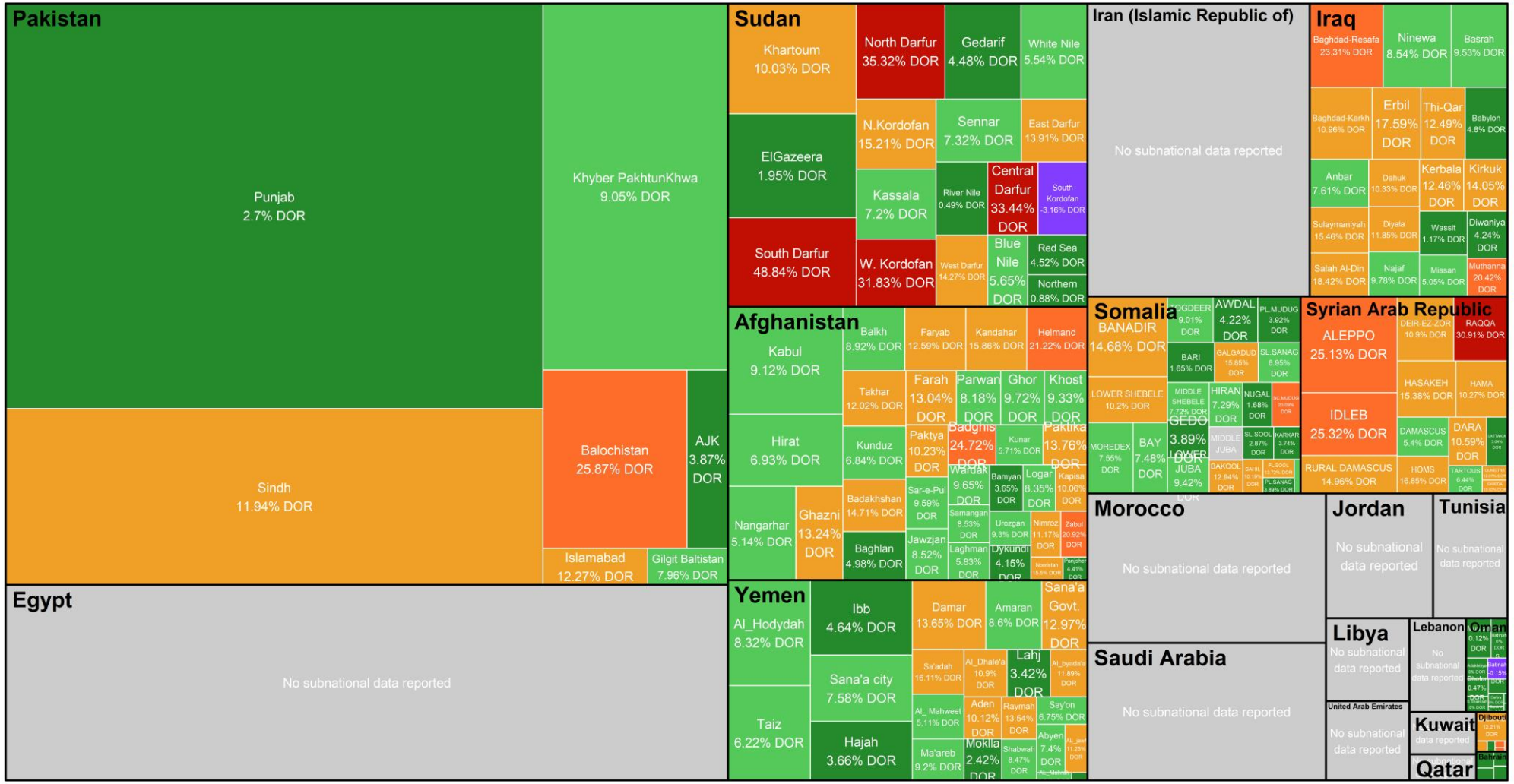
Dropout at *Admin1* level - **Eastern Mediterranean region**



EMR Subnational Dropout by Administrative Level for 2025

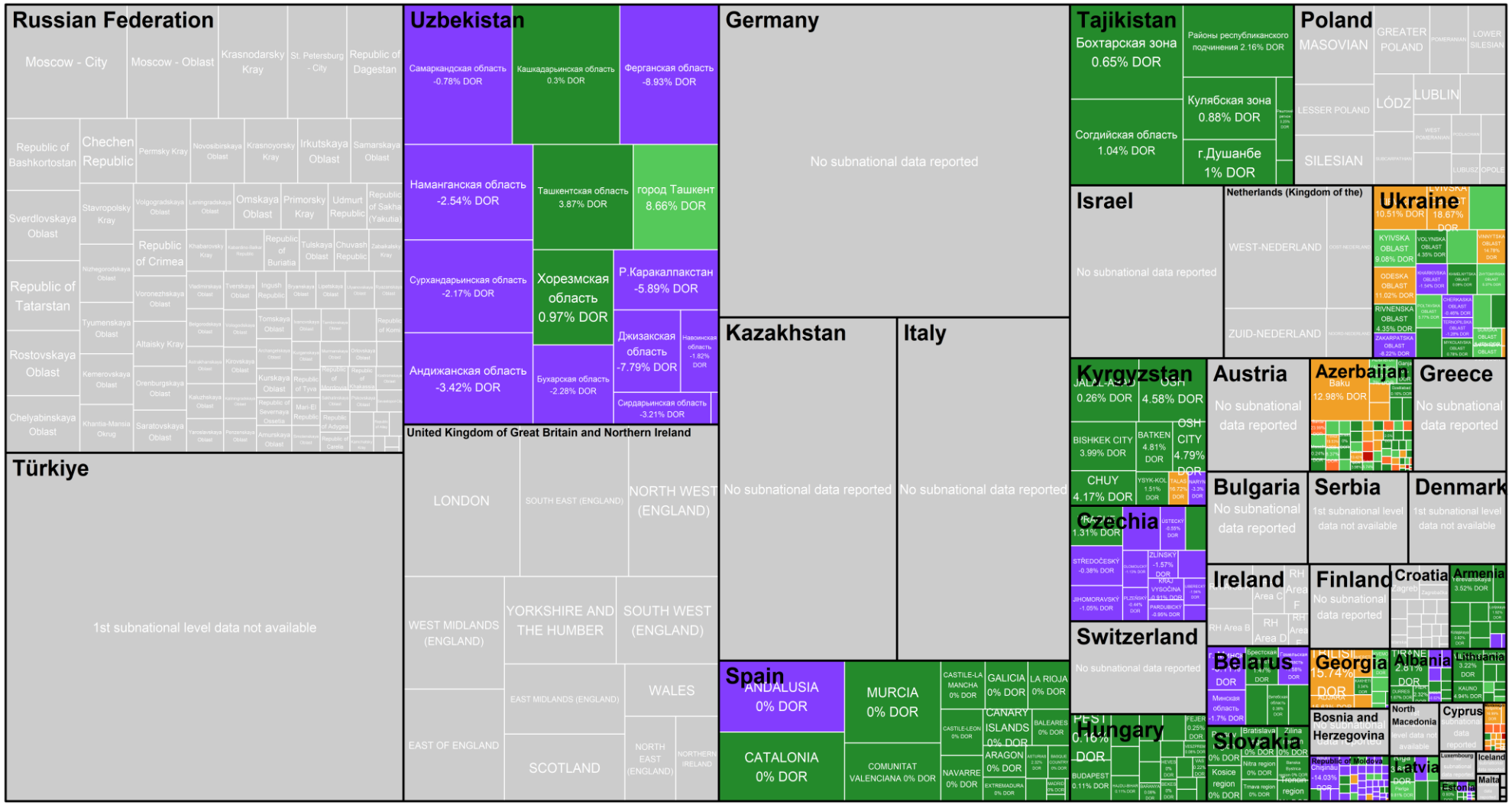
Colored by percentage of (DTP1-DTP3) / (DTP1) vaccinations. Approximately sized by sum of surviving infants for Admin1 regions. Countries without subnational data colored light grey.

2025 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%

World Health Organization unicef

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



EUR Subnational Dropout by Administrative Level for 2025

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.

2025 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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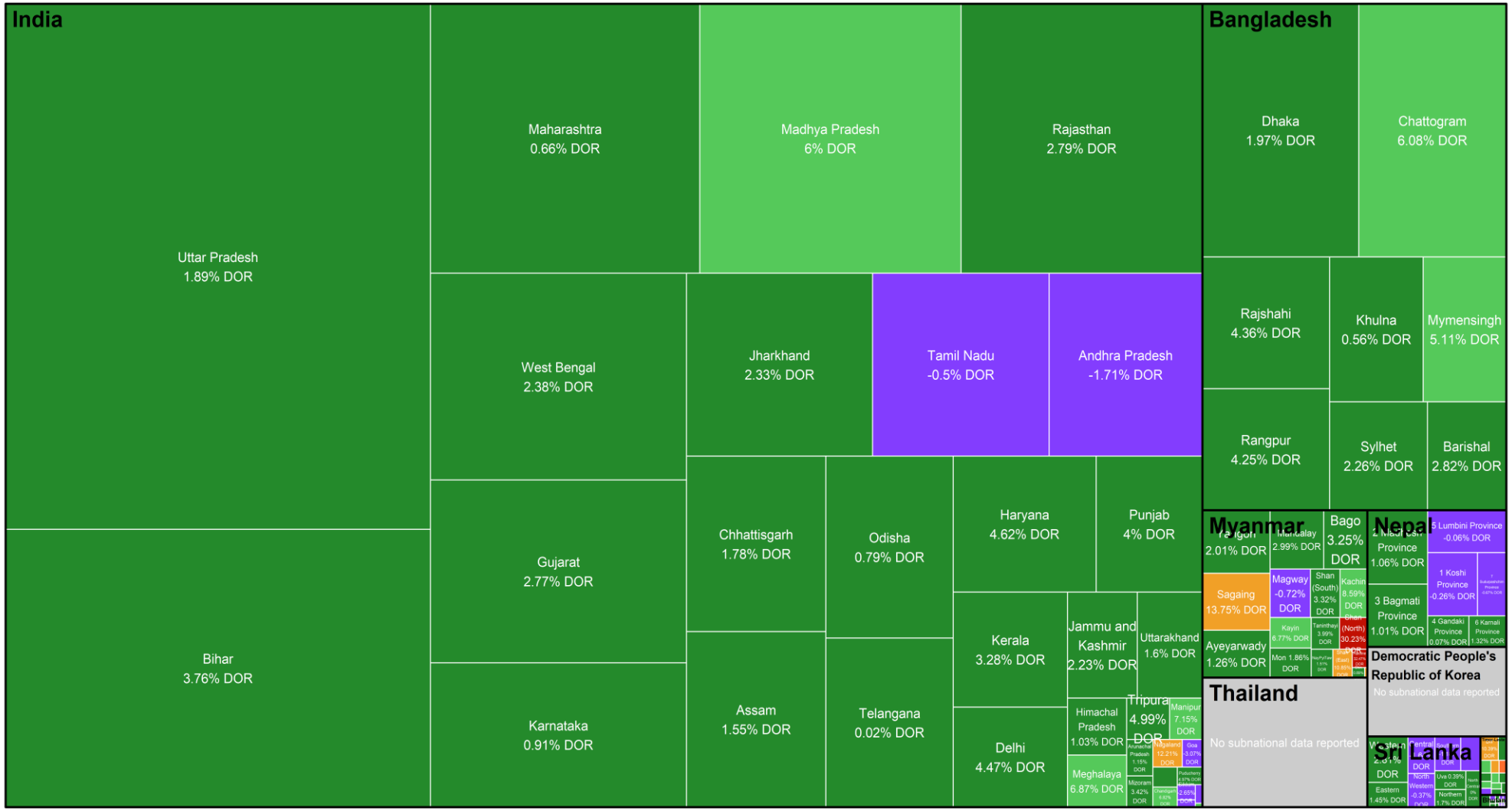
Dropout at *Admin1* level - **South-East Asian region**



SEAR Subnational Dropout by Administrative Level for 2025

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.

2025 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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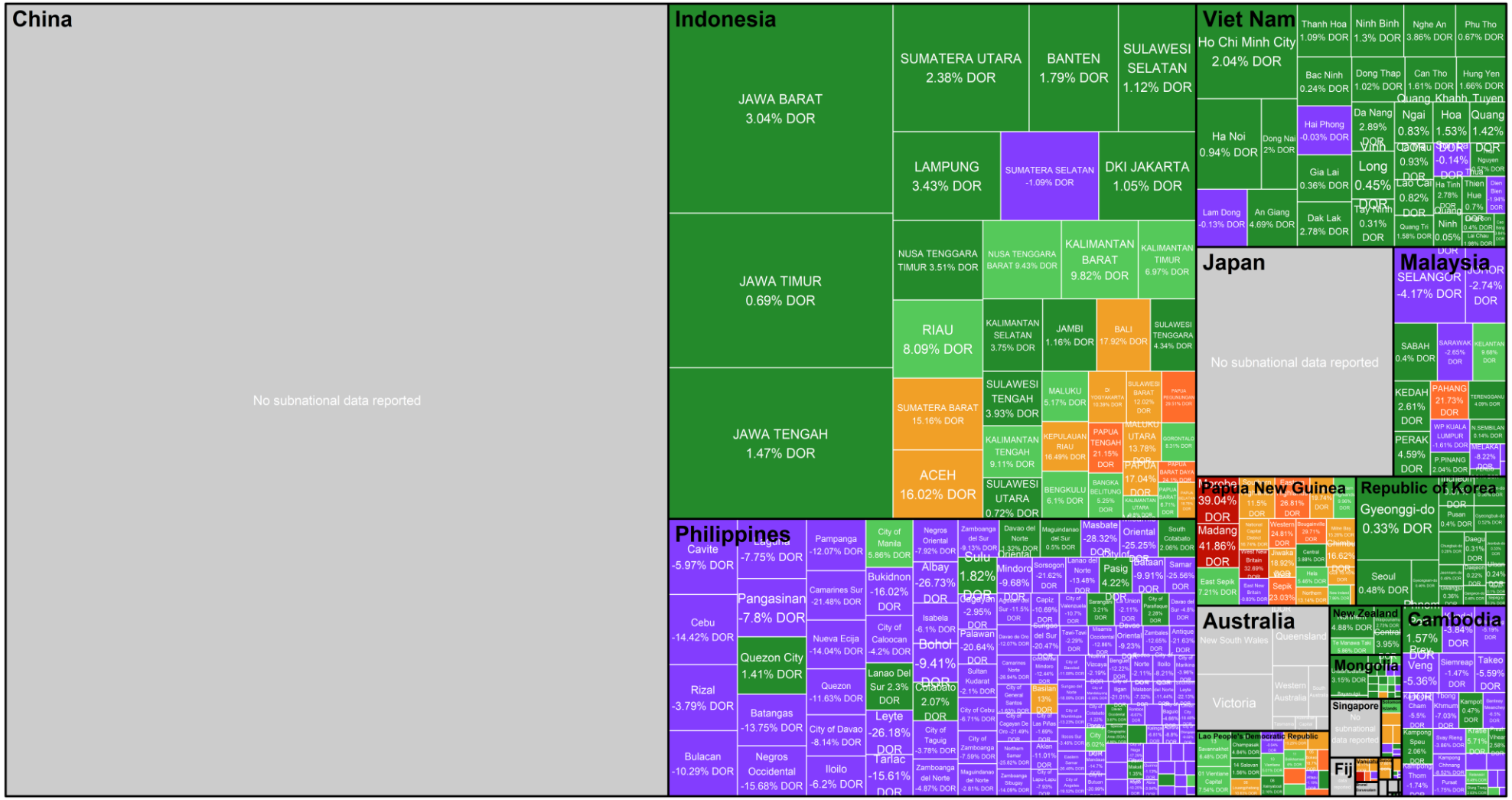
Dropout at *Admin1* level - **West Pacific region**



WPR Subnational Dropout by Administrative Level for 2025

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.

2025 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: 24% not included
- ≈29,000 reported *Admin2* represent about 81% 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 2025 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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