

Situational Analysis for Accelerating Immunization Progress in the Western Pacific Region

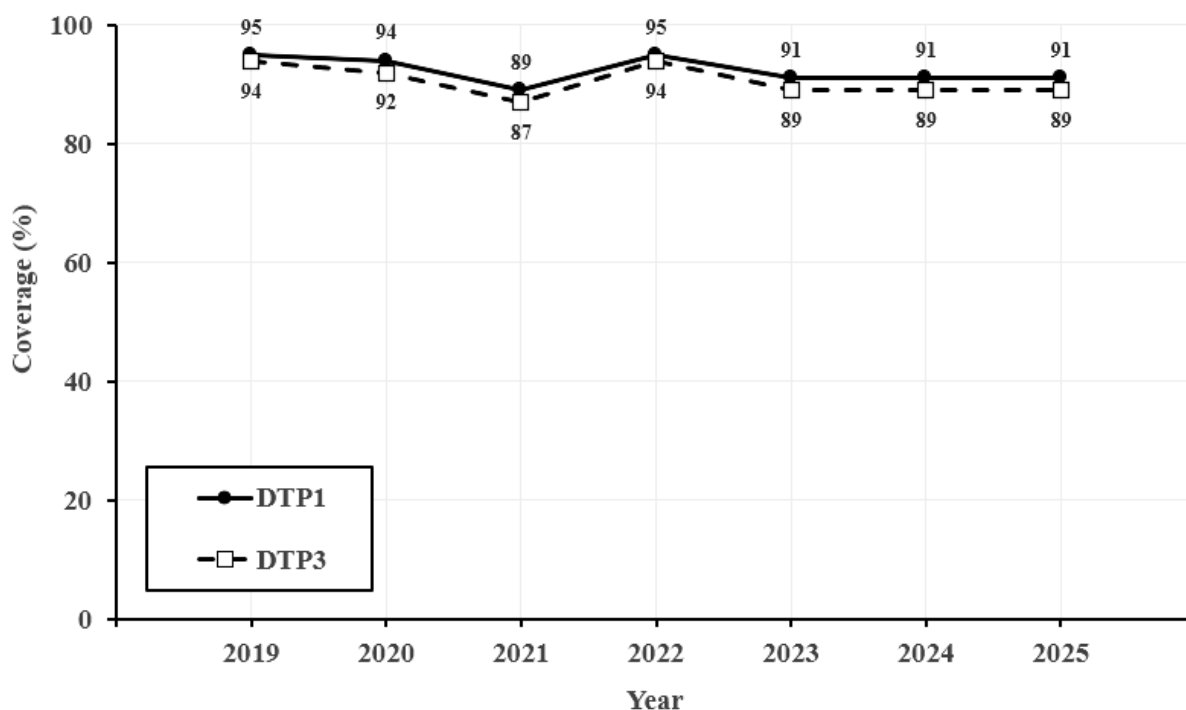
1. Reducing zero-dose children

Regional coverage with basic childhood vaccines has weakened.

In the Western Pacific Region, coverage with the first dose of the diphtheria-tetanus-pertussis (DTP1) vaccine – a measure of access to immunization services – declined from 95% in 2019 to 91% in 2025. In the same period, coverage with the third dose (DTP3) – a measure of the programme’s ability to fully immunize children – fell from 94% to 89%.

Coverage dropped sharply in 2021 (DTP1 89%, DTP3 87%) during the height of pandemic-related disruption, rebounded in 2022, and has since settled below pre-pandemic levels (Fig. 1). The persistent four- to five-percentage-point gap between DTP1 and DTP3 indicates that a substantial number of children who start the vaccination schedule do not complete it, pointing to problems with continuity and follow-up, as well as initial access.

Fig. 1. Regional DTP1 and DTP3 coverage, Western Pacific Region, 2019–2025



Source: WHO/UNICEF Estimates of National Immunization Coverage (as of 15 July 2026).

The regional average conceals wide disparities between countries.

A large group of Member States – including Brunei Darussalam, China, Cook Islands, Malaysia, Mongolia, Niue, Palau, the Republic of Korea, Singapore, Tuvalu and Viet Nam – sustained both DTP1 and DTP3 coverage at or above 95% throughout the period (Tables 1 and 2).

At the other extreme, Papua New Guinea recorded the Region’s lowest coverage, with DTP3 between 32% and 43%, and the Lao People’s Democratic Republic remained in the 61–74% range.

The most consequential movements occurred in Indonesia and the Philippines: Indonesia's DTP3 fell to 67% in 2021 before recovering to 82% by 2025, and the Philippines declined from 84% in 2019 to 71% in 2024–2025.

Table 1. DTP1 coverage (%) by country, 2019–2025

Country	2019	2020	2021	2022	2023	2024	2025
Australia	95	95	95	94	94	93	92
Brunei Darussalam	99	99	99	99	99	99	99
Cambodia	93	92	92	92	93	90	87
China	99	99	99	99	97	97	97
Cook Islands	99	97	94	91	95	98	99
Fiji	97	99	99	97	99	95	95
Indonesia	90	83	74	92	85	83	85
Japan	98	96	99	99	98	99	91
Kiribati	97	99	98	96	99	96	97
Lao People's Democratic Republic	70	67	71	73	76	76	74
Malaysia	99	98	95	97	95	93	95
Marshall Islands	96	97	97	96	98	98	98
Micronesia (Federated States of)	97	98	95	92	98	96	95
Mongolia	99	98	97	97	98	97	97
Naoero	99	99	99	99	98	96	95
New Zealand	94	94	93	94	93	94	92
Niue	99	99	99	99	99	99	95
Palau	99	99	99	99	99	99	99
Papua New Guinea	44	50	41	47	45	49	49
Philippines	87	87	70	87	91	82	79
Republic of Korea	98	98	98	98	98	98	98
Samoa	97	99	96	97	99	99	99
Singapore	99	99	99	99	98	98	98
Solomon Islands	99	98	95	99	92	91	91
Tonga	99	99	99	99	99	99	97
Tuvalu	99	99	99	99	99	99	99
Vanuatu	96	84	71	83	90	88	97
Viet Nam	96	96	87	92	80	99	99

Source: WHO/UNICEF Estimates of National Immunization Coverage (as of 15 July 2026).

Table 2. DTP3 coverage (%) by country, 2019–2025

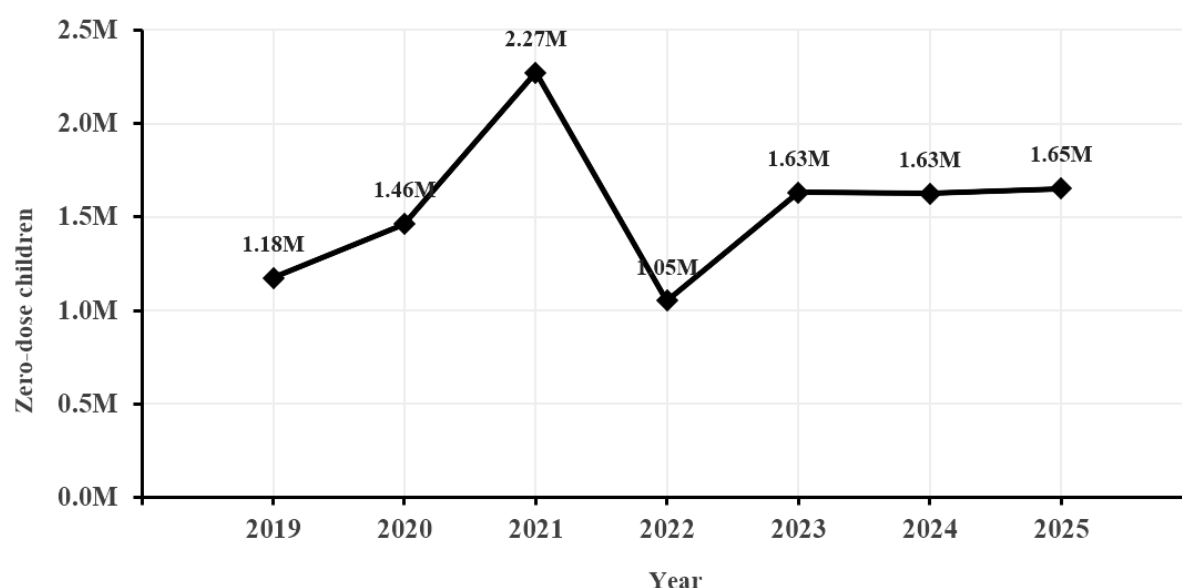
Country	2019	2020	2021	2022	2023	2024	2025
Australia	95	95	95	94	94	93	92
Brunei Darussalam	99	99	99	99	99	99	99
Cambodia	88	86	86	84	84	83	81
China	99	99	99	99	96	97	97
Cook Islands	98	89	81	72	86	75	95
Fiji	97	97	98	96	97	94	94
Indonesia	85	77	67	91	83	78	82
Japan	98	96	99	99	98	99	91
Kiribati	97	92	90	91	90	94	87
Lao People's Democratic Republic	66	61	65	70	74	67	67
Malaysia	98	98	95	97	95	93	95
Marshall Islands	79	82	86	86	85	85	85
Micronesia (Federated States of)	78	83	72	69	79	76	73
Mongolia	98	96	95	95	96	96	96
Naoero	96	95	98	99	85	70	66
New Zealand	92	92	90	89	88	89	88
Niue	99	99	99	99	99	99	95
Palau	97	96	95	94	97	97	96
Papua New Guinea	35	40	32	37	35	42	43
Philippines	84	83	69	84	89	71	71
Republic of Korea	98	98	98	98	98	97	97
Samoa	68	89	85	76	83	85	84
Singapore	97	98	98	97	98	97	97
Solomon Islands	94	94	87	89	84	87	87
Tonga	99	99	99	99	99	99	94
Tuvalu	92	95	94	91	94	94	99
Vanuatu	90	78	62	68	72	71	77
Viet Nam	89	94	83	91	65	97	97

Source: WHO/UNICEF Estimates of National Immunization Coverage (as of 15 July 2026).

The number of zero-dose children has climbed again.

The number of zero-dose children in the Region rose from about 1.18 million in 2019 to a pandemic-era peak of 2.27 million in 2021, fell back to 1.05 million in 2022, and has since climbed again to roughly 1.65 million in 2025 (Fig. 2). The net effect is an increase of some 478 000 children, or around 41%, between 2019 and 2025. Rather than a steady recovery, the trend shows a Region that has been unable to return durably to its pre-pandemic baseline, leaving it severely off-track for the Immunization Agenda 2030 (IA2030) goal of halving the number of zero-dose children by 2030.

Fig. 2. Regional trend in the number of zero-dose children, Western Pacific Region, 2019–2025



Source: WHO/UNICEF Estimates of National Immunization Coverage (as of 15 July 2026) and United Nations World Population Prospects (2024 Revision).

Only four countries are on-track in reducing numbers of zero-dose children.

A few large countries – Indonesia (656 648), the Philippines (380 906), China (259 920) and Papua New Guinea (127 511) – together account for the overwhelming majority of the Region’s zero-dose children in 2025 (Table 3). Yet zero-dose children are present in every Member State, and several smaller countries recorded steep proportional increases from a low base, including Solomon Islands (from 204 in 2019 to 1969 in 2025), Tonga (from 25 to 70) and Naoero (from three to 14).

Measured against the 2025 milestone towards a 50% reduction, only four Member States – Cook Islands, the Marshall Islands, Samoa and Viet Nam – were on-track, with Viet Nam standing out as the clearest example of large-country progress, having reduced its zero-dose children from 59 432 in 2019 to 13 110 in 2025. For the great majority of countries, however, 2025 figures exceeded both the 2025 milestone and, in many cases, the 2019 baseline, underscoring widening gaps in access for the most underserved communities, particularly in geographically dispersed and fragile settings.

Table 3. Zero-dose children by country, 2019 baseline, 2025 target, 2025 actual and 2030 target

Country	2019 baseline	2025 target	2025 actual	On-track*	2030 target
Australia	15 223	11 071	24 293	No	7 612
Brunei Darussalam	64	47	60	No	32
Cambodia	25 994	18 905	45 344	No	12 997
China	145 340	105 702	259 920	No	72 670
Cook Islands	2	2	1	Yes	1
Fiji	518	377	811	No	259
Indonesia	452 693	329 232	656 648	No	226 347
Japan	17 268	12 559	67 242	No	8 634
Kiribati	100	72	98	No	50
Lao People's Democratic Republic	48 713	35 427	40 893	No	24 356
Malaysia	4 732	3 442	21 895	No	2 366
Marshall Islands	41	30	14	Yes	20
Micronesia (Federated States of)	74	54	124	No	37
Mongolia	753	547	1 829	No	376
Naoero	3	2	14	No	2
New Zealand	3 516	2 557	4 665	No	1 758
Niue	0	0	1	No	0
Palau	2	2	2	No	1
Papua New Guinea	138 006	100 368	127 511	No	69 003
Philippines	255 853	186 075	380 906	No	127 926
Republic of Korea	5 893	4 286	4 909	No	2 947
Samoa	174	126	53	Yes	87
Singapore	474	345	995	No	237
Solomon Islands	204	148	1 969	No	102
Tonga	25	18	70	No	12
Tuvalu	3	2	2	No	1
Vanuatu	354	257	270	No	177
Viet Nam	59 432	43 223	13 110	Yes	29 716

* On-track status is assessed against the 2025 milestone towards the IA2030 target of a 50% reduction in zero-dose children by 2030.

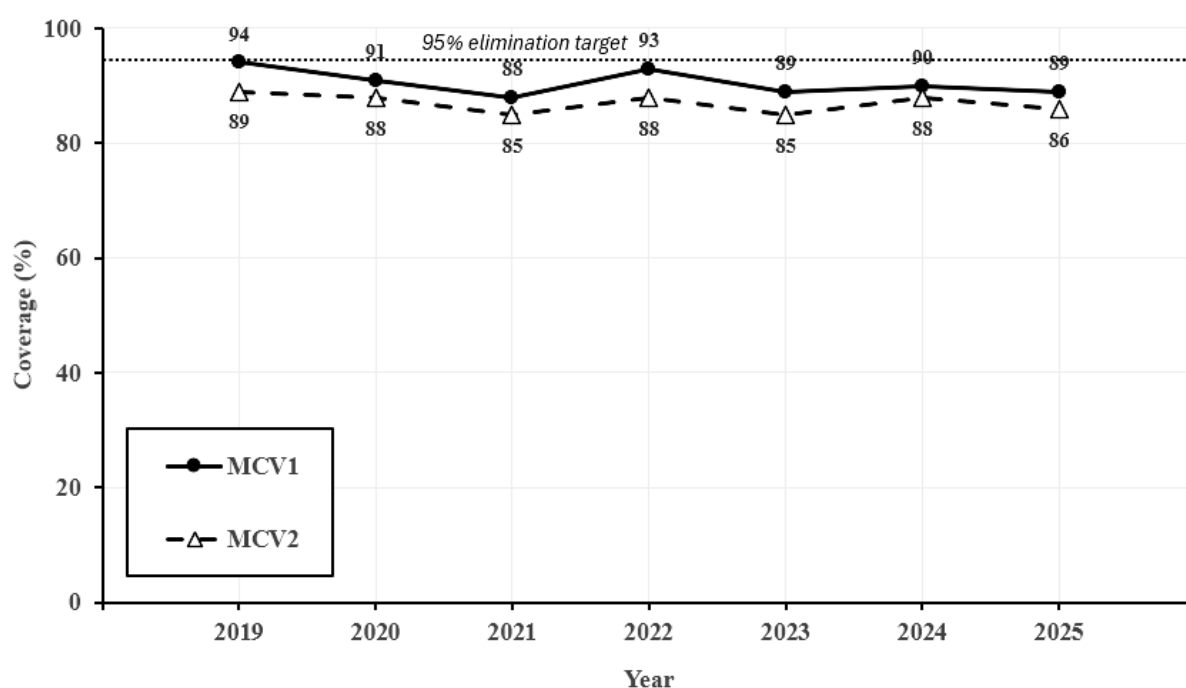
Source: WHO/UNICEF Estimates of National Immunization Coverage (as of 15 July 2026) and United Nations World Population Prospects (2024 Revision).

2. Measles elimination

Measles-containing vaccine coverage remains below the required level.

Regional coverage with the first dose of measles-containing vaccine (MCV1) declined from 94% in 2019 to 89% in 2025, while coverage with the second dose (MCV2) fell from 89% to 86% over the same period (Fig. 3). Both indicators remain below the 95% two-dose threshold required to interrupt transmission, and the persistent MCV1–MCV2 gap points to incomplete second-dose delivery in many settings.

Fig. 3. Regional MCV1 and MCV2 coverage, Western Pacific Region, 2019–2025



Source: WHO/UNICEF Estimates of National Immunization Coverage (as of 15 July 2026).

Measles immunity gaps are unevenly distributed.

MCV2 coverage in 2025 ranged from below 30% in Papua New Guinea to 99% in several high-performing Member States (Tables 4 and 5).

Table 4. MCV1 coverage (%) by country, 2019–2025

Country	2019	2020	2021	2022	2023	2024	2025
Australia	94	93	93	96	91	92	91
Brunei Darussalam	97	99	99	97	97	99	99
Cambodia	87	83	83	83	79	85	87
China	99	99	99	99	95	95	95
Cook Islands	99	87	74	61	84	99	96
Fiji	94	92	98	99	98	91	91
Indonesia	88	76	72	92	82	85	85

Country	2019	2020	2021	2022	2023	2024	2025
Japan	96	98	95	98	94	95	92
Kiribati	94	82	80	85	79	82	84
Lao People's Democratic Republic	70	63	62	65	69	55	58
Malaysia	97	95	96	96	96	96	95
Marshall Islands	85	89	85	81	88	88	88
Micronesia (Federated States of)	78	79	64	69	86	81	81
Mongolia	98	97	95	94	96	96	97
Naoero	95	98	98	98	95	92	71
New Zealand	92	91	91	90	89	89	89
Niue	99	99	99	99	99	99	99
Palau	97	93	93	96	96	96	94
Papua New Guinea	37	44	35	41	52	44	45
Philippines	83	79	64	76	81	80	72
Republic of Korea	98	98	98	97	97	97	97
Samoa	96	66	62	82	87	85	76
Singapore	96	97	96	96	97	97	97
Solomon Islands	81	81	67	90	68	78	78
Tonga	99	99	99	99	99	99	95
Tuvalu	96	93	93	90	98	97	97
Vanuatu	80	78	50	70	66	61	74
Viet Nam	95	97	89	88	82	98	98

Source: WHO/UNICEF Estimates of National Immunization Coverage (as of 15 July 2026).

Table 5. MCV2 coverage (%) by country, 2019–2025

Country	2019	2020	2021	2022	2023	2024	2025
Australia	94	94	94	91	93	92	91
Brunei Darussalam	98	97	99	99	99	99	99
Cambodia	75	72	63	69	64	69	73
China	98	99	99	99	95	95	94
Cook Islands	98	82	67	51	77	79	98
Fiji	72	71	78	84	83	75	75
Indonesia	71	60	53	71	69	82	78
Japan	93	95	94	95	94	96	95
Kiribati	91	57	58	68	47	47	47
Lao People's Democratic Republic	50	52	52	49	59	54	58

Country	2019	2020	2021	2022	2023	2024	2025
Malaysia	87	84	98	96	95	93	84
Marshall Islands	64	68	59	54	61	61	61
Micronesia (Federated States of)	52	62	38	38	59	60	60
Mongolia	99	96	94	93	96	95	95
Naoero	95	97	99	99	76	52	51
New Zealand	90	91	82	83	84	87	88
Niue	99	99	99	99	99	99	99
Palau	88	83	84	85	89	88	78
Papua New Guinea	20	27	20	25	41	26	28
Philippines	67	68	55	64	69	71	67
Republic of Korea	96	95	95	95	96	96	95
Samoa	59	59	50	45	75	60	76
Singapore	92	94	93	92	92	93	93
Solomon Islands	54	51	40	90	48	66	66
Tonga	99	99	99	99	99	99	98
Tuvalu	92	85	84	89	98	91	95
Vanuatu	–	–	–	–	21	53	40
Viet Nam	92	93	85	81	86	95	95

– denotes that a second routine dose was not scheduled or no data were reported for that year.

Source: WHO/UNICEF Estimates of National Immunization Coverage (as of 15 July 2026).

Reported measles cases climb higher.

The epidemiological consequences of measles immunity gaps are already visible. Reported measles cases surged in 2024–2025 after historically low levels in 2021–2022, consistent with the joint alert issued in 2025 by WHO, the United Nations Children’s Fund (UNICEF) and Gavi, the Vaccine Alliance, describing the highest measles levels in the Region since 2020 (Table 6).

Large outbreaks were reported in 2025 in Indonesia (36 590 cases), Mongolia (13 846), Viet Nam (11 567), the Philippines (5042), Cambodia (4613) and the Lao People’s Democratic Republic (3855) – a pattern that closely tracks with countries that have the widest sub-95% immunity gaps and, in several cases, the highest zero-dose burdens.

Table 6. Reported confirmed measles cases by country, 2019–2025

Country	2019	2020	2021	2022	2023	2024	2025
Australia	286	25	0	7	26	57	181
Brunei Darussalam	1	0	0	0	1	0	0
Cambodia	684	379	5	13	11	666	4 613
China	2 974	867	554	552	621	1 272	1 770

Country	2019	2020	2021	2022	2023	2024	2025
Cook Islands	0	–	–	–	–	–	–
Fiji	28	–	–	–	–	–	0
Indonesia	1 965	524	394	7 704	18 063	6 328	36 590
Japan	742	12	6	–	–	45	265
Kiribati	3	0	1	–	–	0	0
Lao People's Democratic Republic	1 119	138	2	0	2	1	3 855
Malaysia	1 077	478	128	209	2 002	3 791	917
Marshall Islands	–	–	0	–	0	0	0
Micronesia (Federated States of)	0	–	–	1	1	–	–
Mongolia	2	0	–	46	0	12	13 846
Naoero	0	–	–	–	–	0	–
New Zealand	2 189	7	0	0	–	1	58
Niue	0	–	–	0	–	–	0
Palau	–	–	–	0	0	0	0
Papua New Guinea	1	4	0	2	12	47	0
Philippines	48 525	3 832	206	589	2 892	3 844	5 042
Republic of Korea	194	6	0	–	7	49	78
Samoa	5 687	11	0	0	0	0	0
Singapore	152	–	–	–	–	12	–
Solomon Islands	–	–	–	–	0	–	0
Tonga	659	–	–	–	12	0	0
Tuvalu	0	–	–	–	–	–	–
Vanuatu	0	0	0	0	0	0	0
Viet Nam	14 156	846	162	23	43	7 854	11 567

– denotes no data reported for that year.

Source: WHO/UNICEF Electronic Joint Reporting Form on Immunization.

Nine countries have yet to achieve measles elimination.

Despite these pressures, the Region continues to demonstrate that elimination is achievable. As of 2026, 19 of the 28 Member States have achieved and maintained verified measles elimination status, and the same 19 have verified rubella elimination (Table 7). The verification of measles and rubella elimination across Pacific island countries and areas illustrates what sustained commitment and regional cooperation can deliver.

Nine countries – Cambodia, China, Indonesia, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines and Viet Nam – have yet to achieve elimination. Restoring high, equitable two-dose coverage and verification-standard surveillance in these settings will determine whether the Region reaches elimination by 2030.

Table 7. Measles and rubella elimination status by country, 2026

Country	Measles elimination status	Rubella elimination status
Australia	Verified	Verified
Brunei Darussalam	Verified	Verified
Cambodia	Yet to achieve/sustain*	Yet to achieve
China	Yet to achieve	Yet to achieve
Cook Islands	Verified	Verified
Fiji	Verified	Verified
Indonesia	Yet to achieve	Yet to achieve
Japan	Verified	Verified
Kiribati	Verified	Verified
Lao People's Democratic Republic	Yet to achieve	Yet to achieve
Malaysia	Yet to achieve	Yet to achieve
Marshall Islands	Verified	Verified
Micronesia (Federated States of)	Verified	Verified
Mongolia	Yet to achieve/sustain*	Yet to achieve
Naoero	Verified	Verified
New Zealand	Verified	Verified
Niue	Verified	Verified
Palau	Verified	Verified
Papua New Guinea	Yet to achieve	Yet to achieve
Philippines	Yet to achieve	Yet to achieve
Republic of Korea	Verified	Verified
Samoa	Verified	Verified
Singapore	Verified	Verified
Solomon Islands	Verified	Verified
Tonga	Verified	Verified
Tuvalu	Verified	Verified
Vanuatu	Verified	Verified
Viet Nam	Yet to achieve	Yet to achieve

Note: Status as of August 2026. Verified status denotes documented interruption of endemic transmission confirmed by the Regional Verification Commission; a verification year was not specified in the supporting data.

*Cambodia and Mongolia previously achieved measles elimination status in 2015 and 2014, respectively, but were unable to sustain it.

Source: WHO Regional Office for the Western Pacific, measles and rubella verification records, 2026.

3. Life-course vaccination

Country performance of life-course vaccination is uneven.

Coverage with the human papillomavirus (HPV) vaccine provides the clearest available marker of progress beyond early childhood. Programme introduction has gathered momentum across the Region: the number of Member States reporting HPV coverage rose from 14 in 2019 to 25 in 2025, as more countries introduced and scaled up the vaccine. Reported coverage nonetheless remains highly variable between countries, and in many established programmes it stays below the levels needed for cervical cancer elimination, underscoring that introduction alone does not guarantee the high, sustained adolescent coverage the Region is working towards.

Country-level performance remains highly uneven (Table 8). Several countries have rapidly scaled effective programmes – Lao People’s Democratic Republic (96% in 2025), Kiribati (91%), Samoa (87%), Brunei Darussalam (85%), Cook Islands (84%) and Indonesia (83% in 2025, up from single digits before 2023) – demonstrating that high adolescent coverage is achievable across diverse settings. In contrast, some of the Region’s largest countries either report very low coverage, such as the Philippines (5%) and Japan (30%, though rising), or had no nationally reported HPV programme coverage over the period, including China, Papua New Guinea and Viet Nam. Because these countries represent large adolescent cohorts, their limited uptake constrains regional progress and signals persistent gaps in policy prioritization, sustainable financing and delivery platforms.

Table 8. HPV vaccination coverage (%), final dose (girls), by country, 2019–2025

Country	2019	2020	2021	2022	2023	2024	2025
Australia	79	66	66	57	71	73	75
Brunei Darussalam	90	86	90	88	89	88	85
Cambodia	–	–	–	–	87	85	85
China	–	–	–	–	–	–	–
Cook Islands	73	–	–	8	49	77	84
Fiji	52	51	50	50	70	71	71
Indonesia	1	4	4	7	29	79	83
Japan	1	2	7	13	12	17	30
Kiribati	–	–	–	–	55	71	91
Lao People’s Democratic Republic	–	–	54	22	34	95	96
Malaysia	79	77	12	–	74	78	81
Marshall Islands	33	23	36	32	27	50	50
Micronesia (Federated States of)	56	28	32	40	48	40	23
Mongolia	–	–	–	–	–	25	53
Naoero	–	–	–	–	–	6	6
New Zealand	66	62	51	55	66	52	68
Niue	–	–	76	99	99	99	99
Palau	55	59	57	52	43	23	23

Country	2019	2020	2021	2022	2023	2024	2025
Papua New Guinea	–	–	–	–	–	–	–
Philippines	1	5	0	–	10	5	5
Republic of Korea	66	74	66	65	67	69	68
Samoa	–	–	–	67	85	84	87
Singapore	58	80	88	68	67	70	70
Solomon Islands	–	17	–	6	65	78	79
Tonga	–	–	–	12	25	67	25
Tuvalu	–	–	27	80	84	70	78
Vanuatu	–	–	–	–	45	43	80
Viet Nam	–	–	–	–	–	–	–

– denotes no nationally reported HPV programme coverage for that year.

Source: WHO/UNICEF Estimates of National Immunization Coverage (as of 15 July 2026).