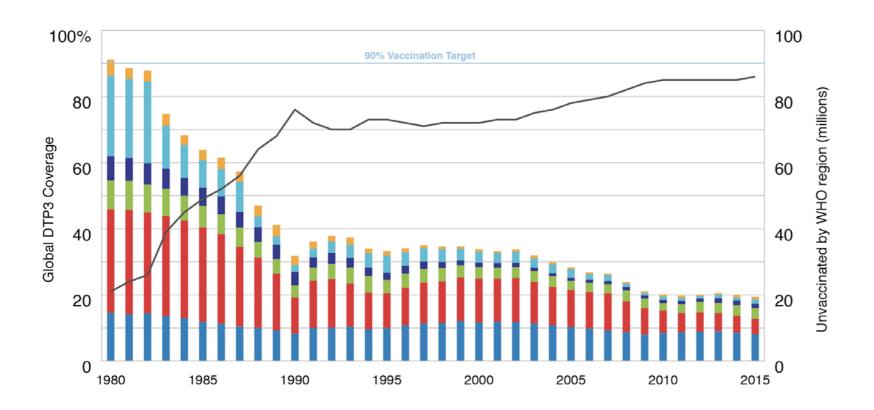
# Progress and Challenges with Achieving Universal Immunization Coverage: 2015 Estimates of Immunization Coverage

WHO/UNICEF Estimates of National Immunization Coverage (Data as of July 2016)





### **Global DTP3 Coverage**





# DTP3 coverage reached 86% in 2015, leaving 19.4 million children vulnerable to vaccine preventable diseases.

86% of the world's children received the required 3 doses of diphtheria-tetanus-pertussis containing vaccines (DTP3) in 2015, a coverage level that has been sustained above 85% since 2010. As a result, the number of children who did not receive routine life-saving vaccinations has dropped to an estimated 19.4 million, down from 33.8 million in 2000.

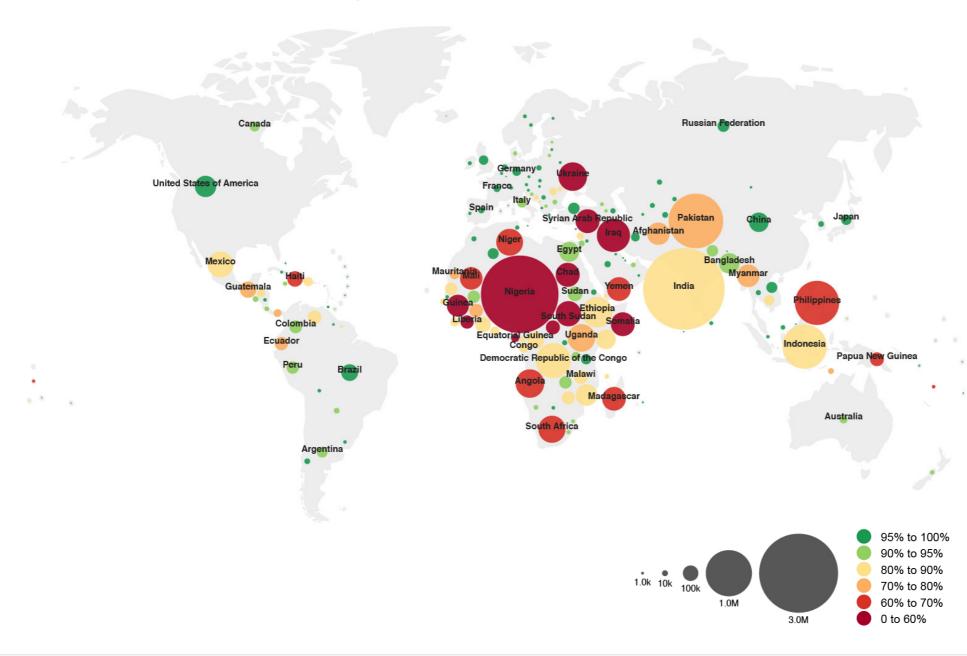
However, this progress falls short of global immunization targets. In 2012, all 194 WHO Member States endorsed the Global Vaccine Action Plan (GVAP) and committed to ensuring no one misses out on vital immunizations, with a target of achieving 90% DTP3 vaccination coverage in all countries by 2015

Source: WHO/UNICEF coverage estimates 2015 revision, for 194 WHO Member States, and "The World Population Prospects: 2015 revision" from the UN Population Division. Slide produced in July 2016 by Immunization Vaccines and Biologicals, (IVB), World Health Organization. All content of this slide may be reused, with credit to WHO.





### 2015 DTP3 Coverage and Numbers of Unvaccinated Children by Country



### Many countries still struggle to achieve high immunization coverage.

67 countries have not yet been able to reach and sustain the GVAP coverage targets, and will need to carefully examine their data and develop strategies to address gaps in immunization coverage. Despite recent progress, the challenges remain largest in the African, Eastern Mediterranean and South East Asian regions. the African region still has most unvaccinated children, as well as most of the countries with very low coverage.

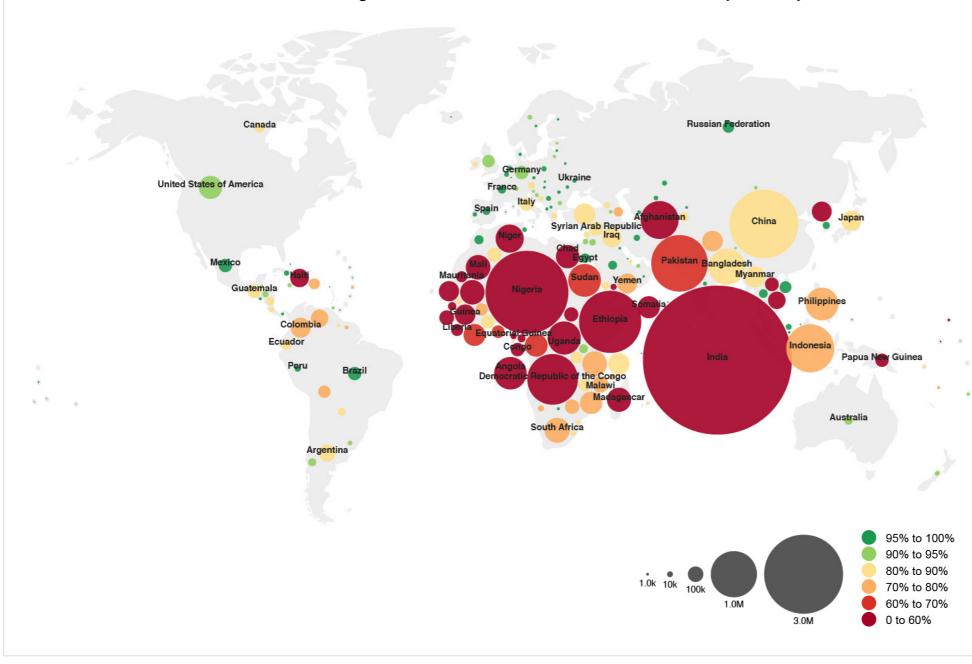
Source: WHO/UNICEF coverage estimates 2015 revision, for 194 WHO Member States. Slide produced in July 2016 by Immunization Vaccines and Biologicals, (IVB), World Health Organization. All content of this slide may be reused, with credit to WHO.

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### 2000 DTP3 Coverage and Numbers of Unvaccinated Children by Country



### Significant progress has been achieved over the last 15 years.

A look at the map in 2000 shows that a lot of the progress has been made in countries such as India, Ethiopia, and the Democratic Republic of the Congo. However, at the same time conflict in Syria, Iraq, and Ukraine led to the collapse of previously well performing systems there.

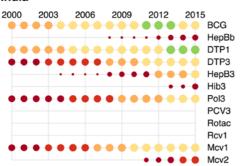
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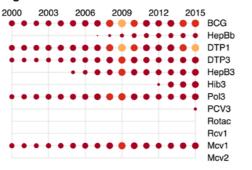




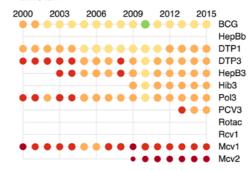
### India



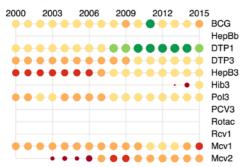
### Nigeria



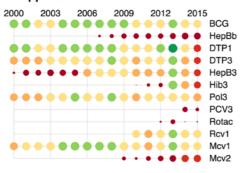
### Pakistan



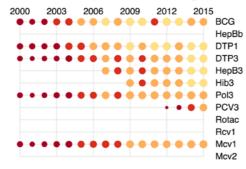
### Indonesia



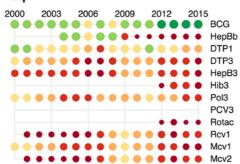
### **Philippines**



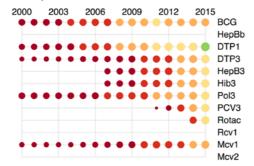
### Democratic Republic of the Congo



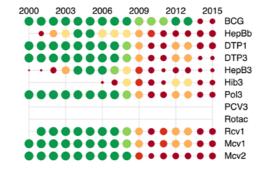
### Iraq



### Ethiopia



### Ukraine



### Legend



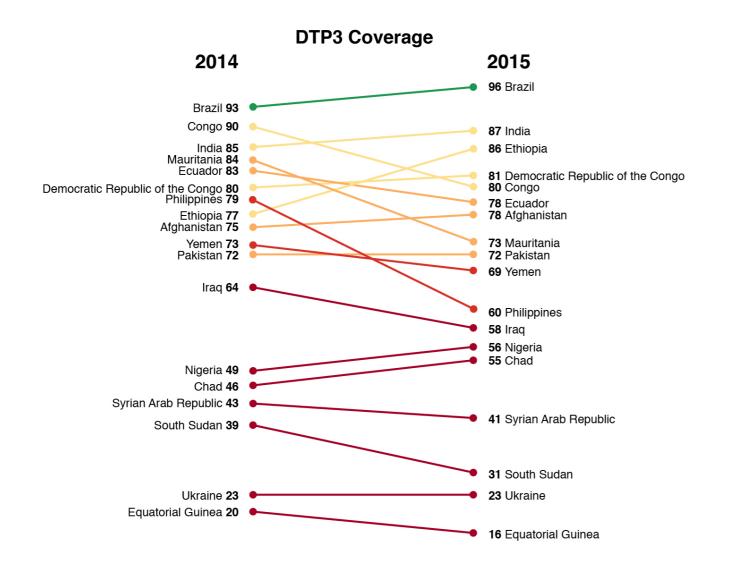
## Coverage Estimates for the Countries with the Largest Cohort of Unvaccinated Children

Most progress has been made in India, Ethiopia, and the Democratic Republic of Congo, while coverage in Pakistan and Indonesia is stagnating. Iraq and Ukraine enter the list as immunization systems have suffered because of conflict. The Philippines experienced stock outs in 2015, and Angola has seen a deteriorating performance over the last few years.

**Source:** WHO/UNICEF coverage estimates 2015 revision, for 194 WHO Member States. Slide produced in July 2016 by Immunization Vaccines and Biologicals, (IVB), World Health Organization. All content of this slide may be reused, with credit to WHO.







### **Selected Movers in 2015**

The most significant year-over-year changes in 2015 include a drop in coverage in the Philippines, due to vaccine stock-outs, and a further deterioration in South Sudan. On the other hand, Chad, Nigeria, and Ethiopia all report robust progress. Upcoming coverage evaluation surveys will need to confirm that progress.

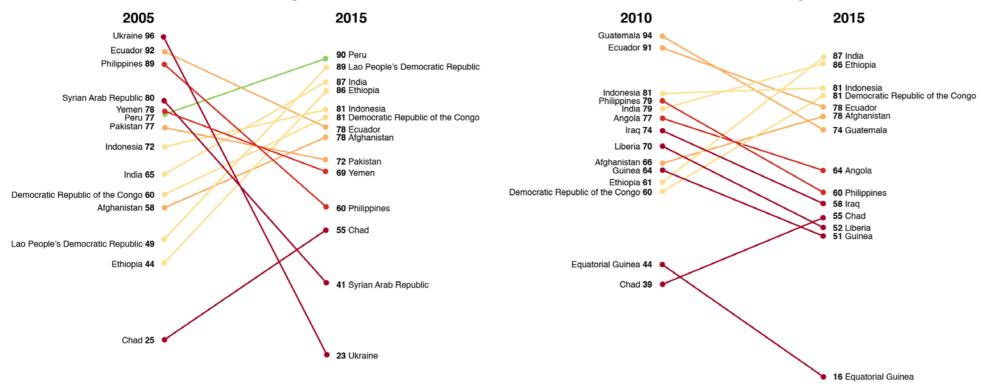
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### **DTP3 Coverage**

### **DTP3 Coverage**



### **Longer Term Trends**

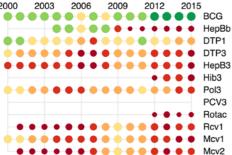
While many countries, such as India, Lao, Chad, and Democratic Republic of Congo (DRC) show sustained progress over the longer term, other countries are yet to show improvement in their performance (Indonesia, Pakistan). Other countries have not been able to sustain high coverage levels (Guatemala and Congo), or have seen positive trends reverted recently (Angola and Mauritania).

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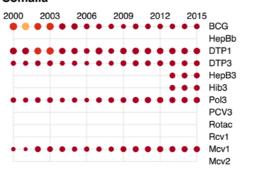




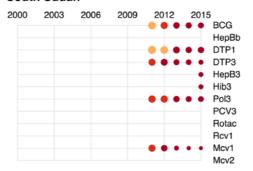
### Iraq



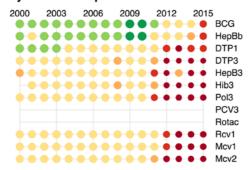
### Somalia



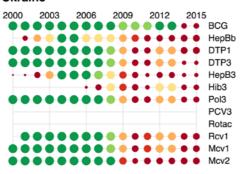
### South Sudan



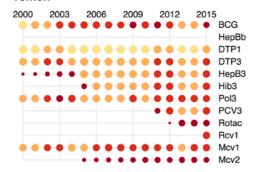
### Syrian Arab Republic



### Ukraine



### Yemen



### Legend



### Immunization in countries with ongoing conflict.

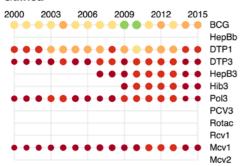
The impact of conflict on immunization performance is unambiguous and devastating.

Source: WHO/UNICEF coverage estimates 2015 revision, for 194 WHO Member States. Slide produced in July 2016 by Immunization Vaccines and Biologicals, (IVB), World Health Organization. All content of this slide may be reused, with credit to WHO.

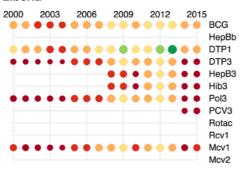




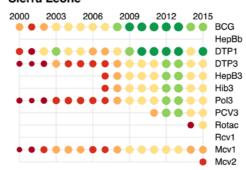
### Guinea



### Liberia



### Sierra Leone



### Legend



### Immunization in countries afflicted by Ebola.

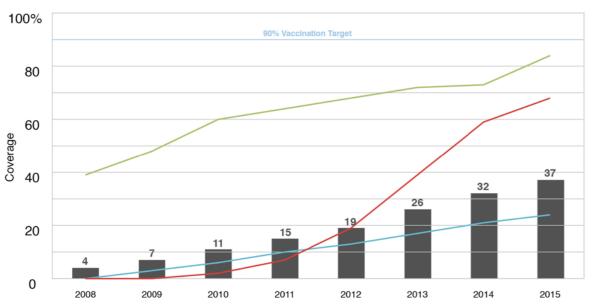
The Ebola outbreak in West Africa 2014 and 2015 had a different impact in each of the affected countries. Sierra Leone experienced a relatively mild impact on programme performance (-9 percentage points in 2014) and already seems to be recovering well, while the hit on performance in Liberia (-26 percentage points in 2014) was much harder. Coverage in Guinea was already struggling before Ebola hit (-12 percentage points in 2014).

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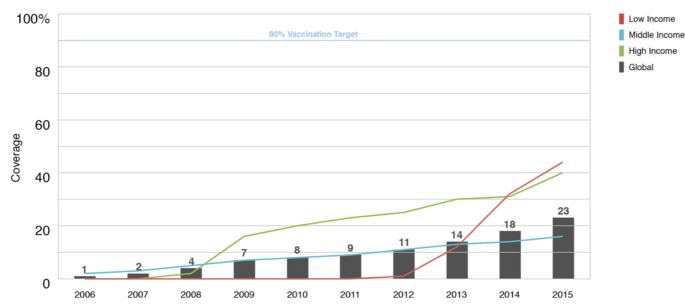




### **Pneumococcal Vaccine**



### **Rotavirus Vaccine**



## Coverage for newer vaccines is lagging in middle income countries.

Low Income

Middle Income
High Income
Global

The number of countries using new vaccines such as rotavirus (81 countries) and pneumococcal conjugate vaccine (128 countries) has increased, but global coverage remains low at 23% and 32%, respectively. Vaccine introduction is especially lagging in middle income countries. These countries are often not able to finance introduction with national resources, while they generally don't have access to external funding sources. Low income countries have largely been able to close the gap in coverage with high income countries with assistance from Gavi, the Vaccine Alliance.

**Source:** WHO/UNICEF coverage estimates 2015 revision, for 194 WHO Member States. Slide produced in July 2016 by Immunization Vaccines and Biologicals, (IVB), World Health Organization. All content of this slide may be reused, with credit to WHO.



