

NATIONAL IMMUNIZATION COVERAGE SCORECARDS ESTIMATES FOR 2019



National immunization coverage scorecards estimates for 2019

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GLOBAL IMMUNIZATION COVERAGE IN 2019

ANNEX OF THE GVAP REVIEW AND LESSONS-LEARNED REPORT

The unique value of vaccines was the driving force behind the Decade of Vaccines, an effort launched at the 2010 World Economic Forum and supported by many stakeholders to extend the full benefits of immunization to all by 2020. Governments welcomed the initiative, and 194 Member States endorsed the Global Vaccine Action Plan (GVAP) at the 65th World Health Assembly in May 2012.

One of the global immunization goals for the Decade of Vaccines is that all the countries reach 90% national coverage with the three doses of diphtheria-tetanus pertussis- containing vaccines (DTP3) by 2015 and for all vaccines included in the national immunization

programme by 2020. In this document the annual national coverage estimates from 2000 to 2019 are presented for all the vaccines included in respective national programmes for which WHO-UNICEF Estimates of National Immunization Coverage (WUENIC)¹ are being generated.

The size of the circle indicates the coverage level and its colour indicates progression towards the 90% target, with the green colour indicating that it has been reached or exceeded (see legend below). A blank means either the vaccine has not been introduced or the vaccine coverage has not been estimated.

LEGEND

Coverage



¹ Refer to: https://www.who.int/immunization/monitoring_surveillance/routine/reporting/en/

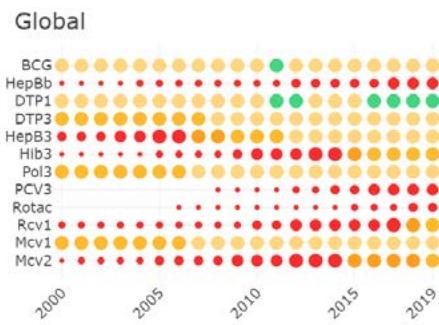


Vaccines

| | | | |
|--------------|---|--------------|---|
| BCG | Bacille Calmette Guérin vaccine | HepBb | HepB birth dose |
| DTP1 | First dose of diphtheria toxoid, tetanus toxoid and pertussis vaccine | DTP3 | Third dose of diphtheria toxoid, tetanus toxoid and pertussis vaccine |
| HepB3 | Third dose of hepatitis B vaccine | Hib3 | Third dose of Haemophilus influenzae type B vaccine |
| Pol3 | Third dose of polio vaccine | PCV3 | Third dose of Pneumococcal conjugate vaccine |
| Rotac | Rotavirus last dose | Rcv1 | First dose of Rubella-containing Vaccine |
| Mcv1 | First dose of Measles-containing vaccine | Mcv2 | Second dose of Measles-containing vaccine |

The graphic provides visual representation of the vaccination coverage trends over time, the timing of introduction of new vaccines, drop-out rates between first and last doses of some vaccines, and difference in coverage rates between different vaccines. Figure 1 describes the global situation.

Figure 1: Global vaccine coverage rate detailed by vaccine, in 2019



Global vaccination coverage – the proportion of the world's children who receive recommended vaccines – has remained the same over the past few years.

During 2019, about 85% of infants worldwide (116 million infants) received 3 doses of diphtheria-tetanus-pertussis (DTP3) vaccine, protecting them against infectious diseases that can cause serious illness and disability or be fatal. By 2019, 125 Member States had reached at least 90% coverage of DTP3 vaccine.

GLOBAL IMMUNIZATION COVERAGE 2019

A summary of global vaccination coverage in 2019 follows.

Haemophilus influenzae type b (Hib) causes meningitis and pneumonia. Hib vaccine had been introduced in 192 Member States by the end of 2019. Global coverage with 3 doses of Hib vaccine is estimated at 72%. There is great variation between

regions. The WHO Region of South-East Asia is estimated to have 89% coverage, while it is only 24% in the WHO Western Pacific Region.

Hepatitis B is a viral infection that attacks the liver. Hepatitis B vaccine for infants had been introduced nationwide in 189 Member States by the end of 2019. Global coverage with 3 doses of hepatitis B vaccine is estimated at 85%. In addition, 109 Member States introduced one dose of hepatitis B vaccine to newborns within the first 24 hours of life. Global coverage is 43% and is as high as 84% in the WHO Western Pacific Region, while it is only estimated to be at 6% in the WHO African region.

Human papillomavirus (HPV) is the most common viral infection of the reproductive tract and can cause cervical cancer in women, other types of cancer, and genital warts in both men and women. The HPV vaccine was introduced in 106 Member States by the end of 2019, including three countries with introduction in some parts of the country. This is the strongest year on year increase in HPV introductions (+15%) since the HPV vaccine came to market in 2006. However, since many large countries have not yet introduced the vaccine and vaccine coverage is suboptimal in many - global coverage with the final dose of HPV currently is estimated at 15%.

Nearly a third of these Member States (33) have also started to vaccinate boys.

Meningitis A is an infection that is often deadly and leaves one in five affected individuals with long-term devastating sequelae. Before the introduction of MenAfriVac in 2010 – a revolutionary vaccine developed in collaboration with Serum Institute of India through the WHO and PATH Meningitis Vaccine Project – meningitis serogroup A accounted for 80–85% of meningitis epidemics in the African meningitis belt. In 2012, MenAfriVac became the first vaccine to gain approval for use outside the cold chain during campaigns – for as long as four days without refrigeration and at temperatures of

up to 40°C. By the end of 2019 almost 350 million people in 24 out of the 26 countries in the meningitis belt had been vaccinated with MenAfriVac through campaigns. To sustain the dramatic effect of these campaigns, Ghana and Sudan were the first two countries to include the MenAfriVac in their routine immunization schedule in 2016, followed by Burkina Faso, Central African Republic, Chad, Mali and Niger in 2017, Côte d'Ivoire in 2018 and Gambia and Nigeria in 2019.

Measles is a highly contagious disease caused by a virus, which usually results in a high fever and rash, and can lead to blindness, encephalitis or death. By the end of 2019, 85% of children had received one dose of measles-containing vaccine by their second birthday, and 178 Member States had included a second dose as part of routine immunization and 71% of children received two doses of measles vaccine according to national immunization schedules.

Mumps is a highly contagious virus that causes painful swelling at the side of the face under the ears (the parotid glands), fever, headache and muscle aches. It can lead to viral meningitis. Mumps vaccine had been introduced nationwide in 122 Member States by the end of 2019.

Pneumococcal diseases include pneumonia, meningitis and febrile bacteraemia, as well as otitis media, sinusitis and bronchitis. Pneumococcal vaccine had been introduced in 149 Member States by the end of 2019, including three in some parts of the country, and global third dose coverage was estimated at 48%.

Polio is a highly infectious viral disease that can cause irreversible paralysis. In 2019, 86% of infants around the world received three doses of polio vaccine. In 2019, the coverage of infants receiving their first dose of IPV in countries that are still using OPV is estimated at 82%. Targeted for global eradication, polio has been stopped in all countries except for Afghanistan and Pakistan. Until poliovirus transmission is interrupted in these countries, all countries remain at risk of importation of polio, especially vulnerable countries with weak public health and immunization services and travel or trade links to endemic countries.

Rotaviruses are the most common cause of severe diarrhoeal disease in young children throughout the world. Rotavirus vaccine was introduced in 108 countries by the end of 2019, including three in some parts of the country. Global coverage was estimated at 39%.

Note: Since 2000, WHO and UNICEF jointly produce national immunization coverage estimates for Member States on an annual basis. In addition to producing the immunization coverage estimates for 2018, the WHO and UNICEF estimation process revises the entire historical series of immunization data with the latest available information. The 2018 revision covers 39 years of coverage estimates, from 1980 to 2018. DTP3 coverage is used as an indicator to assess the proportion of children vaccinated and is calculated for children under one year of age. The estimated number of vaccinated children are calculated using population data provided by the 2019 World Population Prospects (WPP) from the UN.

Rubella is a viral disease which is usually mild in children, but infection during early pregnancy may cause fetal death or congenital rubella syndrome, which can lead to defects of the brain, heart, eyes, and ears. Rubella vaccine was introduced nationwide in 173 Member States by the end of 2019, and global coverage was estimated at 71%.

Tetanus is caused by a bacterium which grows in the absence of oxygen, for example in dirty wounds or the umbilical cord if it is not kept clean. The spores of *C. tetani* are present in the environment irrespective of geographical location. It produces a toxin which can cause serious complications or death. Maternal and neonatal tetanus persist as public health problems in 12 countries, mainly in Africa and Asia.

Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes. As of 2019, yellow fever vaccine had been introduced in routine infant immunization programmes in 36 of the 40 countries and territories at risk for yellow fever in Africa and the Americas. In these 40 countries and territories, coverage is estimated at 46%.

KEY CHALLENGES

In 2019 14 million infants did not receive an initial dose of DTP vaccine pointing to lack of access to an immunization and other health services and an additional 5.7 million are partially vaccinated. Of the 19.7 million more than 60% these children live in 10 countries: Angola, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Mexico, Nigeria, Pakistan and the Philippines.

Monitoring data at subnational levels is critical to helping countries prioritize and tailor vaccination strategies and operational plans to address immunization gaps and reach every person with life-saving vaccines.

WHO RESPONSE

WHO is working with countries and partners to improve global vaccination coverage, including through these initiatives adopted by the World Health Assembly in May 2012.

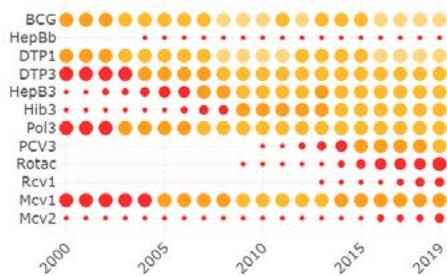


AFRICAN REGION

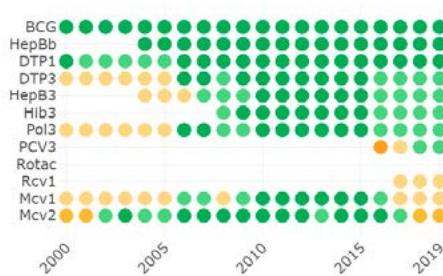
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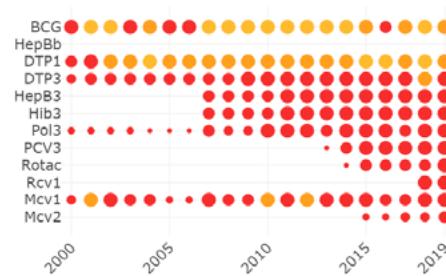
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