



ZIMBABWE'S EXPANDED PROGRAMME ON IMMUNIZATION 2025 ANNUAL BULLETIN



Background

Zimbabwe's Expanded Programme on Immunization (EPI), launched in alignment with the World Health Organization global initiative of 1974 and implemented nationally in the early 1980s, aims to **reduce vaccine-preventable diseases** such as pneumonia, diarrhea, and measles—major causes of mortality among children under five.

Over the years, immunization services have been **fully integrated into the primary health care system**, with outreach and mobile strategies introduced to improve access, particularly in hard-to-reach areas.

The **Ministry of Health and Child Care** has demonstrated sustained commitment to the programme through strong policy direction, planning, and resource allocation. As a result, Zimbabwe has achieved notable progress in immunization coverage.

The programme continues to benefit from the support of key partners, including **Gavi, the Vaccine Alliance, UNICEF, Crown Agents Zimbabwe, and WHO**. While significant progress has been made, continued efforts are essential to ensure that **every child in Zimbabwe** is fully protected.

Demographic information 2025:

Total Population	15,178,979
Live births	200,388
Children < 1 year	425,988
Children < 5 year	2,123,012
Children < 15 year	6,271,137
Pregnant Women	565,738

Immunization schedule 2025:

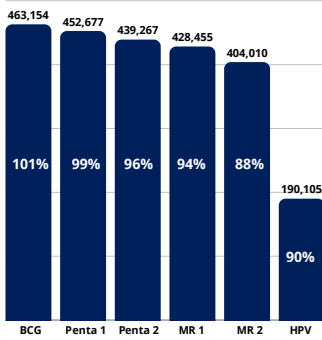
Age	Vaccinations
Birth	BCG, HEP B
6 weeks	Penta 1, OPV 1, PCV 1, Rota 1
10 weeks	Penta 2, OPV 2, PCV 2, Rota 2
14 weeks	Penta 3, PCV 3, IPV 1
9 months	MR 1, TCV, IPV 2
18 months	DTP, OPV, MR 2
5 years	Td1
10 years	Td2
Grade 5/10yrs girls out-of-school	HPV1

EPI Key Outcomes 2025:

nOPV2 R4 Campaign Coverage	119%
nOPV2 R4 LQAS Coverage	89%
MR Campaign Coverage (6-10 oct)	98.67%
MR PCCS Coverage	93.74%
>80% coverage for PENTA-3	56 districts (88.9%)
>90% coverage for MR-1	36 districts (57.1%)
>90% coverage for MR-2	25 districts (39.7%)
NP AFP rate per 100,000 population <15 years old	3.54 cases
Non-measles febrile rash illness rate per 100,000 population	10.5 cases

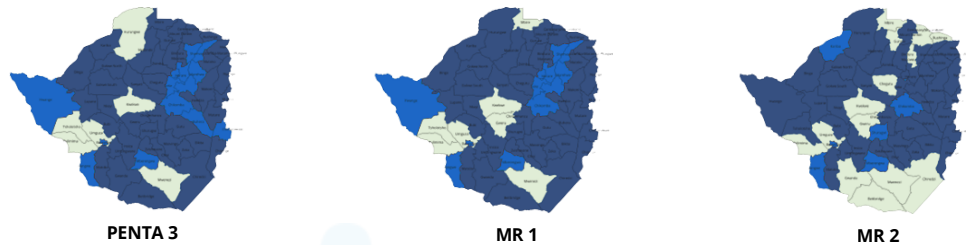


National Vaccination Coverage 2025



National routine immunization coverage in 2025, using **Penta 3** as a proxy, remained above the targets set by the Immunization Agenda 2030. Coverage for the measles-rubella vaccine was slightly lower, with **MR1** and **MR2** reaching **94%** and **88%**, respectively.

Strengthening measles-rubella vaccination—particularly the second dose—remains a priority, especially in light of the country’s goal to achieve measles and rubella elimination. The country also reached **90% coverage for HPV vaccination**, meeting the target for cervical cancer elimination.



Coverage by Province 2025

Province	PENTA 3	HPV
Bulawayo	15,946 (110%)	8,645 (114.6%)
Chitungwiza	12,596 (124%)	2,016 (43.4%)
Harare	63,131 (108%)	23,248 (95.2%)
Manicaland	65,744 (102%)	22,543 (70.9%)
Mash Central	44,498 (94%)	14,874 (76%)
Mash East	53,596 (105%)	18,820 (79.9%)
Mash West	55,319 (87%)	39,761 (154.5%)
Mat North	19,737 (87%)	7,913 (63.5%)
Mat South	18,195 (86%)	9,376 (87.3%)
Masvingo	40,642 (88%)	16,387 (63%)
Midlands	49,873 (85%)	26,522 (102.8%)

National **Penta 3** coverage remains high at **96%**, exceeding both regional and global targets; however, significant subnational disparities persist. Five provinces—Midlands, Matabeleland South, Matabeleland North, Mashonaland West, and Masvingo—reported **coverage below 90%**, highlighting the need for targeted, data-driven interventions based on local assessments.

HPV vaccination coverage also shows substantial inequities, ranging from **154.5%** in Mashonaland West to **43.4%** in Chitungwiza. Higher coverage in some areas is likely due to catch-up campaigns, while provinces that benefited from targeted financial support and school-based delivery strategies achieved notably better results, underscoring the effectiveness of these approaches.

At district level, most districts (56 out of 63) achieved over **80% coverage** for Penta 3, MR 1, and MR 2; however, gaps remain, with **6 districts below 80%** for Penta 3, 7 for MR 1, and 14 for MR 2. These districts require focused support, including in-depth community-level analysis to identify underserved populations and inform context-specific interventions.

Drop-out rate by Province 2025

Province	PENTA 1-3	MR 1-2
Bulawayo	3	2
Chitungwiza	-6	9
Harare	8	13
Manicaland	2	5
Mash Central	4	9
Mash East	-3	9
Mash West	6	2
Mat North	-1	2
Mat South	-2	11
Masvingo	2	5
Midlands	4	-1

The national **Penta1–Penta3** dropout rate remained low at **3%**, which, together with **high Penta1 coverage**, indicates generally strong access to and utilization of immunization services at the national level. However, notable subnational variations persist, underscoring the need for targeted and context-specific interventions in underperforming areas.

Harare Province recorded the highest Penta1–Penta3 dropout rate, highlighting potential challenges in service continuity. In contrast, negative dropout rates were observed in **Chitungwiza, Mashonaland East, Matabeleland North, and Matabeleland South**, likely reflecting data quality issues.

This points to the importance of strengthening data management systems, including regular data quality reviews and assessments. Dropout rates between MR1 and MR2 remain significantly higher than those observed for Penta vaccines. Harare reported an **MR1–MR2** dropout rate of **13%**, followed by **Matabeleland South** at **11%**. Addressing these gaps is critical to improving MR2 coverage and advancing Zimbabwe’s progress towards measles–rubella elimination.



World Health Organization
Zimbabwe