



ZIMBABWE'S EXPANDED PROGRAMME ON IMMUNIZATION Q1-Q2 2026 BULLETIN



Highlights

As of **30 June 2026**, Zimbabwe's Expanded Programme on Immunization (EPI) continued to record strong progress, with national Penta3 coverage reaching 92%, **exceeding the IA2030 target**, and HPV vaccination coverage reaching the national target of 80%. While most districts achieved coverage above 80% for Penta3, MR1 and MR2, lower MR2 uptake and persistent disparities in several provinces and districts underscore the need for targeted action. To improve access to immunization services in hard-to-reach areas, the **Ministry of Health and Child Care**, with support from **Gavi**, procured and deployed 22 all-terrain vehicles during the first quarter of 2026.

The reporting period also included key programme assessments, including the EPI Programme Review, evaluations of the first and second nOPV2 campaign rounds, and the initiation of the National Immunisation Strategy review. These efforts will guide focused interventions in underperforming areas and strengthen immunization outcomes during the second half of 2026.

EPI Key Outcomes 2026:

nOPV2 R1 Campaign Coverage	98.7%
nOPV2 R1 LQAS Coverage	85.2%
nOPV2 R2 Campaign Coverage	105.1%
nOPV2 R2 LQAS Coverage	80%
nOPV2 R3 Campaign Coverage	108.1%
nOPV2 R3 LQAS Coverage	78.6%
>90% coverage for Penta 3	36 Districts
>90% coverage for MR1	31 Districts
>90% coverage for MR2	18 Districts
NP AFP rate per 100,000 population <15 years old	3.7
Non-measles febrile rash illness rate per 100,000 population	9.68

Immunization schedule 2026:

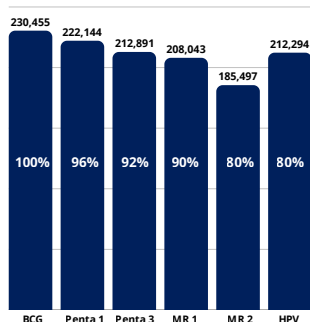
Age	Vaccinations
Birth	BCG
6 weeks	DTP-Hep B-Hib1, OPV1, PCV1, Rota1
10 weeks	DTP-Hep B-Hib2, OPV2, PCV2, Rota2
14 weeks	DTP-Hep B-Hib3, OPV3, PCV3, Rota3, IPV
9 months	Measles Rubella (MR) 1, TCV, IPV2
18 months	DTP, OPV, Measles Rubella (MR) 2
5 years	Td1
10 years	Td2
Grade 5/10yrs girls out-of-school	HPV1

Demographic information 2026:

Total Population	16,216,546
Children < 1 year	461,161
Children < 5 year	2,127,573
Children < 15 year	6,223,500
Pregnant Women	221,823



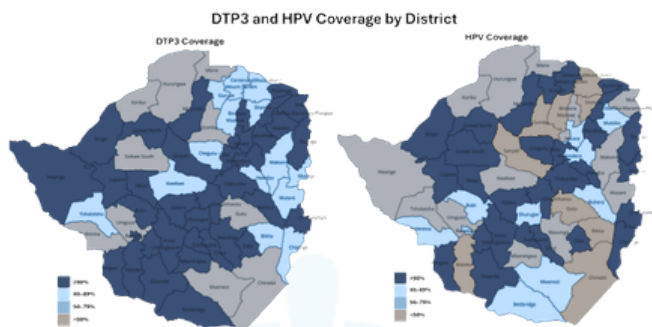
National Vaccination Coverage 2025



During the first half of 2026, Zimbabwe maintained strong routine immunization performance, with national coverage—using the third dose of the pentavalent vaccine (Penta3) as a proxy—reaching 92% as of 30 June, exceeding the Immunization Agenda 2030 target. First-dose measles-rubella (MR1) coverage reached 90%, while second-dose (MR2) coverage remained lower at 80%, highlighting the need to improve uptake to achieve the 95% target. HPV vaccination coverage reached 80%, meeting the target required to support cervical cancer elimination efforts. Sustained action will be essential to maintain high routine immunization coverage and close the remaining gaps in measles-rubella vaccination.

Coverage by Province 2025

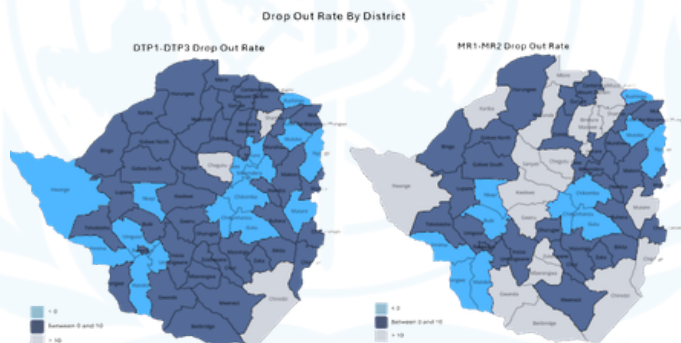
	PENTA 3	HPV
Bulawayo	7,785 (107%)	7,545 (87%)
Harare	36,491 (105%)	29,081 (51%)
Manicaland	30,542 (92%)	31,804 (83%)
Mash Central	20,595 (85%)	19,573 (81%)
Mash East	26,970 (103%)	23,564 (100%)
Mash West	26,237 (80%)	25,729 (68%)
Mat North	10,397 (97%)	12,451 (128%)
Mat South	9,381 (95%)	10,735 (98%)
Masvingo	18,195 (86%)	26,019 (69%)
Midlands	25,978 (92%)	25,796 (95%)
National	212,891 (92%)	169,018 (80%)



National Penta3 coverage reached 92%, exceeding regional and global targets, with most districts achieving over 80% coverage for Penta3, MR1 and MR2. However, Mashonaland Central, Mashonaland West and Masvingo recorded Penta3 coverage below 90%, highlighting the need for targeted interventions. National HPV vaccination coverage stood at 80%, ranging from 128% in Matabeleland North to 51% in Harare. During the second half of the year, targeted support will be provided to districts reporting coverage below 80% to address gaps and improve performance.

Drop-out rate by Province 2025

	PENTA 1-3 (%)	MR 1-2 (%)
Bulawayo	8	6
Harare	5	17
Manicaland	2	8
Mash Central	5	14
Mash East	-1	5
Mash West	8	14
Mat North	-1	2
Mat South	1	8
Masvingo	7	8
Midlands	6	14
National	5	10



Nationally, the Penta1–Penta3 dropout rate was 5%, indicating good utilization and continuity of immunization services. However, higher rates in Bulawayo and Mashonaland West (8% each), Masvingo (7%) and Midlands (6%) point to challenges in follow-up. The MR1–MR2 dropout rate was higher at 10%, highlighting greater difficulties in ensuring completion of the second measles-rubella dose. The highest rates were recorded in Harare (17%), Mashonaland Central, Mashonaland West and Midlands (14% each), while Matabeleland North (2%) and Mashonaland East (5%) reported the lowest rates.

Priorities for the next period (Q3-Q4)

Targeted interventions in Mashonaland Central, Mashonaland West and Masvingo, where Penta3 coverage remains below 90%. Key activities will include:

- Implementing the third round of the nOPV2 campaign;
- Validating the retrieval and destruction of nOPV2 waste;
- Hosting the Eastern and Southern Africa EPI Managers' Meeting;
- Reviewing and updating the National Immunisation Strategy (NIS);
- Conducting the Vaccine Portfolio Optimisation and Prioritisation (VPOP) exercise and a measles risk assessment;
- Commissioning Remote Temperature Monitoring (RMT) devices to strengthen vaccine cold-chain management.