



**World Health
Organization**
Pakistan



Lifelines Delivered: WHO-GAVI's Immunization Impact in Pakistan

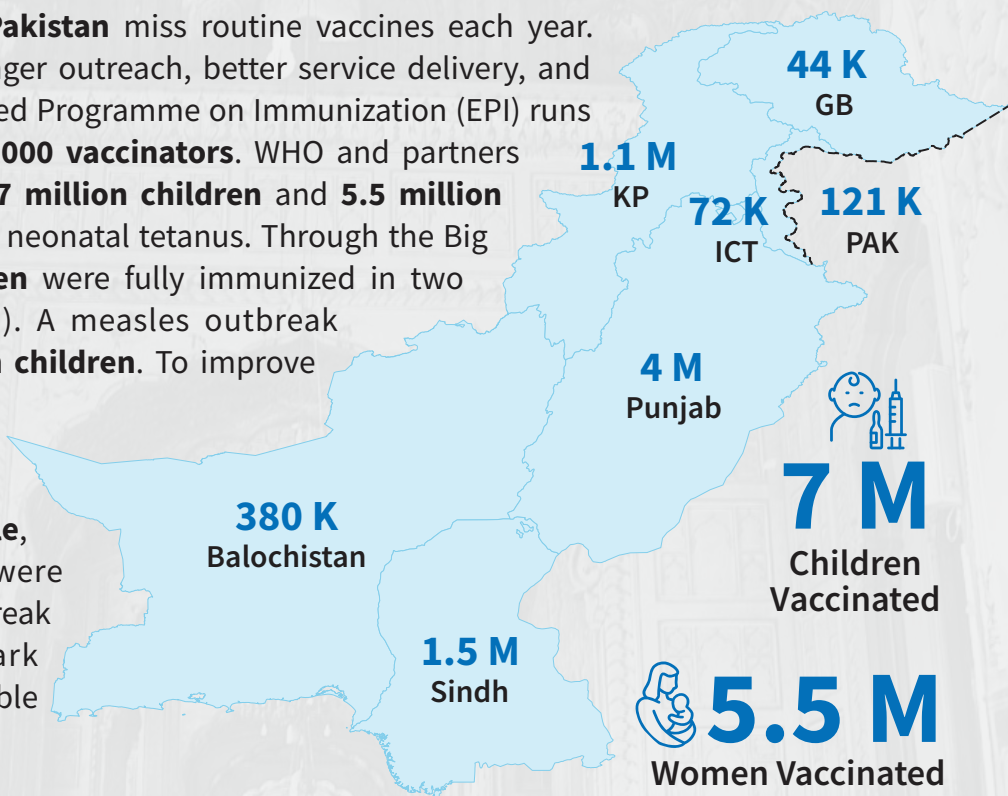


Rebuilding Trust, Restoring Health

This factsheet outlines the impacts of joint GAVI and WHO interventions in strengthening Pakistan's Expanded Programme on Immunization (EPI), including enhanced immunization coverage, improved disease surveillance, and the integration of digital tools like the National Electronic Immunization Registry (NEIR). It also highlights WHO's technical support, operational assistance, and capacity-building efforts that have contributed to improving vaccine delivery and preparedness against vaccine-preventable diseases.

WHO - EPI PROGRAMME 2024

Over **1 million children** in **Pakistan** miss routine vaccines each year. Bridging this gap needs stronger outreach, better service delivery, and improved access. The Expanded Programme on Immunization (EPI) runs through **9,000 sites with 15,000 vaccinators**. WHO and partners have helped immunize over **7 million children** and **5.5 million women** against maternal and neonatal tetanus. Through the Big Catch-up, **1.4 million children** were fully immunized in two rounds (Oct 2024–Mar 2025). A measles outbreak response reached **4.2 million children**. To improve access, **808 motorbikes** were provided for remote areas, **26 prefabricated EPI centres** were set up for **750,000 people**, and **42 surveillance sites** were strengthened for timely outbreak response. These efforts mark strong progress toward equitable and accessible immunization.



1. Pakistan's Big Catch-Up Journey

October 2024 - March 2025

The Big Catch-Up (BCU) initiative targets all children aged 0-59 months who have missed routine vaccines due to COVID-19, the 2022 floods or any other reason. The campaign has a particular focus on children aged 12-23 and 24-59. In 2024, Pakistan's Expanded Programme on Immunization commenced addressing this backlog through enhanced outreach and fixed-site services.

3.5 M Total Vaccine Doses Administered
427,233 Zero-Dose Children Reached
1.4 M Children Now Fully Immunized



Significant Achievements in Immunization

Zero-Dose children received multiple antigens during the BCU campaign



Penta-1* **427,233**

Penta-2 **340,640**

Penta-3 **283,532**



IPV-1** **487,349**

IPV-2 **611,553**



MR-1*** **628,082**

MR-2 **806,641**

Team Deployment Supported by GoP, WHO and Partners

14,100 Skilled Vaccinators

28,000 Social Mobilizers

*Pentavalent vaccine provides protection against Diphtheria, Tetanus, Pertussis, Hepatitis B, Haemophilus Influenza (Hib).

**Inactivated Poliovirus Vaccine.

***Measles & Rubella Vaccine.



2. Measles Outbreak Response

May – July 2024

In 2021, routine immunization, including measles containing vaccine (MCV), faced **global setbacks**, with

40 million children missing measles doses

In Pakistan

1,758 Union Councils

reported measles cases affecting children under 5 years old. An increase in cases affecting children under 9 months was detected.

In response to the 2024 measles outbreak, WHO supported the response in

35 Districts Nationwide

Achievements



More than

4.2 M
Children vaccinated
with
94% coverage



26,805

Health Workers trained
and deployed by GoP,
WHO and Partners

Health Workers Deployed

1,524 at fixed sites

8,427 Female mobilizers

16,854 Vaccinators and recorders

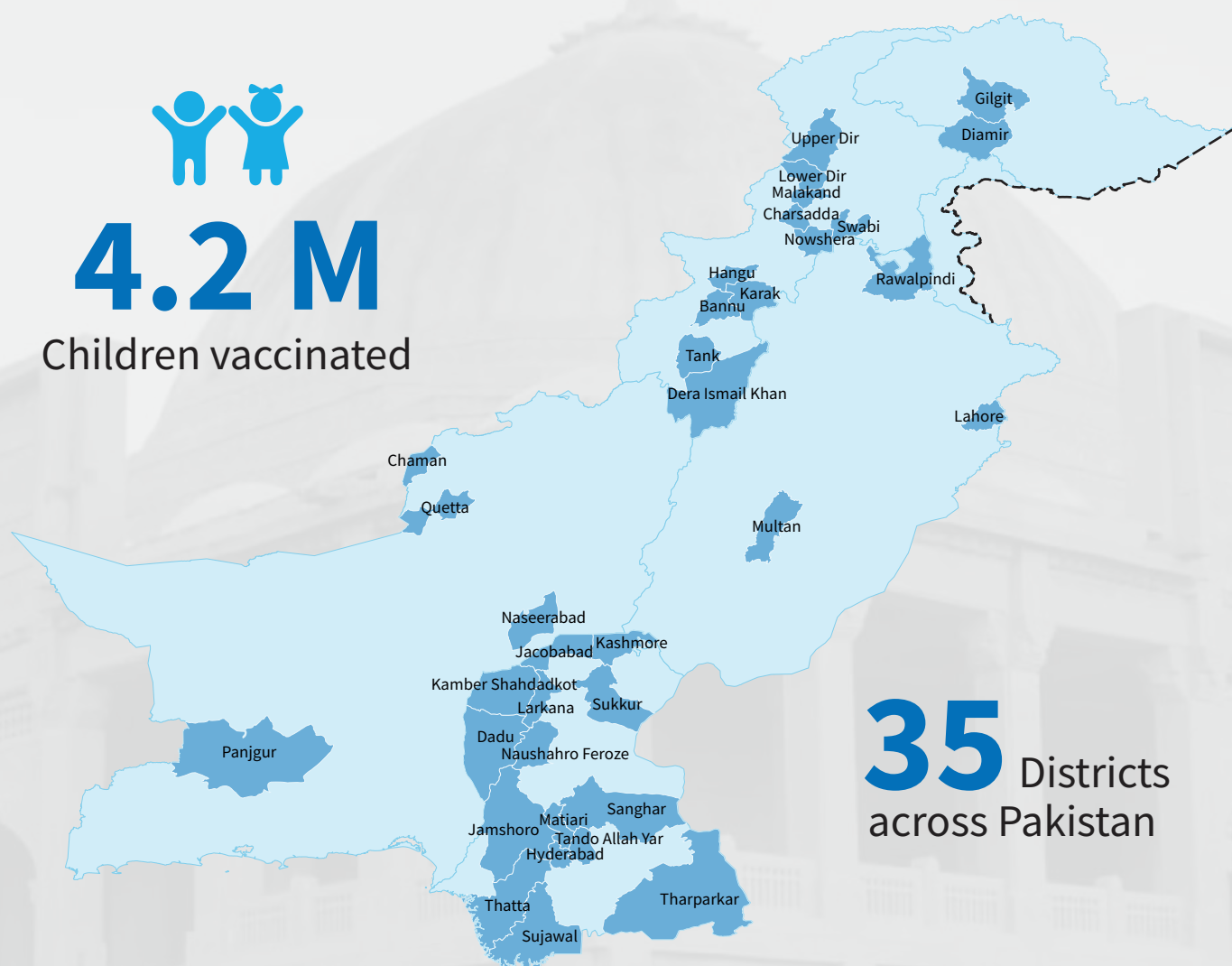


Measles Outbreak Response 2024



4.2 M

Children vaccinated



35

Districts
across Pakistan

		Target	Vaccinated	
	Balochistan	156,360	162,721	104%
	Gilgit Baltistan	119,880	116,960	98%
	Khyber Pakhtunkhwa	894,684	870,615	97%
	Punjab	1,159,008	1,129,820	97%
	Sindh	1,906,092	1,936,228	102%

Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the World Health Organization (WHO).

3. Vaccine-preventable Diseases Surveillance

Active disease surveillance helped identify outbreaks early, enabling swift interventions to prevent further spread. It facilitated continuous tracking of disease trends to evaluate control measures' effectiveness. Moreover, reliable data from surveillance underpinned evidence-based policymaking and efficient resource allocation.

42 Sentinel Surveillance Sites

supported by WHO nationwide



78 Cases

reported

KP	24
Punjab	23
Sindh	28
ICT	1
GB	1
PAK	1

Suspected
418 Cases
reported

65%
Zero Dose

77%
suspected cases
< 5 years

Incidence rate

41.25 per million

in 2025. **33%**
reduction from 2024

Sample collection rate

27,547 (90%)

83% Cases <5 years
57% Unvaccinated

Over **4 million**
vaccinated during the
measles outbreak
response across
35 districts

*VPD surveillance data from 2025, up to week 27

4. Digital Transformation of EPI

The National Electronic Immunization Registry (NEIR), a digital system to record individual child-level vaccination data across Pakistan, enabled real-time tracking to improve vaccine coverage, reduce missed doses, and ensure timely follow-up with defaulters. Initially launched in 95 districts, NEIR is now operational in 131 districts across Pakistan, with Sindh currently in the process of integration. A total of 9,338 fixed vaccination centres, including those in Punjab, are actively reporting through the NEIR system. NEIR is seamlessly integrated with Punjab's Electronic Medical Records (EMR), and integration with Sindh's EIR is underway.



Objectives

NEIR enables real-time, individual-level tracking of vaccinations for children and women, replacing paper records with secure, centralized digital data.

All core EPI functions are digitized, including vaccination coverage, VPD surveillance, AEFI, case and investigations.

Digital transformation strengthens monitoring, and decision-making, leading to higher coverage, reduced wastage, and more efficient immunization.



Ongoing Activities

Monitoring fixed and outreach vaccination sites	Enhanced Adverse Events Following Immunization (AEFI) surveillance for vaccine safety
Training health workers on vaccine-preventable disease identification and reporting	Building prefabricated EPI structures in UCs without EPI centres

IT enablement and capacity building of 21,000 EPI managers and vaccinators at all levels on EPI data use.

Lessons Learned

- ◆ Reactive vaccination effectively controlled outbreaks.
- ◆ Supervisory checklists offered actionable feedback for improvements.
- ◆ District health authorities' ownership and supervision were crucial.
- ◆ Future immunization rounds and routine services require strengthening NEIR reporting to ensure accurate data capture during EPI service delivery at both outreach and fixed sites.

Next Steps

- ◆ Following the third round of the BCU (June–July), the vaccination of above-age children (12–59 months) suggested to be integrated into routine immunization service delivery.
- ◆ Introducing Human Papillomavirus (HPV) vaccine in September 2025.
- ◆ Measles-Rubella campaign is planned for 6–59-month-old children, targeting 35.4 million nationwide in November 2025.
- ◆ Enhance coordination between vertical programmes for joint national planning and improved ownership at all levels.



Voices from the Field

Zarina Begum

Lahore, Punjab

“When my first baby was born, I was so worried. I would hear stories about children getting sick from polio and measles, and, as a mother, I wanted my baby to be safe. When the health workers told me about the vaccines, I felt better, but I was still scared about how to get them.

The vaccinator at the health centre is always kind to us, explaining the benefits of vaccines and when to return for the next visit.”



Ali Nawaz

Thatta, Sindh

“I have completed the full course of vaccination for all my four children. The vaccinator visits our community regularly, making it easy for us to get our children vaccinated. They explain every vaccine, address our concerns, and make us feel confident about the process.”

Staff Dedication

Samina Bibi

Lady Health Worker (LHW) /
Vaccinator

Kahuta, Rawalpindi

“Being a vaccinator, I have seen the devastating impact of preventable diseases where children lose lives from measles. There was a time when convincing families to vaccinate their children was a huge challenge, and accessing remote areas with vaccines was impossible. However, with the support and training from WHO, I can easily do my job. They equip us with the necessary training and resources so that we can vaccinate the children. Parents also trust us and bring children to the vaccination centres or outreach sites.”



CONTACT INFORMATION

Dr Dapeng Luo

WHO Representative
in Pakistan
Email: luod@who.int

Mohamed Kakay

Unit Head: Programme Management,
External Relations & Performance
WHO Pakistan
Email: kakaym@who.int

José Ignacio Martín Galán

Head of Communications
WHO Pakistan
Email: jomartin@who.int