

BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from the published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

DATA SOURCES.

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 12-23 months or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on the period of data collection.

ABBREVIATIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

Pol3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine

immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

MCV1: percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

MCV2: percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration nor are the data represented in the accompanying graph and data table.

HepBB: percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HepB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

HepB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

Hib3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

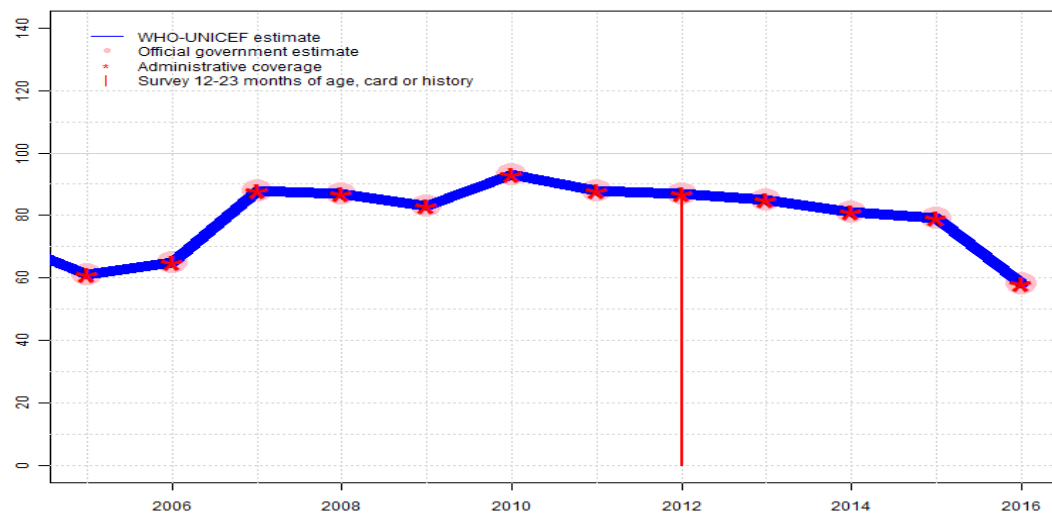
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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Angola - BCG

AGO - BCG



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	61	65	88	87	83	93	88	87	85	81	79	58
Estimate GoC	●●	●●	●	●	●	●	●	●	●	●	●	●
Official	61	65	88	87	83	93	88	87	85	81	79	58
Administrative	61	65	88	87	83	93	88	87	85	81	79	58
Survey	NA	NA	NA	NA	NA	NA	NA	88	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the results. Programme reports BCG stock-out. Preliminary 2015-16 DHS results suggest BCG coverage of 72 percent for the 2014 birth cohort. Estimated coverage exceptionally based on reported coverage.. GoC=Assigned by working group. Consistency with other vaccines.
- 2015: Estimate based on coverage reported by national government. WHO and UNICEF recommend assessment of the routine monitoring system. Programme reports one month national stock-out due to financial short-falls. GoC=Assigned by working group. Consistency with other vaccines.
- 2014: Estimate based on coverage reported by national government. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. GoC=Assigned by working group. Consistency with other vaccines.
- 2013: Estimate based on coverage reported by national government. Programme reports a one month stockout at national level. GoC=Assigned by working group. Consistency with other vaccines.
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 88 percent based on 1 survey(s). GoC=Assigned by working group. Consistency with other vaccines.
- 2011: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Estimate based on coverage reported by national government. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2007: Estimate based on coverage reported by national government. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.

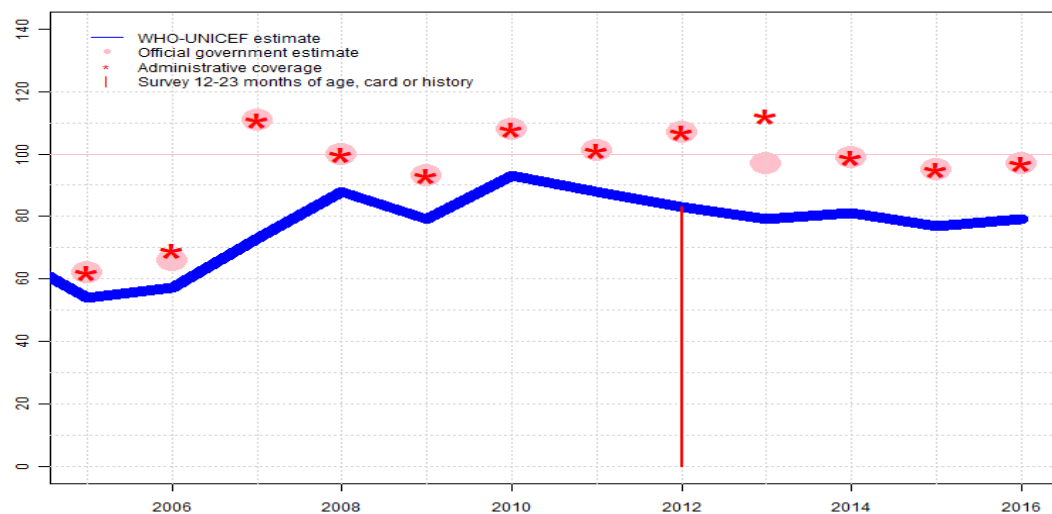
Angola - BCG

2006: Estimate based on coverage reported by national government. GoC=R+ D+

2005: Estimate based on coverage reported by national government. GoC=R+ D+

Angola - DTP1

AGO - DTP1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	54	57	73	88	79	93	88	83	79	81	77	79
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	62	66	111	100	93	108	101	107	97	99	95	97
Administrative	62	69	111	100	93	108	101	107	112	99	95	97
Survey	NA	NA	NA	NA	NA	NA	NA	83	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

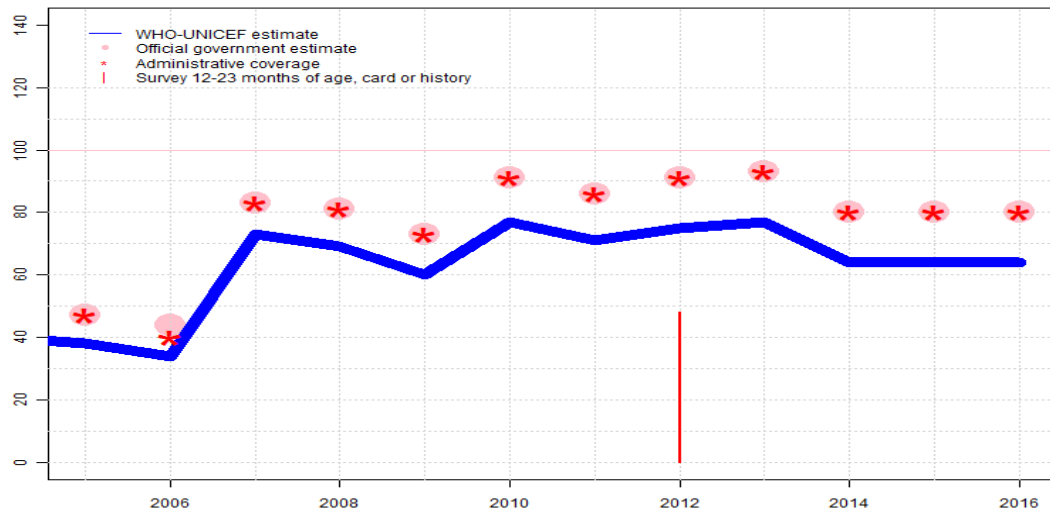
- 2016: Reported data calibrated to 2012 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the results. Preliminary 2015-16 DHS results suggest DTP1 coverage of 69 percent for the 2014 birth cohort. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 levels. WHO and UNICEF recommend assessment of the routine monitoring system. Programme reports one month national stock-out due to financial short-falls. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 levels. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 levels. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 83 percent based on 1 survey(s). Reported data excluded because 107 percent greater than 100 percent. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2000 and 2012 levels. Reported data excluded because 101 percent greater than 100 percent. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Reported data calibrated to 2000 and 2012 levels. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Reported data calibrated to 2000 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Reported data calibrated to 2000 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2007: Reported data calibrated to 2000 and 2012 levels. Reported data excluded because 111 percent greater than 100 percent. Reported data excluded due to an unexplained increase from 66 percent to 111 percent with decrease 100 percent. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2006: Reported data calibrated to 2000 and 2012 levels. Estimate challenged by: R-

Angola - DTP1

2005: Reported data calibrated to 2000 and 2012 levels. Estimate challenged by: R-

Angola - DTP3

AGO - DTP3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	38	34	73	69	60	77	71	75	77	64	64	64
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	47	44	83	81	73	91	86	91	93	80	80	80
Administrative	47	40	83	81	73	91	86	91	93	80	80	80
Survey	NA	NA	NA	NA	NA	NA	NA	48	NA	NA	NA	NA

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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

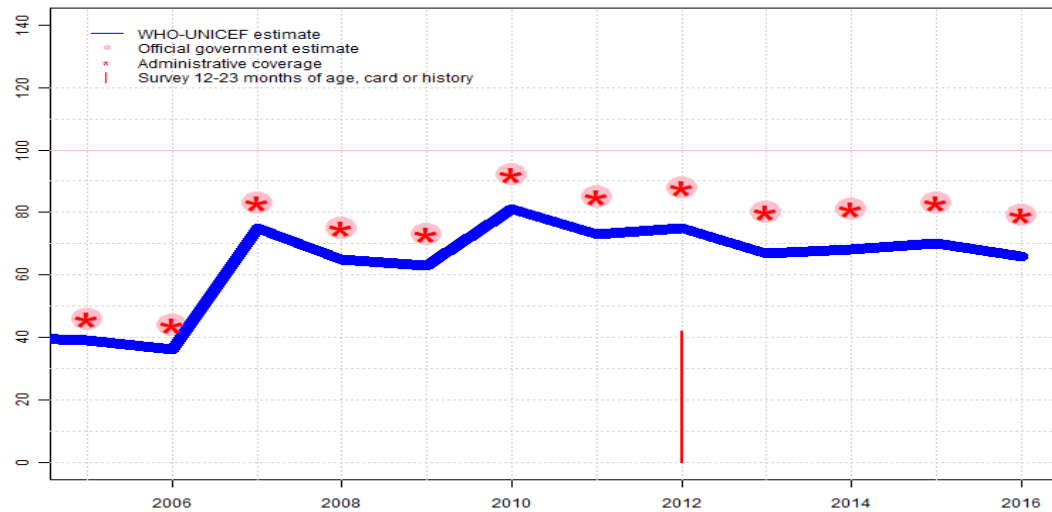
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Description:

- 2016: Reported data calibrated to 2012 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the results. Preliminary 2015-16 DHS results suggest DTP3 coverage of 40 percent for the 2014 birth cohort. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 levels. WHO and UNICEF recommend assessment of the routine monitoring system. Programme reports one month national stock-out due to financial short-falls. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 levels. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 levels. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). EPI Coverage Evaluation Survey, Angola 2013 card or history results of 48 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 30 percent and 3d dose card only coverage of 27 percent. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 1997 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Reported data calibrated to 1997 and 2012 levels. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Reported data calibrated to 1997 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Reported data calibrated to 1997 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2007: Reported data calibrated to 1997 and 2012 levels. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2006: Reported data calibrated to 1997 and 2012 levels. Estimate challenged by: R-
- 2005: Reported data calibrated to 1997 and 2012 levels. Estimate challenged by: R-

Angola - Pol3

AGO - Pol3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	39	36	75	65	63	81	73	75	67	68	70	66
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	46	44	83	75	73	92	85	88	80	81	83	79
Administrative	46	44	83	75	73	92	85	88	80	81	83	79
Survey	NA	NA	NA	NA	NA	NA	NA	42	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

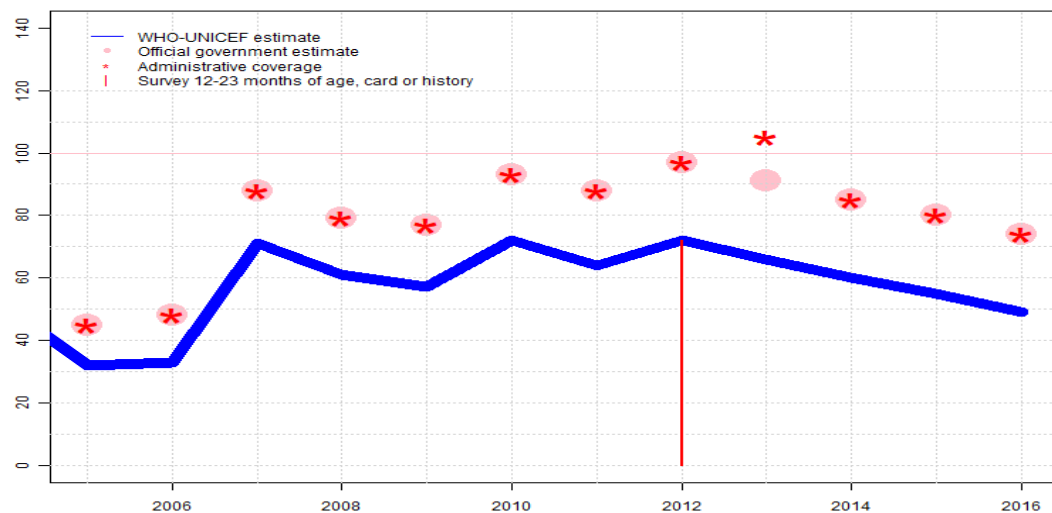
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2012 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the results. Preliminary 2015-16 DHS results suggest Polio3 coverage of 42 percent for the 2014 birth cohort. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 levels. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 levels. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 levels. Programme reports a two month stockout at national level. GoC=Assigned by working group. Consistency with other vaccines.
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). EPI Coverage Evaluation Survey, Angola 2013 card or history results of 42 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 30 percent and 3d dose card only coverage of 27 percent. Estimate challenged by: R-
- 2011: Reported data calibrated to 1997 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Reported data calibrated to 1997 and 2012 levels. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Reported data calibrated to 1997 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Reported data calibrated to 1997 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2007: Reported data calibrated to 1997 and 2012 levels. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2006: Reported data calibrated to 1997 and 2012 levels. Estimate challenged by: R-
- 2005: Reported data calibrated to 1997 and 2012 levels. Estimate challenged by: R-

Angola - MCV1

AGO - MCV1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	32	33	71	61	57	72	64	72	66	60	55	49
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	45	48	88	79	77	93	88	97	91	85	80	74
Administrative	45	48	88	79	77	93	88	97	105	85	80	74
Survey	NA	NA	NA	NA	NA	NA	NA	72	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

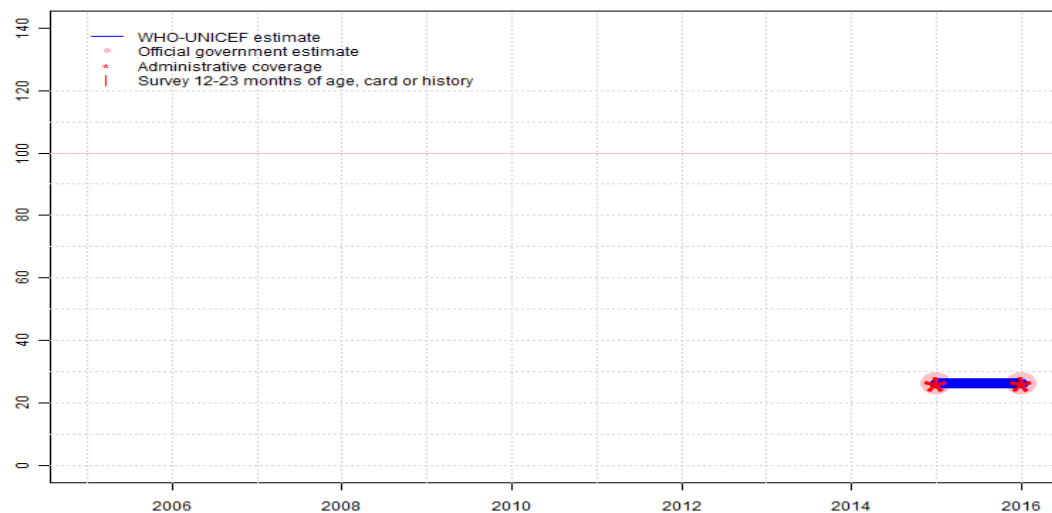
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2012 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the results. Preliminary 2015-16 DHS results suggest measles-containing vaccine 1 coverage of 56 percent for the 2014 birth cohort. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 levels. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 levels. Programme reports a one month stockout at national level. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 72 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2011: Reported data calibrated to 1997 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Reported data calibrated to 1997 and 2012 levels. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Reported data calibrated to 1997 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Reported data calibrated to 1997 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2007: Reported data calibrated to 1997 and 2012 levels. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2006: Reported data calibrated to 1997 and 2012 levels. Estimate challenged by: D-R-
- 2005: Reported data calibrated to 1997 and 2012 levels. Estimate challenged by: D-R-

Angola - MCV2

AGO - MCV2



Description:

Coverage estimates for the second dose of measles containing vaccine are for children by the nationally recommended age.

2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the results. GoC=R+ D+

2015: Estimate based on coverage reported by national government. WHO and UNICEF recommend assessment of the routine monitoring system. Second dose of measles containing vaccine introduced in 2014. Reporting began in 2015. GoC=Assigned by working group. Consistency with other vaccines in an introduction period.

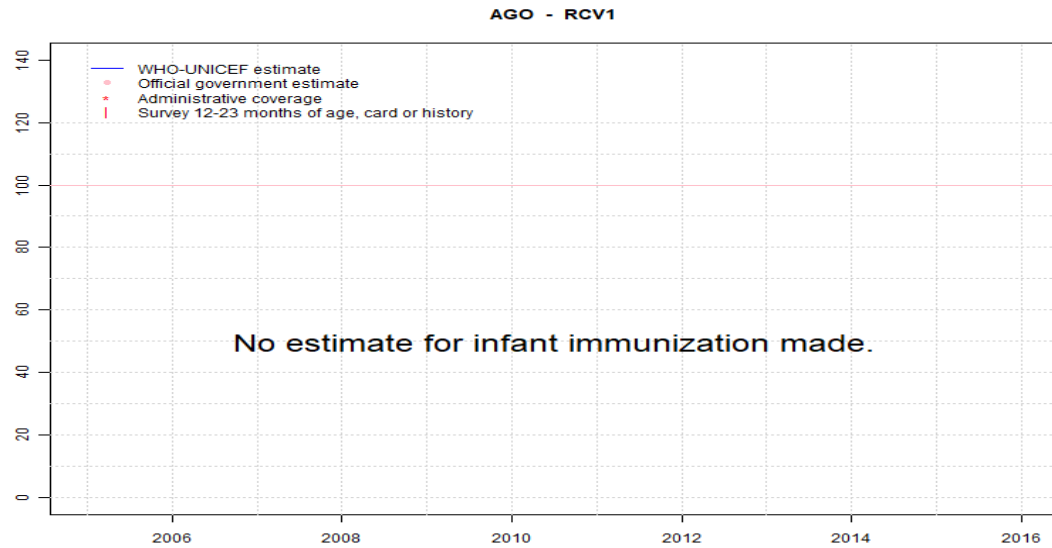
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	26	26
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	26	26
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	26	26
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Angola - RCV1



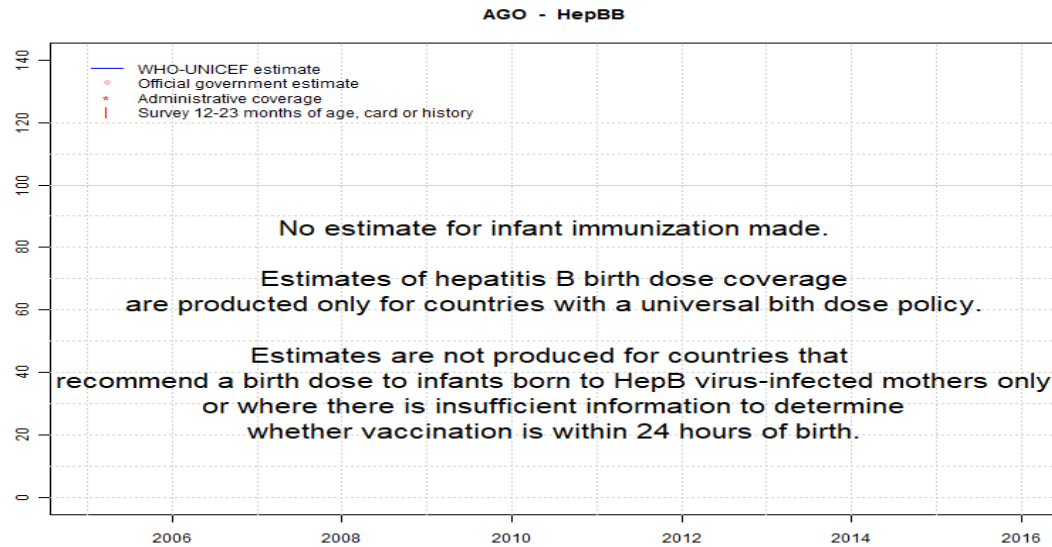
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Angola - HepBB



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

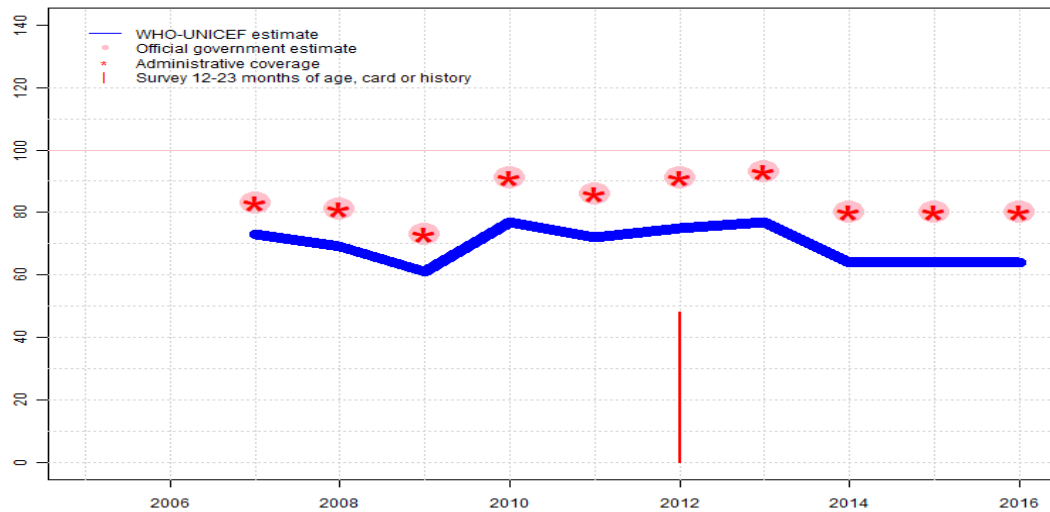
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Angola - HepB3

AGO - HepB3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	73	69	61	77	72	75	77	64	64	64
Estimate GoC	NA	NA	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	83	81	73	91	86	91	93	80	80	80
Administrative	NA	NA	83	81	73	91	86	91	93	80	80	80
Survey	NA	NA	NA	NA	NA	NA	NA	48	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

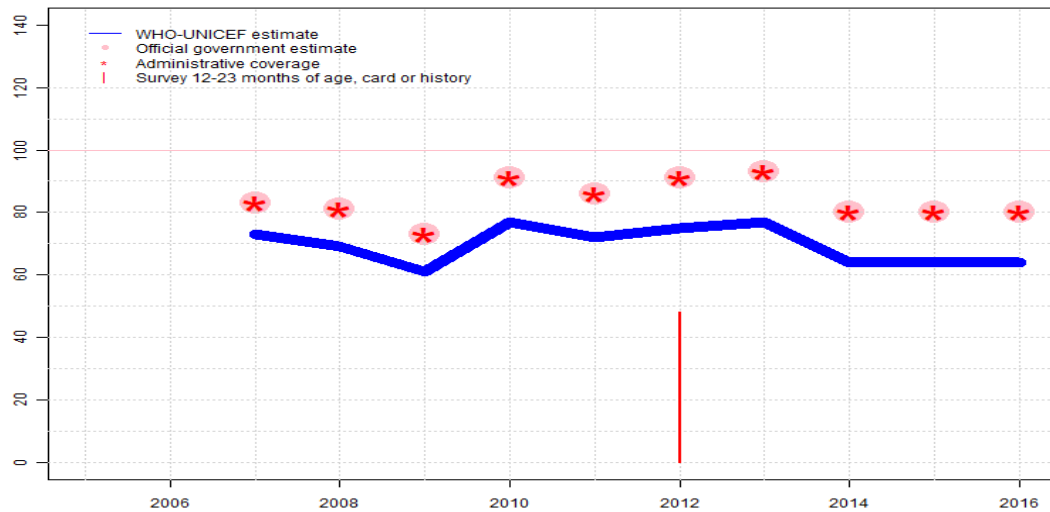
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2012 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the results. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 levels. WHO and UNICEF recommend assessment of the routine monitoring system. Programme reports one month national stock-out due to financial short-falls. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 levels. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 levels. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). EPI Coverage Evaluation Survey, Angola 2013 card or history results of 48 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 30 percent and 3d dose card only coverage of 27 percent. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2007 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Reported data calibrated to 2007 and 2012 levels. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Reported data calibrated to 2007 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Reported data calibrated to 2007 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2007: Estimate of 73 percent assigned by working group. Estimate based on estimated DTP3 coverage value. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. HepB vaccine introduced in 2006. Reporting started in 2007. Vaccine presentation is DTP-HepB-Hib. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.

Angola - Hib3

AGO - Hib3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	73	69	61	77	72	75	77	64	64	64
Estimate GoC	NA	NA	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	83	81	73	91	86	91	93	80	80	80
Administrative	NA	NA	83	81	73	91	86	91	93	80	80	80
Survey	NA	NA	NA	NA	NA	NA	NA	48	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

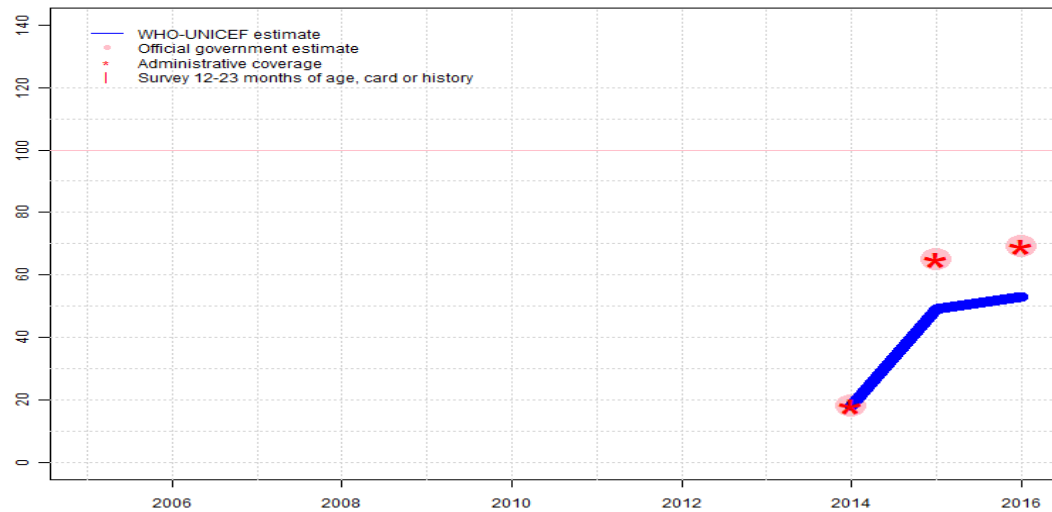
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2012 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the results. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 levels. WHO and UNICEF recommend assessment of the routine monitoring system. Programme reports one month national stock-out due to financial short-falls. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 levels. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 levels. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). EPI Coverage Evaluation Survey, Angola 2013 card or history results of 48 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 30 percent and 3d dose card only coverage of 27 percent. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2007 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Reported data calibrated to 2007 and 2012 levels. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Reported data calibrated to 2007 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Reported data calibrated to 2007 and 2012 levels. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2007: Estimate of 73 percent assigned by working group. Estimate based on estimated DTP3 coverage value. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. Hib vaccine introduced in 2006. Reporting started in 2007. Vaccine presentation is DTP-HepB-Hib. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.

Angola - RotaC

AGO - RotaC



Description:

- 2016: Reported data calibrated to 2015 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the results. Programme reports PCV stock-out for 2 months. Estimate challenged by: D-R-
- 2015: Estimate of 49 percent assigned by working group. Estimate is based on estimated DTP3 coverage level. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2014: Rotavirus vaccine introduced during April 2014. GoC=Assigned by working group. Consistency across vaccines.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	18	49	53
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	18	65	69
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	18	65	69
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

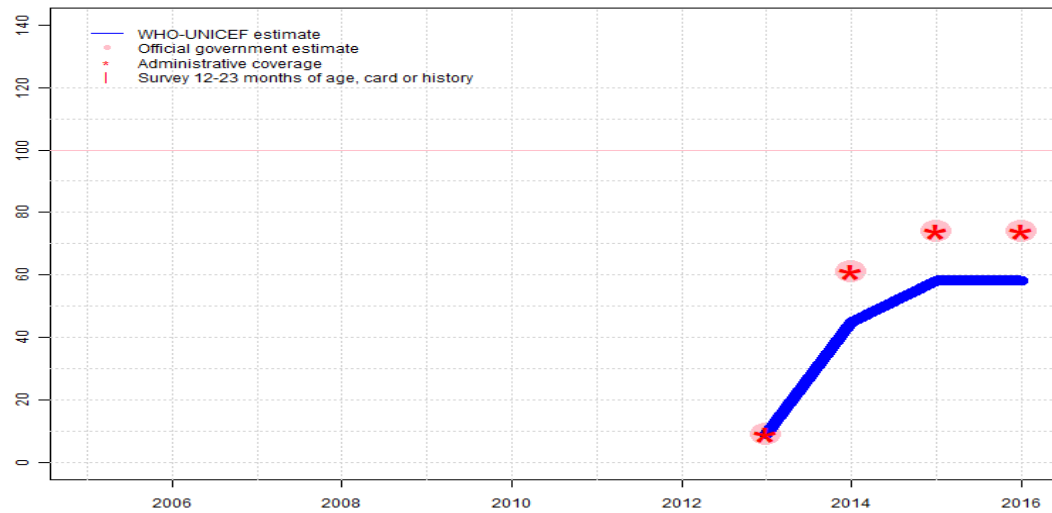
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Angola - PcV3

AGO - PcV3



Description:

- 2016: Reported data calibrated to 2015 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the results. Programme reports PCV stock-out for 0.5 month. Estimate challenged by: R-
- 2015: Estimate of 58 percent assigned by working group. Estimate is based on estimated DTP3 coverage level. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: D-R-
- 2014: Estimate of 45 percent assigned by working group. Estimate is based on estimated DTP3 coverage level. Estimate challenged by: D-R-
- 2013: Pneumococcal conjugate vaccine introduced in June 2013. GoC=Assigned by working group. Consistency with other vaccines in a n introduction period.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	9	45	58	58
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	9	61	74	74
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	9	61	74	74
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

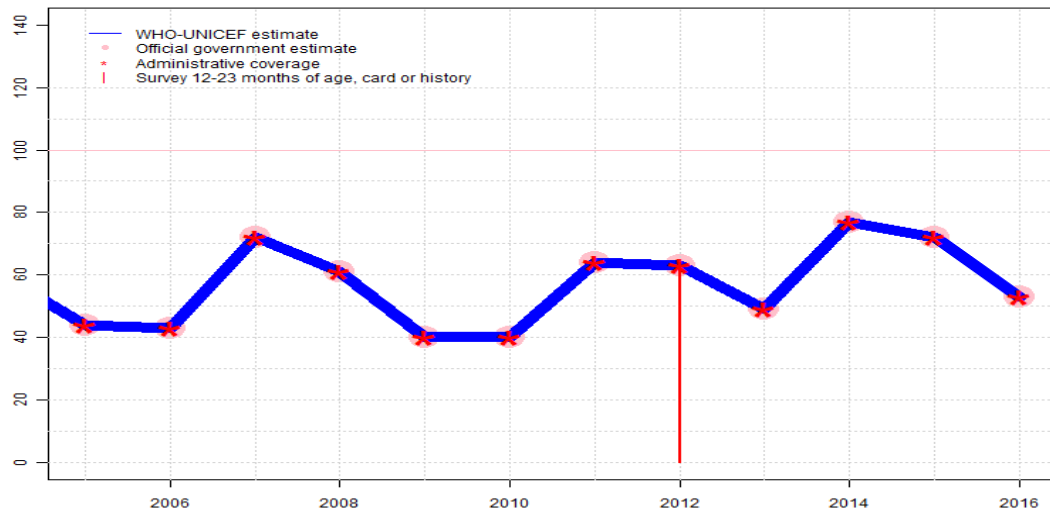
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Angola - YFV

AGO - YFV



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	44	43	72	61	40	40	64	63	49	77	72	53
Estimate GoC	••	••	•	•	•	•	•	•	•	•	•	•
Official	44	43	72	61	40	40	64	63	49	77	72	53
Administrative	44	43	72	61	40	40	64	63	49	77	72	53
Survey	NA	NA	NA	NA	NA	NA	NA	64	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the results. Programme reports Yellow Fever vaccine stock-out for 12 months in 2016. Estimates exceptionally based on reported data for the time period shown in the graph.. GoC=Assigned by working group. Consistency across vaccines.
- 2015: Estimate based on coverage reported by national government. WHO and UNICEF recommend assessment of the routine monitoring system. GoC=Assigned by working group. Consistency across vaccines.
- 2014: Estimate based on coverage reported by national government. Recovery from 2013 stock-out. GoC=Assigned by working group. Consistency across vaccines.
- 2013: Estimate based on coverage reported by national government. Decline in coverage due in part to a national stockout of three months. GoC=Assigned by working group. Consistency across vaccines.
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 64 percent based on 1 survey(s). GoC=Assigned by working group. Consistency across vaccines.
- 2011: Estimate based on reported data. Decline result of vaccine stock out in 138 districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Estimate based on reported data. Programme reports a three months stock out in 150 of 164 districts. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Estimate based on reported data. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Estimate based on reported data. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2007: Estimate based on reported data. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. Reported data accepted for other antigens. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2006: Estimate based on reported data. GoC=R+ D+
- 2005: Estimate based on reported data. GoC=R+ D+

Angola - survey details

2012 Inquérito de Cobertura Vacinal das Crianças de 12 a 23 meses de Idade,
Angola 2013

2000 Angola Multiple Indicator Cluster Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	32	12-23 m	3764	33
BCG	Card or History	88	12-23 m	3764	33
DTP1	Card	30	12-23 m	3764	33
DTP1	Card or History	83	12-23 m	3764	33
DTP3	Card	27	12-23 m	3764	33
DTP3	Card or History	48	12-23 m	3764	33
HepB1	Card	30	12-23 m	3764	33
HepB1	Card or History	83	12-23 m	3764	33
HepB3	Card	27	12-23 m	3764	33
HepB3	Card or History	48	12-23 m	3764	33
Hib1	Card	30	12-23 m	3764	33
Hib1	Card or History	83	12-23 m	3764	33
Hib3	Card	27	12-23 m	3764	33
Hib3	Card or History	48	12-23 m	3764	33
MCV1	Card	26	12-23 m	3764	33
MCV1	Card or History	72	12-23 m	3764	33
Pol1	Card	30	12-23 m	3764	33
Pol1	Card or History	83	12-23 m	3764	33
Pol3	Card	27	12-23 m	3764	33
Pol3	Card or History	42	12-23 m	3764	33
YFV	Card	22	12-23 m	3764	33
YFV	Card or History	64	12-23 m	3764	33

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	33	12-23 m	1102	34
BCG	Card <12 months	63	12-23 m	1102	34
BCG	Card or History	69	12-23 m	1102	34
BCG	History	36	12-23 m	1102	34
DTP1	Card	29	12-23 m	1102	34
DTP1	Card <12 months	50	12-23 m	1102	34
DTP1	Card or History	56	12-23 m	1102	34
DTP1	History	27	12-23 m	1102	34
DTP3	Card	23	12-23 m	1102	34
DTP3	Card <12 months	28	12-23 m	1102	34
DTP3	Card or History	34	12-23 m	1102	34
DTP3	History	11	12-23 m	1102	34
MCV1	Card	25	12-23 m	1102	34
MCV1	Card <12 months	42	12-23 m	1102	34
MCV1	Card or History	53	12-23 m	1102	34
MCV1	History	28	12-23 m	1102	34
Pol1	Card	30	12-23 m	1102	34
Pol1	Card <12 months	74	12-23 m	1102	34
Pol1	Card or History	82	12-23 m	1102	34
Pol1	History	52	12-23 m	1102	34
Pol3	Card	24	12-23 m	1102	34
Pol3	Card <12 months	51	12-23 m	1102	34
Pol3	Card or History	63	12-23 m	1102	34
Pol3	History	40	12-23 m	1102	34

Further information and estimates for previous years are available at:

<http://www.data.unicef.org/child-health/immunization>

http://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html