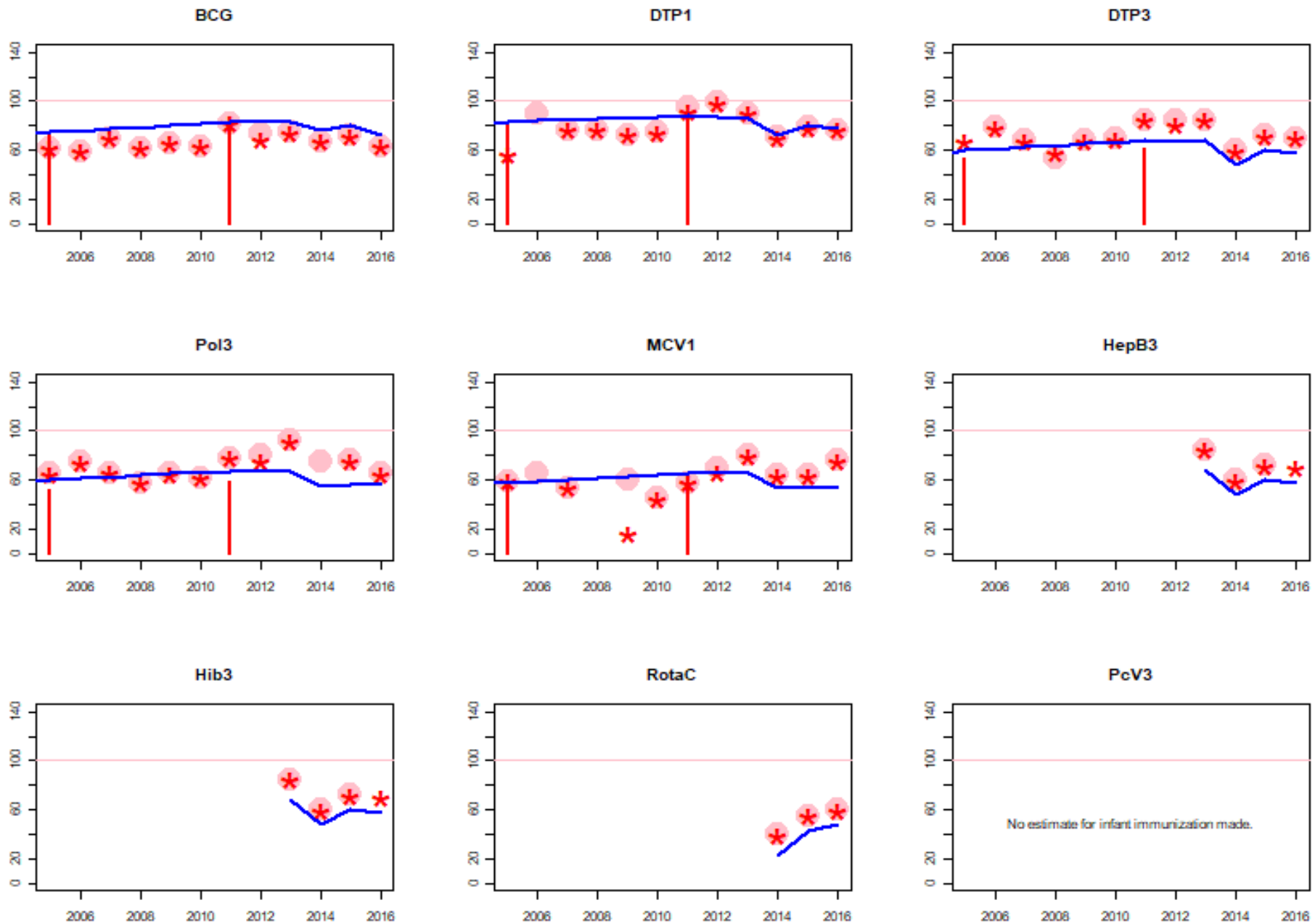


Haiti: WHO and UNICEF estimates of immunization coverage: 2016 revision



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.

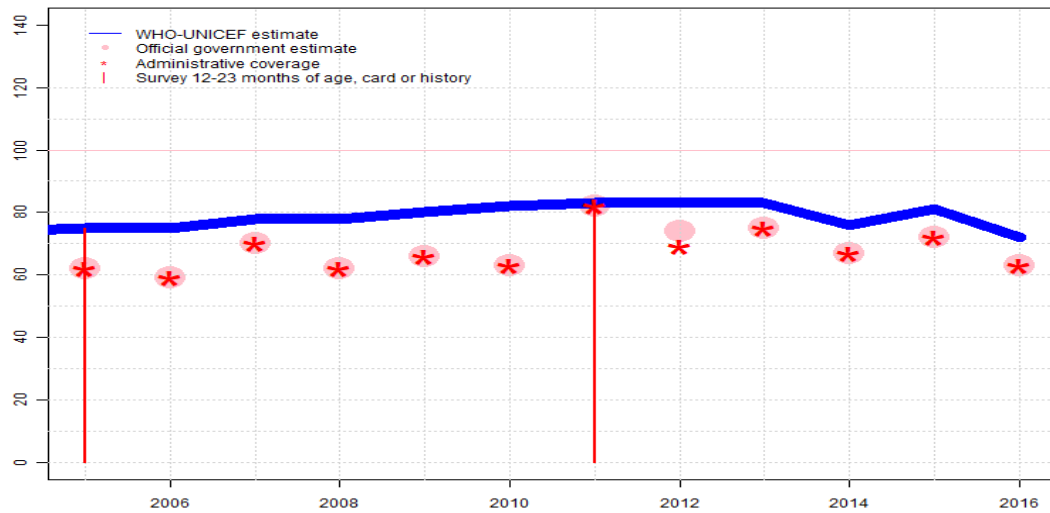
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

HTI - BCG



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	75	75	78	78	80	82	83	83	83	76	81	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	62	59	70	62	66	63	82	74	75	67	72	63
Administrative	62	59	70	62	66	63	82	69	75	67	72	63
Survey	75	NA	NA	NA	NA	NA	83	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.

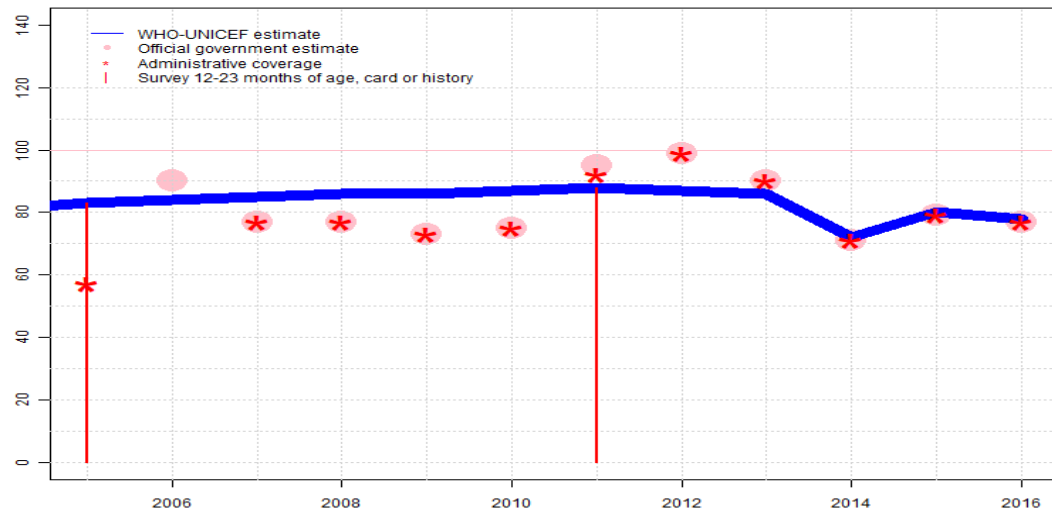
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2014 levels. Working group is aware of the 2016 Demographic and Health Survey (DHS) and awaits the final results. Country reports BCG stock-outs. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 levels. Estimate challenged by: R-
- 2014: Estimate of 76 percent assigned by working group. Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Programme reports a two month stock-out of BCG syringes at national level. Estimate challenged by: R-
- 2013: Estimate of 83 percent assigned by working group. Estimate is based on extrapolation from survey results for 2011 birth cohort. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Vaccine stock out for 5 months in all districts. Estimate challenged by: R-
- 2011: 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. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2010: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2009: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

Haiti - DTP1

HTI - DTP1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	83	84	85	86	86	87	88	87	86	72	80	78
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	NA	90	77	77	73	75	95	99	90	71	79	77
Administrative	57	NA	77	77	73	75	92	99	90	71	79	77
Survey	83	NA	NA	NA	NA	NA	88	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.

Description:

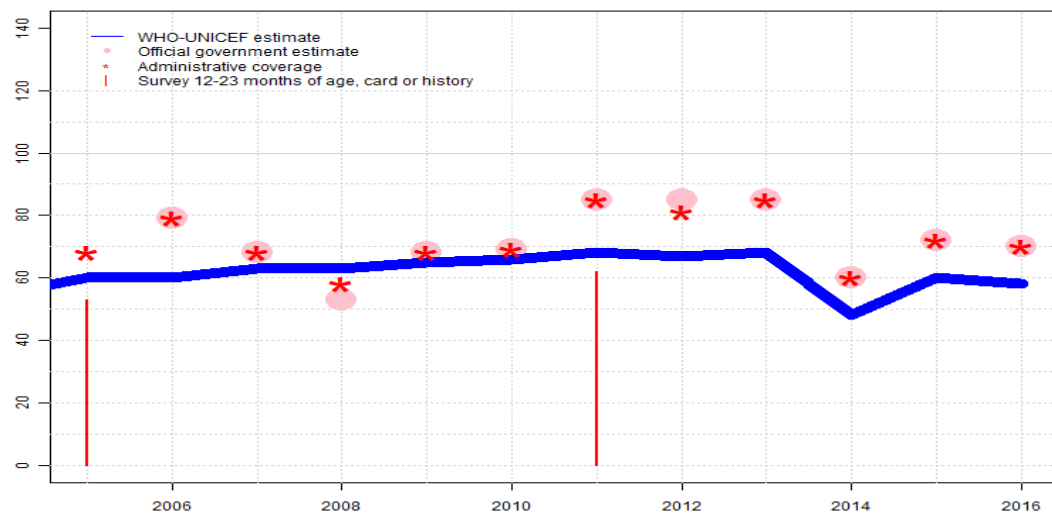
- 2016: Reported data calibrated to 2014 levels. Working group is aware of the 2016 Demographic and Health Survey (DHS) and awaits the final results. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Programme recovered from prior year stock-out. Estimate challenged by: D-R-
- 2014: Estimate of 72 percent assigned by working group. Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Programme reports a one month stock-out at national level. Estimate challenged by: D-R-
- 2013: Estimate of 86 percent assigned by working group. Estimate is based on extrapolation from survey results for 2011 birth cohort. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Pentavalent DTP-HepB-Hib vaccine introduced during 2012. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 88 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2009: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an unexplained increase from 57 percent to 90 percent with decrease 77 percent. Estimate challenged by: D-R-
- 2005: 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. Fluctuations

Haiti - DTP1

in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

Haiti - DTP3

HTI - DTP3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	60	60	63	63	65	66	68	67	68	48	60	58
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	NA	79	68	53	68	69	85	85	85	60	72	70
Administrative	68	79	68	58	68	69	85	81	85	60	72	70
Survey	53	NA	NA	NA	NA	NA	62	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.

Description:

- 2016: Reported data calibrated to 2014 levels. Working group is aware of the 2016 Demographic and Health Survey (DHS) and awaits the final results. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Programme recovered from prior year stock-out. Estimate challenged by: D-R-
- 2014: Estimate of 48 percent assigned by working group. Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Programme reports a one month stock-out at national level.. Estimate challenged by: D-R-
- 2013: Estimate of 68 percent assigned by working group. Estimate is based on extrapolation from survey results for 2011 birth cohort. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Pentavalent DTP-HepB-Hib vaccine introduced during 2012. Estimate challenged by: D-R-
- 2011: Estimate of 68 percent assigned by working group. Estimate is based on survey result. Survey on Mortality, Morbidity and Service Utilisation, Haiti 2012 card or history results of 62 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 70 percent and 3d dose card only coverage of 54 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2009: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2008: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 68 percent to 53 percent with increase to 68 percent. Estimate challenged by: R-
- 2007: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an unexplained increase from 68 percent to 79 percent with decrease

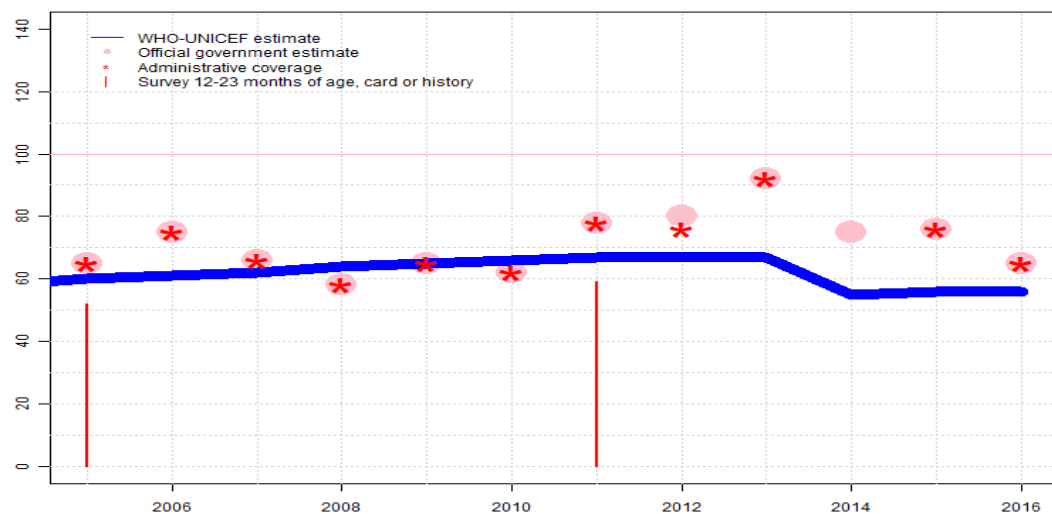
Haiti - DTP3

68 percent. Estimate challenged by: R-

2005: Estimate of 60 percent assigned by working group. Estimate based on survey results. Survey on Mortality, Morbidity and Service Utilisation, Haiti 2005-2006 card or history results of 53 percent modified for recall bias to 60 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 68 percent and 3d dose card only coverage of 49 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

Haiti - Pol3

HTI - Pol3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	60	61	62	64	65	66	67	67	67	55	56	56
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	65	75	66	58	65	62	78	80	92	75	76	65
Administrative	65	75	66	58	65	62	78	76	92	NA	76	65
Survey	52	NA	NA	NA	NA	NA	59	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.

Description:

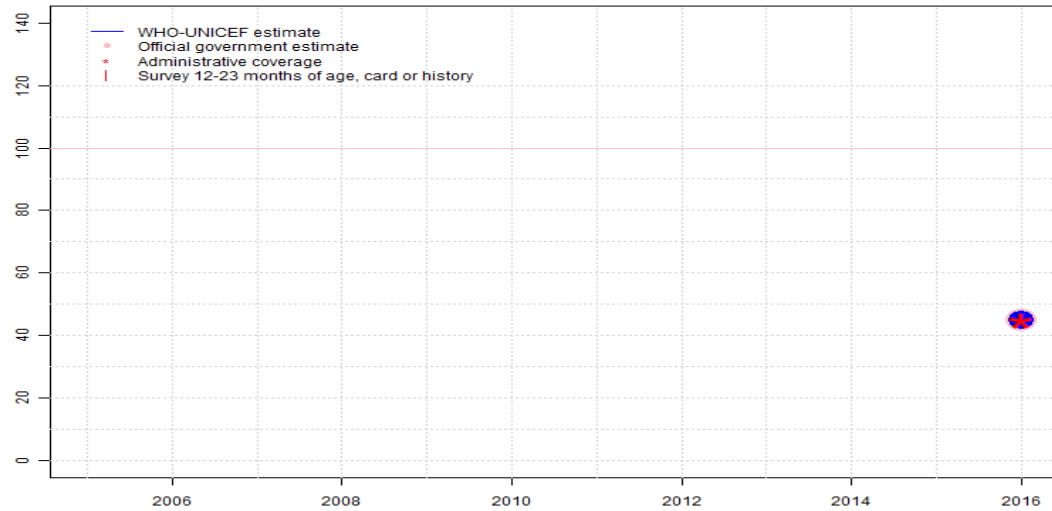
- 2016: Reported data calibrated to 2014 levels. Reported data excluded due to unexplained sudden change in coverage from 76 level to 65 percent. Working group is aware of the 2016 Demographic and Health Survey (DHS) and awaits the final results. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Estimate challenged by: D-R-
- 2014: Estimate of 55 percent assigned by working group. Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Estimate challenged by: R-
- 2013: Estimate of 67 percent assigned by working group. Estimate is based on extrapolation from survey results for 2011 birth cohort. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an unexplained increase from 80 percent to 92 percent with decrease 75 percent. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Vaccine stock out for 1 month. Estimate challenged by: D-R-
- 2011: Estimate based on interpolation between data reported by national government supported by survey. Survey evidence of 67 percent based on 1 survey(s). Survey on Mortality, Morbidity and Service Utilisation, Haiti 2012 card or history results of 59 percent modified for recall bias to 67 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 72 percent and 3d dose card only coverage of 53 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-
- 2010: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2009: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2008: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2007: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

Haiti - Pol3

2005: Estimate of 60 percent assigned by working group. Estimate based on survey results. Survey on Mortality, Morbidity and Service Utilisation, Haiti 2005-2006 card or history results of 52 percent modified for recall bias to 60 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 70 percent and 3d dose card only coverage of 49 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

Haiti - IPV1

HTI - IPV1



Description:

2016: Estimate based on coverage reported by national government. Working group is aware of the 2016 Demographic and Health Survey (DHS) and awaits the final results. GoC=R+D+

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

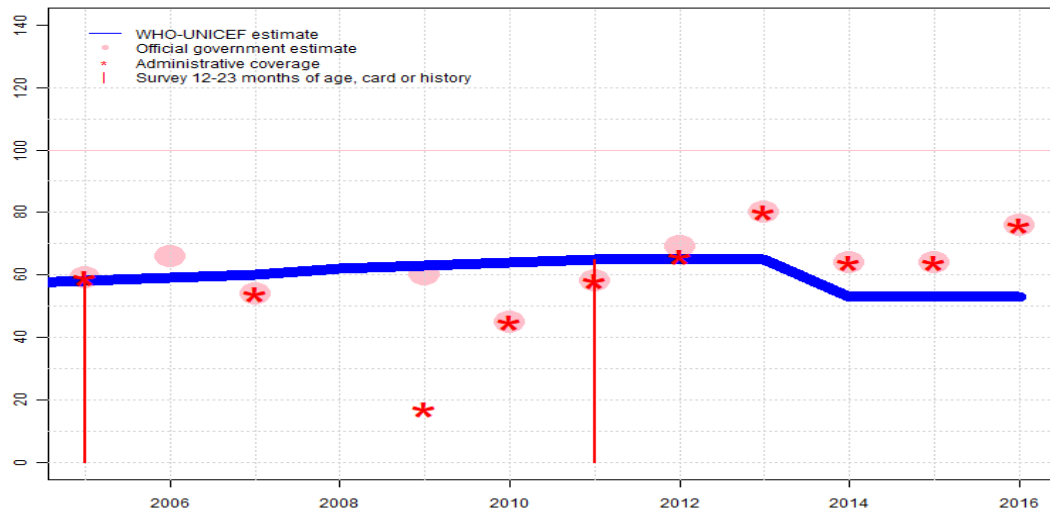
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

Haiti - MCV1

HTI - MCV1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	58	59	60	62	63	64	65	65	65	53	53	53
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	59	66	54	NA	60	45	58	69	80	64	64	76
Administrative	59	NA	54	NA	17	45	58	66	80	64	64	76
Survey	58	NA	NA	NA	NA	NA	65	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.

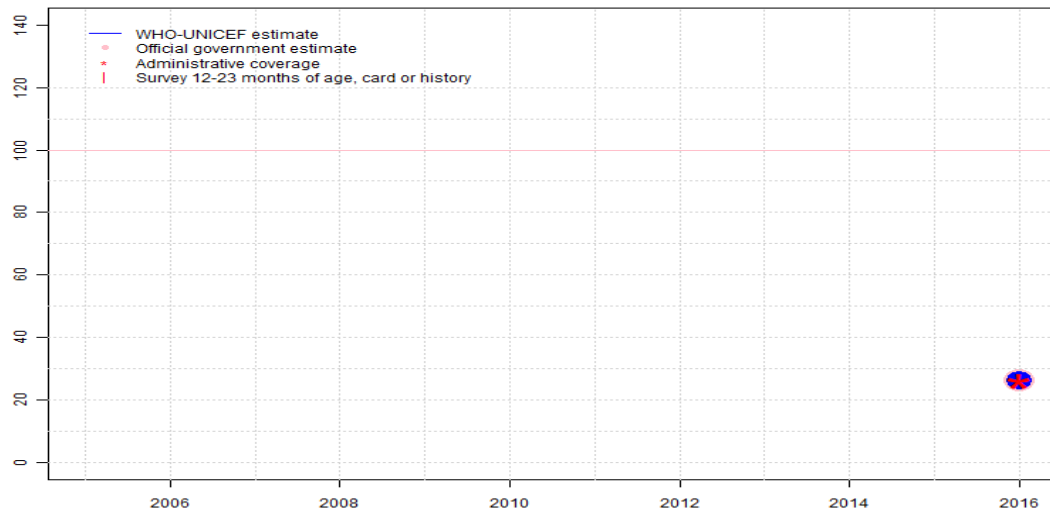
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2014 levels. Reported data excluded due to unexplained sudden change in coverage from 64 level to 76 percent. Working group is aware of the 2016 Demographic and Health Survey (DHS) and awaits the final results. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Estimate challenged by: D-R-
- 2014: Estimate of 53 percent assigned by working group. Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Programme reports a two month stock-out at national level. Estimate challenged by: D-R-
- 2013: Estimate of 65 percent assigned by working group. Estimate is based on extrapolation from survey results for 2011 birth cohort. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an unexplained increase from 69 percent to 80 percent with decrease 64 percent. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Vaccine stock out for 1 month in all districts. Estimate challenged by: R-
- 2011: Estimate of 65 percent assigned by working group. Estimate based on Survey level. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2010: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 60 percent to 45 percent with increase to 58 percent. Estimate challenged by: D-R-
- 2009: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2005 and 2011 levels. GoC=No accepted empirical data
- 2007: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 58 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

Haiti - MCV2

HTI - 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. Working group is aware of the 2016 Demographic and Health Survey (DHS) and awaits the final results. Second dose of measles-rubella vaccine introduced in 2016. Country reports 26

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

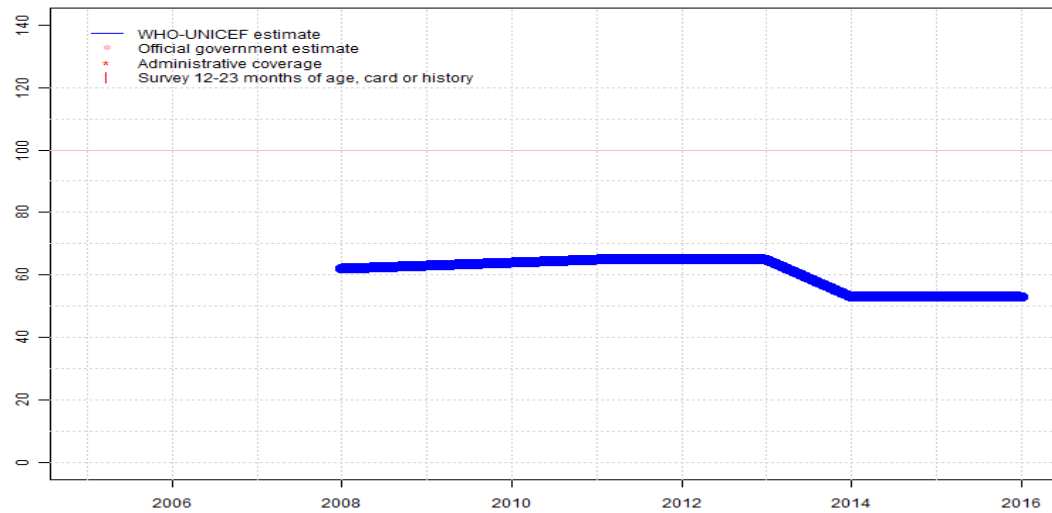
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

Haiti - RCV1

HTI - RCV1



Description:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the the accompanying graph and data table.

- 2016: Estimate based on estimated MCV1. Working group is aware of the 2016 Demographic and Health Survey (DHS) and awaits the final results. Estimate challenged by: D-R-
- 2015: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2014: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2013: Estimate based on estimated MCV1. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-
- 2012: Estimate based on estimated MCV1. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Estimate challenged by: R-
- 2011: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2010: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2009: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2008: Estimate based on estimated MCV1. GoC=No accepted empirical data

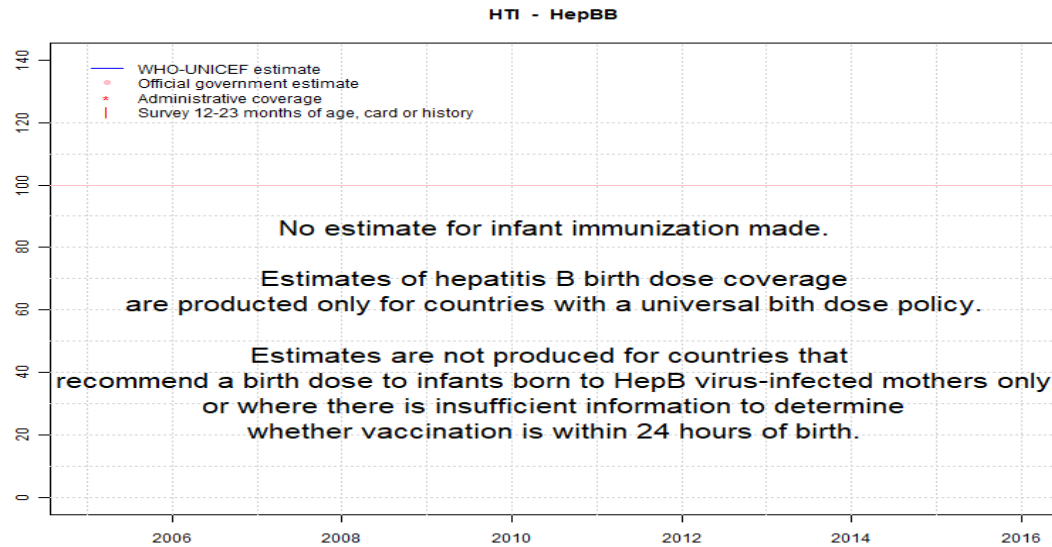
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	62	63	64	65	65	65	53	53	53
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Haiti - 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

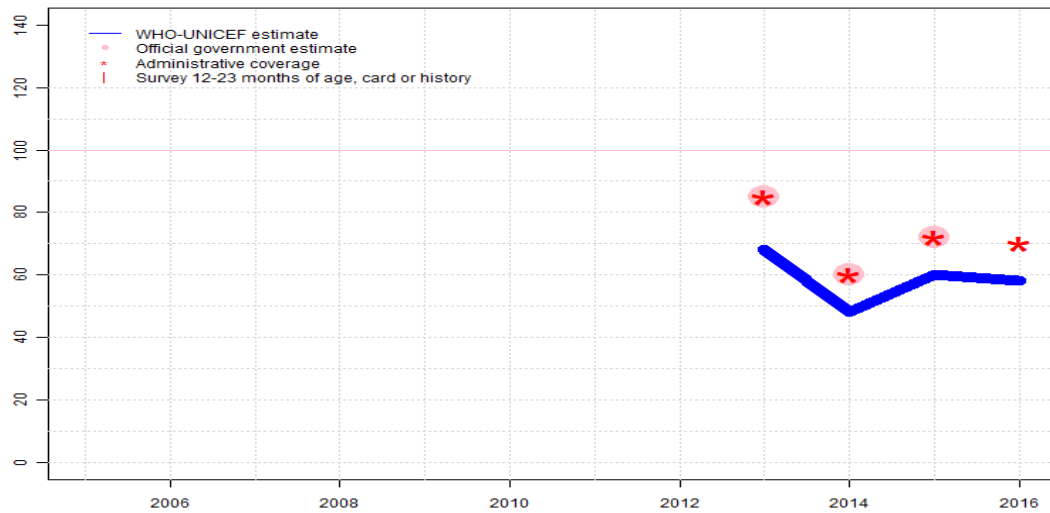
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

Haiti - HepB3

HTI - HepB3



Description:

- 2016: Reported data calibrated to 2014 levels. Working group is aware of the 2016 Demographic and Health Survey (DHS) and awaits the final results. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Programme recovered from prior year stock-out.. Estimate challenged by: D-R-
- 2014: Estimate of 48 percent assigned by working group. Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Programme reports a one month stock-out at national level.. Estimate challenged by: D-R-
- 2013: Pentavalent DTP-HepB-Hib vaccine introduced during 2012, reporting started in 2013. Estimate follows DTP3 coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	68	48	60	58
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	85	60	72	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	85	60	72	70
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

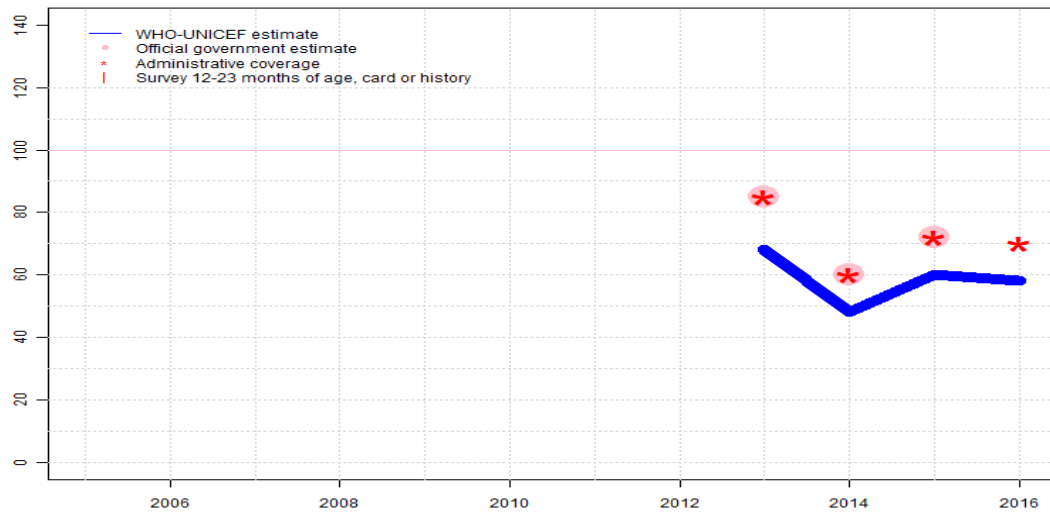
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

Haiti - Hib3

HTI - Hib3



Description:

- 2016: Reported data calibrated to 2014 levels. Working group is aware of the 2016 Demographic and Health Survey (DHS) and awaits the final results. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 levels. Programme recovered from prior year stock-out.. Estimate challenged by: D-R-
- 2014: Estimate of 48 percent assigned by working group. Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Programme reports a one month stock-out at national level.. Estimate challenged by: D-R-
- 2013: Pentavalent DTP-HepB-Hib vaccine introduced during 2012, reporting started in 2013. Estimate follows DTP3 coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	68	48	60	58
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	85	60	72	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	85	60	72	70
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

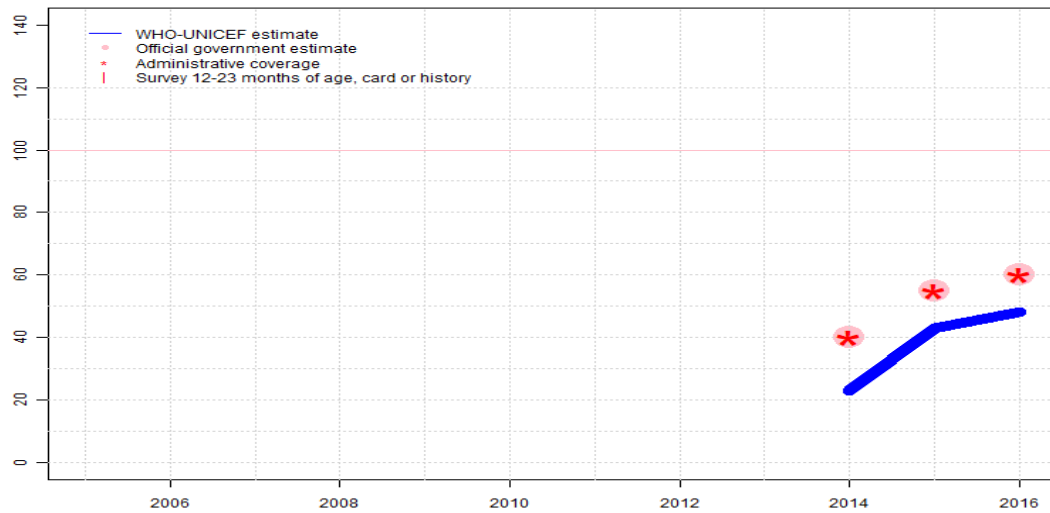
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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.

Haiti - RotaC

HTI - RotaC



Description:

- 2016: Reported data calibrated to 2015 levels. Working group is aware of the 2016 Demographic and Health Survey (DHS) and awaits the final results. Estimate challenged by: D-R-
- 2015: Estimate of 43 percent assigned by working group. Estimate is based on difference between estimated and reported coverage for the third dose of DTP. Rotavirus vaccine 2nd dose is recommended 10 weeks of age. Estimate challenged by: D-R-
- 2014: Programme reports 40 percent coverage for 58 percent of the target population. Estimate based on coverage achieved in total annual national target population. Rotavirus vaccine introduced during 2014. Estimate challenged by: R-

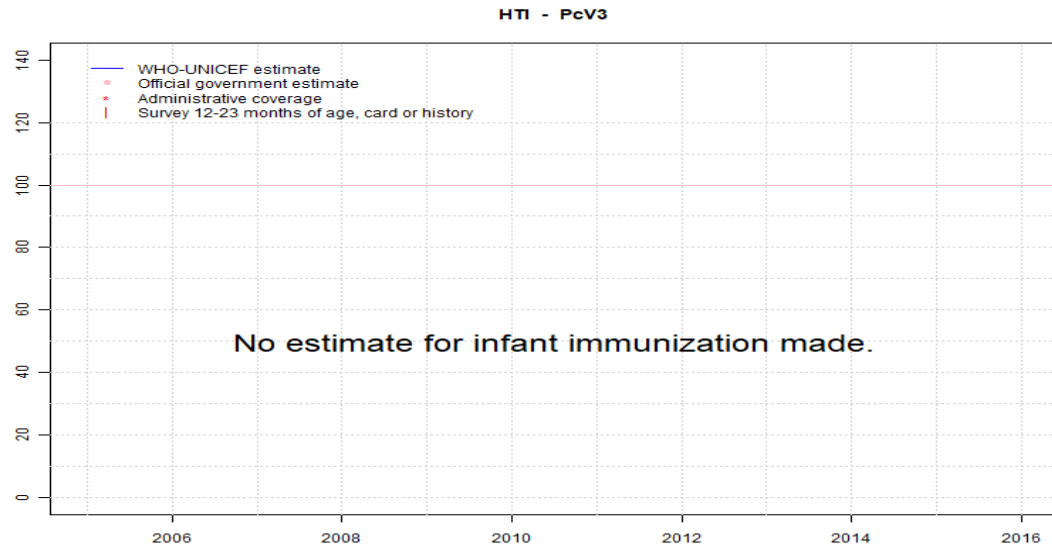
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	23	43	48
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	40	55	60
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	40	55	60
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Haiti - PcV3



	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.

Haiti - survey details

2011 Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-V), Haiti 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	81	12-23 m	1288	73
BCG	Card	65	12-23 m	943	73
BCG	Card or History	83	12-23 m	1288	73
BCG	History	18	12-23 m	345	73
DTP1	C or H <12 months	83	12-23 m	1288	73
DTP1	Card	70	12-23 m	943	73
DTP1	Card or History	88	12-23 m	1288	73
DTP1	History	18	12-23 m	345	73
DTP3	C or H <12 months	55	12-23 m	1288	73
DTP3	Card	54	12-23 m	943	73
DTP3	Card or History	62	12-23 m	1288	73
DTP3	History	8	12-23 m	345	73
MCV1	C or H <12 months	38	12-23 m	1288	73
MCV1	Card	51	12-23 m	943	73
MCV1	Card or History	65	12-23 m	1288	73
MCV1	History	14	12-23 m	345	73
Pol1	C or H <12 months	84	12-23 m	1288	73
Pol1	Card	72	12-23 m	943	73
Pol1	Card or History	91	12-23 m	1288	73
Pol1	History	19	12-23 m	345	73
Pol3	C or H <12 months	51	12-23 m	1288	73
Pol3	Card	53	12-23 m	943	73
Pol3	Card or History	59	12-23 m	1288	73
Pol3	History	5	12-23 m	345	73

2008 Vaccination Coverage in Haiti: Results from the 2009 National Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	54	12-23 m	1345	62
DTP1	Card	58	12-23 m	1345	62
DTP3	Card	47	12-23 m	1345	62
MCV1	Card	29	12-23 m	1345	62
Pol1	Card	58	12-23 m	1345	62
Pol3	Card	46	12-23 m	1345	62

2005 Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-IV), Haiti 2005-2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	73	12-23 m	1135	73
BCG	Card	60	12-23 m	1135	73
BCG	Card or History	75	12-23 m	1135	73
BCG	History	15	12-23 m	1135	73
DTP1	C or H <12 months	78	12-23 m	1135	73
DTP1	Card	68	12-23 m	1135	73
DTP1	Card or History	83	12-23 m	1135	73
DTP1	History	15	12-23 m	1135	73
DTP3	C or H <12 months	48	12-23 m	1135	73
DTP3	Card	49	12-23 m	1135	73
DTP3	Card or History	53	12-23 m	1135	73
DTP3	History	4	12-23 m	1135	73
MCV1	C or H <12 months	45	12-23 m	1135	73
MCV1	Card	49	12-23 m	1135	73
MCV1	Card or History	58	12-23 m	1135	73
MCV1	History	9	12-23 m	1135	73
Pol1	C or H <12 months	81	12-23 m	1135	73
Pol1	Card	70	12-23 m	1135	73
Pol1	Card or History	86	12-23 m	1135	73
Pol1	History	15	12-23 m	1135	73
Pol3	C or H <12 months	47	12-23 m	1135	73
Pol3	Card	49	12-23 m	1135	73
Pol3	Card or History	52	12-23 m	1135	73
Pol3	History	3	12-23 m	1135	73

1999 Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-III), Haiti 2000, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	68	12-23 m	1225	66
BCG	Card	53	12-23 m	1225	66
BCG	Card or History	71	12-23 m	1225	66
BCG	History	18	12-23 m	1225	66

Haiti - survey details

DTP1	C or H <12 months	71	12-23 m	1225	66	MCV1	History	10	12-23 m	1225	66
DTP1	Card	60	12-23 m	1225	66	Pol1	C or H <12 months	72	12-23 m	1225	66
DTP1	Card or History	76	12-23 m	1225	66	Pol1	Card	61	12-23 m	1225	66
DTP1	History	15	12-23 m	1225	66	Pol1	Card or History	77	12-23 m	1225	66
DTP3	C or H <12 months	36	12-23 m	1225	66	Pol1	History	15	12-23 m	1225	66
DTP3	Card	37	12-23 m	1225	66	Pol3	C or H <12 months	38	12-23 m	1225	66
DTP3	Card or History	43	12-23 m	1225	66	Pol3	Card	38	12-23 m	1225	66
DTP3	History	6	12-23 m	1225	66	Pol3	Card or History	43	12-23 m	1225	66
MCV1	C or H <12 months	34	12-23 m	1225	66	Pol3	History	4	12-23 m	1225	66
MCV1	Card	44	12-23 m	1225	66						
MCV1	Card or History	54	12-23 m	1225	66						

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