

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.

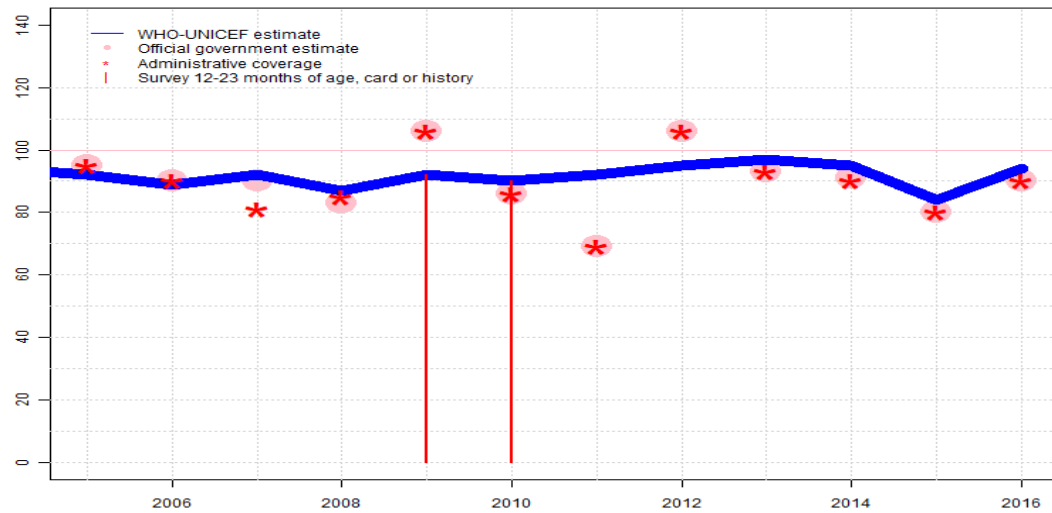
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

IRQ - BCG



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	92	89	92	87	92	90	92	95	97	95	84	94
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	95	90	90	83	106	86	69	106	93	91	80	90
Administrative	95	90	81	85	106	86	69	106	93	90	80	90
Survey	NA	NA	NA	NA	92	90	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.

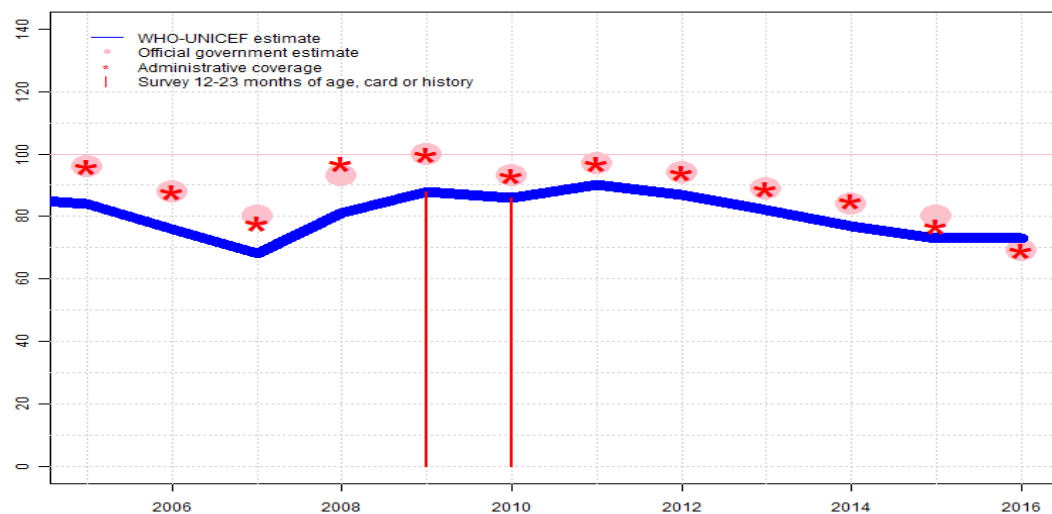
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2010 levels. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. WHO and UNICEF are aware of the preparations for the MICS 2017 and await the results. Programme reports four month vaccine stock-out at national level. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2010 levels. Estimate of 84 percent changed from previous revision value of 95 percent. Estimate challenged by: R-
- 2014: Reported data calibrated to 2010 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2010 levels. Estimate challenged by: R-
- 2012: Reported data calibrated to 2010 levels. Reported data excluded because 106 percent greater than 100 percent. Reported data excluded due to an unexplained increase from 69 percent to 106 percent with decrease 93 percent. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2010 levels. Reported data excluded due to decline in reported coverage from 86 percent to 69 percent with increase to 106 percent. Estimate challenged by: D-R-
- 2010: Estimate of 90 percent assigned by working group. Estimate is based on survey results. Estimate challenged by: R-
- 2009: Estimate of 92 percent assigned by working group. Estimate is based on survey results. Reported data excluded because 106 percent greater than 100 percent. Reported data excluded due to an unexplained increase from 83 percent to 106 percent with decrease 86 percent. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: R-
- 2007: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-
- 2005: Estimate of 92 percent assigned by working group. Service and reporting system effected by local situation Estimate challenged by: D-R-

Iraq - DTP1

IRQ - DTP1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	84	76	68	81	88	86	90	87	82	77	73	73
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	96	88	80	93	100	93	97	94	89	84	80	69
Administrative	96	88	78	97	100	93	97	94	89	85	77	69
Survey	NA	NA	NA	NA	88	86	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.

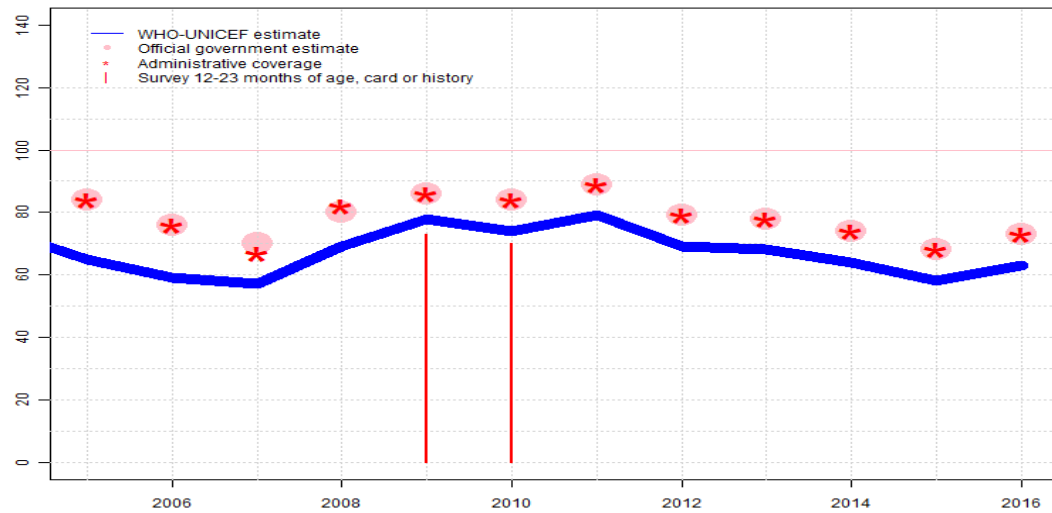
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2010 levels. Reported data excluded due to unexplained sudden change in coverage from 80 level to 69 percent. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. WHO and UNICEF are aware of the preparations for the MICS 2017 and await the results. Programme reports five month vaccine stock-out at national level. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2010 levels. Programme reports a 5 month national level stock-out of DTP-HepB-Hib vaccine. Estimate challenged by: R-
- 2014: Reported data calibrated to 2010 levels. Programme reports four months stock-out at national level. Reported number of children vaccinated is increasing since 2012 but continues to fall short of the reported number of children vaccinated with DTP containing vaccines during 2011. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2010 levels. DTP-HepB-Hib pentavalent and DTP-Hib tetravalent vaccines introduced in 2012. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-
- 2010: Estimate of 86 percent assigned by working group. Estimate is based on survey results. Estimate challenged by: D-R-
- 2009: Estimate of 88 percent assigned by working group. Estimate is based on survey results. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-S-
- 2006: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-
- 2005: Estimate of 84 percent assigned by working group. Service and reporting system effected by local situation Estimate challenged by: D-R-

Iraq - DTP3

IRQ - DTP3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	65	59	57	69	78	74	79	69	68	64	58	63
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	76	70	80	86	84	89	79	78	74	68	73
Administrative	84	76	67	82	86	84	89	79	78	74	68	73
Survey	NA	NA	NA	NA	73	70	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.

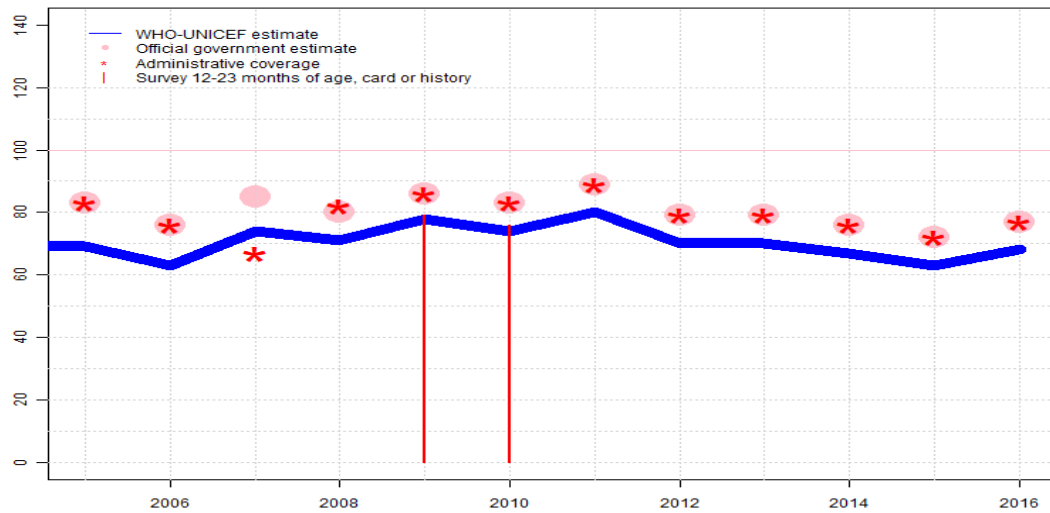
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2010 levels. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. WHO and UNICEF are aware of the preparations for the MICS 2017 and await the results. Programme reports five month vaccine stock-out at national level. Estimate challenged by: R-
- 2015: Reported data calibrated to 2010 levels. Programme reports a 5 month national level stock-out of DTP-HepB-Hib vaccine. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2010 levels. Programme reports four months stock-out at national level. Reported number of children vaccinated is increasing since 2012 but continues to fall short of the reported number of children vaccinated with DTP containing vaccines during 2011. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2010 levels. DTP-HepB-Hib pentavalent and DTP-Hib tetravalent vaccines introduced in 2012. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-
- 2010: Estimate of 74 percent assigned by working group. Estimate is based on survey results. Iraq Multiple Indicator Cluster Survey 2011 card or history results of 70 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 66 percent and 3d dose card only coverage of 57 percent. Estimate challenged by: D-R-
- 2009: Estimate of 78 percent assigned by working group. Estimate is based on survey results. Iraq Multiple Indicator Cluster Survey 2011 card or history results of 73 percent modified for recall bias to 78 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 56 percent. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-S-
- 2006: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-
- 2005: Estimate of 65 percent assigned by working group. Service and reporting system effected by local situation Estimate challenged by: D-R-

Iraq - Pol3

IRQ - Pol3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	69	63	74	71	78	74	80	70	70	67	63	68
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	83	76	85	80	86	83	89	79	79	76	72	77
Administrative	83	76	67	82	86	83	89	79	79	76	72	77
Survey	NA	NA	NA	NA	79	76	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.

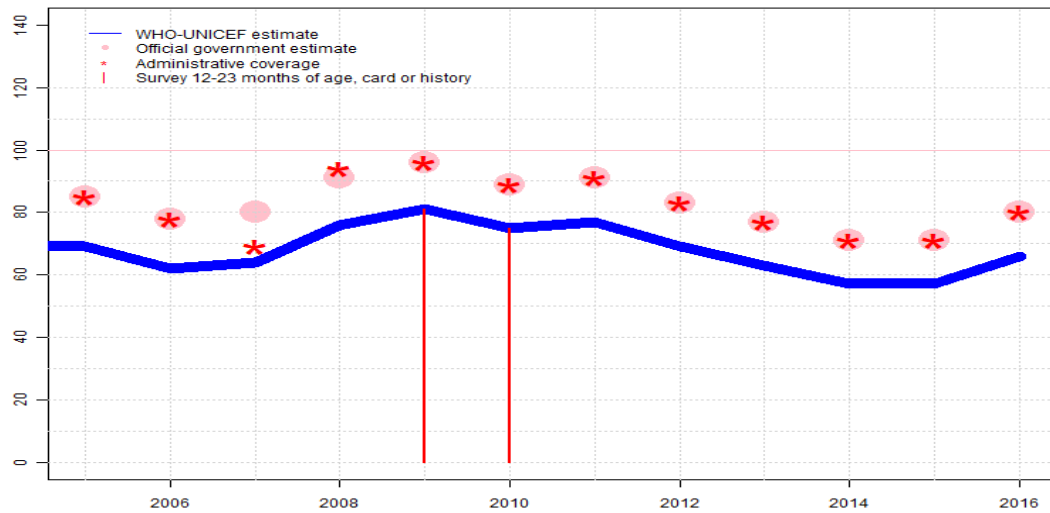
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2010 levels. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. WHO and UNICEF are aware of the preparations for the MICS 2017 and await the results. Programme reports one month vaccine stock-out at national level. Estimate challenged by: R-
- 2015: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-
- 2010: Estimate of 74 percent assigned by working group. Card-based evidence from the 2010 MICS results shows identical coverage levels for Pol3 and DTP3. Estimate follows estimated DTP3 coverage. Iraq Multiple Indicator Cluster Survey 2011 results ignored by working group. Recall-based survey results likely include campaign doses. Survey results ignored. Iraq Multiple Indicator Cluster Survey 2011 card or history results of 76 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 67 percent and 3d dose card only coverage of 57 percent. Estimate challenged by: D-R-
- 2009: Estimate of 78 percent assigned by working group. Card-based evidence from the 2010 MICS results shows identical coverage levels for Pol3 and DTP3. Estimate follows estimated DTP3 coverage. Iraq Multiple Indicator Cluster Survey 2011 card or history results of 79 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 56 percent. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-S-
- 2007: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-
- 2005: Estimate of 69 percent assigned by working group. Service and reporting system effected by local situation Estimate challenged by: D-R-

Iraq - MCV1

IRQ - MCV1



Description:

2016: Reported data calibrated to 2010 levels. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. WHO and UNICEF are aware of the preparations for the MICS 2017 and await the results. Programme reports three month vaccine stock-out at national level. Estimate challenged by: R-

2015: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-

2014: Reported data calibrated to 2010 levels. Programme reports five months stock-out of measles containing vaccine at national level. Estimate challenged by: D-R-

2013: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-

2012: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-

2011: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-

2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Estimate challenged by: D-R-

2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 81 percent based on 1 survey(s). Estimate challenged by: D-R-

2008: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-

2007: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-S-

2006: Reported data calibrated to 2005 and 2009 levels. Estimate challenged by: D-R-

2005: Estimate of 69 percent assigned by working group. Service and reporting system effected by local situation Estimate challenged by: D-R-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	69	62	64	76	81	75	77	69	63	57	57	66
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	85	78	80	91	96	89	91	83	77	71	71	80
Administrative	85	78	69	94	96	89	91	83	77	71	71	80
Survey	NA	NA	NA	NA	81	75	NA	NA	NA	NA	NA	NA

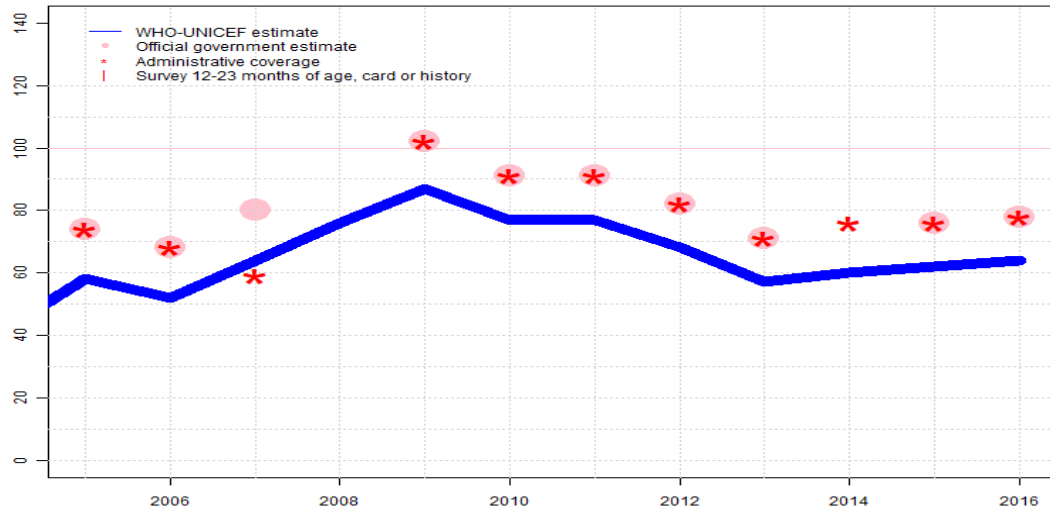
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While 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.

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.

Iraq - MCV2

IRQ - MCV2



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	58	52	64	76	87	77	77	68	57	60	62	64
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	74	68	80	NA	102	91	91	82	71	NA	76	78
Administrative	74	68	59	NA	102	91	91	82	71	76	76	78
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.

Description:

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

2016: Reported data calibrated to 2013 levels. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. WHO and UNICEF are aware of the preparations for the MICS 2017 and await the results. Estimate challenged by: R-

2015: Reported data calibrated to 2013 levels. Estimate challenged by: D-R-

2014: Reported data calibrated to 2013 levels. Reported data excluded. Programme reports five months stock-out of measles containing vaccine at national level. There is no apparent impact of the stock-out on reported coverage. In fact, counterintuitively the reported administrative coverage increased. Estimate challenged by: D-R-

2013: Estimate of 57 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Estimate challenged by: D-R-

2012: Estimate of 68 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Estimate challenged by: D-R-

2011: Estimate of 77 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Estimate challenged by: D-R-

2010: Estimate of 77 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Estimate challenged by: D-R-

2009: Estimate follows reported data calibrated based on MCV adjustment factor. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: D-

2008: Reported data calibrated to 2007 and 2009 levels. GoC=No accepted empirical data

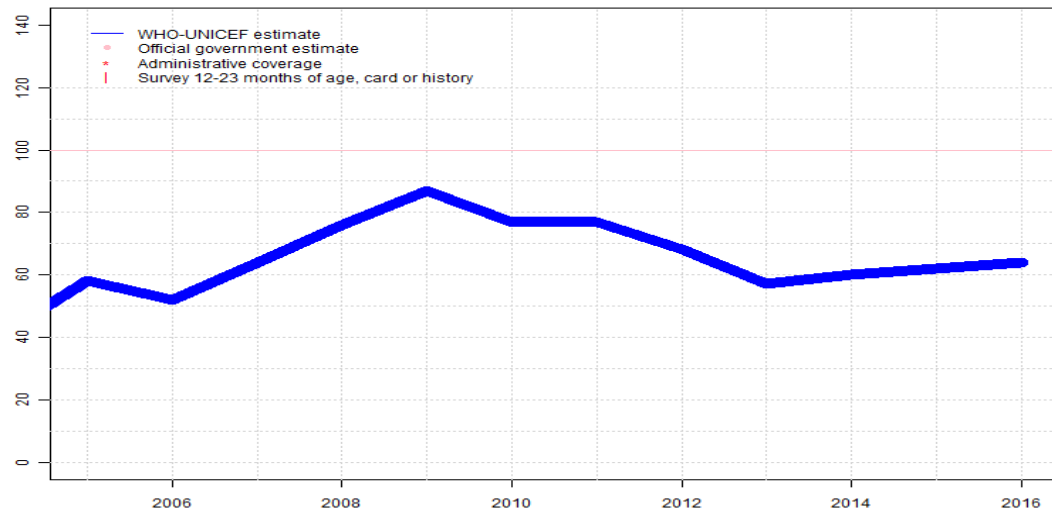
2007: Estimate of 64 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Estimate challenged by: R-

2006: Estimate of 52 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Estimate challenged by: D-R-

2005: Estimate of 58 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Estimate challenged by: D-R-

Iraq - RCV1

IRQ - 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: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. WHO and UNICEF are aware of the preparations for the MICS 2017 and await the results. Estimate challenged by: R-
- 2015: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-R-
- 2014: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-R-
- 2013: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-R-
- 2012: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-R-
- 2011: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-R-
- 2010: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-R-
- 2009: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-
- 2008: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate GoC=No accepted empirical data
- 2007: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: R-
- 2006: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-R-
- 2005: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-R-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	58	52	64	76	87	77	77	68	57	60	62	64
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
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

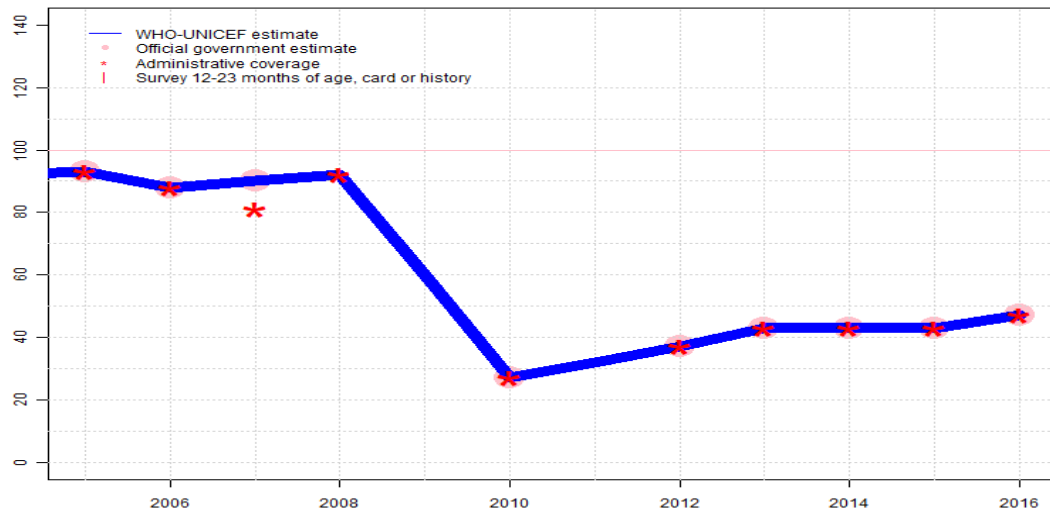
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Iraq - HepBB

IRQ - HepBB



Description:

- 2016: Estimate based on coverage reported by national government. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. WHO and UNICEF are aware of the preparations for the MICS 2017 and await the results. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2011: Estimate based on interpolation between reported values. GoC=No accepted empirical data
- 2010: Estimate based on coverage reported by national government. Decline in coverage is unexplained. GoC=R+ D+
- 2009: Estimate based on interpolation between reported values. GoC=No accepted empirical data
- 2008: Estimate based on reported administrative estimate. Estimate challenged by: D-
- 2007: Estimate based on coverage reported by national government. GoC=R+ D+
- 2006: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2005: Estimate based on coverage reported by national government. Estimate challenged by: D-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	93	88	90	92	60	27	32	37	43	43	43	47
Estimate GoC	•	•	••	•	•	••	•	••	••	••	••	••
Official	93	88	90	NA	NA	27	NA	37	43	43	43	47
Administrative	93	88	81	92	NA	27	NA	37	43	43	43	47
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

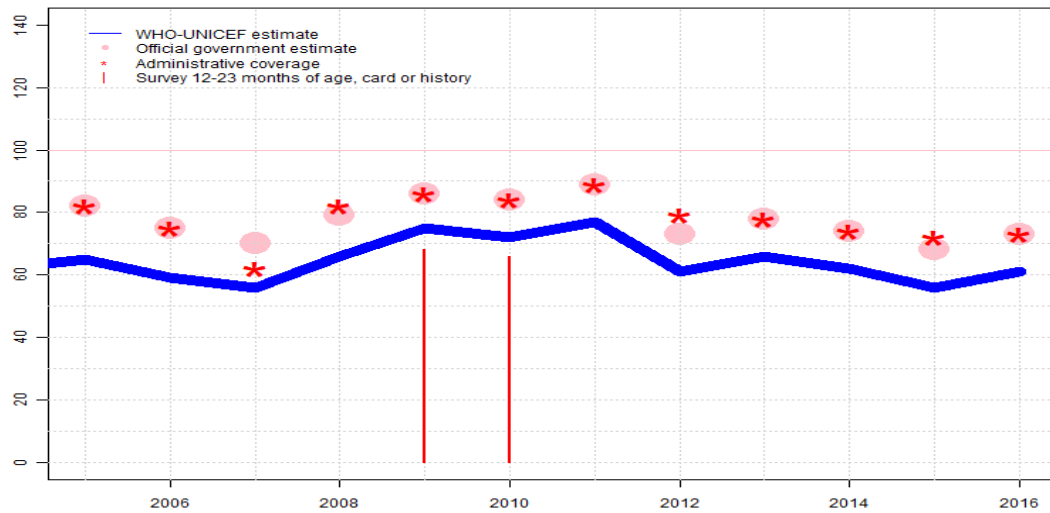
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Iraq - HepB3

IRQ - HepB3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	65	59	56	66	75	72	77	61	66	62	56	61
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	82	75	70	79	86	84	89	73	78	74	68	73
Administrative	82	75	62	82	86	84	89	79	78	74	72	73
Survey	NA	NA	NA	NA	68	66	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.

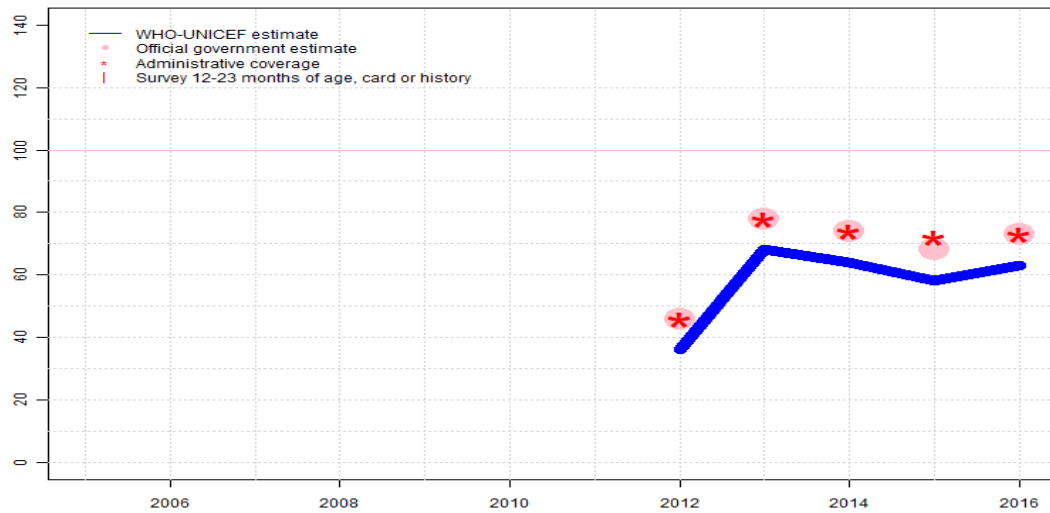
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Reported data calibrated to 2010 levels. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. WHO and UNICEF are aware of the preparations for the MICS 2017 and await the results. Programme reports five month vaccine stock-out at national level. Estimate challenged by: R-
- 2015: Reported data calibrated to 2010 levels. Programme reports a 5 month national level stock-out of DTP-HepB-Hib vaccine. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2010 levels. Programme reports four months stock-out at national level. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2010 levels. DTP-HepB-Hib pentavalent vaccine introduced in 2012. Estimate challenged by: D-R-S-
- 2011: Reported data calibrated to 2010 levels. Estimate challenged by: D-R-
- 2010: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 72 percent based on 1 survey(s). Iraq Multiple Indicator Cluster Survey 2011 card or history results of 66 percent modified for recall bias to 72 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 70 percent and 3d dose card only coverage of 57 percent. Estimate challenged by: D-R-
- 2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Iraq Multiple Indicator Cluster Survey 2011 card or history results of 68 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 66 percent and 3d dose card only coverage of 55 percent. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2004 and 2009 levels. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2004 and 2009 levels. Estimate challenged by: D-R-S-
- 2006: Reported data calibrated to 2004 and 2009 levels. Estimate challenged by: D-R-
- 2005: Estimate based on interpolation between 2004 and 2009 levels. Service and reporting system effected by local situation Estimate challenged by: D-R-

Iraq - Hib3

IRQ - Hib3



Description:

- 2016: Reported data calibrated to 2013 levels. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. WHO and UNICEF are aware of the preparations for the MICS 2017 and await the results. Programme reports five month vaccine stock-out at national level. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 levels. Programme reports a 5 month national level stock-out of DTP-HepB-Hib vaccine. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 levels. Programme reports four months stock-out at national level. Estimate challenged by: D-R-
- 2013: Estimate of 68 percent assigned by working group. Estimate is based on DTP3 coverage level. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2013 levels. Hib vaccine introduced in 2012. The presentations are DTP-Hib and DTP-HepB-Hib. 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	36	68	64	58	63
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	46	78	74	68	73
Administrative	NA	NA	NA	NA	NA	NA	NA	46	78	74	72	73
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

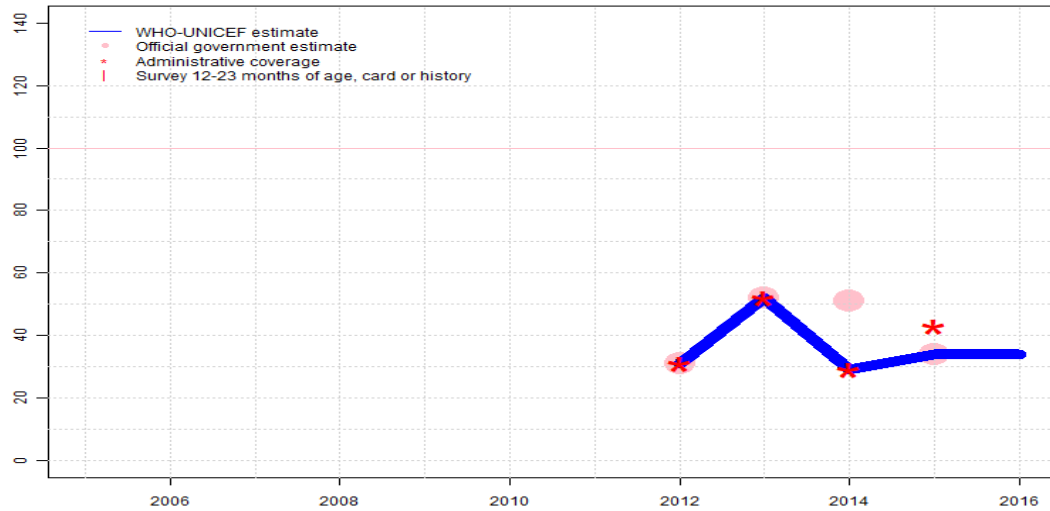
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Iraq - RotaC

IRQ - RotaC



Description:

- 2016: Estimate based on extrapolation from data reported by national government. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. WHO and UNICEF are aware of the preparations for the MICS 2017 and await the results. Programme reports two month vaccine stock-out at national level. GoC=No accepted empirical data
- 2015: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on reported administrative estimate. Estimate is based on reported data. Programme reports five months stock-out at national level. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. Estimate is based on reported data. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. Rotavirus vaccine introduced in 2012. GoC=R+ D+

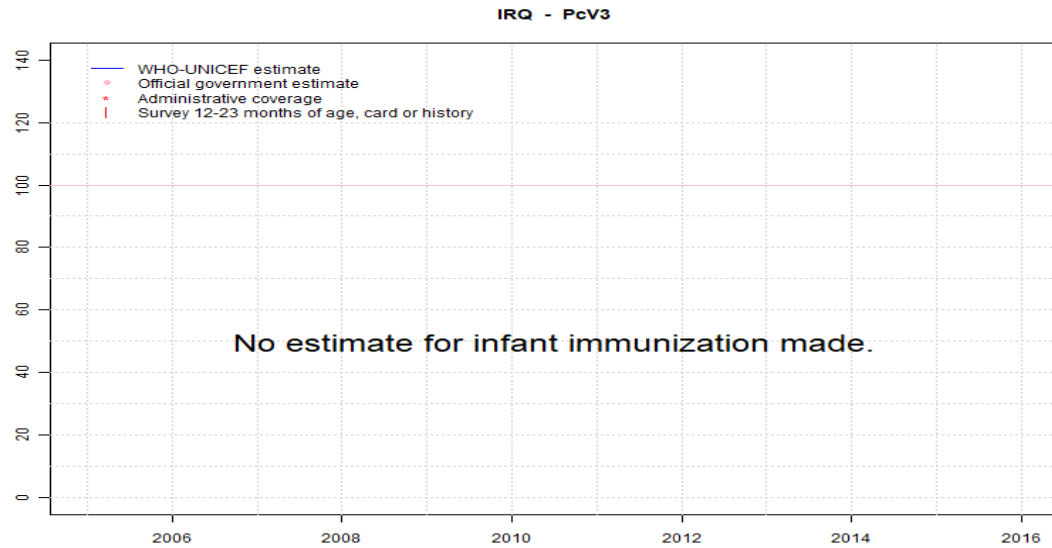
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	31	52	29	34	34
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	••	••	••	•	•
Official	NA	NA	NA	NA	NA	NA	NA	31	52	51	34	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	31	52	29	43	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Iraq - 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.

Iraq - survey details

2010 Iraq Multiple Indicator Cluster Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90	12-23 m	-	70
BCG	Card	68	12-23 m	-	70
BCG	Card or History	90	12-23 m	7487	70
BCG	History	22	12-23 m	-	70
DTP1	C or H <12 months	85	12-23 m	-	70
DTP1	Card	66	12-23 m	-	70
DTP1	Card or History	86	12-23 m	7487	70
DTP1	History	20	12-23 m	-	70
DTP3	C or H <12 months	65	12-23 m	-	70
DTP3	Card	57	12-23 m	-	70
DTP3	Card or History	70	12-23 m	7487	70
DTP3	History	13	12-23 m	-	70
HepB1	C or H <12 months	88	12-23 m	-	70
HepB1	Card	70	12-23 m	-	70
HepB1	Card or History	89	12-23 m	7487	70
HepB1	History	19	12-23 m	-	70
HepB3	C or H <12 months	61	12-23 m	-	70
HepB3	Card	57	12-23 m	-	70
HepB3	Card or History	66	12-23 m	7487	70
HepB3	History	9	12-23 m	-	70
MCV1	C or H <12 months	66	12-23 m	-	70
MCV1	Card	54	12-23 m	-	70
MCV1	Card or History	75	12-23 m	7487	70
MCV1	History	21	12-23 m	-	70
Pol1	C or H <12 months	90	12-23 m	-	70
Pol1	Card	67	12-23 m	-	70
Pol1	Card or History	91	12-23 m	7487	70
Pol1	History	24	12-23 m	-	70
Pol3	C or H <12 months	71	12-23 m	-	70
Pol3	Card	57	12-23 m	-	70
Pol3	Card or History	76	12-23 m	7487	70
Pol3	History	19	12-23 m	-	70

2009 Iraq Multiple Indicator Cluster Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	91	18-29 m	3329	55
BCG	Card	54	18-29 m	3329	55

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	91	18-29 m	-	70
BCG	Card	65	18-29 m	-	70
BCG	Card or History	92	18-29 m	7524	70
BCG	History	27	18-29 m	-	70
DTP1	C or H <12 months	86	18-29 m	-	70
DTP1	Card	63	18-29 m	-	70
DTP1	Card or History	88	18-29 m	7524	70
DTP1	History	25	18-29 m	-	70
DTP3	C or H <12 months	65	18-29 m	-	70
DTP3	Card	56	18-29 m	-	70
DTP3	Card or History	73	18-29 m	7524	70
DTP3	History	18	18-29 m	-	70
HepB1	C or H <12 months	89	18-29 m	-	70
HepB1	Card	66	18-29 m	-	70
HepB1	Card or History	90	18-29 m	7524	70
HepB1	History	24	18-29 m	-	70
HepB3	C or H <12 months	60	18-29 m	-	70
HepB3	Card	55	18-29 m	-	70
HepB3	Card or History	68	18-29 m	7524	70
HepB3	History	13	18-29 m	-	70
MCV1	C or H <18 months	77	18-29 m	-	70
MCV1	Card	55	18-29 m	-	70
MCV1	Card or History	81	18-29 m	7524	70
MCV1	History	26	18-29 m	-	70
Pol1	C or H <12 months	90	18-29 m	-	70
Pol1	Card	63	18-29 m	-	70
Pol1	Card or History	92	18-29 m	7524	70
Pol1	History	29	18-29 m	-	70
Pol3	C or H <12 months	70	18-29 m	-	70
Pol3	Card	56	18-29 m	-	70
Pol3	Card or History	79	18-29 m	7524	70
Pol3	History	23	18-29 m	-	70

2004 Iraq Multiple Indicator Cluster Survey 2006

Iraq - survey details

BCG	Card or History	92	18-29 m	3329	55
BCG	History	39	18-29 m	3329	55
DTP1	C or H <12 months	82	18-29 m	3329	55
DTP1	Card	49	18-29 m	3329	55
DTP1	Card or History	84	18-29 m	3329	55
DTP1	History	36	18-29 m	3329	55
DTP3	C or H <12 months	53	18-29 m	3329	55
DTP3	Card	38	18-29 m	3329	55
DTP3	Card or History	62	18-29 m	3329	55
DTP3	History	24	18-29 m	3329	55
HepB1	C or H <12 months	87	18-29 m	3329	55
HepB1	Card	54	18-29 m	3329	55
HepB1	Card or History	88	18-29 m	3329	55
HepB1	History	34	18-29 m	3329	55
HepB3	C or H <12 months	49	18-29 m	3329	55
HepB3	Card	38	18-29 m	3329	55
HepB3	Card or History	58	18-29 m	3329	55
HepB3	History	19	18-29 m	3329	55
MCV1	Card	39	18-29 m	3329	55
MCV1	Card or History	69	18-29 m	3329	55
MCV1	History	31	18-29 m	3329	55

Pol1	C or H <12 months	88	18-29 m	3329	55
Pol1	Card	49	18-29 m	3329	55
Pol1	Card or History	91	18-29 m	3329	55
Pol1	History	42	18-29 m	3329	55
Pol3	C or H <12 months	57	18-29 m	3329	55
Pol3	Card	37	18-29 m	3329	55
Pol3	Card or History	66	18-29 m	3329	55
Pol3	History	28	18-29 m	3329	55

1999 Iraq Multiple Indicator Cluster Survey 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	93	12-23 m	434	78
DTP1	Card or History	93	12-23 m	434	78
DTP3	Card or History	81	12-23 m	434	78
MCV1	Card or History	90	12-23 m	434	78
Pol1	Card or History	96	12-23 m	434	78
Pol3	Card or History	87	12-23 m	434	78

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