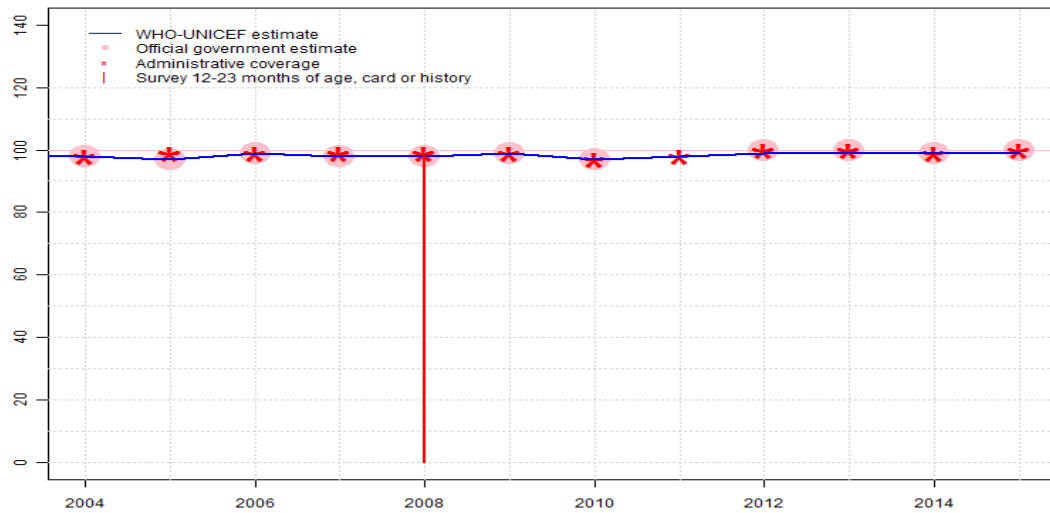


# Maldives - BCG

MDV - BCG



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	98	97	99	98	98	99	97	98	99	99	99	99
Estimate GoC	●	●	●●●	●	●●●	●	●	●●	●●	●●	●●	●●
Official	98	97	99	98	98	99	97	NA	100	100	99	100
Administrative	98	99	99	99	99	99	97	98	100	100	99	100
Survey	NA	NA	NA	NA	99	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.

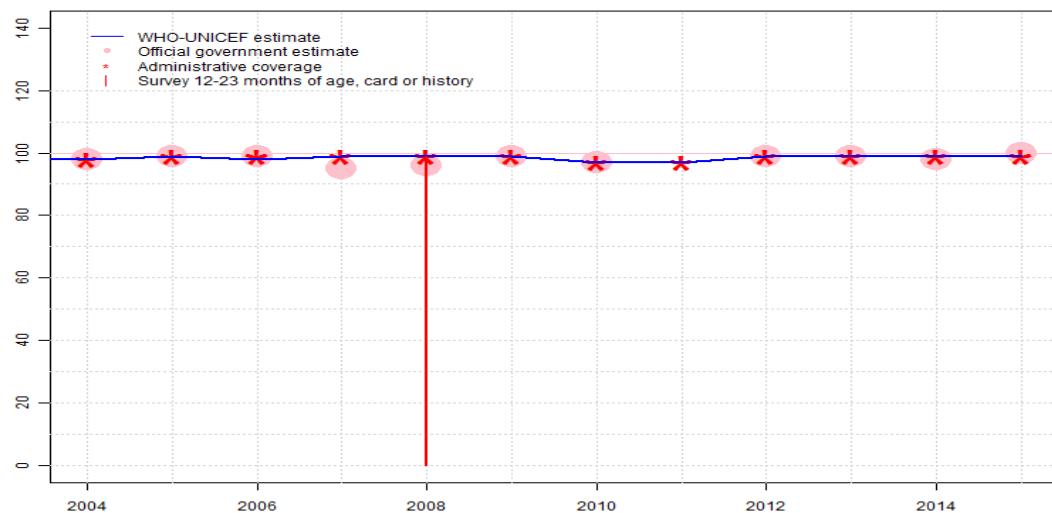
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2004: 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-
- 2006: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2008: Estimate based on coverage reported by national government supported by survey. Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on reported administrative data. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+

# Maldives - DTP1

MDV - DTP1



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	98	99	98	99	99	99	97	97	99	99	99	99
Estimate GoC	●	●	●●	●	●	●	●	●●	●	●	●	●●
Official	98	99	99	95	96	99	97	NA	99	99	98	100
Administrative	98	99	99	99	99	99	97	97	99	99	99	99
Survey	NA	NA	NA	NA	99	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.

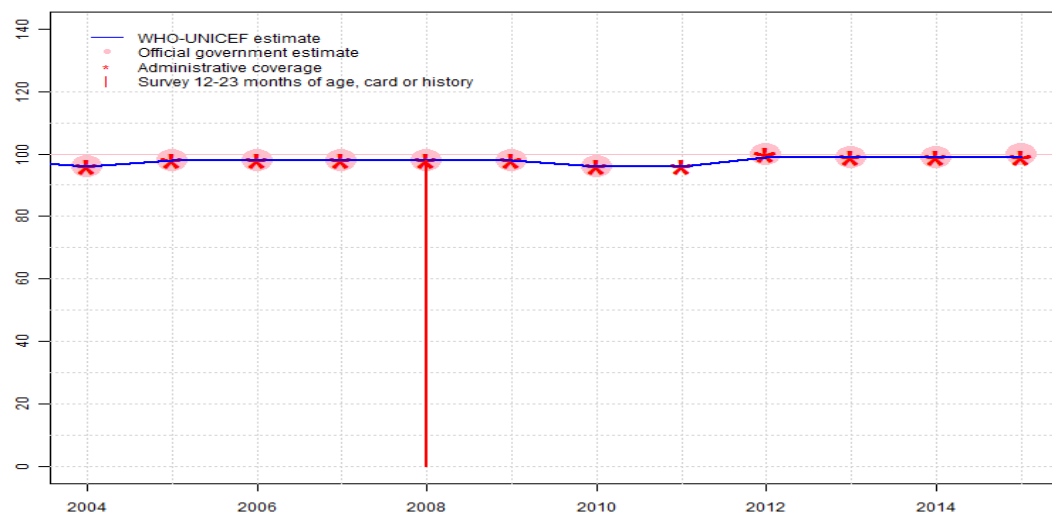
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2004: Reported data calibrated to 1997 and 2008 levels. Estimate challenged by: D-
- 2005: Reported data calibrated to 1997 and 2008 levels. Estimate challenged by: D-
- 2006: Reported data calibrated to 1997 and 2008 levels. GoC=S+ D+
- 2007: DTP1 coverage estimated based on DTP3 coverage of 98. Estimate challenged by: R-
- 2008: DTP1 coverage estimated based on DTP3 coverage of 98. Estimate challenged by: R-
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on reported administrative data. GoC=R+ D+
- 2012: DTP1 coverage estimated based on DTP3 coverage of 100. Estimate challenged by: R-
- 2013: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: DTP1 coverage estimated based on DTP3 coverage of 99. Estimate challenged by: R-
- 2015: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+

# Maldives - DTP3

MDV - DTP3



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	96	98	98	98	98	98	96	96	99	99	99	99
Estimate GoC	•	•	•••	•	•••	•	•	••	•	•	••	••
Official	96	98	98	98	98	98	96	NA	100	99	99	100
Administrative	96	98	98	98	98	98	96	96	100	99	99	99
Survey	NA	NA	NA	NA	98	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.

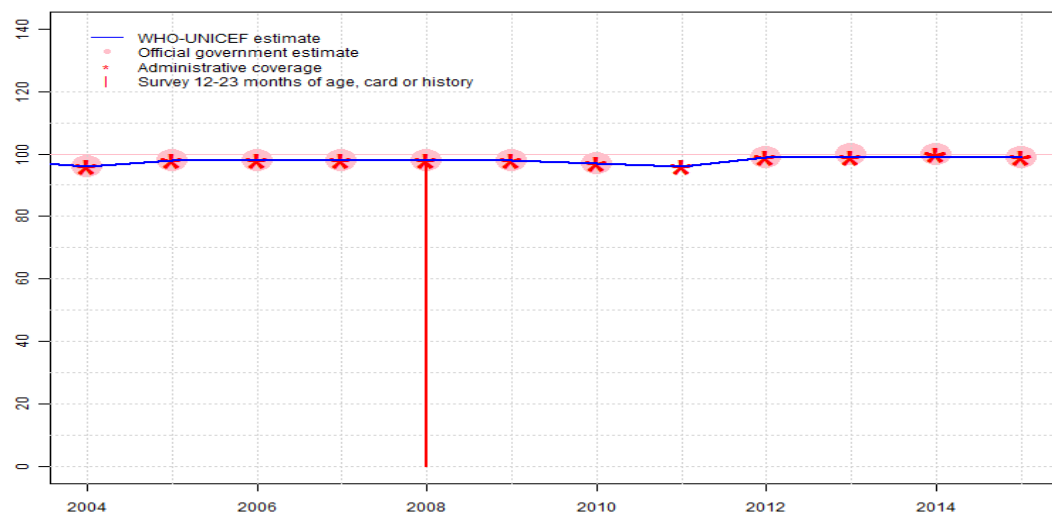
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2004: 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-
- 2006: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2008: Estimate based on coverage reported by national government supported by survey. Survey evidence of 99 percent based on 1 survey(s). Maldives Demographic and Health Survey 2009 card or history results of 98 percent modified for recall bias to 99 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 89 percent and 3d dose card only coverage of 89 percent. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on reported administrative data. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+

# Maldives - Pol3

MDV - Pol3



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	96	98	98	98	98	98	97	96	99	99	100	99
Estimate GoC	•	•	•••	•	•••	•	•	••	•	•	••	••
Official	96	98	98	98	98	98	97	NA	99	100	100	99
Administrative	96	98	98	98	98	98	97	96	99	99	100	99
Survey	NA	NA	NA	NA	97	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.

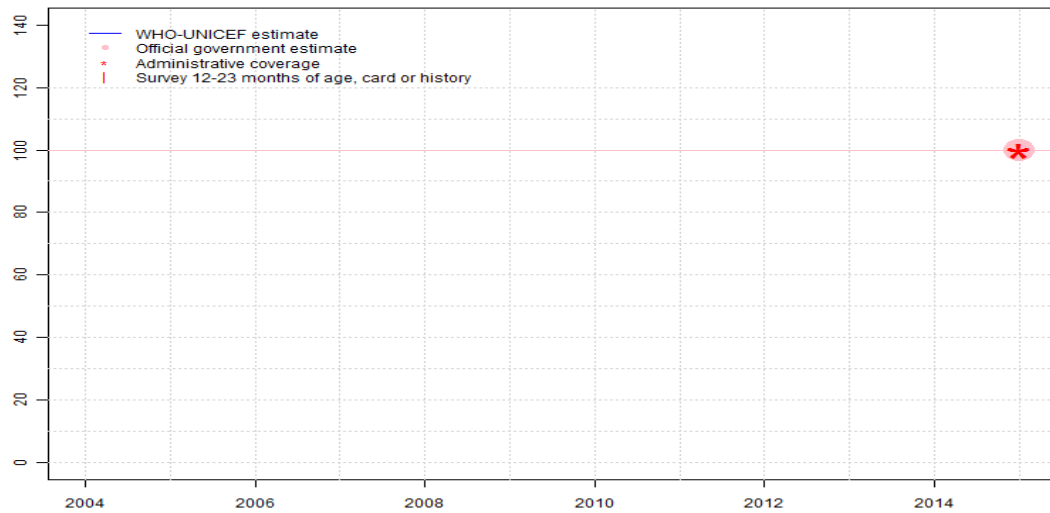
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2004: 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-
- 2006: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2008: Estimate based on coverage reported by national government supported by survey. Survey evidence of 99 percent based on 1 survey(s). Maldives Demographic and Health Survey 2009 card or history results of 97 percent modified for recall bias to 99 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 89 percent and 3d dose card only coverage of 89 percent. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on reported administrative data. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+

# Maldives - IPV1

MDV - IPV1



## Description:

2015: IPV introduced during March 2015. Programme reports 99 percent coverage in 82 percent of national birth cohort. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: R-

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	82
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	100
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

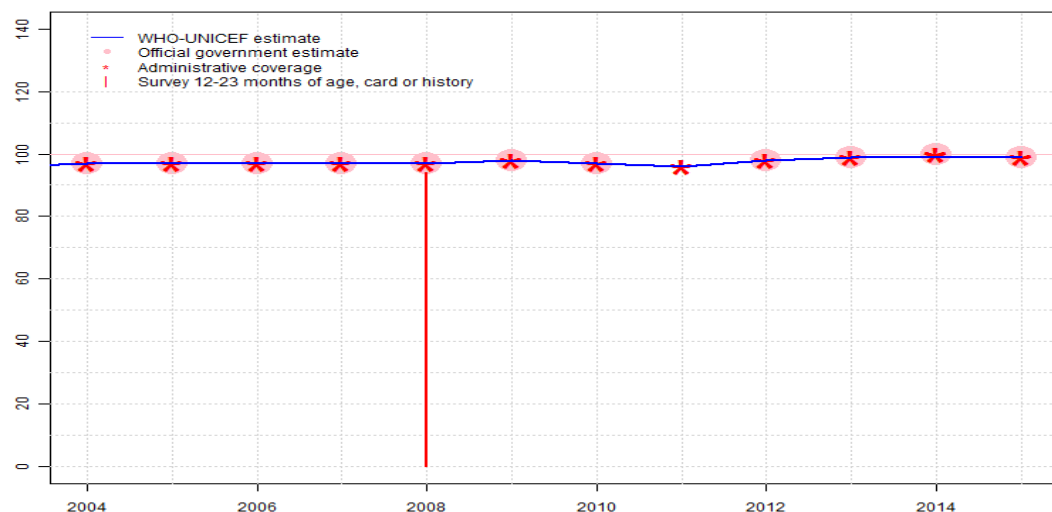
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Maldives - MCV1

MDV - MCV1



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	97	97	97	97	97	98	97	96	98	99	99	99
Estimate GoC	•	•	•••	•••	•••	•	•	••	••	••	••	••
Official	97	97	97	97	97	98	97	NA	98	99	100	99
Administrative	97	97	97	97	97	98	97	96	98	99	100	99
Survey	NA	NA	NA	NA	94	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.

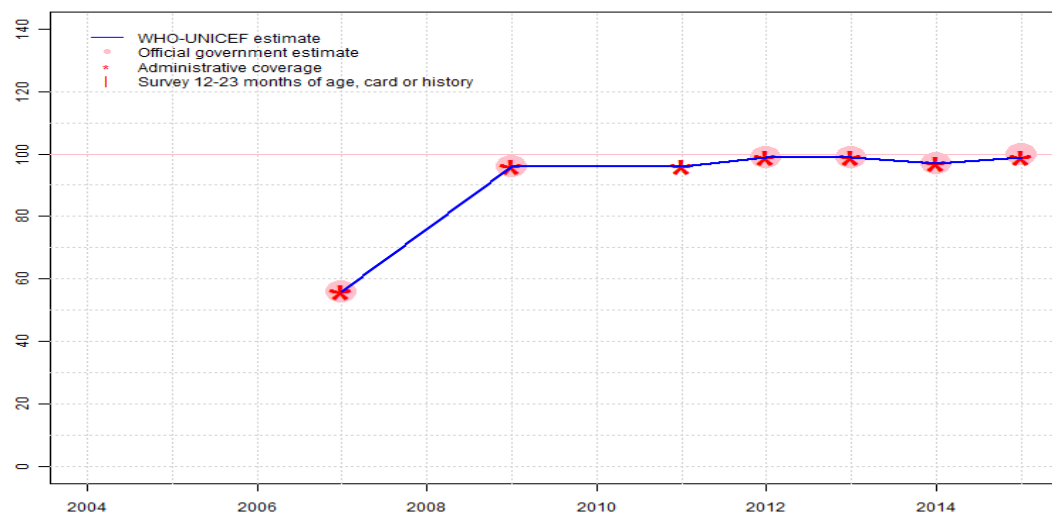
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2004: 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-
- 2006: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2007: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2008: Estimate based on coverage reported by national government supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on reported administrative data. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+

# Maldives - MCV2

MDV - MCV2



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	56	76	96	96	96	99	99	97	100
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	••	••	••
Official	NA	NA	NA	56	NA	96	NA	NA	99	99	97	100
Administrative	NA	NA	NA	56	NA	96	NA	96	99	99	97	99
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.

2007: Estimate based on coverage reported by national government. Second dose of measles containing vaccine introduced during 2007. Estimate challenged by: D-

2008: Estimate based on interpolation between reported values. GoC=No accepted empirical data

2009: Estimate based on coverage reported by national government. Estimate challenged by: D-

2010: Estimate based on interpolation between reported values. GoC=No accepted empirical data

2011: Estimate based on reported administrative estimate. Estimate challenged by: D-

2012: Estimate based on coverage reported by national government. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. GoC=R+ D+

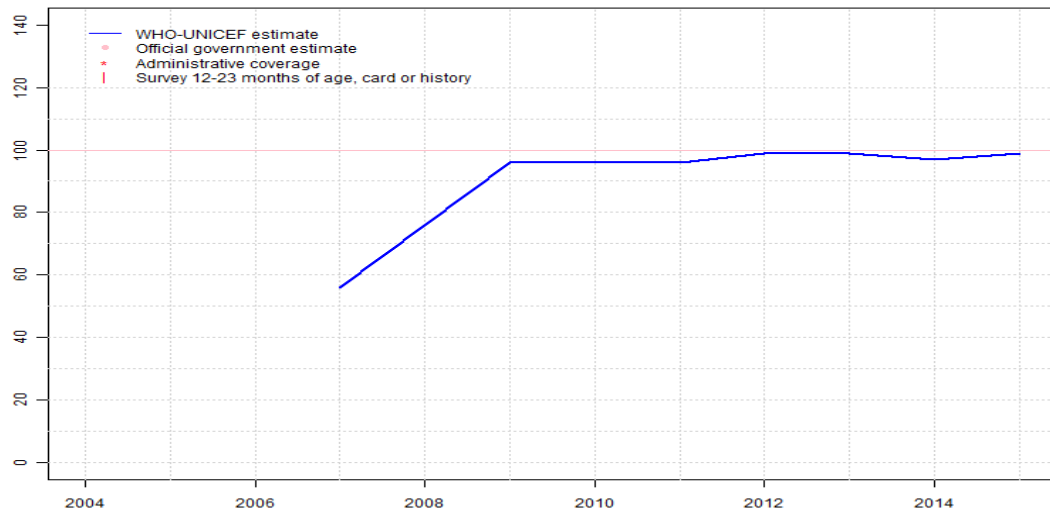
2014: Estimate based on coverage reported by national government. GoC=R+ D+

2015: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+



# Maldives - RCV1

MDV - RCV1



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	56	76	96	96	96	99	99	97	99
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.

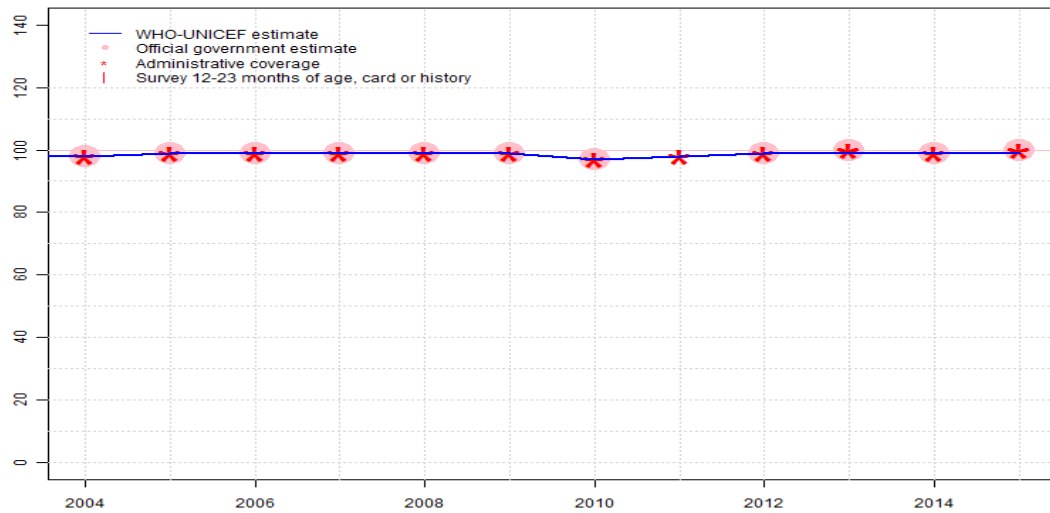
## Description:

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 accompanying graph and data table.

- 2007: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Rubella containing vaccine introduced during 2007. 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
- 2009: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-
- 2010: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate GoC=No accepted empirical data
- 2011: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-
- 2012: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-
- 2013: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate GoC=R+ D+
- 2014: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate GoC=R+ D+
- 2015: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+

# Maldives - HepBB

MDV - HepBB



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	98	99	99	99	99	99	97	98	99	99	99	99
Estimate GoC	●	●	●●	●	●	●	●	●●	●●	●●	●●	●●
Official	98	99	99	99	99	99	97	NA	99	100	99	100
Administrative	98	99	99	99	99	99	97	98	99	100	99	100
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.

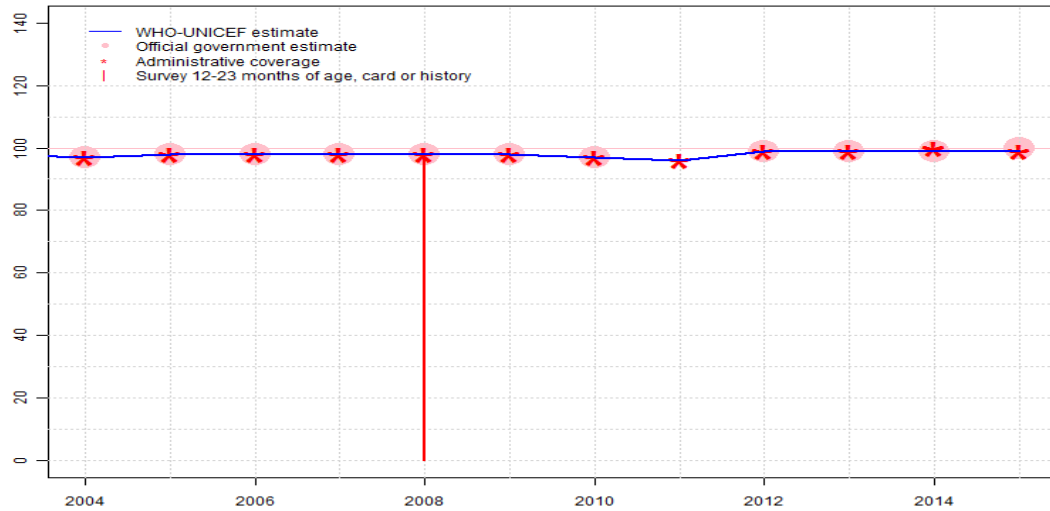
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2004: 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-
- 2006: Estimate based on coverage reported by national government. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2008: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on reported administrative estimate. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ D+
- 2013: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+

# Maldives - HepB3

MDV - HepB3



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	97	98	98	98	98	98	97	96	99	99	99	99
Estimate GoC	•	•	•••	•	•••	•	•	••	•	•	••	••
Official	97	98	98	98	98	98	97	NA	99	99	99	100
Administrative	97	98	98	98	98	98	97	96	99	99	100	99
Survey	NA	NA	NA	NA	97	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.

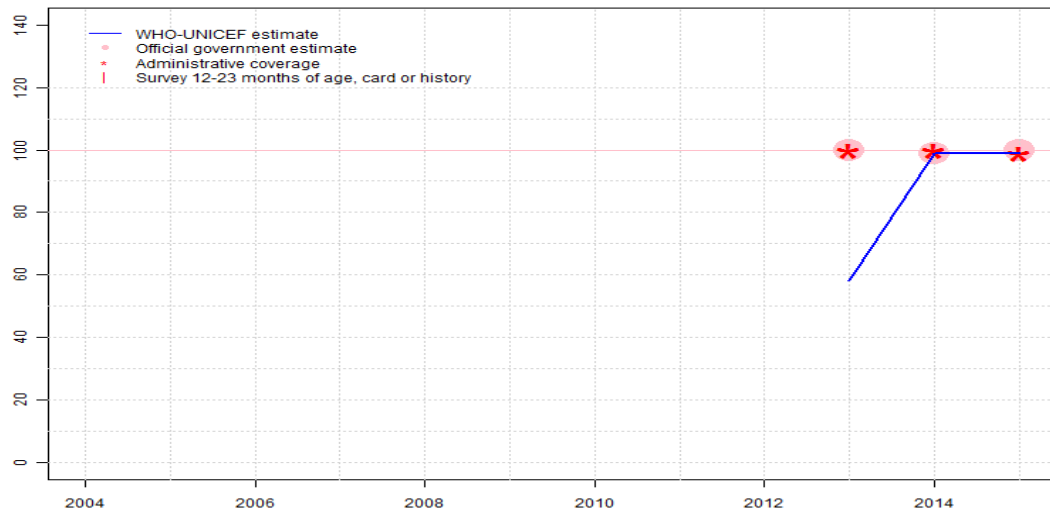
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2004: 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-
- 2006: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2007: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2008: Estimate based on coverage reported by national government supported by survey. Survey evidence of 98 percent based on 1 survey(s). Maldives Demographic and Health Survey 2009 card or history results of 97 percent modified for recall bias to 98 percent based on 1st dose card or history coverage of 99 percent, 1st dose card only coverage of 89 percent and 3d dose card only coverage of 88 percent. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2011: Estimate based on reported administrative data. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+

# Maldives - Hib3

MDV - Hib3



## Description:

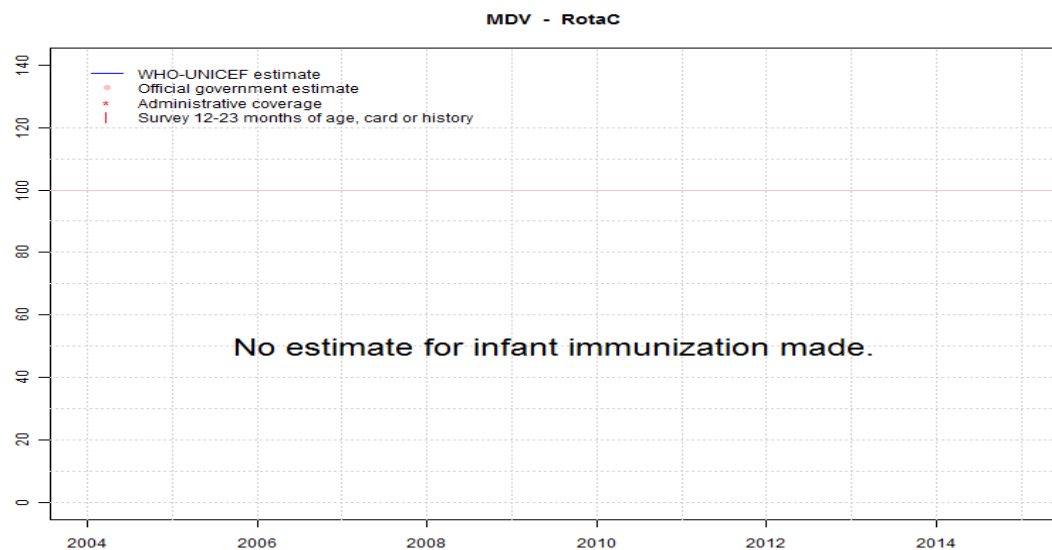
- 2013: Pentavalent DTP-HepB-Hib vaccine introduced in May 2013. Annualized coverage is equal to 58 percent. Estimate challenged by: R-
- 2014: Estimate based on coverage reported by national government. GoC=R+D+
- 2015: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	58	99	99
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	••	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	100	99	100
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	100	100	99
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.



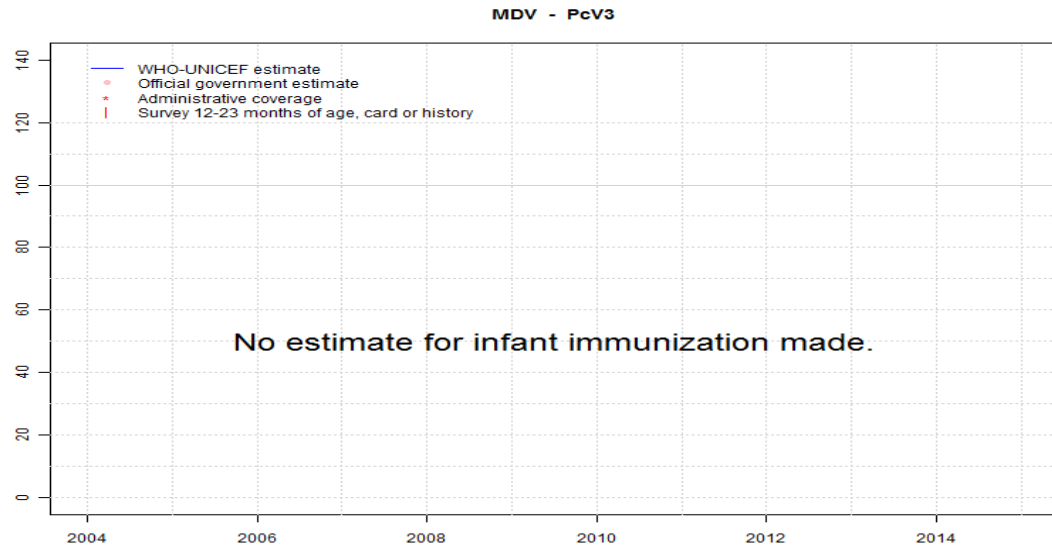
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

# Maldives - PcV3



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
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.

# Maldives - survey details

## 2008 Maldives Demographic and Health Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	99	12-23 m	822	89
BCG	Card	89	12-23 m	822	89
BCG	Card or History	99	12-23 m	822	89
BCG	History	10	12-23 m	822	89
DTP1	C or H <12 months	99	12-23 m	822	89
DTP1	Card	89	12-23 m	822	89
DTP1	Card or History	99	12-23 m	822	89
DTP1	History	10	12-23 m	822	89
DTP3	C or H <12 months	96	12-23 m	822	89
DTP3	Card	89	12-23 m	822	89
DTP3	Card or History	98	12-23 m	822	89
DTP3	History	9	12-23 m	822	89
HepB1	C or H <12 months	99	12-23 m	822	89
HepB1	Card	89	12-23 m	822	89
HepB1	Card or History	99	12-23 m	822	89
HepB1	History	10	12-23 m	822	89
HepB3	C or H <12 months	92	12-23 m	822	89
HepB3	Card	88	12-23 m	822	89
HepB3	Card or History	97	12-23 m	822	89
HepB3	History	9	12-23 m	822	89
MCV1	C or H <12 months	91	12-23 m	822	89
MCV1	Card	86	12-23 m	822	89

MCV1	Card or History	94	12-23 m	822	89
MCV1	History	9	12-23 m	822	89
Pol1	C or H <12 months	99	12-23 m	822	89
Pol1	Card	89	12-23 m	822	89
Pol1	Card or History	99	12-23 m	822	89
Pol1	History	10	12-23 m	822	89
Pol3	C or H <12 months	95	12-23 m	822	89
Pol3	Card	89	12-23 m	822	89
Pol3	Card or History	97	12-23 m	822	89
Pol3	History	8	12-23 m	822	89

## 2000 Maldives Multiple Indicator Cluster Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	96	12-23 m	158	-
DTP1	Card or History	96	12-23 m	158	-
DTP3	Card or History	90	12-23 m	158	-
HepB1	Card or History	95	12-23 m	158	-
HepB3	Card or History	93	12-23 m	158	-
MCV1	Card or History	92	12-23 m	158	-
Pol1	Card or History	95	12-23 m	158	-
Pol3	Card or History	93	12-23 m	158	-

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

## Maldives

### WHO/UNICEF Estimates of Protection at Birth (PAB) against tetanus

In countries where tetanus is recommended for girls and women coverage is usually reported as "TT2+", i.e. the proportion of (pregnant) women who have received their second or superior TT dose in a given year. TT2 + coverage, however, can under-represent the actual proportion of births that are protected against tetanus as it does not include women who have previously received protective doses, women who received one dose without documentation of previous doses, and women who received doses in TT (or Td) supplemental immunization activities (SIA). In addition, girls who have received DTP in their childhood and are entering childbearing age, may be protected with TT booster doses.

WHO and UNICEF have developed a model that takes into account the above scenarios, and calculates the proportion of births in a given year that can be considered as having been protected against tetanus - "Protection at Birth".

In this model, annual cohorts of women are followed from infancy through their life. A proportion receives DTP in infancy (estimated based on the WHO-UNICEF estimates of DTP3 coverage). In addition some of these women also receive TT through routine services when they are pregnant and may also receive TT during SIAs. The model also adjusts reported data, taking into account coverage patterns in other years, and/or results available through surveys. The duration of protection is then calculated, based on WHO estimates of the duration of protection by doses ever received. The proportion of births that are protected against tetanus as a result of maternal immunization reflects the tetanus immunization received by the mother throughout her life rather than simply the TT immunizations received during the current pregnancy.

The model was used in the mid to late 2000. Currently, the coverage series developed by the model is used as the baseline, and efforts are made to obtain data from all sources that include the JRF and reported trend over the years, routine PAB reporting and its trend over the years, data from surveys (DHS, MICS, EPI), whether countries have been validated for the attainment of maternal and neonatal tetanus elimination and what the TT coverage figures are from the survey etc and all the information is used to arrive at an estimate of the protection-at-birth from TT vaccination.

Year	PAB coverage estimate (%)
2004	94
2005	94
2006	94
2007	94
2008	95
2009	95
2010	95
2011	95
2012	95
2013	95
2014	95
2015	99

<sup>1</sup> This model is described in: Griffiths U., Wolfson L., Quddus A., Younus M., Hafiz R.. Incremental cost-effectiveness of supplementary immunization activities to prevent neo-natal tetanus in Pakistan. Bulletin of the World Health Organization 2004; 82:643-651.