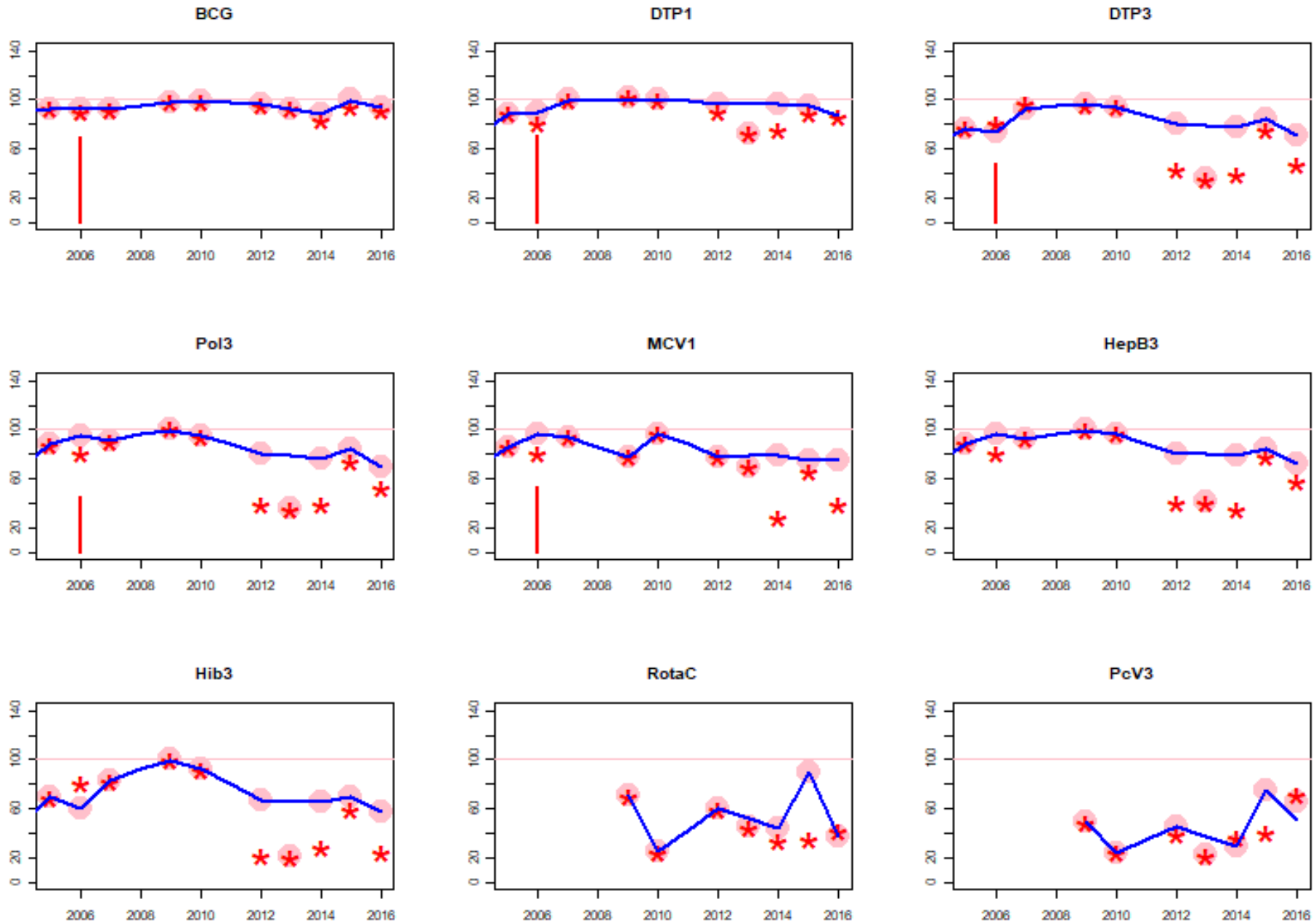


Marshall Islands: WHO and UNICEF estimates of immunization coverage: 2016 revision



Marshall Islands: WHO and UNICEF estimates of immunization coverage: 2016 revision

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

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

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

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

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

DATA SOURCES.

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

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

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

ABBREVIATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

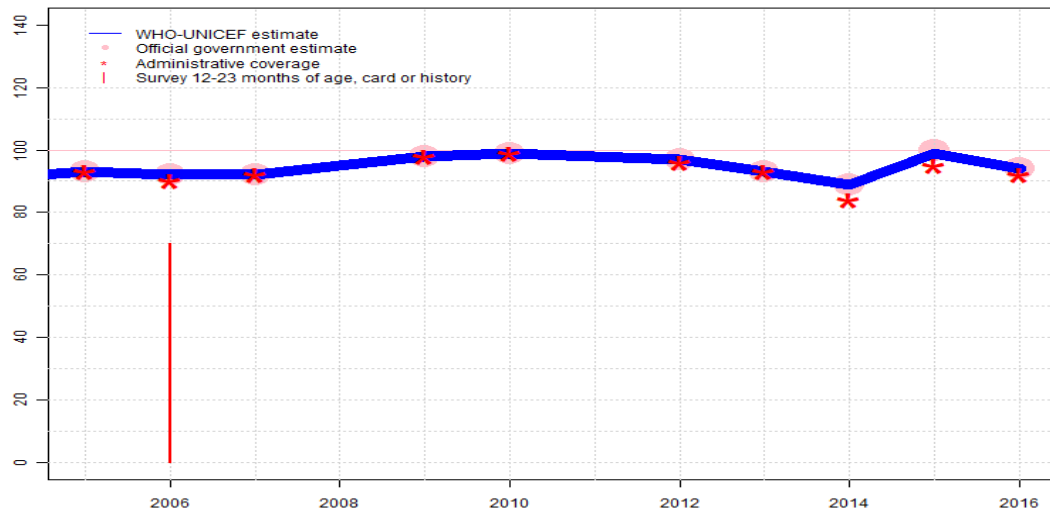
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children's Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children's Fund be liable for damages arising from its use.

Marshall Islands - BCG

MHL - BCG



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	93	92	92	95	98	99	98	97	93	89	99	94
Estimate GoC	•	•	•	•	•	•	••	•	•	•	••	••
Official	93	92	92	NA	98	99	NA	97	93	89	100	94
Administrative	93	90	92	NA	98	99	NA	96	93	84	95	92
Survey	NA	70	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.

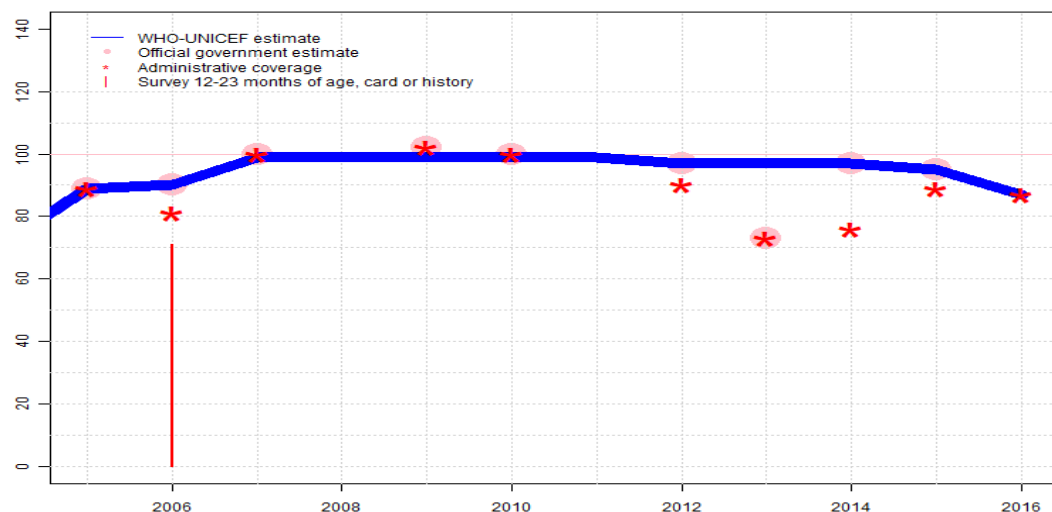
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate based on interpolation between data reported by national government. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2011: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=D+
- 2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2008: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2007: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. Survey results ignored. Sample size 249 less than 300. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2005: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - DTP1

MHL - DTP1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	89	90	99	99	99	99	99	97	97	97	95	87
Estimate GoC	•	•	•	•	•	•	•	••	••	••	••	••
Official	89	90	100	NA	102	100	NA	97	73	97	95	NA
Administrative	89	81	100	NA	102	100	NA	90	73	76	89	87
Survey	NA	71	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.

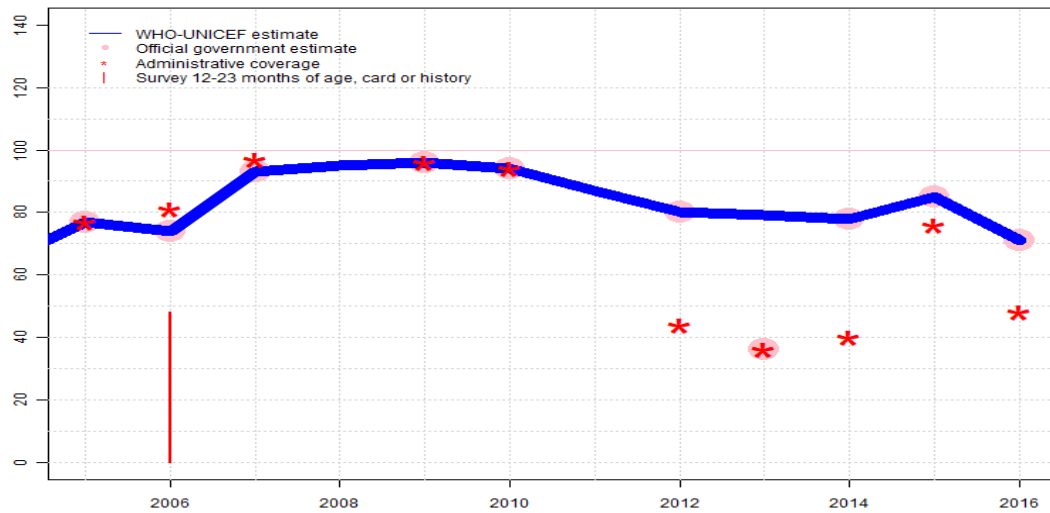
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on reported administrative data. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Programme reports two month national level stock-out of DTP-IPV-Hib. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2013: Estimate based on interpolation between data reported by national government. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2011: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2008: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2007: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. Survey results ignored. Sample size 249 less than 300. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2005: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - DTP3

MHL - DTP3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	77	74	93	95	96	94	87	80	36	78	85	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	••	•
Official	77	74	93	NA	96	94	NA	80	36	78	85	71
Administrative	77	81	97	NA	96	94	NA	44	36	40	76	48
Survey	NA	48	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.

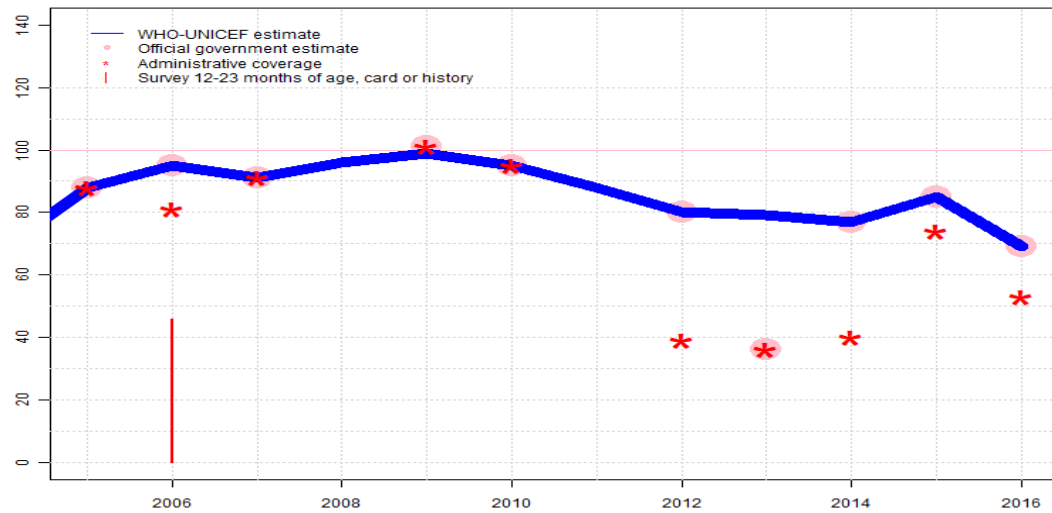
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Reported decline in coverage from prior year is unexplained. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Programme reports two month national level stock-out of DTP-IPV-Hib. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate based on interpolation between data reported by national government. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2011: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2008: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2007: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. Survey results ignored. Sample size 249 less than 300. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2005: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - Pol3

MHL - Pol3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	88	95	91	96	99	95	88	80	79	77	85	69
Estimate GoC	•	•	•	•	•	•	•	•	•	•	••	•
Official	88	95	91	NA	101	95	NA	80	36	77	85	69
Administrative	88	81	91	NA	101	95	NA	39	36	40	74	53
Survey	NA	46	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.

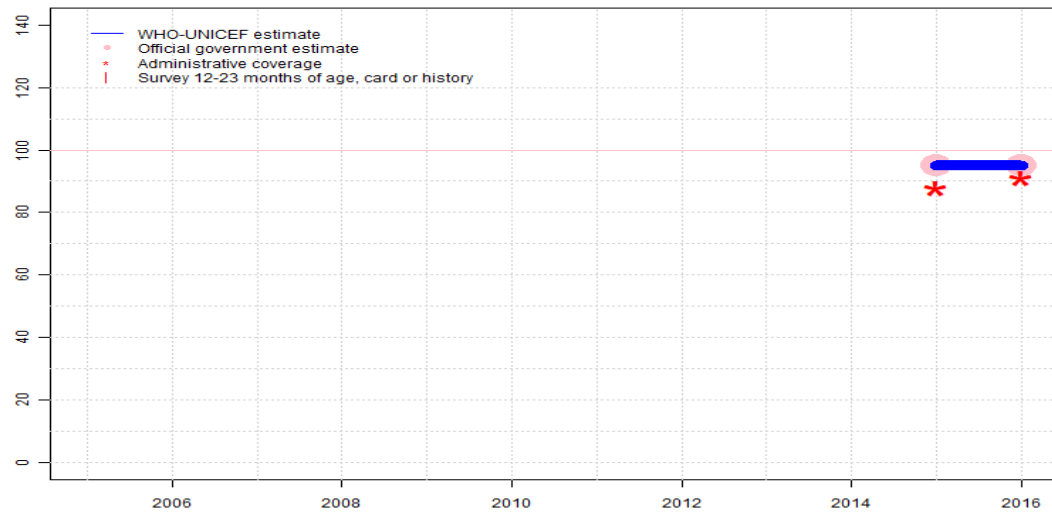
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Reported decline in coverage from prior year is unexplained. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Programme reports two month national level stock-out of DTP-IPV-Hib. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate based on interpolation between data reported by national government. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Programme reports stockout in 3 districts. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2011: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2008: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2007: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. Survey results ignored. Sample size 249 less than 300. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2005: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - IPV1

MHL - IPV1



Description:

- 2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95	95
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95	95
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	88	91
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

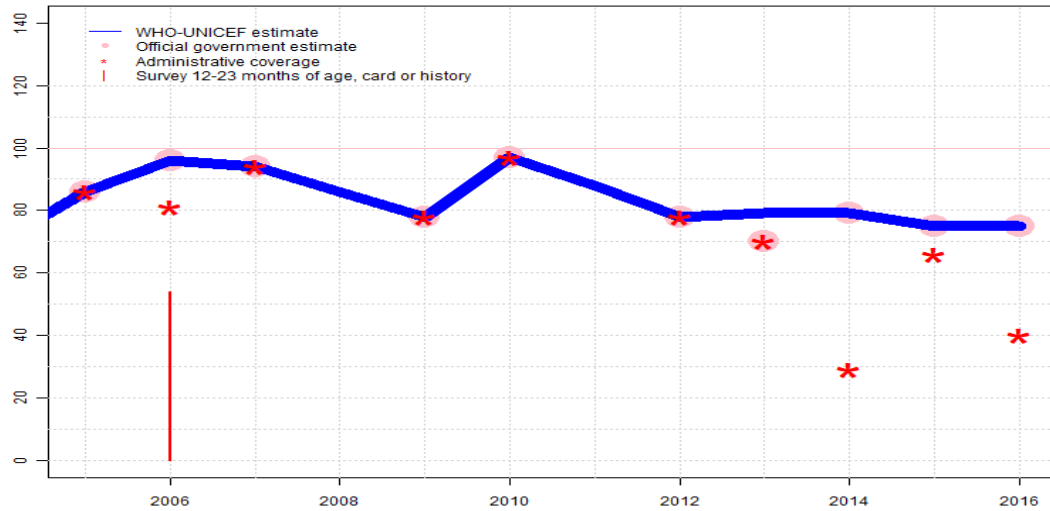
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Marshall Islands - MCV1

MHL - MCV1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	86	96	94	86	78	97	88	78	79	79	75	75
Estimate GoC	•	•	•	•	•	•	•	•	•	•	••	•
Official	86	96	94	NA	78	97	NA	78	70	79	75	75
Administrative	86	81	94	NA	78	97	NA	78	70	29	66	40
Survey	NA	54	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.

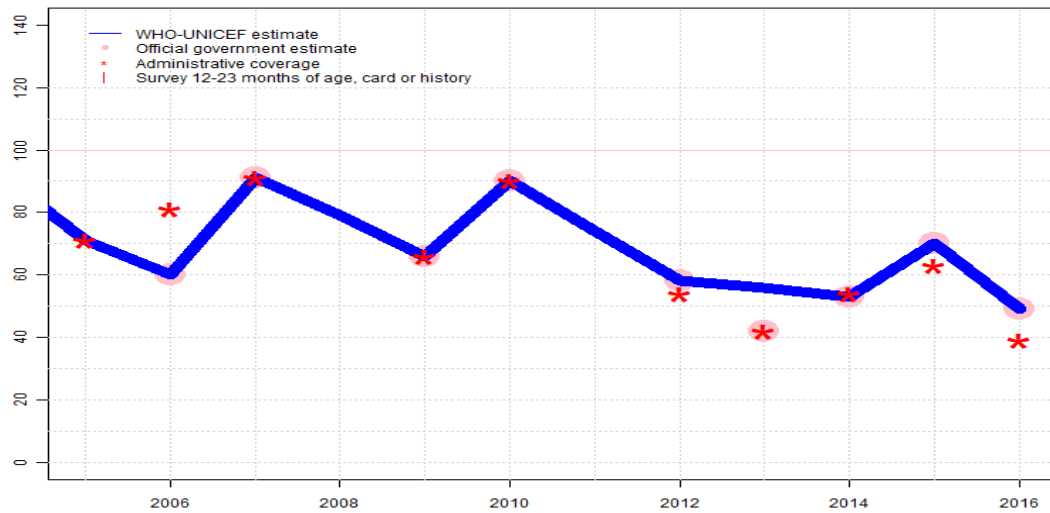
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate based on interpolation between data reported by national government. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2011: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2008: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2007: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. Survey results ignored. Sample size 249 less than 300. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2005: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - MCV2

MHL - MCV2



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	71	60	91	79	66	90	74	58	56	53	70	49
Estimate GoC	•	•	•	•	••	•	•	•	••	•	••	•
Official	NA	60	91	NA	66	90	NA	58	42	53	70	49
Administrative	71	81	91	NA	66	90	NA	54	42	54	63	39
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.

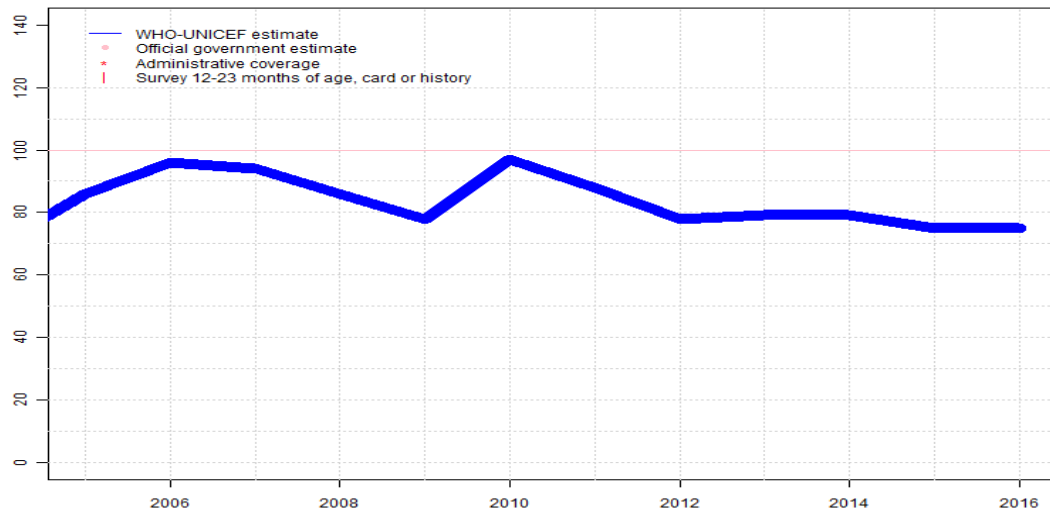
Description:

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

- 2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Reported decline in coverage from prior year is unexplained. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate based on interpolation between reported values. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2011: Estimate based on interpolation between reported values. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2008: Estimate based on interpolation between reported values. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2007: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2005: Estimate based on reported administrative estimate. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - RCV1

MHL - RCV1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	86	96	94	86	78	97	88	78	79	79	75	75
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.

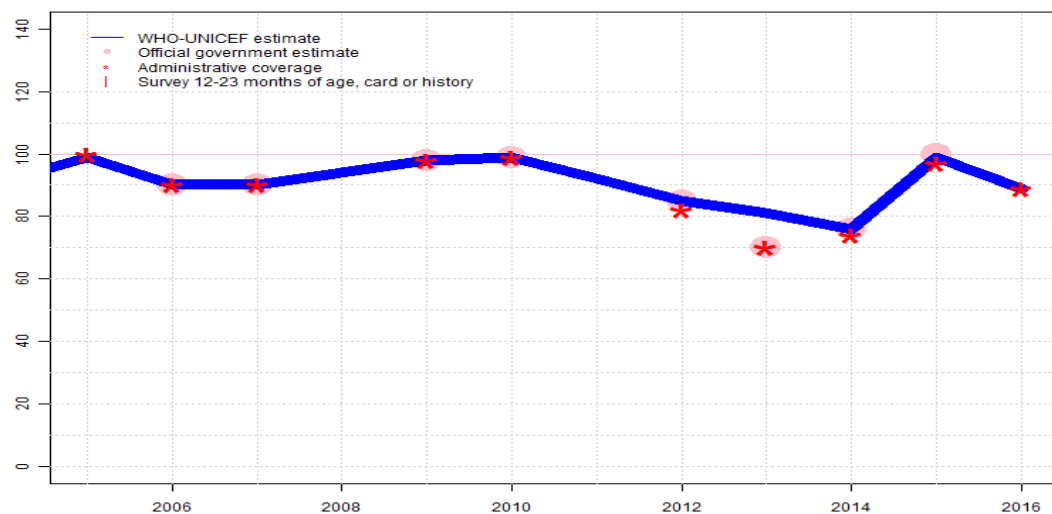
Description:

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

- 2016: Estimate based on estimated MCV1. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2012: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2011: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2010: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2008: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2007: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2006: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2005: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - HepBB

MHL - HepBB



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	99	90	90	94	98	99	92	85	81	76	99	89
Estimate GoC	•	•	•	•	•	•	••	•	•	•	••	••
Official	NA	90	90	NA	98	99	NA	85	70	76	100	NA
Administrative	100	90	90	NA	98	99	NA	82	70	74	97	89
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.

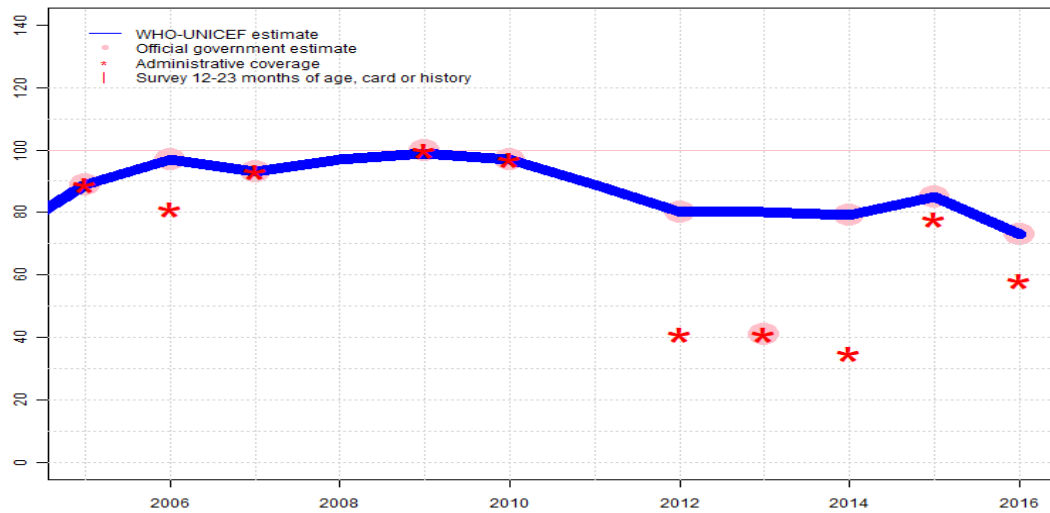
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on reported administrative estimate. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate based on interpolation between reported values. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2011: Estimate based on interpolation between reported values. Fluctuation in reported data is attributed to small birth cohort. GoC=D+
- 2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2008: Estimate based on interpolation between reported values. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2007: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2005: Estimate based on reported administrative estimate. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - HepB3

MHL - HepB3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	89	97	93	97	99	97	89	80	80	79	85	73
Estimate GoC	•	•	•	•	•	•	•	•	•	•	••	•
Official	89	97	93	NA	100	97	NA	80	41	79	85	73
Administrative	89	81	93	NA	100	97	NA	41	41	35	78	58
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.

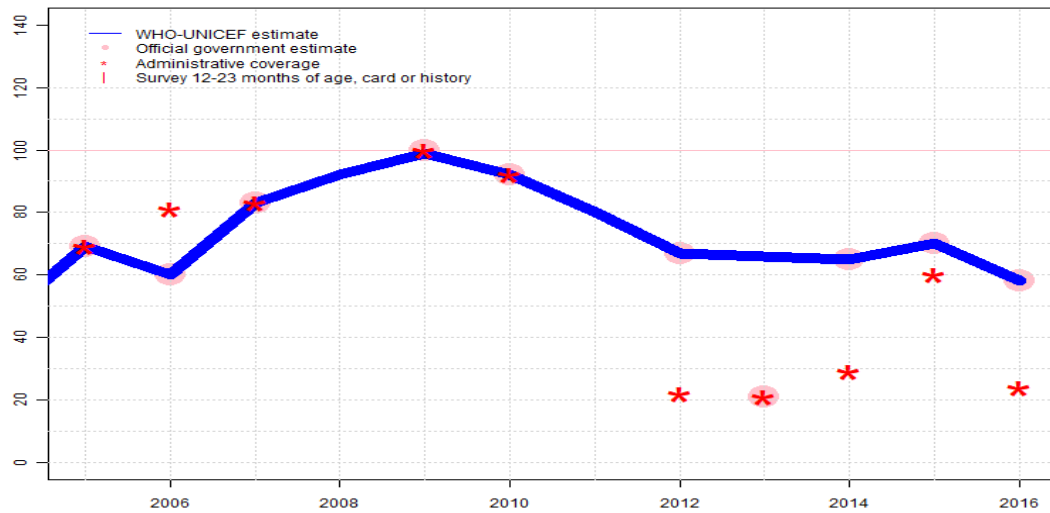
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate based on interpolation between data reported by national government. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2011: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2008: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2007: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2005: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - Hib3

MHL - Hib3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	69	60	83	92	99	92	80	67	66	65	70	58
Estimate GoC	•	•	•	•	•	•	•	•	•	•	••	•
Official	69	60	83	NA	100	92	NA	67	21	65	70	58
Administrative	69	81	83	NA	100	92	NA	22	21	29	60	24
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.

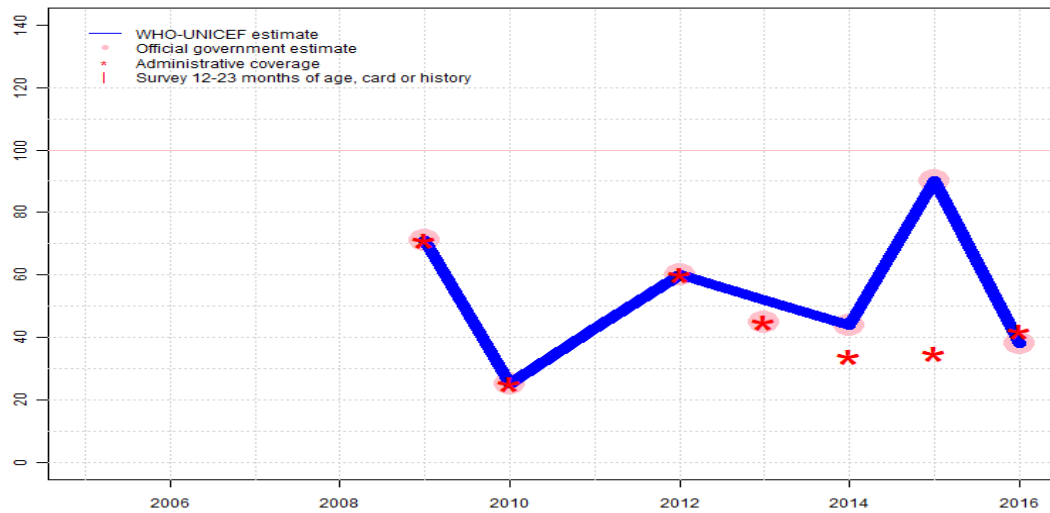
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Reported decline in coverage from prior year is unexplained. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Programme reports two month national level stock-out of DTP-IPV-Hib. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate based on interpolation between reported values. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Programme reports stockout in 7 districts. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2011: Estimate based on interpolation between reported values. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2008: Estimate based on interpolation between reported values. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2007: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2006: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2005: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - RotaC

MHL - RotaC



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	71	25	43	60	52	44	90	38
Estimate GoC	NA	NA	NA	NA	•	•	•	•	••	•	•	••
Official	NA	NA	NA	NA	71	25	NA	60	45	44	90	38
Administrative	NA	NA	NA	NA	71	25	NA	60	45	34	35	42
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Description:

- 2016: Estimate based on coverage reported by national government. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Reported decline in coverage from prior year is unexplained. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. Consistency with other vaccines.
- 2013: Estimate based on interpolation between reported values. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Programme reports stockout in 1 district. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
- 2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2011: Estimate based on interpolation between reported values. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Rotavirus vaccine introduced in 2009. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

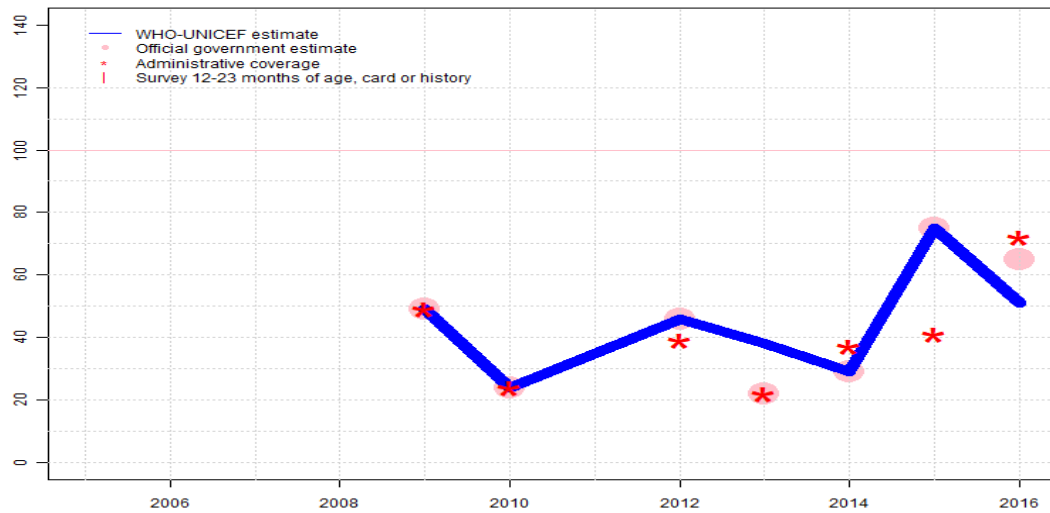
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Marshall Islands - PcV3

MHL - PcV3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	49	24	35	46	22	29	75	51
Estimate GoC	NA	NA	NA	NA	••	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	49	24	NA	46	22	29	75	65
Administrative	NA	NA	NA	NA	49	24	NA	39	22	37	41	72
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:

- 2016: Reported coverage reflects that achieved among 71 percent of the national target population. Reported change in target population for PcV3 is unexplained. Estimated coverage reflects that achieved in an annualized birth cohort. WHO and UNICEF are aware of the conduct of a vaccination coverage survey and await the final results. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-
- 2015: Estimate based on coverage reported by national government. Programme reports district level stock-out. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate based on interpolation between reported values. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Programme reports stockout in 6 districts. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. Consistency with other vaccines.
- 2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. Consistency with other vaccines.
- 2011: Estimate based on interpolation between reported values. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data
- 2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-
- 2009: Estimate based on coverage reported by national government. Pneumococcal conjugate vaccine introduced in 2009. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

Marshall Islands - survey details

2006 Marshall Islands Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	67	12-23 m	249	75
BCG	Card	70	12-23 m	187	75
BCG	Card or History	70	12-23 m	249	75
BCG	History	0	12-23 m	62	75
DTP1	C or H <12 months	65	12-23 m	249	75
DTP1	Card	71	12-23 m	187	75
DTP1	Card or History	71	12-23 m	249	75
DTP1	History	0	12-23 m	62	75
DTP3	C or H <12 months	38	12-23 m	249	75
DTP3	Card	48	12-23 m	187	75
DTP3	Card or History	48	12-23 m	249	75
DTP3	History	0	12-23 m	62	75
MCV1	C or H <12 months	6	12-23 m	249	75
MCV1	Card	54	12-23 m	187	75
MCV1	Card or History	54	12-23 m	249	75
MCV1	History	0	12-23 m	62	75
Pol1	C or H <12 months	67	12-23 m	249	75
Pol1	Card	70	12-23 m	187	75
Pol1	Card or History	70	12-23 m	249	75
Pol1	History	0	12-23 m	62	75
Pol3	C or H <12 months	36	12-23 m	249	75
Pol3	Card	46	12-23 m	187	75
Pol3	Card or History	46	12-23 m	249	75
Pol3	History	0	12-23 m	62	75

2005 Marshall Islands Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	61	24-35 m	207	75
DTP1	C or H <12 months	62	24-35 m	207	75
DTP3	C or H <12 months	32	24-35 m	207	75
MCV1	C or H <12 months	3	24-35 m	207	75
Pol1	C or H <12 months	60	24-35 m	207	75
Pol3	C or H <12 months	33	24-35 m	207	75

2004 2006 RMI Community Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	82	0-24 m	115	49
DTP3	Card	65	0-24 m	115	49
HepB3	Card	86	0-24 m	115	49
Hib3	Card	84	0-24 m	115	49
MCV1	Card	81	0-24 m	115	49
Pol3	Card	72	0-24 m	115	49

2004 Marshall Islands Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	61	36-47 m	214	75
DTP1	C or H <12 months	54	36-47 m	214	75
DTP3	C or H <12 months	32	36-47 m	214	75
MCV1	C or H <12 months	3	36-47 m	214	75
Pol1	C or H <12 months	54	36-47 m	214	75
Pol3	C or H <12 months	30	36-47 m	214	75

2003 Marshall Islands Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	47	48-59 m	214	75
DTP1	C or H <12 months	42	48-59 m	214	75
DTP3	C or H <12 months	17	48-59 m	214	75
MCV1	C or H <12 months	13	48-59 m	214	75
Pol1	C or H <12 months	49	48-59 m	214	75
Pol3	C or H <12 months	21	48-59 m	214	75

1999 Marshall Islands Immunization Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	77	12-23 m	-	-
DTP3	Card	82	12-23 m	-	-

Marshall Islands - survey details

HepB3	Card	67	12-23 m	-	-	Pol3	Card	80	12-23 m	-	-
MCV1	Card	80	12-23 m	-	-						

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