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:

*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around 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.

**HepB:** 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.

**PeV3:** percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine.

**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.

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WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2020

data received as of June 28, 2019
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: 2017 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-], or [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:

2018: 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. Estimate challenged by: D-

2017: Estimate based on interpolation between data reported by national government. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. Estimate of 92 percent changed from previous revision value of 90 percent. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2015: Estimate based on coverage reported by national government. Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

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

2011: 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-

2009: Estimate based on coverage reported by national government. Second Djibouti Family Health Survey 2012 results ignored by working group. Presentation of survey results are not standard. Card coverage greater than percent cards seen. Estimate challenged by: D-

2008: Estimate based on coverage reported by national government. Estimate challenged by: D-

2007: Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ 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.

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### Description:

2018: 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. Estimate challenged by: D-

2017: Estimate based on interpolation between data reported by national government. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. Number of administered doses were at similar level to previous year. Estimate of 83 percent changed from previous revision value of 74 percent. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Declines in the reported number of children vaccinated compared to levels reported in 2015 are unexplained. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2015: Estimate based on coverage reported by national government. Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

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

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2009: Estimate based on coverage reported by national government. Second Djibouti Family Health Survey 2012 results ignored by working group. Presentation of survey results are not standard. Card coverage greater than percent cards seen. Estimate challenged by: D-

2008: Estimate based on coverage reported by national government. Estimate challenged by: D-

2007: Estimate based on coverage reported by national government supported by survey. Survey evidence of 91 percent based on 1 survey(s). GoC=R+ S+ D+

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WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2020 data received as of June 28, 2019
The WHO and UNICEF estimates of national immunization coverage (vuenic) 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: 2017 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.
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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:

2018: 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. Estimate challenged by: D-

2017: Estimate based on interpolation between data reported by national government. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. Number of administered doses were at similar level to previous year. Estimate of 76 percent changed from previous revision value of 68 percent. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Declines in the reported number of children vaccinated compared to levels reported in 2015 are unexplained. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2015: Estimate based on coverage reported by national government. Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

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

2011: 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-

2009: Estimate based on coverage reported by national government. Second Djibouti Family Health Survey 2012 results ignored by working group. Presentation of survey results are not standard. Card coverage greater than percent cards seen. Estimate challenged by: D-

2008: Estimate based on coverage reported by national government. Estimate challenged by: D-

2007: Estimate based on coverage reported by national government supported by survey. Survey evidence of 83 percent based on 1 survey(s). Estimate challenged by: S-
The WHO and UNICEF estimates of national immunization coverage (uemic) 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: 2017 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.

**2018**: 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. Estimate challenged by: D-

**2017**: Estimate based on interpolation between data reported by national government. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. Number of administered doses were at similar level to previous year. Estimate of 76 percent changed from previous revision value of 68 percent. Estimate challenged by: D-

**2016**: Estimate based on coverage reported by national government. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Declines in the reported number of children vaccinated compared to levels reported in 2015 are unexplained. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

**2015**: Estimate based on coverage reported by national government. Estimate challenged by: D-

**2014**: Estimate based on coverage reported by national government. Estimate challenged by: D-

**2013**: Estimate based on coverage reported by national government. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

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

**2011**: 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-

**2009**: Estimate based on coverage reported by national government. Second Djibouti Family Health Survey 2012 results ignored by working group. Presentation of survey results are not standard. Card coverage greater than percent cards seen. Estimate challenged by: D-

**2008**: Estimate based on coverage reported by national government. Estimate challenged by: D-

**2007**: Estimate based on coverage reported by national government supported by survey. Survey evidence of 83 percent based on 1 survey(s). GoC=R+ S+ D+
Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative’s Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of IPV into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

2018: Programme reports 89 percent coverage achieved in half of the population. Estimated coverage reflects annualized coverage achieved in the national population. Report data excluded due to sudden change in coverage from 43 level to 89 percent. 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-

2017: Estimate based on extrapolation from data reported by national government. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. Programme reports 7 months stock out. GoC=Assigned by working group. Consistency with other antigens.

2016: Estimate based on coverage reported by national government. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Inactivated polio vaccine introduced in 2016. Reporting began in 2016. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

The WHO and UNICEF estimates of national immunization coverage (wounic) 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: 2017 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.
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- 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.
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.

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### Description:

2018: 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. Estimate challenged by: D-

2017: Estimate based on interpolation between data reported by national government. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. Estimate of 81 percent changed from previous revision value of 75 percent. GoC=R+ D+

2016: Estimate based on coverage reported by national government. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2015: Estimate based on coverage reported by national government. Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

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

2011: 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-

2009: Estimate based on coverage reported by national government. Second Djibouti Family Health Survey 2012 results ignored by working group. Presentation of survey results are not standard. Card coverage greater than percent cards seen. Estimate challenged by: D-S-

2008: Estimate based on coverage reported by national government. Estimate challenged by: D-

2007: Estimate based on coverage reported by national government supported by survey. Survey evidence of 73 percent based on 1 survey(s). GoC=R+ S+ D+
The WHO and UNICEF estimates of national immunization coverage (wunice) 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.

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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.

2018: 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. Estimate challenged by: D-

2017: Estimate based on interpolation between reported values. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. Estimate of 81 percent changed from previous revision value of 82 percent. GoC=No accepted empirical data

2016: Estimate based on interpolation between reported values. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. Estimate of 81 percent changed from previous revision value of 82 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2015: Estimate based on interpolation between reported values. GoC=No accepted empirical data

2014: Estimate based on interpolation between reported values. GoC=No accepted empirical data

2013: Estimate based on interpolation between reported values. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. GoC=No accepted empirical data

2012: Estimate based on coverage reported by national government. 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: 2017 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.

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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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimate</th>
<th>GoC</th>
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<tbody>
<tr>
<td>2018</td>
<td>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. Estimate challenged by: D-</td>
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</tr>
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<td>2017</td>
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<td>Estimate based on coverage reported by national government. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-</td>
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</table>
The WHO and UNICEF estimates of national immunization coverage (vunic) 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: 2017 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:**

- **2018:** 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. Estimate challenged by: D-
- **2017:** Estimate based on interpolation between reported values. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. Number of administered doses were at similar level to previous year. Estimate of 76 percent changed from previous revision value of 68 percent. Estimate challenged by: D-
- **2016:** Estimate based on coverage reported by national government. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- **2015:** Estimate based on coverage reported by national government. Estimate challenged by: D-
- **2014:** Estimate based on coverage reported by national government. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- **2013:** Estimate based on coverage reported by national government. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-
- **2012:** Estimate based on coverage reported by national government. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- **2011:** 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-
- **2009:** Estimate based on coverage reported by national government. Second Djibouti Family Health Survey 2012 results ignored by working group. Presentation of survey results are not standard. Card coverage greater than percent cards seen. Estimate challenged by: D-
- **2008:** Estimate based on coverage reported by national government. Estimate challenged by: D-
- **2007:** Estimate based on coverage reported by national government. Estimate challenged by: D-
- **2006:** Estimate based on coverage reported by national government. Estimate challenged by: D-

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WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2020

Data received as of June 28, 2019
The WHO and UNICEF estimates of national immunization coverage (vacci) 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.

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2017: Estimate based on interpolation between reported values. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. Number of administered doses were at similar level to previous year. Estimate of 76 percent changed from previous revision value of 68 percent. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2015: Estimate based on coverage reported by national government. Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2013: Estimate based on coverage reported by national government. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

2012: Estimate based on coverage reported by national government. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2011: 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-

2009: Estimate based on coverage reported by national government. Second Djibouti Family Health Survey 2012 results ignored by working group. Presentation of survey results are not standard. Card coverage greater than percent cards seen. Estimate challenged by: D-

2008: Estimate based on coverage reported by national government. 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.

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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:

2018: 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. Estimate challenged by: D-

2017: Estimate based on interpolation between reported values. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. Number of administered doses were at similar level to previous year. Estimate of 80 percent changed from previous revision value of 72 percent. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Declines in the reported number of children vaccinated compared to levels reported in 2015 are unexplained. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2015: Estimate based on coverage reported by national government. Rotavirus vaccine introduced in June 2014. Reporting began in 2015. Estimate challenged by: D-

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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.

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WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2020
data received as of June 28, 2019

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**Note:** This document contains information that is subject to change and should be verified for accuracy. The data presented is as of the date indicated on the document. The estimates and grades of confidence are subject to revision based on updated data and information.
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.

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** Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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**2017:** Estimate based on interpolation between reported values. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. Number of administered doses were at similar level to previous year. Estimate of 76 percent changed from previous revision value of 68 percent. Estimate challenged by: D-

**2016:** Estimate based on coverage reported by national government. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Declines in the reported number of children vaccinated compared to levels reported in 2015 are unexplained. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

**2015:** Estimate based on coverage reported by national government. Estimate challenged by: D-

**2014:** Estimate based on coverage reported by national government. Estimate challenged by: D-

**2013:** Estimate based on coverage reported by national government. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Pneumococcal conjugate vaccine introduced in December 2012. Reporting began in 2013. Estimate challenged by: D-

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WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2020

data received as of June 28, 2019
### 2013 Rapport de l’enquête de couverture vaccinale, 2014

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### 2009 Deuxième Enquête Djiboutienne sur la Sante de la Famille EDSF PAP-FAM 2 – 2012

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### 2007 Rapport de l’enquête de couverture vaccinale Djibouti, 2008

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### 2005 L’Enquête Djiboutienne à Indicateurs Multiple (EDIM 2006)

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2002 Enquête Djiboutienne sur la Sante de la Famille, Rapport Preliminaire
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<tr>
<td>MCV1</td>
<td>Card or History</td>
<td>58.1</td>
<td>12-23 m</td>
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Further information and estimates for previous years are available at:
http://www.data.unicef.org/child-health/immunization