OFFICIAL coverage: 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

*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national

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

estimated coverage levels for the 3rd dose 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. Co verage 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.

PcV3: percentage of surviving infants who received the final recommended dose of pneumococcal conjugate vaccine 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.
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: 2019 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:

2019: Reported data calibrated to 2016 levels. Reported data excluded. Reported target population decreased by 29 percent from 2018. Programme reports six month vaccine stock-out. GoC=Assigned by working group. R-

2018: Reported data calibrated to 2016 levels. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports one month vaccine stock-out at national level. Estimate challenged by: R-S-

2017: Reported data calibrated to 2016 levels. Programme reports one month vaccine stock-out at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 90 percent based on 1 survey(s). Estimate challenged by: R-

2015: Estimate based on coverage reported by national government supported by survey. Survey evidence of 85 percent based on 1 survey(s). Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports a four month stock-out of BCG vaccine. Estimate challenged by: S-

2013: Estimate based on coverage reported by national government. Programme reports two month vaccine stock-out at national level. GoC=R+ S+ D+

2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+

2011: Estimate based on coverage reported by national government. GoC=R+ S+ D+

2010: Estimate based on coverage reported by national government. Estimate challenged by: S-

2009: Estimate based on coverage reported by national government. GoC=R+ S+ D+

2008: Estimate based on coverage reported by national government. GoC=R+ S+ D+

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WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2021
data received as of June 29, 2020
Philippines - DTP1

The WHO and UNICEF estimates of national immunization coverage (vmenic) 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: 2019 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:

#### 2019:
Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported target population decreased by 29 percent from 2018. Reported data excluded due to sudden change in coverage from 66 level to 79 percent. GoC=Assigned by working group. R-

#### 2018:
Estimate based on coverage reported by national government. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: D-S-

#### 2017:
Estimate based on reported administrative data. Programme reports one month vaccine stock-out at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-S-

#### 2016:
Estimate based on coverage reported by national government supported by survey. Survey evidence of 87 percent based on 1 survey(s). Programme seems to have recovered from 2015 vaccine stock-out. Estimate challenged by: D-

#### 2015:
Estimate based on coverage reported by national government. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results do not appear consistent with immunization service delivery disruptions that occurred during 2015. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stock-out. Estimate challenged by: D-S-

#### 2014:
Estimate based on coverage reported by national government. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four month vaccine stock-out for DTP containing vaccine. Estimate challenged by: S-

#### 2013:
Estimate based on coverage reported by national government. One month national stock-out reported. GoC=R+ S+ D+

#### 2012:
Estimate based on coverage reported by national government supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+

#### 2011:
Estimate based on coverage reported by national government. GoC=R+ S+ D+

#### 2010:
Estimate based on coverage reported by national government. Estimate challenged by: S-

#### 2009:
Estimate based on coverage reported by national government. GoC=R+ S+ D+

#### 2008:
Estimate based on coverage reported by national government. GoC=R+ S+ D+

The WHO and UNICEF estimates of national immunization coverage (vmenic) 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.
Philippines - DTP3

**Description:**

2019: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported target population decreased by 29 percent from 2018. Reported data excluded due to sudden change in coverage from 65 level to 77 percent. GoC=Assigned by working group. R-

2018: Estimate based on coverage reported by national government. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. See comment in 2016 for a note on drop-out. Estimate challenged by: D-S-

2017: Estimate based on reported administrative data. Programme reports one month vaccine stock-out at national level. See comment in 2016 for a note on drop-out. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-S-

2016: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 80 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 60 percent. Programme seems to have recovered from 2015 vaccine stock-out. Survey evidence for the 2016 birth cohort suggests 5 percent relative drop-out among children with documented evidence. Appearance of zero drop-out between estimated DTP1 and DTP3 is the result of survey support of reported administrative coverage, for which there is no reported drop-out. Official estimate excluding increase after recovering from vaccine shortages goes above any coverage reported previously. DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Estimate challenged by: D-S-

2015: Estimate based on coverage reported by national government. Philippines National Demographic and Health Survey 2017 card or history results ignored by working group. Survey results do not appear consistent with immunization service delivery disruptions that occurred during 2015. Philippines National Demographic and Health Survey 2017 card or history results of 72 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 46 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stock-out. Estimate challenged by: D-S-

2014: Estimate based on reported administrative data. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vac-

### Table

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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.

- **Estimate is supported by reported data** [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2019 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.
cinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four month vaccine stock-out. Official estimate is inconsistent with reported admin data. Estimate challenged by: D-S-
2013: Estimate based on coverage reported by national government. One month national stock-out reported. GoC=R+ S+ D+
2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 89 percent based on 1 survey(s). Philippines National Demographic and Health Survey, 2013 card or history results of 86 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 54 percent. GoC=R+ S+ D+
2011: Estimate based on coverage reported by national government. GoC=R+ S+ D+
2010: Estimate based on coverage reported by national government. GoC=R+ S+ D+
2009: Estimate based on coverage reported by national government. GoC=R+ S+ D+
2008: Estimate based on coverage reported by national government. 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.

### Estimate GoC

- **Estimate** is supported by reported data \([R+]\), coverage recalculated with an independent denominator from the World Population Prospects: 2019 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:

2019: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported target population decreased by 20 percent from 2018. Reported data excluded due to sudden change in coverage from 66 percent to 77 percent. Programme reports two month vaccine stock-out. GoC=R+ S+ D+

2018: Estimate based on coverage reported by national government. Programmes in coverage during 2017 and 2018 may reflect public perceptions of doubts related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports two month vaccine stock-out at national level. Estimate challenged by: D-S-

2017: Estimate based on reported administrative data. Programme reports four month vaccine stock-out at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government supported by survey. Survey evidence of 81 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 79 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 57 percent. Programme reports four month vaccine stock-out at national level. Estimate challenged by: D-

2015: Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 76 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 48 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: S-

2013: Estimate based on coverage reported by national government. One month national stock-out reported. GoC=R+ S+ D+

2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 88 percent based on 1 survey(s). Philippines National Demographic and Health Survey, 2013 card or history results of 85 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 56 percent and 3rd dose card only coverage of 53 percent. GoC=R+ S+ D+
Philippines - Pol3

2011: Estimate based on coverage reported by national government. GoC=R+ S+ D+
2010: Estimate based on coverage reported by national government. GoC=R+ S+ D+
2009: Estimate based on coverage reported by national government. GoC=R+ S+ D+
2008: Estimate based on coverage reported by national government. GoC=R+ S+ D+
Philippines - IPV1

**Description:**

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).

2019: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported target population decreased by 29 percent from 2018. GoC=Assigned by working group. R-

2018: Estimate based on extrapolation from data reported by national government. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports two month vaccine stock-out at national level. GoC=No accepted empirical data

2017: Estimate based on reported administrative estimate. Programme reports three month vaccine stock-out at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government. Programme reports six month vaccine stock-out at national level. GoC=R+ D+

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### Table: Philippines - IPV1

<table>
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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.

- **Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2019 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.

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WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2021  
data received as of June 29, 2020
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: 2019 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:

**2019:** Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported target population decreased by 29 percent from 2018. Programme reports six month vaccine stock-out. GoC=Assigned by working group. R-

**2018:** Estimate based on coverage reported by national government. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three vaccine month stock-out at national level. Estimate challenged by: D-S-

**2017:** Estimate based on reported administrative data. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-

**2016:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 80 percent based on 1 survey(s). Estimate challenged by: D-

**2015:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 80 percent based on 1 survey(s). Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a one month stock-out at the national level. Estimate challenged by: D-

**2014:** Estimate based on coverage reported by national government. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: D-

**2013:** Estimate based on coverage reported by national government. Two months national stock-out reported. GoC=R+ S+ D+

**2012:** Estimate based on coverage reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). GoC=R+ S+ D+

**2011:** Estimate based on coverage reported by national government. GoC=R+ S+ D+

**2010:** Estimate based on coverage reported by national government. GoC=R+ S+ D+

**2009:** Estimate based on coverage reported by national government. GoC=R+ S+ D+

**2008:** Estimate based on coverage reported by national government. GoC=R+ S+ D+
The WHO and UNICEF estimates of national immunization coverage (pHlic) 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.

### Description:

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

**2019:** Reported data calibrated to 2016 levels. Reported data excluded. Reported target population decreased by 29 percent from 2018. Programme reports six month vaccine stock-out. GoC=Assigned by working group. R-

**2018:** Reported data calibrated to 2016 levels. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three month vaccine stock-out at national level. Estimate challenged by: D-R-

**2017:** Reported data calibrated to 2016 levels. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-R-

**2016:** Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 47 percent based on 1 survey(s). Estimate challenged by: D-R-

**2015:** Reported data calibrated to 2010 and 2016 levels. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a one month stock-out at the national level. Estimate challenged by: D-R-

**2014:** Reported data calibrated to 2010 and 2016 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Increasing coverage related to the continued expansion of a second dose of measles containing vaccine. Estimate challenged by: D-R-

**2013:** Reported data calibrated to 2010 and 2016 levels. Two months national stock-out reported. Increasing coverage related to the expansion of a second dose of measles containing vaccine. Estimate challenged by: D-R-

**2012:** Reported data calibrated to 2010 and 2016 levels. Estimate challenged by: R-

**2011:** Reported data calibrated to 2010 and 2016 levels. Estimate challenged by: R-

**2010:** Estimate based on reported data. GoC=R+ D+

**2009:** Fifty-eight percent coverage achieved in 32 percent of national target population. Estimate challenged by: R-

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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.
The WHO and UNICEF estimates of national immunization coverage 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.

### Description:

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

2019: Estimate based on estimated MCV1. GoC=Assigned by working group. R-
2018: Estimate based on estimated MCV1. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: D-S-
2017: Estimate based on estimated MCV1. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-
2016: Estimate based on estimated MCV1. Estimate challenged by: D-
2015: Estimate based on estimated MCV1. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: D-
2014: Estimate based on estimated MCV1. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: D-
2013: Estimate based on estimated MCV1. GoC=R+ S+ D+
2012: Estimate based on estimated MCV1. GoC=R+ S+ D+
2011: Estimate based on estimated MCV1. GoC=R+ S+ D+
2010: Estimate based on estimated MCV1. GoC=R+ S+ D+
2009: Estimate based on estimated MCV1. GoC=Assigned by working group. R-
2008: Estimate based on estimated MCV1. GoC=Assigned by working group. R-

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**Philippines - RCV1**

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Philippines - HepBB

Table: 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.

<table>
<thead>
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<th>Year</th>
<th>Estimate</th>
<th>GoC</th>
<th>Description</th>
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<td>2019</td>
<td>Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported target population decreased by 29 percent from 2018. GoC=Assigned by working group. R-</td>
<td></td>
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<tr>
<td>2018</td>
<td>Estimate based on coverage reported by national government. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports six month vaccine stock-out at national level. Estimate challenged by: D-</td>
<td></td>
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<tr>
<td>2017</td>
<td>Estimate based on reported administrative estimate. Programme reports three month vaccine stock-out at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-</td>
<td></td>
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<tr>
<td>2016</td>
<td>Estimate based on coverage reported by national government. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results are unable to differentiate doses received within 24 hours from those received after. GoC=R+ D+</td>
<td></td>
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<tr>
<td>2015</td>
<td>Estimate based on coverage reported by national government. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results are unable to differentiate doses received within 24 hours from those received after. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. GoC=R+ D+</td>
<td></td>
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<tr>
<td>2014</td>
<td>Estimate based on coverage reported by national government. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. GoC=R+ D+</td>
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<tr>
<td>2013</td>
<td>Estimate based on coverage reported by national government. Four months stock-out at national level and in 28 districts reported. GoC=R+ D+</td>
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<tr>
<td>2012</td>
<td>Estimate based on coverage reported by national government. GoC=R+ D+</td>
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<td>Estimate based on coverage reported by national government. GoC=R+ D+</td>
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<td>Estimate based on coverage reported by national government. GoC=R+ D+</td>
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<td>2009</td>
<td>Estimate based on coverage reported by national government. GoC=R+ D+</td>
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<td>2008</td>
<td>Estimate based on coverage reported by national government. GoC=R+ D+</td>
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</table>

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: 2019 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.
Philippines - HepB3

Description:

2019: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported target population decreased by 29 percent from 2018. Reported data excluded due to sudden change in coverage from 65 level to 77 percent. GoC = Assigned by working group. R-

2018: Estimate based on coverage reported by national government. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: D-S-

2017: Estimate based on reported administrative data. Programme reports one month vaccine stock-out at national level. Country reports that official estimates apply a five percent increase to account for the private sector and under-reporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-S-

2016: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 85 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 81 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 88 percent. 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 60 percent. Programme seems to have recovered from 2015 vaccine stock-out. Official estimate excluded as increase after recovering from vaccine shortages goes above any coverage reported previously. DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Estimate challenged by: D-

2015: Estimate based on coverage reported by national government. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results do not appear consistent with immunization service delivery disruptions that occurred during 2015. Philippines National Demographic and Health Survey 2017 card or history results of 74 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 83 percent. 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 46 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month stock-out. Estimate challenged by: S-

2014: Estimate based on reported administrative data. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four month vaccine stock-out. Programme reports four month vaccine stock-out. Official estimate is inconsistent with reported admin data. Estimate challenged by: D-S-

2013: Estimate based on coverage reported by national government. One month national stock-

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: 2019 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.
Philippines - HepB3

Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Philippines National Demographic and Health Survey, 2013 card or history results of 78 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 47 percent. GoC=R+ S+ D+

2011: Estimate based on coverage reported by national government. GoC=R+ S+ D+

2010: Estimate based on coverage reported by national government. GoC=R+ S+ D+

2009: Estimate based on coverage reported by national government. GoC=R+ S+ D+

2008: Estimate based on coverage reported by national government. GoC=R+ S+ D+
### Philippines - Hib3

**Description:**

2019: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported target population decreased by 29 percent from 2018. Reported data excluded due to sudden change in coverage from 65 level to 77 percent. GoC=Assigned by working group. R-

2018: Estimate based on coverage reported by national government. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: D-S-

2017: Estimate based on reported administrative data. Programme reports one month vaccine stock-out at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-S-

2016: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 80 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 60 percent. Preliminary results from the 2017 Demographic and Health Survey (DHS) report 80 percent coverage. Programme seems to have recovered from 2015 vaccine stock-out. Official estimate excluded as range after recovering from vaccine shortages goes above any coverage range reported previously. DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Estimate challenged by: D-

2015: Estimate based on reported data. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results do not appear consistent with immunization service delivery disruptions that occurred during 2015. Philippines National Demographic and Health Survey 2017 card or history results of 72 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 46 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stock-out. Official estimate excluded as increase after recovering from vaccine shortages goes above any coverage range reported previously. DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Estimate challenged by: D-

2014: Estimate based on reported data. Ten percent of the eligible population are served by the private sector. Programme seems to have recovered from 2015 vaccine stock-out. Official estimate excludes children reached through the private sector and not included in the routine coverage monitoring system. Official government estimates include children reached through the private sector and assumed that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four month vaccine stock-out. Programme reports four month vaccine stock-out for DTP containing vaccine. Official estimate is inconsistent with reported data. Estimate challenged by: D-S-

2013: Estimate based on reported data. One month national stock-out reported. Consistency

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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### Table: Philippines - Hib3

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<th>Administrative</th>
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The WHO and UNICEF estimates of national immunization coverage 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 reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2019 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.
Philippines - Hib3

with DTP containing vaccine. GoC=R+ D+

2012: Coverage of 82 percent is for 14 percent of the national target population. Estimate is coverage among the national birth cohort. Estimate challenged by: R-

2011: Coverage of 82 percent is for 14 percent of the national target population. Estimate is coverage among the national birth cohort. Estimate challenged by: R-

2010: Estimate based on reported data. Hib vaccine introduced subnationally in 2010 as a DTP-HepB-Hib combination vaccine. GoC=R+ D+
The WHO and UNICEF estimates of national immunization coverage (wunic) 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.

Description:

2015: Programme reports eighty-two percent coverage achieved in three percent of the national birth cohort. Estimate based on coverage for the entire birth cohort. Programme reports a six month vaccine stock-out at the national level. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Rotavirus introduction was part of a pilot project during 2012 and 2015 and subsequently discontinued. Estimate challenged by: R-

2014: Twelve percent coverage achieved in eight percent of the target population. Estimate is based on coverage among the annualized national birth cohort. Reported data excluded due to decline in reported coverage from 97 percent to 12 percent with increase to 82 percent. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. During 2014, the programme noted in 2013 was curtailed and rotavirus vaccine was provided to children in Caraga and ARMM regions only. Low coverage levels are also due to incomplete reporting from these areas. Estimate challenged by: R-

2013: Ninety-seven percent coverage achieved in 30 percent of annualized national birth cohort. Reported data excluded due to an increase from 19 percent to 97 percent with decrease 12 percent. The increased number of children reached with rotavirus vaccine during 2013 may be explained by a programme (implemented in priority provinces in all 17 regions) to provide rotavirus vaccine to poor families listed under the National Household Targeting System of the Department of Social Welfare Development as part of a service package along with a monthly conditional cash incentive. Estimate challenged by: R-

2012: Nineteen percent coverage achieved in 29 percent of the national target population. Rotavirus vaccine was introduced in 2012. Estimate challenged by: R-

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The WO and UNICEF estimates of national immunization coverage (wunic) 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: 2019 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.
The WHO and UNICEF estimates of national immunization coverage 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:

- **2019:** Estimate is based on prior year estimate. Reported data excluded. Reported target population decreased by 29 percent from 2018. GoC=Assigned by working group. R-

- **2018:** Programme reports 60 percent coverage achieved in 71 percent of national target population in 14 provinces. Estimate reflects annualized coverage in the national target population. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three month vaccine stock-out at national level. Estimate challenged by: D-R-

- **2017:** Programme reports 51 percent coverage achieved in 71 percent of national target population in 14 provinces. Estimate reflects annualized coverage in the national target population. Programme reports four month vaccine stock-out at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-R-

- **2016:** Programme reports 52 percent coverage achieved in 69 percent of the target population. Estimate is based on annualized coverage achieved in national target population. Programme reports one month vaccine stock-out at national level. Estimate challenged by: D-R-

- **2015:** Programme reports 25 percent coverage achieved in 70 percent of the national birth cohort. Estimate reflects coverage achieved in the annualized national target population. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: R-

- **2014:** Estimate based on coverage reported by national government. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. GoC=R+

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**Description:**

- **2019:** Estimate is based on prior year estimate. Reported data excluded. Reported target population decreased by 29 percent from 2018. GoC=Assigned by working group. R-
  - Programme reports 60 percent coverage achieved in 71 percent of national target population in 14 provinces. Estimate reflects annualized coverage in the national target population. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three month vaccine stock-out at national level. Estimate challenged by: D-R-
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### 2016 Philippines National Demographic and Health Survey 2017

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### 2015 Philippines National Demographic and Health Survey 2017

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July 6, 2020; page 20 WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2021 data received as of June 29, 2020
### Philippines - survey details

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### 2007 Philippines National Demographic and Health Survey (NDHS) 2008

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July 6, 2020; page 21

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2021

Data received as of June 29, 2020
### Philippines - survey details

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2002 National Demographic and Health Survey 2003

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2001 Philippines, Maternal and Child Health Survey 2002

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1999 Philippines, Maternal and Child Health Survey 2000

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1997 Philippines, National Demographic and Health Survey 1998, 1999

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Further information and estimates for previous years are available at:
http://www.data.unicef.org/child-health/immunization