

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

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

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

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

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

DATA SOURCES.

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

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

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

ABBREVIATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

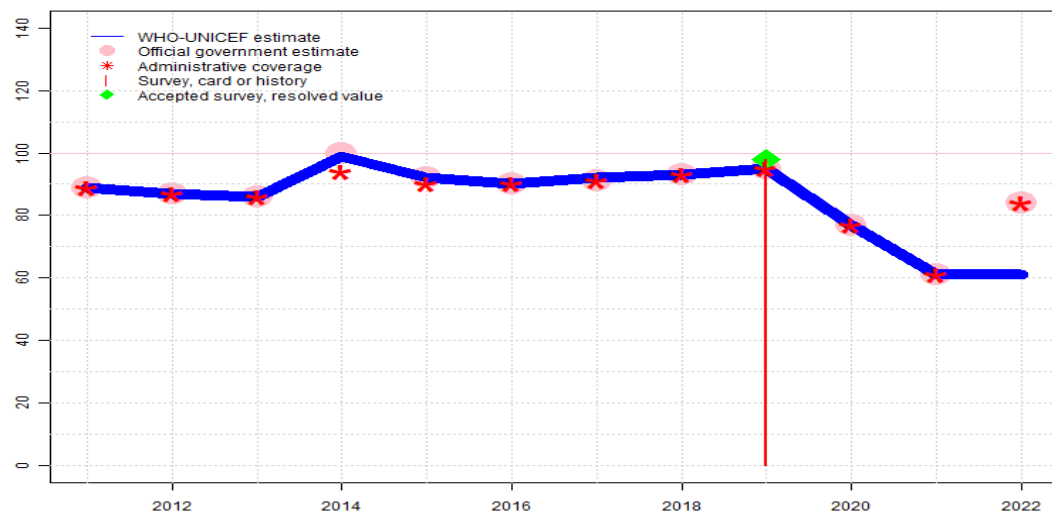
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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

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Djibouti - BCG

DJI - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	89	87	86	99	92	90	92	93	95	77	61	61
Estimate GoC	•	•	•	•	•	•	•••	•••	•••	•	•	••
Official	89	87	86	100	92	90	91	93	95	77	61	84
Administrative	89	87	86	94	90	90	91	93	95	77	61	84
Survey	NA	NA	NA	NA	NA	NA	NA	NA	98	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

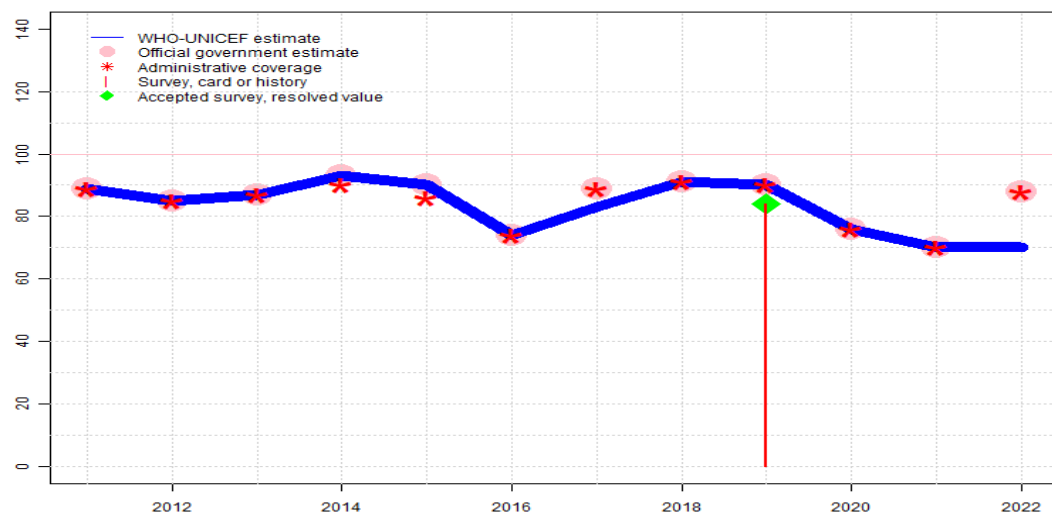
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 61 level to 84 percent. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports three months vaccine stock-out. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. 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. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2011: Estimate informed by reported data. Estimate challenged by: D-

Djibouti - DTP1

DJI - DTP1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	89	85	87	93	90	74	83	91	90	76	70	70
Estimate GoC	••	•	•	•	•	•	•••	•••	•••	•	•	••
Official	89	85	87	93	90	74	89	91	90	76	70	88
Administrative	89	85	87	90	86	74	89	91	90	76	70	88
Survey	NA	NA	NA	NA	NA	NA	NA	NA	84	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

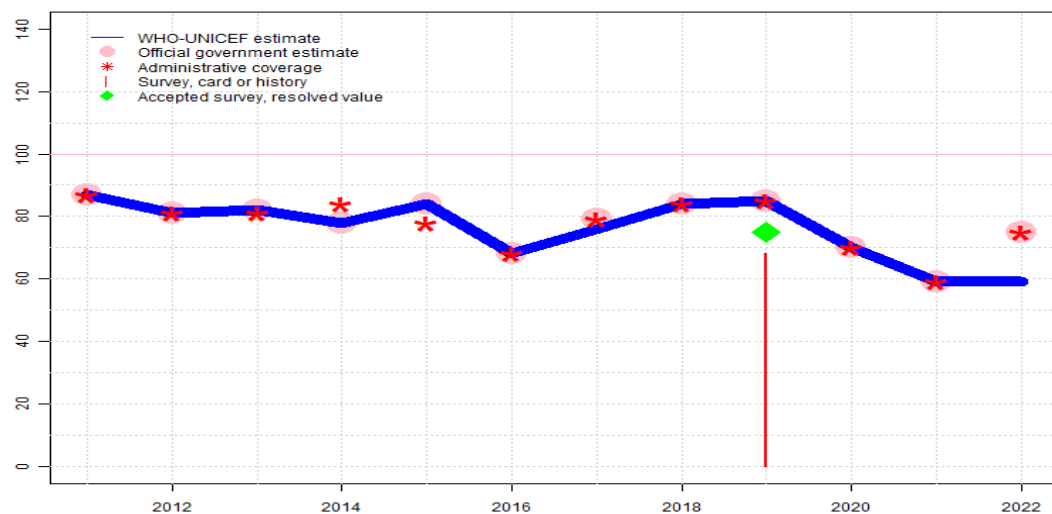
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 70 level to 88 percent. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. 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. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2011: Estimate informed by reported data. GoC=R+ D+

Djibouti - DTP3

DJI - DTP3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	87	81	82	78	84	68	76	84	85	70	59	59
Estimate GoC	••	•	•	•	•	•	•••	•••	•••	•	•	••
Official	87	81	82	78	84	68	79	84	85	70	59	75
Administrative	87	81	81	84	78	68	79	84	85	70	59	75
Survey	NA	NA	NA	NA	NA	NA	NA	NA	68	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

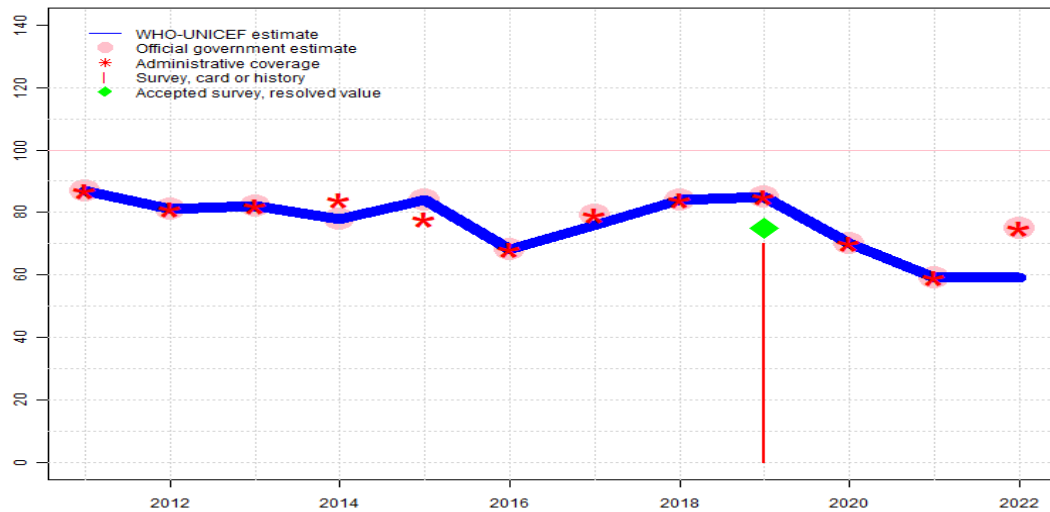
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 59 level to 75 percent. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). GoC=R+ D+
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 75 percent based on 1 survey(s). National vaccination coverage survey, Djibouti (ENCV-D 2020) card or history results of 68 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 39 percent and 3rd dose card only coverage of 35 percent. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. 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. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2011: Estimate informed by reported data. GoC=R+ D+

Djibouti - Pol3

DJI - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	87	81	82	78	84	68	76	84	85	70	59	59
Estimate GoC	●●	●	●	●	●	●	●●●	●●●	●●●	●	●	●●
Official	87	81	82	78	84	68	79	84	85	70	59	75
Administrative	87	81	82	84	78	68	79	84	85	70	59	75
Survey	NA	NA	NA	NA	NA	NA	NA	NA	70	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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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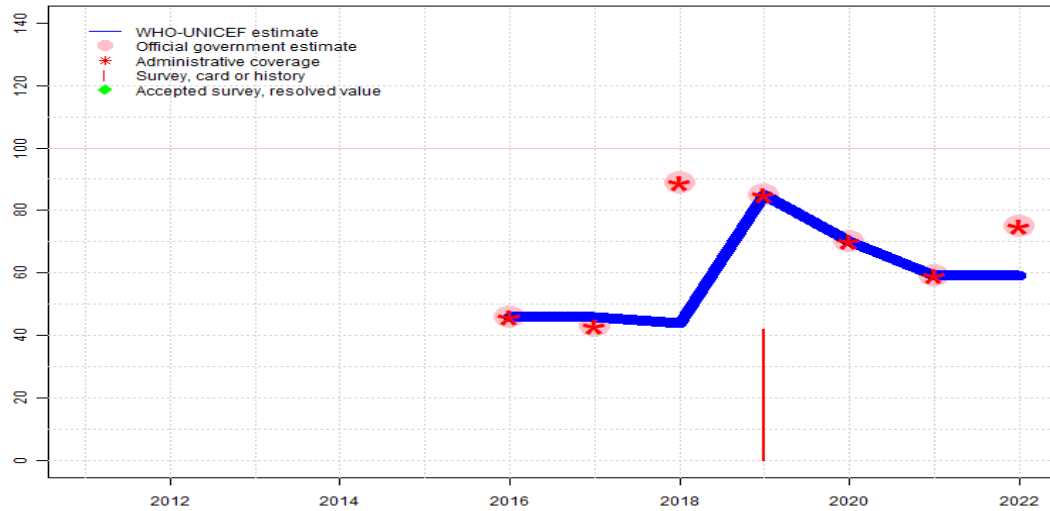
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Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 59 level to 75 percent. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). GoC=R+ D+
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 75 percent based on 1 survey(s). National vaccination coverage survey, Djibouti (ENCV-D 2020) card or history results of 70 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 39 percent and 3rd dose card only coverage of 35 percent. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. 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. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2011: Estimate informed by reported data. GoC=R+ D+

Djibouti - IPV1

DJI - IPV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	46	46	44	85	70	59	59
Estimate GoC	NA	NA	NA	NA	NA	•	•	•	••	•	•	••
Official	NA	NA	NA	NA	NA	46	43	89	85	70	59	75
Administrative	NA	NA	NA	NA	NA	46	43	89	85	70	59	75
Survey	NA	NA	NA	NA	NA	NA	NA	NA	42	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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:

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).

2022: Estimate informed by extrapolation from reported data. Reported data excluded due to sudden change in coverage from 59 level to 75 percent. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). GoC=R+ D+

2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.

2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.

2019: Estimate informed by reported data. National vaccination coverage survey, Djibouti (ENCV-D 2020) results ignored by working group. The estimated IPV vaccination coverage estimate in the 2020 survey is inconsistent with that of other vaccine-doses recommended at the same age. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ D+

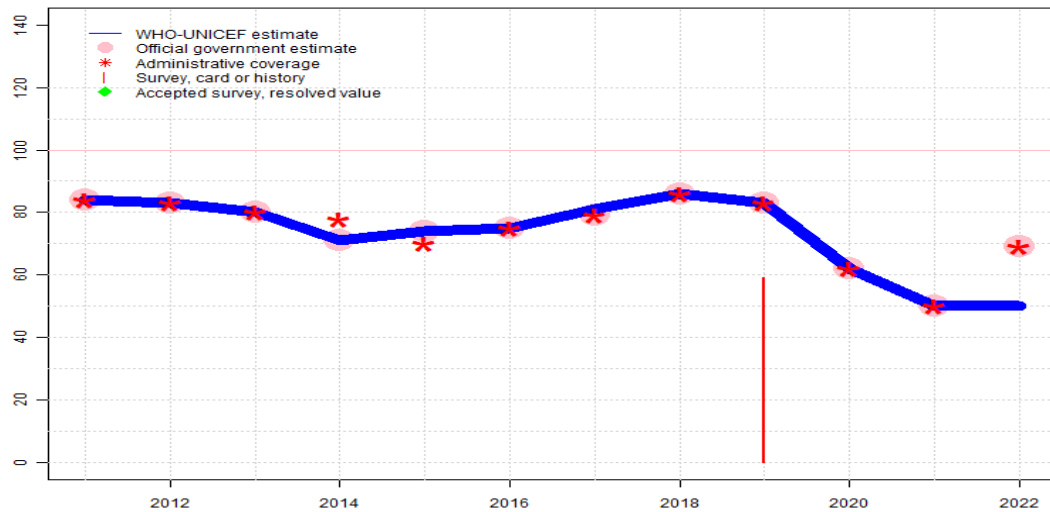
2018: Programme reports 89 percent coverage achieved in half of the population. Estimated coverage reflects annualized coverage achieved in the national population. Estimate challenged by: R-

2017: Estimate is based on prior year coverage level. 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 stockout. GoC=Assigned by working group. Consistency with other antigens.

2016: Estimate informed by reported data. 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.

Djibouti - MCV1

DJI - MCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	84	83	80	71	74	75	81	86	83	62	50	50
Estimate GoC	••	•	•	•	•	•	••	••	••	•	•	••
Official	84	83	80	71	74	75	79	86	83	62	50	69
Administrative	84	83	80	78	70	75	79	86	83	62	50	69
Survey	NA	NA	NA	NA	NA	NA	NA	NA	59	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

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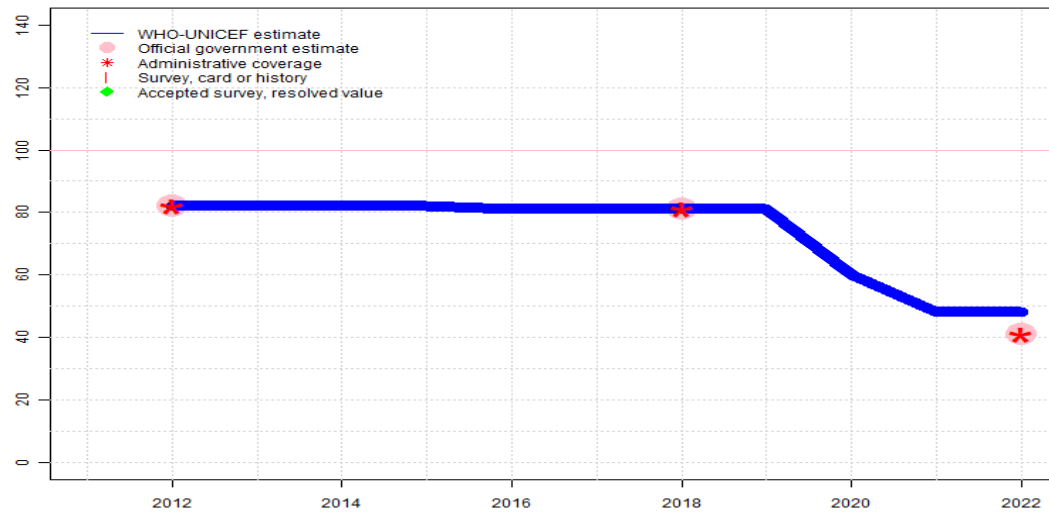
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 50 level to 69 percent. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). GoC=R+ D+
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data. National vaccination coverage survey, Djibouti (ENCV-D 2020) results ignored by working group. Survey results suggest meaningfully lower coverage for MCV compared to reported. Survey estimate ignored for consistency with other vaccine-doses. WHO and UNICEF recommend reviewing in detail survey findings. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. 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. GoC=R+ D+
- 2016: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2011: Estimate informed by reported data. GoC=R+ D+

Djibouti - MCV2

DJI - MCV2



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	82	82	82	82	81	81	81	81	60	48	48
Estimate GoC	NA	•	•	•	•	•	•	••	•	•	•	•
Official	NA	82	NA	NA	NA	NA	NA	81	NA	NA	NA	41
Administrative	NA	82	NA	NA	NA	NA	NA	81	NA	NA	NA	41
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

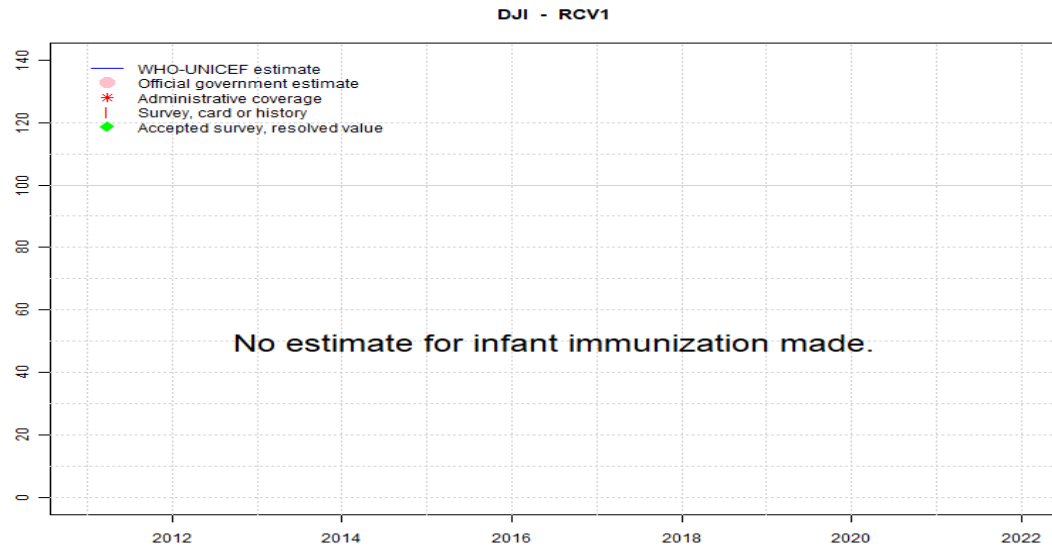
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

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

- 2022: Estimate informed by 2021 estimated coverage. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: D-R-
- 2021: Estimate based on coverage decline for MCV1 between 2020 and 2021. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate based on coverage decline for MCV1. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by 2018 estimated coverage. Reported number of births and surviving infants is exceptionally the same for this year. GoC=No accepted empirical data
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=No accepted empirical data
- 2016: Estimate informed by interpolation between reported data. 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 informed by interpolation between reported data. GoC=No accepted empirical data
- 2014: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2013: Estimate informed by interpolation between reported data. 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 informed by reported data. Estimate challenged by: D-

Djibouti - RCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

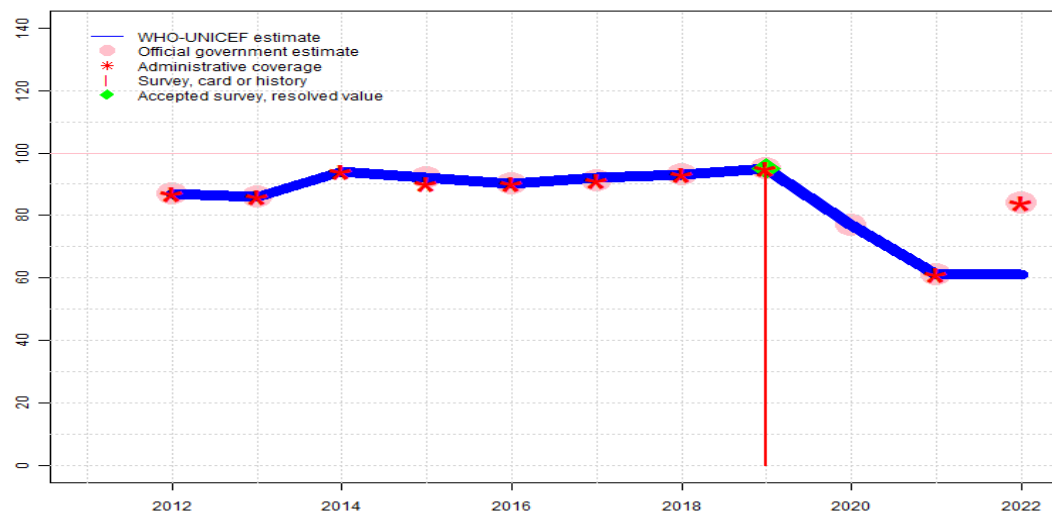
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

Djibouti - HepBB

DJI - HepBB



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	87	86	94	92	90	92	93	95	77	61	61
Estimate GoC	NA	•	•	•	•	•	•••	•••	•••	•	•	••
Official	NA	87	86	NA	92	90	91	93	95	77	61	84
Administrative	NA	87	86	94	90	90	91	93	95	NA	61	84
Survey	NA	NA	NA	NA	NA	NA	NA	NA	95	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

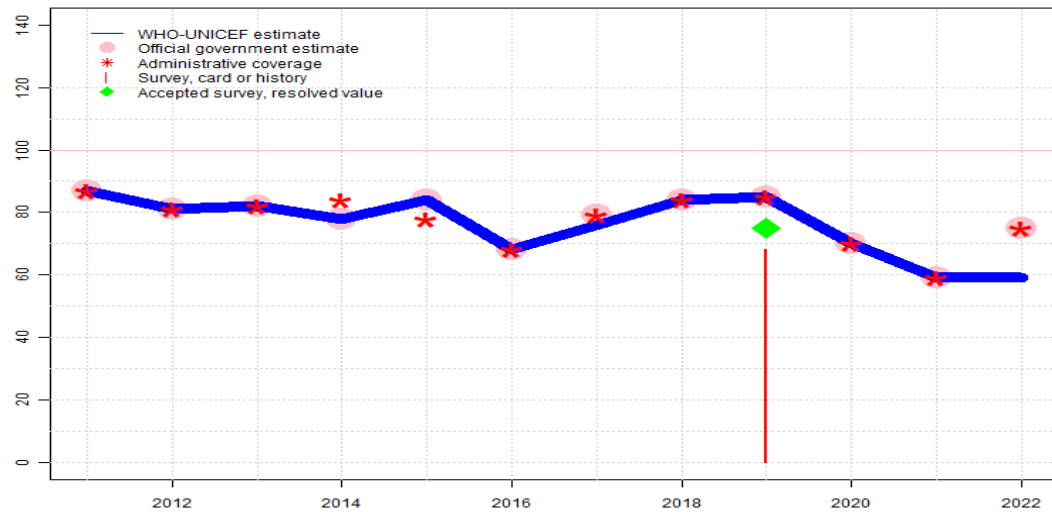
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 61 level to 84 percent. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). GoC=R+ D+
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. 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. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-

Djibouti - HepB3

DJI - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	87	81	82	78	84	68	76	84	85	70	59	59
Estimate GoC	●●	●	●	●	●	●	●●●	●●●	●●●	●	●	●●
Official	87	81	82	78	84	68	79	84	85	70	59	75
Administrative	87	81	82	84	78	68	79	84	85	70	59	75
Survey	NA	NA	NA	NA	NA	NA	NA	NA	68	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

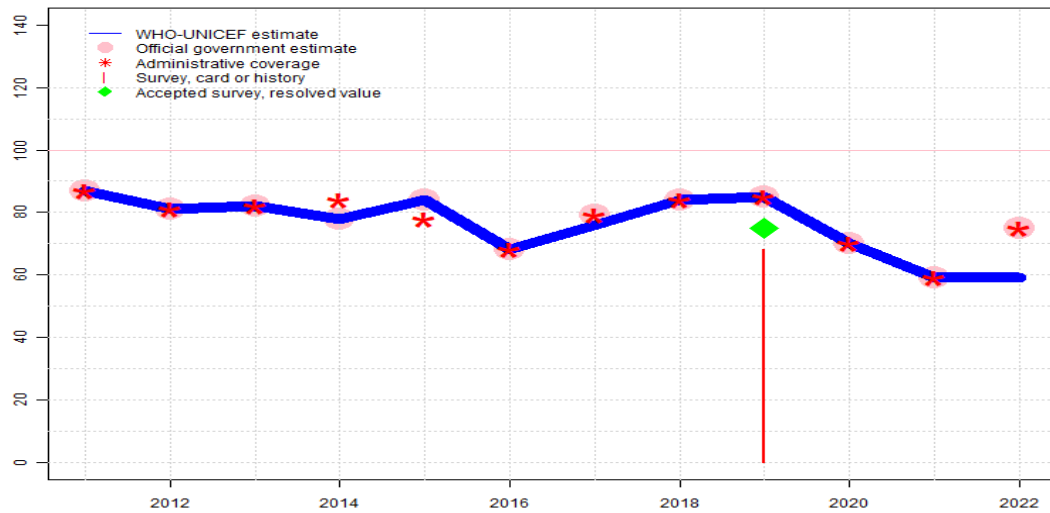
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 59 level to 75 percent. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). GoC=R+ D+
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 75 percent based on 1 survey(s). National vaccination coverage survey, Djibouti (ENCV-D 2020) card or history results of 68 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 39 percent and 3rd dose card only coverage of 35 percent. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. 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. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Estimate informed by reported data. 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 informed by reported data. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2011: Estimate informed by reported data. GoC=R+ D+

Djibouti - Hib3

DJI - Hib3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	87	81	82	78	84	68	76	84	85	70	59	59
Estimate GoC	••	•	•	•	•	•	•••	•••	•••	•	•	••
Official	87	81	82	78	84	68	79	84	85	70	59	75
Administrative	87	81	82	84	78	68	79	84	85	70	59	75
Survey	NA	NA	NA	NA	NA	NA	NA	NA	68	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

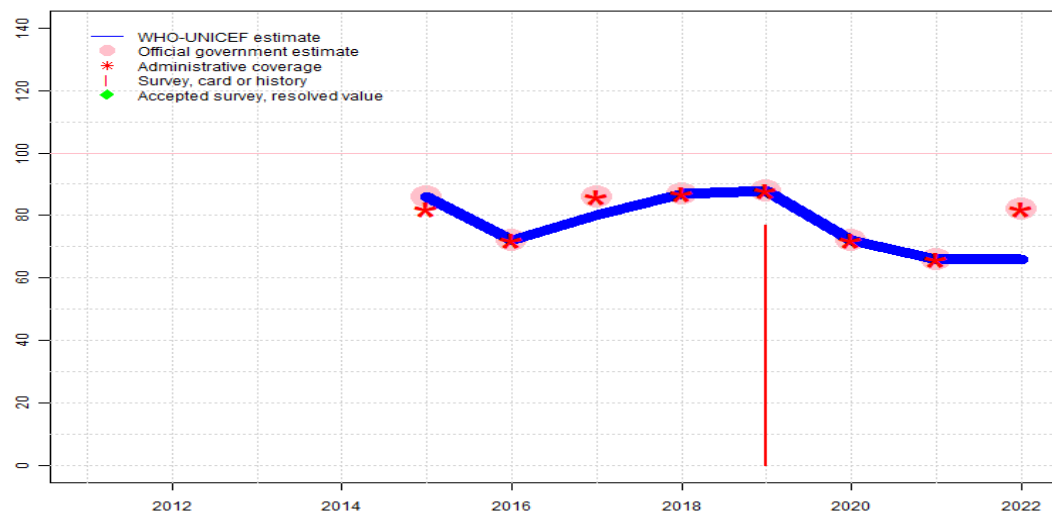
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 59 level to 75 percent. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). GoC=R+ D+
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 75 percent based on 1 survey(s). National vaccination coverage survey, Djibouti (ENCV-D 2020) card or history results of 68 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 39 percent and 3rd dose card only coverage of 35 percent. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. 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. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Estimate informed by reported data. 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 informed by reported data. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2011: Estimate informed by reported data. GoC=R+ D+

Djibouti - RotaC

DJI - RotaC



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	86	72	80	87	88	72	66	66
Estimate GoC	NA	NA	NA	NA	•	•	••	••	••	•	•	•
Official	NA	NA	NA	NA	86	72	86	87	88	72	66	82
Administrative	NA	NA	NA	NA	82	72	86	87	88	72	66	82
Survey	NA	NA	NA	NA	NA	NA	NA	NA	77	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.

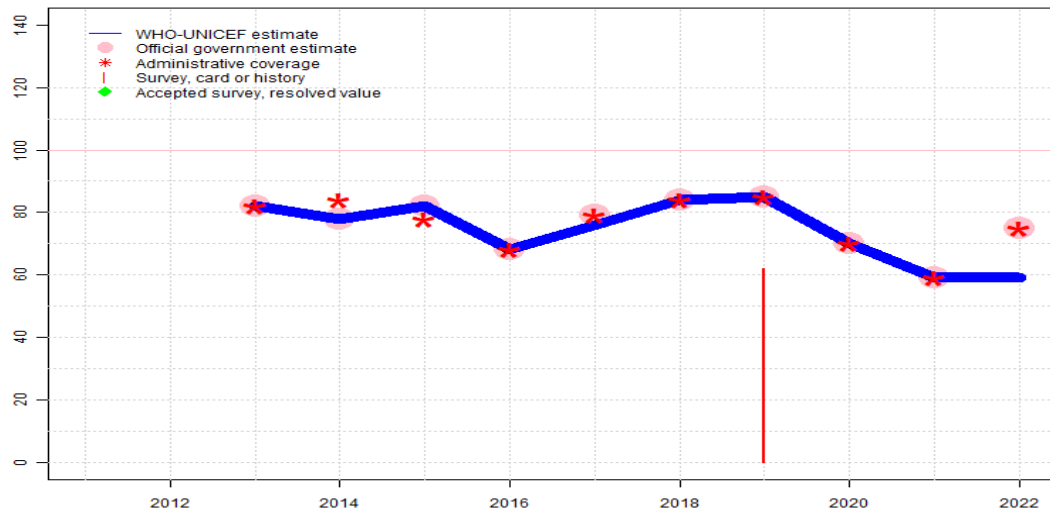
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by 2021 estimated coverage. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. Programme reports four months vaccine stockout. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data. National vaccination coverage survey, Djibouti (ENCV-D 2020) results ignored by working group. The estimated vaccination coverage estimate in the 2020 survey is inconsistent with that of other vaccine-doses recommended at the same age. WHO and UNICEF recommend reviewing in detail survey findings. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. 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. GoC=R+ D+
- 2016: Estimate informed by reported data. 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 informed by reported data. Rotavirus vaccine introduced in June 2014. Reporting began in 2015. Estimate challenged by: D-

Djibouti - PcV3

DJI - PcV3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	82	78	82	68	76	84	85	70	59	59
Estimate GoC	NA	NA	•	•	•	•	••	••	••	•	•	•
Official	NA	NA	82	78	82	68	79	84	85	70	59	75
Administrative	NA	NA	82	84	78	68	79	84	85	70	59	75
Survey	NA	NA	NA	NA	NA	NA	NA	NA	62	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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:

- 2022: Estimate informed by 2021 estimated coverage. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data. National vaccination coverage survey, Djibouti (ENCV-D 2020) results ignored by working group. The estimated vaccination coverage estimate in the 2020 survey is inconsistent with that of other vaccine-doses recommended at the same age. WHO and UNICEF recommend reviewing in detail survey findings. National vaccination coverage survey, Djibouti (ENCV-D 2020) card or history results of 62 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 36 percent and 3rd dose card only coverage of 29 percent. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. 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. GoC=R+ D+
- 2016: Estimate informed by reported data. 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 informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. 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-

Djibouti - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12 to 23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated 1 or 2 years prior to the survey field work.

2019 Enquete Nationale de Couverture Vaccinale, Djibouti (ENCV-D 2020)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	41.4	12-23 m	1430	79
BCG	Card or History	97.7	12-23 m	1430	79
BCG	History	54	12-23 m	1430	79
DTP1	Card	39.1	12-23 m	1430	79
DTP1	Card or History	83.5	12-23 m	1430	79
DTP1	History	44.4	12-23 m	1430	79
DTP3	Card	35.1	12-23 m	1430	79
DTP3	Card or History	68.1	12-23 m	1430	79
DTP3	History	35.1	12-23 m	1430	79
HepB1	Card	39.1	12-23 m	1430	79
HepB1	Card or History	83.5	12-23 m	1430	79
HepB1	History	44.4	12-23 m	1430	79
HepB3	Card	35.1	12-23 m	1430	79
HepB3	Card or History	68.1	12-23 m	1430	79
HepB3	History	35.1	12-23 m	1430	79
HepBB	Card	41.4	12-23 m	1430	79
HepBB	Card or History	94.6	12-23 m	1430	79
HepBB	History	53.2	12-23 m	1430	79
Hib1	Card	39.1	12-23 m	1430	79
Hib1	Card or History	83.5	12-23 m	1430	79
Hib1	History	44.4	12-23 m	1430	79
Hib3	Card	35.1	12-23 m	1430	79
Hib3	Card or History	68.1	12-23 m	1430	79
Hib3	History	35.1	12-23 m	1430	79

IPV1	Card	9.5	12-23 m	1430	79
IPV1	Card or History	42.5	12-23 m	1430	79
IPV1	History	33	12-23 m	1430	79
MCV1	Card	24.5	12-23 m	1430	79
MCV1	Card or History	58.9	12-23 m	1430	79
MCV1	History	24.5	12-23 m	1430	79
PCV1	Card	35.6	12-23 m	1430	79
PCV1	Card or History	80	12-23 m	1430	79
PCV1	History	35.6	12-23 m	1430	79
PCV3	Card	29.3	12-23 m	1430	79
PCV3	Card or History	62.3	12-23 m	1430	79
PCV3	History	29.3	12-23 m	1430	79
Pol1	Card	39.1	12-23 m	1430	79
Pol1	Card or History	84.4	12-23 m	1430	79
Pol1	History	45.3	12-23 m	1430	79
Pol3	Card	35.1	12-23 m	1430	79
Pol3	Card or History	69.5	12-23 m	1430	79
Pol3	History	34.4	12-23 m	1430	79
RotaC	Card	32.8	12-23 m	1430	79
RotaC	Card or History	76.9	12-23 m	1430	79
RotaC	History	32.8	12-23 m	1430	79

2013 Rapport de l'enquete de couverture vaccinale, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	75.6	12-23 m	14715	76
DTP1	Card	74.2	12-23 m	14715	76
DTP3	Card	69	12-23 m	14715	76
HepB1	Card	74.2	12-23 m	14715	76
HepB3	Card	69	12-23 m	14715	76
Hib1	Card	74.2	12-23 m	14715	76
Hib3	Card	69	12-23 m	14715	76
MCV1	Card	63.2	12-23 m	14715	76
Pol1	Card	74.2	12-23 m	14715	76
Pol3	Card	69	12-23 m	14715	76

2009 Deuxieme Enquete Djiboutienne sur la Sante de la Famille EDSF PAP-FAM 2 - 2012

Djibouti - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	69.5	12-23 m	-	15
BCG	Card or History	71.2	12-23 m	517	15
DTP1	Card	63.5	12-23 m	-	15
DTP1	Card or History	67.5	12-23 m	517	15
DTP3	Card	39.5	12-23 m	-	15
DTP3	Card or History	42.7	12-23 m	517	15
HepB1	Card	63.5	12-23 m	-	15
HepB1	Card or History	67.5	12-23 m	517	15
HepB3	Card	39.5	12-23 m	-	15
HepB3	Card or History	42.7	12-23 m	517	15
Hib1	Card	63.5	12-23 m	-	15
Hib1	Card or History	67.5	12-23 m	517	15
Hib3	Card	39.5	12-23 m	-	15
Hib3	Card or History	42.7	12-23 m	517	15
MCV1	Card	51.4	12-23 m	-	15
MCV1	Card or History	57.2	12-23 m	517	15
Pol1	Card	63.5	12-23 m	-	15
Pol1	Card or History	67.5	12-23 m	517	15
Pol3	Card	39.5	12-23 m	-	15
Pol3	Card or History	42.7	12-23 m	517	15

Pol3	Card or History	83.1	12-23 m	1227	-
2005 L'Enquête Djiboutienne à Indicateurs Multiple (EDIM 2006)					

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	87.5	12-23 m	450	46
BCG	Card	46.4	12-23 m	450	46
BCG	Card or History	87.5	12-23 m	450	46
BCG	History	41.1	12-23 m	450	46
DTP3	C or H <12 months	56.8	12-23 m	450	46
DTP3	Card	44	12-23 m	450	46
DTP3	Card or History	61.2	12-23 m	450	46
DTP3	History	17.2	12-23 m	450	46
MCV1	C or H <12 months	65	12-23 m	450	46
MCV1	Card	36.7	12-23 m	450	46
MCV1	Card or History	73.5	12-23 m	450	46
MCV1	History	36.8	12-23 m	450	46
Pol3	C or H <12 months	46.2	12-23 m	450	46
Pol3	Card	43.9	12-23 m	450	46
Pol3	Card or History	49.8	12-23 m	450	46
Pol3	History	6	12-23 m	450	46

2007 Rapport de l'enquête de couverture vaccinale Djibouti, 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	93.2	12-23 m	1227	-
DTP1	Card or History	91.1	12-23 m	1227	-
DTP3	Card or History	83.1	12-23 m	1227	-
HepB1	Card or History	91.1	12-23 m	1227	-
HepB3	Card or History	83.1	12-23 m	1227	-
Hib1	Card or History	91.1	12-23 m	1227	-
Hib3	Card or History	83.1	12-23 m	1227	-
MCV1	Card or History	72.9	12-23 m	1227	-
Pol1	Card or History	91.1	12-23 m	1227	-

2002 Enquête Djiboutienne sur la Sante de la Famille, Rapport Preliminaire

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	76.8	12-23 m	-	-
DTP1	Card or History	74.6	12-23 m	-	-
DTP3	Card or History	53.1	12-23 m	-	-
MCV1	Card or History	58.1	12-23 m	-	-
Pol1	Card or History	73.8	12-23 m	-	-
Pol3	Card or History	65.2	12-23 m	-	-

Djibouti - survey details

Further information and estimates for previous years are available at:

<https://data.unicef.org/topic/child-health/immunization/>

<https://immunizationdata.who.int/listing.html>