Philippines: WHO and UNICEF estimates of immunization coverage: 2022 revision

BCG · **DTP1** · **DTP3** · **Pol3** · **MCV1** · **HepB3** · **Hib3** · **RotaC** · **PcV3**

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. 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.

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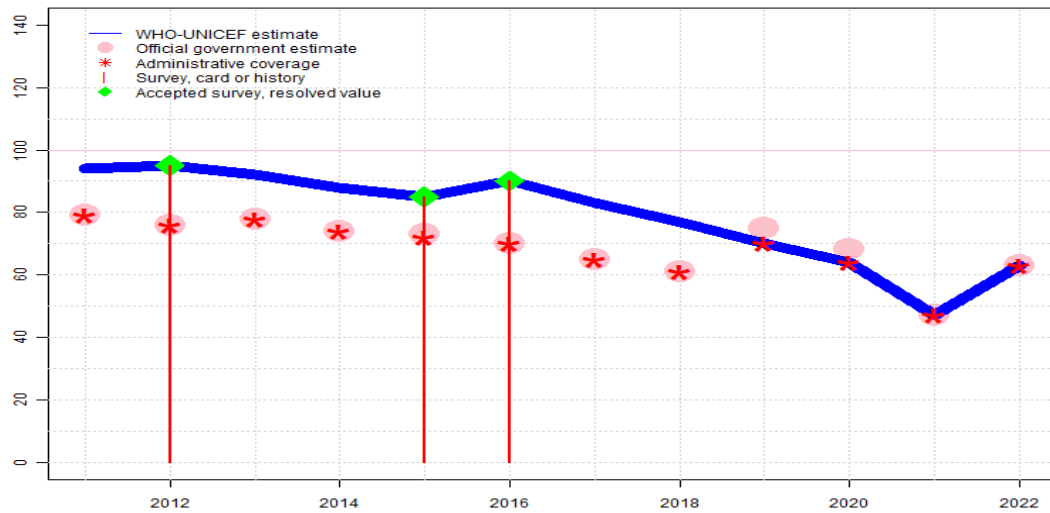
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

Philippines - BCG

PHL - BCG

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	94	95	92	88	85	90	83	77	70	64	47	63
Estimate GoC	●	●	●	●	●	●	●	●	●●	●●	●●	●●
Official	79	76	78	74	73	70	65	61	75	68	47	63
Administrative	79	76	78	74	72	70	65	61	70	64	47	63
Survey	NA	95	NA	NA	85	90	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:

2022: Estimate informed by reported data. Results of the 2022 Philippines DHS suggest 88 percent coverage for children aged 12-23 months. Estimated coverage time-series appears to underestimate coverage for the country. Final survey results will be reflected in the next revision. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+

2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate based on reported data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+

2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports six month vaccine stockout.. GoC=R+ D+

2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey. 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 stockout at national level. Estimate challenged by: R-S-

2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey. 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. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-

2016: Estimate of 90 percent assigned by working group. Estimate based on survey result. Estimate challenged by: R-

2015: Survey evidence does not support reported data. Estimate based on survey results. 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: R-

2014: Estimate informed by interpolation between 2012 and 2015 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. Programme reports a four months

stockout of BCG vaccine. Estimate challenged by: R-

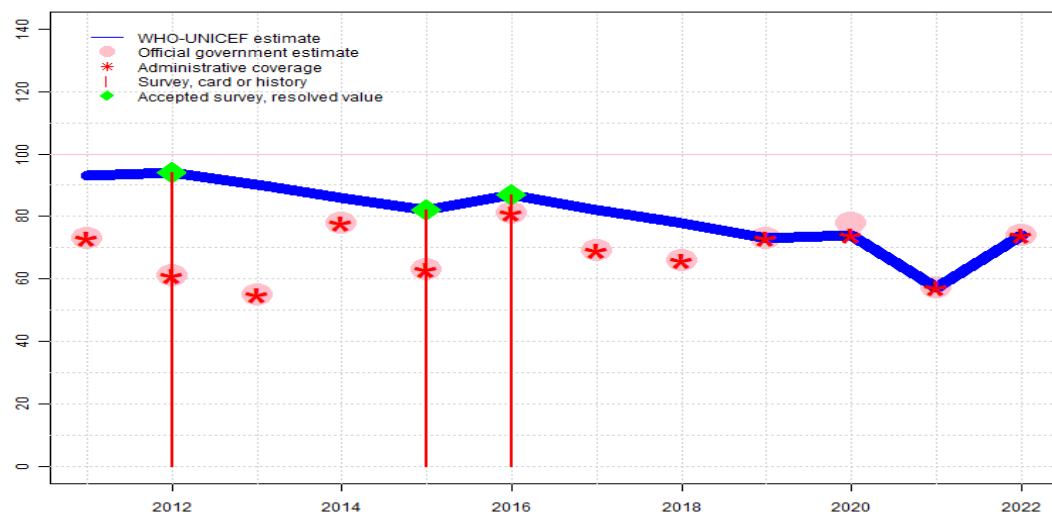2013: Estimate informed by interpolation between 2012 and 2015 levels. . Programme reports two months vaccine stockout at national level. Estimate challenged by: R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 95 percent based on 1 survey(s). Estimate challenged by: D-R-

2011: Estimate informed by interpolation between 2007 and 2012 levels. . Estimate challenged by: R-

Philippines - DTP1

PHL - DTP1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	93	94	90	86	82	87	82	78	73	74	57	74
Estimate GoC	•	•	•	•	•	•	•	•	••	••	••	••
Official	73	61	55	78	63	81	69	66	73	78	57	74
Administrative	73	61	55	78	63	81	69	66	73	74	57	74
Survey	NA	94	NA	NA	82	87	NA	NA	NA	NA	NA	NA

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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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of the objective for which they are being used.

Description:

2022: Estimate informed by reported data. Results of the 2022 Philippines DHS suggest 87 percent coverage for children aged 12-23 months. Estimated coverage time-series appears to underestimate coverage for the country. Final survey results will be reflected in the next revision. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+

2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate informed by reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+

2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. GoC=R+ D+

2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. 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: R-

2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. 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. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-

2016: Estimate of 87 percent assigned by working group. Estimate based on survey results. Reported data excluded due to an increase from 63 percent to 81 percent with decrease 69 percent. Programme seems to have recovered from 2015 vaccine stockout. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 82 percent based on 1 survey(s). Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stockout. Estimate challenged by: R-

2014: Estimate informed by interpolation between 2012 and 2015 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. Programme reports four months vaccine stockout for DTP containing vaccine. Estimate challenged by: R-

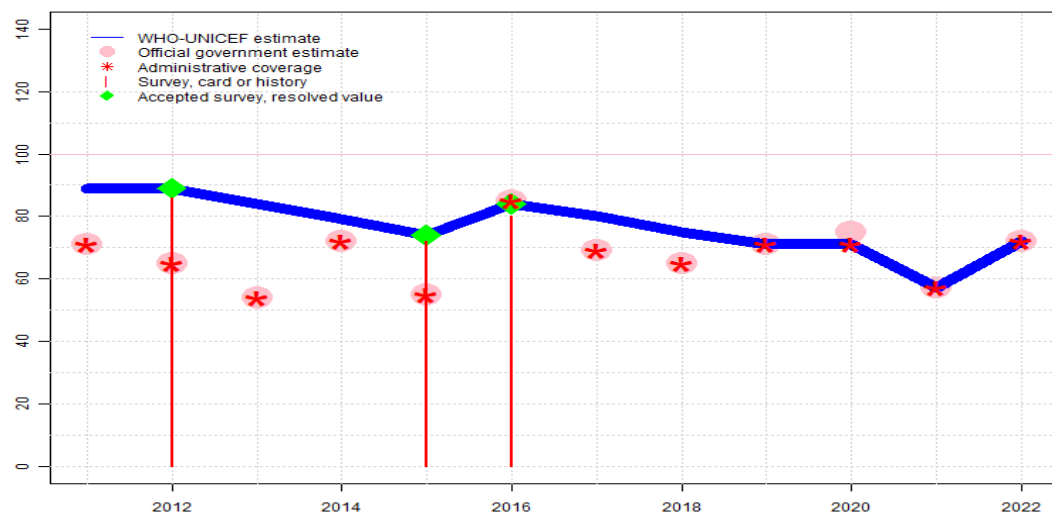2013: Estimate informed by interpolation between 2012 and 2015 levels. . One month national stockout reported. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-R-

2011: Estimate informed by interpolation between 2007 and 2012 levels. . Estimate challenged by: D-R-

Philippines - DTP3

PHL - DTP3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	89	89	84	79	74	84	80	75	71	71	57	72
Estimate GoC	•	•	•	•	•	•	•	•	••	••	••	••
Official	71	65	54	72	55	85	69	65	71	75	57	72
Administrative	71	65	54	72	55	85	69	65	71	71	57	72
Survey	NA	86	NA	NA	72	80	NA	NA	NA	NA	NA	NA

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2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate informed by reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+

2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. GoC=R+ D+

2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. 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: R-

2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. 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. Programme reports one month vaccine stockout at national level. See comment in 2016 for a note on drop-out. Estimate challenged by: R-

2016: Estimate of 84 percent assigned by working group. Estimate based on survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 card or history results of 80 percent modifed 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. Reported data excluded due to an increase from 55 percent to 85 percent with decrease 69 percent. Programme seems to have recovered from 2015 vaccine stockout. 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. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 72 percent modifed 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 stockout. Estimate challenged by: R-

2014: Estimate informed by interpolation between 2012 and 2015 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. Programme reports four months vaccine stockout. Official estimate is inconsistent with reported admin data. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2012 and 2015 levels. . Reported data excluded due to decline in reported coverage from 65 percent to 54 percent with increase to 72 percent. One month national stockout reported. Estimate challenged by: D-R-
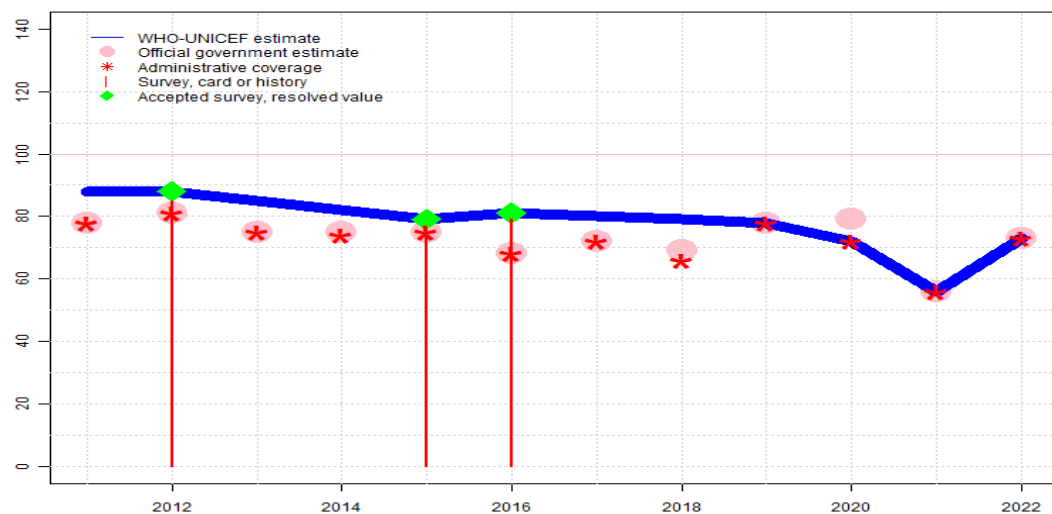
2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 89 percent based on 1 survey(s). Philippines National Demographic and Health Survey, 2013 card or history results of 86 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 54 percent. Estimate challenged by: D-R-

2011: Estimate informed by interpolation between 2007 and 2012 levels. . Estimate challenged by: R-

PHL - Pol3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	88	88	85	82	79	81	80	79	78	72	56	73
Estimate GoC	•	•	•	•	•	•	•	•	••	••	••	••
Official	78	81	75	75	75	68	72	69	78	79	56	73
Administrative	78	81	75	74	75	68	72	66	78	72	56	73
Survey	NA	85	NA	NA	76	79	NA	NA	NA	NA	NA	NA

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2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate informed by reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Programme notes during regional TAG meeting the implementation of polio outbreak response activities since September 2019 when outbreaks of cVDPV types 1 and 2 began. Several scheduled rounds of polio SIAs with bivalent OPV and monovalent OPV type 2 during 2020 were impacted by COVID-19.. GoC=R+ D+

2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports two months vaccine stockout. GoC=R+ D+

2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. 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 months vaccine stockout at national level. Estimate challenged by: R-

2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. 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. Programme reports four months vaccine stockout at national level. Estimate challenged by: R-

2016: Estimate of 81 percent assigned by working group. Estimate based on survey result. Philippines National Demographic and Health Survey 2017 card or history results of 79 percent modifed 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 months vaccine stockout at national level. Estimate challenged by: R-

2015: Estimate of 79 percent assigned by working group. Estimate based on survey result. Philippines National Demographic and Health Survey 2017 card or history results of 76 percent modifed 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: R-

2014: Estimate informed by interpolation between 2012 and 2015 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. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2012 and 2015 levels. . One month national stockout reported. Estimate challenged by: R-

2012: Estimate of 88 percent assigned by working group. Estimate based on survey result. Philippines National Demographic and Health Survey, 2013 card or history results of 85 percent modifed 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. Estimate challenged by: R-

2011: Estimate informed by interpolation between 2007 and 2012 levels. . Estimate challenged by: R-

Philippines - IPV1

PHL - IPV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value
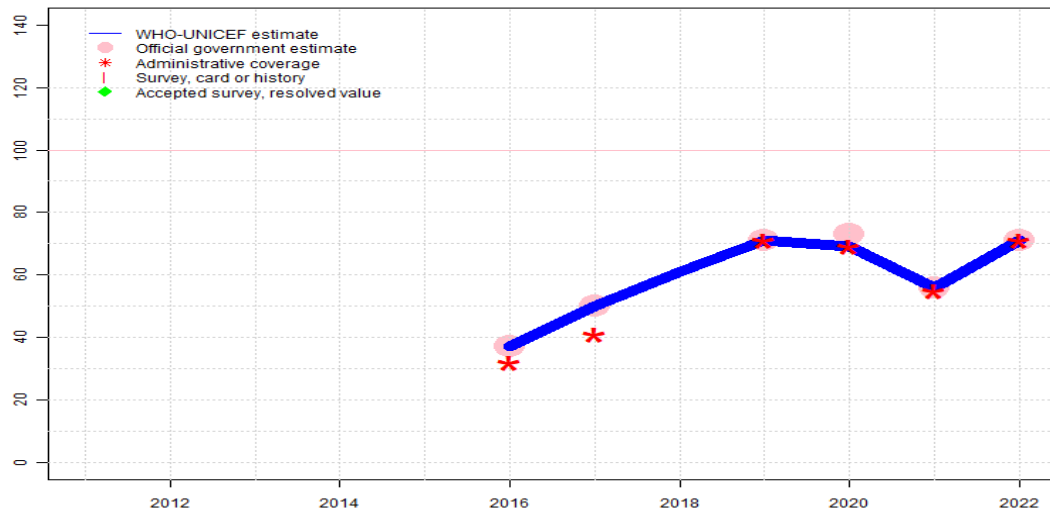
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	37	50	61	71	69	56	71
Estimate GoC	NA	NA	NA	NA	NA	●●	●●	●	●●	●●	●●	●●
Official	NA	NA	NA	NA	NA	37	50	NA	71	73	56	71
Administrative	NA	NA	NA	NA	NA	32	41	NA	71	69	55	71
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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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:

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 reported data. Results of the 2022 Philippines DHS suggest 79 percent coverage for children aged 12-23 months. Estimated coverage time-series appears to underestimate coverage for the country. Final survey results will be reflected in the next revision. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+

2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate informed by reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+

2019: Estimate informed by reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. GoC=R+ D+

2018: Estimate informed by interpolation between reported data. 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 months vaccine stockout at national level. GoC=No accepted empirical data

2017: Estimate informed by reported 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. Programme reports three months vaccine stockout at national level. GoC=R+ D+

2016: Estimate informed by reported data. Programme reports six month vaccine stockout at national level. GoC=R+ D+

Philippines - MCV1

PHL - MCV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	86	84	83	81	80	80	78	77	75	72	57	69
Estimate GoC	●	●	●	●	●	●	●	●	●●	●●	●●	●●
Official	77	80	77	75	79	75	70	67	75	77	57	69
Administrative	77	80	77	74	79	75	70	67	75	72	57	69
Survey	NA	84	NA	NA	80	80	NA	NA	NA	NA	NA	NA

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

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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.
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Description:

2022: Estimate informed by reported data. Results of the 2022 Philippines DHS suggest 79 percent coverage for children aged 12-23 months. Estimated coverage time-series appears to underestimate coverage for the country. Final survey results will be reflected in the next revision. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+

2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate informed by reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Programme reports six month vaccine stockout.. GoC=R+ D+

2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports six month vaccine stockout. GoC=R+ D+
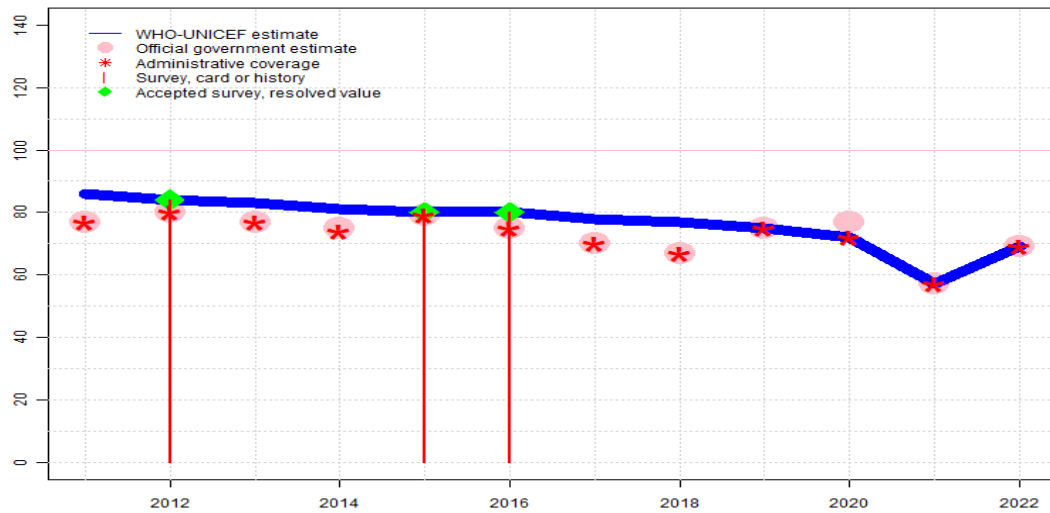
2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three vaccine month stockout at national level. Estimate challenged by: R-

2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. 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: Estimate of 80 percent assigned by working group. Estimate based on survey result. Estimate challenged by: R-

2015: Estimate of 80 percent assigned by working group. Estimate based on survey result. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a one month stockout at the national level. Estimate challenged by: D-R-

2014: Estimate informed by interpolation between 2012 and 2015 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. Estimate challenged by: R-
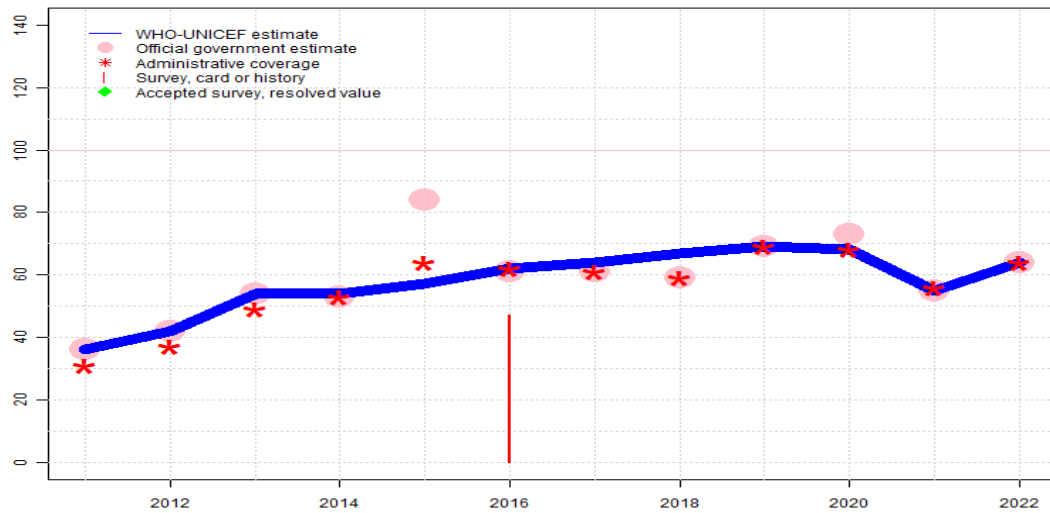
2013: Estimate informed by interpolation between 2012 and 2015 levels. . Two months national stockout reported. Estimate challenged by: R-

2012: Estimate of 84 percent assigned by working group. Estimate based on survey result. Estimate challenged by: R-

2011: Estimate informed by interpolation between 2007 and 2012 levels. . Estimate challenged by: R-

Philippines - MCV2

PHL - MCV2

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	36	42	54	54	57	62	64	67	69	68	55	64
Estimate GoC	●	●	●	●	●	●	●	●	●●	●●	●●	●●
Official	36	42	54	53	84	61	61	59	69	73	55	64
Administrative	31	37	49	53	64	62	61	59	69	68	56	64
Survey	NA	NA	NA	NA	NA	47	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 reported data. Results of the 2022 Philippines DHS suggest 66 percent coverage for children aged 24-35 months. Final survey results will be reflected in the next revision. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+

2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate informed by reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Programme reports six month vaccine stockout.. GoC=R+ D+

2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports six month vaccine stockout. GoC=R+ D+

2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from estimate coverage for 2016. 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 months vaccine stockout at national level. Estimate challenged by: R-

2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from estimate coverage for 2016. 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: Estimate of 62 percent assigned by working group. Estimate based on the difference between MCV1 and MCV2 reported doses. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey estimate inconsistent with coverage estimated for other vaccine doses. Estimate challenged by: D-R-

2015: Reported data calibrated to 2010 and 2016 levels. Reported data excluded due to an increase from 53 percent to 84 percent with decrease 61 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a one month stockout 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: R-

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

PHL - RCV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value
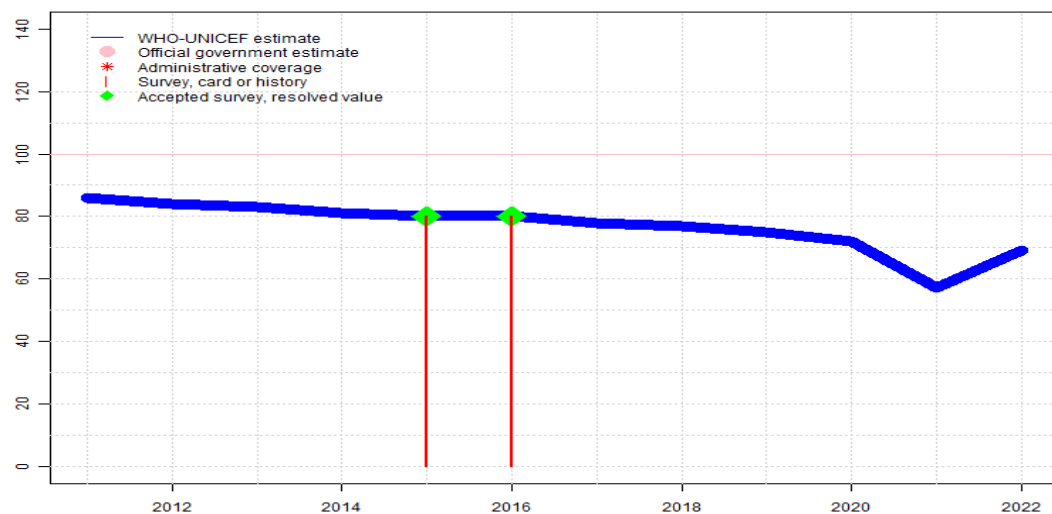
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	86	84	83	81	80	80	78	77	75	72	57	69
Estimate GoC	•	•	•	•	•	•	•	•	••	••	••	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	80	80	NA	NA	NA	NA	NA	NA

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:

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

2022: Estimate based on estimated MCV1. Results of the 2022 Philippines DHS suggest 79 percent coverage for children aged 12-23 months. Estimated coverage time-series appears to underestimate coverage for the country. Final survey results will be reflected in the next revision. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+

2021: Estimate based on estimated MCV1. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate based on estimated MCV1. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+

2019: Estimate based on estimated MCV1. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. GoC=R+ D+

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: R-

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: R-

2016: Estimate based on estimated MCV1. Estimate challenged by: R-

2015: Estimate based on estimated MCV1. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: D-R-

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: R-
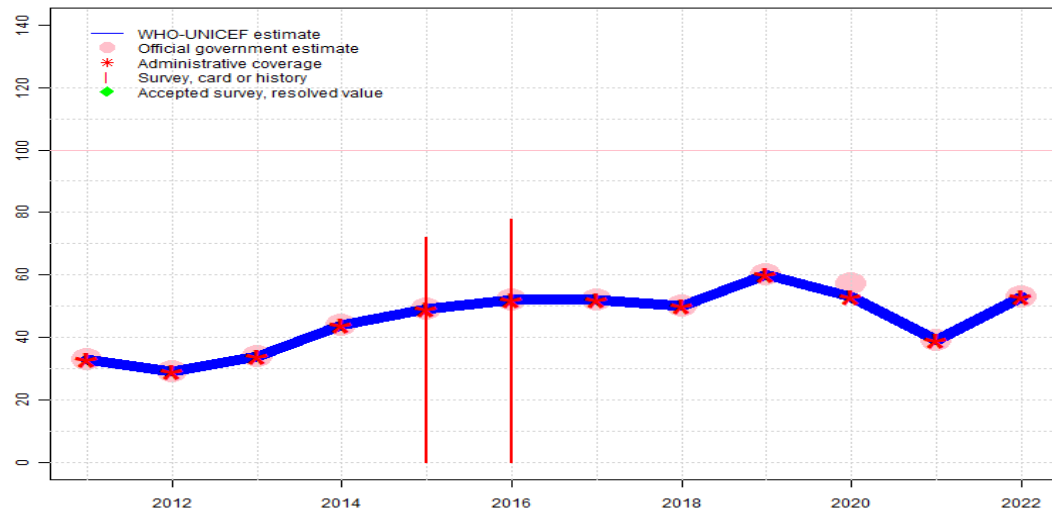
2013: Estimate based on estimated MCV1. Estimate challenged by: R-
2012: Estimate based on estimated MCV1. Estimate challenged by: R-
2011: Estimate based on estimated MCV1. Estimate challenged by: R-

Philippines - HepBB

PHL - HepBB

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	33	29	34	44	49	52	52	50	60	53	39	53
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	33	29	34	44	49	52	52	50	60	57	39	53
Administrative	33	29	34	44	49	52	52	50	60	53	39	53
Survey	NA	NA	NA	NA	72	78	NA	NA	NA	NA	NA	NA

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

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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.
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Description:

2022: Estimate informed by reported data. Results of the 2022 Philippines DHS suggest 82 percent coverage for children aged 12-23 months. Estimated coverage time-series appears to underestimate coverage for the country. Final survey results will be reflected in the next revision. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+

2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate informed by reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+

2019: Estimate informed by reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. GoC=R+ D+

2018: Estimate informed by reported data. 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 stockout at national level. GoC=R+ D+

2017: Estimate informed by reported 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. Programme reports three months vaccine stockout at national level. GoC=R+ D+

2016: Estimate informed by reported data. 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+

2015: Estimate informed by reported data. 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+

2014: Estimate informed by reported 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
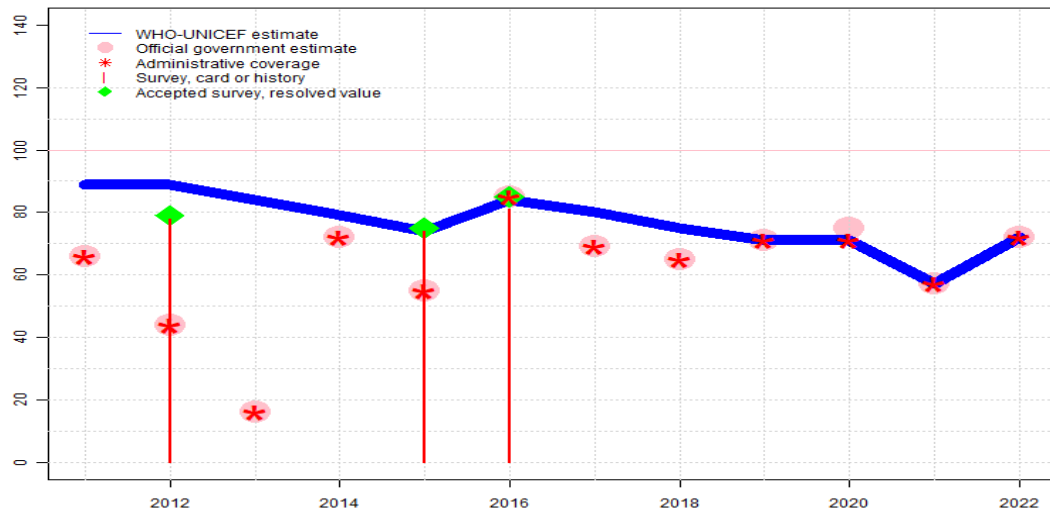
years remains unclear. GoC=R+ D+

2013: Estimate informed by reported data. Four months stockout at national level and in 28 districts reported . GoC=R+ D+

2012: Estimate informed by reported data. GoC=R+ D+

2011: Estimate informed by reported data. GoC=R+ D+

Philippines - HepB3

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	89	89	84	79	74	84	80	75	71	71	57	72
Estimate GoC	●	●	●	●	●	●	●	●	●●	●●	●●	●●
Official	66	44	16	72	55	85	69	65	71	75	57	72
Administrative	66	44	16	72	55	85	69	65	71	71	57	72
Survey	NA	78	NA	NA	74	81	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:

2022: Estimate informed by reported data. Results of the 2022 Philippines DHS suggest 77 percent coverage for children aged 12-23 months. Estimated coverage time-series appears to underestimate coverage for the country. Final survey results will be reflected in the next revision. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+

2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate informed by reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+

2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. GoC=R+ D+

2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. 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: R-

2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. 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. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-

2016: Estimate of 84 percent assigned by working group. Estimate based on survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 card or history results of 81 percent modifed 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. Reported data excluded due to an increase from 55 percent to 85 percent with decrease 69 percent. Estimate challenged by: D-R-

2015: Estimate of 74 percent assigned by working group. Estimate informed by survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage lev-

els reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 card or history results of 74 percent modifed 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 data excluded due to decline in reported coverage from 72 percent to 55 percent with increase to 85 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month stockout. Estimate of 74 percent changed from previous revision value of 75 percent. Estimate challenged by: R-S-

2014: Estimate informed by interpolation between 2012 and 2015 levels. . Reported data excluded due to an increase from 16 percent to 72 percent with decrease 55 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. Programme reports four months vaccine stockout. Estimate of 79 percent changed from previous revision value of 80 percent. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2012 and 2015 levels. . Reported data excluded due to decline in reported coverage from 44 percent to 16 percent with increase to 72 percent. One month national stockout reported. Estimate challenged by: D-R-

2012: Estimate of 89 percent assigned by working group. Estimate is based on estimated DTP3 coverage level and may overestimate coverage during a period of introduction. Philippines National Demographic and Health Survey, 2013 card or history results of 78 percent modifed 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. Estimate challenged by: D-R-

2011: Estimate informed by interpolation between 2007 and 2012 levels. . Estimate challenged by: D-R-

Philippines - Hib3

PHL - Hib3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value
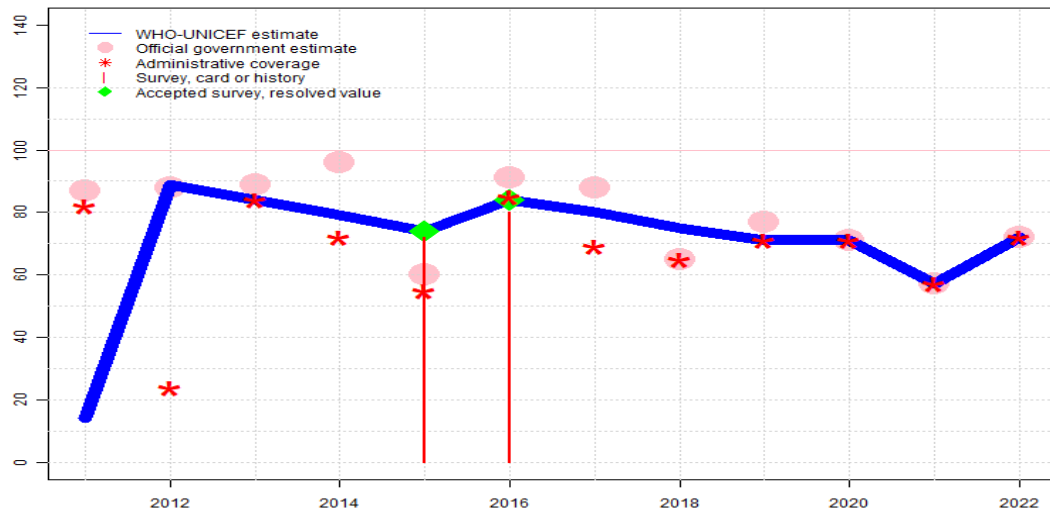
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	14	89	84	79	74	84	80	75	71	71	57	72
Estimate GoC	●	●	●	●	●	●	●	●	●●	●●	●●	●●
Official	87	88	89	96	60	91	88	65	77	71	57	72
Administrative	82	24	84	72	55	85	69	65	71	71	57	72
Survey	NA	NA	NA	NA	72	80	NA	NA	NA	NA	NA	NA

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:

2022: Estimate informed by reported data. Results of the 2022 Philippines DHS suggest 79 percent coverage for children aged 12-23 months. Estimated coverage time-series appears to underestimate coverage for the country. Final survey results will be reflected in the next revision. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+

2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate informed by reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+

2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates.. GoC=R+ D+

2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. 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: R-

2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. 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. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-

2016: Estimate of 84 percent assigned by working group. Estimate based on survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 card or history results of 80 percent modfied 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. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 72 percent modfied 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 data excluded due to decline in reported coverage from 96 percent to 60 percent with increase to 91 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stockout. Estimate challenged by: R-

2014: Estimate informed by interpolation between 2012 and 2015 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. Programme reports four months vaccine stockout for DTP containing vaccine. Official estimate is inconsistent with reported admin data. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2012 and 2015 levels. . One month national stockout reported. Estimate challenged by: R-

2012: Estimate of 89 percent assigned by working group. Estimate is based on estimated DTP3 coverage level and may overestimate coverage during a period of introduction. Estimate challenged by: D-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-

PHL - RotaC

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value
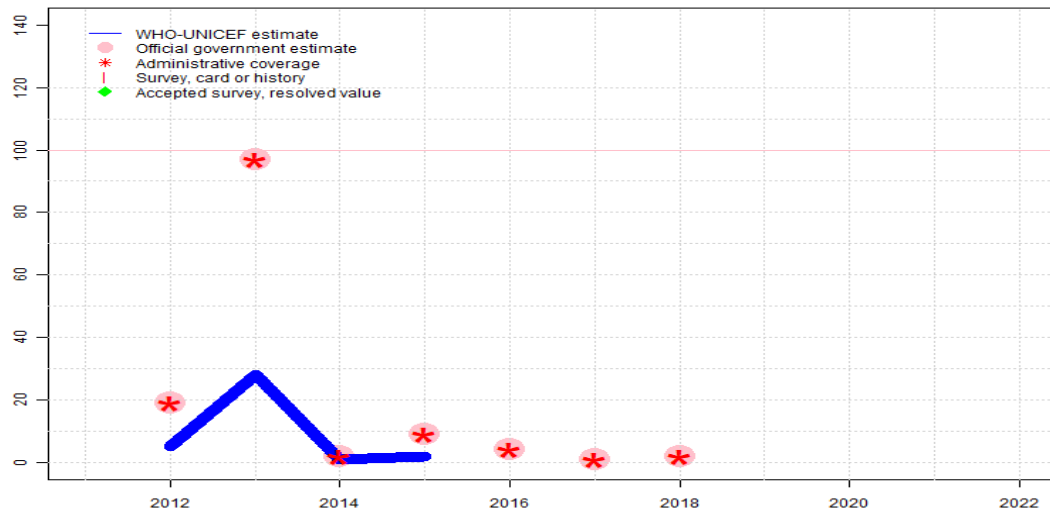
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	5	28	1	2	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	●	●	●	●	NA	NA	NA	NA	NA	NA	NA
Official	NA	19	97	2	9	4	1	2	NA	NA	NA	NA
Administrative	NA	19	97	2	9	4	1	2	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

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 stockout 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. 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 2 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-

Philippines - PcV3

PHL - PcV3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value
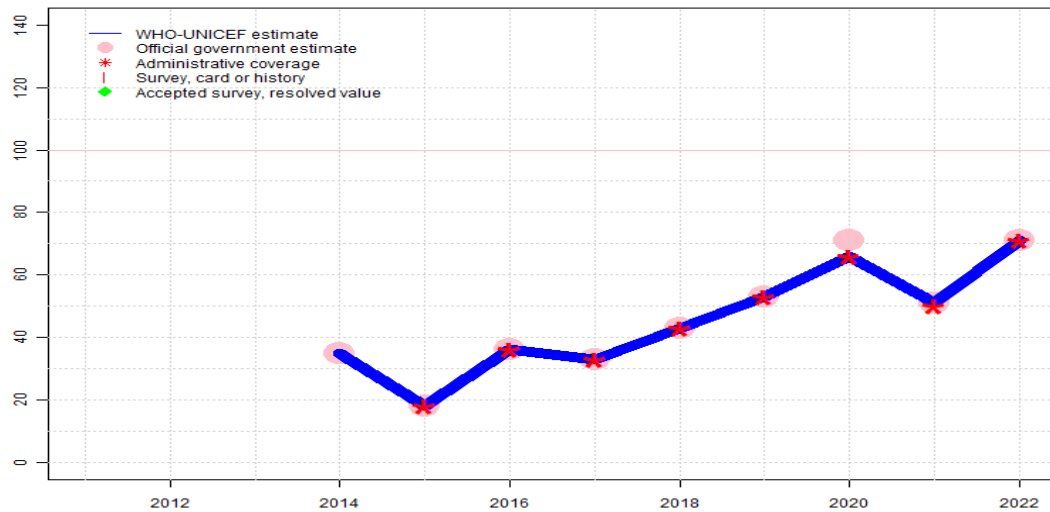
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	35	18	36	33	43	53	66	51	71
Estimate GoC	NA	NA	NA	••	••	••	••	••	••	••	••	••
Official	NA	NA	NA	35	18	36	33	43	53	71	51	71
Administrative	NA	NA	NA	NA	18	36	33	43	53	66	50	71
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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:

2022: Estimate informed by reported data. Results of the 2022 Philippines DHS suggest 71 percent coverage for children aged 12-23 months. Estimated coverage time-series appears to underestimate coverage for the country. Final survey results will be reflected in the next revision. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+

2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate informed by reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Full national roll-out of PCV vaccine completed in January 2020... GoC=R+ D+

2019: Estimate informed by reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. GoC=R+ D+

2018: Estimate informed by reported data. 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 months vaccine stockout at national level. GoC=R+ D+

2017: Estimate informed by reported 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. Programme reports four months vaccine stockout at national level. GoC=R+ D+

2016: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ D+

2015: Estimate informed by reported data. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports 25 percent coverage achieved in 70 percent of the national birth cohort. Estimate reflects coverage achieved in the annualized national target population. GoC=R+ D+

2014: Estimate informed by reported 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. GoC=R+

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.

2016 Philippines National Demographic and Health Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	89.6	12-23 m	1933	64
BCG	Card	63.3	12-23 m	1235	64
BCG	Card or History	90	12-23 m	1933	64
BCG	History	26.7	12-23 m	699	64
DTP1	C or H <12 months	86.4	12-23 m	1933	64
DTP1	Card	62.3	12-23 m	1235	64
DTP1	Card or History	86.6	12-23 m	1933	64
DTP1	History	24.3	12-23 m	699	64
DTP3	C or H <12 months	78.5	12-23 m	1933	64
DTP3	Card	59.5	12-23 m	1235	64
DTP3	Card or History	79.8	12-23 m	1933	64
DTP3	History	20.3	12-23 m	699	64
HepB1	C or H <12 months	87.3	12-23 m	1933	64
HepB1	Card	62.3	12-23 m	1235	64
HepB1	Card or History	87.5	12-23 m	1933	64
HepB1	History	25.2	12-23 m	699	64
HepB3	C or H <12 months	79.8	12-23 m	1933	64
HepB3	Card	59.5	12-23 m	1235	64
HepB3	Card or History	81.2	12-23 m	1933	64
HepB3	History	21.7	12-23 m	699	64
HepBB	C or H <12 months	77.6	12-23 m	1933	64
HepBB	Card	52.8	12-23 m	1235	64
HepBB	Card or History	77.9	12-23 m	1933	64
HepBB	History	25.1	12-23 m	699	64
Hib1	C or H <12 months	86.4	12-23 m	1933	64
Hib1	Card	62.3	12-23 m	1235	64
Hib1	Card or History	86.6	12-23 m	1933	64
Hib1	History	24.3	12-23 m	699	64
Hib3	C or H <12 months	78.5	12-23 m	1933	64
Hib3	Card	59.5	12-23 m	1235	64
Hib3	Card or History	79.8	12-23 m	1933	64
Hib3	History	20.3	12-23 m	699	64
MCV1	C or H <12 months	65.3	12-23 m	1933	64
MCV1	Card	57.7	12-23 m	1235	64
MCV1	Card or History	80.4	12-23 m	1933	64
MCV1	History	22.7	12-23 m	699	64
MCV2	C or H <24 months	45.6	24-35 m	1835	64
MCV2	Card	33.9	24-35 m	955	64
MCV2	Card or History	46.8	24-35 m	1835	64
MCV2	History	12.9	24-35 m	880	64
Pol1	C or H <12 months	87.6	12-23 m	1933	64
Pol1	Card	61.6	12-23 m	1235	64
Pol1	Card or History	87.9	12-23 m	1933	64
Pol1	History	26.4	12-23 m	699	64
Pol3	C or H <12 months	76	12-23 m	1933	64
Pol3	Card	57.1	12-23 m	1235	64
Pol3	Card or History	79	12-23 m	1933	64
Pol3	History	21.8	12-23 m	699	64

2015 Philippines National Demographic and Health Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	84.6	24-35 m	1835	64
BCG	Card	51.4	24-35 m	955	64
BCG	Card or History	85.4	24-35 m	1835	64
BCG	History	34	24-35 m	880	64
DTP1	C or H <12 months	80.7	24-35 m	1835	64
DTP1	Card	50.9	24-35 m	955	64
DTP1	Card or History	82.5	24-35 m	1835	64
DTP1	History	31.6	24-35 m	880	64
DTP3	C or H <12 months	65.5	24-35 m	1835	64
DTP3	Card	46.5	24-35 m	955	64
DTP3	Card or History	71.6	24-35 m	1835	64

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP3	History	25.1	24-35 m	880	64
HepB1	C or H <12 months	81.5	24-35 m	1835	64
HepB1	Card	50.7	24-35 m	955	64
HepB1	Card or History	83.3	24-35 m	1835	64
HepB1	History	32.5	24-35 m	880	64
HepB3	C or H <12 months	67.8	24-35 m	1835	64
HepB3	Card	46.4	24-35 m	955	64
HepB3	Card or History	74.1	24-35 m	1835	64
HepB3	History	27.8	24-35 m	880	64
HepBB	C or H <12 months	70.4	24-35 m	1835	64
HepBB	Card	40.1	24-35 m	955	64
HepBB	Card or History	71.9	24-35 m	1835	64
HepBB	History	31.8	24-35 m	880	64
Hib1	C or H <12 months	80.7	24-35 m	1835	64
Hib1	Card	50.9	24-35 m	955	64
Hib1	Card or History	82.5	24-35 m	1835	64
Hib1	History	31.6	24-35 m	880	64
Hib3	C or H <12 months	65.5	24-35 m	1835	64
Hib3	Card	46.5	24-35 m	955	64
Hib3	Card or History	71.6	24-35 m	1835	64
Hib3	History	25.1	24-35 m	880	64
MCV1	C or H <12 months	63.2	24-35 m	1835	64
MCV1	Card	49.9	24-35 m	955	64
MCV1	Card or History	80.5	24-35 m	1835	64
MCV1	History	30.6	24-35 m	880	64
Pol1	C or H <12 months	82.9	24-35 m	1835	64
Pol1	Card	50.7	24-35 m	955	64
Pol1	Card or History	83.5	24-35 m	1835	64
Pol1	History	32.8	24-35 m	880	64
Pol3	C or H <12 months	73.4	24-35 m	1835	64
Pol3	Card	48.3	24-35 m	955	64
Pol3	Card or History	76	24-35 m	1835	64
Pol3	History	27.7	24-35 m	880	64

2012 Philippines National Demographic and Health Survey, 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94.8	12-23 m	1397	58
BCG	Card	57.1	12-23 m	805	58

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	95.4	12-23 m	1397	58
BCG	History	38.3	12-23 m	592	58
DTP1	C or H <12 months	93.5	12-23 m	1397	58
DTP1	Card	57	12-23 m	805	58
DTP1	Card or History	94.2	12-23 m	1397	58
DTP1	History	37.2	12-23 m	592	58
DTP3	C or H <12 months	84.7	12-23 m	1397	58
DTP3	Card	53.9	12-23 m	805	58
DTP3	Card or History	86.1	12-23 m	1397	58
DTP3	History	32.2	12-23 m	592	58
HepB1	C or H <12 months	91.5	12-23 m	1397	58
HepB1	Card	55.3	12-23 m	805	58
HepB1	Card or History	92.5	12-23 m	1397	58
HepB1	History	37.2	12-23 m	592	58
HepB3	C or H <12 months	74.4	12-23 m	1397	58
HepB3	Card	46.6	12-23 m	805	58
HepB3	Card or History	77.6	12-23 m	1397	58
HepB3	History	31	12-23 m	592	58
MCV1	C or H <12 months	78.2	12-23 m	1397	58
MCV1	Card	50.1	12-23 m	805	58
MCV1	Card or History	83.9	12-23 m	1397	58
MCV1	History	33.8	12-23 m	592	58
Pol1	C or H <12 months	92.5	12-23 m	1397	58
Pol1	Card	56.2	12-23 m	805	58
Pol1	Card or History	93.2	12-23 m	1397	58
Pol1	History	37	12-23 m	592	58
Pol3	C or H <12 months	83.1	12-23 m	1397	58
Pol3	Card	53.3	12-23 m	805	58
Pol3	Card or History	84.6	12-23 m	1397	58
Pol3	History	31.3	12-23 m	592	58

2007 Philippines National Demographic and Health Survey (NDHS) 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	92.3	12-23 m	1286	42
BCG	Card	42.2	12-23 m	1286	42
BCG	Card or History	93.9	12-23 m	1286	42
BCG	History	51.7	12-23 m	1286	42
DTP1	C or H <12 months	91.2	12-23 m	1286	42

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card	42.3	12-23 m	1286	42
DTP1	Card or History	92.5	12-23 m	1286	42
DTP1	History	50.2	12-23 m	1286	42
DTP3	C or H <12 months	82.8	12-23 m	1286	42
DTP3	Card	40.9	12-23 m	1286	42
DTP3	Card or History	85.6	12-23 m	1286	42
DTP3	History	44.7	12-23 m	1286	42
HepB1	C or H <12 months	86.5	12-23 m	1286	42
HepB1	Card	42.1	12-23 m	1286	42
HepB1	Card or History	88.2	12-23 m	1286	42
HepB1	History	46.2	12-23 m	1286	42
HepB3	C or H <12 months	75.7	12-23 m	1286	42
HepB3	Card	39.6	12-23 m	1286	42
HepB3	Card or History	80.3	12-23 m	1286	42
HepB3	History	40.7	12-23 m	1286	42
MCV1	C or H <12 months	76.2	12-23 m	1286	42
MCV1	Card	39	12-23 m	1286	42
MCV1	Card or History	84.5	12-23 m	1286	42
MCV1	History	45.5	12-23 m	1286	42
Pol1	C or H <12 months	91.2	12-23 m	1286	42
Pol1	Card	42.2	12-23 m	1286	42
Pol1	Card or History	92.6	12-23 m	1286	42
Pol1	History	50.4	12-23 m	1286	42
Pol3	C or H <12 months	82.6	12-23 m	1286	42
Pol3	Card	40.9	12-23 m	1286	42
Pol3	Card or History	85.2	12-23 m	1286	42
Pol3	History	44.2	12-23 m	1286	42

2002 National Demographic and Health Survey 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	89	12-23 m	1348	39
BCG	Card	38.3	12-23 m	1348	39
BCG	Card or history	90.8	12-23 m	1348	39
BCG	History	52.5	12-23 m	1348	39
DTP1	C or H <12 months	88.4	12-23 m	1348	39
DTP1	Card	38.4	12-23 m	1348	39
DTP1	Card or history	89.9	12-23 m	1348	39
DTP1	History	51.6	12-23 m	1348	39
DTP3	C or H <12 months	75	12-23 m	1348	39
DTP3	Card	35.8	12-23 m	1348	39
DTP3	Card or history	78.9	12-23 m	1348	39
DTP3	History	43.1	12-23 m	1348	39
MCV1	C or H <12 months	69.7	12-23 m	1348	39
MCV1	Card	34.1	12-23 m	1348	39
MCV1	Card or history	79.7	12-23 m	1348	39
MCV1	History	45.6	12-23 m	1348	39
Pol1	C or H <12 months	90	12-23 m	1348	39
Pol1	Card	38.7	12-23 m	1348	39
Pol1	Card or history	91.3	12-23 m	1348	39
Pol1	History	52.6	12-23 m	1348	39
Pol3	C or H <12 months	75.8	12-23 m	1348	39
Pol3	Card	36.1	12-23 m	1348	39
Pol3	Card or history	79.8	12-23 m	1348	39
Pol3	History	43.7	12-23 m	1348	39

2001 Philippines, Maternal and Child Health Survey 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	92.1	12-23 m	1885	91
DTP1	Card or History	91.6	12-23 m	1885	91
DTP3	Card or History	80.6	12-23 m	1885	91
MCV1	Card or History	80.2	12-23 m	1885	91
Pol3	Card or History	78.1	12-23 m	1885	91

1999 Philippines, Maternal and Child Health Survey 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	92.2	12-23 m	2227	89
DTP1	Card or History	90.7	12-23 m	2227	89
DTP3	Card or History	80.5	12-23 m	2227	89
HepB1	Card or History	62.5	12-23 m	2227	89
HepB3	Card or History	32.4	12-23 m	2227	89
MCV1	Card or History	79.7	12-23 m	2227	89
Pol1	Card or History	90.3	12-23 m	2227	89
Pol3	Card or History	79.2	12-23 m	2227	89

1997 Philippines, National Demographic and Health Survey 1998, 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.6	12-23 m	1474	41
BCG	Card	40.6	12-23 m	1474	41
BCG	Card or History	90.8	12-23 m	1474	41
BCG	History	50.1	12-23 m	1474	41
DTP1	C or H <12 months	90.1	12-23 m	1474	41
DTP1	Card	41	12-23 m	1474	41
DTP1	Card or History	90.3	12-23 m	1474	41
DTP1	History	49.3	12-23 m	1474	41
DTP3	C or H <12 months	78.7	12-23 m	1474	41
DTP3	Card	37.8	12-23 m	1474	41
DTP3	Card or History	80.9	12-23 m	1474	41
DTP3	History	43	12-23 m	1474	41
MCV1	C or H <12 months	70.9	12-23 m	1474	41
MCV1	Card	34.9	12-23 m	1474	41
MCV1	Card or History	78.9	12-23 m	1474	41
MCV1	History	44	12-23 m	1474	41
Pol1	C or H <12 months	91.5	12-23 m	1474	41
Pol1	Card	41.3	12-23 m	1474	41
Pol1	Card or History	91.7	12-23 m	1474	41
Pol1	History	50.4	12-23 m	1474	41
Pol3	C or H <12 months	80.6	12-23 m	1474	41
Pol3	Card	38.2	12-23 m	1474	41
Pol3	Card or History	81.7	12-23 m	1474	41
Pol3	History	43.5	12-23 m	1474	41

Further information and estimates for previous years are available at:
https://data.unicef.org/topic/child-health/immunization/
https://immunizationdata.who.int/listing.html