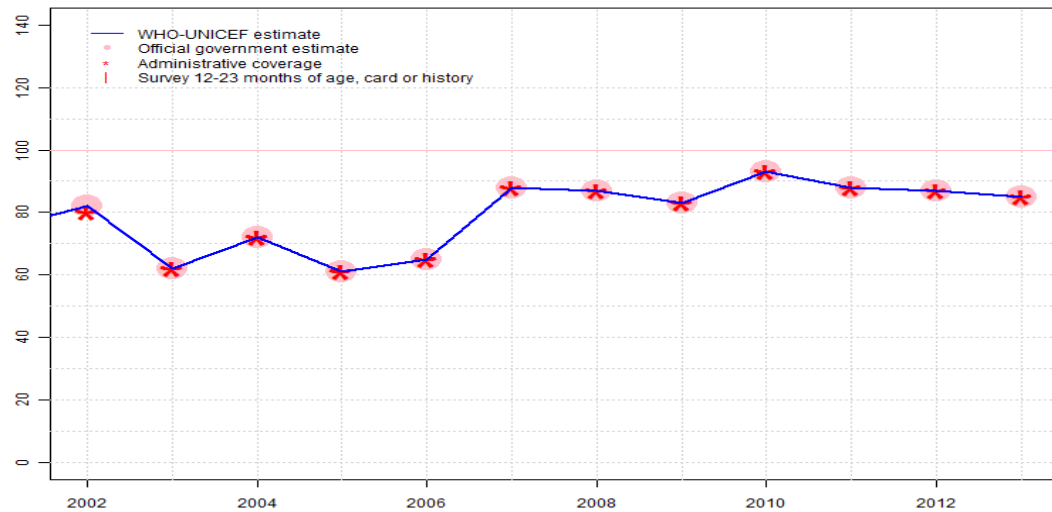


# Angola - BCG

AGO - BCG



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	82	62	72	61	65	88	87	83	93	88	87	85
Estimate GoC	•	••	••	••	••	•	•	•	•	•	•	•
Official	82	62	72	61	65	88	87	83	93	88	87	85
Administrative	80	62	72	61	65	88	87	83	93	88	87	85
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: 2012 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:

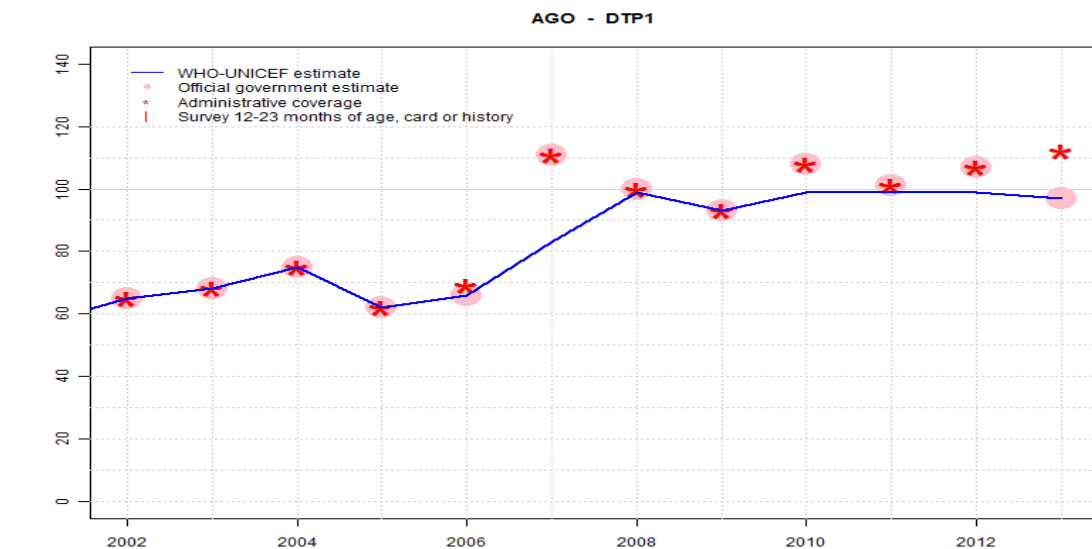
- 2002: Estimate based on coverage reported by national government. Estimate challenged by: D-S-
- 2003: Estimate based on coverage reported by national government. GoC=R+D+
- 2004: Estimate based on coverage reported by national government. GoC=R+D+
- 2005: Estimate based on coverage reported by national government. GoC=R+D+
- 2006: Estimate based on coverage reported by national government. GoC=R+D+
- 2007: Estimate based on coverage reported by national government. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Estimate based on coverage reported by national government. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2011: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2012: Estimate based on coverage reported by national government. GoC=Assigned by working group. Preliminary results of a EPI coverage survey conducted in 2013, with documented evidence from card for 33 percent of children aged 12-23 m, suggests BCG coverage of 88 percent (card or history) (32 percent by card only).

# Angola - BCG

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2013: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. WHO and UNICEF are aware of efforts for a coverage survey in 2013 and await the results. Programme reports a one month stock-out at national level. GoC=Assigned by working group. See prior year explanation.

# Angola - DTP1



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	65	68	75	62	66	83	99	93	99	99	99	97
Estimate GoC	•	••	••	••	••	•	•	•	•	•	•	•
Official	65	68	75	62	66	111	100	93	108	101	107	97
Administrative	65	68	75	62	69	111	100	93	108	101	107	112
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: 2012 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:

- 2002: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2003: Estimate based on coverage reported by national government. GoC=R+ D+
- 2004: Estimate based on coverage reported by national government. GoC=R+ D+
- 2005: Estimate based on coverage reported by national government. GoC=R+ D+
- 2006: Estimate based on coverage reported by national government. GoC=R+ D+
- 2007: Estimate based on interpolation between data reported by national government. Reported data excluded. 111 percent greater than 100 percent. Reported data excluded. Unexplained increase from 66 percent to 111 percent with decrease 100 percent. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Estimate based on coverage reported by national government. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2011: Estimate based on interpolation between data reported by national government. Reported data excluded. 101 percent greater than 100 percent. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2012: Estimate based on interpolation between data reported by national gov-

# Angola - DTP1

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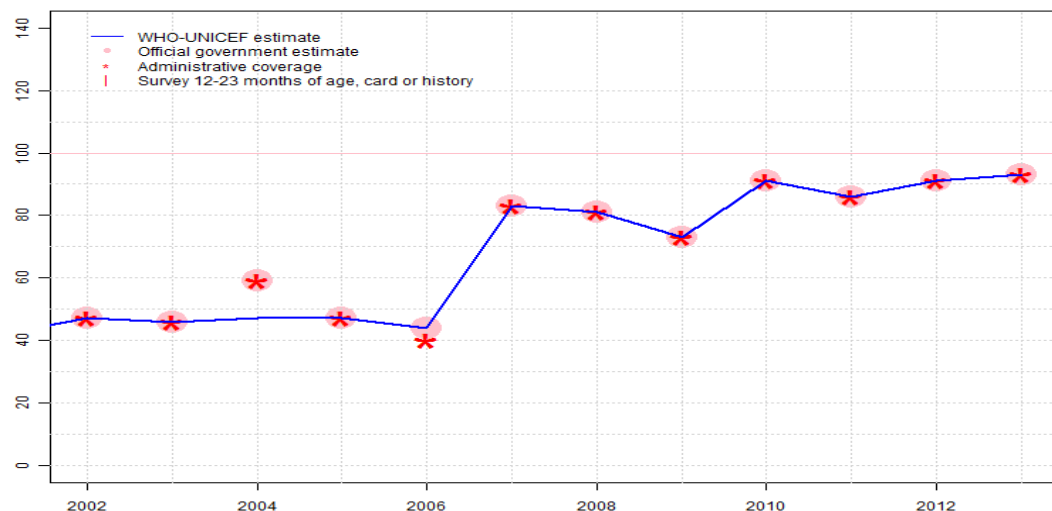
ernment. Reported data excluded. 107 percent greater than 100 percent.

Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. WHO and UNICEF are aware of efforts for a coverage survey in 2013 and await the results. Estimate challenged by: D-

# Angola - DTP3

AGO - DTP3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	47	46	47	47	44	83	81	73	91	86	91	93
Estimate GoC	•	••	•	••	••	•	•	•	•	•	•	•
Official	47	46	59	47	44	83	81	73	91	86	91	93
Administrative	47	46	59	47	40	83	81	73	91	86	91	93
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: 2012 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:

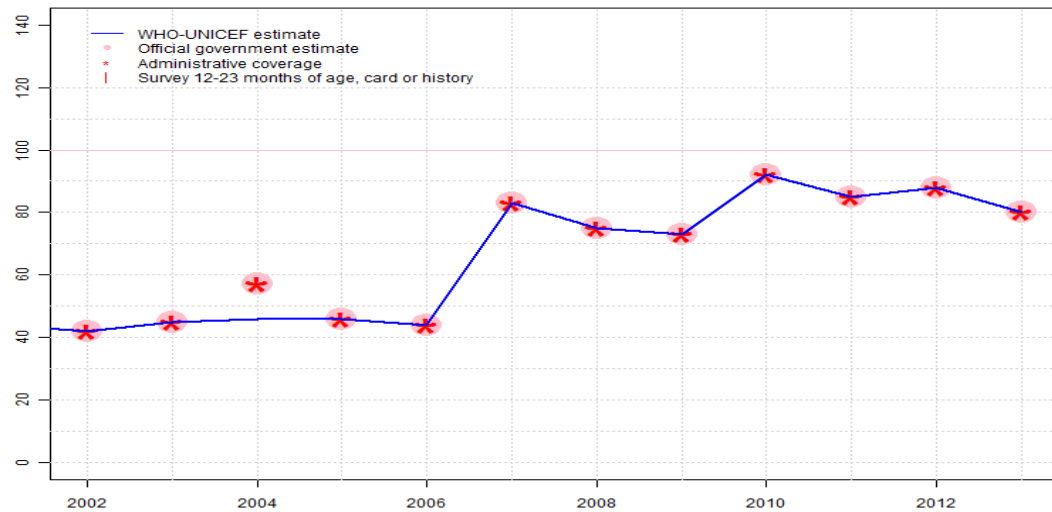
- 2002: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2003: Estimate based on coverage reported by national government. GoC=R+D+
- 2004: Estimate based on interpolation between data reported by national government. Reported data excluded. Unexplained increase from 46 percent to 59 percent with decrease 47 percent. Estimate challenged by: D-
- 2005: Estimate based on coverage reported by national government. GoC=R+D+
- 2006: Estimate based on coverage reported by national government. GoC=R+D+
- 2007: Estimate based on coverage reported by national government. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Estimate based on coverage reported by national government. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2011: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2012: Estimate based on coverage reported by national government. GoC=Assigned by working group. Preliminary results of a EPI coverage survey conducted in 2013, with documented evidence from card for 33 percent of children aged 12-23 m, suggests DTP3 coverage of 48 percent

(card or history) (27 percent by card only).

2013: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. WHO and UNICEF are aware of efforts for a coverage survey in 2013 and await the results. GoC=Assigned by working group. See prior year explanation.

# Angola - Pol3

AGO - Pol3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	42	45	46	46	44	83	75	73	92	85	88	80
Estimate GoC	•	••	•	••	••	•	•	•	•	•	•	•
Official	42	45	57	46	44	83	75	73	92	85	88	80
Administrative	42	45	57	46	44	83	75	73	92	85	88	80
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: 2012 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:

- 2002: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2003: Estimate based on coverage reported by national government. GoC=R+D+
- 2004: Estimate based on interpolation between data reported by national government. Reported data excluded. Unexplained increase from 45 percent to 57 percent with decrease 46 percent. Estimate challenged by: D-
- 2005: Estimate based on coverage reported by national government. GoC=R+D+
- 2006: Estimate based on coverage reported by national government. GoC=R+D+
- 2007: Estimate based on coverage reported by national government. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Estimate based on coverage reported by national government. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2011: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2012: Estimate based on coverage reported by national government. GoC=Assigned by working group. Preliminary results of a EPI coverage survey conducted in 2013, with documented evidence from card for 33 percent of children aged 12-23 m, suggests polio3 coverage of 42 percent

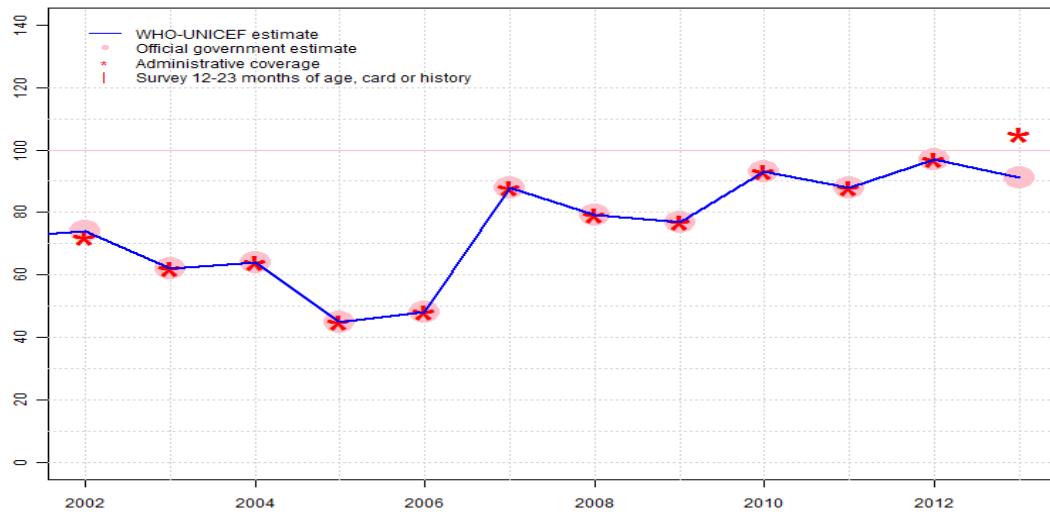


(card or history) (27 percent by card only).

2013: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. WHO and UNICEF are aware of efforts for a coverage survey in 2013 and await the results. Programme reports a two month stock-out at national level. GoC=Assigned by working group. See prior year explanation.

# Angola - MCV

AGO - MCV



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	74	62	64	45	48	88	79	77	93	88	97	91
Estimate GoC	•	••	••	••	••	•	•	•	•	•	•	•
Official	74	62	64	45	48	88	79	77	93	88	97	91
Administrative	72	62	64	45	48	88	79	77	93	88	97	105
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: 2012 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:

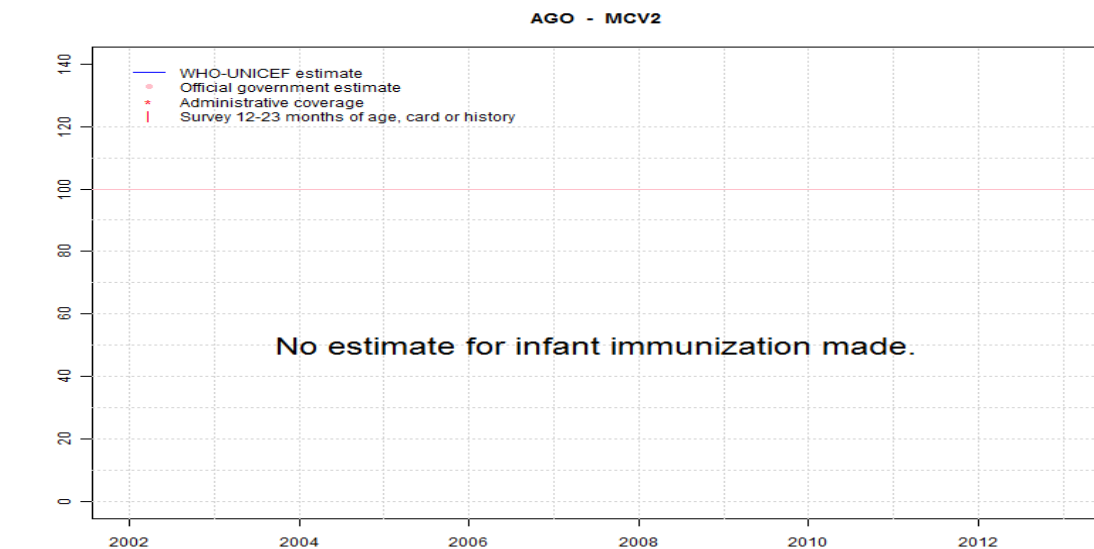
- 2002: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2003: Estimate based on coverage reported by national government. GoC=R+ D+
- 2004: Estimate based on coverage reported by national government. GoC=R+ D+
- 2005: Estimate based on coverage reported by national government. GoC=R+ D+
- 2006: Estimate based on coverage reported by national government. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Estimate based on coverage reported by national government. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2011: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2012: Estimate based on coverage reported by national government. GoC=Assigned by working group. Preliminary results of a EPI coverage survey conducted in 2013, with documented evidence from card for 33 percent of children aged 12-23 m, suggests MCV coverage of 72 percent (card or history) (26 percent by card only).

# Angola - MCV

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2013: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. WHO and UNICEF are aware of efforts for a coverage survey in 2013 and await the results. Programme reports a one month stock-out at national level. GoC=Assigned by working group. See prior year explanation.

# Angola - MCV2



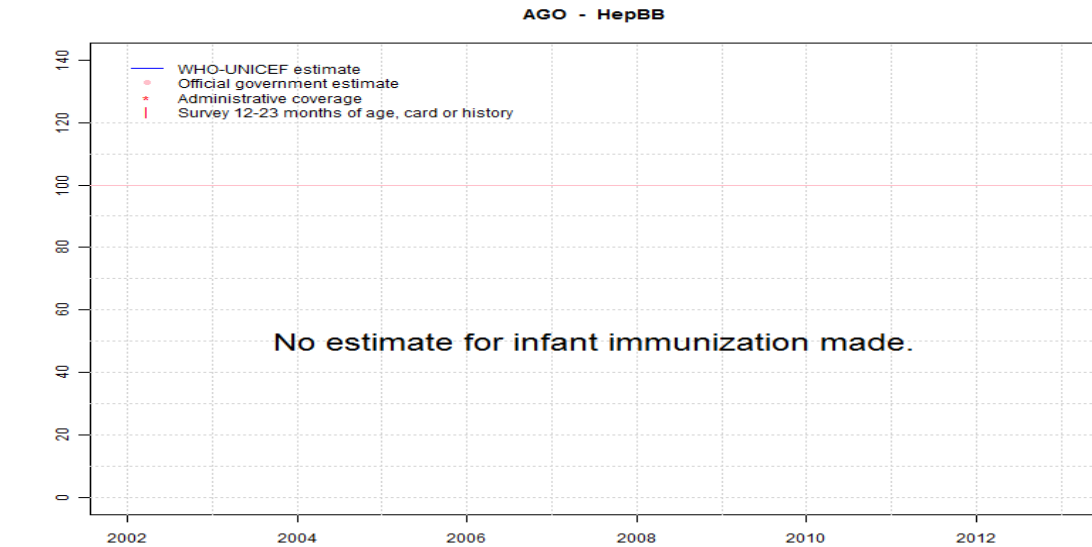
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2012 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.

# Angola - HepBB



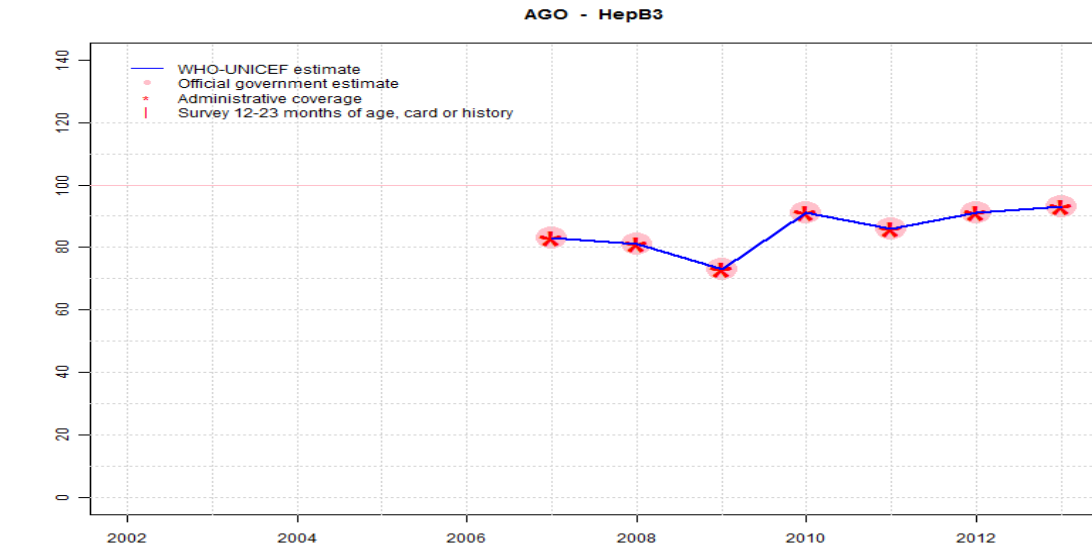
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2012 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.

# Angola - HepB3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	NA	NA	NA	83	81	73	91	86	91	93
Estimate GoC	NA	NA	NA	NA	NA	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	83	81	73	91	86	91	93
Administrative	NA	NA	NA	NA	NA	83	81	73	91	86	91	93
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: 2012 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.

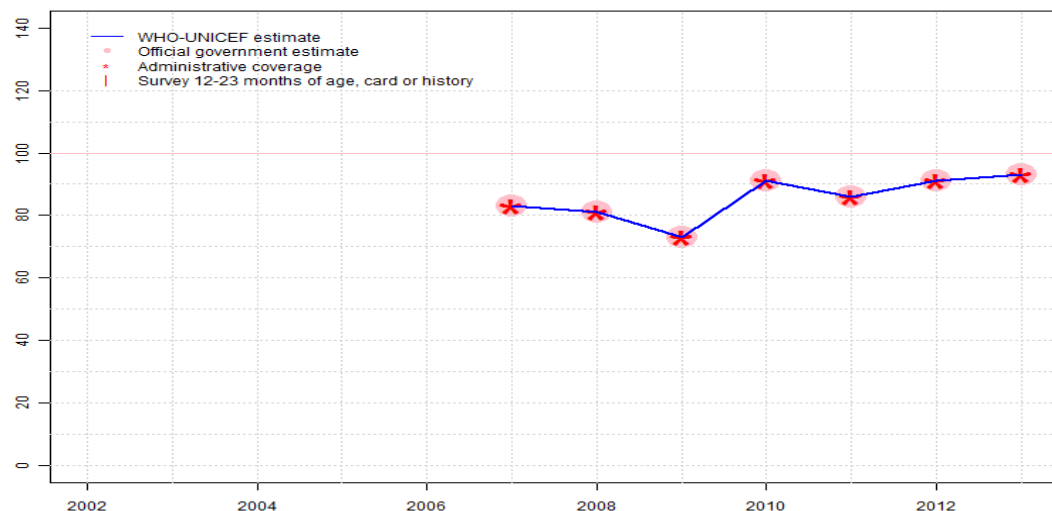
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2007: Estimate based on coverage reported by national government. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. HepB vaccine introduced in 2006. Reporting started in 2007. Vaccine presentation is DTP-HepB-Hib. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Estimate based on coverage reported by national government. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2011: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2012: Estimate based on coverage reported by national government. GoC=Assigned by working group. Preliminary results of a EPI coverage survey conducted in 2013, with documented evidence from card for 33 percent of children aged 12-23 m, suggests DTP3 coverage of 48 percent (card or history) (27 percent by card only).
- 2013: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. WHO and UNICEF are aware of efforts for a coverage survey in 2013 and await the results. GoC=Assigned by working group. See prior year explanation.

# Angola - Hib3

AGO - Hib3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	NA	NA	NA	83	81	73	91	86	91	93
Estimate GoC	NA	NA	NA	NA	NA	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	83	81	73	91	86	91	93
Administrative	NA	NA	NA	NA	NA	83	81	73	91	86	91	93
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.

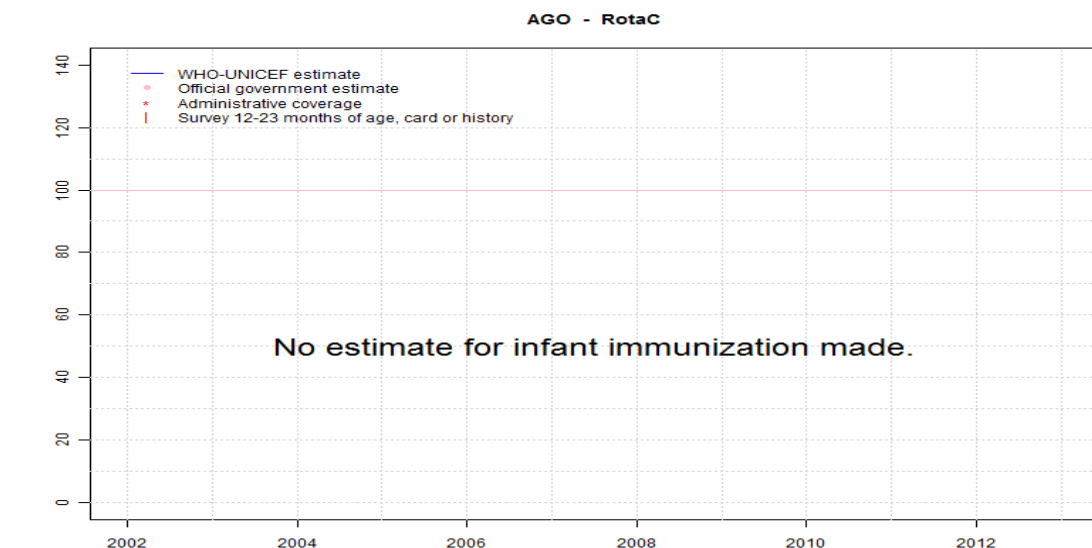
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2007: Estimate based on coverage reported by national government. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. Hib vaccine introduced in 2006. Reporting started in 2007. Vaccine presentation is DTP-HepB-Hib. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Estimate based on coverage reported by national government. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2011: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2012: Estimate based on coverage reported by national government. GoC=Assigned by working group. Preliminary results of a EPI coverage survey conducted in 2013, with documented evidence from card for 33 percent of children aged 12-23 m, suggests DTP3 coverage of 48 percent (card or history) (27 percent by card only).
- 2013: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. WHO and UNICEF are aware of efforts for a coverage survey in 2013 and await the results. GoC=Assigned by working group. See prior year explanation.

# Angola - RotaC



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
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

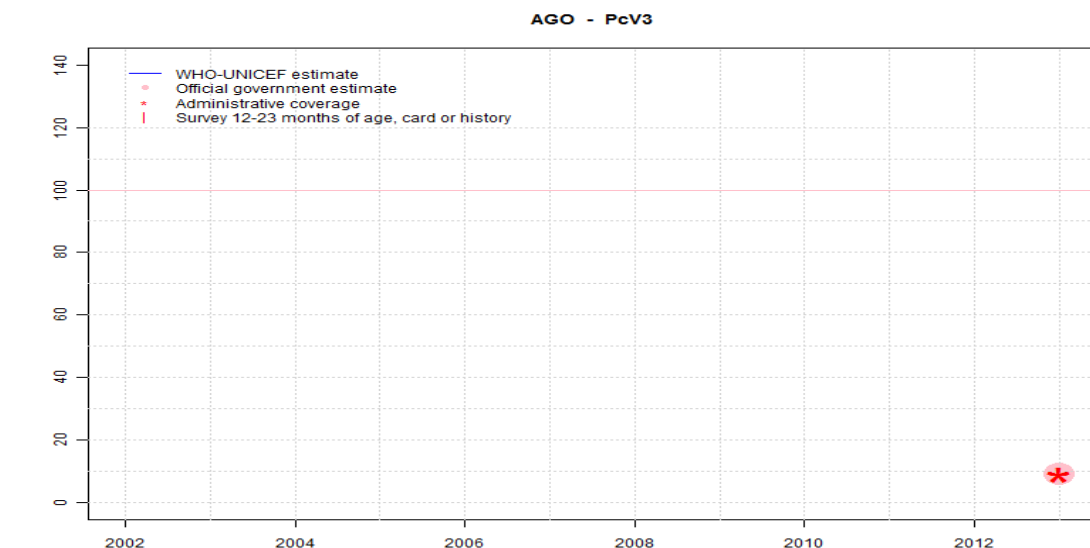
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2012 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.



# Angola - PcV3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	9
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	9
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	9
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: 2012 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.

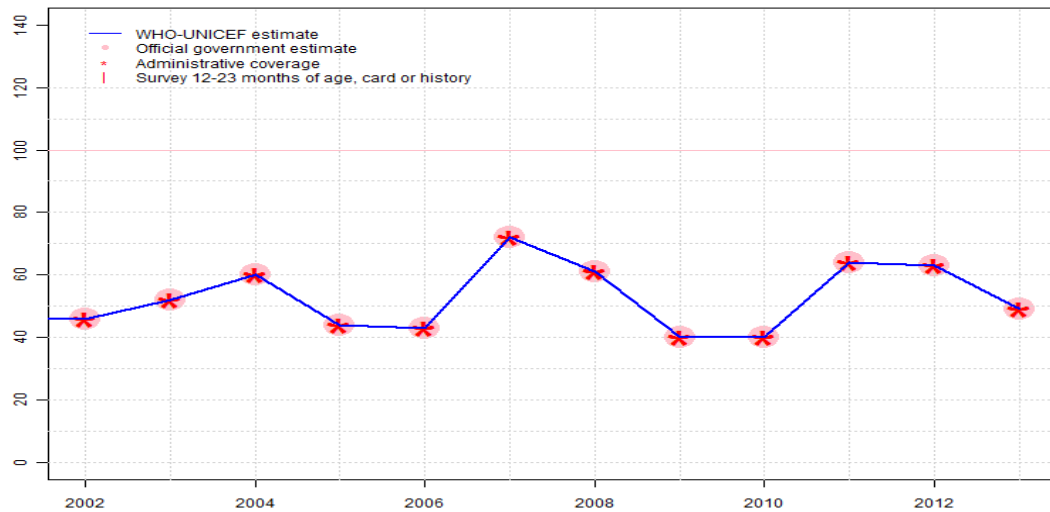
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

2013: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. WHO and UNICEF are aware of efforts for a coverage survey in 2013 and await the results. Pneumococcal conjugate vaccine introduced in June 2013. GoC=Assigned by working group. .

# Angola - YFV

AGO - YFV



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	46	52	60	44	43	72	61	40	40	64	63	49
Estimate GoC	••	••	••	••	••	•	•	•	•	•	•	•
Official	46	52	60	44	43	72	61	40	40	64	63	49
Administrative	46	52	60	44	43	72	61	40	40	64	63	49
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: 2012 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:

- 2002: Estimate based on coverage reported by national government. GoC=R+ D+
- 2003: Estimate based on coverage reported by national government. GoC=R+ D+
- 2004: Estimate based on coverage reported by national government. GoC=R+ D+
- 2005: Estimate based on coverage reported by national government. GoC=R+ D+
- 2006: Estimate based on coverage reported by national government. GoC=R+ D+
- 2007: Estimate based on coverage reported by national government. The increase in 2007 is the result of intensive national efforts targeting districts with high levels of unvaccinated children through increased fixed post, outreach, and mobile teams during the second semester of 2007. Reported data accepted for other antigens. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2008: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2009: Estimate based on coverage reported by national government. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2010: Estimate based on coverage reported by national government. Programme reports a three months stock out in 150 of 164 districts. The increase in 2010 is the result of intensification of routine immunization through outreach, mobile team activities and increase in cold chain equipment supported by the private sector and international agencies in selected districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2011: Estimate based on coverage reported by national government. Decline result of vaccine stock out in 138 districts. GoC=Assigned by working group. In spite of reported coverage at similar levels between 2007-2011, the dramatic increase in coverage level from 2006 is not supported by an independent source.
- 2012: Estimate based on coverage reported by national government. GoC=Assigned by working group. Preliminary results of a EPI coverage survey conducted in 2013, with documented evidence from card for

# Angola - YFV

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33 percent of children aged 12-23 m, suggests YFV coverage of 64 percent (card or history) (22 percent by card only).

2013: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. WHO and UNICEF are aware of efforts for a coverage survey in 2013 and await the results. Decline in coverage due in part to a national stockout of three months. GoC=Assigned by working group. See prior year explanation.

# Angola - survey details

## 2000 Angola Multiple Indicator Cluster Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	33	12-23 m	1102	34
BCG	Card <12 months	63	12-23 m	1102	34
BCG	Card or History	69	12-23 m	1102	34
BCG	History	36	12-23 m	1102	34
DTP1	Card	29	12-23 m	1102	34
DTP1	Card <12 months	50	12-23 m	1102	34
DTP1	Card or History	56	12-23 m	1102	34
DTP1	History	27	12-23 m	1102	34
DTP3	Card	23	12-23 m	1102	34
DTP3	Card <12 months	28	12-23 m	1102	34
DTP3	Card or History	34	12-23 m	1102	34

DTP3	History	11	12-23 m	1102	34
MCV	Card	25	12-23 m	1102	34
MCV	Card <12 months	42	12-23 m	1102	34
MCV	Card or History	53	12-23 m	1102	34
MCV	History	28	12-23 m	1102	34
Pol1	Card	30	12-23 m	1102	34
Pol1	Card <12 months	74	12-23 m	1102	34
Pol1	Card or History	82	12-23 m	1102	34
Pol1	History	52	12-23 m	1102	34
Pol3	Card	24	12-23 m	1102	34
Pol3	Card <12 months	51	12-23 m	1102	34
Pol3	Card or History	63	12-23 m	1102	34
Pol3	History	40	12-23 m	1102	34

Further information and estimates prior to 2002 are available at:

<http://www.data.unicef.org/child-health/immunization>

[http://www.who.int/immunization/monitoring\\_surveillance/routine/coverage/en/index4.html](http://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html)

## Angola

### WHO/UNICEF Estimates of Protection at Birth (PAB) against tetanus

In countries where tetanus is recommended for girls and women coverage is usually reported as "TT2+", i.e. the proportion of (pregnant) women who have received their second or superior TT dose in a given year. TT2 + coverage, however, can under-represent the actual proportion of births that are protected against tetanus as it does not include women who have previously received protective doses, women who received one dose without documentation of previous doses, and women who received doses in TT (or Td) supplemental immunization activities (SIA). In addition, girls who have received DTP in their childhood and are entering childbearing age, may be protected with TT booster doses.

WHO and UNICEF have developed a model that takes into account the above scenarios, and calculates the proportion of births in a given year that can be considered as having been protected against tetanus - "Protection at Birth".

In this model, annual cohorts of women are followed from infancy through their life. A proportion receive DTP in infancy (estimated based on the WHO-UNICEF estimates of DTP3 coverage). In addition some of these women also receive TT through routine services when they are pregnant and may also receive TT during SIAs. The model also adjusts reported data, taking into account coverage patterns in other years, and/or results available through surveys. The duration of protection is then calculated, based on WHO estimates of the duration of protection by doses ever received. The proportion of births that are protected against tetanus as a result of maternal immunization reflects the tetanus immunization received by the mother throughout her life rather than simply the TT immunizations received during the current pregnancy.

Year	PAB coverage estimate (%)
2002	68
2003	71
2004	73
2005	75
2006	77
2007	78
2008	79
2009	88
2010	75
2011	70
2012	72
2013	75

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<sup>1</sup> This model is described in: Griffiths U., Wolfson L., Quddus A., Younus M., Hafiz R.. Incremental cost-effectiveness of supplementary immunization activities to prevent neo-natal tetanus in Pakistan. Bulletin of the World Health Organization 2004; 82:643-651.