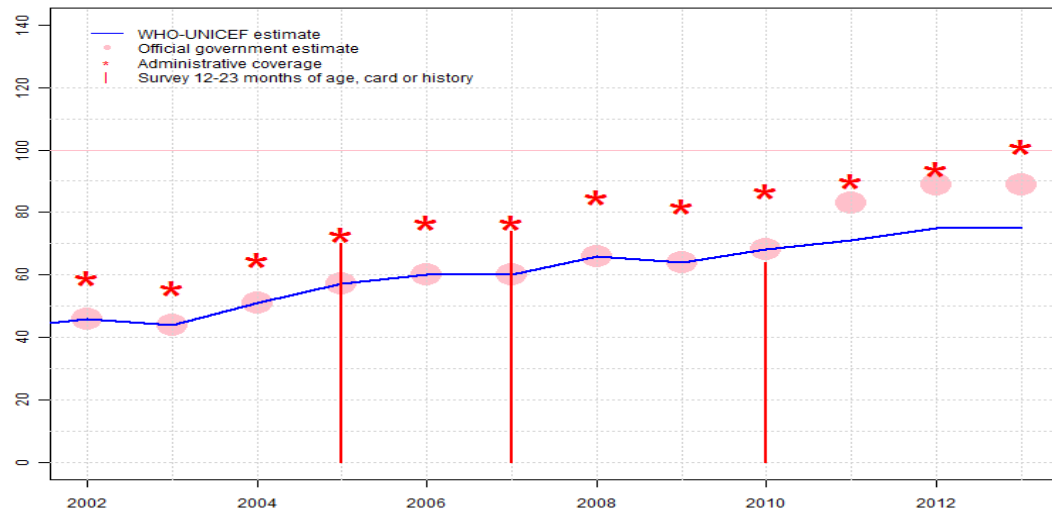


# Afghanistan - BCG

AFG - BCG



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	46	44	51	57	60	60	66	64	68	71	75	75
Estimate GoC	••	•	•	•	•	•	•	•	•	•	•	•
Official	46	44	51	57	60	60	66	64	68	83	89	89
Administrative	59	56	65	73	77	77	85	82	87	90	94	101
Survey	NA	NA	NA	70	NA	74	NA	NA	64	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. Trend in official government estimate follows trend in administrative data. There is significant uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. GoC=R+D+
- 2003: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2004: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2005: Estimate based on coverage reported by national government. Afghanistan Health Survey 2006 results ignored by working group. Survey is not nationally representative and does not include 5 provinces. Card retention was 17 percent. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2007: Estimate based on coverage reported by national government. National Risk and Vulnerability Assessment 2007/8: A profile of Afghanistan results ignored by working group. Survey shows inconsistent results between levels of BCG and DTP coverage. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2008: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2009: Estimate based on coverage reported by national government. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2010: . Afghanistan Multiple Indicator Cluster Survey 2010-2011 results ignored by working group. Card only data suggest no drop out. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2011: Following the trend in administrative levels from 2010. See comment for 2002 estimates. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-S-
- 2012: Reported data calibrated to 2011 levels. See comment for 2002 estimates. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-S-
- 2013: Reported data calibrated to 2011 levels. Reported data excluded. 101

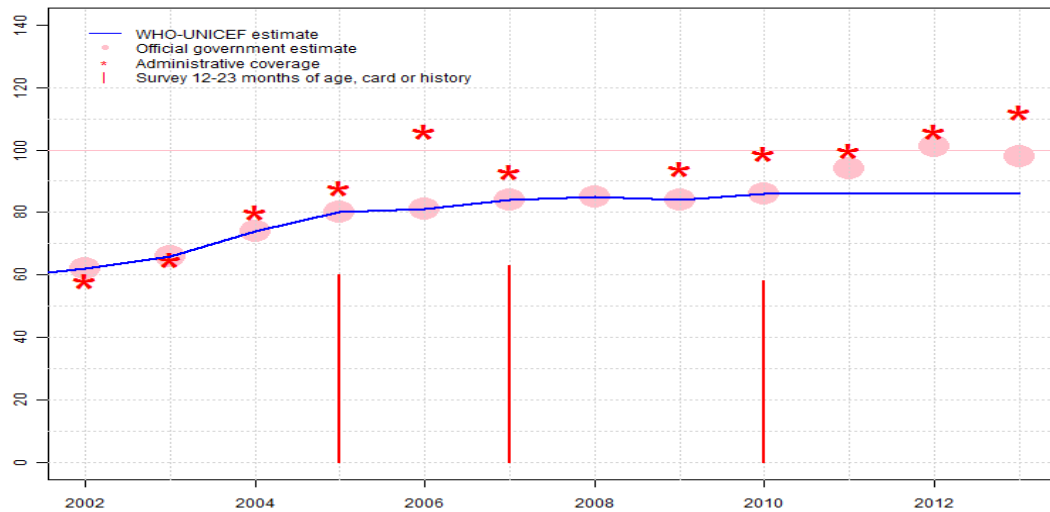
# Afghanistan - BCG

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percent greater than 100 percent. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2002 estimates. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-

# Afghanistan - DTP1

AFG - DTP1



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	62	66	74	80	81	84	85	84	86	86	86	86
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	62	66	74	80	81	84	85	84	86	94	101	98
Administrative	58	65	80	88	106	93	NA	94	99	100	106	112
Survey	NA	NA	NA	60	NA	63	NA	NA	58	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. Trend in official government estimate follows trend in administrative data. There is significant uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. Estimate challenged by: D-
- 2003: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: S-
- 2004: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: S-
- 2005: Estimate based on coverage reported by national government. Afghanistan Health Survey 2006 results ignored by working group. Survey is not nationally representative and does not include 5 provinces. Card retention was 17 percent. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2007: Estimate based on coverage reported by national government. National Risk and Vulnerability Assessment 2007/8: A profile of Afghanistan results ignored by working group. Survey shows inconsistent results between levels of BCG and DTP coverage. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2008: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: S-
- 2009: Estimate based on coverage reported by national government. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2010: . Afghanistan Multiple Indicator Cluster Survey 2010-2011 results ignored by working group. Card only data suggest no drop out. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2011: Following the trend in administrative levels from 2010. See comment for 2002 estimates. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-S-
- 2012: Reported data calibrated to 2011 levels. Reported data excluded. 106 percent greater than 100 percent. See comment for 2002 estimates. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-S-

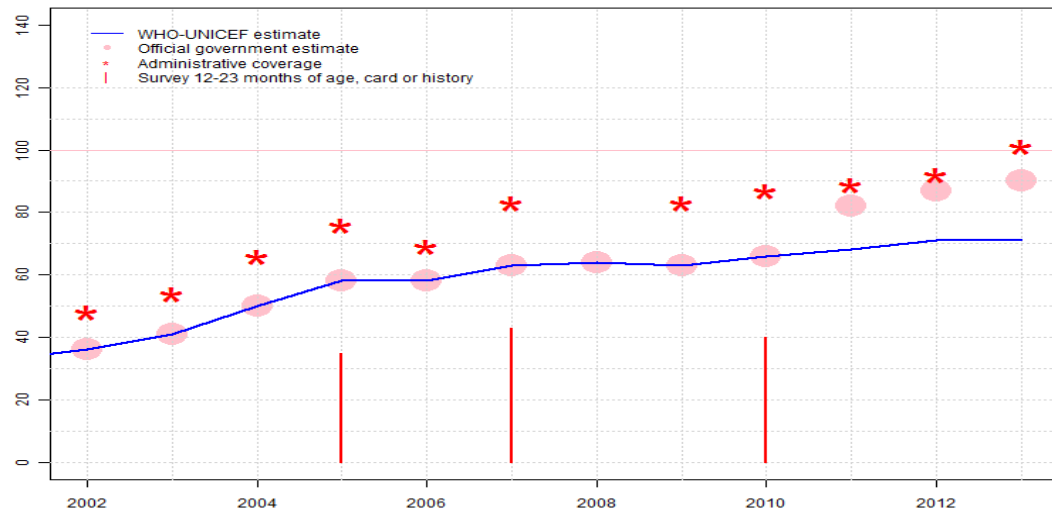
# Afghanistan - DTP1

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2013: Reported data calibrated to 2011 levels. Reported data excluded. 112 percent greater than 100 percent. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2002 estimates. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-

# Afghanistan - DTP3

AFG - DTP3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	36	41	50	58	58	63	64	63	66	68	71	71
Estimate GoC	••	•	•	•	•	•	•	•	•	•	•	•
Official	36	41	50	58	58	63	64	63	66	82	87	90
Administrative	48	54	66	76	69	83	NA	83	87	89	92	101
Survey	NA	NA	NA	35	NA	43	NA	NA	40	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. Trend in official government estimate follows trend in administrative data. There is significant uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. GoC=R+D+
- 2003: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2004: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2005: Estimate based on coverage reported by national government. Afghanistan Health Survey 2006 results ignored by working group. Survey is not nationally representative and does not include 5 provinces. Card retention was 17 percent. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2007: Estimate based on coverage reported by national government. National Risk and Vulnerability Assessment 2007/8: A profile of Afghanistan results ignored by working group. Survey shows inconsistent results between levels of BCG and DTP coverage. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2008: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2009: Estimate based on coverage reported by national government. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2010: . Afghanistan Multiple Indicator Cluster Survey 2010-2011 results ignored by working group. Card only data suggest no drop out. Afghanistan Multiple Indicator Cluster Survey 2010-2011 card or history results of 40 percent modified for recall bias to 58 percent based on 1st dose card or history coverage of 58 percent, 1st dose card only coverage of 32 percent and 3d dose card only coverage of 32 percent. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2011: Following the trend in administrative levels from 2010. See comment for 2002 estimates. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-S-

# Afghanistan - DTP3

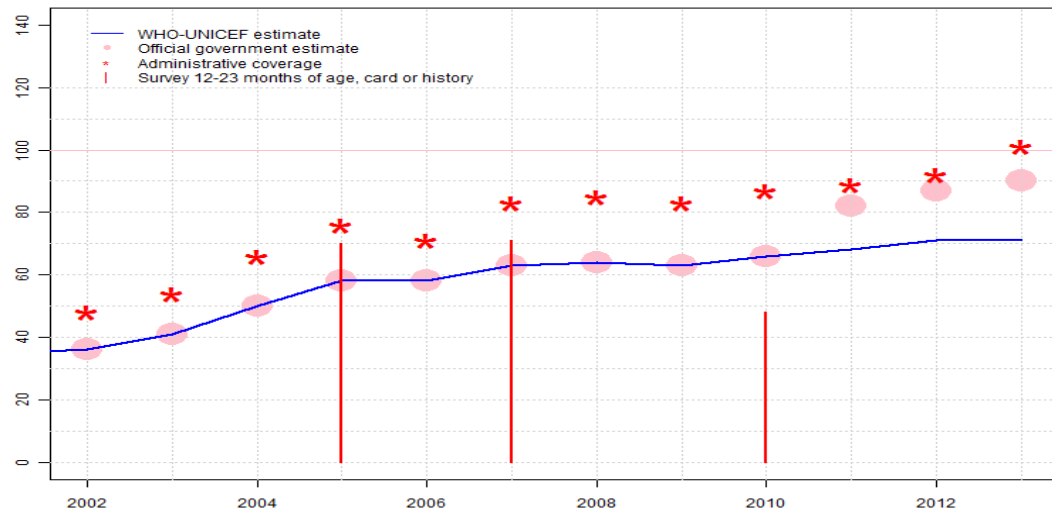
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2012: Reported data calibrated to 2011 levels. See comment for 2002 estimates. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-S-

2013: Reported data calibrated to 2011 levels. Reported data excluded. 101 percent greater than 100 percent. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2002 estimates. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-

# Afghanistan - Pol3

AFG - Pol3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	36	41	50	58	58	63	64	63	66	68	71	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	36	41	50	58	58	63	64	63	66	82	87	90
Administrative	48	54	66	76	71	83	85	83	87	89	92	101
Survey	NA	NA	NA	70	NA	71	NA	NA	48	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. Trend in official government estimate follows trend in administrative data. There is significant uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. See comment for 2002 estimates. Estimate challenged by: D-
- 2003: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2004: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2005: Estimate based on coverage reported by national government. Afghanistan Health Survey 2006 results ignored by working group. Survey is not nationally representative and does not include 5 provinces. Card retention was 17 percent. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2007: Estimate based on coverage reported by national government. National Risk and Vulnerability Assessment 2007/8: A profile of Afghanistan results ignored by working group. Survey shows inconsistent results between levels of BCG and DTP coverage. See comment for 2002 estimates. Survey includes doses delivered during measles control campaign. Estimate challenged by: D-S-
- 2008: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2009: Estimate based on coverage reported by national government. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2010: . Afghanistan Multiple Indicator Cluster Survey 2010-2011 results ignored by working group. Card only data suggest no drop out. Afghanistan Multiple Indicator Cluster Survey 2010-2011 card or history results of 48 percent modified for recall bias to 71 percent based on 1st dose card or history coverage of 71 percent, 1st dose card only coverage of 30 percent and 3d dose card only coverage of 30 percent. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. See comment for 2002 estimates. Polio coverage may reflect campaign doses. Estimate challenged by: D-S-
- 2011: Following the trend in administrative levels from 2010. See comment for 2002 estimates. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to adminis-



trative coverage levels. Estimate challenged by: D-R-S-

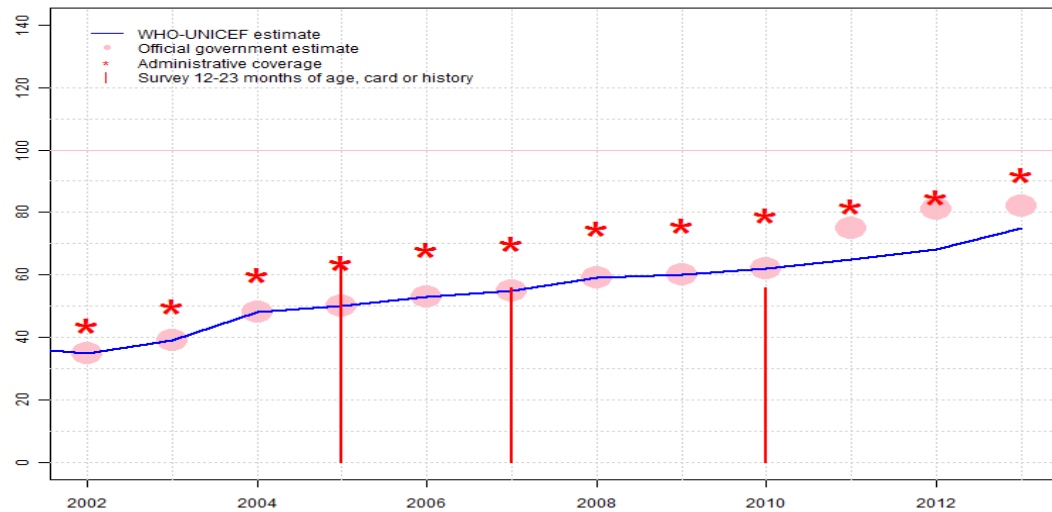
2012: Reported data calibrated to 2011 levels. See comment for 2002 estimates.

Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-S-

2013: Reported data calibrated to 2011 levels. Reported data excluded. 101 percent greater than 100 percent. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2002 estimates. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-

# Afghanistan - MCV

AFG - MCV



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	35	39	48	50	53	55	59	60	62	65	68	75
Estimate GoC	••	•	•	•	•	•	•	•	•	•	•	•
Official	35	39	48	50	53	55	59	60	62	75	81	82
Administrative	44	50	60	64	68	70	75	76	79	82	85	92
Survey	NA	NA	NA	63	NA	56	NA	NA	56	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:

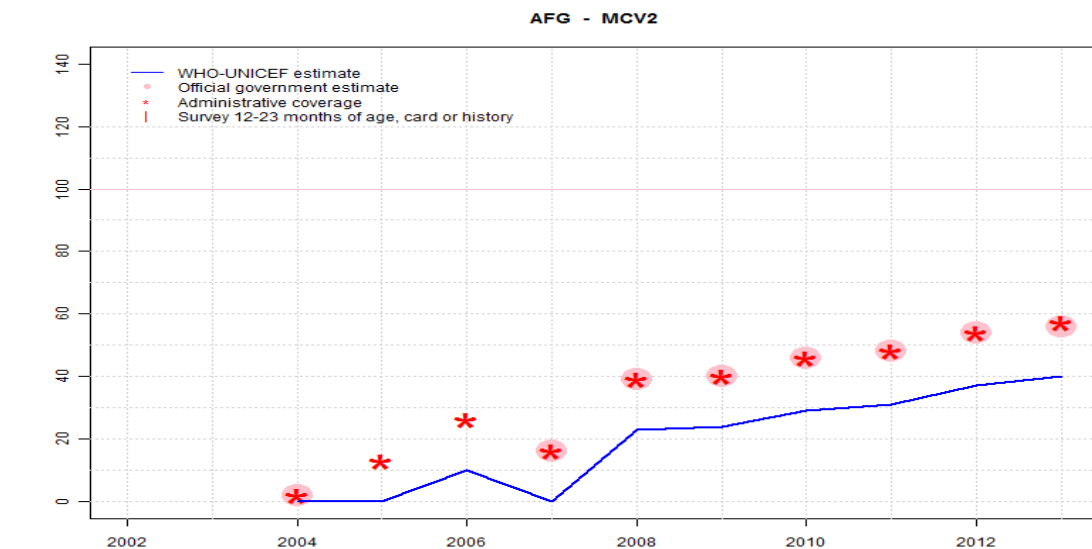
- 2002: Estimate based on coverage reported by national government. Trend in official government estimate follows trend in administrative data. There is significant uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. See comment for 2002 estimates. GoC=R+ D+
- 2003: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: S-
- 2004: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2005: Estimate based on coverage reported by national government. Afghanistan Health Survey 2006 results ignored by working group. Survey is not nationally representative and does not include 5 provinces. Card retention was 17 percent. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2007: Estimate based on coverage reported by national government. National Risk and Vulnerability Assessment 2007/8: A profile of Afghanistan results ignored by working group. Survey shows inconsistent results between levels of BCG and DTP coverage. See comment for 2002 estimates. Survey includes doses delivered during measles control campaign. Estimate challenged by: D-S-
- 2008: Estimate based on coverage reported by national government. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2009: Estimate based on coverage reported by national government. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2010: . Afghanistan Multiple Indicator Cluster Survey 2010-2011 results ignored by working group. Card only data suggest no drop out. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. See comment for 2002 estimates. Estimate challenged by: D-S-
- 2011: Following the trend in administrative levels from 2010. See comment for 2002 estimates. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-S-
- 2012: Reported data calibrated to 2011 levels. See comment for 2002 estimates. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-S-

# Afghanistan - MCV

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2013: Reported data calibrated to 2011 levels. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2002 estimates. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-

# Afghanistan - MCV2



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	0	0	10	0	23	24	29	31	37	40
Estimate GoC	NA	NA	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	2	NA	NA	16	39	40	46	48	54	56
Administrative	NA	NA	2	13	26	16	39	40	46	48	54	57
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.

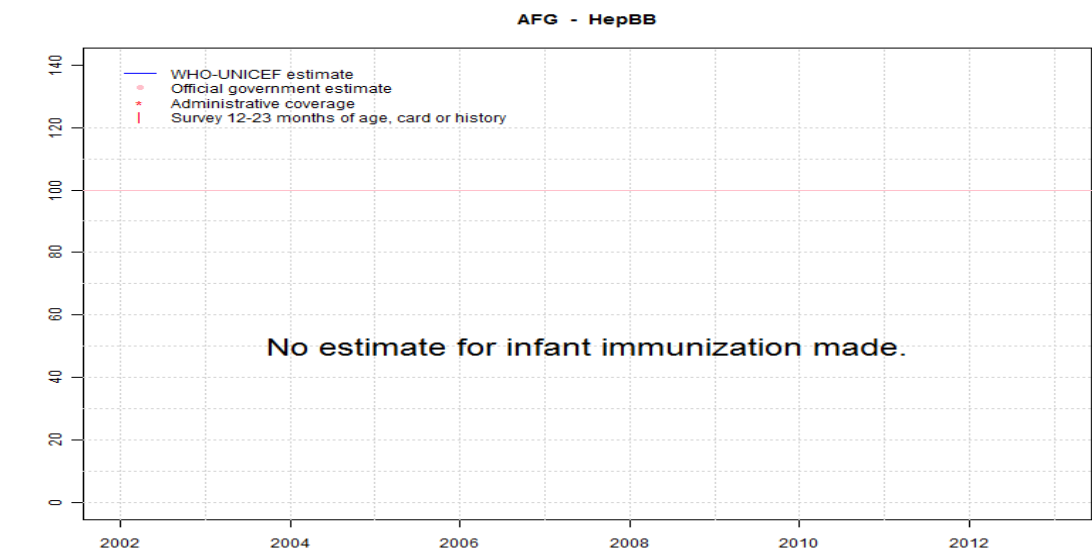
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

- 2004: Reported data calibrated to 2008 levels. Estimate challenged by: D-S-
- 2005: Reported data calibrated to 2008 levels. Estimate challenged by: D-S-
- 2006: Reported data calibrated to 2008 levels. Estimate challenged by: D-S-
- 2007: Reported data calibrated to 2008 levels. Estimate challenged by: D-S-
- 2008: Estimates follows reported data calibrated based on MCV adjustment factor. Estimate challenged by: D-R-S-
- 2009: Estimates follows reported data calibrated based on MCV adjustment factor. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-R-S-
- 2010: Estimates follows reported data calibrated based on MCV adjustment factor. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-R-S-
- 2011: Estimates follows reported data calibrated based on MCV adjustment factor. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-S-
- 2012: Estimates follows reported data calibrated based on MCV adjustment factor. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 levels. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-



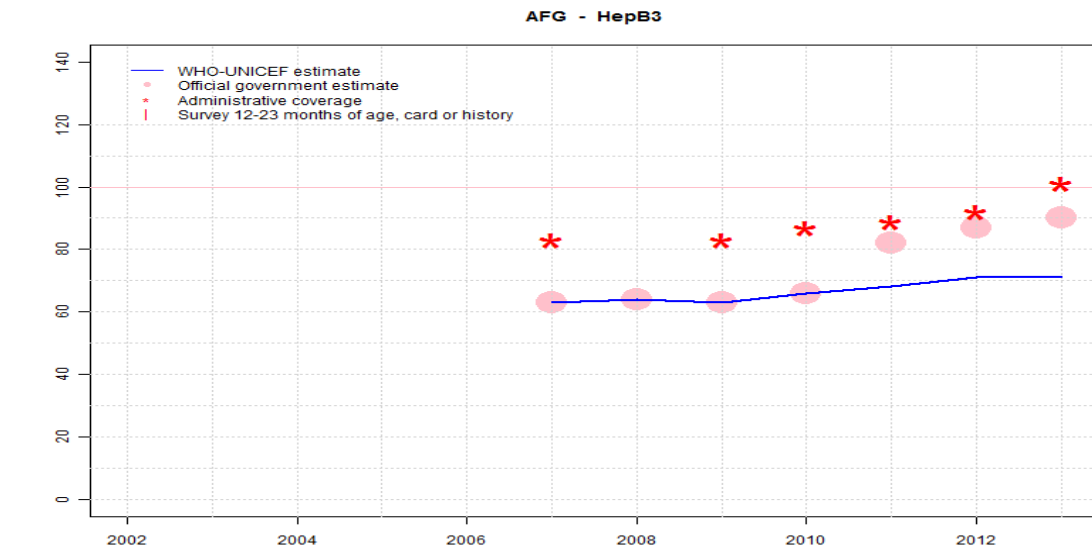
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

# Afghanistan - HepB3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	NA	NA	NA	63	64	63	66	68	71	71
Estimate GoC	NA	NA	NA	NA	NA	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	63	64	63	66	82	87	90
Administrative	NA	NA	NA	NA	NA	83	NA	83	87	89	92	101
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.

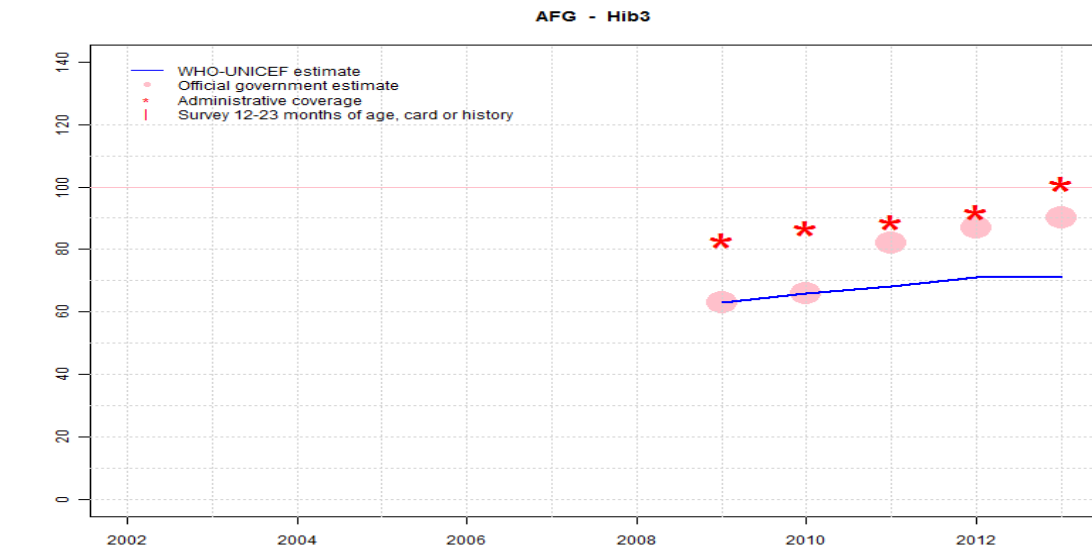
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 reported data. HepB vaccine introduced in 2006. Reporting started in 2007. Trend in official government estimate follows trend in administrative data. There is significant uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. Estimate challenged by: D-S-
- 2008: Estimate based on reported data. See comment for 2007 estimates. Estimate challenged by: D-S-
- 2009: Estimate based on reported data. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-S-
- 2010: . Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-S-
- 2011: Following the trend in administrative levels from 2010. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-S-
- 2012: Reported data calibrated to 2011 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-S-
- 2013: Reported data calibrated to 2011 levels. Reported data excluded. 101 percent greater than 100 percent. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-

# Afghanistan - Hib3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	NA	NA	NA	NA	NA	63	66	68	71	71
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	63	66	82	87	90
Administrative	NA	NA	NA	NA	NA	NA	NA	83	87	89	92	101
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.

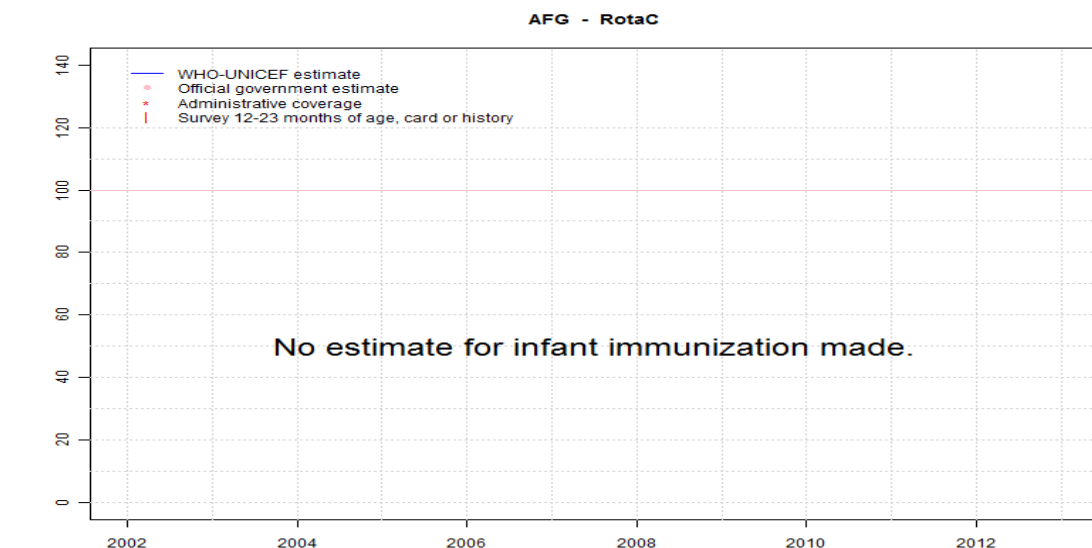
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

- 2009: Estimate based on reported data. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. Hib vaccine introduced in 2009 Vaccine presentation is DTP-HepB-Hib. Trend in official government estimate follows trend in administrative data. There is significant uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. Estimate challenged by: D-S-
- 2010: . Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. See comment for 2009 estimates. Estimate challenged by: D-S-
- 2011: Following the trend in administrative levels from 2010. See comment for 2009 estimates. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-S-
- 2012: Reported data calibrated to 2011 levels. See comment for 2009 estimates. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-S-
- 2013: Reported data calibrated to 2011 levels. Reported data excluded. 101 percent greater than 100 percent. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2009 estimates. Unexplained inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-

# Afghanistan - 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

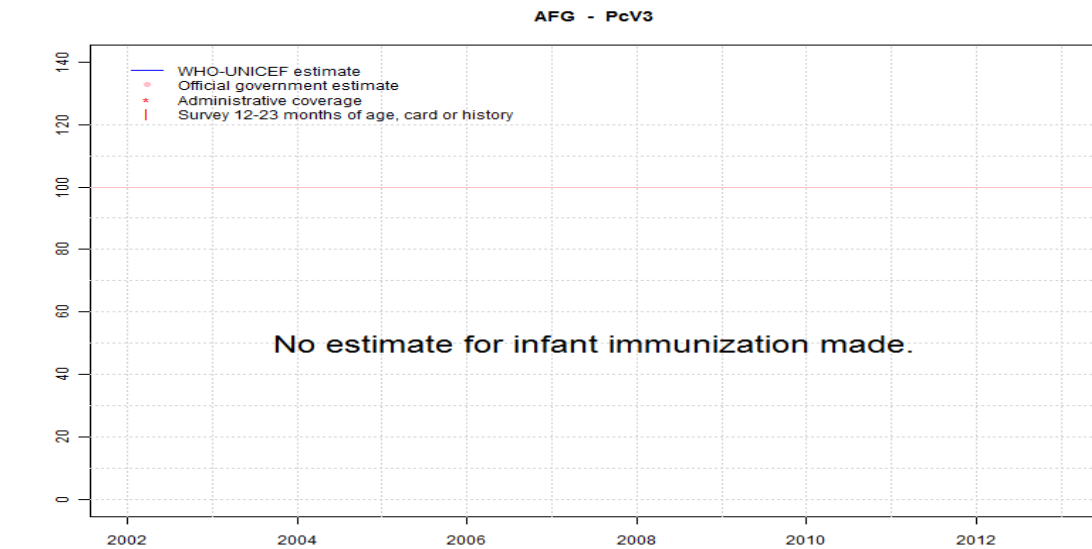
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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



# Afghanistan - 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	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.

# Afghanistan - survey details

## 2010 Afghanistan Multiple Indicator Cluster Survey 2010-2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	61	12-23 m	2497	31
BCG	Card	31	12-23 m	2497	31
BCG	Card or History	64	12-23 m	2497	31
BCG	History	33	12-23 m	2497	31
DTP1	C or H <12 months	53	12-23 m	2497	31
DTP1	Card	32	12-23 m	2497	31
DTP1	Card or History	58	12-23 m	2497	31
DTP1	History	26	12-23 m	2497	31
DTP3	C or H <12 months	35	12-23 m	2497	31
DTP3	Card	32	12-23 m	2497	31
DTP3	Card or History	40	12-23 m	2497	31
DTP3	History	9	12-23 m	2497	31
MCV	C or H <12 months	44	12-23 m	2497	31
MCV	Card	30	12-23 m	2497	31
MCV	Card or History	56	12-23 m	2497	31
MCV	History	26	12-23 m	2497	31
Pol1	C or H <12 months	66	12-23 m	2497	31
Pol1	Card	30	12-23 m	2497	31
Pol1	Card or History	71	12-23 m	2497	31
Pol1	History	41	12-23 m	2497	31
Pol3	C or H <12 months	42	12-23 m	2497	31
Pol3	Card	30	12-23 m	2497	31
Pol3	Card or History	48	12-23 m	2497	31
Pol3	History	18	12-23 m	2497	31

## 2007 National Risk and Vulnerability Assessment 2007/8: A profile of Afghanistan

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	74	12-23 m	4520	34
DTP1	Card or History	63	12-23 m	4520	34
DTP3	Card or History	43	12-23 m	4520	34
MCV	Card or History	56	12-23 m	4520	34
Pol3	Card or History	71	12-23 m	4520	34

## 2005 Afghanistan Health Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	70	12-23 m	1665	17
DTP1	Card or History	60	12-23 m	1665	17
DTP3	Card or History	35	12-23 m	1665	17
MCV	Card or History	63	12-23 m	1665	17
Pol3	Card or History	70	12-23 m	1665	17

## 2002 Moving Beyond 2 decades of war: Progress of Provinces

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP3	NA	30	12-23 m	-	61
Pol3	NA	51	12-23 m	-	61

## 1999 Afghanistan Multiple Indicator Cluster Survey, 2000, East of Afghanistan

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	78	12-23 m	223	-
DTP1	Card or History	71	12-23 m	223	-
DTP3	Card or History	45	12-23 m	223	-
MCV	Card or History	57	12-23 m	223	-
Pol1	Card or History	88	12-23 m	223	-
Pol3	Card or History	58	12-23 m	223	-

## 1998 EPI Coverage Situation in Women and Children of Afghanistan, Report of Post NID's, Routine Coverage and Acceleration Campaign Survey in Afghanistan (1999)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	40	12-23 m	1681	48
BCG	Card or History	70	12-23 m	1681	48
BCG	History	30	12-23 m	1681	48
DTP1	Card	46	12-23 m	1681	48

## Afghanistan - survey details

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DTP1	Card or History	76	12-23 m	1681	48
DTP1	History	29	12-23 m	1681	48
DTP3	Card	27	12-23 m	1681	48
DTP3	Card or History	47	12-23 m	1681	48
DTP3	History	20	12-23 m	1681	48
MCV	Card	37	12-23 m	1681	48
MCV	Card or History	57	12-23 m	1681	48
MCV	History	20	12-23 m	1681	48

Pol1	Card	46	12-23 m	1681	48
Pol1	Card or History	76	12-23 m	1681	48
Pol1	History	29	12-23 m	1681	48
Pol3	Card	27	12-23 m	1681	48
Pol3	Card or History	47	12-23 m	1681	48
Pol3	History	20	12-23 m	1681	48

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)

## Afghanistan

### 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	52
2003	62
2004	95
2005	96
2006	95
2007	84
2008	83
2009	89
2010	79
2011	60
2012	60
2013	65

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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.