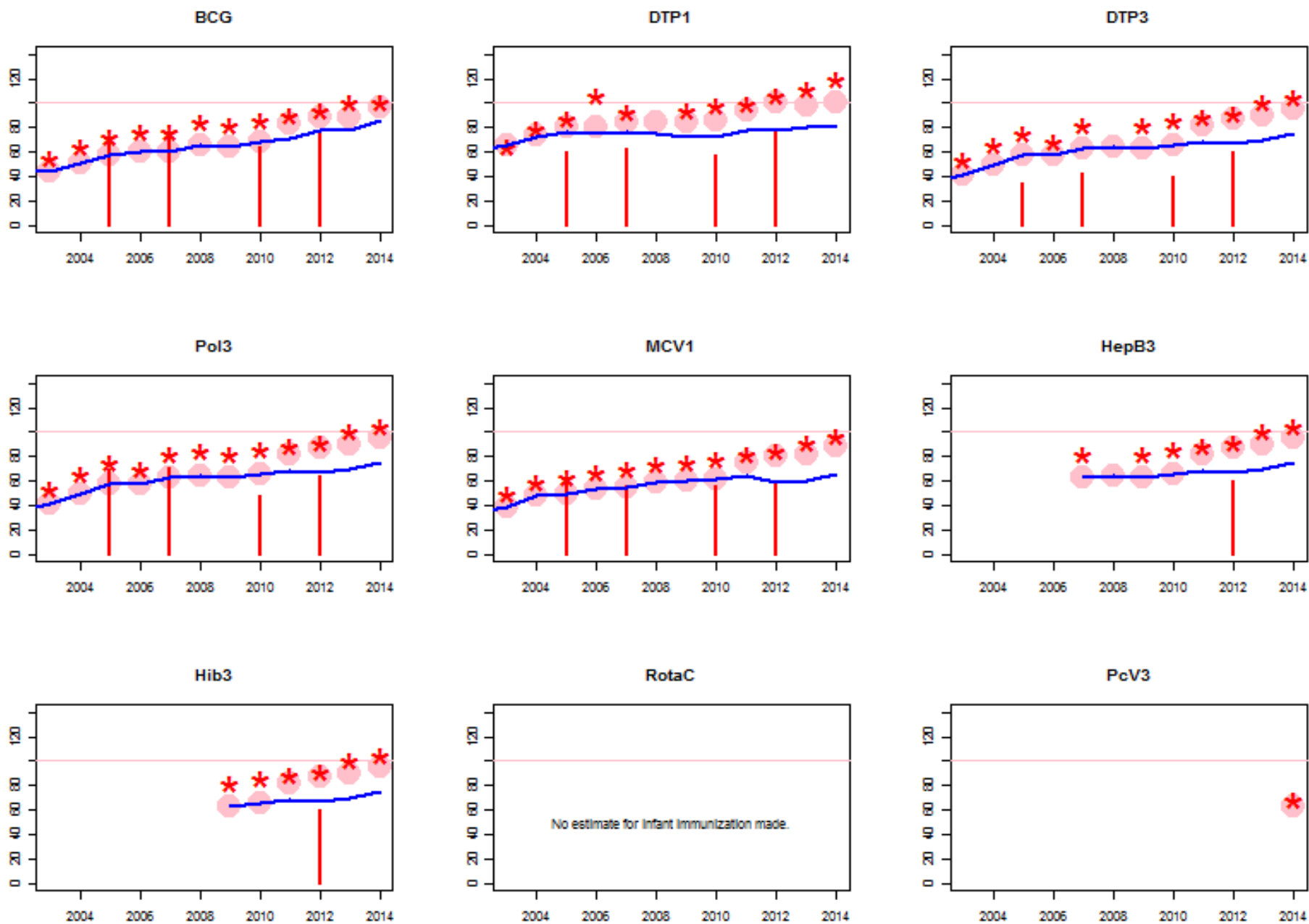
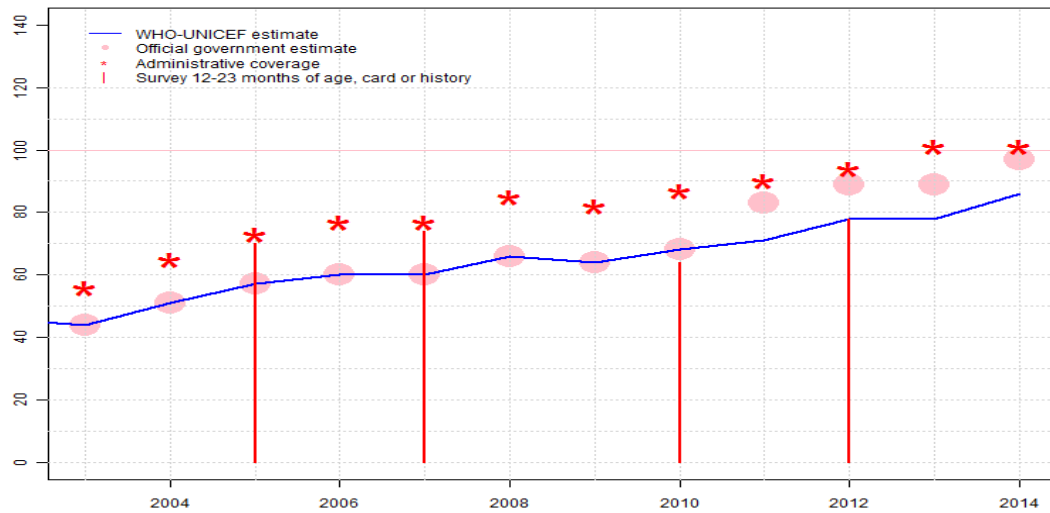


Afghanistan: WHO and UNICEF estimates of immunization coverage: 2014 revision



Afghanistan - BCG

AFG - BCG



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 44 | 51 | 57 | 60 | 60 | 66 | 64 | 68 | 71 | 78 | 78 | 86 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 44 | 51 | 57 | 60 | 60 | 66 | 64 | 68 | 83 | 89 | 89 | 97 |
| Administrative | 56 | 65 | 73 | 77 | 77 | 85 | 82 | 87 | 90 | 94 | 101 | 101 |
| Survey | NA | NA | 70 | NA | 74 | NA | NA | 64 | NA | 78 | 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:

- 2003: Estimate based on coverage reported by national government. Trend in official government estimate follows trend in administrative data. There is substantial 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-
- 2004: Estimate based on coverage reported by national government. See comment for 2003 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 2003 estimates. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. See comment for 2003 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 2003 estimates. Estimate challenged by: D-S-
- 2008: Estimate based on coverage reported by national government. See comment for 2003 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 2003 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 2003 estimates. 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. See comment for 2003 estimates. Estimate challenged by: D-R-S-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 78 percent based on 1 survey(s). Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the

Afghanistan - BCG

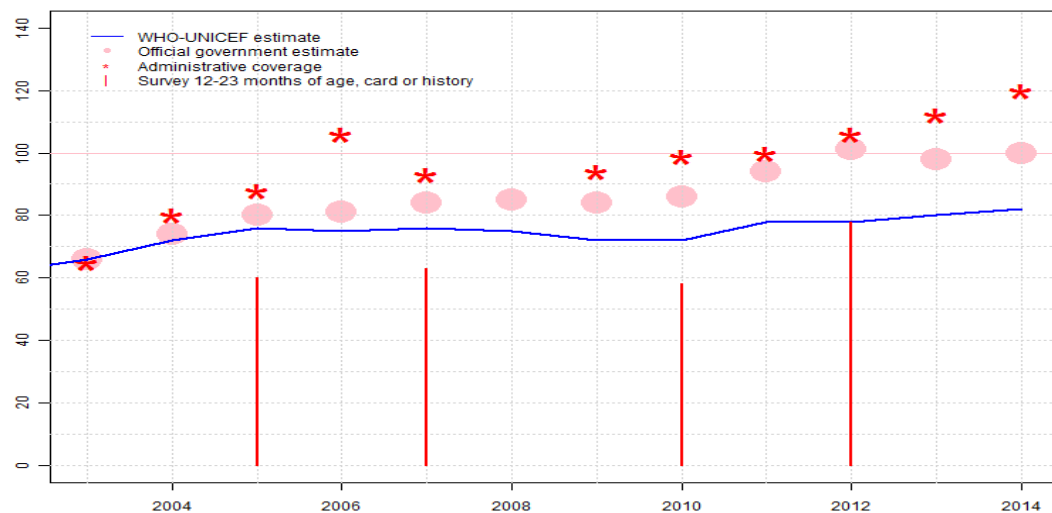
trend in reported number of doses administered. See comment for 2003 estimates. Estimate of 78 percent changed from previous revision value of 75 percent. Estimate challenged by: D-R-S-

2013: Reported data calibrated to 2012 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2003 estimates. Estimate of 78 percent changed from previous revision value of 75 percent. Estimate challenged by: D-

2014: Reported data calibrated to 2012 levels. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. See comment for 2003 estimates. Programme reports a two month stock-out of BCG vaccine at the national level. Estimate challenged by: D-

Afghanistan - DTP1

AFG - DTP1



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 66 | 72 | 76 | 75 | 76 | 75 | 72 | 72 | 78 | 78 | 80 | 82 |
| Estimate GoC | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 66 | 74 | 80 | 81 | 84 | 85 | 84 | 86 | 94 | 101 | 98 | 100 |
| Administrative | 65 | 80 | 88 | 106 | 93 | NA | 94 | 99 | 100 | 106 | 112 | 120 |
| Survey | NA | NA | 60 | NA | 63 | NA | NA | 58 | NA | 78 | 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:

- 2003: Estimate based on official government reported coverage. Trend in official government estimate follows trend in administrative data. There is substantial 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: S-
- 2004: Reported data calibrated to 2003 and 2012 levels. See comment for 2003 estimates. Estimate of 72 percent changed from previous revision value of 74 percent. Estimate challenged by: S-
- 2005: Reported data calibrated to 2003 and 2012 levels. 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 2003 estimates. Estimate of 76 percent changed from previous revision value of 80 percent. Estimate challenged by: D-S-
- 2006: Reported data calibrated to 2003 and 2012 levels. See comment for 2003 estimates. Estimate of 75 percent changed from previous revision value of 81 percent. Estimate challenged by: D-S-
- 2007: Reported data calibrated to 2003 and 2012 levels. 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 2003 estimates. Estimate of 76 percent changed from previous revision value of 84 percent. Estimate challenged by: D-S-
- 2008: Reported data calibrated to 2003 and 2012 levels. See comment for 2003 estimates. Estimate of 75 percent changed from previous revision value of 85 percent. Estimate challenged by: S-
- 2009: Reported data calibrated to 2003 and 2012 levels. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. See comment for 2003 estimates. Estimate of 72 percent changed from previous revision value of 84 percent. Estimate challenged by: D-S-
- 2010: Reported data calibrated to 2003 and 2012 levels. 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 2003 estimates. Estimate of 72 percent changed from previous revision value of 86 percent. Estimate challenged by: D-S-
- 2011: Reported data calibrated to 2003 and 2012 levels. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. See comment

Afghanistan - DTP1

for 2003 estimates. Following the trend in administrative levels from 2010. Estimate of 78 percent changed from previous revision value of 86 percent. Estimate challenged by: D-S-

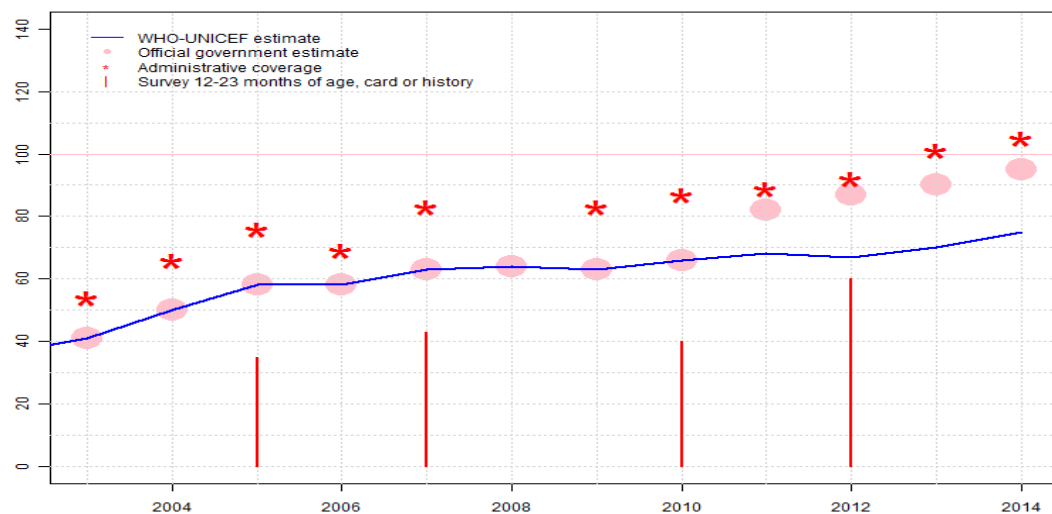
2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 78 percent based on 1 survey(s). Reported data excluded. 101 percent greater than 100 percent. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. See comment for 2003 estimates. Estimate of 78 percent changed from previous revision value of 86 percent. Estimate challenged by: D-R-S-

2013: Reported data calibrated to 2012 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2003 estimates. Estimate of 80 percent changed from previous revision value of 86 percent. Estimate challenged by: D-

2014: Reported data calibrated to 2012 levels. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. See comment for 2003 estimates. Estimate challenged by: D-

Afghanistan - DTP3

AFG - DTP3



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 41 | 50 | 58 | 58 | 63 | 64 | 63 | 66 | 68 | 67 | 70 | 75 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 41 | 50 | 58 | 58 | 63 | 64 | 63 | 66 | 82 | 87 | 90 | 95 |
| Administrative | 54 | 66 | 76 | 69 | 83 | NA | 83 | 87 | 89 | 92 | 101 | 105 |
| Survey | NA | NA | 35 | NA | 43 | NA | NA | 40 | NA | 60 | 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:

- 2003: Estimate based on coverage reported by national government. Trend in official government estimate follows trend in administrative data. There is substantial 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-
- 2004: Estimate based on coverage reported by national government. See comment for 2003 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 2003 estimates. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. See comment for 2003 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 2003 estimates. Estimate challenged by: D-S-
- 2008: Estimate based on coverage reported by national government. See comment for 2003 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 2003 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 2003 estimates. 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. See comment for 2003 estimates. Estimate challenged by: D-R-S-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 67 percent based on 1 survey(s). Afghanistan

Afghanistan - DTP3

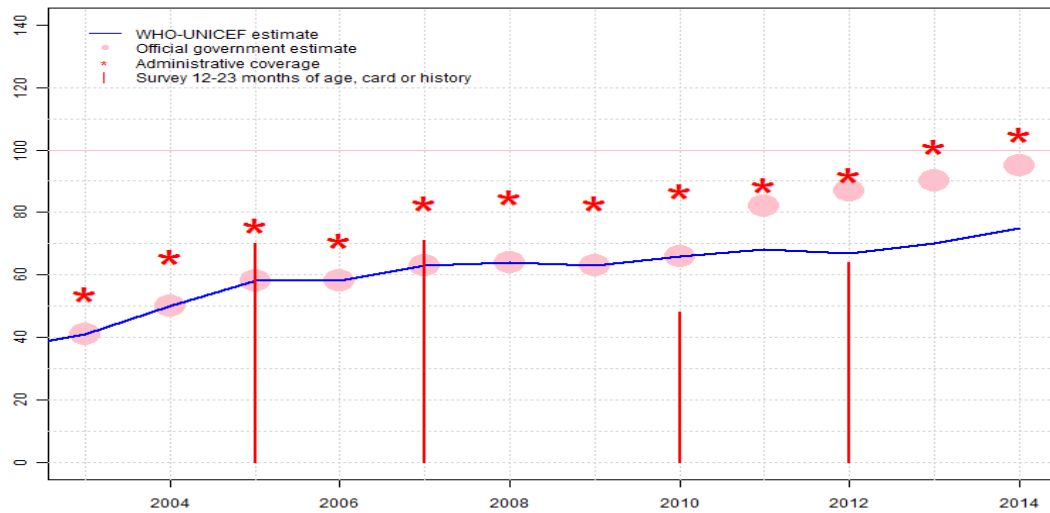
National EPI Coverage Survey, 2013 card or history results of 60 percent modified for recall bias to 67 percent based on 1st dose card or history coverage of 78 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 54 percent. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. See comment for 2003 estimates. Estimate of 67 percent changed from previous revision value of 71 percent. Estimate challenged by: D-R-S-

2013: Reported data calibrated to 2012 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2003 estimates. Estimate of 70 percent changed from previous revision value of 71 percent. Estimate challenged by: D-

2014: Reported data calibrated to 2012 levels. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. See comment for 2003 estimates. Estimate challenged by: D-

Afghanistan - Pol3

AFG - Pol3



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 41 | 50 | 58 | 58 | 63 | 64 | 63 | 66 | 68 | 67 | 70 | 75 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 41 | 50 | 58 | 58 | 63 | 64 | 63 | 66 | 82 | 87 | 90 | 95 |
| Administrative | 54 | 66 | 76 | 71 | 83 | 85 | 83 | 87 | 89 | 92 | 101 | 105 |
| Survey | NA | NA | 70 | NA | 71 | NA | NA | 48 | NA | 64 | 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:

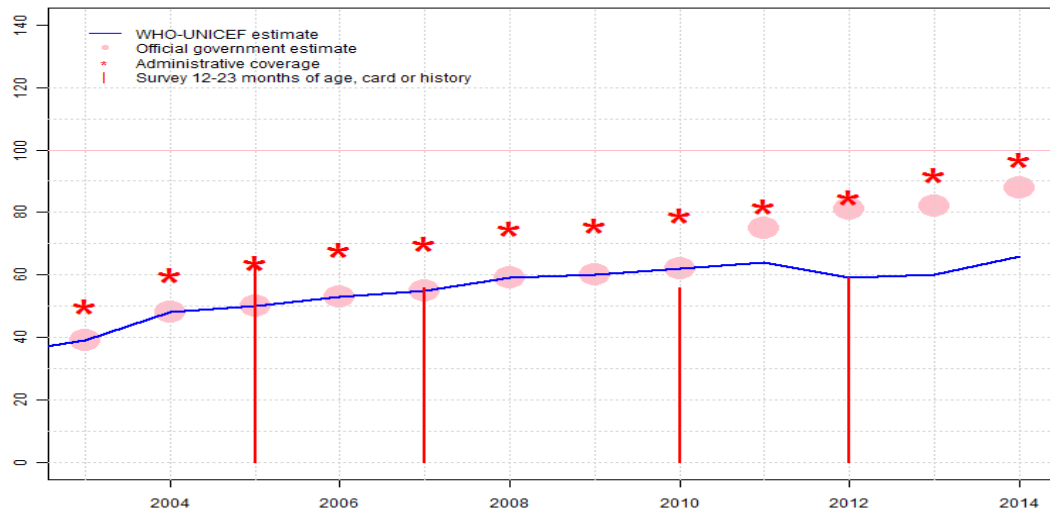
- 2003: Estimate based on coverage reported by national government. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. Estimate challenged by: D-S-
- 2004: Estimate based on coverage reported by national government. See comment for 2003 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 2003 estimates. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. See comment for 2003 estimates. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. See comment for 2003 estimates. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. See comment for 2003 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 2003 estimates. Survey includes doses delivered during measles control campaign. 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 2003 estimates. Survey includes doses delivered during measles control campaign. 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 2003 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 2003 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 2003 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 2003 estimates. Polio coverage may reflect campaign doses. 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. See comment for 2003 estimates. Estimate challenged by: D-R-S-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 67 percent based on 1 survey(s). Afghanistan National EPI Coverage Survey, 2013 card or history results of 64 percent modified for recall bias to 67 percent based on 1st dose card or history coverage of 78 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 54 percent. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. See comment for 2003 estimates. Estimate of 67 percent changed from previous revision value of 71 percent. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2003 estimates. Estimate of 70 percent changed from previous revision value of 71 percent. Estimate challenged by: D-
- 2014: Reported data calibrated to 2012 levels. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. See comment for 2003 estimates. Estimate

challenged by: D-

Afghanistan - MCV1

AFG - MCV1



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 39 | 48 | 50 | 53 | 55 | 59 | 60 | 62 | 64 | 59 | 60 | 66 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 39 | 48 | 50 | 53 | 55 | 59 | 60 | 62 | 75 | 81 | 82 | 88 |
| Administrative | 50 | 60 | 64 | 68 | 70 | 75 | 76 | 79 | 82 | 85 | 92 | 97 |
| Survey | NA | NA | 63 | NA | 56 | NA | NA | 56 | NA | 59 | 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:

- 2003: Estimate based on coverage reported by national government. Trend in official government estimate follows trend in administrative data. There is substantial 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: S-
- 2004: Estimate based on coverage reported by national government. See comment for 2003 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 2003 estimates. Estimate challenged by: D-S-
- 2006: Estimate based on coverage reported by national government. See comment for 2003 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 2003 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 2003 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 2003 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 2003 estimates. Estimate challenged by: D-S-
- 2011: Reported data calibrated to 2010 and 2012 levels. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. See comment for 2003 estimates. Following the trend in administrative levels from 2010. Estimate of 64 percent changed from previous revision value of 65 percent. Estimate challenged by: D-S-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 59 percent based on 1 survey(s). Unexplained inconsistency in adjustments to administrative coverage levels.

Afghanistan - MCV1

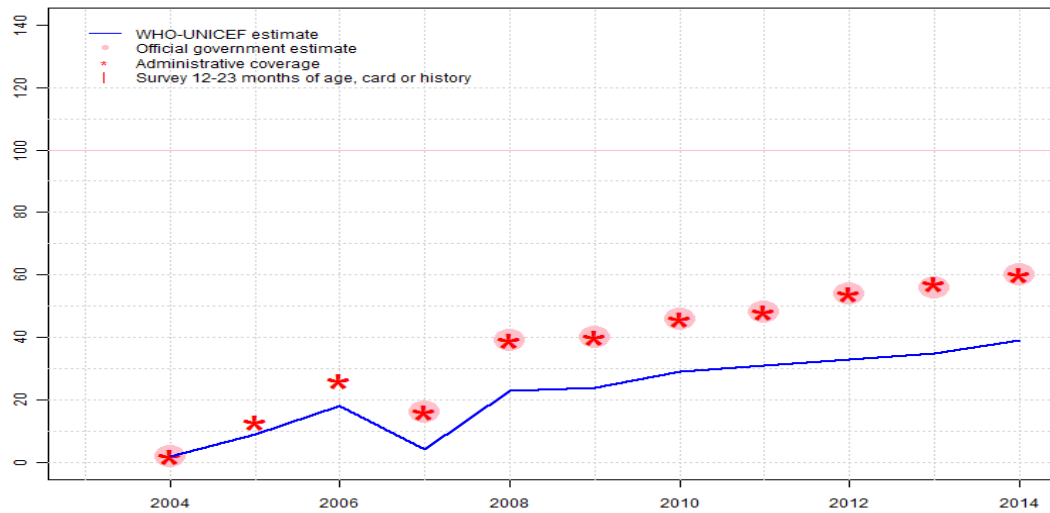
Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. See comment for 2003 estimates. Estimate of 59 percent changed from previous revision value of 68 percent. Estimate challenged by: D-R-S-

2013: Reported data calibrated to 2012 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2003 estimates. Estimate of 60 percent changed from previous revision value of 75 percent. Estimate challenged by: D-

2014: Reported data calibrated to 2012 levels. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. See comment for 2003 estimates. Estimate challenged by: D-

Afghanistan - MCV2

AFG - MCV2



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | 2 | 9 | 18 | 16 | 23 | 24 | 29 | 31 | 33 | 35 | 39 |
| Estimate GoC | NA | • | • | • | • | • | • | • | • | • | • | • |
| Official | NA | 2 | NA | NA | 16 | 39 | 40 | 46 | 48 | 54 | 56 | 60 |
| Administrative | NA | 2 | 13 | 26 | 16 | 39 | 40 | 46 | 48 | 54 | 57 | 60 |
| 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: Estimate is based on reported data. Estimate challenged by: S-
- 2005: Reported data calibrated to 2004 and 2008 levels. Estimate challenged by: S-
- 2006: Reported data calibrated to 2004 and 2008 levels. Estimate of 18 percent changed from previous revision value of 10 percent. Estimate challenged by: S-
- 2007: Reported data calibrated to 2004 and 2008 levels. Estimate challenged by: D-S-
- 2008: Estimates follows reported data calibrated based on MCV adjustment factor (difference between reported administrative and official coverage). 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. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. Estimate of 33 percent changed from previous revision value of 37 percent. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate

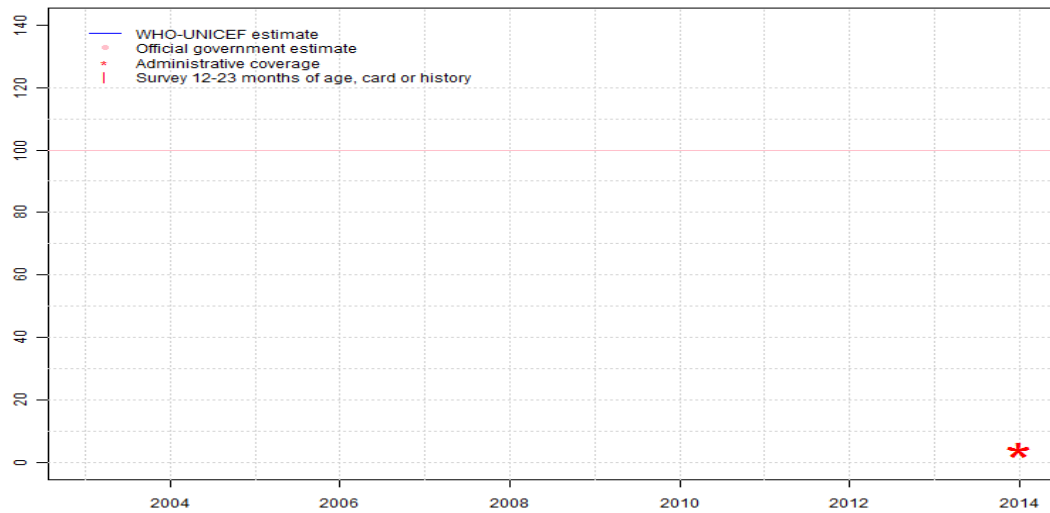
Afghanistan - MCV2

of 35 percent changed from previous revision value of 40 percent. Estimate challenged by: D-

2014: Reported data calibrated to 2012 levels. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate challenged by: D-

Afghanistan - HepBB

AFG - HepBB



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 4 |
| 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 | NA |
| Administrative | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 4 |
| 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.

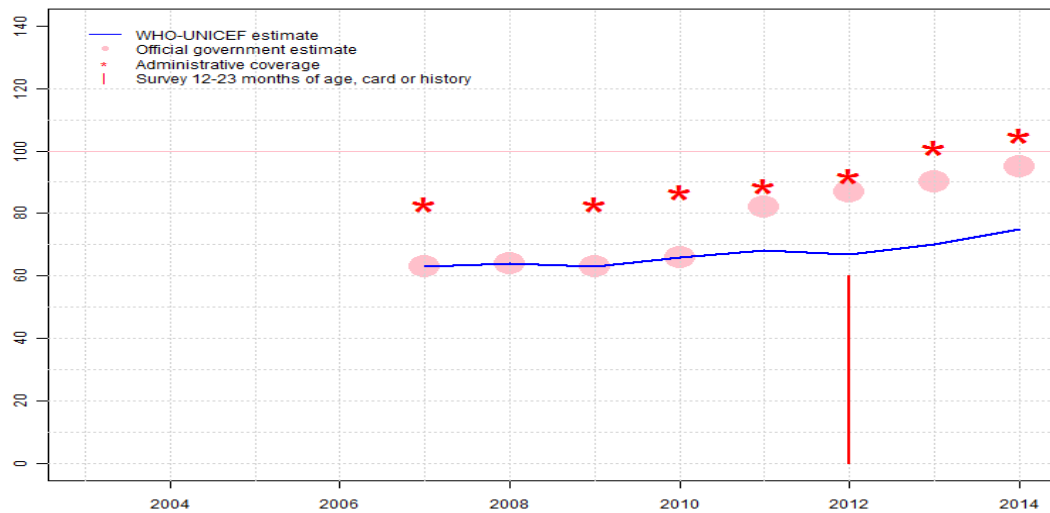
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2014: Estimate based on reported administrative estimate. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Hepatitis B birth dose introduced during August 2014. Primarily administered to infants born in health facilities. GoC=Assigned by working group. Introduction period and consistency with other vaccines.

Afghanistan - HepB3

AFG - HepB3



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | 63 | 64 | 63 | 66 | 68 | 67 | 70 | 75 |
| Estimate GoC | NA | NA | NA | NA | • | • | • | • | • | • | • | • |
| Official | NA | NA | NA | NA | 63 | 64 | 63 | 66 | 82 | 87 | 90 | 95 |
| Administrative | NA | NA | NA | NA | 83 | NA | 83 | 87 | 89 | 92 | 101 | 105 |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | 60 | 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:

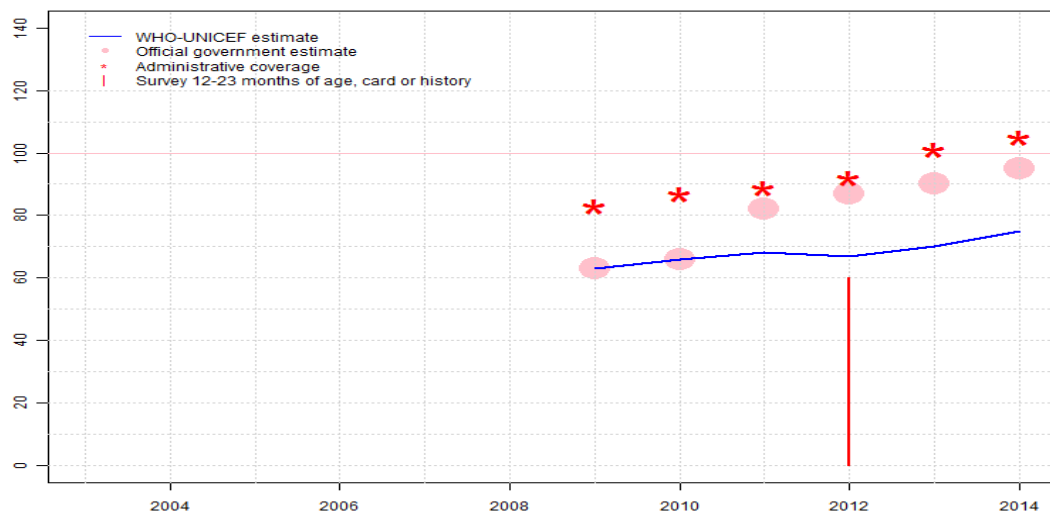
- 2007: Estimate based on reported data. HepB vaccine introduced in 2006. Reporting started in 2007. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties 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: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 67 percent based on 1 survey(s). Afghanistan National EPI Coverage Survey, 2013 card or history results of 60 percent modified for recall bias to 67 percent based on 1st dose card or history coverage of 78 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 54 percent. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. Estimate of 67 percent changed from previous revision value of 71 percent. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate of 70 percent changed from previous revision value of 71 percent. Estimate challenged by: D-
- 2014: Reported data calibrated to 2012 levels. Reported official government estimate is based on a recomputed target population by the Ministry of Public

Afghanistan - HepB3

Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. GoC=Assigned by working group. Consistent with other vaccines.

Afghanistan - Hib3

AFG - Hib3



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | 63 | 66 | 68 | 67 | 70 | 75 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | • | • | • | • | • | • |
| Official | NA | NA | NA | NA | NA | NA | 63 | 66 | 82 | 87 | 90 | 95 |
| Administrative | NA | NA | NA | NA | NA | NA | 83 | 87 | 89 | 92 | 101 | 105 |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | 60 | 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.

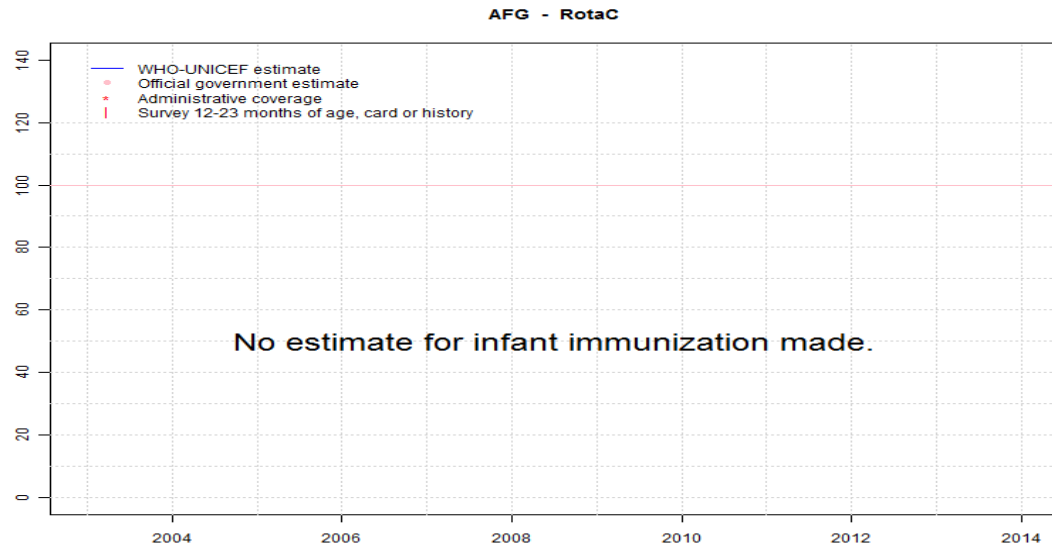
Description:

- 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 substantial 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. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. See comment for 2009 estimates. Estimate challenged by: D-R-S-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 67 percent based on 1 survey(s). Afghanistan National EPI Coverage Survey, 2013 card or history results of 60 percent modified for recall bias to 67 percent based on 1st dose card or history coverage of 78 percent, 1st dose card only coverage of 63 percent and 3d dose card only coverage of 54 percent. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. See comment for 2009 estimates. Estimate of 67 percent changed from previous revision value of 71 percent. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. See comment for 2009 estimates. Estimate of 70 percent changed from previous revision value of 71 percent. Estimate challenged by: D-
- 2014: Reported data calibrated to 2012 levels. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012,

Afghanistan - Hib3

immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. See comment for 2009 estimates. Estimate challenged by: D-

Afghanistan - RotaC



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| 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 |

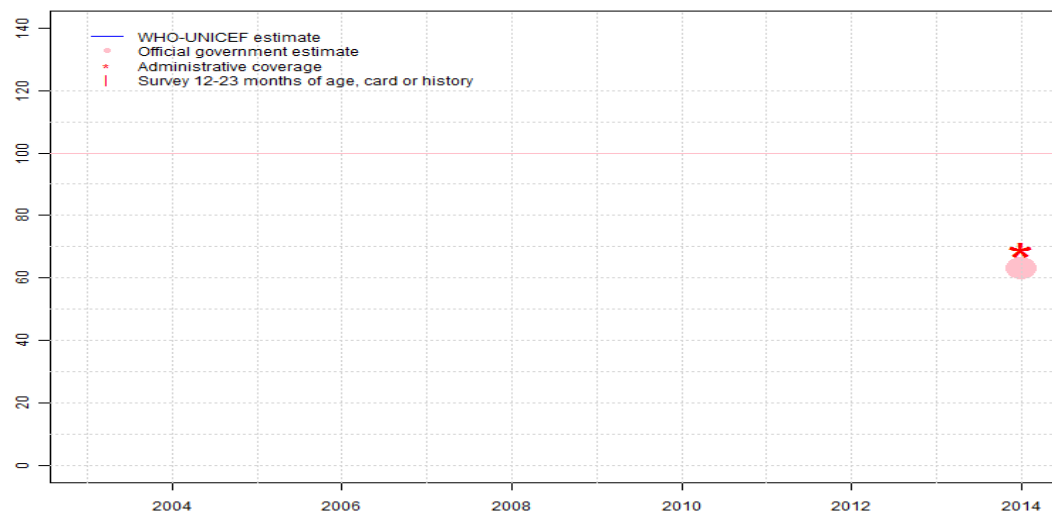
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

AFG - PcV3



| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 40 |
| 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 | 63 |
| Administrative | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | 69 |
| 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:

2014: Pneumococcal conjugate vaccine introduced during 2014. Estimate is based on calibrated DTP3 level. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate challenged by: D-R-

Afghanistan - survey details

2012 Afghanistan National EPI Coverage Survey, 2013

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card | 64 | 12-23 m | - | 66 |
| BCG | Card <12 months | 62 | 12-23 m | 6125 | 66 |
| BCG | Card or History | 78 | 12-23 m | 6125 | 66 |
| BCG | History | 14 | 12-23 m | - | 66 |
| DTP1 | Card | 63 | 12-23 m | - | 66 |
| DTP1 | Card <12 months | 78 | 12-23 m | 6125 | 66 |
| DTP1 | Card or History | 78 | 12-23 m | 6125 | 66 |
| DTP1 | History | 14 | 12-23 m | - | 66 |
| DTP3 | Card | 54 | 12-23 m | - | 66 |
| DTP3 | Card <12 months | 51 | 12-23 m | 6125 | 66 |
| DTP3 | Card or History | 60 | 12-23 m | 6125 | 66 |
| DTP3 | History | 6 | 12-23 m | - | 66 |
| HepB1 | Card | 63 | 12-23 m | - | 66 |
| HepB1 | Card <12 months | 78 | 12-23 m | 6125 | 66 |
| HepB1 | Card or History | 78 | 12-23 m | 6125 | 66 |
| HepB1 | History | 14 | 12-23 m | - | 66 |
| HepB3 | Card | 54 | 12-23 m | - | 66 |
| HepB3 | Card <12 months | 51 | 12-23 m | 6125 | 66 |
| HepB3 | Card or History | 60 | 12-23 m | 6125 | 66 |
| HepB3 | History | 6 | 12-23 m | - | 66 |
| Hib1 | Card | 63 | 12-23 m | - | 66 |
| Hib1 | Card <12 months | 78 | 12-23 m | 6125 | 66 |
| Hib1 | Card or History | 78 | 12-23 m | 6125 | 66 |
| Hib1 | History | 14 | 12-23 m | - | 66 |
| Hib3 | Card | 54 | 12-23 m | - | 66 |
| Hib3 | Card <12 months | 51 | 12-23 m | 6125 | 66 |
| Hib3 | Card or History | 60 | 12-23 m | 6125 | 66 |
| Hib3 | History | 6 | 12-23 m | - | 66 |
| MCV1 | Card | 50 | 12-23 m | - | 66 |
| MCV1 | Card <12 months | 39 | 12-23 m | 6125 | 66 |
| MCV1 | Card or History | 59 | 12-23 m | 6125 | 66 |
| MCV1 | History | 9 | 12-23 m | - | 66 |
| Pol1 | Card | 63 | 12-23 m | - | 66 |
| Pol1 | Card <12 months | 61 | 12-23 m | 6125 | 66 |
| Pol1 | Card or History | 78 | 12-23 m | 6125 | 66 |
| Pol1 | History | 14 | 12-23 m | - | 66 |
| Pol3 | Card | 54 | 12-23 m | - | 66 |

| | | | | | |
|------|-----------------|----|---------|------|----|
| Pol3 | Card <12 months | 49 | 12-23 m | 6125 | 66 |
| Pol3 | Card or History | 64 | 12-23 m | 6125 | 66 |
| Pol3 | History | 10 | 12-23 m | - | 66 |

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 |
| MCV1 | C or H <12 months | 44 | 12-23 m | 2497 | 31 |
| MCV1 | Card | 30 | 12-23 m | 2497 | 31 |
| MCV1 | Card or History | 56 | 12-23 m | 2497 | 31 |
| MCV1 | 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 |

Afghanistan - survey details

| | | | | | |
|------|-----------------|----|---------|------|----|
| DTP3 | Card or History | 43 | 12-23 m | 4520 | 34 |
| MCV1 | Card or History | 56 | 12-23 m | 4520 | 34 |
| Pol3 | Card or History | 71 | 12-23 m | 4520 | 34 |

| | | | | | |
|------|-----------------|----|---------|-----|---|
| MCV1 | 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 | - |

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 |
| MCV1 | 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 | - |

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 |
| 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 |
| MCV1 | Card | 37 | 12-23 m | 1681 | 48 |
| MCV1 | Card or History | 57 | 12-23 m | 1681 | 48 |
| MCV1 | 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 for previous years are available at:

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

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 receives 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.

The model was used in the mid to late 2000. Currently, the coverage series developed by the model is used as the baseline, and efforts are made to obtain data from all sources that include the JRF and reported trend over the years, routine PAB reporting and its trend over the years, data from surveys (DHS, MICS, EPI), whether countries have been validated for the attainment of maternal and neonatal tetanus elimination and what the TT coverage figures are from the survey etc and all the information is used to arrive at an estimate of the protection-at-birth from TT vaccination.

| Year | PAB coverage estimate (%) |
|------|---------------------------|
| 2003 | 62 |
| 2004 | 95 |
| 2005 | 96 |
| 2006 | 95 |
| 2007 | 84 |
| 2008 | 83 |
| 2009 | 89 |
| 2010 | 79 |
| 2011 | 60 |
| 2012 | 60 |
| 2013 | 65 |
| 2014 | 70 |

¹ 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.