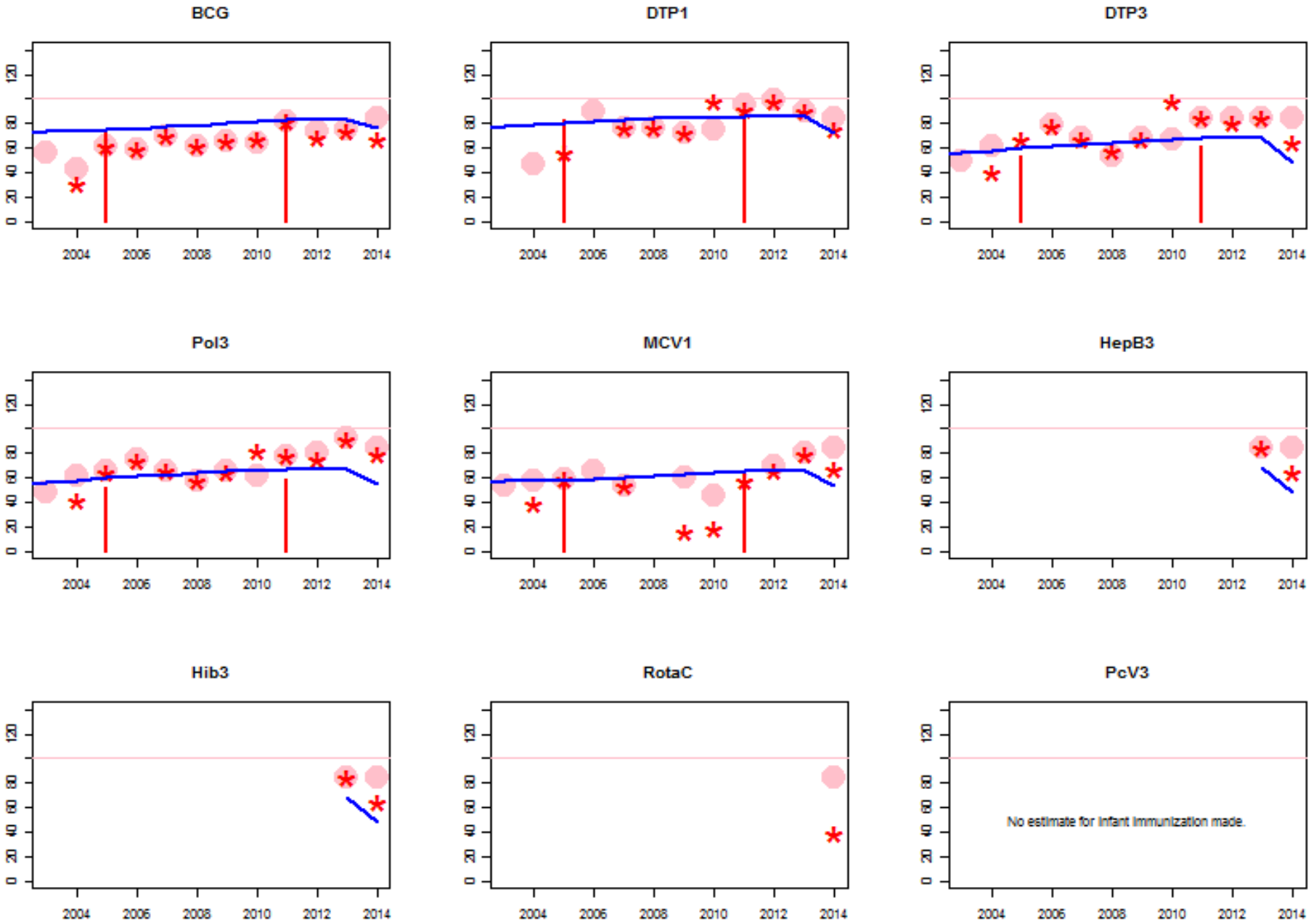
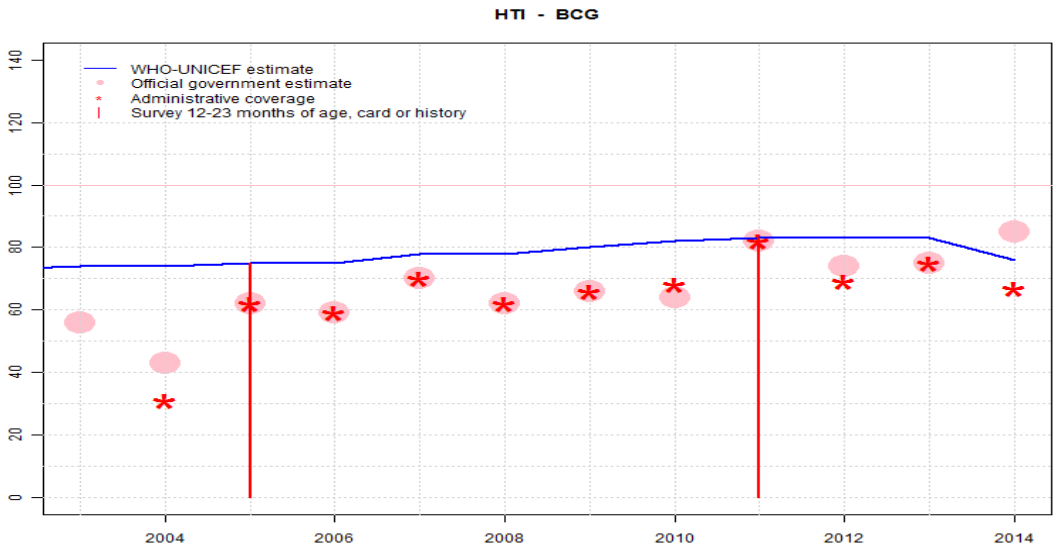

BCG
DTP1
DTP3
Pol3
MCV1
HepB3
Hib3
RotaC
PcV3
No estimate for infant immunization made.
0
20
40
60
80
120
2004
2006
2008
2010
2012
2014

Haiti - BCG



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	74	74	75	75	78	78	80	82	83	83	83	76
Estimate GoC	•	•	•	•	••	•	•	••	•	••	•	•
Official	56	43	62	59	70	62	66	64	82	74	75	85
Administrative	NA	31	62	59	70	62	66	68	82	69	75	67
Survey	NA	NA	75	NA	NA	NA	NA	NA	83	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:

2003: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting.Reported data excluded. Unexplained increase from 45 percent to 56 percent with decrease 43 percent. Estimate challenged by: D-

2004: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting.Reported data excluded. Decline in reported coverage from 56 percent to 43 percent with increase to 62 percent. Estimate challenged by: D-

2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

2006: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 75 percent changed from previous revision value of 76 percent. Estimate challenged by: D-

2007: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2008: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 78 percent changed from previous revision value of 79 percent. Estimate challenged by: D-

2009: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-

2010: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 83 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

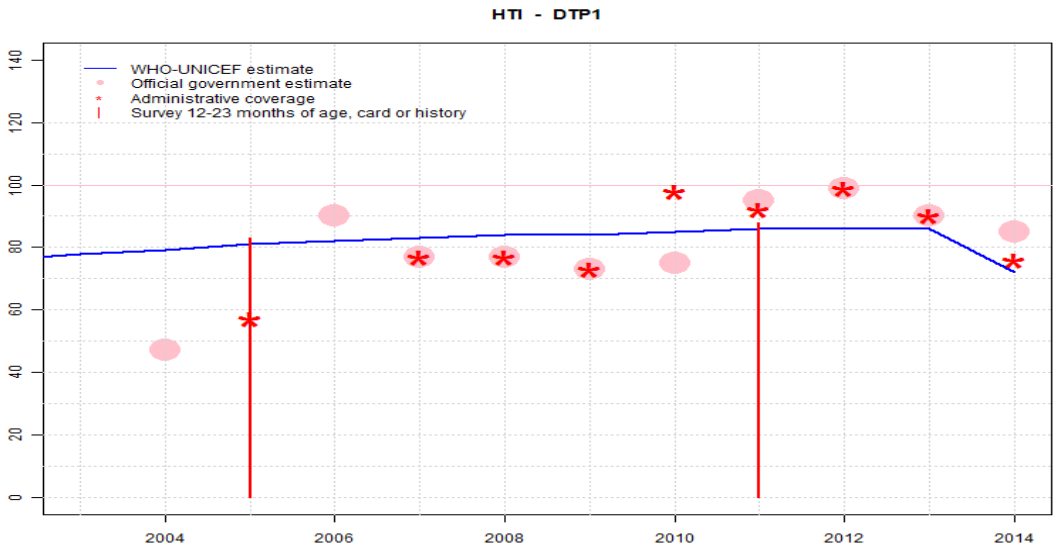
2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Vaccine stock out for 5 months in all districts. GoC=S+ D+

2013: Estimate is based on extrapolation from survey results for 2011 birth co-

hort. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: R-

2014: Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Programme reports a two month stock-out at national level. Programme reports their target coverage levels rather than coverage level achieved. Estimate challenged by: R-

Haiti - DTP1



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	78	79	81	82	83	84	84	85	86	86	86	72
Estimate GoC	●●	●	●	●	●	●	●	●	●	●	●	●
Official	NA	47	NA	90	77	77	73	75	95	99	90	85
Administrative	NA	NA	57	NA	77	77	73	98	92	99	90	76
Survey	NA	NA	83	NA	NA	NA	NA	NA	88	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:

2003: Estimate based on DTP3 coverage of 56. GoC=S+

2004: Estimate based on DTP3 coverage of 58. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

2005: Estimate based on DTP3 coverage of 60. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

2006: Estimate based on DTP3 coverage of 61. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting.Reported data excluded. Unexplained increase from 57 percent to 90 percent with decrease 77 percent. Estimate challenged by: D-R-

2007: Estimate based on DTP3 coverage of 63. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

2008: Estimate based on DTP3 coverage of 64. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

2009: Estimate based on DTP3 coverage of 65. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

2010: Estimate based on DTP3 coverage of 67. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

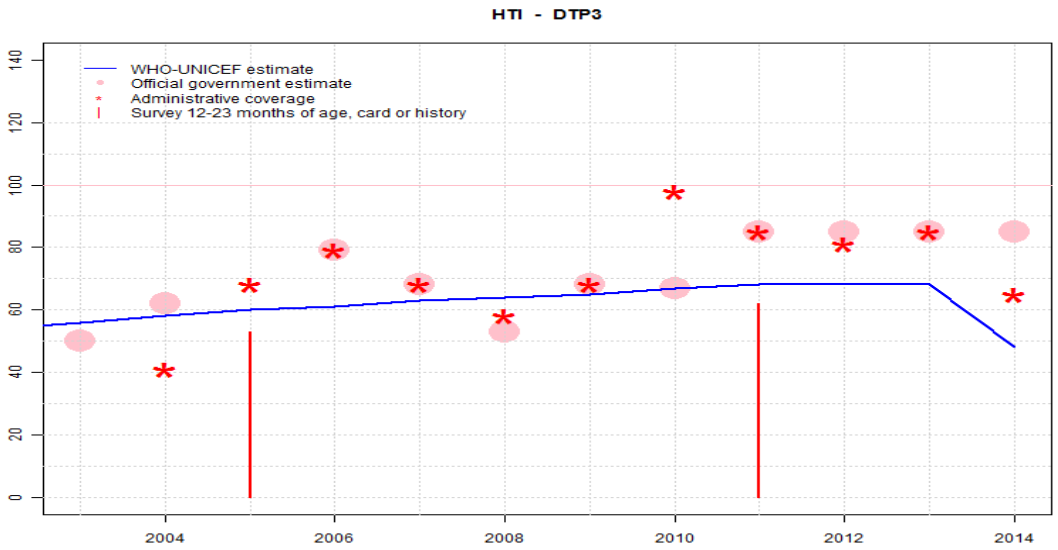
2011: Estimate based on DTP3 coverage of 68. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

2012: Estimate based on DTP3 coverage of 68. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Pentavalent DTP-HepB-Hib vaccine introduced during 2012. Estimate challenged by: D-R-

2013: Estimate based on DTP3 coverage of 68. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-

2014: Estimate based on DTP3 coverage of 48. Reported data excluded. Change in reported coverage from 90 level to 76 percent. Programme reports a one month stock-out at national level. Programme reports their target coverage levels rather than coverage level achieved. Estimate challenged by: D-R-

Haiti - DTP3



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	56	58	60	61	63	64	65	67	68	68	68	48
Estimate GoC	●●	●●	●	●●	●●	●●	●●	●	●	●	●	●
Official	50	62	NA	79	68	53	68	67	85	85	85	85
Administrative	NA	41	68	79	68	58	68	98	85	81	85	65
Survey	NA	NA	53	NA	NA	NA	NA	NA	62	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 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: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2004: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 60 percent based on 1 survey(s). Survey on Mortality, Morbidity and Service Utilisation, Haiti 2005-2006 card or history results of 53 percent modifed for recall bias to 60 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 68 percent and 3d dose card only coverage of 49 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

2006: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting.Reported data excluded. Unexplained increase from 68 percent to 79 percent with decrease 68 percent. GoC=S+ D+

2007: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2008: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting.Reported data excluded. Decline in reported coverage from 68 percent to 53 percent with increase to 68 percent. GoC=D+

2009: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2010: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 68 percent based on 1 survey(s). Survey on Mortality, Morbidity and Service Utilisation, Haiti 2012 card or history results of 62 percent modifed for recall bias to 68 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 70 percent and 3d dose card only coverage of 54 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

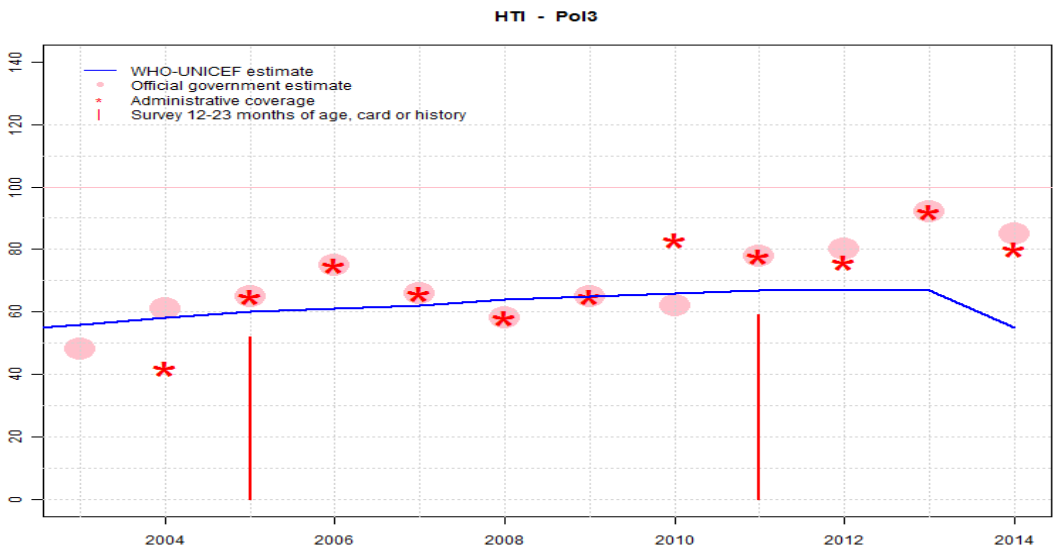
2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative record-

ing and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Pentavalent DTP-HepB-Hib vaccine introduced during 2012. Estimate challenged by: D-

2013: Estimate is based on extrapolation from survey results for 2011 birth cohort. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-

2014: Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Reported data excluded. Change in reported coverage from 85 level to 65 percent. Programme reports a one month stock-out at national level. Programme reports their target coverage levels rather than coverage level achieved. Estimate challenged by: D-R-

Haiti - Pol3



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	56	58	60	61	62	64	65	66	67	67	67	55
Estimate GoC	●●	●●	●	●●	●●	●●	●●	●	●	●	●	●
Official	48	61	65	75	66	58	65	62	78	80	92	85
Administrative	NA	42	65	75	66	58	65	83	78	76	92	80
Survey	NA	NA	52	NA	NA	NA	NA	NA	59	NA	NA	NA

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

●●● 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: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2004: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 60 percent based on 1 survey(s). Survey on Mortality, Morbidity and Service Utilisation, Haiti 2005-2006 card or history results of 52 percent modifed for recall bias to 60 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 70 percent and 3d dose card only coverage of 49 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

2006: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2007: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2008: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=D+

2009: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2010: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 67 percent based on 1 survey(s). Survey on Mortality, Morbidity and Service Utilisation, Haiti 2012 card or history results of 59 percent modifed for recall bias to 67 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 72 percent and 3d dose card only coverage of 53 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

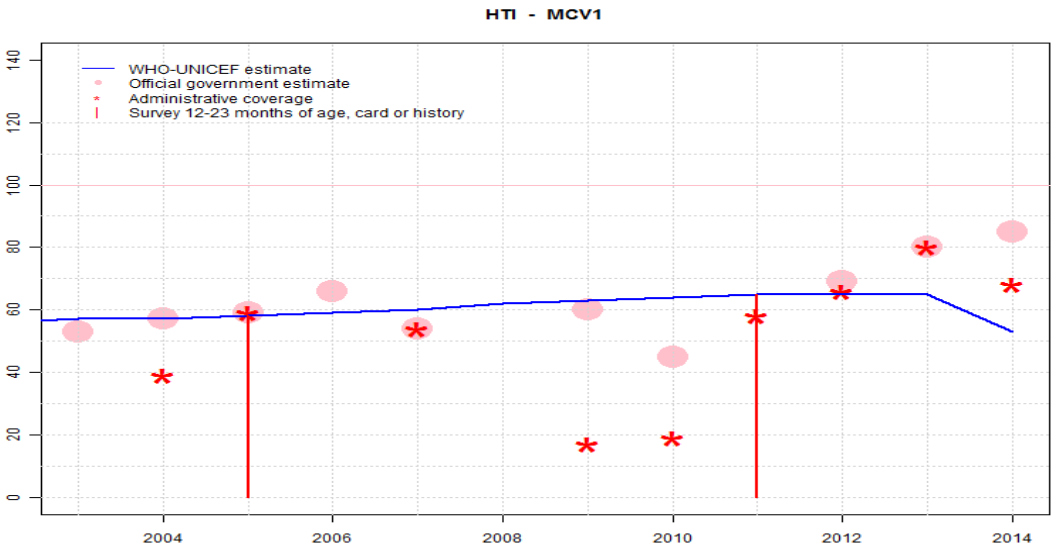
2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Vaccine stock out for 1 month.

Estimate challenged by: D-

2013: Estimate is based on extrapolation from survey results for 2011 birth cohort. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting.Reported data excluded. Unexplained increase from 80 percent to 92 percent with decrease 80 percent. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-

2014: Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Reported data excluded. Change in reported coverage from 92 level to 80 percent. Programme reports their target coverage levels rather than coverage level achieved. Estimate challenged by: D-R-

Haiti - MCV1



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	57	57	58	59	60	62	63	64	65	65	65	53
Estimate GoC	••	••	•	•	••	•	•	•	•	••	•	•
Official	53	57	59	66	54	NA	60	45	NA	69	80	85
Administrative	NA	39	59	NA	54	NA	17	19	58	66	80	68
Survey	NA	NA	58	NA	NA	NA	NA	NA	65	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:

2003: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2004: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 58 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

2006: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-

2007: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+

2008: Reported data calibrated to 2005 and 2011 levels. GoC=No accepted empirical data

2009: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-

2010: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting.Reported data excluded. Decline in reported coverage from 60 percent to 45 percent with increase to 58 percent. Estimate challenged by: D-

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 65 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

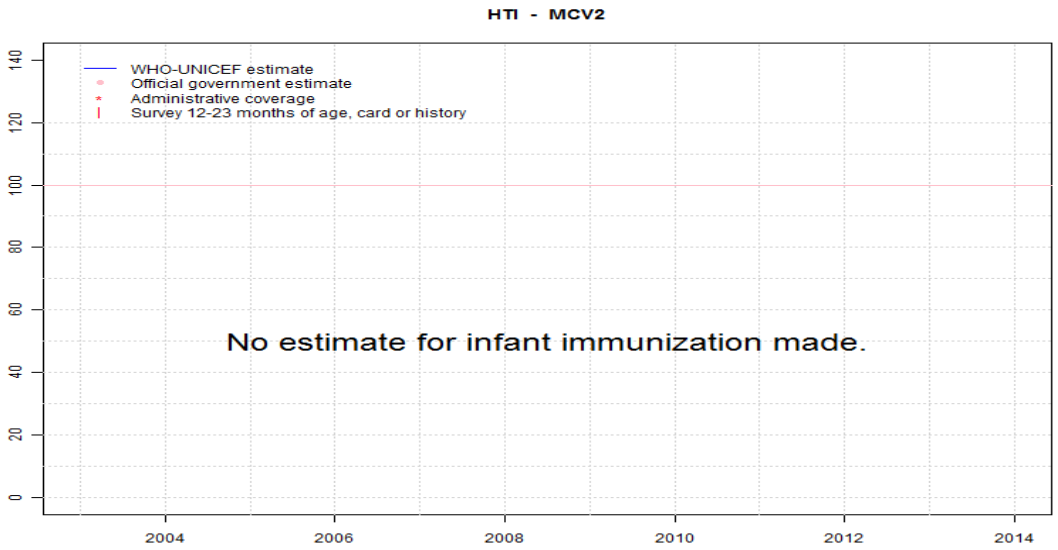
2012: Reported data calibrated to 2011 and 2013 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Vaccine stock out for 1 month in all districts. GoC=S+ D+

2013: Estimate is based on extrapolation from survey results for 2011 birth cohort. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting.Reported data excluded. Unexplained increase from 69 percent to 80 percent with decrease 68 percent. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD

syringes at national level. Estimate challenged by: D-R-

2014: Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Reported data excluded. Change in reported coverage from 80 level to 68 percent. Programme reports a two month stock-out at national level. Programme reports their target coverage levels rather than coverage level achieved. Estimate challenged by: D-R-

Haiti - MCV2



	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.

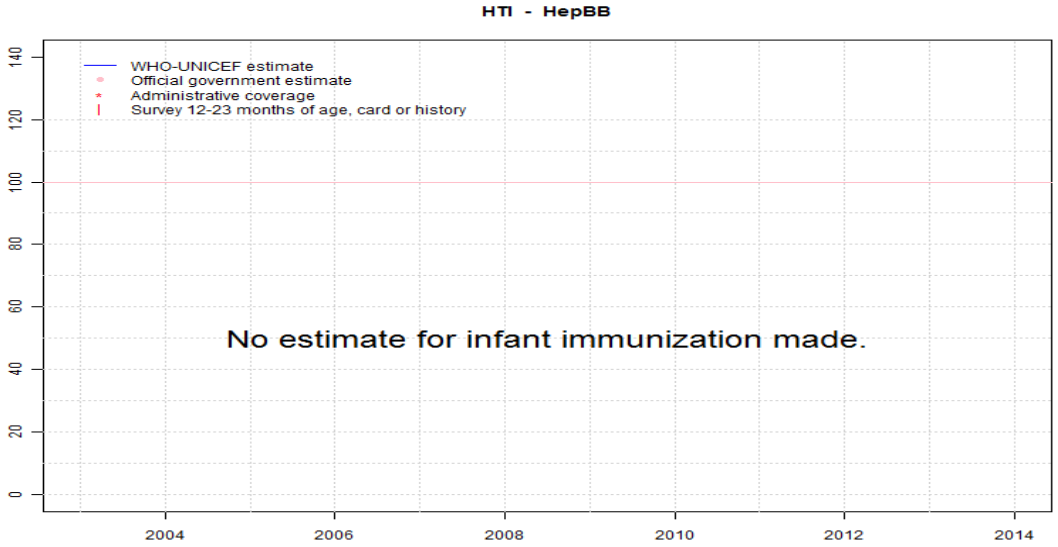
●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

Haiti - 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	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.

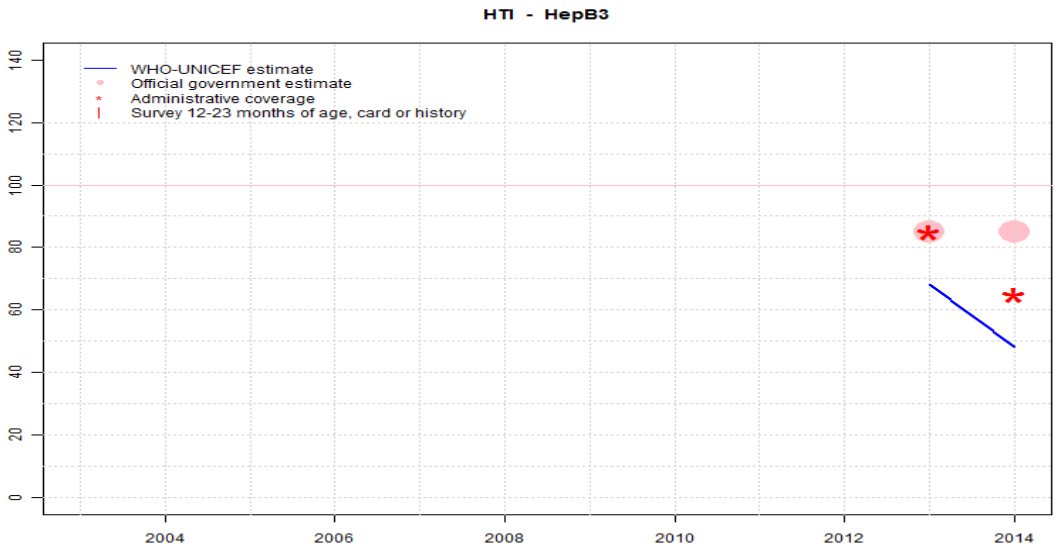
●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

Haiti - HepB3



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	68	48
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	85	85
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	85	65
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

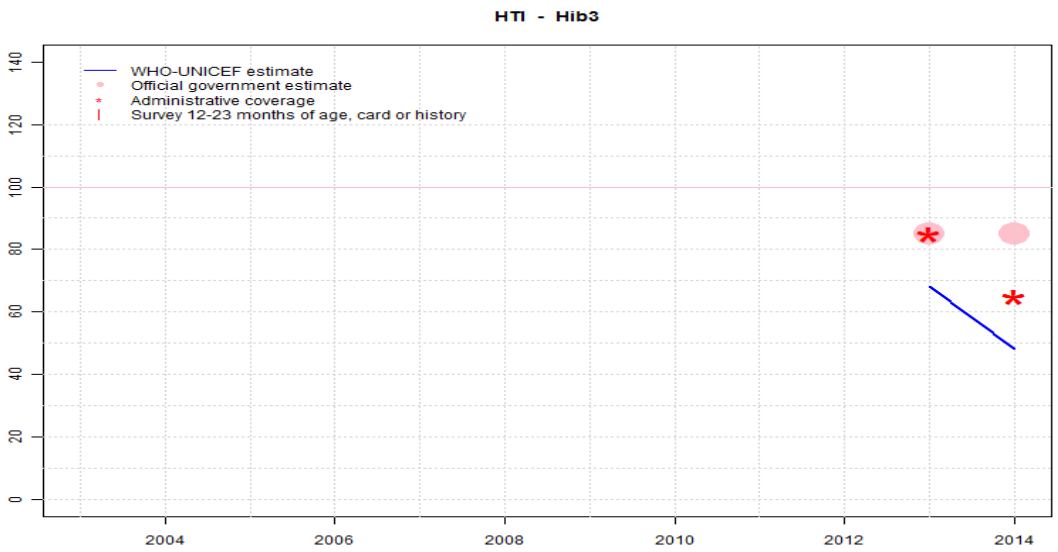
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2013: Pentavalent DTP-HepB-Hib vaccine introduced during 2012, reporting started in 2013. Estimate follows DTP3 coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-

2014: Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Reported data excluded. Decline in reported coverage from 85 level to 65 percent. Programme reports a one month stock-out at national level. Programme reports their target coverage levels rather than coverage level achieved. Estimate challenged by: D-R-

Haiti - Hib3



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	68	48
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	85	85
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	85	65
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.

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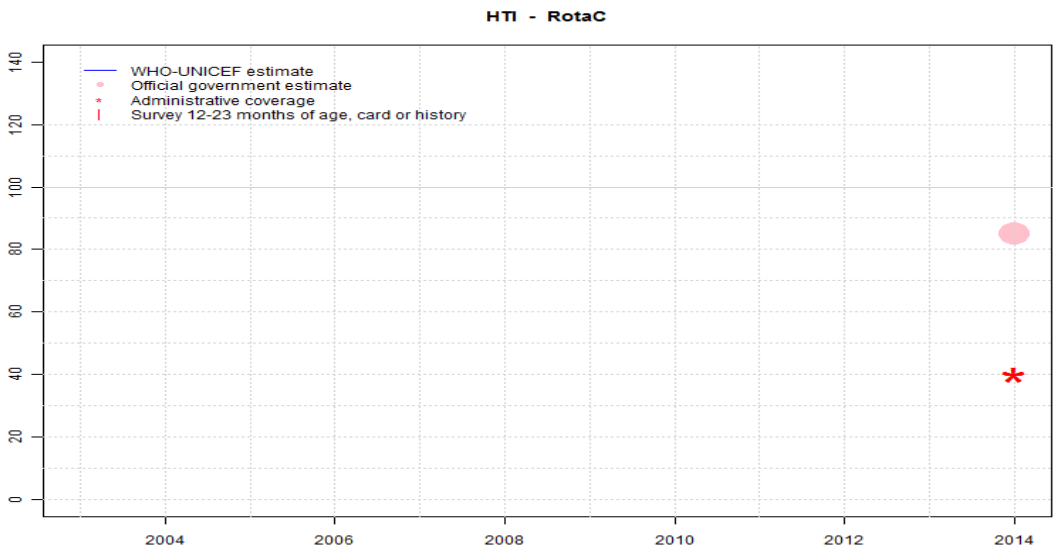
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2013: Pentavalent DTP-HepB-Hib vaccine introduced during 2012, reporting started in 2013. Estimate follows DTP3 coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stockout of AD syringes at national level. Estimate challenged by: D-R-

2014: Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Reported data excluded. Decline in reported coverage from 85 level to 65 percent. Programme reports a one month stock-out at national level. Programme reports their target coverage levels rather than coverage level achieved. Estimate challenged by: D-R-

Haiti - 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	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	85
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	40
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.

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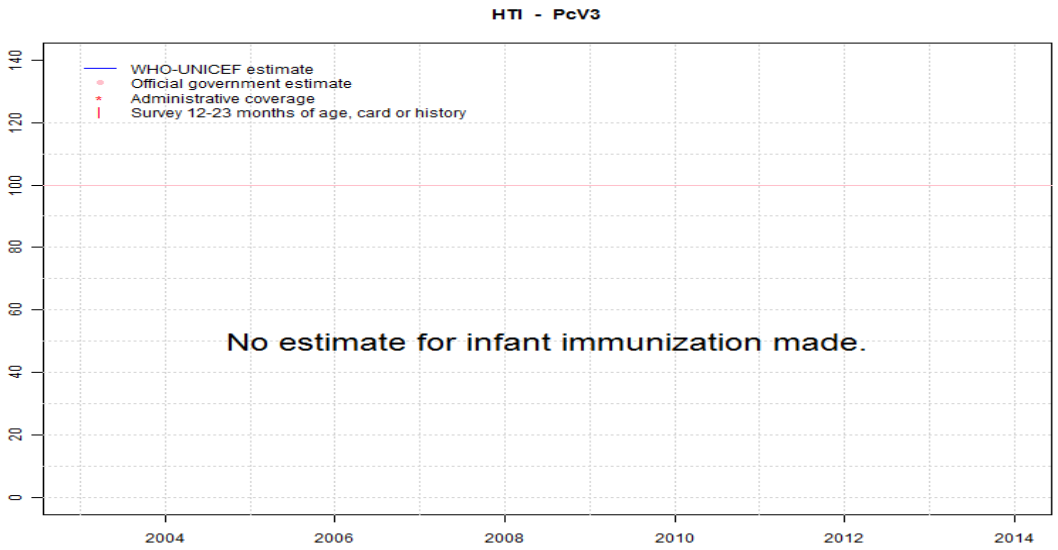
● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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. Rotavirus vaccine introduced durign 2014. Programme reports their target coverage levels rather than coverage level achieved. Estimate challenged by: D-

Haiti - 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	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.

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Haiti - survey details

2011 Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-V), Haiti 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	81	12-23 m	1288	73
BCG	Card	65	12-23 m	943	73
BCG	Card or History	83	12-23 m	1288	73
BCG	History	18	12-23 m	345	73
DTP1	C or H <12 months	83	12-23 m	1288	73
DTP1	Card	70	12-23 m	943	73
DTP1	Card or History	88	12-23 m	1288	73
DTP1	History	18	12-23 m	345	73
DTP3	C or H <12 months	55	12-23 m	1288	73
DTP3	Card	54	12-23 m	943	73
DTP3	Card or History	62	12-23 m	1288	73
DTP3	History	8	12-23 m	345	73
MCV1	C or H <12 months	38	12-23 m	1288	73
MCV1	Card	51	12-23 m	943	73
MCV1	Card or History	65	12-23 m	1288	73
MCV1	History	14	12-23 m	345	73
Pol1	C or H <12 months	84	12-23 m	1288	73
Pol1	Card	72	12-23 m	943	73
Pol1	Card or History	91	12-23 m	1288	73
Pol1	History	19	12-23 m	345	73
Pol3	C or H <12 months	51	12-23 m	1288	73
Pol3	Card	53	12-23 m	943	73
Pol3	Card or History	59	12-23 m	1288	73
Pol3	History	5	12-23 m	345	73

2008 Vaccination Coverage in Haiti: Results from the 2009 National Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	54	12-23 m	1345	62
DTP1	Card	58	12-23 m	1345	62
DTP3	Card	47	12-23 m	1345	62
MCV1	Card	29	12-23 m	1345	62
Pol1	Card	58	12-23 m	1345	62
Pol3	Card	46	12-23 m	1345	62

2005 Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-IV), Haiti 2005-2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	73	12-23 m	1135	73
BCG	Card	60	12-23 m	1135	73
BCG	Card or History	75	12-23 m	1135	73
BCG	History	15	12-23 m	1135	73
DTP1	C or H <12 months	78	12-23 m	1135	73
DTP1	Card	68	12-23 m	1135	73
DTP1	Card or History	83	12-23 m	1135	73
DTP1	History	15	12-23 m	1135	73
DTP3	C or H <12 months	48	12-23 m	1135	73
DTP3	Card	49	12-23 m	1135	73
DTP3	Card or History	53	12-23 m	1135	73
DTP3	History	4	12-23 m	1135	73
MCV1	C or H <12 months	45	12-23 m	1135	73
MCV1	Card	49	12-23 m	1135	73
MCV1	Card or History	58	12-23 m	1135	73
MCV1	History	9	12-23 m	1135	73
Pol1	C or H <12 months	81	12-23 m	1135	73
Pol1	Card	70	12-23 m	1135	73
Pol1	Card or History	86	12-23 m	1135	73
Pol1	History	15	12-23 m	1135	73
Pol3	C or H <12 months	47	12-23 m	1135	73
Pol3	Card	49	12-23 m	1135	73
Pol3	Card or History	52	12-23 m	1135	73
Pol3	History	3	12-23 m	1135	73

1999 Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-III), Haiti 2000, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	68	12-23 m	1225	66
BCG	Card	53	12-23 m	1225	66
BCG	Card or History	71	12-23 m	1225	66

Haiti - survey details

BCG	History	18	12-23 m	1225	66
DTP1	C or H <12 months	71	12-23 m	1225	66
DTP1	Card	60	12-23 m	1225	66
DTP1	Card or History	76	12-23 m	1225	66
DTP1	History	15	12-23 m	1225	66
DTP3	C or H <12 months	36	12-23 m	1225	66
DTP3	Card	37	12-23 m	1225	66
DTP3	Card or History	43	12-23 m	1225	66
DTP3	History	6	12-23 m	1225	66
MCV1	C or H <12 months	34	12-23 m	1225	66
MCV1	Card	44	12-23 m	1225	66
MCV1	Card or History	54	12-23 m	1225	66
MCV1	History	10	12-23 m	1225	66
Pol1	C or H <12 months	72	12-23 m	1225	66
Pol1	Card	61	12-23 m	1225	66
Pol1	Card or History	77	12-23 m	1225	66
Pol1	History	15	12-23 m	1225	66
Pol3	C or H <12 months	38	12-23 m	1225	66
Pol3	Card	38	12-23 m	1225	66
Pol3	Card or History	43	12-23 m	1225	66
Pol3	History	4	12-23 m	1225	66

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

Haiti
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	42
2004	48
2005	37
2006	31
2007	43
2008	50
2009	70
2010	70
2011	70
2012	76
2013	76
2014	81

[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.