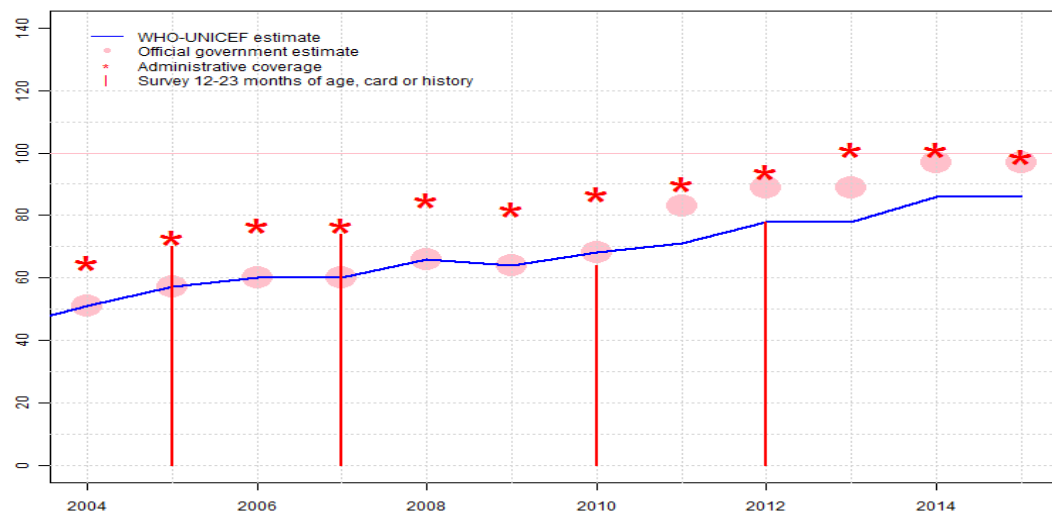


Afghanistan - BCG

AFG - BCG



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	51	57	60	60	66	64	68	71	78	78	86	86
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	51	57	60	60	66	64	68	83	89	89	97	97
Administrative	65	73	77	77	85	82	87	90	94	101	101	99
Survey	NA	70	NA	74	NA	NA	64	NA	78	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: 2015 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.

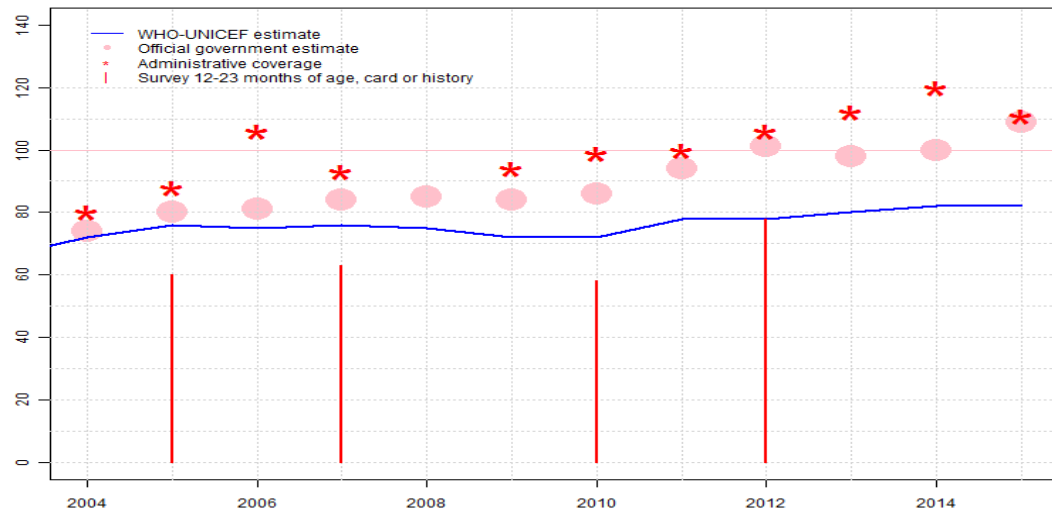
Description:

- 2004: 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-
- 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 trend in reported number of doses administered. See comment for 2003 estimates. 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 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-
- 2015: Reported data calibrated to 2012 levels. See comment for 2003 estimates. Estimate challenged by: D-

Afghanistan - DTP1

AFG - DTP1



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	72	76	75	76	75	72	72	78	78	80	82	82
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	74	80	81	84	85	84	86	94	101	98	100	109
Administrative	80	88	106	93	NA	94	99	100	106	112	120	111
Survey	NA	60	NA	63	NA	NA	58	NA	78	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: 2015 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:

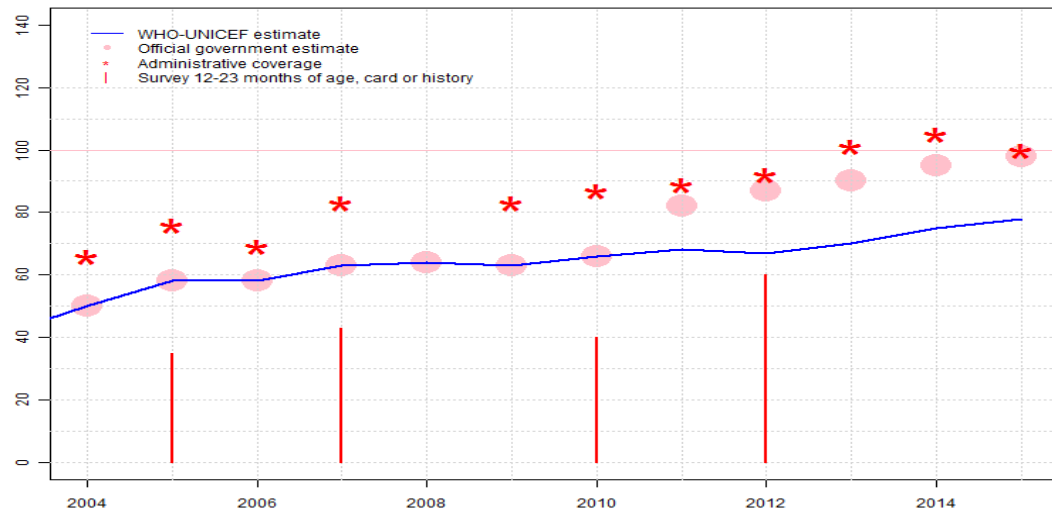
- 2004: Reported data calibrated to 2003 and 2012 levels. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. Estimate challenged by: D-S-
- 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 challenged by: D-S-
- 2006: Reported data calibrated to 2003 and 2012 levels. See comment for 2003 estimates. 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 challenged by: D-S-
- 2008: Reported data calibrated to 2003 and 2012 levels. See comment for 2003 estimates. 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 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 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 for 2003 estimates. Following the trend in administrative levels from 2010. 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

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 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-
- 2015: Reported data calibrated to 2012 levels. Reported data excluded. 109 percent greater than 100 percent. See comment for 2003 estimates. Estimate challenged by: D-

Afghanistan - DTP3

AFG - DTP3



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	50	58	58	63	64	63	66	68	67	70	75	78
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	50	58	58	63	64	63	66	82	87	90	95	98
Administrative	66	76	69	83	NA	83	87	89	92	101	105	100
Survey	NA	35	NA	43	NA	NA	40	NA	60	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: 2015 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:

- 2004: 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-
- 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 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 challenged by: D-R-S-

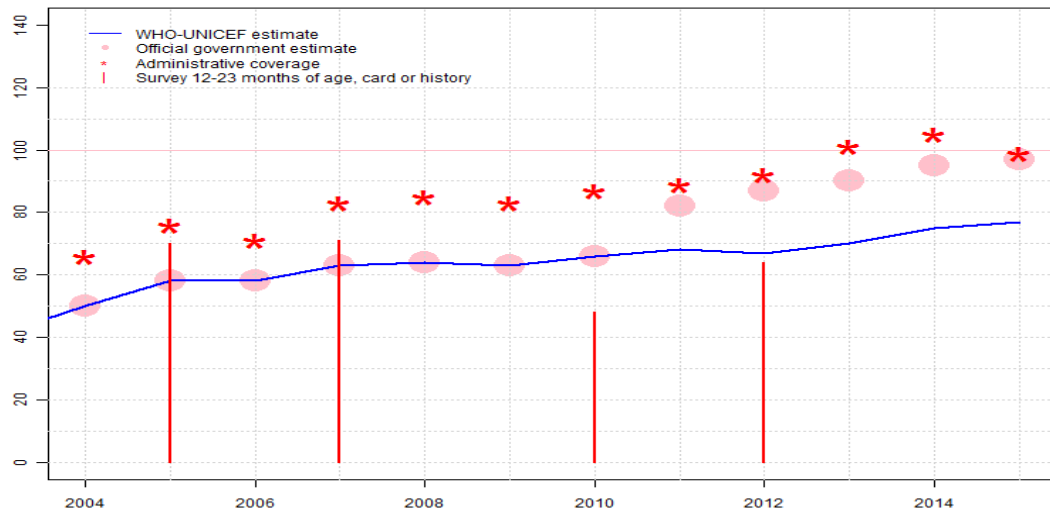
2013: Reported data calibrated to 2012 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service 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 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-

2015: Reported data calibrated to 2012 levels. See comment for 2003 estimates. Estimate challenged by: D-

Afghanistan - Pol3

AFG - Pol3



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	50	58	58	63	64	63	66	68	67	70	75	77
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	50	58	58	63	64	63	66	82	87	90	95	97
Administrative	66	76	71	83	85	83	87	89	92	101	105	99
Survey	NA	70	NA	71	NA	NA	48	NA	64	NA	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 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:

- 2004: 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-
- 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. 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 challenged by: D-R-S-

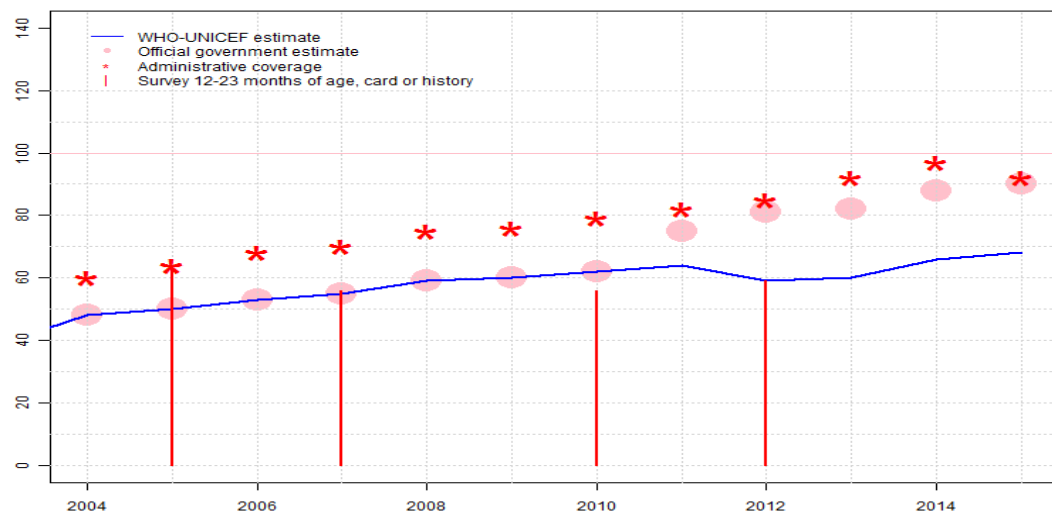
2013: Reported data calibrated to 2012 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service 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 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-

2015: Reported data calibrated to 2012 levels. See comment for 2003 estimates. Estimate challenged by: D-

Afghanistan - MCV1

AFG - MCV1



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	48	50	53	55	59	60	62	64	59	60	66	68
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	48	50	53	55	59	60	62	75	81	82	88	90
Administrative	60	64	68	70	75	76	79	82	85	92	97	92
Survey	NA	63	NA	56	NA	NA	56	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: 2015 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:

- 2004: 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-
- 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 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. 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

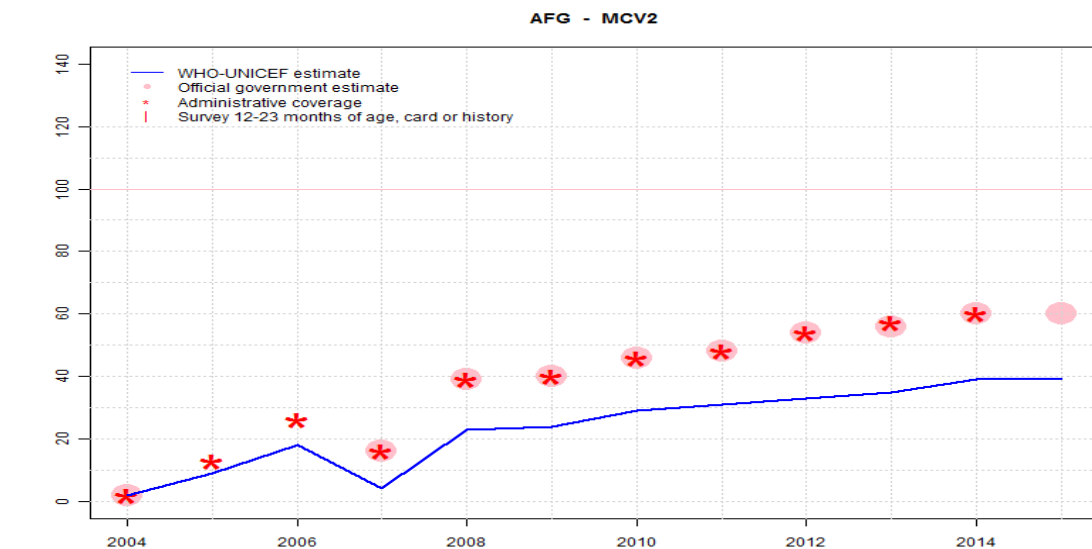
trend in reported number of doses administered. See comment for 2003 estimates. Estimate challenged by: D-R-S-

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 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-

2015: Reported data calibrated to 2012 levels. See comment for 2003 estimates. Estimate challenged by: D-

Afghanistan - MCV2



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	2	9	18	4	23	24	29	31	33	35	39	39
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	2	NA	NA	16	39	40	46	48	54	56	60	60
Administrative	2	13	26	16	39	40	46	48	54	57	60	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: 2015 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.

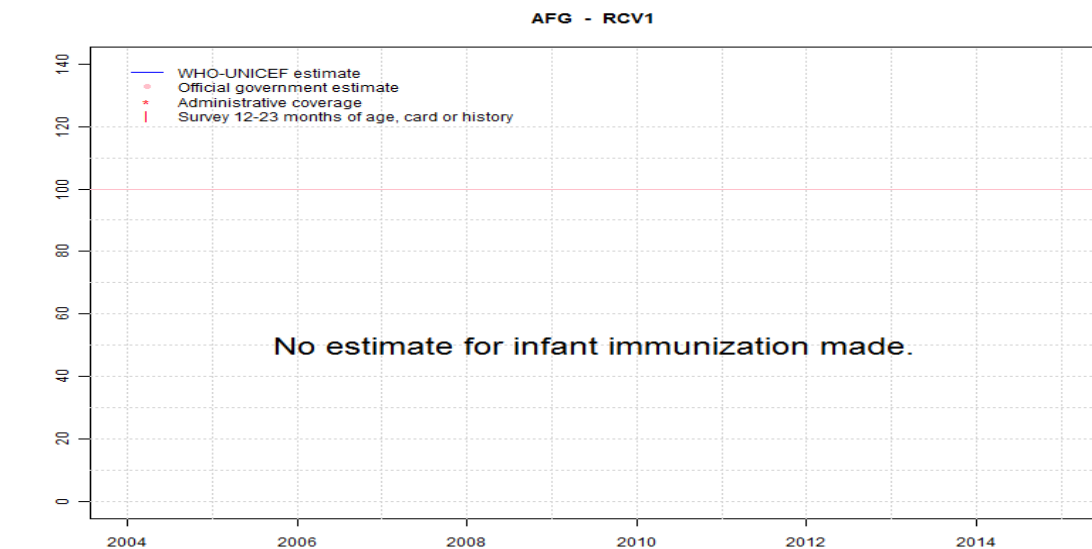
- 2004: Estimate is based on reported data. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. Estimate challenged by: S-
- 2005: Reported data calibrated to 2004 and 2008 levels. See comment for 2003 estimates. Estimate challenged by: S-
- 2006: Reported data calibrated to 2004 and 2008 levels. See comment for 2003 estimates. Estimate challenged by: S-
- 2007: Reported data calibrated to 2004 and 2008 levels. See comment for 2003 estimates. Estimate challenged by: D-S-
- 2008: Estimates follows reported data calibrated based on MCV adjustment factor (difference between reported administrative and official coverage). See comment for 2003 estimates. 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. See comment for 2003 estimates. 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. See comment for 2003 estimates. 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. See comment for 2003 estimates. 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. See comment for 2003 estimates. 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 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-

2015: Reported data calibrated to 2012 levels. See comment for 2003 estimates. GoC=No accepted empirical data

Afghanistan - RCV1



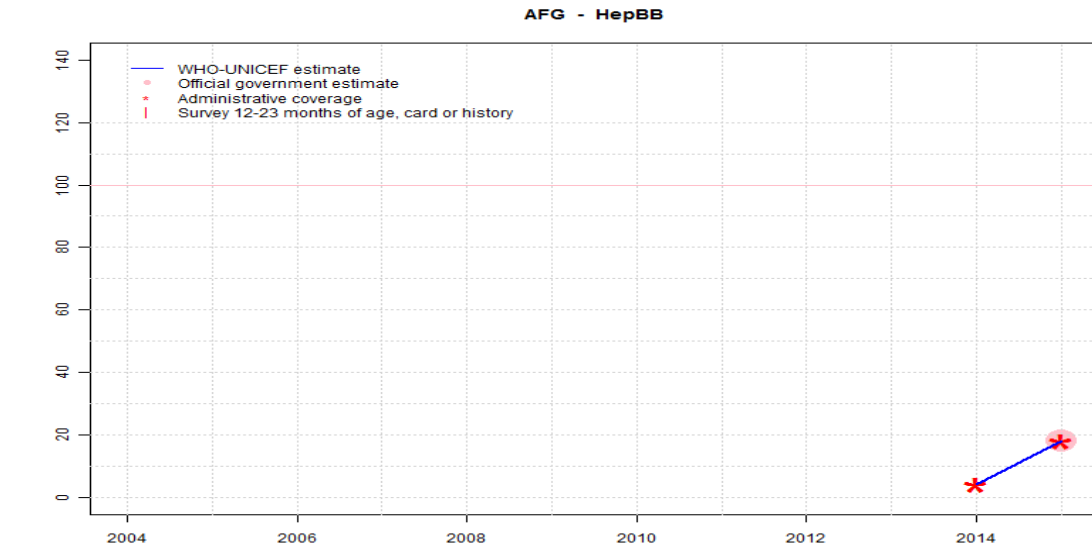
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2015 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 - HepBB



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4	18
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	18
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4	18
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: 2015 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.

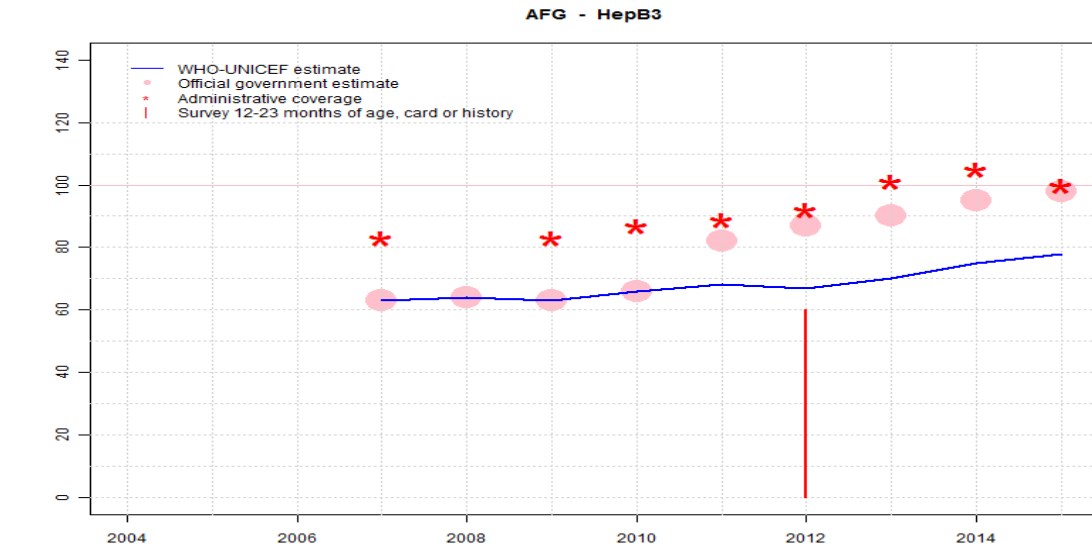
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

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.

2015: Estimate based on coverage reported by national government. Reported coverage using national target population. GoC=Assigned by working group.

Afghanistan - HepB3



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	63	64	63	66	68	67	70	75	78
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	63	64	63	66	82	87	90	95	98
Administrative	NA	NA	NA	83	NA	83	87	89	92	101	105	100
Survey	NA	NA	NA	NA	NA	NA	NA	NA	60	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: 2015 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:

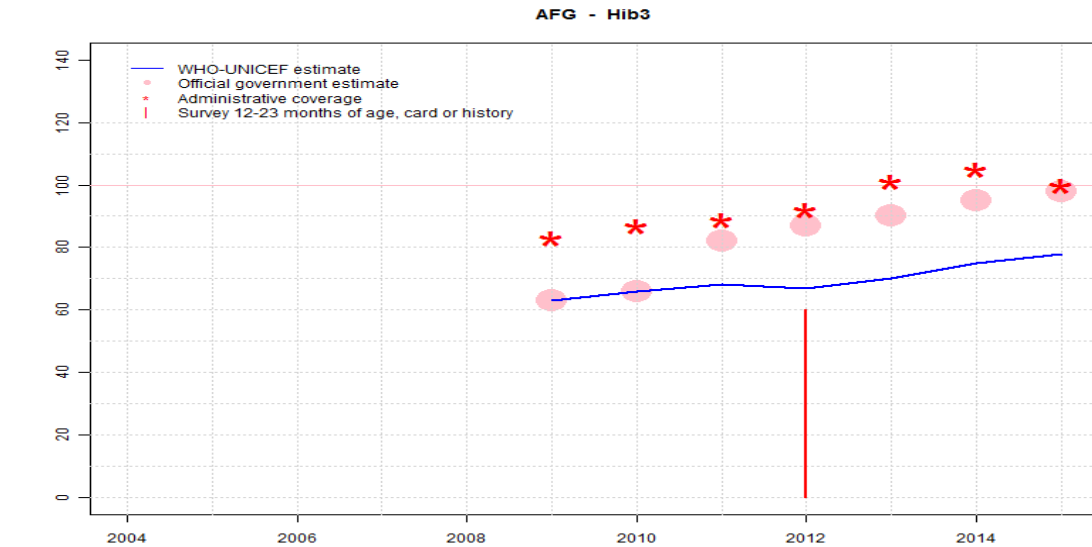
- 2007: Estimate based on reported data. HepB vaccine introduced in 2006. Reporting started in 2007. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties 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 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 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

Afghanistan - HepB3

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.

2015: Reported data calibrated to 2012 levels. Estimate challenged by: D-

Afghanistan - Hib3



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	63	66	68	67	70	75	78
Estimate GoC	NA	NA	NA	NA	NA	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	63	66	82	87	90	95	98
Administrative	NA	NA	NA	NA	NA	83	87	89	92	101	105	100
Survey	NA	NA	NA	NA	NA	NA	NA	NA	60	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: 2015 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:

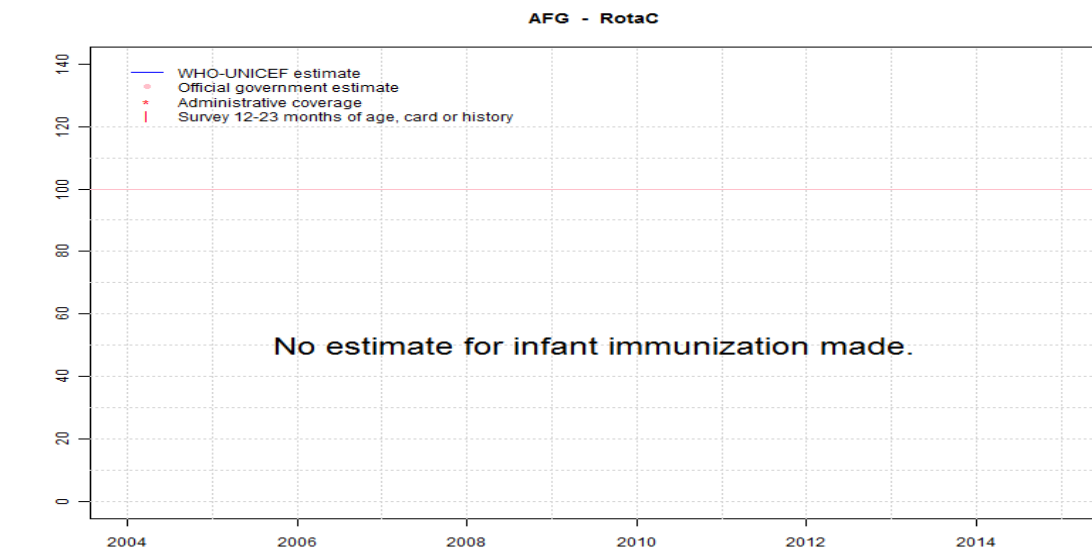
- 2009: Estimate based on reported data. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. Hib vaccine introduced in 2009 Vaccine presentation is DTP-HepB-Hib. Trend in official government estimate follows trend in administrative 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 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 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 im-

Afghanistan - Hib3

provements in service delivery. See comment for 2009 estimates. Estimate challenged by: D-

2015: Reported data calibrated to 2012 levels. See comment for 2009 estimates. Estimate challenged by: D-

Afghanistan - RotaC



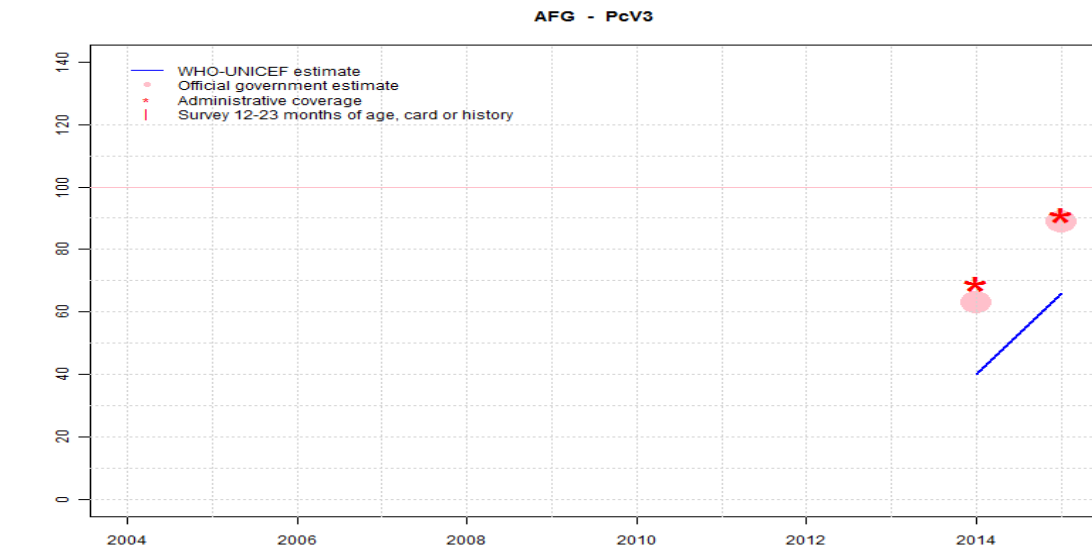
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2015 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



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	40	66
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	63	89
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	69	91
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: 2015 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-

2015: Reported data calibrated to 2014 levels. Estimate challenged by: D-

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 (%)
2004	95
2005	96
2006	95
2007	84
2008	83
2009	89
2010	79
2011	60
2012	60
2013	65
2014	70
2015	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.