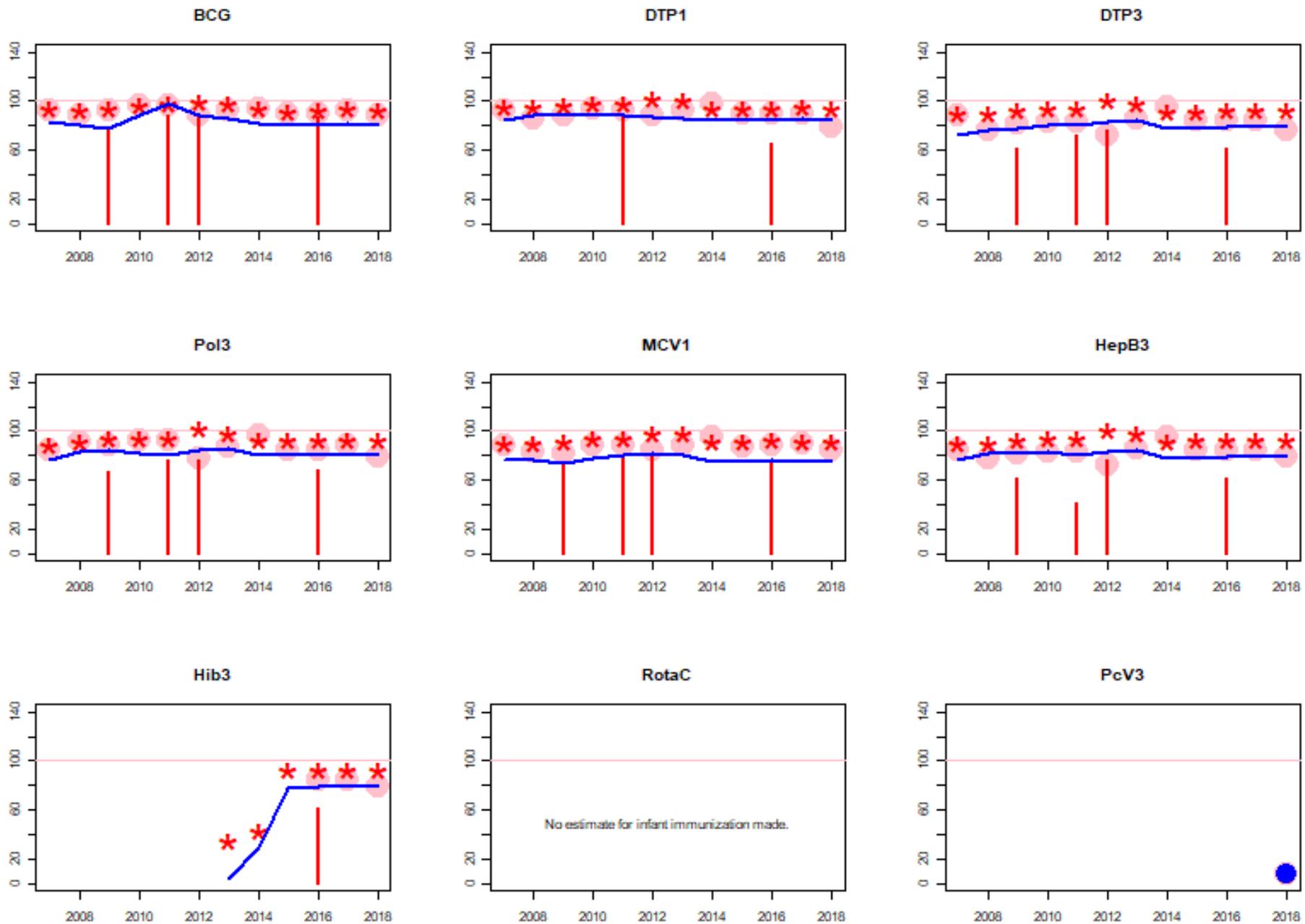


Indonesia: WHO and UNICEF estimates of immunization coverage: 2018 revision



BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from the published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

DATA SOURCES.

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 12-23 months or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on the period of data collection.

ABBREVIATIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

Pol3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine

immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

MCV1: percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

MCV2: percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration nor are the data represented in the accompanying graph and data table.

HepBB: percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HepB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

HepB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

Hib3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

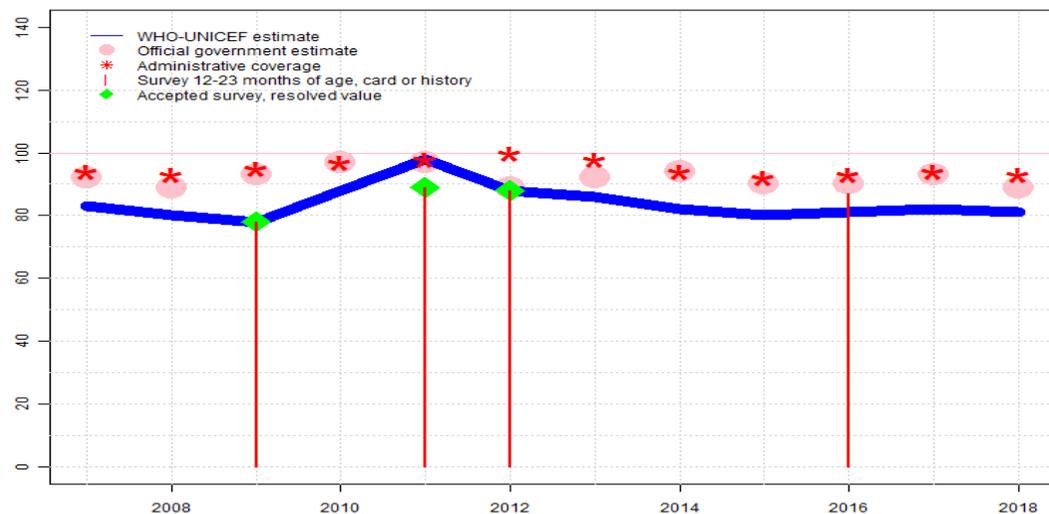
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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Indonesia - BCG

IDN - BCG



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	83	80	78	88	98	88	86	82	80	81	82	81
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	92	89	93	97	97	89	92	94	90	90	93	89
Administrative	94	93	95	97	98	100	98	94	92	93	94	93
Survey	NA	NA	78	NA	89	88	NA	NA	NA	87	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: 2017 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.
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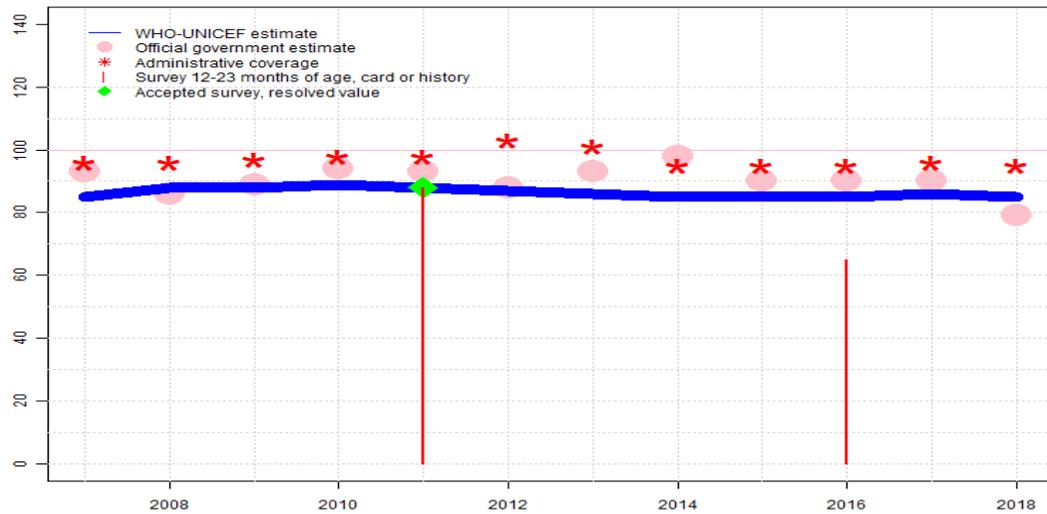
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Description:

- 2018: Reported data calibrated to 2012 levels. WHO and UNICEF are aware of a 2017 DHS survey and await final results. Preliminary results support official reported data for the 2016 birth cohort. See results below for 2016. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2012 levels. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2012 levels. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Preliminary results of Indonesia Demographic and Health Survey 2017 is 91 percent. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 levels. Programme reports six month stock-out during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 levels. Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 88 percent based on 1 survey(s). Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2011: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 89 percent based on 1 survey(s). Calibration applied to administrative coverage levels. Estimate challenged by: S-
- 2010: Reported data calibrated to 2009 and 2011 levels. Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 78 percent based on 1 survey(s). Calibration applied to administrative coverage levels. Estimate challenged by: D-R-S-
- 2008: Reported data calibrated to 2006 and 2009 levels. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2006 and 2009 levels. Estimate challenged by: R-

Indonesia - DTP1

IDN - DTP1



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	85	88	88	89	88	87	86	85	85	85	86	85
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	86	89	94	93	88	93	98	90	90	90	79
Administrative	96	96	97	98	98	103	101	95	95	95	96	95
Survey	NA	NA	NA	NA	88	NA	NA	NA	NA	65	NA	NA

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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2017 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.

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- 2017: Reported data calibrated to 2011 levels. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate of 86 percent changed from previous revision value of 96 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2011 levels. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Preliminary results of Indonesia Demographic and Health Survey 2017 is 89 percent. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate of 85 percent changed from previous revision value of 95 percent. Estimate challenged by: R-
- 2015: Reported data calibrated to 2011 levels. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate of 85 percent changed from previous revision value of 95 percent. Estimate challenged by: R-
- 2014: Reported data calibrated to 2011 levels. Programme reports four month stock-out during first half of year. Estimates based on a calibration applied to administrative coverage levels. Estimate of 85 percent changed from previous revision value of 95 percent. Estimate challenged by: R-
- 2013: Reported data calibrated to 2011 levels. Reported data excluded because 101 percent greater than 100 percent. Estimates based on a calibration applied to administrative coverage levels. Estimate of 86 percent changed from previous revision value of 96 percent. Estimate challenged by: R-
- 2012: Reported data calibrated to 2011 levels. Reported data excluded because 103 percent greater than 100 percent. Estimates based on a calibration applied to administrative coverage levels. Estimate of 87 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2011: Estimate of 88 percent assigned by working group. Estimate is based on survey result. Estimates based on a calibration applied to administrative coverage levels. Estimate of 88 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2010: Reported data calibrated to 2006 and 2011 levels. Estimates based on a calibration applied to administrative coverage levels. Estimate of 89 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2009: Reported data calibrated to 2006 and 2011 levels. Estimates based on a calibration applied to administrative coverage levels. Estimate of 88 percent changed from previous revision

Indonesia - DTP1

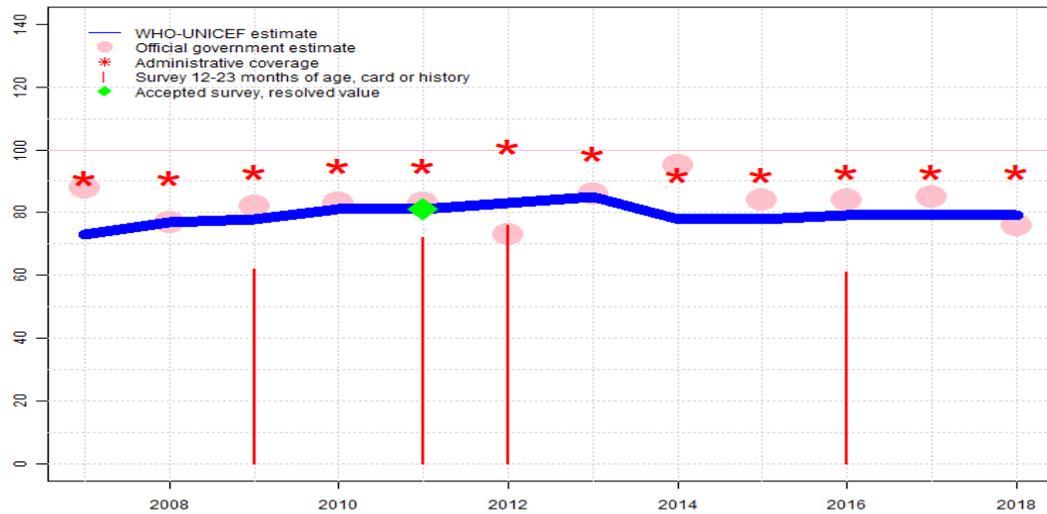
value of 94 percent. Estimate challenged by: R-

2008: Reported data calibrated to 2006 and 2011 levels. Estimates based on a calibration applied to administrative coverage levels. Estimate of 88 percent changed from previous revision value of 92 percent. Estimate challenged by: R-

2007: Reported data calibrated to 2006 and 2011 levels. Estimate of 85 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-

Indonesia - DTP3

IDN - DTP3



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	73	77	78	81	81	83	85	78	78	79	79	79
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	88	77	82	83	83	73	86	95	84	84	85	76
Administrative	91	91	93	95	95	101	99	92	92	93	93	93
Survey	NA	NA	62	NA	72	76	NA	NA	NA	61	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: 2017 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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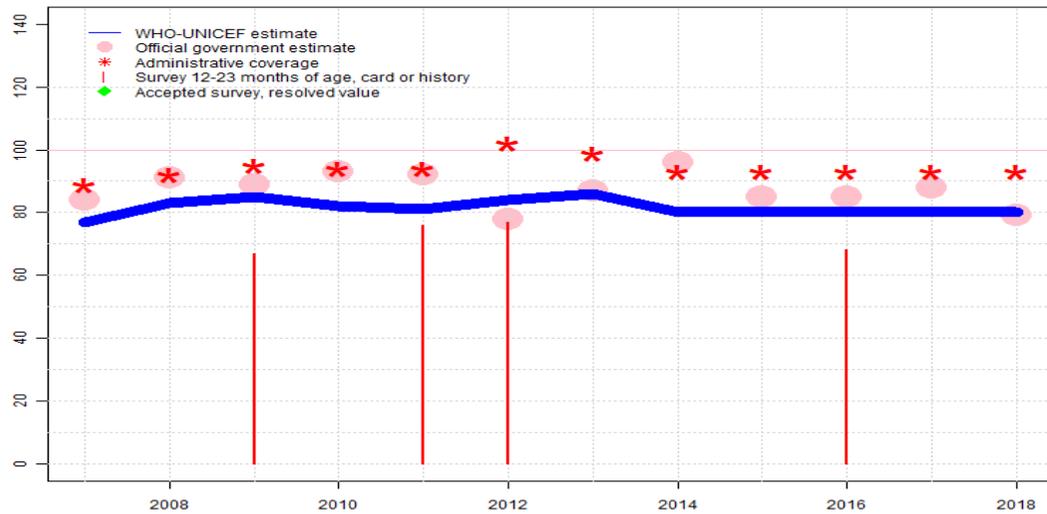
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- 2017: Reported data calibrated to 2011 levels. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2011 levels. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Preliminary results of Indonesia Demographic and Health Survey 2017 is 77 percent. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2011 levels. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2011 levels. Programme reports four month stock-out during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2011 levels. Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2012: Reported data calibrated to 2011 levels. Indonesia Basic Health Survey (RISKES-DAS) 2013 results ignored by working group. Insufficient evidence to correct for recall bias. Reported data excluded because 101 percent greater than 100 percent. Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 81 percent based on 1 survey(s). Indonesia Demographic and Health Survey 2012 card or history results of 72 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 40 percent and 3rd dose card only coverage of 37 percent. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2006 and 2011 levels. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2009: Reported data calibrated to 2006 and 2011 levels. Indonesia Basic Health Survey (RISKES-DAS) 2010 results ignored by working group. Insufficient evidence to correct for recall bias. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2006 and 2011 levels. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2006 and 2011 levels. Estimate challenged by: D-R-

Indonesia - Pol3

IDN - Pol3



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	77	83	85	82	81	84	86	80	80	80	80	80
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	91	89	93	92	78	87	96	85	85	88	79
Administrative	89	92	95	94	94	102	99	93	93	93	93	93
Survey	NA	NA	67	NA	76	77	NA	NA	NA	68	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.

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Description:

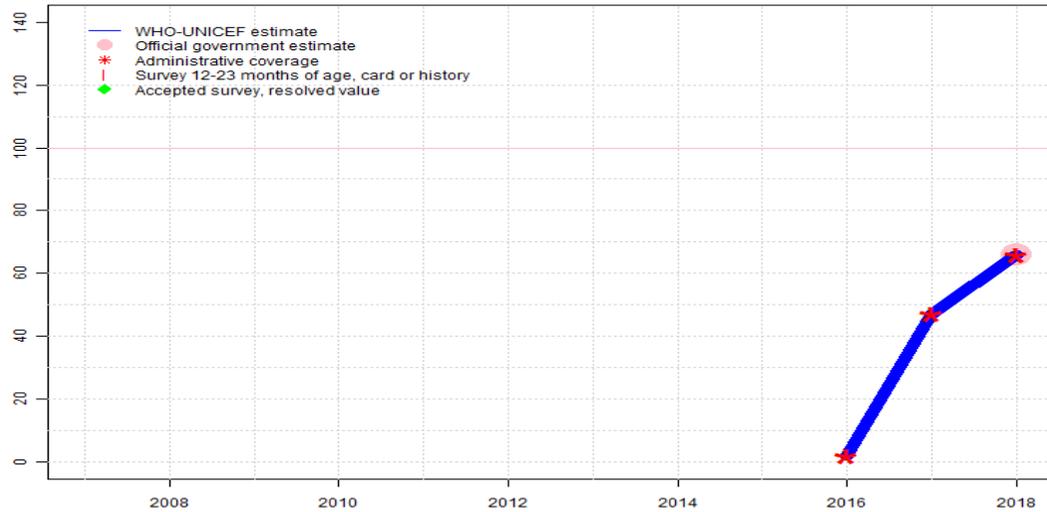
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- 2016: Reported data calibrated to 2011 levels. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Programme reports three month vaccine stock-out at national level. Preliminary results of Indonesia Demographic and Health Survey 2017 is 83 percent. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2011 levels. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2011 levels. Programme reports six month stock-out during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
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- 2011: Estimate of 81 percent assigned by working group. Based on DTP survey results adjusted for recall bias. Indonesia Demographic and Health Survey 2012 results ignored by working group. Survey result likely includes polio doses administered during supplementary immunization activities. Indonesia Demographic and Health Survey 2012 card or history results of 76 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 41 percent and 3rd dose card only coverage of 38 percent. Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2010: Reported data calibrated to 2006 and 2011 levels. Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2009: Reported data calibrated to 2006 and 2011 levels. Indonesia Basic Health Survey (RISKES-DAS) 2010 results ignored by working group. Insufficient evidence to correct for recall bias. Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2008: Reported data calibrated to 2006 and 2011 levels. Calibration applied to administrative

Indonesia - Pol3

coverage levels. Estimate challenged by: R-
2007: Reported data calibrated to 2006 and 2011 levels. Estimate challenged by: D-R-

Indonesia - IPV1

IDN - IPV1



Description:

Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative's Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of IPV into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

2018: Estimate based on coverage reported by national government. Estimate exceptionally based on reported coverage following introduction. GoC=Assigned by working group. Consistency with GoC for other vaccines.

2017: Estimate based on reported administrative estimate. Estimate exceptionally based on reported coverage following introduction. GoC=Assigned by working group. Consistency with GoC for other vaccines.

2016: Estimate based on reported administrative estimate. Inactivated polio vaccine introduced in 2016. Estimate exceptionally based on reported coverage following introduction. GoC=Assigned by working group. Consistency with GoC for other vaccines.

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA	2	47	66								
Estimate GoC	NA	•	•	•								
Official	NA	66										
Administrative	NA	2	47	66								
Survey	NA											

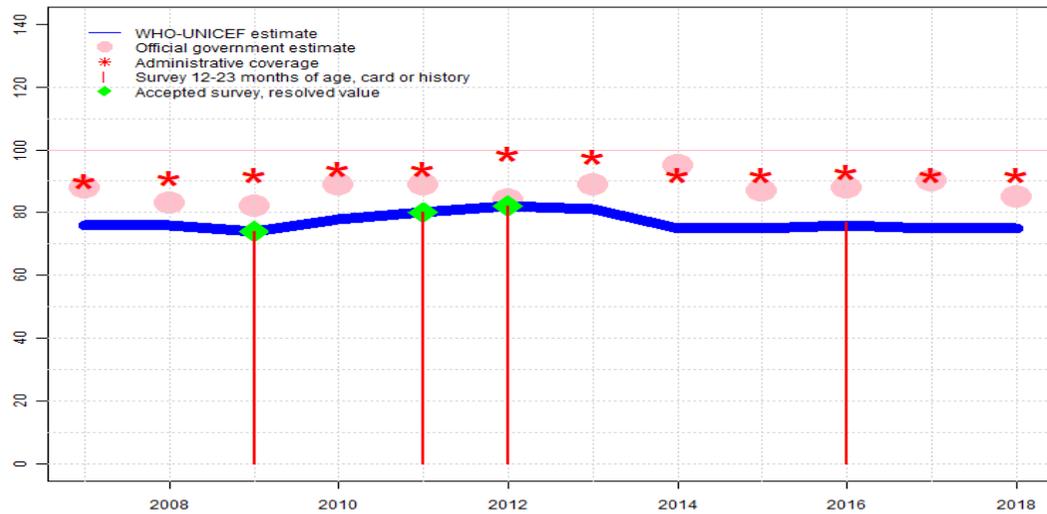
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Indonesia - MCV1

IDN - MCV1



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	76	76	74	78	80	82	81	75	75	76	75	75
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	88	83	82	89	89	84	89	95	87	88	90	85
Administrative	90	91	92	94	94	99	98	92	92	93	92	92
Survey	NA	NA	74	NA	80	82	NA	NA	NA	77	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.

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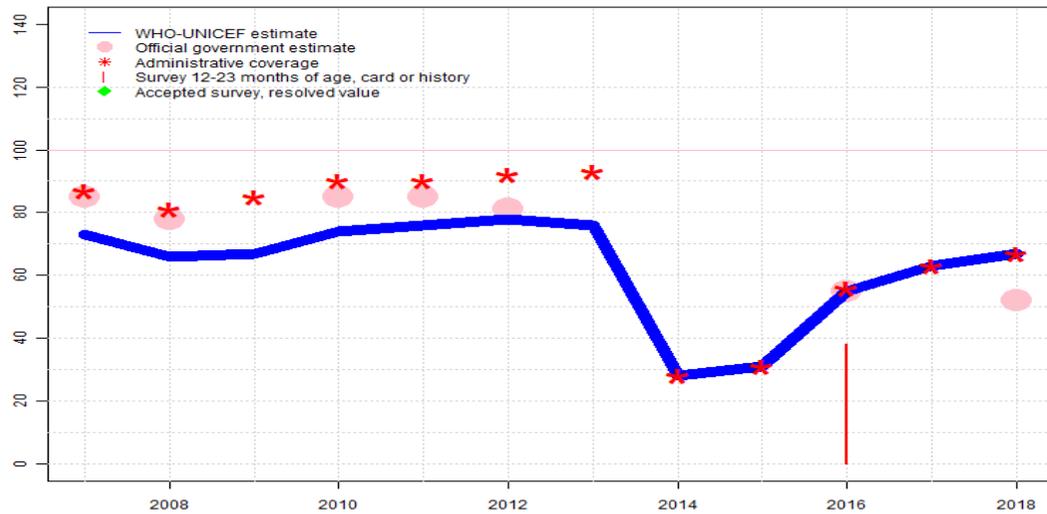
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- 2016: Reported data calibrated to 2012 levels. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Preliminary results of Indonesia Demographic and Health Survey 2017 is 87 percent. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 levels. Programme reports two month stock-out during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 levels. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 82 percent based on 1 survey(s). Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 80 percent based on 1 survey(s). Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2009 and 2011 levels. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2006 and 2009 levels. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2006 and 2009 levels. Estimate challenged by: D-R-

Indonesia - MCV2

IDN - MCV2



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	73	66	67	74	76	78	76	28	31	55	63	67
Estimate GoC	•	•	•	•	•	•	•	••	•	•	•	•
Official	85	78	NA	85	85	81	NA	NA	NA	55	NA	52
Administrative	87	81	85	90	90	92	93	28	31	56	63	67
Survey	NA	38	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: 2017 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.

2018: Estimate based on reported administrative data. Estimate exceptionally based on reported coverage following change in schedule. Estimate is based on reported administrative coverage. GoC=Assigned by working group. Consistency with GoC for other vaccines.

2017: Estimate based on reported administrative data. Estimate exceptionally based on reported coverage following change in schedule. GoC=Assigned by working group. Consistency with GoC for other vaccines.

2016: Estimate based on coverage reported by national government. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Estimate is based on reported administrative coverage following change in schedule. GoC=Assigned by working group. Consistency with GoC for other vaccines.

2015: Estimate based on reported administrative data. No explanation provided for continued low levels of reported coverage for second dose of MCV following change in schedule. Reported target population appears to cover multiple birth cohorts. Estimate challenged by: D-

2014: Decline in administrative coverage reflects change in reporting for children under 3 years following a transition in the recommended schedule. School-based administration to children aged 6-7 years was 92 percent during 2014, similar to levels reported in prior years for this age group. GoC=R+ D+

2013: Estimate of 76 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-

2012: Estimate of 78 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-

2011: Estimate of 76 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-

2010: Estimate of 74 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-

2009: Estimate of 67 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-

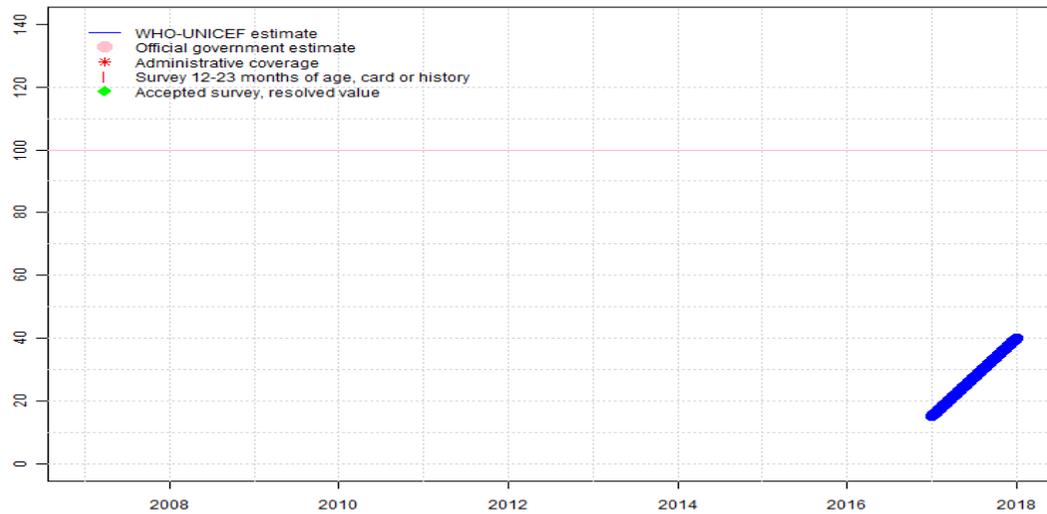
2008: Estimate of 66 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-

Indonesia - MCV2

2007: Estimate of 73 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Estimate challenged by: R-

Indonesia - RCV1

IDN - RCV1



Description:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the the accompanying graph and data table.

2018: Rubella containing vaccine continues to be partially introduced across the country. Estimate is based on an adjustment to the reported administrative data based on the difference between estimated and reported coverage for MCV1. Estimate challenged by: D-R-

2017: Programme introduce rubella-containing vaccine in part of the country. Estimate challenged by: D-R-

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA	15	40									
Estimate GoC	NA	●	●									
Official	NA											
Administrative	NA											
Survey	NA											

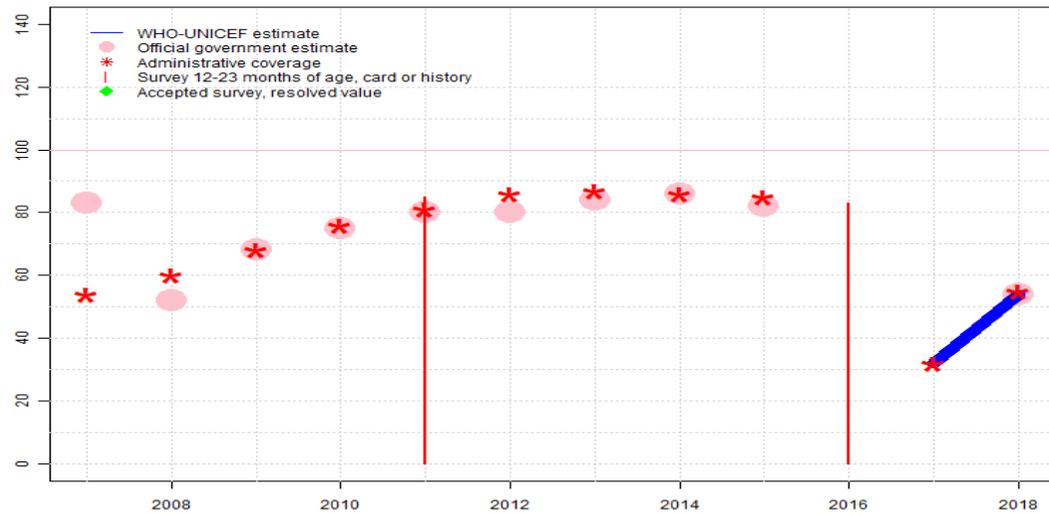
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2017 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.

Indonesia - HepBB

IDN - HepBB



Description:

2018: Estimate based on coverage reported by national government. Estimate exceptionally based on reported coverage. GoC=Assigned by working group. Consistency with GoC for other vaccines.

2017: Estimate based on reported administrative estimate. Estimate exceptionally based on reported coverage. Beginning in 2017 the Programme reports doses given within 24 hours separate from later doses. GoC=Assigned by working group. Consistency with GoC for other vaccines.

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA	32	54									
Estimate GoC	NA	•	•									
Official	83	52	68	75	80	80	84	86	82	NA	NA	54
Administrative	54	60	68	76	81	86	87	86	85	NA	32	55
Survey	NA	NA	NA	NA	85	NA	NA	NA	NA	83	NA	NA

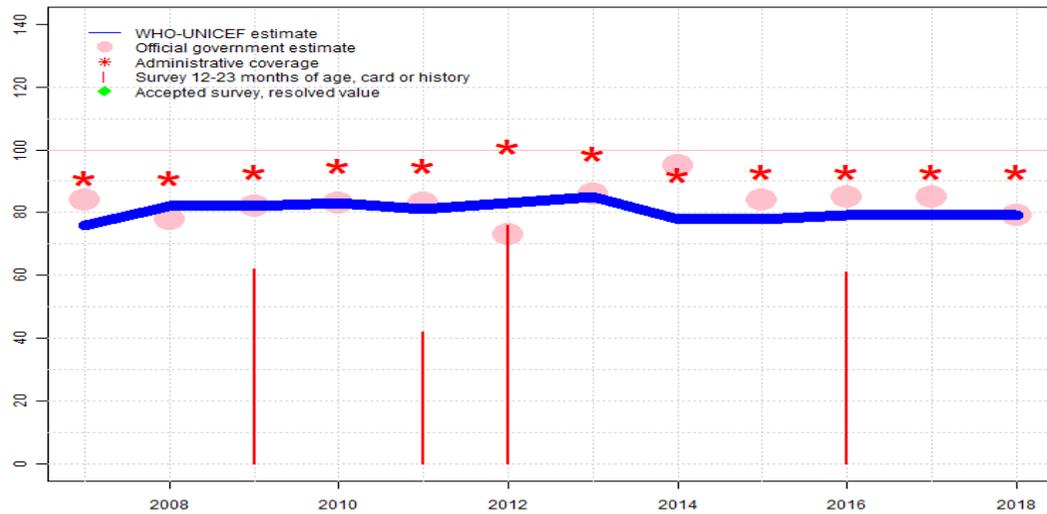
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2017 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.

Indonesia - HepB3

IDN - HepB3



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	76	82	82	83	81	83	85	78	78	79	79	79
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	78	82	83	83	73	86	95	84	85	85	79
Administrative	91	91	93	95	95	101	99	92	93	93	93	93
Survey	NA	NA	62	NA	42	76	NA	NA	NA	61	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: 2017 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:

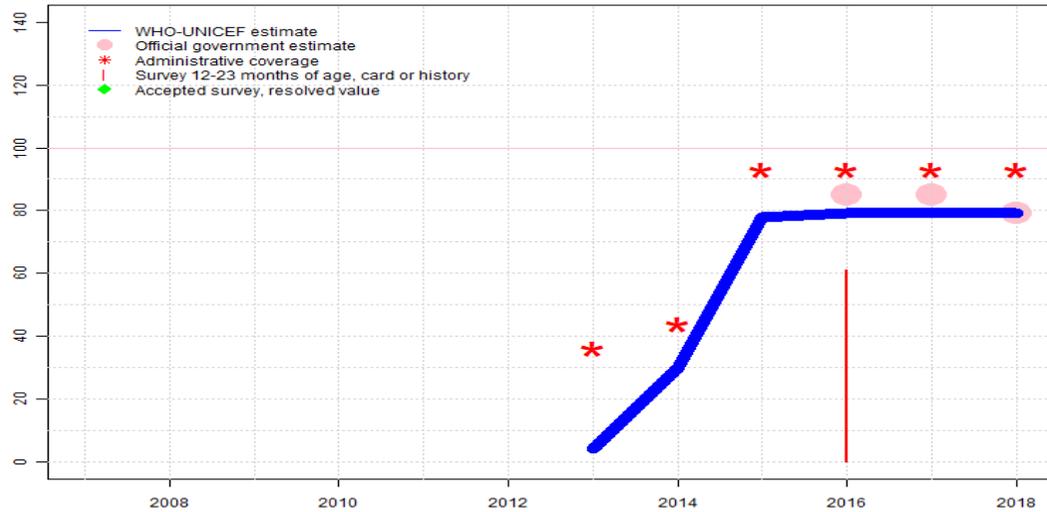
- 2018: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of a 2017 DHS survey and await final results. Preliminary results support official reported data for the 2016 birth cohort. See results below for 2016. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2016: Estimate of 79 percent assigned by working group. Estimate is based on estimated DTP3 level. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Preliminary results of Indonesia Demographic and Health Survey 2017 is 77 percent. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2015: Estimate of 78 percent assigned by working group. Estimate is based on estimated DTP3 level. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2014: Estimate of 78 percent assigned by working group. Estimate is based on estimated DTP3 level. Programme reports four month stock-out during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2011 and 2014 levels. Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2012: Reported data calibrated to 2011 and 2014 levels. Indonesia Basic Health Survey (RISKES-DAS) 2013 results ignored by working group. Insufficient evidence to correct for recall bias. Reported data excluded because 101 percent greater than 100 percent. Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2011: Estimate of 81 percent assigned by working group. Based on DTP survey results adjusted for recall bias. Indonesia Demographic and Health Survey 2012 results ignored by working group. Survey results for HepB3 inconsistent with DTP3 while vaccine presentation is DTP-HepB tetraivalent vaccine. Indonesia Demographic and Health Survey 2012 card or history results of 42 percent modified for recall bias to 58 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 37 percent and 3rd dose card only coverage of 29 percent. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2006 and 2011 levels. Calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2009: Reported data calibrated to 2006 and 2011 levels. Indonesia Basic Health Survey (RISKES-DAS) 2010 results ignored by working group. Insufficient evidence to correct for recall bias. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2006 and 2011 levels. Calibration applied to administrative coverage levels. Estimate challenged by: R-S-

Indonesia - HepB3

2007: Reported data calibrated to 2006 and 2011 levels. Estimate challenged by: D-R-

Indonesia - Hib3

IDN - Hib3



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA	NA	NA	NA	NA	NA	4	30	78	79	79	79
Estimate GoC	NA	NA	NA	NA	NA	NA	•	•	•	•	•	•
Official	NA	85	85	79								
Administrative	NA	NA	NA	NA	NA	NA	36	44	93	93	93	93
Survey	NA	61	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.

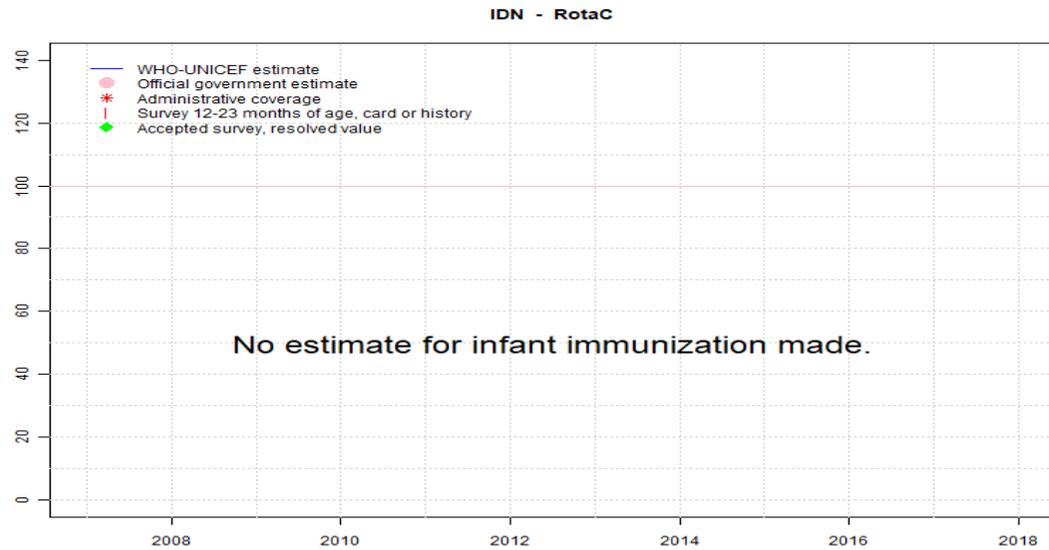
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2017 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2018: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of a 2017 DHS survey and await final results. Preliminary results support official reported data for the 2016 birth cohort. See results below for 2016. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2016: Estimate of 79 percent assigned by working group. Estimate is based on estimated DTP3 level. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Preliminary results of Indonesia Demographic and Health Survey 2017 is 77 percent. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2015: Estimate of 78 percent assigned by working group. Reported data based on national target population. Estimate is based on estimated DTP3 level. Adjustments used to obtain reported official government estimate is unexplained. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-
- 2014: Estimate of 30 percent assigned by working group. Reported data based on national target population. Estimate is based on calibrated DTP3 level. Estimate challenged by: D-R-
- 2013: Estimate of 4 percent assigned by working group. DTP-HepB-Hib pentavalent combination vaccine introduced in part of the country in August 2013. Thirty-six percent coverage achieved in 24 percent of national target population. Estimate challenged by: R-

Indonesia - RotaC



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA											
Estimate GoC	NA											
Official	NA											
Administrative	NA											
Survey	NA											

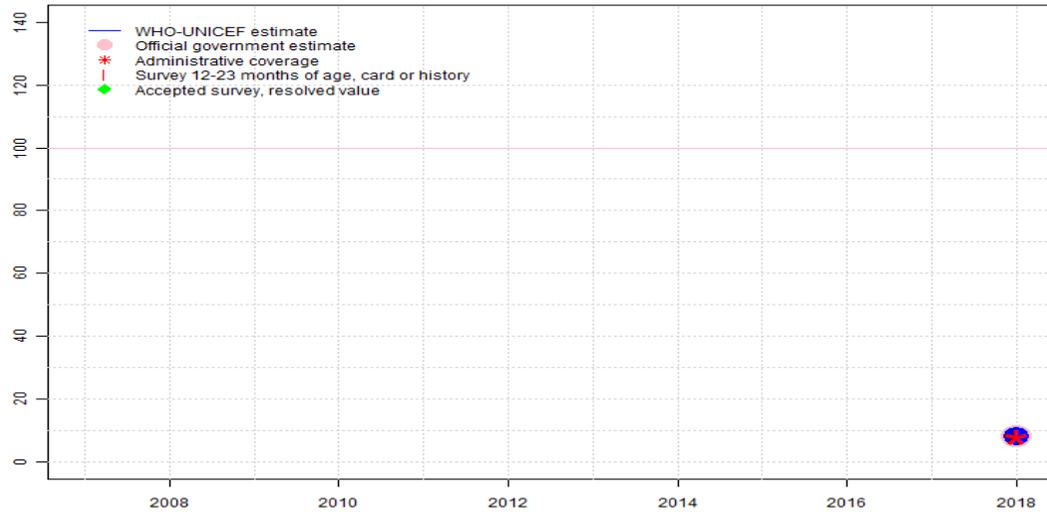
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2017 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.

Indonesia - PcV3

IDN - PcV3



Description:

2018: Estimate based on coverage reported by national government. Pneumococcal conjugate vaccine partially introduced in 2017 with full roll out expected in 2019. Reporting began in 2018. GoC=Assigned by working group. Consistency with GoC for other vaccines.

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Estimate	NA	8										
Estimate GoC	NA	●										
Official	NA	8										
Administrative	NA	8										
Survey	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: 2017 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.

Indonesia - survey details

2016 Indonesia Laporan Nasional Riskesdas 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	86.9	12-23 m	18165	35
DTP1	Card or History	65.4	12-23 m	18165	35
DTP3	Card or History	61.3	12-23 m	18165	35
HepB1	Card or History	65.4	12-23 m	18165	35
HepB3	Card or History	61.3	12-23 m	18165	35
HepBB	Card or History	83.1	12-23 m	18165	35
Hib1	Card or History	65.4	12-23 m	18165	35
Hib3	Card or History	61.3	12-23 m	18165	35
MCV1	Card or History	77.3	12-23 m	18165	35
MCV2	Card or History	38.3	24-35 m	18986	35
Pol3	Card or History	67.6	12-23 m	18165	35

2012 Riset Kesehatan Dasar (RISKESDAS) 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	87.6	12-23 m	15727	-
DTP3	Card or History	75.6	12-23 m	15727	-
HepB3	Card or History	75.6	12-23 m	15727	-
MCV1	Card or History	82.1	12-23 m	15727	-
Pol3	Card or History	77	12-23 m	15727	-

2011 Indonesia Demographic and Health Survey 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	88.6	12-23 m	3333	41
BCG	Card	39.7	12-23 m	1370	41
BCG	Card or History	89.3	12-23 m	3333	41
BCG	History	49.6	12-23 m	1963	41
DTP1	C or H <12 months	87.6	12-23 m	3333	41
DTP1	Card	40.2	12-23 m	1370	41
DTP1	Card or History	88.1	12-23 m	3333	41
DTP1	History	47.9	12-23 m	1963	41
DTP3	C or H <12 months	70.6	12-23 m	3333	41

DTP3	Card	37	12-23 m	1370	41
DTP3	Card or History	72	12-23 m	3333	41
DTP3	History	35	12-23 m	1963	41
HepB1	C or H <12 months	74	12-23 m	3333	41
HepB1	Card	37.1	12-23 m	1370	41
HepB1	Card or History	74.5	12-23 m	3333	41
HepB1	History	37.5	12-23 m	1963	41
HepB3	C or H <12 months	40.9	12-23 m	3333	41
HepB3	Card	28.9	12-23 m	1370	41
HepB3	Card or History	42.4	12-23 m	3333	41
HepB3	History	13.6	12-23 m	1963	41
HepBB	C or H <12 months	84.8	12-23 m	3333	41
HepBB	Card	39.6	12-23 m	1370	41
HepBB	Card or History	85.3	12-23 m	3333	41
HepBB	History	45.7	12-23 m	1963	41
MCV1	C or H <12 months	74.2	12-23 m	3333	41
MCV1	Card	35.7	12-23 m	1370	41
MCV1	Card or History	80.1	12-23 m	3333	41
MCV1	History	44.4	12-23 m	1963	41
Pol1	C or H <12 months	90.7	12-23 m	3333	41
Pol1	Card	40.7	12-23 m	1370	41
Pol1	Card or History	91.2	12-23 m	3333	41
Pol1	History	50.5	12-23 m	1963	41
Pol3	C or H <12 months	74.6	12-23 m	3333	41
Pol3	Card	37.5	12-23 m	1370	41
Pol3	Card or History	75.9	12-23 m	3333	41
Pol3	History	38.4	12-23 m	1963	41

2009 Riset Kesehatan Dasar (RISKESDAS) 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	77.9	12-23 m	4505	-
DTP3	Card or History	61.9	12-23 m	4505	-
HepB3	Card or History	61.9	12-23 m	4505	-
MCV1	Card or History	74.4	12-23 m	4505	-
Pol3	Card or History	66.7	12-23 m	4505	-

2006 Indonesia Demographic and Health Survey 2007

Indonesia - survey details

2006 Republic of Indonesia Immunization Coverage Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	84.4	12-23 m	3094	37
BCG	Card	34.6	12-23 m	3094	37
BCG	Card or History	85.4	12-23 m	3094	37
BCG	History	50.8	12-23 m	3094	37
DTP1	C or H <12 months	82.9	12-23 m	3094	37
DTP1	Card	35.8	12-23 m	3094	37
DTP1	Card or History	84.4	12-23 m	3094	37
DTP1	History	48.7	12-23 m	3094	37
DTP3	C or H <12 months	64.3	12-23 m	3094	37
DTP3	Card	31.2	12-23 m	3094	37
DTP3	Card or History	66.7	12-23 m	3094	37
DTP3	History	35.4	12-23 m	3094	37
HepB1	Card or History	80.5	12-23 m	3094	37
HepB3	Card or History	60.3	12-23 m	3094	37
MCV1	C or H <12 months	67	12-23 m	3094	37
MCV1	Card	30.9	12-23 m	3094	37
MCV1	Card or History	76.4	12-23 m	3094	37
MCV1	History	45.5	12-23 m	3094	37
Pol1	C or H <12 months	87.2	12-23 m	3094	37
Pol1	Card	35.9	12-23 m	3094	37
Pol1	Card or History	89.2	12-23 m	3094	37
Pol1	History	53.3	12-23 m	3094	37
Pol3	C or H <12 months	71.1	12-23 m	3094	37
Pol3	Card	32.3	12-23 m	3094	37
Pol3	Card or History	73.5	12-23 m	3094	37
Pol3	History	41.2	12-23 m	3094	37

2006 Report of Result of National Basic Health Research (RISKEDAS) 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	86.9	12-23 m	438	23
DTP3	Card or History	67.7	12-23 m	438	23
HepB3	Card or History	62.8	12-23 m	438	23
MCV1	Card or History	81.6	12-23 m	438	23
Pol3	Card or History	71	12-23 m	438	23

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	91	12-23 m	18204	52
DTP1	Card or History	87	12-23 m	18204	52
DTP3	Card or History	75	12-23 m	18204	52
HepB3	Card or History	74	12-23 m	18204	52
MCV1	Card or History	80	12-23 m	18204	52
Pol3	Card or History	83	12-23 m	18204	52

2001 Indonesia Demographic and Health Survey 2002-2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	93.1	12-23 m	2819	31
BCG	Card or History	82.5	12-23 m	2819	31
BCG	History	77.8	12-23 m	2819	31
DTP1	Card	93.8	12-23 m	2819	31
DTP1	Card or History	81.4	12-23 m	2819	31
DTP1	History	75.9	12-23 m	2819	31
DTP3	Card	80.6	12-23 m	2819	31
DTP3	Card or History	58.3	12-23 m	2819	31
DTP3	History	48.4	12-23 m	2819	31
MCV1	Card	70.9	12-23 m	2819	31
MCV1	Card or History	71.6	12-23 m	2819	31
MCV1	History	68.5	12-23 m	2819	31
Pol1	Card	95.9	12-23 m	2819	31
Pol1	Card or History	87.3	12-23 m	2819	31
Pol1	History	83.5	12-23 m	2819	31
Pol3	Card	87.9	12-23 m	2819	31
Pol3	Card or History	66.1	12-23 m	2819	31
Pol3	History	56.5	12-23 m	2819	31

2001 NID + Routine Coverage Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	76.4	12-35 m	-	66
DTP1	Card or History	76.9	12-35 m	-	66
DTP3	Card or History	66.6	12-35 m	-	66

Indonesia - survey details

HepB3	Card or History	62	12-35 m	-	66	Pol3	Card or History	67.4	12-35 m	-	66
MCV1	Card or History	69.5	12-35 m	-	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