

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.

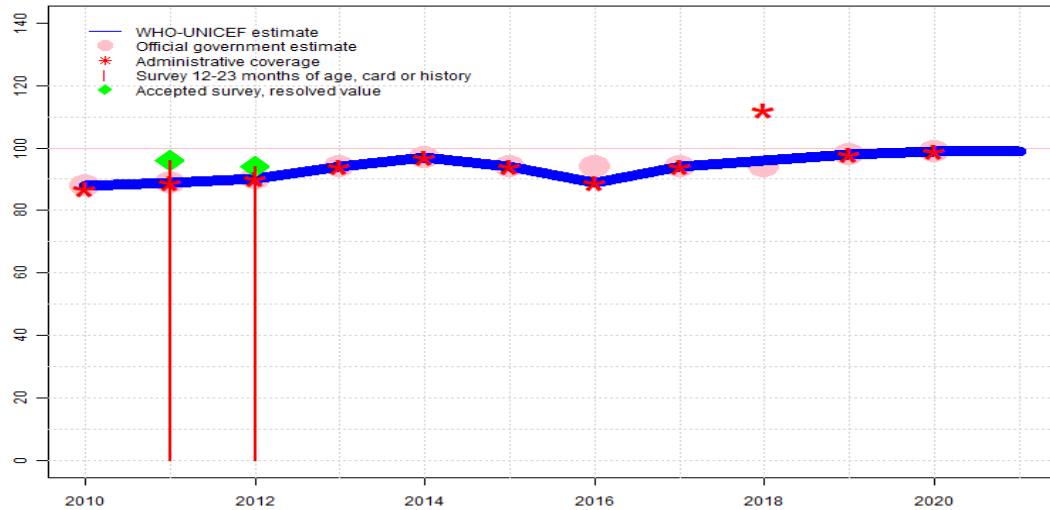
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

NAM - BCG



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 88 | 89 | 90 | 94 | 97 | 94 | 89 | 94 | 96 | 98 | 99 | 99 |
| Estimate GoC | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 88 | 89 | 90 | 94 | 97 | 94 | 94 | 94 | 94 | 98 | 99 | NA |
| Administrative | 87 | 89 | 90 | 94 | 97 | 94 | 89 | 94 | 112 | 98 | 99 | NA |
| Survey | NA | 96 | 94 | 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: 2022 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.

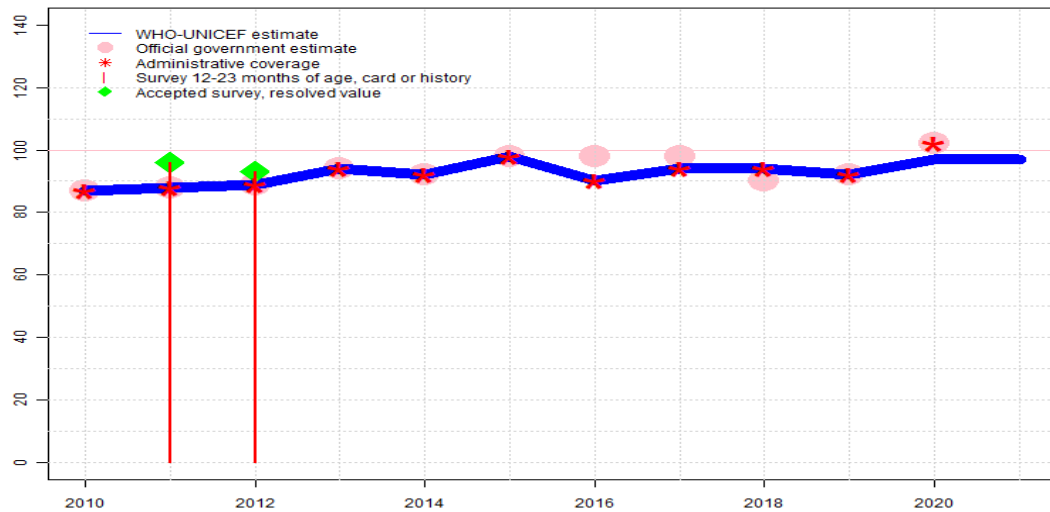
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on coverage reported by national government. Estimate of 99 percent changed from previous revision value of 94 percent. Estimate challenged by: D-
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports two month vaccine stock-out. Estimate of 98 percent changed from previous revision value of 94 percent. Estimate challenged by: D-
- 2018: Estimate based on interpolation between data reported by national government. Reported data excluded because 112 percent greater than 100 percent. Reported data excluded due to an increase from 94 percent to 112 percent with decrease 98 percent. Official estimate based on WHO-UNICEF estimates from previous year. Estimate of 96 percent changed from previous revision value of 94 percent. Estimate challenged by: D-
- 2017: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-

Namibia - DTP1

NAM - DTP1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 87 | 88 | 89 | 94 | 92 | 98 | 90 | 94 | 94 | 92 | 97 | 97 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 87 | 88 | 89 | 94 | 92 | 98 | 98 | 98 | 90 | 92 | 102 | NA |
| Administrative | 87 | 88 | 89 | 94 | 92 | 98 | 90 | 94 | 94 | 92 | 102 | NA |
| Survey | NA | 96 | 93 | 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.

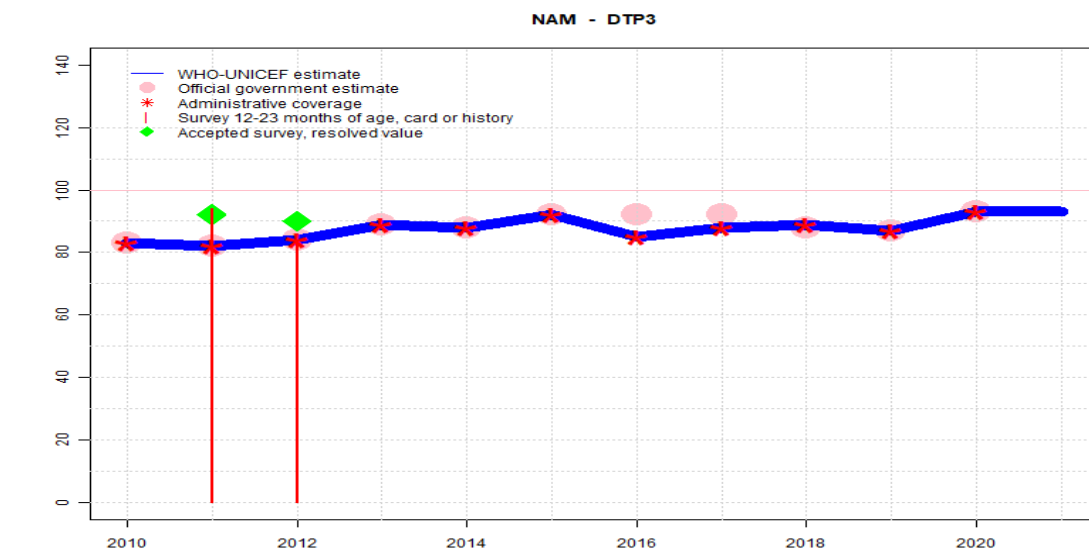
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2021: DTP1 coverage estimated based on DTP3 coverage of 93. GoC=No accepted empirical data
- 2020: DTP1 coverage estimated based on DTP3 coverage of 93. Reported data excluded because 102 percent greater than 100 percent. Estimate of 97 percent changed from previous revision value of 92 percent. Estimate challenged by: D-R-
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2018: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. Estimate challenged by: D-

Namibia - DTP3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 83 | 82 | 84 | 89 | 88 | 92 | 85 | 88 | 89 | 87 | 93 | 93 |
| Estimate GoC | ••• | • | • | • | • | • | • | • | • | • | • | • |
| Official | 83 | 82 | 84 | 89 | 88 | 92 | 92 | 92 | 88 | 87 | 93 | NA |
| Administrative | 83 | 82 | 84 | 89 | 88 | 92 | 85 | 88 | 89 | 87 | 93 | NA |
| Survey | NA | 94 | 84 | 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: 2022 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.

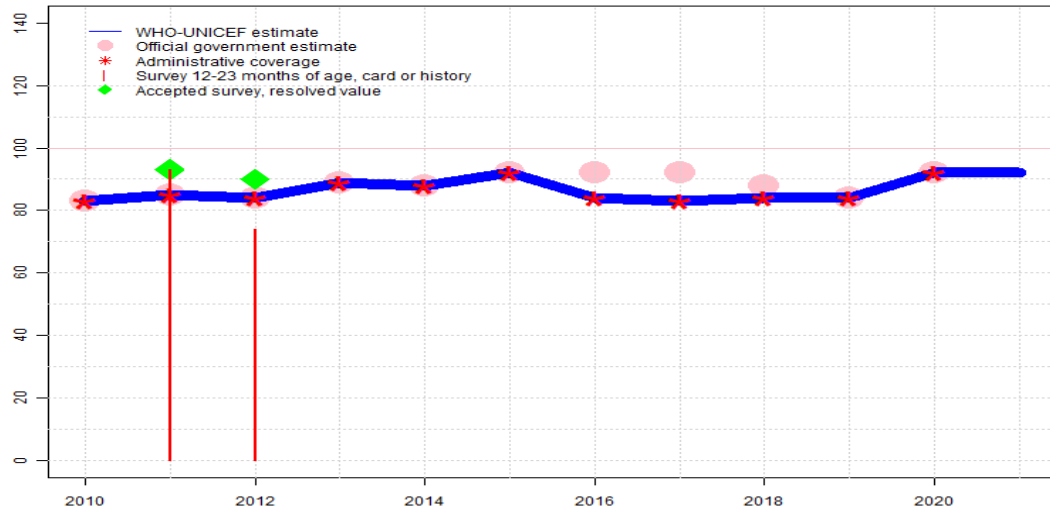
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on coverage reported by national government. Estimate of 93 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2018: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 90 percent based on 1 survey(s). Namibia Demographic and Health Survey 2013 card or history results of 84 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 69 percent and 3rd dose card only coverage of 67 percent. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 92 percent based on 1 survey(s). Report of the Post Measles Supplemental Immunisation and EPI Coverage Survey in Namibia, September 2012 card or history results of 94 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 76 percent. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. GoC=R+ S+ D+

Namibia - Pol3

NAM - Pol3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 83 | 85 | 84 | 89 | 88 | 92 | 84 | 83 | 84 | 84 | 92 | 92 |
| Estimate GoC | ●●● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 83 | 85 | 84 | 89 | 88 | 92 | 92 | 92 | 88 | 84 | 92 | NA |
| Administrative | 83 | 85 | 84 | 89 | 88 | 92 | 84 | 83 | 84 | 84 | 92 | NA |
| Survey | NA | 93 | 74 | 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: 2022 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.

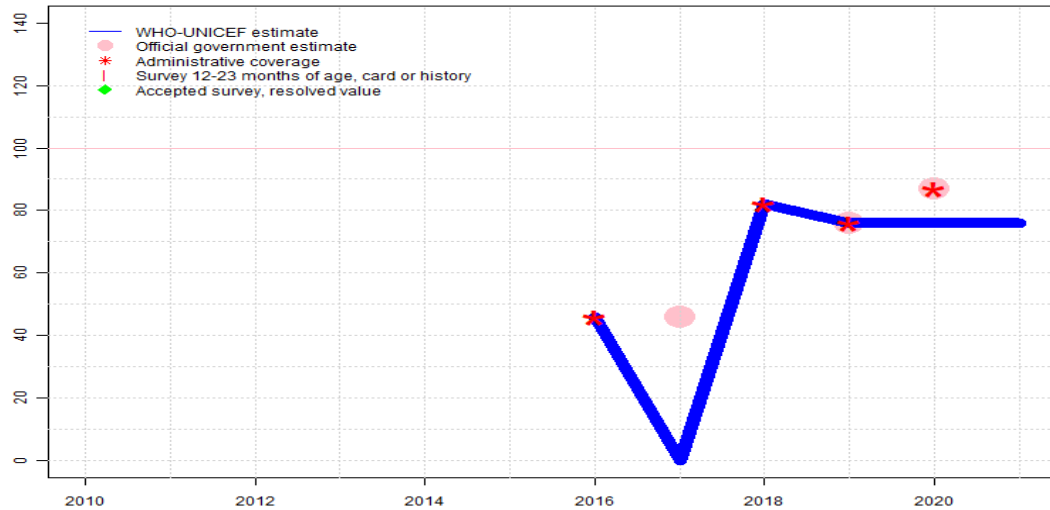
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on coverage reported by national government. Estimate of 92 percent changed from previous revision value of 84 percent. Estimate challenged by: D-
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports three month vaccine stock-out. Estimate challenged by: D-
- 2018: Estimate based on reported administrative data. Programme reports vaccine shortage of unspecified duration. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate based on reported administrative data. Programme reports a 2-month OPV vaccine stock-out. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 90 percent based on 1 survey(s). Namibia Demographic and Health Survey 2013 card or history results of 74 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 68 percent. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. GoC=R+ S+ D+

Namibia - IPV1

NAM - 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).

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on extrapolation from data reported by national government. Reported data excluded due to sudden change in coverage from 76 level to 87 percent. Estimate challenged by: D-
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports seven month vaccine stock-out. Estimate challenged by: D-
- 2018: Estimate based on reported administrative estimate. . Estimate challenged by: D-
- 2017: Programme reports a 8-month IPV vaccine stock-out. . GoC=No accepted empirical data
- 2016: Estimate based on reported administrative estimate. Inactivated polio vaccine introduced in November 2015. Reporting started in 2016. Programme reports a 1-month IPV stock-out in 2016.. Estimate challenged by: D-

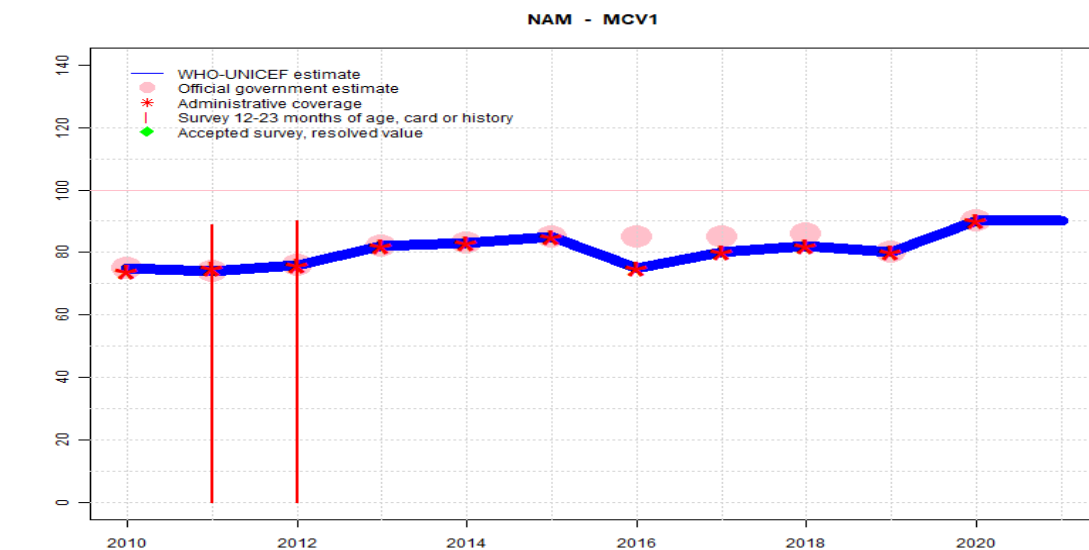
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | 46 | 0 | 82 | 76 | 76 | 76 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | • | • | • | • | • | • |
| Official | NA | NA | NA | NA | NA | NA | NA | 46 | NA | 76 | 87 | NA |
| Administrative | NA | NA | NA | NA | NA | NA | 46 | NA | 82 | 76 | 87 | NA |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Namibia - MCV1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 75 | 74 | 76 | 82 | 83 | 85 | 75 | 80 | 82 | 80 | 90 | 90 |
| Estimate GoC | •• | • | • | • | • | • | • | • | • | • | • | • |
| Official | 75 | 74 | 76 | 82 | 83 | 85 | 85 | 85 | 86 | 80 | 90 | NA |
| Administrative | 74 | 75 | 76 | 82 | 83 | 85 | 75 | 80 | 82 | 80 | 90 | NA |
| Survey | NA | 89 | 90 | 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.

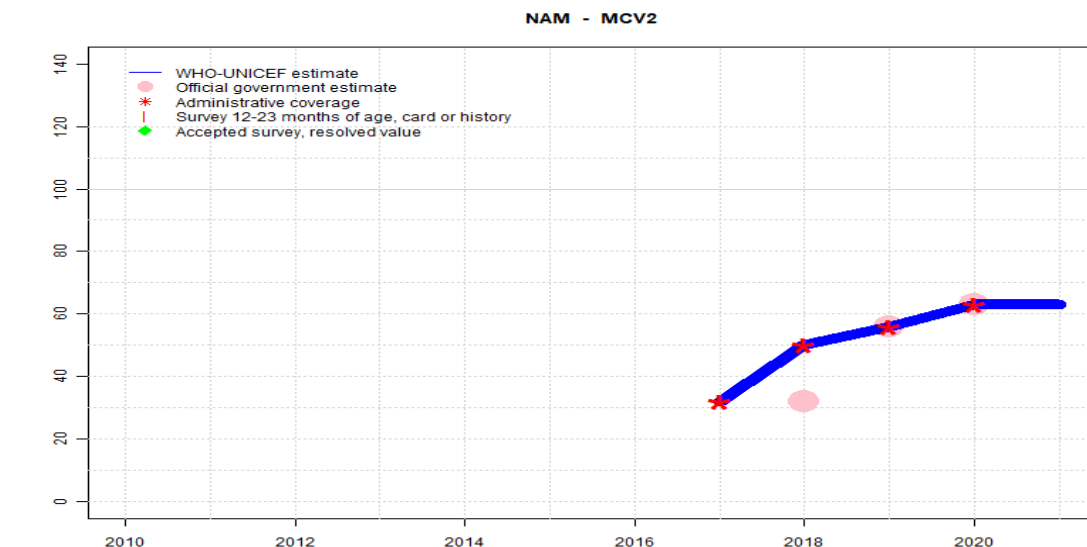
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on coverage reported by national government. Estimate of 90 percent changed from previous revision value of 80 percent. Estimate challenged by: D-
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports two month vaccine stock-out. Estimate challenged by: D-
- 2018: Estimate based on reported administrative data. Programme reports shortage of measles vaccine for unspecified duration. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government. Namibia Demographic and Health Survey 2013 results ignored by working group. Survey results likely include vaccination administered during supplementary immunization activities following outbreaks during 2009 and 2010. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government. Report of the Post Measles Supplemental Immunisation and EPI Coverage Survey in Namibia, September 2012 results ignored by working group. Survey results likely include vaccination administered during supplementary immunization activities following outbreaks during 2009 and 2010. Estimate challenged by: D-
- 2010: Estimate based on coverage reported by national government. GoC=R+ D+

Namibia - MCV2



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | 32 | 50 | 56 | 63 | 63 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | NA | •• | • | • | • | • |
| Official | NA | NA | NA | NA | NA | NA | NA | NA | 32 | 56 | 63 | NA |
| Administrative | NA | NA | NA | NA | NA | NA | NA | 32 | 50 | 56 | 63 | 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.

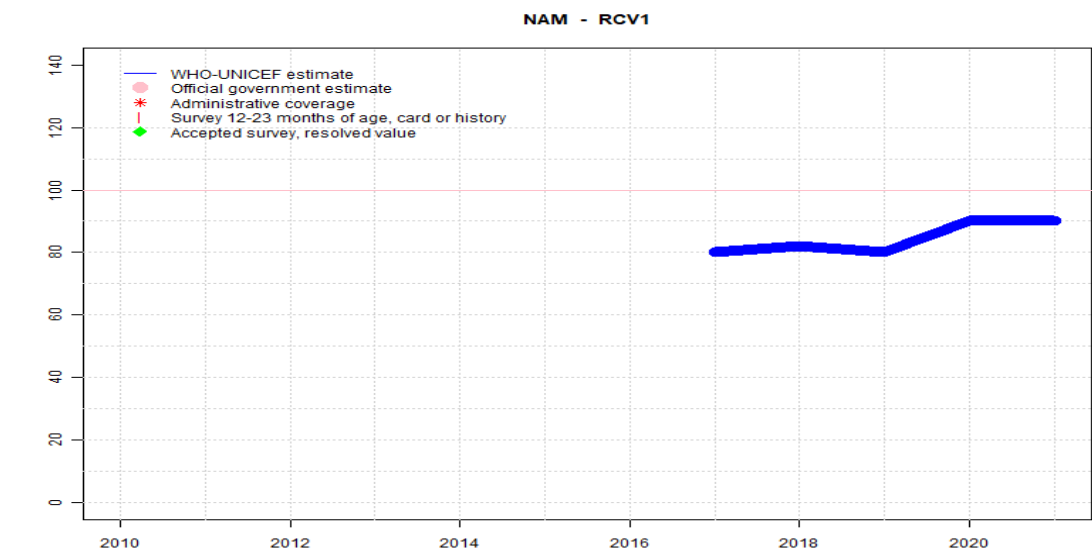
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on coverage reported by national government. Estimate of 63 percent changed from previous revision value of 56 percent. Estimate challenged by: D-
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports two month vaccine stock-out. Estimate challenged by: D-
- 2018: Estimate based on reported administrative estimate. Programme reports shortage of measles vaccine for unspecified duration. Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate based on reported administrative estimate. Second dose of measles-containing vaccine introduced as MR in 2017. Official estimate based on WHO-UNICEF estimates from previous year. GoC=R+ D+



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.

- 2021: Estimate based on estimated MCV1. GoC=No accepted empirical data
- 2020: Estimate based on estimated MCV1. Estimate of 90 percent changed from previous revision value of 80 percent. Estimate challenged by: D-
- 2019: Estimate based on estimated MCV1. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Rubella containing vaccine introduced during August 2016. Estimate challenged by: D-

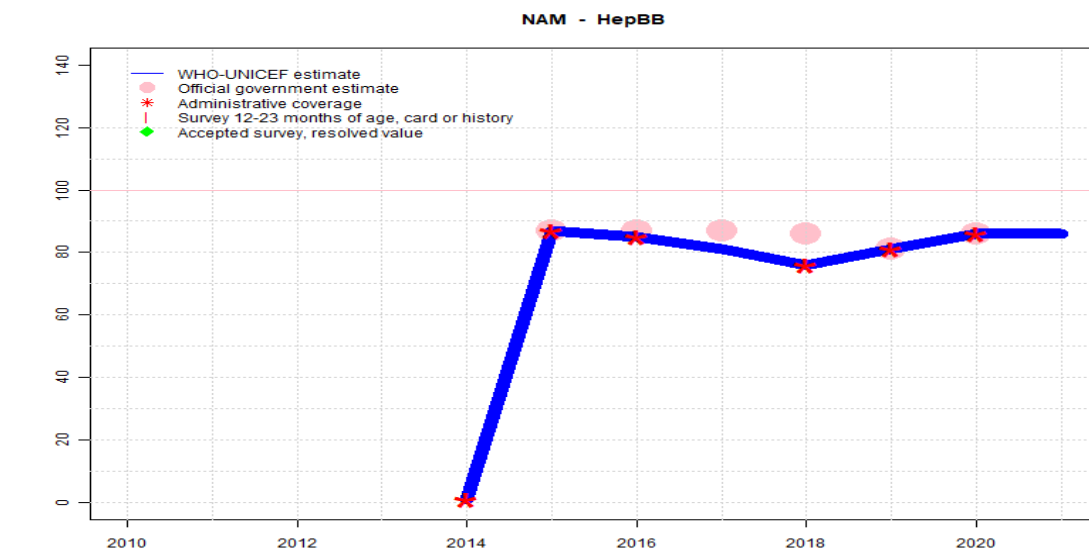
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | 80 | 82 | 80 | 90 | 90 |
| Estimate GoC | NA | NA | NA | NA | 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: 2022 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.

Namibia - HepBB



Description:

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on coverage reported by national government. Estimate of 86 percent changed from previous revision value of 81 percent. Estimate challenged by: D-
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports two month vaccine stock-out. Estimate challenged by: D-
- 2018: Estimate based on reported administrative estimate. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate based on interpolation between reported values. Official estimate based on WHO-UNICEF estimates from previous year. GoC=No accepted empirical data
- 2016: Estimate based on reported administrative estimate. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Estimate based on reported coverage following introduction. Estimate challenged by: D-
- 2014: Estimate based on reported administrative estimate. HepB birth dose introduced during 2014. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

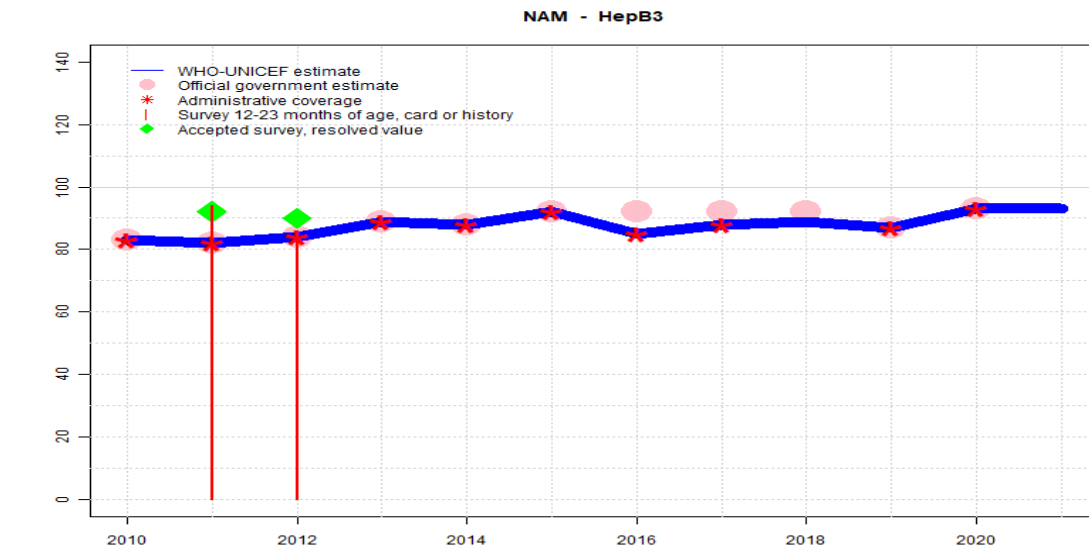
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | 1 | 87 | 85 | 81 | 76 | 81 | 86 | 86 |
| Estimate GoC | NA | NA | NA | NA | • | • | • | • | • | • | • | • |
| Official | NA | NA | NA | NA | NA | 87 | 87 | 87 | 86 | 81 | 86 | NA |
| Administrative | NA | NA | NA | NA | 1 | 87 | 85 | NA | 76 | 81 | 86 | 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: 2022 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.

Namibia - HepB3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 83 | 82 | 84 | 89 | 88 | 92 | 85 | 88 | 89 | 87 | 93 | 93 |
| Estimate GoC | ●●● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 83 | 82 | 84 | 89 | 88 | 92 | 92 | 92 | 92 | 87 | 93 | NA |
| Administrative | 83 | 82 | 84 | 89 | 88 | 92 | 85 | 88 | NA | 87 | 93 | NA |
| Survey | NA | 94 | 84 | 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: 2022 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.

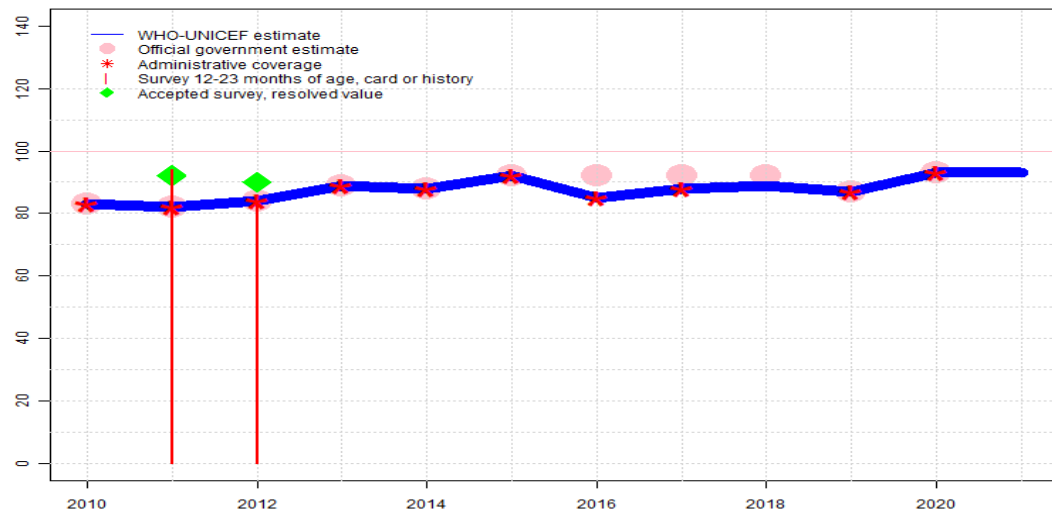
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on coverage reported by national government. Estimate of 93 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2018: Estimate based on estimated DTP3 coverage. Official estimate based on WHO-UNICEF estimates from previous year. GoC=No accepted empirical data
- 2017: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 90 percent based on 1 survey(s). Namibia Demographic and Health Survey 2013 card or history results of 84 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 69 percent and 3rd dose card only coverage of 67 percent. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 92 percent based on 1 survey(s). Report of the Post Measles Supplemental Immunisation and EPI Coverage Survey in Namibia, September 2012 card or history results of 94 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 76 percent. Estimate challenged by: D-
- 2010: Estimate based on reported data. DTP-HepB-Hib pentavalent vaccine was introduced in 2009. Reporting started in 2010. GoC=R+ S+ D+

Namibia - Hib3

NAM - Hib3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 83 | 82 | 84 | 89 | 88 | 92 | 85 | 88 | 89 | 87 | 93 | 93 |
| Estimate GoC | ••• | • | • | • | • | • | • | • | • | • | • | • |
| Official | 83 | 82 | 84 | 89 | 88 | 92 | 92 | 92 | 92 | 87 | 93 | NA |
| Administrative | 83 | 82 | 84 | 89 | 88 | 92 | 85 | 88 | NA | 87 | 93 | NA |
| Survey | NA | 94 | 84 | 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: 2022 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.

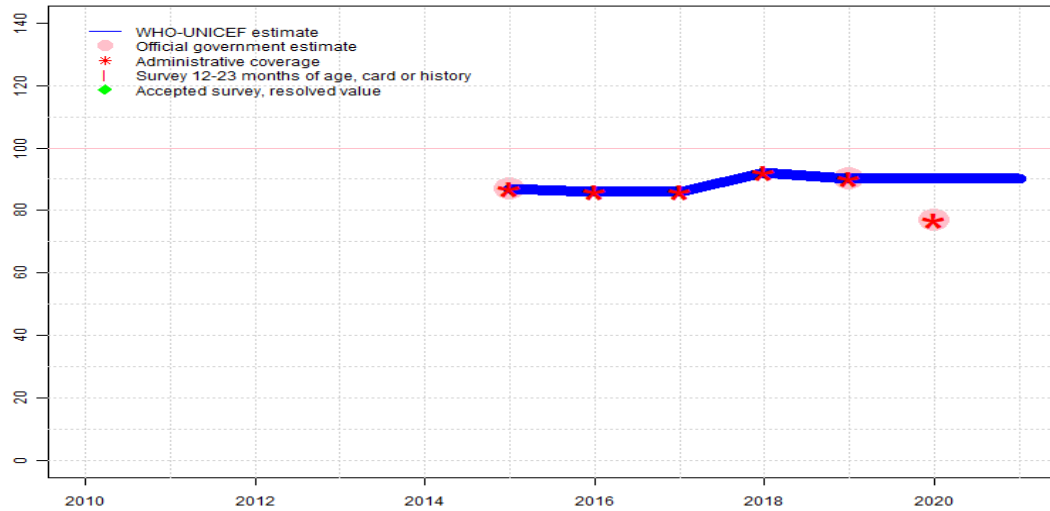
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on coverage reported by national government. Estimate of 93 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2018: Estimate based on estimated DTP3 coverage. Official estimate based on WHO-UNICEF estimates from previous year. GoC=No accepted empirical data
- 2017: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 90 percent based on 1 survey(s). Namibia Demographic and Health Survey 2013 card or history results of 84 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 69 percent and 3rd dose card only coverage of 67 percent. Estimate challenged by: D-
- 2011: Estimate based on coverage reported by national government supported by survey. Survey evidence of 92 percent based on 1 survey(s). Report of the Post Measles Supplemental Immunisation and EPI Coverage Survey in Namibia, September 2012 card or history results of 94 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 76 percent. Estimate challenged by: D-
- 2010: Estimate based on reported data. DTP-HepB-Hib pentavalent vaccine was introduced in 2009. Reporting started in 2010. GoC=R+ S+ D+

Namibia - RotaC

NAM - RotaC



Description:

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on extrapolation from data reported by national government. Reported data excluded due to decline in reported coverage from 90 level to 77 percent. GoC=R+D+
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-
- 2018: Estimate based on reported administrative estimate. Estimate challenged by: D-
- 2017: Estimate based on reported administrative estimate. Estimate challenged by: D-
- 2016: Estimate based on reported administrative estimate. Programme reports a 1-month rotavirus vaccine stock-out in 2016. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Rotavirus vaccine introduced during 2014. Reporting started in 2015. Estimate challenged by: D-

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | 87 | 86 | 86 | 92 | 90 | 90 | 90 |
| Estimate GoC | NA | NA | NA | NA | NA | • | • | • | • | • | •• | • |
| Official | NA | NA | NA | NA | NA | 87 | NA | NA | NA | 90 | 77 | NA |
| Administrative | NA | NA | NA | NA | NA | 87 | 86 | 86 | 92 | 90 | 77 | NA |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

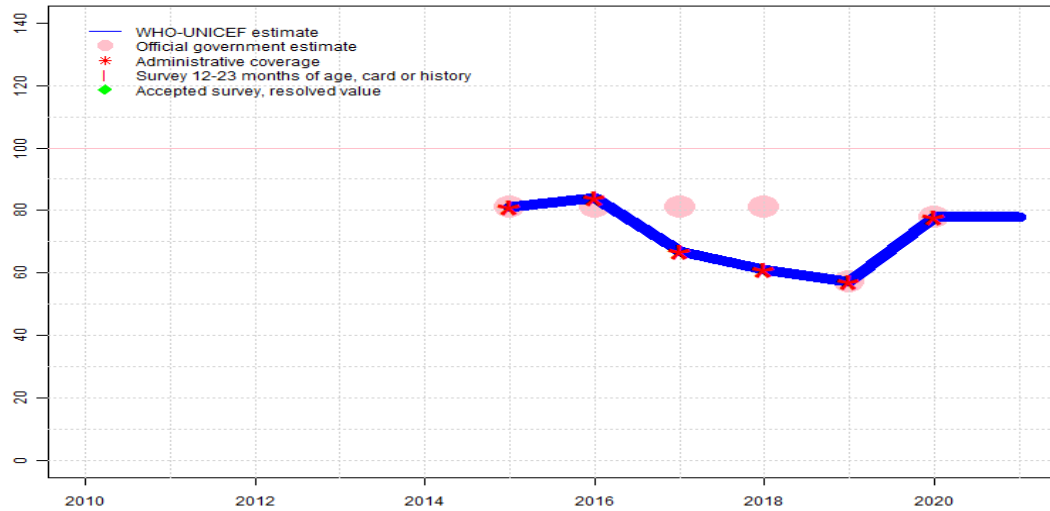
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2022 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.

Namibia - PcV3

NAM - PcV3



Description:

- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on coverage reported by national government. Estimate of 78 percent changed from previous revision value of 57 percent. Estimate challenged by: D-
- 2019: Estimate based on coverage reported by national government. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports six month vaccine stock-out. Estimate challenged by: D-
- 2018: Estimate based on reported administrative estimate. Programme reports vaccine short-age of unspecified duration. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate based on reported administrative estimate. Programme reports a 1-month vaccine stock-out. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate based on reported administrative estimate. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate based on coverage reported by national government. Pneumococcal conjugate vaccine introduced during 2014. Reporting started in 2015. Estimate challenged by: D-

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | 81 | 84 | 67 | 61 | 57 | 78 | 78 |
| Estimate GoC | NA | NA | NA | NA | NA | • | • | • | • | • | • | • |
| Official | NA | NA | NA | NA | NA | 81 | 81 | 81 | 81 | 57 | 78 | NA |
| Administrative | NA | NA | NA | NA | NA | 81 | 84 | 67 | 61 | 57 | 78 | 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: 2022 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.

Namibia - survey details

2012 Namibia Demographic and Health Survey 2013

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 94.2 | 12-23 m | 938 | 70 |
| BCG | Card | 69.4 | 12-23 m | 652 | 70 |
| BCG | Card or History | 94.2 | 12-23 m | 938 | 70 |
| BCG | History | 24.8 | 12-23 m | 286 | 70 |
| DTP1 | C or H <12 months | 92.3 | 12-23 m | 938 | 70 |
| DTP1 | Card | 68.7 | 12-23 m | 652 | 70 |
| DTP1 | Card or History | 92.7 | 12-23 m | 938 | 70 |
| DTP1 | History | 24 | 12-23 m | 286 | 70 |
| DTP3 | C or H <12 months | 82.4 | 12-23 m | 938 | 70 |
| DTP3 | Card | 67.1 | 12-23 m | 652 | 70 |
| DTP3 | Card or History | 83.5 | 12-23 m | 938 | 70 |
| DTP3 | History | 16.5 | 12-23 m | 286 | 70 |
| HepB1 | C or H <12 months | 92.3 | 12-23 m | 938 | 70 |
| HepB1 | Card | 68.7 | 12-23 m | 652 | 70 |
| HepB1 | Card or History | 92.7 | 12-23 m | 938 | 70 |
| HepB1 | History | 24 | 12-23 m | 286 | 70 |
| HepB3 | C or H <12 months | 82.4 | 12-23 m | 938 | 70 |
| HepB3 | Card | 67.1 | 12-23 m | 652 | 70 |
| HepB3 | Card or History | 83.5 | 12-23 m | 938 | 70 |
| HepB3 | History | 16.5 | 12-23 m | 286 | 70 |
| Hib1 | C or H <12 months | 92.3 | 12-23 m | 938 | 70 |
| Hib1 | Card | 68.7 | 12-23 m | 652 | 70 |
| Hib1 | Card or History | 92.7 | 12-23 m | 938 | 70 |
| Hib1 | History | 24 | 12-23 m | 286 | 70 |
| Hib3 | C or H <12 months | 82.4 | 12-23 m | 938 | 70 |
| Hib3 | Card | 67.1 | 12-23 m | 652 | 70 |
| Hib3 | Card or History | 83.5 | 12-23 m | 938 | 70 |
| Hib3 | History | 16.5 | 12-23 m | 286 | 70 |
| MCV1 | C or H <12 months | 82.9 | 12-23 m | 938 | 70 |
| MCV1 | Card | 66.2 | 12-23 m | 652 | 70 |
| MCV1 | Card or History | 89.5 | 12-23 m | 938 | 70 |
| MCV1 | History | 23.3 | 12-23 m | 286 | 70 |
| Pol1 | C or H <12 months | 92.2 | 12-23 m | 938 | 70 |
| Pol1 | Card | 69.5 | 12-23 m | 652 | 70 |
| Pol1 | Card or History | 92.6 | 12-23 m | 938 | 70 |
| Pol1 | History | 23.1 | 12-23 m | 286 | 70 |
| Pol3 | C or H <12 months | 73.2 | 12-23 m | 938 | 70 |

| | | | | | |
|------|-----------------|------|---------|-----|----|
| Pol3 | Card | 67.8 | 12-23 m | 652 | 70 |
| Pol3 | Card or History | 74.3 | 12-23 m | 938 | 70 |
| Pol3 | History | 6.5 | 12-23 m | 286 | 70 |

2011 Namibia Demographic and Health Survey 2013

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 92.8 | 24-35 m | 926 | 70 |
| DTP1 | C or H <12 months | 92.1 | 24-35 m | 926 | 70 |
| DTP3 | C or H <12 months | 72.4 | 24-35 m | 926 | 70 |
| HepB1 | C or H <12 months | 92.1 | 24-35 m | 926 | 70 |
| HepB3 | C or H <12 months | 72.4 | 24-35 m | 926 | 70 |
| Hib1 | C or H <12 months | 92.1 | 24-35 m | 926 | 70 |
| Hib3 | C or H <12 months | 72.4 | 24-35 m | 926 | 70 |
| MCV1 | C or H <12 months | 74.2 | 24-35 m | 926 | 70 |
| Pol1 | C or H <12 months | 91.3 | 24-35 m | 926 | 70 |
| Pol3 | C or H <12 months | 64.7 | 24-35 m | 926 | 70 |

2011 Report of the Post Measles Supplemental Immunisation and EPI Coverage Survey in Namibia, September 2012

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card | 79 | 12-23 m | - | 88 |
| BCG | Card or History | 95.8 | 12-23 m | 1470 | 88 |
| DTP1 | Card | 79 | 12-23 m | - | 88 |
| DTP1 | Card or History | 96 | 12-23 m | 1470 | 88 |
| DTP3 | Card | 76 | 12-23 m | - | 88 |
| DTP3 | Card or History | 94 | 12-23 m | 1470 | 88 |
| HepB1 | Card | 79 | 12-23 m | - | 88 |
| HepB1 | Card or History | 96 | 12-23 m | 1470 | 88 |
| HepB3 | Card | 76 | 12-23 m | - | 88 |
| HepB3 | Card or History | 94 | 12-23 m | 1470 | 88 |
| Hib1 | Card | 79 | 12-23 m | - | 88 |
| Hib1 | Card or History | 96 | 12-23 m | 1470 | 88 |
| Hib3 | Card | 76 | 12-23 m | - | 88 |
| Hib3 | Card or History | 94 | 12-23 m | 1470 | 88 |
| MCV1 | Card | 72 | 12-23 m | - | 88 |
| MCV1 | Card or History | 89 | 12-23 m | 1470 | 88 |

Namibia - survey details

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|------|-----------------|----|---------|------|----|
| Pol3 | Card | 75 | 12-23 m | - | 88 |
| Pol3 | Card or History | 93 | 12-23 m | 1470 | 88 |

2010 Namibia Demographic and Health Survey 2013

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 93.2 | 36-47 m | 883 | 70 |
| DTP1 | C or H <12 months | 90.9 | 36-47 m | 883 | 70 |
| DTP3 | C or H <12 months | 70.7 | 36-47 m | 883 | 70 |
| HepB1 | C or H <12 months | 90.9 | 36-47 m | 883 | 70 |
| HepB3 | C or H <12 months | 70.7 | 36-47 m | 883 | 70 |
| Hib1 | C or H <12 months | 90.9 | 36-47 m | 883 | 70 |
| Hib3 | C or H <12 months | 70.7 | 36-47 m | 883 | 70 |
| MCV1 | C or H <12 months | 76.7 | 36-47 m | 883 | 70 |
| Pol1 | C or H <12 months | 89.7 | 36-47 m | 883 | 70 |
| Pol3 | C or H <12 months | 57.9 | 36-47 m | 883 | 70 |

2009 Namibia Demographic and Health Survey 2013

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 92.4 | 48-59 m | 830 | 70 |
| DTP1 | C or H <12 months | 89.8 | 48-59 m | 830 | 70 |
| DTP3 | C or H <12 months | 72.2 | 48-59 m | 830 | 70 |
| HepB1 | C or H <12 months | 89.8 | 48-59 m | 830 | 70 |
| HepB3 | C or H <12 months | 72.2 | 48-59 m | 830 | 70 |
| Hib1 | C or H <12 months | 89.8 | 48-59 m | 830 | 70 |
| Hib3 | C or H <12 months | 72.2 | 48-59 m | 830 | 70 |
| MCV1 | C or H <12 months | 75.1 | 48-59 m | 830 | 70 |
| Pol1 | C or H <12 months | 91.1 | 48-59 m | 830 | 70 |
| Pol3 | C or H <12 months | 60 | 48-59 m | 830 | 70 |

2005 Namibia Demographic and Health Survey 2006

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 94.7 | 12-23 m | 987 | 73 |

| | | | | | |
|------|-------------------|------|---------|-----|----|
| BCG | Card | 72.5 | 12-23 m | 987 | 73 |
| BCG | Card or History | 95 | 12-23 m | 987 | 73 |
| BCG | History | 22.5 | 12-23 m | 987 | 73 |
| DTP1 | C or H <12 months | 93.4 | 12-23 m | 987 | 73 |
| DTP1 | Card | 72.6 | 12-23 m | 987 | 73 |
| DTP1 | Card or History | 94.7 | 12-23 m | 987 | 73 |
| DTP1 | History | 22.1 | 12-23 m | 987 | 73 |
| DTP3 | C or H <12 months | 81 | 12-23 m | 987 | 73 |
| DTP3 | Card | 68.2 | 12-23 m | 987 | 73 |
| DTP3 | Card or History | 83.2 | 12-23 m | 987 | 73 |
| DTP3 | History | 15 | 12-23 m | 987 | 73 |
| MCV1 | C or H <12 months | 78 | 12-23 m | 987 | 73 |
| MCV1 | Card | 63.2 | 12-23 m | 987 | 73 |
| MCV1 | Card or History | 83.8 | 12-23 m | 987 | 73 |
| MCV1 | History | 20.6 | 12-23 m | 987 | 73 |
| Pol1 | C or H <12 months | 94.1 | 12-23 m | 987 | 73 |
| Pol1 | Card | 72.6 | 12-23 m | 987 | 73 |
| Pol1 | Card or History | 95.4 | 12-23 m | 987 | 73 |
| Pol1 | History | 22.8 | 12-23 m | 987 | 73 |
| Pol3 | C or H <12 months | 76.5 | 12-23 m | 987 | 73 |
| Pol3 | Card | 68.2 | 12-23 m | 987 | 73 |
| Pol3 | Card or History | 78.6 | 12-23 m | 987 | 73 |
| Pol3 | History | 10.4 | 12-23 m | 987 | 73 |

1999 Namibia Demographic and Health Survey 2000

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card or History | 90 | 12-23 m | 816 | 74 |
| BCG | History | 19.4 | 12-23 m | 816 | 74 |
| DTP1 | Card | 72.3 | 12-23 m | 816 | 74 |
| DTP1 | Card or History | 92 | 12-23 m | 816 | 74 |
| DTP1 | History | 19.7 | 12-23 m | 816 | 74 |
| DTP3 | Card | 68.9 | 12-23 m | 816 | 74 |
| DTP3 | Card or History | 79.3 | 12-23 m | 816 | 74 |
| DTP3 | History | 10.5 | 12-23 m | 816 | 74 |
| MCV1 | Card | 64.1 | 12-23 m | 816 | 74 |
| MCV1 | Card or History | 80.4 | 12-23 m | 816 | 74 |
| MCV1 | History | 16.3 | 12-23 m | 816 | 74 |
| Pol1 | Card | 73.2 | 12-23 m | 816 | 74 |

Namibia - survey details

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|------|-----------------|------|---------|-----|----|
| Pol1 | Card or History | 93.7 | 12-23 m | 816 | 74 |
| Pol1 | History | 20.5 | 12-23 m | 816 | 74 |
| Pol3 | Card | 69.2 | 12-23 m | 816 | 74 |

| | | | | | |
|------|-----------------|-----|---------|-----|----|
| Pol3 | Card or History | 77 | 12-23 m | 816 | 74 |
| Pol3 | History | 7.7 | 12-23 m | 816 | 74 |

Further information and estimates for previous years are available at:

<https://data.unicef.org/topic/child-health/immunization/>

<https://immunizationdata.who.int/listing.html>