

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.

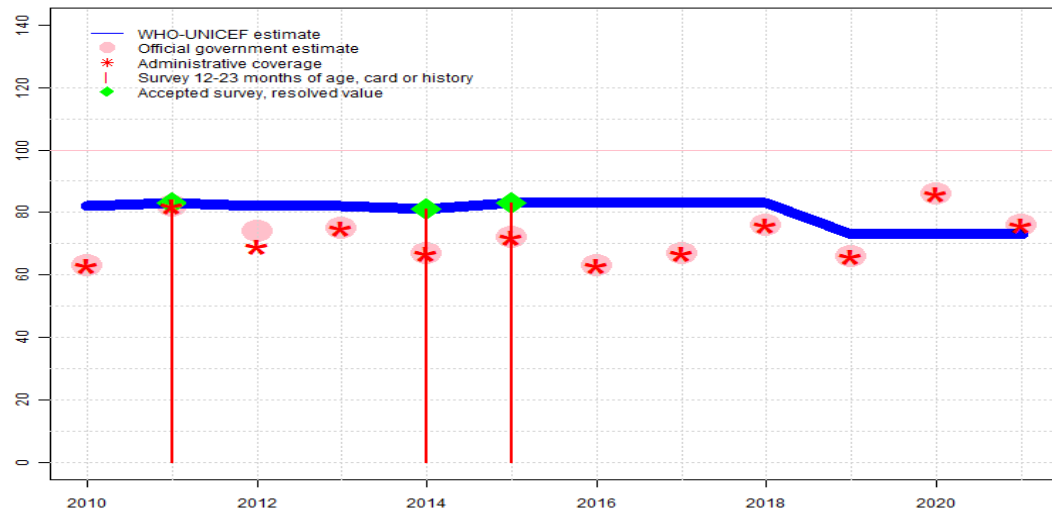
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

HTI - BCG



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 82 | 83 | 82 | 82 | 81 | 83 | 83 | 83 | 83 | 73 | 73 | 73 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 63 | 82 | 74 | 75 | 67 | 72 | 63 | 67 | 76 | 66 | 86 | 76 |
| Administrative | 63 | 82 | 69 | 75 | 67 | 72 | 63 | 67 | 76 | 66 | 86 | 76 |
| Survey | NA | 83 | NA | NA | 81 | 83 | 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: Reported data calibrated to 2018 levels. Reported data excluded. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic, persistent instability as well as revisions to reported target population in 2020 (a decrease of 14 percent), the reported coverage data are not used to inform estimated coverage. WHO and UNICEF are aware of a planned DHS survey during 2023 and await the final results. Programme reports two month stock out of reconstitution syringes. Programme reports one month vaccine stock out at national level. Estimate challenged by: R-

2020: Reported data calibrated to 2018 levels. Reported data excluded. See comment for 2021. Programme reports a 12 month stockout of reconstitution syringes. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2019: Reported data calibrated to 2018 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Estimate challenged by: R-

2018: Estimate of 83 percent assigned by working group. Estimate based on survey results from 2015. Estimate challenged by: R-

2017: Estimate based on interpolation between 2016 and 2018 levels. Estimate informed by 2015 survey results. Estimate challenged by: R-

2016: Estimate of 83 percent assigned by working group. Estimate based on survey results. Estimate challenged by: R-

2015: Estimate of 83 percent assigned by working group. Estimate based on survey results. Programme reports vaccine stock-out at national level. Estimate challenged by: R-

2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 81 percent based on 1 survey(s). Programme reports a two month stock-out of BCG syringes at national level. Estimate challenged by: R-

2013: Reported data calibrated to 2011 and 2014 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stock-out of AD syringes at national level. Estimate challenged by: R-

2012: Reported data calibrated to 2011 and 2014 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Vaccine stock out for 5 months in all districts. Estimate challenged by: R-

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

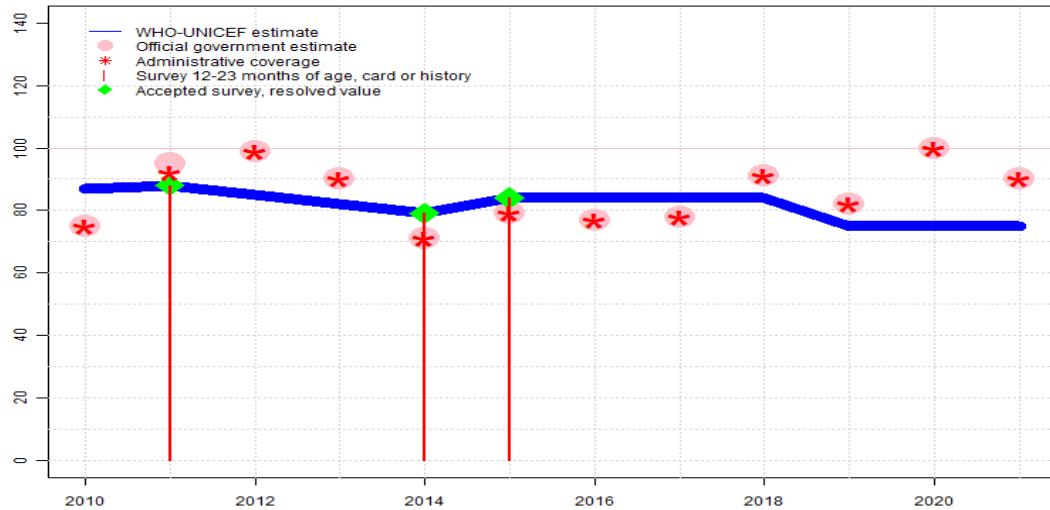
Haiti - BCG

challenged by: R-

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

Haiti - DTP1

HTI - DTP1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 87 | 88 | 85 | 82 | 79 | 84 | 84 | 84 | 84 | 75 | 75 | 75 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 75 | 95 | 99 | 90 | 71 | 79 | 77 | 78 | 91 | 82 | 100 | 90 |
| Administrative | 75 | 92 | 99 | 90 | 71 | 79 | 77 | 78 | 91 | 82 | 100 | 90 |
| Survey | NA | 88 | NA | NA | 79 | 84 | 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: Reported data calibrated to 2018 levels. Reported data excluded. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic, persistent instability as well as revisions to reported target population in 2020 (a decrease of 14 percent), the reported coverage data are not used to inform estimated coverage. WHO and UNICEF are aware of a planned DHS survey during 2023 and await the final results. Programme reports two month stock out of reconstitution syringes. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Reported data excluded. See comment for 2021. Programme reports a 12 month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Estimate challenged by: D-R-
- 2018: Estimate of 84 percent assigned by working group. Estimate based on 2015 survey results. Estimate challenged by: D-R-
- 2017: Estimate based on interpolation between 2015 and 2018 levels. NA Estimate challenged by: R-
- 2016: Estimate based on interpolation between 2015 and 2018 levels. NA Estimate challenged by: R-
- 2015: Estimate of 84 percent assigned by working group. Estimate based on survey results. Programme appears to have recovered from prior year vaccine stock-out. Estimate challenged by: R-
- 2014: Estimate of 79 percent assigned by working group. Estimate based on survey results. Programme reports a one month stock-out at national level. Estimate challenged by: R-
- 2013: Reported data calibrated to 2011 and 2014 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stock-out of AD syringes at national level. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2014 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Pentavalent DTP-HepB-Hib vaccine introduced during 2012. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 88 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate

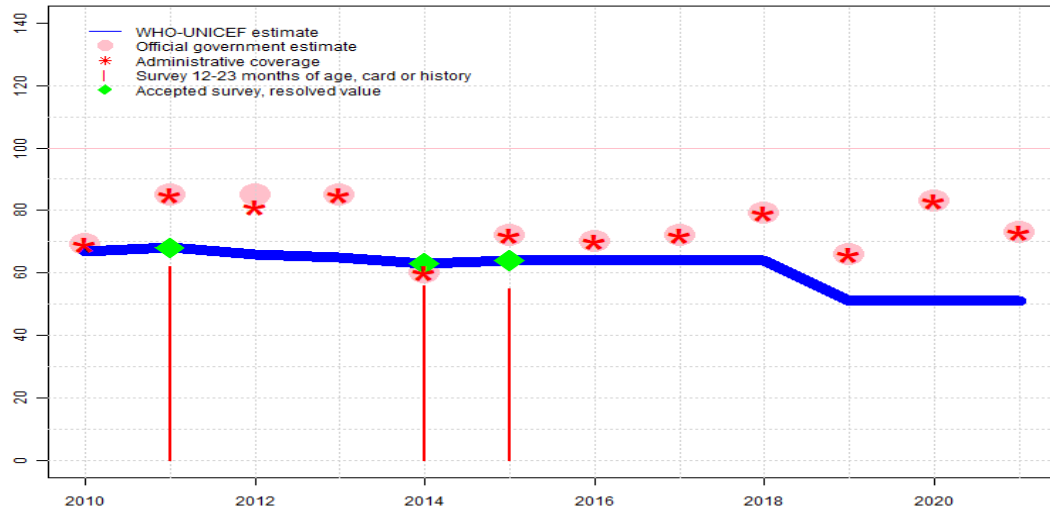
Haiti - DTP1

challenged by: D-R-

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

Haiti - DTP3

HTI - DTP3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 67 | 68 | 66 | 65 | 63 | 64 | 64 | 64 | 64 | 51 | 51 | 51 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 69 | 85 | 85 | 85 | 60 | 72 | 70 | 72 | 79 | 66 | 83 | 73 |
| Administrative | 69 | 85 | 81 | 85 | 60 | 72 | 70 | 72 | 79 | 66 | 83 | 73 |
| Survey | NA | 62 | NA | NA | 56 | 55 | 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.

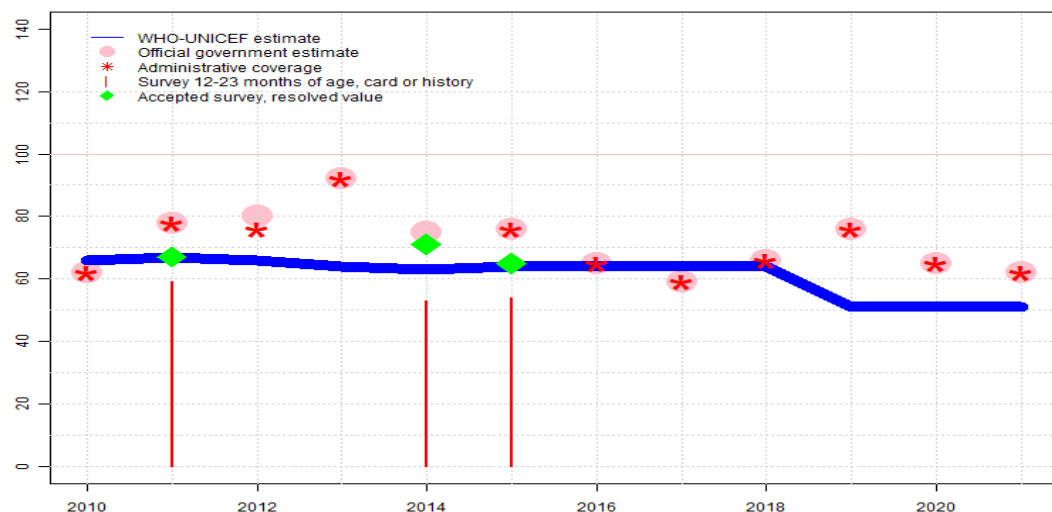
Description:

- 2021: Reported data calibrated to 2018 levels. Reported data excluded. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic, persistent instability as well as revisions to reported target population in 2020 (a decrease of 14 percent), the reported coverage data are not used to inform estimated coverage. WHO and UNICEF are aware of a planned DHS survey during 2023 and await the final results. Programme reports two month stock out of reconstitution syringes. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Reported data excluded. See comment for 2021. Programme reports a 12 month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Consistency with other antigens suggesting a decline in coverage. Estimate challenged by: D-R-
- 2018: Estimate of 64 percent assigned by working group. Estimate based on survey results. Estimate challenged by: D-R-
- 2017: Estimate based on interpolation between 2015 and 2018 levels. Estimate based on survey results. Estimate challenged by: D-R-
- 2016: Estimate based on interpolation between 2015 and 2018 levels. Estimate based on survey results. Estimate challenged by: D-R-
- 2015: Estimate of 64 percent assigned by working group. Estimate based on survey results. Programme appears to have recovered from prior year stock-out. Haiti Demographic and Health Survey 2016-2017 card or history results of 55 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 64 percent and 3rd dose card only coverage of 49 percent. Estimate challenged by: D-R-
- 2014: Estimate of 63 percent assigned by working group. Estimate based on survey results. Haiti Demographic and Health Survey 2016-2017 card or history results of 56 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 79 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 44 percent. Reported data excluded due to decline in reported coverage from 85 percent to 60 percent with increase to 72 percent. Programme reports a one month stock-out at national level. Estimate challenged by: R-
- 2013: Reported data calibrated to 2011 and 2014 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stock-out of AD syringes at national level. Estimate challenged by: D-R-

- 2012: Reported data calibrated to 2011 and 2014 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Pentavalent DTP-HepB-Hib vaccine introduced during 2012. Estimate challenged by: D-R-
- 2011: Estimate of 68 percent assigned by working group. Estimate is based on survey result. Survey on Mortality, Morbidity and Service Utilisation, Haiti 2012 card or history results of 62 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 54 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2010: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

Haiti - Pol3

HTI - Pol3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 66 | 67 | 66 | 64 | 63 | 64 | 64 | 64 | 64 | 51 | 51 | 51 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 62 | 78 | 80 | 92 | 75 | 76 | 65 | 59 | 66 | 76 | 65 | 62 |
| Administrative | 62 | 78 | 76 | 92 | NA | 76 | 65 | 59 | 66 | 76 | 65 | 62 |
| Survey | NA | 59 | NA | NA | 53 | 54 | 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.

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Description:

- 2021: Estimate based on estimated DTP3 level. Reported data excluded. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic, persistent instability as well as revisions to reported target population in 2020 (a decrease of 14 percent), the reported coverage data are not used to inform estimated coverage. WHO and UNICEF are aware of a planned DHS survey during 2023 and await the final results. Programme reports two month stock out of reconstitution syringes. Estimate challenged by: D-R-
- 2020: Estimate based on estimated DTP3 level. Programme reports a four month oral polio vaccine stockout at national and subnational levels. Reported data excluded. See comment for 2021. Programme reports a 12 month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Estimate is based on estimated DTP3 coverage. Reported data are inconsistent with that for other antigens and may include doses administered during an SIA. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Estimate of 51 percent changed from previous revision value of 74 percent. Estimate challenged by: D-R-
- 2018: Estimate of 64 percent assigned by working group. Estimate based on survey results. Estimate challenged by: D-R-
- 2017: Estimate based on interpolation between 2015 and 2018 levels. Estimate based on survey results. Programme reports a two month stock-out at the national level. Estimate challenged by: R-
- 2016: Estimate based on interpolation between 2015 and 2018 levels. Estimate based on survey results. Estimate challenged by: D-R-
- 2015: Estimate of 64 percent assigned by working group. Preliminary results from 2016-17 DHS 54 percent. Haiti Demographic and Health Survey 2016-2017 card or history results of 54 percent modified for recall bias to 65 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 50 percent. Estimate challenged by: D-R-
- 2014: Estimate of 63 percent assigned by working group. Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Haiti Demographic and Health Survey 2016-2017 card or history results of 53 percent modified for recall bias to 71 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 48 percent. Estimate challenged by: R-
- 2013: Reported data calibrated to 2011 and 2014 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 80 percent to 92 percent with decrease 75 percent.

The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stock-out of AD syringes at national level. Estimate challenged by: D-R-

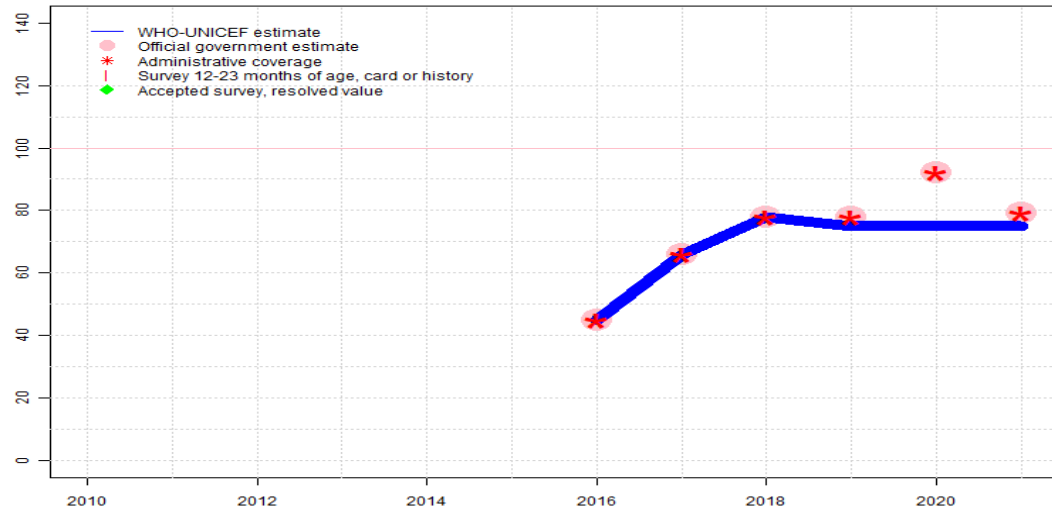
2012: Reported data calibrated to 2011 and 2014 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Vaccine stock out for 1 month. Estimate challenged by: D-R-

2011: Estimate based on interpolation between data reported by national government supported by survey. Survey evidence of 67 percent based on 1 survey(s). Survey on Mortality, Morbidity and Service Utilisation, Haiti 2012 card or history results of 59 percent modified for recall bias to 67 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 53 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-

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

Haiti - IPV1

HTI - IPV1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | 45 | 66 | 78 | 75 | 75 | 75 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | • | • | • | • | • | • |
| Official | NA | NA | NA | NA | NA | NA | 45 | 66 | 78 | 78 | 92 | 79 |
| Administrative | NA | NA | NA | NA | NA | NA | 45 | 66 | 78 | 78 | 92 | 79 |
| 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.

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:

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: Reported data calibrated to 2019 levels. Reported data excluded. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic, persistent instability as well as revisions to reported target population in 2020 (a decrease of 14 percent), the reported coverage data are not used to inform estimated coverage. WHO and UNICEF are aware of a planned DHS survey during 2023 and await the final results. Programme reports two month stock out of reconstitution syringes. Reported data excluded due to sudden change in coverage from 92 level to 79 percent. Programme reports three month vaccine stock out at national level. Estimate challenged by: R-

2020: Reported data calibrated to 2019 levels. Reported data excluded. See comment for 2021. Programme reports a 12 month stockout of reconstitution syringes. Reported data excluded due to an increase from 78 percent to 92 percent with decrease 79 percent. Programme reports a one month vaccine stockout at national and subnational levels. Estimate of 75 percent changed from previous revision value of 78 percent. Estimate challenged by: D-R-

2019: Estimate of 75 percent assigned by working group. Estimate is based on estimated DTP1 coverage. IPV1 recommended for administration at 6 weeks of age, similar to DTP1. Reported number of IPV1 doses administered is lower than that for DTP1, and thus estimated coverage may be an overestimate. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Estimate of 75 percent changed from previous revision value of 78 percent. Estimate challenged by: D-R-

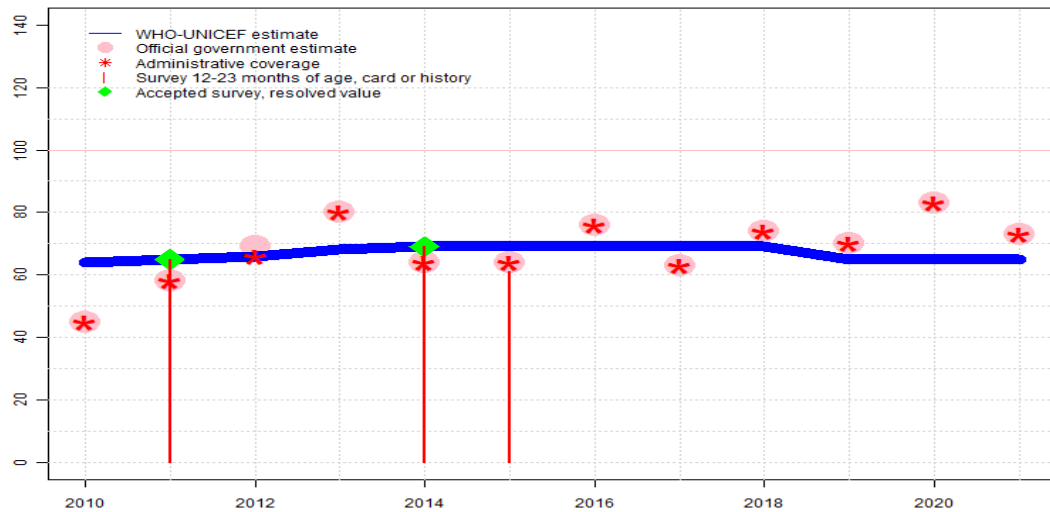
2018: . Estimate is based on reported data on an exceptional basis following introduction. Estimate challenged by: D-R-

2017: . Estimate is based on reported data on an exceptional basis following introduction. Estimate challenged by: D-R-

2016: . Estimate challenged by: R-

Haiti - MCV1

HTI - MCV1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 64 | 65 | 66 | 68 | 69 | 69 | 69 | 69 | 69 | 65 | 65 | 65 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 45 | 58 | 69 | 80 | 64 | 64 | 76 | 63 | 74 | 70 | 83 | 73 |
| Administrative | 45 | 58 | 66 | 80 | 64 | 64 | 76 | 63 | 74 | 70 | 83 | 73 |
| Survey | NA | 65 | NA | NA | 69 | 61 | 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.

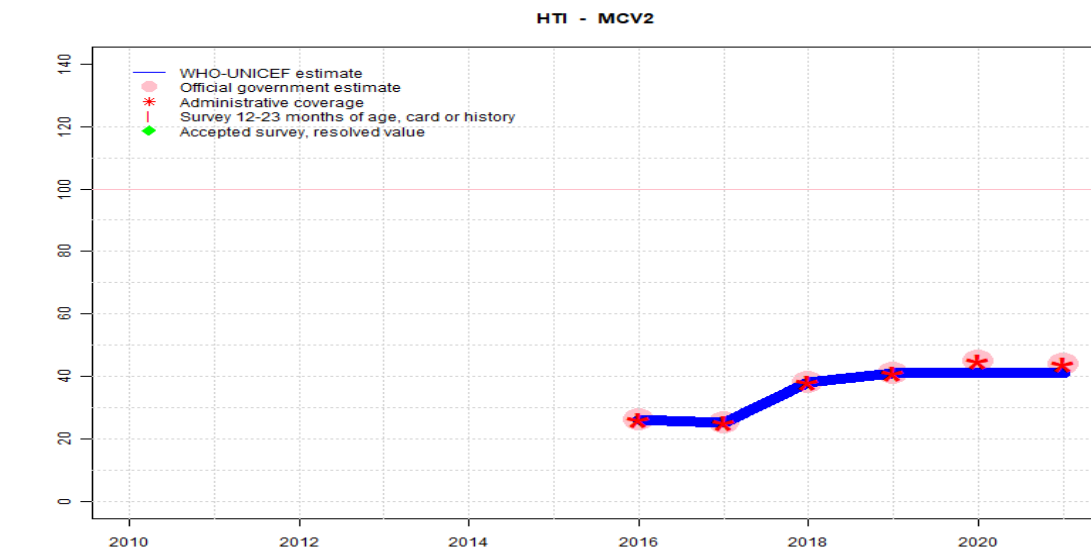
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2021: Reported data calibrated to 2018 levels. Reported data excluded. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic, persistent instability as well as revisions to reported target population in 2020 (a decrease of 14 percent), the reported coverage data are not used to inform estimated coverage. WHO and UNICEF are aware of a planned DHS survey during 2023 and await the final results. Programme reports two month stock out of reconstitution syringes. Estimate challenged by: R-
- 2020: Reported data calibrated to 2018 levels. Reported data excluded. See comment for 2021. Programme reports a 12 month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Estimate challenged by: D-R-
- 2018: Estimate of 69 percent assigned by working group. Estimate based survey results. Estimate challenged by: D-R-
- 2017: Estimate based on interpolation between 2014 and 2018 levels. Estimate based survey results. Reported data excluded due to decline in reported coverage from 76 percent to 63 percent with increase to 74 percent. Estimate challenged by: R-
- 2016: Estimate based on interpolation between 2014 and 2018 levels. Estimate based survey results. Reported data excluded due to an increase from 64 percent to 76 percent with decrease 63 percent. Estimate challenged by: D-R-
- 2015: Estimate based on interpolation between 2014 and 2018 levels. Estimate based survey results. Haiti Demographic and Health Survey 2016-2017 results ignored by working group. Survey results likely do not reflect delayed vaccination for MCV. Estimate challenged by: R-
- 2014: Estimate of 69 percent assigned by working group. Estimate based survey results. Programme reports a two month stock-out at national level. Estimate challenged by: R-
- 2013: Reported data calibrated to 2011 and 2014 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 69 percent to 80 percent with decrease 64 percent. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stock-out of AD syringes at national level. Estimate challenged by: D-R-
- 2012: Reported data calibrated to 2011 and 2014 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Vaccine stock out for 1 month in all districts. Estimate challenged by: R-

- 2011: Estimate of 65 percent assigned by working group. Estimate based on Survey level. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2010: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 60 percent to 45 percent with increase to 58 percent. Estimate challenged by: D-R-

Haiti - MCV2



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | 26 | 25 | 38 | 41 | 41 | 41 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | •• | •• | •• | •• | • | • |
| Official | NA | NA | NA | NA | NA | NA | 26 | 25 | 38 | 41 | 45 | 44 |
| Administrative | NA | NA | NA | NA | NA | NA | 26 | 25 | 38 | 41 | 45 | 44 |
| 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. Reported data excluded. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic, persistent instability as well as revisions to reported target population in 2020 (a decrease of 14 percent), the reported coverage data are not used to inform estimated coverage. WHO and UNICEF are aware of a planned DHS survey during 2023 and await the final results. Programme reports two month stock out of reconstitution syringes. GoC=Assigned by working group. Consistency with other antigens.

2020: Estimate based on previous year estimate. Number of doses reported declines in 2020 compared to 2019. Reported data excluded. See comment for 2021. Programme reports a 12 month stockout of reconstitution syringes. Estimate challenged by: R-

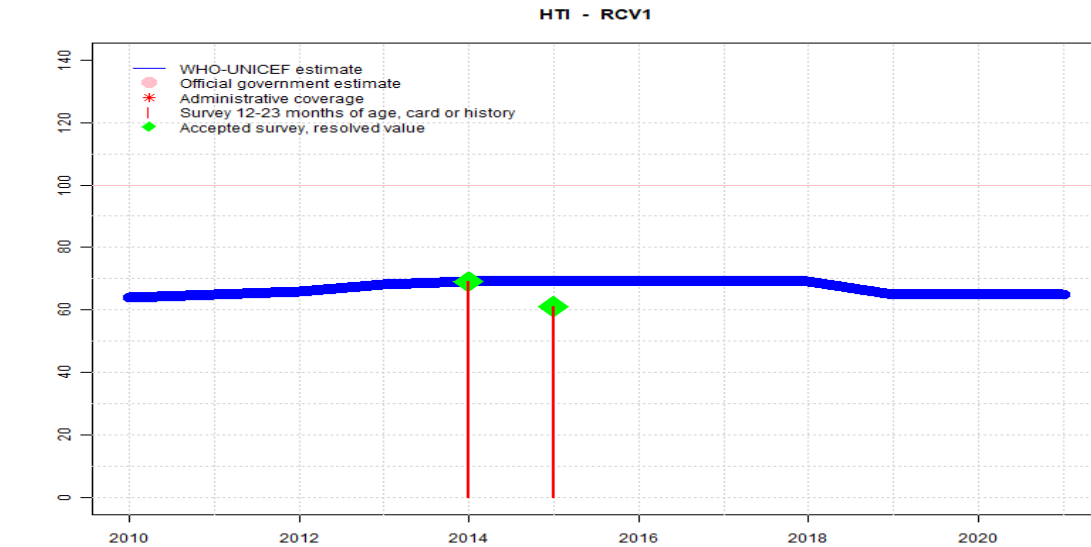
2019: Estimate based on coverage reported by national government. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Estimate is exceptionally based on reported data. GoC=R+ D+

2018: Estimate based on coverage reported by national government. Estimate is exceptionally based on reported data following introduction. GoC=R+ D+

2017: Estimate based on coverage reported by national government. Estimate is exceptionally based on reported data following introduction. GoC=R+ D+

2016: Estimate based on coverage reported by national government. Second dose of measles-rubella vaccine introduced in 2016. Country reports 26 percent coverage in 94 percent of the birth cohort. Coverage estimate recalculated to 24 percent for the entire birth cohort. GoC=R+ D+

Haiti - RCV1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 64 | 65 | 66 | 68 | 69 | 69 | 69 | 69 | 69 | 65 | 65 | 65 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| 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 | 69 | 61 | 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.

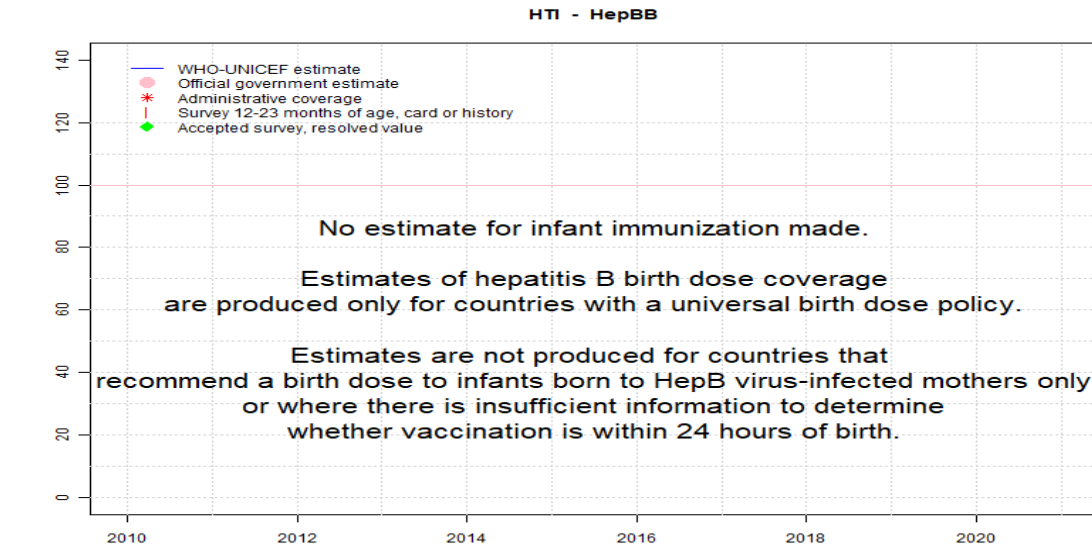
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

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. Estimate challenged by: R-
- 2020: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2019: Estimate based on estimated MCV1. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Estimate challenged by: D-R-
- 2018: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2017: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2016: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2015: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2014: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2013: Estimate based on estimated MCV1. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stock-out of AD syringes at national level. Estimate challenged by: D-R-
- 2012: Estimate based on estimated MCV1. The Ministry of Health, Haiti does not agree with the WHO and UNICEF coverage estimates. Estimate challenged by: R-
- 2011: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2010: Estimate based on estimated MCV1. Estimate challenged by: D-R-

Haiti - HepBB



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Estimate GoC | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Official | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Administrative | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Survey | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

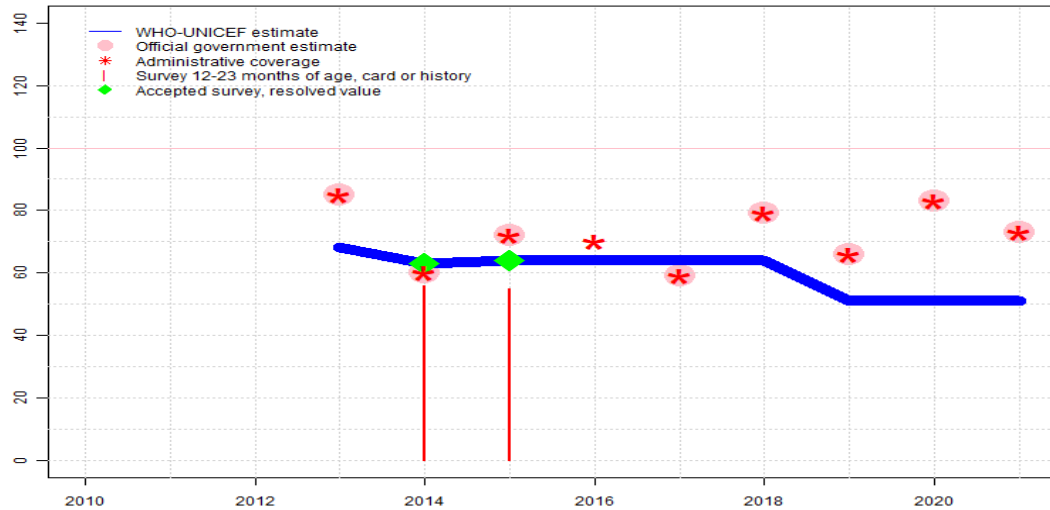
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

Haiti - HepB3

HTI - HepB3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | 68 | 63 | 64 | 64 | 64 | 64 | 51 | 51 | 51 |
| Estimate GoC | NA | NA | NA | • | • | • | • | • | • | • | • | • |
| Official | NA | NA | NA | 85 | 60 | 72 | NA | 59 | 79 | 66 | 83 | 73 |
| Administrative | NA | NA | NA | 85 | 60 | 72 | 70 | 59 | 79 | 66 | 83 | 73 |
| Survey | NA | NA | NA | NA | 56 | 55 | 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:

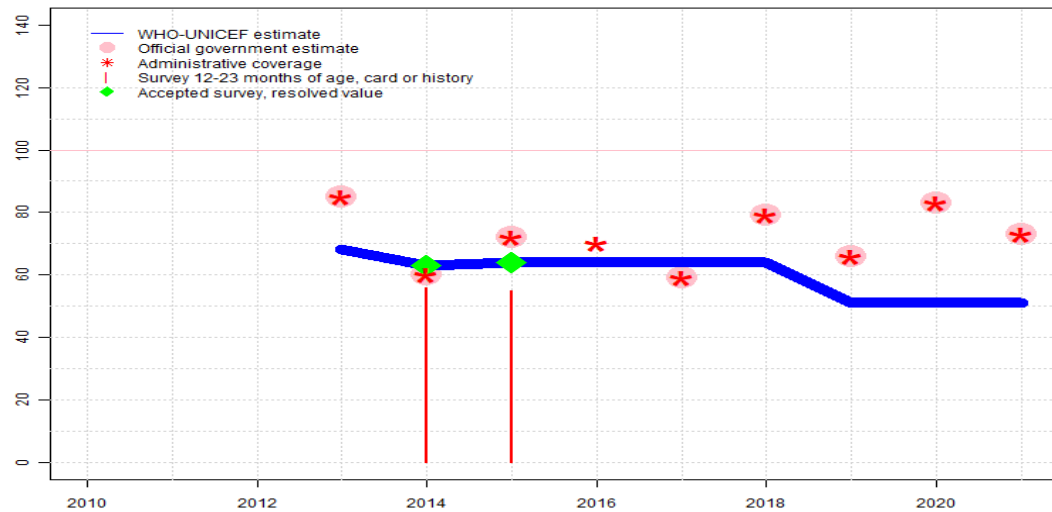
- 2021: Estimate based on estimated DTP3. Reported data excluded. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic, persistent instability as well as revisions to reported target population in 2020 (a decrease of 14 percent), the reported coverage data are not used to inform estimated coverage. WHO and UNICEF are aware of a planned DHS survey during 2023 and await the final results. Programme reports two month stock out of reconstitution syringes. Estimate challenged by: D-R-
- 2020: Estimate based on estimated DTP3. Reported data excluded. See comment for 2021. Programme reports a 12 month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Estimate based on estimated DTP3. Reported data excluded due to decline in reported coverage from 79 percent to 66 percent with increase to 83 percent. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Estimate challenged by: D-R-
- 2018: Estimate of 64 percent assigned by working group. Estimate is based on difference in administrative coverage between 2013 and 2014 applied to the estimate for 2013. Reported data excluded due to an increase from 59 percent to 79 percent with decrease 66 percent. Estimate challenged by: D-R-
- 2017: Estimate based on interpolation between 2015 and 2018 levels. Estimate based on survey results. Reported data excluded due to decline in reported coverage from 70 percent to 59 percent with increase to 79 percent. Estimate challenged by: R-
- 2016: Estimate based on interpolation between 2015 and 2018 levels. Estimate based on survey results. Estimate challenged by: D-R-
- 2015: Estimate of 64 percent assigned by working group. Programme recovered from prior year stock-out. Haiti Demographic and Health Survey 2016-2017 card or history results of 55 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 64 percent and 3rd dose card only coverage of 49 percent. . Estimate challenged by: D-R-
- 2014: Estimate of 63 percent assigned by working group. Estimate is based on difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Haiti Demographic and Health Survey 2016-2017 card or history results of 56 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 79 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 44 percent. Programme reports a one month stock-out at national level.. Estimate challenged by: R-
- 2013: Pentavalent DTP-HepB-Hib vaccine introduced during 2012, reporting started in 2013. Estimate follows DTP3 coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health,

Haiti - HepB3

Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stock-out of AD syringes at national level. Estimate challenged by: D-R-

Haiti - Hib3

HTI - Hib3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | 68 | 63 | 64 | 64 | 64 | 64 | 51 | 51 | 51 |
| Estimate GoC | NA | NA | NA | • | • | • | • | • | • | • | • | • |
| Official | NA | NA | NA | 85 | 60 | 72 | NA | 59 | 79 | 66 | 83 | 73 |
| Administrative | NA | NA | NA | 85 | 60 | 72 | 70 | 59 | 79 | 66 | 83 | 73 |
| Survey | NA | NA | NA | NA | 56 | 55 | 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.

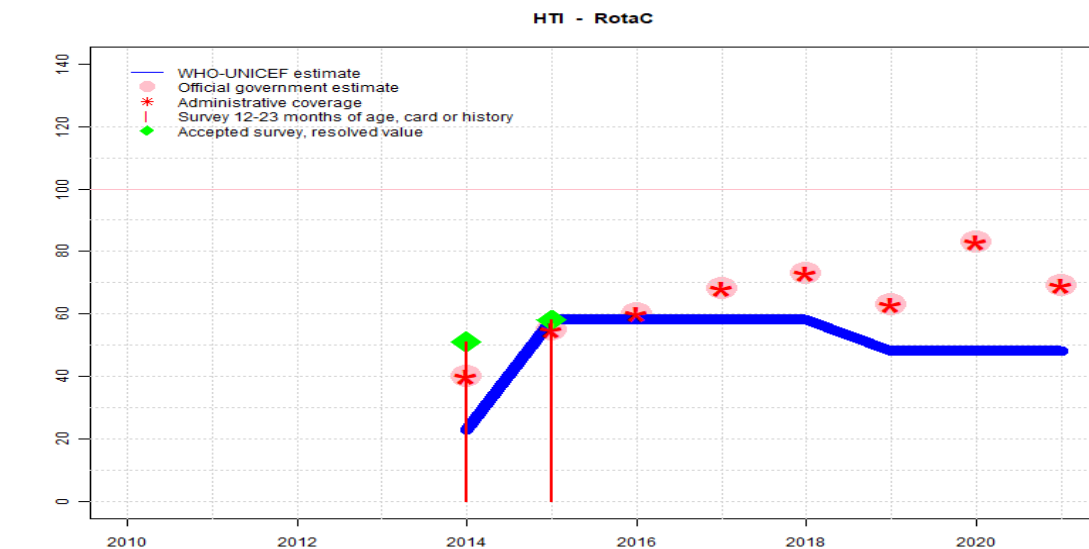
Description:

- 2021: Estimate based on estimated DTP3. Reported data excluded. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic, persistent instability as well as revisions to reported target population in 2020 (a decrease of 14 percent), the reported coverage data are not used to inform estimated coverage. WHO and UNICEF are aware of a planned DHS survey during 2023 and await the final results. Programme reports two month stock out of reconstitution syringes. Estimate challenged by: D-R-
- 2020: Estimate based on estimated DTP3. Reported data excluded. See comment for 2021. Programme reports a 12 month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Estimate based on estimated DTP3. Reported data excluded due to decline in reported coverage from 79 percent to 66 percent with increase to 83 percent. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Estimate challenged by: D-R-
- 2018: Estimate of 64 percent assigned by working group. Estimate based on survey results. Programme appears to have recovered from prior year vaccine stock-out. Reported data excluded due to an increase from 59 percent to 79 percent with decrease 66 percent. Estimate challenged by: D-R-
- 2017: Estimate based on interpolation between 2015 and 2018 levels. Estimate based on survey results. Reported data excluded due to decline in reported coverage from 70 percent to 59 percent with increase to 79 percent. Estimate challenged by: R-
- 2016: Estimate based on interpolation between 2015 and 2018 levels. Estimate based on survey results. Estimate challenged by: D-R-
- 2015: Estimate of 64 percent assigned by working group. Estimate based on survey results. Programme appears to have recovered from prior year vaccine stock-out. Haiti Demographic and Health Survey 2016-2017 card or history results of 55 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 64 percent and 3rd dose card only coverage of 49 percent. . Estimate challenged by: D-R-
- 2014: Estimate of 63 percent assigned by working group. Estimate based on survey results. Haiti Demographic and Health Survey 2016-2017 card or history results of 56 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 79 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 44 percent. Programme reports a one month stock-out at national level.. Estimate challenged by: R-
- 2013: Pentavalent DTP-HepB-Hib vaccine introduced during 2012, reporting started in 2013. Estimate follows DTP3 coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. The Ministry of Health,

Haiti - Hib3

Haiti does not agree with the WHO and UNICEF coverage estimates. Programme reports 6 month stock-out of AD syringes at national level. Estimate challenged by: D-R-

Haiti - RotaC



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | 23 | 58 | 58 | 58 | 58 | 48 | 48 | 48 |
| Estimate GoC | NA | NA | NA | NA | • | • | • | • | • | • | • | • |
| Official | NA | NA | NA | NA | 40 | 55 | 60 | 68 | 73 | 63 | 83 | 69 |
| Administrative | NA | NA | NA | NA | 40 | 55 | 60 | 68 | 73 | 63 | 83 | 69 |
| Survey | NA | NA | NA | NA | 51 | 58 | NA | NA | NA | NA | NA | NA |

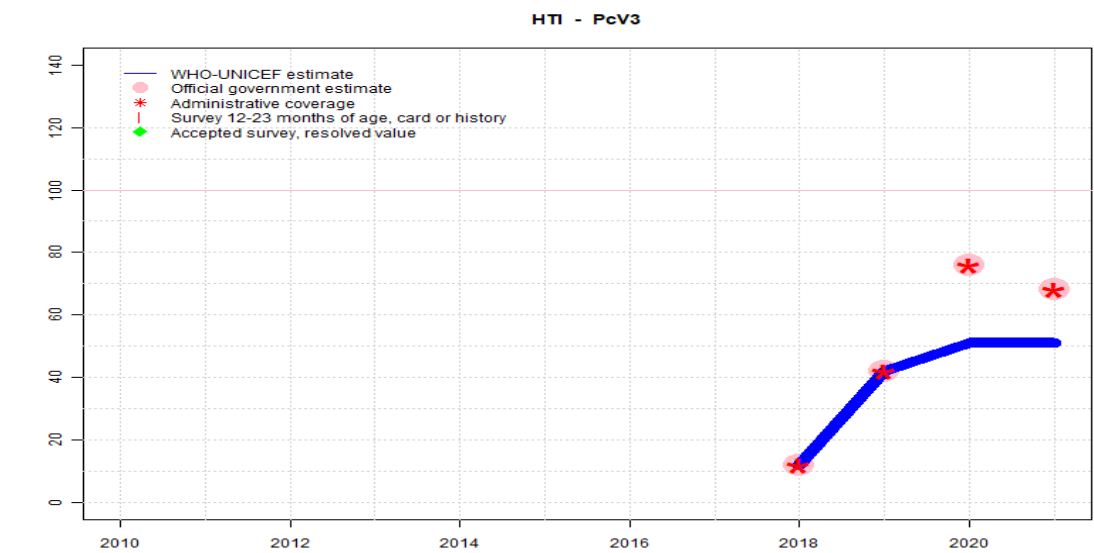
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: Reported data calibrated to 2018 levels. Reported data excluded. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic, persistent instability as well as revisions to reported target population in 2020 (a decrease of 14 percent), the reported coverage data are not used to inform estimated coverage. WHO and UNICEF are aware of a planned DHS survey during 2023 and await the final results. Programme reports two month stock out of reconstitution syringes. Reported data excluded due to decline in reported coverage from 83 level to 69 percent. Programme reports two month vaccine stock out at national level. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Reported data excluded. See comment for 2021. Programme reports a 12 month stockout of reconstitution syringes. Reported data excluded due to an increase from 63 percent to 83 percent with decrease 69 percent. Estimate of 48 percent changed from previous revision value of 51 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Estimate challenged by: D-R-
- 2018: Estimate of 58 percent assigned by working group. Estimate based on survey results. Estimate challenged by: D-R-
- 2017: Estimate based on interpolation between 2015 and 2018 levels. Estimate based on survey results. Estimate challenged by: D-R-
- 2016: Estimate based on interpolation between 2015 and 2018 levels. Estimate based on survey results. Estimate challenged by: D-R-
- 2015: Estimate of 58 percent assigned by working group. Estimate based on survey results. Estimate challenged by: R-
- 2014: Programme reports 40 percent coverage for 58 percent of the target population. Estimate based on coverage achieved in total annual national target population. Rotavirus vaccine introduced during 2014. Estimate challenged by: R-S-



| | | | | | | | | | | | | |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Estimate | NA | NA | NA | NA | NA | NA | NA | NA | 12 | 42 | 51 | 51 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | NA | NA | • | •• | • | • |
| Official | NA | NA | NA | NA | NA | NA | NA | NA | 12 | 42 | 76 | 68 |
| Administrative | NA | NA | NA | NA | NA | NA | NA | NA | 12 | 42 | 76 | 68 |
| 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:

- 2021: Estimate based on estimated DTP3 level. Reported data excluded. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic, persistent instability as well as revisions to reported target population in 2020 (a decrease of 14 percent), the reported coverage data are not used to inform estimated coverage. WHO and UNICEF are aware of a planned DHS survey during 2023 and await the final results. Programme reports two month stock out of reconstitution syringes. Estimate challenged by: D-R-
- 2020: Estimate based on estimated DTP3 level. Reported data excluded. See comment for 2021. Programme reports a 12 month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Estimate based on coverage reported by national government. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stock-out of disposable syringes. Estimate is based on reported data on an exceptional basis following introduction. GoC=R+D+
- 2018: Estimate based on coverage reported by national government. Pneumococcal conjugate vaccine introduced in November 2018. Estimate challenged by: D-

Haiti - survey details

2015 Haïti Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-VI) 2016-2017

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 81.9 | 12-23 m | 1131 | 68 |
| BCG | Card | 62.4 | 12-23 m | 773 | 68 |
| BCG | Card or History | 82.8 | 12-23 m | 1131 | 68 |
| BCG | History | 20.4 | 12-23 m | 357 | 68 |
| DTP1 | C or H <12 months | 82.3 | 12-23 m | 1131 | 68 |
| DTP1 | Card | 64.5 | 12-23 m | 773 | 68 |
| DTP1 | Card or History | 83.5 | 12-23 m | 1131 | 68 |
| DTP1 | History | 19.1 | 12-23 m | 357 | 68 |
| DTP3 | C or H <12 months | 53.3 | 12-23 m | 1131 | 68 |
| DTP3 | Card | 49 | 12-23 m | 773 | 68 |
| DTP3 | Card or History | 55.3 | 12-23 m | 1131 | 68 |
| DTP3 | History | 6.3 | 12-23 m | 357 | 68 |
| HepB1 | C or H <12 months | 82.3 | 12-23 m | 1131 | 68 |
| HepB1 | Card | 64.5 | 12-23 m | 773 | 68 |
| HepB1 | Card or History | 83.5 | 12-23 m | 1131 | 68 |
| HepB1 | History | 19.1 | 12-23 m | 357 | 68 |
| HepB3 | C or H <12 months | 53.3 | 12-23 m | 1131 | 68 |
| HepB3 | Card | 49 | 12-23 m | 773 | 68 |
| HepB3 | Card or History | 55.3 | 12-23 m | 1131 | 68 |
| HepB3 | History | 6.3 | 12-23 m | 357 | 68 |
| Hib1 | C or H <12 months | 82.3 | 12-23 m | 1131 | 68 |
| Hib1 | Card | 64.5 | 12-23 m | 773 | 68 |
| Hib1 | Card or History | 83.5 | 12-23 m | 1131 | 68 |
| Hib1 | History | 19.1 | 12-23 m | 357 | 68 |
| Hib3 | C or H <12 months | 53.3 | 12-23 m | 1131 | 68 |
| Hib3 | Card | 49 | 12-23 m | 773 | 68 |
| Hib3 | Card or History | 55.3 | 12-23 m | 1131 | 68 |
| Hib3 | History | 6.3 | 12-23 m | 357 | 68 |
| MCV1 | C or H <12 months | 52.8 | 12-23 m | 1131 | 68 |
| MCV1 | Card | 48 | 12-23 m | 773 | 68 |
| MCV1 | Card or History | 61 | 12-23 m | 1131 | 68 |
| MCV1 | History | 13.1 | 12-23 m | 357 | 68 |
| Pol1 | C or H <12 months | 83.3 | 12-23 m | 1131 | 68 |
| Pol1 | Card | 64.7 | 12-23 m | 773 | 68 |
| Pol1 | Card or History | 84.3 | 12-23 m | 1131 | 68 |

| | | | | | |
|-------|-------------------|------|---------|------|----|
| Pol1 | History | 19.7 | 12-23 m | 357 | 68 |
| Pol3 | C or H <12 months | 52.9 | 12-23 m | 1131 | 68 |
| Pol3 | Card | 50.3 | 12-23 m | 773 | 68 |
| Pol3 | Card or History | 54.4 | 12-23 m | 1131 | 68 |
| Pol3 | History | 4.1 | 12-23 m | 357 | 68 |
| RotaC | C or H <12 months | 56.9 | 12-23 m | 1131 | 68 |
| RotaC | Card | 50.9 | 12-23 m | 773 | 68 |
| RotaC | Card or History | 58.1 | 12-23 m | 1131 | 68 |
| RotaC | History | 7.1 | 12-23 m | 357 | 68 |

2014 Haïti Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-VI) 2016-2017

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 80.7 | 24-35 m | 1181 | 68 |
| BCG | Card | 53.6 | 24-35 m | 695 | 68 |
| BCG | Card or History | 81.3 | 24-35 m | 1181 | 68 |
| BCG | History | 27.7 | 24-35 m | 486 | 68 |
| DTP1 | C or H <12 months | 77.2 | 24-35 m | 1181 | 68 |
| DTP1 | Card | 54.6 | 24-35 m | 695 | 68 |
| DTP1 | Card or History | 79.3 | 24-35 m | 1181 | 68 |
| DTP1 | History | 24.8 | 24-35 m | 486 | 68 |
| DTP3 | C or H <12 months | 50.9 | 24-35 m | 1181 | 68 |
| DTP3 | Card | 43.9 | 24-35 m | 695 | 68 |
| DTP3 | Card or History | 55.6 | 24-35 m | 1181 | 68 |
| DTP3 | History | 11.7 | 24-35 m | 486 | 68 |
| HepB1 | C or H <12 months | 77.2 | 24-35 m | 1181 | 68 |
| HepB1 | Card | 54.6 | 24-35 m | 695 | 68 |
| HepB1 | Card or History | 79.3 | 24-35 m | 1181 | 68 |
| HepB1 | History | 24.8 | 24-35 m | 486 | 68 |
| HepB3 | C or H <12 months | 50.9 | 24-35 m | 1181 | 68 |
| HepB3 | Card | 43.9 | 24-35 m | 695 | 68 |
| HepB3 | Card or History | 55.6 | 24-35 m | 1181 | 68 |
| HepB3 | History | 11.7 | 24-35 m | 486 | 68 |
| Hib1 | C or H <12 months | 77.2 | 24-35 m | 1181 | 68 |
| Hib1 | Card | 54.6 | 24-35 m | 695 | 68 |
| Hib1 | Card or History | 79.3 | 24-35 m | 1181 | 68 |
| Hib1 | History | 24.8 | 24-35 m | 486 | 68 |
| Hib3 | C or H <12 months | 50.9 | 24-35 m | 1181 | 68 |

Haiti - survey details

| | | | | | |
|-------|-------------------|------|---------|------|----|
| Hib3 | Card | 43.9 | 24-35 m | 695 | 68 |
| Hib3 | Card or History | 55.6 | 24-35 m | 1181 | 68 |
| Hib3 | History | 11.7 | 24-35 m | 486 | 68 |
| MCV1 | C or H <24 months | 47.5 | 24-35 m | 1181 | 68 |
| MCV1 | Card | 47 | 24-35 m | 695 | 68 |
| MCV1 | Card or History | 68.7 | 24-35 m | 1181 | 68 |
| MCV1 | History | 21.7 | 24-35 m | 486 | 68 |
| Pol1 | C or H <12 months | 80 | 24-35 m | 1181 | 68 |
| Pol1 | Card | 57.2 | 24-35 m | 695 | 68 |
| Pol1 | Card or History | 83.5 | 24-35 m | 1181 | 68 |
| Pol1 | History | 26.3 | 24-35 m | 486 | 68 |
| Pol3 | C or H <12 months | 48.1 | 24-35 m | 1181 | 68 |
| Pol3 | Card | 47.5 | 24-35 m | 695 | 68 |
| Pol3 | Card or History | 53.1 | 24-35 m | 1181 | 68 |
| Pol3 | History | 5.6 | 24-35 m | 486 | 68 |
| RotaC | C or H <12 months | 48.1 | 24-35 m | 1181 | 68 |
| RotaC | Card | 37.3 | 24-35 m | 695 | 68 |
| RotaC | Card or History | 50.6 | 24-35 m | 1181 | 68 |
| RotaC | History | 13.2 | 24-35 m | 486 | 68 |

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

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 80.6 | 12-23 m | 1288 | 73 |
| BCG | Card | 64.6 | 12-23 m | 943 | 73 |
| BCG | Card or History | 82.7 | 12-23 m | 1288 | 73 |
| BCG | History | 18.1 | 12-23 m | 345 | 73 |
| DTP1 | C or H <12 months | 83.4 | 12-23 m | 1288 | 73 |
| DTP1 | Card | 70.1 | 12-23 m | 943 | 73 |
| DTP1 | Card or History | 87.9 | 12-23 m | 1288 | 73 |
| DTP1 | History | 17.8 | 12-23 m | 345 | 73 |
| DTP3 | C or H <12 months | 54.9 | 12-23 m | 1288 | 73 |
| DTP3 | Card | 54.1 | 12-23 m | 943 | 73 |
| DTP3 | Card or History | 62.5 | 12-23 m | 1288 | 73 |
| DTP3 | History | 8.4 | 12-23 m | 345 | 73 |
| MCV1 | C or H <12 months | 38 | 12-23 m | 1288 | 73 |
| MCV1 | Card | 51.2 | 12-23 m | 943 | 73 |
| MCV1 | Card or History | 65.1 | 12-23 m | 1288 | 73 |

| | | | | | |
|------|-------------------|------|---------|------|----|
| MCV1 | History | 13.9 | 12-23 m | 345 | 73 |
| Pol1 | C or H <12 months | 83.8 | 12-23 m | 1288 | 73 |
| Pol1 | Card | 71.9 | 12-23 m | 943 | 73 |
| Pol1 | Card or History | 90.6 | 12-23 m | 1288 | 73 |
| Pol1 | History | 18.7 | 12-23 m | 345 | 73 |
| Pol3 | C or H <12 months | 51.3 | 12-23 m | 1288 | 73 |
| Pol3 | Card | 53.2 | 12-23 m | 943 | 73 |
| Pol3 | Card or History | 58.6 | 12-23 m | 1288 | 73 |
| Pol3 | History | 5.4 | 12-23 m | 345 | 73 |

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

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card | 54.5 | 12-23 m | 1345 | 62 |
| DTP1 | Card | 57.5 | 12-23 m | 1345 | 62 |
| DTP3 | Card | 46.7 | 12-23 m | 1345 | 62 |
| MCV1 | Card | 29.3 | 12-23 m | 1345 | 62 |
| Pol1 | Card | 58.3 | 12-23 m | 1345 | 62 |
| Pol3 | Card | 46 | 12-23 m | 1345 | 62 |

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

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 73.2 | 12-23 m | 1135 | 73 |
| BCG | Card | 60 | 12-23 m | 1135 | 73 |
| BCG | Card or History | 74.9 | 12-23 m | 1135 | 73 |
| BCG | History | 14.9 | 12-23 m | 1135 | 73 |
| DTP1 | C or H <12 months | 77.9 | 12-23 m | 1135 | 73 |
| DTP1 | Card | 68.2 | 12-23 m | 1135 | 73 |
| DTP1 | Card or History | 83 | 12-23 m | 1135 | 73 |
| DTP1 | History | 14.9 | 12-23 m | 1135 | 73 |
| DTP3 | C or H <12 months | 47.9 | 12-23 m | 1135 | 73 |
| DTP3 | Card | 48.7 | 12-23 m | 1135 | 73 |
| DTP3 | Card or History | 53 | 12-23 m | 1135 | 73 |
| DTP3 | History | 4.3 | 12-23 m | 1135 | 73 |
| MCV1 | C or H <12 months | 45.3 | 12-23 m | 1135 | 73 |
| MCV1 | Card | 49.1 | 12-23 m | 1135 | 73 |

Haiti - survey details

| | | | | | |
|------|-------------------|------|---------|------|----|
| MCV1 | Card or History | 57.7 | 12-23 m | 1135 | 73 |
| MCV1 | History | 8.6 | 12-23 m | 1135 | 73 |
| Pol1 | C or H <12 months | 81 | 12-23 m | 1135 | 73 |
| Pol1 | Card | 70.1 | 12-23 m | 1135 | 73 |
| Pol1 | Card or History | 85.5 | 12-23 m | 1135 | 73 |
| Pol1 | History | 15.4 | 12-23 m | 1135 | 73 |
| Pol3 | C or H <12 months | 47 | 12-23 m | 1135 | 73 |
| Pol3 | Card | 48.6 | 12-23 m | 1135 | 73 |
| Pol3 | Card or History | 51.5 | 12-23 m | 1135 | 73 |
| Pol3 | History | 2.9 | 12-23 m | 1135 | 73 |

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

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 67.6 | 12-23 m | 1225 | 66 |
| BCG | Card | 53.2 | 12-23 m | 1225 | 66 |
| BCG | Card or History | 71 | 12-23 m | 1225 | 66 |
| BCG | History | 17.7 | 12-23 m | 1225 | 66 |

| | | | | | |
|------|-------------------|------|---------|------|----|
| DTP1 | C or H <12 months | 71 | 12-23 m | 1225 | 66 |
| DTP1 | Card | 60.5 | 12-23 m | 1225 | 66 |
| DTP1 | Card or History | 76 | 12-23 m | 1225 | 66 |
| DTP1 | History | 15.4 | 12-23 m | 1225 | 66 |
| DTP3 | C or H <12 months | 36.2 | 12-23 m | 1225 | 66 |
| DTP3 | Card | 37.2 | 12-23 m | 1225 | 66 |
| DTP3 | Card or History | 42.9 | 12-23 m | 1225 | 66 |
| DTP3 | History | 5.7 | 12-23 m | 1225 | 66 |
| MCV1 | C or H <12 months | 34.3 | 12-23 m | 1225 | 66 |
| MCV1 | Card | 44.1 | 12-23 m | 1225 | 66 |
| MCV1 | Card or History | 53.9 | 12-23 m | 1225 | 66 |
| MCV1 | History | 9.8 | 12-23 m | 1225 | 66 |
| Pol1 | C or H <12 months | 71.9 | 12-23 m | 1225 | 66 |
| Pol1 | Card | 61.2 | 12-23 m | 1225 | 66 |
| Pol1 | Card or History | 76.6 | 12-23 m | 1225 | 66 |
| Pol1 | History | 15.4 | 12-23 m | 1225 | 66 |
| Pol3 | C or H <12 months | 37.5 | 12-23 m | 1225 | 66 |
| Pol3 | Card | 38.5 | 12-23 m | 1225 | 66 |
| Pol3 | Card or History | 42.9 | 12-23 m | 1225 | 66 |
| Pol3 | History | 4.4 | 12-23 m | 1225 | 66 |

Further information and estimates for previous years are available at:
<https://data.unicef.org/topic/child-health/immunization/>
<https://immunizationdata.who.int/listing.html>