Marshall Islands: WHO and UNICEF estimates of immunization coverage: 2021 revision

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

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

*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around immunization coverage: a computational logic approach.

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.

Penta: 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.

Penta: 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.

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children’s Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children’s Fund be liable for damages arising from its use.
The WHO and UNICEF estimates of national immunization coverage (wunice) 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 coverage reported by national government. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

- **2020**: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate of 91 percent changed from previous revision value of 89 percent. Estimate challenged by: D-

- **2019**: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

- **2018**: Estimate based on reported administrative data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

- **2017**: Estimate based on reported administrative data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

- **2016**: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

- **2015**: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

- **2014**: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

- **2013**: Estimate based on interpolation between data reported by national government. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

- **2012**: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

- **2011**: Estimate based on reported administrative data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

- **2010**: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
The WHO and UNICEF estimates of national immunization coverage (vaccine) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

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2011: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data

2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

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

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2020: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate of 82 percent changed from previous revision value of 79 percent. GoC=Assigned by working group. Consistency across antigens with reported administrative data.

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2018: Estimate based on coverage reported by national government. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

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2016: Estimate based on coverage reported by national government. Reported decline in coverage from prior year is unexplained. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

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2014: Estimate based on coverage reported by national government supported by survey. Survey evidence of 72 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2013: Estimate based on interpolation between coverage reported by national government. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

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**2012:** Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

**2011:** Estimate based on analysis of sample survey data. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data

**2010:** Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
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).

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Marshall Islands - MCV1

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2011: Estimate based on interpolation between coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data

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Marshall Islands - MCV2

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 coverage reported by national government. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

#### 2020:
- Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate of 68 percent changed from previous revision value of 64 percent. Estimate challenged by: D-

#### 2019:
- Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

#### 2018:
- Estimate based on coverage reported by national government. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

#### 2017:
- Estimate based on coverage reported by national government. Official estimate based on immunization coverage rate for children aged 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

#### 2016:
- Estimate based on coverage reported by national government. Reported decline in coverage from prior year is unexplained. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

#### 2015:
- Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-

#### 2014:
- Estimate based on coverage reported by national government supported by survey. Survey evidence of 51 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

#### 2013:
- Estimate based on interpolation between data reported by national government. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

#### 2012:
- Estimate based on reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. Consistent with other antigens.

#### 2011:
- Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data

#### 2010:
- Estimate based on reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
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 accompanying graph and data table.

2021: Estimate based on estimated MCV1. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate of 89 percent changed from previous revision value of 85 percent. Estimate challenged by: D-

2019: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.

2018: Estimate based on estimated MCV1. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2017: Estimate based on estimated MCV1. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2016: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2015: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2014: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2013: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. Consistent with other antigens.

2012: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group.

2011: Estimate based on estimated MCV1. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2011 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ S+ D+

2010: Estimate based on estimated MCV1. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

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.

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**Estimate**

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July 8, 2022; page 10

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2023

Data received as of July 7, 2022
The WHO and UNICEF estimates of national immunization coverage (wunc) 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 2014 levels. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

2020: Reported data calibrated to 2014 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate of 96 percent changed from previous revision value of 98 percent. Estimate challenged by: R-

2019: Reported data calibrated to 2014 levels. Programme reports national and subnational vaccine supply disruption. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: R-

2018: Reported data calibrated to 2014 levels. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2017: Reported data calibrated to 2014 levels. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2016: Reported data calibrated to 2014 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2015: Reported data calibrated to 2014 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 87 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2013: Reported data calibrated to 2014 levels. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2012: Reported data calibrated to 2014 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2011: Reported data calibrated to 2014 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-

2010: Reported data calibrated to 2014 levels. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-R-
The WHO and UNICEF estimates of national immunization coverage (wunec) 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.

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2021: Estimate based on coverage reported by national government. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.

2020: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate of 86 percent changed from previous revision value of 82 percent. GoC=Assigned by working group. Consistency across antigens with reported administrative data.

2019: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2018: Estimate based on coverage reported by national government. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2017: Estimate based on coverage reported by national government. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2015: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2014: Estimate based on coverage reported by national government supported by survey. Survey evidence of 76 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2013: Estimate based on interpolation between coverage reported by national government. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2011: Estimate based on interpolation between coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data

2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
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.

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July 8, 2022; page 13

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2023
data received as of July 7, 2022
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 coverage reported by national government. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate of 57 percent changed from previous revision value of 60 percent. GoC=No accepted empirical data

2019: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2018: Estimate based on coverage reported by national government. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2017: Estimate based on coverage reported by national government. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2016: Estimated decline in coverage from prior year is unexplained. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. Consistent with other antigens.

2015: Estimate based on interpolation between coverage reported by national government. Reported data excluded. Inconsistent and unexplained increase in reported coverage. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2014: Estimate based on coverage reported by national government supported by survey. Survey evidence of 46 percent based on 1 survey(s). Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2013: Estimate based on interpolation between data reported by national government. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Programme reports stock-out in 1 district. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. Consistent with other antigens.

2012: Estimate based on reported data. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: S-

2011: Estimate based on interpolation between data reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data

2010: Estimate based on reported data. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
The WHO and UNICEF estimates of national immunization coverage (vunec) 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 coverage reported by national government. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate of 38 percent changed from previous revision value of 63 percent. GoC=R+

2019: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2018: Estimate based on coverage reported by national government. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. GoC=R+

2017: Estimate based on coverage reported by national government. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+

2016: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. Reported coverage reflects that achieved among 71 percent of the national target population. Reported change in target population for PcV3 is unexplained. Estimate challenged by: D-

2015: Estimate based on coverage reported by national government. Programme reports district level stock-out. Fluctuation in reported data is attributed to small birth cohort. Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. Vaccination among children aged 2 years results ignored by working group. Results inconsistent with data reported on use of PCV. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2013: Estimate based on interpolation between reported values. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported data is attributed to small birth cohort. Programme reports stock-out in 6 districts. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2012: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2011: Estimate based on interpolation between reported values. Fluctuation in reported data is attributed to small birth cohort. GoC=No accepted empirical data

2010: Estimate based on coverage reported by national government. Fluctuation in reported data is attributed to small birth cohort. GoC=R+ D+
### Marshall Islands - survey details

#### 2014 Vaccination among children aged 2 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Confirmation method</th>
<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
<th>Cards seen</th>
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</thead>
<tbody>
<tr>
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<td>72</td>
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<tr>
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<td>HepBB</td>
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#### 2005 Marshall Islands Demographic and Health Survey 2007

<table>
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#### 2004 Marshall Islands Demographic and Health Survey 2007

<table>
<thead>
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<th>Vaccine</th>
<th>Confirmation method</th>
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<th>Cards seen</th>
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<tbody>
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<td>36-47 m</td>
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<td>DTP3</td>
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<td>30.3</td>
<td>36-47 m</td>
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#### 2003 Marshall Islands Demographic and Health Survey 2007

<table>
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<td>0-24 m</td>
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<td>Card</td>
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<td>0-24 m</td>
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<td>Card</td>
<td>72.2</td>
<td>0-24 m</td>
<td>115</td>
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July 8, 2022: page 16

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2023
data received as of July 7, 2022
### Marshall Islands - survey details

<table>
<thead>
<tr>
<th>Vaccine</th>
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<th>Coverage</th>
<th>Age cohort</th>
<th>Sample</th>
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<tbody>
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<td>48-59 m</td>
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<td>48-59 m</td>
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<tr>
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<td>21.4</td>
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### 1999 Marshall Islands Immunization Survey 2001

<table>
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<th>Coverage</th>
<th>Age cohort</th>
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<td>Card</td>
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</table>

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