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. See, for example:

* Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around estimated levels of coverage.

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 approaches. 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 whether IPV use only.

**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.

**PeV3:** 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 PeV 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.

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.
Pakistan - BCG

Description:

2021: Estimate based on coverage reported by national government. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-

2020: Estimate based on coverage reported by national government. Official estimates for 2019 and 2020 based on the results of TPVICS, a large vaccination coverage survey conducted in early 2021. Final TPVICS report not available at the time of reporting eJRF. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-

2019: Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-

2018: Estimate based on interpolation between coverage reported by national government. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

2017: Estimate based on coverage reported by national government. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government supported by survey. Survey evidence of 88 percent based on 1 survey(s). Estimate challenged by: D-

2015: Estimate based on coverage reported by national government supported by survey. Survey evidence of 86 percent based on 1 survey(s). Programme reports three month national level stock-out of BCG vaccine. GoC=R+ S+ D+

2014: Estimate based on coverage reported by national government. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Survey results ignored. Sample size 0 less than 300. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t Estimate challenged by: D-

2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 85 percent based on 1 survey(s). Survey results ignored. Sample size 0 less
The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, the report suggests exceptionally low drop-out for multi-dose vaccines. 

2011: Estimate based on coverage reported by national government. GoC=R+ S+ D+

2010: Estimate based on coverage reported by national government. Pakistan Social and Living Standards Measurement Survey 2010-2011 results ignored by working group. Home-based record retention not reported. HBR only coverage inconsistent with card retention levels and maximum possible card only coverage observed in two surveys during 2006 and one survey in 2012-13. Increase in administrative coverage is partially due to the reduction in growth rate used in population projections (from 2.6 to 1.9). Estimate challenged by: D-S-
Pakistan - DTP1

Description:

2021: Estimate based on coverage reported by national government. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-

2020: Vaccine stock-out of unspecified duration. Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Official estimates for 2019 and 2020 based on the results of TPVICS, a large vaccination coverage survey conducted in early 2021. Final TPVICS report not available at the time of reporting eJRF. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-R-

2019: Estimate based on coverage reported by national government supported by survey. Survey evidence of 90 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-

2018: Estimate based on interpolation between coverage reported by national government. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

2017: Estimate based on coverage reported by national government. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government supported by survey. Survey evidence of 86 percent based on 1 survey(s). Estimate challenged by: D-

2015: Estimate based on coverage reported by national government supported by survey. Survey evidence of 83 percent based on 1 survey(s). Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Survey results ignored. Sample size 0 less than 300. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t Estimate challenged by: D-

2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Programme reports a nine percent increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information 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.
than 300. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, the report suggests exceptionally low drop-out for multi-dose vaccines. Estimate challenged by: D-
2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
2010: Estimate based on coverage reported by national government. Pakistan Social and Living Standards Measurement Survey 2010-2011 results ignored by working group. Home-based record retention not reported. HBR only coverage inconsistent with card retention levels and maximum possible card only coverage observed in two surveys during 2006 and one survey in 2012-13. Estimate challenged by: S-
Pakistan - DTP3

Description:

2021: Estimate based on coverage reported by national government. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-

2020: Vaccine stock-out of unspecified duration. Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Official estimates for 2019 and 2020 based on the results of TPVICS, a large vaccination coverage survey conducted in early 2021. Final TPVICS report not available at the time of reporting eJRF. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-R-

2019: Estimate based on coverage reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-

2018: Estimate based on interpolation between coverage reported by national government. Reported data excluded. Decline observed in administrative coverage likely an artifact of a four percent increase in the target population from 2017 to 2018. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

2017: Estimate based on coverage reported by national government. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 card or history results of 75 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 58 percent. Estimate challenged by: D-

2015: Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 card or history results of 75 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 47 percent and 3rd dose card only coverage of 45 percent. Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Survey results ignored. Sample size 0 less than 300. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 card or history results of 88 percent modified for recall bias to 89 per-

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that 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.
Pakistan - DTP3

Cent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 65 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, the Estimate challenged by: D-S-2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 72 percent based on 1 survey(s). Survey results ignored. Sample size 0 less than 300. Pakistan Demographic and Health Survey 2012-2013 card or history results of 65 percent modified for recall bias to 72 percent based on 1st dose card or history coverage of 79 percent, 1st dose card only coverage of 35 percent and 3rd dose card only coverage of 32 percent. Pakistan Social and Living Standards Measurement Survey (PSLM), 2013-14 card or history results of 78 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 61 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, the report suggests exceptionally low drop-out for multi-dose vaccines. Estimate challenged by: D-S-2011: Estimate based on coverage reported by national government. Estimate challenged by: D-S-2010: Estimate based on coverage reported by national government. Pakistan Social and Living Standards Measurement Survey 2010-2011 results ignored by working group. Home-based record retention not reported. HBR only coverage inconsistent with card retention levels and maximum possible card only coverage observed in two surveys during 2006 and one survey in 2012-13. Pakistan Social and Living Standards Measurement Survey 2010-2011 card or history results of 85 percent modified for recall bias to 86 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 56 percent. Increase in administrative coverage is partially due to the reduction in growth rate used in population projections (from 2.6 to 1.9). Estimate challenged by: D-S-
Pakistan - Pol3

Description:

2021: Estimate based on coverage reported by national government. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-

2020: Estimate based on coverage reported by national government. Official estimates for 2019 and 2020 based on the results of TPVICS, a large vaccination coverage survey conducted in early 2021. Final TPVICS report not available at the time of reporting eJRF. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-

2019: Estimate based on coverage reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-

2018: Coverage based on extrapolation from 2017. Reported data excluded. Decline observed in administrative coverage likely an artifact of a four percent increase in the target population from 2017 to 2018. Survey results may include campaign doses. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

2017: Coverage based on DTP3 estimates. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-R-S-

2016: Coverage based on DTP3 estimates. Pakistan Demographic and Health Survey 2017-2018 card or history results of 86 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 58 percent. Estimate challenged by: D-R-S-

2015: Coverage based on DTP3 estimates. Pakistan Demographic and Health Survey 2017-2018 card or history results of 88 percent modified for recall bias to 91 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 47 percent and 3rd dose card only coverage of 45 percent. Estimate challenged by: D-R-S-

2014: Coverage based on estimated DTP3 coverage. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-R-S-

2013: Coverage based on DTP3 estimates. Survey results ignored. Sample size 0 less than 300. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 card or history results of 97 percent modified for recall bias to 98 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 65 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged...
12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, the Estimate challenged by: D-R-S-

2012: Coverage based on DTP3 estimates. Survey results ignored. Sample size 0 less than 300. Pakistan Demographic and Health Survey 2012-2013 card or history results of 85 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 35 percent and 3rd dose card only coverage of 33 percent. Pakistan Social and Living Standards Measurement Survey (PSLM), 2013-14 card or history results of 96 percent modified for recall bias to 98 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 62 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, the report suggests exceptionally low drop-out for multi-dose vaccines. Estimate challenged by: D-R-S-

2011: Coverage based on DTP3 estimates. Estimate challenged by: D-R-S-

2010: Coverage based on DTP3 estimates. Pakistan Social and Living Standards Measurement Survey 2010-2011 results ignored by working group. Home-based record retention not reported. HBR only coverage inconsistent with card retention levels and maximum possible card only coverage observed in two surveys during 2006 and one survey in 2012-13. Pakistan Social and Living Standards Measurement Survey 2010-2011 card or history results of 79 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 54 percent and 3rd dose card only coverage of 53 percent. Increase in administrative coverage is partially due to the reduction in growth rate used in population projections (from 2.6 to 1.9). Estimate challenged by: D-R-S-
Pakistan - IPV1

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.

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

2021: Estimate based on coverage reported by national government. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-

2020: Estimate based on coverage reported by national government. Official estimates for 2019 and 2020 based on the results of TPVICS, a large vaccination coverage survey conducted in early 2021. Final TPVICS report not available at the time of reporting eJRF. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate of 83 percent changed from previous revision value of 85 percent. Estimate challenged by: D-

2019: Estimate based on coverage reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-

2018: Estimate based on estimated DTP3 coverage. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

2017: Estimate is based on DTP3 coverage adjusted by the relative difference in the reported number of children vaccinated with DTP3 and IPV1. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-R-S-

2016: Estimate is based on DTP3 coverage adjusted by the relative difference in the reported number of children vaccinated with DTP3 and IPV1. Estimate challenged by: D-R-

2015: Inactivated polio vaccine during 2015. Estimate challenged by: R-S-

Description:

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.
Pakistan - MCV1

Description:

2021: Estimate based on coverage reported by national government. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-

2020: Estimate based on coverage reported by national government. Official estimates for 2019 and 2020 based on the results of TPVICS, a large vaccination coverage survey conducted in early 2021. Final TPVICS report not available at the time of reporting eJRF. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-

2019: Estimate based on coverage reported by national government supported by survey. Survey evidence of 81 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-

2018: Estimate based on interpolation between coverage reported by national government. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

2017: Estimate based on coverage reported by national government. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government supported by survey. Survey evidence of 73 percent based on 1 survey(s). Estimate challenged by: D-

2015: Estimate based on coverage reported by national government supported by survey. Survey evidence of 75 percent based on 1 survey(s). Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Sample size 0 less than 300. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t Estimate challenged by: D-

2012: Estimate based on coverage reported by national government supported by survey. Survey evidence of 61 percent based on 1 survey(s). Sample size 0 less than 300. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t Estimate challenged by: 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.

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.
not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, the report suggests exceptionally low drop-out for multi-dose vaccines. Estimate challenged by: D-

2011: Estimate based on coverage reported by national government. Estimate challenged by: D-
2010: Estimate based on coverage reported by national government. Pakistan Social and Living Standards Measurement Survey 2010-2011 results ignored by working group. Home-based record retention not reported. HBR only coverage inconsistent with card retention levels and maximum possible card only coverage observed in two surveys during 2006 and one survey in 2012-13. Increase in administrative coverage is partially due to the reduction in growth rate used in population projections (from 2.6 to 1.9). Estimate challenged by: D-
Pakistan - MCV2

**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. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-

2020: Estimate based on coverage reported by national government. Official estimates for 2019 and 2020 based on the results of TPVICS, a large vaccination coverage survey conducted in early 2021. Final TPVICS report not available at the time of reporting eJRF. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate of 77 percent changed from previous revision value of 74 percent. Estimate challenged by: D-

2019: Estimate is based on the official coverage reported. Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate of 74 percent changed from previous revision value of 71 percent. Estimate challenged by: D-

2018: Estimate is based on prior year estimate. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

2017: Estimate is based on survey result from prior year. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 67 percent based on 1 survey(s). Estimate challenged by: D-R-

2015: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: D-R-S-

2014: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: D-R-S-

2013: Reported data calibrated to 2009 and 2016 levels. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, estimate challenged by: D-R-

2012: Reported data calibrated to 2009 and 2016 levels. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, the report suggests exceptionally low drop-out for multi-dose vaccines. Estimate challenged by: D-R-

2011: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: 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.

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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.
2010: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: D-R-
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-], [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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Pakistan - RCV1

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No estimate for infant immunization made.
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+] or 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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Pakistan - HepB3

Description:

2021: Estimate based on coverage reported by national government. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-

2020: Vaccine stock-out of unespecified duration. Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Official estimates for 2019 and 2020 based on the results of TPVICS, a large vaccination coverage survey conducted in early 2021. Final TPVICS report not available at the time of reporting eJRF. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-R-

2019: Estimate based on coverage reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. GoC=Assigned by working group. Consistency with DTP3.

2018: Estimate based on interpolation between coverage reported by national government. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. Reported data excluded due to decline in reported coverage from 87 percent to 72 percent with increase to 84 percent. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

2017: Estimate based on interpolation between coverage reported by national government. Reported data excluded due to an increase from 75 percent to 87 percent with decrease 72 percent. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 card or history results of 75 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 58 percent. Estimate challenged by: D-

2015: Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 card or history results of 76 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 47 percent and 3rd dose card only coverage of 45 percent. Estimate challenged by: D-

2014: Estimate based on coverage reported by national government. Estimate challenged by: D-

2013: Estimate based on coverage reported by national government. Survey results ignored. Sample size 0 less than 300. Pakistan Social and Living Standards Measurement Survey
Pakistan - HepB3

(PSLM), 2014-15 card or history results of 88 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 65 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, estimate challenged by: D-S-2012: Estimate based on coverage reported by national government. Survey results ignored. Sample size 0 less than 300. Pakistan Social and Living Standards Measurement Survey (PSLM), 2013-14 card or history results of 78 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 61 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, the report suggests exceptionally low drop-out for multi-dose vaccines. Estimate challenged by: D-2011: Estimate based on coverage reported by national government. Estimate challenged by: D-2010: Estimate based on coverage reported by national government. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
Pakistan - Hib3

Description:

2021: Estimate based on coverage reported by national government. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-

2020: Vaccine stock-out of unspecified duration. Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Official estimates for 2019 and 2020 based on the results of TPVICS, a large vaccination coverage survey conducted in early 2021. Final TPVICS report not available at the time of reporting eJRF. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-R

2019: Estimate based on coverage reported by national government supported by survey. Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. GoC=Assigned by working group. Consistency with DTP3.

2018: Estimate based on interpolation between coverage reported by national government. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

2017: Estimate based on coverage reported by national government. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-

2016: Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 card or history results of 75 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 58 percent. Estimate challenged by: D-

2015: Estimate based on coverage reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 card or history results of 76 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 47 percent and 3rd dose card only coverage of 45 percent. Estimate challenged by: D-

2014: Estimate based on reported data. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-

2013: Estimate based on reported data. Survey results ignored. Sample size 0 less than 300.

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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.
Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 card or history results of 88 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 65 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, estimate challenged by: D-S-

2012: Estimate based on reported data. Survey results ignored. Sample size 0 less than 300.

Pakistan Social and Living Standards Measurement Survey (PSLM), 2013-14 card or history results of 78 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 61 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, the report suggests exceptionally low drop-out for multi-dose vaccines. Estimate challenged by: D-

2011: Estimate based on reported data. Estimate challenged by: D-

2010: Estimate based on reported data. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
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.

### Description:

2021: Estimate based on coverage reported by national government. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-

2020: Estimate based on coverage reported by national government. Official estimates for 2019 and 2020 based on the results of TPVICS, a large vaccination coverage survey conducted in early 2021. Final TPVICS report not available at the time of reporting eJRF. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate of 84 percent changed from previous revision value of 80 percent. Estimate challenged by: D-

2019: Estimate based on coverage reported by national government supported by survey. Survey evidence of 86 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Censusing derived age-specific results were not available at the time of reporting. Estimate of 86 percent changed from previous revision value of 81 percent. Estimate challenged by: D-

2018: Estimate based on reported data during period of introduction. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

2017: Rotavirus vaccine was introduced in 2017. Programme reports 24 percent coverage achieved in 51 percent of the national target population. Estimate is based on annualized coverage achieved in the national target population. Estimates exceptionally based on administrative coverage as it was an introduction year and no other data was available. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: R-S-

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### The Grade of Confidence (GoC)

- **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.
Pakistan - PcV3

Description:

2021: Estimate based on coverage reported by national government. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-

2020: Estimate based on coverage reported by national government. Official estimates for 2019 and 2020 based on the results of TPVICS, a large vaccination coverage survey conducted in early 2021. Final TPVICS report not available at the time of reporting eJRF. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate of 82 percent changed from previous revision value of 80 percent. Estimate challenged by: D-

2019: Estimate based on official coverage reported. Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate of 83 percent changed from previous revision value of 81 percent. Estimate challenged by: D-

2018: Reported data calibrated to 2016 and 2019 levels. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. Reported data excluded due to decline in reported coverage from 87 percent to 72 percent with increase to 83 percent. Estimate of 82 percent changed from previous revision value of 81 percent. GoC=A:Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.

2017: Reported data calibrated to 2016 and 2019 levels. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate of 82 percent changed from previous revision value of 81 percent. Estimate challenged by: R-

2016: Estimate of 78 percent assigned by working group. Estimate is based on survey result adjusted for recall bias. Pakistan Demographic and Health Survey 2017-2018 card or history results of 75 percent modified for recall bias to 78 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 58 percent. Estimate challenged by: D-R-

2015: Estimate of 80 percent assigned by working group. Estimate is based on survey result adjusted for recall bias. Pakistan Demographic and Health Survey 2017-2018 card or history results of 74 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 46 percent and 3rd dose card only coverage of 45 percent. Estimate challenged by: D-R-

2014: Estimate is based on DTP3 coverage. Estimate is likely an overestimate. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-R-S-

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.
2013: Estimate is based on reported data during introduction. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
### Pakistan - survey details

#### 2019 Third-party Verification Immunization Coverage Survey (TPVICS)

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July 8, 2022; page 25  WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2023 data received as of July 7, 2022
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## Pakistan - survey details

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2000 Pakistan Integrated Household Survey, 2002

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<th>Vaccine</th>
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<th>Age cohort</th>
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1998 Assessment of Immunization Coverage, Pakistan February - April 1999

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1997 Pakistan Integrated Household Survey, 2002

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Pakistan - survey details

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