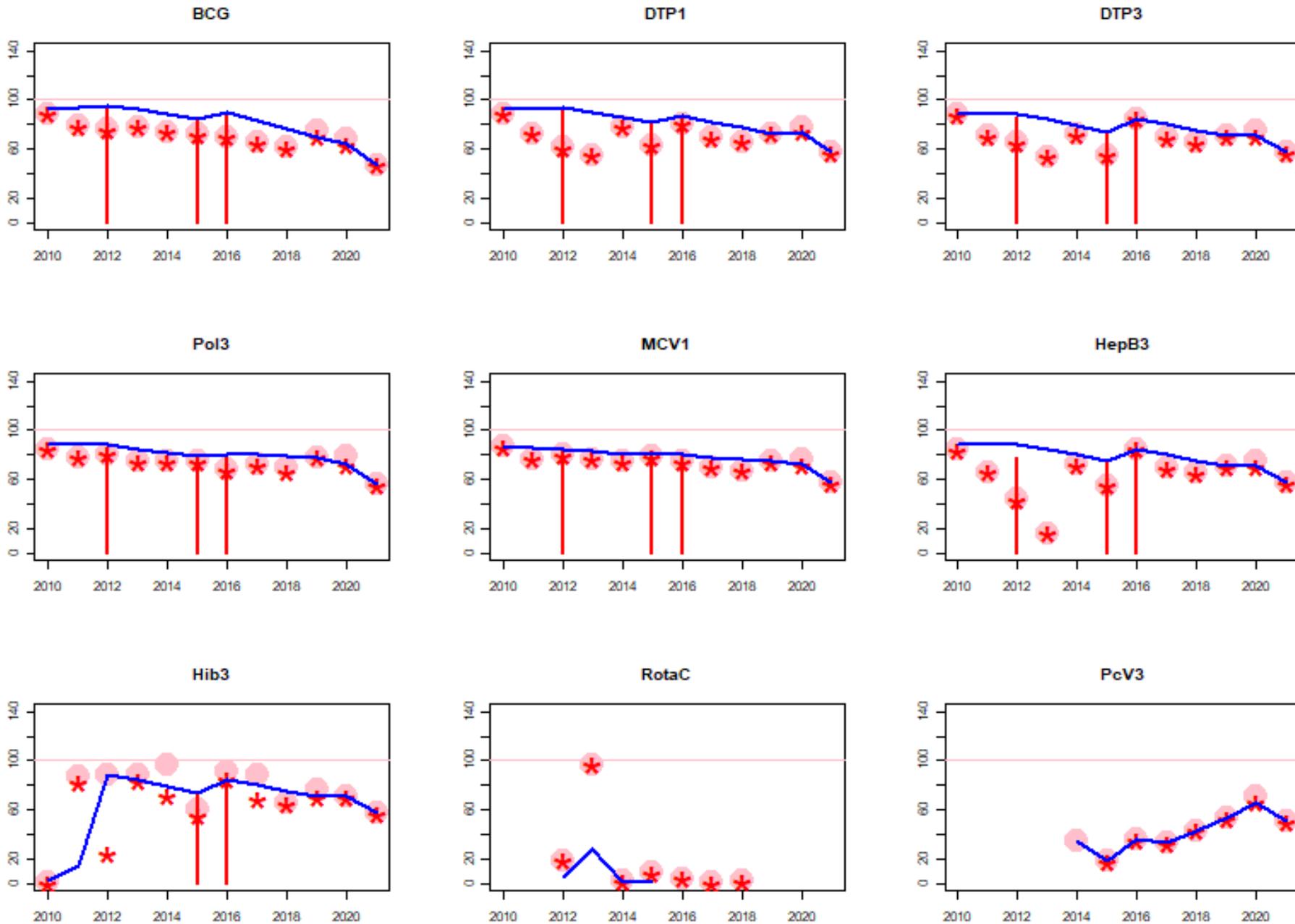


Philippines: WHO and UNICEF estimates of immunization coverage: 2021 revision



Philippines: 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:

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

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

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

DATA SOURCES.

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

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

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

ABBREVIATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

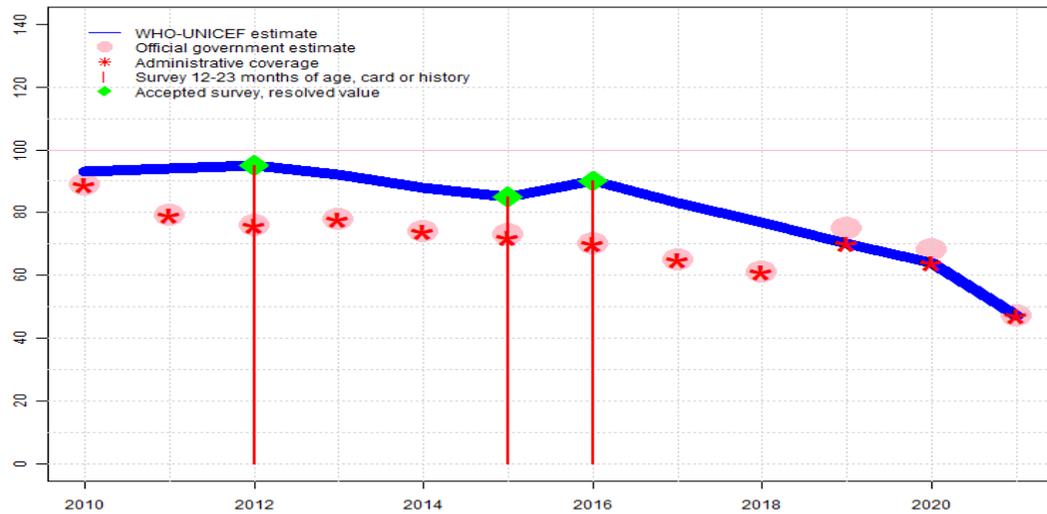
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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

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Philippines - BCG

PHL - BCG



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 93 | 94 | 95 | 92 | 88 | 85 | 90 | 83 | 77 | 70 | 64 | 47 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | •• | •• | •• |
| Official | 89 | 79 | 76 | 78 | 74 | 73 | 70 | 65 | 61 | 75 | 68 | 47 |
| Administrative | 89 | 79 | 76 | 78 | 74 | 72 | 70 | 65 | 61 | 70 | 64 | 47 |
| Survey | NA | NA | 95 | NA | NA | 85 | 90 | NA | NA | NA | NA | NA |

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

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

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

Description:

- 2021: Estimate based on coverage reported by national government. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate based on reported data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+
- 2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports six month vaccine stock-out.. Estimate of 70 percent changed from previous revision value of 69 percent. GoC=R+ D+
- 2018: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports one month vaccine stock-out at national level. Estimate of 77 percent changed from previous revision value of 76 percent. Estimate challenged by: R-S-
- 2017: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports one month vaccine stock-out at national level. Estimate challenged by: R-
- 2016: Estimate of 90 percent assigned by working group. Estimate based on survey result. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 85 percent based on 1 survey(s). Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate of 85 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2014: Estimate based on interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports a four month stock-out of BCG vaccine. Estimate of 88 percent changed from previous revision value of 79 percent. Estimate challenged by: R-
- 2013: Estimate based on interpolation between 2012 and 2015 levels. . Programme reports two

Philippines - BCG

month vaccine stock-out at national level. Estimate of 92 percent changed from previous revision value of 87 percent. Estimate challenged by: R-

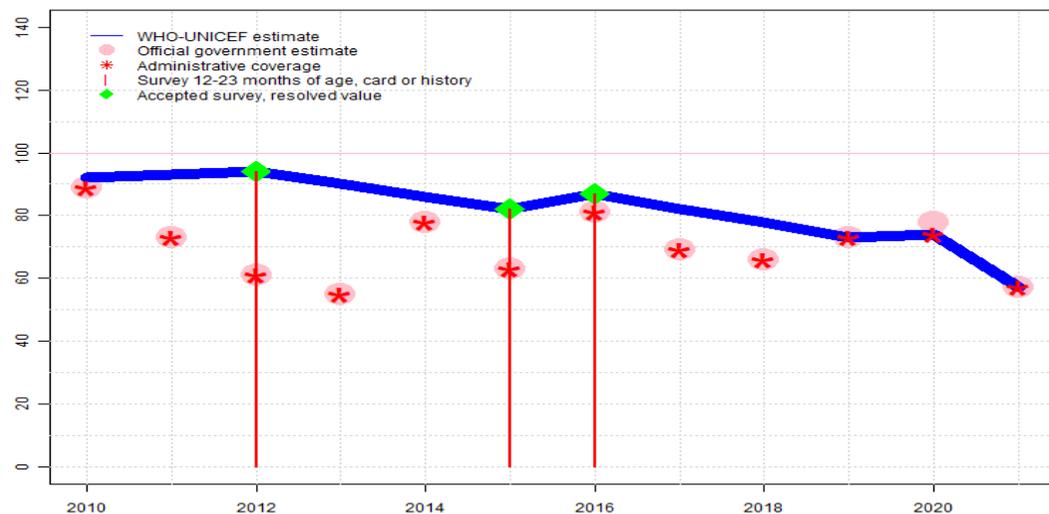
2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 95 percent based on 1 survey(s). Estimate of 95 percent changed from previous revision value of 89 percent. Estimate challenged by: D-R-

2011: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 94 percent changed from previous revision value of 91 percent. Estimate challenged by: R-

2010: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 93 percent changed from previous revision value of 83 percent. Estimate challenged by: R-

Philippines - DTP1

PHL - DTP1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 92 | 93 | 94 | 90 | 86 | 82 | 87 | 82 | 78 | 73 | 74 | 57 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | •• | •• | •• |
| Official | 89 | 73 | 61 | 55 | 78 | 63 | 81 | 69 | 66 | 73 | 78 | 57 |
| Administrative | 89 | 73 | 61 | 55 | 78 | 63 | 81 | 69 | 66 | 73 | 74 | 57 |
| Survey | NA | NA | 94 | NA | NA | 82 | 87 | NA | NA | NA | NA | NA |

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

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

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

Description:

- 2021: Estimate based on coverage reported by national government. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate based on reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+
- 2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 73 percent changed from previous revision value of 79 percent. GoC=R+ D+
- 2018: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate of 78 percent changed from previous revision value of 82 percent. Estimate challenged by: R-
- 2017: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports one month vaccine stock-out at national level. Estimate of 82 percent changed from previous revision value of 84 percent. Estimate challenged by: R-
- 2016: Estimate of 87 percent assigned by working group. Estimate based on survey results. Reported data excluded due to an increase from 63 percent to 81 percent with decrease 69 percent. Programme seems to have recovered from 2015 vaccine stock-out. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 82 percent based on 1 survey(s). Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stock-out. Estimate of 82 percent changed from previous revision value of 69 percent. Estimate challenged by: R-
- 2014: Estimate based on interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage

Philippines - DTP1

has been included in prior years remains unclear. Programme reports four month vaccine stock-out for DTP containing vaccine. Estimate of 86 percent changed from previous revision value of 78 percent. Estimate challenged by: R-

2013: Estimate based on interpolation between 2012 and 2015 levels. . One month national stock-out reported. Estimate of 90 percent changed from previous revision value of 93 percent. Estimate challenged by: D-R-

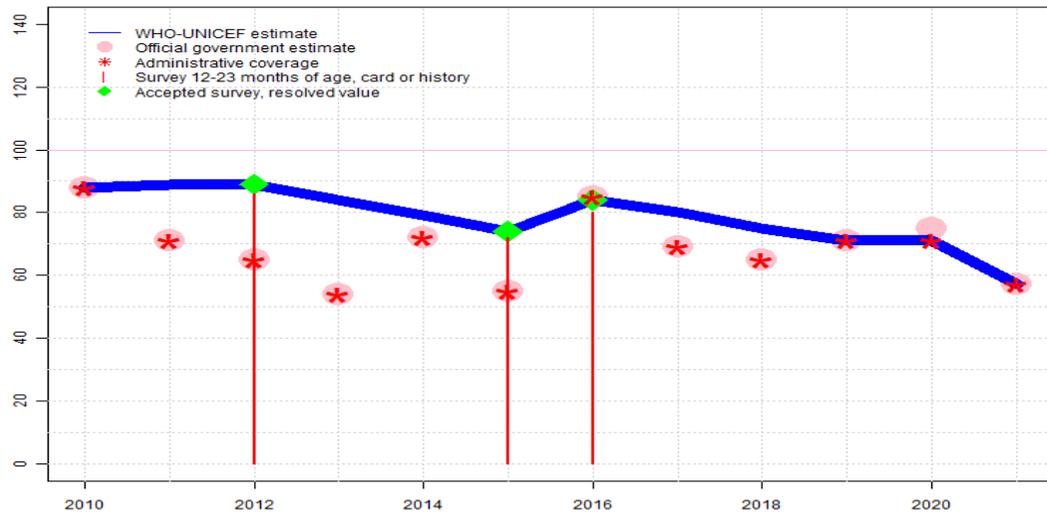
2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 94 percent based on 1 survey(s). Estimate of 94 percent changed from previous revision value of 91 percent. Estimate challenged by: D-R-

2011: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 93 percent changed from previous revision value of 92 percent. Estimate challenged by: D-R-

2010: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 92 percent changed from previous revision value of 81 percent. Estimate challenged by: R-

Philippines - DTP3

PHL - DTP3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 88 | 89 | 89 | 84 | 79 | 74 | 84 | 80 | 75 | 71 | 71 | 57 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | •• | •• | •• |
| Official | 88 | 71 | 65 | 54 | 72 | 55 | 85 | 69 | 65 | 71 | 75 | 57 |
| Administrative | 88 | 71 | 65 | 54 | 72 | 55 | 85 | 69 | 65 | 71 | 71 | 57 |
| Survey | NA | NA | 86 | NA | NA | 72 | 80 | NA | NA | NA | NA | NA |

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

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

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

Description:

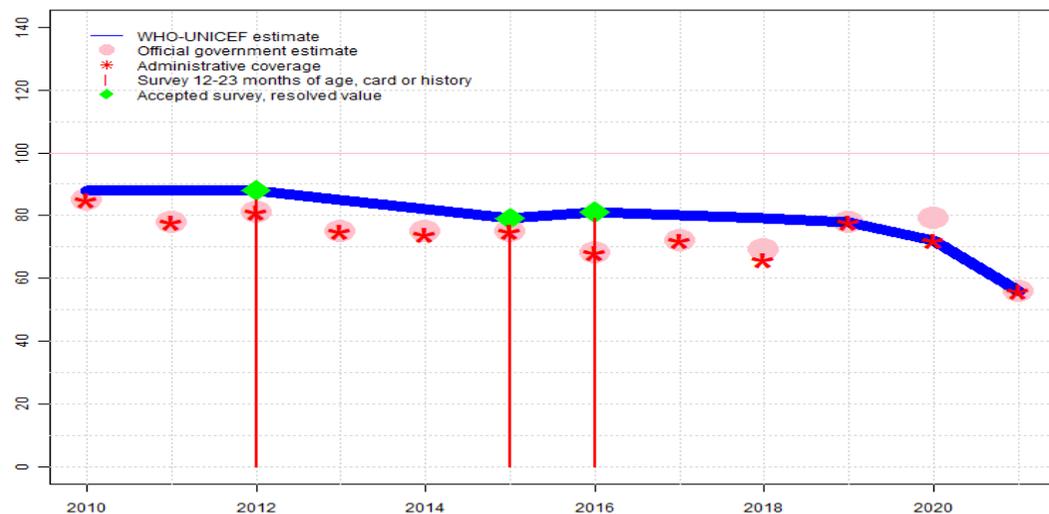
- 2021: Estimate based on coverage reported by national government. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate based on reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+
- 2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 71 percent changed from previous revision value of 77 percent. GoC=R+ D+
- 2018: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. See comment in 2016 for a note on drop-out. Estimate of 75 percent changed from previous revision value of 79 percent. Estimate challenged by: R-
- 2017: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports one month vaccine stock-out at national level. See comment in 2016 for a note on drop-out. Estimate of 80 percent changed from previous revision value of 82 percent. Estimate challenged by: R-
- 2016: Estimate of 84 percent assigned by working group. Estimate based on survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 card or history results of 80 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 60 percent. Reported data excluded due to an increase from 55 percent to 85 percent with decrease 69 percent. Programme seems to have recovered from 2015 vaccine stock-out. Survey evidence for the 2016 birth cohort suggests 5 percent relative drop-out among children with documented evidence. Appearance of zero drop-out between estimated DTP1 and DTP3 is the result of survey support of reported administrative coverage, for which there is no reported drop-out. Estimate challenged by: D-R-

Philippines - DTP3

- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 72 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 46 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stock-out. Estimate of 74 percent changed from previous revision value of 55 percent. Estimate challenged by: R-
- 2014: Estimate based on interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four month vaccine stock-out. Official estimate is inconsistent with reported admin data. Estimate of 79 percent changed from previous revision value of 63 percent. Estimate challenged by: R-
- 2013: Estimate based on interpolation between 2012 and 2015 levels. . Reported data excluded due to decline in reported coverage from 65 percent to 54 percent with increase to 72 percent. One month national stock-out reported. Estimate of 84 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 89 percent based on 1 survey(s). Philippines National Demographic and Health Survey, 2013 card or history results of 86 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 54 percent. Estimate of 89 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-
- 2011: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 89 percent changed from previous revision value of 87 percent. Estimate challenged by: R-
- 2010: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 88 percent changed from previous revision value of 79 percent. Estimate challenged by: R-

Philippines - Pol3

PHL - Pol3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 88 | 88 | 88 | 85 | 82 | 79 | 81 | 80 | 79 | 78 | 72 | 56 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | •• | •• | •• |
| Official | 85 | 78 | 81 | 75 | 75 | 75 | 68 | 72 | 69 | 78 | 79 | 56 |
| Administrative | 85 | 78 | 81 | 75 | 74 | 75 | 68 | 72 | 66 | 78 | 72 | 56 |
| Survey | NA | NA | 85 | NA | NA | 76 | 79 | NA | NA | NA | NA | NA |

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

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

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

Description:

- 2021: Estimate based on coverage reported by national government. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate based on reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Programme notes during regional TAG meeting the implementation of polio outbreak response activities since September 2019 when outbreaks of cVDPV types 1 and 2 began. Several scheduled rounds of polio SIAs with bivalent OPV and monovalent OPV type 2 during 2020 were impacted by COVID-19.. GoC=R+ D+
- 2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports two month vaccine stock-out. Estimate of 78 percent changed from previous revision value of 77 percent. GoC=R+ D+
- 2018: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports two month vaccine stock-out at national level. Estimate of 79 percent changed from previous revision value of 78 percent. Estimate challenged by: R-
- 2017: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports four month vaccine stock-out at national level. Estimate challenged by: R-
- 2016: Estimate of 81 percent assigned by working group. Estimate based on survey result. Philippines National Demographic and Health Survey 2017 card or history results of 79 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 57 percent. Programme reports four month vaccine stock-out at national level. Estimate challenged by: R-
- 2015: Estimate of 79 percent assigned by working group. Estimate based on survey result. Philippines National Demographic and Health Survey 2017 card or history results of 76 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage

Philippines - Pol3

of 48 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: R-

2014: Estimate based on interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate of 82 percent changed from previous revision value of 77 percent. Estimate challenged by: R-

2013: Estimate based on interpolation between 2012 and 2015 levels. . One month national stock-out reported. Estimate of 85 percent changed from previous revision value of 84 percent. Estimate challenged by: R-

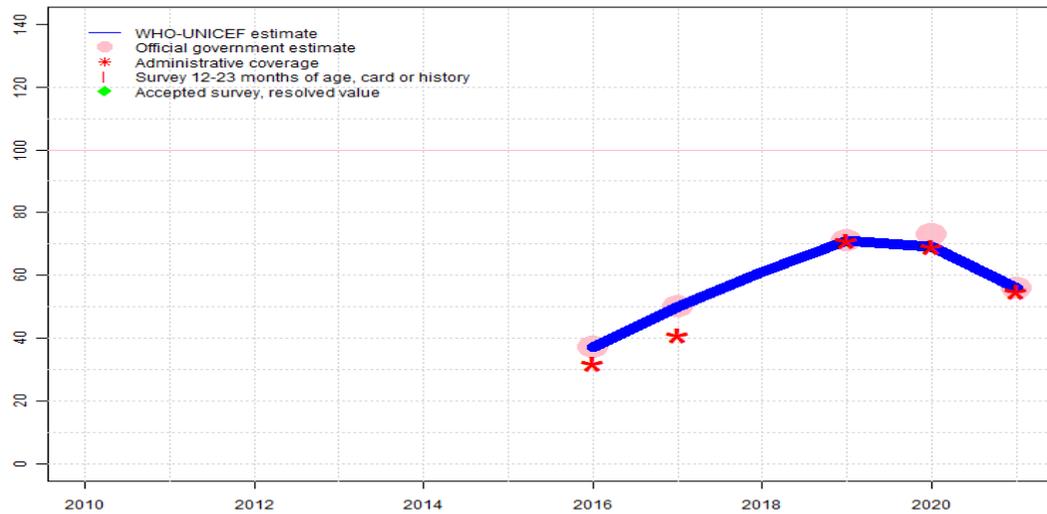
2012: Estimate of 88 percent assigned by working group. Estimate based on survey result. Philippines National Demographic and Health Survey, 2013 card or history results of 85 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 56 percent and 3rd dose card only coverage of 53 percent. Estimate challenged by: R-

2011: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 88 percent changed from previous revision value of 87 percent. Estimate challenged by: R-

2010: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 88 percent changed from previous revision value of 78 percent. Estimate challenged by: R-

Philippines - IPV1

PHL - IPV1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | NA | NA | 37 | 50 | 61 | 71 | 69 | 56 |
| Estimate GoC | NA | NA | NA | NA | NA | NA | •• | •• | • | •• | •• | •• |
| Official | NA | NA | NA | NA | NA | NA | 37 | 50 | NA | 71 | 73 | 56 |
| Administrative | NA | NA | NA | NA | NA | NA | 32 | 41 | NA | 71 | 69 | 55 |
| Survey | NA |

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

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

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

Description:

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

2021: Estimate based on coverage reported by national government. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate based on reported administrative estimate. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+

2019: Estimate based on coverage reported by national government. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 71 percent changed from previous revision value of 69 percent. GoC=R+ D+

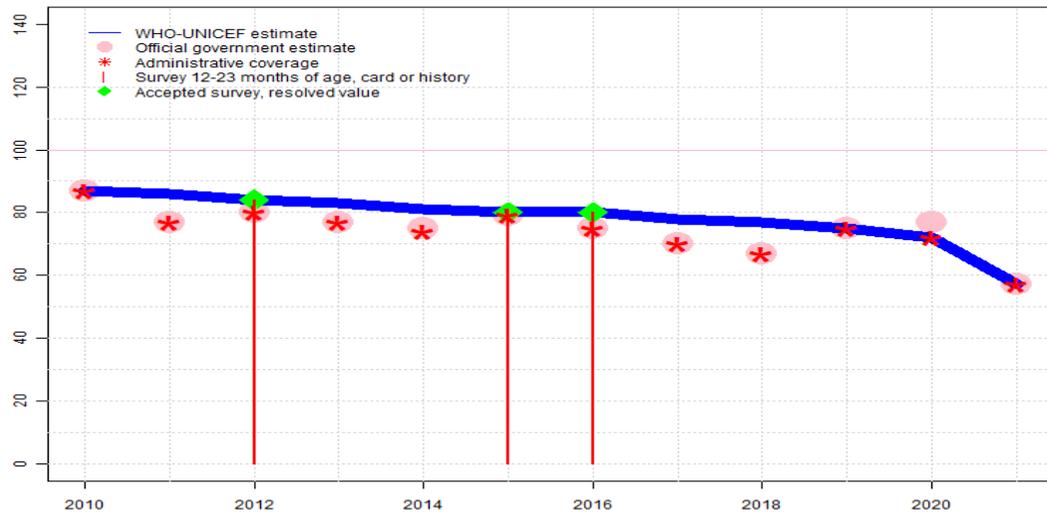
2018: Estimate based on interpolation between reported values. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports two month vaccine stock-out at national level. Estimate of 61 percent changed from previous revision value of 60 percent. GoC=No accepted empirical data

2017: Estimate based on coverage reported by national government. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports three month vaccine stock-out at national level. GoC=R+ D+

2016: Estimate based on coverage reported by national government. Programme reports six month vaccine stock-out at national level. GoC=R+ D+

Philippines - MCV1

PHL - MCV1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 87 | 86 | 84 | 83 | 81 | 80 | 80 | 78 | 77 | 75 | 72 | 57 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | •• | •• | •• |
| Official | 87 | 77 | 80 | 77 | 75 | 79 | 75 | 70 | 67 | 75 | 77 | 57 |
| Administrative | 87 | 77 | 80 | 77 | 74 | 79 | 75 | 70 | 67 | 75 | 72 | 57 |
| Survey | NA | NA | 84 | NA | NA | 80 | 80 | NA | NA | NA | NA | NA |

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

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

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

Description:

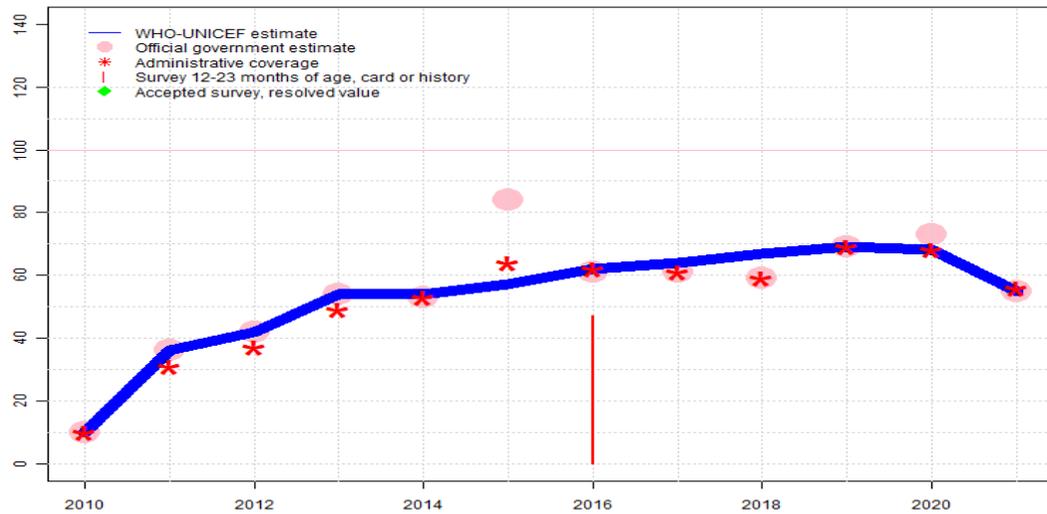
- 2021: Estimate based on coverage reported by national government. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate based on reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Programme reports six month vaccine stock-out.. GoC=R+ D+
- 2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports six month vaccine stock-out. Estimate of 75 percent changed from previous revision value of 73 percent. GoC=R+ D+
- 2018: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three vaccine month stock-out at national level. Estimate of 77 percent changed from previous revision value of 75 percent. Estimate challenged by: R-
- 2017: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-
- 2016: Estimate of 80 percent assigned by working group. Estimate based on survey result. Estimate challenged by: R-
- 2015: Estimate of 80 percent assigned by working group. Estimate based on survey result. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a one month stock-out at the national level. Estimate of 80 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-
- 2014: Estimate based on interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate of 81 percent changed from previous revision value of 79 percent. Estimate challenged by: R-

Philippines - MCV1

- 2013: Estimate based on interpolation between 2012 and 2015 levels. . Two months national stock-out reported. Estimate of 83 percent changed from previous revision value of 87 percent. Estimate challenged by: R-
- 2012: Estimate of 84 percent assigned by working group. Estimate based on survey result. Estimate of 84 percent changed from previous revision value of 87 percent. Estimate challenged by: R-
- 2011: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 86 percent changed from previous revision value of 87 percent. Estimate challenged by: R-
- 2010: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: R-

Philippines - MCV2

PHL - MCV2



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 10 | 36 | 42 | 54 | 54 | 57 | 62 | 64 | 67 | 69 | 68 | 55 |
| Estimate GoC | •• | • | • | • | • | • | • | • | • | •• | •• | •• |
| Official | 10 | 36 | 42 | 54 | 53 | 84 | 61 | 61 | 59 | 69 | 73 | 55 |
| Administrative | 10 | 31 | 37 | 49 | 53 | 64 | 62 | 61 | 59 | 69 | 68 | 56 |
| Survey | NA | NA | NA | NA | NA | NA | 47 | NA | NA | NA | NA | NA |

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

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

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

Description:

Coverage estimates for the second dose of measles containing vaccine are for children by the nationally recommended age.

2021: Estimate based on coverage reported by national government. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+

2020: Estimate based on reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Programme reports six month vaccine stock-out.. GoC=R+ D+

2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports six month vaccine stock-out. Estimate of 69 percent changed from previous revision value of 68 percent. GoC=R+ D+

2018: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from estimate coverage for 2016. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three month vaccine stock-out at national level. Estimate challenged by: R-

2017: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from estimate coverage for 2016. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate of 64 percent changed from previous revision value of 67 percent. Estimate challenged by: R-

2016: Estimate of 62 percent assigned by working group. Estimate based on the difference between MCV1 and MCV2 reported doses. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey estimate inconsistent with coverage estimated for other vaccine doses. Estimate of 62 percent changed from previous revision value of 66 percent. Estimate challenged by: D-R-

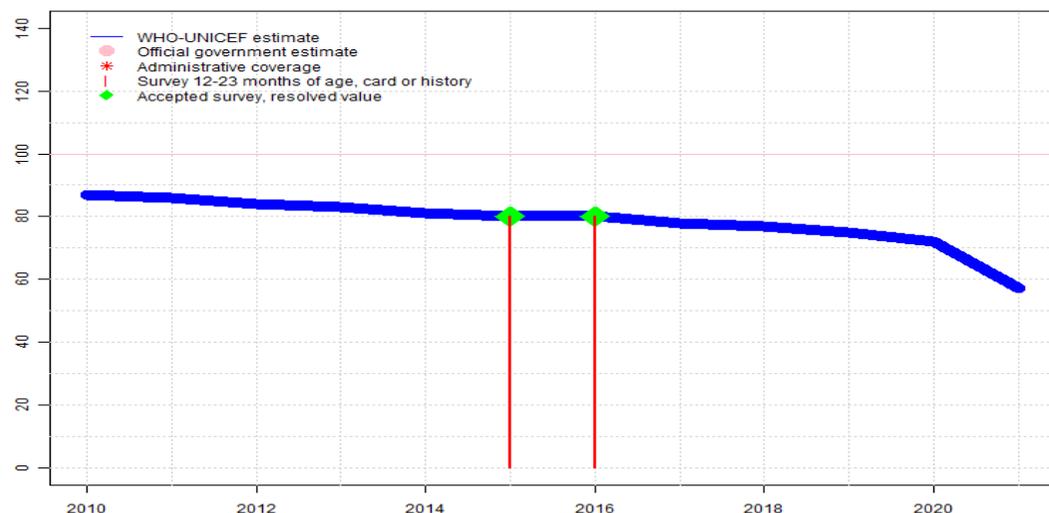
2015: Reported data calibrated to 2010 and 2016 levels. Reported data excluded due to an increase from 53 percent to 84 percent with decrease 61 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a one month stock-out at the national level. Estimate of 57 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-

Philippines - MCV2

- 2014: Reported data calibrated to 2010 and 2016 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Increasing coverage related to the continued expansion of a second dose of measles containing vaccine. Estimate of 54 percent changed from previous revision value of 59 percent. Estimate challenged by: R-
- 2013: Reported data calibrated to 2010 and 2016 levels. Two months national stock-out reported. Increasing coverage related to the expansion of a second dose of measles containing vaccine. Estimate challenged by: R-
- 2012: Reported data calibrated to 2010 and 2016 levels. Estimate challenged by: R-
- 2011: Reported data calibrated to 2010 and 2016 levels. Estimate challenged by: R-
- 2010: Estimate based on reported data. . GoC=R+ D+

Philippines - RCV1

PHL - RCV1



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 87 | 86 | 84 | 83 | 81 | 80 | 80 | 78 | 77 | 75 | 72 | 57 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | •• | •• | •• |
| Official | NA |
| Administrative | NA |
| Survey | NA | NA | NA | NA | NA | 80 | 80 | NA | NA | NA | NA | NA |

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

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

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

Description:

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

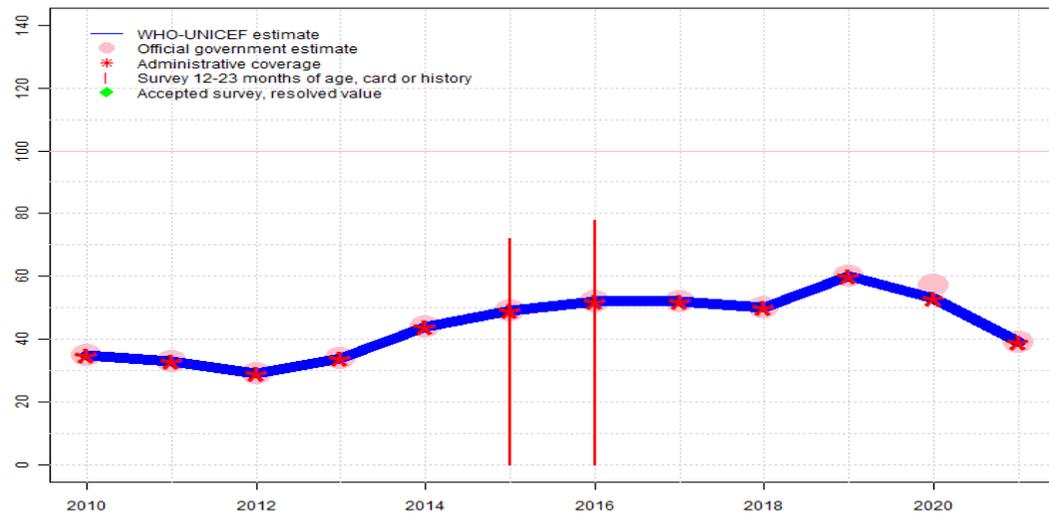
- 2021: Estimate based on estimated MCV1. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 75 percent changed from previous revision value of 73 percent. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate of 77 percent changed from previous revision value of 75 percent. Estimate challenged by: R-
- 2017: Estimate based on estimated MCV1. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-
- 2016: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2015: Estimate based on estimated MCV1. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate of 80 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-
- 2014: Estimate based on estimated MCV1. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate of 81 percent changed from previous revision value of 79 percent. Estimate challenged by: R-
- 2013: Estimate based on estimated MCV1. Estimate of 83 percent changed from previous revision value of 80 percent.

Philippines - RCV1

sion value of 87 percent. Estimate challenged by: R-
2012: Estimate based on estimated MCV1. Estimate of 84 percent changed from previous revision value of 87 percent. Estimate challenged by: R-
2011: Estimate based on estimated MCV1. Estimate of 86 percent changed from previous revision value of 87 percent. Estimate challenged by: R-
2010: Estimate based on estimated MCV1. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: R-

Philippines - HepBB

PHL - HepBB



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 35 | 33 | 29 | 34 | 44 | 49 | 52 | 52 | 50 | 60 | 53 | 39 |
| Estimate GoC | ●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● |
| Official | 35 | 33 | 29 | 34 | 44 | 49 | 52 | 52 | 50 | 60 | 57 | 39 |
| Administrative | 35 | 33 | 29 | 34 | 44 | 49 | 52 | 52 | 50 | 60 | 53 | 39 |
| Survey | NA | NA | NA | NA | NA | 72 | 78 | NA | NA | NA | NA | NA |

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

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

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

Description:

- 2021: Estimate based on coverage reported by national government. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate based on reported administrative estimate. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+
- 2019: Estimate based on coverage reported by national government. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 60 percent changed from previous revision value of 58 percent. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports six month vaccine stock-out at national level. Estimate of 50 percent changed from previous revision value of 58 percent. GoC=R+ D+
- 2017: Estimate based on coverage reported by national government. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports three month vaccine stock-out at national level. Estimate of 52 percent changed from previous revision value of 59 percent. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results are unable to differentiate doses received within 24 hours from those received after. Estimate of 52 percent changed from previous revision value of 59 percent. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results are unable to differentiate doses received within 24 hours from those received after. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate of 49 percent changed from previous revision value of 56 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are

Philippines - HepBB

all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate of 44 percent changed from previous revision value of 51 percent. GoC=R+ D+

2013: Estimate based on coverage reported by national government. Four months stock-out at national level and in 28 districts reported . Estimate of 34 percent changed from previous revision value of 46 percent. GoC=R+ D+

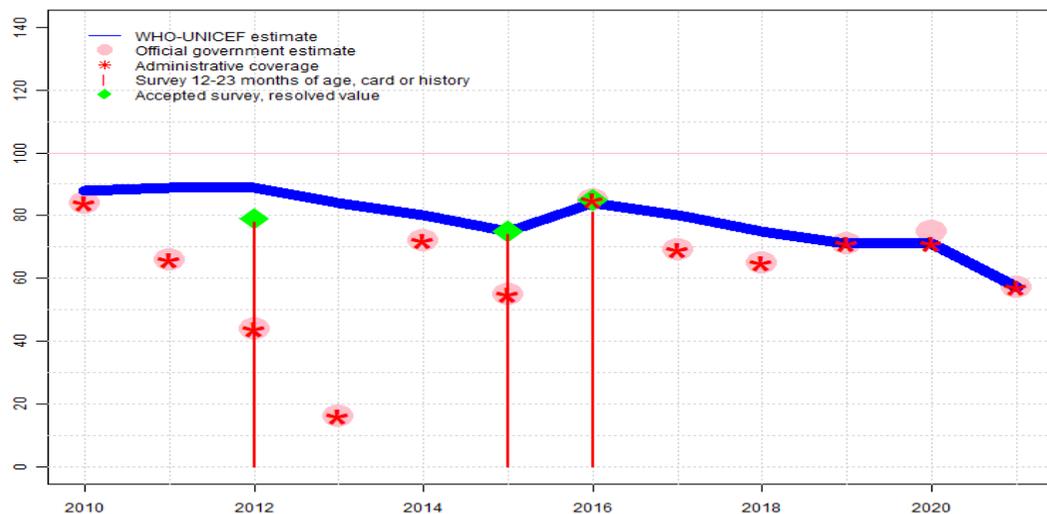
2012: Estimate based on coverage reported by national government. Estimate of 29 percent changed from previous revision value of 39 percent. GoC=R+ D+

2011: Estimate based on coverage reported by national government. Estimate of 33 percent changed from previous revision value of 46 percent. GoC=R+ D+

2010: Estimate based on coverage reported by national government. Estimate of 35 percent changed from previous revision value of 37 percent. GoC=R+ D+

Philippines - HepB3

PHL - HepB3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 88 | 89 | 89 | 84 | 80 | 75 | 84 | 80 | 75 | 71 | 71 | 57 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | •• | •• | •• |
| Official | 84 | 66 | 44 | 16 | 72 | 55 | 85 | 69 | 65 | 71 | 75 | 57 |
| Administrative | 84 | 66 | 44 | 16 | 72 | 55 | 85 | 69 | 65 | 71 | 71 | 57 |
| Survey | NA | NA | 78 | NA | NA | 74 | 81 | NA | NA | NA | NA | NA |

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

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

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

Description:

- 2021: Estimate based on coverage reported by national government. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate based on reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+
- 2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 71 percent changed from previous revision value of 77 percent. GoC=R+ D+
- 2018: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate of 75 percent changed from previous revision value of 79 percent. Estimate challenged by: R-
- 2017: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports one month vaccine stock-out at national level. Estimate of 80 percent changed from previous revision value of 82 percent. Estimate challenged by: R-
- 2016: Estimate of 84 percent assigned by working group. Estimate based on survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 card or history results of 81 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 60 percent. Reported data excluded due to an increase from 55 percent to 85 percent with decrease 69 percent. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 74 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 46 percent. Reported data

Philippines - HepB3

excluded due to decline in reported coverage from 72 percent to 55 percent with increase to 85 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month stock-out. Estimate of 75 percent changed from previous revision value of 55 percent. Estimate challenged by: D-R-

2014: Estimate based on interpolation between 2012 and 2015 levels. . Reported data excluded due to an increase from 16 percent to 72 percent with decrease 55 percent. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four month vaccine stock-out. Estimate of 80 percent changed from previous revision value of 63 percent. Estimate challenged by: R-

2013: Estimate based on interpolation between 2012 and 2015 levels. . Reported data excluded due to decline in reported coverage from 44 percent to 16 percent with increase to 72 percent. One month national stock-out reported. Estimate of 84 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-

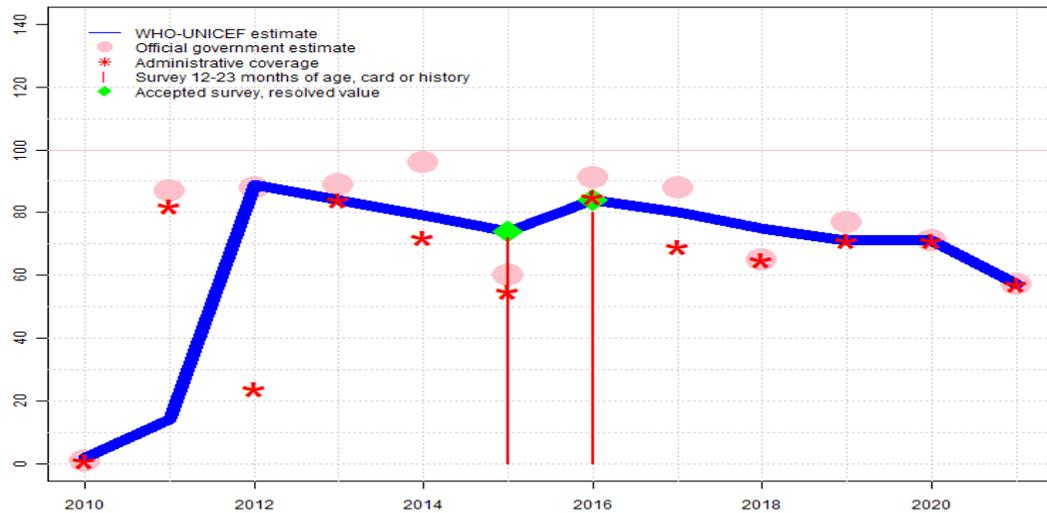
2012: Estimate of 89 percent assigned by working group. Estimate is based on estimated DTP3 coverage level and may overestimate coverage during a period of introduction. Philippines National Demographic and Health Survey, 2013 card or history results of 78 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 47 percent. Estimate of 89 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

2011: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 89 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-

2010: Estimate based on interpolation between 2007 and 2012 levels. . Estimate of 88 percent changed from previous revision value of 77 percent. Estimate challenged by: R-

Philippines - Hib3

PHL - Hib3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 2 | 14 | 89 | 84 | 79 | 74 | 84 | 80 | 75 | 71 | 71 | 57 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | •• | •• | •• |
| Official | 1 | 87 | 88 | 89 | 96 | 60 | 91 | 88 | 65 | 77 | 71 | 57 |
| Administrative | 1 | 82 | 24 | 84 | 72 | 55 | 85 | 69 | 65 | 71 | 71 | 57 |
| Survey | NA | NA | NA | NA | NA | 72 | 80 | NA | NA | NA | NA | NA |

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

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

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

Description:

- 2021: Estimate based on coverage reported by national government. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate based on reported administrative data. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+
- 2019: Estimate based on reported data. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates.. Estimate of 71 percent changed from previous revision value of 77 percent. GoC=R+ D+
- 2018: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate of 75 percent changed from previous revision value of 79 percent. Estimate challenged by: R-
- 2017: Estimate based on interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports one month vaccine stock-out at national level. Estimate of 80 percent changed from previous revision value of 82 percent. Estimate challenged by: R-
- 2016: Estimate of 84 percent assigned by working group. Estimate based on survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 card or history results of 80 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 60 percent. Preliminary results from the 2017 Demographic and Health Survey (DHS) report 80 percent coverage. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 72 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 46 percent. Reported data

Philippines - Hib3

excluded due to decline in reported coverage from 96 percent to 60 percent with increase to 91 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stock-out. Estimate of 74 percent changed from previous revision value of 53 percent. Estimate challenged by: R-

2014: Estimate based on interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four month vaccine stock-out for DTP containing vaccine. Official estimate is inconsistent with reported admin data. Estimate of 79 percent changed from previous revision value of 60 percent. Estimate challenged by: R-

2013: Estimate based on interpolation between 2012 and 2015 levels. . One month national stock-out reported. Estimate of 84 percent changed from previous revision value of 82 percent. Estimate challenged by: R-

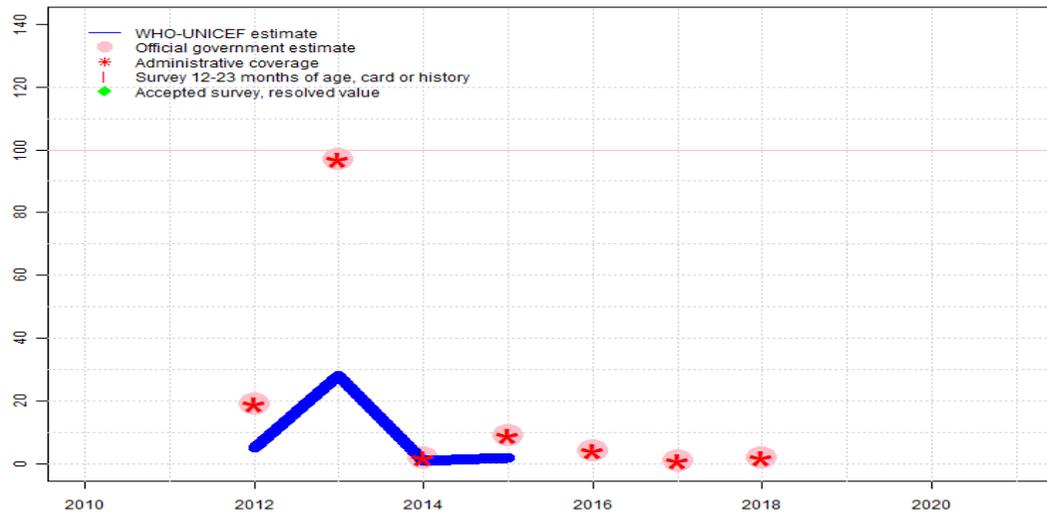
2012: Estimate of 89 percent assigned by working group. Estimate is based on estimated DTP3 coverage level and may overestimate coverage during a period of introduction. Estimate of 89 percent changed from previous revision value of 22 percent. Estimate challenged by: D-R-

2011: Coverage of 82 percent is for 14 percent of the national target population. Estimate is coverage among the national birth cohort. Estimate challenged by: R-

2010: Reported data calibrated to 2012 levels. Hib vaccine introduced subnationally in 2010 as a DTP-HepB-Hib combination vaccine. Estimate challenged by: R-

Philippines - RotaC

PHL - RotaC



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | 5 | 28 | 1 | 2 | NA | NA | NA | NA | NA | NA |
| Estimate GoC | NA | NA | ● | ● | ● | ● | NA | NA | NA | NA | NA | NA |
| Official | NA | NA | 19 | 97 | 2 | 9 | 4 | 1 | 2 | NA | NA | NA |
| Administrative | NA | NA | 19 | 97 | 2 | 9 | 4 | 1 | 2 | NA | NA | NA |
| Survey | NA |

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

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

2015: Programme reports eighty-two percent coverage achieved in three percent of the national birth cohort. Estimate based on coverage for the entire birth cohort. Programme reports a six month vaccine stock-out at the national level. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Rotavirus introduction was part of a pilot project during 2012 and 2015 and subsequently discontinued. Estimate challenged by: R-

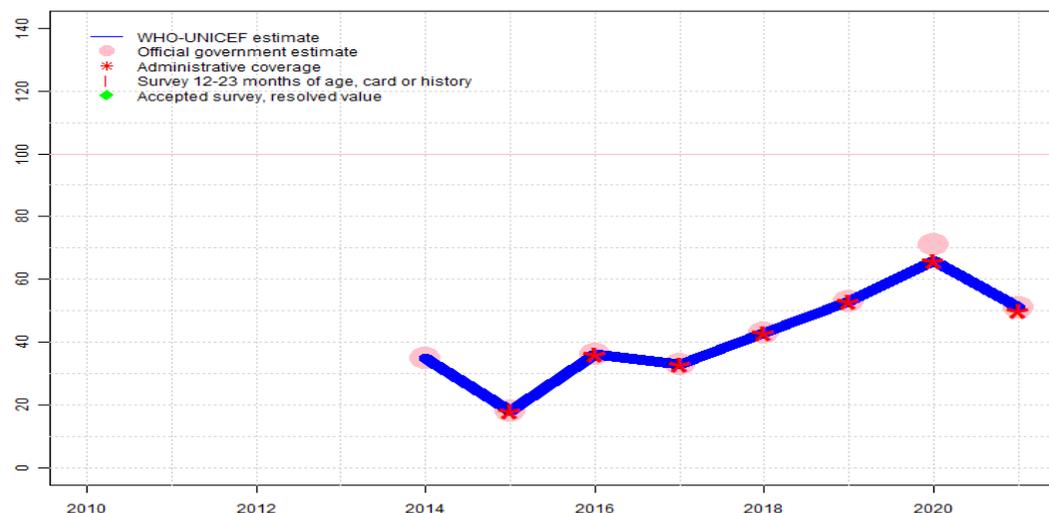
2014: Twelve percent coverage achieved in eight percent of the target population. Estimate is based on coverage among the annualized national birth cohort. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. During 2014, the programme noted in 2013 was curtailed and rotavirus vaccine was provided to children in Caraga and ARMM regions only. Low coverage levels are also due to incomplete reporting from these areas. Estimate challenged by: R-

2013: Ninety-seven percent coverage achieved in 30 percent of annualized national birth cohort. Reported data excluded due to an increase from 19 percent to 97 percent with decrease 2 percent. The increased number of children reached with rotavirus vaccine during 2013 may be explained by a programme (implemented in priority provinces in all 17 regions) to provide rotavirus vaccine to poor families listed under the National Household Targeting System of the Department of Social Welfare Development as part of a service package along with a monthly conditional cash incentive. Estimate challenged by: R-

2012: Nineteen percent coverage achieved in 29 percent of the national target population. Rotavirus vaccine was introduced in 2012. Estimate challenged by: R-

Philippines - PcV3

PHL - PcV3



| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | NA | NA | NA | NA | 35 | 18 | 36 | 33 | 43 | 53 | 66 | 51 |
| Estimate GoC | NA | NA | NA | NA | ●● | ●● | ●● | ●● | ●● | ●● | ●● | ●● |
| Official | NA | NA | NA | NA | 35 | 18 | 36 | 33 | 43 | 53 | 71 | 51 |
| Administrative | NA | NA | NA | NA | NA | 18 | 36 | 33 | 43 | 53 | 66 | 50 |
| Survey | NA |

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 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. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate based on reported administrative estimate. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Full national roll-out of PCV vaccine completed in January 2020... GoC=R+ D+
- 2019: Estimate based on coverage reported by national government. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 53 percent changed from previous revision value of 51 percent. GoC=R+ D+
- 2018: Estimate based on coverage reported by national government. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three month vaccine stock-out at national level. GoC=R+ D+
- 2017: Estimate based on coverage reported by national government. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports four month vaccine stock-out at national level. Estimate of 33 percent changed from previous revision value of 36 percent. GoC=R+ D+
- 2016: Estimate based on coverage reported by national government. Programme reports one month vaccine stock-out at national level. GoC=R+ D+
- 2015: Estimate based on coverage reported by national government. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports 25 percent coverage achieved in 70 percent of the national birth cohort. Estimate reflects coverage achieved in the annualized national target population. Estimate of 18 percent changed from previous revision value of 17 percent. GoC=R+ D+
- 2014: Estimate based on coverage reported by national government. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. GoC=R+

Philippines - survey details

2016 Philippines National Demographic and Health Survey 2017

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 89.6 | 12-23 m | 1933 | 64 |
| BCG | Card | 63.3 | 12-23 m | 1235 | 64 |
| BCG | Card or History | 90 | 12-23 m | 1933 | 64 |
| BCG | History | 26.7 | 12-23 m | 699 | 64 |
| DTP1 | C or H <12 months | 86.4 | 12-23 m | 1933 | 64 |
| DTP1 | Card | 62.3 | 12-23 m | 1235 | 64 |
| DTP1 | Card or History | 86.6 | 12-23 m | 1933 | 64 |
| DTP1 | History | 24.3 | 12-23 m | 699 | 64 |
| DTP3 | C or H <12 months | 78.5 | 12-23 m | 1933 | 64 |
| DTP3 | Card | 59.5 | 12-23 m | 1235 | 64 |
| DTP3 | Card or History | 79.8 | 12-23 m | 1933 | 64 |
| DTP3 | History | 20.3 | 12-23 m | 699 | 64 |
| HepB1 | C or H <12 months | 87.3 | 12-23 m | 1933 | 64 |
| HepB1 | Card | 62.3 | 12-23 m | 1235 | 64 |
| HepB1 | Card or History | 87.5 | 12-23 m | 1933 | 64 |
| HepB1 | History | 25.2 | 12-23 m | 699 | 64 |
| HepB3 | C or H <12 months | 79.8 | 12-23 m | 1933 | 64 |
| HepB3 | Card | 59.5 | 12-23 m | 1235 | 64 |
| HepB3 | Card or History | 81.2 | 12-23 m | 1933 | 64 |
| HepB3 | History | 21.7 | 12-23 m | 699 | 64 |
| HepBB | C or H <12 months | 77.6 | 12-23 m | 1933 | 64 |
| HepBB | Card | 52.8 | 12-23 m | 1235 | 64 |
| HepBB | Card or History | 77.9 | 12-23 m | 1933 | 64 |
| HepBB | History | 25.1 | 12-23 m | 699 | 64 |
| Hib1 | C or H <12 months | 86.4 | 12-23 m | 1933 | 64 |
| Hib1 | Card | 62.3 | 12-23 m | 1235 | 64 |
| Hib1 | Card or History | 86.6 | 12-23 m | 1933 | 64 |
| Hib1 | History | 24.3 | 12-23 m | 699 | 64 |
| Hib3 | C or H <12 months | 78.5 | 12-23 m | 1933 | 64 |
| Hib3 | Card | 59.5 | 12-23 m | 1235 | 64 |
| Hib3 | Card or History | 79.8 | 12-23 m | 1933 | 64 |
| Hib3 | History | 20.3 | 12-23 m | 699 | 64 |
| MCV1 | C or H <12 months | 65.3 | 12-23 m | 1933 | 64 |
| MCV1 | Card | 57.7 | 12-23 m | 1235 | 64 |
| MCV1 | Card or History | 80.4 | 12-23 m | 1933 | 64 |
| MCV1 | History | 22.7 | 12-23 m | 699 | 64 |
| MCV2 | C or H <24 months | 45.6 | 24-35 m | 1835 | 64 |

| | | | | | |
|------|-------------------|------|---------|------|----|
| MCV2 | Card | 33.9 | 24-35 m | 955 | 64 |
| MCV2 | Card or History | 46.8 | 24-35 m | 1835 | 64 |
| MCV2 | History | 12.9 | 24-35 m | 880 | 64 |
| Pol1 | C or H <12 months | 87.6 | 12-23 m | 1933 | 64 |
| Pol1 | Card | 61.6 | 12-23 m | 1235 | 64 |
| Pol1 | Card or History | 87.9 | 12-23 m | 1933 | 64 |
| Pol1 | History | 26.4 | 12-23 m | 699 | 64 |
| Pol3 | C or H <12 months | 76 | 12-23 m | 1933 | 64 |
| Pol3 | Card | 57.1 | 12-23 m | 1235 | 64 |
| Pol3 | Card or History | 79 | 12-23 m | 1933 | 64 |
| Pol3 | History | 21.8 | 12-23 m | 699 | 64 |

2015 Philippines National Demographic and Health Survey 2017

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 84.6 | 24-35 m | 1835 | 64 |
| BCG | Card | 51.4 | 24-35 m | 955 | 64 |
| BCG | Card or History | 85.4 | 24-35 m | 1835 | 64 |
| BCG | History | 34 | 24-35 m | 880 | 64 |
| DTP1 | C or H <12 months | 80.7 | 24-35 m | 1835 | 64 |
| DTP1 | Card | 50.9 | 24-35 m | 955 | 64 |
| DTP1 | Card or History | 82.5 | 24-35 m | 1835 | 64 |
| DTP1 | History | 31.6 | 24-35 m | 880 | 64 |
| DTP3 | C or H <12 months | 65.5 | 24-35 m | 1835 | 64 |
| DTP3 | Card | 46.5 | 24-35 m | 955 | 64 |
| DTP3 | Card or History | 71.6 | 24-35 m | 1835 | 64 |
| DTP3 | History | 25.1 | 24-35 m | 880 | 64 |
| HepB1 | C or H <12 months | 81.5 | 24-35 m | 1835 | 64 |
| HepB1 | Card | 50.7 | 24-35 m | 955 | 64 |
| HepB1 | Card or History | 83.3 | 24-35 m | 1835 | 64 |
| HepB1 | History | 32.5 | 24-35 m | 880 | 64 |
| HepB3 | C or H <12 months | 67.8 | 24-35 m | 1835 | 64 |
| HepB3 | Card | 46.4 | 24-35 m | 955 | 64 |
| HepB3 | Card or History | 74.1 | 24-35 m | 1835 | 64 |
| HepB3 | History | 27.8 | 24-35 m | 880 | 64 |
| HepBB | C or H <12 months | 70.4 | 24-35 m | 1835 | 64 |
| HepBB | Card | 40.1 | 24-35 m | 955 | 64 |
| HepBB | Card or History | 71.9 | 24-35 m | 1835 | 64 |
| HepBB | History | 31.8 | 24-35 m | 880 | 64 |

Philippines - survey details

| | | | | | |
|------|-------------------|------|---------|------|----|
| Hib1 | C or H <12 months | 80.7 | 24-35 m | 1835 | 64 |
| Hib1 | Card | 50.9 | 24-35 m | 955 | 64 |
| Hib1 | Card or History | 82.5 | 24-35 m | 1835 | 64 |
| Hib1 | History | 31.6 | 24-35 m | 880 | 64 |
| Hib3 | C or H <12 months | 65.5 | 24-35 m | 1835 | 64 |
| Hib3 | Card | 46.5 | 24-35 m | 955 | 64 |
| Hib3 | Card or History | 71.6 | 24-35 m | 1835 | 64 |
| Hib3 | History | 25.1 | 24-35 m | 880 | 64 |
| MCV1 | C or H <12 months | 63.2 | 24-35 m | 1835 | 64 |
| MCV1 | Card | 49.9 | 24-35 m | 955 | 64 |
| MCV1 | Card or History | 80.5 | 24-35 m | 1835 | 64 |
| MCV1 | History | 30.6 | 24-35 m | 880 | 64 |
| Pol1 | C or H <12 months | 82.9 | 24-35 m | 1835 | 64 |
| Pol1 | Card | 50.7 | 24-35 m | 955 | 64 |
| Pol1 | Card or History | 83.5 | 24-35 m | 1835 | 64 |
| Pol1 | History | 32.8 | 24-35 m | 880 | 64 |
| Pol3 | C or H <12 months | 73.4 | 24-35 m | 1835 | 64 |
| Pol3 | Card | 48.3 | 24-35 m | 955 | 64 |
| Pol3 | Card or History | 76 | 24-35 m | 1835 | 64 |
| Pol3 | History | 27.7 | 24-35 m | 880 | 64 |

| | | | | | |
|-------|-------------------|------|---------|------|----|
| HepB1 | History | 37.2 | 12-23 m | 592 | 58 |
| HepB3 | C or H <12 months | 74.4 | 12-23 m | 1397 | 58 |
| HepB3 | Card | 46.6 | 12-23 m | 805 | 58 |
| HepB3 | Card or History | 77.6 | 12-23 m | 1397 | 58 |
| HepB3 | History | 31 | 12-23 m | 592 | 58 |
| MCV1 | C or H <12 months | 78.2 | 12-23 m | 1397 | 58 |
| MCV1 | Card | 50.1 | 12-23 m | 805 | 58 |
| MCV1 | Card or History | 83.9 | 12-23 m | 1397 | 58 |
| MCV1 | History | 33.8 | 12-23 m | 592 | 58 |
| Pol1 | C or H <12 months | 92.5 | 12-23 m | 1397 | 58 |
| Pol1 | Card | 56.2 | 12-23 m | 805 | 58 |
| Pol1 | Card or History | 93.2 | 12-23 m | 1397 | 58 |
| Pol1 | History | 37 | 12-23 m | 592 | 58 |
| Pol3 | C or H <12 months | 83.1 | 12-23 m | 1397 | 58 |
| Pol3 | Card | 53.3 | 12-23 m | 805 | 58 |
| Pol3 | Card or History | 84.6 | 12-23 m | 1397 | 58 |
| Pol3 | History | 31.3 | 12-23 m | 592 | 58 |

2007 Philippines National Demographic and Health Survey (NDHS) 2008

2012 Philippines National Demographic and Health Survey, 2013

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 94.8 | 12-23 m | 1397 | 58 |
| BCG | Card | 57.1 | 12-23 m | 805 | 58 |
| BCG | Card or History | 95.4 | 12-23 m | 1397 | 58 |
| BCG | History | 38.3 | 12-23 m | 592 | 58 |
| DTP1 | C or H <12 months | 93.5 | 12-23 m | 1397 | 58 |
| DTP1 | Card | 57 | 12-23 m | 805 | 58 |
| DTP1 | Card or History | 94.2 | 12-23 m | 1397 | 58 |
| DTP1 | History | 37.2 | 12-23 m | 592 | 58 |
| DTP3 | C or H <12 months | 84.7 | 12-23 m | 1397 | 58 |
| DTP3 | Card | 53.9 | 12-23 m | 805 | 58 |
| DTP3 | Card or History | 86.1 | 12-23 m | 1397 | 58 |
| DTP3 | History | 32.2 | 12-23 m | 592 | 58 |
| HepB1 | C or H <12 months | 91.5 | 12-23 m | 1397 | 58 |
| HepB1 | Card | 55.3 | 12-23 m | 805 | 58 |
| HepB1 | Card or History | 92.5 | 12-23 m | 1397 | 58 |

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 92.3 | 12-23 m | 1286 | 42 |
| BCG | Card | 42.2 | 12-23 m | 1286 | 42 |
| BCG | Card or History | 93.9 | 12-23 m | 1286 | 42 |
| BCG | History | 51.7 | 12-23 m | 1286 | 42 |
| DTP1 | C or H <12 months | 91.2 | 12-23 m | 1286 | 42 |
| DTP1 | Card | 42.3 | 12-23 m | 1286 | 42 |
| DTP1 | Card or History | 92.5 | 12-23 m | 1286 | 42 |
| DTP1 | History | 50.2 | 12-23 m | 1286 | 42 |
| DTP3 | C or H <12 months | 82.8 | 12-23 m | 1286 | 42 |
| DTP3 | Card | 40.9 | 12-23 m | 1286 | 42 |
| DTP3 | Card or History | 85.6 | 12-23 m | 1286 | 42 |
| DTP3 | History | 44.7 | 12-23 m | 1286 | 42 |
| HepB1 | C or H <12 months | 86.5 | 12-23 m | 1286 | 42 |
| HepB1 | Card | 42.1 | 12-23 m | 1286 | 42 |
| HepB1 | Card or History | 88.2 | 12-23 m | 1286 | 42 |
| HepB1 | History | 46.2 | 12-23 m | 1286 | 42 |
| HepB3 | C or H <12 months | 75.7 | 12-23 m | 1286 | 42 |
| HepB3 | Card | 39.6 | 12-23 m | 1286 | 42 |

Philippines - survey details

| | | | | | |
|-------|-------------------|------|---------|------|----|
| HepB3 | Card or History | 80.3 | 12-23 m | 1286 | 42 |
| HepB3 | History | 40.7 | 12-23 m | 1286 | 42 |
| MCV1 | C or H <12 months | 76.2 | 12-23 m | 1286 | 42 |
| MCV1 | Card | 39 | 12-23 m | 1286 | 42 |
| MCV1 | Card or History | 84.5 | 12-23 m | 1286 | 42 |
| MCV1 | History | 45.5 | 12-23 m | 1286 | 42 |
| Pol1 | C or H <12 months | 91.2 | 12-23 m | 1286 | 42 |
| Pol1 | Card | 42.2 | 12-23 m | 1286 | 42 |
| Pol1 | Card or History | 92.6 | 12-23 m | 1286 | 42 |
| Pol1 | History | 50.4 | 12-23 m | 1286 | 42 |
| Pol3 | C or H <12 months | 82.6 | 12-23 m | 1286 | 42 |
| Pol3 | Card | 40.9 | 12-23 m | 1286 | 42 |
| Pol3 | Card or History | 85.2 | 12-23 m | 1286 | 42 |
| Pol3 | History | 44.2 | 12-23 m | 1286 | 42 |

2002 National Demographic and Health Survey 2003

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 89 | 12-23 m | 1348 | 39 |
| BCG | Card | 38.3 | 12-23 m | 1348 | 39 |
| BCG | Card or history | 90.8 | 12-23 m | 1348 | 39 |
| BCG | History | 52.5 | 12-23 m | 1348 | 39 |
| DTP1 | C or H <12 months | 88.4 | 12-23 m | 1348 | 39 |
| DTP1 | Card | 38.4 | 12-23 m | 1348 | 39 |
| DTP1 | Card or history | 89.9 | 12-23 m | 1348 | 39 |
| DTP1 | History | 51.6 | 12-23 m | 1348 | 39 |
| DTP3 | C or H <12 months | 75 | 12-23 m | 1348 | 39 |
| DTP3 | Card | 35.8 | 12-23 m | 1348 | 39 |
| DTP3 | Card or history | 78.9 | 12-23 m | 1348 | 39 |
| DTP3 | History | 43.1 | 12-23 m | 1348 | 39 |
| MCV1 | C or H <12 months | 69.7 | 12-23 m | 1348 | 39 |
| MCV1 | Card | 34.1 | 12-23 m | 1348 | 39 |
| MCV1 | Card or history | 79.7 | 12-23 m | 1348 | 39 |
| MCV1 | History | 45.6 | 12-23 m | 1348 | 39 |
| Pol1 | C or H <12 months | 90 | 12-23 m | 1348 | 39 |
| Pol1 | Card | 38.7 | 12-23 m | 1348 | 39 |
| Pol1 | Card or history | 91.3 | 12-23 m | 1348 | 39 |
| Pol1 | History | 52.6 | 12-23 m | 1348 | 39 |
| Pol3 | C or H <12 months | 75.8 | 12-23 m | 1348 | 39 |

| | | | | | |
|------|-----------------|------|---------|------|----|
| Pol3 | Card | 36.1 | 12-23 m | 1348 | 39 |
| Pol3 | Card or history | 79.8 | 12-23 m | 1348 | 39 |
| Pol3 | History | 43.7 | 12-23 m | 1348 | 39 |

2001 Philippines, Maternal and Child Health Survey 2002

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card or History | 92.1 | 12-23 m | 1885 | 91 |
| DTP1 | Card or History | 91.6 | 12-23 m | 1885 | 91 |
| DTP3 | Card or History | 80.6 | 12-23 m | 1885 | 91 |
| MCV1 | Card or History | 80.2 | 12-23 m | 1885 | 91 |
| Pol3 | Card or History | 78.1 | 12-23 m | 1885 | 91 |

1999 Philippines, Maternal and Child Health Survey 2000

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | Card or History | 92.2 | 12-23 m | 2227 | 89 |
| DTP1 | Card or History | 90.7 | 12-23 m | 2227 | 89 |
| DTP3 | Card or History | 80.5 | 12-23 m | 2227 | 89 |
| HepB1 | Card or History | 62.5 | 12-23 m | 2227 | 89 |
| HepB3 | Card or History | 32.4 | 12-23 m | 2227 | 89 |
| MCV1 | Card or History | 79.7 | 12-23 m | 2227 | 89 |
| Pol1 | Card or History | 90.3 | 12-23 m | 2227 | 89 |
| Pol3 | Card or History | 79.2 | 12-23 m | 2227 | 89 |

1997 Philippines, National Demographic and Health Survey 1998, 1999

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG | C or H <12 months | 90.6 | 12-23 m | 1474 | 41 |
| BCG | Card | 40.6 | 12-23 m | 1474 | 41 |
| BCG | Card or History | 90.8 | 12-23 m | 1474 | 41 |
| BCG | History | 50.1 | 12-23 m | 1474 | 41 |
| DTP1 | C or H <12 months | 90.1 | 12-23 m | 1474 | 41 |
| DTP1 | Card | 41 | 12-23 m | 1474 | 41 |
| DTP1 | Card or History | 90.3 | 12-23 m | 1474 | 41 |
| DTP1 | History | 49.3 | 12-23 m | 1474 | 41 |
| DTP3 | C or H <12 months | 78.7 | 12-23 m | 1474 | 41 |

Philippines - survey details

| | | | | | | | | | | | |
|------|-------------------|------|---------|------|----|------|-------------------|------|---------|------|----|
| DTP3 | Card | 37.8 | 12-23 m | 1474 | 41 | Pol1 | Card | 41.3 | 12-23 m | 1474 | 41 |
| DTP3 | Card or History | 80.9 | 12-23 m | 1474 | 41 | Pol1 | Card or History | 91.7 | 12-23 m | 1474 | 41 |
| DTP3 | History | 43 | 12-23 m | 1474 | 41 | Pol1 | History | 50.4 | 12-23 m | 1474 | 41 |
| MCV1 | C or H <12 months | 70.9 | 12-23 m | 1474 | 41 | Pol3 | C or H <12 months | 80.6 | 12-23 m | 1474 | 41 |
| MCV1 | Card | 34.9 | 12-23 m | 1474 | 41 | Pol3 | Card | 38.2 | 12-23 m | 1474 | 41 |
| MCV1 | Card or History | 78.9 | 12-23 m | 1474 | 41 | Pol3 | Card or History | 81.7 | 12-23 m | 1474 | 41 |
| MCV1 | History | 44 | 12-23 m | 1474 | 41 | Pol3 | History | 43.5 | 12-23 m | 1474 | 41 |
| Pol1 | C or H <12 months | 91.5 | 12-23 m | 1474 | 41 | | | | | | |

Further information and estimates for previous years are available at:

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

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