

# Afghanistan: WHO and UNICEF estimates of immunization coverage: 2024 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 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 available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage.

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. Bull World Health Organ. \* Burton et al. 2012. PLoS One.  
\* Brown et al. 2013. Open Pub Health Journal. \* Danovaro-Holliday et al. 2021. Gates Open Res.

## 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 6-11, 12-23 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 data collection period.

## ABBREVIATIONS AND DEFINITIONS

**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. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, 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.

**IPV2:** percentage of surviving infants who received a 2nd dose of inactivated polio vaccine. IPV2 coverage estimates produced for OPV using countries.

**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 in the production of the estimate.

**HEPB3:** 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 if coverage for the booster dose is not reported.

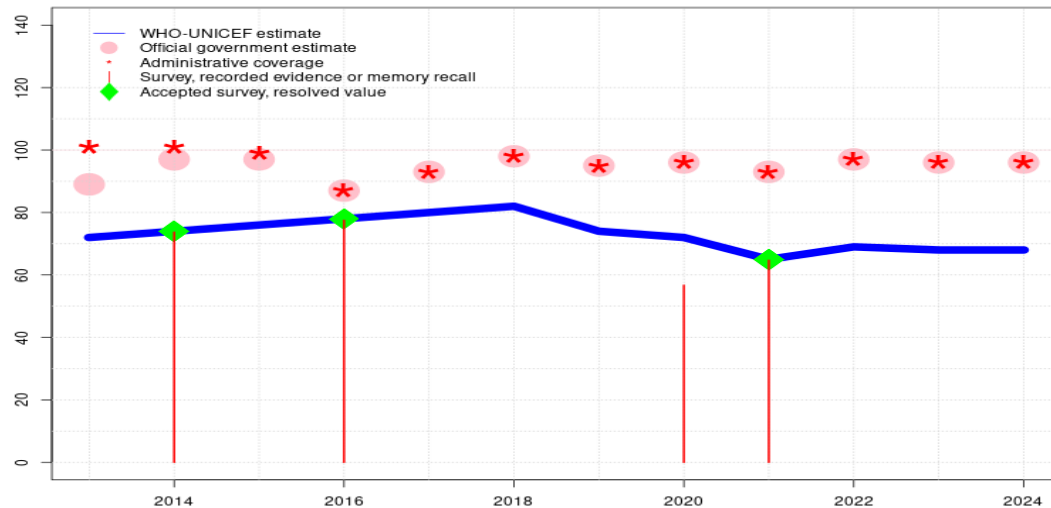
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

**MENGA:** percentage of children who received one dose of meningococcal A conjugate vaccine. MENGA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

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# Afghanistan - BCG

AFG - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	72	74	76	78	80	82	74	72	65	69	68	68
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	89	97	97	87	93	98	95	96	93	97	96	96
Administrative	101	101	99	87	93	98	95	96	93	97	96	96
Survey	-	74	-	78	-	-	-	57	65	-	-	-

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: 2024 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.

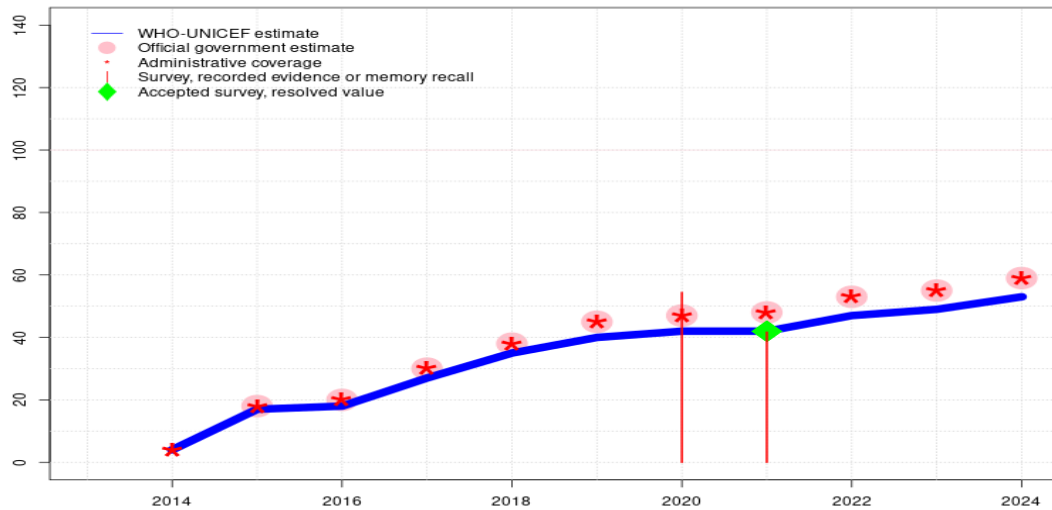
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 65 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-
- 2016: Estimate of 78 percent assigned by working group. Estimate informed by survey results for consistency with other vaccine doses. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2016 levels. Reported data excluded. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 74 percent based on 1 survey(s). Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate informed by trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Programme reports two months vaccine stockout at the national level. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-

# Afghanistan - HEPBB

AFG - HEPBB



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	4	17	18	27	35	40	42	42	47	49	53
Estimate GoC	-	●	●	●	●	●	●	●	●	●	●	●
Official	-	-	18	20	30	38	45	47	48	53	55	59
Administrative	-	4	18	20	30	38	45	47	48	53	55	59
Survey	-	-	-	-	-	-	-	54	42	-	-	-

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: 2024 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:

- 2024: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate of 49 percent changed from previous revision value of 55 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Estimate of 47 percent changed from previous revision value of 53 percent. Estimate challenged by: D-R-
- 2021: Estimate of 42 percent assigned by working group. Estimate based on survey coverage. Estimate of 42 percent changed from previous revision value of 48 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Estimate of 42 percent changed from previous revision value of 46 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate of 40 percent changed from previous revision value of 41 percent. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Estimate of 35 percent changed from previous revision value of 33 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate of 27 percent changed from previous revision value of 22 percent. Estimate challenged by: R-
- 2016: Estimate of 18 percent assigned by working group. Estimate informed by the relative difference between reported administrative coverage for HepB birth dose and BCG applied to BCG estimated coverage. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate of 18 percent changed from previous revision value of 11 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Reported data calibrated to 2014 and 2016 levels. Reported coverage using national target population. Estimate of 17 percent changed from previous revision value of 8 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2014: Estimate exceptionally based on reported coverage. Hepatitis B birth dose introduced in August 2014. Primarily administered to infants born in health facilities. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate informed by trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and

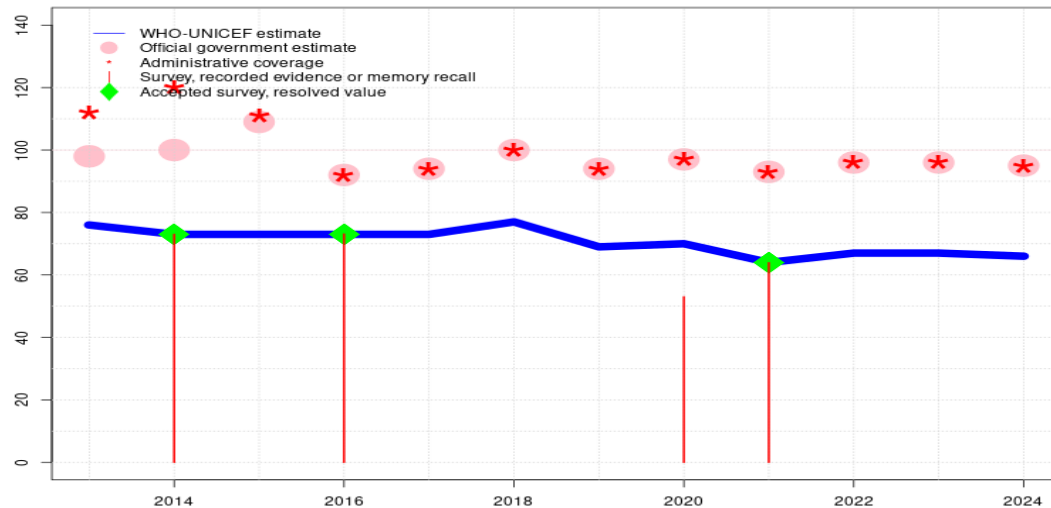
# Afghanistan - HEPBB

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may be associated with gradual improvements in service delivery. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

# Afghanistan - DTP1

AFG - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	76	73	73	73	73	77	69	70	64	67	67	66
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	98	100	109	92	94	100	94	97	93	96	96	95
Administrative	112	120	111	92	94	100	94	97	93	96	96	95
Survey	-	73	-	73	-	-	-	53	64	-	-	-

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: 2024 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.

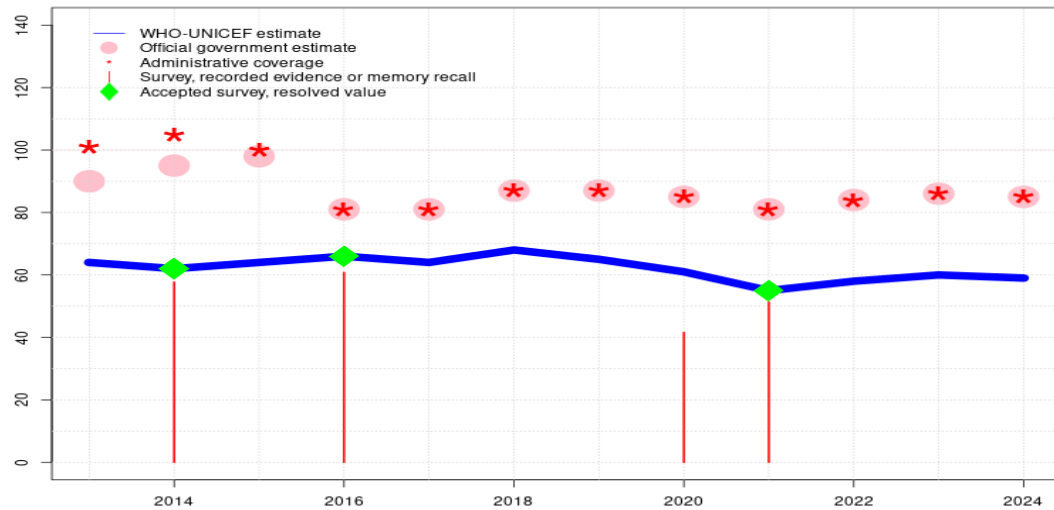
## Description:

- 2024: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 64 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 73 percent based on 1 survey(s). Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2016 levels. Reported data excluded. Reported data excluded because 109 percent greater than 100 percent. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 73 percent based on 1 survey(s). Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate informed by trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-



# Afghanistan - DTP3

AFG - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	64	62	64	66	64	68	65	61	55	58	60	59
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	95	98	81	81	87	87	85	81	84	86	85
Administrative	101	105	100	81	81	87	87	85	81	84	86	85
Survey	-	58	-	61	-	-	-	42	51	-	-	-

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: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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- 2022: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 51 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 46 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 42 percent modified for recall bias to 47 percent based on 1st dose record or recall coverage of 53 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 34 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Estimate of 68 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate of 64 percent changed from previous revision value of 63 percent. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 66 percent based on 1 survey(s). Afghanistan Health Survey 2018 record or recall results of 61 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 45 percent. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate of 66 percent changed from previous revision value of 65 percent. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2016 levels. Reported data excluded. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 62 percent based on 1 survey(s). Afghanistan Demographic and Health

# Afghanistan - DTP3

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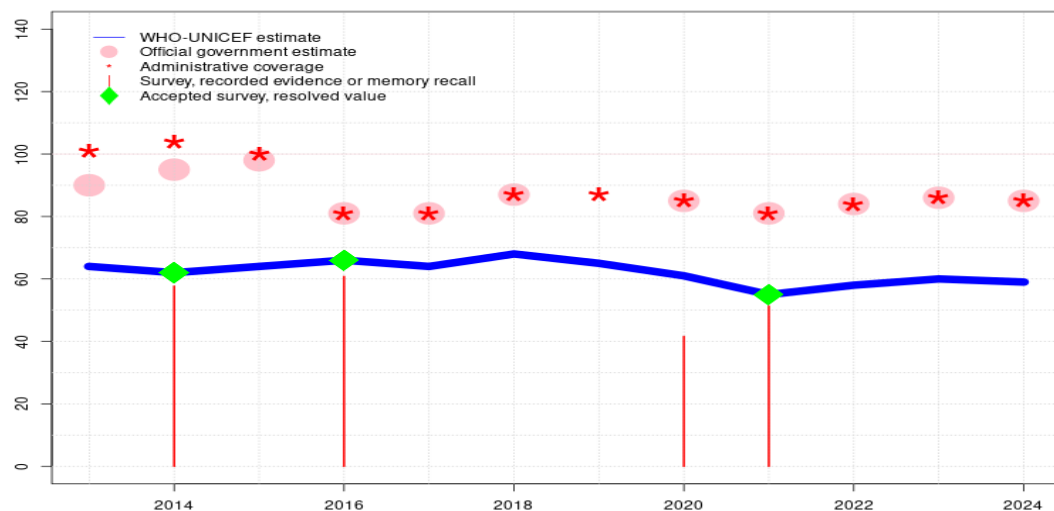
Survey 2015 record or recall results of 58 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 55 percent and 3rd dose record only coverage of 47 percent. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate informed by trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate of 62 percent changed from previous revision value of 63 percent. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-



# Afghanistan - HEPB3

AFG - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	64	62	64	66	64	68	65	61	55	58	60	59
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	95	98	81	81	87	-	85	81	84	86	85
Administrative	101	104	100	81	81	87	87	85	81	84	86	85
Survey	-	58	-	61	-	-	-	42	51	-	-	-

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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

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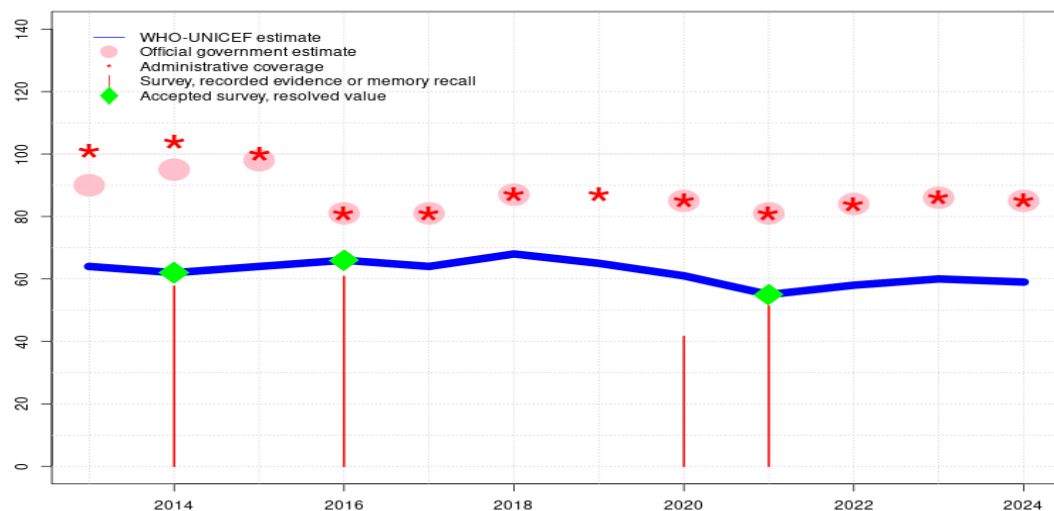
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- 2022: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 51 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 46 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 42 percent modified for recall bias to 47 percent based on 1st dose record or recall coverage of 53 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 34 percent. Estimate challenged by: D-R-
- 2019: Estimate informed by the estimated DTP3 coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Estimate of 68 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate of 64 percent changed from previous revision value of 63 percent. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 66 percent based on 1 survey(s). Afghanistan Health Survey 2018 record or recall results of 61 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 45 percent. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate of 66 percent changed from previous revision value of 65 percent. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2016 levels. Reported data excluded. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 62 percent based on 1 survey(s). Afghanistan Demographic and Health

Survey 2015 record or recall results of 58 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 55 percent and 3rd dose record only coverage of 47 percent. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate informed by trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate of 62 percent changed from previous revision value of 63 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-

# Afghanistan - HIB3

AFG - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	64	62	64	66	64	68	65	61	55	58	60	59
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	95	98	81	81	87	-	85	81	84	86	85
Administrative	101	104	100	81	81	87	87	85	81	84	86	85
Survey	-	58	-	61	-	-	-	42	51	-	-	-

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: 2024 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:

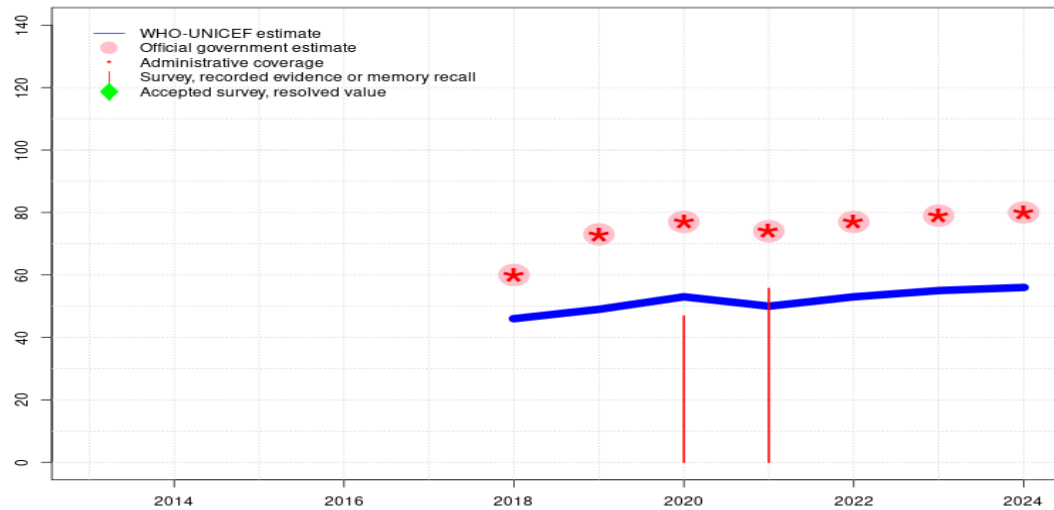
- 2024: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 51 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 46 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 42 percent modified for recall bias to 47 percent based on 1st dose record or recall coverage of 53 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 34 percent. Estimate challenged by: D-R-
- 2019: Estimate informed by the estimated DTP3 coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Estimate of 68 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate of 64 percent changed from previous revision value of 63 percent. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 66 percent based on 1 survey(s). Afghanistan Health Survey 2018 record or recall results of 61 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 45 percent. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate of 66 percent changed from previous revision value of 65 percent. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2016 levels. Reported data excluded. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 62 percent based on 1 survey(s). Afghanistan Demographic and Health

Survey 2015 record or recall results of 58 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 55 percent and 3rd dose record only coverage of 47 percent. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate informed by trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate of 62 percent changed from previous revision value of 63 percent. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-

# Afghanistan - ROTAC

AFG - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	46	49	53	50	53	55	56
Estimate GoC	-	-	-	-	-	•	•	•	•	•	•	•
Official	-	-	-	-	-	60	73	77	74	77	79	80
Administrative	-	-	-	-	-	60	73	77	74	77	79	80
Survey	-	-	-	-	-	-	-	47	56	-	-	-

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: 2024 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.

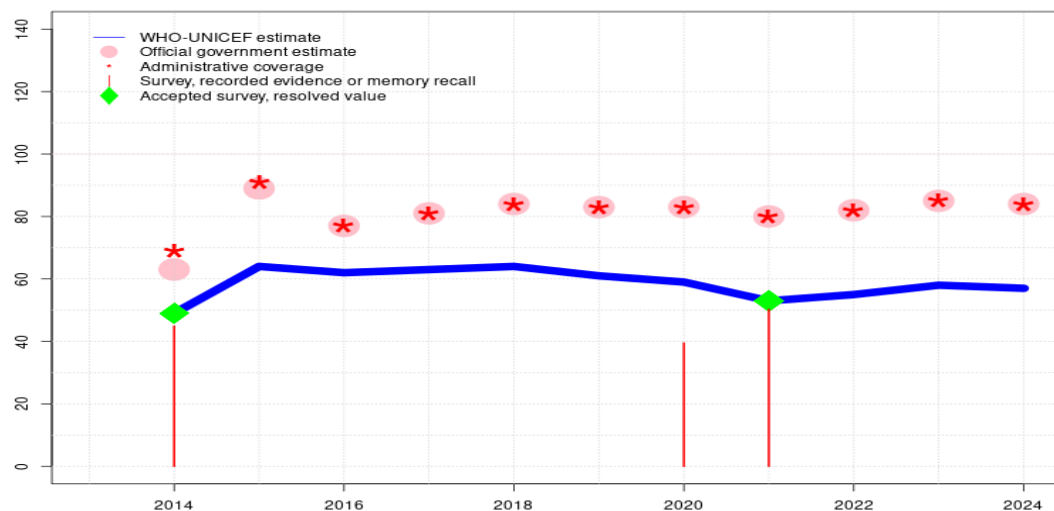
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate of 55 percent changed from previous revision value of 61 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Estimate of 53 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-
- 2021: Estimate of 50 percent assigned by working group. Estimate is based on the relationship between reported admin coverage for DTP3 and ROTAC applied to the DTP3 estimated coverage. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 56 percent modified for recall bias to 57 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 49 percent. Estimate of 50 percent changed from previous revision value of 56 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 47 percent modified for recall bias to 50 percent based on 1st dose record or recall coverage of 53 percent, 1st dose record only coverage of 37 percent and 3rd dose record only coverage of 35 percent. Estimate of 53 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2021 levels. Estimate of 49 percent changed from previous revision value of 55 percent. Estimate challenged by: D-R-
- 2018: Rotavirus vaccine introduced in January 2018. Estimate based on the relative relationship between reported and estimated coverage for DTP3 applied to reported coverage for RotaC. Estimate of 46 percent changed from previous revision value of 45 percent. Estimate challenged by: D-R-

# Afghanistan - PCV3

AFG - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	49	64	62	63	64	61	59	53	55	58	57
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	63	89	77	81	84	83	83	80	82	85	84
Administrative	-	69	91	77	81	84	83	83	80	82	85	84
Survey	-	45	-	-	-	-	-	40	50	-	-	-

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: 2024 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:

- 2024: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 53 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 50 percent modified for recall bias to 53 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 46 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 40 percent modified for recall bias to 44 percent based on 1st dose record or recall coverage of 51 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 33 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-
- 2016: Estimate of 62 percent assigned by working group. Estimate informed by the ratio of the reported and estimated DTP3 coverage levels applied to the reported coverage for PCV3. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R-S-
- 2015: Estimate of 64 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Reported doses of PCV3 did not reach levels of DTP3, thus, coverage may be overestimated. Reported data excluded. Reported data excluded due to an increase from 63 percent to 89 percent with decrease to 77 percent. Estimate of 64 percent changed from previous revision value of 65 percent. Estimate challenged by: D-R-S-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 49 percent based on 1 survey(s). Afghanistan Demographic and Health Survey 2015 record or recall results of 45 percent modified for recall bias to 49 percent based on 1st dose record or recall coverage of 63 percent, 1st dose record only coverage

# Afghanistan - PCV3

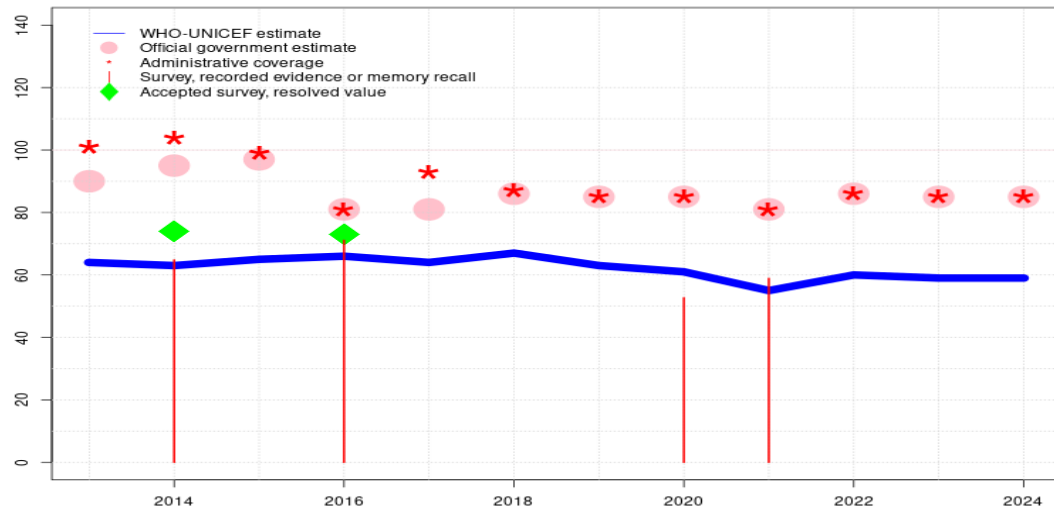
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of 48 percent and 3rd dose record only coverage of 37 percent. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate informed by trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Pneumococcal conjugate vaccine introduced in 2014. Estimate informed by calibrated DTP3 level. Estimate challenged by: D-R-



# Afghanistan - POL3

AFG - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	64	63	65	66	64	67	63	61	55	60	59	59
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	95	97	81	81	86	85	85	81	86	85	85
Administrative	101	104	99	81	93	87	85	85	81	86	85	85
Survey	-	65	-	71	-	-	-	53	59	-	-	-

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: 2024 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:

- 2024: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate of 59 percent changed from previous revision value of 68 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Estimate of 60 percent changed from previous revision value of 69 percent. Estimate challenged by: D-R-
- 2021: Estimate of 55 percent assigned by working group. Estimate based on estimated DTP3. Survey results likely reflect doses received during campaign. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 59 percent modified for recall bias to 64 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 46 percent. Estimate of 55 percent changed from previous revision value of 64 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 53 percent modified for recall bias to 61 percent based on 1st dose record or recall coverage of 68 percent, 1st dose record only coverage of 37 percent and 3rd dose record only coverage of 33 percent. Estimate of 61 percent changed from previous revision value of 69 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate of 63 percent changed from previous revision value of 71 percent. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Estimate of 67 percent changed from previous revision value of 73 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate of 64 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-
- 2016: Estimate of 66 percent assigned by working group. Estimate based on estimated DTP3. Survey results likely reflect doses received during campaign. Afghanistan Health Survey 2018 record or recall results of 71 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 45 percent. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution

against use of these estimates as the basis for performance based financing decisions. Estimate of 66 percent changed from previous revision value of 71 percent. Estimate challenged by: D-R-

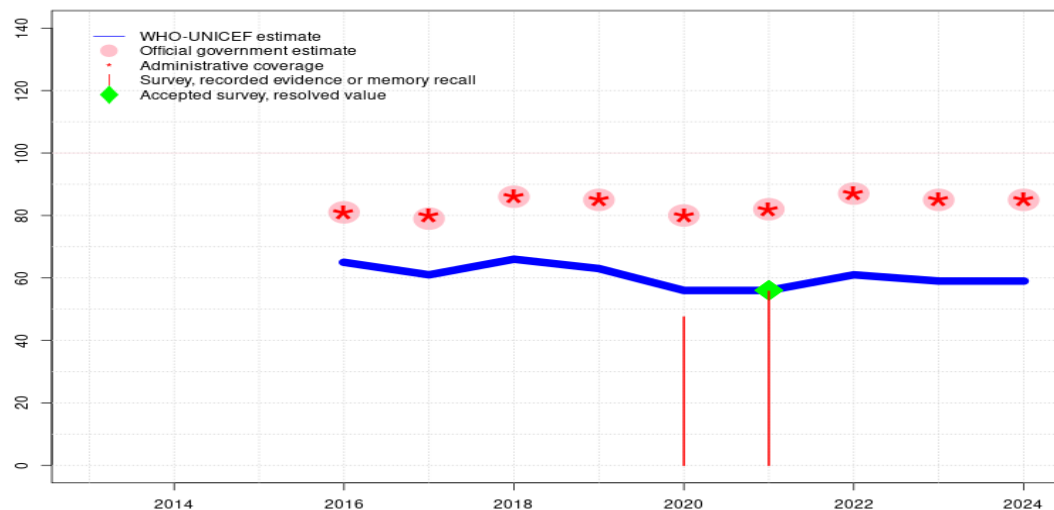
2015: Reported data calibrated to 2014 and 2016 levels. Reported data excluded. Estimate of 65 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-

2014: Estimate of 63 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Given low availability of documented evidence, survey coverage may reflect campaign doses. Afghanistan Demographic and Health Survey 2015 record or recall results of 65 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only coverage of 55 percent and 3rd dose record only coverage of 48 percent. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate informed by trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate of 63 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-S-

2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate of 64 percent changed from previous revision value of 63 percent. Estimate challenged by: D-R-

# Afghanistan - IPV1

AFG - IPV1



## Description:

- 2024: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 56 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-
- 2016: Estimate of 65 percent assigned by working group. Inactivated polio vaccine introduced in September 2015. Reporting started in 2016. Estimate informed by estimated DTP3 coverage. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	65	61	66	63	56	56	61	59	59
Estimate GoC	-	-	-	●	●	●	●	●	●	●	●	●
Official	-	-	-	81	79	86	85	80	82	87	85	85
Administrative	-	-	-	81	80	86	85	80	82	87	85	85
Survey	-	-	-	-	-	-	-	48	56	-	-	-

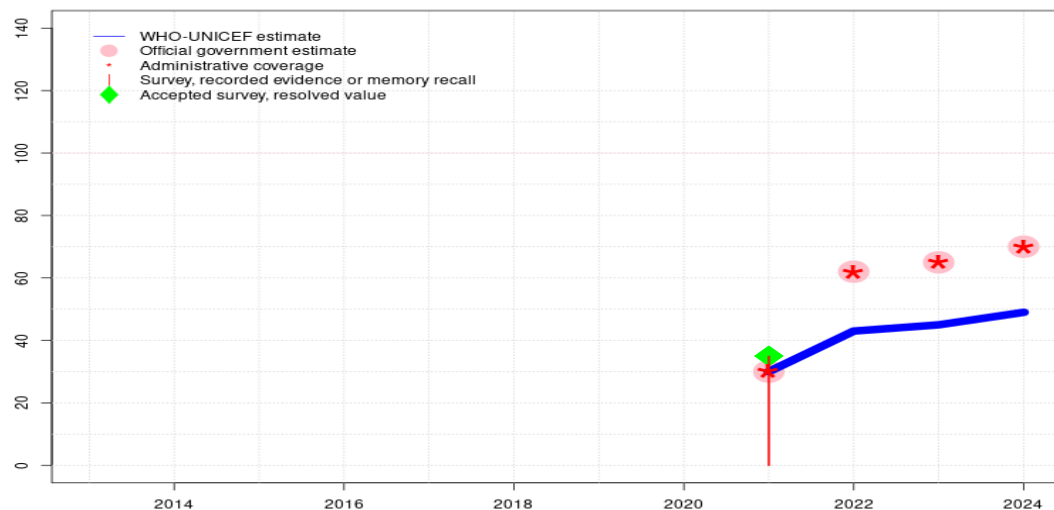
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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.

# Afghanistan - IPV2

AFG - IPV2



## Description:

- 2024: Estimate is based on the relationship between reported number of doses for IPV1 and IPV2 applied to the IPV1 estimated coverage. Estimate challenged by: D-R-
- 2023: Estimate informed by the relative relationship between reported and estimated coverage for IPV1 applied to reported coverage for IPV2. Estimate challenged by: D-R-
- 2022: Estimate informed by the relative relationship between reported and estimated coverage for IPV1 applied to reported coverage for IPV2. Estimate challenged by: D-R-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 35 percent based on 1 survey(s). Second dose of inactivated polio vaccine introduced in 2020 and reporting started in 2021. Estimate is exceptionally informed by reported coverage during introduction. GoC=Assigned by working group. Consistency with other antigens.

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	30	43	45	49
Estimate GoC	-	-	-	-	-	-	-	-	•	•	•	•
Official	-	-	-	-	-	-	-	-	30	62	65	70
Administrative	-	-	-	-	-	-	-	-	30	62	65	70
Survey	-	-	-	-	-	-	-	-	35	-	-	-

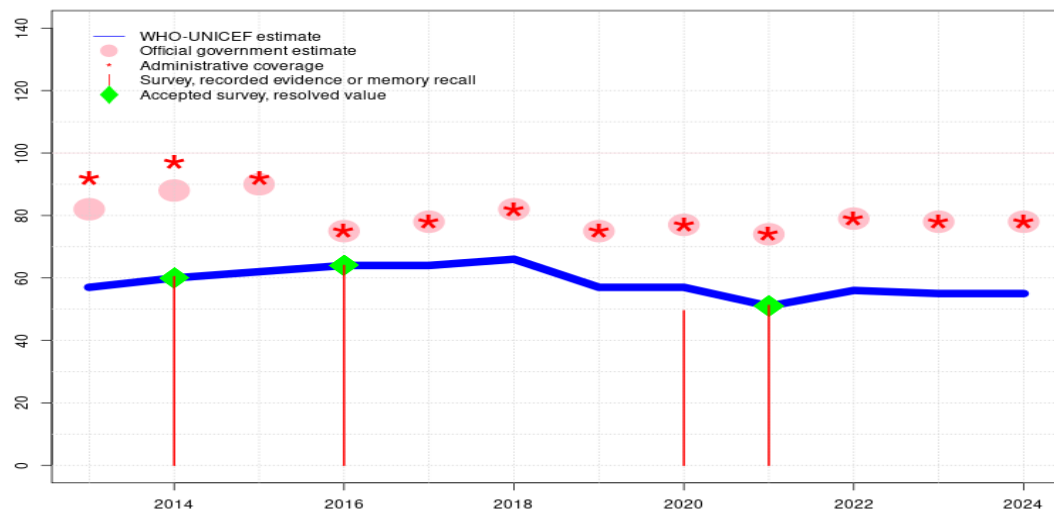
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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.

# Afghanistan - MCV1

AFG - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	57	60	62	64	64	66	57	57	51	56	55	55
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	82	88	90	75	78	82	75	77	74	79	78	78
Administrative	92	97	92	75	78	82	75	77	74	79	78	78
Survey	-	60	-	64	-	-	-	50	51	-	-	-

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: 2024 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.

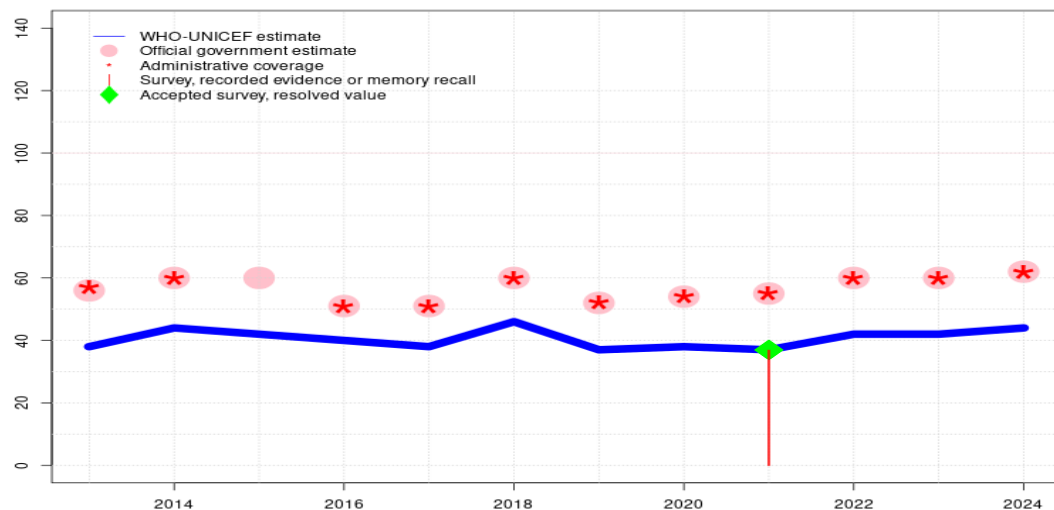
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 51 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 64 percent based on 1 survey(s). Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2016 levels. Reported data excluded. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 60 percent based on 1 survey(s). Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate informed by trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-

# Afghanistan - MCV2

AFG - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	38	44	42	40	38	46	37	38	37	42	42	44
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	56	60	60	51	51	60	52	54	55	60	60	62
Administrative	57	60	-	51	51	60	52	54	55	60	60	62
Survey	-	-	-	-	-	-	-	-	37	-	-	-

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: 2024 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:

- 2024: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 37 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-
- 2016: Estimate of 40 percent assigned by working group. Estimate informed by difference between MCV1 and MCV2 reported administrative data applied to MCV1 estimates. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 and 2016 levels. Reported data excluded. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2016 levels. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate informed by trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 and 2016 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-



# Afghanistan - Survey Details

**NOTE** A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

## 2021 Afghanistan Multiple Indicator Cluster Survey 2022-2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	13.9	12-23 m	6383	59
BCG	Record	50.9	12-23 m	6383	59
BCG	Record or Recall	64.7	12-23 m	6383	59
BCG	Record or Recall<12m	64.3	12-23 m	6383	59
DTP1	Recall	9.9	12-23 m	6383	59
DTP1	Record	54	12-23 m	6383	59
DTP1	Record or Recall	63.9	12-23 m	6383	59
DTP1	Record or Recall<12m	62.4	12-23 m	6383	59
DTP3	Recall	5.3	12-23 m	6383	59
DTP3	Record	46.1	12-23 m	6383	59
DTP3	Record or Recall	51.3	12-23 m	6383	59
DTP3	Record or Recall<12m	48	12-23 m	6383	59
HEPB1	Recall	9.9	12-23 m	6383	59
HEPB1	Record	54	12-23 m	6383	59
HEPB1	Record or Recall	63.9	12-23 m	6383	59
HEPB1	Record or Recall<12m	62.4	12-23 m	6383	59
HEPB3	Recall	5.3	12-23 m	6383	59
HEPB3	Record	46.1	12-23 m	6383	59
HEPB3	Record or Recall	51.3	12-23 m	6383	59

HEPB3	Record or Recall<12m	48	12-23 m	6383	59
HEPBB	Recall	12.6	12-23 m	6383	59
HEPBB	Record	50.7	12-23 m	6383	59
HEPBB	Record or Recall	41.7	12-23 m	6383	59
HEPBB	Record or Recall<12m	63	12-23 m	6383	59
HIB1	Recall	9.9	12-23 m	6383	59
HIB1	Record	54	12-23 m	6383	59
HIB1	Record or Recall	63.9	12-23 m	6383	59
HIB1	Record or Recall<12m	62.4	12-23 m	6383	59
HIB3	Recall	5.3	12-23 m	6383	59
HIB3	Record	46.1	12-23 m	6383	59
HIB3	Record or Recall	51.3	12-23 m	6383	59
HIB3	Record or Recall<12m	48	12-23 m	6383	59
IPV1	Recall	9.7	12-23 m	6383	59
IPV1	Record	46.1	12-23 m	6383	59
IPV1	Record or Recall	55.7	12-23 m	6383	59
IPV1	Record or Recall<12m	51.8	12-23 m	6383	59
IPV2	Recall	0.8	12-23 m	6383	59
IPV2	Record	34.1	12-23 m	6383	59
IPV2	Record or Recall	34.9	12-23 m	6383	59
IPV2	Record or Recall<12m	30.9	12-23 m	6383	59
MCV1	Recall	12.3	12-23 m	6383	59
MCV1	Record	38.8	12-23 m	6383	59
MCV1	Record or Recall	51.2	12-23 m	6383	59
MCV1	Record or Recall<12m	43.8	12-23 m	6383	59
MCV2	Recall	12.5	24-35 m	6222	41
MCV2	Record	24.3	24-35 m	6222	41
MCV2	Record or Recall	36.8	24-35 m	6222	41
MCV2	Record or Recall<12m	34.4	24-35 m	6222	41
PCV1	Recall	8	12-23 m	6383	59
PCV1	Record	53.7	12-23 m	6383	59
PCV1	Record or Recall	61.7	12-23 m	6383	59
PCV1	Record or Recall<12m	60.3	12-23 m	6383	59
PCV3	Recall	4.5	12-23 m	6383	59
PCV3	Record	45.8	12-23 m	6383	59
PCV3	Record or Recall	50.3	12-23 m	6383	59
PCV3	Record or Recall<12m	47.1	12-23 m	6383	59
POL1	Recall	20.9	12-23 m	6383	59
POL1	Record	53.8	12-23 m	6383	59
POL1	Record or Recall	74.7	12-23 m	6383	59



# Afghanistan - Survey Details

POL1	Record or Recall<12m	73.1	12-23 m	6383	59
POL3	Recall	12.9	12-23 m	6383	59
POL3	Record	46	12-23 m	6383	59
POL3	Record or Recall	58.9	12-23 m	6383	59
POL3	Record or Recall<12m	55.1	12-23 m	6383	59
ROTAC	Recall	6.9	12-23 m	6383	59
ROTAC	Record	48.8	12-23 m	6383	59
ROTAC	Record or Recall	55.7	12-23 m	6383	59
ROTAC	Record or Recall<12m	53.7	12-23 m	6383	59

HIB1	Record or Recall	53	24-35 m	6222	41
HIB1	Record or Recall<12m	50.1	24-35 m	6222	41
HIB3	Recall	8.1	24-35 m	6222	41
HIB3	Record	33.5	24-35 m	6222	41
HIB3	Record or Recall	41.6	24-35 m	6222	41
HIB3	Record or Recall<12m	36.4	24-35 m	6222	41
IPV1	Recall	14.5	24-35 m	6222	41
IPV1	Record	33.1	24-35 m	6222	41
IPV1	Record or Recall	47.5	24-35 m	6222	41
IPV1	Record or Recall<12m	41.6	24-35 m	6222	41
MCV1	Recall	19.6	24-35 m	6222	41
MCV1	Record	29.9	24-35 m	6222	41
MCV1	Record or Recall	49.5	24-35 m	6222	41
MCV1	Record or Recall<12m	34.3	24-35 m	6222	41
PCV1	Recall	13.1	24-35 m	6222	41
PCV1	Record	37.6	24-35 m	6222	41
PCV1	Record or Recall	50.7	24-35 m	6222	41
PCV1	Record or Recall<12m	47.9	24-35 m	6222	41
PCV3	Recall	6.3	24-35 m	6222	41
PCV3	Record	33.2	24-35 m	6222	41
PCV3	Record or Recall	39.5	24-35 m	6222	41
PCV3	Record or Recall<12m	34.5	24-35 m	6222	41
POL1	Recall	30.8	24-35 m	6222	41
POL1	Record	37.4	24-35 m	6222	41
POL1	Record or Recall	68.2	24-35 m	6222	41
POL1	Record or Recall<12m	64.5	24-35 m	6222	41
POL3	Recall	19.6	24-35 m	6222	41
POL3	Record	33.1	24-35 m	6222	41
POL3	Record or Recall	52.7	24-35 m	6222	41
POL3	Record or Recall<12m	46.2	24-35 m	6222	41
ROTAC	Recall	12	24-35 m	6222	41
ROTAC	Record	34.9	24-35 m	6222	41
ROTAC	Record or Recall	46.9	24-35 m	6222	41
ROTAC	Record or Recall<12m	43.6	24-35 m	6222	41

## 2020 Afghanistan Multiple Indicator Cluster Survey 2022-2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	20.5	24-35 m	6222	41
BCG	Record	36.2	24-35 m	6222	41
BCG	Record or Recall	56.7	24-35 m	6222	41
BCG	Record or Recall<12m	55.7	24-35 m	6222	41
DTP1	Recall	15.2	24-35 m	6222	41
DTP1	Record	37.8	24-35 m	6222	41
DTP1	Record or Recall	53	24-35 m	6222	41
DTP1	Record or Recall<12m	50.1	24-35 m	6222	41
DTP3	Recall	8.1	24-35 m	6222	41
DTP3	Record	33.5	24-35 m	6222	41
DTP3	Record or Recall	41.6	24-35 m	6222	41
DTP3	Record or Recall<12m	36.4	24-35 m	6222	41
HEPB1	Recall	15.2	24-35 m	6222	41
HEPB1	Record	37.8	24-35 m	6222	41
HEPB1	Record or Recall	53	24-35 m	6222	41
HEPB1	Record or Recall<12m	50.1	24-35 m	6222	41
HEPB3	Recall	8.1	24-35 m	6222	41
HEPB3	Record	33.5	24-35 m	6222	41
HEPB3	Record or Recall	41.6	24-35 m	6222	41
HEPB3	Record or Recall<12m	36.4	24-35 m	6222	41
HEPBB	Recall	19	24-35 m	6222	41
HEPBB	Record	35.4	24-35 m	6222	41
HEPBB	Record or Recall	54.4	24-35 m	6222	41
HEPBB	Record or Recall<12m	53.2	24-35 m	6222	41
HIB1	Recall	15.2	24-35 m	6222	41
HIB1	Record	37.8	24-35 m	6222	41

## 2016 Afghanistan Health Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30.4	12-23 m	4235	-

# Afghanistan - Survey Details

BCG	Record	51.2	12-23 m	4235	-	DTP3	Record	47	12-23 m	3217	56
BCG	Record or Recall	77.5	12-23 m	4235	-	DTP3	Record or Recall	57.7	12-23 m	5708	56
DTP1	Recall	26.7	12-23 m	4235	-	DTP3	Record or Recall<12m	55	12-23 m	5708	56
DTP1	Record	50.4	12-23 m	4235	-	HEPB1	Record	54.7	12-23 m	3217	56
DTP1	Record or Recall	73.1	12-23 m	4235	-	HEPB1	Record or Recall	73	12-23 m	5708	56
DTP3	Recall	19.2	12-23 m	4235	-	HEPB1	Record or Recall<12m	71.2	12-23 m	5708	56
DTP3	Record	44.9	12-23 m	4235	-	HEPB3	Record	47	12-23 m	3217	56
DTP3	Record or Recall	60.8	12-23 m	4235	-	HEPB3	Record or Recall	57.7	12-23 m	5708	56
HEPB1	Recall	26.7	12-23 m	4235	-	HEPB3	Record or Recall<12m	55	12-23 m	5708	56
HEPB1	Record	50.4	12-23 m	4235	-	HIB1	Record	54.7	12-23 m	3217	56
HEPB1	Record or Recall	73.1	12-23 m	4235	-	HIB1	Record or Recall	73	12-23 m	5708	56
HEPB3	Recall	19.2	12-23 m	4235	-	HIB1	Record or Recall<12m	71.2	12-23 m	5708	56
HEPB3	Record	44.9	12-23 m	4235	-	HIB3	Record	47	12-23 m	3217	56
HEPB3	Record or Recall	60.8	12-23 m	4235	-	HIB3	Record or Recall	57.7	12-23 m	5708	56
HIB1	Recall	26.7	12-23 m	4235	-	HIB3	Record or Recall<12m	55	12-23 m	5708	56
HIB1	Record	50.4	12-23 m	4235	-	MCV1	Record	43.7	12-23 m	3217	56
HIB1	Record or Recall	73.1	12-23 m	4235	-	MCV1	Record or Recall	60.4	12-23 m	5708	56
HIB3	Recall	19.2	12-23 m	4235	-	MCV1	Record or Recall<12m	50.6	12-23 m	5708	56
HIB3	Record	44.9	12-23 m	4235	-	PCV1	Record	48	12-23 m	3217	56
HIB3	Record or Recall	60.8	12-23 m	4235	-	PCV1	Record or Recall	62.6	12-23 m	5708	56
MCV1	Recall	26.7	12-23 m	4235	-	PCV1	Record or Recall<12m	61.4	12-23 m	5708	56
MCV1	Record	40.8	12-23 m	4235	-	PCV3	Record	37.2	12-23 m	3217	56
MCV1	Record or Recall	64	12-23 m	4235	-	PCV3	Record or Recall	44.9	12-23 m	5708	56
POL1	Recall	36.9	12-23 m	4235	-	PCV3	Record or Recall<12m	41.8	12-23 m	5708	56
POL1	Record	50.9	12-23 m	4235	-	POL1	Record	55.3	12-23 m	3217	56
POL1	Record or Recall	83.4	12-23 m	4235	-	POL1	Record or Recall	85	12-23 m	5708	56
POL3	Recall	29.6	12-23 m	4235	-	POL1	Record or Recall<12m	85	12-23 m	5708	56
POL3	Record	44.9	12-23 m	4235	-	POL3	Record	48.2	12-23 m	3217	56
POL3	Record or Recall	71.1	12-23 m	4235	-	POL3	Record or Recall	64.8	12-23 m	5708	56
						POL3	Record or Recall<12m	62.8	12-23 m	5708	56

## 2014 Afghanistan Demographic and Health Survey 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	54.5	12-23 m	3217	56
BCG	Record or Recall	73.7	12-23 m	5708	56
BCG	Record or Recall<12m	73	12-23 m	5708	56
DTP1	Record	54.7	12-23 m	3217	56
DTP1	Record or Recall	73	12-23 m	5708	56
DTP1	Record or Recall<12m	71.2	12-23 m	5708	56

## 2013 Afghanistan Demographic and Health Survey 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	64	24-35 m	6598	-
DTP1	Record or Recall<12m	60.9	24-35 m	6598	-
DTP3	Record or Recall<12m	43.8	24-35 m	6598	-
HEPB1	Record or Recall<12m	60.9	24-35 m	6598	-
HEPB3	Record or Recall<12m	43.8	24-35 m	6598	-

# Afghanistan - Survey Details

HIB1	Record or Recall<12m	60.9	24-35 m	6598	-
HIB3	Record or Recall<12m	43.8	24-35 m	6598	-
MCV1	Record or Recall<12m	45.1	24-35 m	6598	-
POL1	Record or Recall<12m	77.2	24-35 m	6598	-
POL3	Record or Recall<12m	56.5	24-35 m	6598	-

## 2012 Afghanistan National EPI Coverage Survey, 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	14	12-23 m	-	66
BCG	Record	63.9	12-23 m	-	66
BCG	Record or Recall	77.9	12-23 m	6125	66
BCG	Record<12m	62.4	12-23 m	6125	66
DTP1	Recall	14.5	12-23 m	-	66
DTP1	Record	63.1	12-23 m	-	66
DTP1	Record or Recall	77.6	12-23 m	6125	66
DTP1	Record<12m	77.6	12-23 m	6125	66
DTP3	Recall	6.2	12-23 m	-	66
DTP3	Record	53.5	12-23 m	-	66
DTP3	Record or Recall	59.7	12-23 m	6125	66
DTP3	Record<12m	50.7	12-23 m	6125	66
HEPB1	Recall	14.5	12-23 m	-	66
HEPB1	Record	63.1	12-23 m	-	66
HEPB1	Record or Recall	77.6	12-23 m	6125	66
HEPB1	Record<12m	77.6	12-23 m	6125	66
HEPB3	Recall	6.2	12-23 m	-	66
HEPB3	Record	53.5	12-23 m	-	66
HEPB3	Record or Recall	59.7	12-23 m	6125	66
HEPB3	Record<12m	50.7	12-23 m	6125	66
HIB1	Recall	14.5	12-23 m	-	66
HIB1	Record	63.1	12-23 m	-	66
HIB1	Record or Recall	77.6	12-23 m	6125	66
HIB1	Record<12m	77.6	12-23 m	6125	66
HIB3	Recall	6.2	12-23 m	-	66
HIB3	Record	53.5	12-23 m	-	66
HIB3	Record or Recall	59.7	12-23 m	6125	66
HIB3	Record<12m	50.7	12-23 m	6125	66
MCV1	Recall	9.2	12-23 m	-	66
MCV1	Record	49.6	12-23 m	-	66

MCV1	Record or Recall	58.8	12-23 m	6125	66
MCV1	Record<12m	39.2	12-23 m	6125	66
POL1	Recall	14.5	12-23 m	-	66
POL1	Record	63.1	12-23 m	-	66
POL1	Record or Recall	77.6	12-23 m	6125	66
POL1	Record<12m	60.6	12-23 m	6125	66
POL3	Recall	9.8	12-23 m	-	66
POL3	Record	53.7	12-23 m	-	66
POL3	Record or Recall	63.5	12-23 m	6125	66
POL3	Record<12m	49.3	12-23 m	6125	66

## 2010 Afghanistan Multiple Indicator Cluster Survey 2010-2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	33.1	12-23 m	2497	31
BCG	Record	31	12-23 m	2497	31
BCG	Record or Recall	64.2	12-23 m	2497	31
BCG	Record or Recall<12m	61.3	12-23 m	2497	31
DTP1	Recall	25.6	12-23 m	2497	31
DTP1	Record	31.8	12-23 m	2497	31
DTP1	Record or Recall	57.5	12-23 m	2497	31
DTP1	Record or Recall<12m	53.2	12-23 m	2497	31
DTP3	Recall	8.7	12-23 m	2497	31
DTP3	Record	31.5	12-23 m	2497	31
DTP3	Record or Recall	40.2	12-23 m	2497	31
DTP3	Record or Recall<12m	35	12-23 m	2497	31
MCV1	Recall	25.6	12-23 m	2497	31
MCV1	Record	29.9	12-23 m	2497	31
MCV1	Record or Recall	55.5	12-23 m	2497	31
MCV1	Record or Recall<12m	43.8	12-23 m	2497	31
POL1	Recall	41.1	12-23 m	2497	31
POL1	Record	30.4	12-23 m	2497	31
POL1	Record or Recall	71.4	12-23 m	2497	31
POL1	Record or Recall<12m	66.1	12-23 m	2497	31
POL3	Recall	17.8	12-23 m	2497	31
POL3	Record	30.3	12-23 m	2497	31
POL3	Record or Recall	48	12-23 m	2497	31
POL3	Record or Recall<12m	41.8	12-23 m	2497	31

2007 National Risk and Vulnerability Assessment 2007/8: A profile of Afghanistan

MCV1	Record or Recall	57	12-23 m	223	-
POL1	Record or Recall	87.9	12-23 m	223	-
POL3	Record or Recall	57.8	12-23 m	223	-

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	73.9	12-23 m	4520	34
DTP1	Record or Recall	63	12-23 m	4520	34
DTP3	Record or Recall	43.3	12-23 m	4520	34
MCV1	Record or Recall	55.9	12-23 m	4520	34
POL3	Record or Recall	70.9	12-23 m	4520	34

2005 Afghanistan Health Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	70.2	12-23 m	1665	17
DTP1	Record or Recall	60.4	12-23 m	1665	17
DTP3	Record or Recall	34.6	12-23 m	1665	17
MCV1	Record or Recall	62.6	12-23 m	1665	17
POL3	Record or Recall	69.7	12-23 m	1665	17

1999 Afghanistan Multiple Indicator Cluster Survey, 2000, East of Afghanistan

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	78	12-23 m	223	-
DTP1	Record or Recall	71.3	12-23 m	223	-
DTP3	Record or Recall	45.3	12-23 m	223	-

1998 EPI Coverage Situation in Women and Children of Afghanistan, Report of Post NID's, Routine Coverage and Acceleration Campaign Survey in Afghanistan (1999)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30	12-23 m	1681	48
BCG	Record	40.2	12-23 m	1681	48
BCG	Record or Recall	70.2	12-23 m	1681	48
DTP1	Recall	29.3	12-23 m	1681	48
DTP1	Record	46.5	12-23 m	1681	48
DTP1	Record or Recall	75.8	12-23 m	1681	48
DTP3	Recall	19.9	12-23 m	1681	48
DTP3	Record	27	12-23 m	1681	48
DTP3	Record or Recall	46.9	12-23 m	1681	48
MCV1	Recall	19.9	12-23 m	1681	48
MCV1	Record	37.1	12-23 m	1681	48
MCV1	Record or Recall	57	12-23 m	1681	48
POL1	Recall	29.3	12-23 m	1681	48
POL1	Record	46.5	12-23 m	1681	48
POL1	Record or Recall	75.8	12-23 m	1681	48
POL3	Recall	19.9	12-23 m	1681	48
POL3	Record	27	12-23 m	1681	48
POL3	Record or Recall	46.9	12-23 m	1681	48

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