

**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.

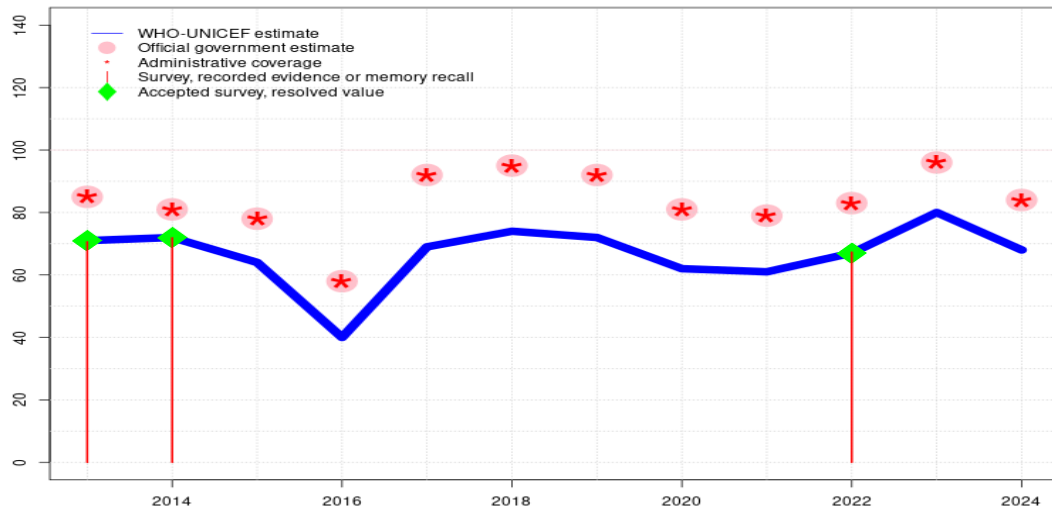
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

**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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# Angola - BCG

AGO - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	71	72	64	40	69	74	72	62	61	67	80	68
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	85	81	78	58	92	95	92	81	79	83	96	84
Administrative	85	81	78	58	92	95	92	81	79	83	96	84
Survey	71	72	-	-	-	-	-	-	-	67	-	-

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 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 80 percent changed from previous revision value of 73 percent. Estimate challenged by: R-S-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 67 percent based on 1 survey(s). Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 67 percent changed from previous revision value of 60 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2017 and 2022 levels. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 61 percent changed from previous revision value of 56 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2017 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 62 percent changed from previous revision value of 58 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2017 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 72 percent changed from previous revision value of 69 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2017 and 2022 levels. Estimate of 74 percent changed from previous revision value of 72 percent. Estimate challenged by: R-
- 2017: Estimate of 69 percent assigned by working group. Estimate informed by estimated coverage during 2015 prior to the stockout. Although reported coverage for 2017 suggests recovery from the vaccine supply disruption, the reported coverage level is greater than that observed in 2015 by a magnitude that requires independent verification. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports BCG stockout. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Reported data calibrated to 2014 and 2017 levels. Programme reports one month national stockout due to financial short-falls. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2014: Estimate of 72 percent assigned by working group. Estimate based on survey for consistency with other antigens. Decline in reported administrative coverage due in part

# Angola - BCG

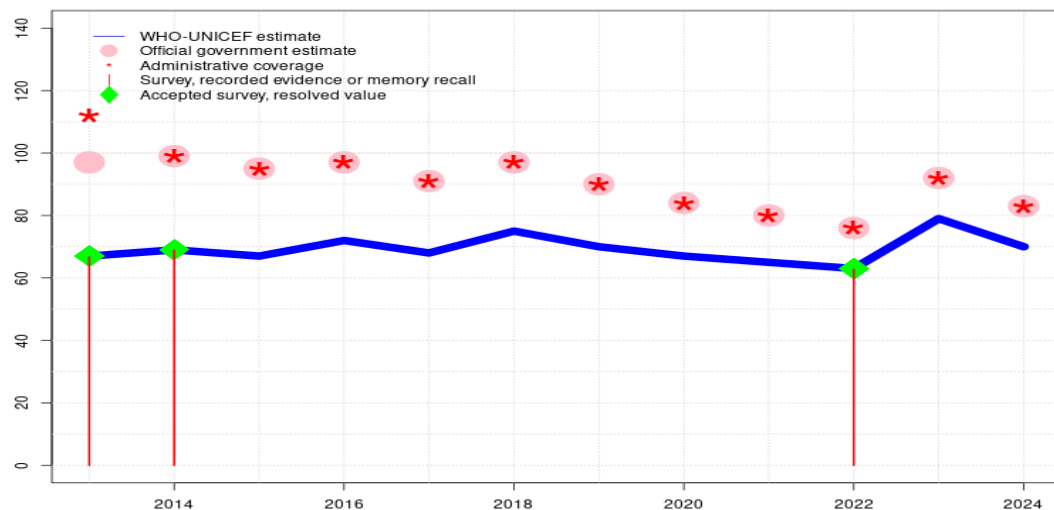
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to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 71 percent based on 1 survey(s). Reported data excluded. Programme reports a one month vaccine stockout at national level. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

# Angola - DTP1

AGO - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	67	69	67	72	68	75	70	67	65	63	79	70
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	97	99	95	97	91	97	90	84	80	76	92	83
Administrative	112	99	95	97	91	97	90	84	80	76	92	83
Survey	67	69	-	-	-	-	-	-	-	63	-	-

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 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 79 percent changed from previous revision value of 69 percent. Estimate challenged by: R-S-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 63 percent based on 1 survey(s). Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 63 percent changed from previous revision value of 53 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2014 and 2022 levels. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 65 percent changed from previous revision value of 57 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 67 percent changed from previous revision value of 61 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 70 percent changed from previous revision value of 67 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate of 75 percent changed from previous revision value of 74 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate of 72 percent changed from previous revision value of 74 percent. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2022 levels. Programme reports one month national stockout due to financial short-falls. Estimate of 67 percent changed from previous revision value of 72 percent. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 69 percent based on 1 survey(s). Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services.

# Angola - DTP1

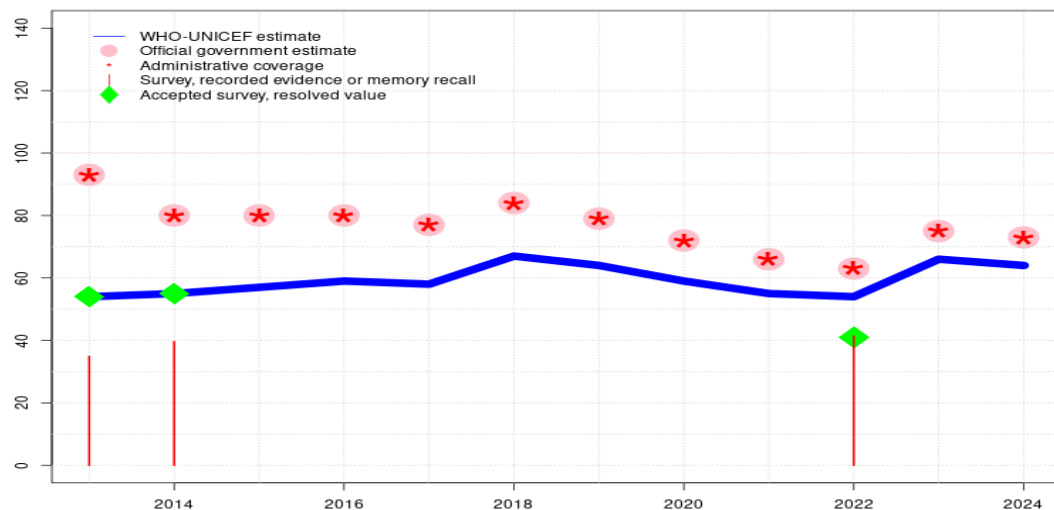
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Estimate challenged by: D-R-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 67 percent based on 1 survey(s). Reported data excluded. Estimate challenged by: D-R-

# Angola - DTP3

AGO - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	54	55	57	59	58	67	64	59	55	54	66	64
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	80	80	80	77	84	79	72	66	63	75	73
Administrative	93	80	80	80	77	84	79	72	66	63	75	73
Survey	35	40	-	-	-	-	-	-	-	41	-	-

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 2022 levels. Estimate challenged by: R-S-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 66 percent changed from previous revision value of 54 percent. Estimate challenged by: R-S-
- 2022: Estimate of 54 percent assigned by working group. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate corrected for recall bias based on the difference between DTP1 and DTP3 in admin data applied to survey results by card or recall. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 54 percent changed from previous revision value of 42 percent. Estimate challenged by: R-S-
- 2021: Reported data calibrated to 2014 and 2022 levels. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 55 percent changed from previous revision value of 45 percent. Estimate challenged by: R-S-
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 59 percent changed from previous revision value of 51 percent. Estimate challenged by: R-S-
- 2019: Reported data calibrated to 2014 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 64 percent changed from previous revision value of 57 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate of 67 percent changed from previous revision value of 63 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate of 58 percent changed from previous revision value of 56 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2022 levels. Programme reports one month national stockout due to financial short-falls. Estimate of 57 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 40 percent modified for recall bias to 55 percent based

# Angola - DTP3

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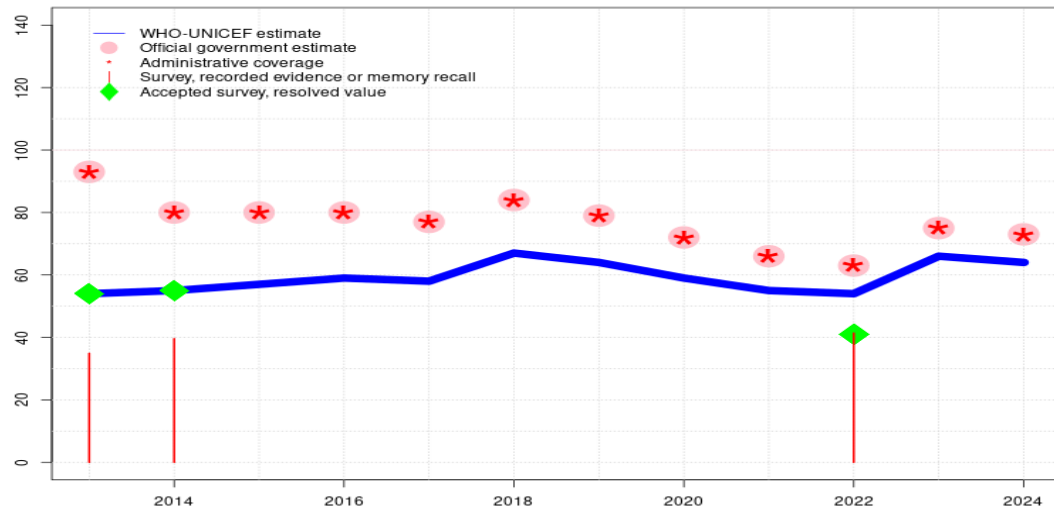
on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 34 percent. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 54 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 35 percent modified for recall bias to 54 percent based on 1st dose record or recall coverage of 67 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 26 percent. Reported data excluded. Estimate challenged by: D-R-



# Angola - HEPB3

AGO - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	54	55	57	59	58	67	64	59	55	54	66	64
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	80	80	80	77	84	79	72	66	63	75	73
Administrative	93	80	80	80	77	84	79	72	66	63	75	73
Survey	35	40	-	-	-	-	-	-	-	41	-	-

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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.
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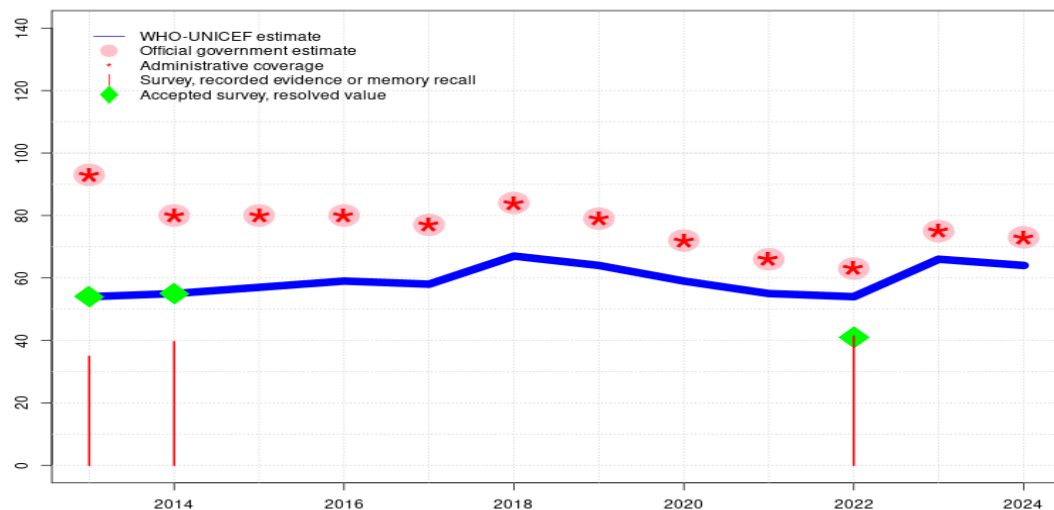
- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-S-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 66 percent changed from previous revision value of 54 percent. Estimate challenged by: R-S-
- 2022: Estimate of 54 percent assigned by working group. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate corrected for recall bias based on the difference between DTP1 and DTP3 in admin data applied to survey results by card or recall. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 54 percent changed from previous revision value of 42 percent. Estimate challenged by: R-S-
- 2021: Reported data calibrated to 2014 and 2022 levels. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 55 percent changed from previous revision value of 45 percent. Estimate challenged by: R-S-
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 59 percent changed from previous revision value of 51 percent. Estimate challenged by: R-S-
- 2019: Reported data calibrated to 2014 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 64 percent changed from previous revision value of 57 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate of 67 percent changed from previous revision value of 63 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate of 58 percent changed from previous revision value of 56 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2022 levels. Programme reports one month national stockout due to financial short-falls. Estimate of 57 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 40 percent modified for recall bias to 55 percent based

on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 34 percent. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 54 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 35 percent modified for recall bias to 54 percent based on 1st dose record or recall coverage of 67 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 26 percent. Reported data excluded. Estimate challenged by: D-R-

# Angola - HIB3

AGO - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	54	55	57	59	58	67	64	59	55	54	66	64
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	80	80	80	77	84	79	72	66	63	75	73
Administrative	93	80	80	80	77	84	79	72	66	63	75	73
Survey	35	40	-	-	-	-	-	-	-	41	-	-

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- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 59 percent changed from previous revision value of 51 percent. Estimate challenged by: R-S-
- 2019: Reported data calibrated to 2014 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 64 percent changed from previous revision value of 57 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate of 67 percent changed from previous revision value of 63 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate of 58 percent changed from previous revision value of 56 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2022 levels. Programme reports one month national stockout due to financial short-falls. Estimate of 57 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 40 percent modified for recall bias to 55 percent based

# Angola - HIB3

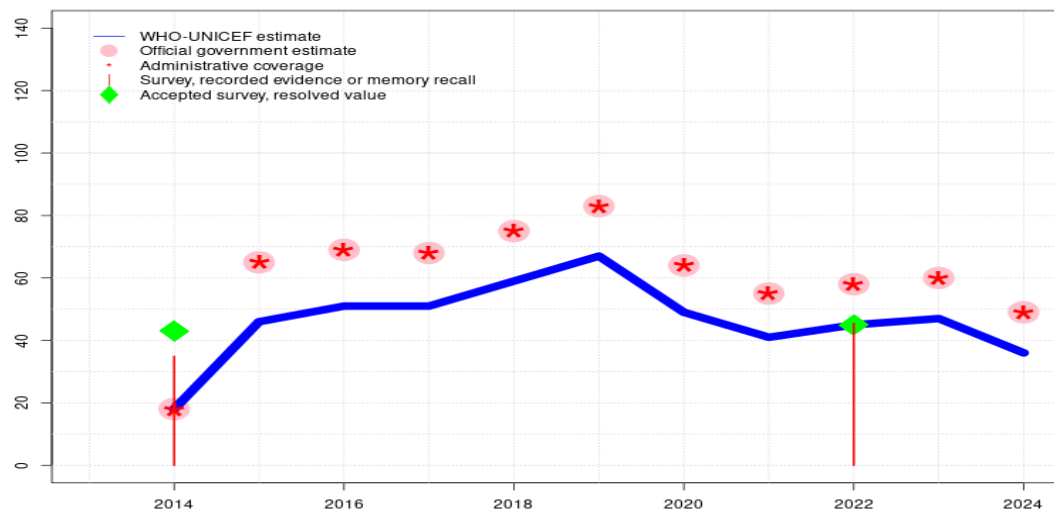
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on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 34 percent. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 54 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 35 percent modified for recall bias to 54 percent based on 1st dose record or recall coverage of 67 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 26 percent. Reported data excluded. Estimate challenged by: D-R-

# Angola - ROTAC

AGO - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	18	46	51	51	59	67	49	41	45	47	36
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	18	65	69	68	75	83	64	55	58	60	49
Administrative	-	18	65	69	68	75	83	64	55	58	60	49
Survey	-	35	-	-	-	-	-	-	-	45	-	-

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 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 47 percent changed from previous revision value of 43 percent. Estimate challenged by: R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 45 percent based on 1 survey(s). Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 45 percent changed from previous revision value of 37 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 and 2022 levels. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 41 percent changed from previous revision value of 34 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 49 percent changed from previous revision value of 43 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 67 percent changed from previous revision value of 58 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2022 levels. Estimate of 59 percent changed from previous revision value of 48 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2022 levels. Estimate of 51 percent changed from previous revision value of 43 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 and 2022 levels. Programme reports two months national level vaccine stockout. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate of 51 percent changed from previous revision value of 44 percent. Estimate challenged by: R-
- 2015: Estimate of 46 percent assigned by working group. Estimate based on ratio of estimated and reported DTP3 applied to reported data for RotaC. Estimate of 46 percent changed from previous revision value of 40 percent. Estimate challenged by: D-R-
- 2014: Rotavirus vaccine introduced in April 2014. Estimate exceptionally informed by reported data during introduction year. Survey result may reflect children reached beyond infancy during introduction. Angola Demographic and Health Survey 2015-2016 record or recall results of 35 percent modified for recall bias to 43 percent based on 1st dose record or recall coverage of 53 percent, 1st dose record only coverage of 31 percent and 3rd dose

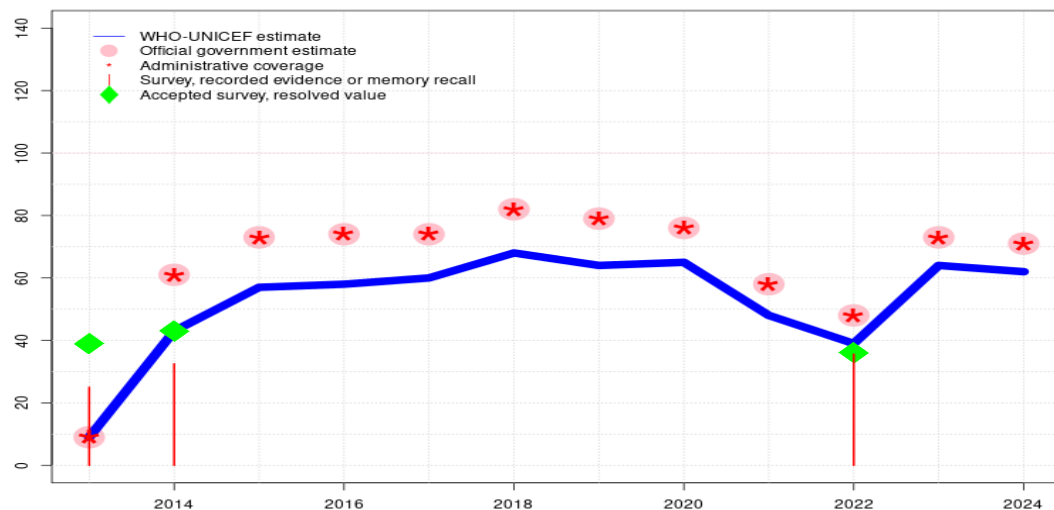
# Angola - ROTAC

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record only coverage of 25 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

# Angola - PCV3

AGO - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	9	43	57	58	60	68	64	65	48	39	64	62
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	9	61	73	74	74	82	79	76	58	48	73	71
Administrative	9	61	73	74	74	82	79	76	58	48	73	71
Survey	25	33	-	-	-	-	-	-	-	36	-	-

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 2022 levels. Estimate challenged by: R-S-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 64 percent changed from previous revision value of 49 percent. Estimate challenged by: R-S-
- 2022: Estimate of 39 percent assigned by working group. PCV3 coverage estimate is based on the difference between admin data for DTP3 and PCV3 applied to estimated DTP3 coverage. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 39 percent changed from previous revision value of 24 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2014 and 2022 levels. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 48 percent changed from previous revision value of 34 percent. Estimate challenged by: R-S-
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 65 percent changed from previous revision value of 53 percent. Estimate challenged by: R-S-
- 2019: PCV3 coverage estimate is based on the estimated DTP3 coverage. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 64 percent changed from previous revision value of 53 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate of 68 percent changed from previous revision value of 59 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate of 60 percent changed from previous revision value of 52 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2022 levels. Programme reports PCV stockout for 0.5 month. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate of 58 percent changed from previous revision value of 55 percent. Estimate challenged by: R-S-
- 2015: Reported data calibrated to 2014 and 2022 levels. Estimate of 57 percent changed from previous revision value of 55 percent. Estimate challenged by: D-R-S-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 43 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 33 percent modified for recall bias to 43 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage

# Angola - PCV3

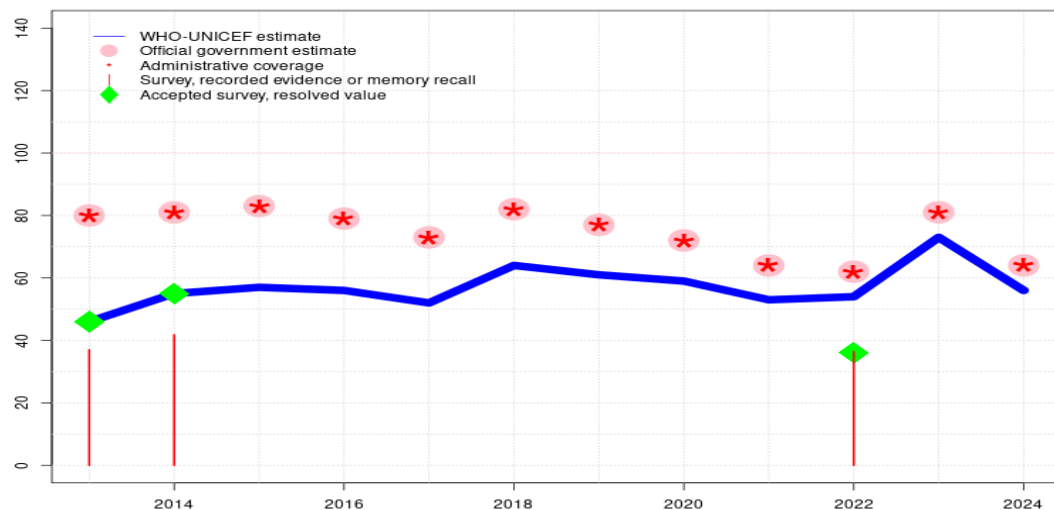
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of 40 percent and 3rd dose record only coverage of 28 percent. Estimate of 43 percent changed from previous revision value of 45 percent. Estimate challenged by: D-R-  
2013: Pneumococcal conjugate vaccine introduced in June 2013. Estimate exceptionally informed by reported data during introduction year. Survey result may reflect children reached beyond infancy during introduction. Angola Demographic and Health Survey 2015-2016 record or recall results of 25 percent modified for recall bias to 39 percent based on 1st dose record or recall coverage of 55 percent, 1st dose record only coverage of 27 percent and 3rd dose record only coverage of 19 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.



# Angola - POL3

AGO - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	46	55	57	56	52	64	61	59	53	54	73	56
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	80	81	83	79	73	82	77	72	64	62	81	64
Administrative	80	81	83	79	73	82	77	72	64	62	81	64
Survey	37	42	-	-	-	-	-	-	-	36	-	-

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 2022 levels. Estimate challenged by: R-S-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 73 percent changed from previous revision value of 60 percent. Estimate challenged by: R-S-
- 2022: Estimate of 54 percent assigned by working group. Pol3 coverage estimate is based on the estimated DTP3 coverage. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 54 percent changed from previous revision value of 41 percent. Estimate challenged by: R-S-
- 2021: Reported data calibrated to 2015 and 2022 levels. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 53 percent changed from previous revision value of 43 percent. Estimate challenged by: R-S-
- 2020: Reported data calibrated to 2015 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 59 percent changed from previous revision value of 51 percent. Estimate challenged by: R-S-
- 2019: Reported data calibrated to 2015 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 61 percent changed from previous revision value of 56 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2022 levels. Estimate of 64 percent changed from previous revision value of 61 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate of 56 percent changed from previous revision value of 58 percent. Estimate challenged by: R-
- 2015: Estimate of 57 percent assigned by working group. Estimate informed by the ratio of reported and estimated DTP3 coverage applied to reported POL3 coverage. Estimate of 57 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-S-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 42 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 68 percent, 1st dose record only coverage

# Angola - POL3

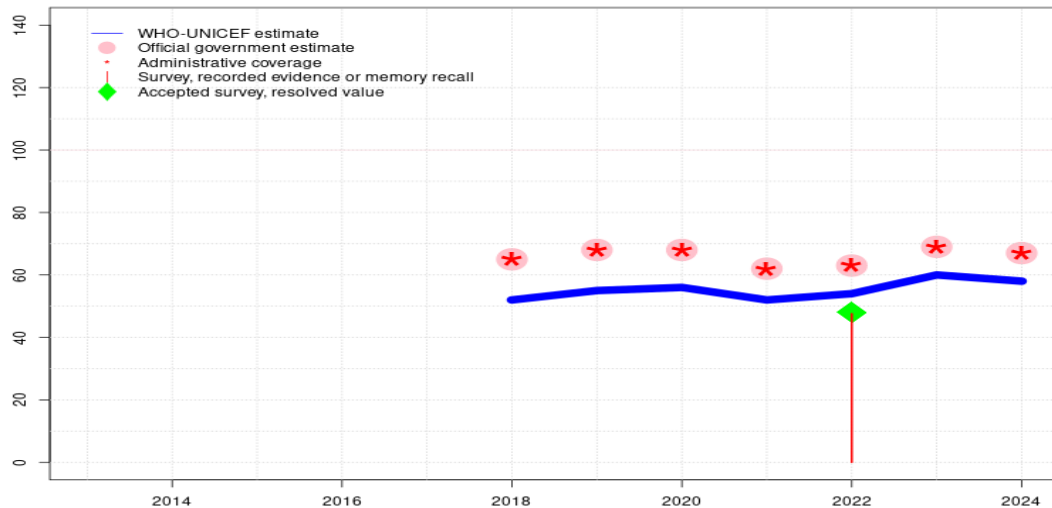
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of 43 percent and 3rd dose record only coverage of 35 percent. Estimate challenged by:  
D-R-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 46 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 37 percent modified for recall bias to 46 percent based on 1st dose record or recall coverage of 61 percent, 1st dose record only coverage of 33 percent and 3rd dose record only coverage of 25 percent. Reported data excluded. Programme reports a two months stockout at national level. Estimate of 46 percent changed from previous revision value of 48 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

# Angola - IPV1

AGO - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	52	55	56	52	54	60	58
Estimate GoC	-	-	-	-	-	•	•	•	•	•	•	•
Official	-	-	-	-	-	65	68	68	62	63	69	67
Administrative	-	-	-	-	-	65	68	68	62	63	69	67
Survey	-	-	-	-	-	-	-	-	-	48	-	-

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.

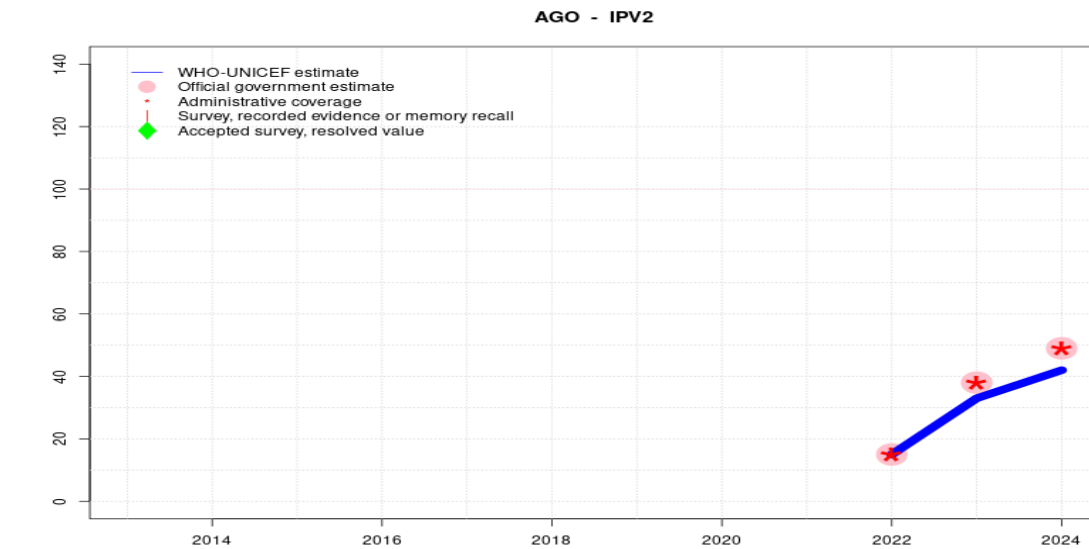
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 60 percent changed from previous revision value of 44 percent. Estimate challenged by: R-S-
- 2022: Estimate of 54 percent assigned by working group. IPV1 coverage estimate is based on the estimated DTP3 coverage. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 54 percent changed from previous revision value of 38 percent. Estimate challenged by: R-
- 2021: IPV1 coverage estimate is based on the difference in reported admin coverage between DTP3 and IPV1 applied to the estimated DTP3 coverage Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 52 percent changed from previous revision value of 37 percent. Estimate challenged by: R-
- 2020: IPV1 coverage estimate is based on the difference in reported admin coverage between DTP3 and IPV1 applied to the estimated DTP3 coverage Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 56 percent changed from previous revision value of 43 percent. Estimate challenged by: R-
- 2019: IPV1 coverage estimate is based on the difference in reported admin coverage between DTP3 and IPV1 applied to the estimated DTP3 coverage Programme reports one month vaccine stockout at national and district levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 55 percent changed from previous revision value of 43 percent. Estimate challenged by: R-
- 2018: Programme reports one month vaccine stockout at national level. Vaccine introduced in December 2017 with reporting started in 2018. Estimate based on relationship between estimated and reported DTP3. Estimate of 52 percent changed from previous revision value of 40 percent. GoC=Assigned by working group. Consistency with other antigens.

# Angola - IPV2



## Description:

- 2024: Estimate based on ratio of estimated and reported IPV1 applied to reported data for IPV2. Estimate challenged by: R-
- 2023: Estimate based on ratio of estimated and reported IPV1 applied to reported data for IPV2. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 33 percent changed from previous revision value of 24 percent. Estimate challenged by: R-
- 2022: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced in 2022. Estimate is exceptionally informed by reported coverage during introduction. Programme reports vaccine supply disruptions for all antigens at subnational levels. GoC=Assigned by working group. Consistency with other antigens.

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	15	33	42
Estimate GoC	-	-	-	-	-	-	-	-	-	●	●	●
Official	-	-	-	-	-	-	-	-	-	15	38	49
Administrative	-	-	-	-	-	-	-	-	-	15	38	49
Survey	-	-	-	-	-	-	-	-	-	-	-	-

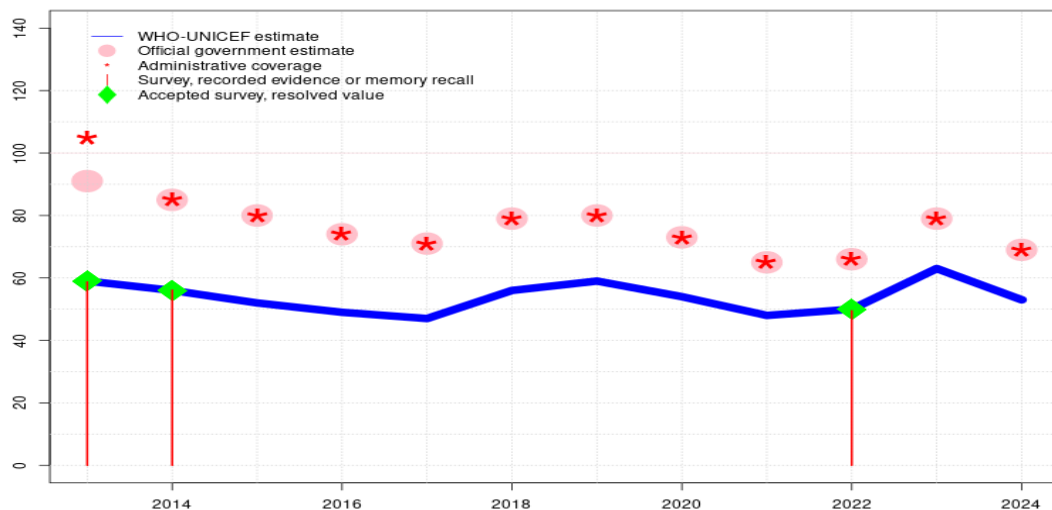
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Angola - MCV1

AGO - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	59	56	52	49	47	56	59	54	48	50	63	53
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	91	85	80	74	71	79	80	73	65	66	79	69
Administrative	105	85	80	74	71	79	80	73	65	66	79	69
Survey	59	56	-	-	-	-	-	-	-	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 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 63 percent changed from previous revision value of 50 percent. Estimate challenged by: R-S-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 50 percent based on 1 survey(s). Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 50 percent changed from previous revision value of 37 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2014 and 2022 levels. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 48 percent changed from previous revision value of 36 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 54 percent changed from previous revision value of 44 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 59 percent changed from previous revision value of 51 percent. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate of 56 percent changed from previous revision value of 50 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate of 47 percent changed from previous revision value of 42 percent. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate of 49 percent changed from previous revision value of 45 percent. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2022 levels. Estimate of 52 percent changed from previous revision value of 51 percent. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 56 percent based on 1 survey(s). Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services.

# Angola - MCV1

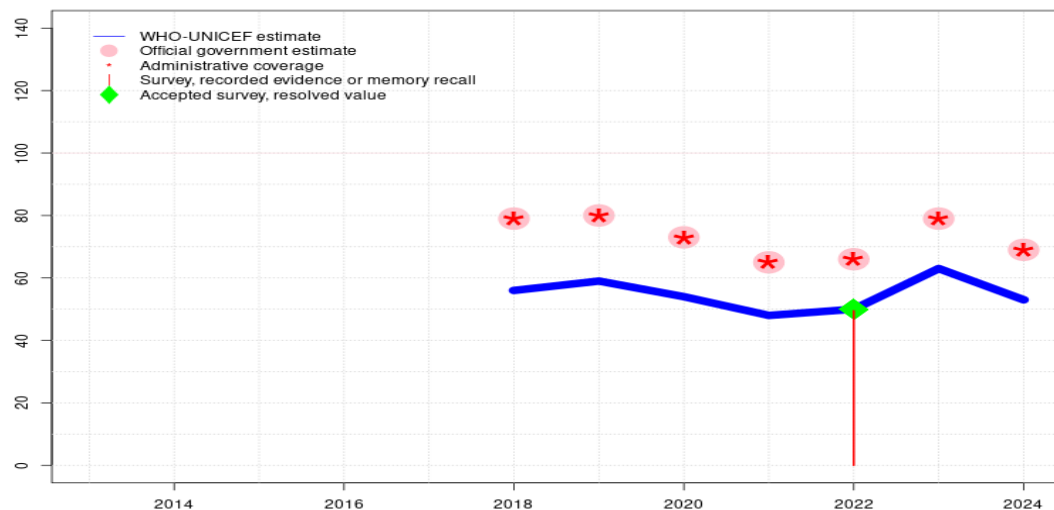
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Estimate challenged by: D-R-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 59 percent based on 1 survey(s). Reported data excluded. Programme reports a one month stockout at national level. Estimate challenged by: D-R-

# Angola - RCV1

AGO - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	56	59	54	48	50	63	53
Estimate GoC	-	-	-	-	-	•	•	•	•	•	•	•
Official	-	-	-	-	-	79	80	73	65	66	79	69
Administrative	-	-	-	-	-	79	80	73	65	66	79	69
Survey	-	-	-	-	-	-	-	-	-	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.

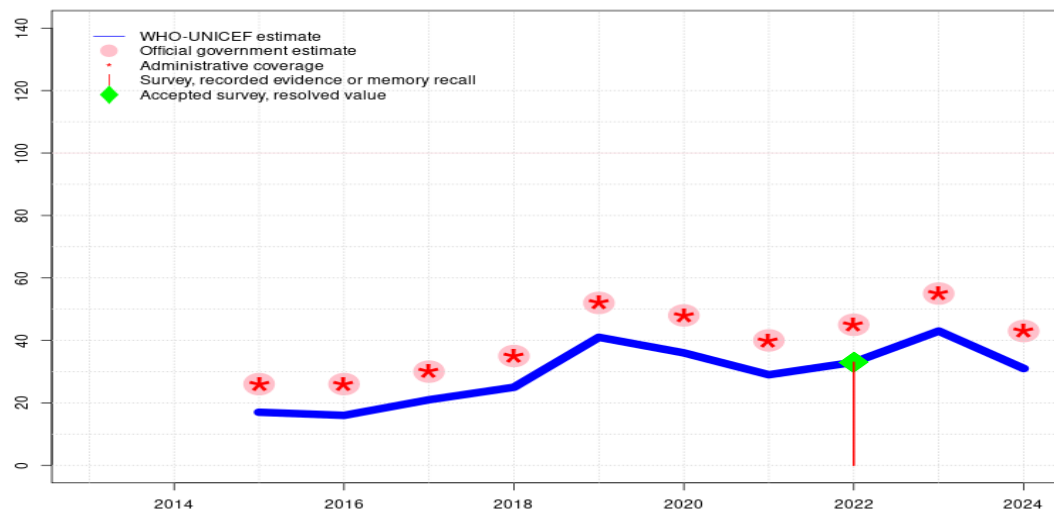
## Description:

- 2024: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2023: Estimate based on estimated MCV1. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 63 percent changed from previous revision value of 50 percent. Estimate challenged by: R-S-
- 2022: Estimate based on estimated MCV1. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 50 percent changed from previous revision value of 37 percent. Estimate challenged by: R-
- 2021: Estimate based on estimated MCV1. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 48 percent changed from previous revision value of 36 percent. Estimate challenged by: R-
- 2020: Estimate based on estimated MCV1. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 54 percent changed from previous revision value of 44 percent. Estimate challenged by: R-
- 2019: Estimate based on estimated MCV1. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 59 percent changed from previous revision value of 51 percent. Estimate challenged by: D-R-
- 2018: Estimate based on estimated MCV1. Rubella containing vaccine introduced in 2018 as MR combination. Estimate of 56 percent changed from previous revision value of 50 percent. Estimate challenged by: D-R-



# Angola - MCV2

AGO - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	17	16	21	25	41	36	29	33	43	31
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	26	26	30	35	52	48	40	45	55	43
Administrative	-	-	26	26	30	35	52	48	40	45	55	43
Survey	-	-	-	-	-	-	-	-	-	33	-	-

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.

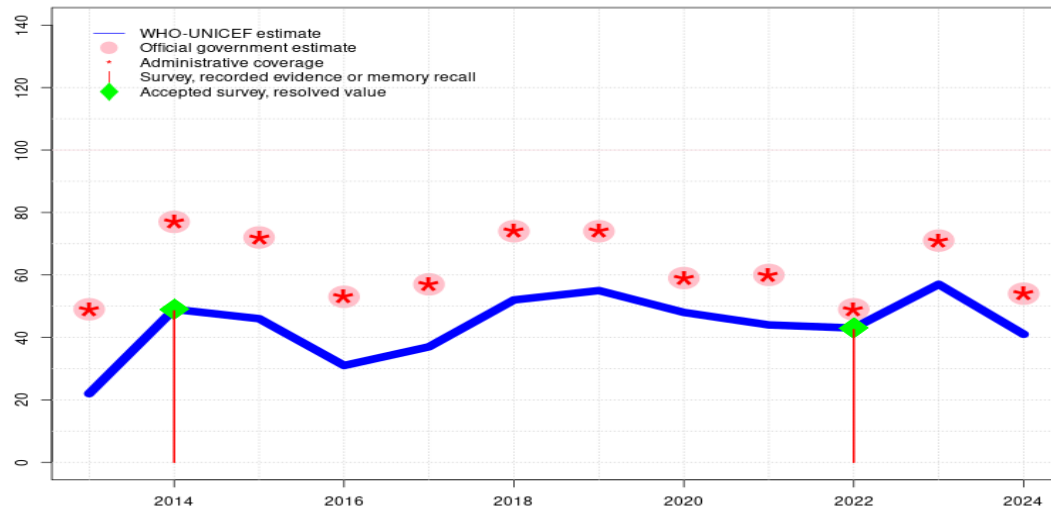
## Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 43 percent changed from previous revision value of 35 percent. Estimate challenged by: R-
- 2022: Estimate of 33 percent assigned by working group. Estimate informed by the ratio of reported MCV2:MCV1 doses applied to the estimated MCV1 coverage level consistent with prior year. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 33 percent changed from previous revision value of 25 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 and 2022 levels. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 29 percent changed from previous revision value of 22 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 36 percent changed from previous revision value of 29 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 41 percent changed from previous revision value of 33 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2022 levels. Estimate of 25 percent changed from previous revision value of 23 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2022 levels. Estimate of 21 percent changed from previous revision value of 18 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate challenged by: R-
- 2015: Estimate of 17 percent assigned by working group. Estimate informed by the ratio of reported MCV2:MCV1 doses applied to the estimated MCV1 coverage level during the introduction period of the 2nd dose of measles vaccine and evidence that the administrative recording system may overestimate coverage. Second dose of measles containing vaccine introduced in 2014. Reporting started in 2015. Estimate of 17 percent changed from previous revision value of 16 percent. Estimate challenged by: R-



# Angola - YFV

AGO - YFV



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	22	49	46	31	37	52	55	48	44	43	57	41
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	49	77	72	53	57	74	74	59	60	49	71	54
Administrative	49	77	72	53	57	74	74	59	60	49	71	54
Survey	-	49	-	-	-	-	-	-	-	43	-	-

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: YFV coverage estimate is based on the difference in reported admin coverage between MCV1 and YFV applied to the estimated MCV1 coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2023: YFV coverage estimate is based on the difference in reported admin coverage between MCV1 and YFV applied to the estimated MCV1 coverage. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 57 percent changed from previous revision value of 42 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2022: Estimate of 43 percent assigned by working group. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 43 percent changed from previous revision value of 20 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2021: YFV coverage estimate is based on the difference in reported admin coverage between MCV1 and YFV applied to the estimated MCV1 coverage. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 44 percent changed from previous revision value of 31 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 48 percent changed from previous revision value of 30 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2019: YFV coverage estimate is based on the difference in reported admin coverage between MCV1 and YFV applied to the estimated MCV1 coverage. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 55 percent changed from previous revision value of 45 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2018: YFV coverage estimate is based on the difference in reported admin coverage between MCV1 and YFV applied to the estimated MCV1 coverage. Estimate of 52 percent changed from previous revision value of 45 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate of 37 percent changed from previous revision value of 28 percent. GoC=Assigned by working group. GoC assigned to maintain

# Angola - YFV

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- consistency across vaccines.
- 2016: Reported data calibrated to 2014 and 2022 levels. Programme reports Yellow Fever vaccine stockout for 12 months in 2016. Estimates exceptionally based on reported data for the time period shown in the graph. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate of 31 percent changed from previous revision value of 24 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Reported data calibrated to 2014 and 2022 levels. Estimate of 46 percent changed from previous revision value of 43 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 49 percent based on 1 survey(s). Recovery from 2013 stockout. Estimate of 49 percent changed from previous revision value of 48 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Reported data calibrated to 2007 and 2014 levels. Decline in coverage due in part to a national stockout of three months. Estimate of 22 percent changed from previous revision value of 21 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

# Angola - 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.

## 2022 Angola Inquerito de Indicadores Multiplos e de Saude (Relatorio de Indicadores Basicos) 2023-2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	67.3	12-23 m	1847	32
DTP1	Record or Recall	62.8	12-23 m	1847	32
DTP3	Record or Recall	41.4	12-23 m	1847	32
HEPB1	Record or Recall	62.8	12-23 m	1847	32
HEPB3	Record or Recall	41.4	12-23 m	1847	32
HIB1	Record or Recall	62.8	12-23 m	1847	32
HIB3	Record or Recall	41.4	12-23 m	1847	32
IPV1	Record or Recall	47.6	12-23 m	1847	32
MCV1	Record or Recall	49.5	12-23 m	1847	32
MCV2	Record or Recall	33	24-35 m	1906	45
PCV1	Record or Recall	60	12-23 m	1847	32
PCV3	Record or Recall	35.6	12-23 m	1847	32
POL1	Record or Recall	64.2	12-23 m	1847	32
POL3	Record or Recall	36.4	12-23 m	1847	32
RCV1	Record or Recall	49.5	12-23 m	1847	32
ROTAC	Record or Recall	45.4	12-23 m	1847	32
YFV	Record or Recall	42.5	12-23 m	1847	32

## 2014 Angola Demographic and Health Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	29.9	12-23 m	1366	47
BCG	Record	42.1	12-23 m	1228	47
BCG	Record or Recall	71.9	12-23 m	2595	47
BCG	Record or Recall<12m	70.4	12-23 m	2595	47
DTP1	Recall	25.9	12-23 m	1366	47
DTP1	Record	42.9	12-23 m	1228	47
DTP1	Record or Recall	68.8	12-23 m	2595	47
DTP1	Record or Recall<12m	67.1	12-23 m	2595	47
DTP3	Recall	5.8	12-23 m	1366	47
DTP3	Record	33.8	12-23 m	1228	47
DTP3	Record or Recall	39.6	12-23 m	2595	47
DTP3	Record or Recall<12m	38.1	12-23 m	2595	47
HEPB1	Recall	25.9	12-23 m	1366	47
HEPB1	Record	42.9	12-23 m	1228	47
HEPB1	Record or Recall	68.8	12-23 m	2595	47
HEPB1	Record or Recall<12m	67.1	12-23 m	2595	47
HEPB3	Recall	5.8	12-23 m	1366	47
HEPB3	Record	33.8	12-23 m	1228	47
HEPB3	Record or Recall	39.6	12-23 m	2595	47
HEPB3	Record or Recall<12m	38.1	12-23 m	2595	47
HIB1	Recall	25.9	12-23 m	1366	47
HIB1	Record	42.9	12-23 m	1228	47
HIB1	Record or Recall	68.8	12-23 m	2595	47
HIB1	Record or Recall<12m	67.1	12-23 m	2595	47
HIB3	Recall	5.8	12-23 m	1366	47
HIB3	Record	33.8	12-23 m	1228	47
HIB3	Record or Recall	39.6	12-23 m	2595	47
HIB3	Record or Recall<12m	38.1	12-23 m	2595	47
MCV1	Recall	24.2	12-23 m	1366	47
MCV1	Record	31.9	12-23 m	1228	47
MCV1	Record or Recall	56.1	12-23 m	2595	47
MCV1	Record or Recall<12m	51.2	12-23 m	2595	47
PCV1	Recall	22.2	12-23 m	1366	47
PCV1	Record	39.8	12-23 m	1228	47
PCV1	Record or Recall	62	12-23 m	2595	47
PCV1	Record or Recall<12m	60.6	12-23 m	2595	47
PCV3	Recall	4.3	12-23 m	1366	47

# Angola - Survey Details

PCV3	Record	28.2	12-23 m	1228	47
PCV3	Record or Recall	32.5	12-23 m	2595	47
PCV3	Record or Recall<12m	31	12-23 m	2595	47
POL1	Recall	24.2	12-23 m	1366	47
POL1	Record	43.4	12-23 m	1228	47
POL1	Record or Recall	67.6	12-23 m	2595	47
POL1	Record or Recall<12m	65.8	12-23 m	2595	47
POL3	Recall	7.2	12-23 m	1366	47
POL3	Record	34.6	12-23 m	1228	47
POL3	Record or Recall	41.8	12-23 m	2595	47
POL3	Record or Recall<12m	39.9	12-23 m	2595	47
ROTAC	Recall	10.1	12-23 m	1366	47
ROTAC	Record	24.8	12-23 m	1228	47
ROTAC	Record or Recall	34.9	12-23 m	2595	47
ROTAC	Record or Recall<12m	34.3	12-23 m	2595	47
YFV	Record or Recall	48.5	12-23 m	2595	47

## 2013 Angola Demographic and Health Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	39.5	24-35 m	1633	-
BCG	Record	31.1	24-35 m	862	-
BCG	Record or Recall	70.6	24-35 m	2495	-
BCG	Record or Recall<12m	65.9	24-35 m	2495	-
DTP1	Recall	34.5	24-35 m	1633	-
DTP1	Record	32.2	24-35 m	862	-
DTP1	Record or Recall	66.7	24-35 m	2495	-
DTP1	Record or Recall<12m	62.1	24-35 m	2495	-
DTP3	Recall	9.3	24-35 m	1633	-
DTP3	Record	25.5	24-35 m	862	-
DTP3	Record or Recall	34.9	24-35 m	2495	-
DTP3	Record or Recall<12m	31.9	24-35 m	2495	-
HEPB1	Recall	34.5	24-35 m	1633	-
HEPB1	Record	32.2	24-35 m	862	-
HEPB1	Record or Recall	66.7	24-35 m	2495	-
HEPB1	Record or Recall<12m	62.1	24-35 m	2495	-
HEPB3	Recall	9.3	24-35 m	1633	-
HEPB3	Record	25.5	24-35 m	862	-
HEPB3	Record or Recall	34.9	24-35 m	2495	-

HEPB3	Record or Recall<12m	31.9	24-35 m	2495	-
HIB1	Recall	34.5	24-35 m	1633	-
HIB1	Record	32.2	24-35 m	862	-
HIB1	Record or Recall	66.7	24-35 m	2495	-
HIB1	Record or Recall<12m	62.1	24-35 m	2495	-
HIB3	Recall	9.3	24-35 m	1633	-
HIB3	Record	25.5	24-35 m	862	-
HIB3	Record or Recall	34.9	24-35 m	2495	-
HIB3	Record or Recall<12m	31.9	24-35 m	2495	-
MCV1	Recall	33.1	24-35 m	1633	-
MCV1	Record	25.6	24-35 m	862	-
MCV1	Record or Recall	58.7	24-35 m	2495	-
MCV1	Record or Recall<12m	49.1	24-35 m	2495	-
PCV1	Recall	28.8	24-35 m	1633	-
PCV1	Record	26.6	24-35 m	862	-
PCV1	Record or Recall	55.4	24-35 m	2495	-
PCV1	Record or Recall<12m	51	24-35 m	2495	-
PCV3	Recall	6.3	24-35 m	1633	-
PCV3	Record	18.7	24-35 m	862	-
PCV3	Record or Recall	25	24-35 m	2495	-
PCV3	Record or Recall<12m	22.5	24-35 m	2495	-
POL1	Recall	28.8	24-35 m	1633	-
POL1	Record	32.5	24-35 m	862	-
POL1	Record or Recall	61.3	24-35 m	2495	-
POL1	Record or Recall<12m	56.7	24-35 m	2495	-
POL3	Recall	11.8	24-35 m	1633	-
POL3	Record	25.2	24-35 m	862	-
POL3	Record or Recall	37	24-35 m	2495	-
POL3	Record or Recall<12m	33.5	24-35 m	2495	-

## 2012 Inquérito de Cobertura Vacinal das Crianças de 12 a 23 meses de Idade, Angola 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	32	12-23 m	3764	33
BCG	Record or Recall	88	12-23 m	3764	33
DTP1	Record	30	12-23 m	3764	33
DTP1	Record or Recall	83	12-23 m	3764	33
DTP3	Record	27	12-23 m	3764	33

# Angola - Survey Details

DTP3	Record or Recall	48	12-23 m	3764	33
HEPB1	Record	30	12-23 m	3764	33
HEPB1	Record or Recall	83	12-23 m	3764	33
HEPB3	Record	27	12-23 m	3764	33
HEPB3	Record or Recall	48	12-23 m	3764	33
HIB1	Record	30	12-23 m	3764	33
HIB1	Record or Recall	83	12-23 m	3764	33
HIB3	Record	27	12-23 m	3764	33
HIB3	Record or Recall	48	12-23 m	3764	33
MCV1	Record	26	12-23 m	3764	33
MCV1	Record or Recall	72	12-23 m	3764	33
POL1	Record	30	12-23 m	3764	33
POL1	Record or Recall	83	12-23 m	3764	33
POL3	Record	27	12-23 m	3764	33
POL3	Record or Recall	42	12-23 m	3764	33
YFV	Record	22	12-23 m	3764	33
YFV	Record or Recall	64	12-23 m	3764	33

## 2007 Angola Inquérito Integrado sobre o Bem-Estar da População (IBEP) 2008-2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	33.3	12-23 m	2132	57
BCG	Record	41.3	12-23 m	2132	57
BCG	Record or Recall	74.6	12-23 m	2132	57
BCG	Record or Recall<12m	29.6	12-23 m	880	57
DTP1	Recall	25.9	12-23 m	2132	57
DTP1	Record	40.6	12-23 m	2132	57
DTP1	Record or Recall	66.5	12-23 m	2132	57
DTP3	Recall	10.5	12-23 m	2132	57
DTP3	Record	27.1	12-23 m	2132	57
DTP3	Record or Recall	37.6	12-23 m	2132	57
DTP3	Record or Recall<12m	35	12-23 m	880	57
HEPB1	Recall	25.9	12-23 m	2132	57
HEPB1	Record	40.6	12-23 m	2132	57
HEPB1	Record or Recall	66.5	12-23 m	2132	57
HEPB3	Recall	10.5	12-23 m	2132	57
HEPB3	Record	27.1	12-23 m	2132	57
HEPB3	Record or Recall	37.6	12-23 m	2132	57

HEPB3	Record or Recall<12m	35	12-23 m	880	57
HIB1	Recall	25.9	12-23 m	2132	57
HIB1	Record	40.6	12-23 m	2132	57
HIB1	Record or Recall	66.5	12-23 m	2132	57
HIB3	Recall	10.5	12-23 m	2132	57
HIB3	Record	27.1	12-23 m	2132	57
HIB3	Record or Recall	37.6	12-23 m	2132	57
HIB3	Record or Recall<12m	35	12-23 m	880	57
MCV1	Recall	26.5	12-23 m	2132	57
MCV1	Record	31.2	12-23 m	2132	57
MCV1	Record or Recall	57.8	12-23 m	2132	57
MCV1	Record or Recall<12m	52.5	12-23 m	880	57
POL1	Recall	52.5	12-23 m	2132	57
POL1	Record	45.5	12-23 m	2132	57
POL1	Record or Recall	98	12-23 m	2132	57
POL3	Recall	29.6	12-23 m	2132	57
POL3	Record	33.1	12-23 m	2132	57
POL3	Record or Recall	62.7	12-23 m	2132	57
YFV	Recall	22.1	12-23 m	2132	57
YFV	Record	28.5	12-23 m	2132	57
YFV	Record or Recall	50.6	12-23 m	2132	57
YFV	Record or Recall<12m	45.4	12-23 m	880	57

## 2000 Angola Multiple Indicator Cluster Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	36.2	12-23 m	1102	34
BCG	Record	32.6	12-23 m	1102	34
BCG	Record or Recall	68.8	12-23 m	1102	34
BCG	Record<12m	63	12-23 m	1102	34
DTP1	Recall	26.7	12-23 m	1102	34
DTP1	Record	29.1	12-23 m	1102	34
DTP1	Record or Recall	55.8	12-23 m	1102	34
DTP1	Record<12m	49.8	12-23 m	1102	34
DTP3	Recall	10.9	12-23 m	1102	34
DTP3	Record	23.1	12-23 m	1102	34
DTP3	Record or Recall	33.9	12-23 m	1102	34
DTP3	Record<12m	27.6	12-23 m	1102	34
MCV1	Recall	28.5	12-23 m	1102	34

MCV1	Record	24.9	12-23 m	1102	34	POL1	Record<12m	73.7	12-23 m	1102	34
MCV1	Record or Recall	53.4	12-23 m	1102	34	POL3	Recall	39.5	12-23 m	1102	34
MCV1	Record<12m	42.4	12-23 m	1102	34	POL3	Record	23.7	12-23 m	1102	34
POL1	Recall	52.3	12-23 m	1102	34	POL3	Record or Recall	63.2	12-23 m	1102	34
POL1	Record	30.1	12-23 m	1102	34	POL3	Record<12m	51.4	12-23 m	1102	34
POL1	Record or Recall	82.4	12-23 m	1102	34						

Further information and estimates for previous years are available at:

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

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