

Bolivia (Plurinational State of): 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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ANTECEDENTES Cada año, la OMS y UNICEF revisan conjuntamente los informes presentados por los Estados Miembros relativos a la cobertura nacional de inmunización, los informes finales de encuestas de cobertura, así como los datos identificados en la literatura gris y publicada. Sobre la base de esos datos, y teniendo debidamente en cuenta los posibles sesgos e información de expertos locales, la OMS y el UNICEF tratan de distinguir entre las situaciones en que los datos empíricos disponibles reflejan con exactitud el desempeño del sistema de inmunización y aquellas en que los datos puedan estar comprometidos y presentar una visión distorsionada de la cobertura.

Las estimaciones de cobertura de la OMS y UNICEF son específicas para cada país; es decir, los datos de cada país se revisan individualmente y, en ausencia de datos, no se toman prestados datos de otros países. Las estimaciones no se basan en ajustes ad hoc de los datos notificados y en algunos casos solo se dispone de datos empíricos de una única fuente, habitualmente los datos de cobertura notificados a nivel nacional. En los casos en que no se dispone de datos para una combinación determinada de país/vacuna/año, se consideran los datos de años anteriores y posteriores y se realiza una interpolación para estimar la cobertura del año(s) faltante(s). En los casos en que se cuenta con diversas fuentes de datos y éstos muestran una gran diferencia, se intenta identificar la estimación más cercana a la realidad teniendo en cuenta los posibles sesgos de los datos disponibles. Para leer la metodología, véase:

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FUENTES DE DATOS

Cobertura ADMINISTRATIVA: Datos reportados por las autoridades nacionales en base a informes administrativos agregados procedentes de proveedores de servicios sanitarios sobre el número de dosis administradas durante un periodo determinado (datos del numerador) y datos sobre la población meta (datos del denominador). La cobertura administrativa puede estar sesgada por inexactitudes en el numerador y/o denominador.

Cobertura OFICIAL: Cobertura comunicada por las autoridades nacionales como la estimación que refleja su evaluación de la cobertura más probable usualmente basada en cualquier combinación de cobertura administrativa, estimaciones basadas en encuestas u otras fuentes de datos o ajustes. La metodología para determinar la cobertura OFICIAL puede variar de un país a otro.

Cobertura de ENCUESTA: Basada en la cobertura estimada a partir de encuestas de hogares para la población de niños de 6-11, 12-23 o 24-35 meses, tras una revisión de los métodos y los resultados de la encuesta. La información se basa en la combinación de datos de vacunación extraídas de algún documento (tarjeta de vacunación, registros) o de lo que pueda recordar el responsable del niño. Los resultados de una encuesta se consideran para la cohorte de nacimiento de la mayoría de los niños en función del periodo de recopilación de datos y la edad de los niños incluidos.

ABREVIATURAS Y DEFINICIONES

BCG: porcentaje de recién nacidos que recibieron una dosis de la vacuna Bacillus Calmette-Guerin, contra formas severas de tuberculosis.

DTP1 / DTP3 (del inglés diphtheria-tetanus-pertussis): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª / 3ª dosis, respectivamente, de una vacuna que contiene toxoide diftérico y tetánico y vacuna contra la tos ferina (Pertussis).

POL3: porcentaje de recién nacidos supervivientes (al año) que recibieron la 3ª dosis de una vacuna antipoliomielítica, ya sea vacuna antipoliomielítica oral o inactivada.

IPV1 (del inglés inactivated polio vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron al menos una dosis de vacuna antipoliomielítica inactivada. Las estimaciones de la OMS y UNICEF para IPV1 reflejan la cobertura con al menos una dosis rutinaria de IPV entre los lactantes ¡ 1 año de edad en los países que utilizan un esquema de vacunación que recomienda (i) una serie primaria de tres dosis de vacuna antipoliomielítica oral (OPV) más al menos una dosis de IPV (cuando se da OPV en rutina o en campañas) o (ii) un calendario secuencial que comienza con IPV seguida de OPV. Para los países que utilizan únicamente IPV y no OPV, la estimación de la OMS y UNICEF para IPV1 corresponde a la cobertura de la 1ª dosis de IPV.

La producción de estimaciones de cobertura de la VPI, que comienza en 2015, no supone ningún cambio en los niveles de cobertura estimados para la tercera dosis de vacuna antipoliomielítica (POL3). Para los países que recomiendan una serie primaria de tres dosis de IPV, sin OPV, la cobertura POL3 estimada por la OMS y UNICEF es equivalente a la cobertura estimada con tres dosis de IPV. Para los países con un calendario secuencial, la cobertura POL3 estimada se basa en la de la tercera dosis de cualquier vacuna antipoliomielítica.

IPV2: porcentaje de recién nacidos supervivientes (al año) que recibieron una 2ª dosis de vacuna antipoliomielítica inactivada. Solo se producen estimaciones de cobertura IPV2 para los países que además de IPV recomiendan alguna dosis de OPV.

MCV1 (del inglés measles-containing vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª dosis de alguna vacuna antisarampionosa. En países en los que el esquema nacional de vacunación recomienda la 1ª dosis vacuna antisarampionosa a partir de los 12 meses de edad, en función de la epidemiología de la enfermedad en el país, las estimaciones de cobertura reflejan el porcentaje de niños que recibieron la 1ª dosis de vacuna antisarampionosa según la edad recomendada.

MCV2: porcentaje de niños que recibieron la 2ª dosis de alguna vacuna antisarampionosa según el calendario recomendado a nivel nacional.

RCV1 (del inglés rubella-containing vaccine): porcentaje de recién nacidos supervivientes (al año), o según la edad recomendada, que recibieron la 1ª dosis de alguna vacuna contra la rubéola. Las estimaciones de cobertura contra la rubéola se basan en las estimaciones de la OMS y UNICEF para la vacuna antisarampionosa correspondiente a la primera vacuna combinada contra el sarampión y la rubéola. La estimación de la OMS y UNICEF no considera la cobertura contra la rubéola notificada.

HEPBB: porcentaje de recién nacidos que recibieron una dosis de vacuna contra la hepatitis B dentro de las primeras 24 horas después del nacimiento. Las estimaciones de cobertura de hepatitis B del recién nacido sólo se elaboran para los países que recomiendan esta dosis de manera universal y no para los países que recomiendan una dosis al nacer solo para recién nacidos de madres infectadas por el virus de la hepatitis B o cuando no hay información suficiente para determinar si la vacunación se administra dentro de las primeras 24 horas después del nacimiento.

HEPB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de una vacuna contra la hepatitis B tras la dosis de nacimiento.

HIB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de la vacuna contra Haemophilus influenzae tipo b.

ROTAC: porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis recomendada de la vacuna contra el rotavirus, que puede ser la 2ª o la 3ª dosis dependiendo de la vacuna utilizada.

PCV3 (del inglés pneumococcal conjugate vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la 3ª dosis de la vacuna antineumocócica conjugada. En los países en los

que el esquema nacional de vacunación recomienda dos dosis para lactantes y una dosis de refuerzo a los 12 meses o más tarde en función de la epidemiología de la enfermedad en el país, las estimaciones de cobertura pueden reflejar el porcentaje de recién nacidos supervivientes (al año) si no se notifica la cobertura de la dosis de refuerzo.

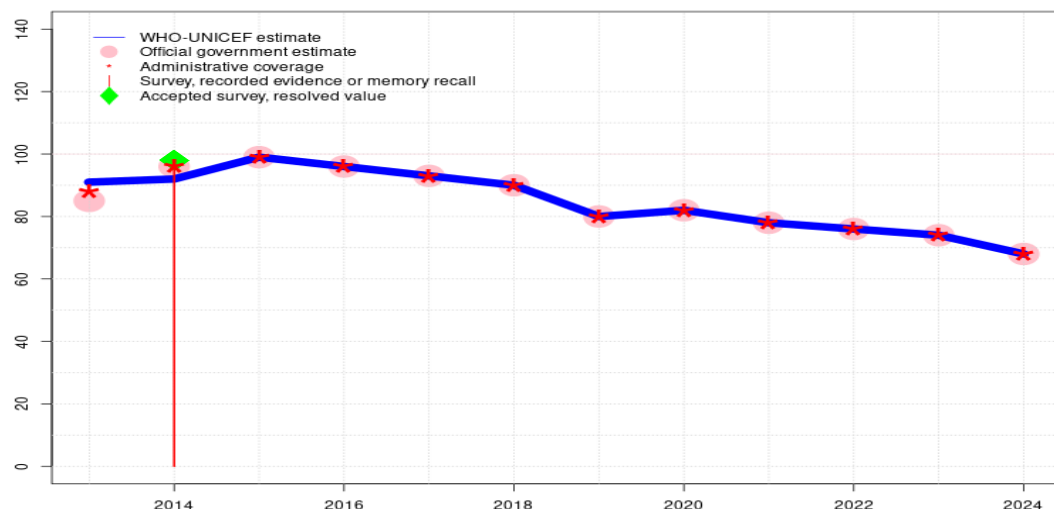
YFV (del inglés yellow fever vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron una dosis de vacuna contra la fiebre amarilla en países donde la vacuna antiamarílica forma parte del calendario nacional de vacunación infantil o se recomienda en zonas de riesgo; las estimaciones de cobertura se anualizan para toda la cohorte de recién nacidos supervivientes.

MENGA: porcentaje de niños que recibieron una dosis de la vacuna conjugada antimeningocócica A. Las estimaciones de cobertura MENGA son únicamente elaboradas para los países del cinturón de la meningitis de África subsahariana.

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Bolivia (Plurinational State of) - BCG

BOL - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	91	92	99	96	93	90	80	82	78	76	74	68
Estimate GoC	•	•••	•••	•••	••	••	••	••	••	••	••	••
Official	85	96	99	96	93	90	80	82	78	76	74	68
Administrative	88	96	99	96	93	90	80	82	78	76	74	68
Survey	-	98	-	-	-	-	-	-	-	-	-	-

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.

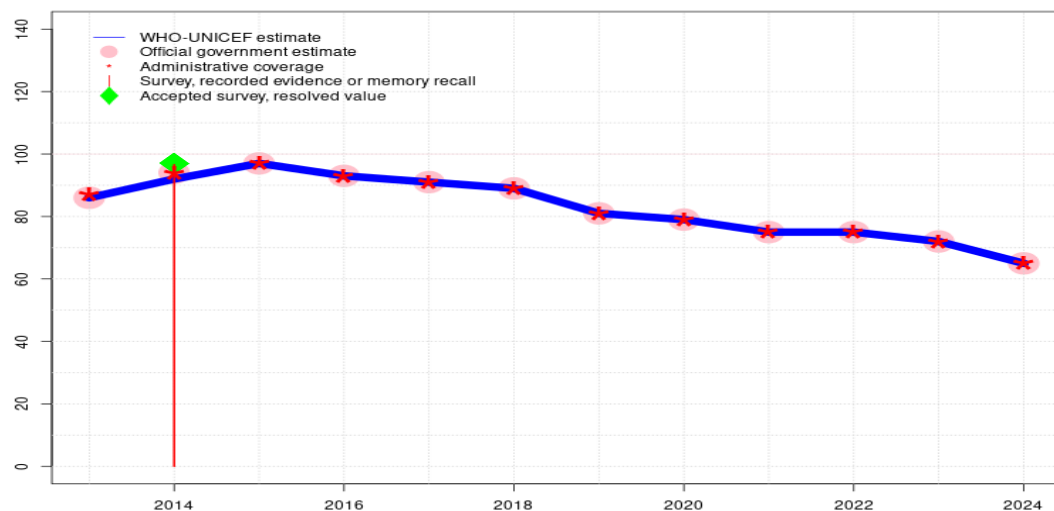
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported BCG coverage of 99 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. Estimate of 92 percent changed from previous revision value of 94 percent. GoC=R+ S+ D+
- 2013: Reported data calibrated to 2012 and 2014 levels. Estimate of 91 percent changed from previous revision value of 94 percent. Estimate challenged by: R-

Bolivia (Plurinational State of) - DTP1

BOL - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	86	92	97	93	91	89	81	79	75	75	72	65
Estimate GoC	•	••	•••	•••	••	••	••	••	••	••	••	••
Official	86	94	97	93	91	89	81	79	75	75	72	65
Administrative	87	94	97	93	91	89	81	79	75	75	72	65
Survey	-	97	-	-	-	-	-	-	-	-	-	-

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.

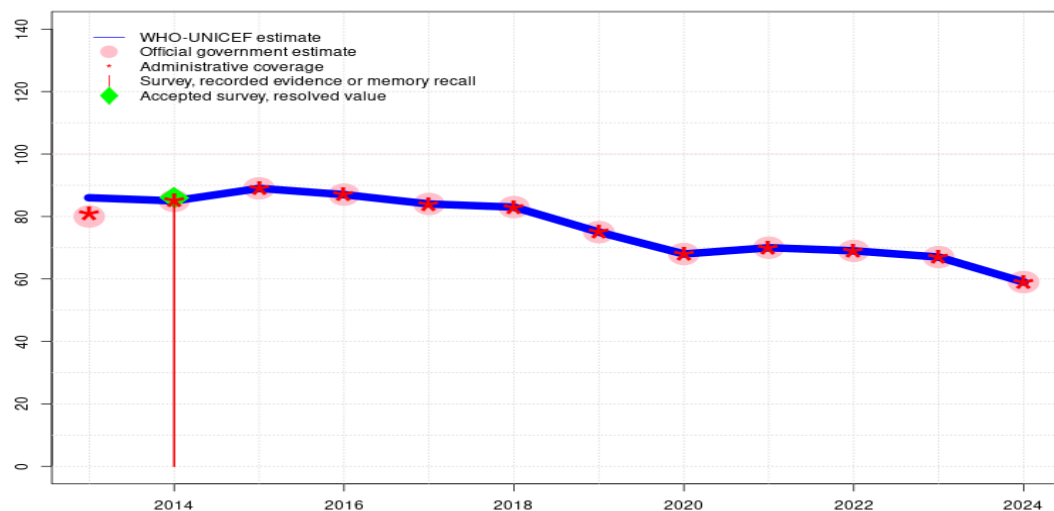
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- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported Pentavalent 1 coverage of 98.5 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Estimate of 86 percent changed from previous revision value of 87 percent. Estimate challenged by: S-

Bolivia (Plurinational State of) - DTP3

BOL - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	86	85	89	87	84	83	75	68	70	69	67	59
Estimate GoC	●	●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	80	85	89	87	84	83	75	68	70	69	67	59
Administrative	81	85	89	87	84	83	75	68	70	69	67	59
Survey	-	86	-	-	-	-	-	-	-	-	-	-

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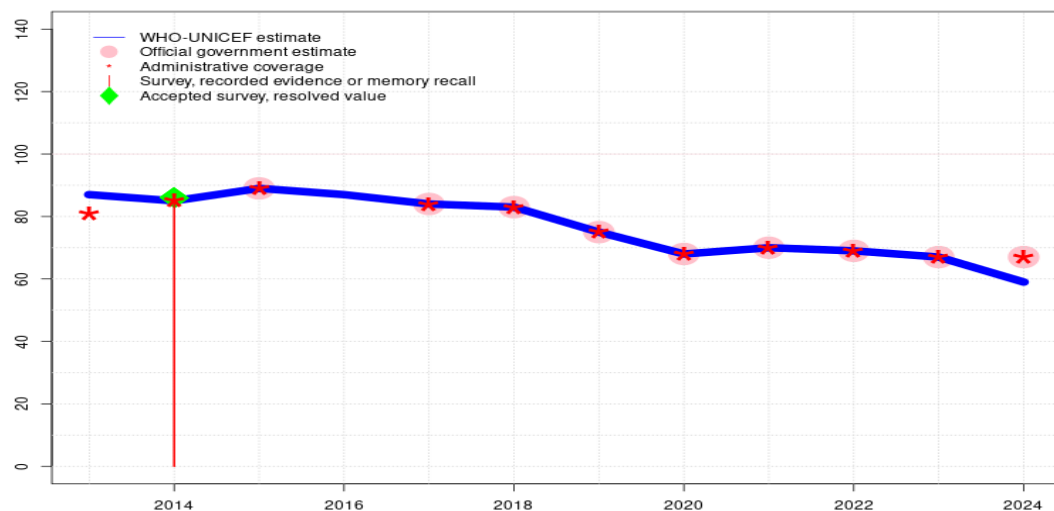
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- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported Pentavalent 3 coverage of 93 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
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- 2014: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 86 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. GoC=R+ S+ D+
- 2013: Reported data calibrated to 2012 and 2014 levels. Estimate of 86 percent changed from previous revision value of 87 percent. Estimate challenged by: R-

Bolivia (Plurinational State of) - HEPB3

BOL - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	85	89	87	84	83	75	68	70	69	67	59
Estimate GoC	•	••	•••	••	••	••	•	••	••	••	••	•
Official	-	-	89	-	84	83	75	68	70	69	67	67
Administrative	81	85	89	-	84	83	75	68	70	69	67	67
Survey	-	86	-	-	-	-	-	-	-	-	-	-

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- 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.

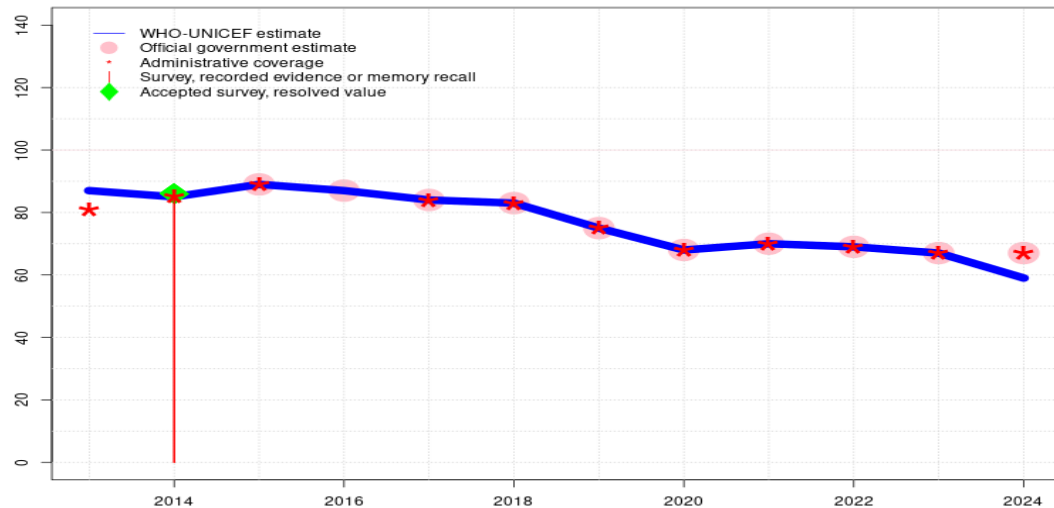
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on estimated DTP3 coverage. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. Estimate challenged by: R-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported Pentavalent 3 coverage of 93 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by estimated DTP3 level. Estimate challenged by: R-
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. GoC=S+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. GoC=R+ S+ D+
- 2013: Reported data calibrated to 2012 and 2014 levels. Estimate challenged by: R-

Bolivia (Plurinational State of) - HIB3

BOL - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	85	89	87	84	83	75	68	70	69	67	59
Estimate GoC	•	•••	•••	••	••	••	•	••	••	••	••	•
Official	-	-	89	87	84	83	75	68	70	69	67	67
Administrative	81	85	89	-	84	83	75	68	70	69	67	67
Survey	-	86	-	-	-	-	-	-	-	-	-	-

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.

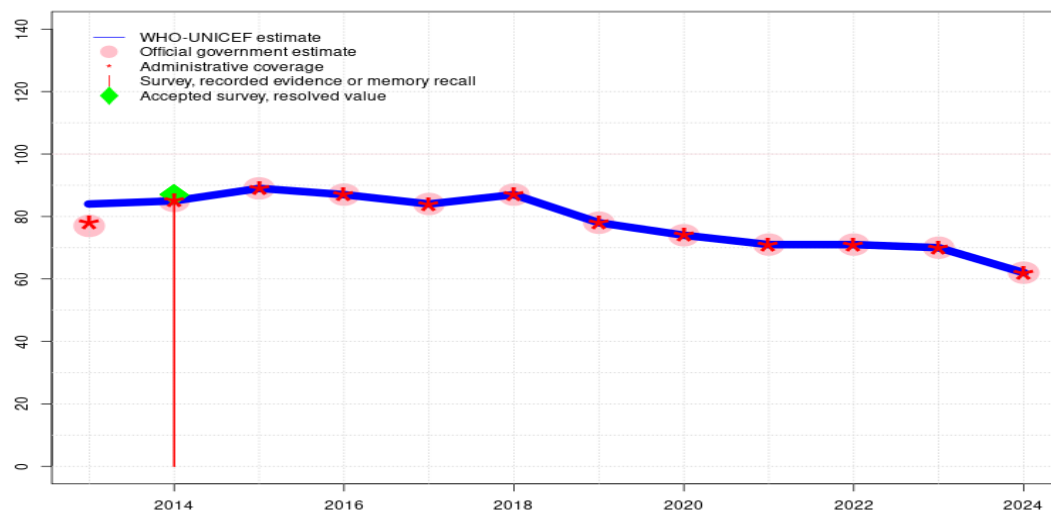
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on estimated DTP3 coverage. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. Estimate challenged by: R-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported Pentavalent 3 coverage of 93 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by estimated DTP3 level. Estimate challenged by: R-
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. GoC=R+ S+ D+
- 2013: Reported data calibrated to 2012 and 2014 levels. Estimate challenged by: R-

Bolivia (Plurinational State of) - ROTAC

BOL - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	84	85	89	87	84	87	78	74	71	71	70	62
Estimate GoC	•	•••	•••	•••	••	••	••	••	••	••	••	••
Official	77	85	89	87	84	87	78	74	71	71	70	62
Administrative	78	85	89	87	84	87	78	74	71	71	70	62
Survey	-	87	-	-	-	-	-	-	-	-	-	-

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.

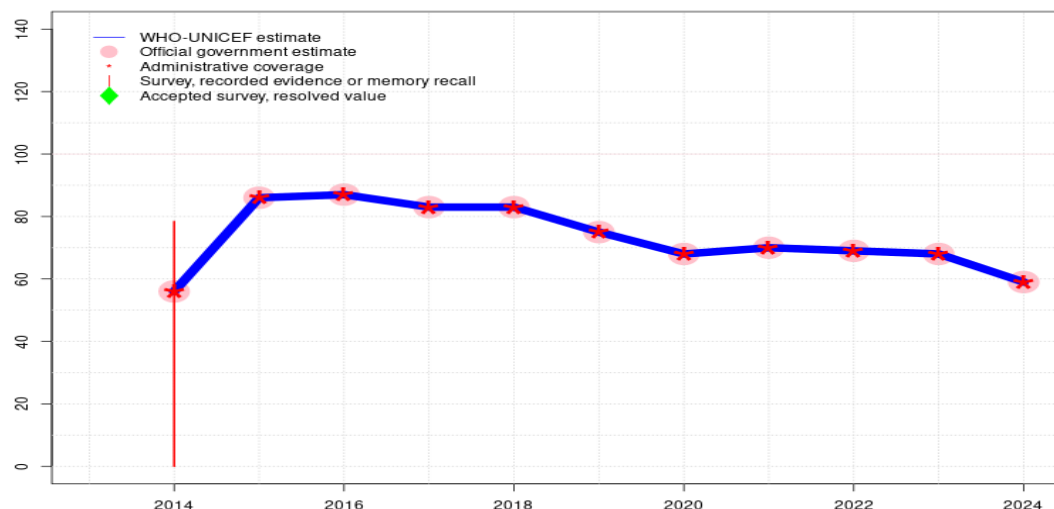
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported Rotavirus 2 coverage of 96 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports a vaccine stockout of unknown duration. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. Programme reports two months vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). GoC=R+ S+ D+
- 2013: Reported data calibrated to 2012 and 2014 levels. Programme reports one month stockout at the national level and in 10 districts. Estimate of 84 percent changed from previous revision value of 85 percent. Estimate challenged by: R-

Bolivia (Plurinational State of) - PCV3

BOL - PCV3



Description:

- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported pneumococcus 3 coverage of 93 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Pneumococcal conjugate vaccine introduced in 2014. Estimate informed by reported data. Bolivia Demographic and Health Survey (EDSA) 2016 results ignored by working group. Survey covers cohort during vaccine introduction. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	56	86	87	83	83	75	68	70	69	68	59
Estimate GoC	-	••	••	••	••	••	••	••	••	••	••	••
Official	-	56	86	87	83	83	75	68	70	69	68	59
Administrative	-	56	86	87	83	83	75	68	70	69	68	59
Survey	-	78	-	-	-	-	-	-	-	-	-	-

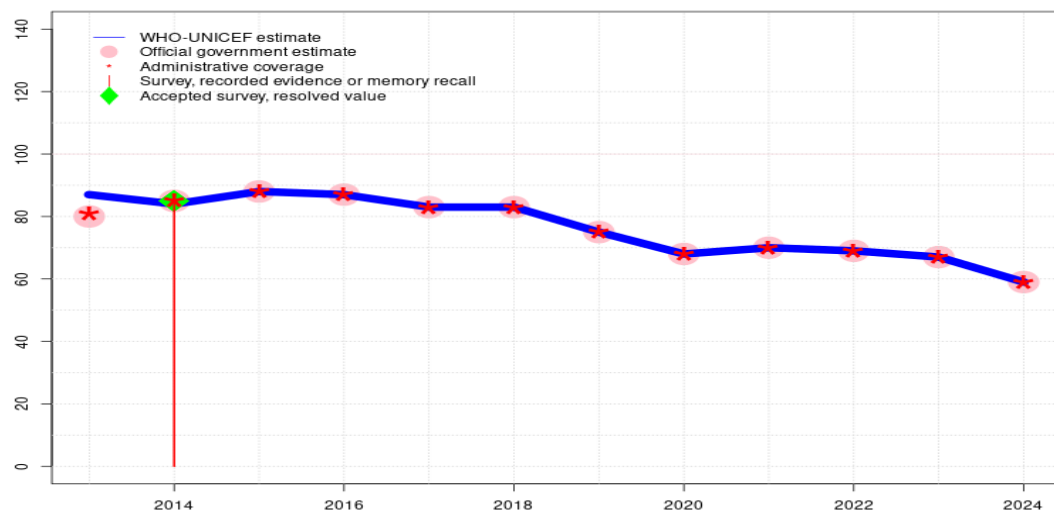
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Bolivia (Plurinational State of) - POL3

BOL - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	84	88	87	83	83	75	68	70	69	67	59
Estimate GoC	•	•••	•••	•••	••	••	••	••	••	••	••	••
Official	80	85	88	87	83	83	75	68	70	69	67	59
Administrative	81	85	88	87	83	83	75	68	70	69	67	59
Survey	-	85	-	-	-	-	-	-	-	-	-	-

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.

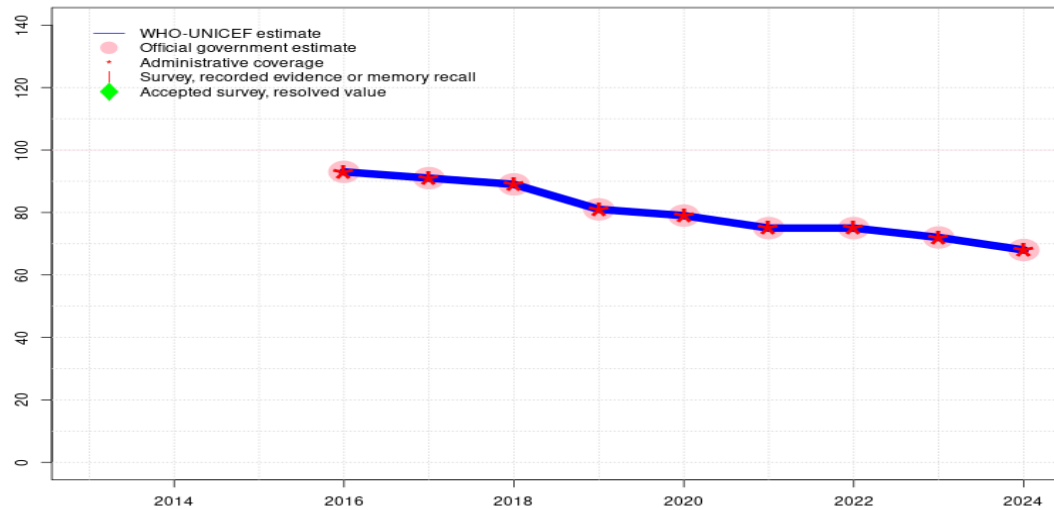
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported Polio 3 coverage of 93 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 85 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. Estimate of 84 percent changed from previous revision value of 85 percent. GoC=R+ S+ D+
- 2013: Reported data calibrated to 2012 and 2014 levels. Estimate of 87 percent changed from previous revision value of 88 percent. Estimate challenged by: R-

Bolivia (Plurinational State of) - IPV1

BOL - IPV1



Description:

- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by estimated DTP1 level. Estimate challenged by: R-
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate of 93 percent changed from previous revision value of 92 percent. GoC=R+ D+

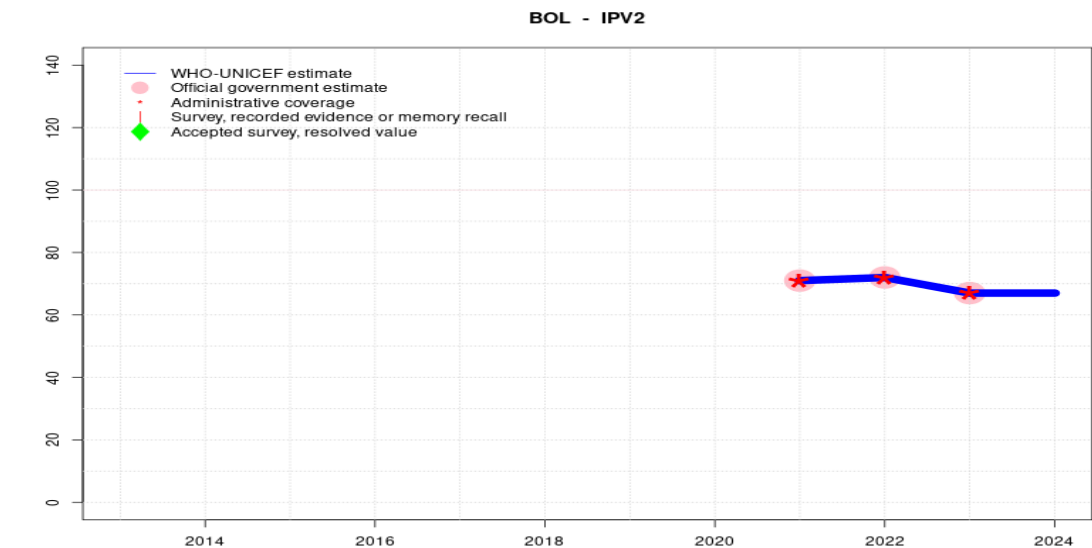
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	93	91	89	81	79	75	75	72	68
Estimate GoC	-	-	-	●●	●●	●●	●	●●	●●	●●	●●	●●
Official	-	-	-	93	91	89	81	79	75	75	72	68
Administrative	-	-	-	93	91	89	81	79	75	75	72	68
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Bolivia (Plurinational State of) - IPV2



Description:

2024: Estimate based on estimated DTP3 as IPV2 is recommended at the same age. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. GoC=No accepted empirical data

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. GoC=R+ D+

2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced in 2021. GoC=R+ D+

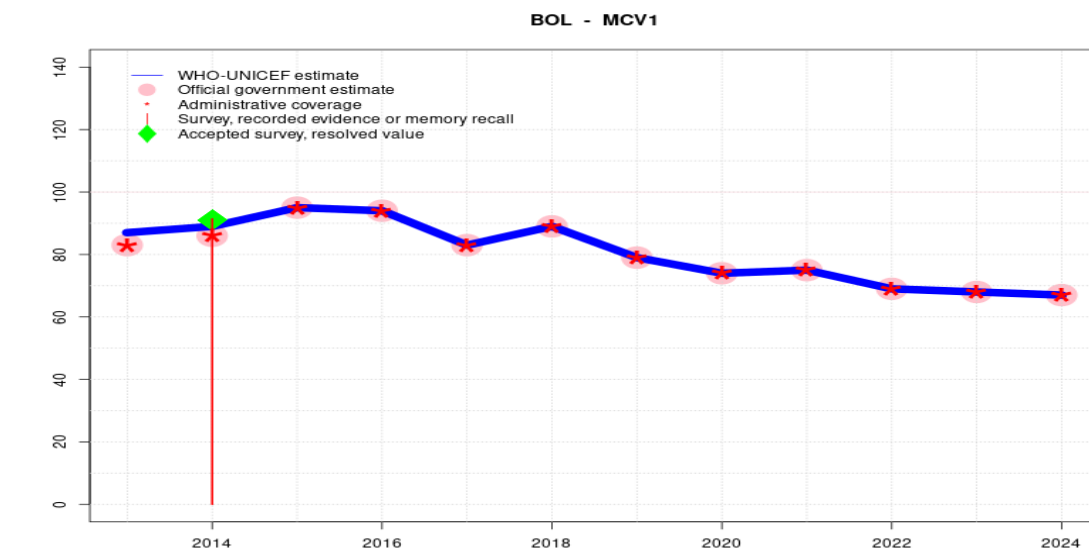
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	71	72	67	67
Estimate GoC	-	-	-	-	-	-	-	-	●●	●●	●●	●
Official	-	-	-	-	-	-	-	-	71	72	67	-
Administrative	-	-	-	-	-	-	-	-	71	72	67	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Bolivia (Plurinational State of) - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	89	95	94	83	89	79	74	75	69	68	67
Estimate GoC	●	●●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	83	86	95	94	83	89	79	74	75	69	68	67
Administrative	83	86	95	94	83	89	79	74	75	69	68	67
Survey	-	91	-	-	-	-	-	-	-	-	-	-

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.

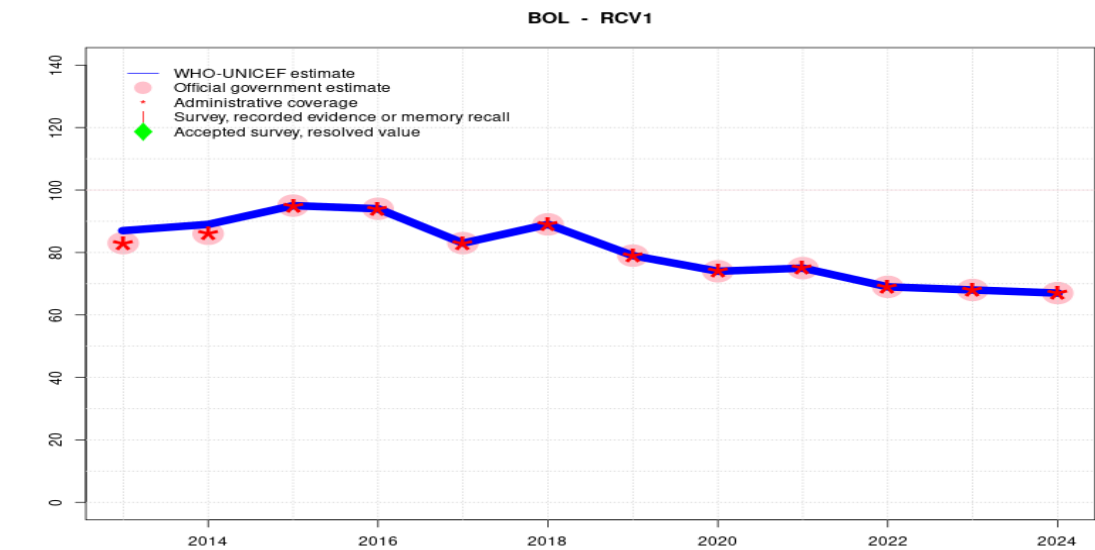
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported MMR1 coverage of 87 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. GoC=R+ S+ D+
- 2013: Reported data calibrated to 2011 and 2014 levels. Estimate challenged by: R-

Bolivia (Plurinational State of) - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	89	95	94	83	89	79	74	75	69	68	67
Estimate GoC	●	●●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	83	86	95	94	83	89	79	74	75	69	68	67
Administrative	83	86	95	94	83	89	79	74	75	69	68	67
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.

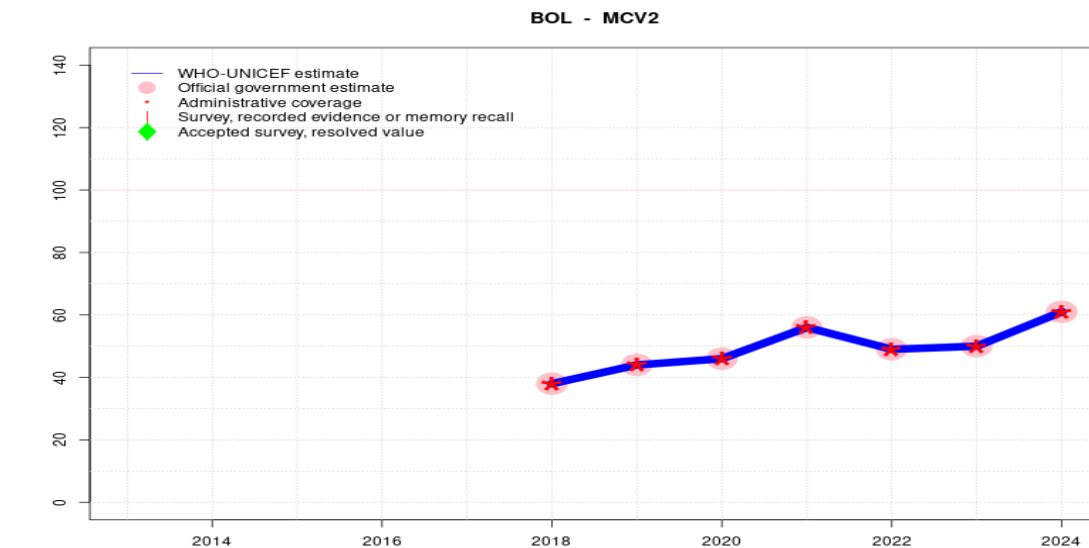
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.

Description:

- 2024: Estimate based on estimated MCV1. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. 2023 Demography and Health Survey reported MMR1 coverage of 87 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2013: Estimate based on estimated MCV1. Estimate challenged by: R-

Bolivia (Plurinational State of) - MCV2



Description:

2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. GoC=R+ D+

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. Second dose of measles containing vaccine introduced as MMR during 2018. GoC=R+ D+

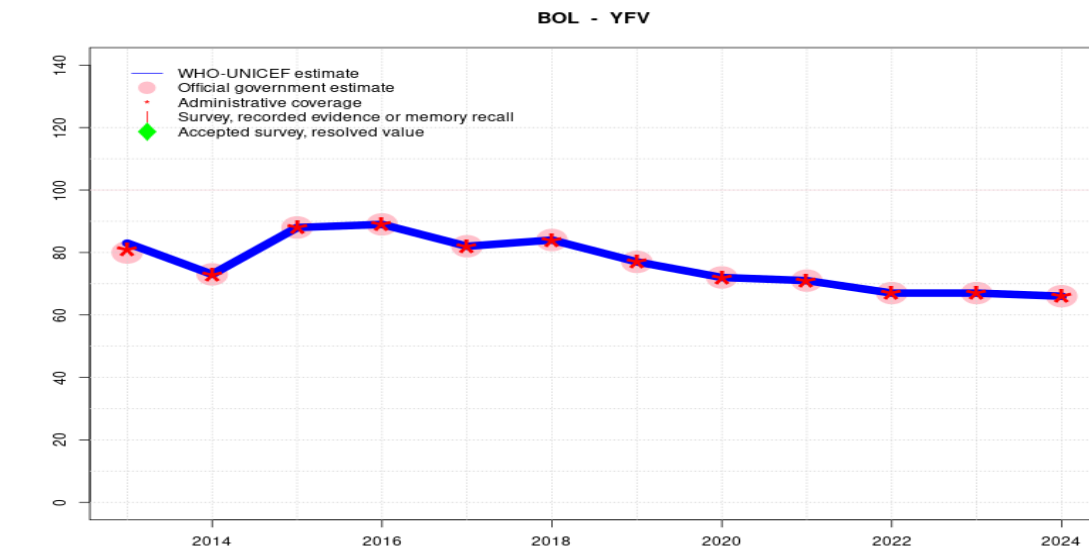
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	38	44	46	56	49	50	61
Estimate GoC	-	-	-	-	-	••	••	••	••	••	••	••
Official	-	-	-	-	-	38	44	46	56	49	50	61
Administrative	-	-	-	-	-	38	44	46	56	49	50	61
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Bolivia (Plurinational State of) - YFV



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	83	73	88	89	82	84	77	72	71	67	67	66
Estimate GoC	•	••	••	••	••	••	••	••	••	••	••	••
Official	80	73	88	89	82	84	77	72	71	67	67	66
Administrative	81	73	88	89	82	84	77	72	71	67	67	66
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.

Description:

- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. WHO and UNICEF are aware of the conduction of a 2024 census and suggest a retrospective revision of denominators when census figures become available. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported yellow fever vaccine coverage of 88 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by estimated MCV1 coverage. Reported data on the number of doses administered for YFV was lower than that for MCV1. GoC=R+ D+
- 2013: Reported data calibrated to 2011 and 2014 levels. Estimate challenged by: R-

Bolivia (Plurinational State of) - 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.

2018 Bolivia Encuesta Nacional de Cobertura de Vacunación - ENCOVA 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	99.2	12-23 m	-	-
DTP3	Record	95.5	12-23 m	-	-
HEPB3	Record	95.5	12-23 m	-	-
HIB3	Record	95.5	12-23 m	-	-
MCV1	Record	91.3	12-23 m	-	-
POL3	Record	95.4	12-23 m	-	-
ROTAC	Record	92.5	12-23 m	-	-

2014 Bolivia Demographic and Health Survey (EDSA) 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	97.6	18-29 m	1007	63
DTP1	Record or Recall	96.6	18-29 m	1007	63
DTP3	Record or Recall	85.5	18-29 m	1007	63
HEPB1	Record or Recall	96.6	18-29 m	1007	63
HEPB3	Record or Recall	85.5	18-29 m	1007	63

HIB1	Record or Recall	96.6	18-29 m	1007	63
HIB3	Record or Recall	85.5	18-29 m	1007	63
MCV1	Record or Recall	91.4	18-29 m	1007	63
PCV3	Record or Recall	78.4	18-29 m	1007	63
POL1	Record or Recall	96.5	18-29 m	1007	63
POL3	Record or Recall	85	18-29 m	1007	63
ROTAC	Record or Recall	86.9	18-29 m	1007	63

2012 Bolivia Encuesta Nacional de Cobertura de Vacunacion ENCOVA 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.7	12-23 m	1069	-
DTP3	Record or Recall	92.8	12-23 m	1069	-
HEPB3	Record or Recall	92.8	12-23 m	1069	-
HIB3	Record or Recall	92.8	12-23 m	1069	-
MCV1	Record or Recall	90.2	12-23 m	1069	-
POL3	Record or Recall	93.1	12-23 m	1069	-
ROTAC	Record or Recall	91.1	12-23 m	1069	-
YFV	Record or Recall	85.9	12-23 m	1069	-

2011 Bolivia Encuesta Nacional de Cobertura de Vacunacion ENCOVA 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.6	18-29 m	1060	-
DTP3	Record or Recall	94.9	18-29 m	1060	-
HEPB3	Record or Recall	94.9	18-29 m	1060	-
HIB3	Record or Recall	94.9	18-29 m	1060	-
MCV1	Record or Recall	95.5	18-29 m	1060	-
POL3	Record or Recall	94.8	18-29 m	1060	-
ROTAC	Record or Recall	91.2	18-29 m	1060	-
YFV	Record or Recall	92.3	18-29 m	1060	-

2006 Bolivia Encuesta Nacional de Demografía y Salud 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
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Bolivia (Plurinational State of) - Survey Details

BCG	Recall	22.4	18-29 m	1689	-	12-23 meses					
BCG	Record	76	18-29 m	1689	-						
BCG	Record or Recall	98.4	18-29 m	1689	-						
DTP1	Recall	21.8	18-29 m	1689	-	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Record	75.2	18-29 m	1689	-	MCV1	Recall	40.2	12-59 m	597	65
DTP1	Record or Recall	97	18-29 m	1689	-	MCV1	Record	51.6	12-59 m	597	65
DTP3	Recall	15.8	18-29 m	1689	-	MCV1	Record or Recall	91.8	12-59 m	597	65
DTP3	Record	70	18-29 m	1689	-						
DTP3	Record or Recall	85.7	18-29 m	1689	-	2002 Encuesta Nacional de Demografía y Salud, ENDSA 2003					
HEPB1	Recall	21.8	18-29 m	1689	-						
HEPB1	Record	75.2	18-29 m	1689	-						
HEPB1	Record or Recall	97	18-29 m	1689	-	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
HEPB3	Recall	15.8	18-29 m	1689	-	BCG	Recall	17.4	12-23 m	1861	79
HEPB3	Record	70	18-29 m	1689	-	BCG	Record	76	12-23 m	1861	79
HEPB3	Record or Recall	85.7	18-29 m	1689	-	BCG	Record or Recall	93.4	12-23 m	1861	79
HIB1	Recall	21.8	18-29 m	1689	-	DTP1	Recall	17	12-23 m	1861	79
HIB1	Record	75.2	18-29 m	1689	-	DTP1	Record	77.4	12-23 m	1861	79
HIB1	Record or Recall	97	18-29 m	1689	-	DTP1	Record or Recall	94.4	12-23 m	1861	79
HIB3	Recall	15.8	18-29 m	1689	-	DTP3	Recall	8.7	12-23 m	1861	79
HIB3	Record	70	18-29 m	1689	-	DTP3	Record	62.8	12-23 m	1861	79
HIB3	Record or Recall	85.7	18-29 m	1689	-	DTP3	Record or Recall	71.5	12-23 m	1861	79
MCV1	Recall	17.7	18-29 m	1689	-	MCV1	Recall	10.4	12-23 m	1861	79
MCV1	Record	68	18-29 m	1689	-	MCV1	Record	53.5	12-23 m	1861	79
MCV1	Record or Recall	85.8	18-29 m	1689	-	MCV1	Record or Recall	63.9	12-23 m	1861	79
POL1	Recall	21.9	18-29 m	1689	-	POL1	Recall	16	12-23 m	1861	79
POL1	Record	75.4	18-29 m	1689	-	POL1	Record	77.4	12-23 m	1861	79
POL1	Record or Recall	97.3	18-29 m	1689	-	POL1	Record or Recall	93.5	12-23 m	1861	79
POL3	Recall	15.5	18-29 m	1689	-	POL3	Recall	5.2	12-23 m	1861	79
POL3	Record	70.2	18-29 m	1689	-	POL3	Record	62.9	12-23 m	1861	79
POL3	Record or Recall	85.8	18-29 m	1689	-	POL3	Record or Recall	68.1	12-23 m	1861	79
2006 Encuesta de cobertura vacunal de SR 15-39 años y SRP en niños de 12-23 meses						1999 Bolivia, Encuesta de múltiples indicadores por conglomerados 2000 (MICS 2000), 2001					
Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record or Recall<24m	81	0-24 m	597	-	BCG	Recall	43.6	12-23 m	642	54
2005 Encuesta de cobertura vacunal de SR 15-39 años y SRP en niños de						BCG	Record	48.9	12-23 m	642	54
						BCG	Record or Recall	92.5	12-23 m	642	54
						DTP1	Recall	42.9	12-23 m	642	54

DTP1	Record	49.2	12-23 m	642	54
DTP1	Record or Recall	92.1	12-23 m	642	54
DTP3	Recall	30.3	12-23 m	642	54
DTP3	Record	41.4	12-23 m	642	54
DTP3	Record or Recall	71.7	12-23 m	642	54
MCV1	Recall	37.3	12-23 m	642	54
MCV1	Record	41.6	12-23 m	642	54
MCV1	Record or Recall	78.9	12-23 m	642	54
POL1	Recall	42.7	12-23 m	642	54
POL1	Record	48.9	12-23 m	642	54
POL1	Record or Recall	91.6	12-23 m	642	54
POL3	Recall	15.1	12-23 m	642	54
POL3	Record	42.2	12-23 m	642	54
POL3	Record or Recall	57.3	12-23 m	642	54

1997 República de Bolivia, Encuesta Nacional de Demografía y Salud 1998

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	48.7	12-23 m	1275	40
BCG	Record	38.7	12-23 m	1275	40
BCG	Record or Recall	87.4	12-23 m	1275	40

BCG	Record or Recall<12m	84.8	12-23 m	1275	40
DTP1	Recall	42.6	12-23 m	1275	40
DTP1	Record	38.9	12-23 m	1275	40
DTP1	Record or Recall	81.6	12-23 m	1275	40
DTP1	Record or Recall<12m	77.9	12-23 m	1275	40
DTP3	Recall	20.9	12-23 m	1275	40
DTP3	Record	27.7	12-23 m	1275	40
DTP3	Record or Recall	48.6	12-23 m	1275	40
DTP3	Record or Recall<12m	41.1	12-23 m	1275	40
MCV1	Recall	28.7	12-23 m	1275	40
MCV1	Record	22.1	12-23 m	1275	40
MCV1	Record or Recall	50.8	12-23 m	1275	40
MCV1	Record or Recall<12m	11.7	12-23 m	1275	40
POL1	Recall	45.5	12-23 m	1275	40
POL1	Record	38.9	12-23 m	1275	40
POL1	Record or Recall	84.4	12-23 m	1275	40
POL1	Record or Recall<12m	81	12-23 m	1275	40
POL3	Recall	11.6	12-23 m	1275	40
POL3	Record	27.5	12-23 m	1275	40
POL3	Record or Recall	39.1	12-23 m	1275	40
POL3	Record or Recall<12m	32.4	12-23 m	1275	40

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