

Djibouti: 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.

HEPB: 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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NOTE DE SYNTHÈSE Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture.

Les estimations de l'OMS et de l'UNICEF sont spécifiques à chaque pays ; c'est-à-dire que les données de chaque pays sont examinées individuellement, et aucune donnée n'est empruntée à d'autres pays en l'absence de données. Les estimations ne reposent pas sur des ajustements ponctuels des données rapportées ; dans certains cas, des données empiriques proviennent d'une seule source, généralement les données de couverture déclarées au niveau national. Lorsqu'aucune donnée n'est disponible pour une combinaison donnée de pays/vaccin/année, les données des années précédentes et suivantes sont prises en compte et interpolées pour estimer la couverture des années manquantes. Dans les cas où les sources de données sont variées et présentent de grandes variations, une tentative est faite pour identifier l'estimation la plus probable en tenant compte des biais potentiels dans les données disponibles. Pour les méthodes, voir :

* 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.

SOURCES DE DONNÉES

Couverture ADMINISTRATIVE: Rapportée par les autorités nationales et basée sur des rapports administratifs agrégés provenant des prestataires de services de santé concernant le nombre de vaccinations administrées sur une période donnée (données du numérateur) et les données déclarées sur la population cible (données du dénominateur). Cette couverture peut être biaisée par des inexactitudes dans les données du numérateur et/ou du dénominateur.

Couverture OFFICIELLE: Estimation de la couverture rapportée par les autorités nationales, reflétant leur évaluation de la couverture la plus probable sur la base d'une combinaison de la couverture administrative, des estimations basées sur des enquêtes ou d'autres sources de données ou ajustements. Les approches pour déterminer la couverture OFFICIELLE peuvent varier d'un pays à l'autre.

Couverture par ENQUÊTE: Basée sur des estimations de couverture issues d'enquêtes menées auprès des ménages chez des enfants âgés de 6-11, 12-23 ou 24-35 mois, suivant une revue des méthodes et des résultats de l'enquête. Les informations reposent sur une combinaison de l'historique vaccinal, basé sur des preuves documentées ou le rappel des soignants. Les résultats des enquêtes sont considérés pour la cohorte de naissance appropriée en fonction de la période de collecte des données.

ABRÉVIATIONS ET DÉFINITIONS

BCG: pourcentage des naissances ayant reçu une dose du vaccin Bacillus Calmette-Guérin.

DTP1 (DTC1) / DTP3 (DTC3): pourcentage des nourrissons survivants ayant reçu respectivement la 1re / 3e dose du vaccin contenant l'anatoxine diphtérique et tétanique avec la coqueluche.

POL3: pourcentage des nourrissons survivants ayant reçu la 3e dose d'un vaccin contre la poliomyélite, qu'il s'agisse d'un vaccin oral ou inactivé.

IPV1 (VPI1): pourcentage des nourrissons survivants ayant reçu au moins une dose de vaccin antipoliomyélitique inactivé (VPI). Dans les pays suivant un calendrier de vaccination recommandant soit (i) une série primaire de trois doses de vaccin antipoliomyélitique oral (VPO) plus au moins une dose de VPI lorsque le VPO est inclus dans la vaccination systématique et/ou dans les campagnes, soit (ii) un calendrier séquentiel incluant le VPI suivi du VPO, les estimations de l'OMS et de l'UNICEF pour le VPI1 reflètent la couverture par au moins une dose systématique de VPI chez les nourrissons de moins d'un an. Pour les pays utilisant exclusivement le vaccin contenant le VPI, c'est-à-dire sans dose recommandée de VPO, les estimations de l'OMS et de l'UNICEF pour le VPI1 correspondent à la couverture de la 1ère dose de VPI.

La production des estimations de couverture pour le VPI, débutée en 2015, n'entraîne aucun changement dans les niveaux de couverture estimés pour la 3e dose de vaccin antipoliomyélitique (POL3). Pour les pays recommandant la vaccination systématique avec une série primaire de trois doses de VPI uniquement, la couverture POL3 estimée par l'OMS et l'UNICEF est équivalente à la couverture estimée avec trois doses de VPI. Pour les pays suivant un calendrier séquentiel, la couverture POL3 estimée repose sur celle de la 3e dose de vaccin antipoliomyélitique, quel que soit le type de vaccin.

IPV2 (VPI2): pourcentage des nourrissons survivants ayant reçu une 2e dose de vaccin antipoliomyélitique inactivé (VPI). Les estimations de couverture pour le VPI2 sont produites pour les pays utilisant le VPO.

MCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rougeole. Dans les pays où le calendrier national recommande la 1re dose de MCV à 12 mois ou plus, en fonction de l'épidémiologie de la maladie dans le pays, les estimations de couverture reflètent le pourcentage d'enfants ayant reçu la 1re dose de MCV conformément à la recommandation.

MCV2: pourcentage des enfants ayant reçu la 2e dose de vaccin contenant la rougeole conformément au calendrier vaccinal du pays.

RCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rubéole. Les estimations de couverture sont basées sur les estimations de l'OMS et de l'UNICEF pour la dose de vaccin contenant la rougeole qui correspond à la première combinaison vaccin rougeole-rubéole. La couverture déclarée au niveau national pour le RCV n'est pas prise en compte dans l'élaboration de cette estimation.

HEPB (VHBN): pourcentage des naissances ayant reçu une dose de vaccin contre l'hépatite B dans les 24 heures suivant l'accouchement. Les estimations de la couverture de la dose à la naissance contre l'hépatite B sont produites uniquement pour les pays ayant une politique universelle de dose à la naissance. Aucune estimation n'est réalisée pour les pays qui recommandent une dose à la naissance uniquement pour les nourrissons nés de mères infectées par le virus de l'hépatite B, ou pour les pays où les informations sont insuffisantes pour déterminer si la vaccination a eu lieu dans les 24 heures suivant la naissance.

HEPB3 (VHB3): pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant l'hépatite B après la dose à la naissance.

HIB3: pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant Haemophilus influenzae de type b.

ROTAC: pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

PCV3 (VPC3): pourcentage des nourrissons survivants ayant reçu la 3e dose du vaccin antipneumococcique conjugué. Dans les pays où le calendrier national recommande deux doses pendant la petite enfance et une dose de rappel à 12 mois ou plus en fonction de l'épidémiologie

de la maladie dans le pays, les estimations de couverture peuvent refléter le pourcentage des nourrissons survivants ayant reçu deux doses de VPC avant leur premier anniversaire si la couverture pour la dose de rappel n'est pas déclarée.

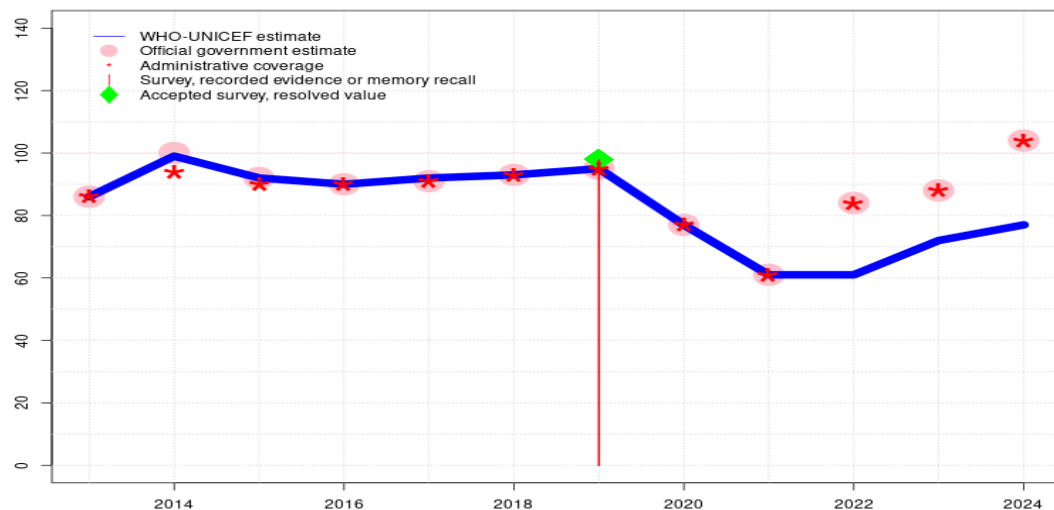
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la cohorte des nourrissons survivants.

MENGA: pourcentage des enfants ayant reçu une dose de vaccin conjugué contre le méningocoque A. Les estimations de couverture MENGA sont produites pour les pays situés dans la ceinture de la méningite en Afrique subsaharienne.

Avertissement: Toutes les précautions raisonnables ont été prises par l'Organisation mondiale de la Santé et le Fonds des Nations Unies pour l'enfance pour vérifier les informations contenues dans cette publication. Toutefois, le matériel publié est distribué sans aucune garantie, explicite ou implicite. La responsabilité de l'interprétation et de l'utilisation du matériel incombe au lecteur. En aucun cas, l'Organisation mondiale de la Santé ou le Fonds des Nations Unies pour l'enfance ne sauraient être tenus responsables des dommages résultant de son utilisation.

Djibouti - BCG

DJI - BCG



Description:

- 2024: Estimate is calculated by applying the increase in DTP3 coverage estimate to BCG coverage estimate. Reported data excluded because 104 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 88 to 104 percent. Estimate challenged by: R-
- 2023: Estimate of 72 percent assigned by working group. Estimate based on DTP3 estimated coverage. Estimate of 72 percent changed from previous revision value of 65 percent. Estimate challenged by: R-
- 2022: Estimate of 61 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. Programme reports three months vaccine stock-out. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	86	99	92	90	92	93	95	77	61	61	72	77
Estimate GoC	•	•	•	•	•••	•••	•••	•	•	•	•	•
Official	86	100	92	90	91	93	95	77	61	84	88	104
Administrative	86	94	90	90	91	93	95	77	61	84	88	104
Survey	-	-	-	-	-	-	98	-	-	-	-	-

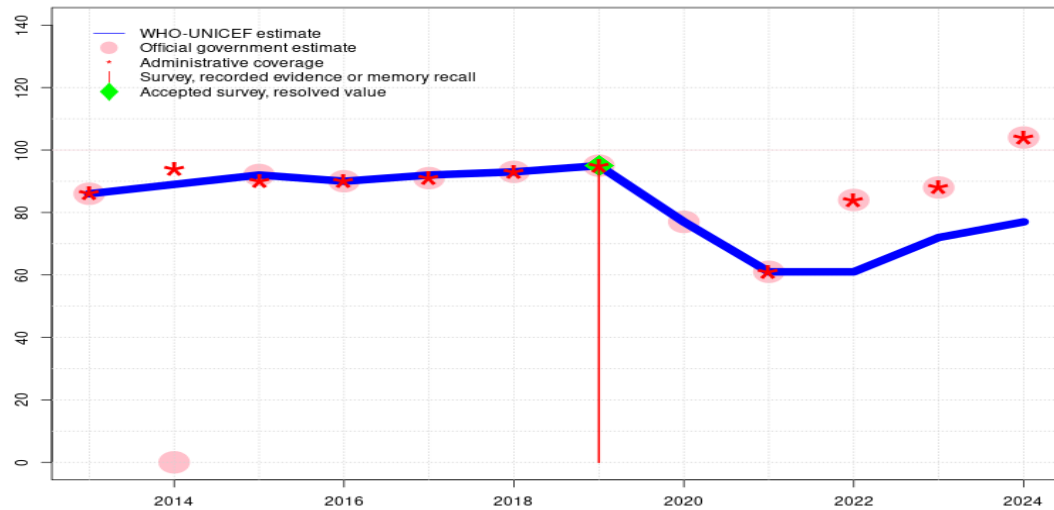
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Djibouti - HEPBB

DJI - HEPBB



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	86	89	92	90	92	93	95	77	61	61	72	77
Estimate GoC	•	•	•	•	•••	•••	•••	•	•	•	•	•
Official	86	0	92	90	91	93	95	77	61	84	88	104
Administrative	86	94	90	90	91	93	95	-	61	84	88	104
Survey	-	-	-	-	-	-	95	-	-	-	-	-

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.

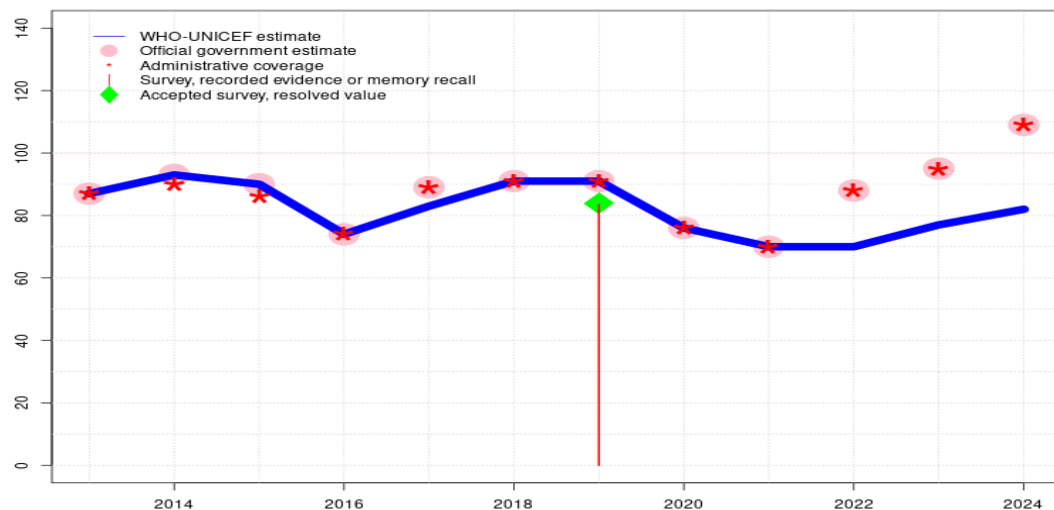
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate is calculated by applying the increase in DTP3 coverage estimate to HepBB coverage estimate. Reported data excluded because 104 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 88 to 104 percent. Estimate challenged by: R-
- 2023: Estimate of 72 percent assigned by working group. Estimate based on DTP3 estimated coverage. Estimate of 72 percent changed from previous revision value of 65 percent. Estimate challenged by: R-
- 2022: Estimate of 61 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by interpolation between reported data. Reported data excluded due to decline in reported coverage from 86 percent to 0 percent with increase to 92 percent. Estimate of 89 percent changed from previous revision value of 94 percent. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

Djibouti - DTP1

DJI - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	93	90	74	83	91	91	76	70	70	77	82
Estimate GoC	•	•	•	•	•••	•••	•••	•	•	•	•	•
Official	87	93	90	74	89	91	91	76	70	88	95	109
Administrative	87	90	86	74	89	91	91	76	70	88	95	109
Survey	-	-	-	-	-	-	84	-	-	-	-	-

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.

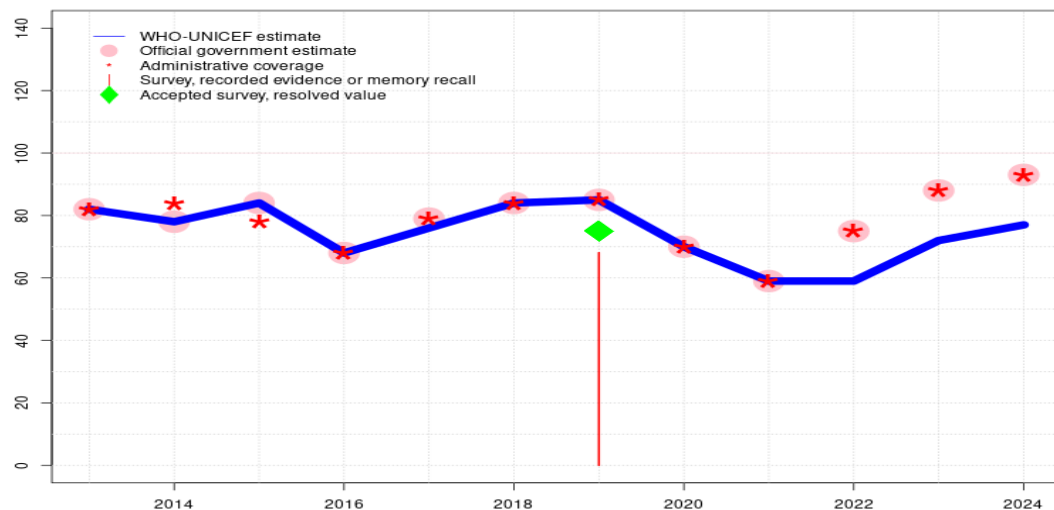
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate is calculated by applying the increase in DTP3 coverage estimate to DTP1 coverage estimate. Reported data excluded because 109 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 95 to 109 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2022: Estimate of 70 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Reported number of births and surviving infants is exceptionally the same for this year. Estimate of 91 percent changed from previous revision value of 90 percent. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Number of administered doses were at similar level to previous year. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Declines in the reported number of children vaccinated compared to levels reported in 2015 are unexplained. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

Djibouti - DTP3

DJI - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	78	84	68	76	84	85	70	59	59	72	77
Estimate GoC	•	•	•	•	•••	•••	•••	•	•	•	•	•
Official	82	78	84	68	79	84	85	70	59	75	88	93
Administrative	82	84	78	68	79	84	85	70	59	75	88	93
Survey	-	-	-	-	-	-	68	-	-	-	-	-

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.

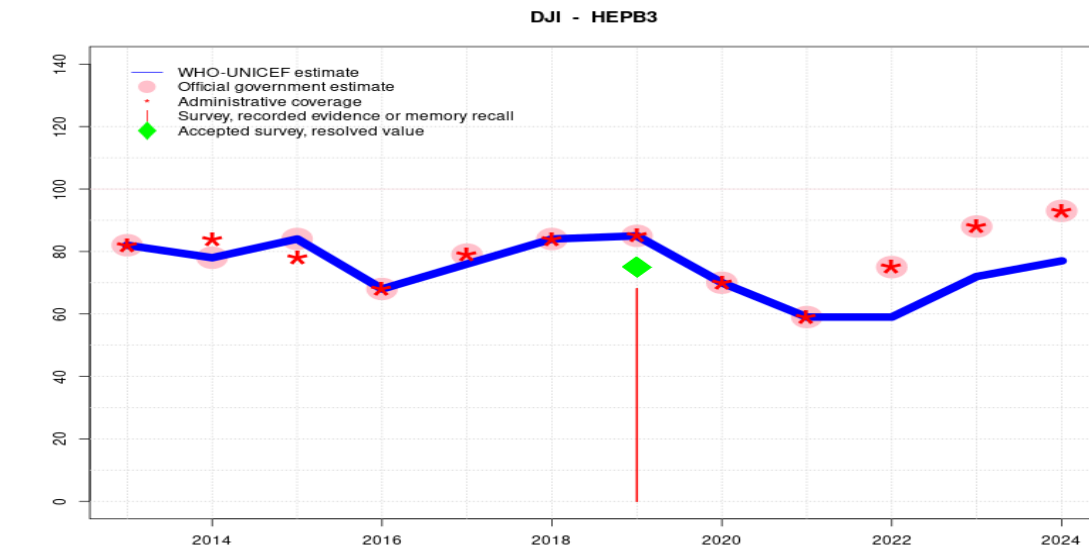
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. Estimate reflects trends of data reported. Estimate challenged by: R-
- 2022: Estimate of 59 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 75 percent based on 1 survey(s). National vaccination coverage survey, Djibouti (ENCV-D 2020) record or recall results of 68 percent modified for recall bias to 75 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 39 percent and 3rd dose record only coverage of 35 percent. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Number of administered doses were at similar level to previous year. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Declines in the reported number of children vaccinated compared to levels reported in 2015 are unexplained. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

Djibouti - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	78	84	68	76	84	85	70	59	59	72	77
Estimate GoC	•	•	•	•	•••	•••	•••	•	•	•	•	•
Official	82	78	84	68	79	84	85	70	59	75	88	93
Administrative	82	84	78	68	79	84	85	70	59	75	88	93
Survey	-	-	-	-	-	-	68	-	-	-	-	-

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.

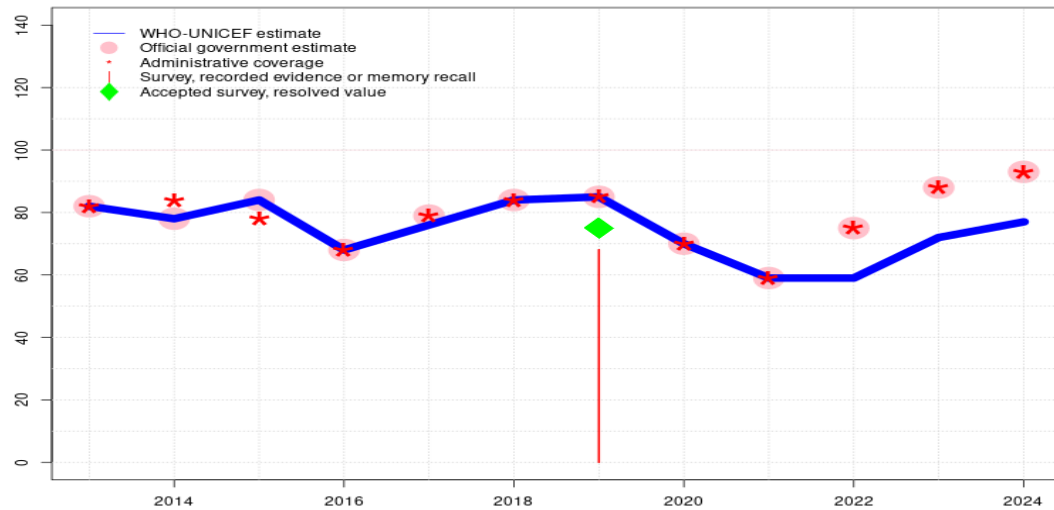
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate reflects trends of data reported. Estimate challenged by: R-
- 2022: Estimate of 59 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 75 percent based on 1 survey(s). National vaccination coverage survey, Djibouti (ENCV-D 2020) record or recall results of 68 percent modified for recall bias to 75 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 39 percent and 3rd dose record only coverage of 35 percent. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Number of administered doses were at similar level to previous year. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Estimate informed by reported data. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

Djibouti - HIB3

DJI - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	78	84	68	76	84	85	70	59	59	72	77
Estimate GoC	•	•	•	•	•••	•••	•••	•	•	•	•	•
Official	82	78	84	68	79	84	85	70	59	75	88	93
Administrative	82	84	78	68	79	84	85	70	59	75	88	93
Survey	-	-	-	-	-	-	68	-	-	-	-	-

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.

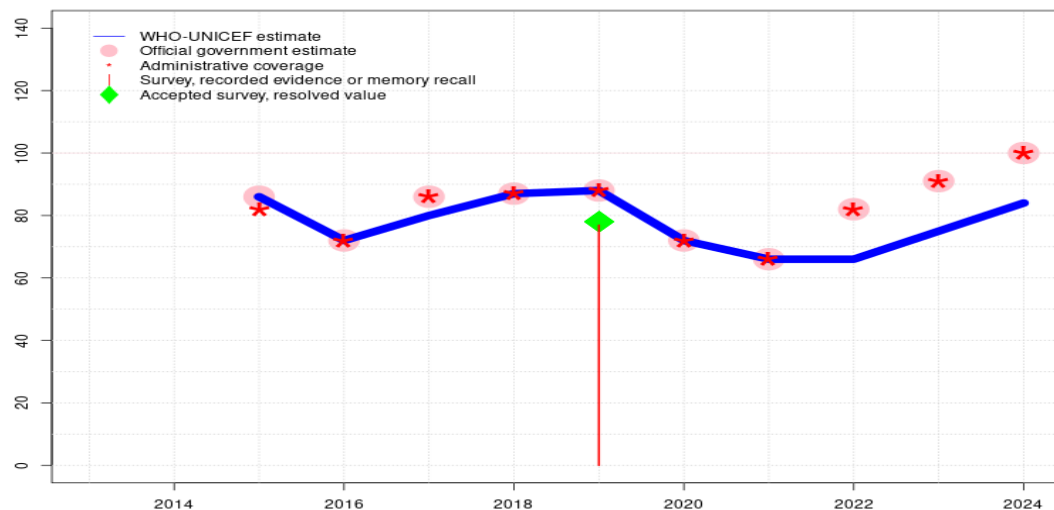
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate reflects trends of data reported. Estimate challenged by: R-
- 2022: Estimate of 59 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 75 percent based on 1 survey(s). National vaccination coverage survey, Djibouti (ENCV-D 2020) record or recall results of 68 percent modified for recall bias to 75 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 39 percent and 3rd dose record only coverage of 35 percent. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Number of administered doses were at similar level to previous year. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Estimate informed by reported data. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

Djibouti - ROTAC

DJI - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	86	72	80	87	88	72	66	66	75	84
Estimate GoC	-	-	•	•	•••	•••	•••	•	•	•	•	•
Official	-	-	86	72	86	87	88	72	66	82	91	100
Administrative	-	-	82	72	86	87	88	72	66	82	91	100
Survey	-	-	-	-	-	-	77	-	-	-	-	-

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.

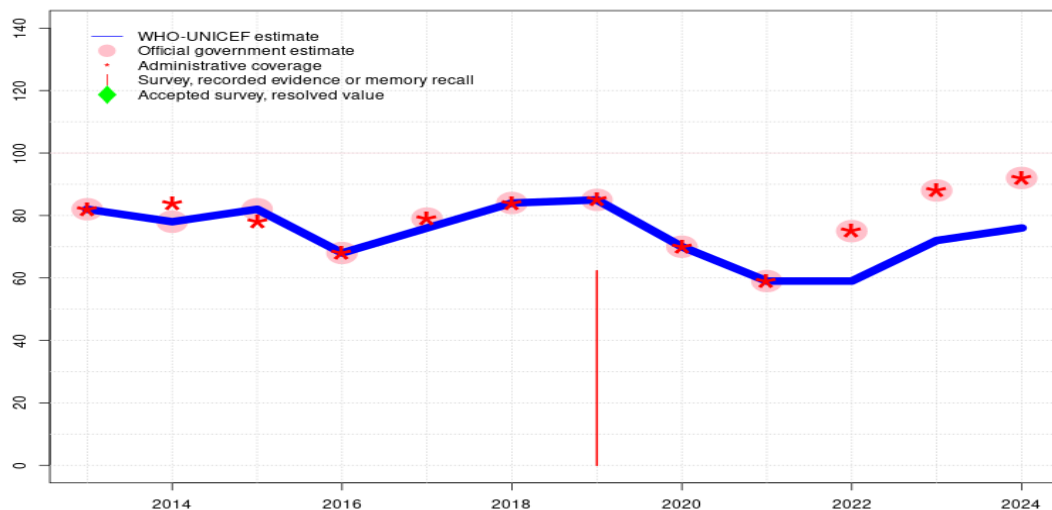
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2022: Estimate of 66 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. Programme reports four months vaccine stockout. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 78 percent based on 1 survey(s). National vaccination coverage survey, Djibouti (ENCV-D 2020) record or recall results of 77 percent modified for recall bias to 78 percent based on 1st dose record or recall coverage of 80 percent, 1st dose record only coverage of 34 percent and 3rd dose record only coverage of 33 percent. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Number of administered doses were at similar level to previous year. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Declines in the reported number of children vaccinated compared to levels reported in 2015 are unexplained. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Estimate informed by reported data. Rotavirus vaccine introduced in June 2014. Reporting started in 2015. Estimate challenged by: D-

Djibouti - PCV3

DJI - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	78	82	68	76	84	85	70	59	59	72	76
Estimate GoC	●	●	●	●	●●	●●	●●	●	●	●	●	●
Official	82	78	82	68	79	84	85	70	59	75	88	92
Administrative	82	84	78	68	79	84	85	70	59	75	88	92
Survey	-	-	-	-	-	-	62	-	-	-	-	-

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:

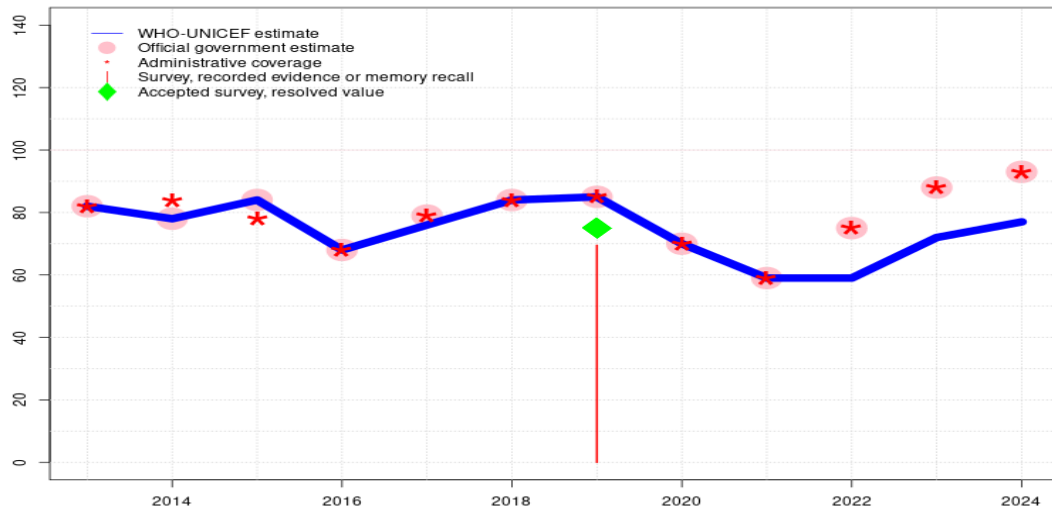
- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2022: Estimate of 59 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data. National vaccination coverage survey, Djibouti (ENCV-D 2020) results ignored by working group. The estimated vaccination coverage estimate in the 2020 survey is inconsistent with that of other vaccine-doses recommended at the same age. WHO and UNICEF recommend reviewing in detail survey findings. National vaccination coverage survey, Djibouti (ENCV-D 2020) record or recall results of 62 percent modified for recall bias to 64 percent based on 1st dose record or recall coverage of 80 percent, 1st dose record only coverage of 36 percent and 3rd dose record only coverage of 29 percent. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Number of administered doses were at similar level to previous year. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=R+ D+
- 2016: Estimate informed by reported data. Declines in the reported number of children vaccinated compared to levels reported in 2015 are unexplained. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in December 2012. Reporting started in 2013. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage us-

Djibouti - PCV3

ing all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

Djibouti - POL3

DJI - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	78	84	68	76	84	85	70	59	59	72	77
Estimate GoC	•	•	•	•	•••	•••	•••	•	•	•	•	•
Official	82	78	84	68	79	84	85	70	59	75	88	93
Administrative	82	84	78	68	79	84	85	70	59	75	88	93
Survey	-	-	-	-	-	-	70	-	-	-	-	-

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.

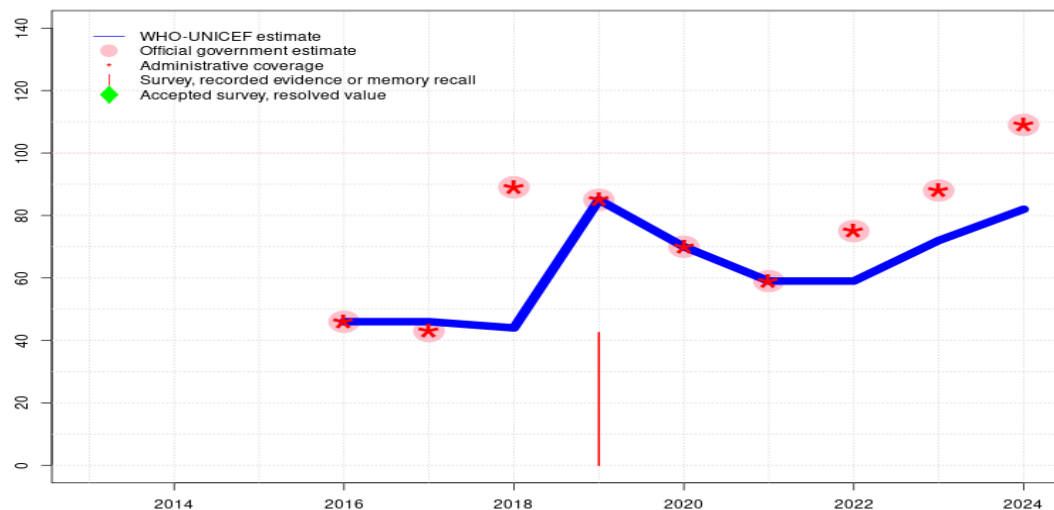
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate reflects trends of data reported. Estimate challenged by: R-
- 2022: Estimate of 59 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 75 percent based on 1 survey(s). National vaccination coverage survey, Djibouti (ENCV-D 2020) record or recall results of 70 percent modified for recall bias to 75 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 39 percent and 3rd dose record only coverage of 35 percent. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Number of administered doses were at similar level to previous year. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Declines in the reported number of children vaccinated compared to levels reported in 2015 are unexplained. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. Estimate challenged by: D-

Djibouti - IPV1

DJI - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	46	46	44	85	70	59	59	72	82
Estimate GoC	-	-	-	•	•	•	••	•	•	•	•	•
Official	-	-	-	46	43	89	85	70	59	75	88	109
Administrative	-	-	-	46	43	89	85	70	59	75	88	109
Survey	-	-	-	-	-	-	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.

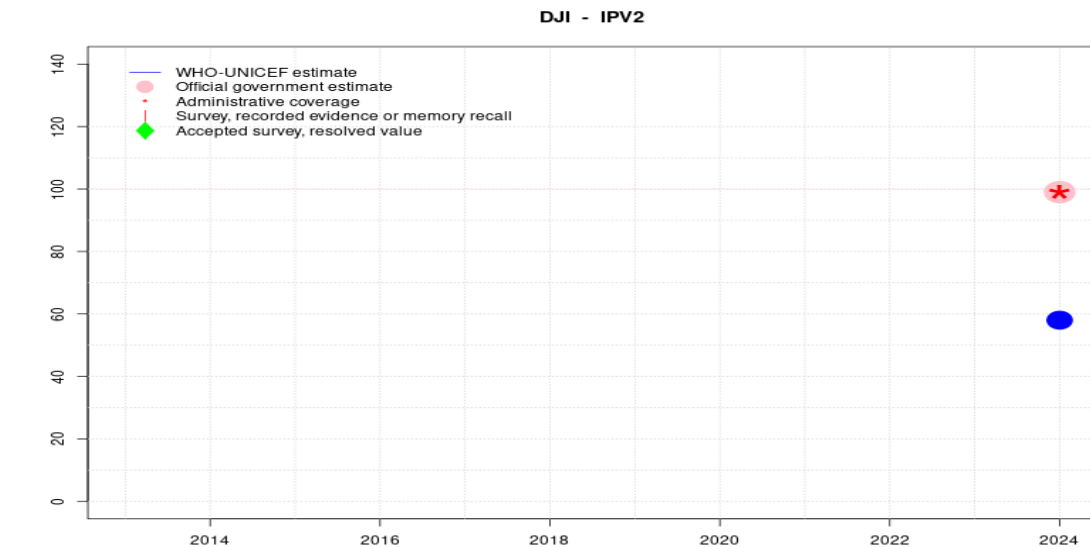
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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: Estimate informed by DTP1 estimate. Reported data excluded because 109 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 88 to 109 percent. Since 2024, IPV1 is recommended at the same age as DTP1. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate reflects trends of data reported. Estimate challenged by: R-
- 2022: Estimate of 59 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data. National vaccination coverage survey, Djibouti (ENCV-D 2020) results ignored by working group. The estimated IPV vaccination coverage estimate in the 2020 survey is inconsistent with that of other vaccine-doses recommended at the same age. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ D+
- 2018: Programme reports 89 percent coverage achieved in half of the population. Estimated coverage reflects annualized coverage achieved in the national population. Estimate challenged by: R-
- 2017: Estimate informed by prior year coverage level. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports 7 months stockout. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=Assigned by working group. Consistency with other antigens.
- 2016: Estimate informed by reported data. Inactivated polio vaccine introduced in 2016. Reporting started in 2016. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Djibouti - IPV2



Description:

2024: IPV2 introduced in 2024 and recommended at 14 weeks of age. Reported coverage of 58 percent achieved in 58 percent of national target population. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	-	58
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●
Official	-	-	-	-	-	-	-	-	-	-	-	99
Administrative	-	-	-	-	-	-	-	-	-	-	-	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

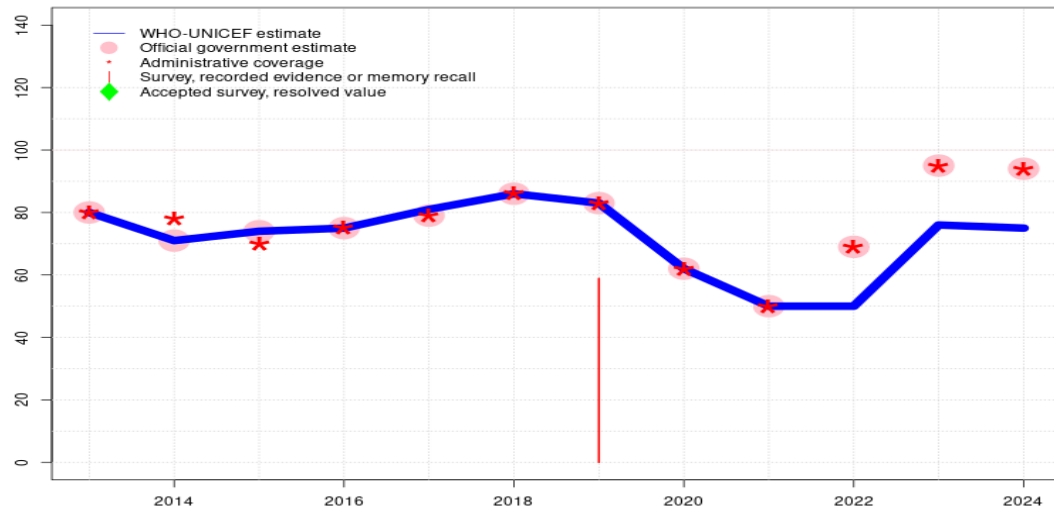
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Djibouti - MCV1

DJI - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	80	71	74	75	81	86	83	62	50	50	76	75
Estimate GoC	••	•	•	•	••	••	••	•	•	•	•	•
Official	80	71	74	75	79	86	83	62	50	69	95	94
Administrative	80	78	70	75	79	86	83	62	50	69	95	94
Survey	-	-	-	-	-	-	59	-	-	-	-	-

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

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

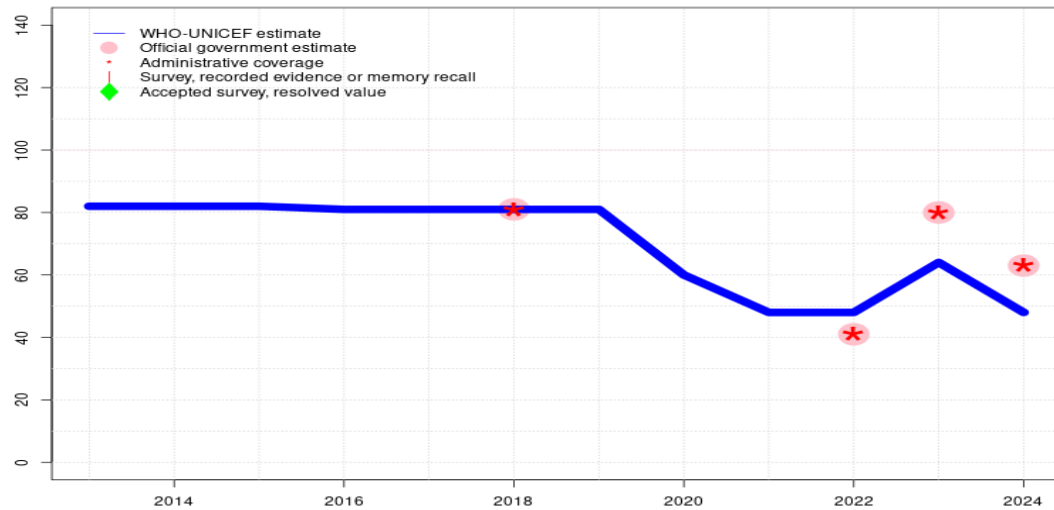
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate reflects trends of data reported. Estimate challenged by: R-
- 2022: Estimate of 50 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: R-
- 2021: Estimate informed by reported data. The decline in reported coverage is unexplained. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate informed by reported data. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate informed by reported data. National vaccination coverage survey, Djibouti (ENCV-D 2020) results ignored by working group. Survey results suggest meaningfully lower coverage for MCV compared to reported. Survey estimate ignored for consistency with other vaccine-doses. WHO and UNICEF recommend reviewing in detail survey findings. Reported number of births and surviving infants is exceptionally the same for this year. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage partly explained by decline in target population of 22 percent. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. GoC=R+ D+

Djibouti - MCV2

DJI - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	82	82	81	81	81	81	60	48	48	64	48
Estimate GoC	●	●	●	●	●	●●	●	●	●	●	●	●
Official	-	-	-	-	-	81	-	-	-	41	80	63
Administrative	-	-	-	-	-	81	-	-	-	41	80	63
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: Reported data calibrated to 2022 levels. Reported data excluded due to sudden change in coverage from 80 to 63 percent. Estimate challenged by: R-
- 2023: Estimate reflects the relative relationship between estimated coverage of MCV1 and number of doses administered applied to MCV2 number of doses administered. Reported data excluded due to an increase from 41 percent to 80 percent with decrease to 63 percent. Estimate challenged by: R-
- 2022: Estimate of 48 percent assigned by working group. Estimate based on 2021 coverage due to similar number of doses administered. Increase in reported coverage is in part reflective of a seventeen percent decline in the target population from 2021 to 2022 more so than an increase in the number of children vaccinated. Reported coverage based on incomplete reporting (67 of 72 reports expected). Estimate challenged by: D-R-
- 2021: Estimate based on coverage decline for MCV1 between 2020 and 2021. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2020: Estimate based on coverage decline for MCV1. Unexplained twenty percent decline in the reported target population between 2019 and 2020. Country indicates that the health system and immunization in particular was severely affected by the COVID-19 pandemic. Also, work is ongoing to improve data quality. GoC=Assigned by working group. GoC of 1 reflects unexplained inconsistencies in administrative coverage data.
- 2019: Estimate of 81 percent assigned by working group. Estimate informed by reported coverage. Reported number of births and surviving infants is exceptionally the same for this year. GoC=No accepted empirical data
- 2018: Estimate informed by reported coverage. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. Programme reports reduction in vaccination services due to malfunctions in cold chain and an ongoing household survey. GoC=No accepted empirical data
- 2016: Estimate informed by interpolation between reported data. Programme is in the process of strengthening their health information system which may partly explain apparent declines in reported coverage. Administered doses suggest decline in coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2014: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2013: Estimate informed by interpolation between reported data. Results from the 2014 coverage survey are reported using only children aged 12-23 m with cards. Recomputed survey coverage using all children aged 12-23 m in the survey sample suggests lower coverage levels than those reported by the government for 2013. GoC=No accepted empirical data

Djibouti - 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.

2019 Enquete Nationale de Couverture Vaccinale, Djibouti (ENCV-D 2020)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	54	12-23 m	1430	79
BCG	Record	41.4	12-23 m	1430	79
BCG	Record or Recall	97.7	12-23 m	1430	79
DTP1	Recall	44.4	12-23 m	1430	79
DTP1	Record	39.1	12-23 m	1430	79
DTP1	Record or Recall	83.5	12-23 m	1430	79
DTP3	Recall	35.1	12-23 m	1430	79
DTP3	Record	35.1	12-23 m	1430	79
DTP3	Record or Recall	68.1	12-23 m	1430	79
HEPB1	Recall	44.4	12-23 m	1430	79
HEPB1	Record	39.1	12-23 m	1430	79
HEPB1	Record or Recall	83.5	12-23 m	1430	79
HEPB3	Recall	35.1	12-23 m	1430	79
HEPB3	Record	35.1	12-23 m	1430	79
HEPB3	Record or Recall	68.1	12-23 m	1430	79
HEPBB	Recall	53.2	12-23 m	1430	79
HEPBB	Record	41.4	12-23 m	1430	79
HEPBB	Record or Recall	94.6	12-23 m	1430	79
HIB1	Recall	44.4	12-23 m	1430	79

HIB1	Record	39.1	12-23 m	1430	79
HIB1	Record or Recall	83.5	12-23 m	1430	79
HIB3	Recall	35.1	12-23 m	1430	79
HIB3	Record	35.1	12-23 m	1430	79
HIB3	Record or Recall	68.1	12-23 m	1430	79
IPV1	Recall	33	12-23 m	1430	79
IPV1	Record	9.5	12-23 m	1430	79
IPV1	Record or Recall	42.5	12-23 m	1430	79
MCV1	Recall	24.5	12-23 m	1430	79
MCV1	Record	24.5	12-23 m	1430	79
MCV1	Record or Recall	58.9	12-23 m	1430	79
PCV1	Recall	35.6	12-23 m	1430	79
PCV1	Record	35.6	12-23 m	1430	79
PCV1	Record or Recall	80	12-23 m	1430	79
PCV3	Recall	29.3	12-23 m	1430	79
PCV3	Record	29.3	12-23 m	1430	79
PCV3	Record or Recall	62.3	12-23 m	1430	79
POL1	Recall	45.3	12-23 m	1430	79
POL1	Record	39.1	12-23 m	1430	79
POL1	Record or Recall	84.4	12-23 m	1430	79
POL3	Recall	34.4	12-23 m	1430	79
POL3	Record	35.1	12-23 m	1430	79
POL3	Record or Recall	69.5	12-23 m	1430	79
ROTAC	Recall	32.8	12-23 m	1430	79
ROTAC	Record	32.8	12-23 m	1430	79
ROTAC	Record or Recall	76.9	12-23 m	1430	79

2013 Rapport de l'enquete de couverture vaccinale, 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	75.6	12-23 m	14715	76
DTP1	Record	74.2	12-23 m	14715	76
DTP3	Record	69	12-23 m	14715	76
HEPB1	Record	74.2	12-23 m	14715	76
HEPB3	Record	69	12-23 m	14715	76
HIB1	Record	74.2	12-23 m	14715	76
HIB3	Record	69	12-23 m	14715	76
MCV1	Record	63.2	12-23 m	14715	76
POL1	Record	74.2	12-23 m	14715	76

POL3	Record	69	12-23 m	14715	76	HIB3	Record or Recall	83.1	12-23 m	1227	-
2009 Deuxieme Enquete Djiboutienne sur la Sante de la Famille EDSF PAP-FAM 2 – 2012						MCV1	Record or Recall	72.9	12-23 m	1227	-
						POL1	Record or Recall	91.1	12-23 m	1227	-
						POL3	Record or Recall	83.1	12-23 m	1227	-

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	69.5	12-23 m	-	15
BCG	Record or Recall	71.2	12-23 m	517	15
DTP1	Record	63.5	12-23 m	-	15
DTP1	Record or Recall	67.5	12-23 m	517	15
DTP3	Record	39.5	12-23 m	-	15
DTP3	Record or Recall	42.7	12-23 m	517	15
HEPB1	Record	63.5	12-23 m	-	15
HEPB1	Record or Recall	67.5	12-23 m	517	15
HEPB3	Record	39.5	12-23 m	-	15
HEPB3	Record or Recall	42.7	12-23 m	517	15
HIB1	Record	63.5	12-23 m	-	15
HIB1	Record or Recall	67.5	12-23 m	517	15
HIB3	Record	39.5	12-23 m	-	15
HIB3	Record or Recall	42.7	12-23 m	517	15
MCV1	Record	51.4	12-23 m	-	15
MCV1	Record or Recall	57.2	12-23 m	517	15
POL1	Record	63.5	12-23 m	-	15
POL1	Record or Recall	67.5	12-23 m	517	15
POL3	Record	39.5	12-23 m	-	15
POL3	Record or Recall	42.7	12-23 m	517	15

2007 Rapport de l'enquête de couverture vaccinale Djibouti, 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	93.2	12-23 m	1227	-
DTP1	Record or Recall	91.1	12-23 m	1227	-
DTP3	Record or Recall	83.1	12-23 m	1227	-
HEPB1	Record or Recall	91.1	12-23 m	1227	-
HEPB3	Record or Recall	83.1	12-23 m	1227	-
HIB1	Record or Recall	91.1	12-23 m	1227	-

2005 L'Enquête Djiboutienne à Indicateurs Multiple (EDIM 2006)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	41.1	12-23 m	450	46
BCG	Record	46.4	12-23 m	450	46
BCG	Record or Recall	87.5	12-23 m	450	46
BCG	Record or Recall<12m	87.5	12-23 m	450	46
DTP3	Recall	17.2	12-23 m	450	46
DTP3	Record	44	12-23 m	450	46
DTP3	Record or Recall	61.2	12-23 m	450	46
DTP3	Record or Recall<12m	56.8	12-23 m	450	46
MCV1	Recall	36.8	12-23 m	450	46
MCV1	Record	36.7	12-23 m	450	46
MCV1	Record or Recall	73.5	12-23 m	450	46
MCV1	Record or Recall<12m	65	12-23 m	450	46
POL3	Recall	6	12-23 m	450	46
POL3	Record	43.9	12-23 m	450	46
POL3	Record or Recall	49.8	12-23 m	450	46
POL3	Record or Recall<12m	46.2	12-23 m	450	46

2002 Enquête Djiboutienne sur la Sante de la Famille, Rapport Preliminaire

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	76.8	12-23 m	-	-
DTP1	Record or Recall	74.6	12-23 m	-	-
DTP3	Record or Recall	53.1	12-23 m	-	-
MCV1	Record or Recall	58.1	12-23 m	-	-
POL1	Record or Recall	73.8	12-23 m	-	-
POL3	Record or Recall	65.2	12-23 m	-	-

Further information and estimates for previous years are available at:

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

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