

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 Guérin 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.

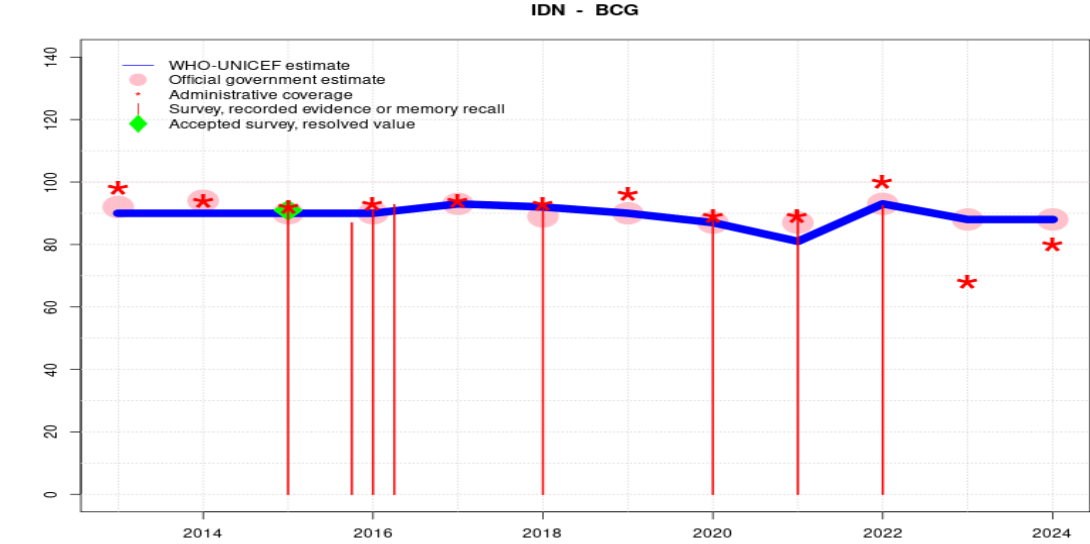
ROTAC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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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	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	90	90	90	93	92	90	87	81	93	88	88
Estimate GoC	•	•	•••	•••	•••	••	••	••	•	••	•	••
Official	92	94	90	90	93	89	90	87	87	93	88	88
Administrative	98	94	92	93	94	93	96	89	89	100	68	80
Survey	-	-	91	*	-	92	-	91	91	92	-	-

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. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of an the 2023-2024 Demographic and Health Survey and await the final results. Official estimates based on DHS and Basic Health Survey results. GoC=R+ D+
- 2023: Estimate informed by reported data. Reported official coverage reflects administrative data weighted by survey results from the prior year. Programme reports subnational vaccine stockouts. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2022-2024 results ignored. Sample size 0 less than 300. GoC=R+ D+
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Indonesia National Socio-Economic Survey (Susenas) 2023 results ignored. Sample size 0 less than 300. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: R-
- 2020: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2020-2022 results ignored. Sample size 0 less than 300. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Indonesia National Socio-Economic Survey (Susenas) 2018-2020 results ignored. Sample size 0 less than 300. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ignored. Sample size 0 less than 300.Indonesia Demographic and Health Survey 2017 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 91 percent

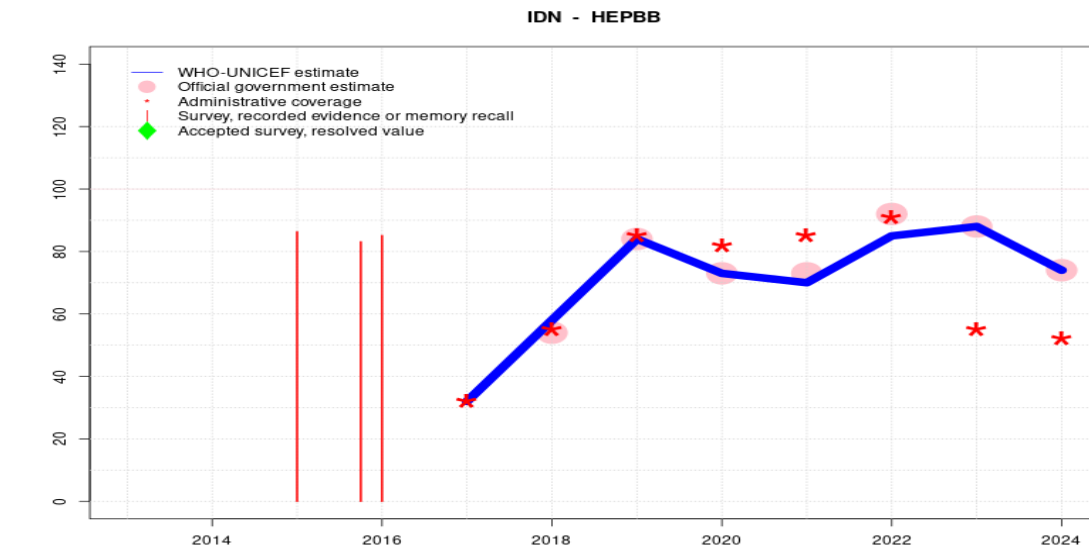
Indonesia - BCG

based on 1 survey(s). GoC=R+ S+ D+

2014: Reported data calibrated to 2012 and 2015 levels. Programme reports six month stockout during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: R-

2013: Reported data calibrated to 2012 and 2015 levels. Calibration applied to administrative coverage levels. Estimate challenged by: R-

Indonesia - HEPBB



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	32	58	84	73	70	85	88	74
Estimate GoC	-	-	-	-	•	•	••	•	•	•	•	•
Official	-	-	-	-	-	54	84	73	73	92	88	74
Administrative	-	-	-	-	32	55	85	82	85	91	55	52
Survey	-	-	86	*	-	-	-	-	-	-	-	-

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

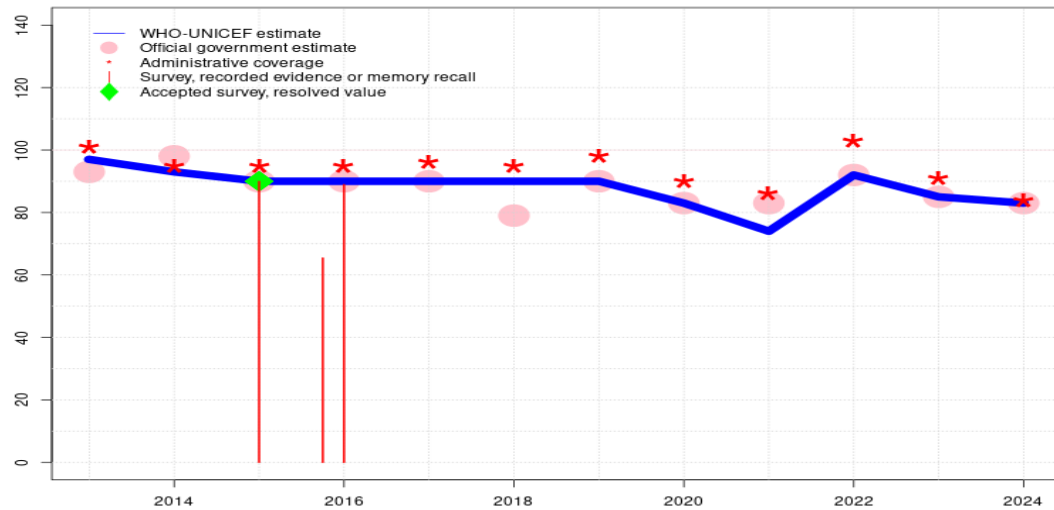
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Description:

- 2024: Estimate informed by reported data. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of an the 2023-2024 Demographic and Health Survey and await the final results. Programme reported three months vaccine stockout at the national and subnational levels. Official estimates based on DHS and Basic Health Survey results. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported official coverage reflects administrative data weighted by survey results from the prior year. Estimate challenged by: D-
- 2022: Estimate informed by the relative relationship between estimated and reported administrative BCG coverage applied to the administrative coverage for HepB birth dose. Estimate challenged by: R-
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and sub-national coverage survey results, and vaccine supply data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate exceptionally based on reported coverage. GoC=Assigned by working group. Consistency with GoC for other vaccines.
- 2017: Estimate informed by reported administrative data. Estimate exceptionally based on reported coverage. Beginning in 2017 the Programme reports doses given within 24 hours separate from later doses. GoC=Assigned by working group. Consistency with GoC for other vaccines.

Indonesia - DTP1

IDN - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	93	90	90	90	90	90	83	74	92	85	83
Estimate GoC	•	•	•••	•••	•••	••	•	••	•	••	••	••
Official	93	98	90	90	90	79	90	83	83	92	85	83
Administrative	101	95	95	95	96	95	98	90	86	103	91	84
Survey	-	-	90	*	-	-	-	-	-	-	-	-

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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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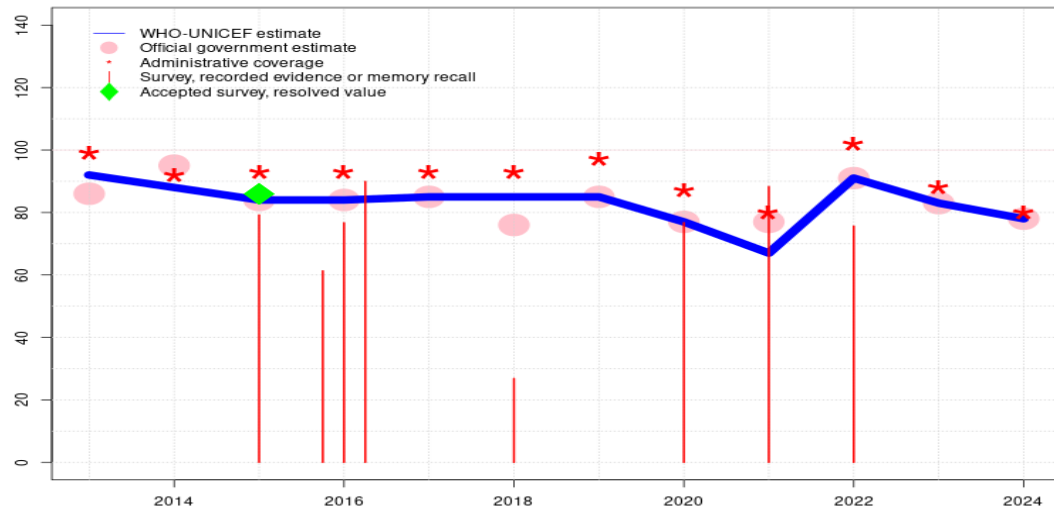
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- 2023: Estimate informed by reported data. Reported official coverage reflects administrative data weighted by survey results from the prior year. Programme reports subnational vaccine stockouts. GoC=R+ D+
- 2022: Estimate informed by reported data. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. GoC=R+ D+
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: R-
- 2020: Estimate informed by reported data. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and sub-national coverage survey results, and vaccine supply data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Reported data excluded due to decline in reported coverage from 90 percent to 79 percent with increase to 90 percent. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Indonesia Demographic and Health Survey 2017 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Reported data calibrated to 2011 and 2015 levels. Programme reports four months stock-out during first half of year. Estimates based on a calibration applied to administrative coverage levels. Estimate challenged by: R-
- 2013: Estimate informed by estimated DTP3 coverage adjusted for dropout. Reported data excluded because 101 percent greater than 100 percent. Estimates based on a calibration

Indonesia - DTP1

applied to administrative coverage levels. Estimate challenged by: R-

Indonesia - DTP3

IDN - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	88	84	84	85	85	85	77	67	91	83	78
Estimate GoC	•	•	•••	•	•	•	•	•	•	••	••	••
Official	86	95	84	84	85	76	85	77	77	91	83	78
Administrative	99	92	93	93	93	93	97	87	80	102	88	80
Survey	-	-	79	*	-	27	-	77	88	76	-	-

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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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- 2023: Estimate informed by reported data. Reported official coverage reflects administrative data weighted by survey results from the prior year. Programme reports subnational vaccine stockouts. GoC=R+ D+
- 2022: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2022-2024 results ignored. Sample size 0 less than 300. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. GoC=R+ D+
- 2021: Estimate informed by the relative decline in the number of doses reported for 2021 compared with 2020 applied to 2020 estimated coverage. Indonesia National Socio-Economic Survey (Susenas) 2023 results ignored. Sample size 0 less than 300. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2020-2022 results ignored. Sample size 0 less than 300. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Indonesia National Socio-Economic Survey (Susenas) 2018-2020 results ignored. Sample size 0 less than 300. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ignored. Sample size 0 less than 300. Indonesia Demographic and Health Survey 2017 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Demographic and Health Survey 2017 record or recall

Indonesia - DTP3

results of 77 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 56 percent and 3rd dose record only coverage of 52 percent. Estimate challenged by: D-

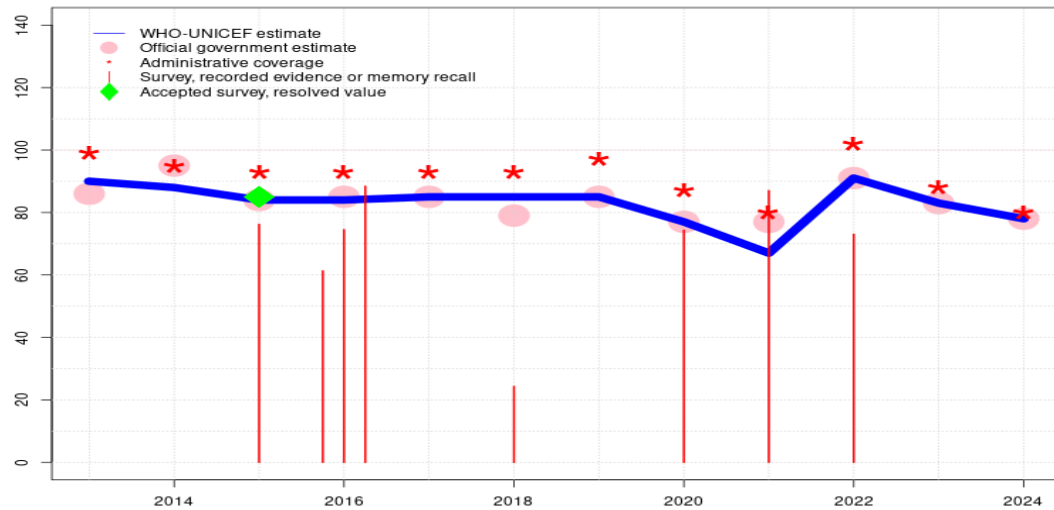
2015: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Indonesia Demographic and Health Survey 2017 record or recall results of 79 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 40 percent. GoC=R+ S+ D+

2014: Reported data calibrated to 2011 and 2015 levels. Programme reports four months stockout during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: R-

2013: Reported data calibrated to 2011 and 2015 levels. Calibration applied to administrative coverage levels. Estimate challenged by: R-S-

Indonesia - HEPB3

IDN - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	88	84	84	85	85	85	77	67	91	83	78
Estimate GoC	•	•	•••	•	•	•	•	•	•	••	••	••
Official	86	95	84	85	85	79	85	77	77	91	83	78
Administrative	99	95	93	93	93	93	97	87	80	102	88	80
Survey	-	-	76	*	-	24	-	74	87	73	-	-

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- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Indonesia National Socio-Economic Survey (Susenas) 2023 results ignored. Sample size 0 less than 300. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2020-2022 results ignored. Sample size 0 less than 300. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate challenged by: D-
- 2019: Estimate informed by estimated DTP3 level. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between reported data. Indonesia National Socio-Economic Survey (Susenas) 2018-2020 results ignored. Sample size 0 less than 300. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate challenged by: D-
- 2017: Estimate informed by estimated DTP3 level. Estimate challenged by: D-R-
- 2016: Estimate informed by estimated DTP3 level. Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ignored. Sample size 0 less than 300. Indonesia Demographic and Health Survey 2017 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ig-

nored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Demographic and Health Survey 2017 record or recall results of 75 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 56 percent and 3rd dose record only coverage of 52 percent. Estimate challenged by: D-R-

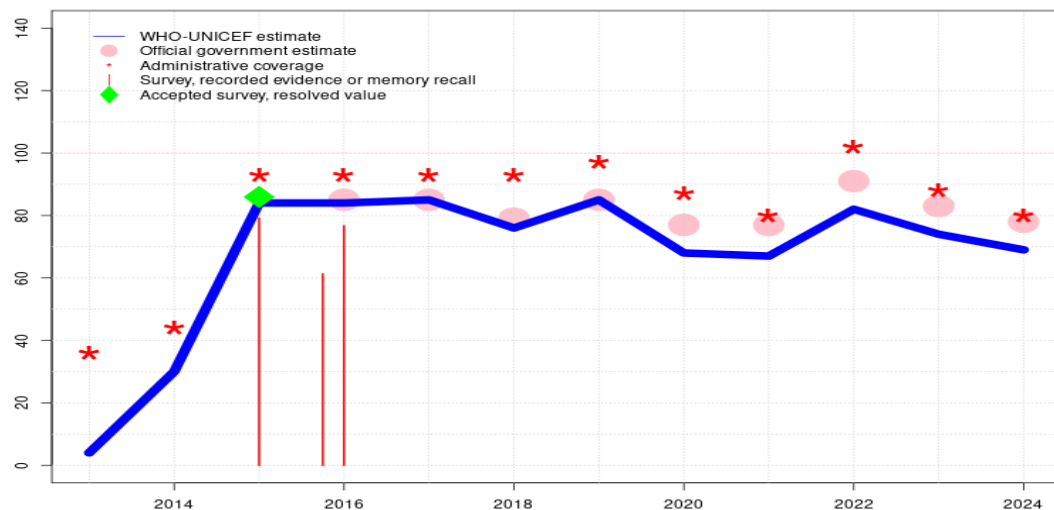
2015: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Indonesia Demographic and Health Survey 2017 record or recall results of 76 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 40 percent. GoC=R+ S+ D+

2014: Estimate of 88 percent assigned by working group. Estimate informed by estimated DTP3 level. Programme reports four months stockout during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: R-

2013: Reported data calibrated to 2011 and 2014 levels. Calibration applied to administrative coverage levels. Estimate of 90 percent changed from previous revision value of 92 percent. Estimate challenged by: R-

Indonesia - HIB3

IDN - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	4	30	84	84	85	76	85	68	67	82	74	69
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	-	-	-	85	85	79	85	77	77	91	83	78
Administrative	36	44	93	93	93	93	97	87	80	102	88	80
Survey	-	-	79	*	-	-	-	-	-	-	-	-

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.

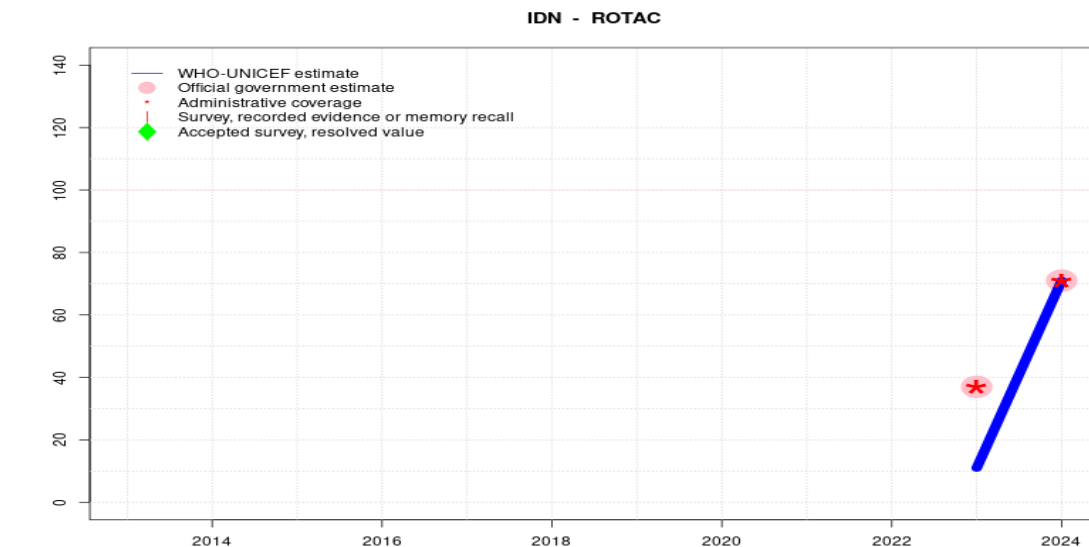
Description:

- 2024: Reported data calibrated to 2015 levels. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of an the 2023-2024 Demographic and Health Survey and await the final results. Programme reported two months vaccine stockout at the national and subnational levels. Official estimates based on DHS and Basic Health Survey results. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2015 levels. Reported official coverage reflects administrative data weighted by survey results from the prior year. Programme reports subnational vaccine stockouts. Estimate of 74 percent changed from previous revision value of 83 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2015 levels. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. Estimate of 82 percent changed from previous revision value of 91 percent. Estimate challenged by: D-R-
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2015 levels. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate of 68 percent changed from previous revision value of 77 percent. Estimate challenged by: D-R-
- 2019: Estimate informed by estimated DTP3 level. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2015 levels. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate of 76 percent changed from previous revision value of 85 percent. Estimate challenged by: D-R-
- 2017: Estimate informed by estimated DTP3 level. Estimate challenged by: D-R-
- 2016: Estimate informed by estimated DTP3 level. Indonesia Demographic and Health Survey 2017 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Demographic and Health Survey 2017 record or recall results of 77 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 56 percent and 3rd dose record only coverage of 52 percent. Estimate challenged by: D-R-

Indonesia - HIB3

- 2015: Estimate of 84 percent assigned by working group. Reported data based on national target population. Estimate informed by estimated DTP3 level. Indonesia Demographic and Health Survey 2017 record or recall results of 79 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 40 percent. Estimate challenged by: R-
- 2014: Estimate of 30 percent assigned by working group. Reported data based on national target population. Estimate informed by calibrated DTP3 level. Estimate challenged by: D-R-S-
- 2013: Estimate of 4 percent assigned by working group. DTP-HepB-Hib pentavalent combination vaccine introduced in part of the country in August 2013. Thirty-six percent coverage achieved in 24 percent of national target population. Estimate challenged by: R-S-

Indonesia - ROTAC



Description:

2024: Estimate informed by reported data. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of an the 2023-2024 Demographic and Health Survey and await the final results. Official estimates based on administrative coverage. GoC=R+ D+

2023: Rotavirus vaccine partially introduced in 2022. Reporting started in 2023. A nationwide launch was held in August 2023. Prior to this point, the vaccine was available in 21 districts. The country reports 37 percent coverage in 30 percent of the national target population. This estimate reflects annualized coverage in the national target population. Programme reports subnational vaccine stockouts. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	11	71
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●	●●
Official	-	-	-	-	-	-	-	-	-	-	37	71
Administrative	-	-	-	-	-	-	-	-	-	-	37	71
Survey	-	-	-	-	-	-	-	-	-	-	-	-

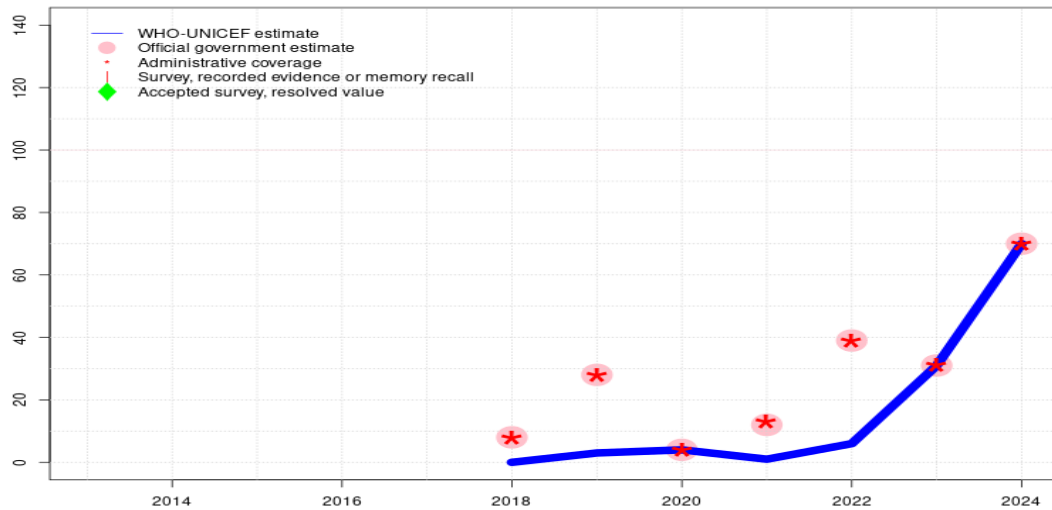
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Indonesia - PCV3

IDN - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	0	3	4	1	6	31	70
Estimate GoC	-	-	-	-	-	•	•	•	•	•	••	••
Official	-	-	-	-	-	8	28	4	12	39	31	70
Administrative	-	-	-	-	-	8	28	4	13	39	31	70
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.

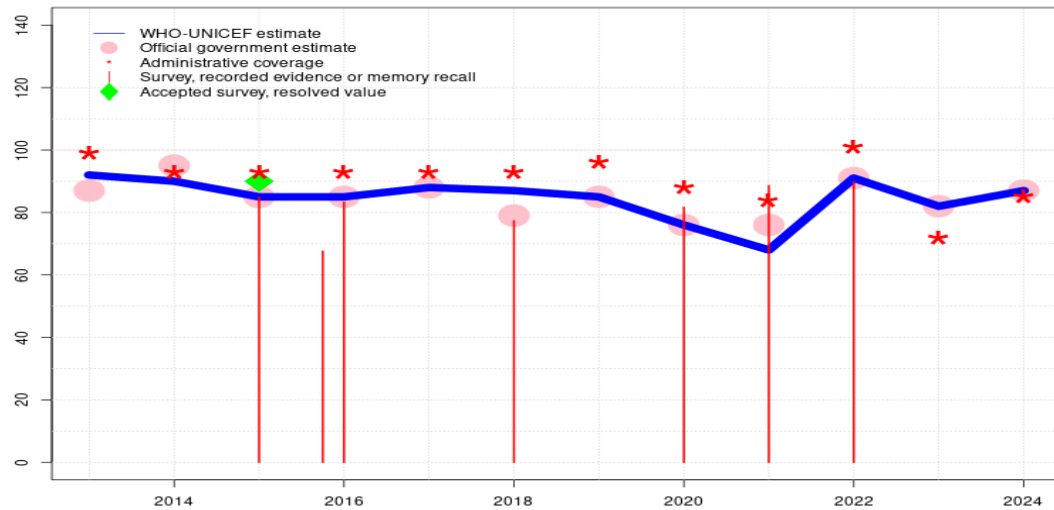
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of an the 2023-2024 Demographic and Health Survey and await the final results. Official estimates based on administrative coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Reported coverage reflects that for the booster dose recommended at 12 months. Reported coverage for the second dose recommended at 4 months is 71 percent. Programme reports subnational vaccine stockouts. GoC=R+ D+
- 2022: A nationwide launch was held in September 2022. Prior to this point, the vaccine was available in 30 districts. Country reports 39 percent coverage in 16 percent of the national target population. Estimated coverage reflects doses delivered across annualized, national target population. Estimate challenged by: R-
- 2021: Estimate informed by the relative change in the number of doses reported for 2021 compared with 2019 applied to 2019 estimated coverage. 2020 was not used as the reference year because of the reported vaccine stockout. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: R-
- 2020: Estimate informed by reported data. Programme reports a nine month vaccine stockout at national and subnational levels. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate challenged by: R-
- 2019: Programme reports 28 percent coverage achieved among three percent of the national target population. Estimate reflects annualized coverage in the national target population. Reported data excluded due to an increase from 8 percent to 28 percent with decrease to 4 percent. Programme reports a three months national level vaccine stockout. Estimate challenged by: R-
- 2018: Programme reports 8 percent coverage achieved among one percent of the national target population. Estimate reflects annualized coverage in the national target population. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Pneumococcal conjugate vaccine partially introduced in 2017 with full roll out expected in 2019. Reporting started in 2018. GoC=Assigned by working group. Consistency with GoC for other vaccines.

Indonesia - POL3

IDN - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	90	85	85	88	87	85	76	68	91	82	87
Estimate GoC	●	●	●●●	●●●	●●●	●●	●	●	●	●●	●	●●
Official	87	95	85	85	88	79	85	76	76	91	82	87
Administrative	99	93	93	93	93	93	96	88	84	101	72	85
Survey	-	-	85	*	-	77	-	82	89	90	-	-

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. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of an the 2023-2024 Demographic and Health Survey and await the final results. Official estimates based on DHS and Basic Health Survey results. GoC=R+ D+
- 2023: Estimate informed by reported data. Reported official coverage reflects administrative data weighted by survey results from the prior year. Programme reports subnational vaccine stockouts. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2022-2024 results ignored. Sample size 0 less than 300. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. GoC=R+ D+
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Indonesia National Socio-Economic Survey (Susenas) 2023 results ignored. Sample size 0 less than 300. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2020-2022 results ignored. Sample size 0 less than 300. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Indonesia National Socio-Economic Survey (Susenas) 2018-2020 results ignored. Sample size 0 less than 300. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Indonesia Demographic and Health Survey 2017 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Demographic and Health Survey 2017 record or recall results of 83 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 57 percent and 3rd dose record only coverage of 54 percent. Programme reports three months

vaccine stockout at national level. GoC=R+ S+ D+

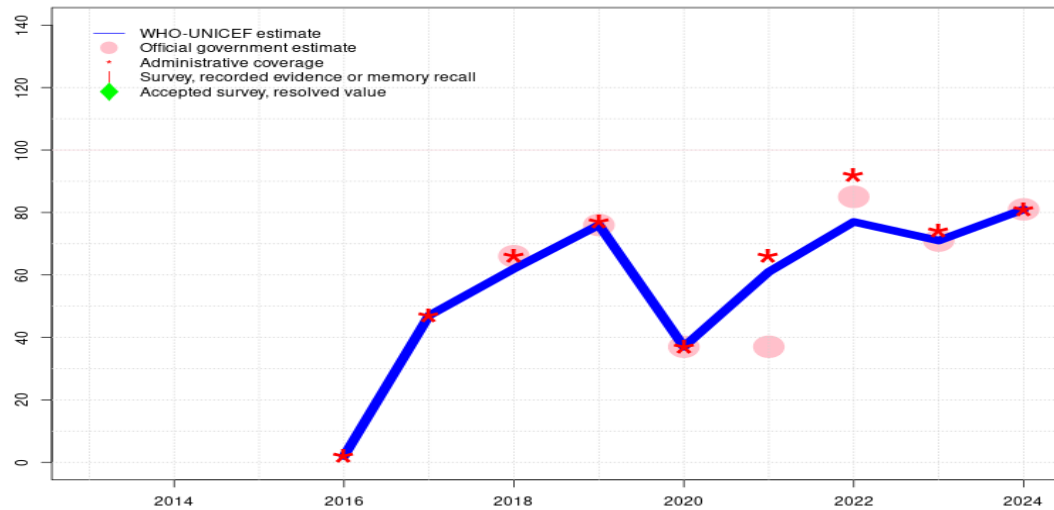
2015: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Indonesia Demographic and Health Survey 2017 record or recall results of 85 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 41 percent. GoC=R+ S+ D+

2014: Reported data calibrated to 2011 and 2015 levels. Programme reports six month stockout during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: R-

2013: Reported data calibrated to 2011 and 2015 levels. Calibration applied to administrative coverage levels. Estimate challenged by: R-

Indonesia - IPV1

IDN - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	2	47	62	76	37	61	77	71	81
Estimate GoC	-	-	-	•	•	•	••	••	•	•	••	••
Official	-	-	-	-	-	66	76	37	37	85	71	81
Administrative	-	-	-	2	47	66	77	37	66	92	74	81
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.

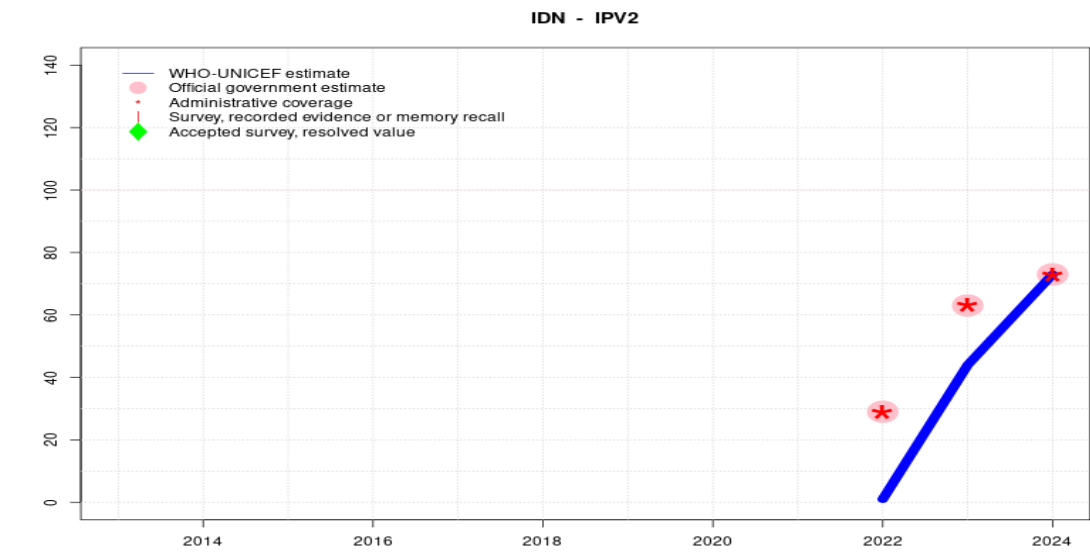
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of an the 2023-2024 Demographic and Health Survey and await the final results. Official estimates based on administrative coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by the relative relationship between estimated and reported administrative DTP3 coverage applied to the administrative coverage for IPV1. Reported data excluded due to an increase from 66 percent to 92 percent with decrease to 71 percent. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. Inconsistent adjustment between official and administrative coverage. Estimate challenged by: R-
- 2021: Estimate informed by the relative change in the number of doses reported for 2021 compared with 2019 applied to 2019 estimated coverage. 2020 was not used as the reference year because of the reported IPV stockout. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: R-
- 2020: Estimate informed by reported data. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and sub-national coverage survey results, and vaccine supply data. Programme reports an eight month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports a three months national level vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate exceptionally based on reported coverage following introduction. GoC=Assigned by working group. Consistency with GoC for other vaccines.
- 2017: Estimate informed by reported administrative data. Estimate exceptionally based on reported coverage following introduction. GoC=Assigned by working group. Consistency with GoC for other vaccines.
- 2016: Estimate informed by reported administrative data. Inactivated polio vaccine introduced in 2016. Estimate exceptionally based on reported coverage following introduction. GoC=Assigned by working group. Consistency with GoC for other vaccines.

Indonesia - IPV2



Description:

- 2024: Estimate informed by reported data. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of an the 2023-2024 Demographic and Health Survey and await the final results. Official estimates based on administrative coverage. GoC=R+ D+
- 2023: Second dose of inactivated polio vaccine introduced nationwide in June 2023. A nationwide launch was held in June 2023. Prior to this point, the vaccine was available in 38 districts. The country reports 63 percent coverage in 70 percent of the national target population. This estimate reflects annualized coverage in the national target population. Estimate challenged by: R-
- 2022: Second dose of inactivated polio vaccine, recommended for administration at 9 months of age, introduced in December 2022 in 3 provinces. Reported coverage reflects that achieved in 2 percent of the national target population. Estimate reflects annualized coverage in the national target population. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	1	44	73
Estimate GoC	-	-	-	-	-	-	-	-	-	•	•	••
Official	-	-	-	-	-	-	-	-	-	29	63	73
Administrative	-	-	-	-	-	-	-	-	-	29	63	73
Survey	-	-	-	-	-	-	-	-	-	-	-	-

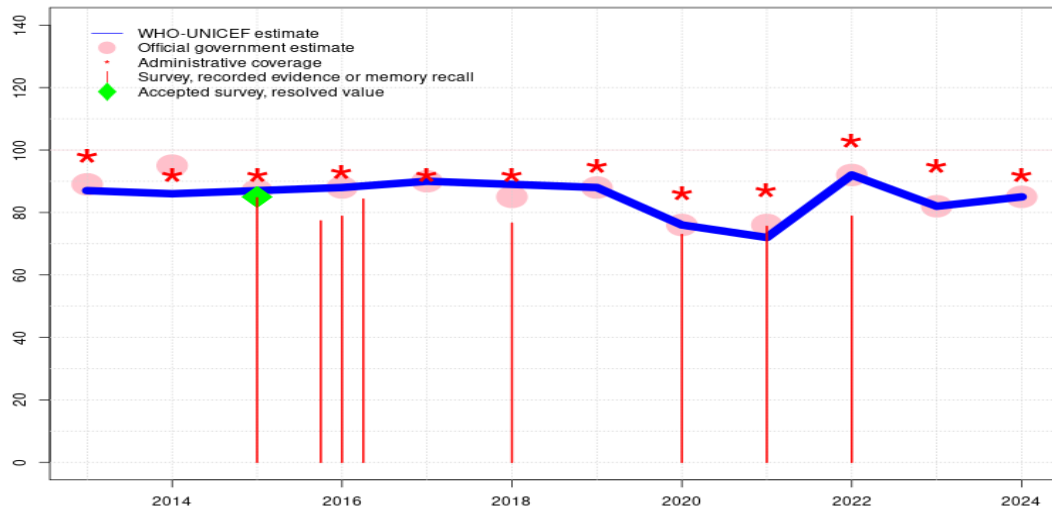
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Indonesia - MCV1

IDN - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	86	87	88	90	89	88	76	72	92	82	85
Estimate GoC	•	•	•••	•••	•••	••	•	•	•	••	•	••
Official	89	95	87	88	90	85	88	76	76	92	82	85
Administrative	98	92	92	93	92	92	95	86	87	103	95	92
Survey	-	-	85	*	-	77	-	73	76	79	-	-

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. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of an the 2023-2024 Demographic and Health Survey and await the final results. Official estimates based on DHS and Basic Health Survey results. GoC=R+ D+
- 2023: Estimate informed by reported data. Reported official coverage reflects administrative data weighted by survey results from the prior year. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2022-2024 results ignored. Sample size 0 less than 300. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. GoC=R+ D+
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Indonesia National Socio-Economic Survey (Susenas) 2023 results ignored. Sample size 0 less than 300. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2020-2022 results ignored. Sample size 0 less than 300. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Indonesia National Socio-Economic Survey (Susenas) 2018-2020 results ignored. Sample size 0 less than 300. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ignored. Sample size 0 less than 300. Indonesia Demographic and Health Survey 2017 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas

Indonesia - MCV1

2018 survey values. GoC=R+ S+ D+

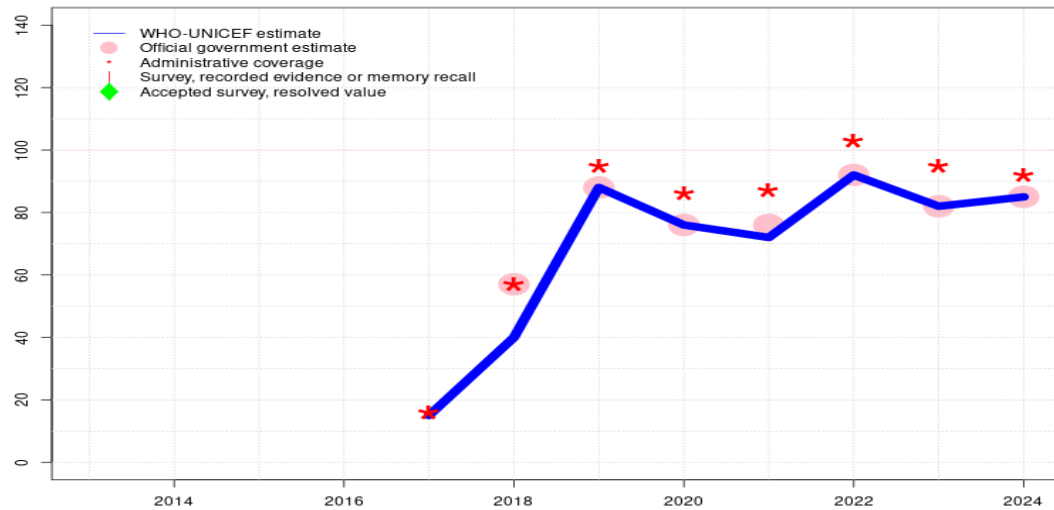
2015: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Reported data calibrated to 2012 and 2015 levels. Programme reports two months stockout during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: R-

2013: Reported data calibrated to 2012 and 2015 levels. Calibration applied to administrative coverage levels. Estimate challenged by: R-

Indonesia - RCV1

IDN - RCV1



Description:

2024: Estimate based on estimated MCV1. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of an the 2023-2024 Demographic and Health Survey and await the final results. Official estimates based on DHS and Basic Health Survey results. GoC=R+ D+

2023: Estimate based on estimated MCV1. Estimate challenged by: D-

2022: Estimate based on estimated MCV1. GoC=R+ D+

2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-

2020: Estimate based on estimated MCV1. Reported data excluded due to decline in reported coverage from 88 percent to 76 percent with increase to 87 percent. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate challenged by: D-

2019: Estimate based on estimated MCV1. Reported data excluded due to an increase from 57 percent to 88 percent with decrease to 76 percent. Estimate challenged by: D-

2018: Rubella containing vaccine continues to be partially introduced across the country. Estimates is based on an adjustment to the reported administrative data based on the difference between estimated and reported coverage for MCV1. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. GoC=R+ D+

2017: Programme introduce rubella-containing vaccine in part of the country. GoC=R+ S+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	15	40	88	76	72	92	82	85
Estimate GoC	-	-	-	-	•••	••	•	•	•	••	•	••
Official	-	-	-	-	-	57	88	76	76	92	82	85
Administrative	-	-	-	-	16	57	95	86	87	103	95	92
Survey	-	-	-	-	-	-	-	-	-	-	-	-

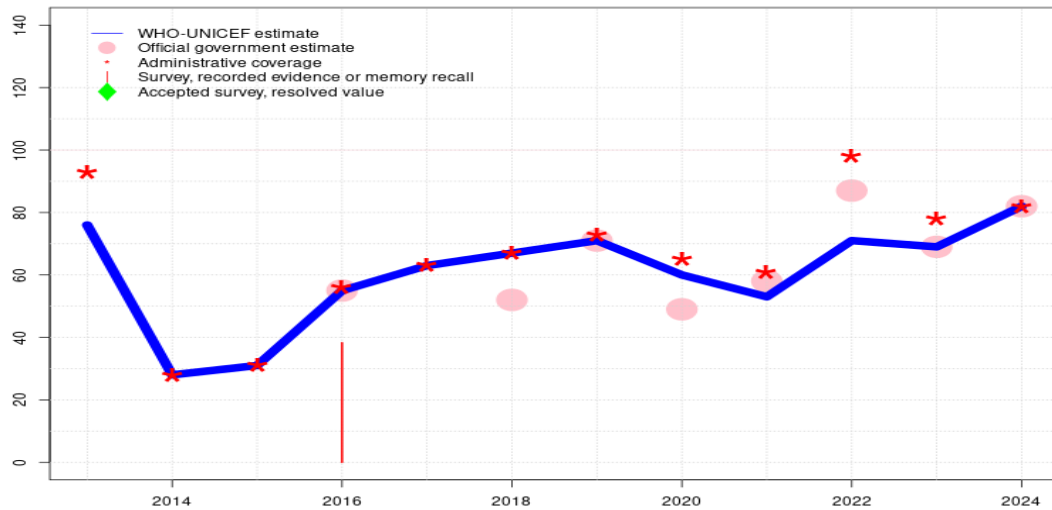
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Indonesia - MCV2

IDN - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	76	28	31	55	63	67	71	60	53	71	69	82
Estimate GoC	•	••	•	•	•	•	••	•	•	•	••	••
Official	-	-	-	55	-	52	71	49	58	87	69	82
Administrative	93	28	31	56	63	67	73	65	61	98	78	82
Survey	-	-	-	38	-	-	-	-	-	-	-	-

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. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of an the 2023-2024 Demographic and Health Survey and await the final results. Official estimates based on DHS and Basic Health Survey results. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimate of 69 percent changed from previous revision value of 62 percent. GoC=R+ D+
- 2022: Estimate reflects trend in reported number of doses administered for 2022, which are greater than that reported for 2019, pre-COVID-19 pandemic, and may include doses delivered during a national measles-rubella campaign during 2022. Estimate is informed by estimated coverage for 2019. Reported data excluded. Reported administrative coverage reflects a 16 percent decline in target population size and a 37 percent increase in the number of doses administered compared to 2021 levels. Reported data excluded due to an increase from 61 percent to 87 percent with decrease to 69 percent. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. Estimate challenged by: D-R-
- 2021: Reported number of doses administered declined 7 percent from 2020 to 2021. Estimate informed by this relative change applied to the estimated coverage level for 2020. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: R-
- 2020: Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. The reported number of doses administered declined 11 percent between 2019 and 2020. Estimated coverage reflects the relative change in reported doses applied to the estimated 2019 coverage level. Reported data excluded due to decline in reported coverage from 71 percent to 49 percent with increase to 61 percent. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate challenged by: R-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate exceptionally based on reported coverage following change in schedule. Estimate informed by reported administrative coverage. GoC=Assigned by working group. Consistency with GoC for other vaccines.
- 2017: Estimate informed by reported administrative data. Estimate exceptionally based on reported coverage following change in schedule. GoC=Assigned by working group. Consistency with GoC for other vaccines.

Indonesia - MCV2

- 2016: Estimate informed by reported data. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Estimate informed by reported administrative coverage following change in schedule. GoC=Assigned by working group. Consistency with GoC for other vaccines.
- 2015: Estimate informed by reported administrative data. No explanation provided for continued low levels of reported coverage for second dose of MCV following change in schedule. Reported target population appears to cover multiple birth cohorts. Estimate challenged by: D-
- 2014: Decline in administrative coverage reflects change in reporting for children under 3 years following a transition in the recommended schedule. School-based administration to children aged 6-7 years was 92 percent during 2014, similar to levels reported in prior years for this age group. GoC=R+ D+
- 2013: Estimate of 76 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Calibration applied to administrative coverage levels. Estimate challenged by: D-R-

Indonesia - Survey Details

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

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

2022 Indonesia National Socio-Economic Survey (Susenas) 2022-2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	92.4	12-23 m	-	-
DTP3	Record or Recall	75.7	12-23 m	-	-
HEPB3	Record or Recall	73	12-23 m	-	-
MCV1	Record or Recall	78.8	12-23 m	-	-
POL3	Record or Recall	89.8	12-23 m	-	-

2021 Indonesia National Socio-Economic Survey (Susenas) 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	90.9	12-23 m	-	-
DTP3	Record or Recall	88.3	12-23 m	-	-
HEPB3	Record or Recall	87	12-23 m	-	-
MCV1	Record or Recall	75.6	12-23 m	-	-
POL3	Record or Recall	88.6	12-23 m	-	-

2020 Indonesia National Socio-Economic Survey (Susenas) 2020-2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	91	12-23 m	-	-
DTP3	Record or Recall	76.7	12-23 m	-	-
HEPB3	Record or Recall	74.3	12-23 m	-	-
MCV1	Record or Recall	73	12-23 m	-	-
POL3	Record or Recall	81.7	12-23 m	-	-

2018 Indonesia National Socio-Economic Survey (Susenas) 2018-2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	91.5	12-23 m	-	-
DTP3	Record or Recall	26.8	12-23 m	-	-
HEPB3	Record or Recall	24.3	12-23 m	-	-
MCV1	Record or Recall	76.6	12-23 m	-	-
POL3	Record or Recall	77.4	12-23 m	-	-

2016 Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	92.7	12-23 m	-	-
DTP3	Record or Recall	89.9	12-23 m	-	-
HEPB3	Record or Recall	88.4	12-23 m	-	-
MCV1	Record or Recall	84.3	12-23 m	-	-

2016 Indonesia Demographic and Health Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	34.5	12-23 m	1413	58
BCG	Record	56.6	12-23 m	1987	58
BCG	Record or Recall	91.1	12-23 m	3399	58
BCG	Record or Recall<12m	90.6	12-23 m	3399	58
DTP1	Recall	32.6	12-23 m	1413	58
DTP1	Record	56.2	12-23 m	1987	58
DTP1	Record or Recall	88.9	12-23 m	3399	58
DTP1	Record or Recall<12m	88.5	12-23 m	3399	58

Indonesia - Survey Details

DTP3	Recall	24.6	12-23 m	1413	58
DTP3	Record	52.1	12-23 m	1987	58
DTP3	Record or Recall	76.7	12-23 m	3399	58
DTP3	Record or Recall<12m	76	12-23 m	3399	58
HEPB1	Recall	31.8	12-23 m	1413	58
HEPB1	Record	55.8	12-23 m	1987	58
HEPB1	Record or Recall	87.6	12-23 m	3399	58
HEPB1	Record or Recall<12m	87.2	12-23 m	3399	58
HEPB3	Recall	22.9	12-23 m	1413	58
HEPB3	Record	51.6	12-23 m	1987	58
HEPB3	Record or Recall	74.5	12-23 m	3399	58
HEPB3	Record or Recall<12m	73.6	12-23 m	3399	58
HEPBB	Recall	32.3	12-23 m	1413	58
HEPBB	Record	52.7	12-23 m	1987	58
HEPBB	Record or Recall	85.1	12-23 m	3399	58
HEPBB	Record or Recall<12m	81	12-23 m	3399	58
HIB1	Recall	32.6	12-23 m	1413	58
HIB1	Record	56.2	12-23 m	1987	58
HIB1	Record or Recall	88.9	12-23 m	3399	58
HIB1	Record or Recall<12m	88.5	12-23 m	3399	58
HIB3	Recall	24.6	12-23 m	1413	58
HIB3	Record	52.1	12-23 m	1987	58
HIB3	Record or Recall	76.7	12-23 m	3399	58
HIB3	Record or Recall<12m	76	12-23 m	3399	58
MCV1	Recall	29.1	12-23 m	1413	58
MCV1	Record	49.7	12-23 m	1987	58
MCV1	Record or Recall	78.8	12-23 m	3399	58
MCV1	Record or Recall<12m	71.7	12-23 m	3399	58
POL1	Recall	34.2	12-23 m	1413	58
POL1	Record	56.5	12-23 m	1987	58
POL1	Record or Recall	90.8	12-23 m	3399	58
POL1	Record or Recall<12m	90.3	12-23 m	3399	58
POL3	Recall	28.9	12-23 m	1413	58
POL3	Record	54.4	12-23 m	1987	58
POL3	Record or Recall	83.3	12-23 m	3399	58
POL3	Record or Recall<12m	82.7	12-23 m	3399	58

2016 Indonesia Laporan Nasional Riskesdas 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	86.9	12-23 m	18165	35
DTP1	Record or Recall	65.4	12-23 m	18165	35
DTP3	Record or Recall	61.3	12-23 m	18165	35
HEPB1	Record or Recall	65.4	12-23 m	18165	35
HEPB3	Record or Recall	61.3	12-23 m	18165	35
HEPBB	Record or Recall	83.1	12-23 m	18165	35
HIB1	Record or Recall	65.4	12-23 m	18165	35
HIB3	Record or Recall	61.3	12-23 m	18165	35
MCV1	Record or Recall	77.3	12-23 m	18165	35
MCV2	Record or Recall	38.3	24-35 m	18986	-
POL3	Record or Recall	67.6	12-23 m	18165	35

2015 Indonesia Demographic and Health Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	49.1	24-35 m	1854	-
BCG	Record	41.9	24-35 m	1411	-
BCG	Record or Recall	91	24-35 m	3265	-
BCG	Record or Recall<12m	89.7	24-35 m	3265	-
DTP1	Recall	48	24-35 m	1854	-
DTP1	Record	41.9	24-35 m	1411	-
DTP1	Record or Recall	89.9	24-35 m	3265	-
DTP1	Record or Recall<12m	88.8	24-35 m	3265	-
DTP3	Recall	39.1	24-35 m	1854	-
DTP3	Record	40.2	24-35 m	1411	-
DTP3	Record or Recall	79.2	24-35 m	3265	-
DTP3	Record or Recall<12m	77.3	24-35 m	3265	-
HEPB1	Recall	46.8	24-35 m	1854	-
HEPB1	Record	41.7	24-35 m	1411	-
HEPB1	Record or Recall	88.5	24-35 m	3265	-
HEPB1	Record or Recall<12m	87.3	24-35 m	3265	-
HEPB3	Recall	36.5	24-35 m	1854	-
HEPB3	Record	39.7	24-35 m	1411	-
HEPB3	Record or Recall	76.2	24-35 m	3265	-
HEPB3	Record or Recall<12m	74	24-35 m	3265	-
HEPBB	Recall	46.9	24-35 m	1854	-
HEPBB	Record	39.4	24-35 m	1411	-
HEPBB	Record or Recall	86.3	24-35 m	3265	-

Indonesia - Survey Details

HEPBB	Record or Recall<12m	82.5	24-35 m	3265	-
HIB1	Recall	48	24-35 m	1854	-
HIB1	Record	41.9	24-35 m	1411	-
HIB1	Record or Recall	89.9	24-35 m	3265	-
HIB1	Record or Recall<12m	88.8	24-35 m	3265	-
HIB3	Recall	39.1	24-35 m	1854	-
HIB3	Record	40.2	24-35 m	1411	-
HIB3	Record or Recall	79.2	24-35 m	3265	-
HIB3	Record or Recall<12m	77.3	24-35 m	3265	-
MCV1	Recall	45.2	24-35 m	1854	-
MCV1	Record	39.5	24-35 m	1411	-
MCV1	Record or Recall	84.7	24-35 m	3265	-
MCV1	Record or Recall<12m	73.8	24-35 m	3265	-
POL1	Recall	49.8	24-35 m	1854	-
POL1	Record	42.1	24-35 m	1411	-
POL1	Record or Recall	91.9	24-35 m	3265	-
POL1	Record or Recall<12m	90.7	24-35 m	3265	-
POL3	Recall	43.9	24-35 m	1854	-
POL3	Record	41	24-35 m	1411	-
POL3	Record or Recall	84.9	24-35 m	3265	-
POL3	Record or Recall<12m	83.3	24-35 m	3265	-

2012 Riset Kesehatan Dasar (RISKESDAS) 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	87.6	12-23 m	15727	-
DTP3	Record or Recall	75.6	12-23 m	15727	-
HEPB3	Record or Recall	75.6	12-23 m	15727	-
MCV1	Record or Recall	82.1	12-23 m	15727	-
POL3	Record or Recall	77	12-23 m	15727	-

2011 Indonesia Demographic and Health Survey 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	49.6	12-23 m	1963	41
BCG	Record	39.7	12-23 m	1370	41
BCG	Record or Recall	89.3	12-23 m	3333	41

BCG	Record or Recall<12m	88.6	12-23 m	3333	41
DTP1	Recall	47.9	12-23 m	1963	41
DTP1	Record	40.2	12-23 m	1370	41
DTP1	Record or Recall	88.1	12-23 m	3333	41
DTP1	Record or Recall<12m	87.6	12-23 m	3333	41
DTP3	Recall	35	12-23 m	1963	41
DTP3	Record	37	12-23 m	1370	41
DTP3	Record or Recall	72	12-23 m	3333	41
DTP3	Record or Recall<12m	70.6	12-23 m	3333	41
HEPB1	Recall	37.5	12-23 m	1963	41
HEPB1	Record	37.1	12-23 m	1370	41
HEPB1	Record or Recall	74.5	12-23 m	3333	41
HEPB1	Record or Recall<12m	74	12-23 m	3333	41
HEPB3	Recall	13.6	12-23 m	1963	41
HEPB3	Record	28.9	12-23 m	1370	41
HEPB3	Record or Recall	42.4	12-23 m	3333	41
HEPB3	Record or Recall<12m	40.9	12-23 m	3333	41
HEPBB	Recall	45.7	12-23 m	1963	41
HEPBB	Record	39.6	12-23 m	1370	41
HEPBB	Record or Recall	85.3	12-23 m	3333	41
HEPBB	Record or Recall<12m	84.8	12-23 m	3333	41
MCV1	Recall	44.4	12-23 m	1963	41
MCV1	Record	35.7	12-23 m	1370	41
MCV1	Record or Recall	80.1	12-23 m	3333	41
MCV1	Record or Recall<12m	74.2	12-23 m	3333	41
POL1	Recall	50.5	12-23 m	1963	41
POL1	Record	40.7	12-23 m	1370	41
POL1	Record or Recall	91.2	12-23 m	3333	41
POL1	Record or Recall<12m	90.7	12-23 m	3333	41
POL3	Recall	38.4	12-23 m	1963	41
POL3	Record	37.5	12-23 m	1370	41
POL3	Record or Recall	75.9	12-23 m	3333	41
POL3	Record or Recall<12m	74.6	12-23 m	3333	41

2009 Riset Kesehatan Dasar (RISKESDAS) 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	77.9	12-23 m	4505	-
DTP3	Record or Recall	61.9	12-23 m	4505	-

Indonesia - Survey Details

HEPB3	Record or Recall	61.9	12-23 m	4505	-
MCV1	Record or Recall	74.4	12-23 m	4505	-
POL3	Record or Recall	66.7	12-23 m	4505	-

BCG	Record or Recall	86.9	12-23 m	438	23
DTP3	Record or Recall	67.7	12-23 m	438	23
HEPB3	Record or Recall	62.8	12-23 m	438	23
MCV1	Record or Recall	81.6	12-23 m	438	23
POL3	Record or Recall	71	12-23 m	438	23

2006 Indonesia Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	50.8	12-23 m	3094	37
BCG	Record	34.6	12-23 m	3094	37
BCG	Record or Recall	85.4	12-23 m	3094	37
BCG	Record or Recall<12m	84.4	12-23 m	3094	37
DTP1	Recall	48.7	12-23 m	3094	37
DTP1	Record	35.8	12-23 m	3094	37
DTP1	Record or Recall	84.4	12-23 m	3094	37
DTP1	Record or Recall<12m	82.9	12-23 m	3094	37
DTP3	Recall	35.4	12-23 m	3094	37
DTP3	Record	31.2	12-23 m	3094	37
DTP3	Record or Recall	66.7	12-23 m	3094	37
DTP3	Record or Recall<12m	64.3	12-23 m	3094	37
HEPB1	Record or Recall	80.5	12-23 m	3094	37
HEPB3	Record or Recall	60.3	12-23 m	3094	37
MCV1	Recall	45.5	12-23 m	3094	37
MCV1	Record	30.9	12-23 m	3094	37
MCV1	Record or Recall	76.4	12-23 m	3094	37
MCV1	Record or Recall<12m	67	12-23 m	3094	37
POL1	Recall	53.3	12-23 m	3094	37
POL1	Record	35.9	12-23 m	3094	37
POL1	Record or Recall	89.2	12-23 m	3094	37
POL1	Record or Recall<12m	87.2	12-23 m	3094	37
POL3	Recall	41.2	12-23 m	3094	37
POL3	Record	32.3	12-23 m	3094	37
POL3	Record or Recall	73.5	12-23 m	3094	37
POL3	Record or Recall<12m	71.1	12-23 m	3094	37

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Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
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2006 Republic of Indonesia Immunization Coverage Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	91	12-23 m	18204	52
DTP1	Record or Recall	87	12-23 m	18204	52
DTP3	Record or Recall	75	12-23 m	18204	52
HEPB3	Record or Recall	74	12-23 m	18204	52
MCV1	Record or Recall	80	12-23 m	18204	52
POL3	Record or Recall	83	12-23 m	18204	52

2001 Indonesia Demographic and Health Survey 2002-2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	77.8	12-23 m	2819	31
BCG	Record	93.1	12-23 m	2819	31
BCG	Record or Recall	82.5	12-23 m	2819	31
DTP1	Recall	75.9	12-23 m	2819	31
DTP1	Record	93.8	12-23 m	2819	31
DTP1	Record or Recall	81.4	12-23 m	2819	31
DTP3	Recall	48.4	12-23 m	2819	31
DTP3	Record	80.6	12-23 m	2819	31
DTP3	Record or Recall	58.3	12-23 m	2819	31
MCV1	Recall	68.5	12-23 m	2819	31
MCV1	Record	70.9	12-23 m	2819	31
MCV1	Record or Recall	71.6	12-23 m	2819	31
POL1	Recall	83.5	12-23 m	2819	31
POL1	Record	95.9	12-23 m	2819	31
POL1	Record or Recall	87.3	12-23 m	2819	31
POL3	Recall	56.5	12-23 m	2819	31
POL3	Record	87.9	12-23 m	2819	31
POL3	Record or Recall	66.1	12-23 m	2819	31

2001 NID + Routine Coverage Survey						DTP3	Record or Recall	66.6	12-35 m	-	67
						HEPB3	Record or Recall	62	12-35 m	-	67
						MCV1	Record or Recall	69.5	12-35 m	-	67
						POL3	Record or Recall	67.4	12-35 m	-	67
Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen						
BCG	Record or Recall	76.4	12-35 m	-	67						
DTP1	Record or Recall	76.9	12-35 m	-	67						

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