

Iraq: WHO and UNICEF estimates of immunization coverage: 2024 revision

BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

* Burton et al. 2009. Bull World Health Organ. * Burton et al. 2012. PLoS One.
* Brown et al. 2013. Open Pub Health Journal. * Danovaro-Holliday et al. 2021. Gates Open Res.

DATA SOURCES

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 6-11, 12-23 or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on data collection period.

ABBREVIATIONS AND DEFINITIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

POL3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants < 1 year of age. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (POL3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated POL3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated POL3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

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

MCV1: percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

MCV2: percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration in the production of the estimate.

HEPB3: percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HEPB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

HEPB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

HIB3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

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

PCV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PCV prior to the 1st birthday if coverage for the booster dose is not reported.

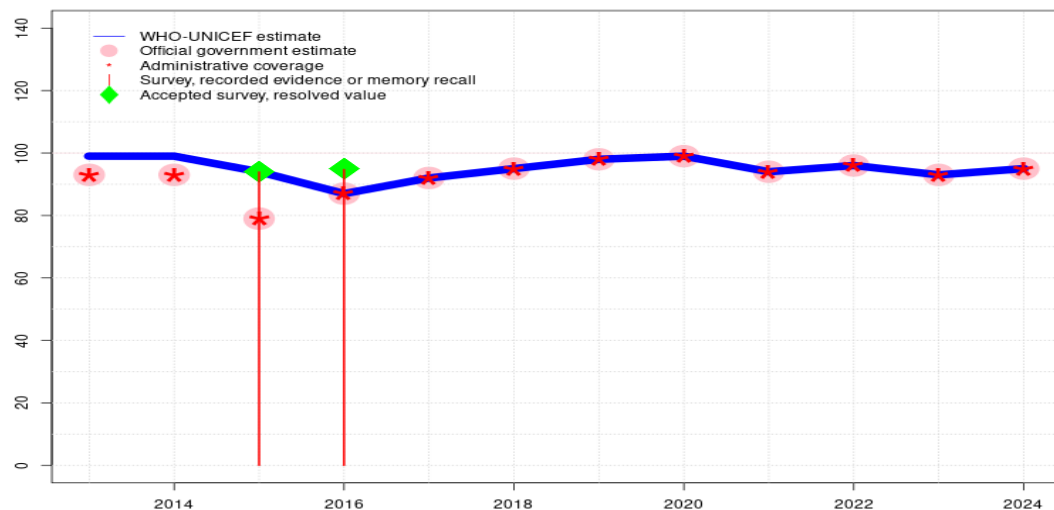
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

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Iraq - BCG

IRQ - BCG



Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage, with a particular interest in validating catch-up activities. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Programme reports four months vaccine stockout at national level. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. Estimate challenged by: D-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: R-
- 2014: Reported data calibrated to 2010 and 2015 levels. Estimate challenged by: R-S-
- 2013: Reported data calibrated to 2010 and 2015 levels. Estimate challenged by: R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	94	87	92	95	98	99	94	96	93	95
Estimate GoC	●	●	●	●	●●●	●●●	●●	●●	●●	●●	●●	●
Official	93	93	79	87	92	95	98	99	94	96	93	95
Administrative	93	93	79	87	92	95	98	99	94	96	93	95
Survey	-	-	94	95	-	-	-	-	-	-	-	-

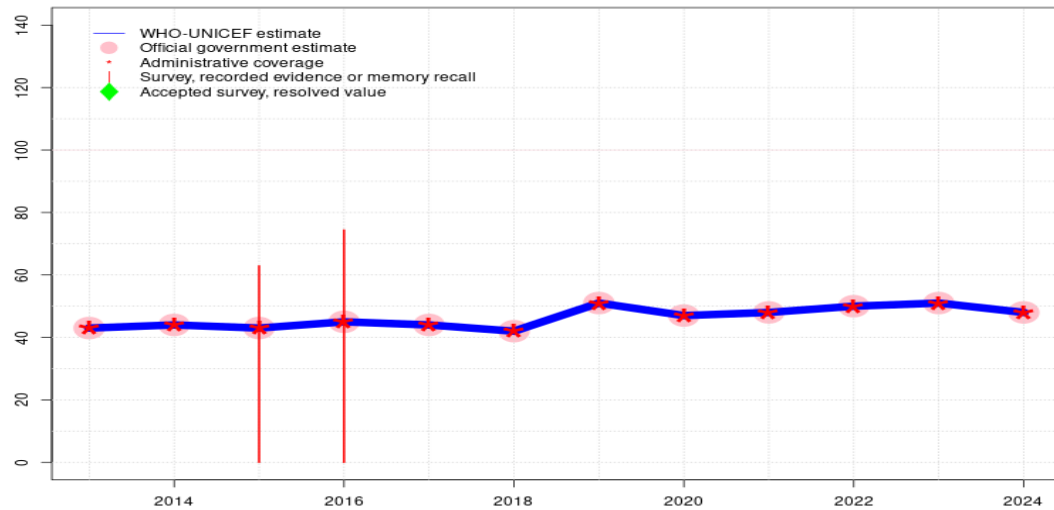
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Iraq - HEPBB

IRQ - HEPBB



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	43	44	43	45	44	42	51	47	48	50	51	48
Estimate GoC	••	••	••	••	••	••	••	••	••	••	••	••
Official	43	44	43	45	44	42	51	47	48	50	51	48
Administrative	43	44	43	45	44	42	51	47	48	50	51	48
Survey	-	-	63	74	-	-	-	-	-	-	-	-

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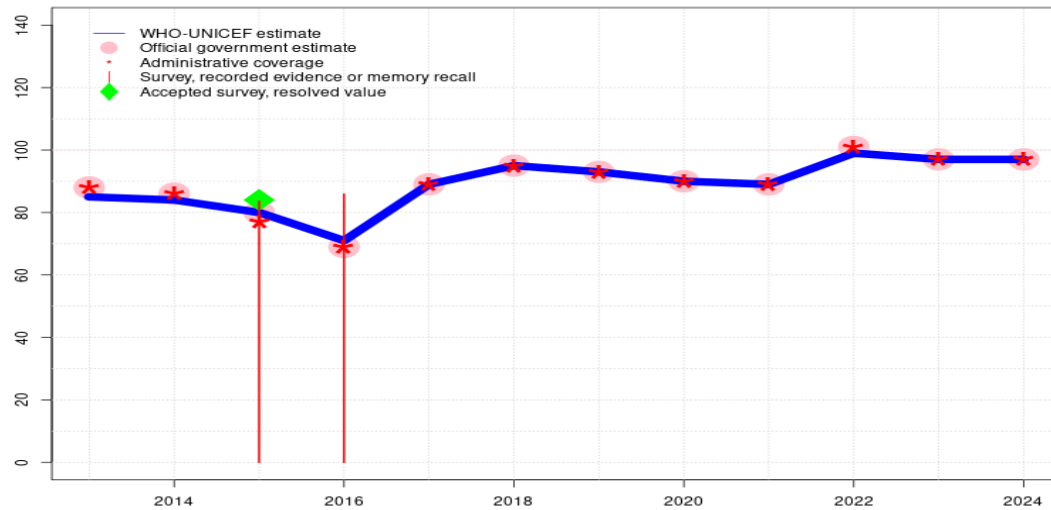
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- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Iraq Multiple Indicator Cluster Survey 2018 results ignored by working group. Survey may not differentiate from doses given within 24hrs to other doses. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ D+
- 2015: Estimate informed by reported data. Iraq Multiple Indicator Cluster Survey 2018 results ignored by working group. Survey may not differentiate from doses given within 24hrs to other doses. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

Iraq - DTP1

IRQ - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	85	84	80	71	89	95	93	90	89	99	97	97
Estimate GoC	•	•	•••	•	•••	••	••	••	••	••	••	•
Official	88	86	80	69	89	95	93	90	89	101	97	97
Administrative	88	86	77	69	89	95	93	90	89	101	97	97
Survey	-	-	84	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.
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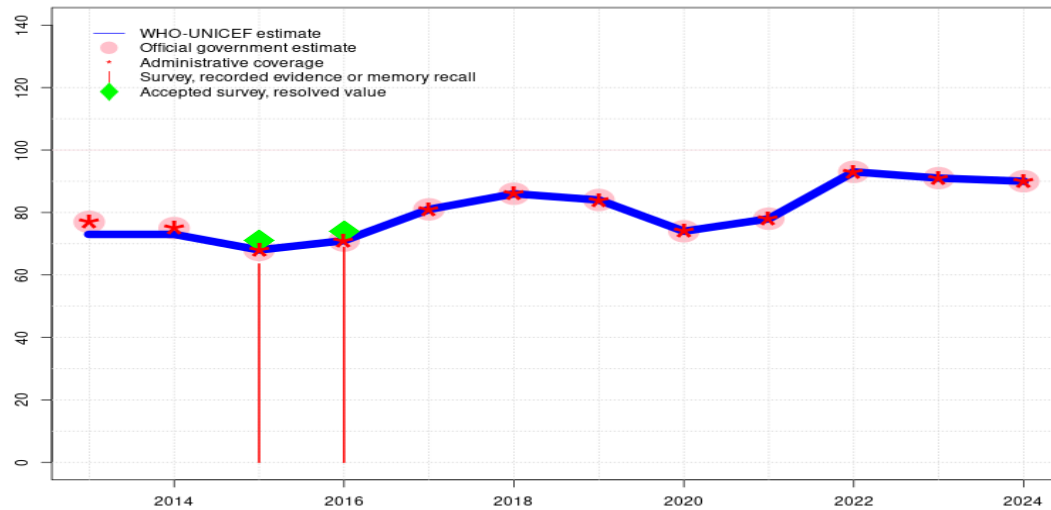
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- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Reported DTP1 lower than DTP3. Estimate based on estimated DTP3 and assumes no dropout. Programme reports five month vaccine stockout at national level. Iraq Multiple Indicator Cluster Survey 2018 results ignored by working group. Survey may no reflect 2016 vaccine stockout. Reported data excluded due to decline in reported coverage from 80 percent to 69 percent with increase to 89 percent. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. Estimate challenged by: R-S-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). Programme reports a five months national level stockout of DTP-HepB-Hib vaccine. GoC=R+ S+ D+
- 2014: Reported data calibrated to 2010 and 2015 levels. Programme reports four months stock-out at national level. Reported number of children vaccinated is increasing since 2012 but continues to fall short of the reported number of children vaccinated with DTP containing vaccines during 2011. Estimate challenged by: R-
- 2013: Reported data calibrated to 2010 and 2015 levels. Estimate challenged by: D-R-

Iraq - DTP3

IRQ - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	73	73	68	71	81	86	84	74	78	93	91	90
Estimate GoC	•	•	•••	•••	•••	•	••	••	••	••	••	••
Official	77	75	68	71	81	86	84	74	78	93	91	90
Administrative	77	75	68	71	81	86	84	74	78	93	91	90
Survey	-	-	64	69	-	-	-	-	-	-	-	-

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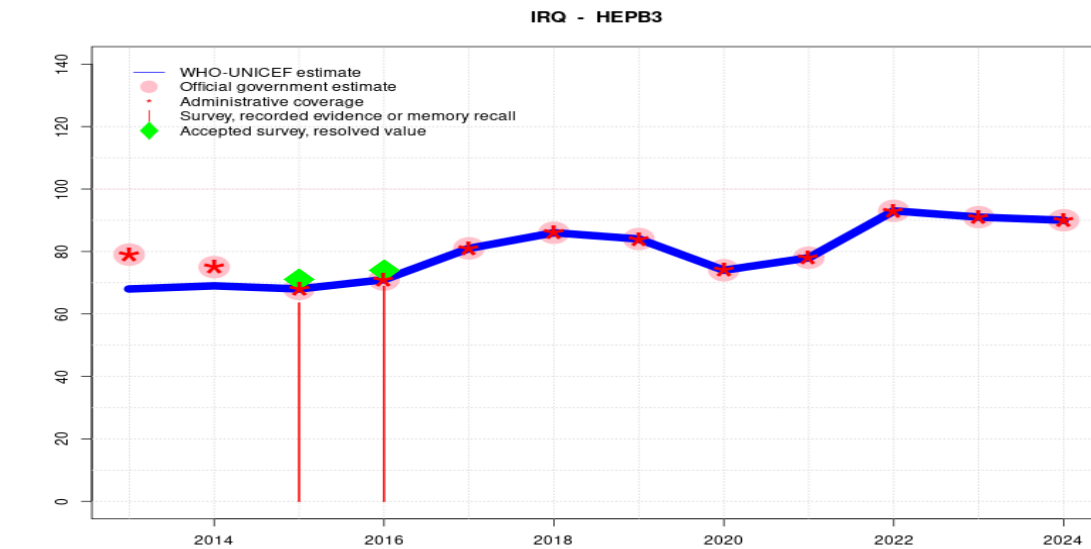
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 74 percent based on 1 survey(s). Iraq Multiple Indicator Cluster Survey 2018 record or recall results of 69 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 63 percent. Programme reports five month vaccine stockout at national level. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ S+ D+
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- 2014: Reported data calibrated to 2010 and 2015 levels. Programme reports four months stock-out at national level. Reported number of children vaccinated is increasing since 2012 but continues to fall short of the reported number of children vaccinated with DTP containing vaccines during 2011. Estimate challenged by: R-
- 2013: Reported data calibrated to 2010 and 2015 levels. Estimate challenged by: D-R-

Iraq - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	68	69	68	71	81	86	84	74	78	93	91	90
Estimate GoC	•	•	•••	•••	•••	•	••	••	••	••	••	••
Official	79	75	68	71	81	86	84	74	78	93	91	90
Administrative	79	75	68	71	81	86	84	74	78	93	91	90
Survey	-	-	64	69	-	-	-	-	-	-	-	-

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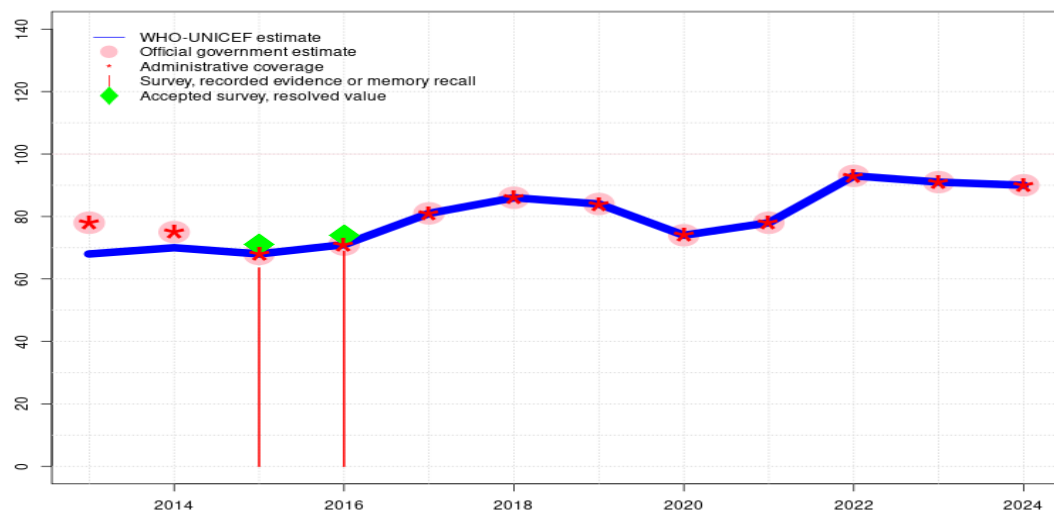
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- 2018: Estimate informed by reported data. Estimate challenged by: S-
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- 2014: Reported data calibrated to 2013 and 2015 levels. Programme reports four months stock-out at national level. Estimate challenged by: R-
- 2013: Estimate of 68 percent assigned by working group. Estimate based on DTP3 estimate. Estimate challenged by: D-R-

Iraq - HIB3

IRQ - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	68	70	68	71	81	86	84	74	78	93	91	90
Estimate GoC	•	•	•••	•••	•••	•	••	••	••	••	••	••
Official	78	75	68	71	81	86	84	74	78	93	91	90
Administrative	78	75	68	71	81	86	84	74	78	93	91	90
Survey	-	-	64	69	-	-	-	-	-	-	-	-

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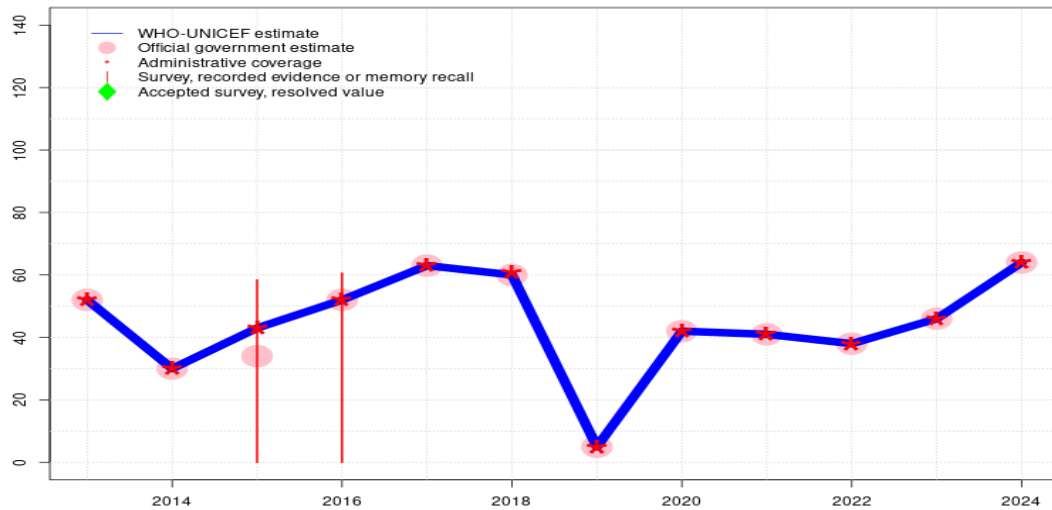
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Iraq - ROTAC

IRQ - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	52	30	43	52	63	60	5	42	41	38	46	64
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	52	30	34	52	63	60	5	42	41	38	46	64
Administrative	52	30	43	52	63	61	5	42	41	38	46	64
Survey	-	-	58	61	-	-	-	-	-	-	-	-

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.

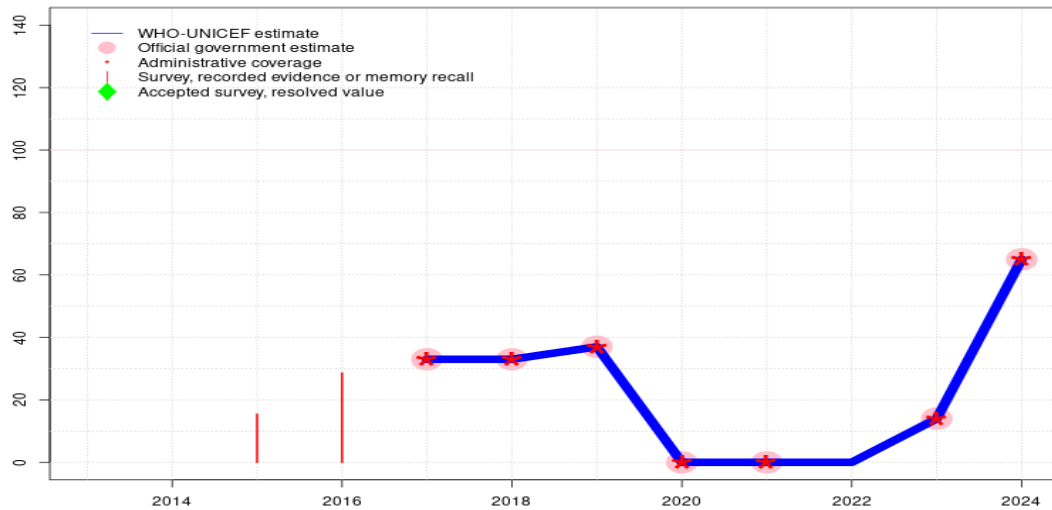
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage, with a particular interest in validating catch-up activities. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports a 10 month vaccine stockout at national and district levels. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports seven month vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Iraq Multiple Indicator Cluster Survey 2018 results ignored by working group. Survey results inconsistent with reported data and contextual information suggesting the occurrence of vaccine stockout during the survey period. Programme reports two months vaccine stockout at national level. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+
- 2015: Estimate informed by reported administrative data. Iraq Multiple Indicator Cluster Survey 2018 results ignored by working group. Survey results inconsistent with reported data and contextual information suggesting the occurrence of vaccine stockout during the survey period. Iraq Multiple Indicator Cluster Survey 2018 record or recall results of 58 percent modified for recall bias to 60 percent based on 1st dose record or recall coverage of 67 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 45 percent. GoC=R+ D+
- 2014: Estimate informed by reported administrative data. Estimate informed by reported data. Programme reports five months stockout at national level. GoC=R+ D+
- 2013: Estimate informed by reported data. Estimate informed by reported data. GoC=R+ D+

Iraq - PCV3

IRQ - PCV3



Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage, with a particular interest in validating catch-up activities. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Programme reports vaccine stockout of unspecified duration. Estimate informed by prior year estimate. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. Programme reports a vaccine stockout of unspecified duration. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a 12-month vaccine stockout. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports a 12 month vaccine stockout at national and district levels. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports six month vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced March 2017. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	33	33	37	0	0	0	14	65
Estimate GoC	-	-	-	-	••	••	••	••	••	•	••	••
Official	-	-	-	-	33	33	37	0	0	-	14	65
Administrative	-	-	-	-	33	33	37	0	0	-	14	65
Survey	-	-	15	29	-	-	-	-	-	-	-	-

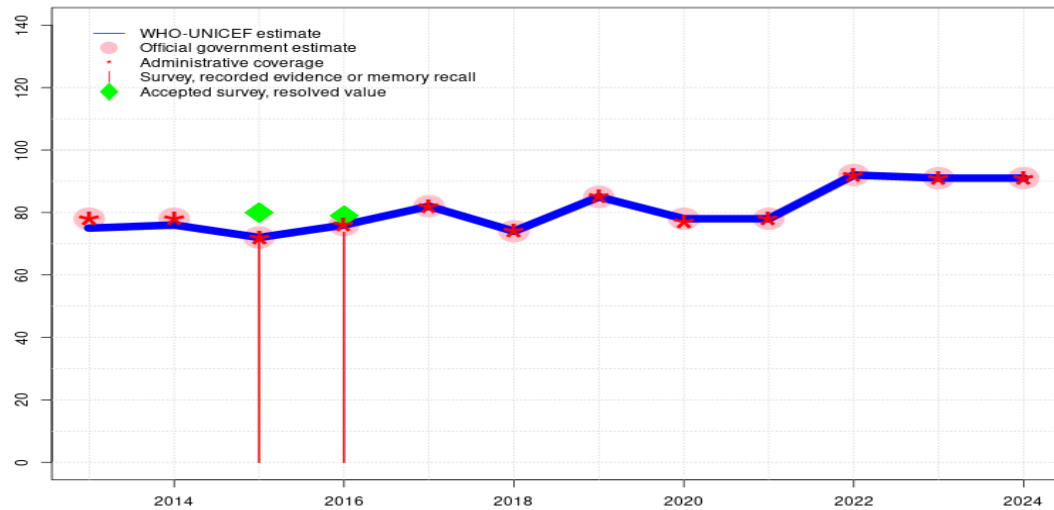
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Iraq - POL3

IRQ - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	75	76	72	76	82	74	85	78	78	92	91	91
Estimate GoC	•	•	•••	•••	•••	•••	••	••	••	••	••	•
Official	78	78	72	76	82	74	85	78	78	92	91	91
Administrative	78	78	72	76	82	74	85	77	78	92	91	91
Survey	-	-	71	74	-	-	-	-	-	-	-	-

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.

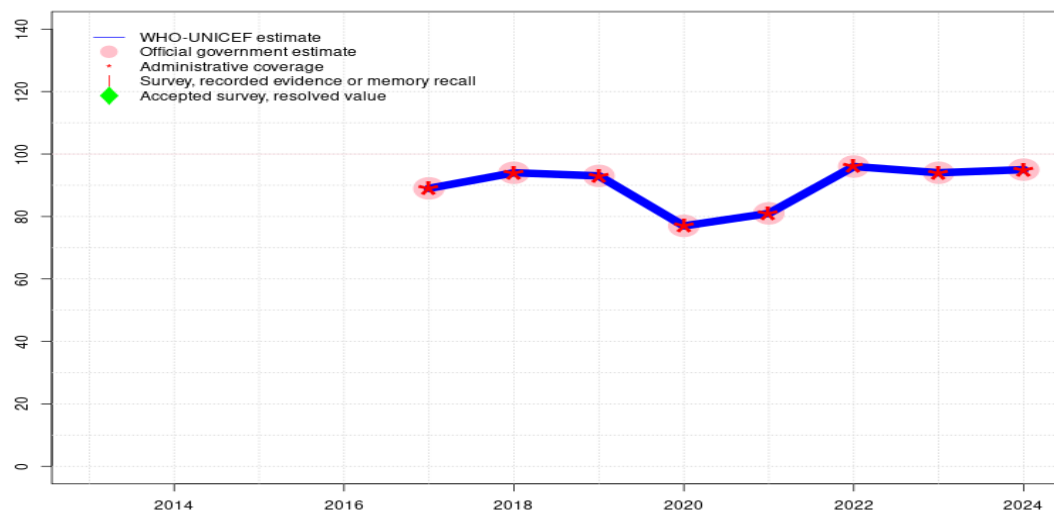
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage, with a particular interest in validating catch-up activities. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data suggests recovery following vaccine supply disruption. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Iraq Multiple Indicator Cluster Survey 2018 record or recall results of 74 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 65 percent. Programme reports one month vaccine stockout at national level. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 80 percent based on 1 survey(s). Iraq Multiple Indicator Cluster Survey 2018 record or recall results of 71 percent modified for recall bias to 80 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 62 percent and 3rd dose record only coverage of 55 percent. GoC=R+ S+ D+
- 2014: Reported data calibrated to 2010 and 2015 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2010 and 2015 levels. Estimate challenged by: D-R-

Iraq - IPV1

IRQ - IPV1



Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage, with a particular interest in validating catch-up activities. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Inactivated polio vaccine introduced as part of DTP-HepB-Hib-IPV hexavalent vaccine in 2016. Reporting started in 2017. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	89	94	93	77	81	96	94	95
Estimate GoC	-	-	-	-	●●	●●	●●	●●	●●	●●	●●	●
Official	-	-	-	-	89	94	93	77	81	96	94	95
Administrative	-	-	-	-	89	94	93	77	81	96	94	95
Survey	-	-	-	-	-	-	-	-	-	-	-	-

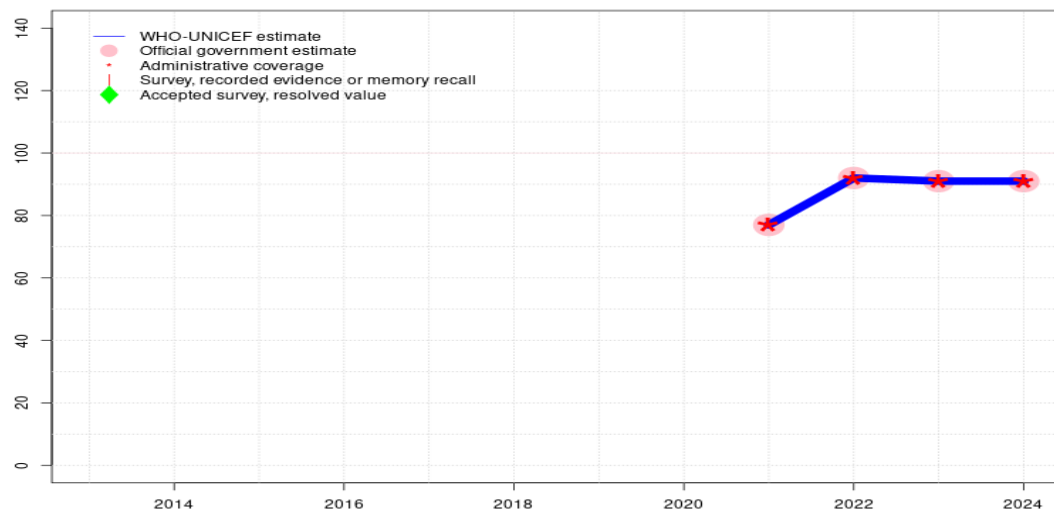
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Iraq - IPV2

IRQ - IPV2



Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage, with a particular interest in validating catch-up activities. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced prior to 2021. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	77	92	91	91
Estimate GoC	-	-	-	-	-	-	-	-	●●	●●	●●	●
Official	-	-	-	-	-	-	-	-	77	92	91	91
Administrative	-	-	-	-	-	-	-	-	77	92	91	91
Survey	-	-	-	-	-	-	-	-	-	-	-	-

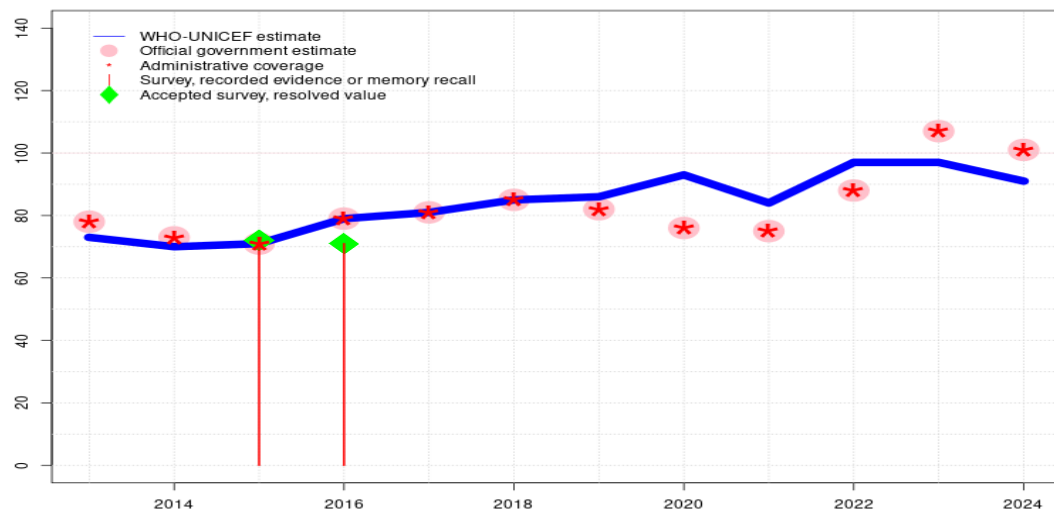
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Iraq - MCV1

IRQ - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	73	70	71	79	81	85	86	93	84	97	97	91
Estimate GoC	•	•	•••	•••	•••	•	•	•	•	•	•	•
Official	78	73	71	79	81	85	82	76	75	88	107	101
Administrative	78	73	71	79	81	85	82	76	75	88	107	101
Survey	-	-	72	71	-	-	-	-	-	-	-	-

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:

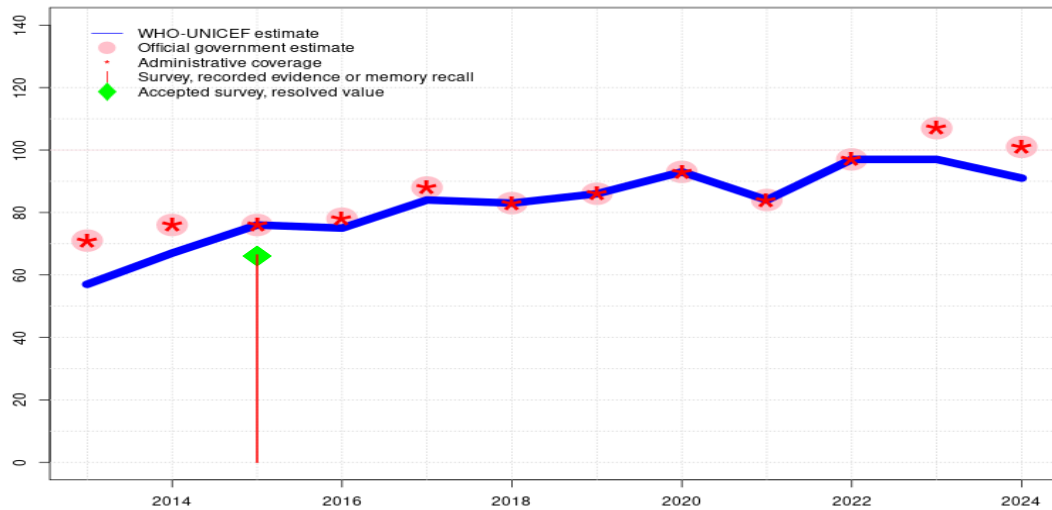
- 2024: Estimate is based on the relationship between reported admin coverage in 2023 and 2024, applied to the 2023 estimated coverage. Reported data excluded because 101 percent greater than 100 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage, with a particular interest in validating catch-up activities. Estimate challenged by: R-
- 2023: There are three doses of measles containing vaccine in the national immunization schedule: a monovalent dose recommended at 9 months and two MMR doses recommended at 12 and 18 months, respectively. Prior to 2019, reported coverage for MCV1 reflects that achieved for the measles containing vaccine dose recommended at 9 months, which is now considered not part of the primary series. Beginning in 2019, reported coverage for MCV1 reflects that achieved for the first MMR dose. Estimate informed by estimated coverage for the prior year. Country conducted Intensification of Integrated Immunization Services (3iS) and multi-antigen campaigns (MAC) during 2023. As such, in addition to reflecting coverage for MMR1, the reported coverage likely includes catch-up doses. Reported data excluded because 107 percent greater than 100 percent. Estimate challenged by: R-
- 2022: See note in 2019. Estimate is informed by reported coverage for the first MMR dose. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. Estimate challenged by: D-R-
- 2021: See note in 2019. Estimate is informed by reported coverage for the first MMR dose. Estimate challenged by: D-R-
- 2020: See note in 2019. Estimate is informed by reported coverage for the first MMR dose. Estimate challenged by: D-R-
- 2019: There are three doses of measles containing vaccine in the national immunization schedule: a monovalent dose recommended at 9 months and two MMR doses recommended at 12 and 18 months, respectively. Beginning in 2019, the first MMR dose is recommended at 12 months and the second MMR dose is recommended at 18 months. Estimate is informed by reported coverage for the first MMR dose. Estimate challenged by: R-
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 71 percent based on 1 survey(s). Programme reports three months vaccine stockout at national level. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 72 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Reported data calibrated to 2010 and 2015 levels. Programme reports five months stockout of measles containing vaccine at national level. Estimate challenged by: R-

Iraq - MCV1

2013: Reported data calibrated to 2010 and 2015 levels. Estimate challenged by: D-R-

Iraq - RCV1

IRQ - RCV1



Description:

- 2024: Estimate informed by estimated MCV1 coverage, the first MMR dose. Reported data excluded because 101 percent greater than 100 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage, with a particular interest in validating catch-up activities. Estimate challenged by: R-
- 2023: Estimate informed by estimated MCV1 coverage, the first MMR dose. Reported data excluded because 107 percent greater than 100 percent. Beginning with 2023, RCV administered with the first dose of MMR at 12 months. Estimate challenged by: R-
- 2022: Estimate based on estimated MCV2. GoC=R+ D+
- 2021: Estimate based on estimated MCV2. GoC=R+ D+
- 2020: Estimate based on estimated MCV2. GoC=R+ D+
- 2019: Estimate based on estimated MCV2. GoC=R+ D+
- 2018: Estimate based on estimated MCV2. GoC=R+ D+
- 2017: Estimate based on estimated MCV2. Estimate challenged by: S-
- 2016: Estimate based on estimated MCV2. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ S+ D+
- 2015: Estimate based on estimated MCV2. GoC=R+ S+ D+
- 2014: Estimate based on estimated MCV2. Estimate challenged by: D-R-
- 2013: Estimate based on estimated MCV2. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	57	67	76	75	84	83	86	93	84	97	97	91
Estimate GoC	•	•	•••	•••	•	••	••	••	••	••	•	•
Official	71	76	76	78	88	83	86	93	84	97	107	101
Administrative	71	76	76	78	88	83	86	93	84	97	107	101
Survey	-	-	66	-	-	-	-	-	-	-	-	-

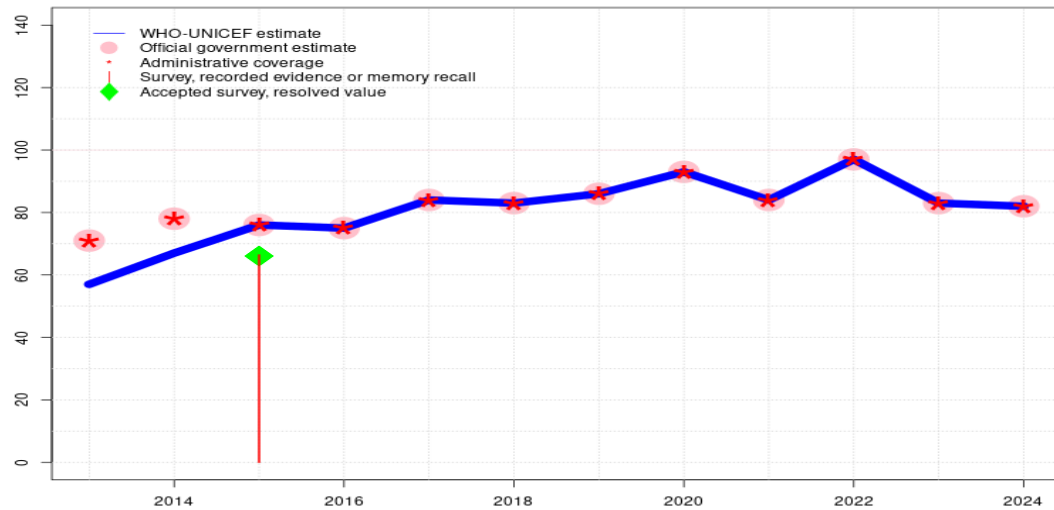
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Iraq - MCV2

IRQ - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	57	67	76	75	84	83	86	93	84	97	83	82
Estimate GoC	•	•	•••	•••	•	••	••	••	••	••	••	••
Official	71	78	76	75	84	83	86	93	84	97	83	82
Administrative	71	78	76	75	84	83	86	93	84	97	83	82
Survey	-	-	66	-	-	-	-	-	-	-	-	-

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. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage, with a particular interest in validating catch-up activities. GoC=R+ D+
- 2023: Estimate informed by reported data. Beginning in 2023, reported coverage for MCV2 reflects that for the second dose of MMR recommended for children at 18 months of age. Thus, the appearance of a decline in coverage from 2022 is an artefact of a change in reporting. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimated coverage is likely overestimated as the reported coverage reflects that achieved for the first dose of MMR recommended at 12 months of age, which is the second dose of a measles-containing vaccine. Coverage data are not reported for the second dose of MMR recommended at 18 months, which is the third dose of a measles-containing vaccine. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage is likely overestimated as the reported coverage reflects that achieved for the first dose of MMR recommended at 12 months of age, which is the second dose of a measles-containing vaccine. Coverage data are not reported for the second dose of MMR recommended at 18 months, which is the third dose of a measles-containing vaccine. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimated coverage is likely overestimated as the reported coverage reflects that achieved for the first dose of MMR recommended at 12 months of age, which is the second dose of a measles-containing vaccine. Coverage data are not reported for the second dose of MMR recommended at 18 months, which is the third dose of a measles-containing vaccine. Coverage may include MCV1 doses, country reports that information system does not allow recording delayed MCV1 doses. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimated coverage is likely overestimated as the reported coverage reflects that achieved for the first dose of MMR recommended at 12 months of age, which is the second dose of a measles-containing vaccine. Coverage data are not reported for the second dose of MMR recommended at 18 months, which is the third dose of a measles-containing vaccine. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: S-
- 2016: Estimate informed by reported data. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 66 percent based on 1 survey(s). GoC=R+ S+ D+

Iraq - MCV2

- 2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Programme reports five months stockout of measles containing vaccine at national level. There is no apparent impact of the stockout on reported coverage. In fact, counterintuitively the reported administrative coverage increased. Estimate challenged by: D-R-
- 2013: Estimate of 57 percent assigned by working group. Estimate follows reported data calibrated based on MCV adjustment factor. Estimate challenged by: D-R-

Iraq - 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.

2016 Iraq Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	17.2	12-23 m	3167	79
BCG	Record	77.4	12-23 m	3167	79
BCG	Record or Recall	94.7	12-23 m	3167	79
BCG	Record or Recall<12m	94.3	12-23 m	3167	79
DTP1	Recall	12.6	12-23 m	3167	79
DTP1	Record	73.3	12-23 m	3167	79
DTP1	Record or Recall	85.9	12-23 m	3167	79
DTP1	Record or Recall<12m	84.6	12-23 m	3167	79
DTP3	Recall	6.3	12-23 m	3167	79
DTP3	Record	62.5	12-23 m	3167	79
DTP3	Record or Recall	68.8	12-23 m	3167	79
DTP3	Record or Recall<12m	64.3	12-23 m	3167	79
HEPB1	Recall	12.6	12-23 m	3167	79
HEPB1	Record	73.3	12-23 m	3167	79
HEPB1	Record or Recall	85.9	12-23 m	3167	79
HEPB1	Record or Recall<12m	84.6	12-23 m	3167	79
HEPB3	Recall	6.3	12-23 m	3167	79
HEPB3	Record	62.5	12-23 m	3167	79
HEPB3	Record or Recall	68.8	12-23 m	3167	79

HEPB3	Record or Recall<12m	64.3	12-23 m	3167	79
HEPBB	Recall	1.9	12-23 m	3167	79
HEPBB	Record	72.5	12-23 m	3167	79
HEPBB	Record or Recall	74.4	12-23 m	3167	79
HEPBB	Record or Recall<12m	74.4	12-23 m	3167	79
HIB1	Recall	12.6	12-23 m	3167	79
HIB1	Record	73.3	12-23 m	3167	79
HIB1	Record or Recall	85.9	12-23 m	3167	79
HIB1	Record or Recall<12m	84.6	12-23 m	3167	79
HIB3	Recall	6.3	12-23 m	3167	79
HIB3	Record	62.5	12-23 m	3167	79
HIB3	Record or Recall	68.8	12-23 m	3167	79
HIB3	Record or Recall<12m	64.3	12-23 m	3167	79
MCV1	Recall	10.6	12-23 m	3167	79
MCV1	Record	60.4	12-23 m	3167	79
MCV1	Record or Recall	71	12-23 m	3167	79
MCV1	Record or Recall<12m	65.6	12-23 m	3167	79
PCV1	Recall	6	12-23 m	3167	79
PCV1	Record	32.1	12-23 m	3167	79
PCV1	Record or Recall	38.1	12-23 m	3167	79
PCV1	Record or Recall<12m	37.3	12-23 m	3167	79
PCV3	Recall	2.9	12-23 m	3167	79
PCV3	Record	25.8	12-23 m	3167	79
PCV3	Record or Recall	28.6	12-23 m	3167	79
PCV3	Record or Recall<12m	27	12-23 m	3167	79
POL1	Recall	16.4	12-23 m	3167	79
POL1	Record	74.5	12-23 m	3167	79
POL1	Record or Recall	90.9	12-23 m	3167	79
POL1	Record or Recall<12m	89.5	12-23 m	3167	79
POL3	Recall	8.7	12-23 m	3167	79
POL3	Record	64.9	12-23 m	3167	79
POL3	Record or Recall	73.6	12-23 m	3167	79
POL3	Record or Recall<12m	69.1	12-23 m	3167	79
ROTAC	Recall	6.6	12-23 m	3167	79
ROTAC	Record	54	12-23 m	3167	79
ROTAC	Record or Recall	60.6	12-23 m	3167	79
ROTAC	Record or Recall<12m	59.8	12-23 m	3167	79

2015 Iraq Multiple Indicator Cluster Survey 2018

Iraq - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	28.8	24-35 m	3089	-
BCG	Record	65.1	24-35 m	3089	-
BCG	Record or Recall	93.9	24-35 m	3089	-
BCG	Record or Recall<12m	93.3	24-35 m	3089	-
DTP1	Recall	24.5	24-35 m	3089	-
DTP1	Record	59.1	24-35 m	3089	-
DTP1	Record or Recall	83.6	24-35 m	3089	-
DTP1	Record or Recall<12m	81.3	24-35 m	3089	-
DTP3	Recall	13.3	24-35 m	3089	-
DTP3	Record	50.2	24-35 m	3089	-
DTP3	Record or Recall	63.5	24-35 m	3089	-
DTP3	Record or Recall<12m	57.7	24-35 m	3089	-
HEPB1	Recall	24.5	24-35 m	3089	-
HEPB1	Record	59.1	24-35 m	3089	-
HEPB1	Record or Recall	83.6	24-35 m	3089	-
HEPB1	Record or Recall<12m	81.3	24-35 m	3089	-
HEPB3	Recall	13.3	24-35 m	3089	-
HEPB3	Record	50.2	24-35 m	3089	-
HEPB3	Record or Recall	63.5	24-35 m	3089	-
HEPB3	Record or Recall<12m	57.7	24-35 m	3089	-
HEPB3	Recall	1.1	24-35 m	3089	-
HEPB3	Record	61.7	24-35 m	3089	-
HEPB3	Record or Recall	62.9	24-35 m	3089	-
HEPB3	Record or Recall<12m	62.5	24-35 m	3089	-
HIB1	Recall	24.5	24-35 m	3089	-
HIB1	Record	59.1	24-35 m	3089	-
HIB1	Record or Recall	83.6	24-35 m	3089	-
HIB1	Record or Recall<12m	81.3	24-35 m	3089	-
HIB3	Recall	13.3	24-35 m	3089	-
HIB3	Record	50.2	24-35 m	3089	-
HIB3	Record or Recall	63.5	24-35 m	3089	-
HIB3	Record or Recall<12m	57.7	24-35 m	3089	-
MCV1	Recall	20.9	24-35 m	3089	-
MCV1	Record	51	24-35 m	3089	-
MCV1	Record or Recall	71.9	24-35 m	3089	-
MCV1	Record or Recall<12m	63.3	24-35 m	3089	-
MCV2	Recall	18.5	24-35 m	3089	-
MCV2	Record	48	24-35 m	3089	-

MCV2	Record or Recall	66.4	24-35 m	3089	-
MCV2	Record or Recall<24m	63.1	24-35 m	3089	-
PCV1	Recall	10	24-35 m	3089	-
PCV1	Record	13.9	24-35 m	3089	-
PCV1	Record or Recall	23.9	24-35 m	3089	-
PCV1	Record or Recall<12m	22.6	24-35 m	3089	-
PCV3	Recall	3.8	24-35 m	3089	-
PCV3	Record	11.6	24-35 m	3089	-
PCV3	Record or Recall	15.4	24-35 m	3089	-
PCV3	Record or Recall<12m	13.6	24-35 m	3089	-
POL1	Recall	27.8	24-35 m	3089	-
POL1	Record	61.7	24-35 m	3089	-
POL1	Record or Recall	89.5	24-35 m	3089	-
POL1	Record or Recall<12m	87.2	24-35 m	3089	-
POL3	Recall	16.2	24-35 m	3089	-
POL3	Record	54.7	24-35 m	3089	-
POL3	Record or Recall	70.9	24-35 m	3089	-
POL3	Record or Recall<12m	65	24-35 m	3089	-
RCV1	Recall	18.5	24-35 m	3089	-
RCV1	Record	48	24-35 m	3089	-
RCV1	Record or Recall	66.4	24-35 m	3089	-
RCV1	Record or Recall<24m	63.1	24-35 m	3089	-
ROTAC	Recall	13	24-35 m	3089	-
ROTAC	Record	45.3	24-35 m	3089	-
ROTAC	Record or Recall	58.4	24-35 m	3089	-
ROTAC	Record or Recall<12m	56.5	24-35 m	3089	-

2010 Iraq Multiple Indicator Cluster Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	22.1	12-23 m	-	70
BCG	Record	68.3	12-23 m	-	70
BCG	Record or Recall	90.4	12-23 m	7487	70
BCG	Record or Recall<12m	89.7	12-23 m	-	70
DTP1	Recall	19.6	12-23 m	-	70
DTP1	Record	66.5	12-23 m	-	70
DTP1	Record or Recall	86.1	12-23 m	7487	70
DTP1	Record or Recall<12m	84.9	12-23 m	-	70
DTP3	Recall	13.1	12-23 m	-	70

Iraq - Survey Details

DTP3	Record	57	12-23 m	-	70
DTP3	Record or Recall	70.1	12-23 m	7487	70
DTP3	Record or Recall<12m	64.8	12-23 m	-	70
HEPB1	Recall	19.1	12-23 m	-	70
HEPB1	Record	69.7	12-23 m	-	70
HEPB1	Record or Recall	88.9	12-23 m	7487	70
HEPB1	Record or Recall<12m	88.2	12-23 m	-	70
HEPB3	Recall	9.2	12-23 m	-	70
HEPB3	Record	56.9	12-23 m	-	70
HEPB3	Record or Recall	66.1	12-23 m	7487	70
HEPB3	Record or Recall<12m	61	12-23 m	-	70
MCV1	Recall	21.3	12-23 m	-	70
MCV1	Record	54	12-23 m	-	70
MCV1	Record or Recall	75.4	12-23 m	7487	70
MCV1	Record or Recall<12m	65.8	12-23 m	-	70
POL1	Recall	24.2	12-23 m	-	70
POL1	Record	66.6	12-23 m	-	70
POL1	Record or Recall	90.8	12-23 m	7487	70
POL1	Record or Recall<12m	89.6	12-23 m	-	70
POL3	Recall	19.2	12-23 m	-	70
POL3	Record	57.2	12-23 m	-	70
POL3	Record or Recall	76.4	12-23 m	7487	70
POL3	Record or Recall<12m	70.6	12-23 m	-	70

HEPB1	Recall	24.3	18-29 m	-	-
HEPB1	Record	65.9	18-29 m	-	-
HEPB1	Record or Recall	90.1	18-29 m	7524	-
HEPB1	Record or Recall<12m	89.1	18-29 m	-	-
HEPB3	Recall	12.6	18-29 m	-	-
HEPB3	Record	55.1	18-29 m	-	-
HEPB3	Record or Recall	67.7	18-29 m	7524	-
HEPB3	Record or Recall<12m	60.2	18-29 m	-	-
MCV1	Recall	26	18-29 m	-	-
MCV1	Record	55.3	18-29 m	-	-
MCV1	Record or Recall	81.3	18-29 m	7524	-
MCV1	Record or Recall<18m	76.7	18-29 m	-	-
POL1	Recall	29.2	18-29 m	-	-
POL1	Record	63.2	18-29 m	-	-
POL1	Record or Recall	92.4	18-29 m	7524	-
POL1	Record or Recall<12m	90.2	18-29 m	-	-
POL3	Recall	23.4	18-29 m	-	-
POL3	Record	55.7	18-29 m	-	-
POL3	Record or Recall	79.1	18-29 m	7524	-
POL3	Record or Recall<12m	70.4	18-29 m	-	-

2004 Iraq Multiple Indicator Cluster Survey 2006

2009 Iraq Multiple Indicator Cluster Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	27.4	18-29 m	-	-
BCG	Record	65	18-29 m	-	-
BCG	Record or Recall	92.4	18-29 m	7524	-
BCG	Record or Recall<12m	91.2	18-29 m	-	-
DTP1	Recall	24.7	18-29 m	-	-
DTP1	Record	63.3	18-29 m	-	-
DTP1	Record or Recall	88	18-29 m	7524	-
DTP1	Record or Recall<12m	85.8	18-29 m	-	-
DTP3	Recall	17.8	18-29 m	-	-
DTP3	Record	55.5	18-29 m	-	-
DTP3	Record or Recall	73.2	18-29 m	7524	-
DTP3	Record or Recall<12m	65.1	18-29 m	-	-

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	38.8	18-29 m	3329	55
BCG	Record	53.5	18-29 m	3329	55
BCG	Record or Recall	92.3	18-29 m	3329	55
BCG	Record or Recall<12m	91.4	18-29 m	3329	55
DTP1	Recall	35.5	18-29 m	3329	55
DTP1	Record	49	18-29 m	3329	55
DTP1	Record or Recall	84.5	18-29 m	3329	55
DTP1	Record or Recall<12m	81.9	18-29 m	3329	55
DTP3	Recall	23.6	18-29 m	3329	55
DTP3	Record	37.9	18-29 m	3329	55
DTP3	Record or Recall	61.5	18-29 m	3329	55
DTP3	Record or Recall<12m	52.8	18-29 m	3329	55
HEPB1	Recall	34.5	18-29 m	3329	55
HEPB1	Record	53.8	18-29 m	3329	55
HEPB1	Record or Recall	88.3	18-29 m	3329	55

HEPB1	Record or Recall<12m	87.1	18-29 m	3329	55
HEPB3	Recall	19.4	18-29 m	3329	55
HEPB3	Record	38.2	18-29 m	3329	55
HEPB3	Record or Recall	57.6	18-29 m	3329	55
HEPB3	Record or Recall<12m	49.4	18-29 m	3329	55
MCV1	Recall	30.6	18-29 m	3329	55
MCV1	Record	38.7	18-29 m	3329	55
MCV1	Record or Recall	69.3	18-29 m	3329	55
POL1	Recall	41.6	18-29 m	3329	55
POL1	Record	49.2	18-29 m	3329	55
POL1	Record or Recall	90.8	18-29 m	3329	55
POL1	Record or Recall<12m	87.7	18-29 m	3329	55
POL3	Recall	28.2	18-29 m	3329	55
POL3	Record	37.4	18-29 m	3329	55

POL3	Record or Recall	65.6	18-29 m	3329	55
POL3	Record or Recall<12m	57	18-29 m	3329	55

1999 Iraq Multiple Indicator Cluster Survey 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	92.7	12-23 m	434	78
DTP1	Record or Recall	93	12-23 m	434	78
DTP3	Record or Recall	81.1	12-23 m	434	78
MCV1	Record or Recall	90	12-23 m	434	78
POL1	Record or Recall	96	12-23 m	434	78
POL3	Record or Recall	87.2	12-23 m	434	78

Further information and estimates for previous years are available at:

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

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