

Lesotho: 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 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.

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.

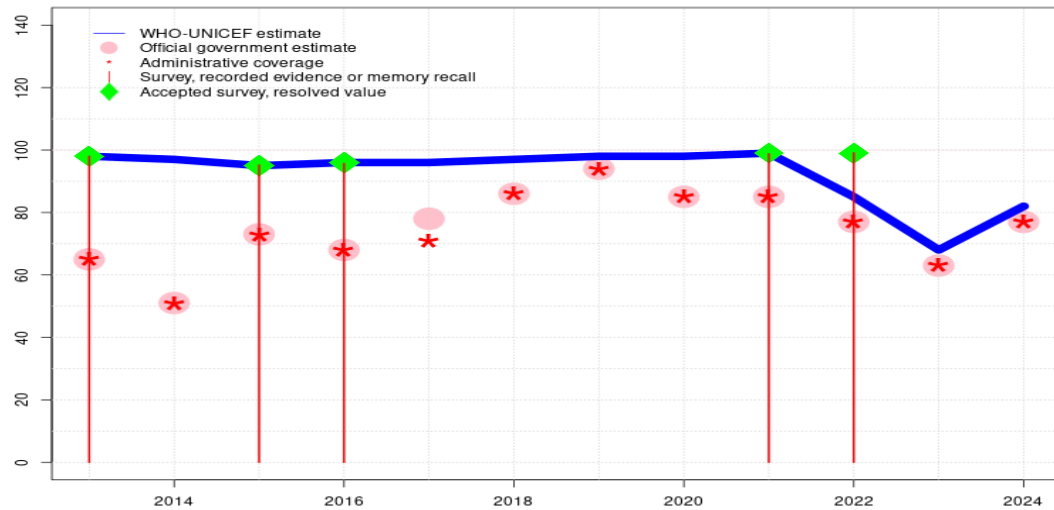
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Lesotho - BCG

LSO - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	97	95	96	96	97	98	98	99	85	68	82
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	65	51	73	68	78	86	94	85	85	77	63	77
Administrative	65	51	73	68	71	86	94	85	85	77	63	77
Survey	98	-	95	96	-	-	-	-	99	99	-	-

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

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

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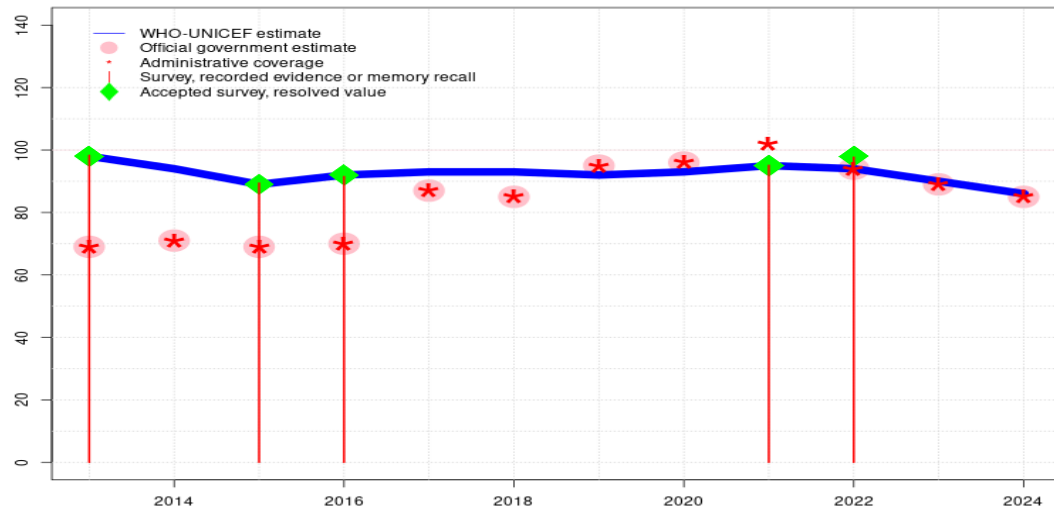
Description:

- 2024: Estimate is exceptionally based on the relationship between reported number of doses for DTP1 and BCG applied to the DTP1 estimated coverage. Reported data excluded due to sudden change in coverage from 63 to 77 percent. Estimate challenged by: D-R-S-
- 2023: Estimate informed by the relative relationship between estimated coverage and reported number of administered BCG doses for 2022 applied to the reported number of administered BCG doses for 2023. Reported data excluded due to decline in reported coverage from 77 percent to 63 percent with increase to 77 percent. Programme reports four months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-S-
- 2022: Programme reports three months vaccine stockout. Estimate informed by the relative change in reported number of doses administered from 2021 to 2022 applied to the prior year estimate. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-S-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 99 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 99 percent changed from previous revision value of 96 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 98 percent changed from previous revision value of 96 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 98 percent changed from previous revision value of 96 percent. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports one month vaccine stockout at national level. Estimate of 97 percent changed from previous revision value of 96 percent. Estimate challenged

- by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Programme reports two months stockout. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 96 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 95 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to decline in reported coverage from 65 percent to 51 percent with increase to 73 percent. Programme reports three months vaccine stockout at national level. Estimate challenged by: D-R-
- 2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 98 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-S-

Lesotho - DTP1

LSO - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	94	89	92	93	93	92	93	95	94	90	86
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	69	71	69	70	87	85	95	96	-	94	89	85
Administrative	69	71	69	70	87	85	95	96	102	94	89	85
Survey	98	-	89	92	-	-	-	-	95	98	-	-

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

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

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

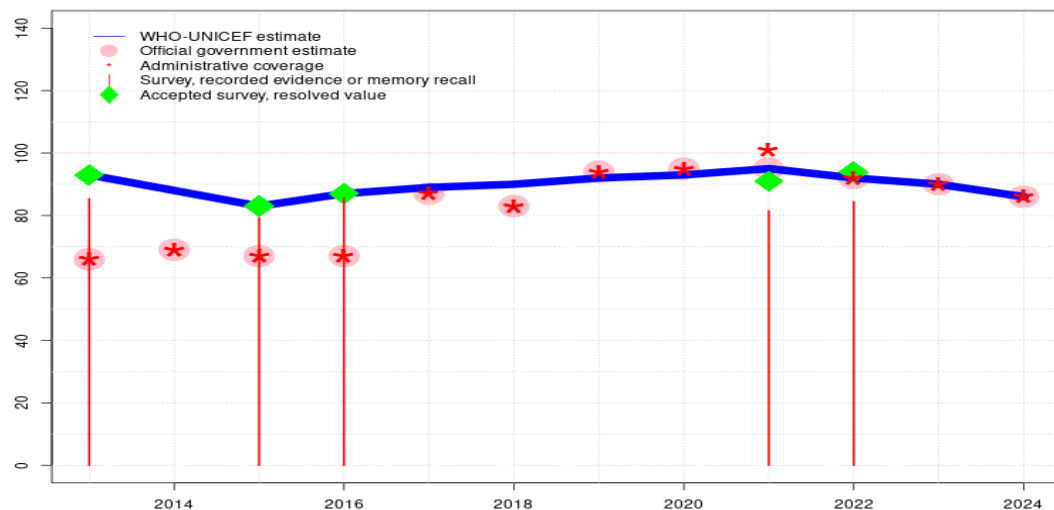
Description:

- 2024: Estimate based on DTP3 coverage of 86. Estimate challenged by: D-R-S-
- 2023: Estimate based on DTP3 coverage of 90. Estimate of 90 percent changed from previous revision value of 92 percent. Estimate challenged by: D-R-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 94 percent changed from previous revision value of 92 percent. Estimate challenged by: D-
- 2021: Estimate based on DTP3 coverage of 95. Reported data excluded because 102 percent greater than 100 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 95 percent changed from previous revision value of 92 percent. Estimate challenged by: D-R-
- 2020: Estimate based on DTP3 coverage of 93. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 93 percent changed from previous revision value of 92 percent. Estimate challenged by: D-R-
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- 2017: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate of 93 percent changed from previous revision value of 92 percent. Estimate challenged by: D-R-

- 2016: Estimate of 92 percent assigned by working group. Estimate informed by survey result. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Estimate challenged by: D-R-
- 2015: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
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Lesotho - DTP3

LSO - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	88	83	87	89	90	92	93	95	92	90	86
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	66	69	67	67	87	83	94	95	95	92	90	86
Administrative	66	69	67	67	87	83	94	95	101	92	90	86
Survey	85	-	79	86	-	-	-	-	82	84	-	-

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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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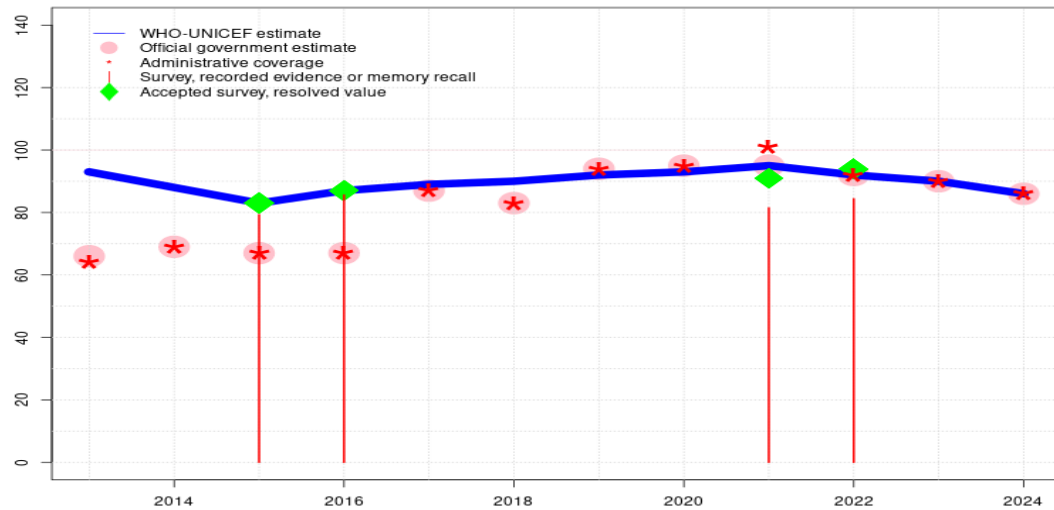
Description:

- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate of 90 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 84 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 74 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 92 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 82 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 69 percent and 3rd dose record only coverage of 66 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 95 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
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- 2016: Estimate of 87 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 86 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 77 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Estimate challenged by: D-R-
- 2015: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 79 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 76 percent and 3rd dose record only coverage of 71 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
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Lesotho - HEPB3

LSO - HEPB3



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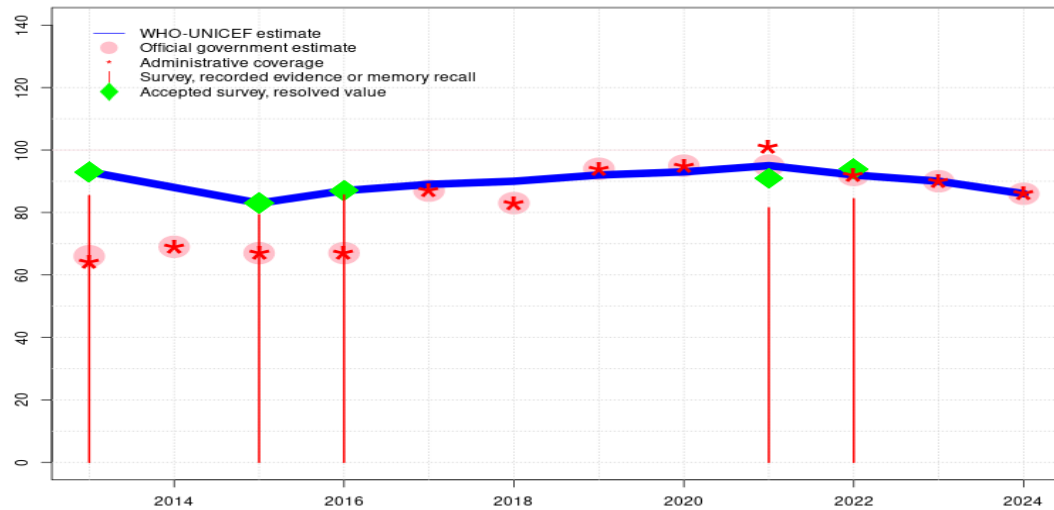
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- 2013: Estimate of 93 percent assigned by working group. Estimate informed by survey result for DTP3 and HiB3. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

Lesotho - HIB3

LSO - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	88	83	87	89	90	92	93	95	92	90	86
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	66	69	67	67	87	83	94	95	95	92	90	86
Administrative	64	69	67	67	87	83	94	95	101	92	90	86
Survey	85	-	79	86	-	-	-	-	82	84	-	-

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

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

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

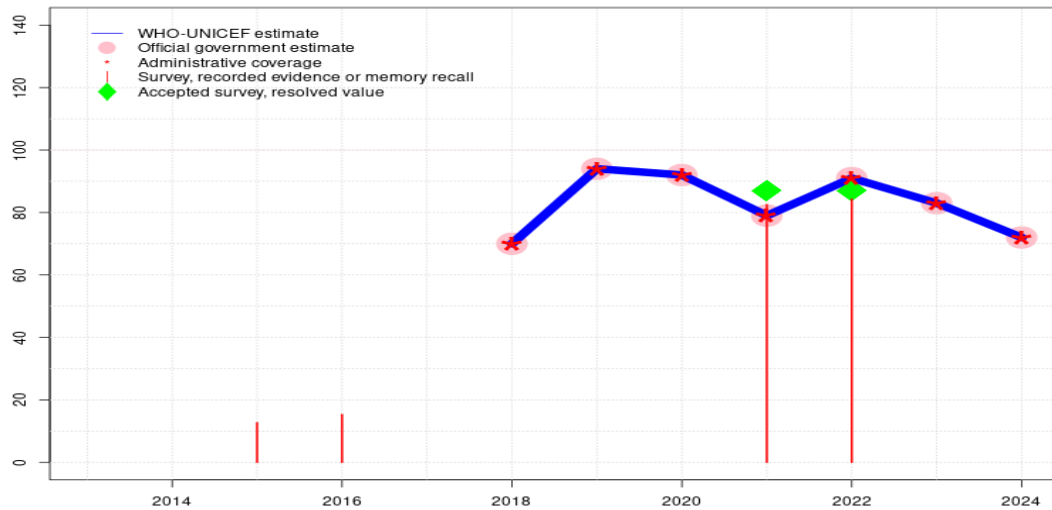
Description:

- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate of 90 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 84 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 74 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 92 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 82 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 69 percent and 3rd dose record only coverage of 66 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 95 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2020: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 93 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 92 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate of 90 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-

- 2017: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate of 89 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-
- 2016: Estimate of 87 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 86 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 77 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Estimate challenged by: D-R-
- 2015: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 79 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 76 percent and 3rd dose record only coverage of 71 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 93 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2014 record or recall results of 85 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 73 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

Lesotho - ROTAC

LSO - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	70	94	92	79	91	83	72
Estimate GoC	-	-	-	-	-	•	•	•	•	•	•	•
Official	-	-	-	-	-	70	94	92	79	91	83	72
Administrative	-	-	-	-	-	70	94	92	79	91	83	72
Survey	-	-	13	15	-	-	-	-	83	84	-	-

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

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

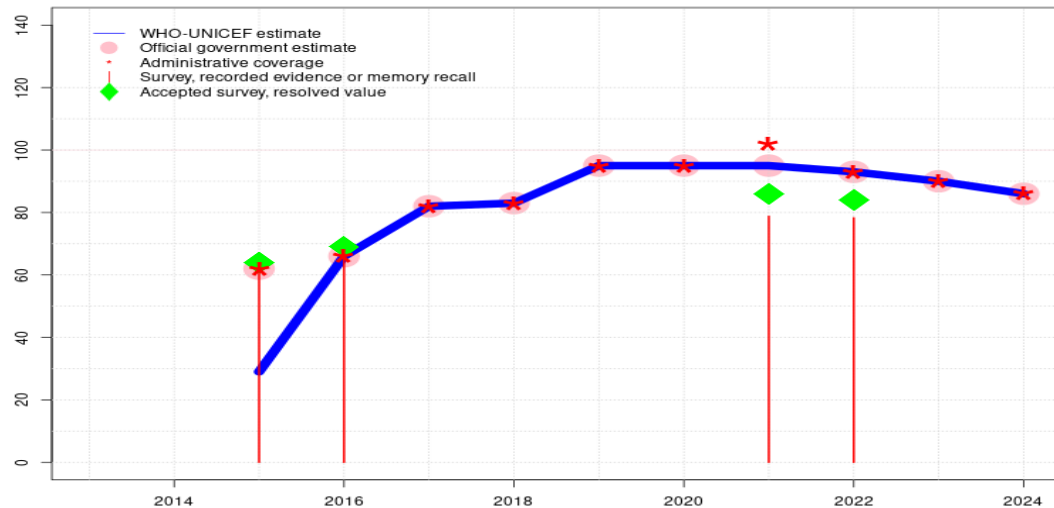
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Estimate challenged by: D-S-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 84 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 69 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 91 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 83 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 67 percent and 3rd dose record only coverage of 64 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Programme reports a three-month vaccine stockout. Estimate of 79 percent changed from previous revision value of 74 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 92 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 94 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate is exceptionally based on reported data during introduction year. Rotavirus vaccine introduced in 2017. Reporting started in 2018. Estimate challenged by: D-

Lesotho - PCV3

LSO - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	29	66	82	83	95	95	95	93	90	86
Estimate GoC	-	-	•	•••	•	•	•	•	•	•	•	•
Official	-	-	62	66	82	83	95	95	95	93	90	86
Administrative	-	-	62	66	82	83	95	95	102	93	90	86
Survey	-	-	62	67	-	-	-	-	79	78	-	-

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

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

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

Description:

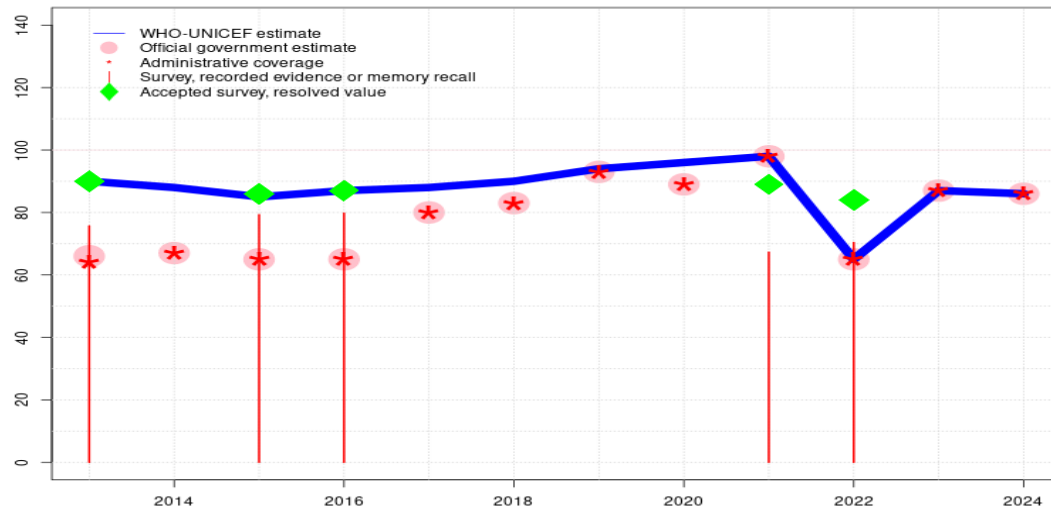
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate of 90 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 78 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 67 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 93 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 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 68 percent and 3rd dose record only coverage of 65 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 95 percent changed from previous revision value of 87 percent. Estimate challenged by: D-S-
- 2020: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 95 percent changed from previous revision value of 87 percent. Estimate challenged by: D-S-
- 2019: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 95 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate of 83 percent changed from previous revision value of 87 percent. Estimate challenged by: D-S-
- 2017: Estimate informed by reported data. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate of 82 percent changed from previous revision value of 87 percent. Estimate challenged by: D-S-

Lesotho - PCV3

- 2016: Estimate informed by reported data supported by survey. Survey evidence of 69 percent based on 1 survey(s). Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 67 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 76 percent, 1st dose record only coverage of 67 percent and 3rd dose record only coverage of 61 percent. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Estimate of 66 percent changed from previous revision value of 87 percent. GoC=R+ S+ D+
- 2015: Pneumococcal conjugate vaccine introduced in July 2015. Programme reports 62 percent coverage in 46 percent of the national target population. Estimate informed by coverage achieved in total annual national target population. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 62 percent modified for recall bias to 64 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 54 percent. Estimate challenged by: R-S-

Lesotho - POL3

LSO - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	88	85	87	88	90	94	96	98	65	87	86
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	66	67	65	65	80	83	93	89	98	65	87	86
Administrative	64	67	65	65	80	83	93	89	98	65	87	86
Survey	76	-	79	80	-	-	-	-	67	70	-	-

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

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

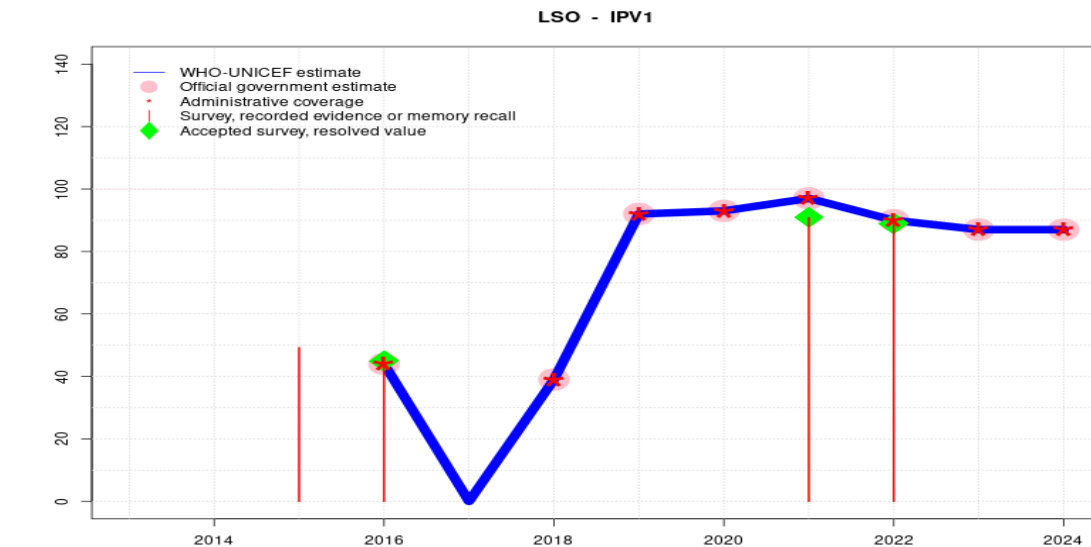
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports four months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2022: Programme reports three months vaccine stockout. Estimate informed by the relative change in reported number of doses administered from 2021 to 2022 applied to the prior year estimate. Lesotho Demographic and Health Survey 2023-2024 record or recall results of 70 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 67 percent. Reported data excluded due to decline in reported coverage from 98 percent to 65 percent with increase to 87 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-S-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 67 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 69 percent and 3rd dose record only coverage of 64 percent. Programme reports a two-month vaccine stockout. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 98 percent changed from previous revision value of 87 percent. Estimate challenged by: D-S-
- 2020: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 96 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-S-
- 2019: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 94 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate of 90 percent changed from previous revision value of 87 percent.

- Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate of 88 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-
- 2016: Estimate of 87 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 80 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 77 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Estimate challenged by: D-R-
- 2015: Estimate of 85 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 79 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 80 percent and 3rd dose record only coverage of 73 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 90 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2014 record or recall results of 76 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 71 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

Lesotho - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	44	0	39	92	93	97	90	87	87
Estimate GoC	-	-	-	●●●	●	●	●	●	●	●	●	●
Official	-	-	-	44	-	39	92	93	97	90	87	87
Administrative	-	-	-	44	-	39	92	93	97	90	87	87
Survey	-	-	49	45	-	-	-	-	91	89	-	-

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.

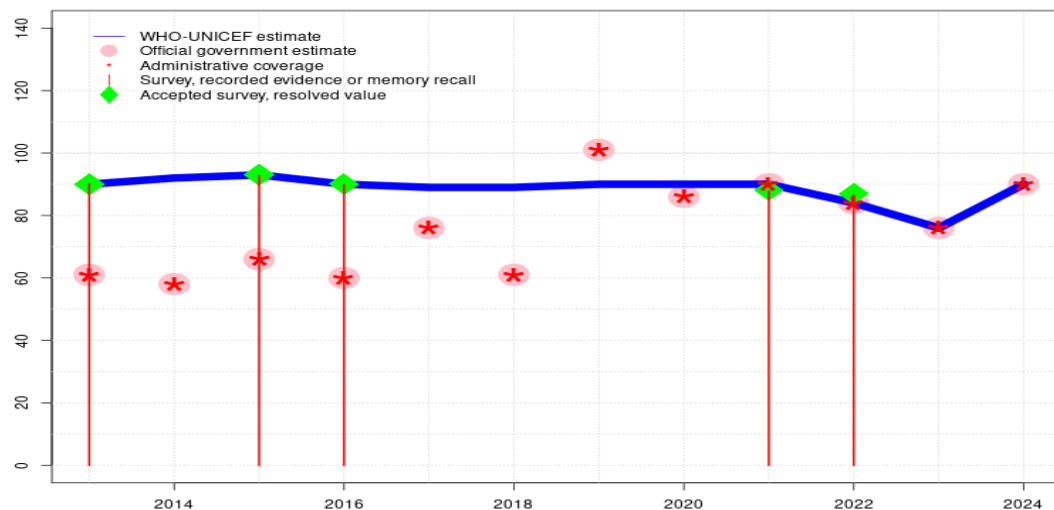
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 90 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Programme reports a two-month vaccine stockout. Estimate of 97 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 93 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 92 percent changed from previous revision value of 87 percent. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Programme reports stockout of unspecified duration. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in an increase in reported coverage that does not reflect programme improvements. Estimate challenged by: S-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 45 percent based on 1 survey(s). Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Inactivated polio vaccine introduced in April 2016. Estimates exceptionally based on reporting data during introduction year. GoC=R+ S+ D+

Lesotho - MCV1

LSO - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	92	93	90	89	89	90	90	90	84	76	90
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	61	58	66	60	76	61	101	86	90	84	76	90
Administrative	61	58	66	60	76	61	101	86	90	84	76	90
Survey	90	-	93	90	-	-	-	-	88	87	-	-

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

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

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

Description:

- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate of 76 percent changed from previous revision value of 90 percent. Estimate challenged by: D-S-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 87 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Programme reports five months vaccine stockout. Estimate of 84 percent changed from previous revision value of 81 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey.Survey evidence of 88 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2020: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system.Reported data excluded because 101 percent greater than 100 percent. Reported data excluded due to an increase from 61 percent to 101 percent with decrease to 86 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system.Reported data excluded due to decline in reported coverage from 76 percent to 61 percent with increase to 101 percent. Programme reports three months vaccine stockout at the national level. Estimate of 89 percent changed from previous revision value of 90 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system.Reported data excluded due to an increase from 60 percent to 76 percent with

decrease to 61 percent. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate of 89 percent changed from previous revision value of 90 percent. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 90 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Programme reports one month stockout for measles vaccine. Estimate challenged by: D-R-

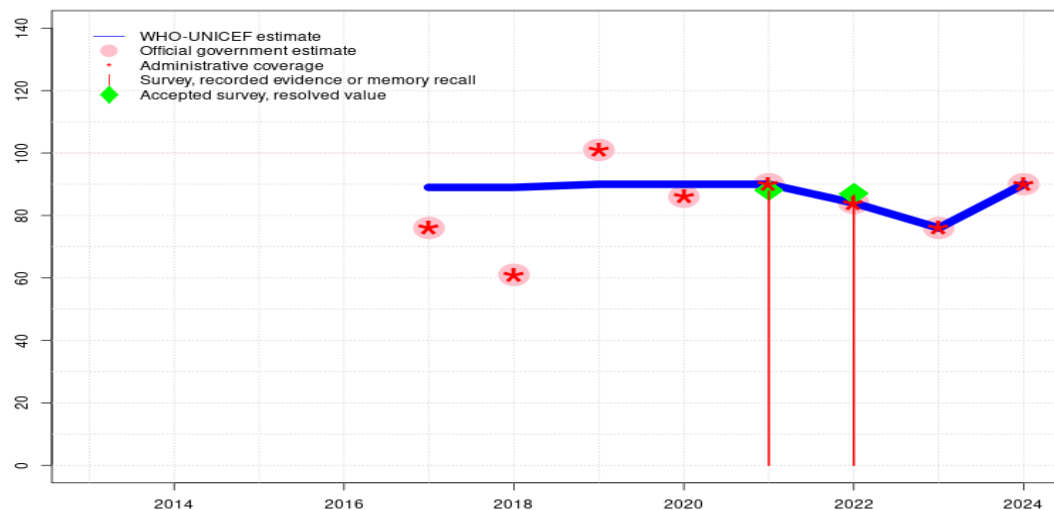
2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 93 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports two months stockout at national level. Estimate challenged by: D-R-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 90 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

Lesotho - RCV1

LSO - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	89	89	90	90	90	84	76	90
Estimate GoC	-	-	-	-	●	●	●	●	●	●	●	●
Official	-	-	-	-	76	61	101	86	90	84	76	90
Administrative	-	-	-	-	76	61	101	86	90	84	76	90
Survey	-	-	-	-	-	-	-	-	88	87	-	-

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

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

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

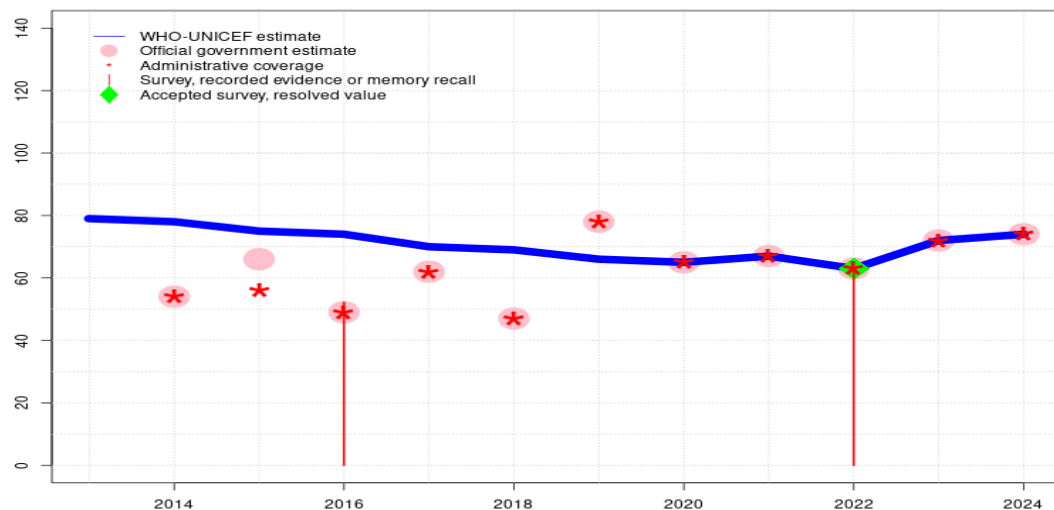
Description:

- 2024: Estimate based on estimated MCV1. Reported data excluded due to sudden change in coverage from 76 to 90 percent. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Estimate of 76 percent changed from previous revision value of 90 percent. Estimate challenged by: D-S-
- 2022: Estimate based on estimated MCV1. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 84 percent changed from previous revision value of 81 percent. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Estimate based on estimated MCV1. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded because 101 percent greater than 100 percent. Reported data excluded due to an increase from 61 percent to 101 percent with decrease to 86 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2018: Estimate based on estimated MCV1. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to decline in reported coverage from 76 percent to 61 percent with increase to 101 percent. Estimate of 89 percent changed from previous revision value of 90 percent. Estimate challenged by: D-R-
- 2017: Estimate based on estimated MCV1. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to an increase from 0 percent to 76 percent with decrease to 61 percent. Measles and rubella combination vaccine introduced in 2017 and recommended at 9 and 18 months. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage

that does not reflect programme improvements. Estimate of 89 percent changed from previous revision value of 90 percent. Estimate challenged by: D-R-

Lesotho - MCV2

LSO - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	79	78	75	74	70	69	66	65	67	63	72	74
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	-	54	66	49	62	47	78	65	67	63	72	74
Administrative	-	54	56	49	62	47	78	65	67	63	72	74
Survey	-	-	-	52	-	-	-	-	-	63	-	-

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

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

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

Description:

- 2024: Estimate informed by reported data. Estimate challenged by: D-S-
- 2023: Estimate informed by reported data. Estimate of 72 percent changed from previous revision value of 82 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 63 percent based on 1 survey(s). Programme reports five months vaccine stockout. Estimate informed by the relative change in reported number of doses administered from 2021 to 2022 applied to the prior year estimate. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 63 percent changed from previous revision value of 75 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 67 percent changed from previous revision value of 82 percent. Estimate challenged by: D-
- 2020: Estimate based on reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 65 percent changed from previous revision value of 82 percent. Estimate challenged by: D-
- 2019: Reported data calibrated to 2012 and 2020 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to an increase from 47 percent to 78 percent with decrease to 65 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate of 66 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2012 and 2020 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to decline in reported coverage from 62 percent to 47 percent with increase to 78 percent. Programme reports three months vaccine stockout at national level. Estimate of 69 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2012 and 2020 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting

system. Reported data excluded due to an increase from 49 percent to 62 percent with decrease to 47 percent. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate of 70 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-

- 2016: Reported data calibrated to 2012 and 2020 levels. Lesotho Multiple Indicator Cluster Survey 2018 results ignored by working group. Survey results may not capture second dose measles coverage appropriately. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to decline in reported coverage from 66 percent to 49 percent with increase to 62 percent. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Programme reports one month stockout for measles vaccine. Estimate of 74 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 and 2020 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to an increase from 54 percent to 66 percent with decrease to 49 percent. Estimate of 75 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2020 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate of 78 percent changed from previous revision value of 82 percent. GoC=Assigned by working group.
- 2013: Reported data calibrated to 2012 and 2020 levels. Estimate of 79 percent changed from previous revision value of 82 percent. GoC=Assigned by working group.

Lesotho - 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 Lesotho Demographic and Health Survey 2023-2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	22.6	12-23 m	112	77
BCG	Record	76.6	12-23 m	379	77
BCG	Record or Recall	99.1	12-23 m	490	77
BCG	Record or Recall<12m	98.6	12-23 m	490	77
DTP1	Recall	20.5	12-23 m	112	77
DTP1	Record	77.2	12-23 m	379	77
DTP1	Record or Recall	97.7	12-23 m	490	77
DTP1	Record or Recall<12m	97.5	12-23 m	490	77
DTP3	Recall	10.8	12-23 m	112	77
DTP3	Record	73.6	12-23 m	379	77
DTP3	Record or Recall	84.4	12-23 m	490	77
DTP3	Record or Recall<12m	83.8	12-23 m	490	77
HEPB1	Recall	20.5	12-23 m	112	77
HEPB1	Record	77.2	12-23 m	379	77
HEPB1	Record or Recall	97.7	12-23 m	490	77
HEPB1	Record or Recall<12m	97.5	12-23 m	490	77
HEPB3	Recall	10.8	12-23 m	112	77
HEPB3	Record	73.6	12-23 m	379	77
HEPB3	Record or Recall	84.4	12-23 m	490	77

HEPB3	Record or Recall<12m	83.8	12-23 m	490	77
HIB1	Recall	20.5	12-23 m	112	77
HIB1	Record	77.2	12-23 m	379	77
HIB1	Record or Recall	97.7	12-23 m	490	77
HIB1	Record or Recall<12m	97.5	12-23 m	490	77
HIB3	Recall	10.8	12-23 m	112	77
HIB3	Record	73.6	12-23 m	379	77
HIB3	Record or Recall	84.4	12-23 m	490	77
HIB3	Record or Recall<12m	83.8	12-23 m	490	77
IPV1	Recall	20.2	12-23 m	112	77
IPV1	Record	68.7	12-23 m	379	77
IPV1	Record or Recall	88.9	12-23 m	490	77
IPV1	Record or Recall<12m	87.7	12-23 m	490	77
MCV1	Recall	19	12-23 m	112	77
MCV1	Record	67.5	12-23 m	379	77
MCV1	Record or Recall	86.5	12-23 m	490	77
MCV1	Record or Recall<12m	79	12-23 m	490	77
MCV2	Recall	14.6	24-35 m	138	69
MCV2	Record	47.9	24-35 m	305	69
MCV2	Record or Recall	62.5	24-35 m	443	69
MCV2	Record or Recall<12m	59.1	24-35 m	443	69
PCV1	Recall	19.1	12-23 m	112	77
PCV1	Record	75.2	12-23 m	379	77
PCV1	Record or Recall	94.3	12-23 m	490	77
PCV1	Record or Recall<12m	93.9	12-23 m	490	77
PCV3	Recall	11.3	12-23 m	112	77
PCV3	Record	67	12-23 m	379	77
PCV3	Record or Recall	78.3	12-23 m	490	77
PCV3	Record or Recall<12m	76.2	12-23 m	490	77
POL1	Recall	18.6	12-23 m	112	77
POL1	Record	76	12-23 m	379	77
POL1	Record or Recall	94.5	12-23 m	490	77
POL1	Record or Recall<12m	94.4	12-23 m	490	77
POL3	Recall	3.9	12-23 m	112	77
POL3	Record	66.5	12-23 m	379	77
POL3	Record or Recall	70.4	12-23 m	490	77
POL3	Record or Recall<12m	69.3	12-23 m	490	77
RCV1	Recall	19	12-23 m	112	77
RCV1	Record	67.5	12-23 m	379	77
RCV1	Record or Recall	86.5	12-23 m	490	77

Lesotho - Survey Details

RCV1	Record or Recall<12m	79	12-23 m	490	77
ROTAC	Recall	15.7	12-23 m	112	77
ROTAC	Record	68.6	12-23 m	379	77
ROTAC	Record or Recall	84.3	12-23 m	490	77
ROTAC	Record or Recall<12m	83.9	12-23 m	490	77

2021 Lesotho Demographic and Health Survey 2023-2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30.2	24-35 m	138	69
BCG	Record	68.6	24-35 m	305	69
BCG	Record or Recall	98.8	24-35 m	443	69
BCG	Record or Recall<12m	97.5	24-35 m	443	69
DTP1	Recall	26.3	24-35 m	138	69
DTP1	Record	68.8	24-35 m	305	69
DTP1	Record or Recall	95.1	24-35 m	443	69
DTP1	Record or Recall<12m	94.3	24-35 m	443	69
DTP3	Recall	16.1	24-35 m	138	69
DTP3	Record	65.5	24-35 m	305	69
DTP3	Record or Recall	81.5	24-35 m	443	69
DTP3	Record or Recall<12m	79.1	24-35 m	443	69
HEPB1	Recall	26.3	24-35 m	138	69
HEPB1	Record	68.8	24-35 m	305	69
HEPB1	Record or Recall	95.1	24-35 m	443	69
HEPB1	Record or Recall<12m	94.3	24-35 m	443	69
HEPB3	Recall	16.1	24-35 m	138	69
HEPB3	Record	65.5	24-35 m	305	69
HEPB3	Record or Recall	81.5	24-35 m	443	69
HEPB3	Record or Recall<12m	79.1	24-35 m	443	69
HIB1	Recall	26.3	24-35 m	138	69
HIB1	Record	68.8	24-35 m	305	69
HIB1	Record or Recall	95.1	24-35 m	443	69
HIB1	Record or Recall<12m	94.3	24-35 m	443	69
HIB3	Recall	16.1	24-35 m	138	69
HIB3	Record	65.5	24-35 m	305	69
HIB3	Record or Recall	81.5	24-35 m	443	69
HIB3	Record or Recall<12m	79.1	24-35 m	443	69
IPV1	Recall	26.8	24-35 m	138	69
IPV1	Record	64	24-35 m	305	69

IPV1	Record or Recall	90.8	24-35 m	443	69
IPV1	Record or Recall<12m	88.4	24-35 m	443	69
MCV1	Recall	22.9	24-35 m	138	69
MCV1	Record	64.8	24-35 m	305	69
MCV1	Record or Recall	87.8	24-35 m	443	69
MCV1	Record or Recall<12m	75.5	24-35 m	443	69
PCV1	Recall	21.9	24-35 m	138	69
PCV1	Record	67.7	24-35 m	305	69
PCV1	Record or Recall	89.6	24-35 m	443	69
PCV1	Record or Recall<12m	88.9	24-35 m	443	69
PCV3	Recall	14	24-35 m	138	69
PCV3	Record	64.8	24-35 m	305	69
PCV3	Record or Recall	78.8	24-35 m	443	69
PCV3	Record or Recall<12m	77.2	24-35 m	443	69
POL1	Recall	27.1	24-35 m	138	69
POL1	Record	68.7	24-35 m	305	69
POL1	Record or Recall	95.8	24-35 m	443	69
POL1	Record or Recall<12m	95	24-35 m	443	69
POL3	Recall	3.8	24-35 m	138	69
POL3	Record	63.5	24-35 m	305	69
POL3	Record or Recall	67.3	24-35 m	443	69
POL3	Record or Recall<12m	65.5	24-35 m	443	69
RCV1	Recall	22.9	24-35 m	138	69
RCV1	Record	64.8	24-35 m	305	69
RCV1	Record or Recall	87.8	24-35 m	443	69
RCV1	Record or Recall<12m	75.5	24-35 m	443	69
ROTAC	Recall	19	24-35 m	138	69
ROTAC	Record	63.6	24-35 m	305	69
ROTAC	Record or Recall	82.5	24-35 m	443	69
ROTAC	Record or Recall<12m	81	24-35 m	443	69

2016 Lesotho Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	13	12-23 m	665	84
BCG	Record	82.7	12-23 m	665	84
BCG	Record or Recall	95.7	12-23 m	665	84
BCG	Record or Recall<12m	95.1	12-23 m	665	84
DTP1	Recall	10.9	12-23 m	665	84

Lesotho - Survey Details

DTP1	Record	80.6	12-23 m	665	84	PCV3	Record	60.6	12-23 m	665	84
DTP1	Record or Recall	91.5	12-23 m	665	84	PCV3	Record or Recall	66.8	12-23 m	665	84
DTP1	Record or Recall<12m	91.5	12-23 m	665	84	PCV3	Record or Recall<12m	65.5	12-23 m	665	84
DTP3	Recall	8.8	12-23 m	665	84	POL1	Recall	10.9	12-23 m	665	84
DTP3	Record	76.8	12-23 m	665	84	POL1	Record	83.3	12-23 m	665	84
DTP3	Record or Recall	85.6	12-23 m	665	84	POL1	Record or Recall	94.1	12-23 m	665	84
DTP3	Record or Recall<12m	84.6	12-23 m	665	84	POL1	Record or Recall<12m	94.1	12-23 m	665	84
HEPB1	Recall	10.9	12-23 m	665	84	POL3	Recall	3.2	12-23 m	665	84
HEPB1	Record	80.6	12-23 m	665	84	POL3	Record	76.6	12-23 m	665	84
HEPB1	Record or Recall	91.5	12-23 m	665	84	POL3	Record or Recall	79.8	12-23 m	665	84
HEPB1	Record or Recall<12m	91.5	12-23 m	665	84	POL3	Record or Recall<12m	79	12-23 m	665	84
HEPB3	Recall	8.8	12-23 m	665	84	ROTAC	Recall	2.7	12-23 m	665	84
HEPB3	Record	76.8	12-23 m	665	84	ROTAC	Record	12.6	12-23 m	665	84
HEPB3	Record or Recall	85.6	12-23 m	665	84	ROTAC	Record or Recall	15.3	12-23 m	665	84
HEPB3	Record or Recall<12m	84.6	12-23 m	665	84	ROTAC	Record or Recall<12m	15	12-23 m	665	84
HIB1	Recall	10.9	12-23 m	665	84	2015 Lesotho Multiple Indicator Cluster Survey 2018					
HIB1	Record	80.6	12-23 m	665	84						
HIB1	Record or Recall	91.5	12-23 m	665	84	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
HIB1	Record or Recall<12m	91.5	12-23 m	665	84	BCG	Recall	16.1	24-35 m	719	-
HIB3	Recall	8.8	12-23 m	665	84	BCG	Record	79.1	24-35 m	719	-
HIB3	Record	76.8	12-23 m	665	84	BCG	Record or Recall	95.2	24-35 m	719	-
HIB3	Record or Recall	85.6	12-23 m	665	84	BCG	Record or Recall<12m	94.7	24-35 m	719	-
HIB3	Record or Recall<12m	84.6	12-23 m	665	84	DTP1	Recall	13.2	24-35 m	719	-
IPV1	Recall	9.3	12-23 m	665	84	DTP1	Record	76.2	24-35 m	719	-
IPV1	Record	36	12-23 m	665	84	DTP1	Record or Recall	89.4	24-35 m	719	-
IPV1	Record or Recall	45.4	12-23 m	665	84	DTP1	Record or Recall<12m	88.9	24-35 m	719	-
IPV1	Record or Recall<12m	44.4	12-23 m	665	84	DTP3	Recall	8.5	24-35 m	719	-
MCV1	Recall	11.8	12-23 m	665	84	DTP3	Record	70.9	24-35 m	719	-
MCV1	Record	78.1	12-23 m	665	84	DTP3	Record or Recall	79.3	24-35 m	719	-
MCV1	Record or Recall	89.9	12-23 m	665	84	DTP3	Record or Recall<12m	78.5	24-35 m	719	-
MCV1	Record or Recall<12m	76.7	12-23 m	665	84	HEPB1	Recall	13.2	24-35 m	719	-
MCV2	Recall	11.2	24-35 m	719	-	HEPB1	Record	76.2	24-35 m	719	-
MCV2	Record	41.1	24-35 m	719	-	HEPB1	Record or Recall	89.4	24-35 m	719	-
MCV2	Record or Recall	52.2	24-35 m	719	-	HEPB1	Record or Recall<12m	88.9	24-35 m	719	-
MCV2	Record or Recall<12m	24.5	24-35 m	719	-	HEPB3	Recall	8.5	24-35 m	719	-
PCV1	Recall	8.9	12-23 m	665	84	HEPB3	Record	70.9	24-35 m	719	-
PCV1	Record	67.3	12-23 m	665	84	HEPB3	Record or Recall	79.3	24-35 m	719	-
PCV1	Record or Recall	76.2	12-23 m	665	84	HEPB3	Record or Recall<12m	78.5	24-35 m	719	-
PCV1	Record or Recall<12m	76.2	12-23 m	665	84						
PCV3	Recall	6.2	12-23 m	665	84						

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HIB1	Recall	13.2	24-35 m	719	-	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
HIB1	Record	76.2	24-35 m	719	-	BCG	Recall	21.8	12-23 m	655	77
HIB1	Record or Recall	89.4	24-35 m	719	-	BCG	Record	76.2	12-23 m	655	77
HIB1	Record or Recall<12m	88.9	24-35 m	719	-	BCG	Record or Recall	98	12-23 m	655	77
HIB3	Recall	8.5	24-35 m	719	-	BCG	Record or Recall<12m	97.6	12-23 m	655	77
HIB3	Record	70.9	24-35 m	719	-	DTP1	Recall	21.1	12-23 m	655	77
HIB3	Record or Recall	79.3	24-35 m	719	-	DTP1	Record	77.1	12-23 m	655	77
HIB3	Record or Recall<12m	78.5	24-35 m	719	-	DTP1	Record or Recall	98.3	12-23 m	655	77
IPV1	Recall	13.4	24-35 m	719	-	DTP1	Record or Recall<12m	98.3	12-23 m	655	77
IPV1	Record	35.9	24-35 m	719	-	DTP3	Recall	12.2	12-23 m	655	77
IPV1	Record or Recall	49.2	24-35 m	719	-	DTP3	Record	73.2	12-23 m	655	77
IPV1	Record or Recall<12m	48.3	24-35 m	719	-	DTP3	Record or Recall	85.4	12-23 m	655	77
MCV1	Recall	16.5	24-35 m	719	-	DTP3	Record or Recall<12m	83.9	12-23 m	655	77
MCV1	Record	76.2	24-35 m	719	-	HIB1	Recall	21.1	12-23 m	655	77
MCV1	Record or Recall	92.7	24-35 m	719	-	HIB1	Record	77.1	12-23 m	655	77
MCV1	Record or Recall<12m	71.2	24-35 m	719	-	HIB1	Record or Recall	98.3	12-23 m	655	77
PCV1	Recall	11.8	24-35 m	719	-	HIB1	Record or Recall<12m	98.3	12-23 m	655	77
PCV1	Record	62.7	24-35 m	719	-	HIB3	Recall	12.2	12-23 m	655	77
PCV1	Record or Recall	74.5	24-35 m	719	-	HIB3	Record	73.2	12-23 m	655	77
PCV1	Record or Recall<12m	73.9	24-35 m	719	-	HIB3	Record or Recall	85.4	12-23 m	655	77
PCV3	Recall	7.2	24-35 m	719	-	HIB3	Record or Recall<12m	83.9	12-23 m	655	77
PCV3	Record	54.4	24-35 m	719	-	MCV1	Recall	18.9	12-23 m	655	77
PCV3	Record or Recall	61.6	24-35 m	719	-	MCV1	Record	71.2	12-23 m	655	77
PCV3	Record or Recall<12m	60.3	24-35 m	719	-	MCV1	Record or Recall	90.1	12-23 m	655	77
POL1	Recall	14.9	24-35 m	719	-	MCV1	Record or Recall<12m	79.6	12-23 m	655	77
POL1	Record	79.5	24-35 m	719	-	POL1	Recall	20.3	12-23 m	655	77
POL1	Record or Recall	94.4	24-35 m	719	-	POL1	Record	75.7	12-23 m	655	77
POL1	Record or Recall<12m	93.9	24-35 m	719	-	POL1	Record or Recall	96	12-23 m	655	77
POL3	Recall	6.7	24-35 m	719	-	POL1	Record or Recall<12m	96	12-23 m	655	77
POL3	Record	72.5	24-35 m	719	-	POL3	Recall	4.5	12-23 m	655	77
POL3	Record or Recall	79.3	24-35 m	719	-	POL3	Record	71.2	12-23 m	655	77
POL3	Record or Recall<12m	78.5	24-35 m	719	-	POL3	Record or Recall	75.7	12-23 m	655	77
ROTAC	Recall	3.2	24-35 m	719	-	POL3	Record or Recall<12m	74.9	12-23 m	655	77
ROTAC	Record	9.5	24-35 m	719	-	2012 Lesotho Demographic and Health Survey 2014					
ROTAC	Record or Recall	12.7	24-35 m	719	-						
ROTAC	Record or Recall<12m	12.3	24-35 m	719	-						

2013 Lesotho Demographic and Health Survey 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	95.8	24-35 m	572	-
DTP1	Record or Recall<12m	96.9	24-35 m	572	-

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DTP3	Record or Recall<12m	85.5	24-35 m	572	-
HIB1	Record or Recall<12m	96.9	24-35 m	572	-
HIB3	Record or Recall<12m	85.5	24-35 m	572	-
MCV1	Record or Recall<12m	75.4	24-35 m	572	-
POL1	Record or Recall<12m	95.4	24-35 m	572	-
POL3	Record or Recall<12m	72	24-35 m	572	-

2011 Lesotho Post SIAs and Routine Immunization Coverage Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	85	24-35 m	-	92
BCG	Record or Recall	87	24-35 m	3614	92
DTP1	Record	83.3	24-35 m	-	92
DTP1	Record or Recall	96.6	24-35 m	3614	92
DTP3	Record	81.5	24-35 m	-	92
DTP3	Record or Recall	95	24-35 m	3614	92
HEPB1	Record	83.3	24-35 m	-	92
HEPB1	Record or Recall	96.6	24-35 m	3614	92
HEPB3	Record	81.5	24-35 m	-	92
HEPB3	Record or Recall	95	24-35 m	3614	92
HIB1	Record	83.3	24-35 m	-	92
HIB1	Record or Recall	96.6	24-35 m	3614	92
HIB3	Record	81.5	24-35 m	-	92
HIB3	Record or Recall	95	24-35 m	3614	92
MCV1	Record	78.8	24-35 m	-	92
MCV1	Record or Recall	92	24-35 m	3614	92
MCV2	Record	69.3	24-35 m	-	92
MCV2	Record or Recall	81.7	24-35 m	3614	92
POL1	Record	82.2	24-35 m	-	92
POL1	Record or Recall	97.3	24-35 m	3614	92
POL3	Record	80.1	24-35 m	-	92
POL3	Record or Recall	93.5	24-35 m	3614	92

2008 Lesotho Demographic and Health Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	22.4	12-23 m	744	74

BCG	Record	72.7	12-23 m	744	74
BCG	Record or Recall	95.1	12-23 m	744	74
BCG	Record or Recall<12m	94.4	12-23 m	744	74
DTP1	Recall	22	12-23 m	744	74
DTP1	Record	73.7	12-23 m	744	74
DTP1	Record or Recall	95.7	12-23 m	744	74
DTP1	Record or Recall<12m	95.4	12-23 m	744	74
DTP3	Recall	15.3	12-23 m	744	74
DTP3	Record	68.2	12-23 m	744	74
DTP3	Record or Recall	83.5	12-23 m	744	74
DTP3	Record or Recall<12m	81.6	12-23 m	744	74
MCV1	Recall	18.5	12-23 m	744	74
MCV1	Record	61.8	12-23 m	744	74
MCV1	Record or Recall	80.3	12-23 m	744	74
MCV1	Record or Recall<12m	69.6	12-23 m	744	74
POL1	Recall	21.6	12-23 m	744	74
POL1	Record	72.6	12-23 m	744	74
POL1	Record or Recall	94.2	12-23 m	744	74
POL1	Record or Recall<12m	94.1	12-23 m	744	74
POL3	Recall	7.5	12-23 m	744	74
POL3	Record	67.4	12-23 m	744	74
POL3	Record or Recall	74.9	12-23 m	744	74
POL3	Record or Recall<12m	73.4	12-23 m	744	74

2003 Lesotho Demographic and Health Survey 2004

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	19.9	12-23 m	660	78
BCG	Record	76.5	12-23 m	660	78
BCG	Record or Recall	96.4	12-23 m	660	78
BCG	Record or Recall<12m	95.3	12-23 m	660	78
DTP1	Recall	18.3	12-23 m	660	78
DTP1	Record	76.3	12-23 m	660	78
DTP1	Record or Recall	94.6	12-23 m	660	78
DTP1	Record or Recall<12m	93.9	12-23 m	660	78
DTP3	Recall	11.1	12-23 m	660	78
DTP3	Record	71.7	12-23 m	660	78
DTP3	Record or Recall	82.8	12-23 m	660	78
DTP3	Record or Recall<12m	80.4	12-23 m	660	78

HEPB1	Recall	8.3	12-23 m	660	78
HEPB1	Record	23	12-23 m	660	78
HEPB1	Record or Recall	31.4	12-23 m	660	78
HEPB1	Record or Recall<12m	28.9	12-23 m	660	78
HEPB3	Recall	3.5	12-23 m	660	78
HEPB3	Record	10.1	12-23 m	660	78
HEPB3	Record or Recall	13.6	12-23 m	660	78
HEPB3	Record or Recall<12m	12.5	12-23 m	660	78
MCV1	Recall	16	12-23 m	660	78
MCV1	Record	68.9	12-23 m	660	78
MCV1	Record or Recall	84.9	12-23 m	660	78
MCV1	Record or Recall<12m	74.7	12-23 m	660	78
POL1	Recall	19.3	12-23 m	660	78
POL1	Record	76.1	12-23 m	660	78
POL1	Record or Recall	95.4	12-23 m	660	78
POL1	Record or Recall<12m	94.5	12-23 m	660	78
POL3	Recall	7.4	12-23 m	660	78
POL3	Record	72.3	12-23 m	660	78
POL3	Record or Recall	79.7	12-23 m	660	78
POL3	Record or Recall<12m	76.7	12-23 m	660	78

2001 Lesotho, National Nutrition and EPI Cluster Survey 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	82.9	12-23 m	2289	91
DTP1	Record or Recall	82.9	12-23 m	2289	91
DTP3	Record or Recall	78.5	12-23 m	2289	91
MCV1	Record or Recall	69.8	12-23 m	2289	91
POL1	Record or Recall	82.6	12-23 m	2289	91
POL3	Record or Recall	78	12-23 m	2289	91

1999 Lesotho 2000 End Decade Multiple Indicator Cluster Survey (EMICS),
Draft Preliminary Report, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	8.4	12-23 m	762	85
BCG	Record	83.1	12-23 m	762	85
BCG	Record or Recall	91.5	12-23 m	762	85
BCG	Record or Recall<12m	90.5	12-23 m	762	85
DTP1	Recall	8.5	12-23 m	762	85
DTP1	Record	81.9	12-23 m	762	85
DTP1	Record or Recall	90.4	12-23 m	762	85
DTP1	Record or Recall<12m	88.5	12-23 m	762	85
DTP3	Recall	5.5	12-23 m	762	85
DTP3	Record	79.9	12-23 m	762	85
DTP3	Record or Recall	85.4	12-23 m	762	85
DTP3	Record or Recall<12m	83.9	12-23 m	762	85
MCV1	Recall	7.6	12-23 m	762	85
MCV1	Record	69.6	12-23 m	762	85
MCV1	Record or Recall	77.2	12-23 m	762	85
MCV1	Record or Recall<12m	71.3	12-23 m	762	85
POL1	Recall	7	12-23 m	762	85
POL1	Record	82.2	12-23 m	762	85
POL1	Record or Recall	89.2	12-23 m	762	85
POL1	Record or Recall<12m	87.8	12-23 m	762	85
POL3	Recall	4.1	12-23 m	762	85
POL3	Record	79.4	12-23 m	762	85
POL3	Record or Recall	83.5	12-23 m	762	85
POL3	Record or Recall<12m	82.4	12-23 m	762	85

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