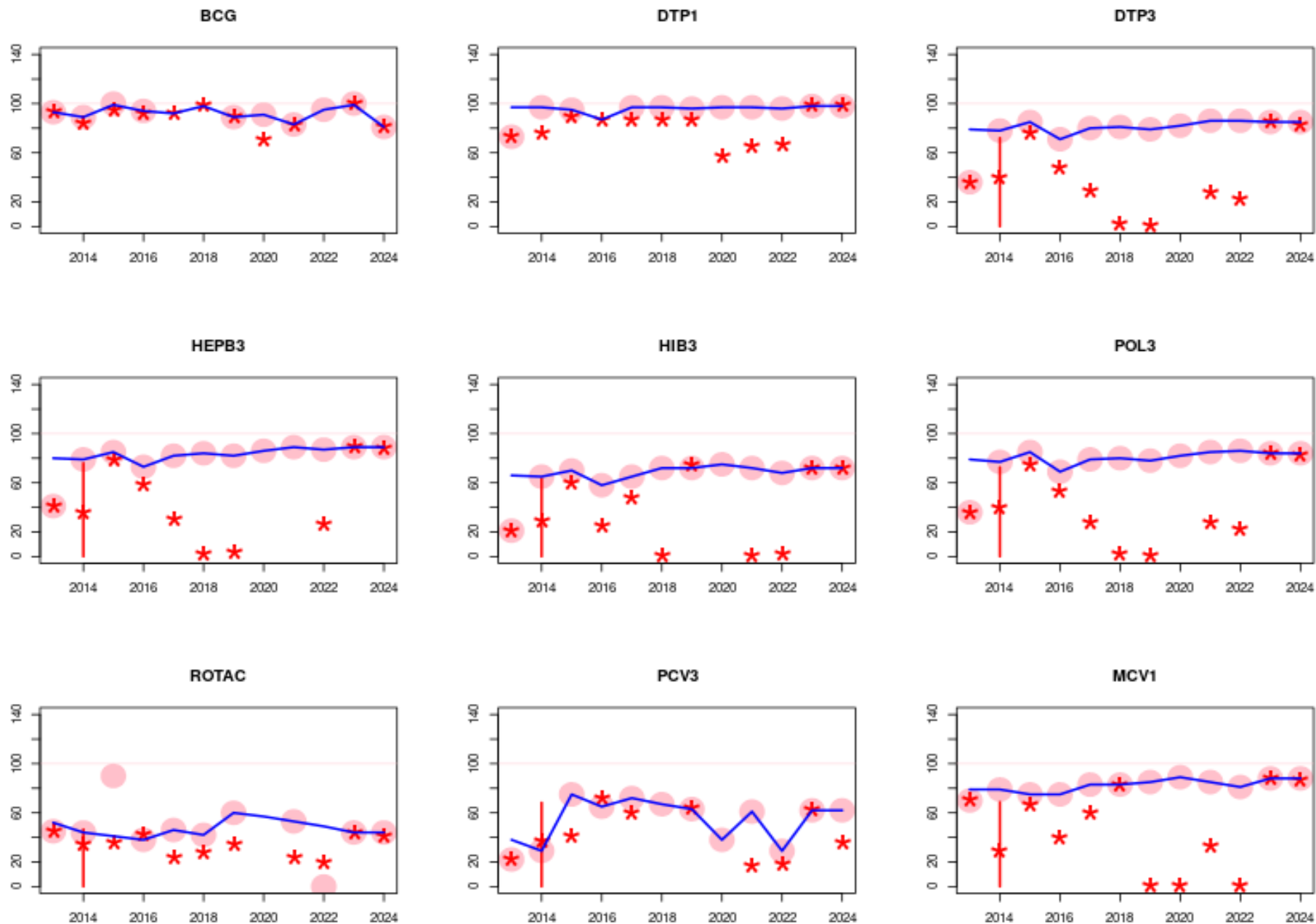


# Marshall Islands: WHO and UNICEF estimates of immunization coverage: 2024 revision



# Marshall Islands: WHO and UNICEF estimates of immunization coverage: 2024 revision

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

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

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

## DATA SOURCES

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

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

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

## ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

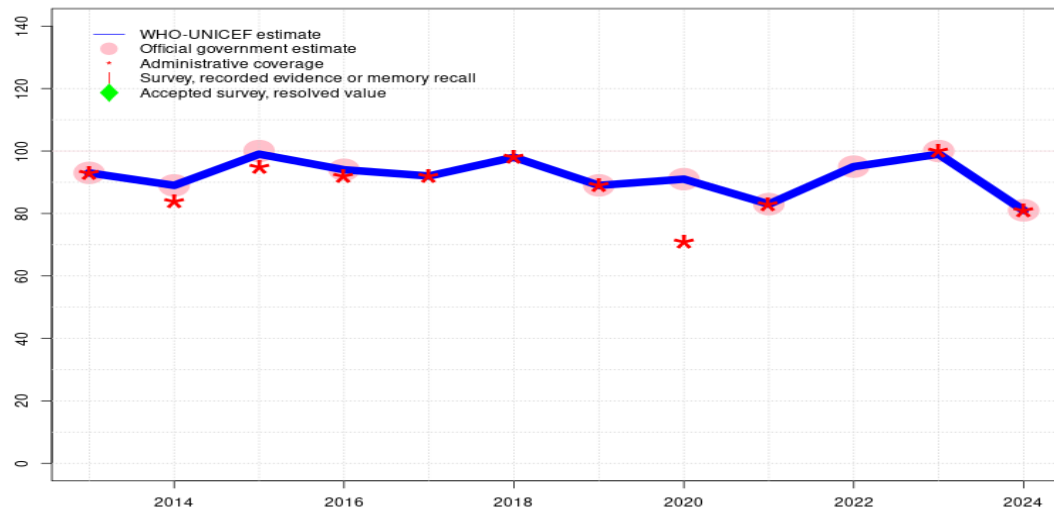
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

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# Marshall Islands - BCG

MHL - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	89	99	94	92	98	89	91	83	95	99	81
Estimate GoC	●●	●●	●	●●	●●	●●	●●	●●	●●	●●	●●	●
Official	93	89	100	94	-	-	89	91	83	95	100	81
Administrative	93	84	95	92	92	98	89	71	83	-	100	81
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

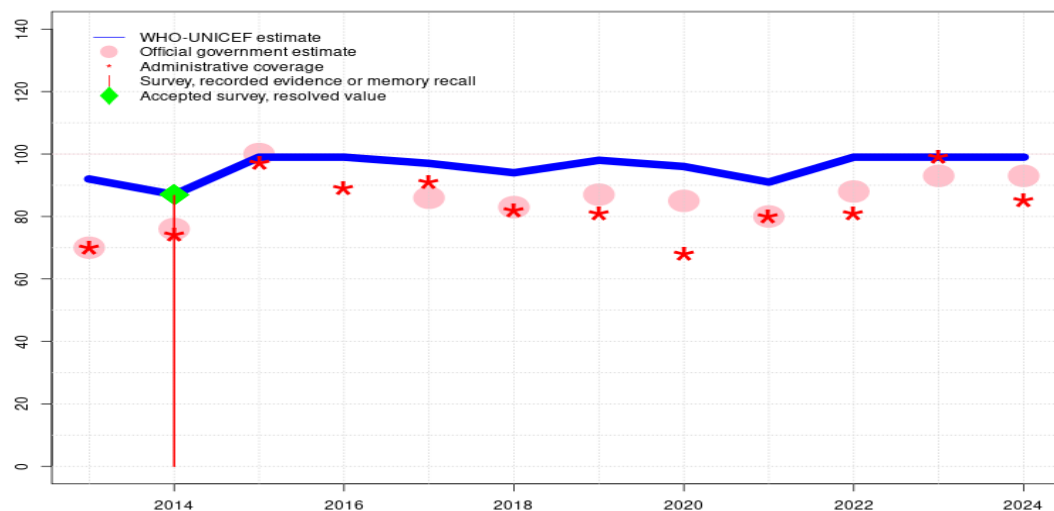
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Programme reported a one-month vaccine stock-out at the national level. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+
- 2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2018: Estimate informed by reported administrative data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2017: Estimate informed by reported administrative data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2016: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2015: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2013: Estimate informed by interpolation between reported data. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

# Marshall Islands - HEPBB

MHL - HEPBB



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	87	99	99	97	94	98	96	91	99	99	99
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	70	76	100	-	86	83	87	85	80	88	93	93
Administrative	70	74	97	89	91	82	81	68	80	81	99	85
Survey	-	87	-	-	-	-	-	-	-	-	-	-

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

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

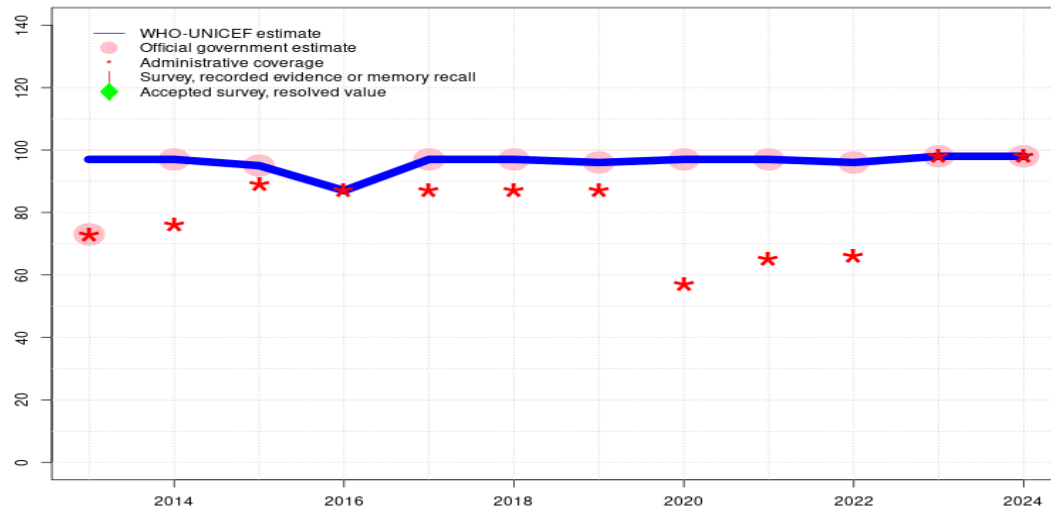
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Reported data calibrated to 2014 levels. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2014 levels. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: R-
- 2022: Reported data calibrated to 2014 levels. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: R-
- 2021: Reported data calibrated to 2014 levels. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2014 levels. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 levels. Programme reports national and subnational vaccine supply disruption. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2014 levels. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 levels. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 levels. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2014 levels. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-S-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 87 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2014 levels. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-

# Marshall Islands - DTP1

MHL - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	97	95	87	97	97	96	97	97	96	98	98
Estimate GoC	•	•	•	••	•	•	••	•	•	•	•	•
Official	73	97	95	-	97	97	96	97	97	96	98	98
Administrative	73	76	89	87	87	87	87	57	65	66	98	98
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

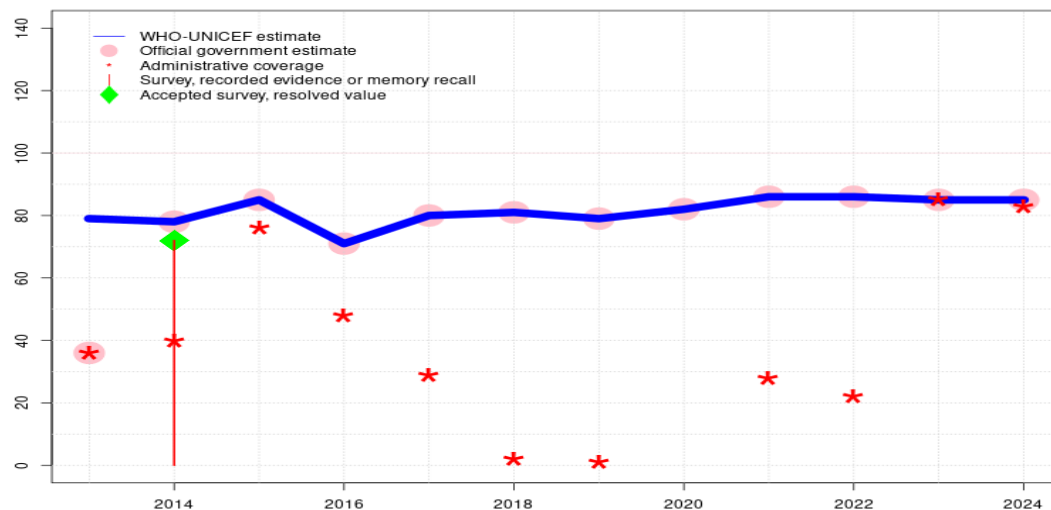
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2015: Estimate informed by reported data. Programme reports two months national level stock-out of DTP-IPV-Hib. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate informed by interpolation between reported data. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

# Marshall Islands - DTP3

MHL - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	79	78	85	71	80	81	79	82	86	86	85	85
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	36	78	85	71	80	81	79	82	86	86	85	85
Administrative	36	40	76	48	29	2	1	-	28	22	85	83
Survey	-	72	-	-	-	-	-	-	-	-	-	-

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

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

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

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.
- 2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Reported decline in coverage from prior year is unexplained. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports two months national level stock-out of DTP-IPV-Hib. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-S-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 72 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate informed by interpolation between reported data. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported administrative data is

# Marshall Islands - DTP3

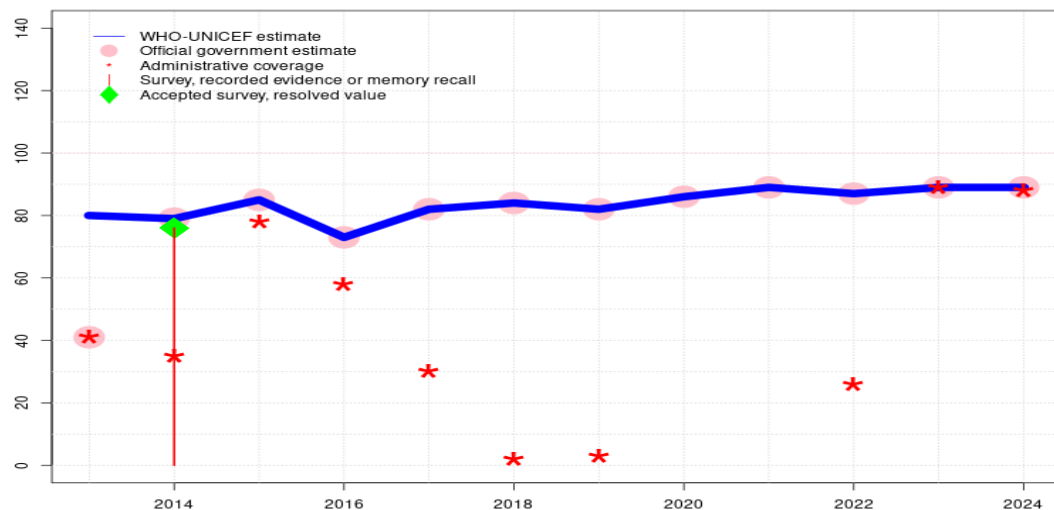
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attributed to small birth cohort. Estimate challenged by: D-



# Marshall Islands - HEPB3

MHL - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	80	79	85	73	82	84	82	86	89	87	89	89
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	41	79	85	73	82	84	82	86	89	87	89	89
Administrative	41	35	78	58	30	2	3	-	-	26	89	88
Survey	-	76	-	-	-	-	-	-	-	-	-	-

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

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

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

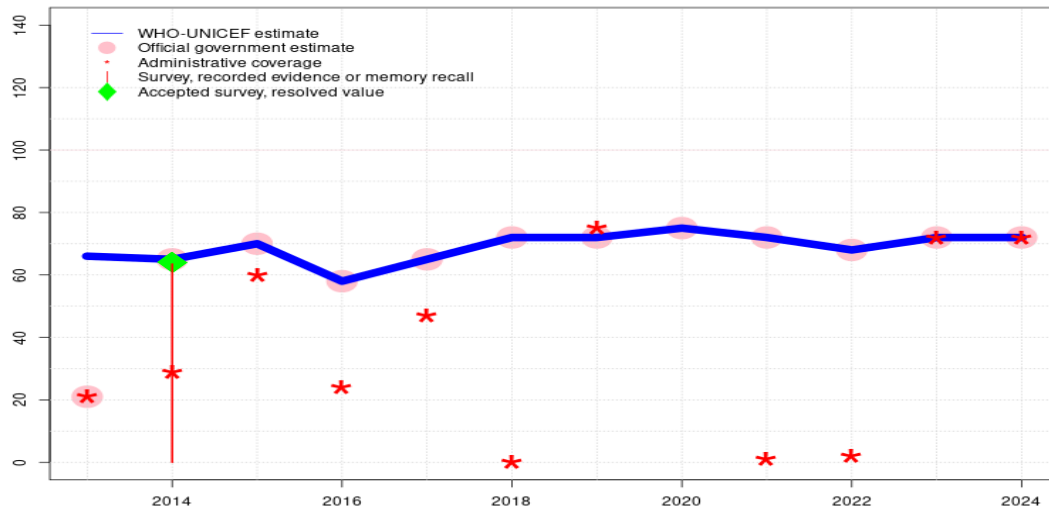
## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.
- 2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.
- 2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 76 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate informed by interpolation between reported data. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-



# Marshall Islands - HIB3

MHL - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	66	65	70	58	65	72	72	75	72	68	72	72
Estimate GoC	•	•	•	•	••	•	•	•	•	•	•	•
Official	21	65	70	58	65	72	72	75	72	68	72	72
Administrative	21	29	60	24	47	0	75	-	1	2	72	72
Survey	-	64	-	-	-	-	-	-	-	-	-	-

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

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

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

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.
- 2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.
- 2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2016: Estimate informed by reported data. Reported decline in coverage from prior year is unexplained. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports two months national level stock-out of DTP-IPV-Hib. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 64 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate informed by interpolation between reported data. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and sug-

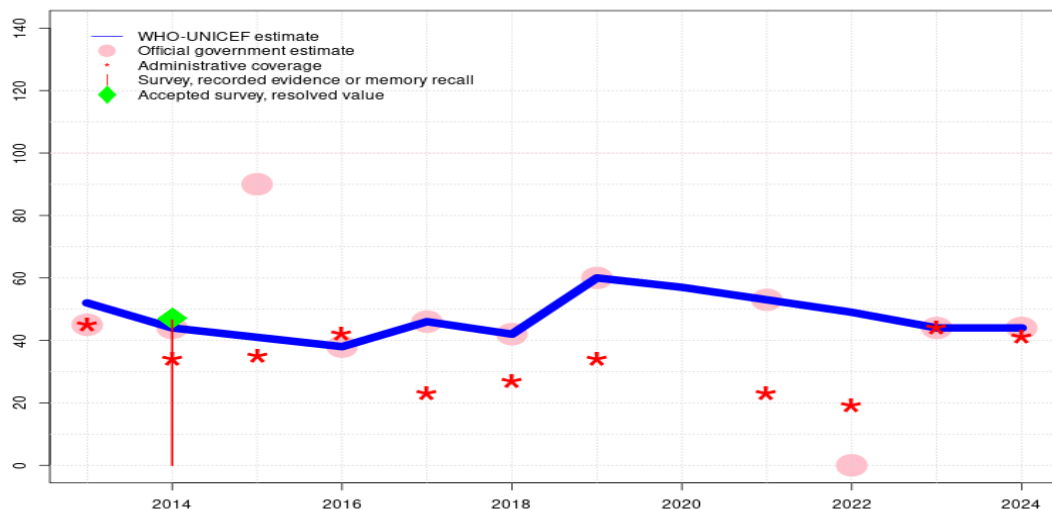
# Marshall Islands - HIB3

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gests an inconsistent and unexplained trend. Programme reports stockout in 7 districts. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

# Marshall Islands - ROTAC

MHL - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	52	44	41	38	46	42	60	57	53	49	44	44
Estimate GoC	●●	●	●●●	●●	●	●	●	●	●	●	●	●
Official	45	44	90	38	46	42	60	-	53	0	44	44
Administrative	45	34	35	42	23	27	34	-	23	19	44	41
Survey	-	47	-	-	-	-	-	-	-	-	-	-

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

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

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

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between reported data. Reported data excluded. No reported official coverage estimate. Given consistency with other antigens for which country official reflects an adjustment from the administrative coverage, estimate is based on an extrapolation from prior year estimate. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2020: Estimate informed by interpolation between reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2016: Reported decline in coverage from prior year is unexplained. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistent with other antigens.
- 2015: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent and unexplained increase in reported coverage. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 47 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Estimate informed by interpolation between reported data. Reported data excluded. For

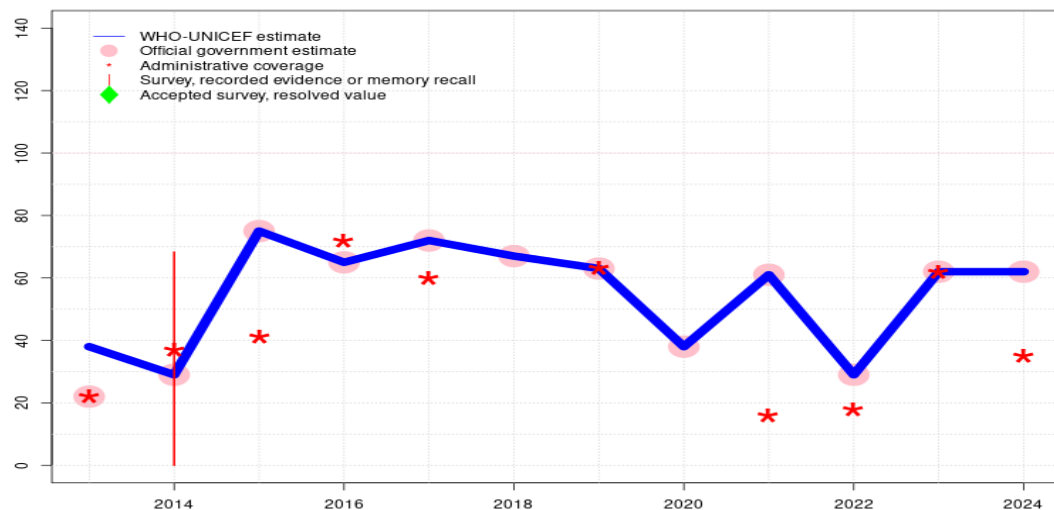
# Marshall Islands - ROTAC

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the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Programme reports stockout in 1 district. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistent with other antigens.

# Marshall Islands - PCV3

MHL - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	38	29	75	65	72	67	63	38	61	29	62	62
Estimate GoC	•	••	•	•	••	••	•	••	•	••	•	••
Official	22	29	75	65	72	67	63	38	61	29	62	62
Administrative	22	37	41	72	60	-	63	-	16	18	62	35
Survey	-	68	-	-	-	-	-	-	-	-	-	-

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

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

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

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+
- 2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+
- 2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2016: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Reported coverage reflects that achieved among 71 percent of the national target population. Reported change in target population for PcV3 is unexplained. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports district level stockout. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Vaccination among children aged 2 years results ignored by working group. Results inconsistent with data reported on use of PCV. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2013: Estimate informed by interpolation between reported data. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported administra-

# Marshall Islands - PCV3

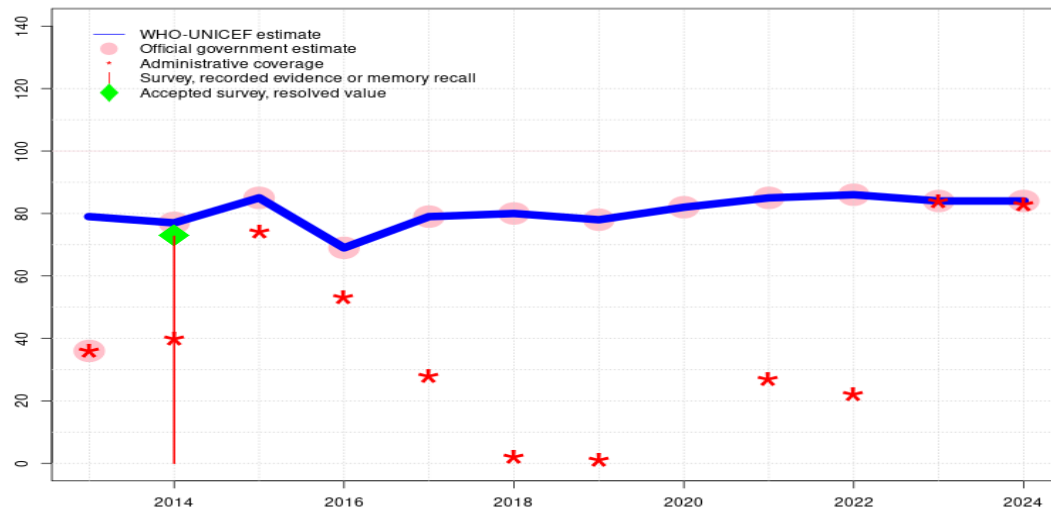
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tive data is attributed to small birth cohort. Programme reports stockout in 6 districts.  
GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.



# Marshall Islands - POL3

MHL - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	79	77	85	69	79	80	78	82	85	86	84	84
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	36	77	85	69	79	80	78	82	85	86	84	84
Administrative	36	40	74	53	28	2	1	-	27	22	84	83
Survey	-	73	-	-	-	-	-	-	-	-	-	-

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

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

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

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.
- 2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Reported decline in coverage from prior year is unexplained. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports two months national level stock-out of DTP-IPV-Hib. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-S-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 73 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate informed by interpolation between reported data. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Programme reports stockout in 3 districts.

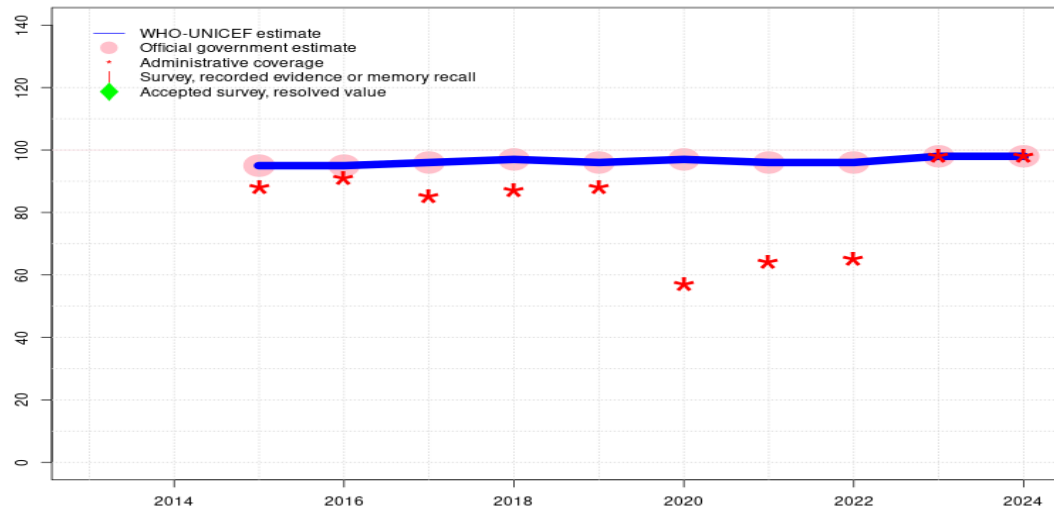
# Marshall Islands - POL3

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Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

# Marshall Islands - IPV1

MHL - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	95	95	96	97	96	97	96	96	98	98
Estimate GoC	-	-	•	••	•	•	••	•	•	•	•	•
Official	-	-	95	95	96	97	96	97	96	96	98	98
Administrative	-	-	88	91	85	87	88	57	64	65	98	98
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

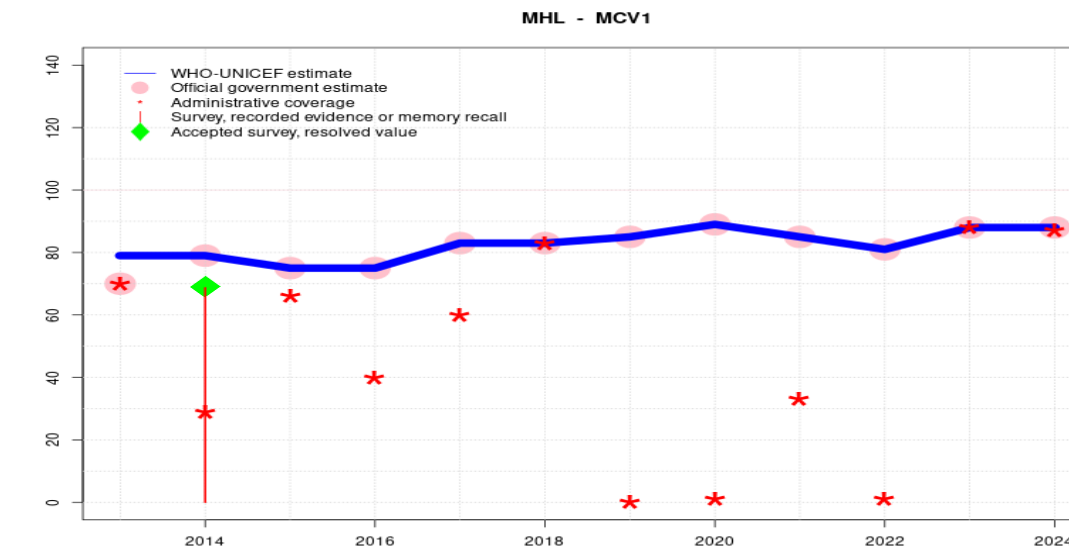
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate of 96 percent changed from previous revision value of 92 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2015: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

# Marshall Islands - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	79	79	75	75	83	83	85	89	85	81	88	88
Estimate GoC	●●●	●	●	●	●●	●	●	●	●	●	●	●
Official	70	79	75	75	83	83	85	89	85	81	88	88
Administrative	70	29	66	40	60	83	0	1	33	1	88	87
Survey	-	69	-	-	-	-	-	-	-	-	-	-

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

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

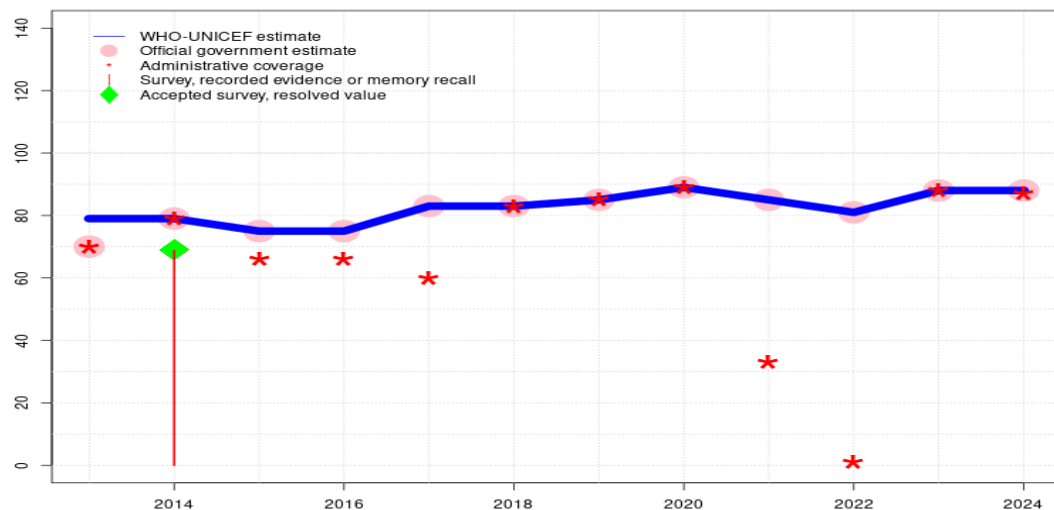
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.
- 2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2016: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 69 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate informed by interpolation between reported data. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ S+ D+

# Marshall Islands - RCV1

MHL - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	79	79	75	75	83	83	85	89	85	81	88	88
Estimate GoC	●●●	●	●	●	●●	●	●	●	●	●	●	●
Official	70	79	75	75	83	83	85	89	85	81	88	88
Administrative	70	79	66	66	60	83	85	89	33	1	88	87
Survey	-	69	-	-	-	-	-	-	-	-	-	-

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.

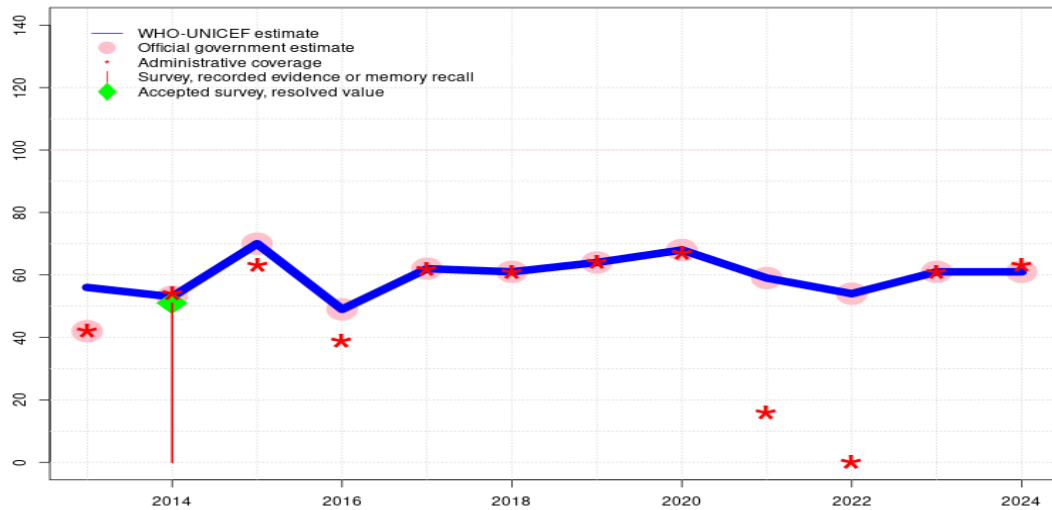
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate based on estimated MCV1. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2019: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.
- 2018: Estimate based on estimated MCV1. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2014: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate based on estimated MCV1. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ S+ D+

# Marshall Islands - MCV2

MHL - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	56	53	70	49	62	61	64	68	59	54	61	61
Estimate GoC	●●●	●	●	●	●	●	●	●	●	●	●	●
Official	42	53	70	49	62	61	64	68	59	54	61	61
Administrative	42	54	63	39	62	61	64	67	16	0	61	63
Survey	-	51	-	-	-	-	-	-	-	-	-	-

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

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

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

## Description:

- 2024: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality independent assessment to verify reported levels of coverage. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate of 59 percent changed from previous revision value of 58 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Reported decline in coverage from prior year is unexplained. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-S-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 51 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-
- 2013: Estimate informed by interpolation between reported data. Reported data excluded. For the 2012 and 2014 birth cohorts, the official government estimate is adjusted from the administrative data. In 2013, the official government estimate is unexplained and suggests an inconsistent and unexplained trend. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ S+ D+



# Marshall Islands - 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.

## 2014 Vaccination among children aged 2 years

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP3	Record or Recall	72	24-35 m	1312	-
HEPB3	Record or Recall	76	24-35 m	1312	-
HEPBB	Record or Recall	86.7	24-35 m	1312	-
HIB3	Record or Recall	63.5	24-35 m	1312	-
MCV1	Record or Recall	68.7	24-35 m	1312	-
MCV2	Record or Recall	51	24-35 m	1312	-
PCV3	Record or Recall	68.3	24-35 m	1312	-
POL3	Record or Recall	72.7	24-35 m	1312	-
RCV1	Record or Recall	68.7	24-35 m	1312	-
ROTAC	Record or Recall	46.5	24-35 m	1312	-

## 2006 Marshall Islands Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	0	12-23 m	62	75
BCG	Record	69.5	12-23 m	187	75
BCG	Record or Recall	69.5	12-23 m	249	75
BCG	Record or Recall<12m	66.7	12-23 m	249	75

DTP1	Recall	0	12-23 m	62	75
DTP1	Record	71.2	12-23 m	187	75
DTP1	Record or Recall	71.2	12-23 m	249	75
DTP1	Record or Recall<12m	65.1	12-23 m	249	75
DTP3	Recall	0	12-23 m	62	75
DTP3	Record	47.8	12-23 m	187	75
DTP3	Record or Recall	47.8	12-23 m	249	75
DTP3	Record or Recall<12m	37.9	12-23 m	249	75
MCV1	Recall	0	12-23 m	62	75
MCV1	Record	54.1	12-23 m	187	75
MCV1	Record or Recall	54.1	12-23 m	249	75
MCV1	Record or Recall<12m	6.2	12-23 m	249	75
POL1	Recall	0	12-23 m	62	75
POL1	Record	70.4	12-23 m	187	75
POL1	Record or Recall	70.4	12-23 m	249	75
POL1	Record or Recall<12m	66.6	12-23 m	249	75
POL3	Recall	0	12-23 m	62	75
POL3	Record	45.9	12-23 m	187	75
POL3	Record or Recall	45.9	12-23 m	249	75
POL3	Record or Recall<12m	36.5	12-23 m	249	75

## 2005 Marshall Islands Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	61	24-35 m	207	-
DTP1	Record or Recall<12m	62.4	24-35 m	207	-
DTP3	Record or Recall<12m	32.4	24-35 m	207	-
MCV1	Record or Recall<12m	3.2	24-35 m	207	-
POL1	Record or Recall<12m	60.3	24-35 m	207	-
POL3	Record or Recall<12m	33.3	24-35 m	207	-

## 2004 Marshall Islands Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	61.1	36-47 m	214	-
DTP1	Record or Recall<12m	53.9	36-47 m	214	-
DTP3	Record or Recall<12m	32	36-47 m	214	-

MCV1	Record or Recall<12m	2.9	36-47 m	214	-
POL1	Record or Recall<12m	54.3	36-47 m	214	-
POL3	Record or Recall<12m	30.3	36-47 m	214	-

2004 RMI Community Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	81.7	0-24 m	115	49
DTP3	Record	65.2	0-24 m	115	49
HEPB3	Record	86.1	0-24 m	115	49
HIB3	Record	83.5	0-24 m	115	49
MCV1	Record	80.9	0-24 m	115	49
POL3	Record	72.2	0-24 m	115	49

2003 Marshall Islands Demographic and Health Survey 2007

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	47.4	48-59 m	214	-
DTP1	Record or Recall<12m	42.5	48-59 m	214	-
DTP3	Record or Recall<12m	16.6	48-59 m	214	-
MCV1	Record or Recall<12m	12.6	48-59 m	214	-
POL1	Record or Recall<12m	49	48-59 m	214	-
POL3	Record or Recall<12m	21.4	48-59 m	214	-

1999 Marshall Islands Immunization Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	77	12-23 m	-	-
DTP3	Record	82	12-23 m	-	-
HEPB3	Record	67	12-23 m	-	-
MCV1	Record	80	12-23 m	-	-
POL3	Record	80	12-23 m	-	-