

Mozambique: 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.

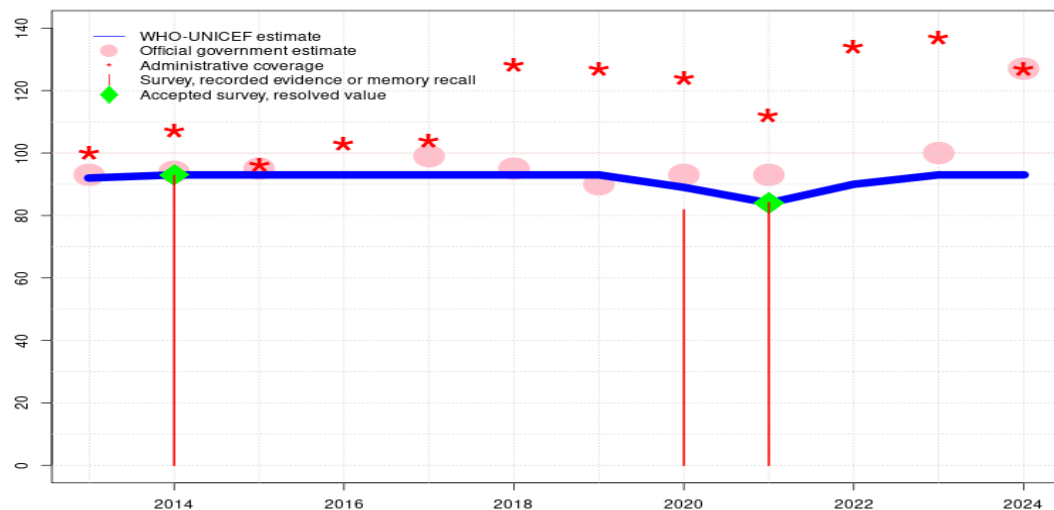
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Mozambique - BCG

MOZ - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	92	93	93	93	93	93	93	89	84	90	93	93
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	94	95	-	99	95	90	93	93	-	100	127
Administrative	100	107	96	103	104	128	127	124	112	134	137	127
Survey	-	93	-	-	-	-	-	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:

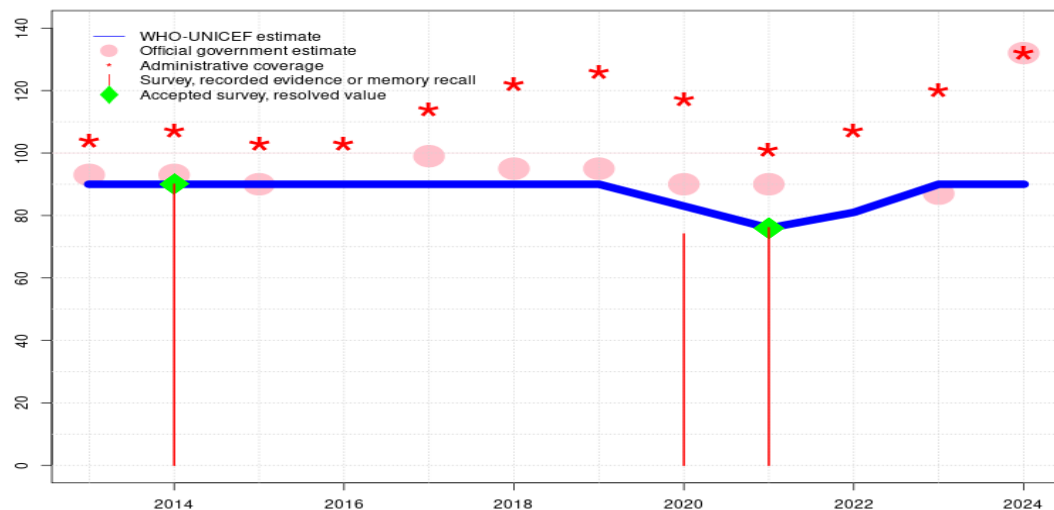
- 2024: Estimate based on previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 127 percent greater than 100 percent. Programme reported less than a month vaccine stock-out at the national and subnational levels. Estimate challenged by: D-R-
- 2023: Estimate based on relative difference of administered doses between 2022 and 2023 applied to 2022 estimate. Reported data excluded because 137 percent greater than 100 percent. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: D-R-
- 2022: Estimate based on relative difference of administered doses between 2021 and 2022 applied to 2021 estimate. Reported data excluded. Reported data excluded because 134 percent greater than 100 percent. Estimate challenged by: D-R-
- 2021: Estimate of 84 percent assigned by working group. Estimate informed by survey coverage. Reported data excluded. Reported data excluded because 112 percent greater than 100 percent. Reported data excluded due to decline in reported coverage from 124 percent to 112 percent with increase to 134 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2019 and 2021 levels. Mozambique Demographic and Health Survey 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Reported data excluded because 124 percent greater than 100 percent. Reported data excluded due to an increase from 90 percent to 124 percent with decrease to 112 percent. Estimate challenged by: D-R-
- 2019: Estimate of 93 percent assigned by working group. Estimate informed by last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments

Mozambique - BCG

- between administrative and official coverage. Programme reports BCG 3-month stock-out. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-
- 2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-
- 2014: Estimate of 93 percent assigned by working group. Estimate informed by survey estimate. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. Estimate challenged by: R-

Mozambique - DTP1

MOZ - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	90	90	90	90	90	90	90	83	76	81	90	90
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	93	90	-	99	95	95	90	90	-	87	132
Administrative	104	107	103	103	114	122	126	117	101	107	120	132
Survey	-	90	-	-	-	-	-	74	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 based on previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 132 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 120 to 132 percent. Programme reported less than a month vaccine stock-out at the national and subnational levels. Estimate challenged by: D-R-

2023: Estimate based on relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Estimate is likely an overestimate and results in higher drop-out than observed in reported administrative coverage data. Reported data excluded because 120 percent greater than 100 percent. Programme reports a two-month vaccine stockout at national and subnational levels. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: D-R-S-

2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2021. Reported data excluded. Reported data excluded because 107 percent greater than 100 percent. Programme reports two and one-half months vaccine stockout at national level. Following a review of monthly coverage data, the increase in reported administrative coverage likely reflects intensification activities following the vaccine stockout which appears to have occurred early in the year. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 76 percent based on 1 survey(s). Reported data excluded. Reported data excluded because 101 percent greater than 100 percent. Programme reports 3.8 month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2020: Reported data calibrated to 2019 and 2021 levels. Mozambique Demographic and Health Survey 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Reported data excluded because 117 percent greater than 100 percent. Reported data excluded due to an increase from 95 percent to 117 percent with decrease to 101 percent. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2019: Estimate of 90 percent assigned by working group. Estimate informed by last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-S-

2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in re-

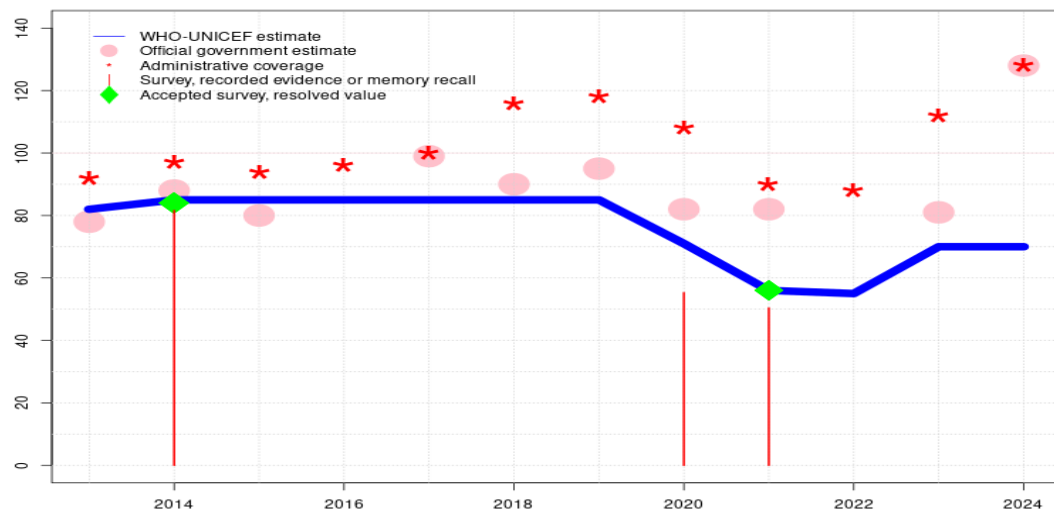
Mozambique - DTP1

ported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-

- 2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: D-R-
- 2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2014: Estimate of 90 percent assigned by working group. Estimate informed by survey estimate. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. Estimate challenged by: D-R-

Mozambique - DTP3

MOZ - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	85	85	85	85	85	85	71	56	55	70	70
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	78	88	80	-	99	90	95	82	82	-	81	128
Administrative	92	97	94	96	100	116	118	108	90	88	112	128
Survey	-	82	-	-	-	-	-	55	50	-	-	-

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 previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 128 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 112 to 128 percent. Programme reported less than a month vaccine stock-out at the national and subnational levels. Estimate challenged by: D-R-

2023: Estimate based on relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Reported data excluded because 112 percent greater than 100 percent. Programme reports a two-month vaccine stockout at national and subnational levels. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: D-R-S-

2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2022. Reported data excluded. Programme reports two and one-half months vaccine stockout at national level. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 56 percent based on 1 survey(s). Mozambique Demographic and Health Survey 2022-2023 record or recall results of 50 percent modified for recall bias to 56 percent based on 1st dose record or recall coverage of 76 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 45 percent. Reported data excluded. Programme reports 3.8 month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

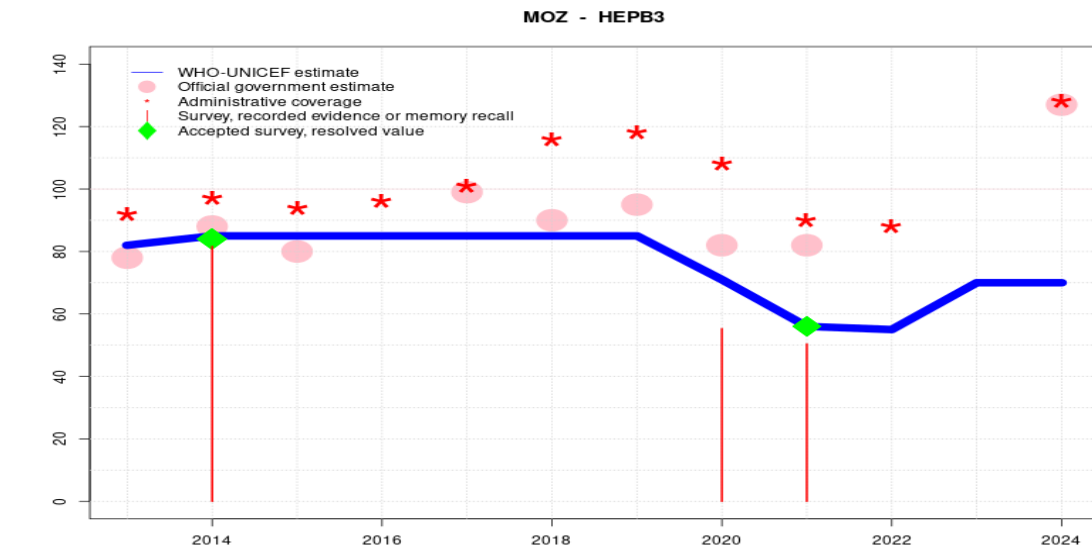
2020: Reported data calibrated to 2019 and 2021 levels. Mozambique Demographic and Health Survey 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Mozambique Demographic and Health Survey 2022-2023 record or recall results of 55 percent modified for recall bias to 64 percent based on 1st dose record or recall coverage of 74 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 46 percent. Reported data excluded because 108 percent greater than 100 percent. Reported data excluded due to an increase from 95 percent to 108 percent with decrease to 90 percent. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-S-

2019: Estimate of 85 percent assigned by working group. Estimate informed by last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent

Mozambique - DTP3

- assessments of the target population. Estimate challenged by: D-R-S-
- 2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2014: Estimate of 85 percent assigned by working group. Estimate informed by survey estimate. Mozambique Survey of indicators on Immunization, Malaria and HIV/AIDS 2015 record or recall results of 82 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 68 percent. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. Estimate challenged by: R-

Mozambique - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	85	85	85	85	85	85	71	56	55	70	70
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	78	88	80	-	99	90	95	82	82	-	-	127
Administrative	92	97	94	96	101	116	118	108	90	88	-	128
Survey	-	82	-	-	-	-	-	55	50	-	-	-

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2023: Estimate based on relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Programme reports a two-month vaccine stock-out at national and subnational levels. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: S-

2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2022. Reported data excluded. Programme reports two and one-half months vaccine stockout at national level. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 56 percent based on 1 survey(s). Mozambique Demographic and Health Survey 2022-2023 record or recall results of 50 percent modified for recall bias to 56 percent based on 1st dose record or recall coverage of 76 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 45 percent. Reported data excluded. Estimate challenged by: D-R-

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2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments be-

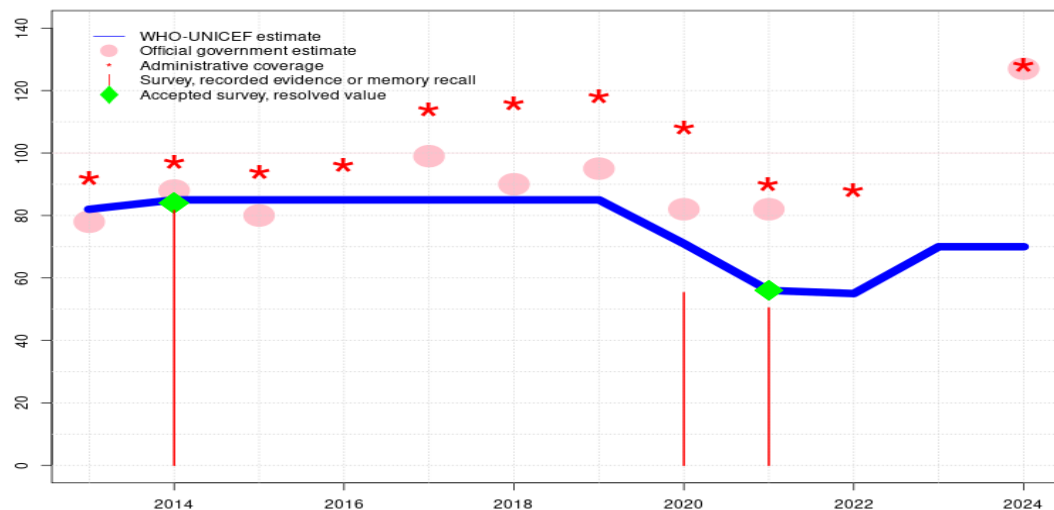
Mozambique - HEPB3

tween administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-

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- 2013: Estimate informed by interpolation between 2010 and 2014 levels. Estimate challenged by: R-

Mozambique - Hib3

MOZ - Hib3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	85	85	85	85	85	85	71	56	55	70	70
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Administrative	92	97	94	96	114	116	118	108	90	88	-	128
Survey	-	82	-	-	-	-	-	55	50	-	-	-

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:

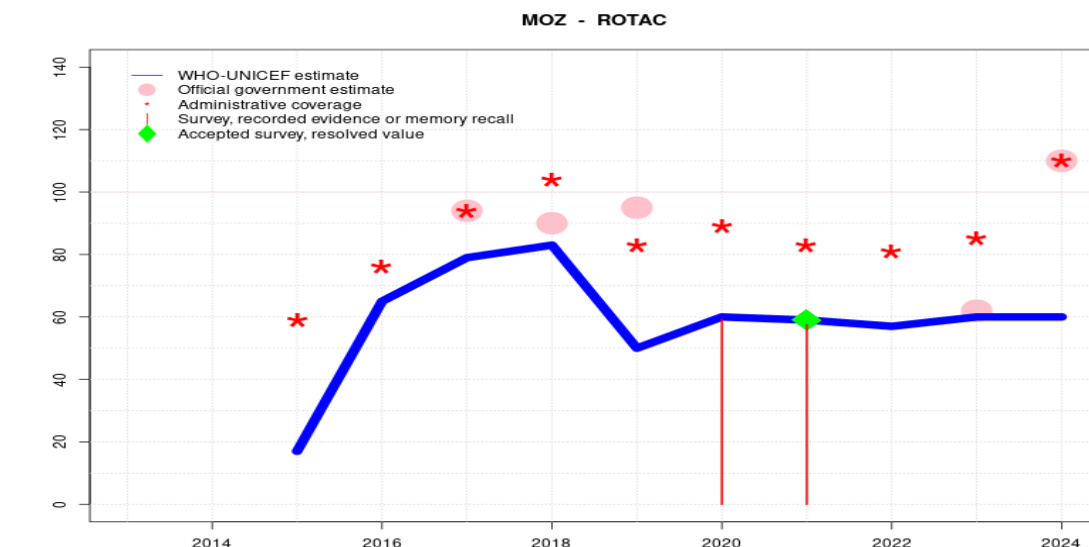
- 2024: Estimate based on previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 127 percent greater than 100 percent. Programme reported less than a month vaccine stock-out at the national and subnational levels. Estimate challenged by: D-R-
- 2023: Estimate based on relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Programme reports a two-month vaccine stock-out at national and subnational levels. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: S-
- 2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2022. Reported data excluded. Programme reports two and one-half months vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 56 percent based on 1 survey(s). Mozambique Demographic and Health Survey 2022-2023 record or recall results of 50 percent modified for recall bias to 56 percent based on 1st dose record or recall coverage of 76 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 45 percent. Reported data excluded. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2019 and 2021 levels. Mozambique Demographic and Health Survey 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Mozambique Demographic and Health Survey 2022-2023 record or recall results of 55 percent modified for recall bias to 64 percent based on 1st dose record or recall coverage of 74 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 46 percent. Reported data excluded because 108 percent greater than 100 percent. Reported data excluded due to an increase from 95 percent to 108 percent with decrease to 90 percent. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-S-
- 2019: Estimate of 85 percent assigned by working group. Estimate informed by last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-S-
- 2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments be-

Mozambique - Hib3

tween administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-

- 2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2014: Estimate of 85 percent assigned by working group. Estimate informed by survey estimate. Mozambique Survey of indicators on Immunization, Malaria and HIV/AIDS 2015 record or recall results of 82 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 68 percent. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. Estimate challenged by: R-

Mozambique - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	17	65	79	83	50	60	59	57	60	60
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	94	90	95	-	-	-	62	110
Administrative	-	-	59	76	94	104	83	89	83	81	85	110
Survey	-	-	-	-	-	-	-	59	58	-	-	-

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 previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 110 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 85 to 110 percent. Programme reported less than a month vaccine stock-out at the national and subnational levels. Estimate challenged by: D-R-

2023: Estimate based on relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Programme reports a five-month vaccine stock-out at national and subnational levels. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: D-R-

2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2021. Reported data excluded. Programme reports one month vaccine stockout at national level. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 59 percent based on 1 survey(s). Mozambique Demographic and Health Survey 2022-2023 record or recall results of 58 percent modified for recall bias to 59 percent based on 1st dose record or recall coverage of 71 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 49 percent. Reported data excluded. Estimate of 59 percent changed from previous revision value of 58 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2021 levels. Mozambique Demographic and Health Survey 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Mozambique Demographic and Health Survey 2022-2023 record or recall results of 59 percent modified for recall bias to 61 percent based on 1st dose record or recall coverage of 68 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 44 percent. Estimate of 60 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-

2019: Estimate based on relation between reported DTP3 and estimated coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-

2018: Estimate based on relative relation between administered doses in 2017 and 2018 and estimated coverage in 2017. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent

Mozambique - ROTAC

decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-

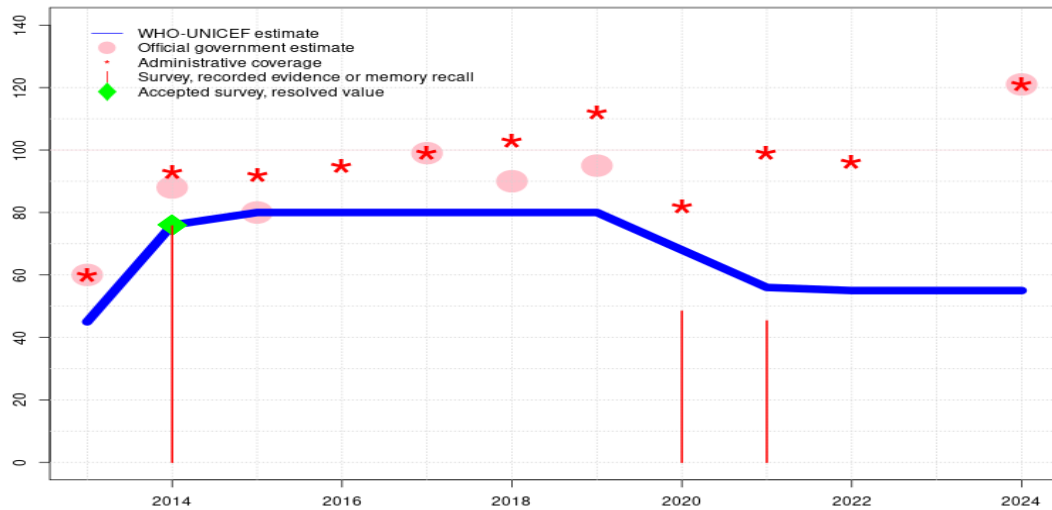
2017: Estimate based on relation between reported DTP3 and estimated coverage. Estimate challenged by: D-R-

2016: Estimate based on relation between reported DTP3 and estimated coverage. Reported data excluded. Increase in coverage due to national roll out. Estimate challenged by: D-R-

2015: Rotavirus vaccine introduced in September 2015. Programme reports 88 percent coverage in 29 percent of the national target population. Estimate informed by total annual national target population. Estimate challenged by: R-

Mozambique - PCV3

MOZ - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	45	76	80	80	80	80	80	68	56	55	55	55
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	60	88	80	-	99	90	95	-	-	-	-	121
Administrative	60	93	92	95	99	103	112	82	99	96	-	121
Survey	-	76	-	-	-	-	-	48	45	-	-	-

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 previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 121 percent greater than 100 percent. Estimate challenged by: D-R-
- 2023: Estimate extrapolated from previous year. Official coverage estimates use BCG administered doses as the denominator. GoC=No accepted empirical data
- 2022: Estimate based on relationship between administrative PcV3 coverage in 2021 and 2022 and coverage estimate in 2021. Reported data excluded. Estimate challenged by: D-R-
- 2021: Estimate of 56 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Mozambique Demographic and Health Survey 2022-2023 results ignored by working group. Inconsistency across antigens and trends over time. Mozambique Demographic and Health Survey 2022-2023 record or recall results of 45 percent modified for recall bias to 49 percent based on 1st dose record or recall coverage of 74 percent, 1st dose record only coverage of 62 percent and 3rd dose record only coverage of 41 percent. Reported data excluded. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2019 and 2021 levels. Mozambique Demographic and Health Survey 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Mozambique Demographic and Health Survey 2022-2023 record or recall results of 48 percent modified for recall bias to 56 percent based on 1st dose record or recall coverage of 72 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 41 percent. Reported data excluded due to decline in reported coverage from 95 percent to 82 percent with increase to 99 percent. Estimate challenged by: R-
- 2019: Estimate of 80 percent assigned by working group. Estimate informed by last accepted data point. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Estimate informed by estimated DTP3 coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-
- 2017: Estimate informed by estimated DTP3 coverage. Estimate challenged by: D-R-
- 2016: Estimate of 80 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Estimate challenged by: D-R-

Mozambique - PCV3

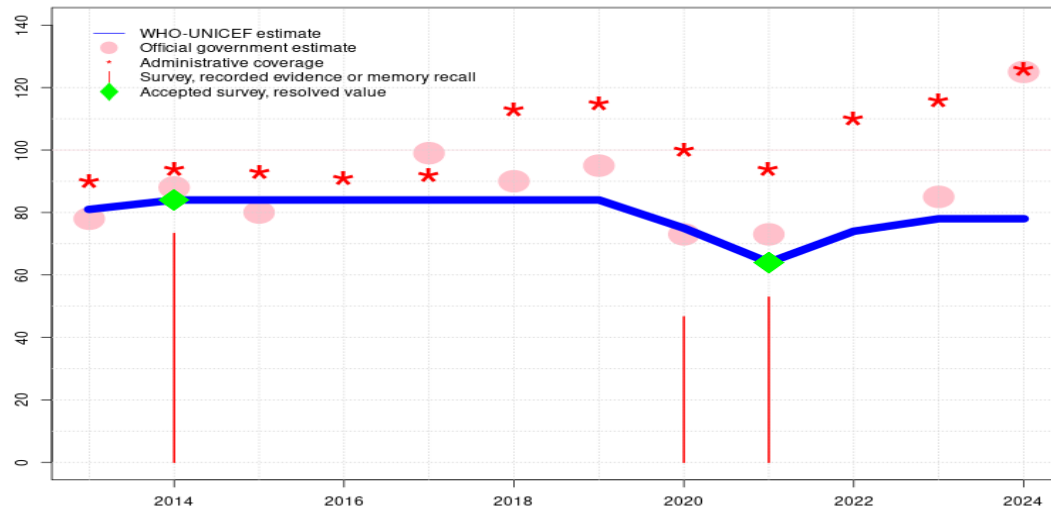
2015: Estimate informed by reported data. Estimate challenged by: D-

2014: Estimate of 76 percent assigned by working group. Estimate informed by survey estimate.
Inconsistent and unexplained adjustment of official coverage from administrative data.
Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate challenged by: D-R-

2013: Forty five percent coverage was achieved in 67 percent of target population. Pneumococcal conjugate vaccine introduced in April. Estimate challenged by: R-S-

Mozambique - POL3

MOZ - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	81	84	84	84	84	84	84	75	64	74	78	78
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	78	88	80	-	99	90	95	73	73	-	85	125
Administrative	90	94	93	91	92	113	115	100	94	110	116	126
Survey	-	73	-	-	-	-	-	47	53	-	-	-

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 previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 125 percent greater than 100 percent. Estimate challenged by: D-R-

2023: Estimate based on relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Reported data excluded because 116 percent greater than 100 percent. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: D-R-S-

2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2022. Reported data excluded. Reported data excluded because 110 percent greater than 100 percent. Increase in reported coverage likely reflects intensification activities, both routine and campaign, as a result of eight identified wild type 1 polio cases as well as circulating vaccine derived polio cases during 2022. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 64 percent based on 1 survey(s). Mozambique Demographic and Health Survey 2022-2023 record or recall results of 53 percent modified for recall bias to 64 percent based on 1st dose record or recall coverage of 78 percent, 1st dose record only coverage of 62 percent and 3rd dose record only coverage of 51 percent. Reported data excluded. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2020: Reported data calibrated to 2019 and 2021 levels. Mozambique Demographic and Health Survey 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Mozambique Demographic and Health Survey 2022-2023 record or recall results of 47 percent modified for recall bias to 63 percent based on 1st dose record or recall coverage of 76 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 44 percent. Programme reports a four months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-S-

2019: Estimate of 84 percent assigned by working group. Estimate informed by last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-S-

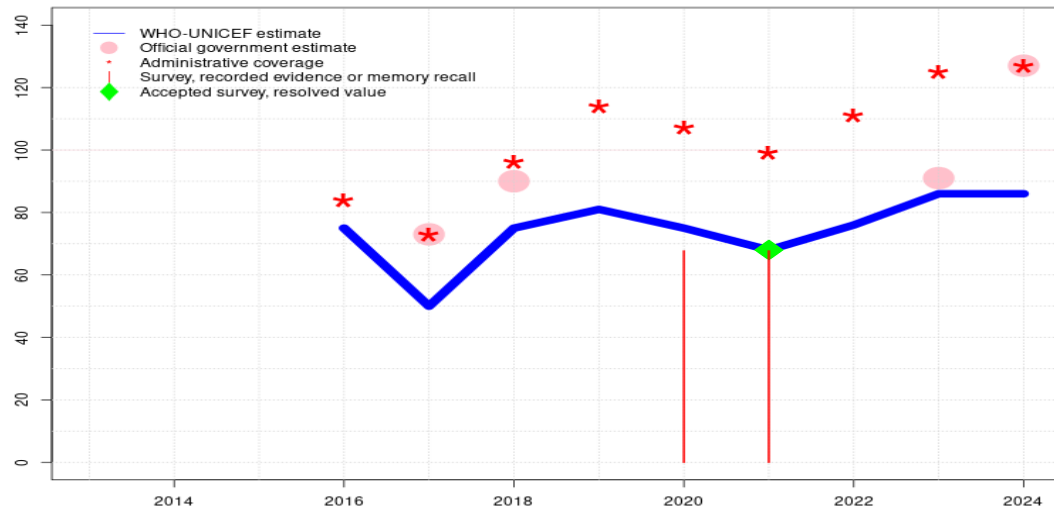
2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments be-

tween administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-

- 2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Programme reports OPV one month vaccine stockout. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: R-
- 2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: R-
- 2014: Estimate of 84 percent assigned by working group. Estimate informed by survey estimate. Mozambique Survey of indicators on Immunization, Malaria and HIV/AIDS 2015 record or recall results of 73 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 67 percent. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. Estimate challenged by: R-

Mozambique - IPV1

MOZ - IPV1



Description:

2024: Estimate based on previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 127 percent greater than 100 percent. Estimate challenged by: D-R-

2023: Estimate informed by relative relationship between estimated and reported administrative coverage in 2022 applied to 2023 administrative coverage. Reported data excluded because 125 percent greater than 100 percent. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: D-R-S-

2022: Estimate informed by relative relationship between estimated and reported administrative coverage in 2021 applied to 2022 administrative coverage. Reported data excluded. Reported data excluded because 111 percent greater than 100 percent. Increase in reported coverage likely reflects intensification activities, both routine and campaign, as a result of eight identified wild type 1 polio cases as well as circulating vaccine derived polio cases during 2022. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 68 percent based on 1 survey(s). Reported data excluded. Programme reports two and one-half month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2020: Reported data calibrated to 2019 and 2021 levels. Mozambique Demographic and Health Survey 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Reported data excluded because 107 percent greater than 100 percent. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2019: Estimate of 81 percent assigned by working group. Estimate informed by relative relationship between estimated and reported administrative coverage for DTP3 applied to IPV1 reported administrative. Reported data excluded because 114 percent greater than 100 percent. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-S-

2018: Estimate informed by reported data adjusted for the difference between administrative and estimated coverage for DTP3. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	75	50	75	81	75	68	76	86	86
Estimate GoC	-	-	-	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	73	90	-	-	-	-	91	127
Administrative	-	-	-	84	73	96	114	107	99	111	125	127
Survey	-	-	-	-	-	-	-	68	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.

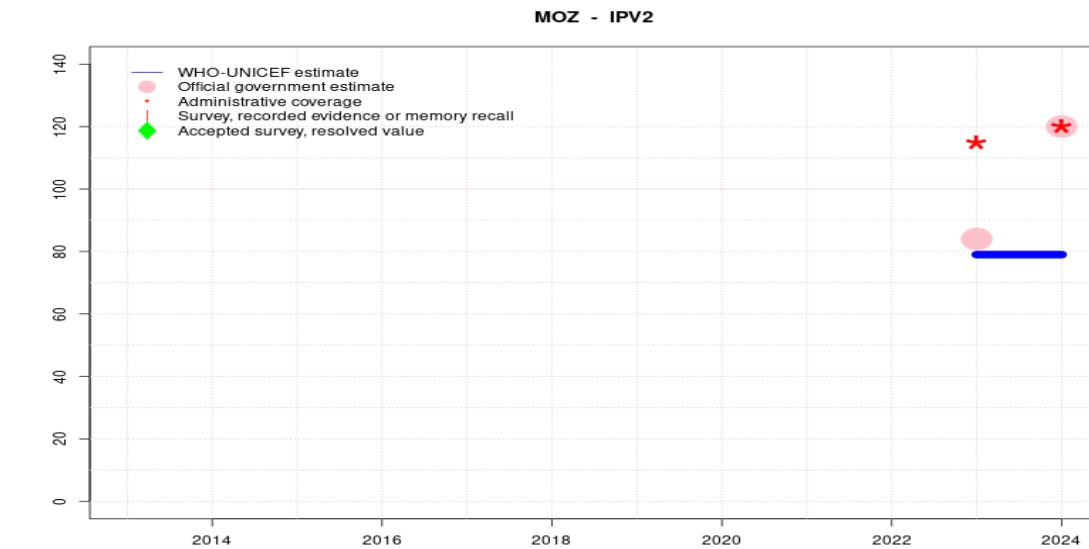
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.

Mozambique - IPV1

- 2017: Estimate based on relative decline in doses administered applied to previous year estimated coverage. Programme reports vaccine 4-month stockout. Reported data excluded due to decline in reported coverage from 84 percent to 73 percent with increase to 90 percent. Estimate challenged by: D-R-
- 2016: Estimate based on relation between reported DTP3 and estimated coverage. Inactivated polio vaccine introduced in 2015. Reporting started in 2016. Estimate challenged by: R-

Mozambique - IPV2



Description:

2024: Estimate based on previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 120 percent greater than 100 percent. Estimate challenged by: D-R-

2023: Estimate based on relative difference of IPV1 and IPV2 coverage applied to IPV1 estimate. Reported data excluded because 115 percent greater than 100 percent. Second dose of IPV introduced in 2023. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	79	79
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●	●
Official	-	-	-	-	-	-	-	-	-	-	84	120
Administrative	-	-	-	-	-	-	-	-	-	-	115	120
Survey	-	-	-	-	-	-	-	-	-	-	-	-

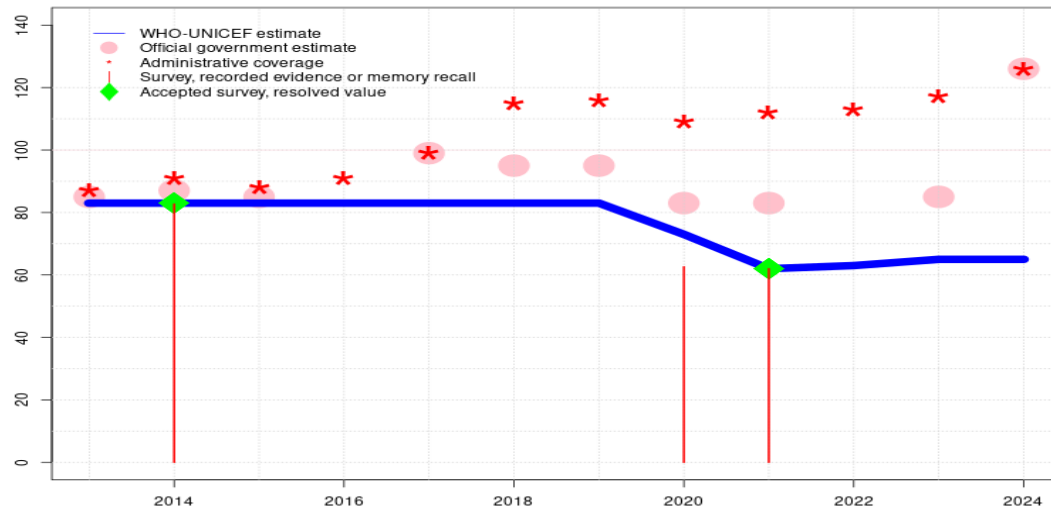
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Mozambique - MCV1

MOZ - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	83	83	83	83	83	83	83	73	62	63	65	65
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	85	87	85	-	99	95	95	83	83	-	85	126
Administrative	87	91	88	91	99	115	116	109	112	113	117	126
Survey	-	83	-	-	-	-	-	63	62	-	-	-

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

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

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

Description:

2024: Estimate based on previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 126 percent greater than 100 percent. Estimate challenged by: D-R-

2023: Estimate based on relationship between administrative measles coverage in 2022 and 2023 and coverage estimate in 2022. Reported data excluded because 117 percent greater than 100 percent. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: D-R-

2022: Estimate based on relationship between administrative measles coverage in 2021 and 2022 and coverage estimate in 2021. Reported data excluded. Reported data excluded because 113 percent greater than 100 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 62 percent based on 1 survey(s). Reported data excluded. Reported data excluded because 112 percent greater than 100 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2019 and 2021 levels. Mozambique Demographic and Health Survey 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Reported data excluded because 109 percent greater than 100 percent. Estimate challenged by: D-R-S-

2019: Estimate of 83 percent assigned by working group. Estimate informed by last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-S-

2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-

2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-

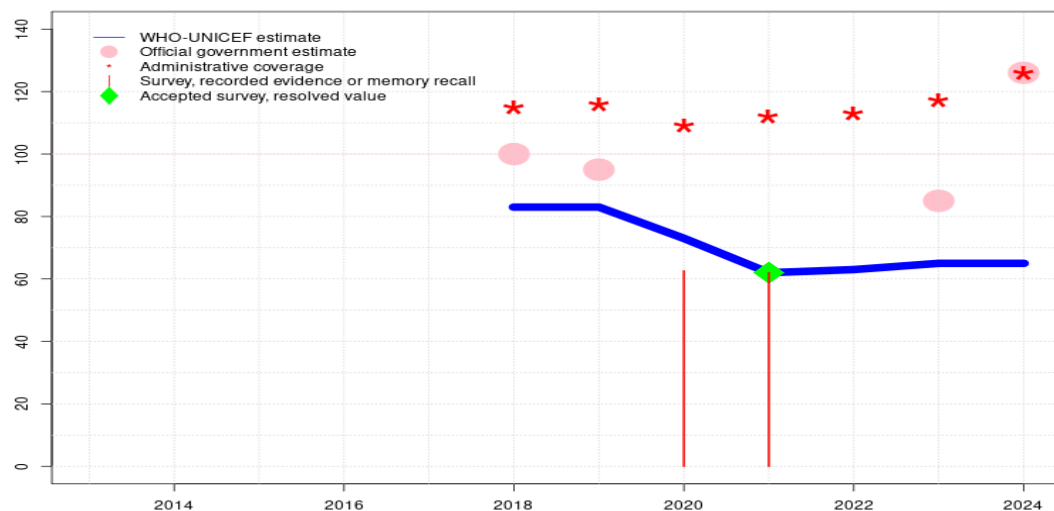
2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments

Mozambique - MCV1

- between administrative and official coverage. Estimate challenged by: R-
- 2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: R-
- 2014: Estimate of 83 percent assigned by working group. Estimate informed by survey estimate. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. Estimate challenged by: R-

Mozambique - RCV1

MOZ - RCV1



Description:

- 2024: Estimate based on previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 126 percent greater than 100 percent. Estimate challenged by: D-R-
- 2023: Estimate based on relationship between administrative measles coverage in 2022 and coverage estimate in 2022. Reported data excluded because 117 percent greater than 100 percent. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: D-R-
- 2022: Estimate based on relationship between administrative measles coverage in 2021 and coverage estimate in 2021. Reported data excluded. Reported data excluded because 113 percent greater than 100 percent. Estimate challenged by: D-R-
- 2021: Estimate based on estimated MCV1. Reported data excluded. Reported data excluded because 112 percent greater than 100 percent. Estimate challenged by: D-R-
- 2020: Estimate based on estimated MCV1. Mozambique Demographic and Health Survey 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Reported data excluded because 109 percent greater than 100 percent. Estimate challenged by: D-R-S-
- 2019: Estimate based on estimated MCV1. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-S-
- 2018: Estimate based on estimated MCV1. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Rubella containing vaccine introduced in April 2018. Estimate is likely overestimated during period of introduction. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	83	83	73	62	63	65	65
Estimate GoC	-	-	-	-	-	•	•	•	•	•	•	•
Official	-	-	-	-	-	100	95	-	-	-	85	126
Administrative	-	-	-	-	-	115	116	109	112	113	117	126
Survey	-	-	-	-	-	-	-	63	62	-	-	-

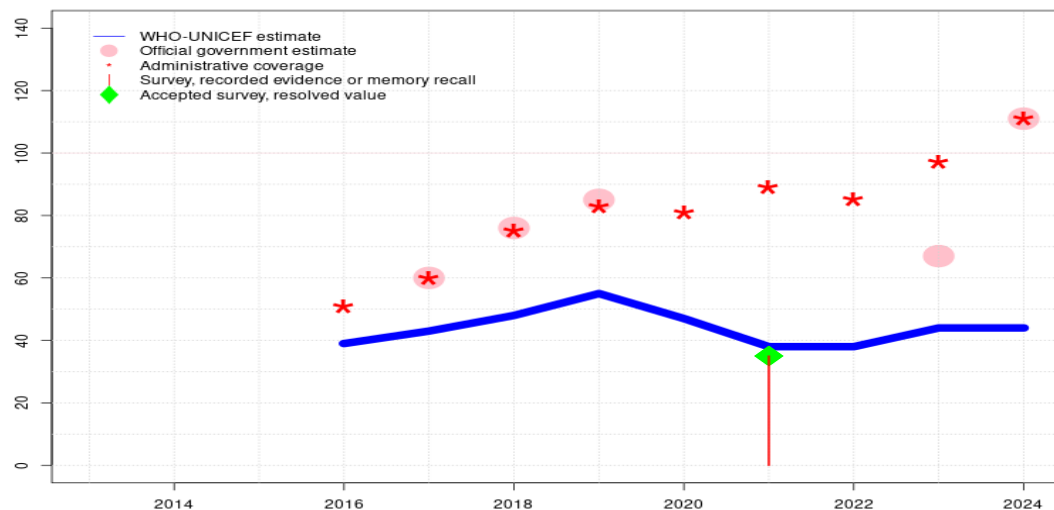
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Mozambique - MCV2

MOZ - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	39	43	48	55	47	38	38	44	44
Estimate GoC	-	-	-	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	60	76	85	-	-	-	67	111
Administrative	-	-	-	51	60	75	83	81	89	85	97	111
Survey	-	-	-	-	-	-	-	-	35	-	-	-

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 previous year estimate. Reported data excluded. The estimated coverage may underestimate the actual coverage achieved in 2024. The country implemented several intensified vaccination activities as part of the Big Catch-up initiative. The reported increase in 2024 coverage likely reflects a higher number of infants vaccinated during these efforts. However, the increase in coverage from 2023 to 2024 was substantial and has not been fully considered, due to the potential risk of overestimation from the inclusion of older children. The country has noted that these intensified efforts used a different data collection system for infants and for older children. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Reported data excluded because 111 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 97 to 111 percent. Estimate challenged by: D-R-
- 2023: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. Official coverage estimates use BCG administered doses as the denominator. Estimate challenged by: D-R-
- 2022: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. Reported data excluded. Estimate challenged by: D-R-
- 2021: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. Reported data excluded. Estimate challenged by: D-R-
- 2020: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. Estimate challenged by: D-R-S-
- 2019: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-S-
- 2018: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-
- 2017: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. Estimate challenged by: D-R-
- 2016: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. Second dose of measles vaccine introduced in November 2015 reporting started in 2016. Estimate challenged by: D-R-

Mozambique - 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.

2021 Mocambique Inquerito Demografico e de Saude 2022-2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	20.1	12-23 m	612	66
BCG	Record	64	12-23 m	1196	66
BCG	Record or Recall	84.1	12-23 m	1807	66
BCG	Record or Recall<12m	83.1	12-23 m	1807	66
DTP1	Recall	14.6	12-23 m	612	66
DTP1	Record	61.4	12-23 m	1196	66
DTP1	Record or Recall	76.1	12-23 m	1807	66
DTP1	Record or Recall<12m	74.8	12-23 m	1807	66
DTP3	Recall	5	12-23 m	612	66
DTP3	Record	45.4	12-23 m	1196	66
DTP3	Record or Recall	50.4	12-23 m	1807	66
DTP3	Record or Recall<12m	45.8	12-23 m	1807	66
HEPB1	Recall	14.6	12-23 m	612	66
HEPB1	Record	61.4	12-23 m	1196	66
HEPB1	Record or Recall	76.1	12-23 m	1807	66
HEPB1	Record or Recall<12m	74.8	12-23 m	1807	66
HEPB3	Recall	5	12-23 m	612	66
HEPB3	Record	45.4	12-23 m	1196	66
HEPB3	Record or Recall	50.4	12-23 m	1807	66

HEPB3	Record or Recall<12m	45.8	12-23 m	1807	66
HIB1	Recall	14.6	12-23 m	612	66
HIB1	Record	61.4	12-23 m	1196	66
HIB1	Record or Recall	76.1	12-23 m	1807	66
HIB1	Record or Recall<12m	74.8	12-23 m	1807	66
HIB3	Recall	5	12-23 m	612	66
HIB3	Record	45.4	12-23 m	1196	66
HIB3	Record or Recall	50.4	12-23 m	1807	66
HIB3	Record or Recall<12m	45.8	12-23 m	1807	66
IPV1	Recall	14.5	12-23 m	612	66
IPV1	Record	53.2	12-23 m	1196	66
IPV1	Record or Recall	67.7	12-23 m	1807	66
IPV1	Record or Recall<12m	62.6	12-23 m	1807	66
MCV1	Recall	11.1	12-23 m	612	66
MCV1	Record	50.9	12-23 m	1196	66
MCV1	Record or Recall	62	12-23 m	1807	66
MCV1	Record or Recall<12m	54.6	12-23 m	1807	66
MCV2	Recall	11	24-35 m	866	56
MCV2	Record	24	24-35 m	1084	56
MCV2	Record or Recall	35	24-35 m	1950	56
MCV2	Record or Recall<12m	33.1	24-35 m	1950	56
PCV1	Recall	12.1	12-23 m	612	66
PCV1	Record	61.5	12-23 m	1196	66
PCV1	Record or Recall	73.6	12-23 m	1807	66
PCV1	Record or Recall<12m	72.8	12-23 m	1807	66
PCV3	Recall	4.3	12-23 m	612	66
PCV3	Record	41	12-23 m	1196	66
PCV3	Record or Recall	45.3	12-23 m	1807	66
PCV3	Record or Recall<12m	38.8	12-23 m	1807	66
POL1	Recall	16	12-23 m	612	66
POL1	Record	62.3	12-23 m	1196	66
POL1	Record or Recall	78.3	12-23 m	1807	66
POL1	Record or Recall<12m	77.5	12-23 m	1807	66
POL3	Recall	1.5	12-23 m	612	66
POL3	Record	51.4	12-23 m	1196	66
POL3	Record or Recall	52.9	12-23 m	1807	66
POL3	Record or Recall<12m	50.5	12-23 m	1807	66
RCV1	Recall	11.1	12-23 m	612	66
RCV1	Record	50.9	12-23 m	1196	66
RCV1	Record or Recall	62	12-23 m	1807	66

Mozambique - Survey Details

RCV1	Record or Recall<12m	54.6	12-23 m	1807	66
ROTAC	Recall	8.8	12-23 m	612	66
ROTAC	Record	48.7	12-23 m	1196	66
ROTAC	Record or Recall	57.5	12-23 m	1807	66
ROTAC	Record or Recall<12m	55.2	12-23 m	1807	66

2020 Mocambique Inquerito Demografico e de Saude 2022-2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	28.3	24-35 m	866	56
BCG	Record	53.5	24-35 m	1084	56
BCG	Record or Recall	81.8	24-35 m	1950	56
BCG	Record or Recall<12m	78.9	24-35 m	1950	56
DTP1	Recall	20.8	24-35 m	866	56
DTP1	Record	53.3	24-35 m	1084	56
DTP1	Record or Recall	74.1	24-35 m	1950	56
DTP1	Record or Recall<12m	72.3	24-35 m	1950	56
DTP3	Recall	8.8	24-35 m	866	56
DTP3	Record	46.4	24-35 m	1084	56
DTP3	Record or Recall	55.3	24-35 m	1950	56
DTP3	Record or Recall<12m	52.1	24-35 m	1950	56
HEPB1	Recall	20.8	24-35 m	866	56
HEPB1	Record	53.3	24-35 m	1084	56
HEPB1	Record or Recall	74.1	24-35 m	1950	56
HEPB1	Record or Recall<12m	72.3	24-35 m	1950	56
HEPB3	Recall	8.8	24-35 m	866	56
HEPB3	Record	46.4	24-35 m	1084	56
HEPB3	Record or Recall	55.3	24-35 m	1950	56
HEPB3	Record or Recall<12m	52.1	24-35 m	1950	56
HIB1	Recall	20.8	24-35 m	866	56
HIB1	Record	53.3	24-35 m	1084	56
HIB1	Record or Recall	74.1	24-35 m	1950	56
HIB1	Record or Recall<12m	72.3	24-35 m	1950	56
HIB3	Recall	8.8	24-35 m	866	56
HIB3	Record	46.4	24-35 m	1084	56
HIB3	Record or Recall	55.3	24-35 m	1950	56
HIB3	Record or Recall<12m	52.1	24-35 m	1950	56
IPV1	Recall	20.4	24-35 m	866	56
IPV1	Record	47.2	24-35 m	1084	56

IPV1	Record or Recall	67.7	24-35 m	1950	56
IPV1	Record or Recall<12m	62.3	24-35 m	1950	56
MCV1	Recall	17.3	24-35 m	866	56
MCV1	Record	45.3	24-35 m	1084	56
MCV1	Record or Recall	62.6	24-35 m	1950	56
MCV1	Record or Recall<12m	50.4	24-35 m	1950	56
PCV1	Recall	19.3	24-35 m	866	56
PCV1	Record	53.1	24-35 m	1084	56
PCV1	Record or Recall	72.4	24-35 m	1950	56
PCV1	Record or Recall<12m	70.8	24-35 m	1950	56
PCV3	Recall	7.7	24-35 m	866	56
PCV3	Record	40.7	24-35 m	1084	56
PCV3	Record or Recall	48.4	24-35 m	1950	56
PCV3	Record or Recall<12m	43.1	24-35 m	1950	56
POL1	Recall	22.9	24-35 m	866	56
POL1	Record	53	24-35 m	1084	56
POL1	Record or Recall	75.8	24-35 m	1950	56
POL1	Record or Recall<12m	74.1	24-35 m	1950	56
POL3	Recall	3	24-35 m	866	56
POL3	Record	43.5	24-35 m	1084	56
POL3	Record or Recall	46.6	24-35 m	1950	56
POL3	Record or Recall<12m	43.8	24-35 m	1950	56
RCV1	Recall	17.3	24-35 m	866	56
RCV1	Record	45.3	24-35 m	1084	56
RCV1	Record or Recall	62.6	24-35 m	1950	56
RCV1	Record or Recall<12m	50.4	24-35 m	1950	56
ROTAC	Recall	15	24-35 m	866	56
ROTAC	Record	44.2	24-35 m	1084	56
ROTAC	Record or Recall	59.2	24-35 m	1950	56
ROTAC	Record or Recall<12m	57.5	24-35 m	1950	56

2014 Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique (IMASIDA) 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	19.3	12-23 m	291	74
BCG	Record	73.5	12-23 m	840	74
BCG	Record or Recall	92.8	12-23 m	1131	74
BCG	Record or Recall<12m	92.2	12-23 m	1131	74

Mozambique - Survey Details

DTP1	Recall	17.5	12-23 m	291	74
DTP1	Record	72.5	12-23 m	840	74
DTP1	Record or Recall	90	12-23 m	1131	74
DTP1	Record or Recall<12m	88.7	12-23 m	1131	74
DTP3	Recall	13.8	12-23 m	291	74
DTP3	Record	67.9	12-23 m	840	74
DTP3	Record or Recall	81.6	12-23 m	1131	74
DTP3	Record or Recall<12m	77.9	12-23 m	1131	74
HEPB1	Recall	17.5	12-23 m	291	74
HEPB1	Record	72.5	12-23 m	840	74
HEPB1	Record or Recall	90	12-23 m	1131	74
HEPB1	Record or Recall<12m	88.7	12-23 m	1131	74
HEPB3	Recall	13.8	12-23 m	291	74
HEPB3	Record	67.9	12-23 m	840	74
HEPB3	Record or Recall	81.6	12-23 m	1131	74
HEPB3	Record or Recall<12m	77.9	12-23 m	1131	74
HIB1	Recall	17.5	12-23 m	291	74
HIB1	Record	72.5	12-23 m	840	74
HIB1	Record or Recall	90	12-23 m	1131	74
HIB1	Record or Recall<12m	88.7	12-23 m	1131	74
HIB3	Recall	13.8	12-23 m	291	74
HIB3	Record	67.9	12-23 m	840	74
HIB3	Record or Recall	81.6	12-23 m	1131	74
HIB3	Record or Recall<12m	77.9	12-23 m	1131	74
MCV1	Recall	18	12-23 m	291	74
MCV1	Record	64.7	12-23 m	840	74
MCV1	Record or Recall	82.7	12-23 m	1131	74
MCV1	Record or Recall<12m	71.8	12-23 m	1131	74
PCV1	Record or Recall	84.4	12-23 m	1131	74
PCV3	Record or Recall	75.7	12-23 m	1131	74
POL1	Recall	19.2	12-23 m	291	74
POL1	Record	72.6	12-23 m	840	74
POL1	Record or Recall	91.8	12-23 m	1131	74
POL1	Record or Recall<12m	90.7	12-23 m	1131	74
POL3	Recall	5.8	12-23 m	291	74
POL3	Record	67.4	12-23 m	840	74
POL3	Record or Recall	73.3	12-23 m	1131	74
POL3	Record or Recall<12m	70.3	12-23 m	1131	74

2010 Moçambique Inquérito Demográfico e de Saúde 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	11.6	12-23 m	394	83
BCG	Record	79.6	12-23 m	1931	83
BCG	Record or Recall	91.1	12-23 m	2325	83
BCG	Record or Recall<12m	90.3	12-23 m	2325	83
DTP1	Recall	11.6	12-23 m	394	83
DTP1	Record	79.7	12-23 m	1931	83
DTP1	Record or Recall	91.3	12-23 m	2325	83
DTP1	Record or Recall<12m	89.9	12-23 m	2325	83
DTP3	Recall	7.2	12-23 m	394	83
DTP3	Record	69	12-23 m	1931	83
DTP3	Record or Recall	76.2	12-23 m	2325	83
DTP3	Record or Recall<12m	70.9	12-23 m	2325	83
HEPB1	Recall	11.6	12-23 m	394	83
HEPB1	Record	79.7	12-23 m	1931	83
HEPB1	Record or Recall	91.3	12-23 m	2325	83
HEPB1	Record or Recall<12m	89.9	12-23 m	2325	83
HEPB3	Recall	7.2	12-23 m	394	83
HEPB3	Record	69	12-23 m	1931	83
HEPB3	Record or Recall	76.2	12-23 m	2325	83
HEPB3	Record or Recall<12m	70.9	12-23 m	2325	83
HIB1	Recall	11.6	12-23 m	394	83
HIB1	Record	79.7	12-23 m	1931	83
HIB1	Record or Recall	91.3	12-23 m	2325	83
HIB1	Record or Recall<12m	89.9	12-23 m	2325	83
HIB3	Recall	7.2	12-23 m	394	83
HIB3	Record	69	12-23 m	1931	83
HIB3	Record or Recall	76.2	12-23 m	2325	83
HIB3	Record or Recall<12m	70.9	12-23 m	2325	83
MCV1	Recall	11	12-23 m	394	83
MCV1	Record	70.4	12-23 m	1931	83
MCV1	Record or Recall	81.5	12-23 m	2325	83
MCV1	Record or Recall<12m	66.2	12-23 m	2325	83
POL1	Recall	11.6	12-23 m	394	83
POL1	Record	80.3	12-23 m	1931	83
POL1	Record or Recall	91.8	12-23 m	2325	83
POL1	Record or Recall<12m	90.5	12-23 m	2325	83
POL3	Recall	2.2	12-23 m	394	83

POL3	Record	71	12-23 m	1931	83
POL3	Record or Recall	73.2	12-23 m	2325	83
POL3	Record or Recall<12m	67.7	12-23 m	2325	83

POL3	Record or Recall<12m	69.5	12-23 m	2449	85
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2003 Inquérito Demográfico e de Saúde 2003

2007 Mozambique Multiple Indicator Cluster Survey 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9.3	12-23 m	2449	85
BCG	Record	78.1	12-23 m	2449	85
BCG	Record or Recall	87.5	12-23 m	2449	85
BCG	Record or Recall<12m	86.7	12-23 m	2449	85
DTP1	Recall	8.8	12-23 m	2449	85
DTP1	Record	79.2	12-23 m	2449	85
DTP1	Record or Recall	88.1	12-23 m	2449	85
DTP1	Record or Recall<12m	86.9	12-23 m	2449	85
DTP3	Recall	2.9	12-23 m	2449	85
DTP3	Record	71.2	12-23 m	2449	85
DTP3	Record or Recall	74.1	12-23 m	2449	85
DTP3	Record or Recall<12m	70.4	12-23 m	2449	85
MCV1	Recall	8.3	12-23 m	2449	85
MCV1	Record	65.8	12-23 m	2449	85
MCV1	Record or Recall	74.1	12-23 m	2449	85
MCV1	Record or Recall<12m	63.9	12-23 m	2449	85
POL1	Recall	8.2	12-23 m	2449	85
POL1	Record	79.1	12-23 m	2449	85
POL1	Record or Recall	87.3	12-23 m	2449	85
POL1	Record or Recall<12m	86.2	12-23 m	2449	85
POL3	Recall	2.1	12-23 m	2449	85
POL3	Record	71.3	12-23 m	2449	85
POL3	Record or Recall	73.3	12-23 m	2449	85

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	12.6	12-23 m	1933	78
BCG	Record	74.8	12-23 m	1933	78
BCG	Record or Recall	87.4	12-23 m	1933	78
BCG	Record or Recall<12m	86	12-23 m	1933	78
DTP1	Recall	11.5	12-23 m	1933	78
DTP1	Record	76.1	12-23 m	1933	78
DTP1	Record or Recall	87.6	12-23 m	1933	78
DTP1	Record or Recall<12m	85.2	12-23 m	1933	78
DTP3	Recall	5.9	12-23 m	1933	78
DTP3	Record	65.7	12-23 m	1933	78
DTP3	Record or Recall	71.6	12-23 m	1933	78
DTP3	Record or Recall<12m	66.6	12-23 m	1933	78
MCV1	Recall	11	12-23 m	1933	78
MCV1	Record	65.7	12-23 m	1933	78
MCV1	Record or Recall	76.7	12-23 m	1933	78
MCV1	Record or Recall<12m	63	12-23 m	1933	78
POL1	Recall	11.3	12-23 m	1933	78
POL1	Record	75.8	12-23 m	1933	78
POL1	Record or Recall	87.1	12-23 m	1933	78
POL1	Record or Recall<12m	84.6	12-23 m	1933	78
POL3	Recall	4	12-23 m	1933	78
POL3	Record	65.6	12-23 m	1933	78
POL3	Record or Recall	69.6	12-23 m	1933	78
POL3	Record or Recall<12m	64.6	12-23 m	1933	78

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