

Namibia: 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.

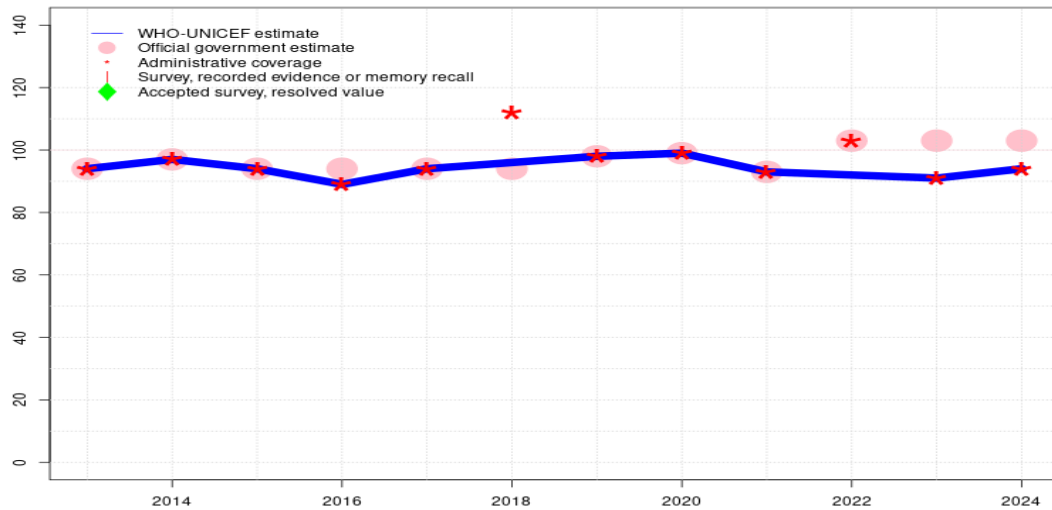
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Namibia - BCG

NAM - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	94	97	94	89	94	96	98	99	93	92	91	94
Estimate GoC	•	•••	•	•	•	•	•	•	•	•	•	•
Official	94	97	94	94	94	94	98	99	93	103	103	103
Administrative	94	97	94	89	94	112	98	99	93	103	91	94
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.

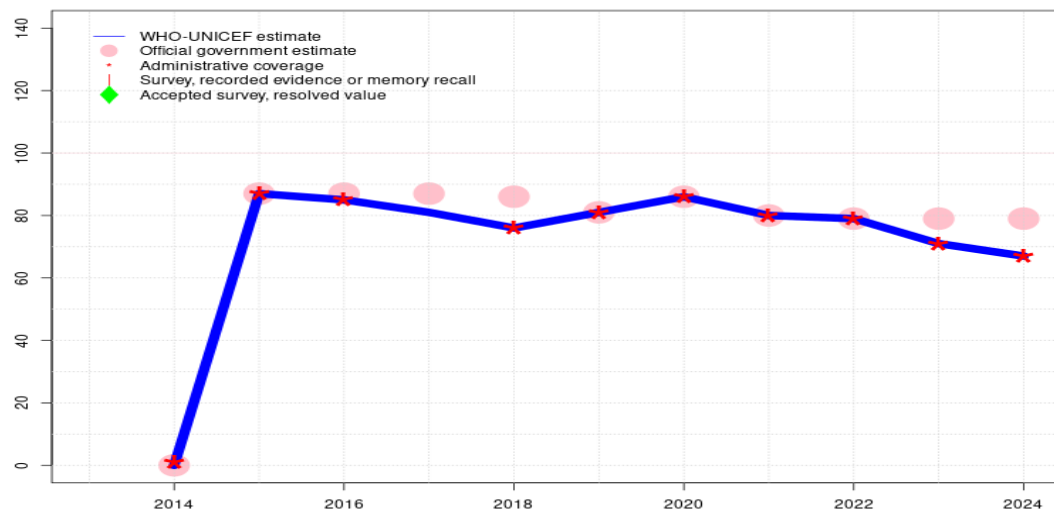
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Description:

- 2024: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reported 3 months vaccine stock-out at the national and subnational levels. The official estimates are based on projections up to the regional level. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Consistency across antigens. Official coverage estimates are inconsistent across vaccines. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports two months vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded because 112 percent greater than 100 percent. Reported data excluded due to an increase from 94 percent to 112 percent with decrease to 98 percent. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-

Namibia - HEPBB

NAM - HEPBB



Description:

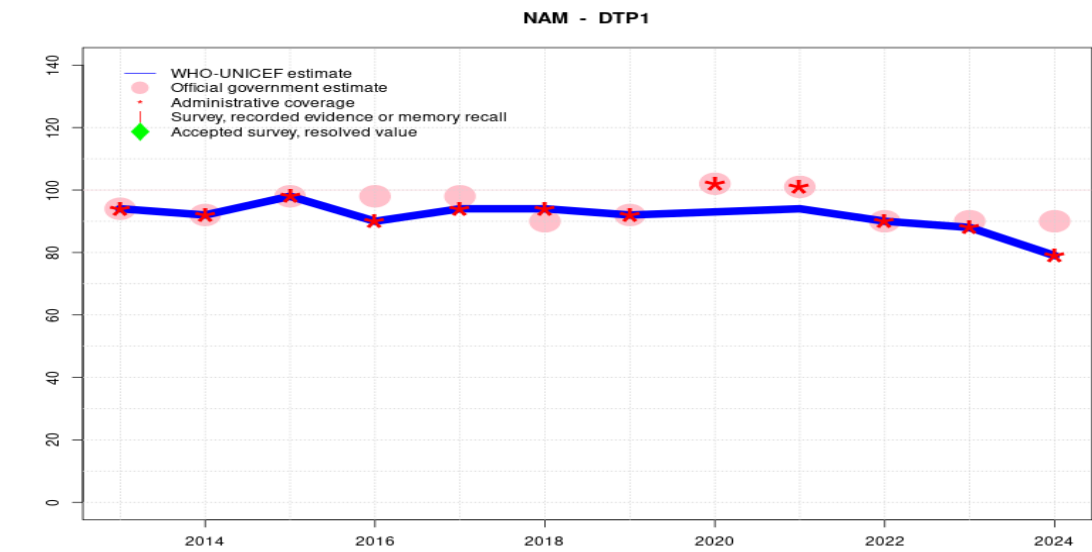
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- 2023: Estimate informed by reported administrative data. Official coverage estimates are inconsistent across vaccines. Estimate challenged by: D-
- 2022: Estimate informed by reported data. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-
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- 2019: Estimate informed by reported data. Programme reports two months vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by interpolation between reported data. Official estimate based on WHO-UNICEF estimates from previous year. GoC=No accepted empirical data
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate based on reported coverage following introduction. Estimate challenged by: D-
- 2014: Estimate informed by reported data. HepB birth dose introduced in 2014. Estimate of 0 percent changed from previous revision value of 1 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	0	87	85	81	76	81	86	80	79	71	67
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	0	87	87	87	86	81	86	80	79	79	79
Administrative	-	1	87	85	-	76	81	86	80	79	71	67
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	94	92	98	90	94	94	92	93	94	90	88	79
Estimate GoC	●●●	●●●	●	●	●	●	●	●	●	●	●	●
Official	94	92	98	98	98	90	92	102	101	90	90	90
Administrative	94	92	98	90	94	94	92	102	101	90	88	79
Survey	-	-	-	-	-	-	-	-	-	-	-	-

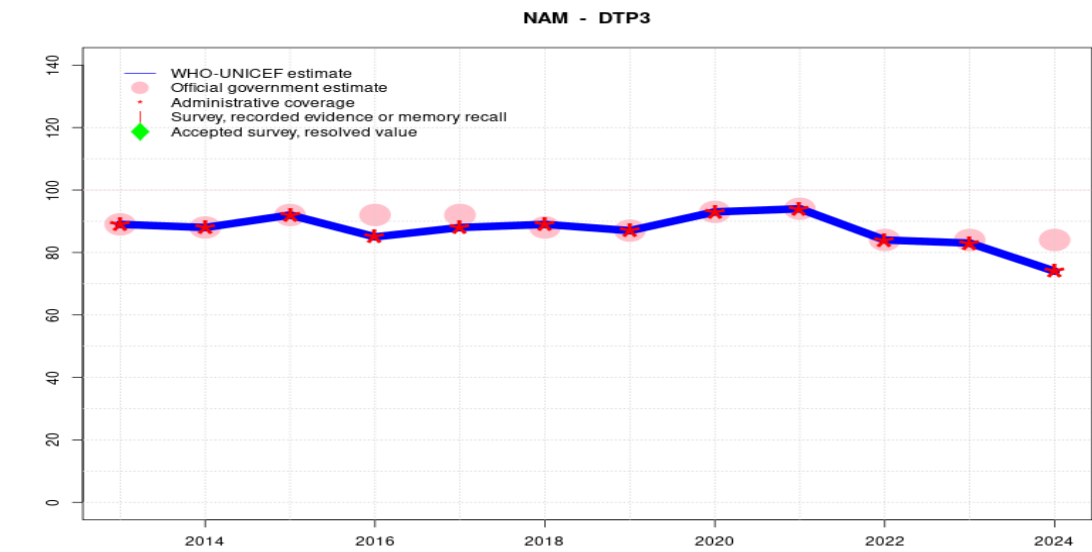
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- 2023: Estimate informed by reported administrative data. Programme reports a one month vaccine stockout at national and subnational levels. Official coverage estimates are inconsistent across vaccines. Estimate challenged by: D-
- 2022: Estimate informed by reported data. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate informed by reported coverage. Estimate challenged by: D-
- 2021: Estimate based on DTP3 coverage of 94. Reported data excluded because 101 percent greater than 100 percent. Estimate of 94 percent changed from previous revision value of 98 percent. Estimate challenged by: D-R-
- 2020: Estimate based on DTP3 coverage of 93. Reported data excluded because 102 percent greater than 100 percent. Estimate of 93 percent changed from previous revision value of 97 percent. Estimate challenged by: D-R-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. GoC=R+ S+ D+



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	89	88	92	85	88	89	87	93	94	84	83	74
Estimate GoC	●●●	●●●	●●	●	●	●	●	●	●	●	●	●
Official	89	88	92	92	92	88	87	93	94	84	84	84
Administrative	89	88	92	85	88	89	87	93	94	84	83	74
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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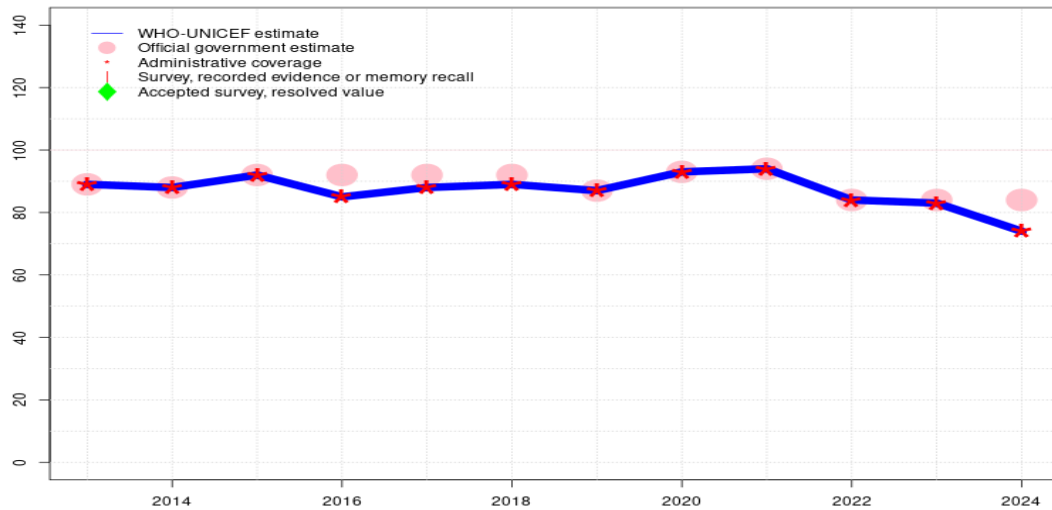
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- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
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Namibia - HEPB3

NAM - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	89	88	92	85	88	89	87	93	94	84	83	74
Estimate GoC	●●●	●●●	●●	●	●	●	●	●	●	●	●	●
Official	89	88	92	92	92	92	87	93	94	84	84	84
Administrative	89	88	92	85	88	89	87	93	94	84	83	74
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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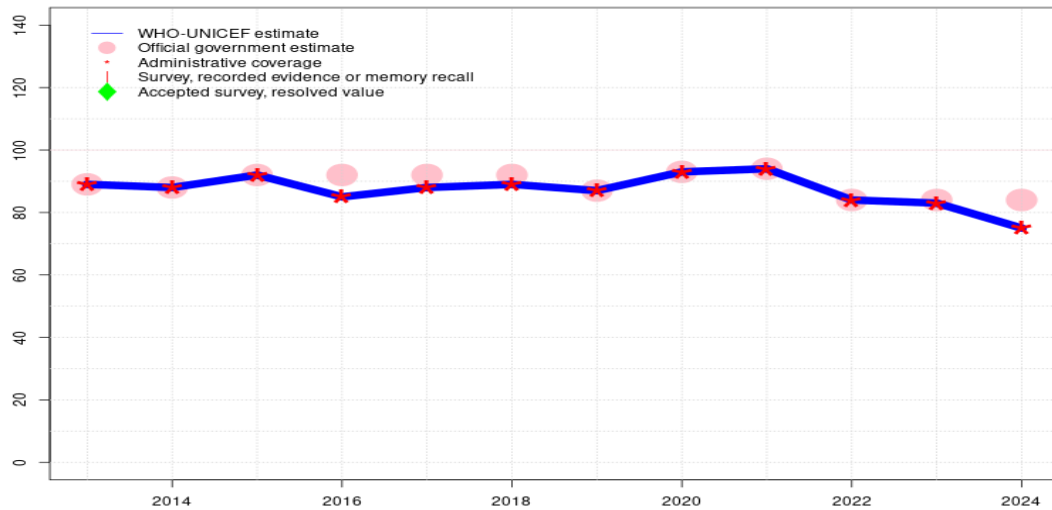
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- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by estimated DTP3 coverage. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-R-
- 2017: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
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Namibia - HIB3

NAM - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	89	88	92	85	88	89	87	93	94	84	83	75
Estimate GoC	●●●	●●●	●●	●	●	●	●	●	●	●	●	●
Official	89	88	92	92	92	92	87	93	94	84	84	84
Administrative	89	88	92	85	88	89	87	93	94	84	83	75
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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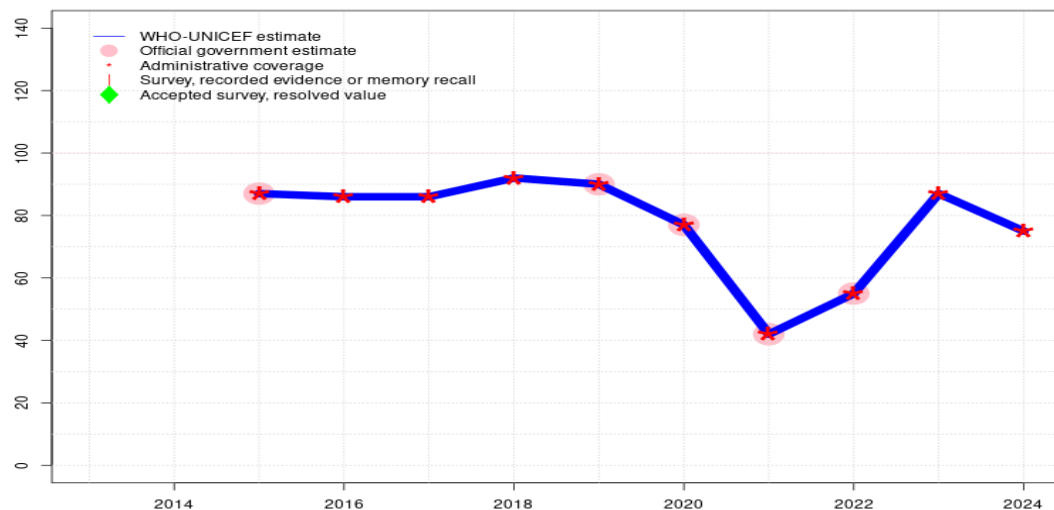
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Namibia - ROTAC

NAM - ROTAC



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- 2021: Estimate informed by reported data. Programme reports six months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports five months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Programme reports a 1-month rotavirus vaccine stockout in 2016. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Rotavirus vaccine introduced in 2014. Reporting started in 2015. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	87	86	86	92	90	77	42	55	87	75
Estimate GoC	-	-	●●	●	●	●	●	●	●	●	●	●
Official	-	-	87	-	-	-	90	77	42	55	-	-
Administrative	-	-	87	86	86	92	90	77	42	55	87	75
Survey	-	-	-	-	-	-	-	-	-	-	-	-

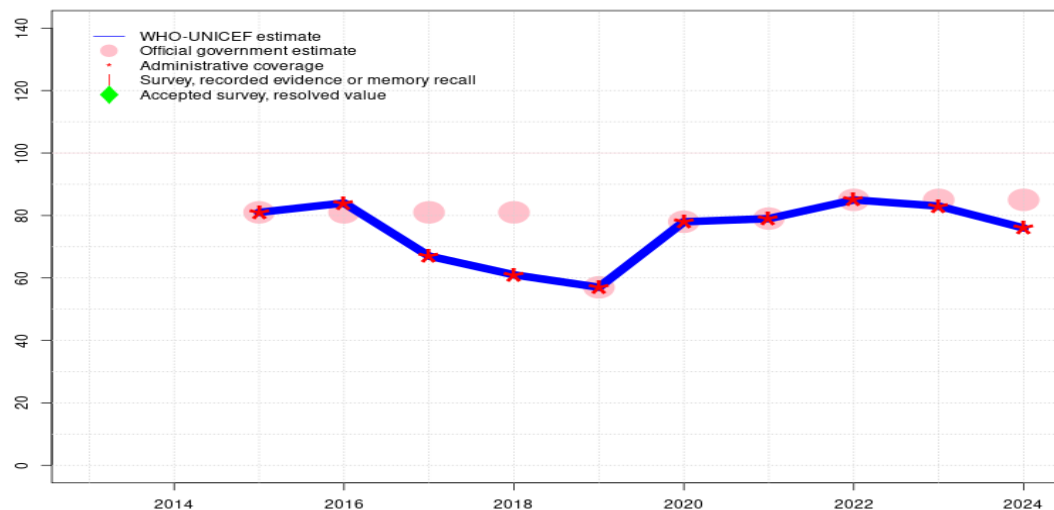
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Namibia - PCV3

NAM - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	81	84	67	61	57	78	79	85	83	76
Estimate GoC	-	-	●●	●	●	●●	●●	●	●	●	●	●
Official	-	-	81	81	81	81	57	78	79	85	85	85
Administrative	-	-	81	84	67	61	57	78	79	85	83	76
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

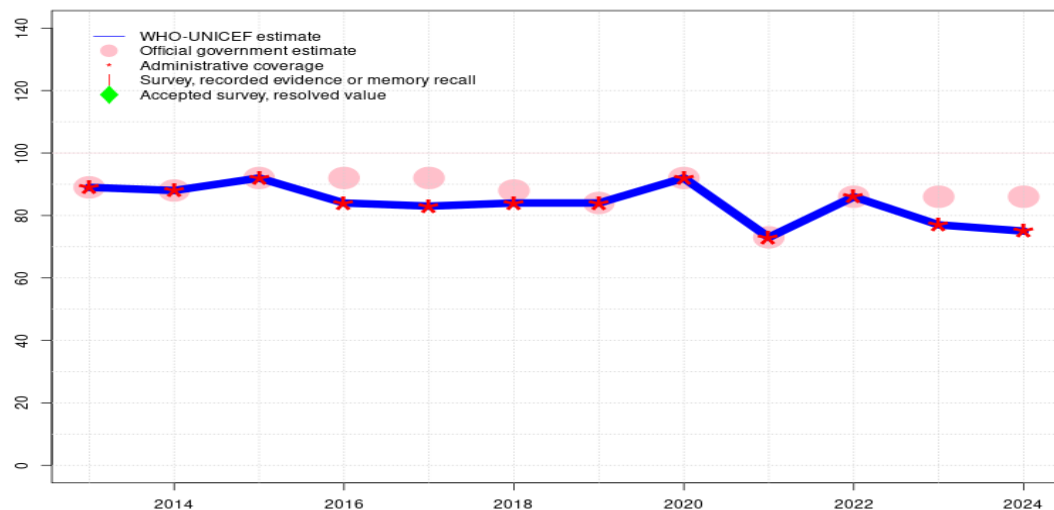
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. The official estimates are based on projections up to the regional level. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Official coverage estimates are inconsistent across vaccines. Estimate challenged by: D-
- 2022: Estimate informed by reported data. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports five months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports six month vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported administrative data. Programme reports vaccine shortage of unspecified duration. Official estimate based on WHO-UNICEF estimates from previous year. GoC=R+ D+
- 2017: Estimate informed by reported administrative data. Programme reports a 1-month vaccine stockout. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in 2014. Reporting started in 2015. GoC=R+ D+

Namibia - POL3

NAM - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	89	88	92	84	83	84	84	92	73	86	77	75
Estimate GoC	●●●	●●●	●●	●	●	●	●	●	●	●	●	●
Official	89	88	92	92	92	88	84	92	73	86	86	86
Administrative	89	88	92	84	83	84	84	92	73	86	77	75
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

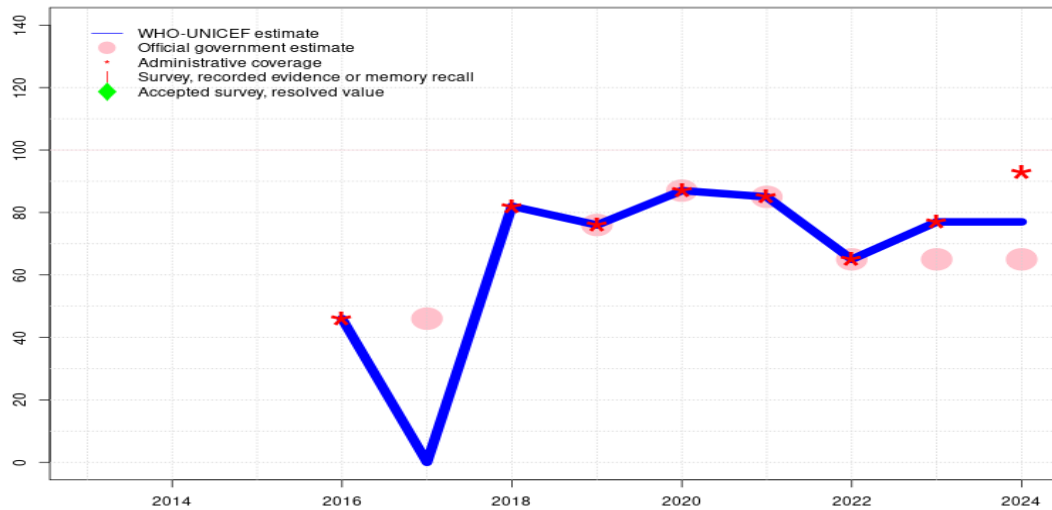
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. The official estimates are based on projections up to the regional level. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Programme reports a one month vaccine stockout at national and subnational levels. Official coverage estimates are inconsistent across vaccines. Estimate challenged by: D-
- 2022: Estimate informed by reported data. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports three months vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Programme reports vaccine shortage of unspecified duration. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Programme reports two months OPV vaccine stockout. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. GoC=R+ S+ D+

Namibia - IPV1

NAM - IPV1



Description:

- 2024: Estimate informed by extrapolation from reported data. Reported data excluded due to sudden change in coverage from 77 to 93 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Reported data includes IPV1 and IPV2. The official estimates are based on projections up to the regional level. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Programme reports a one month vaccine stockout at national and subnational levels. Official coverage estimates are inconsistent across vaccines. Estimate challenged by: D-
- 2022: Estimate informed by reported data. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports seven month vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2017: Programme reports a 8-month IPV vaccine stockout. GoC=No accepted empirical data
- 2016: Estimate informed by reported administrative data. Inactivated polio vaccine introduced in November 2015. Reporting started in 2016. Programme reports a 1-month IPV stock-out in 2016. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	46	0	82	76	87	85	65	77	77
Estimate GoC	-	-	-	●●	●	●	●	●	●	●	●	●
Official	-	-	-	-	46	-	76	87	85	65	65	65
Administrative	-	-	-	46	-	82	76	87	85	65	77	93
Survey	-	-	-	-	-	-	-	-	-	-	-	-

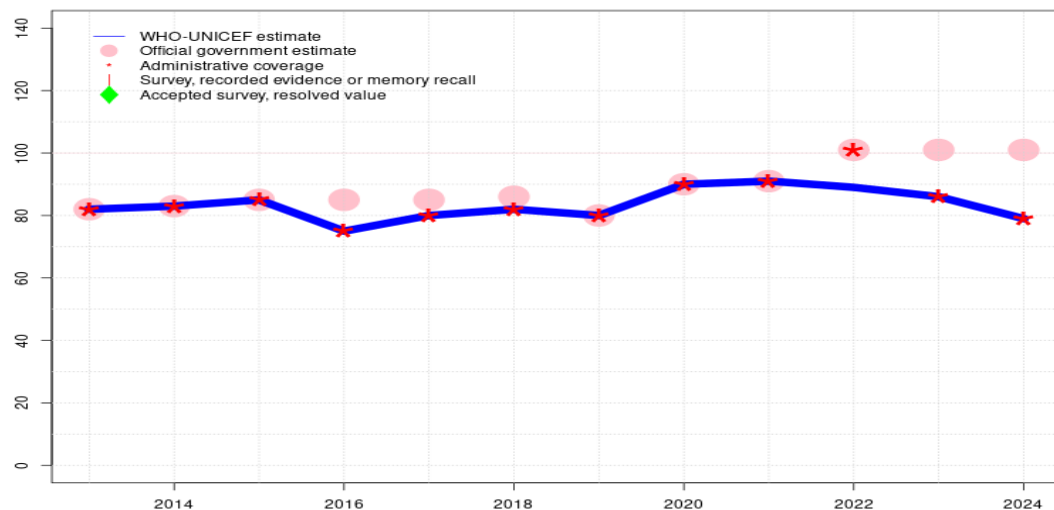
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Namibia - MCV1

NAM - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	83	85	75	80	82	80	90	91	89	86	79
Estimate GoC	●●	●●	●●	●	●	●	●	●	●	●	●	●
Official	82	83	85	85	85	86	80	90	91	101	101	101
Administrative	82	83	85	75	80	82	80	90	91	101	86	79
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

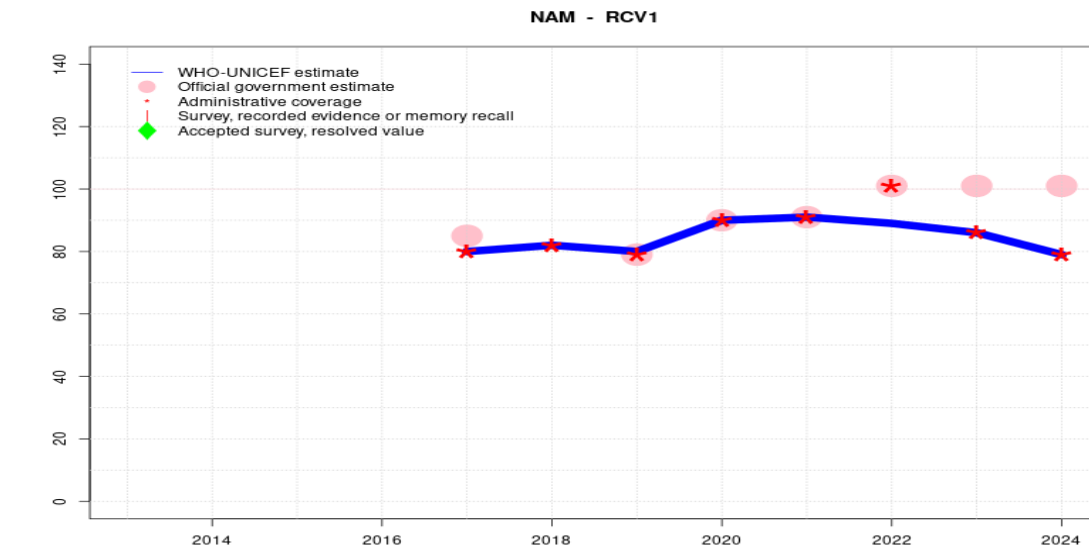
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2024: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reported 2 months vaccine stock-out at the national and subnational levels. The official estimates are based on projections up to the regional level. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Programme reports a one month vaccine stockout at national and subnational levels. Official coverage estimates are inconsistent across vaccines. Estimate challenged by: D-
- 2022: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Programme reports vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports two months vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Programme reports shortage of measles vaccine for unspecified duration. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. GoC=R+ D+

Namibia - RCV1



Description:

- 2024: Estimate based on estimated MCV1. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reported 2 months vaccine stock-out at the national and subnational levels. The official estimates are based on projections up to the regional level. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Official coverage estimates are inconsistent across vaccines. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Reported data excluded because 101 percent greater than 100 percent. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2019: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Rubella containing vaccine introduced in August 2016. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	80	82	80	90	91	89	86	79
Estimate GoC	-	-	-	-	●	●	●	●	●	●	●	●
Official	-	-	-	-	85	-	79	90	91	101	101	101
Administrative	-	-	-	-	80	82	79	90	91	101	86	79
Survey	-	-	-	-	-	-	-	-	-	-	-	-

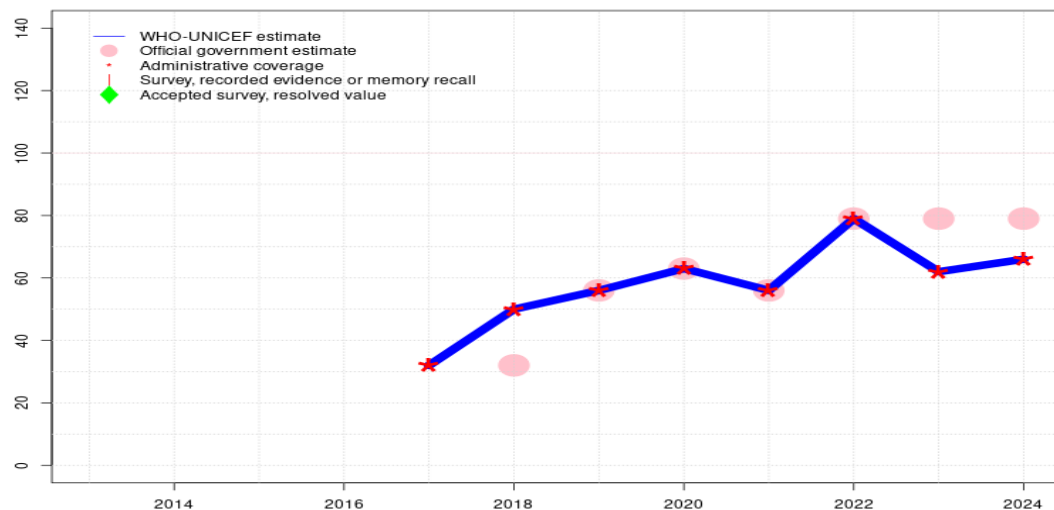
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Namibia - MCV2

NAM - MCV2



Description:

- 2024: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reported 2 months vaccine stock-out at the national and subnational levels. The official estimates are based on projections up to the regional level. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Programme reports a one month vaccine stockout at national and subnational levels. Official coverage estimates are inconsistent across vaccines. Estimate challenged by: D-
- 2022: Estimate informed by reported data. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Programme reports vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports two months vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported administrative data. Programme reports shortage of measles vaccine for unspecified duration. Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. GoC=R+ D+
- 2017: Estimate informed by reported administrative data. Second dose of measles-containing vaccine introduced as MR in 2017. Official estimate based on WHO-UNICEF estimates from previous year. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	32	50	56	63	56	79	62	66
Estimate GoC	-	-	-	-	••	••	••	••	•	•	•	•
Official	-	-	-	-	-	32	56	63	56	79	79	79
Administrative	-	-	-	-	32	50	56	63	56	79	62	66
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.

Namibia - 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.

2012 Namibia Demographic and Health Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	24.8	12-23 m	286	70
BCG	Record	69.4	12-23 m	652	70
BCG	Record or Recall	94.2	12-23 m	938	70
BCG	Record or Recall<12m	94.2	12-23 m	938	70
DTP1	Recall	24	12-23 m	286	70
DTP1	Record	68.7	12-23 m	652	70
DTP1	Record or Recall	92.7	12-23 m	938	70
DTP1	Record or Recall<12m	92.3	12-23 m	938	70
DTP3	Recall	16.5	12-23 m	286	70
DTP3	Record	67.1	12-23 m	652	70
DTP3	Record or Recall	83.5	12-23 m	938	70
DTP3	Record or Recall<12m	82.4	12-23 m	938	70
HEPB1	Recall	24	12-23 m	286	70
HEPB1	Record	68.7	12-23 m	652	70
HEPB1	Record or Recall	92.7	12-23 m	938	70
HEPB1	Record or Recall<12m	92.3	12-23 m	938	70
HEPB3	Recall	16.5	12-23 m	286	70
HEPB3	Record	67.1	12-23 m	652	70
HEPB3	Record or Recall	83.5	12-23 m	938	70

HEPB3	Record or Recall<12m	82.4	12-23 m	938	70
HIB1	Recall	24	12-23 m	286	70
HIB1	Record	68.7	12-23 m	652	70
HIB1	Record or Recall	92.7	12-23 m	938	70
HIB1	Record or Recall<12m	92.3	12-23 m	938	70
HIB3	Recall	16.5	12-23 m	286	70
HIB3	Record	67.1	12-23 m	652	70
HIB3	Record or Recall	83.5	12-23 m	938	70
HIB3	Record or Recall<12m	82.4	12-23 m	938	70
MCV1	Recall	23.3	12-23 m	286	70
MCV1	Record	66.2	12-23 m	652	70
MCV1	Record or Recall	89.5	12-23 m	938	70
MCV1	Record or Recall<12m	82.9	12-23 m	938	70
POL1	Recall	23.1	12-23 m	286	70
POL1	Record	69.5	12-23 m	652	70
POL1	Record or Recall	92.6	12-23 m	938	70
POL1	Record or Recall<12m	92.2	12-23 m	938	70
POL3	Recall	6.5	12-23 m	286	70
POL3	Record	67.8	12-23 m	652	70
POL3	Record or Recall	74.3	12-23 m	938	70
POL3	Record or Recall<12m	73.2	12-23 m	938	70

2011 Namibia Demographic and Health Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	92.8	24-35 m	926	-
DTP1	Record or Recall<12m	92.1	24-35 m	926	-
DTP3	Record or Recall<12m	72.4	24-35 m	926	-
HEPB1	Record or Recall<12m	92.1	24-35 m	926	-
HEPB3	Record or Recall<12m	72.4	24-35 m	926	-
HIB1	Record or Recall<12m	92.1	24-35 m	926	-
HIB3	Record or Recall<12m	72.4	24-35 m	926	-
MCV1	Record or Recall<12m	74.2	24-35 m	926	-
POL1	Record or Recall<12m	91.3	24-35 m	926	-
POL3	Record or Recall<12m	64.7	24-35 m	926	-

2011 Report of the Post Measles Supplemental Immunisation and EPI Coverage Survey in Namibia, September 2012

Namibia - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	79	12-23 m	-	88
BCG	Record or Recall	95.8	12-23 m	1470	88
DTP1	Record	79	12-23 m	-	88
DTP1	Record or Recall	96	12-23 m	1470	88
DTP3	Record	76	12-23 m	-	88
DTP3	Record or Recall	94	12-23 m	1470	88
HEPB1	Record	79	12-23 m	-	88
HEPB1	Record or Recall	96	12-23 m	1470	88
HEPB3	Record	76	12-23 m	-	88
HEPB3	Record or Recall	94	12-23 m	1470	88
HIB1	Record	79	12-23 m	-	88
HIB1	Record or Recall	96	12-23 m	1470	88
HIB3	Record	76	12-23 m	-	88
HIB3	Record or Recall	94	12-23 m	1470	88
MCV1	Record	72	12-23 m	-	88
MCV1	Record or Recall	89	12-23 m	1470	88
POL3	Record	75	12-23 m	-	88
POL3	Record or Recall	93	12-23 m	1470	88

2010 Namibia Demographic and Health Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	93.2	36-47 m	883	-
DTP1	Record or Recall<12m	90.9	36-47 m	883	-
DTP3	Record or Recall<12m	70.7	36-47 m	883	-
HEPB1	Record or Recall<12m	90.9	36-47 m	883	-
HEPB3	Record or Recall<12m	70.7	36-47 m	883	-
HIB1	Record or Recall<12m	90.9	36-47 m	883	-
HIB3	Record or Recall<12m	70.7	36-47 m	883	-
MCV1	Record or Recall<12m	76.7	36-47 m	883	-
POL1	Record or Recall<12m	89.7	36-47 m	883	-
POL3	Record or Recall<12m	57.9	36-47 m	883	-

2009 Namibia Demographic and Health Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	92.4	48-59 m	830	-
DTP1	Record or Recall<12m	89.8	48-59 m	830	-
DTP3	Record or Recall<12m	72.2	48-59 m	830	-
HEPB1	Record or Recall<12m	89.8	48-59 m	830	-
HEPB3	Record or Recall<12m	72.2	48-59 m	830	-
HIB1	Record or Recall<12m	89.8	48-59 m	830	-
HIB3	Record or Recall<12m	72.2	48-59 m	830	-
MCV1	Record or Recall<12m	75.1	48-59 m	830	-
POL1	Record or Recall<12m	91.1	48-59 m	830	-
POL3	Record or Recall<12m	60	48-59 m	830	-

2005 Namibia Demographic and Health Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	22.5	12-23 m	987	73
BCG	Record	72.5	12-23 m	987	73
BCG	Record or Recall	95	12-23 m	987	73
BCG	Record or Recall<12m	94.7	12-23 m	987	73
DTP1	Recall	22.1	12-23 m	987	73
DTP1	Record	72.6	12-23 m	987	73
DTP1	Record or Recall	94.7	12-23 m	987	73
DTP1	Record or Recall<12m	93.4	12-23 m	987	73
DTP3	Recall	15	12-23 m	987	73
DTP3	Record	68.2	12-23 m	987	73
DTP3	Record or Recall	83.2	12-23 m	987	73
DTP3	Record or Recall<12m	81	12-23 m	987	73
MCV1	Recall	20.6	12-23 m	987	73
MCV1	Record	63.2	12-23 m	987	73
MCV1	Record or Recall	83.8	12-23 m	987	73
MCV1	Record or Recall<12m	78	12-23 m	987	73
POL1	Recall	22.8	12-23 m	987	73
POL1	Record	72.6	12-23 m	987	73
POL1	Record or Recall	95.4	12-23 m	987	73
POL1	Record or Recall<12m	94.1	12-23 m	987	73
POL3	Recall	10.4	12-23 m	987	73
POL3	Record	68.2	12-23 m	987	73
POL3	Record or Recall	78.6	12-23 m	987	73
POL3	Record or Recall<12m	76.5	12-23 m	987	73

1999 Namibia Demographic and Health Survey 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	19.4	12-23 m	816	74
BCG	Record or Recall	90	12-23 m	816	74
DTP1	Recall	19.7	12-23 m	816	74
DTP1	Record	72.3	12-23 m	816	74
DTP1	Record or Recall	92	12-23 m	816	74
DTP3	Recall	10.5	12-23 m	816	74

DTP3	Record	68.9	12-23 m	816	74
DTP3	Record or Recall	79.3	12-23 m	816	74
MCV1	Recall	16.3	12-23 m	816	74
MCV1	Record	64.1	12-23 m	816	74
MCV1	Record or Recall	80.4	12-23 m	816	74
POL1	Recall	20.5	12-23 m	816	74
POL1	Record	73.2	12-23 m	816	74
POL1	Record or Recall	93.7	12-23 m	816	74
POL3	Recall	7.7	12-23 m	816	74
POL3	Record	69.2	12-23 m	816	74
POL3	Record or Recall	77	12-23 m	816	74

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