

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.

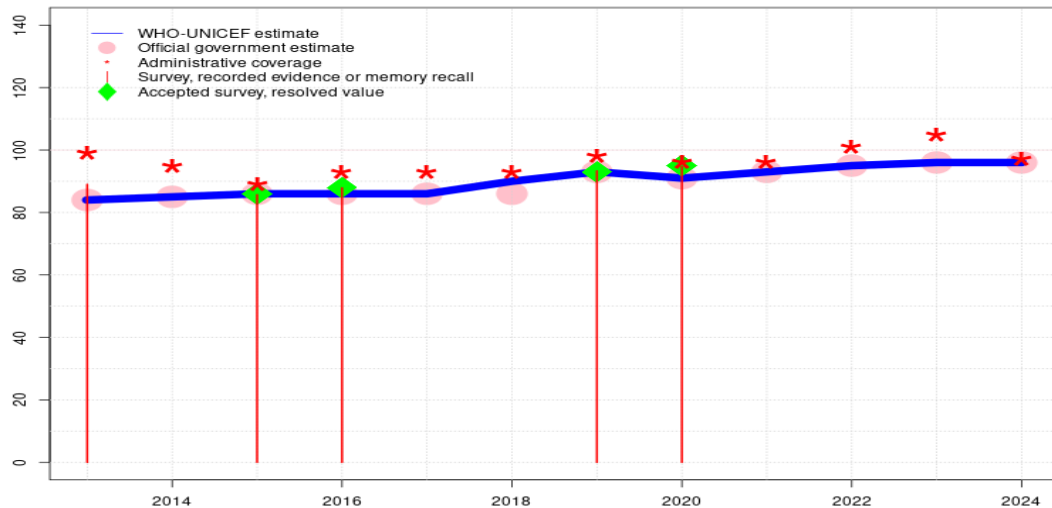
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Pakistan - BCG

PAK - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	84	85	86	86	86	90	93	91	93	95	96	96
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●	●	●	●	●	●	●
Official	84	85	86	86	86	86	93	91	93	95	96	96
Administrative	99	95	89	93	93	93	98	96	96	101	105	97
Survey	89	-	86	88	-	-	93	95	-	-	-	-

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

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

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

Description:

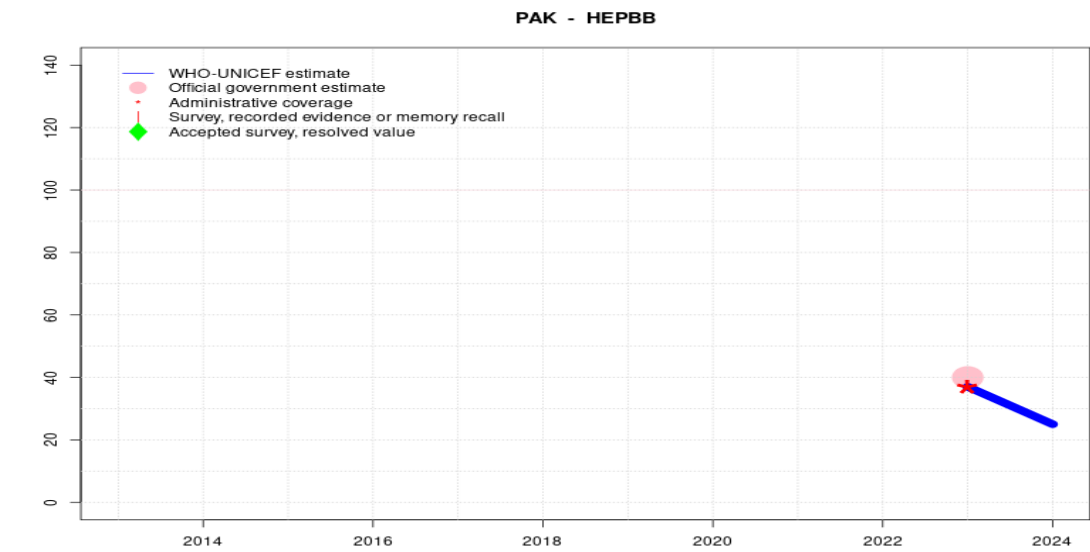
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by reported data. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Programme reports three months national level stockout of BCG vaccine. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the

Pakistan - BCG

number of children vaccinated remained largely unchanged from 2013 to 2014. GoC=R+S+ D+

2013: Estimate informed by reported data. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 results ignored. Sample size 0 less than 300. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t GoC=R+S+ D+

Pakistan - HEPBB



Description:

2024: Reported coverage is for doses within 24 hours and later doses. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. GoC=No accepted empirical data

2023: Estimate informed by reported administrative data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Hepatitis B birth dose introduced in 2017. Reporting started in 2023. Hep B birth dose introduced after last survey. Estimate of 37 percent changed from previous revision value of 40 percent. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	37	25
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●●	●
Official	-	-	-	-	-	-	-	-	-	-	40	-
Administrative	-	-	-	-	-	-	-	-	-	-	37	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

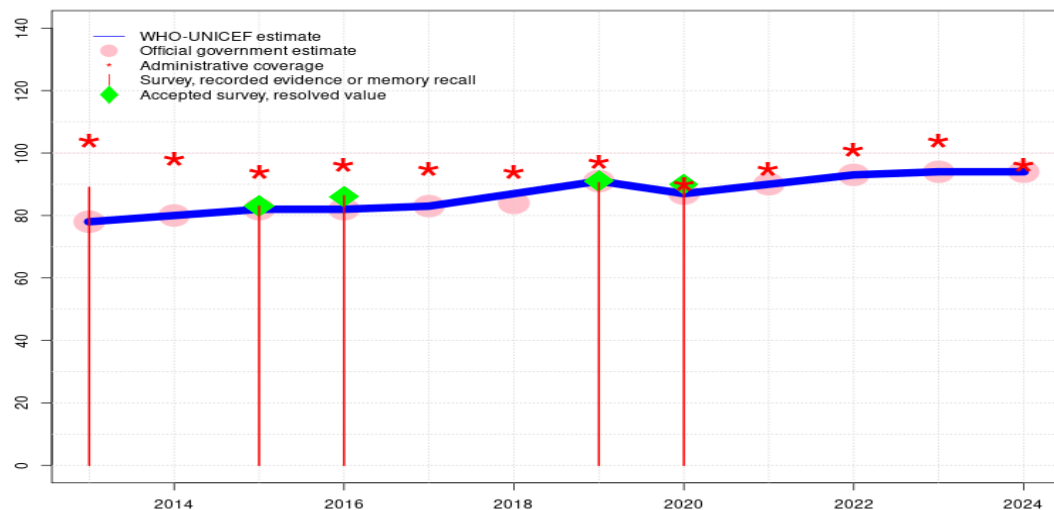
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Pakistan - DTP1

PAK - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	78	80	82	82	83	87	91	87	90	93	94	94
Estimate GoC	•	•	•••	•	•	•	•	•••	•	•	•	•
Official	78	80	82	82	83	84	91	87	90	93	94	94
Administrative	104	98	94	96	95	94	97	90	95	101	104	96
Survey	89	-	83	86	-	-	91	90	-	-	-	-

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

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

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

Description:

- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Vaccine stockout of unspecified duration. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate of 91 percent changed from previous revision value of 90 percent. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by reported data. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 86 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 83 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the

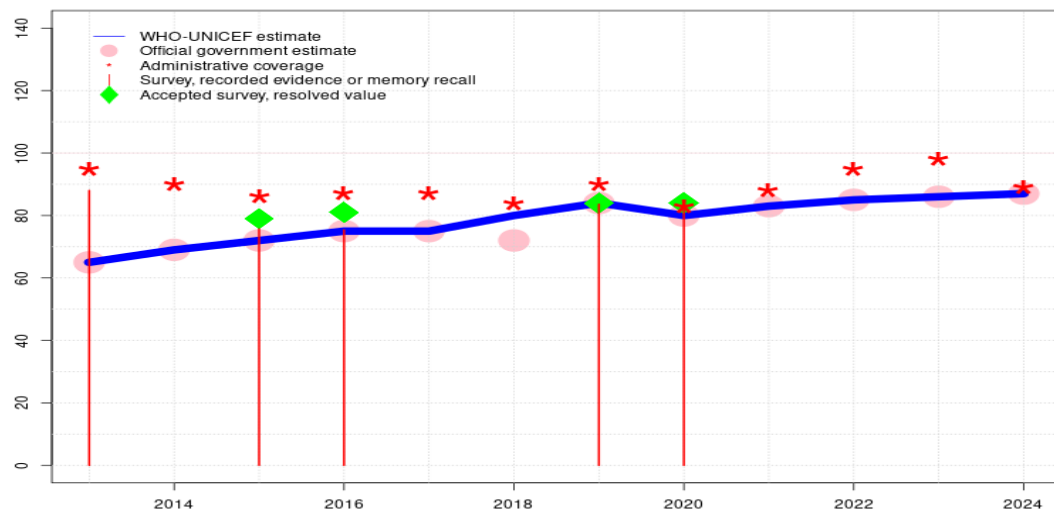
Pakistan - DTP1

number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-

2013: Estimate informed by reported data. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 results ignored. Sample size 0 less than 300. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t Estimate challenged by: D-

Pakistan - DTP3

PAK - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	65	69	72	75	75	80	84	80	83	85	86	87
Estimate GoC	●	●	●	●	●	●	●	●●	●	●	●	●
Official	65	69	72	75	75	72	84	80	83	85	86	87
Administrative	95	90	86	87	87	84	90	83	88	95	98	89
Survey	88	-	76	75	-	-	84	84	-	-	-	-

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

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

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

Description:

- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Vaccine stockout of unspecified duration. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Decline observed in administrative coverage likely an artefact of a four percent increase in the target population from 2017 to 2018. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by reported data. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or recall results of 75 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 59 percent. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or recall results of 76 percent modified for recall bias to 79 percent based on 1st dose record

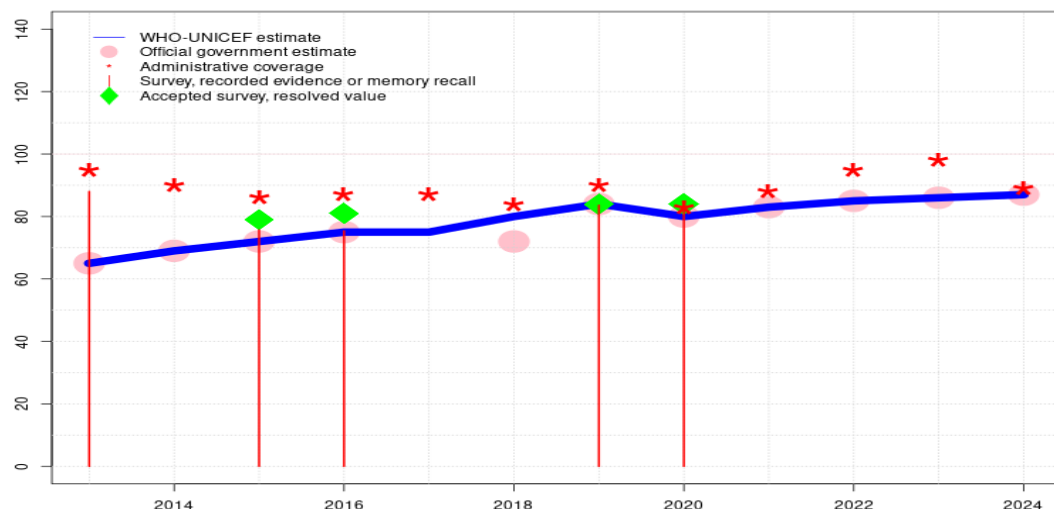
or recall coverage of 83 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 45 percent. Estimate challenged by: D-

2014: Estimate informed by reported data. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-S-

2013: Estimate informed by reported data. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 results ignored. Sample size 0 less than 300. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 record or recall results of 88 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 65 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t Estimate challenged by: D-S-

Pakistan - HEPB3

PAK - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	65	69	72	75	75	80	84	80	83	85	86	87
Estimate GoC	●	●	●	●	●	●	●	●●●	●	●	●	●
Official	65	69	72	75	-	72	84	80	83	85	86	87
Administrative	95	90	86	87	87	84	90	83	88	95	98	89
Survey	88	-	76	75	-	-	84	84	-	-	-	-

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

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

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

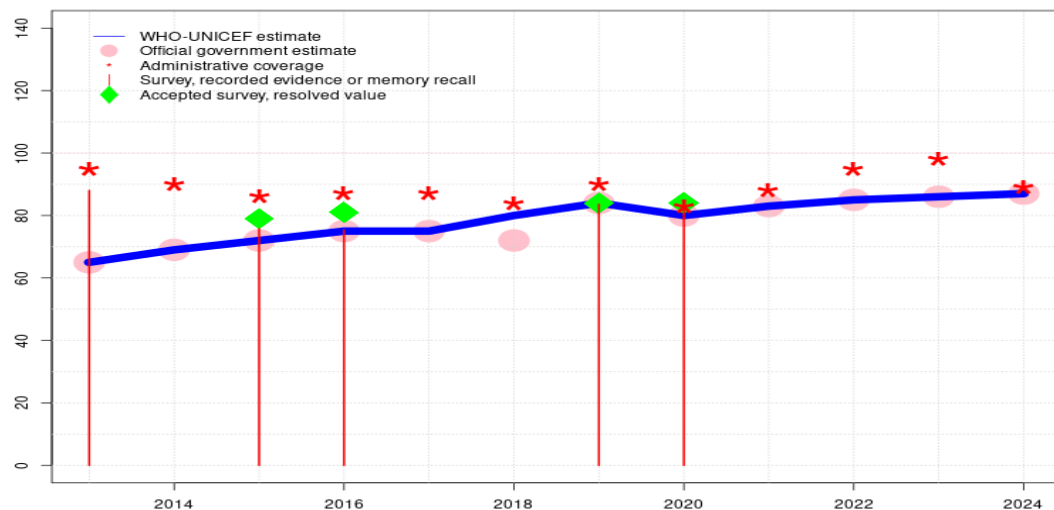
Description:

- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Vaccine stockout of unspecified duration. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. GoC=Assigned by working group. Consistency with DTP3.
- 2018: Estimate informed by estimated DTP3 coverage. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. Reported data excluded due to decline in reported coverage from 87 percent to 72 percent with increase to 84 percent. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by estimated DTP3 coverage. Reported data excluded due to an increase from 75 percent to 87 percent with decrease to 72 percent. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-R-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or recall results of 75 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 59 percent. Estimate challenged by: D-

- 2015: Estimate informed by reported data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or recall results of 76 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 45 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-S-
- 2013: Estimate informed by reported data. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 results ignored. Sample size 0 less than 300. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 record or recall results of 88 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 65 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t Estimate challenged by: D-S-

Pakistan - HIB3

PAK - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	65	69	72	75	75	80	84	80	83	85	86	87
Estimate GoC	●	●	●	●	●	●	●	●●●	●	●	●	●
Official	65	69	72	75	75	72	84	80	83	85	86	87
Administrative	95	90	86	87	87	84	90	83	88	95	98	89
Survey	88	-	76	75	-	-	84	84	-	-	-	-

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

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

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

Description:

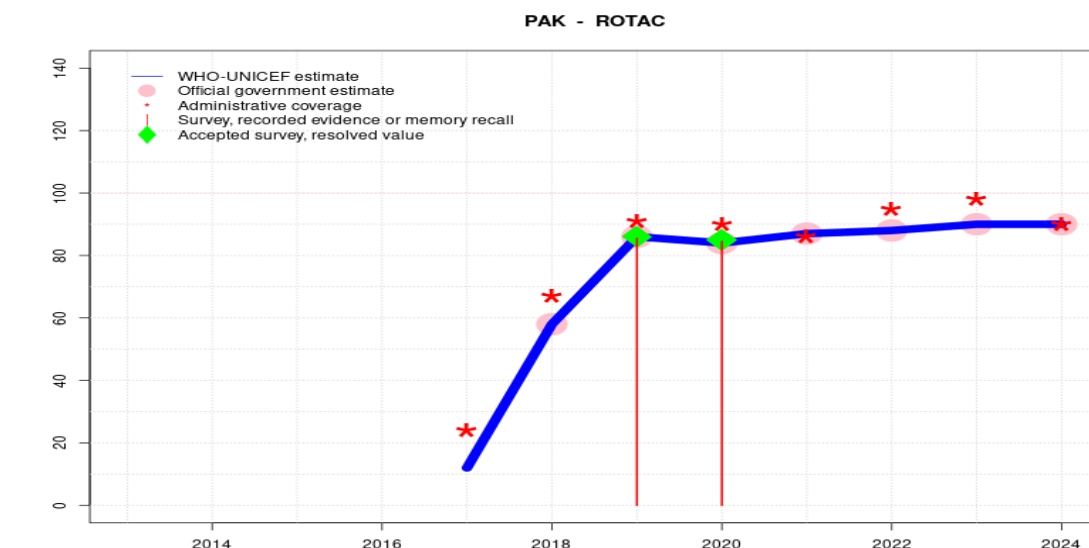
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Vaccine stockout of unspecified duration. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. GoC=Assigned by working group. Consistency with DTP3.
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by reported data. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 81 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or recall results of 75 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 59 percent. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 79 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or

recall results of 76 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 45 percent. Estimate challenged by: D-

2014: Estimate informed by reported data. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-S-

2013: Estimate informed by reported data. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 results ignored. Sample size 0 less than 300. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 record or recall results of 88 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 65 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t Estimate challenged by: D-S-

Pakistan - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	12	58	86	84	87	88	90	90
Estimate GoC	-	-	-	-	•	•	•	•	•••	•	•	•
Official	-	-	-	-	-	58	86	84	87	88	90	90
Administrative	-	-	-	-	24	67	91	90	86	95	98	90
Survey	-	-	-	-	-	-	86	85	-	-	-	-

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

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

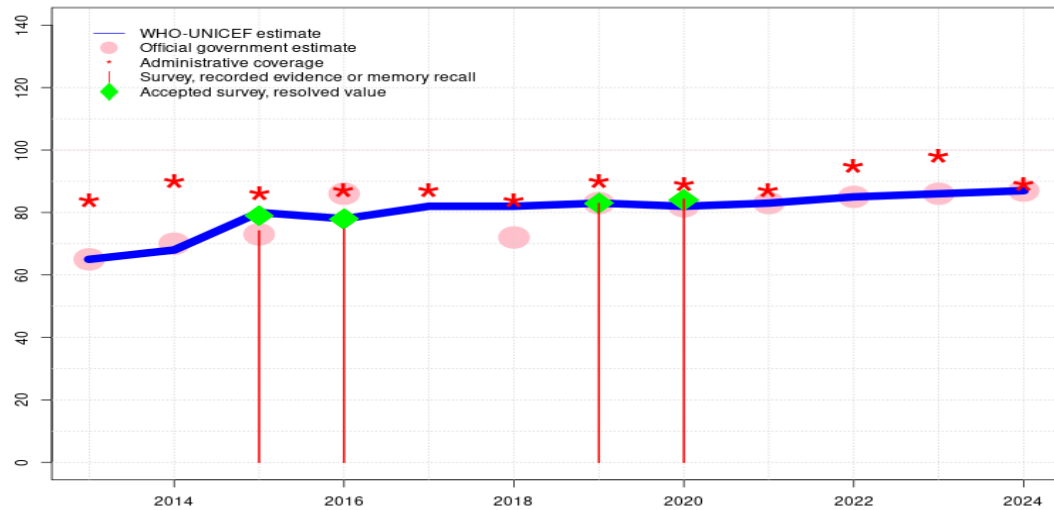
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. GoC=R+ S+ D+
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by reported data during period of introduction. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Rotavirus vaccine introduced in 2017. Programme reports 24 percent coverage achieved in 51 percent of the national target population. Estimate informed by annualized coverage achieved in the national target population. Estimates exceptionally based on administrative coverage as it was an introduction year and no other data was available. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: R-S-

Pakistan - PCV3

PAK - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	65	68	80	78	82	82	83	82	83	85	86	87
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	65	70	73	86	-	72	83	82	83	85	86	87
Administrative	84	90	86	87	87	84	90	89	87	95	98	89
Survey	-	-	74	75	-	-	83	84	-	-	-	-

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

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

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

Description:

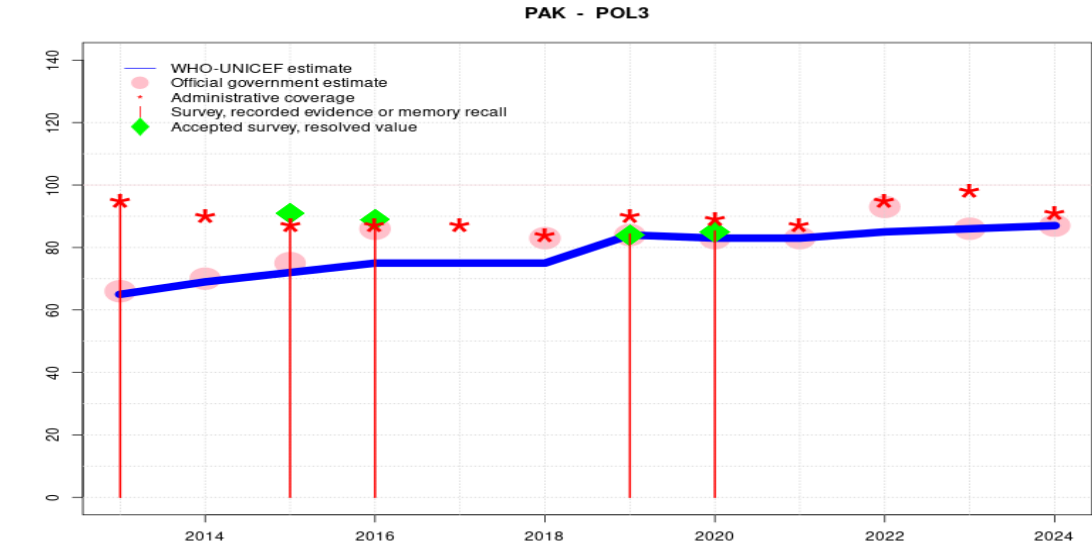
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-
- 2019: Estimate based on official coverage reported. Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Reported data calibrated to 2016 and 2019 levels. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. Reported data excluded due to decline in reported coverage from 87 percent to 72 percent with increase to 83 percent. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Reported data calibrated to 2016 and 2019 levels. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: R-
- 2016: Estimate of 78 percent assigned by working group. Estimate informed by survey result adjusted for recall bias. Pakistan Demographic and Health Survey 2017-2018 record or recall results of 75 percent modified for recall bias to 78 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 58 percent. Estimate challenged by: R-
- 2015: Estimate of 80 percent assigned by working group. Estimate informed by survey result adjusted for recall bias. Pakistan Demographic and Health Survey 2017-2018 record or

Pakistan - PCV3

recall results of 74 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 45 percent. Estimate challenged by: R-

2014: Estimate informed by estimated DTP3 coverage. Estimate is likely an overestimate. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-R-S-

2013: Estimate informed by reported data during introduction. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t 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	65	69	72	75	75	75	84	83	83	85	86	87
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	66	70	75	86	-	83	84	83	83	93	86	87
Administrative	95	90	87	87	87	84	90	89	87	95	98	91
Survey	97	-	88	86	-	-	84	85	-	-	-	-

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

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

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

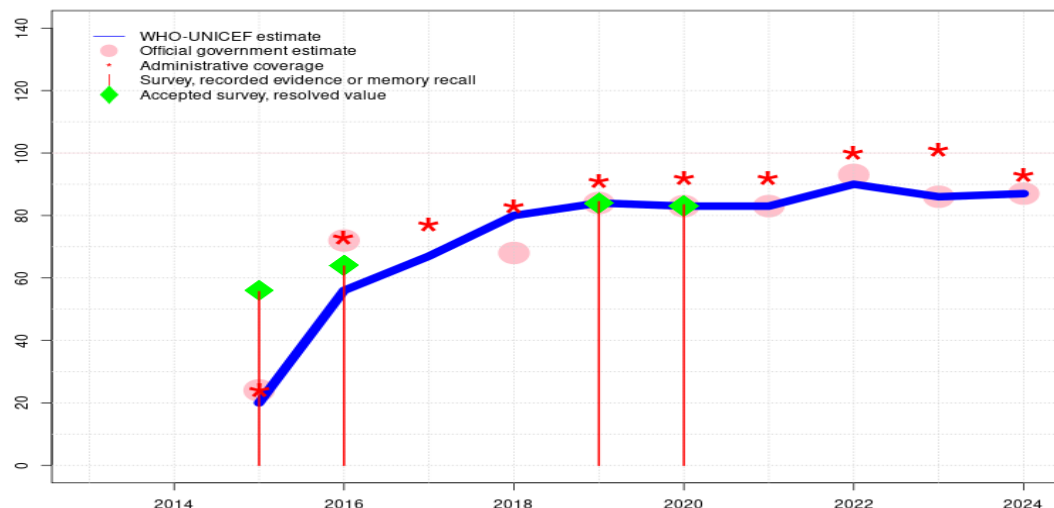
Description:

- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by DTP3 estimated coverage. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-R-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 85 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Coverage based on extrapolation from 2017. Reported data excluded. Decline observed in administrative coverage likely an artefact of a four percent increase in the target population from 2017 to 2018. Survey results may include campaign doses. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Coverage based on DTP3 estimates. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-R-S-
- 2016: Coverage based on DTP3 estimates. Pakistan Demographic and Health Survey 2017-2018 record or recall results of 86 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 59 percent. Estimate challenged by: D-R-S-
- 2015: Coverage based on DTP3 estimates. Pakistan Demographic and Health Survey 2017-2018 record or recall results of 88 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 45 percent. Estimate challenged by: D-R-S-

- 2014: Coverage based on estimated DTP3 coverage. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-R-S-
- 2013: Coverage based on DTP3 estimates. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 results ignored. Sample size 0 less than 300. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 record or recall results of 97 percent modified for recall bias to 98 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 65 percent. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t Estimate challenged by: D-R-S-

Pakistan - IPV1

PAK - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	20	56	67	80	84	83	83	90	86	87
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	24	72	-	68	84	83	83	93	86	87
Administrative	-	-	24	73	77	83	91	92	92	100	101	93
Survey	-	-	56	64	-	-	84	83	-	-	-	-

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

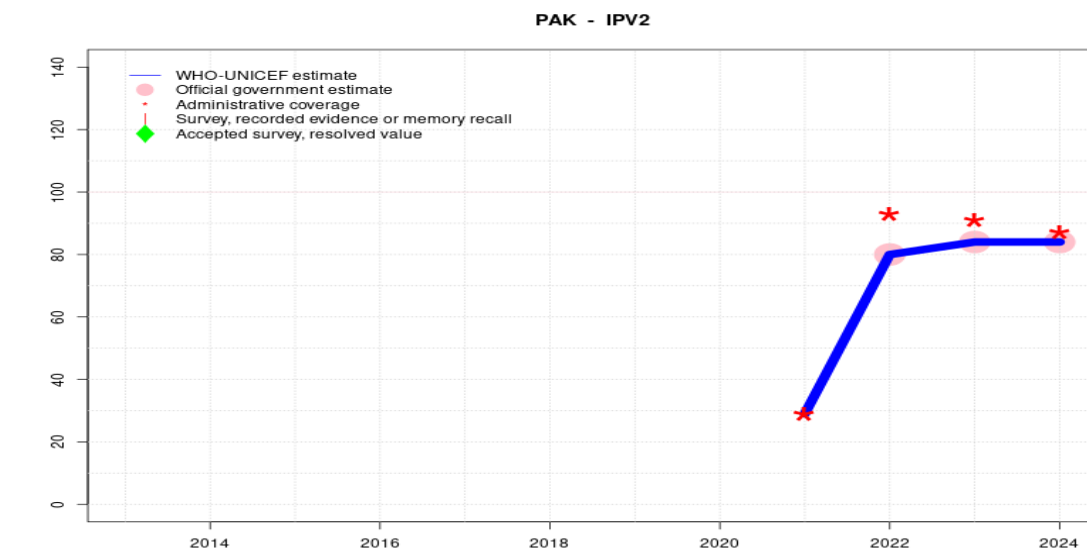
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by the difference between reported administrative DTP3 and IPV1 coverage and the estimated coverage for DTP3. Increases may reflect the contribution of supplementary immunization activities. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-R-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by estimated DTP3 coverage. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. Estimate of 80 percent changed from previous revision value of 75 percent. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by DTP3 coverage adjusted by the relative difference in the reported number of children vaccinated with DTP3 and IPV1. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-R-S-
- 2016: Estimate informed by DTP3 coverage adjusted by the relative difference in the reported number of children vaccinated with DTP3 and IPV1. Estimate challenged by: D-R-
- 2015: Inactivated polio vaccine during 2015. Estimate challenged by: R-S-

Pakistan - IPV2



Description:

- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	29	80	84	84
Estimate GoC	-	-	-	-	-	-	-	-	••	•	•	•
Official	-	-	-	-	-	-	-	-	-	80	84	84
Administrative	-	-	-	-	-	-	-	-	29	93	91	87
Survey	-	-	-	-	-	-	-	-	-	-	-	-

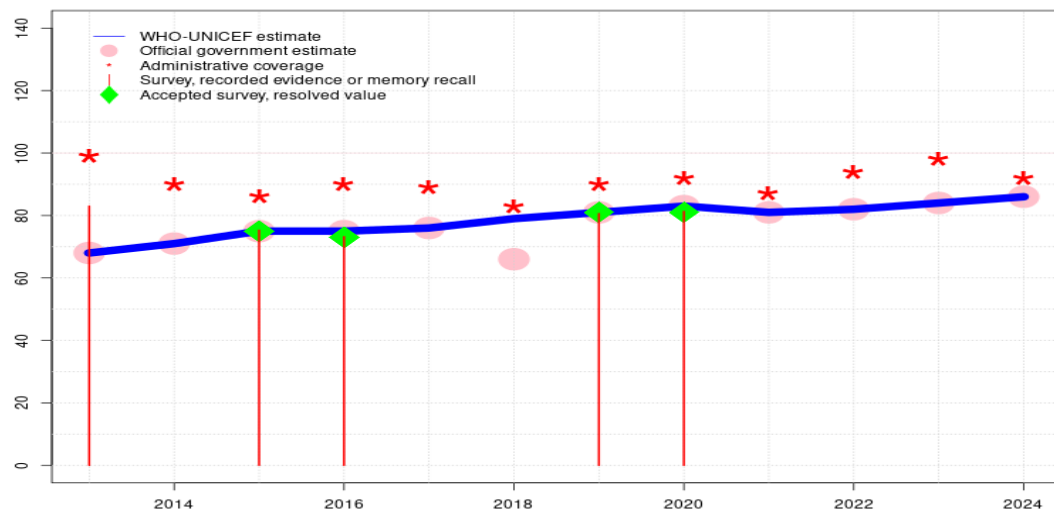
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Pakistan - MCV1

PAK - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	68	71	75	75	76	79	81	83	81	82	84	86
Estimate GoC	●	●	●●●	●	●	●	●	●	●	●	●	●
Official	68	71	75	75	76	66	81	83	81	82	84	86
Administrative	99	90	86	90	89	83	90	92	87	94	98	92
Survey	83	-	75	73	-	-	81	81	-	-	-	-

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

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

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

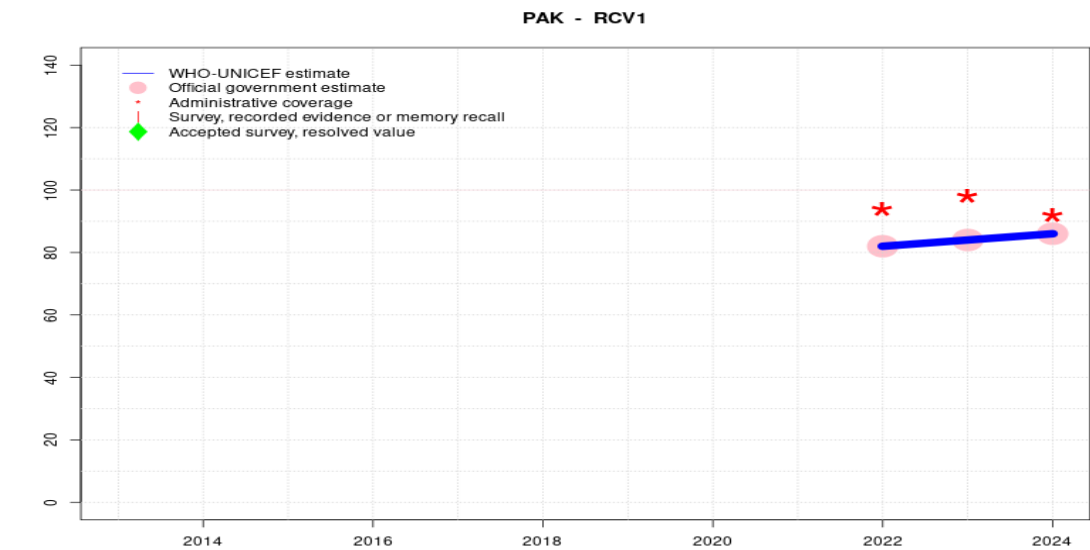
Description:

- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by reported data. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 73 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 75 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate

challenged by: D-

2013: Estimate informed by reported data. Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15 results ignored. Sample size 0 less than 300. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t Estimate challenged by: D-

Pakistan - RCV1



Description:

- 2024: Estimate based on estimated MCV1. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. MR vaccine introduced in January 2022. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	82	84	86
Estimate GoC	-	-	-	-	-	-	-	-	-	●	●	●
Official	-	-	-	-	-	-	-	-	-	82	84	86
Administrative	-	-	-	-	-	-	-	-	-	94	98	92
Survey	-	-	-	-	-	-	-	-	-	-	-	-

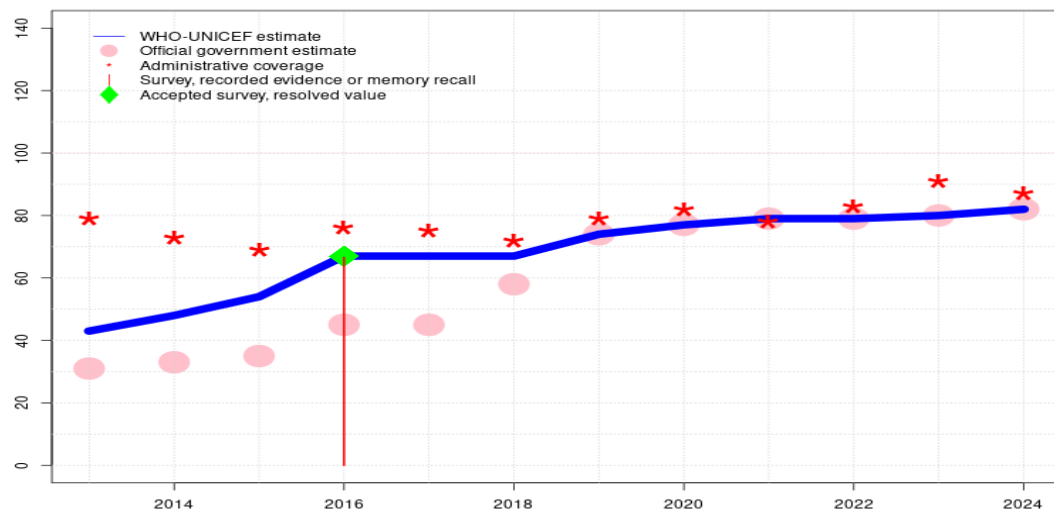
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Pakistan - MCV2

PAK - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	43	48	54	67	67	67	74	77	79	79	80	82
Estimate GoC	•	•	•	•	•	•	•	••	••	•	•	•
Official	31	33	35	45	45	58	74	77	79	79	80	82
Administrative	79	73	69	76	75	72	79	82	78	83	91	87
Survey	-	-	-	67	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. GoC=R+ D+
- 2020: Estimate informed by reported data. Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. GoC=R+ D+
- 2019: Estimate informed by the official coverage reported. Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by prior year estimate. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by survey result from prior year. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 67 percent based on 1 survey(s). Estimate challenged by: R-
- 2015: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: D-R-S-
- 2014: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2009 and 2016 levels. The Pakistan Social and Living Standards Measurement Survey report does not include the sample size (number of children aged 12-23 m) from which coverage is estimated. Report also does not include prevalence of home-based record ownership. In addition, t Estimate challenged by: D-R-

Pakistan - 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.

2020 Third-Party Verification Immunization Coverage Survey Round Two (TPVICS R-II) 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	94.7	12-23 m	95217	66
DTP1	Record or Recall	90.2	12-23 m	95217	66
DTP3	Record or Recall	84.4	12-23 m	95217	66
HEPB1	Record or Recall	90.2	12-23 m	95217	66
HEPB3	Record or Recall	84.4	12-23 m	95217	66
HIB1	Record or Recall	90.2	12-23 m	95217	66
HIB3	Record or Recall	84.4	12-23 m	95217	66
IPV1	Record or Recall	83.4	12-23 m	95217	66
MCV1	Record or Recall	81.3	12-23 m	95217	66
PCV1	Record or Recall	89.7	12-23 m	95217	66
PCV3	Record or Recall	84.2	12-23 m	95217	66
POL1	Record or Recall	91.2	12-23 m	95217	66
POL3	Record or Recall	85.3	12-23 m	95217	66
ROTAC	Record or Recall	84.5	12-23 m	95217	66

2019 Third-party Verification Immunization Coverage Survey (TPVICS) 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	93.3	12-23 m	110905	66
DTP1	Record or Recall	90.5	12-23 m	110905	66
DTP3	Record or Recall	83.6	12-23 m	110905	66
HEPB1	Record or Recall	90.5	12-23 m	110905	66
HEPB3	Record or Recall	83.6	12-23 m	110905	66
HIB1	Record or Recall	90.5	12-23 m	110905	66
HIB3	Record or Recall	83.6	12-23 m	110905	66
IPV1	Record or Recall	84.4	12-23 m	110905	66
MCV1	Record or Recall	80.6	12-23 m	110905	66
PCV1	Record or Recall	90.2	12-23 m	110905	66
PCV3	Record or Recall	82.9	12-23 m	110905	66
POL1	Record or Recall	91.4	12-23 m	110905	66
POL3	Record or Recall	84.3	12-23 m	110905	66
ROTAC	Record or Recall	85.5	12-23 m	110905	66

2016 Pakistan Demographic and Health Survey 2017-2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	24.9	12-23 m	723	63
BCG	Record	63	12-23 m	1252	63
BCG	Record or Recall	87.9	12-23 m	1975	63
BCG	Record or Recall<12m	87	12-23 m	1975	63
DTP1	Recall	23.5	12-23 m	723	63
DTP1	Record	62.9	12-23 m	1252	63
DTP1	Record or Recall	86.3	12-23 m	1975	63
DTP1	Record or Recall<12m	85	12-23 m	1975	63
DTP3	Recall	16.8	12-23 m	723	63
DTP3	Record	58.5	12-23 m	1252	63
DTP3	Record or Recall	75.4	12-23 m	1975	63
DTP3	Record or Recall<12m	73.8	12-23 m	1975	63
HEPB1	Recall	23.5	12-23 m	723	63
HEPB1	Record	62.9	12-23 m	1252	63
HEPB1	Record or Recall	86.3	12-23 m	1975	63
HEPB1	Record or Recall<12m	85	12-23 m	1975	63
HEPB3	Recall	16.8	12-23 m	723	63
HEPB3	Record	58.5	12-23 m	1252	63
HEPB3	Record or Recall	75.4	12-23 m	1975	63

Pakistan - Survey Details

HEPB3	Record or Recall<12m	73.8	12-23 m	1975	63						
HIB1	Recall	23.5	12-23 m	723	63	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
HIB1	Record	62.9	12-23 m	1252	63	BCG	Recall	38.5	24-35 m	999	-
HIB1	Record or Recall	86.3	12-23 m	1975	63	BCG	Record	47.2	24-35 m	920	-
HIB1	Record or Recall<12m	85	12-23 m	1975	63	BCG	Record or Recall	85.7	24-35 m	1919	-
HIB3	Recall	16.8	12-23 m	723	63	BCG	Record or Recall<12m	84.4	24-35 m	1919	-
HIB3	Record	58.5	12-23 m	1252	63	DTP1	Recall	36	24-35 m	999	-
HIB3	Record or Recall	75.4	12-23 m	1975	63	DTP1	Record	47	24-35 m	920	-
HIB3	Record or Recall<12m	73.8	12-23 m	1975	63	DTP1	Record or Recall	83	24-35 m	1919	-
IPV1	Recall	16.1	12-23 m	723	63	DTP1	Record or Recall<12m	81.7	24-35 m	1919	-
IPV1	Record	47.7	12-23 m	1252	63	DTP3	Recall	30.4	24-35 m	999	-
IPV1	Record or Recall	63.8	12-23 m	1975	63	DTP3	Record	45.2	24-35 m	920	-
IPV1	Record or Recall<12m	62.6	12-23 m	1975	63	DTP3	Record or Recall	75.7	24-35 m	1919	-
MCV1	Recall	17.9	12-23 m	723	63	DTP3	Record or Recall<12m	72.4	24-35 m	1919	-
MCV1	Record	55.3	12-23 m	1252	63	HEPB1	Recall	36	24-35 m	999	-
MCV1	Record or Recall	73.2	12-23 m	1975	63	HEPB1	Record	47	24-35 m	920	-
MCV1	Record or Recall<12m	66.9	12-23 m	1975	63	HEPB1	Record or Recall	83	24-35 m	1919	-
MCV2	Recall	27.8	24-35 m	999	-	HEPB1	Record or Recall<12m	81.7	24-35 m	1919	-
MCV2	Record	38.8	24-35 m	920	-	HEPB3	Recall	30.4	24-35 m	999	-
MCV2	Record or Recall	66.6	24-35 m	1919	-	HEPB3	Record	45.2	24-35 m	920	-
MCV2	Record or Recall<24m	64.6	24-35 m	1919	-	HEPB3	Record or Recall	75.7	24-35 m	1919	-
PCV1	Recall	22.6	12-23 m	723	63	HEPB3	Record or Recall<12m	72.4	24-35 m	1919	-
PCV1	Record	62.6	12-23 m	1252	63	HIB1	Recall	36	24-35 m	999	-
PCV1	Record or Recall	85.2	12-23 m	1975	63	HIB1	Record	47	24-35 m	920	-
PCV1	Record or Recall<12m	83.8	12-23 m	1975	63	HIB1	Record or Recall	83	24-35 m	1919	-
PCV3	Recall	16.5	12-23 m	723	63	HIB1	Record or Recall<12m	81.7	24-35 m	1919	-
PCV3	Record	58.2	12-23 m	1252	63	HIB3	Recall	30.4	24-35 m	999	-
PCV3	Record or Recall	74.7	12-23 m	1975	63	HIB3	Record	45.2	24-35 m	920	-
PCV3	Record or Recall<12m	73.1	12-23 m	1975	63	HIB3	Record or Recall	75.7	24-35 m	1919	-
POL1	Recall	32.2	12-23 m	723	63	HIB3	Record or Recall<12m	72.4	24-35 m	1919	-
POL1	Record	62.7	12-23 m	1252	63	IPV1	Recall	24.8	24-35 m	999	-
POL1	Record or Recall	94.9	12-23 m	1975	63	IPV1	Record	30.8	24-35 m	920	-
POL1	Record or Recall<12m	93.4	12-23 m	1975	63	IPV1	Record or Recall	55.6	24-35 m	1919	-
POL3	Recall	27.4	12-23 m	723	63	IPV1	Record or Recall<12m	52.6	24-35 m	1919	-
POL3	Record	58.5	12-23 m	1252	63	MCV1	Recall	32.1	24-35 m	999	-
POL3	Record or Recall	85.9	12-23 m	1975	63	MCV1	Record	43.2	24-35 m	920	-
POL3	Record or Recall<12m	84.2	12-23 m	1975	63	MCV1	Record or Recall	75.3	24-35 m	1919	-
						MCV1	Record or Recall<12m	66.1	24-35 m	1919	-
						PCV1	Recall	35.2	24-35 m	999	-
						PCV1	Record	46.5	24-35 m	920	-

2015 Pakistan Demographic and Health Survey 2017-2018

Pakistan - Survey Details

PCV1	Record or Recall	81.7	24-35 m	1919	-
PCV1	Record or Recall<12m	80.7	24-35 m	1919	-
PCV3	Recall	29.5	24-35 m	999	-
PCV3	Record	44.6	24-35 m	920	-
PCV3	Record or Recall	74.1	24-35 m	1919	-
PCV3	Record or Recall<12m	71.1	24-35 m	1919	-
POL1	Recall	47.3	24-35 m	999	-
POL1	Record	47.2	24-35 m	920	-
POL1	Record or Recall	94.6	24-35 m	1919	-
POL1	Record or Recall<12m	93.3	24-35 m	1919	-
POL3	Recall	42.1	24-35 m	999	-
POL3	Record	45.4	24-35 m	920	-
POL3	Record or Recall	87.5	24-35 m	1919	-
POL3	Record or Recall<12m	83.8	24-35 m	1919	-

2013 Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	65	12-23 m	-	-
BCG	Record or Recall	89	12-23 m	-	-
DTP1	Record	65	12-23 m	-	-
DTP1	Record or Recall	89	12-23 m	-	-
DTP3	Record	65	12-23 m	-	-
DTP3	Record or Recall	88	12-23 m	-	-
HEPB1	Record	65	12-23 m	-	-
HEPB1	Record or Recall	89	12-23 m	-	-
HEPB3	Record	65	12-23 m	-	-
HEPB3	Record or Recall	88	12-23 m	-	-
HIB1	Record	65	12-23 m	-	-
HIB1	Record or Recall	89	12-23 m	-	-
HIB3	Record	65	12-23 m	-	-
HIB3	Record or Recall	88	12-23 m	-	-
MCV1	Record	61	12-23 m	-	-
MCV1	Record or Recall	83	12-23 m	-	-
POL1	Record	65	12-23 m	-	-
POL1	Record or Recall	98	12-23 m	-	-
POL3	Record	65	12-23 m	-	-
POL3	Record or Recall	97	12-23 m	-	-

2012 Pakistan Demographic and Health Survey 2012-2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	49.3	12-23 m	1327	36
BCG	Record	35.9	12-23 m	748	36
BCG	Record or Recall	85.2	12-23 m	2074	36
BCG	Record or Recall<12m	83.2	12-23 m	2074	36
DTP1	Recall	43.7	12-23 m	1327	36
DTP1	Record	35.1	12-23 m	748	36
DTP1	Record or Recall	78.8	12-23 m	2074	36
DTP1	Record or Recall<12m	76.8	12-23 m	2074	36
DTP3	Recall	33	12-23 m	1327	36
DTP3	Record	32.2	12-23 m	748	36
DTP3	Record or Recall	65.2	12-23 m	2074	36
DTP3	Record or Recall<12m	62.5	12-23 m	2074	36
MCV1	Recall	32.7	12-23 m	1327	36
MCV1	Record	28.7	12-23 m	748	36
MCV1	Record or Recall	61.4	12-23 m	2074	36
MCV1	Record or Recall<12m	49.7	12-23 m	2074	36
POL1	Recall	57	12-23 m	1327	36
POL1	Record	35.3	12-23 m	748	36
POL1	Record or Recall	92.3	12-23 m	2074	36
POL1	Record or Recall<12m	90.2	12-23 m	2074	36
POL3	Recall	52.5	12-23 m	1327	36
POL3	Record	32.8	12-23 m	748	36
POL3	Record or Recall	85.3	12-23 m	2074	36
POL3	Record or Recall<12m	82.1	12-23 m	2074	36

2012 Pakistan Social and Living Standards Measurement Survey (PSLM), 2013-14

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	62	12-23 m	-	-
BCG	Record or Recall	82	12-23 m	-	-
DTP1	Record	62	12-23 m	-	-
DTP1	Record or Recall	81	12-23 m	-	-
DTP3	Record	61	12-23 m	-	-

Pakistan - Survey Details

DTP3	Record or Recall	78	12-23 m	-	-
HEPB1	Record	62	12-23 m	-	-
HEPB1	Record or Recall	81	12-23 m	-	-
HEPB3	Record	61	12-23 m	-	-
HEPB3	Record or Recall	78	12-23 m	-	-
HIB1	Record	62	12-23 m	-	-
HIB1	Record or Recall	81	12-23 m	-	-
HIB3	Record	61	12-23 m	-	-
HIB3	Record or Recall	78	12-23 m	-	-
MCV1	Record	59	12-23 m	-	-
MCV1	Record or Recall	77	12-23 m	-	-
POL1	Record	62	12-23 m	-	-
POL1	Record or Recall	98	12-23 m	-	-
POL3	Record	62	12-23 m	-	-
POL3	Record or Recall	96	12-23 m	-	-

2010 National Nutrition Survey Pakistan 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	86.6	6-49 m	-	-
BCG	Record	31.5	6-49 m	-	-
DTP3	Record	90	6-49 m	-	-
DTP3	Record or Recall	76	6-49 m	-	-
HEPB3	Record	90	6-49 m	-	-
HEPB3	Record or Recall<12m	76	6-49 m	-	-
HIB3	Recall	76	6-49 m	-	-
HIB3	Record	90	6-49 m	-	-
MCV1	Recall	64.6	6-49 m	-	-
MCV1	Record	23.1	6-49 m	-	-
POL3	Record	27.2	6-49 m	-	-
POL3	Record or Recall	95	6-49 m	-	-

2010 Pakistan Social and Living Standards Measurement Survey 2010-2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	57	12-23 m	76546	-
BCG	Record or Recall	88	12-23 m	76546	-

DTP1	Record	57	12-23 m	76546	-
DTP1	Record or Recall	88	12-23 m	76546	-
DTP3	Record	56	12-23 m	76546	-
DTP3	Record or Recall	85	12-23 m	76546	-
MCV1	Record	53	12-23 m	76546	-
MCV1	Record or Recall	82	12-23 m	76546	-
POL1	Record	54	12-23 m	76546	-
POL1	Record or Recall	81	12-23 m	76546	-
POL3	Record	53	12-23 m	76546	-
POL3	Record or Recall	79	12-23 m	76546	-

2007 Pakistan Social and Living Standards Measurement Survey 2008-2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	52	12-23 m	75188	-
BCG	Record or Recall	87	12-23 m	75188	-
DTP1	Record	52	12-23 m	75188	-
DTP1	Record or Recall	87	12-23 m	75188	-
DTP3	Record	51	12-23 m	75188	-
DTP3	Record or Recall	84	12-23 m	75188	-
MCV1	Record	51	12-23 m	75188	-
MCV1	Record or Recall	79	12-23 m	75188	-
POL1	Record	51	12-23 m	75188	-
POL1	Record or Recall	83	12-23 m	75188	-
POL3	Record	50	12-23 m	75188	-
POL3	Record or Recall	81	12-23 m	75188	-

2006 Pakistan Social and Living Standards Measurement Survey 2007-2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	82	12-23 m	-	-
DTP1	Record	83	12-23 m	-	-
DTP3	Record	79	12-23 m	-	-
MCV1	Record	76	12-23 m	-	-
POL1	Record	95	12-23 m	-	-
POL3	Record	93	12-23 m	-	-

Pakistan - Survey Details

2005 Pakistan Demographic and Health Survey 2006-07

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	56.8	12-23 m	1522	24
BCG	Record	23.6	12-23 m	1522	24
BCG	Record or Recall	80.3	12-23 m	1522	24
BCG	Record or Recall<12m	77.6	12-23 m	1522	24
DTP1	Recall	51.5	12-23 m	1522	24
DTP1	Record	23.3	12-23 m	1522	24
DTP1	Record or Recall	74.8	12-23 m	1522	24
DTP1	Record or Recall<12m	71.7	12-23 m	1522	24
DTP3	Recall	37.5	12-23 m	1522	24
DTP3	Record	20.9	12-23 m	1522	24
DTP3	Record or Recall	58.5	12-23 m	1522	24
DTP3	Record or Recall<12m	56.1	12-23 m	1522	24
HEPB1	Recall	48	12-23 m	1522	24
HEPB1	Record	23.1	12-23 m	1522	24
HEPB1	Record or Recall	71	12-23 m	1522	24
HEPB1	Record or Recall<12m	68.2	12-23 m	1522	24
HEPB3	Recall	36.5	12-23 m	1522	24
HEPB3	Record	20.8	12-23 m	1522	24
HEPB3	Record or Recall	57.3	12-23 m	1522	24
HEPB3	Record or Recall<12m	54.5	12-23 m	1522	24
MCV1	Recall	40.7	12-23 m	1522	24
MCV1	Record	19.2	12-23 m	1522	24
MCV1	Record or Recall	59.9	12-23 m	1522	24
MCV1	Record or Recall<12m	50.2	12-23 m	1522	24
POL1	Recall	69.7	12-23 m	1522	24
POL1	Record	23.4	12-23 m	1522	24
POL1	Record or Recall	93	12-23 m	1522	24
POL1	Record or Recall<12m	89.1	12-23 m	1522	24
POL3	Recall	62.1	12-23 m	1522	24
POL3	Record	21	12-23 m	1522	24
POL3	Record or Recall	83.1	12-23 m	1522	24
POL3	Record or Recall<12m	78.6	12-23 m	1522	24

2004 EPI Coverage Evaluation Survey, Draft Report, Pakistan 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	67.5	12-23 m	72280	11
BCG	Record	10.2	12-23 m	72280	11
BCG	Record or Recall	77.7	12-23 m	72280	11
DTP1	Recall	64.4	12-23 m	72280	11
DTP1	Record	10.2	12-23 m	72280	11
DTP1	Record or Recall	74.6	12-23 m	72280	11
DTP3	Recall	55.3	12-23 m	72280	11
DTP3	Record	9.2	12-23 m	72280	11
DTP3	Record or Recall	64.5	12-23 m	72280	11
HEPB1	Recall	59	12-23 m	72280	11
HEPB1	Record	9.8	12-23 m	72280	11
HEPB1	Record or Recall	68.8	12-23 m	72280	11
HEPB3	Recall	51.7	12-23 m	72280	11
HEPB3	Record	8.9	12-23 m	72280	11
HEPB3	Record or Recall	60.7	12-23 m	72280	11
MCV1	Recall	54	12-23 m	72280	11
MCV1	Record	8.6	12-23 m	72280	11
MCV1	Record or Recall	62.6	12-23 m	72280	11
POL1	Recall	63.7	12-23 m	72280	11
POL1	Record	10	12-23 m	72280	11
POL1	Record or Recall	73.7	12-23 m	72280	11
POL3	Recall	55.3	12-23 m	72280	11
POL3	Record	9.1	12-23 m	72280	11
POL3	Record or Recall	64.4	12-23 m	72280	11

2003 Pakistan Social and Living Standards Measurement Survey 2004-2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	51	12-23 m	-	-
BCG	Record or Recall<12m	82	12-23 m	-	-
DTP1	Record	51	12-23 m	-	-
DTP1	Record or Recall<12m	82	12-23 m	-	-
DTP3	Record	50	12-23 m	-	-
DTP3	Record or Recall<12m	80	12-23 m	-	-
MCV1	Record	49	12-23 m	-	-
MCV1	Record or Recall<12m	78	12-23 m	-	-
POL1	Record	51	12-23 m	-	-
POL1	Record or Recall<12m	82	12-23 m	-	-

POL3	Record	50	12-23 m	-	-
POL3	Record or Recall<12m	81	12-23 m	-	-

2000 Pakistan Integrated Household Survey, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	34	12-23 m	-	-
BCG	Record or Recall	67	12-23 m	-	-
DTP1	Record	36	12-23 m	-	-
DTP1	Record or Recall	71	12-23 m	-	-
DTP3	Record	33	12-23 m	-	-
DTP3	Record or Recall	63	12-23 m	-	-
MCV1	Record	30	12-23 m	-	-
MCV1	Record or Recall	57	12-23 m	-	-
POL1	Record	34	12-23 m	-	-
POL1	Record or Recall	68	12-23 m	-	-
POL3	Record	36	12-23 m	-	-
POL3	Record or Recall	89	12-23 m	-	-

1998 Assessment of Immunization Coverage, Pakistan February - April 1999

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Scar	72.5	12-23 m	3664	37
MCV1	Record or Recall	54	12-23 m	3664	37
POL3	Record or Recall	58.4	12-23 m	3664	37

1997 Pakistan Integrated Household Survey, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	39	12-23 m	-	-
BCG	Record or Recall	65	12-23 m	-	-
DTP1	Record	41	12-23 m	-	-
DTP1	Record or Recall	67	12-23 m	-	-
DTP3	Record	37	12-23 m	-	-
DTP3	Record or Recall	58	12-23 m	-	-
MCV1	Record	36	12-23 m	-	-
MCV1	Record or Recall	55	12-23 m	-	-
POL1	Record	42	12-23 m	-	-
POL1	Record or Recall	77	12-23 m	-	-
POL3	Record	39	12-23 m	-	-
POL3	Record or Recall	70	12-23 m	-	-