

Philippines: WHO and UNICEF estimates of immunization coverage: 2024 revision

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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

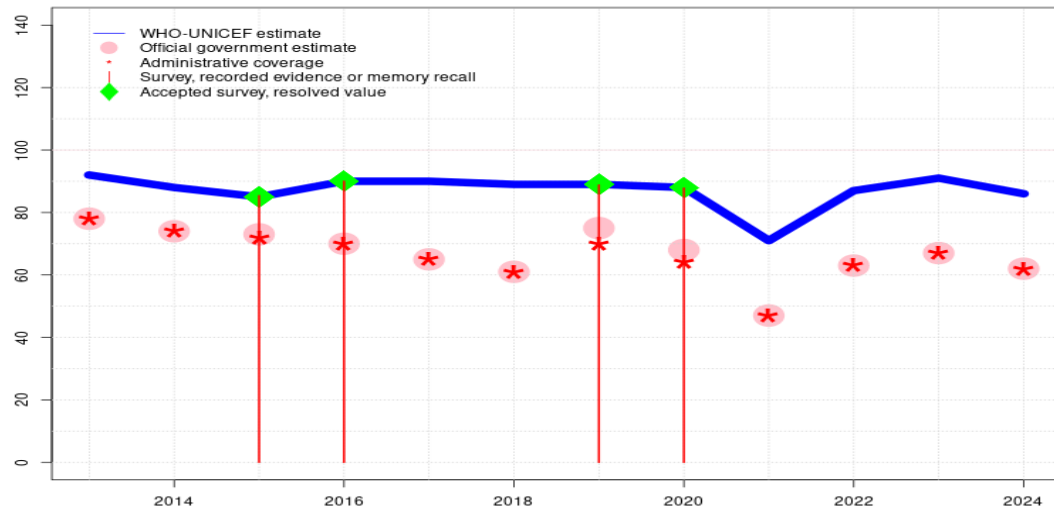
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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

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Philippines - BCG

PHL - BCG



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 92 | 88 | 85 | 90 | 90 | 89 | 89 | 88 | 71 | 87 | 91 | 86 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 78 | 74 | 73 | 70 | 65 | 61 | 75 | 68 | 47 | 63 | 67 | 62 |
| Administrative | 78 | 74 | 72 | 70 | 65 | 61 | 70 | 64 | 47 | 63 | 67 | 62 |
| Survey | - | - | 85 | 90 | - | - | 89 | 88 | - | - | - | - |

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

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

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

Description:

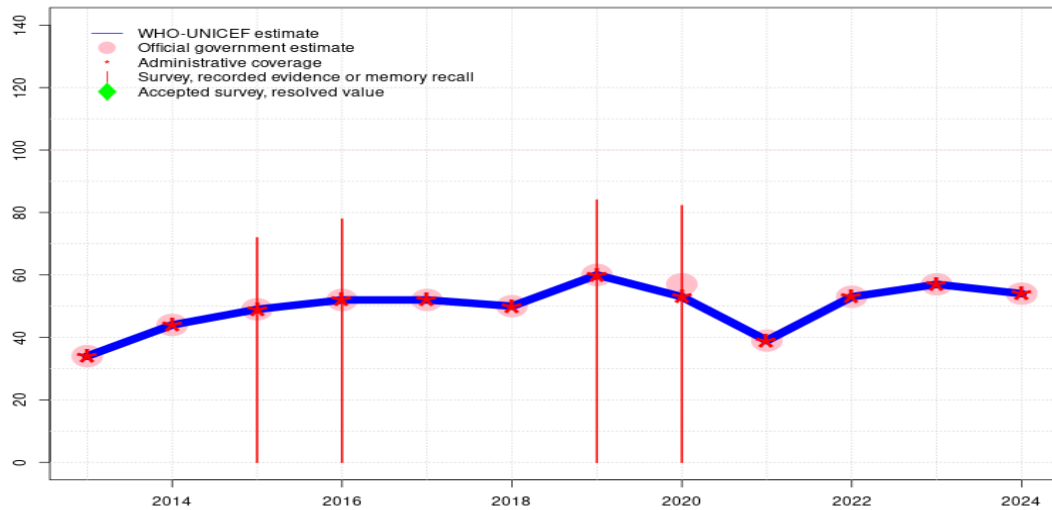
- 2024: Reported data calibrated to 2020 levels. Programme reports seven months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: D-R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 88 percent based on 1 survey(s). Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: D-R-
- 2019: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 89 percent based on 1 survey(s). Programme reports six month vaccine stockout. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports one month vaccine stockout at national level. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-
- 2016: Estimate of 90 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 85 percent based on 1 survey(s). Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: R-

Philippines - BCG

- 2014: Estimate informed by interpolation between 2012 and 2015 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports a four months stockout of BCG vaccine. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2012 and 2015 levels. Programme reports two months vaccine stockout at national level. Estimate challenged by: R-

Philippines - HEPBB

PHL - HEPBB



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 34 | 44 | 49 | 52 | 52 | 50 | 60 | 53 | 39 | 53 | 57 | 54 |
| Estimate GoC | •• | •• | •• | • | • | • | •• | •• | •• | •• | • | • |
| Official | 34 | 44 | 49 | 52 | 52 | 50 | 60 | 57 | 39 | 53 | 57 | 54 |
| Administrative | 34 | 44 | 49 | 52 | 52 | 50 | 60 | 53 | 39 | 53 | 57 | 54 |
| Survey | - | - | 72 | 78 | - | - | 84 | 82 | - | - | - | - |

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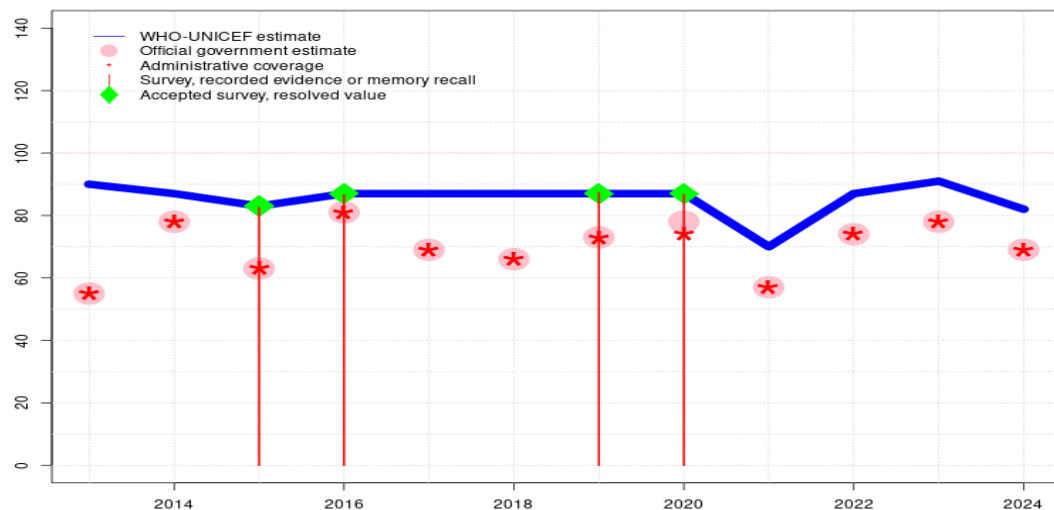
- 2024: Estimate informed by reported data. Programme reports four month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+
- 2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. 2022 Philippine National Demographic and Health Survey (NDHS) results ignored by working group. Survey unlikely to accurately differentiate between Hep B doses administered within 24 hours from later doses. Estimated coverage may underestimate coverage with this birth dose. Hepatitis B birth dose within 24 hours among infants with card of 51 percent is similar to the reported coverage. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. GoC=R+ D+
- 2019: Estimate informed by reported data. 2022 Philippine National Demographic and Health Survey (NDHS) results ignored by working group. Survey unlikely to accurately differentiate between Hep B doses administered within 24 hours from later doses. Estimated coverage may underestimate coverage with this birth dose. Hepatitis B birth dose within 24 hours among infants with card of 51 percent is similar to the reported coverage. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports six month vaccine stockout at national level. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Philippines National Demographic and Health Sur-

Philippines - HEPBB

- vey 2017 results ignored by working group. Survey results are unable to differentiate doses received within 24 hours from those received after. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results are unable to differentiate doses received within 24 hours from those received after. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. GoC=R+ D+
- 2014: Estimate informed by reported data. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. GoC=R+ D+
- 2013: Estimate informed by reported data. Four months stockout at national level and in 28 districts reported . GoC=R+ D+

Philippines - DTP1

PHL - DTP1



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 90 | 87 | 83 | 87 | 87 | 87 | 87 | 87 | 70 | 87 | 91 | 82 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 55 | 78 | 63 | 81 | 69 | 66 | 73 | 78 | 57 | 74 | 78 | 69 |
| Administrative | 55 | 78 | 63 | 81 | 69 | 66 | 73 | 74 | 57 | 74 | 78 | 69 |
| Survey | - | - | 83 | 87 | - | - | 87 | 87 | - | - | - | - |

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

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

Description:

- 2024: Reported data calibrated to 2020 levels. Programme reports seven months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 87 percent based on 1 survey(s). Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 87 percent based on 1 survey(s). Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports one month vaccine stockout at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-
- 2016: Estimate of 87 percent assigned by working group. Estimate informed by survey results. Reported data excluded due to an increase from 63 percent to 81 percent with decrease to 69 percent. Programme seems to have recovered from 2015 vaccine stockout. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 83 percent based on 1 survey(s). Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine

Philippines - DTP1

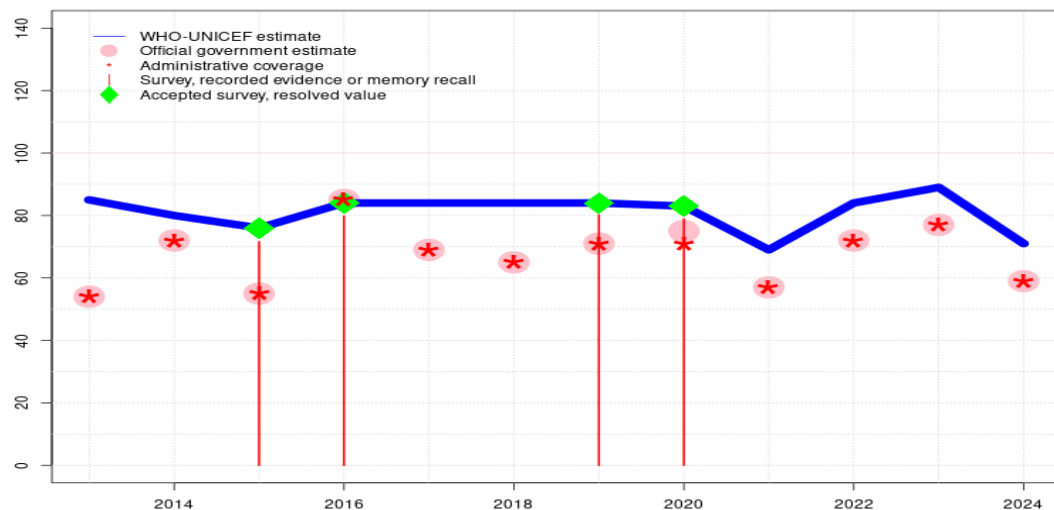
month vaccine stockout. Estimate of 83 percent changed from previous revision value of 82 percent. Estimate challenged by: R-

2014: Estimate informed by interpolation between 2012 and 2015 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four months vaccine stockout for DTP containing vaccine. Estimate of 87 percent changed from previous revision value of 86 percent. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2012 and 2015 levels. One month national stockout reported. Estimate challenged by: D-R-

Philippines - DTP3

PHL - DTP3



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 85 | 80 | 76 | 84 | 84 | 84 | 84 | 83 | 69 | 84 | 89 | 71 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 54 | 72 | 55 | 85 | 69 | 65 | 71 | 75 | 57 | 72 | 77 | 59 |
| Administrative | 54 | 72 | 55 | 85 | 69 | 65 | 71 | 71 | 57 | 72 | 77 | 59 |
| Survey | - | - | 72 | 80 | - | - | 80 | 79 | - | - | - | - |

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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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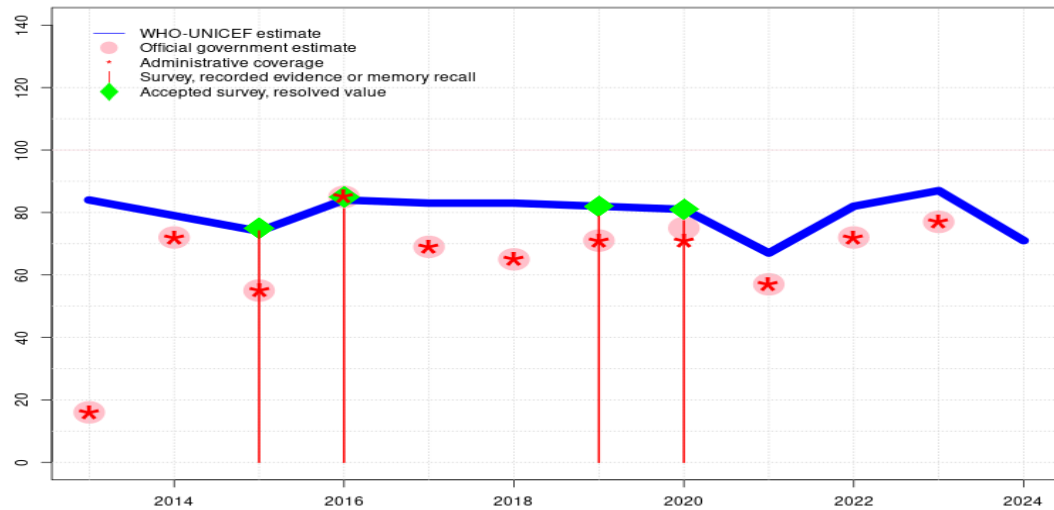
- 2024: Reported data calibrated to 2020 levels. Programme reports seven months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 83 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 79 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 63 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 84 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 80 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 57 percent and 3rd dose record only coverage of 55 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. See comment in 2016 for a note on drop-out. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports one month vaccine stockout at national level. See comment in 2016 for a note on drop-out. Country reports that official estimates apply a five percent increase to account for the private sector and under-reporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains

Philippines - DTP3

- more consistent with administrative data for 2017. Estimate challenged by: R-
- 2016: Estimate of 84 percent assigned by working group. Estimate informed by survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 record or recall results of 80 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 62 percent and 3rd dose record only coverage of 60 percent. Reported data excluded due to an increase from 55 percent to 85 percent with decrease to 69 percent. Programme seems to have recovered from 2015 vaccine stockout. Survey evidence for the 2016 birth cohort suggests 5 percent relative drop-out among children with documented evidence. Appearance of zero drop-out between estimated DTP1 and DTP3 is the result of survey support of reported administrative coverage, for which there is no reported drop-out. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 76 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 record or recall results of 72 percent modified for recall bias to 76 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 47 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stockout. Estimate of 76 percent changed from previous revision value of 74 percent. Estimate challenged by: D-R-
- 2014: Estimate informed by interpolation between 2012 and 2015 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four months vaccine stockout. Official estimate is inconsistent with reported admin data. Estimate of 80 percent changed from previous revision value of 79 percent. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2012 and 2015 levels. Reported data excluded due to decline in reported coverage from 65 percent to 54 percent with increase to 72 percent. One month national stockout reported. Estimate of 85 percent changed from previous revision value of 84 percent. Estimate challenged by: D-R-

Philippines - HEPB3

PHL - HEPB3



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 84 | 79 | 74 | 84 | 83 | 83 | 82 | 81 | 67 | 82 | 87 | 71 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 16 | 72 | 55 | 85 | 69 | 65 | 71 | 75 | 57 | 72 | 77 | - |
| Administrative | 16 | 72 | 55 | 85 | 69 | 65 | 71 | 71 | 57 | 72 | 77 | - |
| Survey | - | - | 74 | 81 | - | - | 79 | 77 | - | - | - | - |

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

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

Description:

- 2024: Estimate based on DTP3 coverage estimate. Programme reports seven months vaccine stockout at national and subnational levels. GoC=No accepted empirical data
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Estimate of 81 percent assigned by working group. Estimate informed by survey coverage. 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 77 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 66 percent and 3rd dose record only coverage of 62 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 82 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 79 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 57 percent and 3rd dose record only coverage of 54 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports one month vaccine stockout at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-
- 2016: Estimate of 84 percent assigned by working group. Estimate informed by survey result.

Philippines - HEPB3

Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 record or recall results of 81 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 62 percent and 3rd dose record only coverage of 60 percent. Reported data excluded due to an increase from 55 percent to 85 percent with decrease to 69 percent. Estimate challenged by: D-R-

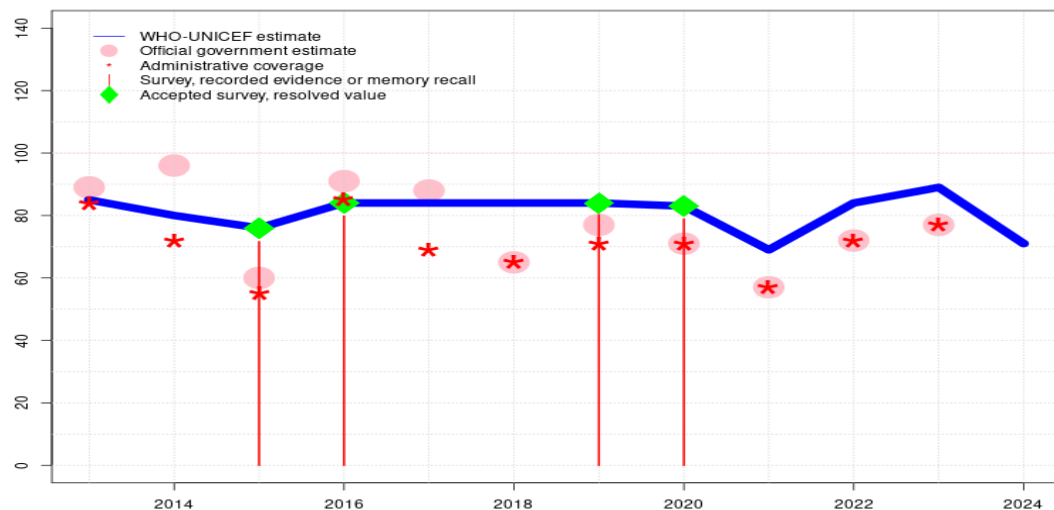
2015: Estimate of 74 percent assigned by working group. Estimate informed by survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 record or recall results of 74 percent modified for recall bias to 75 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 46 percent. Reported data excluded due to decline in reported coverage from 72 percent to 55 percent with increase to 85 percent. Programme reports a six to nine month stockout. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: R-S-

2014: Estimate informed by interpolation between 2012 and 2015 levels. Reported data excluded due to an increase from 16 percent to 72 percent with decrease to 55 percent. Programme reports four months vaccine stockout. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2012 and 2015 levels. Reported data excluded due to decline in reported coverage from 44 percent to 16 percent with increase to 72 percent. One month national stockout reported. Estimate challenged by: D-R-

Philippines - HIB3

PHL - HIB3



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 85 | 80 | 76 | 84 | 84 | 84 | 84 | 83 | 69 | 84 | 89 | 71 |
| Estimate GoC | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | 89 | 96 | 60 | 91 | 88 | 65 | 77 | 71 | 57 | 72 | 77 | - |
| Administrative | 84 | 72 | 55 | 85 | 69 | 65 | 71 | 71 | 57 | 72 | 77 | - |
| Survey | - | - | 72 | 80 | - | - | 80 | 79 | - | - | - | - |

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

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

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

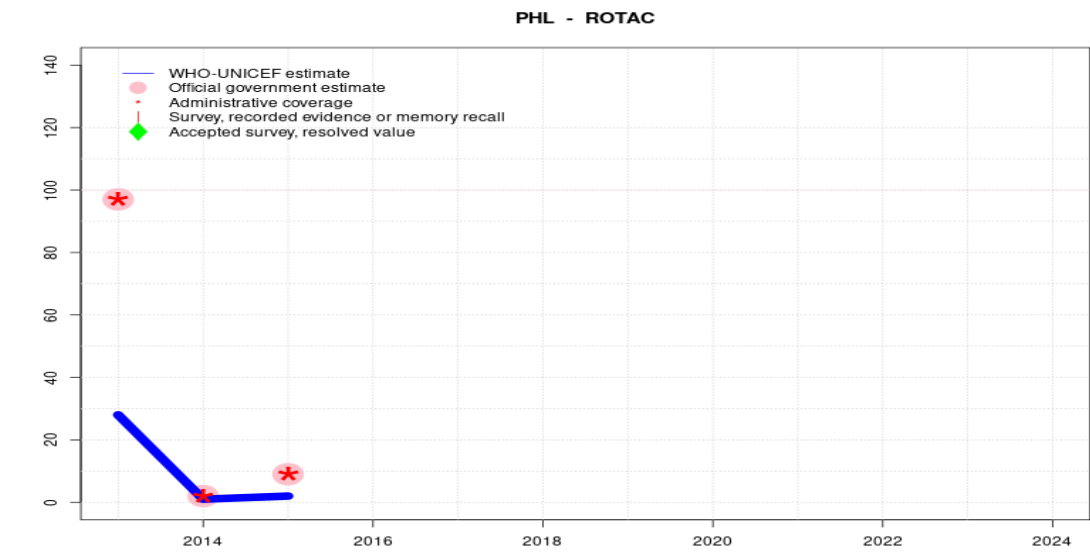
Description:

- 2024: Estimate based on DTP3 coverage estimate. Programme reports seven months vaccine stockout at national and subnational levels. GoC=No accepted empirical data
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 83 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 79 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 63 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 84 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 80 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 57 percent and 3rd dose record only coverage of 55 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports one month vaccine stockout at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-

Philippines - Hib3

- 2016: Estimate of 84 percent assigned by working group. Estimate informed by survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 record or recall results of 80 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 62 percent and 3rd dose record only coverage of 60 percent. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 76 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 record or recall results of 72 percent modified for recall bias to 76 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 47 percent. Reported data excluded due to decline in reported coverage from 96 percent to 60 percent with increase to 91 percent. Programme reports a six to nine month vaccine stockout. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate of 76 percent changed from previous revision value of 74 percent. Estimate challenged by: D-R-
- 2014: Estimate informed by interpolation between 2012 and 2015 levels. Programme reports four months vaccine stockout for DTP containing vaccine. Official estimate is inconsistent with reported admin data. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate of 80 percent changed from previous revision value of 79 percent. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2012 and 2015 levels. One month national stockout reported. Estimate of 85 percent changed from previous revision value of 84 percent. Estimate challenged by: R-

Philippines - ROTAC



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 28 | 1 | 2 | - | - | - | - | - | - | - | - | - |
| Estimate GoC | ● | ● | ● | - | - | - | - | - | - | - | - | - |
| Official | 97 | 2 | 9 | - | - | - | - | - | - | - | - | - |
| Administrative | 97 | 2 | 9 | - | - | - | - | - | - | - | - | - |
| Survey | - | - | - | - | - | - | - | - | - | - | - | - |

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

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

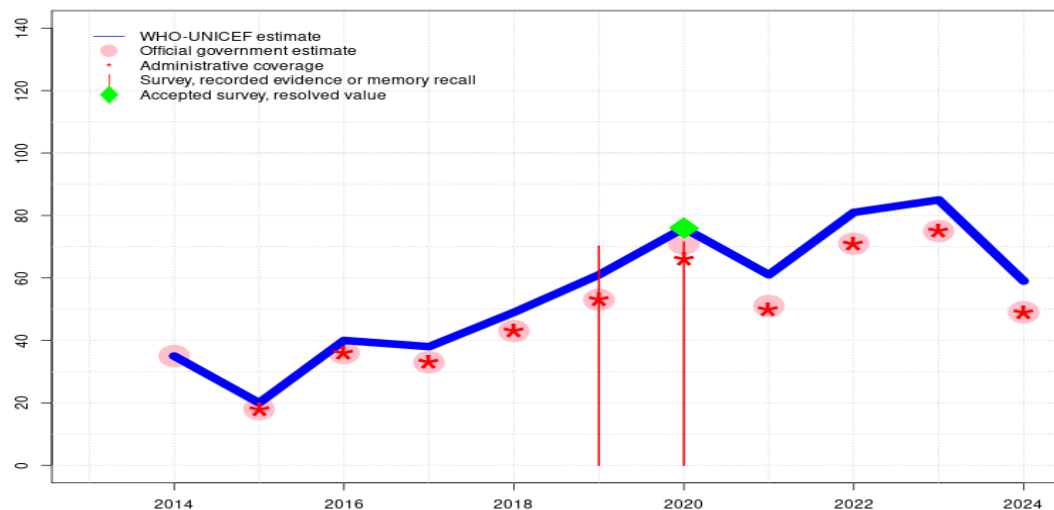
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2015: Programme reports eighty-two percent coverage achieved in three percent of the national birth cohort. Estimate based on coverage for the entire birth cohort. Programme reports a six month vaccine stockout at the national level. Rotavirus introduction was part of a pilot project during 2012 and 2015 and subsequently discontinued. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: R-
- 2014: Twelve percent coverage achieved in eight percent of the target population. Estimate informed by coverage among the annualized national birth cohort. During 2014, the programme noted in 2013 was curtailed and rotavirus vaccine was provided to children in Caraga and ARMM regions only. Low coverage levels are also due to incomplete reporting from these areas. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-
- 2013: Ninety-seven percent coverage achieved in 30 percent of annualized national birth cohort. Reported data excluded due to an increase from 19 percent to 97 percent with decrease to 2 percent. The increased number of children reached with rotavirus vaccine during 2013 may be explained by a programme (implemented in priority provinces in all 17 regions) to provide rotavirus vaccine to poor families listed under the National Household Targeting System of the Department of Social Welfare Development as part of a service package along with a monthly conditional cash incentive. Estimate challenged by: R-

Philippines - PCV3

PHL - PCV3



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | - | 35 | 20 | 40 | 38 | 49 | 61 | 76 | 61 | 81 | 85 | 59 |
| Estimate GoC | - | •• | • | • | • | • | • | • | • | • | • | • |
| Official | - | 35 | 18 | 36 | 33 | 43 | 53 | 71 | 51 | 71 | 75 | 49 |
| Administrative | - | - | 18 | 36 | 33 | 43 | 53 | 66 | 50 | 71 | 75 | 49 |
| Survey | - | - | - | - | - | - | 70 | 72 | - | - | - | - |

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

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

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

Description:

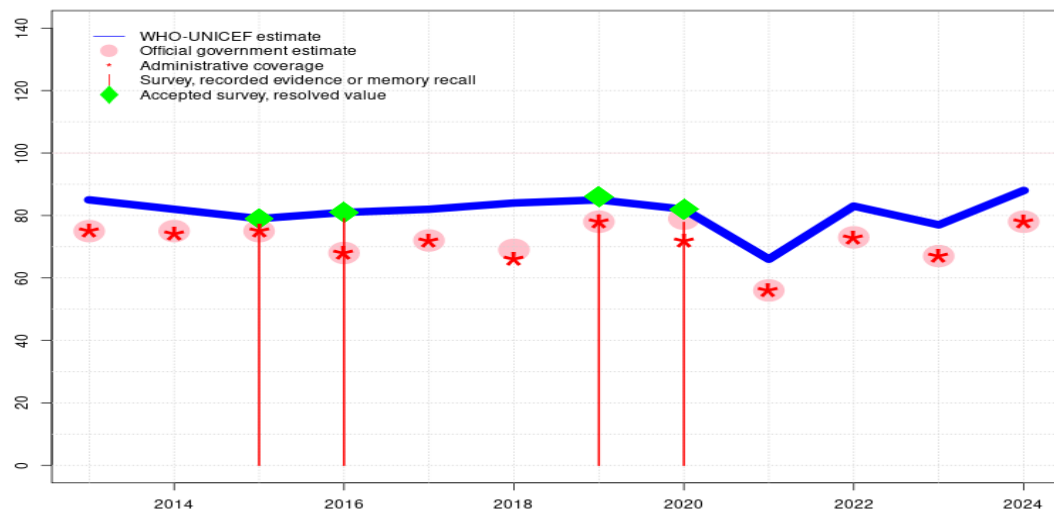
- 2024: Reported data calibrated to 2020 levels. Programme reports nine months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Estimate of 76 percent assigned by working group. Full national roll-out of PCV vaccine completed in January 2020. Estimate informed by survey coverage. 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 72 percent modified for recall bias to 76 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 64 percent and 3rd dose record only coverage of 59 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 and 2020 levels. 2022 Philippine National Demographic and Health Survey (NDHS) results ignored by working group. 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 70 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 55 percent and 3rd dose record only coverage of 51 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-S-
- 2018: Reported data calibrated to 2014 and 2020 levels. Programme reports three months vaccine stockout at national level. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-S-
- 2017: Reported data calibrated to 2014 and 2020 levels. Programme reports four months vaccine stockout at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-

Philippines - PCV3

- 2016: Reported data calibrated to 2014 and 2020 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2020 levels. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports 25 percent coverage achieved in 70 percent of the national birth cohort. Estimate reflects coverage achieved in the annualized national target population. Estimate challenged by: R-
- 2014: Estimate informed by reported coverage at introduction. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. GoC=R+

Philippines - POL3

PHL - POL3



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 85 | 82 | 79 | 81 | 82 | 84 | 85 | 82 | 66 | 83 | 77 | 88 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 75 | 75 | 75 | 68 | 72 | 69 | 78 | 79 | 56 | 73 | 67 | 78 |
| Administrative | 75 | 74 | 75 | 68 | 72 | 66 | 78 | 72 | 56 | 73 | 67 | 78 |
| Survey | - | - | 76 | 79 | - | - | 80 | 78 | - | - | - | - |

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

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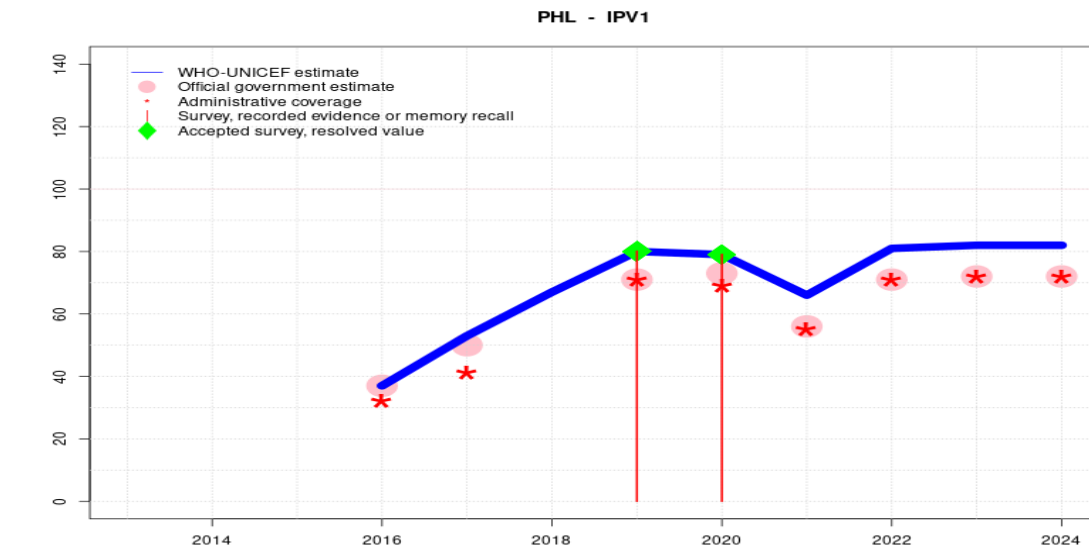
Description:

- 2024: Reported data calibrated to 2020 levels. Programme reports a one and a half month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Estimate of 82 percent assigned by working group. Estimate informed by survey coverage estimate. 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 78 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 63 percent. Programme notes during regional TAG meeting the implementation of polio outbreak response activities since September 2019 when outbreaks of cVDPV types 1 and 2 began. Several scheduled rounds of polio SIAs with bivalent OPV and monovalent OPV type 2 during 2020 were impacted by COVID-19. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Estimate of 85 percent assigned by working group. Estimate informed by survey coverage estimate. 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 80 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 57 percent and 3rd dose record only coverage of 55 percent. Programme reports two months vaccine stockout. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports two months vaccine stockout at national level. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Country reports that official estimates apply a

five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports four months vaccine stockout at national level. Estimate challenged by: D-R-

- 2016: Estimate of 81 percent assigned by working group. Estimate informed by survey result. Philippines National Demographic and Health Survey 2017 record or recall results of 79 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 62 percent and 3rd dose record only coverage of 57 percent. Programme reports four months vaccine stockout at national level. Estimate challenged by: R-
- 2015: Estimate of 79 percent assigned by working group. Estimate informed by survey result. Philippines National Demographic and Health Survey 2017 record or recall results of 76 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 48 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: R-
- 2014: Estimate informed by interpolation between 2012 and 2015 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2012 and 2015 levels. One month national stockout reported. Estimate challenged by: R-

Philippines - IPV1



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | - | - | - | 37 | 53 | 67 | 80 | 79 | 66 | 81 | 82 | 82 |
| Estimate GoC | - | - | - | •• | • | • | • | • | • | • | • | • |
| Official | - | - | - | 37 | 50 | - | 71 | 73 | 56 | 71 | 72 | 72 |
| Administrative | - | - | - | 32 | 41 | - | 71 | 69 | 55 | 71 | 72 | 72 |
| Survey | - | - | - | - | - | - | 80 | 79 | - | - | - | - |

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

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

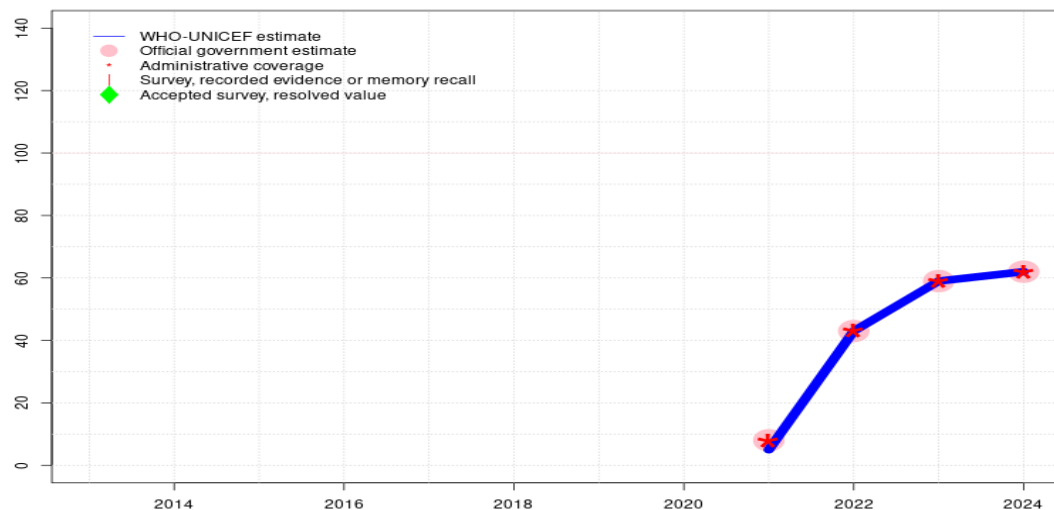
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2020 levels. Programme reports a one and half month vaccine stockout at national level. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Estimate of 79 percent assigned by working group. Estimate informed by survey coverage. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Estimate of 80 percent assigned by working group. Estimate informed by survey coverage. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 and 2019 levels. Programme reports two months vaccine stockout at national level. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: S-
- 2017: Reported data calibrated to 2016 and 2019 levels. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports three months vaccine stockout at national level. Estimate challenged by: R-S-
- 2016: Estimate informed by reported coverage at introduction. Programme reports six month vaccine stockout at national level. GoC=R+ D+

Philippines - IPV2

PHL - IPV2



Description:

- 2024: Estimate informed by reported data. Programme reports a one and half month vaccine stockout at national level. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+
- 2021: Reported coverage reflects that achieved in 7 percent of the national cohort in 10 high-risk regions. Estimated coverage reflects that for the annual national birth cohort. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | - | - | - | - | - | - | - | - | 5 | 43 | 59 | 62 |
| Estimate GoC | - | - | - | - | - | - | - | - | • | •• | • | • |
| Official | - | - | - | - | - | - | - | - | 8 | 43 | 59 | 62 |
| Administrative | - | - | - | - | - | - | - | - | 8 | 43 | 59 | 62 |
| Survey | - | - | - | - | - | - | - | - | - | - | - | - |

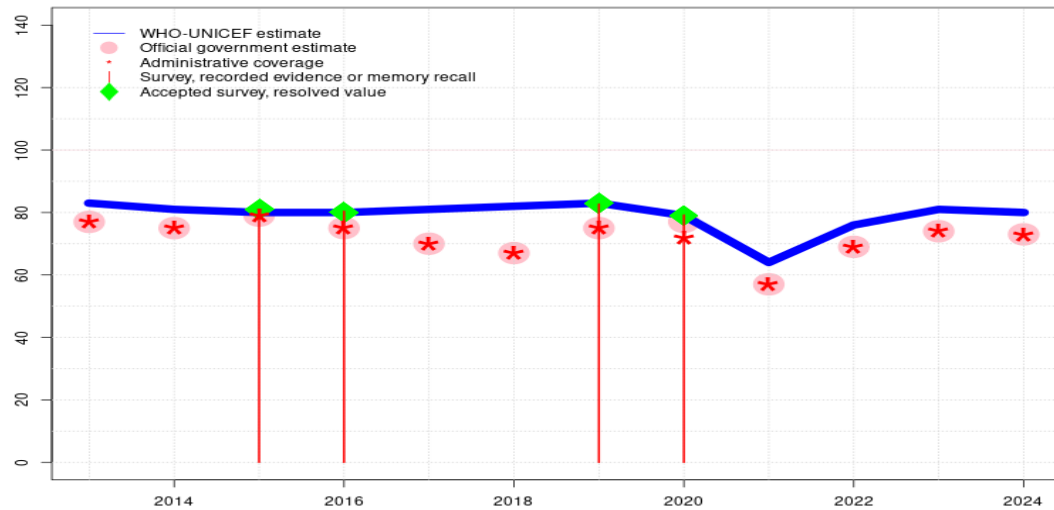
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Philippines - MCV1

PHL - MCV1



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 83 | 81 | 80 | 80 | 81 | 82 | 83 | 79 | 64 | 76 | 81 | 80 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 77 | 75 | 79 | 75 | 70 | 67 | 75 | 77 | 57 | 69 | 74 | 73 |
| Administrative | 77 | 75 | 79 | 75 | 70 | 67 | 75 | 72 | 57 | 69 | 74 | 73 |
| Survey | - | - | 81 | 80 | - | - | 83 | 79 | - | - | - | - |

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

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

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

Description:

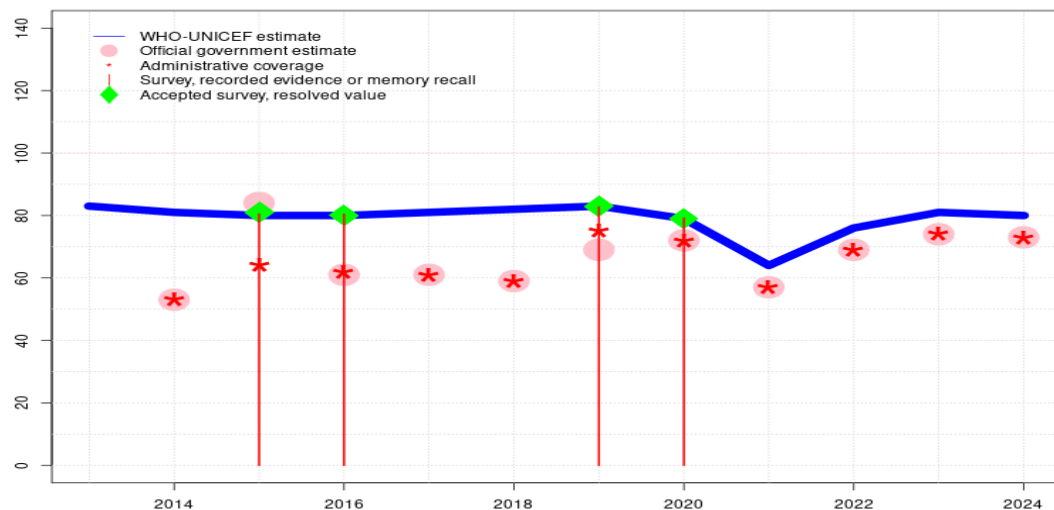
- 2024: Reported data calibrated to 2020 levels. Programme reports a one and half month vaccine stockout at national level. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Estimate of 79 percent assigned by working group. Estimate informed by survey coverage. Programme reports six month vaccine stockout. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Estimate of 83 percent assigned by working group. Estimate informed by survey coverage. Programme reports six month vaccine stockout. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports three vaccine month stockout at national level. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-
- 2016: Estimate of 80 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: D-R-
- 2015: Estimate of 80 percent assigned by working group. Estimate informed by survey result. Programme reports a one month stockout at the national level. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: D-R-

Philippines - MCV1

- 2014: Estimate informed by interpolation between 2012 and 2015 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2012 and 2015 levels. Two months national stockout reported. Estimate challenged by: R-

Philippines - RCV1

PHL - RCV1



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 83 | 81 | 80 | 80 | 81 | 82 | 83 | 79 | 64 | 76 | 81 | 80 |
| Estimate GoC | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | - | 53 | 84 | 61 | 61 | 59 | 69 | 72 | 57 | 69 | 74 | 73 |
| Administrative | - | 53 | 64 | 62 | 61 | 59 | 75 | 72 | 57 | 69 | 74 | 73 |
| Survey | - | - | 81 | 80 | - | - | 83 | 79 | - | - | - | - |

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

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

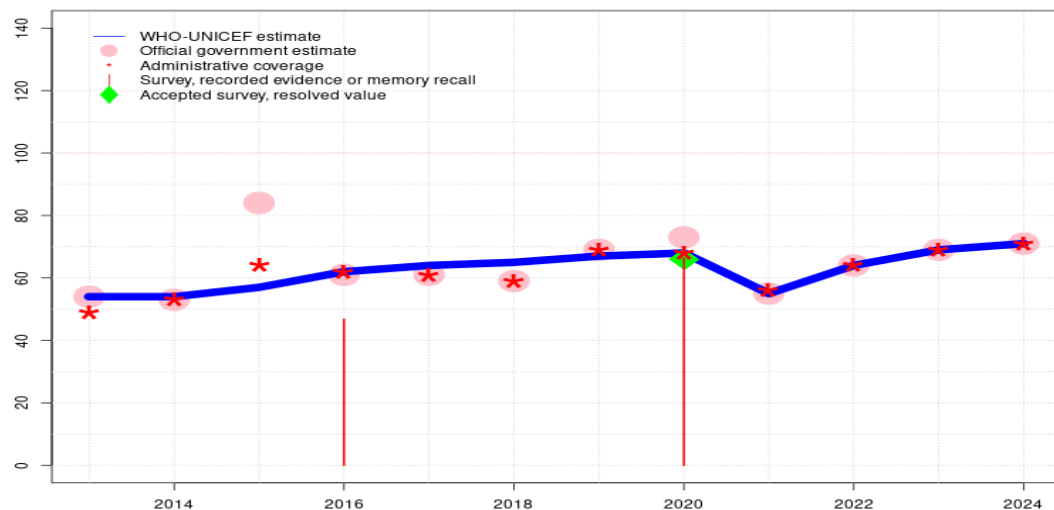
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on estimated MCV1. Programme reports a one and half month vaccine stockout at national level. Estimate challenged by: R-
- 2023: Estimate based on estimated MCV1. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Estimate based on estimated MCV1. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Estimate based on estimated MCV1. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Estimate based on estimated MCV1. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Estimate based on estimated MCV1. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate based on estimated MCV1. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: D-R-
- 2017: Estimate based on estimated MCV1. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-
- 2016: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2015: Estimate based on estimated MCV1. Reported data excluded due to an increase from 53 percent to 84 percent with decrease to 61 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: D-R-
- 2014: Estimate based on estimated MCV1. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-
- 2013: Estimate based on estimated MCV1. Estimate challenged by: R-

Philippines - MCV2

PHL - MCV2



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate | 54 | 54 | 57 | 62 | 64 | 65 | 67 | 68 | 55 | 64 | 69 | 71 |
| Estimate GoC | • | • | • | • | • | • | • | ••• | • | • | • | • |
| Official | 54 | 53 | 84 | 61 | 61 | 59 | 69 | 73 | 55 | 64 | 69 | 71 |
| Administrative | 49 | 53 | 64 | 62 | 61 | 59 | 69 | 68 | 56 | 64 | 69 | 71 |
| Survey | - | - | - | 47 | - | - | - | 66 | - | - | - | - |

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. Programme reports a one and half month vaccine stockout at national level. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: D-S-
- 2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 66 percent based on 1 survey(s). Programme reports six month vaccine stockout. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. GoC=R+ S+ D+
- 2019: Estimate informed by interpolation between 2016 and 2020 levels. Programme reports six month vaccine stockout. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 67 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2020 levels. Programme reports three months vaccine stockout at national level. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2020 levels. Country reports that official estimates apply a five percent increase to account for the private sector and under-reporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-R-
- 2016: Estimate of 62 percent assigned by working group. Estimate based on the difference between MCV1 and MCV2 reported doses. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey estimate inconsistent with coverage estimated for other vaccine doses. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2010 and 2016 levels. Reported data excluded due to an increase from 53 percent to 84 percent with decrease to 61 percent. Programme reports a one month stockout at the national level. Reported administrative coverage is lower

Philippines - MCV2

- than expected given delayed reporting from 18 regions. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2010 and 2016 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Increasing coverage related to the continued expansion of a second dose of measles containing vaccine. Estimate challenged by: R-
- 2013: Reported data calibrated to 2010 and 2016 levels. Two months national stockout reported. Increasing coverage related to the expansion of a second dose of measles containing vaccine. Estimate challenged by: R-

Philippines - 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 2022 Philippine National Demographic and Health Survey (NDHS)

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 21.9 | 12-23 m | 483 | 67 |
| BCG | Record | 65.9 | 12-23 m | 959 | 67 |
| BCG | Record or Recall | 87.8 | 12-23 m | 1442 | 67 |
| BCG | Record or Recall<12m | 87.4 | 12-23 m | 1442 | 67 |
| DTP1 | Recall | 20.9 | 12-23 m | 483 | 67 |
| DTP1 | Record | 65.8 | 12-23 m | 959 | 67 |
| DTP1 | Record or Recall | 86.7 | 12-23 m | 1442 | 67 |
| DTP1 | Record or Recall<12m | 86.5 | 12-23 m | 1442 | 67 |
| DTP3 | Recall | 16.3 | 12-23 m | 483 | 67 |
| DTP3 | Record | 62.6 | 12-23 m | 959 | 67 |
| DTP3 | Record or Recall | 78.9 | 12-23 m | 1442 | 67 |
| DTP3 | Record or Recall<12m | 77.5 | 12-23 m | 1442 | 67 |
| HEPB1 | Recall | 20.2 | 12-23 m | 483 | 67 |
| HEPB1 | Record | 65.5 | 12-23 m | 959 | 67 |
| HEPB1 | Record or Recall | 85.7 | 12-23 m | 1442 | 67 |
| HEPB1 | Record or Recall<12m | 85.5 | 12-23 m | 1442 | 67 |
| HEPB3 | Recall | 15.6 | 12-23 m | 483 | 67 |
| HEPB3 | Record | 61.6 | 12-23 m | 959 | 67 |
| HEPB3 | Record or Recall | 77.3 | 12-23 m | 1442 | 67 |

| | | | | | |
|-------|----------------------|------|---------|------|----|
| HEPB3 | Record or Recall<12m | 76 | 12-23 m | 1442 | 67 |
| HEPBB | Recall | 21.3 | 12-23 m | 483 | 67 |
| HEPBB | Record | 60.9 | 12-23 m | 959 | 67 |
| HEPBB | Record or Recall | 82.2 | 12-23 m | 1442 | 67 |
| HEPBB | Record or Recall<12m | 81.2 | 12-23 m | 1442 | 67 |
| HIB1 | Recall | 20.9 | 12-23 m | 483 | 67 |
| HIB1 | Record | 65.8 | 12-23 m | 959 | 67 |
| HIB1 | Record or Recall | 86.7 | 12-23 m | 1442 | 67 |
| HIB1 | Record or Recall<12m | 86.5 | 12-23 m | 1442 | 67 |
| HIB3 | Recall | 16.3 | 12-23 m | 483 | 67 |
| HIB3 | Record | 62.6 | 12-23 m | 959 | 67 |
| HIB3 | Record or Recall | 78.9 | 12-23 m | 1442 | 67 |
| HIB3 | Record or Recall<12m | 77.5 | 12-23 m | 1442 | 67 |
| IPV1 | Recall | 19.1 | 12-23 m | 483 | 67 |
| IPV1 | Record | 60 | 12-23 m | 959 | 67 |
| IPV1 | Record or Recall | 79.1 | 12-23 m | 1442 | 67 |
| IPV1 | Record or Recall<12m | 76.7 | 12-23 m | 1442 | 67 |
| MCV1 | Recall | 17.7 | 12-23 m | 483 | 67 |
| MCV1 | Record | 61.5 | 12-23 m | 959 | 67 |
| MCV1 | Record or Recall | 79.2 | 12-23 m | 1442 | 67 |
| MCV1 | Record or Recall<12m | 68.6 | 12-23 m | 1442 | 67 |
| MCV2 | Recall | 20.6 | 24-35 m | 654 | 58 |
| MCV2 | Record | 45.8 | 24-35 m | 893 | 58 |
| MCV2 | Record or Recall | 66.4 | 24-35 m | 1548 | 58 |
| MCV2 | Record or Recall<12m | 63.9 | 24-35 m | 1548 | 58 |
| PCV1 | Recall | 17.9 | 12-23 m | 483 | 67 |
| PCV1 | Record | 64 | 12-23 m | 959 | 67 |
| PCV1 | Record or Recall | 81.8 | 12-23 m | 1442 | 67 |
| PCV1 | Record or Recall<12m | 81.4 | 12-23 m | 1442 | 67 |
| PCV3 | Recall | 12.2 | 12-23 m | 483 | 67 |
| PCV3 | Record | 59.3 | 12-23 m | 959 | 67 |
| PCV3 | Record or Recall | 71.5 | 12-23 m | 1442 | 67 |
| PCV3 | Record or Recall<12m | 67.5 | 12-23 m | 1442 | 67 |
| POL1 | Recall | 20.6 | 12-23 m | 483 | 67 |
| POL1 | Record | 65.7 | 12-23 m | 959 | 67 |
| POL1 | Record or Recall | 86.3 | 12-23 m | 1442 | 67 |
| POL1 | Record or Recall<12m | 85.7 | 12-23 m | 1442 | 67 |
| POL3 | Recall | 15 | 12-23 m | 483 | 67 |
| POL3 | Record | 62.9 | 12-23 m | 959 | 67 |
| POL3 | Record or Recall | 77.8 | 12-23 m | 1442 | 67 |

Philippines - Survey Details

| | | | | | |
|------|----------------------|------|---------|------|----|
| POL3 | Record or Recall<12m | 76 | 12-23 m | 1442 | 67 |
| RCV1 | Recall | 17.7 | 12-23 m | 483 | 67 |
| RCV1 | Record | 61.5 | 12-23 m | 959 | 67 |
| RCV1 | Record or Recall | 79.2 | 12-23 m | 1442 | 67 |
| RCV1 | Record or Recall<12m | 68.6 | 12-23 m | 1442 | 67 |

2019 2022 Philippine National Demographic and Health Survey (NDHS)

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 31.8 | 24-35 m | 654 | 58 |
| BCG | Record | 57.1 | 24-35 m | 893 | 58 |
| BCG | Record or Recall | 88.8 | 24-35 m | 1548 | 58 |
| BCG | Record or Recall<12m | 87.8 | 24-35 m | 1548 | 58 |
| DTP1 | Recall | 30.3 | 24-35 m | 654 | 58 |
| DTP1 | Record | 57.2 | 24-35 m | 893 | 58 |
| DTP1 | Record or Recall | 87.4 | 24-35 m | 1548 | 58 |
| DTP1 | Record or Recall<12m | 86.9 | 24-35 m | 1548 | 58 |
| DTP3 | Recall | 25.5 | 24-35 m | 654 | 58 |
| DTP3 | Record | 54.7 | 24-35 m | 893 | 58 |
| DTP3 | Record or Recall | 80.2 | 24-35 m | 1548 | 58 |
| DTP3 | Record or Recall<12m | 78.4 | 24-35 m | 1548 | 58 |
| HEPB1 | Recall | 30 | 24-35 m | 654 | 58 |
| HEPB1 | Record | 56.8 | 24-35 m | 893 | 58 |
| HEPB1 | Record or Recall | 86.8 | 24-35 m | 1548 | 58 |
| HEPB1 | Record or Recall<12m | 86.3 | 24-35 m | 1548 | 58 |
| HEPB3 | Recall | 24.8 | 24-35 m | 654 | 58 |
| HEPB3 | Record | 54 | 24-35 m | 893 | 58 |
| HEPB3 | Record or Recall | 78.8 | 24-35 m | 1548 | 58 |
| HEPB3 | Record or Recall<12m | 76.9 | 24-35 m | 1548 | 58 |
| HEPBB | Recall | 31.5 | 24-35 m | 654 | 58 |
| HEPBB | Record | 52.5 | 24-35 m | 893 | 58 |
| HEPBB | Record or Recall | 84 | 24-35 m | 1548 | 58 |
| HEPBB | Record or Recall<12m | 83 | 24-35 m | 1548 | 58 |
| HIB1 | Recall | 30.3 | 24-35 m | 654 | 58 |
| HIB1 | Record | 57.2 | 24-35 m | 893 | 58 |
| HIB1 | Record or Recall | 87.4 | 24-35 m | 1548 | 58 |
| HIB1 | Record or Recall<12m | 86.9 | 24-35 m | 1548 | 58 |
| HIB3 | Recall | 25.5 | 24-35 m | 654 | 58 |
| HIB3 | Record | 54.7 | 24-35 m | 893 | 58 |

| | | | | | |
|------|----------------------|------|---------|------|----|
| HIB3 | Record or Recall | 80.2 | 24-35 m | 1548 | 58 |
| HIB3 | Record or Recall<12m | 78.4 | 24-35 m | 1548 | 58 |
| IPV1 | Recall | 28.5 | 24-35 m | 654 | 58 |
| IPV1 | Record | 51.6 | 24-35 m | 893 | 58 |
| IPV1 | Record or Recall | 80.1 | 24-35 m | 1548 | 58 |
| IPV1 | Record or Recall<12m | 77.8 | 24-35 m | 1548 | 58 |
| MCV1 | Recall | 29.1 | 24-35 m | 654 | 58 |
| MCV1 | Record | 53.6 | 24-35 m | 893 | 58 |
| MCV1 | Record or Recall | 82.7 | 24-35 m | 1548 | 58 |
| MCV1 | Record or Recall<12m | 69.7 | 24-35 m | 1548 | 58 |
| PCV1 | Recall | 28.2 | 24-35 m | 654 | 58 |
| PCV1 | Record | 55.2 | 24-35 m | 893 | 58 |
| PCV1 | Record or Recall | 83.4 | 24-35 m | 1548 | 58 |
| PCV1 | Record or Recall<12m | 82.3 | 24-35 m | 1548 | 58 |
| PCV3 | Recall | 19.3 | 24-35 m | 654 | 58 |
| PCV3 | Record | 50.9 | 24-35 m | 893 | 58 |
| PCV3 | Record or Recall | 70.2 | 24-35 m | 1548 | 58 |
| PCV3 | Record or Recall<12m | 67.5 | 24-35 m | 1548 | 58 |
| POL1 | Recall | 31.2 | 24-35 m | 654 | 58 |
| POL1 | Record | 57.3 | 24-35 m | 893 | 58 |
| POL1 | Record or Recall | 88.5 | 24-35 m | 1548 | 58 |
| POL1 | Record or Recall<12m | 87.8 | 24-35 m | 1548 | 58 |
| POL3 | Recall | 25.1 | 24-35 m | 654 | 58 |
| POL3 | Record | 55.1 | 24-35 m | 893 | 58 |
| POL3 | Record or Recall | 80.2 | 24-35 m | 1548 | 58 |
| POL3 | Record or Recall<12m | 78.7 | 24-35 m | 1548 | 58 |
| RCV1 | Recall | 29.1 | 24-35 m | 654 | 58 |
| RCV1 | Record | 53.6 | 24-35 m | 893 | 58 |
| RCV1 | Record or Recall | 82.7 | 24-35 m | 1548 | 58 |
| RCV1 | Record or Recall<12m | 69.7 | 24-35 m | 1548 | 58 |

2016 Philippines National Demographic and Health Survey 2017

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 26.7 | 12-23 m | 699 | 64 |
| BCG | Record | 63.3 | 12-23 m | 1235 | 64 |
| BCG | Record or Recall | 90 | 12-23 m | 1933 | 64 |
| BCG | Record or Recall<12m | 89.6 | 12-23 m | 1933 | 64 |
| DTP1 | Recall | 24.3 | 12-23 m | 699 | 64 |

Philippines - Survey Details

| | | | | | |
|-------|----------------------|------|---------|------|----|
| DTP1 | Record | 62.3 | 12-23 m | 1235 | 64 |
| DTP1 | Record or Recall | 86.6 | 12-23 m | 1933 | 64 |
| DTP1 | Record or Recall<12m | 86.4 | 12-23 m | 1933 | 64 |
| DTP3 | Recall | 20.3 | 12-23 m | 699 | 64 |
| DTP3 | Record | 59.5 | 12-23 m | 1235 | 64 |
| DTP3 | Record or Recall | 79.8 | 12-23 m | 1933 | 64 |
| DTP3 | Record or Recall<12m | 78.5 | 12-23 m | 1933 | 64 |
| HEPB1 | Recall | 25.2 | 12-23 m | 699 | 64 |
| HEPB1 | Record | 62.3 | 12-23 m | 1235 | 64 |
| HEPB1 | Record or Recall | 87.5 | 12-23 m | 1933 | 64 |
| HEPB1 | Record or Recall<12m | 87.3 | 12-23 m | 1933 | 64 |
| HEPB3 | Recall | 21.7 | 12-23 m | 699 | 64 |
| HEPB3 | Record | 59.5 | 12-23 m | 1235 | 64 |
| HEPB3 | Record or Recall | 81.2 | 12-23 m | 1933 | 64 |
| HEPB3 | Record or Recall<12m | 79.8 | 12-23 m | 1933 | 64 |
| HEPBB | Recall | 25.1 | 12-23 m | 699 | 64 |
| HEPBB | Record | 52.8 | 12-23 m | 1235 | 64 |
| HEPBB | Record or Recall | 77.9 | 12-23 m | 1933 | 64 |
| HEPBB | Record or Recall<12m | 77.6 | 12-23 m | 1933 | 64 |
| HIB1 | Recall | 24.3 | 12-23 m | 699 | 64 |
| HIB1 | Record | 62.3 | 12-23 m | 1235 | 64 |
| HIB1 | Record or Recall | 86.6 | 12-23 m | 1933 | 64 |
| HIB1 | Record or Recall<12m | 86.4 | 12-23 m | 1933 | 64 |
| HIB3 | Recall | 20.3 | 12-23 m | 699 | 64 |
| HIB3 | Record | 59.5 | 12-23 m | 1235 | 64 |
| HIB3 | Record or Recall | 79.8 | 12-23 m | 1933 | 64 |
| HIB3 | Record or Recall<12m | 78.5 | 12-23 m | 1933 | 64 |
| MCV1 | Recall | 22.7 | 12-23 m | 699 | 64 |
| MCV1 | Record | 57.7 | 12-23 m | 1235 | 64 |
| MCV1 | Record or Recall | 80.4 | 12-23 m | 1933 | 64 |
| MCV1 | Record or Recall<12m | 65.3 | 12-23 m | 1933 | 64 |
| MCV2 | Recall | 12.9 | 24-35 m | 880 | - |
| MCV2 | Record | 33.9 | 24-35 m | 955 | - |
| MCV2 | Record or Recall | 46.8 | 24-35 m | 1835 | - |
| MCV2 | Record or Recall<24m | 45.6 | 24-35 m | 1835 | - |
| POL1 | Recall | 26.4 | 12-23 m | 699 | 64 |
| POL1 | Record | 61.6 | 12-23 m | 1235 | 64 |
| POL1 | Record or Recall | 87.9 | 12-23 m | 1933 | 64 |
| POL1 | Record or Recall<12m | 87.6 | 12-23 m | 1933 | 64 |
| POL3 | Recall | 21.8 | 12-23 m | 699 | 64 |

| | | | | | |
|------|----------------------|------|---------|------|----|
| POL3 | Record | 57.1 | 12-23 m | 1235 | 64 |
| POL3 | Record or Recall | 79 | 12-23 m | 1933 | 64 |
| POL3 | Record or Recall<12m | 76 | 12-23 m | 1933 | 64 |
| RCV1 | Recall | 22.7 | 12-23 m | 699 | 64 |
| RCV1 | Record | 57.7 | 12-23 m | 1235 | 64 |
| RCV1 | Record or Recall | 80.4 | 12-23 m | 1933 | 64 |
| RCV1 | Record or Recall<12m | 65.3 | 12-23 m | 1933 | 64 |

2015 Philippines National Demographic and Health Survey 2017

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 34 | 24-35 m | 880 | - |
| BCG | Record | 51.4 | 24-35 m | 955 | - |
| BCG | Record or Recall | 85.4 | 24-35 m | 1835 | - |
| BCG | Record or Recall<12m | 84.6 | 24-35 m | 1835 | - |
| DTP1 | Recall | 31.6 | 24-35 m | 880 | - |
| DTP1 | Record | 50.9 | 24-35 m | 955 | - |
| DTP1 | Record or Recall | 82.5 | 24-35 m | 1835 | - |
| DTP1 | Record or Recall<12m | 80.7 | 24-35 m | 1835 | - |
| DTP3 | Recall | 25.1 | 24-35 m | 880 | - |
| DTP3 | Record | 46.5 | 24-35 m | 955 | - |
| DTP3 | Record or Recall | 71.6 | 24-35 m | 1835 | - |
| DTP3 | Record or Recall<12m | 65.5 | 24-35 m | 1835 | - |
| HEPB1 | Recall | 32.5 | 24-35 m | 880 | - |
| HEPB1 | Record | 50.7 | 24-35 m | 955 | - |
| HEPB1 | Record or Recall | 83.3 | 24-35 m | 1835 | - |
| HEPB1 | Record or Recall<12m | 81.5 | 24-35 m | 1835 | - |
| HEPB3 | Recall | 27.8 | 24-35 m | 880 | - |
| HEPB3 | Record | 46.4 | 24-35 m | 955 | - |
| HEPB3 | Record or Recall | 74.1 | 24-35 m | 1835 | - |
| HEPB3 | Record or Recall<12m | 67.8 | 24-35 m | 1835 | - |
| HEPBB | Recall | 31.8 | 24-35 m | 880 | - |
| HEPBB | Record | 40.1 | 24-35 m | 955 | - |
| HEPBB | Record or Recall | 71.9 | 24-35 m | 1835 | - |
| HEPBB | Record or Recall<12m | 70.4 | 24-35 m | 1835 | - |
| HIB1 | Recall | 31.6 | 24-35 m | 880 | - |
| HIB1 | Record | 50.9 | 24-35 m | 955 | - |
| HIB1 | Record or Recall | 82.5 | 24-35 m | 1835 | - |
| HIB1 | Record or Recall<12m | 80.7 | 24-35 m | 1835 | - |

Philippines - Survey Details

| | | | | | |
|------|----------------------|------|---------|------|---|
| HIB3 | Recall | 25.1 | 24-35 m | 880 | - |
| HIB3 | Record | 46.5 | 24-35 m | 955 | - |
| HIB3 | Record or Recall | 71.6 | 24-35 m | 1835 | - |
| HIB3 | Record or Recall<12m | 65.5 | 24-35 m | 1835 | - |
| MCV1 | Recall | 30.6 | 24-35 m | 880 | - |
| MCV1 | Record | 49.9 | 24-35 m | 955 | - |
| MCV1 | Record or Recall | 80.5 | 24-35 m | 1835 | - |
| MCV1 | Record or Recall<12m | 63.2 | 24-35 m | 1835 | - |
| POL1 | Recall | 32.8 | 24-35 m | 880 | - |
| POL1 | Record | 50.7 | 24-35 m | 955 | - |
| POL1 | Record or Recall | 83.5 | 24-35 m | 1835 | - |
| POL1 | Record or Recall<12m | 82.9 | 24-35 m | 1835 | - |
| POL3 | Recall | 27.7 | 24-35 m | 880 | - |
| POL3 | Record | 48.3 | 24-35 m | 955 | - |
| POL3 | Record or Recall | 76 | 24-35 m | 1835 | - |
| POL3 | Record or Recall<12m | 73.4 | 24-35 m | 1835 | - |
| RCV1 | Recall | 30.6 | 24-35 m | 880 | - |
| RCV1 | Record | 49.9 | 24-35 m | 955 | - |
| RCV1 | Record or Recall | 80.5 | 24-35 m | 1835 | - |
| RCV1 | Record or Recall<12m | 63.2 | 24-35 m | 1835 | - |

| | | | | | |
|-------|----------------------|------|---------|------|----|
| HEPB1 | Record or Recall<12m | 91.5 | 12-23 m | 1397 | 58 |
| HEPB3 | Recall | 31 | 12-23 m | 592 | 58 |
| HEPB3 | Record | 46.6 | 12-23 m | 805 | 58 |
| HEPB3 | Record or Recall | 77.6 | 12-23 m | 1397 | 58 |
| HEPB3 | Record or Recall<12m | 74.4 | 12-23 m | 1397 | 58 |
| MCV1 | Recall | 33.8 | 12-23 m | 592 | 58 |
| MCV1 | Record | 50.1 | 12-23 m | 805 | 58 |
| MCV1 | Record or Recall | 83.9 | 12-23 m | 1397 | 58 |
| MCV1 | Record or Recall<12m | 78.2 | 12-23 m | 1397 | 58 |
| POL1 | Recall | 37 | 12-23 m | 592 | 58 |
| POL1 | Record | 56.2 | 12-23 m | 805 | 58 |
| POL1 | Record or Recall | 93.2 | 12-23 m | 1397 | 58 |
| POL1 | Record or Recall<12m | 92.5 | 12-23 m | 1397 | 58 |
| POL3 | Recall | 31.3 | 12-23 m | 592 | 58 |
| POL3 | Record | 53.3 | 12-23 m | 805 | 58 |
| POL3 | Record or Recall | 84.6 | 12-23 m | 1397 | 58 |
| POL3 | Record or Recall<12m | 83.1 | 12-23 m | 1397 | 58 |

2007 Philippines National Demographic and Health Survey (NDHS) 2008

2012 Philippines National Demographic and Health Survey, 2013

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 38.3 | 12-23 m | 592 | 58 |
| BCG | Record | 57.1 | 12-23 m | 805 | 58 |
| BCG | Record or Recall | 95.4 | 12-23 m | 1397 | 58 |
| BCG | Record or Recall<12m | 94.8 | 12-23 m | 1397 | 58 |
| DTP1 | Recall | 37.2 | 12-23 m | 592 | 58 |
| DTP1 | Record | 57 | 12-23 m | 805 | 58 |
| DTP1 | Record or Recall | 94.2 | 12-23 m | 1397 | 58 |
| DTP1 | Record or Recall<12m | 93.5 | 12-23 m | 1397 | 58 |
| DTP3 | Recall | 32.2 | 12-23 m | 592 | 58 |
| DTP3 | Record | 53.9 | 12-23 m | 805 | 58 |
| DTP3 | Record or Recall | 86.1 | 12-23 m | 1397 | 58 |
| DTP3 | Record or Recall<12m | 84.7 | 12-23 m | 1397 | 58 |
| HEPB1 | Recall | 37.2 | 12-23 m | 592 | 58 |
| HEPB1 | Record | 55.3 | 12-23 m | 805 | 58 |
| HEPB1 | Record or Recall | 92.5 | 12-23 m | 1397 | 58 |

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 51.7 | 12-23 m | 1286 | 43 |
| BCG | Record | 42.2 | 12-23 m | 1286 | 43 |
| BCG | Record or Recall | 93.9 | 12-23 m | 1286 | 43 |
| BCG | Record or Recall<12m | 92.3 | 12-23 m | 1286 | 43 |
| DTP1 | Recall | 50.2 | 12-23 m | 1286 | 43 |
| DTP1 | Record | 42.3 | 12-23 m | 1286 | 43 |
| DTP1 | Record or Recall | 92.5 | 12-23 m | 1286 | 43 |
| DTP1 | Record or Recall<12m | 91.2 | 12-23 m | 1286 | 43 |
| DTP3 | Recall | 44.7 | 12-23 m | 1286 | 43 |
| DTP3 | Record | 40.9 | 12-23 m | 1286 | 43 |
| DTP3 | Record or Recall | 85.6 | 12-23 m | 1286 | 43 |
| DTP3 | Record or Recall<12m | 82.8 | 12-23 m | 1286 | 43 |
| HEPB1 | Recall | 46.2 | 12-23 m | 1286 | 43 |
| HEPB1 | Record | 42.1 | 12-23 m | 1286 | 43 |
| HEPB1 | Record or Recall | 88.2 | 12-23 m | 1286 | 43 |
| HEPB1 | Record or Recall<12m | 86.5 | 12-23 m | 1286 | 43 |
| HEPB3 | Recall | 40.7 | 12-23 m | 1286 | 43 |
| HEPB3 | Record | 39.6 | 12-23 m | 1286 | 43 |

Philippines - Survey Details

| | | | | | |
|-------|----------------------|------|---------|------|----|
| HEPB3 | Record or Recall | 80.3 | 12-23 m | 1286 | 43 |
| HEPB3 | Record or Recall<12m | 75.7 | 12-23 m | 1286 | 43 |
| MCV1 | Recall | 45.5 | 12-23 m | 1286 | 43 |
| MCV1 | Record | 39 | 12-23 m | 1286 | 43 |
| MCV1 | Record or Recall | 84.5 | 12-23 m | 1286 | 43 |
| MCV1 | Record or Recall<12m | 76.2 | 12-23 m | 1286 | 43 |
| POL1 | Recall | 50.4 | 12-23 m | 1286 | 43 |
| POL1 | Record | 42.2 | 12-23 m | 1286 | 43 |
| POL1 | Record or Recall | 92.6 | 12-23 m | 1286 | 43 |
| POL1 | Record or Recall<12m | 91.2 | 12-23 m | 1286 | 43 |
| POL3 | Recall | 44.2 | 12-23 m | 1286 | 43 |
| POL3 | Record | 40.9 | 12-23 m | 1286 | 43 |
| POL3 | Record or Recall | 85.2 | 12-23 m | 1286 | 43 |
| POL3 | Record or Recall<12m | 82.6 | 12-23 m | 1286 | 43 |

2002 National Demographic and Health Survey 2003

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 52.5 | 12-23 m | 1348 | 39 |
| BCG | Record | 38.3 | 12-23 m | 1348 | 39 |
| BCG | Record or Recall | 90.8 | 12-23 m | 1348 | 39 |
| BCG | Record or Recall<12m | 89 | 12-23 m | 1348 | 39 |
| DTP1 | Recall | 51.6 | 12-23 m | 1348 | 39 |
| DTP1 | Record | 38.4 | 12-23 m | 1348 | 39 |
| DTP1 | Record or Recall | 89.9 | 12-23 m | 1348 | 39 |
| DTP1 | Record or Recall<12m | 88.4 | 12-23 m | 1348 | 39 |
| DTP3 | Recall | 43.1 | 12-23 m | 1348 | 39 |
| DTP3 | Record | 35.8 | 12-23 m | 1348 | 39 |
| DTP3 | Record or Recall | 78.9 | 12-23 m | 1348 | 39 |
| DTP3 | Record or Recall<12m | 75 | 12-23 m | 1348 | 39 |
| MCV1 | Recall | 45.6 | 12-23 m | 1348 | 39 |
| MCV1 | Record | 34.1 | 12-23 m | 1348 | 39 |
| MCV1 | Record or Recall | 79.7 | 12-23 m | 1348 | 39 |
| MCV1 | Record or Recall<12m | 69.7 | 12-23 m | 1348 | 39 |
| POL1 | Recall | 52.6 | 12-23 m | 1348 | 39 |
| POL1 | Record | 38.7 | 12-23 m | 1348 | 39 |
| POL1 | Record or Recall | 91.3 | 12-23 m | 1348 | 39 |
| POL1 | Record or Recall<12m | 90 | 12-23 m | 1348 | 39 |
| POL3 | Recall | 43.7 | 12-23 m | 1348 | 39 |

| | | | | | |
|------|----------------------|------|---------|------|----|
| POL3 | Record | 36.1 | 12-23 m | 1348 | 39 |
| POL3 | Record or Recall | 79.8 | 12-23 m | 1348 | 39 |
| POL3 | Record or Recall<12m | 75.8 | 12-23 m | 1348 | 39 |

2001 Philippines, Maternal and Child Health Survey 2002

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|---------------------|----------|------------|--------|---------------|
| BCG | Record or Recall | 92.1 | 12-23 m | 1885 | 91 |
| DTP1 | Record or Recall | 91.6 | 12-23 m | 1885 | 91 |
| DTP3 | Record or Recall | 80.6 | 12-23 m | 1885 | 91 |
| MCV1 | Record or Recall | 80.2 | 12-23 m | 1885 | 91 |
| POL3 | Record or Recall | 78.1 | 12-23 m | 1885 | 91 |

1999 Philippines, Maternal and Child Health Survey 2000

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|---------------------|----------|------------|--------|---------------|
| BCG | Record or Recall | 92.2 | 12-23 m | 2227 | 89 |
| DTP1 | Record or Recall | 90.7 | 12-23 m | 2227 | 89 |
| DTP3 | Record or Recall | 80.5 | 12-23 m | 2227 | 89 |
| HEPB1 | Record or Recall | 62.5 | 12-23 m | 2227 | 89 |
| HEPB3 | Record or Recall | 32.4 | 12-23 m | 2227 | 89 |
| MCV1 | Record or Recall | 79.7 | 12-23 m | 2227 | 89 |
| POL1 | Record or Recall | 90.3 | 12-23 m | 2227 | 89 |
| POL3 | Record or Recall | 79.2 | 12-23 m | 2227 | 89 |

1997 Philippines, National Demographic and Health Survey 1998, 1999

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG | Recall | 50.1 | 12-23 m | 1474 | 41 |
| BCG | Record | 40.6 | 12-23 m | 1474 | 41 |
| BCG | Record or Recall | 90.8 | 12-23 m | 1474 | 41 |
| BCG | Record or Recall<12m | 90.6 | 12-23 m | 1474 | 41 |
| DTP1 | Recall | 49.3 | 12-23 m | 1474 | 41 |
| DTP1 | Record | 41 | 12-23 m | 1474 | 41 |
| DTP1 | Record or Recall | 90.3 | 12-23 m | 1474 | 41 |
| DTP1 | Record or Recall<12m | 90.1 | 12-23 m | 1474 | 41 |
| DTP3 | Recall | 43 | 12-23 m | 1474 | 41 |

| | | | | | | | | | | | |
|------|----------------------|------|---------|------|----|------|----------------------|------|---------|------|----|
| DTP3 | Record | 37.8 | 12-23 m | 1474 | 41 | POL1 | Record | 41.3 | 12-23 m | 1474 | 41 |
| DTP3 | Record or Recall | 80.9 | 12-23 m | 1474 | 41 | POL1 | Record or Recall | 91.7 | 12-23 m | 1474 | 41 |
| DTP3 | Record or Recall<12m | 78.7 | 12-23 m | 1474 | 41 | POL1 | Record or Recall<12m | 91.5 | 12-23 m | 1474 | 41 |
| MCV1 | Recall | 44 | 12-23 m | 1474 | 41 | POL3 | Recall | 43.5 | 12-23 m | 1474 | 41 |
| MCV1 | Record | 34.9 | 12-23 m | 1474 | 41 | POL3 | Record | 38.2 | 12-23 m | 1474 | 41 |
| MCV1 | Record or Recall | 78.9 | 12-23 m | 1474 | 41 | POL3 | Record or Recall | 81.7 | 12-23 m | 1474 | 41 |
| MCV1 | Record or Recall<12m | 70.9 | 12-23 m | 1474 | 41 | POL3 | Record or Recall<12m | 80.6 | 12-23 m | 1474 | 41 |
| POL1 | Recall | 50.4 | 12-23 m | 1474 | 41 | | | | | | |

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