

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.

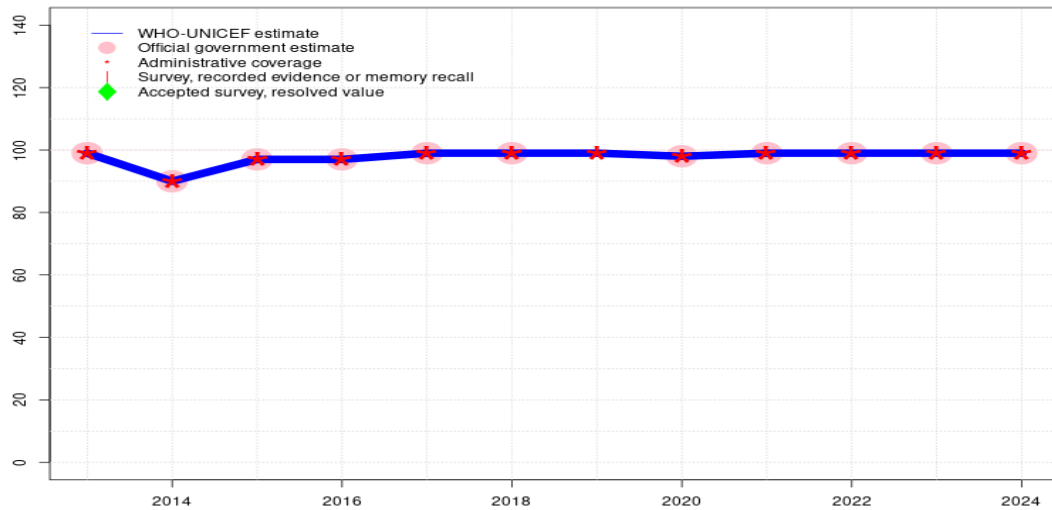
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Qatar - BCG

QAT - BCG



Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	90	97	97	99	99	99	98	99	99	99	99
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	99	90	97	97	99	99	-	98	99	99	99	99
Administrative	99	90	97	97	99	99	99	98	99	99	99	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

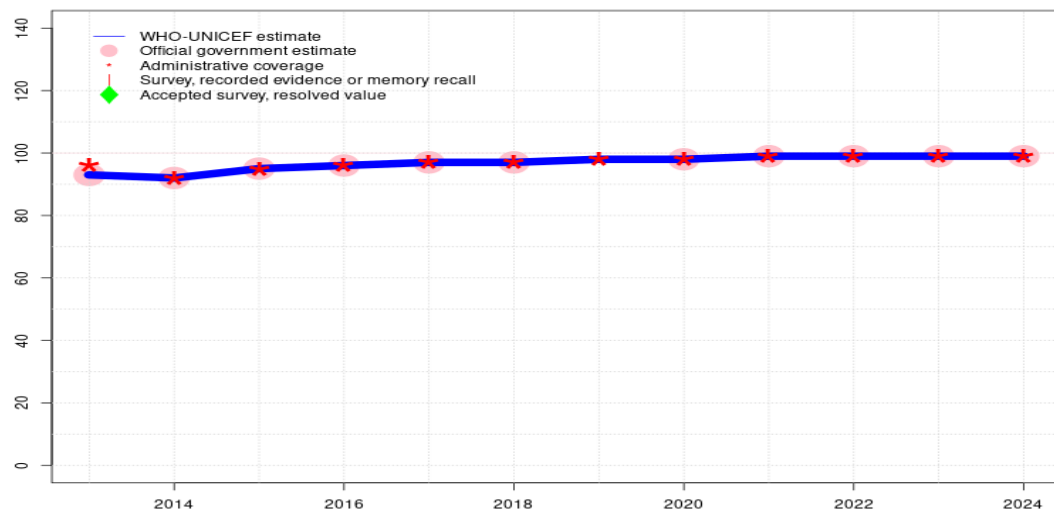
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Qatar - HEPBB

QAT - HEPBB



Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	92	95	96	97	97	98	98	99	99	99	99
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	93	92	95	96	97	97	-	98	99	99	99	99
Administrative	96	92	95	96	97	97	98	98	99	99	99	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

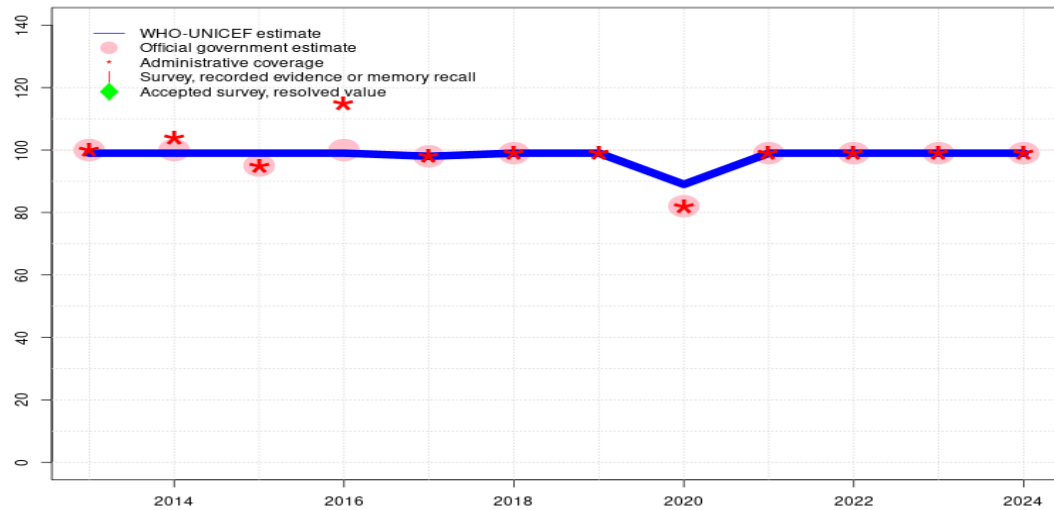
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
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Qatar - DTP1

QAT - DTP1



Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate based on DTP3 coverage of 89. Programme reports vaccine stockout of unspecified duration. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate of 89 percent changed from previous revision value of 96 percent. Estimate challenged by: R-
- 2019: Estimate informed by data reported in 2018 and in line with coverage trend observed for vaccine doses with data reported for 2019. Estimate challenged by: R-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-
- 2014: Estimate informed by reported data. Unexplained decrease in reported coverage due in part to an unexplained sudden increase in the reported target population from 2013 to 2014. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	99	98	99	99	89	99	99	99	99
Estimate GoC	●●	●●	●	●	●●	●●	●	●	●●	●●	●●	●●
Official	100	100	95	100	98	99	-	82	99	99	99	99
Administrative	100	104	95	115	98	99	99	82	99	99	99	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

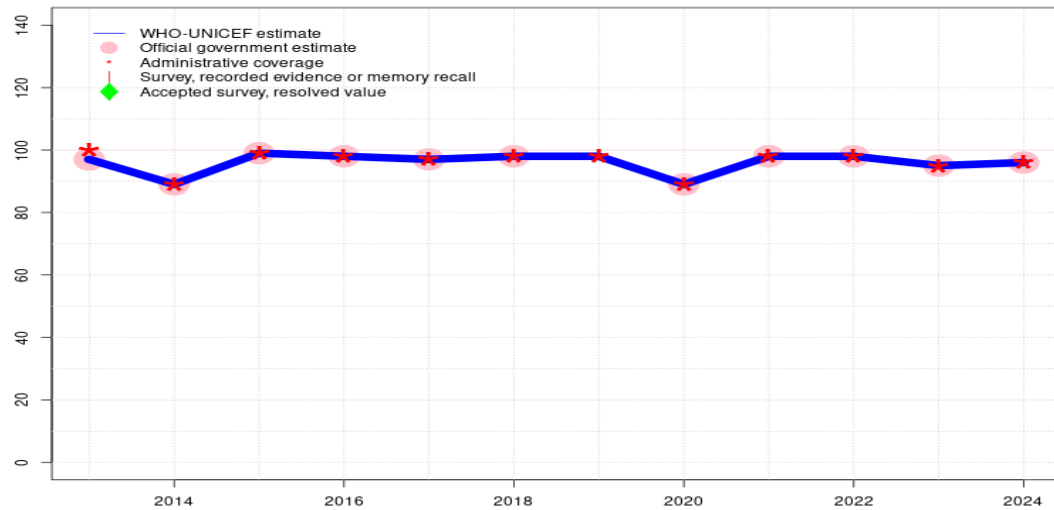
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Qatar - DTP3

QAT - DTP3



Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Increase in coverage from prior year aligns with recovery from likely COVID-19 disruptions as well as a 9 percent decrease in the reported target population from 2020 level. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate informed by data reported in 2018 and in line with coverage trend observed for vaccine doses with data reported for 2019. Estimate challenged by: R-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Unexplained decrease in reported coverage due in part to an unexplained sudden increase in the reported target population from 2013 to 2014. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	89	99	98	97	98	98	89	98	98	95	96
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●●
Official	97	89	99	98	97	98	-	89	98	98	95	96
Administrative	100	89	99	98	97	98	98	89	98	98	95	96
Survey	-	-	-	-	-	-	-	-	-	-	-	-

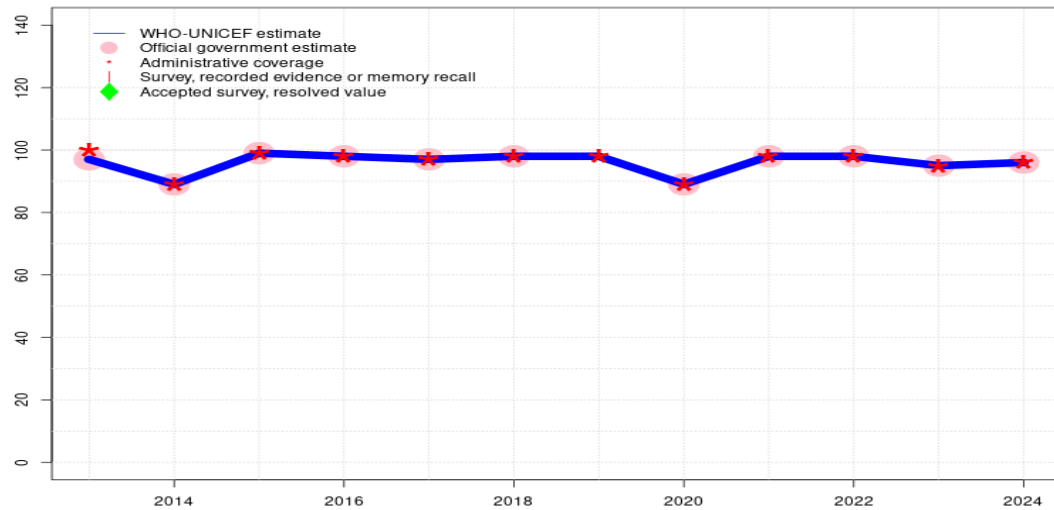
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Qatar - HEPB3

QAT - HEPB3



Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Increase in coverage from prior year aligns with recovery from likely COVID-19 disruptions as well as a 9 percent decrease in the reported target population from 2020 level. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate informed by data reported in 2018 and in line with coverage trend observed for vaccine doses with data reported for 2019. Estimate challenged by: R-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Unexplained decrease in reported coverage due in part to an unexplained sudden increase in the reported target population from 2013 to 2014. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	89	99	98	97	98	98	89	98	98	95	96
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●●
Official	97	89	99	98	97	98	-	89	98	98	95	96
Administrative	100	89	99	98	97	98	98	89	98	98	95	96
Survey	-	-	-	-	-	-	-	-	-	-	-	-

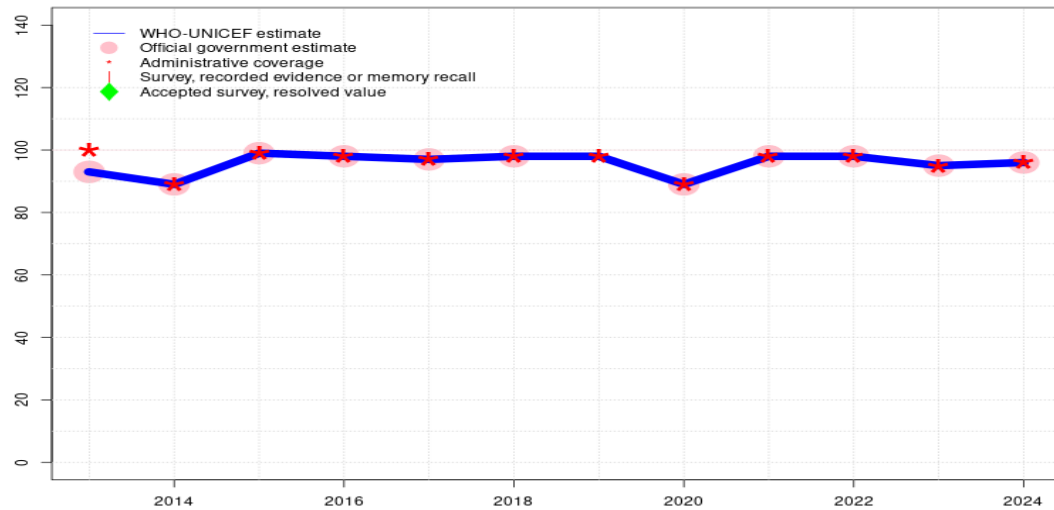
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Qatar - HIB3

QAT - HIB3



Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Increase in coverage from prior year aligns with recovery from likely COVID-19 disruptions as well as a 9 percent decrease in the reported target population from 2020 level. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate informed by data reported in 2018 and in line with coverage trend observed for vaccine doses with data reported for 2019. Estimate challenged by: R-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Unexplained decrease in reported coverage due in part to an unexplained sudden increase in the reported target population from 2013 to 2014. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	89	99	98	97	98	98	89	98	98	95	96
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●●
Official	93	89	99	98	97	98	-	89	98	98	95	96
Administrative	100	89	99	98	97	98	98	89	98	98	95	96
Survey	-	-	-	-	-	-	-	-	-	-	-	-

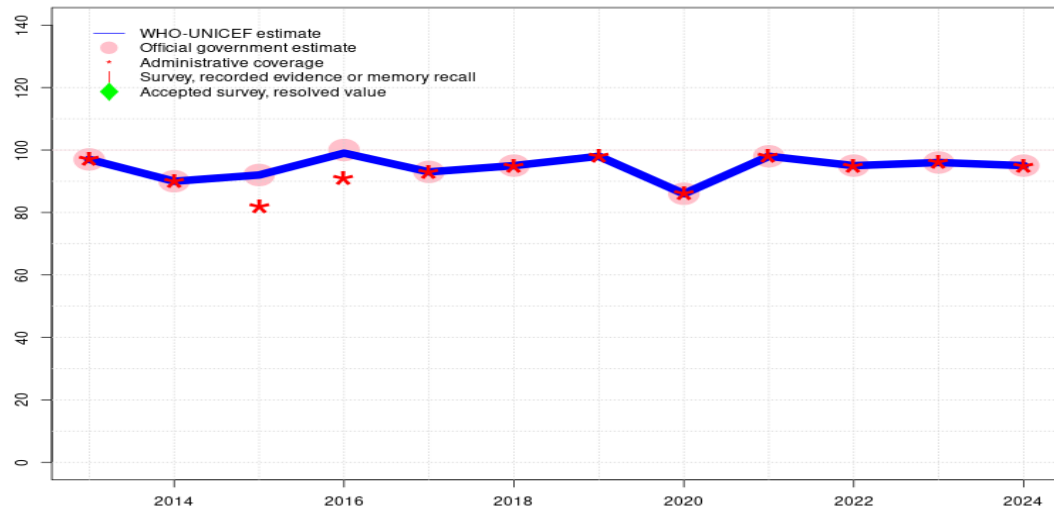
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Qatar - ROTAC

QAT - ROTAC



Description:

2024: Estimate informed by reported data. GoC=R+ D+
 2023: Estimate informed by reported data. GoC=R+ D+
 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
 2021: Estimate informed by reported data. GoC=R+ D+
 2020: Estimate informed by reported data. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
 2019: Estimate informed by reported administrative data. GoC=R+ D+
 2018: Estimate informed by reported data. GoC=R+ D+
 2017: Estimate informed by reported data. GoC=R+ D+
 2016: Estimate informed by reported data. GoC=R+ D+
 2015: Estimate informed by reported data. GoC=R+ D+
 2014: Estimate informed by reported data. GoC=R+ D+
 2013: Estimate informed by reported data. GoC=R+ D+

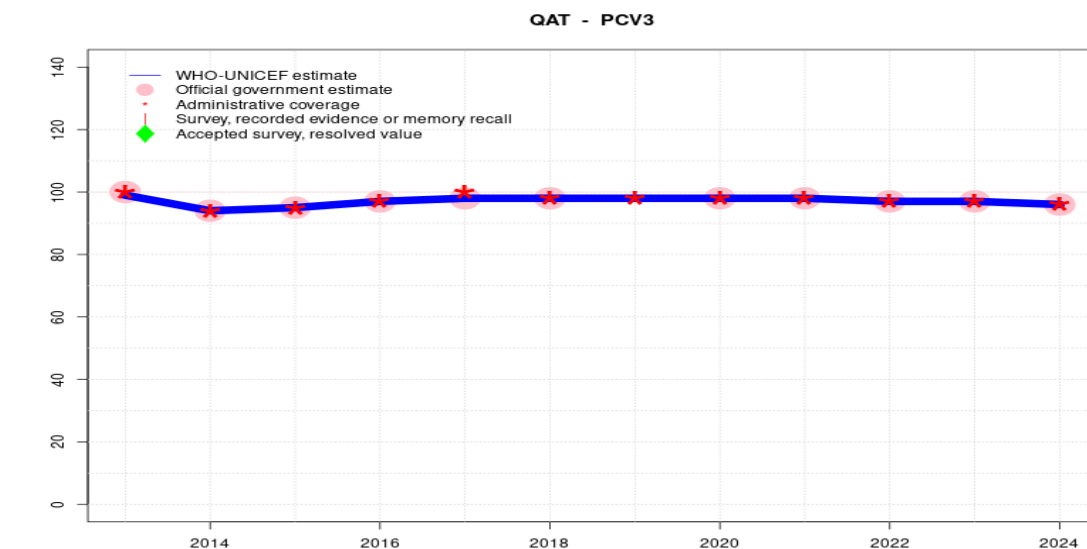
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	90	92	99	93	95	98	86	98	95	96	95
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	97	90	92	100	93	95	-	86	98	95	96	95
Administrative	97	90	82	91	93	95	98	86	98	95	96	95
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

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Qatar - PCV3



Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate informed by data reported in 2018 and in line with coverage trend observed for vaccine doses with data reported for 2019. Estimate challenged by: R-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Unexplained decrease in reported coverage due in part to an unexplained sudden increase in the reported target population from 2013 to 2014. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	94	95	97	98	98	98	98	98	97	97	96
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●●
Official	100	94	95	97	98	98	-	98	98	97	97	96
Administrative	100	94	95	97	100	98	98	98	98	97	97	96
Survey	-	-	-	-	-	-	-	-	-	-	-	-

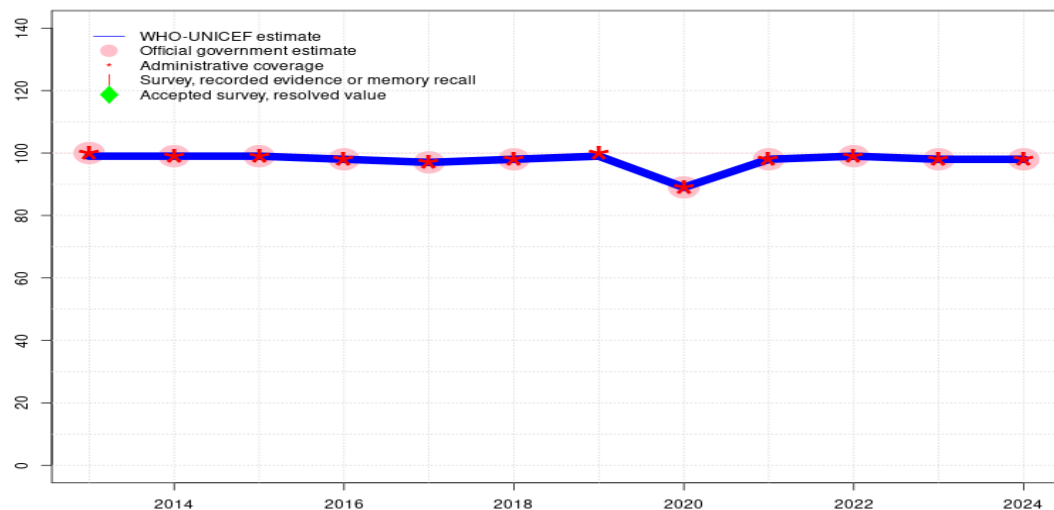
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Qatar - POL3

QAT - POL3



Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	99	98	97	98	99	89	98	99	98	98
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	100	99	99	98	97	98	-	89	98	99	98	98
Administrative	100	99	99	98	97	98	100	89	98	99	98	98
Survey	-	-	-	-	-	-	-	-	-	-	-	-

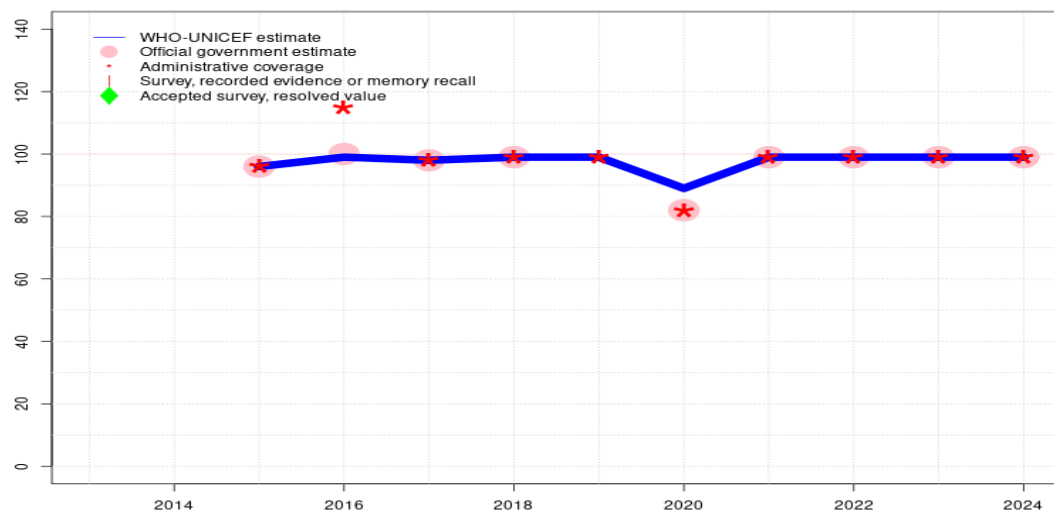
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Qatar - IPV1

QAT - IPV1



Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Increase in coverage from prior year aligns with recovery from likely COVID-19 disruptions as well as a 9 percent decrease in the reported target population from 2020 level. GoC=R+ D+
- 2020: Estimate based on estimated DTP1. Programme reports vaccine stockout of unspecified duration. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate of 89 percent changed from previous revision value of 82 percent. Estimate challenged by: R-
- 2019: Estimate informed by data reported in 2018 and in line with coverage trend observed for vaccine doses with data reported for 2019. Estimate challenged by: R-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Inactivated polio vaccine introduced in 2010 as part of a sequential schedule. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	96	99	98	99	99	89	99	99	99	99
Estimate GoC	-	-	●●	●	●●	●●	●	●	●●	●●	●●	●●
Official	-	-	96	100	98	99	-	82	99	99	99	99
Administrative	-	-	96	115	98	99	99	82	99	99	99	99
Survey	-	-	-	-	-	-	-	-	-	-	-	-

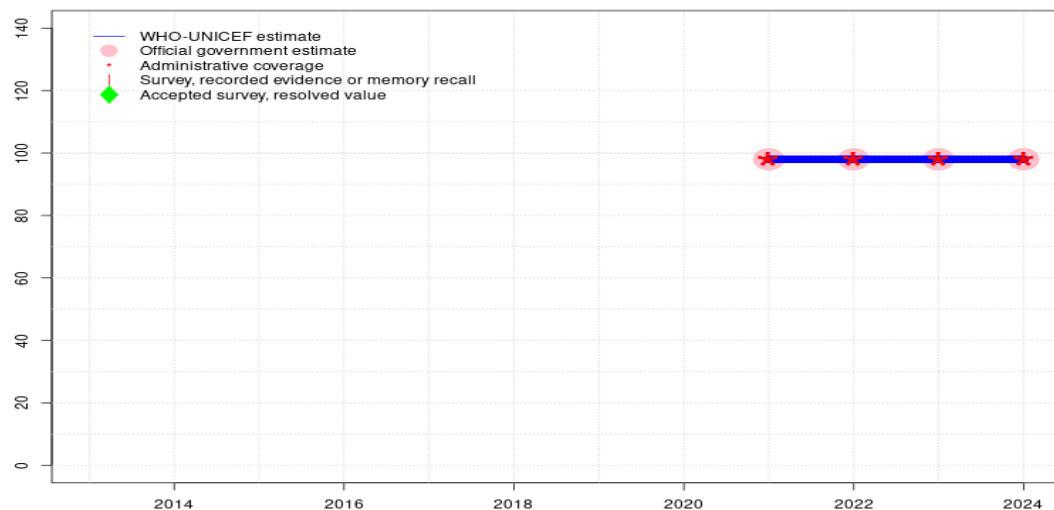
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Qatar - IPV2

QAT - IPV2



Description:

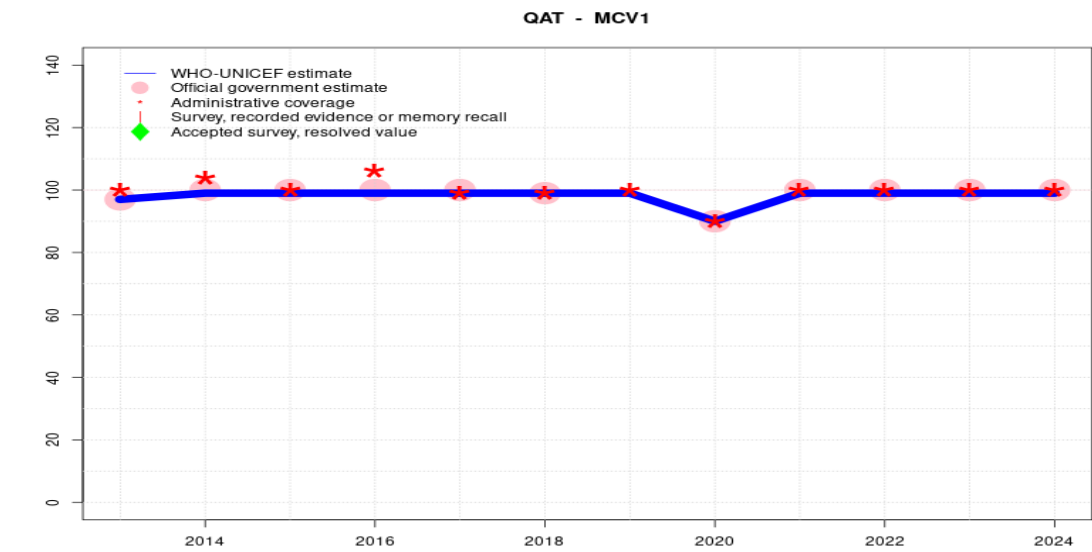
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced prior to 2021. Programme uses a sequential schedule with a first dose at 2 months and a second dose at 4 months. GoC=R+ D+

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

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

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

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



Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate informed by data reported in 2018 and in line with coverage trend observed for vaccine doses with data reported for 2019. Estimate challenged by: R-
- 2018: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

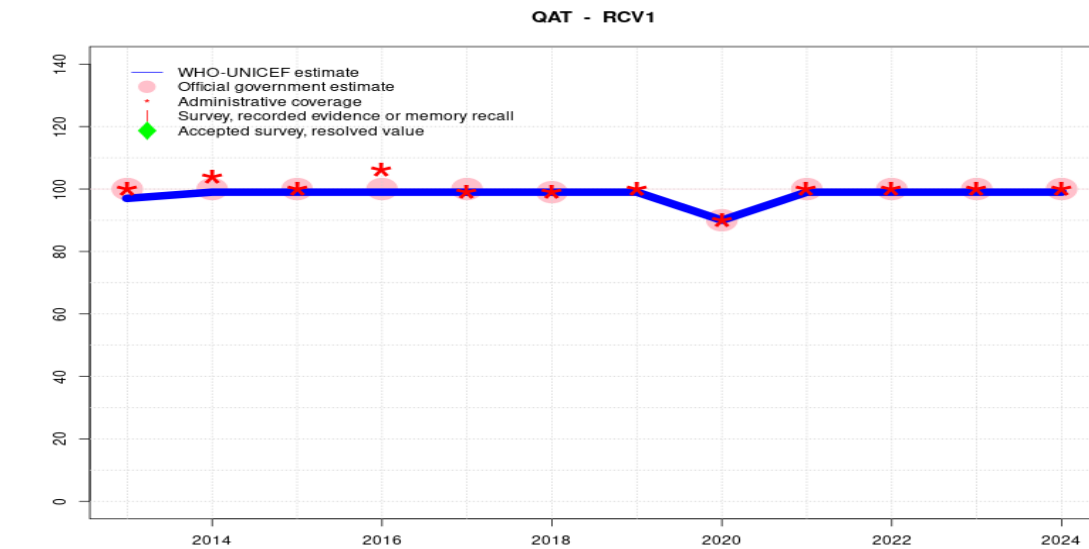
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	99	99	99	99	99	99	90	99	99	99	99
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●●
Official	97	100	100	100	100	99	-	90	100	100	100	100
Administrative	100	104	100	106	99	99	100	90	100	100	100	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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Qatar - RCV1



Description:

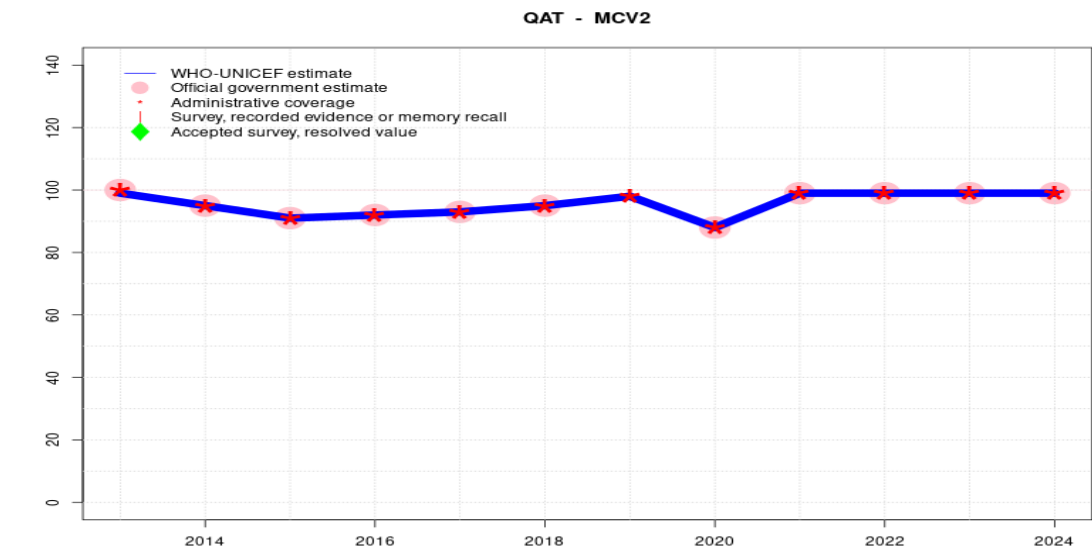
- 2024: Estimate based on estimated MCV1. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate challenged by: R-
- 2018: Estimate based on estimated MCV1. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ D+
- 2013: Estimate based on estimated MCV1. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	99	99	99	99	99	99	90	99	99	99	99
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●●	●●
Official	100	100	100	100	100	99	-	90	100	100	100	100
Administrative	100	104	100	106	99	99	100	90	100	100	100	100
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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



Description:

- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage is supported by results from the 2023 Multiple Indicator Cluster Survey. GoC=R+ D+
- 2021: Estimate informed by reported data. Increase in coverage from prior year aligns with recovery from likely COVID-19 disruptions. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration. Decline in reported coverage for most vaccine doses is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate informed by reported administrative data. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+
- 2013: Estimate informed by reported data. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	95	91	92	93	95	98	88	99	99	99	99
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	100	95	91	92	93	95	-	88	99	99	99	99
Administrative	100	95	91	92	93	95	98	88	99	99	99	99
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.

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.

2022 Qatar Multiple Indicator Cluster Survey 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	100	12-23 m	499	-
DTP1	Record	98.5	12-23 m	499	-
DTP3	Record	97.4	12-23 m	499	-
HEPB1	Record	98.5	12-23 m	499	-
HEPB3	Record	97.4	12-23 m	499	-
HEPB3	Record	99.6	12-23 m	499	-
HIB1	Record	98.5	12-23 m	499	-
HIB3	Record	97.4	12-23 m	499	-
IPV1	Record	98.5	12-23 m	499	-
IPV2	Record	97.8	12-23 m	499	-
MCV1	Record	90.1	12-23 m	499	-
MCV2	Record	96	24-35 m	522	-
PCV1	Record	98.2	12-23 m	499	-
PCV3	Record	97	12-23 m	499	-
POL1	Record	97.5	12-23 m	499	-
RCV1	Record	90.1	12-23 m	499	-
ROTAC	Record	97.2	12-23 m	499	-

2021 Qatar Multiple Indicator Cluster Survey 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	99.9	24-35 m	522	-
DTP1	Record	98.3	24-35 m	522	-
DTP3	Record	98.5	24-35 m	522	-
HEPB1	Record	98.3	24-35 m	522	-
HEPB3	Record	98.5	24-35 m	522	-
HEPB3	Record	96.6	24-35 m	522	-
HIB1	Record	98.3	24-35 m	522	-
HIB3	Record	98.5	24-35 m	522	-
IPV1	Record	98.3	24-35 m	522	-
IPV2	Record	98.4	24-35 m	522	-
MCV1	Record	97.9	24-35 m	522	-
PCV1	Record	98.7	24-35 m	522	-
PCV3	Record	98.9	24-35 m	522	-
POL1	Record	98.6	24-35 m	522	-
RCV1	Record	97.9	24-35 m	522	-
ROTAC	Record	98.7	24-35 m	522	-

1997 Qatar Familiy Health Survey 1998, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	95.9	12-23 m	724	89
DTP1	Record or Recall	95.4	12-23 m	724	89
DTP3	Record or Recall	90.5	12-23 m	724	89
HEPB1	Record or Recall	90.5	12-23 m	724	89
HEPB3	Record or Recall	85.1	12-23 m	724	89
MCV1	Record or Recall	89.8	12-23 m	724	89
POL1	Record or Recall	93.6	12-23 m	724	89
POL3	Record or Recall	88.3	12-23 m	724	89

Further information and estimates for previous years are available at:

<https://data.unicef.org/topic/child-health/immunization/>
<https://immunizationdata.who.int/listing.html>