

Suriname: 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.

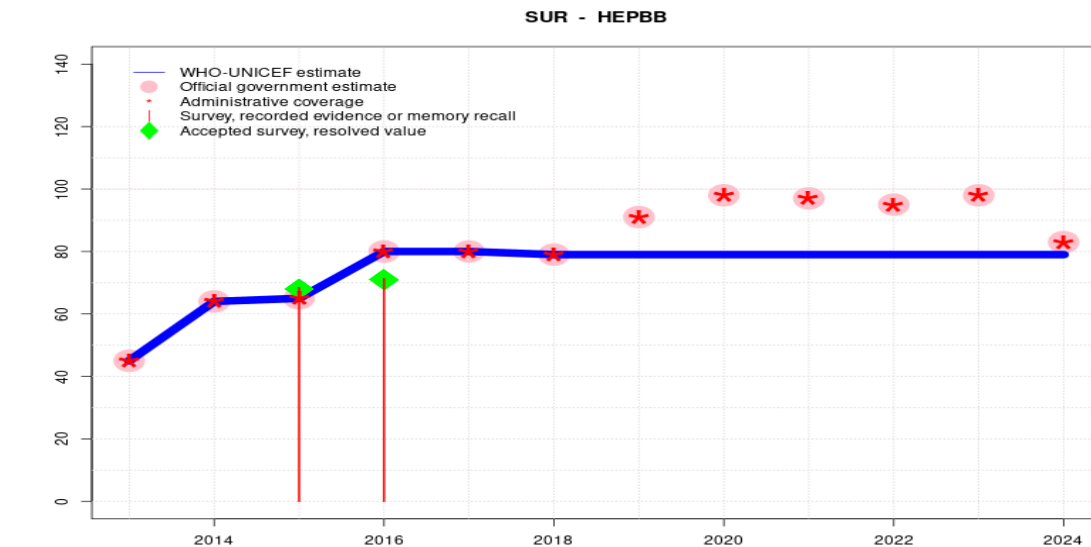
PCV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect 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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Suriname - HEPBB



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	45	64	65	80	80	79	79	79	79	79	79	79
Estimate GoC	•	•••	•••	•	•	•••	••	••	••	••	••	••
Official	45	64	65	80	80	79	91	98	97	95	98	83
Administrative	45	64	65	80	80	79	91	98	97	95	98	83
Survey	-	-	68	71	-	-	-	-	-	-	-	-

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 extrapolation from data reported by national government. Reported data excluded. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours and those administered beyond 24 hours of birth. Reported data excluded due to sudden change in coverage from 98 to 83 percent. Country indicates that denominators used reflect estimates for 2023, as those for 2024 were not available at the time of data submission. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours and those administered beyond 24 hours of birth. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. GoC=R+ D+
- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours and those administered beyond 24 hours of birth. GoC=R+ D+
- 2021: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours and those administered beyond 24 hours of birth. Reported coverage aligns with recovery from COVID-19 related service disruptions. GoC=R+ D+
- 2020: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours and those administered beyond 24 hours of birth. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage shows an unexplained increased trend and change 2019 to 2020 inconsistent with other vaccine-doses. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours. Programme reports 1.5 month vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports four months stockout of AD syringes. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-S-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 71 percent based on 1 survey(s). Estimate challenged by: D-S-

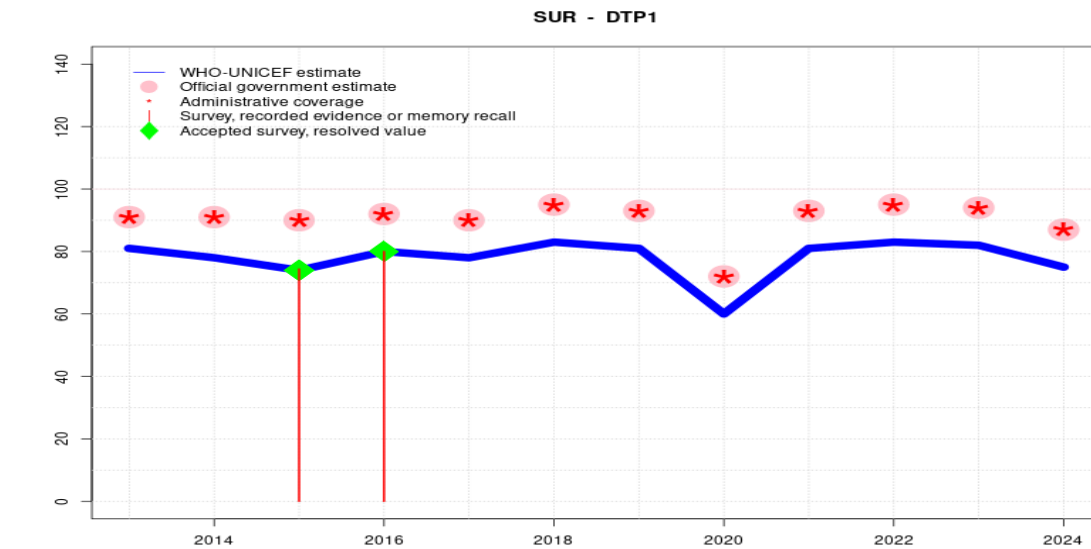
Suriname - HEPBB

2015: Estimate informed by reported data supported by survey. Survey evidence of 68 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Estimate informed by reported data. GoC=R+ S+ D+

2013: Estimate informed by reported data. Estimate challenged by: S-

Suriname - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	81	78	74	80	78	83	81	60	81	83	82	75
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	91	91	90	92	90	95	93	72	93	95	94	87
Administrative	91	91	90	92	90	95	93	72	93	95	94	87
Survey	-	-	74	80	-	-	-	-	-	-	-	-

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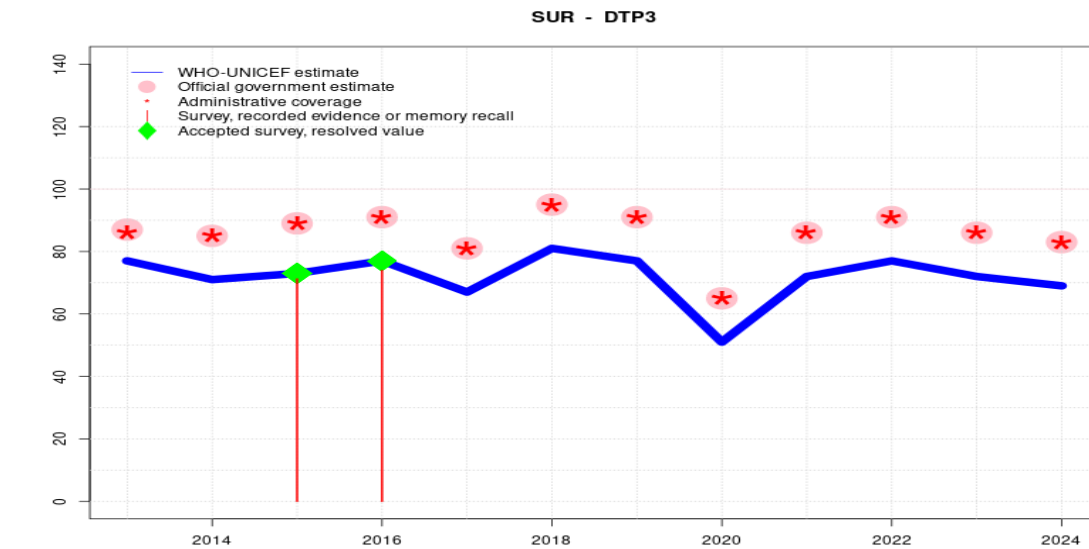
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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Description:

- 2024: Reported data calibrated to 2016 levels. Country indicates that denominators used reflect estimates for 2023, as those for 2024 were not available at the time of data submission. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: R-
- 2023: Reported data calibrated to 2016 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2016 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-
- 2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 levels. Programme reports one month vaccine stockout. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme reports four months stockout of AD syringes. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Programme reports 1-month vaccine stockout. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 80 percent based on 1 survey(s). Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 74 percent based on 1 survey(s). Estimate challenged by: R-
- 2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

Suriname - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	77	71	73	77	67	81	77	51	72	77	72	69
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	87	85	89	91	81	95	91	65	86	91	86	83
Administrative	86	85	89	91	81	95	91	65	86	91	86	83
Survey	-	-	71	74	-	-	-	-	-	-	-	-

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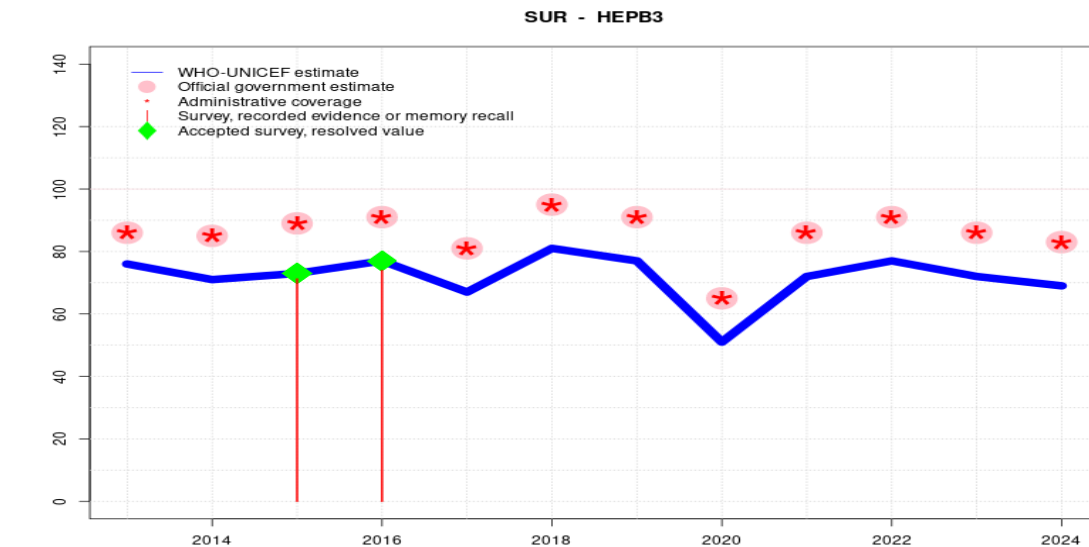
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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- 2019: Reported data calibrated to 2016 levels. Programme reports one month vaccine stockout. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme reports four months stockout of AD syringes. Programme reports large increase in third doses of DTP-Hib-HepB following recovery from 1-month vaccine stockout in 2017. Increase in reported first dose is of lesser magnitude resulting in no dropout. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Programme reports 1-month vaccine stockout. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 77 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 record or recall results of 74 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 80 percent, 1st dose record only coverage of 70 percent and 3rd dose record only coverage of 67 percent. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 73 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 record or recall results of 71 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 74 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 65 percent. Estimate challenged by: R-
- 2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2009 and 2015 levels. Estimate of 77 percent changed from previous revision value of 76 percent. Estimate challenged by: R-

Suriname - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	76	71	73	77	67	81	77	51	72	77	72	69
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	86	85	89	91	81	95	91	65	86	91	86	83
Administrative	86	85	89	91	81	95	91	65	86	91	86	83
Survey	-	-	71	74	-	-	-	-	-	-	-	-

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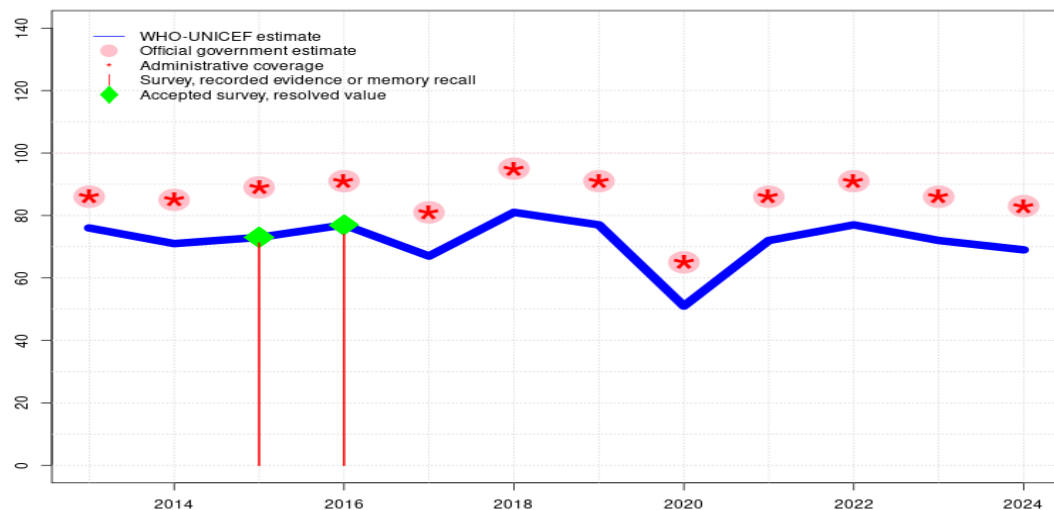
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Suriname - Hib3

SUR - Hib3



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Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	86	85	89	91	81	95	91	65	86	91	86	83
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Survey	-	-	71	74	-	-	-	-	-	-	-	-

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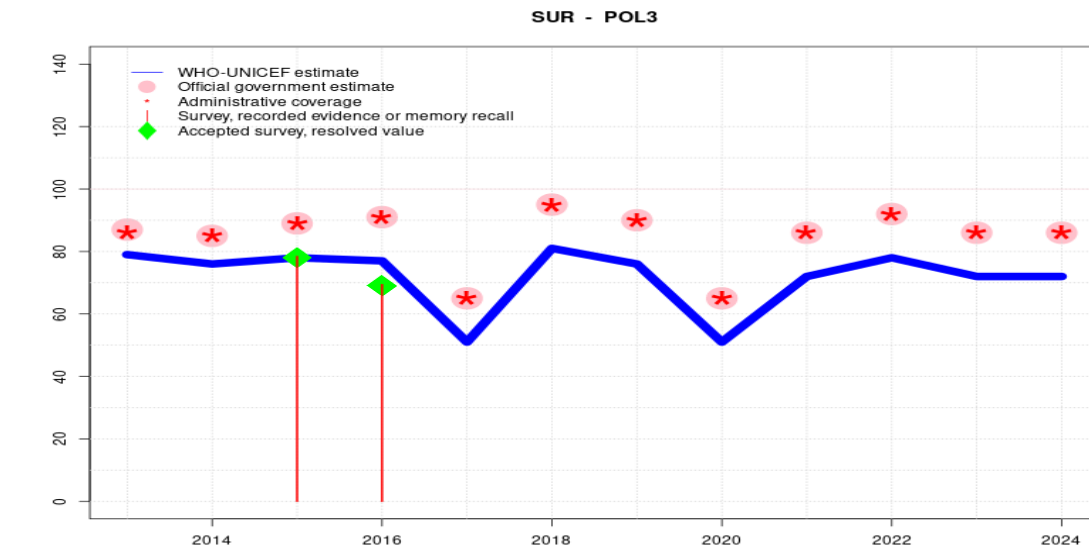
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- 2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
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Suriname - POL3



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Estimate	79	76	78	77	51	81	76	51	72	78	72	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	87	85	89	91	65	95	90	65	86	92	86	86
Administrative	86	85	89	91	65	95	90	65	86	92	86	86
Survey	-	-	78	69	-	-	-	-	-	-	-	-

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.

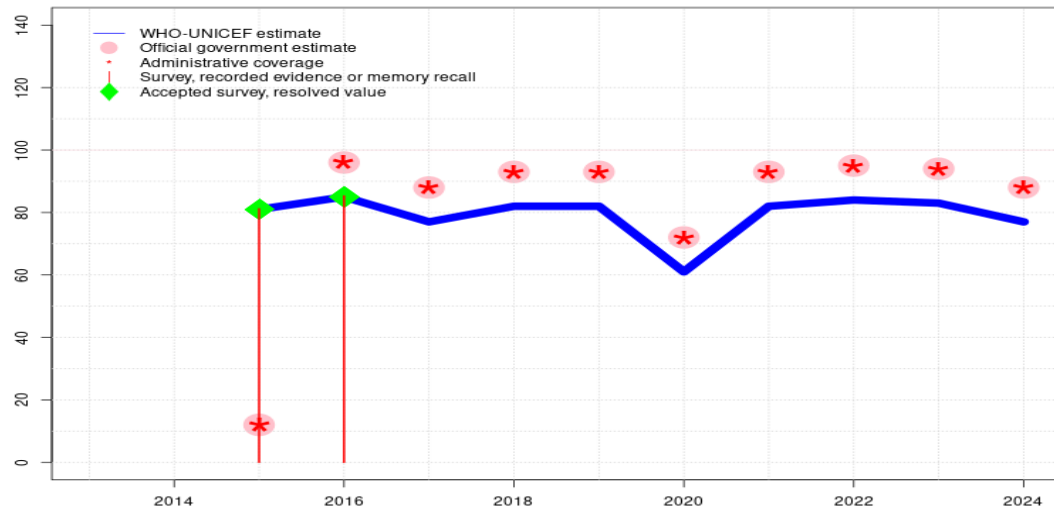
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2016 levels. Country indicates that denominators used reflect estimates for 2023, as those for 2024 were not available at the time of data submission. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: R-
- 2023: Reported data calibrated to 2016 levels. Programme reports three months vaccine stockout at national and subnational levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. Estimate challenged by: R-
- 2022: Reported data calibrated to 2016 levels. Programme reports one month oral polio vaccine stockout at national level. Estimate challenged by: R-
- 2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme appears to have recovered from prior years vaccine stockout. Estimate challenged by: R-S-
- 2017: Reported data calibrated to 2016 levels. Programme reports three months vaccine stock-out. Estimate challenged by: R-S-
- 2016: Estimate of 77 percent assigned by working group. Estimate informed by survey result for DTP3. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 78 percent based on 1 survey(s). Estimate challenged by: R-
- 2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-
- 2013: Reported data calibrated to 2009 and 2015 levels. Estimate of 79 percent changed from previous revision value of 78 percent. Estimate challenged by: R-

Suriname - IPV1

SUR - IPV1



Description:

- 2024: Reported data calibrated to 2016 levels. Country indicates that denominators used reflect estimates for 2023, as those for 2024 were not available at the time of data submission. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: R-
- 2023: Reported data calibrated to 2016 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. Estimate challenged by: R-
- 2022: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 levels. Programme reports one month vaccine stockout. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme reports four months stockout of AD syringes. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Programme reports IPV 1-month stockout. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 85 percent based on 1 survey(s). Estimate informed by reported data following introduction. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 81 percent based on 1 survey(s). Inactivated polio vaccine during 2015. Estimate challenged by: D-R-

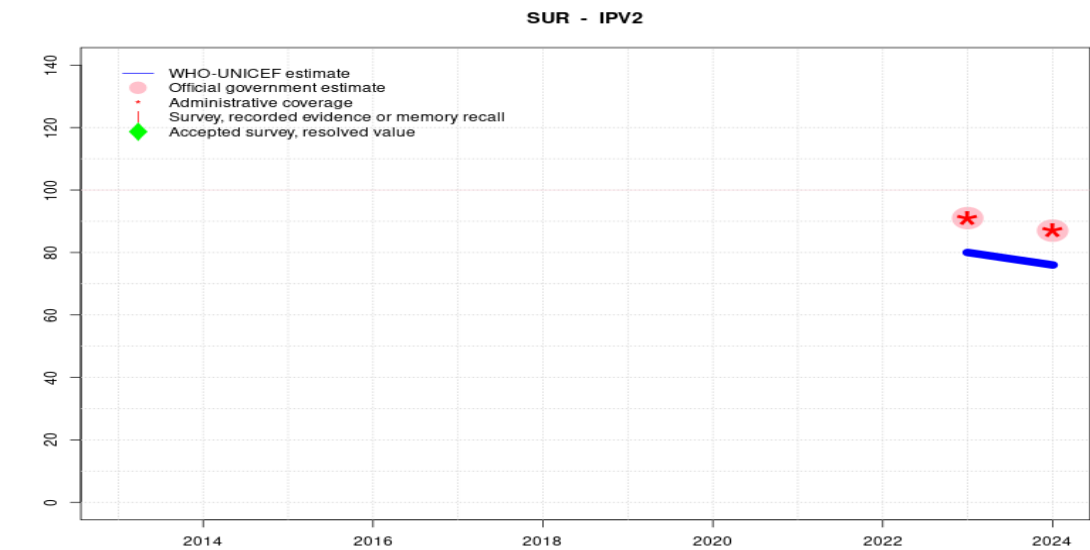
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	81	85	77	82	82	61	82	84	83	77
Estimate GoC	-	-	●	●	●	●	●	●	●	●	●	●
Official	-	-	12	96	88	93	93	72	93	95	94	88
Administrative	-	-	12	96	88	93	93	72	93	95	94	88
Survey	-	-	81	85	-	-	-	-	-	-	-	-

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

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

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

Suriname - IPV2



Description:

- 2024: Estimate is based on the relationship between reported admin coverage for IPV1 and IPV2 applied to the IPV1 estimated coverage. Country indicates that denominators used reflect estimates for 2023, as those for 2024 were not available at the time of data submission. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: R-
- 2023: Second dose of IPV introduced in 2023. Estimate is based on the relationship between reported admin coverage for IPV1 and IPV2 applied to the IPV1 estimated coverage. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. Estimate of 80 percent changed from previous revision value of 83 percent. Estimate challenged by: R-

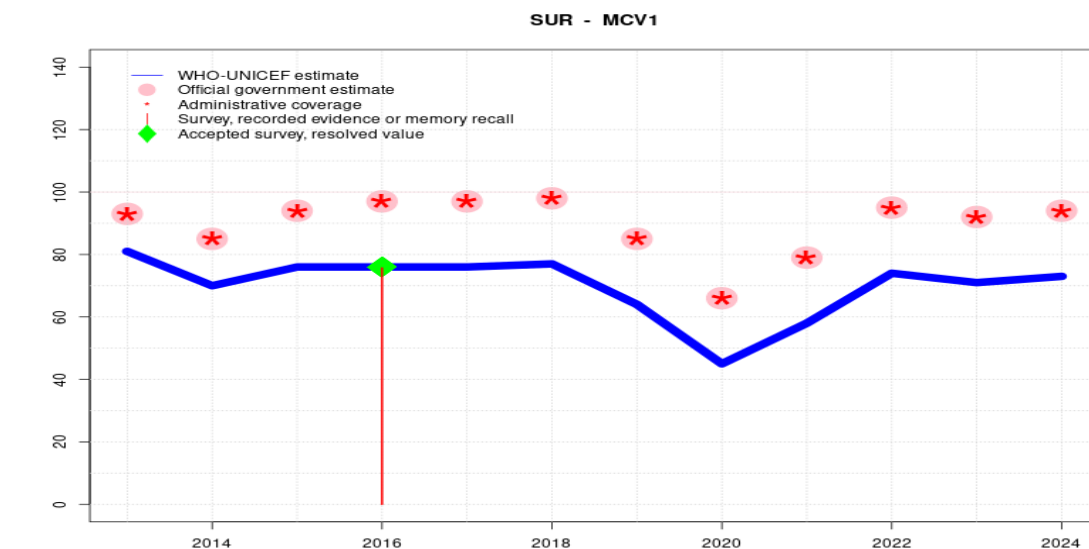
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	80	76
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●	●
Official	-	-	-	-	-	-	-	-	-	-	91	87
Administrative	-	-	-	-	-	-	-	-	-	-	91	87
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Suriname - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	81	70	76	76	76	77	64	45	58	74	71	73
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	85	94	97	97	98	85	66	79	95	92	94
Administrative	93	85	94	97	97	98	85	66	79	95	92	94
Survey	-	-	-	76	-	-	-	-	-	-	-	-

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

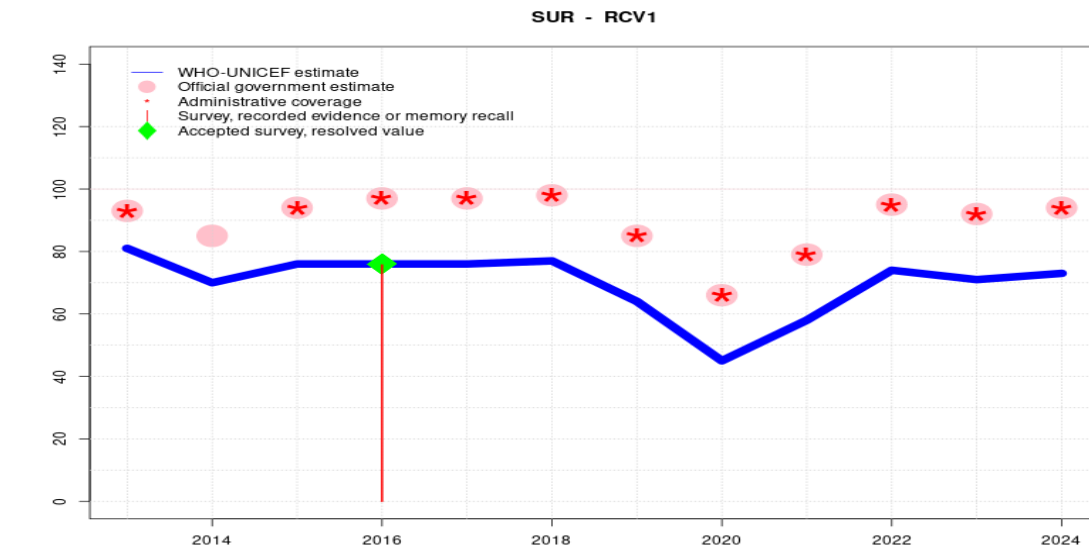
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2024: Reported data calibrated to 2016 levels. Country indicates that denominators used reflect estimates for 2023, as those for 2024 were not available at the time of data submission. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: R-
- 2023: Reported data calibrated to 2016 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Programme reports three months vaccine stockout. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Programme reports four months stockout of AD syringes. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 76 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2009 and 2016 levels. Programme reports a three months vaccine stockout at national level. Estimate challenged by: R-
- 2013: Reported data calibrated to 2009 and 2016 levels. Increase in coverage reflects recovery from prior years stockout in spite of two months stockout during 2013 at national level and in 2 districts. Estimate challenged by: R-

Suriname - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	81	70	76	76	76	77	64	45	58	74	71	73
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	93	85	94	97	97	98	85	66	79	95	92	94
Administrative	93	-	94	97	97	98	85	66	79	95	92	94
Survey	-	-	-	76	-	-	-	-	-	-	-	-

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

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

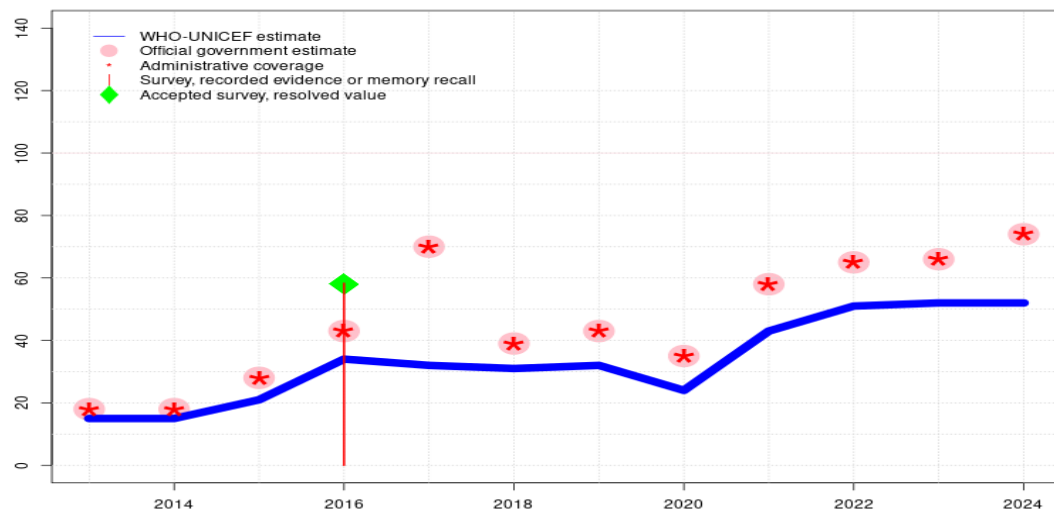
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on estimated MCV1. Country indicates that denominators used reflect estimates for 2023, as those for 2024 were not available at the time of data submission. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: R-
- 2023: Estimate based on estimated MCV1. Programme reports one month vaccine stockout at national and subnational levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. Estimate challenged by: R-
- 2022: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2021: Estimate based on estimated MCV1. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: D-R-
- 2020: Estimate based on estimated MCV1. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-R-
- 2019: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2018: Estimate based on estimated MCV1. Programme reports four months stockout of AD syringes. Estimate challenged by: R-
- 2017: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2016: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2015: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2014: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2013: Estimate based on estimated MCV1. Estimate challenged by: R-

Suriname - MCV2

SUR - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	15	15	21	34	32	31	32	24	43	51	52	52
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	18	18	28	43	70	39	43	35	58	65	66	74
Administrative	18	18	28	43	70	39	43	35	58	65	66	74
Survey	-	-	-	58	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2024: Estimated coverage is based on the 2023 MCV2 coverage. Unexplained decline in target population for this vaccine-dose of almost 10 percent between 2023 and 2024. Country indicates that denominators used reflect estimates for 2023, as those for 2024 were not available at the time of data submission. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2023: Estimate informed by increase in administrative coverage between 2022 to 2023, applied to the estimated MCV2 coverage for 2022. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2022: Estimate informed by the ratio of reported administrative doses for MCV2:MCV1 applied to the estimated MCV1 coverage level. Estimate challenged by: R-
- 2021: Across the time-series, with the exception of 2017, reported number of MCV2 doses administered is 75 percent or less than the reported number of MCV1 doses while the target population size is similar for the first and second dose. It is believed that the survey for the 2016 cohort (perhaps inclusive of those in the 2017 cohort as well) reflect activities related to a change in recommended age for MCV2. As such, estimated coverage is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-
- 2020: Estimate informed by the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-
- 2019: Estimate informed by the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Programme reports three months vaccine stockout. Estimate challenged by: R-
- 2018: Estimate informed by the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Estimate challenged by: R-S-
- 2017: Reported number of MCV2 doses appear to include doses given outside the target age of 18 months. The number of MCV2 doses administered is roughly twice that compared to reported values for 2016 and 2018. As such, estimate is based on the interpolated ratio of MCV2-to-MCV1 doses administered for 2016 and 2018 applied to estimated MCV1 coverage. Reported data excluded due to an increase from 43 percent to 70 percent with decrease to 39 percent. Estimate challenged by: D-R-S-
- 2016: Estimate informed by the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Programme reports several measles-mumps-rubella doses given administered to children beyond their second year of life. These doses are not included

Suriname - MCV2

in the reported coverage. Recommended age for MCV2 changed from four years to 18 months during 2016. Estimate challenged by: R-S-

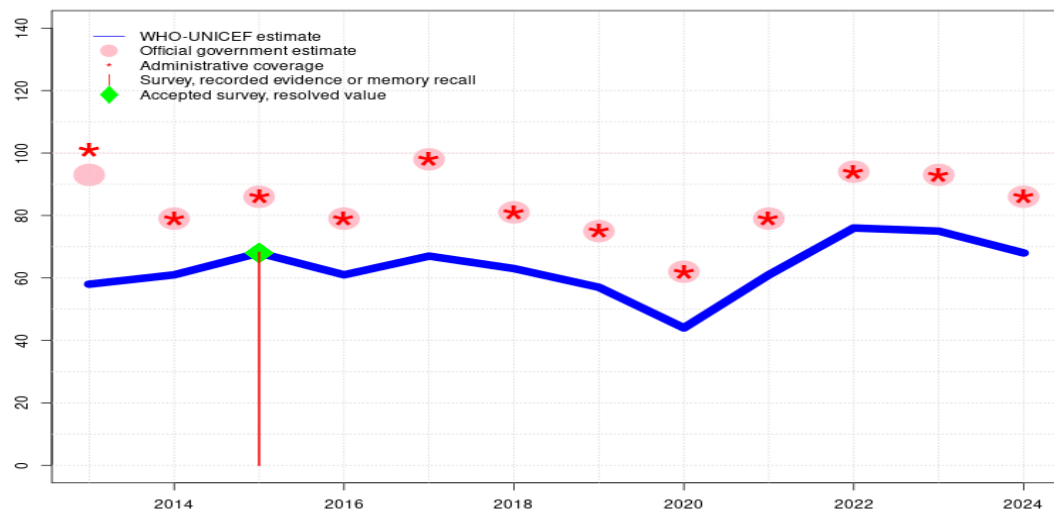
2015: Estimate informed by the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Estimate challenged by: R-S-

2014: Estimate informed by the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Estimate challenged by: R-S-

2013: Estimate informed by the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Second dose of MCV introduced in 2005 but not systematically provided until 2013. Reporting started in 2013. Presentation is MMR and is recommended at 4 years of age. Estimate challenged by: R-

Suriname - YFV

SUR - YFV



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	58	61	68	61	67	63	57	44	61	76	75	68
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	79	86	79	98	81	75	62	79	94	93	86
Administrative	101	79	86	79	98	81	75	62	79	94	93	86
Survey	-	-	68	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2024: Reported data calibrated to 2015 levels. Country indicates that denominators used reflect estimates for 2023, as those for 2024 were not available at the time of data submission. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: R-
- 2023: Reported data calibrated to 2015 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. Estimate challenged by: R-
- 2022: Reported data calibrated to 2015 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 levels. Programme reports four months stockout of AD syringes. Estimate challenged by: R-
- 2017: Programme reports 98 percent coverage achieved in 87 percent of the national target population. Estimate reflects annualized coverage in the national target population and calibrated to the level of coverage established by the survey for the 2015 cohort. Reported data excluded due to an increase from 79 percent to 98 percent with decrease to 81 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 levels. Programme reports a three week vaccine stockout. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 68 percent based on 1 survey(s). Estimate challenged by: R-
- 2014: Reported data calibrated to 2015 levels. Estimate informed by reported data. Decline in reported number of doses administered is unexplained. Estimate challenged by: R-
- 2013: Reported data calibrated to 2015 levels. Reported data excluded. Increase reflects expansion of service delivery following introduction to national birth cohort in 2012 and suboptimal recording practices. Reported data excluded due to an increase from 73 percent to 93 percent with decrease to 79 percent. Estimate challenged by: D-R-

Suriname - 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.

2016 Suriname Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Recall	9.7	12-23 m	753	77
DTP1	Record	70.3	12-23 m	753	77
DTP1	Record or Recall	80	12-23 m	753	77
DTP1	Record or Recall<12m	79.6	12-23 m	753	77
DTP3	Recall	7.3	12-23 m	753	77
DTP3	Record	66.6	12-23 m	753	77
DTP3	Record or Recall	73.9	12-23 m	753	77
DTP3	Record or Recall<12m	70	12-23 m	753	77
HEPB1	Recall	9.7	12-23 m	753	77
HEPB1	Record	70.3	12-23 m	753	77
HEPB1	Record or Recall	80	12-23 m	753	77
HEPB1	Record or Recall<12m	79.6	12-23 m	753	77
HEPB3	Recall	7.3	12-23 m	753	77
HEPB3	Record	66.6	12-23 m	753	77
HEPB3	Record or Recall	73.9	12-23 m	753	77
HEPB3	Record or Recall<12m	70	12-23 m	753	77
HEPBB	Recall	11.4	12-23 m	753	77
HEPBB	Record	59.9	12-23 m	753	77
HEPBB	Record or Recall	71.3	12-23 m	753	77

HEPBB	Record or Recall<12m	71.3	12-23 m	753	77
HIB1	Recall	9.7	12-23 m	753	77
HIB1	Record	70.3	12-23 m	753	77
HIB1	Record or Recall	80	12-23 m	753	77
HIB1	Record or Recall<12m	79.6	12-23 m	753	77
HIB3	Recall	7.3	12-23 m	753	77
HIB3	Record	66.6	12-23 m	753	77
HIB3	Record or Recall	73.9	12-23 m	753	77
HIB3	Record or Recall<12m	70	12-23 m	753	77
IPV1	Recall	9.5	12-23 m	753	77
IPV1	Record	75.8	12-23 m	753	77
IPV1	Record or Recall	85.3	12-23 m	753	77
IPV1	Record or Recall<12m	84.9	12-23 m	753	77
MCV1	Recall	7.5	24-35 m	942	-
MCV1	Record	68.1	24-35 m	942	-
MCV1	Record or Recall	75.7	24-35 m	942	-
MCV1	Record or Recall<12m	73.8	24-35 m	942	-
MCV2	Recall	6.4	24-35 m	942	-
MCV2	Record	51.8	24-35 m	942	-
MCV2	Record or Recall	58.3	24-35 m	942	-
MCV2	Record or Recall<24m	54.2	24-35 m	942	-
POL3	Recall	6.7	12-23 m	753	77
POL3	Record	62.7	12-23 m	753	77
POL3	Record or Recall	69.4	12-23 m	753	77
POL3	Record or Recall<12m	65	12-23 m	753	77
RCV1	Recall	7.5	24-35 m	942	-
RCV1	Record	68.1	24-35 m	942	-
RCV1	Record or Recall	75.7	24-35 m	942	-
RCV1	Record or Recall<12m	73.8	24-35 m	942	-

2015 Suriname Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Recall	8.3	24-35 m	942	-
DTP1	Record	66.1	24-35 m	942	-
DTP1	Record or Recall	74.4	24-35 m	942	-
DTP1	Record or Recall<12m	73.7	24-35 m	942	-
DTP3	Recall	6	24-35 m	942	-
DTP3	Record	65.2	24-35 m	942	-

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DTP3	Record or Recall	71.2	24-35 m	942	-
DTP3	Record or Recall<12m	66.9	24-35 m	942	-
HEPB1	Recall	8.3	24-35 m	942	-
HEPB1	Record	66.1	24-35 m	942	-
HEPB1	Record or Recall	74.4	24-35 m	942	-
HEPB1	Record or Recall<12m	73.7	24-35 m	942	-
HEPB3	Recall	6	24-35 m	942	-
HEPB3	Record	65.2	24-35 m	942	-
HEPB3	Record or Recall	71.2	24-35 m	942	-
HEPB3	Record or Recall<12m	66.9	24-35 m	942	-
HEPBB	Recall	12.5	24-35 m	942	-
HEPBB	Record	55.9	24-35 m	942	-
HEPBB	Record or Recall	68.4	24-35 m	942	-
HEPBB	Record or Recall<12m	68.1	24-35 m	942	-
HIB1	Recall	8.3	24-35 m	942	-
HIB1	Record	66.1	24-35 m	942	-
HIB1	Record or Recall	74.4	24-35 m	942	-
HIB1	Record or Recall<12m	73.7	24-35 m	942	-
HIB3	Recall	6	24-35 m	942	-
HIB3	Record	65.2	24-35 m	942	-
HIB3	Record or Recall	71.2	24-35 m	942	-
HIB3	Record or Recall<12m	66.9	24-35 m	942	-
IPV1	Recall	10.7	24-35 m	942	-
IPV1	Record	70.5	24-35 m	942	-
IPV1	Record or Recall	81.2	24-35 m	942	-
IPV1	Record or Recall<12m	80.9	24-35 m	942	-
POL3	Recall	9.1	24-35 m	942	-
POL3	Record	69.3	24-35 m	942	-
POL3	Record or Recall	78.4	24-35 m	942	-
POL3	Record or Recall<12m	74.1	24-35 m	942	-
YFV	Recall	7.2	24-35 m	942	-
YFV	Record	61	24-35 m	942	-
YFV	Record or Recall	68.2	24-35 m	942	-
YFV	Record or Recall<12m	66.3	24-35 m	942	-

2009 Suriname Multiple Indicator Cluster Survey 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
HEPBB	Recall	5.7	18-29 m	-	-

HEPBB	Record	32.8	18-29 m	-	-
HEPBB	Record or Recall	38.5	18-29 m	746	-
HEPBB	Record or Recall<12m	38	18-29 m	-	-
MCV1	Recall	7.4	18-29 m	-	-
MCV1	Record	70.5	18-29 m	-	-
MCV1	Record or Recall	77.9	18-29 m	746	-
MCV1	Record or Recall<18m	73.9	18-29 m	-	-
POL1	Recall	10.3	18-29 m	-	-
POL1	Record	80.1	18-29 m	-	-
POL1	Record or Recall	90.5	18-29 m	746	-
POL1	Record or Recall<12m	89.9	18-29 m	-	-
POL3	Recall	6.1	18-29 m	-	-
POL3	Record	77.1	18-29 m	-	-
POL3	Record or Recall	83.2	18-29 m	746	-
POL3	Record or Recall<12m	79	18-29 m	-	-
YFV	Recall	4.7	18-29 m	-	-
YFV	Record	59.3	18-29 m	-	-
YFV	Record or Recall	64	18-29 m	154	-
YFV	Record or Recall<12m	15.1	18-29 m	-	-

2005 Suriname Multiple Indicator Cluster Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Recall	12	12-23 m	412	81
DTP1	Record	83.7	12-23 m	412	81
DTP1	Record or Recall	95.6	12-23 m	412	81
DTP1	Record or Recall<12m	94.8	12-23 m	412	81
DTP3	Recall	7.1	12-23 m	412	81
DTP3	Record	83.7	12-23 m	412	81
DTP3	Record or Recall	90.8	12-23 m	412	81
DTP3	Record or Recall<12m	86.1	12-23 m	412	81
HEPB1	Recall	0	12-23 m	412	81
HEPB1	Record	9.3	12-23 m	412	81
HEPB1	Record or Recall	9.3	12-23 m	412	81
HEPB1	Record or Recall<12m	8.6	12-23 m	412	81
HEPB3	Recall	0	12-23 m	412	81
HEPB3	Record	6	12-23 m	412	81
HEPB3	Record or Recall	6	12-23 m	412	81
HEPB3	Record or Recall<12m	3.2	12-23 m	412	81

HIB1	Recall	0	12-23 m	412	81
HIB1	Record	4.5	12-23 m	412	81
HIB1	Record or Recall	4.5	12-23 m	412	81
HIB1	Record or Recall<12m	4.3	12-23 m	412	81
HIB3	Recall	0	12-23 m	412	81
HIB3	Record	3.1	12-23 m	412	81
HIB3	Record or Recall	3.1	12-23 m	412	81
HIB3	Record or Recall<12m	2.7	12-23 m	412	81
MCV1	Recall	15.4	12-23 m	412	81
MCV1	Record	65.7	12-23 m	412	81
MCV1	Record or Recall	81	12-23 m	412	81
MCV1	Record or Recall<12m	79.5	12-23 m	412	81
POL1	Recall	14.2	12-23 m	412	81
POL1	Record	83.5	12-23 m	412	81
POL1	Record or Recall	97.7	12-23 m	412	81
POL1	Record or Recall<12m	97.1	12-23 m	412	81
POL3	Recall	9.1	12-23 m	412	81
POL3	Record	83.3	12-23 m	412	81
POL3	Record or Recall	92.4	12-23 m	412	81
POL3	Record or Recall<12m	87.6	12-23 m	412	81
YFV	Recall	7.4	12-23 m	412	81
YFV	Record	11.9	12-23 m	412	81
YFV	Record or Recall	19.3	12-23 m	412	81

YFV Record or Recall<12m 18.1 12-23 m 412 81

1999 Suriname Multiple Indicator Cluster Survey 2000, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Recall	5.1	12-23 m	376	85
DTP1	Record	83.7	12-23 m	376	85
DTP1	Record or Recall	88.8	12-23 m	376	85
DTP3	Recall	3.3	12-23 m	376	85
DTP3	Record	75.8	12-23 m	376	85
DTP3	Record or Recall	79.1	12-23 m	376	85
MCV1	Recall	4.6	12-23 m	376	85
MCV1	Record	55.5	12-23 m	376	85
MCV1	Record or Recall	60.2	12-23 m	376	85
POL1	Recall	3.8	12-23 m	376	85
POL1	Record	84	12-23 m	376	85
POL1	Record or Recall	87.8	12-23 m	376	85
POL3	Recall	2.7	12-23 m	376	85
POL3	Record	75.8	12-23 m	376	85
POL3	Record or Recall	78.5	12-23 m	376	85

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