

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.

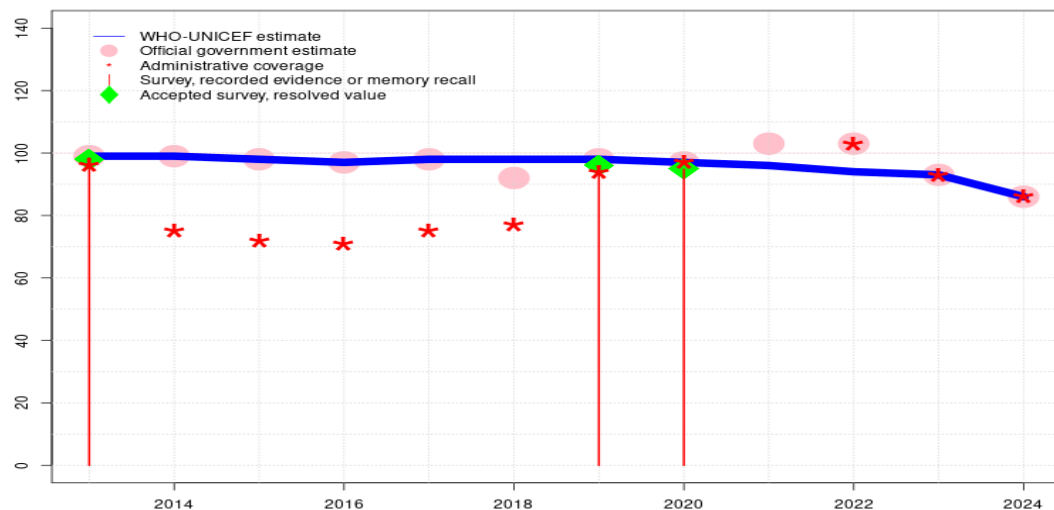
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Eswatini - BCG

SWZ - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	98	97	98	98	98	97	96	94	93	86
Estimate GoC	●	●	●	●	●	●	●●●	●●●	●●	●	●●	●●
Official	99	99	98	97	98	92	98	97	103	103	93	86
Administrative	96	75	72	71	75	77	94	97	-	103	93	86
Survey	98	-	-	-	-	-	96	95	-	-	-	-

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

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

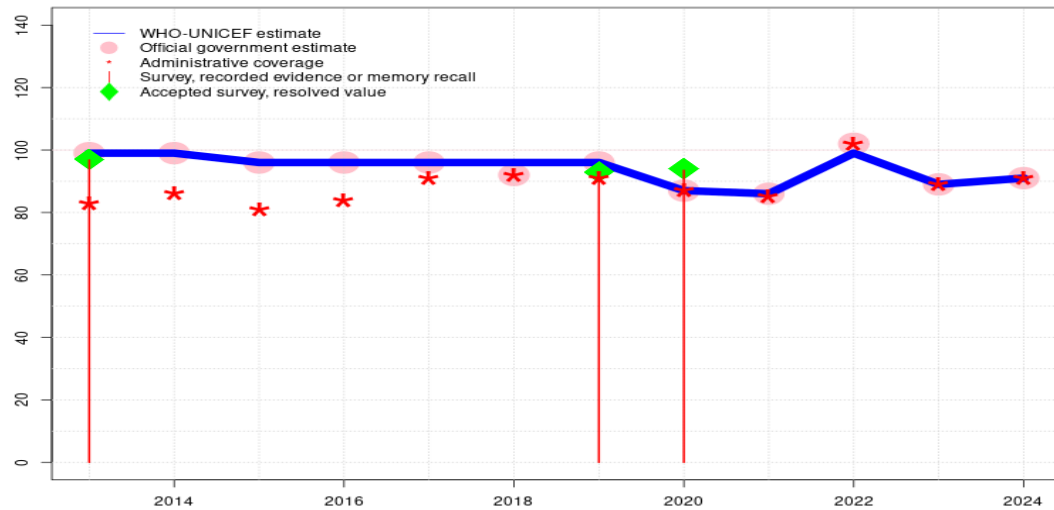
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: D-
- 2021: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. Programme reports four months vaccine stockout at national level. GoC=R+ S+
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Reported decline in administrative coverage appears to be due to an increase in the reported target population. Number of children vaccinated increased between 2017 and 2018. Programme reports one month vaccine stockout at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Programme reports three months vaccine stockout at national level Estimate challenged by: D-
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Programme reports five month vaccine stockout at national and district levels. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). Estimate challenged by: D-

Eswatini - DTP1

SWZ - DTP1



Description:

- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage appears to reflect recovery following COVID-19 pandemic disruptions, despite reported four months vaccine stockout. GoC=R+ S+ D+
- 2021: Estimate informed by reported data. Programme reports four months vaccine stockout at national level. GoC=R+ S+ D+
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Programme reports one month vaccine stockout at national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Reported decline in administrative coverage appears to be due to an increase in the reported target population. Number of children vaccinated increased between 2017 and 2018. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	99	99	96	96	96	96	96	87	86	99	89	91
Estimate GoC	●	●	●	●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●
Official	99	99	96	96	96	92	96	87	86	102	89	91
Administrative	83	86	81	84	91	92	91	87	85	102	89	91
Survey	97	-	-	-	-	-	93	94	-	-	-	-

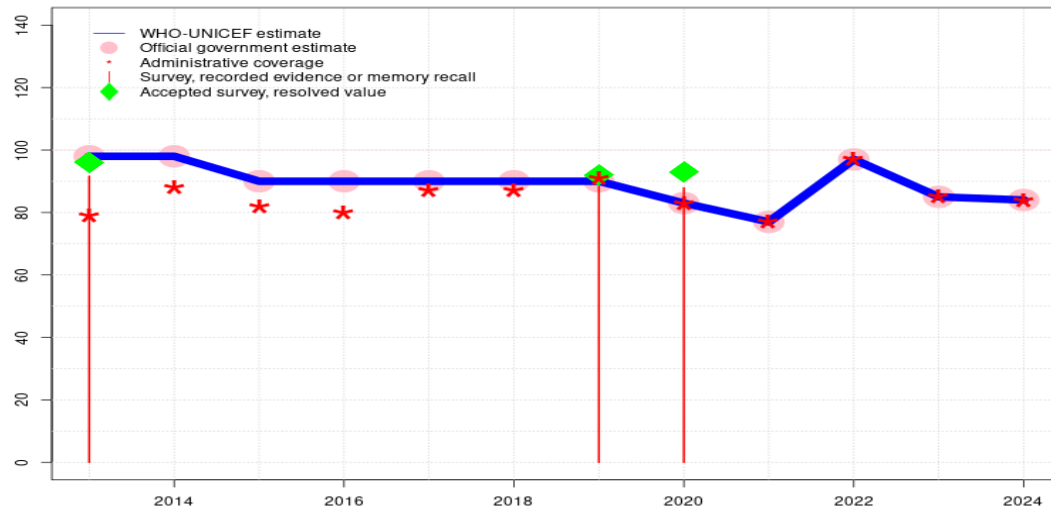
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Eswatini - DTP3

SWZ - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	98	90	90	90	90	90	83	77	97	85	84
Estimate GoC	•	••	•••	••	•••	•••	•••	•••	•	•••	••	••
Official	98	98	90	90	90	90	90	83	77	97	85	84
Administrative	79	88	82	80	87	87	91	83	77	97	85	84
Survey	92	-	-	-	-	-	88	88	-	-	-	-

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

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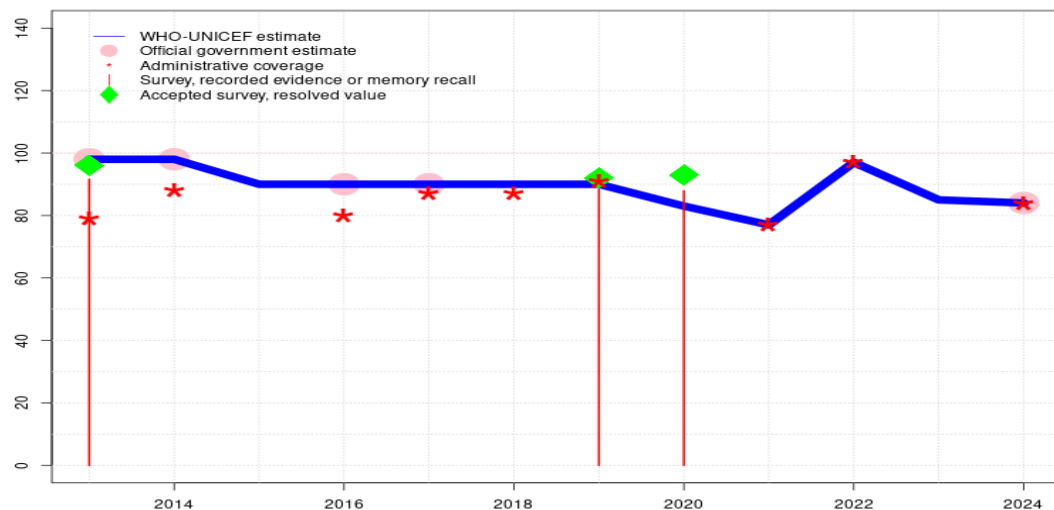
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Description:

- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage appears to reflect recovery following COVID-19 pandemic disruptions, despite reported four months vaccine stockout. GoC=R+ S+ D+
- 2021: Estimate informed by reported data. Programme reports four months vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. Programme reports one month vaccine stockout at national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 92 percent based on 1 survey(s). Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). Swaziland Multiple Indicator Cluster Survey 2014 record or recall results of 92 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 87 percent. Estimate challenged by: D-

Eswatini - HEPB3

SWZ - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	98	90	90	90	90	90	83	77	97	85	84
Estimate GoC	•	•••	••	••	•••	•	•	••	•	•••	•	••
Official	98	98	-	90	90	-	-	-	-	-	-	84
Administrative	79	88	-	80	87	87	91	-	77	97	-	84
Survey	92	-	-	-	-	-	88	88	-	-	-	-

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

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

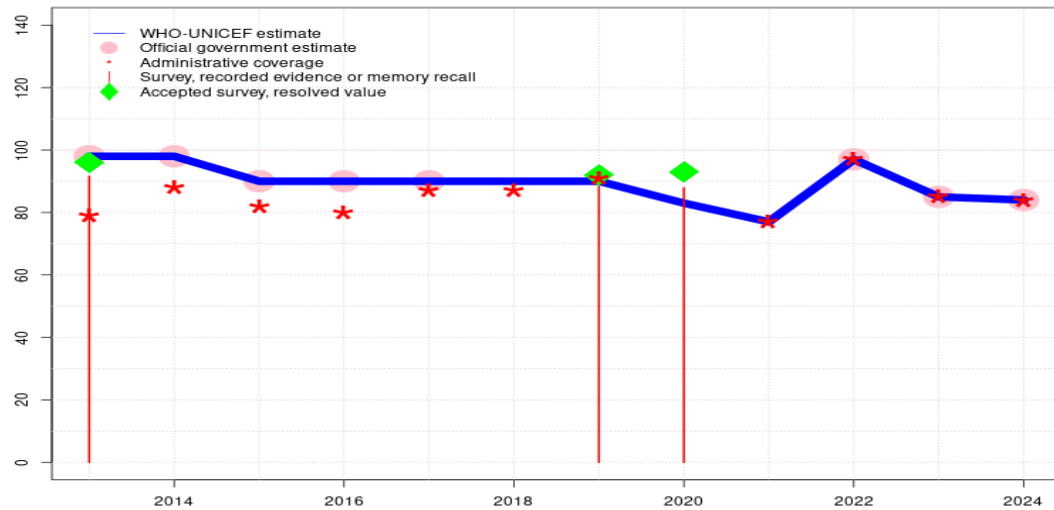
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Description:

- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate based on DTP3 estimated coverage. Programme reports stockout of unspecified vaccines and duration. GoC=No accepted empirical data
- 2022: Estimate informed by reported administrative data. Reported coverage appears to reflect recovery following COVID-19 pandemic disruptions. GoC=R+ S+ D+
- 2021: Programme reports four months vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate informed by estimated DTP3 coverage. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. Programme reports one month vaccine stockout at national level. GoC=S+
- 2019: Estimate informed by estimated DTP3 coverage. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. Estimate challenged by: R-
- 2018: Estimate based on estimated DTP3. Reported data excluded. Reported decline in administrative coverage appears to be due to an increase in the reported target population. Number of children vaccinated increased between 2017 and 2018. Estimate challenged by: R-
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by estimated DTP3 level. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=S+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Swaziland Multiple Indicator Cluster Survey 2014 record or recall results of 92 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 87 percent. Estimate challenged by: D-

Eswatini - HIB3

SWZ - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	98	90	90	90	90	90	83	77	97	85	84
Estimate GoC	•	•••	•••	••	•••	•	•	••	•	•••	••	••
Official	98	98	90	90	90	-	-	-	-	97	85	84
Administrative	79	88	82	80	87	87	91	-	77	97	85	84
Survey	92	-	-	-	-	-	88	88	-	-	-	-

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

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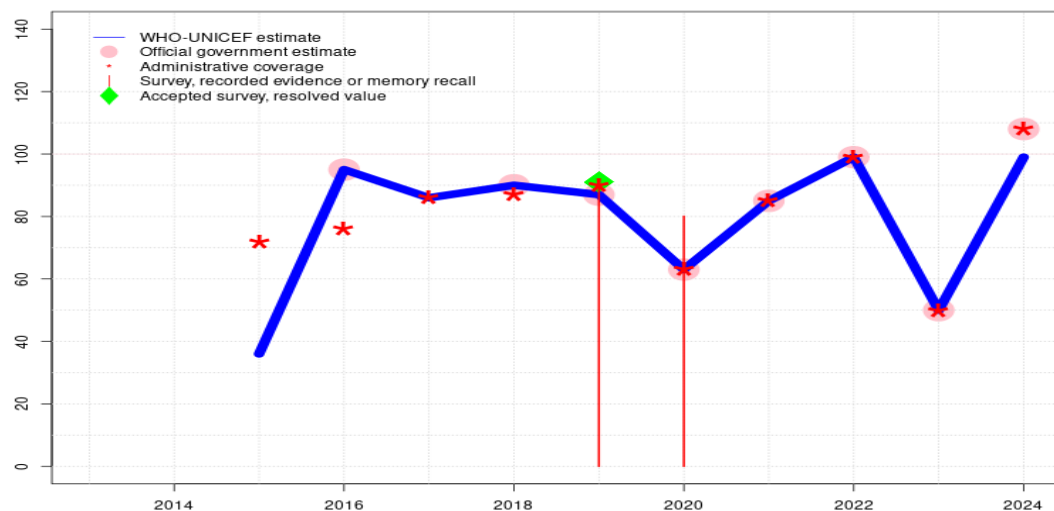
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- 2021: Programme reports four months vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate informed by estimated DTP3 coverage. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. Programme reports one month vaccine stockout at national level. GoC=S+
- 2019: Estimate informed by estimated DTP3 coverage. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. Estimate challenged by: R-
- 2018: Estimate based on estimated DTP3. Reported data excluded. Reported decline in administrative coverage appears to be due to an increase in the reported target population. Number of children vaccinated increased between 2017 and 2018. Estimate challenged by: R-
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). Swaziland Multiple Indicator Cluster Survey 2014 record or recall results of 92 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 87 percent. Estimate challenged by: D-

Eswatini - ROTAC

SWZ - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	36	95	86	90	87	63	85	99	50	99
Estimate GoC	-	-	•	•	•••	•••	•••	•	•••	••	••	•
Official	-	-	-	95	-	90	87	63	85	99	50	108
Administrative	-	-	72	76	86	87	90	63	85	99	50	108
Survey	-	-	-	-	-	-	89	80	-	-	-	-

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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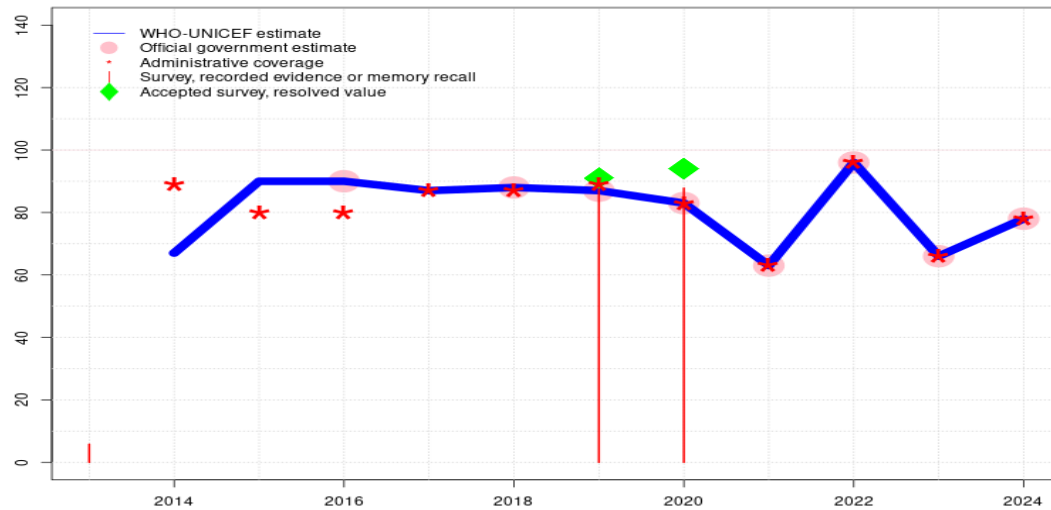
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Description:

- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports a three months vaccine stockout at national and subnational levels that do not appear to have impacted reported coverage. Reported coverage may include contribution of acceleration activities. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ S+ D+
- 2020: Estimate informed by reported data. Eswatini Multiple Indicator Cluster Survey 2021-2022 results ignored by working group. Survey may not have captured declines seen in 2020. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 80 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 80 percent and 3rd dose record only coverage of 76 percent. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: S-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 89 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Programme reports three months vaccine stockout at national level. Estimate challenged by: D-
- 2015: Programme reports 72 percent coverage in 50 percent of the national target population. Estimate informed by coverage achieved in total national annual birth cohort. Reported official coverage levels based on preliminary results from the 2014 MICS. Rotavirus vaccine introduced in 2015. Estimate challenged by: R-

Eswatini - PCV3

SWZ - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	67	90	90	87	88	87	83	63	96	66	78
Estimate GoC	-	•	•	••	•••	•••	•••	•	•	•••	••	••
Official	-	-	-	90	-	88	87	83	63	96	66	78
Administrative	-	89	80	80	87	87	89	83	63	96	66	78
Survey	6	-	-	-	-	-	88	88	-	-	-	-

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

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

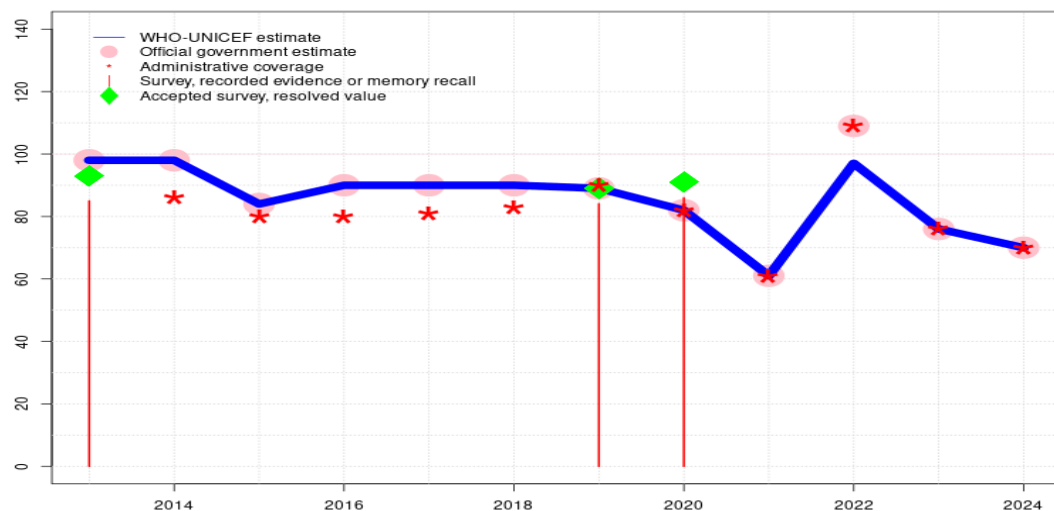
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported administrative data. Programme reported 6 months vaccine stock-out at the national level. Reported coverage inconsistent with other antigens. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports a five month vaccine stockout at national and subnational levels that do not appear to have impacted reported coverage. Reported coverage may include contribution of acceleration activities. GoC=R+ S+ D+
- 2021: Estimate informed by reported data. Programme reports four months vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate based on reported coverage. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 87 percent and 3rd dose record only coverage of 87 percent. Programme reports one month vaccine stockout at national level. Estimate challenged by: S-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 87 percent and 3rd dose record only coverage of 86 percent. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by DTP3 coverage level. Reported official coverage levels based on preliminary results from the 2014 MICS. Estimate challenged by: R-
- 2014: Pneumococcal conjugate vaccine introduced in 2014. Programme achieved 89 percent coverage in 25 percent of the national target population. Estimate informed by the total national target population. Estimate challenged by: R-

Eswatini - POL3

SWZ - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	98	84	90	90	90	89	82	61	97	76	70
Estimate GoC	••	•••	•••	••	•••	•••	•••	•••	•	••	••	••
Official	98	98	84	90	90	90	89	82	61	109	76	70
Administrative	-	86	80	80	81	83	90	82	61	109	76	70
Survey	85	-	-	-	-	-	84	86	-	-	-	-

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

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

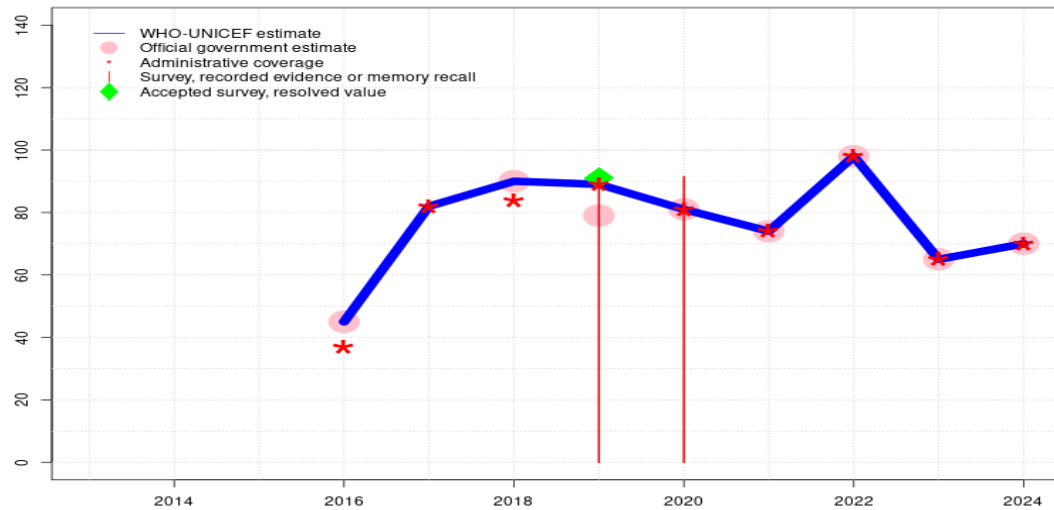
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by estimated DTP3 coverage level. Reported data excluded because 109 percent greater than 100 percent. Reported data excluded due to an increase from 61 percent to 109 percent with decrease to 76 percent. Estimate challenged by: D-R-
- 2021: Estimate informed by reported data. Programme reports four months vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 86 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 87 percent and 3rd dose record only coverage of 86 percent. Programme reports one month vaccine stockout at national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 89 percent based on 1 survey(s). Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 84 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 87 percent and 3rd dose record only coverage of 84 percent. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Programme reports two months vaccine stockout at the national level. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Programme reports three months vaccine stockout at national level GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Swaziland Multiple Indicator Cluster Survey 2014 record or recall results of 85 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 88 percent and 3rd dose record only coverage of 84 percent. GoC=R+ S+

Eswatini - IPV1

SWZ - IPV1



Description:

- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage appears to reflect recovery following COVID-19 pandemic disruptions, despite reported three months vaccine stockout. Reported coverage may include contribution of acceleration activities. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports two and a half month vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate informed by reported data. Eswatini Multiple Indicator Cluster Survey 2021-2022 results ignored by working group. Survey may not have captured declines seen in 2020. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Estimate exceptionally based on administrative coverage as large difference with official report unexplained. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. Reported official coverage levels based on preliminary results from the 2014 MICS. Increase following introduction year. Programme reports three months vaccine stockout at national level GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Inactivated polio vaccine introduced in 2016. Reporting started in 2016. GoC=R+ D+

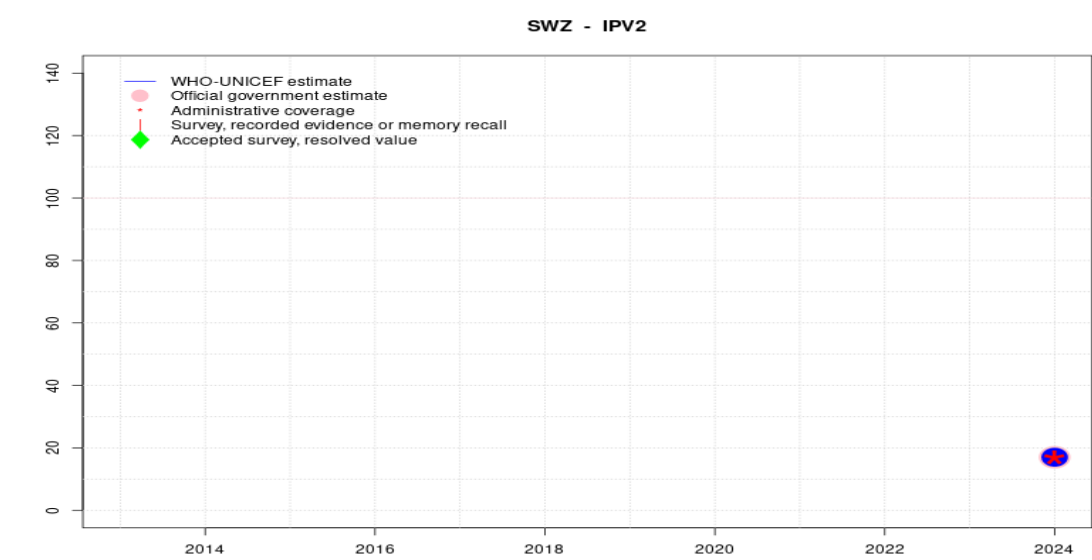
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	45	82	90	89	81	74	98	65	70
Estimate GoC	-	-	-	••	•••	•••	•••	•••	•	••	••	••
Official	-	-	-	45	-	90	79	81	74	98	65	70
Administrative	-	-	-	37	82	84	89	81	74	98	65	70
Survey	-	-	-	-	-	-	91	92	-	-	-	-

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.

Eswatini - IPV2



Description:

2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. Second dose of IPV introduced in 2024. GoC=R+ D+

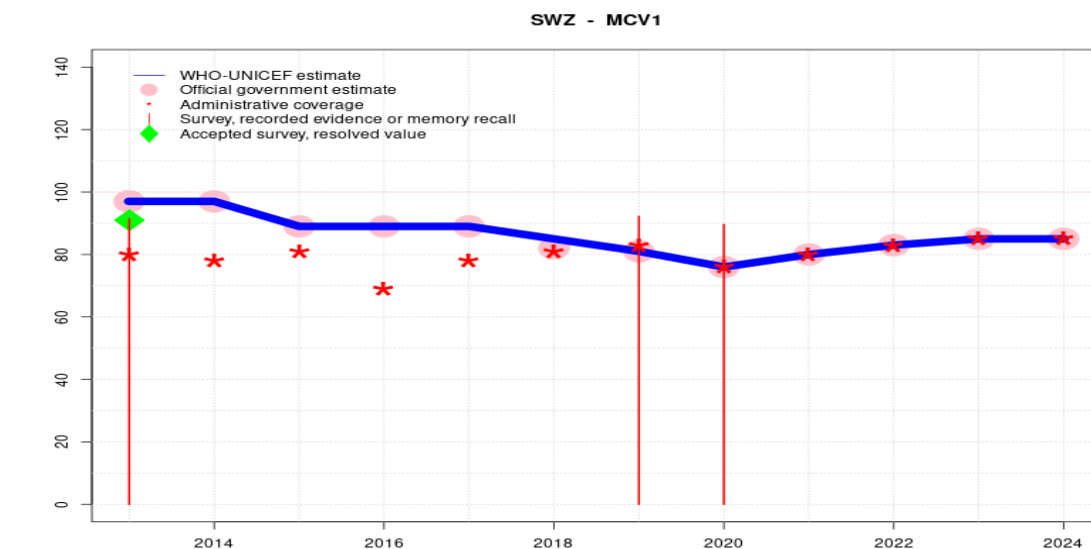
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	-	17
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●●
Official	-	-	-	-	-	-	-	-	-	-	-	17
Administrative	-	-	-	-	-	-	-	-	-	-	-	17
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Eswatini - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	97	89	89	89	85	81	76	80	83	85	85
Estimate GoC	•	•	•••	•	••	••	••	••	••	••	••	••
Official	97	97	89	89	89	82	81	76	80	83	85	85
Administrative	80	78	81	69	78	81	83	76	80	83	85	85
Survey	91	-	-	-	-	-	92	90	-	-	-	-

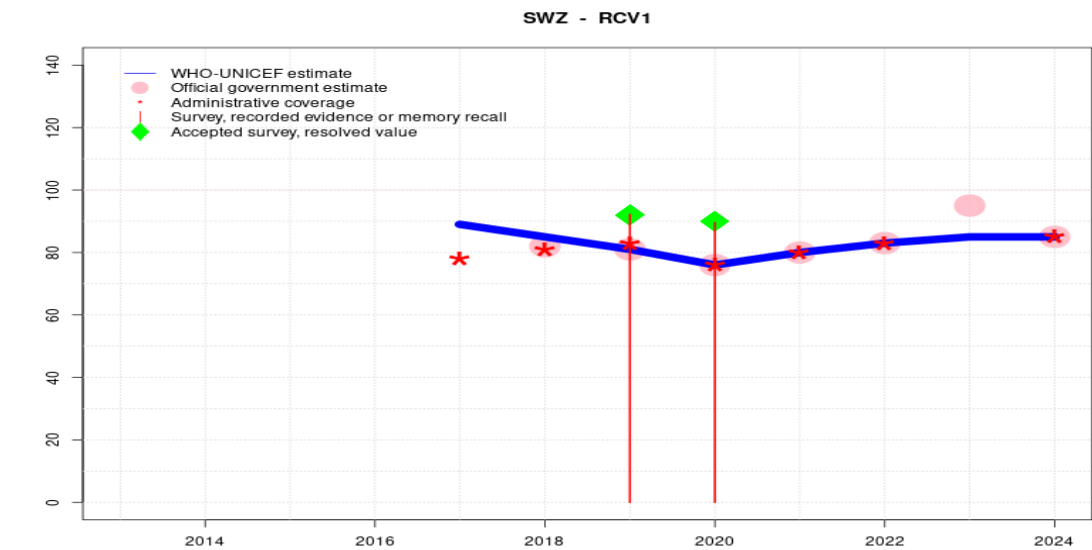
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Description:

- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports a five month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. Increase in reported coverage may partially reflect MR follow-up campaign activities. GoC=R+ D+
- 2020: Estimate informed by reported data. Eswatini Multiple Indicator Cluster Survey 2021-2022 results ignored by working group. Survey may include catch-up doses administered to older children. Programme reports four months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Eswatini Multiple Indicator Cluster Survey 2021-2022 results ignored by working group. Survey may include catch-up doses administered to older children. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Reported decline in administrative coverage appears to be due to an increase in the reported target population. Number of children vaccinated increased between 2017 and 2018. GoC=R+ D+
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Programme reports two months vaccine stockout at national level GoC=R+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Programme reports three months vaccine stockout at national level Estimate challenged by: D-
- 2015: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Estimate of 97 percent changed from previous revision value of 96 percent. Estimate challenged by: D-



Description:

2024: Estimate based on estimated MCV1. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+

2023: Estimate based on estimated MCV1. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+

2022: Estimate based on estimated MCV1. GoC=R+ D+

2021: Estimate based on estimated MCV1. GoC=R+ D+

2020: Estimate based on estimated MCV1. GoC=R+ D+

2019: Estimate based on estimated MCV1. GoC=R+ D+

2018: Estimate based on estimated MCV1. GoC=R+ D+

2017: Estimate based on estimated MCV1. Reported official coverage levels based on preliminary results from the 2014 MICS. Introduction of MR at 9 and 18 months in 2016. Reporting started in 2017. Programme reports two months vaccine stockout at national level. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	89	85	81	76	80	83	85	85
Estimate GoC	-	-	-	-	●●	●●	●●	●●	●●	●●	●●	●●
Official	-	-	-	-	-	82	81	76	80	83	95	85
Administrative	-	-	-	-	78	81	83	76	80	83	-	85
Survey	-	-	-	-	-	-	92	90	-	-	-	-

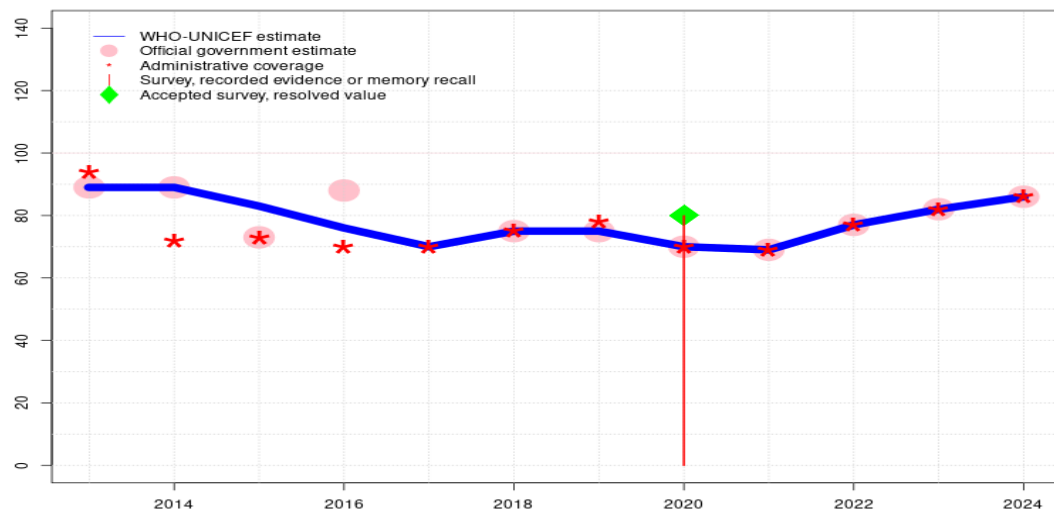
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Eswatini - MCV2

SWZ - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	89	89	83	76	70	75	75	70	69	77	82	86
Estimate GoC	●	●	●●	●●	●●	●●●	●●●	●●●	●	●●●	●●	●●
Official	89	89	73	88	-	75	75	70	69	77	82	86
Administrative	94	72	73	70	70	75	78	70	69	77	82	86
Survey	-	-	-	-	-	-	-	80	-	-	-	-

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

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

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

Description:

- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports a five month vaccine stockout at national and subnational levels. GoC=R+ S+ D+
- 2021: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 80 percent based on 1 survey(s). Programme reports four months vaccine stockout at national and subnational levels. GoC=R+ S+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. Reported official coverage levels based on preliminary results from the 2014 MICS. Programme reports two months vaccine stockout at national level GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 73 percent to 88 percent with decrease to 70 percent. Reported official coverage levels based on preliminary results from the 2014 MICS. Programme reports three months vaccine stockout at national level GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded due to decline in reported coverage from 89 percent to 73 percent with increase to 88 percent. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. No stockout reported. Estimate challenged by: D-

Eswatini - Survey Details

NOTE A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

2020 Eswatini Multiple Indicator Cluster Survey 2021-2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	7.4	12-23 m	419	88
BCG	Record	87.3	12-23 m	419	88
BCG	Record or Recall	94.8	12-23 m	419	88
BCG	Record or Recall<12m	94.8	12-23 m	419	88
DTP1	Recall	7.2	12-23 m	419	88
DTP1	Record	86.3	12-23 m	419	88
DTP1	Record or Recall	93.5	12-23 m	419	88
DTP1	Record or Recall<12m	93.1	12-23 m	419	88
DTP3	Recall	2.9	12-23 m	419	88
DTP3	Record	85	12-23 m	419	88
DTP3	Record or Recall	87.9	12-23 m	419	88
DTP3	Record or Recall<12m	86.8	12-23 m	419	88
HEPB1	Recall	7.2	12-23 m	419	88
HEPB1	Record	86.3	12-23 m	419	88
HEPB1	Record or Recall	93.5	12-23 m	419	88
HEPB1	Record or Recall<12m	93.1	12-23 m	419	88
HEPB3	Recall	2.9	12-23 m	419	88
HEPB3	Record	85	12-23 m	419	88
HEPB3	Record or Recall	87.9	12-23 m	419	88

HEPB3	Record or Recall<12m	86.8	12-23 m	419	88
HIB1	Recall	7.2	12-23 m	419	88
HIB1	Record	86.3	12-23 m	419	88
HIB1	Record or Recall	93.5	12-23 m	419	88
HIB1	Record or Recall<12m	93.1	12-23 m	419	88
HIB3	Recall	2.9	12-23 m	419	88
HIB3	Record	85	12-23 m	419	88
HIB3	Record or Recall	87.9	12-23 m	419	88
HIB3	Record or Recall<12m	86.8	12-23 m	419	88
IPV1	Recall	6.4	12-23 m	419	88
IPV1	Record	85.1	12-23 m	419	88
IPV1	Record or Recall	91.5	12-23 m	419	88
IPV1	Record or Recall<12m	90.6	12-23 m	419	88
MCV1	Recall	6.5	12-23 m	419	88
MCV1	Record	83.1	12-23 m	419	88
MCV1	Record or Recall	89.6	12-23 m	419	88
MCV1	Record or Recall<12m	87.7	12-23 m	419	88
MCV2	Recall	3.7	24-35 m	452	89
MCV2	Record	76.2	24-35 m	452	89
MCV2	Record or Recall	79.9	24-35 m	452	89
MCV2	Record or Recall<12m	78	24-35 m	452	89
PCV1	Recall	6.5	12-23 m	419	88
PCV1	Record	87.2	12-23 m	419	88
PCV1	Record or Recall	93.7	12-23 m	419	88
PCV1	Record or Recall<12m	93.4	12-23 m	419	88
PCV3	Recall	0.9	12-23 m	419	88
PCV3	Record	86.9	12-23 m	419	88
PCV3	Record or Recall	87.8	12-23 m	419	88
PCV3	Record or Recall<12m	87.1	12-23 m	419	88
POL1	Recall	4.8	12-23 m	419	88
POL1	Record	86.6	12-23 m	419	88
POL1	Record or Recall	91.5	12-23 m	419	88
POL1	Record or Recall<12m	91	12-23 m	419	88
POL3	Recall	0.4	12-23 m	419	88
POL3	Record	85.5	12-23 m	419	88
POL3	Record or Recall	86	12-23 m	419	88
POL3	Record or Recall<12m	85.1	12-23 m	419	88
RCV1	Recall	6.5	12-23 m	419	88
RCV1	Record	83.1	12-23 m	419	88
RCV1	Record or Recall	89.6	12-23 m	419	88

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RCV1	Record or Recall<12m	87.7	12-23 m	419	88
ROTAC	Recall	4.1	12-23 m	419	88
ROTAC	Record	76	12-23 m	419	88
ROTAC	Record or Recall	80.1	12-23 m	419	88
ROTAC	Record or Recall<12m	78.8	12-23 m	419	88

2019 Eswatini Multiple Indicator Cluster Survey 2021-2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9	24-35 m	452	89
BCG	Record	86.7	24-35 m	452	89
BCG	Record or Recall	95.7	24-35 m	452	89
BCG	Record or Recall<12m	95.7	24-35 m	452	89
DTP1	Recall	7	24-35 m	452	89
DTP1	Record	85.5	24-35 m	452	89
DTP1	Record or Recall	92.5	24-35 m	452	89
DTP1	Record or Recall<12m	92.1	24-35 m	452	89
DTP3	Recall	3.2	24-35 m	452	89
DTP3	Record	85.2	24-35 m	452	89
DTP3	Record or Recall	88.4	24-35 m	452	89
DTP3	Record or Recall<12m	86.9	24-35 m	452	89
HEPB1	Recall	7	24-35 m	452	89
HEPB1	Record	85.5	24-35 m	452	89
HEPB1	Record or Recall	92.5	24-35 m	452	89
HEPB1	Record or Recall<12m	92.1	24-35 m	452	89
HEPB3	Recall	3.2	24-35 m	452	89
HEPB3	Record	85.2	24-35 m	452	89
HEPB3	Record or Recall	88.4	24-35 m	452	89
HEPB3	Record or Recall<12m	86.9	24-35 m	452	89
HIB1	Recall	7	24-35 m	452	89
HIB1	Record	85.5	24-35 m	452	89
HIB1	Record or Recall	92.5	24-35 m	452	89
HIB1	Record or Recall<12m	92.1	24-35 m	452	89
HIB3	Recall	3.2	24-35 m	452	89
HIB3	Record	85.2	24-35 m	452	89
HIB3	Record or Recall	88.4	24-35 m	452	89
HIB3	Record or Recall<12m	86.9	24-35 m	452	89
IPV1	Recall	7.8	24-35 m	452	89
IPV1	Record	83.2	24-35 m	452	89

IPV1	Record or Recall	90.9	24-35 m	452	89
IPV1	Record or Recall<12m	89.5	24-35 m	452	89
MCV1	Recall	7.2	24-35 m	452	89
MCV1	Record	85.1	24-35 m	452	89
MCV1	Record or Recall	92.2	24-35 m	452	89
MCV1	Record or Recall<12m	88.4	24-35 m	452	89
PCV1	Recall	5.6	24-35 m	452	89
PCV1	Record	86.6	24-35 m	452	89
PCV1	Record or Recall	92.2	24-35 m	452	89
PCV1	Record or Recall<12m	91.8	24-35 m	452	89
PCV3	Recall	1.7	24-35 m	452	89
PCV3	Record	85.9	24-35 m	452	89
PCV3	Record or Recall	87.5	24-35 m	452	89
PCV3	Record or Recall<12m	87	24-35 m	452	89
POL1	Recall	4.9	24-35 m	452	89
POL1	Record	87.1	24-35 m	452	89
POL1	Record or Recall	92	24-35 m	452	89
POL1	Record or Recall<12m	91.7	24-35 m	452	89
POL3	Recall	0.4	24-35 m	452	89
POL3	Record	83.6	24-35 m	452	89
POL3	Record or Recall	84.1	24-35 m	452	89
POL3	Record or Recall<12m	83.6	24-35 m	452	89
RCV1	Recall	7.2	24-35 m	452	89
RCV1	Record	85.1	24-35 m	452	89
RCV1	Record or Recall	92.2	24-35 m	452	89
RCV1	Record or Recall<12m	88.4	24-35 m	452	89
ROTAC	Recall	4.7	24-35 m	452	89
ROTAC	Record	84.7	24-35 m	452	89
ROTAC	Record or Recall	89.4	24-35 m	452	89
ROTAC	Record or Recall<12m	89	24-35 m	452	89

2013 Swaziland Multiple Indicator Cluster Survey 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	88.9	12-23 m	533	89
BCG	Record or Recall	98.4	12-23 m	533	89
BCG	Record or Recall<12m	97.5	12-23 m	533	89
DTP1	Record	88.3	12-23 m	533	89
DTP1	Record or Recall	96.8	12-23 m	533	89

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DTP1	Record or Recall<12m	96.4	12-23 m	533	89
DTP3	Record	86.9	12-23 m	533	89
DTP3	Record or Recall	91.6	12-23 m	533	89
DTP3	Record or Recall<12m	90.1	12-23 m	533	89
HEPB1	Record	88.3	12-23 m	533	89
HEPB1	Record or Recall	96.8	12-23 m	533	89
HEPB1	Record or Recall<12m	96.4	12-23 m	533	89
HEPB3	Record	86.9	12-23 m	533	89
HEPB3	Record or Recall	91.6	12-23 m	533	89
HEPB3	Record or Recall<12m	90.1	12-23 m	533	89
HIB1	Record	88.3	12-23 m	533	89
HIB1	Record or Recall	96.8	12-23 m	533	89
HIB1	Record or Recall<12m	96.4	12-23 m	533	89
HIB3	Record	86.9	12-23 m	533	89
HIB3	Record or Recall	91.6	12-23 m	533	89
HIB3	Record or Recall<12m	90.1	12-23 m	533	89
MCV1	Record	81.1	12-23 m	533	89
MCV1	Record or Recall	91.4	12-23 m	533	89
MCV1	Record or Recall<12m	89.3	12-23 m	533	89
PCV1	Record	7.6	12-23 m	533	89
PCV1	Record or Recall	19.2	12-23 m	533	89
PCV1	Record or Recall<12m	16.7	12-23 m	533	89
PCV3	Record	4.8	12-23 m	533	89
PCV3	Record or Recall	5.8	12-23 m	533	89
PCV3	Record or Recall<12m	5.1	12-23 m	533	89
POL1	Record	88.2	12-23 m	533	89
POL1	Record or Recall	96.8	12-23 m	533	89
POL1	Record or Recall<12m	96.6	12-23 m	533	89
POL3	Record	84.1	12-23 m	533	89
POL3	Record or Recall	85	12-23 m	533	89
POL3	Record or Recall<12m	83.9	12-23 m	533	89

DTP1	Record or Recall	95.4	24-35 m	594	-
DTP1	Record or Recall<12m	94.4	24-35 m	594	-
DTP3	Record	79.2	24-35 m	594	-
DTP3	Record or Recall	89.6	24-35 m	594	-
DTP3	Record or Recall<12m	87.5	24-35 m	594	-
HEPB1	Record	81.2	24-35 m	594	-
HEPB1	Record or Recall	95.4	24-35 m	594	-
HEPB1	Record or Recall<12m	94.4	24-35 m	594	-
HEPB3	Record	79.2	24-35 m	594	-
HEPB3	Record or Recall	89.6	24-35 m	594	-
HEPB3	Record or Recall<12m	87.5	24-35 m	594	-
HIB1	Record	81.2	24-35 m	594	-
HIB1	Record or Recall	95.4	24-35 m	594	-
HIB1	Record or Recall<12m	94.4	24-35 m	594	-
HIB3	Record	79.2	24-35 m	594	-
HIB3	Record or Recall	89.6	24-35 m	594	-
HIB3	Record or Recall<12m	87.5	24-35 m	594	-
MCV1	Record	77.6	24-35 m	594	-
MCV1	Record or Recall	93.3	24-35 m	594	-
MCV1	Record or Recall<12m	86.2	24-35 m	594	-
PCV1	Record	4.7	24-35 m	594	-
PCV1	Record or Recall	18.1	24-35 m	594	-
PCV1	Record or Recall<12m	17	24-35 m	594	-
PCV3	Record	4.3	24-35 m	594	-
PCV3	Record or Recall	5.8	24-35 m	594	-
PCV3	Record or Recall<12m	5.2	24-35 m	594	-
POL1	Record	81.1	24-35 m	594	-
POL1	Record or Recall	94.8	24-35 m	594	-
POL1	Record or Recall<12m	93.8	24-35 m	594	-
POL3	Record	76.6	24-35 m	594	-
POL3	Record or Recall	78.2	24-35 m	594	-
POL3	Record or Recall<12m	76.8	24-35 m	594	-

2012 Swaziland Multiple Indicator Cluster Survey 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	80.4	24-35 m	594	-
BCG	Record or Recall	95.4	24-35 m	594	-
BCG	Record or Recall<12m	94.8	24-35 m	594	-
DTP1	Record	81.2	24-35 m	594	-

2011 Kingdom of Swaziland Immunization Coverage Survey 2013 Final Report

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	84.4	24-35 m	-	85
BCG	Record or Recall	91.3	24-35 m	482	85

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DTP1	Record	84.4	24-35 m	-	85	HEPB1	Record or Recall<12m	96.4	12-23 m	521	88
DTP1	Record or Recall	89.2	24-35 m	482	85	HEPB3	Recall	6.5	12-23 m	521	88
DTP3	Record	83.6	24-35 m	-	85	HEPB3	Record	84.1	12-23 m	521	88
DTP3	Record or Recall	88.4	24-35 m	482	85	HEPB3	Record or Recall	90.6	12-23 m	521	88
HEPB1	Record	84.4	24-35 m	-	85	HEPB3	Record or Recall<12m	89.4	12-23 m	521	88
HEPB1	Record or Recall	89.2	24-35 m	482	85	HIB1	Recall	10.1	12-23 m	521	88
HEPB3	Record	83.6	24-35 m	-	85	HIB1	Record	87.8	12-23 m	521	88
HEPB3	Record or Recall	88.4	24-35 m	482	85	HIB1	Record or Recall	97.8	12-23 m	521	88
HIB1	Record	84.4	24-35 m	-	85	HIB1	Record or Recall<12m	96.4	12-23 m	521	88
HIB1	Record or Recall	89.2	24-35 m	482	85	HIB3	Recall	6.5	12-23 m	521	88
HIB3	Record	83.6	24-35 m	-	85	HIB3	Record	84.1	12-23 m	521	88
HIB3	Record or Recall	88.4	24-35 m	482	85	HIB3	Record or Recall	90.6	12-23 m	521	88
MCV1	Record	82.1	24-35 m	-	85	HIB3	Record or Recall<12m	89.4	12-23 m	521	88
MCV1	Record or Recall	86.9	24-35 m	482	85	MCV1	Recall	13.1	12-23 m	521	88
MCV2	Record	75.9	24-35 m	-	85	MCV1	Record	84.7	12-23 m	521	88
MCV2	Record or Recall	80.5	24-35 m	482	85	MCV1	Record or Recall	97.8	12-23 m	521	88
POL1	Record	84.4	24-35 m	-	85	MCV1	Record or Recall<12m	93.9	12-23 m	521	88
POL1	Record or Recall	89.2	24-35 m	482	85	POL1	Recall	10	12-23 m	521	88
POL3	Record	83.6	24-35 m	-	85	POL1	Record	87	12-23 m	521	88
POL3	Record or Recall	88.4	24-35 m	482	85	POL1	Record or Recall	97	12-23 m	521	88

2009 Swaziland Multiple Indicator Cluster Survey 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	10.6	12-23 m	521	88
BCG	Record	87.6	12-23 m	521	88
BCG	Record or Recall	98.2	12-23 m	521	88
BCG	Record or Recall<12m	97.9	12-23 m	521	88
DTP1	Recall	10.1	12-23 m	521	88
DTP1	Record	87.8	12-23 m	521	88
DTP1	Record or Recall	97.8	12-23 m	521	88
DTP1	Record or Recall<12m	96.4	12-23 m	521	88
DTP3	Recall	6.5	12-23 m	521	88
DTP3	Record	84.1	12-23 m	521	88
DTP3	Record or Recall	90.6	12-23 m	521	88
DTP3	Record or Recall<12m	89.4	12-23 m	521	88
HEPB1	Recall	10.1	12-23 m	521	88
HEPB1	Record	87.8	12-23 m	521	88
HEPB1	Record or Recall	97.8	12-23 m	521	88

2008 Swaziland 2008 National Nutrition Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall<12m	8	9-11 m	-	-
MCV1	Record or Recall<12m	71.6	9-11 m	-	-
MCV1	Record<12m	63.6	9-11 m	-	-

2007 Swaziland 2008 National Nutrition Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	10.8	12-23 m	754	-

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MCV1	Record	83.9	12-23 m	754	-	2005 Swaziland measles post campaing evaluation and EPI coverage survey reports, July 2006
MCV1	Record or Recall	94.7	12-23 m	754	-	

2005 Swaziland Demographic and Health Survey 2006-07

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	13.3	12-23 m	531	84
BCG	Record	83.9	12-23 m	531	84
BCG	Record or Recall	97.2	12-23 m	531	84
BCG	Record or Recall<12m	97	12-23 m	531	84
DTP1	Recall	12.2	12-23 m	531	84
DTP1	Record	83.7	12-23 m	531	84
DTP1	Record or Recall	96	12-23 m	531	84
DTP1	Record or Recall<12m	95.4	12-23 m	531	84
DTP3	Recall	9.2	12-23 m	531	84
DTP3	Record	82.4	12-23 m	531	84
DTP3	Record or Recall	91.7	12-23 m	531	84
DTP3	Record or Recall<12m	90.2	12-23 m	531	84
HEPB1	Recall	12.4	12-23 m	531	84
HEPB1	Record	83.1	12-23 m	531	84
HEPB1	Record or Recall	95.5	12-23 m	531	84
HEPB1	Record or Recall<12m	95.2	12-23 m	531	84
HEPB3	Recall	9	12-23 m	531	84
HEPB3	Record	82.1	12-23 m	531	84
HEPB3	Record or Recall	91.1	12-23 m	531	84
HEPB3	Record or Recall<12m	89.6	12-23 m	531	84
MCV1	Recall	12.1	12-23 m	531	84
MCV1	Record	79.4	12-23 m	531	84
MCV1	Record or Recall	91.5	12-23 m	531	84
MCV1	Record or Recall<12m	82.7	12-23 m	531	84
POL1	Recall	13	12-23 m	531	84
POL1	Record	83.9	12-23 m	531	84
POL1	Record or Recall	97	12-23 m	531	84
POL1	Record or Recall<12m	96.3	12-23 m	531	84
POL3	Recall	4.4	12-23 m	531	84
POL3	Record	82.9	12-23 m	531	84
POL3	Record or Recall	87.3	12-23 m	531	84
POL3	Record or Recall<12m	85.9	12-23 m	531	84

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	99.6	12-23 m	581	79
BCG	Record or Recall	99.7	12-23 m	581	79
DTP1	Record	98.3	12-23 m	581	79
DTP1	Record or Recall	97.4	12-23 m	581	79
DTP3	Record	95.7	12-23 m	581	79
DTP3	Record or Recall	95.2	12-23 m	581	79
HEPB1	Record	98.3	12-23 m	581	79
HEPB1	Record or Recall	97.4	12-23 m	581	79
HEPB3	Record	95.7	12-23 m	581	79
HEPB3	Record or Recall	95.2	12-23 m	581	79
MCV1	Record	89.2	12-23 m	581	79
MCV1	Record or Recall	91.2	12-23 m	581	79
POL1	Record	97.2	12-23 m	581	79
POL1	Record or Recall	96.6	12-23 m	581	79
POL3	Record	95.7	12-23 m	581	79
POL3	Record or Recall	95.2	12-23 m	581	79

2002 Swaziland, Report on National EPI Review, 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	97.6	12-23 m	209	94
DTP1	Record or Recall	98.1	12-23 m	209	94
DTP3	Record or Recall	97.1	12-23 m	209	94
HEPB3	Record or Recall	95.6	12-23 m	209	94
MCV1	Record or Recall	95.6	12-23 m	209	94
POL3	Record or Recall	97.1	12-23 m	209	94

1999 Swaziland Multiple Indicator Cluster Survey 2000, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	94.1	12-23 m	-	86
DTP1	Record or Recall<12m	92.6	12-23 m	-	86
DTP3	Record or Recall<12m	77.7	12-23 m	-	86

MCV1	Record or Recall<12m	72.3	12-23 m	-	86		POL3	Record or Recall<12m	75.1	12-23 m	-	86
POL1	Record or Recall<12m	91.4	12-23 m	-	86							

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