

Timor-Leste: 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.

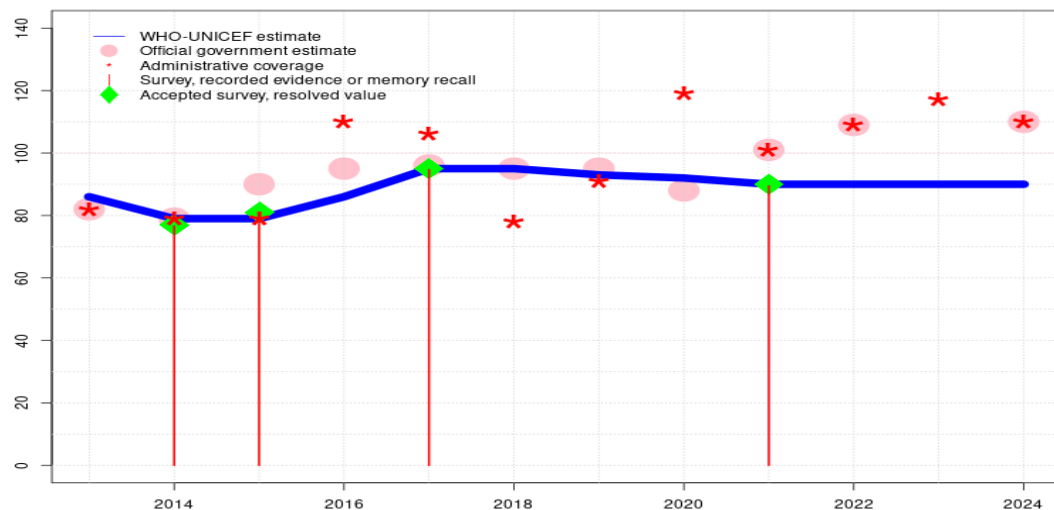
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Timor-Leste - BCG

TLS - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	86	79	79	86	95	95	93	92	90	90	90	90
Estimate GoC	●	●	●	●	●	●●	●	●	●	●	●	●
Official	82	79	90	95	96	95	95	88	101	109	-	110
Administrative	82	79	79	110	106	78	91	119	101	109	117	110
Survey	-	77	81	-	95	-	-	-	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.

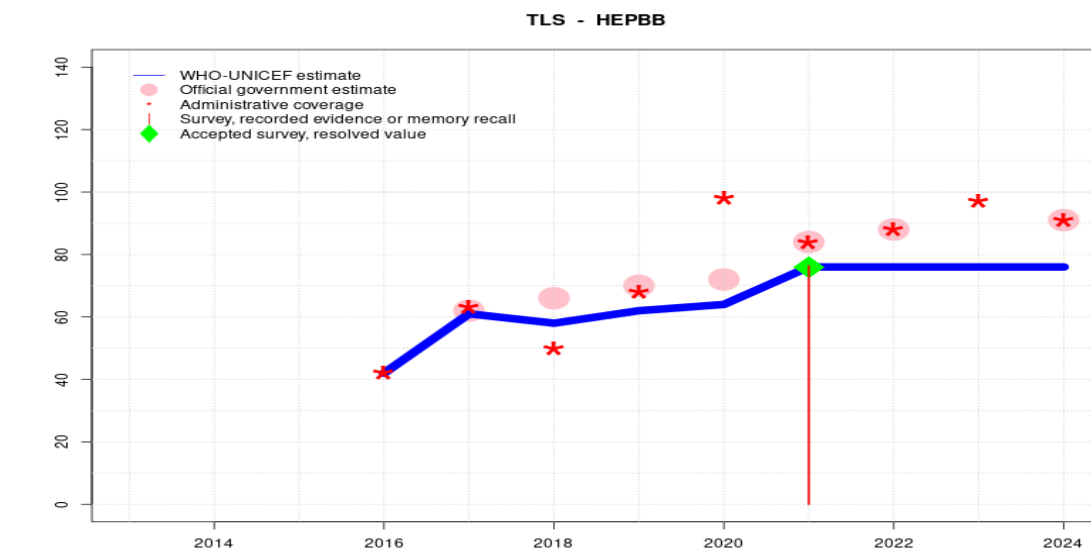
Description:

- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Reported data excluded because 110 percent greater than 100 percent. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Reported data excluded because 117 percent greater than 100 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Reported data excluded because 109 percent greater than 100 percent. Estimate challenged by: D-R-
- 2021: Estimate of 90 percent assigned by working group. Estimate informed by survey results. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2018 and 2021 levels. No vital registration system in place in the country. The 2015 census was used as the basis for the denominator used for the reported administrative coverage. These census projections are under discussion by different institutions. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2018 and 2021 levels. Estimate challenged by: D-R-
- 2018: Estimate informed by survey results. Exceptional relative increase of 35 percent in reported target population from 2017 to 2018 is explained by a reversion to projections from 2010 census. Apparent decline in reported administrative data likely an artefact resulting from change in reported target. Reported official coverage informed by survey results. GoC=Assigned by working group. Consistency with other antigens.
- 2017: Estimate of 95 percent assigned by working group. Estimate informed by survey results. Reported data excluded. Adjustment to reported official estimates is unexplained. Estimate challenged by: D-R-S-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Adjustment to reported official estimates is unexplained. The reported number of children vaccinated

includes children beyond one-year of age but the proportion above one-year is unknown. The reported target population estimates for 2016 are lower than those for 2015 due in part to a change from use of projections from 2010 census to 2015 census. Estimate challenged by: D-R-

- 2015: Estimate informed by reported administrative data supported by survey. Survey evidence of 81 percent based on 1 survey(s). WHO and UNICEF are aware of two sub-national surveys conducted during 2015 reflecting coverage for the 2013-14 birth cohorts and encourages efforts to appropriately re-weight the survey results to produce national level coverage results. Official government reported data based on two subnational surveys conducted during 2015. GoC=Assigned by working group. Consistency across vaccines.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 77 percent based on 1 survey(s). GoC=Assigned by working group. Consistency across vaccines.
- 2013: Estimate of 86 percent assigned by working group. Estimate informed by survey results. Programme reports three months vaccine stockout at national level and in two districts. Estimate challenged by: D-R-

Timor-Leste - HEPBB



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	42	61	58	62	64	76	76	76	76
Estimate GoC	-	-	-	•	•	•	•	•	•	•	•	•
Official	-	-	-	-	62	66	70	72	84	88	-	91
Administrative	-	-	-	42	63	50	68	98	84	88	97	91
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.

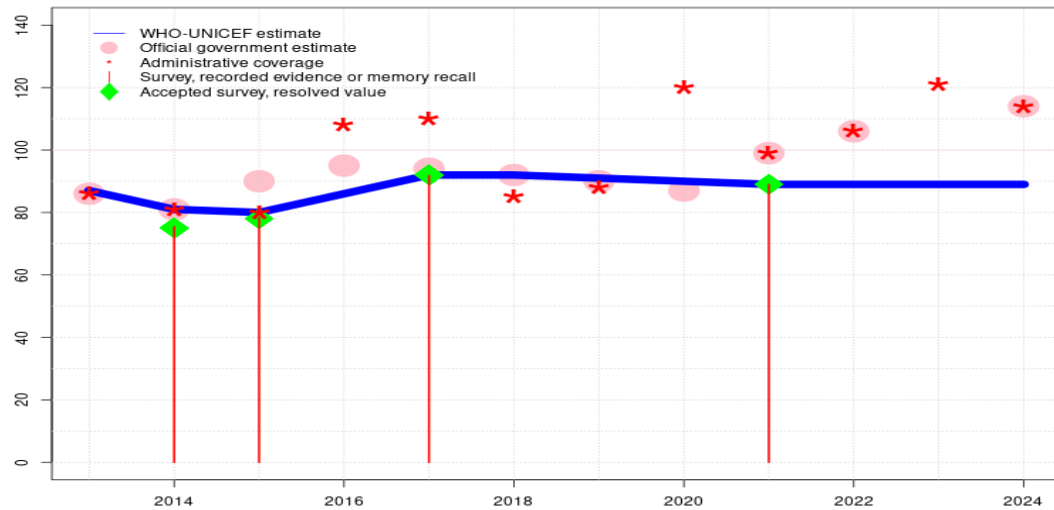
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Programme reports a one month vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: Estimate of 76 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2021 levels. No vital registration system in place in the country. The 2015 census was used as the basis for the denominator used for the reported administrative coverage. These census projections are under discussion by different institutions. Estimate challenged by: D-R-S-
- 2019: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-S-
- 2018: Reported data calibrated to 2021 levels. Exceptional relative increase of 35 percent in reported target population from 2017 to 2018 is explained by a reversion to projections from 2010 census. Apparent decline in reported administrative data likely an artefact resulting from change in reported target. Reported official coverage informed by survey results. Estimate challenged by: D-R-
- 2017: Estimate informed by the relative difference between estimated and reported coverage for BCG. Reported data excluded. Adjustment to reported official estimates is unexplained. Estimate challenged by: R-
- 2016: Estimate is exceptionally based on reported coverage during introduction. Reported data excluded. Adjustment to reported official estimates is unexplained. Estimate challenged by: R-

Timor-Leste - DTP1

TLS - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	81	80	86	92	92	91	90	89	89	89	89
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	86	81	90	95	94	92	90	87	99	106	-	114
Administrative	86	81	80	108	110	85	88	120	99	106	121	114
Survey	-	75	78	-	92	-	-	-	89	-	-	-

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 2021 levels. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Reported data excluded because 114 percent greater than 100 percent. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Reported data excluded because 121 percent greater than 100 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Reported data excluded because 106 percent greater than 100 percent. Estimate challenged by: D-R-
- 2021: Estimate of 89 percent assigned by working group. Estimate informed by survey results. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2018 and 2021 levels. No vital registration system in place in the country. The 2015 census was used as the basis for the denominator used for the reported administrative coverage. These census projections are under discussion by different institutions. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2018 and 2021 levels. Estimate challenged by: D-R-
- 2018: Estimate informed by reported data. Exceptional relative increase of 35 percent in reported target population from 2017 to 2018 is explained by a reversion to projections from 2010 census. Apparent decline in reported administrative data likely an artefact resulting from change in reported target. Reported official coverage informed by survey results. Estimate challenged by: D-
- 2017: Estimate of 92 percent assigned by working group. Estimate informed by survey results. Reported data excluded. Adjustment to reported official estimates is unexplained. Estimate challenged by: D-R-S-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Adjustment to reported official estimates is unexplained. The reported number of children vaccinated includes children beyond one-year of age but the proportion above one-year is unknown.

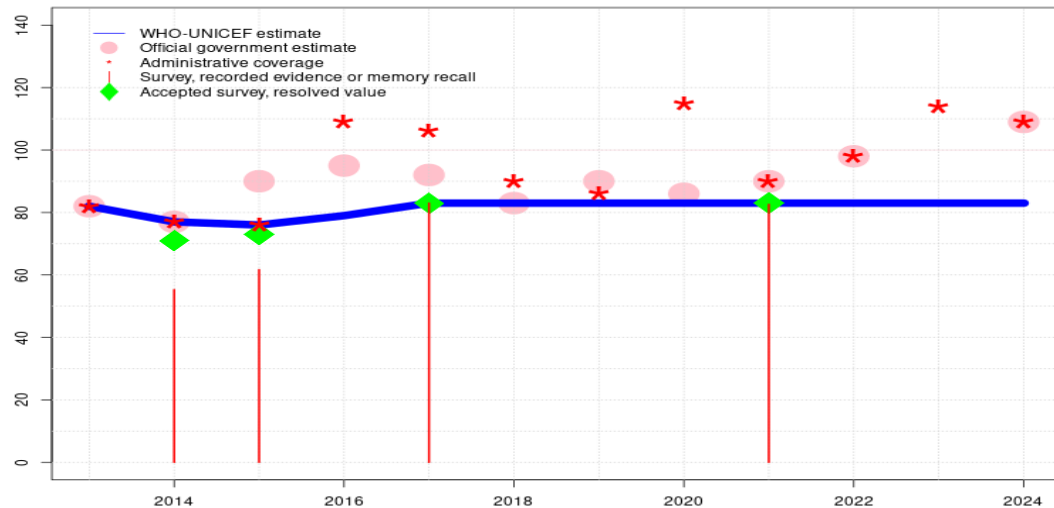
Timor-Leste - DTP1

The reported target population estimates for 2016 are lower than those for 2015 due in part to a change from use of projections from 2010 census to 2015 census. Estimate challenged by: D-R-S-

- 2015: Estimate informed by reported administrative data supported by survey. Survey evidence of 78 percent based on 1 survey(s). WHO and UNICEF are aware of two sub-national surveys conducted during 2015 reflecting coverage for the 2013-14 birth cohorts and encourages efforts to appropriately re-weight the survey results to produce national level coverage results. Official government reported data based on two subnational surveys conducted during 2015. GoC=Assigned by working group. Consistency across vaccines.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 75 percent based on 1 survey(s). GoC=Assigned by working group. Consistency across vaccines.
- 2013: Reported data calibrated to 2012 and 2014 levels. Estimate challenged by: D-R-S-

Timor-Leste - DTP3

TLS - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	77	76	79	83	83	83	83	83	83	83	83
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	82	77	90	95	92	83	90	86	90	98	-	109
Administrative	82	77	76	109	106	90	86	115	90	98	114	109
Survey	-	55	62	-	83	-	-	-	83	-	-	-

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

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

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

Description:

- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Reported data excluded because 109 percent greater than 100 percent. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Reported data excluded because 114 percent greater than 100 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Estimate challenged by: D-R-
- 2021: Estimate of 83 percent assigned by working group. Estimate informed by survey results. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2018 and 2021 levels. No vital registration system in place in the country. The 2015 census was used as the basis for the denominator used for the reported administrative coverage. These census projections are under discussion by different institutions. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2018 and 2021 levels. Official coverage estimates do not reflect trends in reported doses administered (numerator) between 2017 and 2019. Numerator trend for DTP-HepB3-Hib 3 not consistent with that of DTP 1. Estimate challenged by: D-R-
- 2018: Estimate informed by reported data. Exceptional relative increase of 35 percent in reported target population from 2017 to 2018 is explained by a reversion to projections from 2010 census. Apparent decline in reported administrative data likely an artefact resulting from change in reported target. Reported official coverage informed by survey results. Official coverage estimates do not reflect trends in reported doses administered (numerator) between 2017 and 2019. Numerator trend for DTP-HepB3-Hib 3 not consistent with that of DTP 1. Estimate challenged by: D-
- 2017: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Information was not available in the survey report to adjust for recall bias. Reported data excluded. Adjustment to reported official estimates is unexplained. Official cover-

age estimates do not reflect trends in reported doses administered (numerator) between 2017 and 2019. Numerator trend for DTP-HepB3-Hib 3 not consistent with that of DTP 1. Estimate challenged by: D-R-

2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Adjustment to reported official estimates is unexplained. The reported number of children vaccinated includes children beyond one-year of age but the proportion above one-year is unknown. The reported target population estimates for 2016 are lower than those for 2015 due in part to a change from use of projections from 2010 census to 2015 census. Estimate challenged by: D-R-

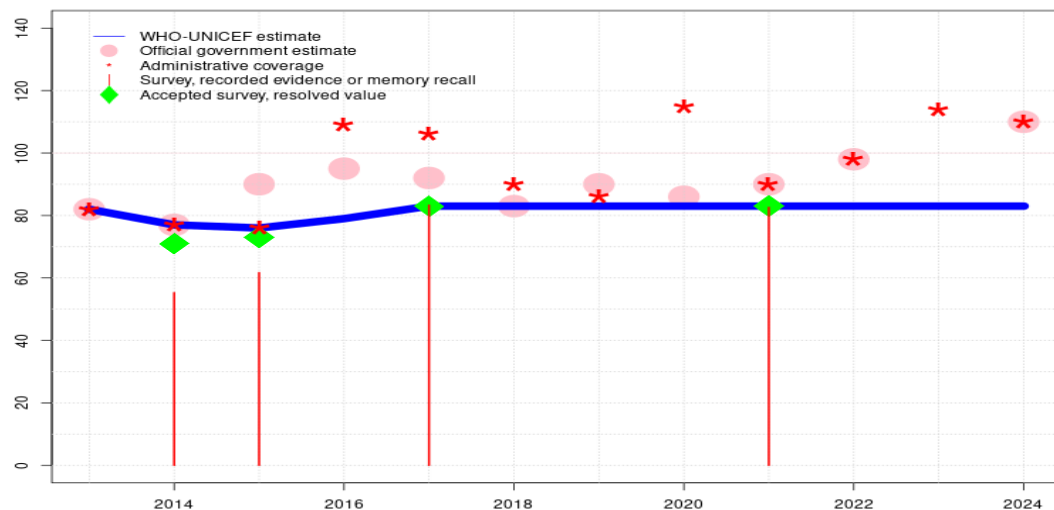
2015: Estimate informed by reported administrative data supported by survey. Survey evidence of 73 percent based on 1 survey(s). Timor-Leste Demographic and Health Survey 2016 record or recall results of 62 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 78 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 48 percent. WHO and UNICEF are aware of two sub-national surveys conducted during 2015 reflecting coverage for the 2013-14 birth cohorts and encourages efforts to appropriately re-weight the survey results to produce national level coverage results. Official government reported data based on two sub-national surveys conducted during 2015. GoC=Assigned by working group. Consistency across vaccines.

2014: Estimate informed by reported data supported by survey. Survey evidence of 71 percent based on 1 survey(s). Timor-Leste Demographic and Health Survey 2016 record or recall results of 55 percent modified for recall bias to 71 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 40 percent and 3rd dose record only coverage of 38 percent. GoC=Assigned by working group. Consistency across vaccines.

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

Timor-Leste - HEPB3

TLS - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	77	76	79	83	83	83	83	83	83	83	83
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	82	77	90	95	92	83	90	86	90	98	-	110
Administrative	82	77	76	109	106	90	86	115	90	98	114	110
Survey	-	55	62	-	83	-	-	-	83	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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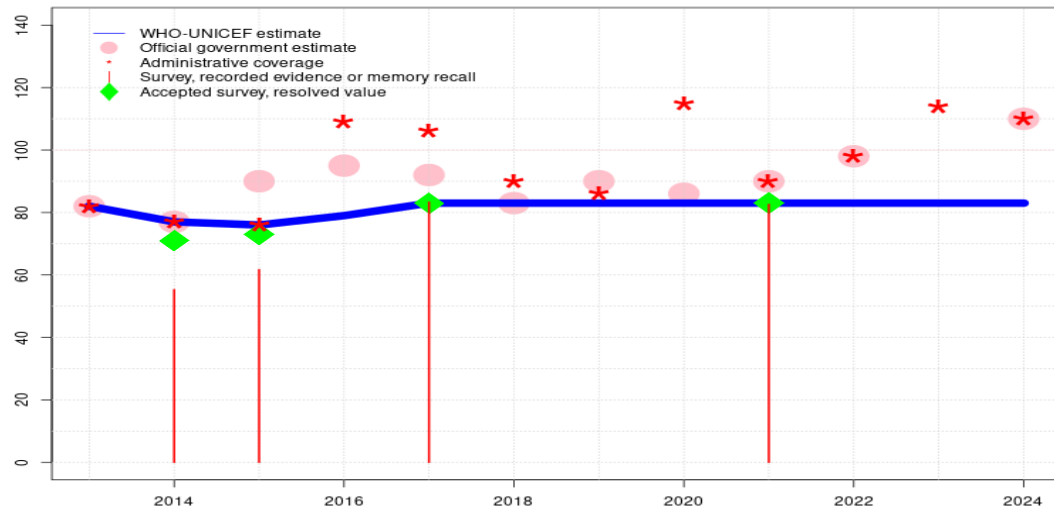
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- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Reported data excluded because 110 percent greater than 100 percent. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Reported data excluded because 114 percent greater than 100 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Estimate challenged by: D-R-
- 2021: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2018 and 2021 levels. No vital registration system in place in the country. The 2015 census was used as the basis for the denominator used for the reported administrative coverage. These census projections are under discussion by different institutions. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2018 and 2021 levels. Official coverage estimates do not reflect trends in reported doses administered (numerator) between 2017 and 2019. Numerator trend for DTP-HepB3-Hib 3 not consistent with that of DTP 1. Estimate challenged by: D-R-
- 2018: Estimate informed by reported data. Exceptional relative increase of 35 percent in reported target population from 2017 to 2018 is explained by a reversion to projections from 2010 census. Apparent decline in reported administrative data likely an artefact resulting from change in reported target. Reported official coverage informed by survey results. Official coverage estimates do not reflect trends in reported doses administered (numerator) between 2017 and 2019. Numerator trend for DTP-HepB3-Hib 3 not consistent with that of DTP 1. Estimate challenged by: D-
- 2017: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Reported data excluded. Adjustment to reported official estimates is unexplained. Official coverage estimates do not reflect trends in reported doses administered (numerator)

- between 2017 and 2019. Numerator trend for DTP-HepB3-Hib 3 not consistent with that of DTP 1. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Adjustment to reported official estimates is unexplained. The reported number of children vaccinated includes children beyond one-year of age but the proportion above one-year is unknown. The reported target population estimates for 2016 are lower than those for 2015 due in part to a change from use of projections from 2010 census to 2015 census. Estimate challenged by: D-R-
- 2015: Estimate informed by reported administrative data supported by survey. Survey evidence of 73 percent based on 1 survey(s). Timor-Leste Demographic and Health Survey 2016 record or recall results of 62 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 78 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 48 percent. WHO and UNICEF are aware of two sub-national surveys conducted during 2015 reflecting coverage for the 2013-14 birth cohorts and encourages efforts to appropriately re-weight the survey results to produce national level coverage results. Official government reported data based on two sub-national surveys conducted during 2015. GoC=Assigned by working group. Consistency across vaccines.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 71 percent based on 1 survey(s). Timor-Leste Demographic and Health Survey 2016 record or recall results of 55 percent modified for recall bias to 71 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 40 percent and 3rd dose record only coverage of 38 percent. GoC=Assigned by working group. Consistency across vaccines.
- 2013: Estimate informed by reported data. Vaccine presentation changed from DTP-HepB to DTP-HepB-Hib in October 2012. Estimate challenged by: D-S-

Timor-Leste - Hib3

TLS - Hib3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	77	76	79	83	83	83	83	83	83	83	83
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	82	77	90	95	92	83	90	86	90	98	-	110
Administrative	82	77	76	109	106	90	86	115	90	98	114	110
Survey	-	55	62	-	83	-	-	-	83	-	-	-

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

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

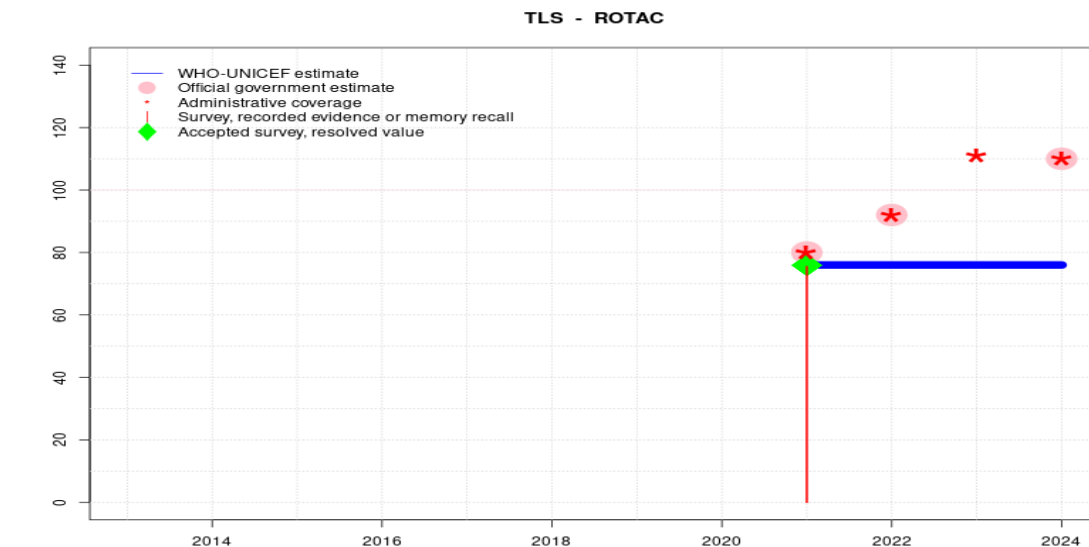
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Reported data excluded because 110 percent greater than 100 percent. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Reported data excluded because 114 percent greater than 100 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Estimate challenged by: D-R-
- 2021: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2018 and 2021 levels. No vital registration system in place in the country. The 2015 census was used as the basis for the denominator used for the reported administrative coverage. These census projections are under discussion by different institutions. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2018 and 2021 levels. Official coverage estimates do not reflect trends in reported doses administered (numerator) between 2017 and 2019. Numerator trend for DTP-HepB3-Hib 3 not consistent with that of DTP 1. Estimate challenged by: D-R-
- 2018: Estimate informed by reported data. Exceptional relative increase of 35 percent in reported target population from 2017 to 2018 is explained by a reversion to projections from 2010 census. Apparent decline in reported administrative data likely an artefact resulting from change in reported target. Reported official coverage informed by survey results. Official coverage estimates do not reflect trends in reported doses administered (numerator) between 2017 and 2019. Numerator trend for DTP-HepB3-Hib 3 not consistent with that of DTP 1. Estimate challenged by: D-
- 2017: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Reported data excluded. Adjustment to reported official estimates is unexplained. Official coverage estimates do not reflect trends in reported doses administered (numerator)

- between 2017 and 2019. Numerator trend for DTP-HepB3-Hib 3 not consistent with that of DTP 1. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Adjustment to reported official estimates is unexplained. The reported number of children vaccinated includes children beyond one-year of age but the proportion above one-year is unknown. The reported target population estimates for 2016 are lower than those for 2015 due in part to a change from use of projections from 2010 census to 2015 census. Estimate challenged by: D-R-
- 2015: Estimate informed by reported administrative data supported by survey. Survey evidence of 73 percent based on 1 survey(s). Timor-Leste Demographic and Health Survey 2016 record or recall results of 62 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 78 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 48 percent. WHO and UNICEF are aware of two sub-national surveys conducted during 2015 reflecting coverage for the 2013-14 birth cohorts and encourages efforts to appropriately re-weight the survey results to produce national level coverage results. Official government reported data based on two sub-national surveys conducted during 2015. GoC=Assigned by working group. Consistency across vaccines.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 71 percent based on 1 survey(s). Timor-Leste Demographic and Health Survey 2016 record or recall results of 55 percent modified for recall bias to 71 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 40 percent and 3rd dose record only coverage of 38 percent. GoC=Assigned by working group. Consistency across vaccines.
- 2013: Estimate informed by reported data. Vaccine introduced in October 2012. Reporting started in 2013. Vaccine presentation is DTP-HepB-Hib. Estimate challenged by: D-S-

Timor-Leste - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	76	76	76	76
Estimate GoC	-	-	-	-	-	-	-	-	•	•	•	•
Official	-	-	-	-	-	-	-	-	80	92	-	110
Administrative	-	-	-	-	-	-	-	-	80	92	111	110
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.

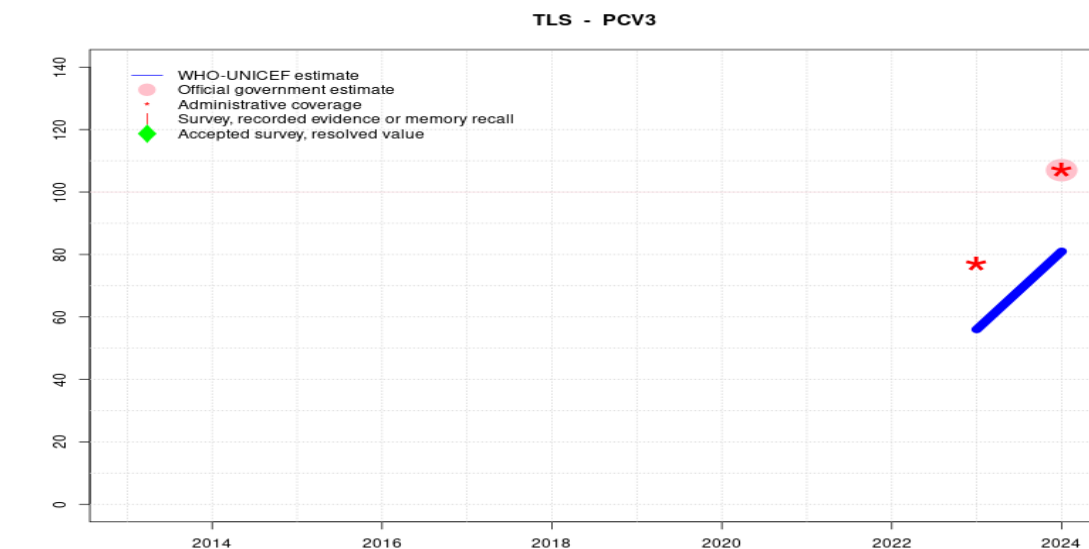
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 2021 levels. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Reported data excluded because 110 percent greater than 100 percent. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Reported data excluded because 111 percent greater than 100 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Estimate challenged by: D-R-
- 2021: Estimate of 76 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-

Timor-Leste - PCV3



Description:

2024: Estimate is based on the difference in reported admin coverage between DTP3 and PCV3 applied to the estimated DTP3 coverage. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Reported data excluded because 107 percent greater than 100 percent. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-

2023: Pneumococcal conjugate vaccine introduced in January 2023. Estimate informed by the relationship between administrative coverage for DTP3 and PCV3 and the estimated DTP3 level. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	56	81
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●	●
Official	-	-	-	-	-	-	-	-	-	-	-	107
Administrative	-	-	-	-	-	-	-	-	-	-	77	107
Survey	-	-	-	-	-	-	-	-	-	-	-	-

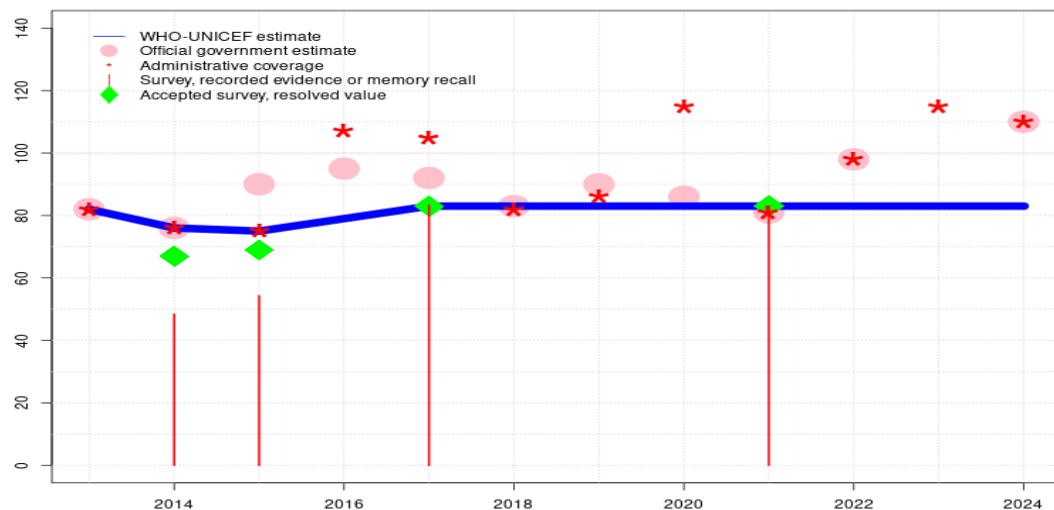
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Timor-Leste - POL3

TLS - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	82	76	75	79	83	83	83	83	83	83	83	83
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	82	76	90	95	92	83	90	86	81	98	-	110
Administrative	82	76	75	107	105	82	86	115	81	98	115	110
Survey	-	48	54	-	83	-	-	-	83	-	-	-

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

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

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

Description:

2024: Reported data calibrated to 2021 levels. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Reported data excluded because 110 percent greater than 100 percent. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-

2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Reported data excluded because 115 percent greater than 100 percent. Programme reports intensification of immunization activities for children up to 5 years of age in 2023. Increase in reported number of doses may include older children. Estimate challenged by: D-R-

2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Estimate challenged by: D-R-

2021: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-

2020: Estimate informed by interpolation between 2018 and 2021 levels. No vital registration system in place in the country. The 2015 census was used as the basis for the denominator used for the reported administrative coverage. These census projections are under discussion by different institutions. Estimate challenged by: D-R-

2019: Estimate informed by interpolation between 2018 and 2021 levels. Estimate challenged by: D-R-

2018: Estimate informed by reported data. Exceptional relative increase of 35 percent in reported target population from 2017 to 2018 is explained by a reversion to projections from 2010 census. Apparent decline in reported administrative data likely an artefact resulting from change in reported target. Reported official coverage informed by survey results. Estimate informed by reported. Estimate challenged by: D-

2017: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Information was not available in the survey report to adjust for recall bias. Reported data excluded. Adjustment to reported official estimates is unexplained. Estimate challenged by: D-R-S-

2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Adjustment

to reported official estimates is unexplained. The reported number of children vaccinated includes children beyond one-year of age but the proportion above one-year is unknown. The reported target population estimates for 2016 are lower than those for 2015 due in part to a change from use of projections from 2010 census to 2015 census. Estimate challenged by: D-R-S-

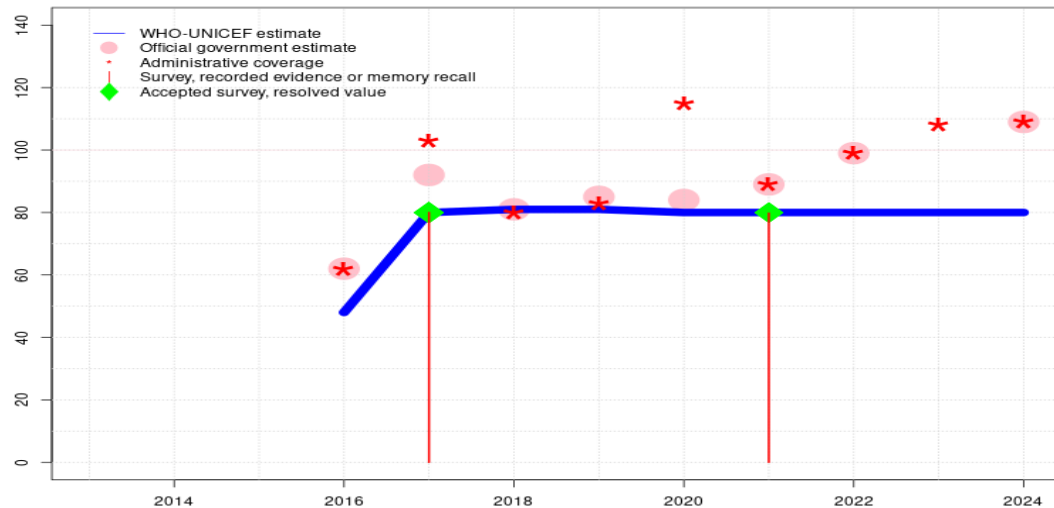
2015: Estimate informed by reported administrative data supported by survey. Survey evidence of 69 percent based on 1 survey(s). Timor-Leste Demographic and Health Survey 2016 record or recall results of 54 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 47 percent. WHO and UNICEF are aware of two sub-national surveys conducted during 2015 reflecting coverage for the 2013-14 birth cohorts and encourages efforts to appropriately re-weight the survey results to produce national level coverage results. Official government reported data based on two subnational surveys conducted during 2015. GoC=Assigned by working group. Consistency across vaccines.

2014: Estimate informed by reported data supported by survey. Survey evidence of 67 percent based on 1 survey(s). Timor-Leste Demographic and Health Survey 2016 record or recall results of 48 percent modified for recall bias to 67 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 40 percent and 3rd dose record only coverage of 38 percent. GoC=Assigned by working group. Consistency across vaccines.

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

Timor-Leste - IPV1

TLS - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	48	80	81	81	80	80	80	80	80
Estimate GoC	-	-	-	●	●	●	●	●	●	●	●	●
Official	-	-	-	62	92	81	85	84	89	99	-	109
Administrative	-	-	-	62	103	80	83	115	89	99	108	109
Survey	-	-	-	-	80	-	-	-	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.

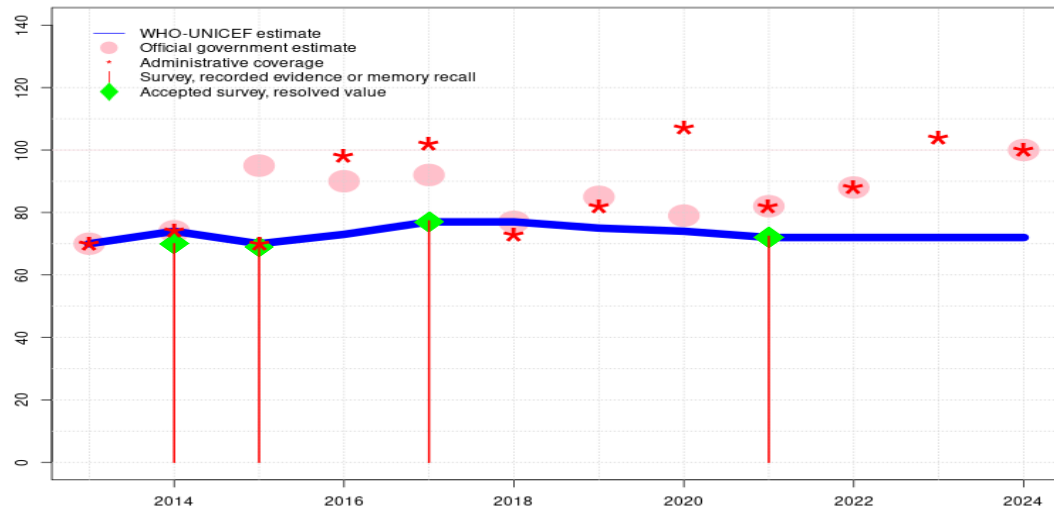
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Reported data excluded because 109 percent greater than 100 percent. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Reported data excluded because 108 percent greater than 100 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Estimate challenged by: D-R-
- 2021: Estimate of 80 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2017 and 2021 levels. No vital registration system in place in the country. The 2015 census was used as the basis for the denominator used for the reported administrative coverage. These census projections are under discussion by different institutions. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2021 levels. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2021 levels. Exceptional relative increase of 35 percent in reported target population from 2017 to 2018 is explained by a reversion to projections from 2010 census. Apparent decline in reported administrative data likely an artefact resulting from change in reported target. Reported official coverage informed by survey results. Estimate challenged by: D-R-
- 2017: Estimate informed by survey result. Reported data excluded. Adjustment to reported official estimates is unexplained. Reported data excluded due to an increase from 62 percent to 92 percent with decrease to 81 percent. Estimate challenged by: D-R-
- 2016: Estimate informed by recomputed coverage reported by the country using target population data from the 2009 census. Reported data excluded. Adjustment to reported official estimates is unexplained. Inactivated polio vaccine introduced in 2016. Reporting started in 2016. Estimate challenged by: D-R-S-

Timor-Leste - MCV1

TLS - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	70	74	70	73	77	77	75	74	72	72	72	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	70	74	95	90	92	77	85	79	82	88	-	100
Administrative	70	74	70	98	102	73	82	107	82	88	104	100
Survey	-	70	69	-	77	-	-	-	72	-	-	-

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

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

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

Description:

- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Reported data excluded because 104 percent greater than 100 percent. Programme reports intensification of immunization activities for children up to 5 years of age in 2023. Increase in reported number of doses may include older children. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Estimate challenged by: D-R-
- 2021: Estimate of 72 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2018 and 2021 levels. No vital registration system in place in the country. The 2015 census was used as the basis for the denominator used for the reported administrative coverage. These census projections are under discussion by different institutions. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2018 and 2021 levels. Estimate challenged by: D-R-
- 2018: Estimate informed by reported data. Exceptional relative increase of 35 percent in reported target population from 2017 to 2018 is explained by a reversion to projections from 2010 census. Apparent decline in reported administrative data likely an artefact resulting from change in reported target. Reported official coverage informed by survey results. Estimate challenged by: D-
- 2017: Estimate of 77 percent assigned by working group. Estimate informed by survey result. Reported data excluded. Adjustment to reported official estimates is unexplained. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Adjustment to reported official estimates is unexplained. The reported number of children vaccinated includes children beyond one-year of age but the proportion above one-year is unknown.

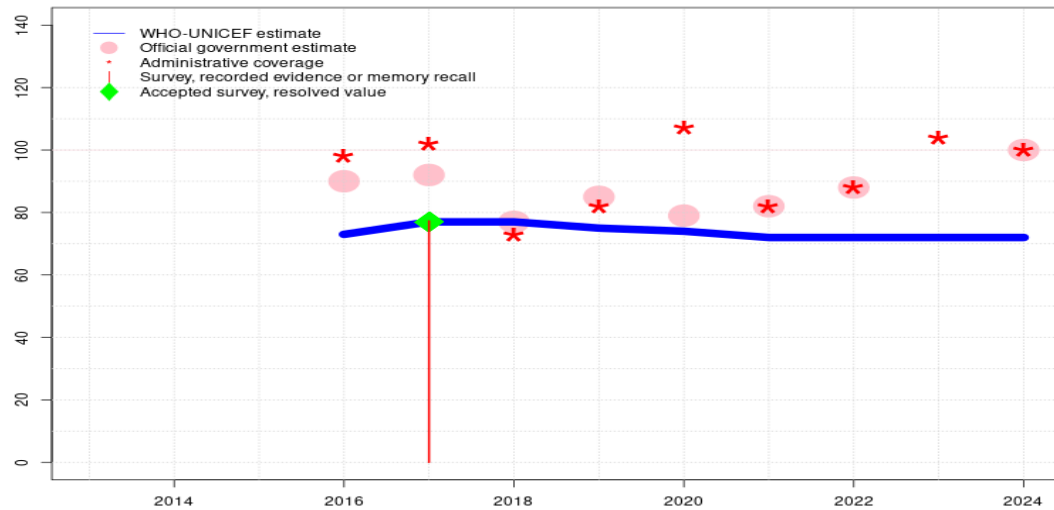
Timor-Leste - MCV1

The reported target population estimates for 2016 are lower than those for 2015 due in part to a change from use of projections from 2010 census to 2015 census. Estimate challenged by: D-R-

- 2015: Estimate informed by reported administrative data supported by survey. Survey evidence of 69 percent based on 1 survey(s). WHO and UNICEF are aware of two sub-national surveys conducted during 2015 reflecting coverage for the 2013-14 birth cohorts and encourages efforts to appropriately re-weight the survey results to produce national level coverage results. Official government reported data based on two subnational surveys conducted during 2015. GoC=Assigned by working group. Consistency across vaccines.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 70 percent based on 1 survey(s). GoC=Assigned by working group. Consistency across vaccines.
- 2013: Estimate informed by reported data. Programme reports four months stockout at national level and in four districts. Estimate challenged by: D-

Timor-Leste - RCV1

TLS - RCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	73	77	77	75	74	72	72	72	72
Estimate GoC	-	-	-	●	●	●	●	●	●	●	●	●
Official	-	-	-	90	92	77	85	79	82	88	-	100
Administrative	-	-	-	98	102	73	82	107	82	88	104	100
Survey	-	-	-	-	77	-	-	-	-	-	-	-

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.

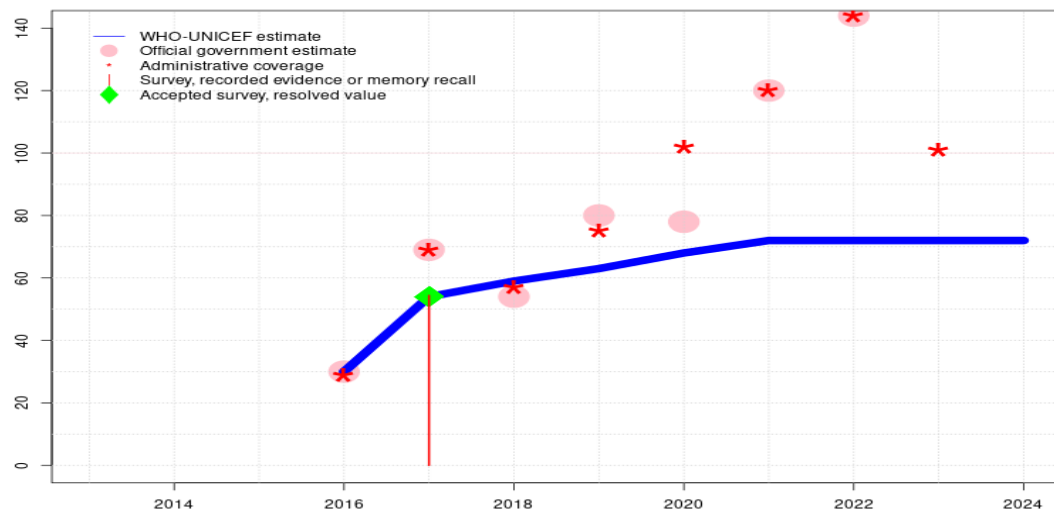
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on estimated MCV1. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimate challenged by: D-R-
- 2023: Estimate based on estimated MCV1. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: D-R-
- 2022: Estimate based on estimated MCV1. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Estimate challenged by: D-R-
- 2021: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2020: Estimate based on estimated MCV1. No vital registration system in place in the country. The 2015 census was used as the basis for the denominator used for the reported administrative coverage. These census projections are under discussion by different institutions. Estimate challenged by: D-R-
- 2019: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2018: Estimate based on estimated MCV1. Exceptional relative increase of 35 percent in reported target population from 2017 to 2018 is explained by a reversion to projections from 2010 census. Apparent decline in reported administrative data likely an artefact resulting from change in reported target. Reported official coverage informed by survey results. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Reported data excluded. Adjustment to reported official estimates is unexplained. Estimate challenged by: D-R-
- 2016: Estimate based on estimated MCV1. Reported data excluded. Adjustment to reported official estimates is unexplained. Rubella containing vaccine introduced in 2016. Estimate challenged by: D-R-

Timor-Leste - MCV2

TLS - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	30	54	59	63	68	72	72	72	72
Estimate GoC	-	-	-	•	•	•	•	•	•	•	•	•
Official	-	-	-	30	69	54	80	78	120	144	-	169
Administrative	-	-	-	29	69	57	75	102	120	144	101	169
Survey	-	-	-	-	54	-	-	-	-	-	-	-

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 2021 levels. Reported data excluded. Country indicates that underestimation of denominator may explain admin coverage above 100 percent for some doses. Reported data excluded because 169 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 101 to 169 percent. Estimates may underestimate actual coverage, as reported data suggest an increase in number of vaccinated children from a lowest point in 2021. WHO and UNICEF are aware of a planned coverage evaluation survey in 2025-2026 which may help inform coverage trends. WHO and UNICEF recommend a revision of reported coverage time series. Estimated coverage for MCV2 may not reflect real drop-out from MCV1, as no recent survey and MCV2 coverage is since 2021 exceptionally based on MCV1 and no drop-out. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. Reported data excluded because 101 percent greater than 100 percent. Reported data excluded due to decline in reported coverage from 144 percent to 101 percent with increase to 169 percent. Programme reports intensification of immunization activities for children up to 5 years of age in 2023. Increase in reported number of doses may include older children. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Reported data excluded. Estimated coverage likely underestimates true coverage achieved. However, the increase in reported numerator may include catch-up doses and it is not possible to determine the proportion vaccinated through routine service delivery. The country notes data quality issues and indicates work is needed to improve recording and reporting. For several antigens, reported number of doses administered decreases while coverage increases relative to prior years. Reported doses administered in 2021-2022 are meaningfully lower than that for the prior five year period. Reported data excluded because 144 percent greater than 100 percent. Reported data excluded due to an increase from 120 percent to 144 percent with decrease to 101 percent. Estimate challenged by: R-
- 2021: Estimate of 72 percent assigned by working group. Estimated coverage is exceptionally based on MCV1 estimated coverage and assuming no dropout. Reported data excluded because 120 percent greater than 100 percent. Estimate challenged by: R-
- 2020: Estimate informed by interpolation between 2017 and 2021 levels. No vital registration system in place in the country. The 2015 census was used as the basis for the denominator used for the reported administrative coverage. These census projections are under discussion by different institutions. Estimate of 68 percent changed from previous revision value of 72 percent. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2021 levels. Estimate of 63 percent changed from previous revision value of 74 percent. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2021 levels. Reported data excluded due to decline in reported coverage from 69 percent to 54 percent with increase to 80 per-

cent. Exceptional relative increase of 35 percent in reported target population from 2017 to 2018 is explained by a reversion to projections from 2010 census. Apparent decline in reported administrative data likely an artefact resulting from change in reported target. Reported official coverage informed by survey results. Estimate of 59 percent changed from previous revision value of 74 percent. Estimate challenged by: D-R-

2017: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 54 percent based on 1 survey(s). Reported data excluded. Adjustment to reported official estimates is unexplained. Reported data excluded due to an increase from 30 percent to 69 percent with decrease to 54 percent. Estimate of 54 percent changed from previous revision value of 74 percent. Estimate challenged by: D-R-

2016: Estimate is exceptionally based on reported coverage during introduction year. Reported data excluded. Adjustment to reported official estimates is unexplained. Second dose of measles containing vaccine introduced in 2016. Reported data exceptionally accepted. Estimate challenged by: R-S-

Timor-Leste - 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.

2021 National Expanded Programme on Immunization Coverage Evaluation Survey, Timor-Leste, 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	89.5	12-23 m	609	-
DTP1	Record or Recall	89	12-23 m	609	-
DTP3	Record or Recall	82.6	12-23 m	609	-
HEPB1	Record or Recall	89	12-23 m	609	-
HEPB3	Record or Recall	82.6	12-23 m	609	-
HEPBB	Record or Recall	76.4	12-23 m	609	-
HIB1	Record or Recall	89	12-23 m	609	-
HIB3	Record or Recall	82.6	12-23 m	609	-
IPV1	Record or Recall	79.8	12-23 m	609	-
MCV1	Record or Recall	72.4	12-23 m	609	-
POL1	Record or Recall	89	12-23 m	609	-
POL3	Record or Recall	82.6	12-23 m	609	-
ROTAC	Record or Recall	75.5	12-23 m	609	-

2020 National Expanded Programme on Immunization Coverage Evaluation Survey, Timor-Leste, 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	89.9	23-35 m	545	-
DTP1	Record or Recall	89.4	23-35 m	545	-
DTP3	Record or Recall	83.3	23-35 m	545	-
HEPB1	Record or Recall	89.4	23-35 m	545	-
HEPB3	Record or Recall	83.3	23-35 m	545	-
HEPBB	Record or Recall	76.1	23-35 m	545	-
HIB1	Record or Recall	89.4	23-35 m	545	-
HIB3	Record or Recall	83.3	23-35 m	545	-
IPV1	Record or Recall	80.6	23-35 m	545	-
MCV1	Record or Recall	77.1	23-35 m	545	-
POL1	Record or Recall	89.4	23-35 m	545	-
POL3	Record or Recall	83.3	23-35 m	545	-
ROTAC	Record or Recall	74.9	23-35 m	545	-

2017 Timor-Leste Vaccination Cluster Coverage Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	94.7	12-23 m	312	62
DTP1	Record or Recall	91.8	12-23 m	312	62
DTP3	Record or Recall	83	12-23 m	312	62
HEPB1	Record or Recall	91.8	12-23 m	312	62
HEPB3	Record or Recall	83.3	12-23 m	312	62
HIB1	Record or Recall	91.8	12-23 m	312	62
HIB3	Record or Recall	83.3	12-23 m	312	62
IPV1	Record or Recall	80	12-23 m	312	62
MCV1	Record or Recall	77.3	12-23 m	312	62
MCV2	Record or Recall	54.4	24-35 m	299	-
POL1	Record or Recall	91.8	12-23 m	312	62
POL3	Record or Recall	83.3	12-23 m	312	62
RCV1	Record or Recall	77.3	12-23 m	312	62

2015 Timor-Leste Demographic and Health Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	29.5	12-23 m	707	51

Timor-Leste - Survey Details

BCG	Record	51	12-23 m	749	51
BCG	Record or Recall	80.5	12-23 m	1456	51
BCG	Record or Recall<12m	79.1	12-23 m	1456	51
DTP1	Recall	27.9	12-23 m	707	51
DTP1	Record	50.5	12-23 m	749	51
DTP1	Record or Recall	78.4	12-23 m	1456	51
DTP1	Record or Recall<12m	77.4	12-23 m	1456	51
DTP3	Recall	14.1	12-23 m	707	51
DTP3	Record	47.5	12-23 m	749	51
DTP3	Record or Recall	61.7	12-23 m	1456	51
DTP3	Record or Recall<12m	60.1	12-23 m	1456	51
HEPB1	Recall	27.9	12-23 m	707	51
HEPB1	Record	50.5	12-23 m	749	51
HEPB1	Record or Recall	78.4	12-23 m	1456	51
HEPB1	Record or Recall<12m	77.4	12-23 m	1456	51
HEPB3	Recall	14.1	12-23 m	707	51
HEPB3	Record	47.5	12-23 m	749	51
HEPB3	Record or Recall	61.7	12-23 m	1456	51
HEPB3	Record or Recall<12m	60.1	12-23 m	1456	51
HIB1	Recall	27.9	12-23 m	707	51
HIB1	Record	50.5	12-23 m	749	51
HIB1	Record or Recall	78.4	12-23 m	1456	51
HIB1	Record or Recall<12m	77.4	12-23 m	1456	51
HIB3	Recall	14.1	12-23 m	707	51
HIB3	Record	47.5	12-23 m	749	51
HIB3	Record or Recall	61.7	12-23 m	1456	51
HIB3	Record or Recall<12m	60.1	12-23 m	1456	51
MCV1	Recall	25.5	12-23 m	707	51
MCV1	Record	43.8	12-23 m	749	51
MCV1	Record or Recall	69.3	12-23 m	1456	51
MCV1	Record or Recall<12m	65.4	12-23 m	1456	51
POL1	Recall	23	12-23 m	707	51
POL1	Record	50	12-23 m	749	51
POL1	Record or Recall	73.1	12-23 m	1456	51
POL1	Record or Recall<12m	72.6	12-23 m	1456	51
POL3	Recall	7.3	12-23 m	707	51
POL3	Record	47	12-23 m	749	51
POL3	Record or Recall	54.3	12-23 m	1456	51
POL3	Record or Recall<12m	53	12-23 m	1456	51

2014 Timor-Leste Demographic and Health Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	36.4	24-35 m	809	-
BCG	Record	40.2	24-35 m	554	-
BCG	Record or Recall	76.6	24-35 m	1364	-
BCG	Record or Recall<12m	73.9	24-35 m	1364	-
DTP1	Recall	35	24-35 m	809	-
DTP1	Record	40.4	24-35 m	554	-
DTP1	Record or Recall	75.4	24-35 m	1364	-
DTP1	Record or Recall<12m	73.2	24-35 m	1364	-
DTP3	Recall	17.5	24-35 m	809	-
DTP3	Record	37.8	24-35 m	554	-
DTP3	Record or Recall	55.3	24-35 m	1364	-
DTP3	Record or Recall<12m	51.6	24-35 m	1364	-
HEPB1	Recall	35	24-35 m	809	-
HEPB1	Record	40.4	24-35 m	554	-
HEPB1	Record or Recall	75.4	24-35 m	1364	-
HEPB1	Record or Recall<12m	73.2	24-35 m	1364	-
HEPB3	Recall	17.5	24-35 m	809	-
HEPB3	Record	37.8	24-35 m	554	-
HEPB3	Record or Recall	55.3	24-35 m	1364	-
HEPB3	Record or Recall<12m	51.6	24-35 m	1364	-
HIB1	Recall	35	24-35 m	809	-
HIB1	Record	40.4	24-35 m	554	-
HIB1	Record or Recall	75.4	24-35 m	1364	-
HIB1	Record or Recall<12m	73.2	24-35 m	1364	-
HIB3	Recall	17.5	24-35 m	809	-
HIB3	Record	37.8	24-35 m	554	-
HIB3	Record or Recall	55.3	24-35 m	1364	-
HIB3	Record or Recall<12m	51.6	24-35 m	1364	-
MCV1	Recall	33.6	24-35 m	809	-
MCV1	Record	36.4	24-35 m	554	-
MCV1	Record or Recall	70	24-35 m	1364	-
MCV1	Record or Recall<12m	64.1	24-35 m	1364	-
POL1	Recall	29.4	24-35 m	809	-
POL1	Record	40.1	24-35 m	554	-
POL1	Record or Recall	69.5	24-35 m	1364	-
POL1	Record or Recall<12m	67.9	24-35 m	1364	-
POL3	Recall	10.1	24-35 m	809	-

Timor-Leste - Survey Details

POL3	Record	38.3	24-35 m	554	-
POL3	Record or Recall	48.4	24-35 m	1364	-
POL3	Record or Recall<12m	45	24-35 m	1364	-

2012 Timor Leste Food and Nutrition Survey, 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	85.5	12-23 m	2396	86
DTP1	Record or Recall	84.5	12-23 m	2396	86
DTP3	Record or Recall	82.6	12-23 m	2396	86
MCV1	Record or Recall	76.8	12-23 m	2396	86
POL1	Record or Recall	83.9	12-23 m	2396	86
POL3	Record or Recall	82.1	12-23 m	2396	86

2010 Report on Coverage Evaluation Survey Measles Catch-up Activity, 2011 Timor-Leste

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	69.6	6-11 m	210	-

2008 Timor-Leste Demographic and Health Survey 2009-10

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	27.3	12-23 m	1752	50
BCG	Record	49.4	12-23 m	1752	50
BCG	Record or Recall	76.7	12-23 m	1752	50
BCG	Record or Recall<12m	76.6	12-23 m	1752	50
DTP1	Recall	26.1	12-23 m	1752	50
DTP1	Record	49	12-23 m	1752	50
DTP1	Record or Recall	75.1	12-23 m	1752	50
DTP1	Record or Recall<12m	74.2	12-23 m	1752	50
DTP3	Recall	19.4	12-23 m	1752	50
DTP3	Record	47	12-23 m	1752	50
DTP3	Record or Recall	66.4	12-23 m	1752	50
DTP3	Record or Recall<12m	64.2	12-23 m	1752	50

HEPB1	Recall	25.7	12-23 m	1752	50
HEPB1	Record	49	12-23 m	1752	50
HEPB1	Record or Recall	74.6	12-23 m	1752	50
HEPB1	Record or Recall<12m	73.7	12-23 m	1752	50
HEPB3	Recall	18.9	12-23 m	1752	50
HEPB3	Record	46.8	12-23 m	1752	50
HEPB3	Record or Recall	65.7	12-23 m	1752	50
HEPB3	Record or Recall<12m	62.9	12-23 m	1752	50
MCV1	Recall	23.2	12-23 m	1752	50
MCV1	Record	44.6	12-23 m	1752	50
MCV1	Record or Recall	67.8	12-23 m	1752	50
MCV1	Record or Recall<12m	60	12-23 m	1752	50
POL1	Recall	25.7	12-23 m	1752	50
POL1	Record	49.1	12-23 m	1752	50
POL1	Record or Recall	74.9	12-23 m	1752	50
POL1	Record or Recall<12m	74	12-23 m	1752	50
POL3	Recall	9.1	12-23 m	1752	50
POL3	Record	47	12-23 m	1752	50
POL3	Record or Recall	56.2	12-23 m	1752	50
POL3	Record or Recall<12m	54.4	12-23 m	1752	50

2003 Immunization coverage among women and children 12-23 months in the Democratic Republic of Timor-Leste Using the EPI cluster survey methodology

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	25	12-23 m	2662	26
BCG	Record or Recall	72	12-23 m	2662	26
DTP1	Record	20	12-23 m	2662	26
DTP1	Record or Recall	65	12-23 m	2662	26
DTP3	Record	17	12-23 m	2662	26
DTP3	Record or Recall	57	12-23 m	2662	26
MCV1	Record	15	12-23 m	2662	26
MCV1	Record or Recall	55	12-23 m	2662	26
POL1	Record	20	12-23 m	2662	26
POL1	Record or Recall	65	12-23 m	2662	26
POL3	Record	17	12-23 m	2662	26
POL3	Record or Recall	57	12-23 m	2662	26

2002 Timor-Leste 2003 Demographic and Health Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	75.1	12-23 m	722	12
DTP1	Record or Recall	68.1	12-23 m	722	12
DTP3	Record or Recall	37.5	12-23 m	722	12
MCV1	Record or Recall	56.4	12-23 m	722	12
POL1	Record or Recall	69.1	12-23 m	722	12
POL3	Record or Recall	26.4	12-23 m	722	12

2001 Multiple Indicator Cluster Survey Timor-Leste 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	28.5	12-23 m	988	10
BCG	Record	8.7	12-23 m	988	10
BCG	Record or Recall	37.2	12-23 m	988	10
BCG	Record or Recall<12m	34.5	12-23 m	988	10
DTP1	Recall	26.1	12-23 m	988	10

DTP1	Record	8.6	12-23 m	988	10
DTP1	Record or Recall	34.7	12-23 m	988	10
DTP1	Record or Recall<12m	34.5	12-23 m	988	10
DTP3	Recall	12.8	12-23 m	988	10
DTP3	Record	5.4	12-23 m	988	10
DTP3	Record or Recall	18.3	12-23 m	988	10
DTP3	Record or Recall<12m	17.3	12-23 m	988	10
MCV1	Recall	22.3	12-23 m	988	10
MCV1	Record	5.3	12-23 m	988	10
MCV1	Record or Recall	27.6	12-23 m	988	10
MCV1	Record or Recall<12m	23.6	12-23 m	988	10
POL1	Recall	29.8	12-23 m	988	10
POL1	Record	7.4	12-23 m	988	10
POL1	Record or Recall	37.1	12-23 m	988	10
POL1	Record or Recall<12m	34	12-23 m	988	10
POL3	Recall	12	12-23 m	988	10
POL3	Record	4.4	12-23 m	988	10
POL3	Record or Recall	16.4	12-23 m	988	10
POL3	Record or Recall<12m	15.7	12-23 m	988	10

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