

**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.

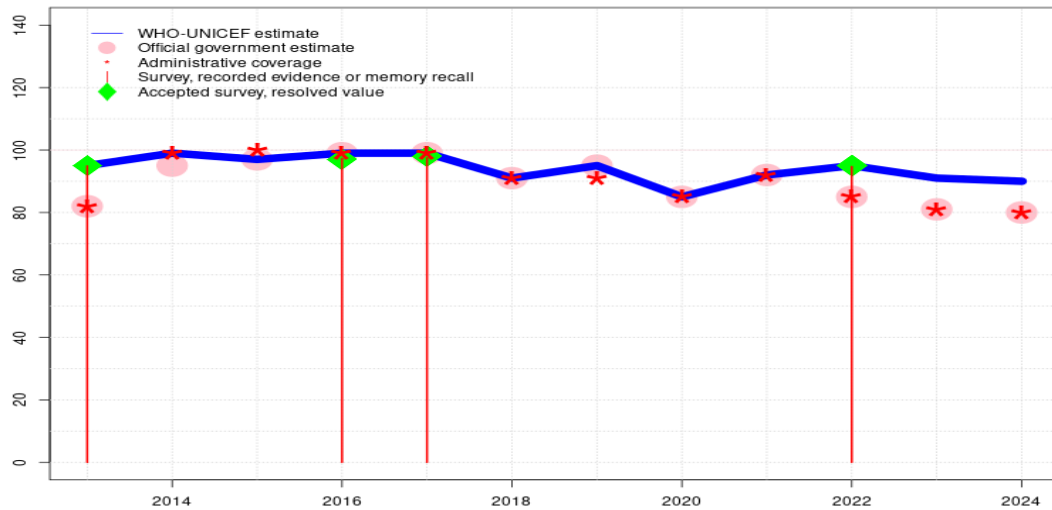
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

**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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# Zambia - BCG

ZMB - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	95	99	97	99	99	91	95	85	92	95	91	90
Estimate GoC	●	●	●	●●●	●●●	●	●	●	●	●	●	●
Official	82	95	97	99	99	91	95	85	92	85	81	80
Administrative	82	99	100	99	99	91	91	85	92	85	81	80
Survey	95	-	-	97	98	-	-	-	-	95	-	-

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

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

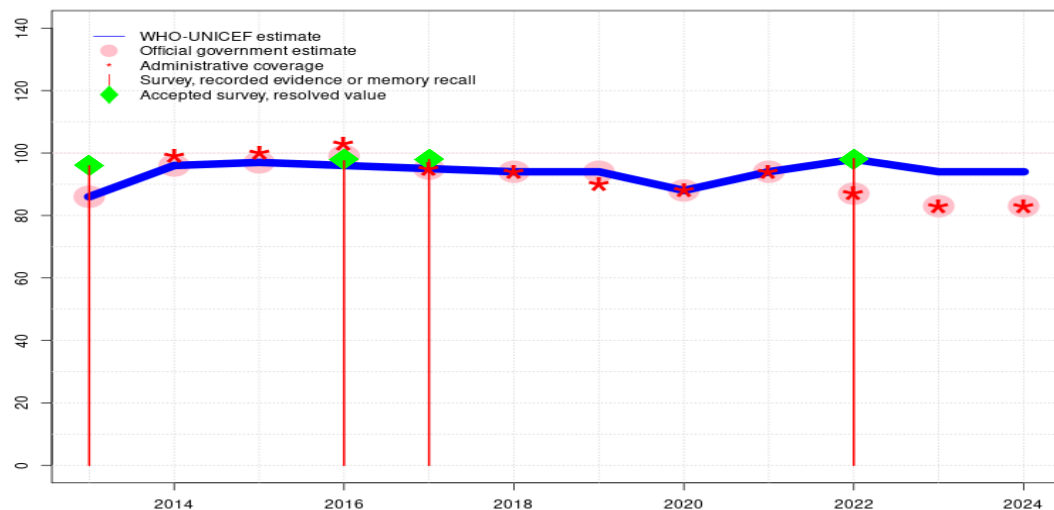
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Programme reports two months vaccine stockout at national level. Estimate of 91 percent changed from previous revision value of 81 percent. Estimate challenged by: D-R-
- 2022: Estimate of 95 percent assigned by working group. Estimate based on survey results. Programme reports a one and one-half month vaccine stockout at national and subnational levels. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. Estimated coverage may overestimate actual coverage. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Estimate of 95 percent changed from previous revision value of 85 percent. Estimate challenged by: D-R-
- 2021: Estimate based on the reported data. Programme reports vaccine stockout of half a month. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with GoC for other vaccine doses.
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Reported official government estimates are based on unexplained adjustments to the administrative coverage. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Reported data calibrated to 2013 and 2015 levels. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. Estimate challenged by: R-
- 2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 95 percent based on 1 survey(s). Estimate challenged by: R-

# Zambia - DTP1

ZMB - DTP1



## Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Programme reports nearly two months vaccine stockout at national level. Declines in reported coverage since 2021 are largely due to increases in reported target population as reported number of doses administered are mostly unchanged since 2021. Estimate of 94 percent changed from previous revision value of 83 percent. Estimate challenged by: D-R-
- 2022: Estimate of 98 percent assigned by working group. Estimate based on survey results. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. Estimated coverage may overestimate actual coverage. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Estimate of 98 percent changed from previous revision value of 86 percent. Estimate challenged by: D-R-
- 2021: Estimate based on the reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Reported data excluded because 103 percent greater than 100 percent. Reported official government estimates are based on unexplained adjustments to the administrative coverage. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	86	96	97	96	95	94	94	88	94	98	94	94
Estimate GoC	●●	●●●	●	●	●	●●●	●●●	●	●	●	●	●
Official	86	96	97	99	95	94	94	88	94	87	83	83
Administrative	-	99	100	103	95	94	90	88	94	87	83	83
Survey	96	-	-	98	98	-	-	-	-	98	-	-

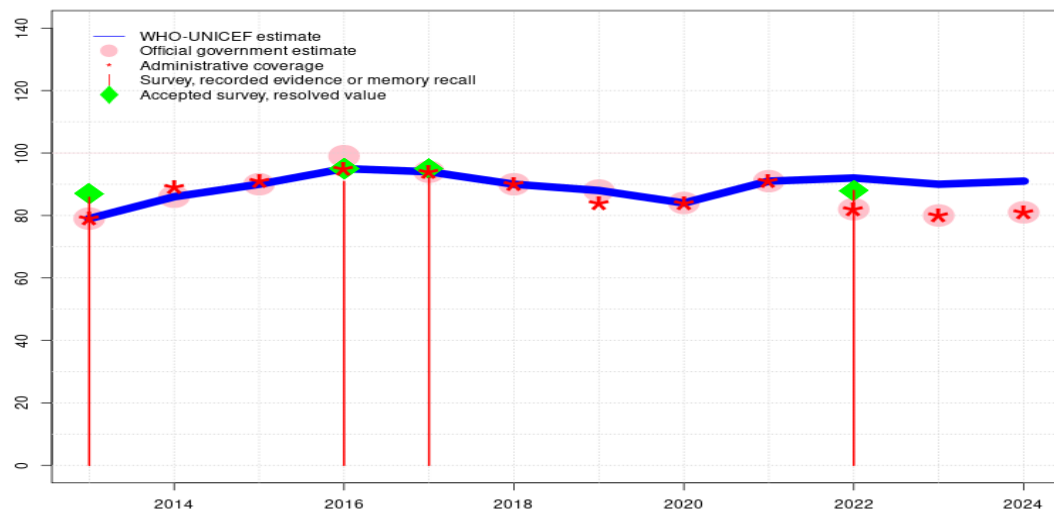
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Zambia - DTP3

ZMB - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	79	86	90	95	94	90	88	84	91	92	90	91
Estimate GoC	•	•••	•••	•••	•••	•••	•••	•	•	•	•	•
Official	79	86	90	99	94	90	88	84	91	82	80	81
Administrative	79	89	91	95	94	90	84	84	91	82	80	81
Survey	86	-	-	91	92	-	-	-	-	88	-	-

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

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

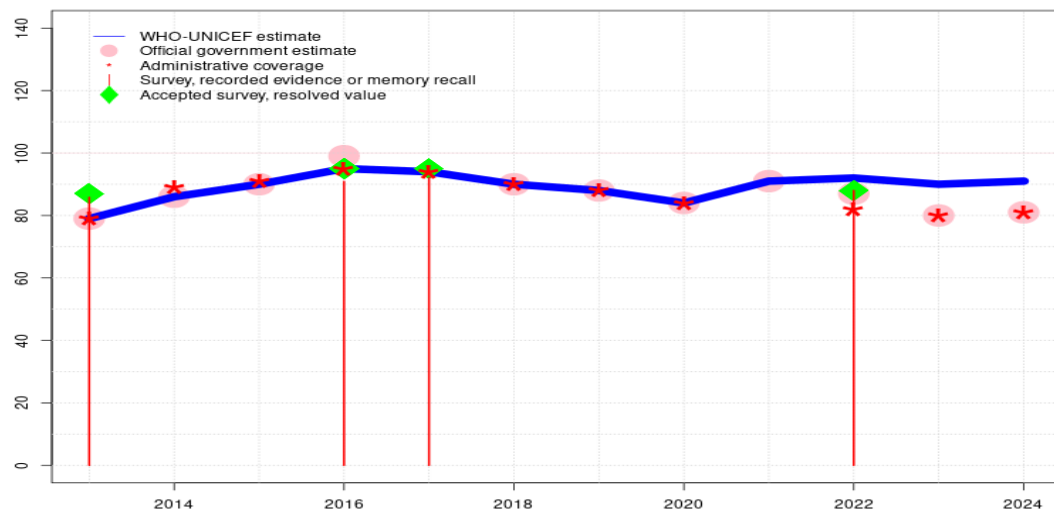
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Programme reports nearly two months vaccine stockout at national level. Declines in reported coverage since 2021 are largely due to increases in reported target population as reported number of doses administered are mostly unchanged since 2021. Estimate of 90 percent changed from previous revision value of 80 percent. Estimate challenged by: D-R-
- 2022: Estimate of 92 percent assigned by working group. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate corrected for recall bias based on the difference between DTP1 and DTP3 in admin data applied to survey results by card or recall. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. Estimated coverage may overestimate actual coverage. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Estimate of 92 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-
- 2021: Estimate based on the reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Zambia Demographic and Health Survey 2018 record or recall results of 92 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 74 percent. 2018 DHS Key Indicators Report coverage of 92. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data supported by survey.Survey evidence of 95 percent based on 1 survey(s). Zambia Demographic and Health Survey 2018 record or recall results of 91 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 67 percent and 3rd dose record only coverage of 65 percent. Reported official government estimates are based on unexplained adjustments to the administrative coverage. Unexplained increase in reported coverage data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 87 percent based on 1 survey(s). Zambia Demographic and Health Survey, 2013-14 record or recall results of 86 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 79 percent and 3rd dose record only coverage of 72 percent. Estimate challenged by: D-

# Zambia - HEPB3

ZMB - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	79	86	90	95	94	90	88	84	91	92	90	91
Estimate GoC	•	•••	•••	•••	•••	•••	•••	•	••	•	•	•
Official	79	86	90	99	-	90	88	84	91	87	80	81
Administrative	79	89	91	95	94	90	88	84	-	82	80	81
Survey	86	-	-	91	92	-	-	-	-	88	-	-

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

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

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

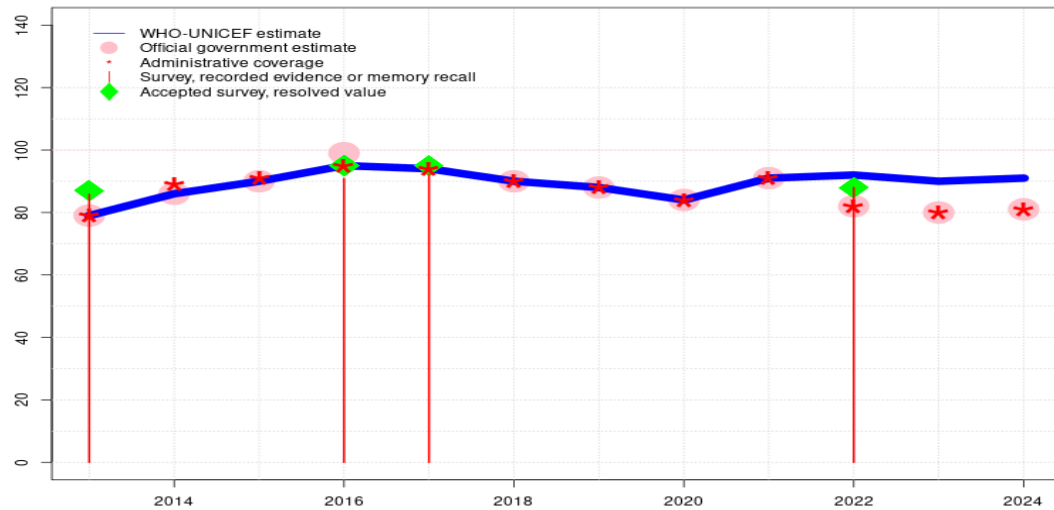
## Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Programme reports nearly two months vaccine stockout at national level. Declines in reported coverage since 2021 are largely due to increases in reported target population as reported number of doses administered are mostly unchanged since 2021. Estimate of 90 percent changed from previous revision value of 80 percent. Estimate challenged by: D-R-
- 2022: Estimate of 92 percent assigned by working group. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate corrected for recall bias based on the difference between DTP1 and DTP3 in admin data applied to survey results by card or recall. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. Estimated coverage may overestimate actual coverage. Reported official coverage inconsistent with the reported for DTP3. Country uses DTP-Hib-HepB combination vaccine. Estimate of 92 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-
- 2021: Estimate based on the reported data. GoC=R+ S+
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Zambia Demographic and Health Survey 2018 record or recall results of 92 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 74 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data supported by survey.Survey evidence of 95 percent based on 1 survey(s). Zambia Demographic and Health Survey 2018 record or recall results of 91 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 67 percent and 3rd dose record only coverage of 65 percent. Unexplained increase in reported coverage data. Reported official government estimates are based on unexplained adjustments to the administrative coverage. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 87 percent based on 1 survey(s). Zambia Demographic and Health Survey, 2013-14 record or recall results of 86 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 79 percent and 3rd dose record only coverage of 72 percent. Estimate challenged by: D-



# Zambia - Hib3

ZMB - Hib3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	79	86	90	95	94	90	88	84	91	92	90	91
Estimate GoC	•	•••	•••	•••	•••	•••	•	•	•	•	•	•
Official	79	86	90	99	-	90	88	84	91	82	80	81
Administrative	79	89	91	95	94	90	88	84	91	82	80	81
Survey	86	-	-	91	92	-	-	-	-	88	-	-

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

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

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

## Description:

2024: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-

2023: Reported data calibrated to 2022 levels. Programme reports nearly two months vaccine stockout at national level. Declines in reported coverage since 2021 are largely due to increases in reported target population as reported number of doses administered are mostly unchanged since 2021. Estimate of 90 percent changed from previous revision value of 80 percent. Estimate challenged by: D-R-

2022: Estimate of 92 percent assigned by working group. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate corrected for recall bias based on the difference between DTP1 and DTP3 in admin data applied to survey results by card or recall. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. Estimated coverage may overestimate actual coverage. Estimate of 92 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-

2021: Estimate based on the reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.

2018: Estimate informed by reported data. GoC=R+ S+ D+

2017: Estimate informed by reported data. Zambia Demographic and Health Survey 2018 record or recall results of 92 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 74 percent. GoC=R+ S+ D+

2016: Estimate informed by reported administrative data supported by survey.Survey evidence of 95 percent based on 1 survey(s). Zambia Demographic and Health Survey 2018 record or recall results of 91 percent modified for recall bias to 95 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 67 percent and 3rd dose record only coverage of 65 percent. Unexplained increase in reported coverage data. Reported official government estimates are based on unexplained adjustments to the administrative coverage. GoC=R+ S+ D+

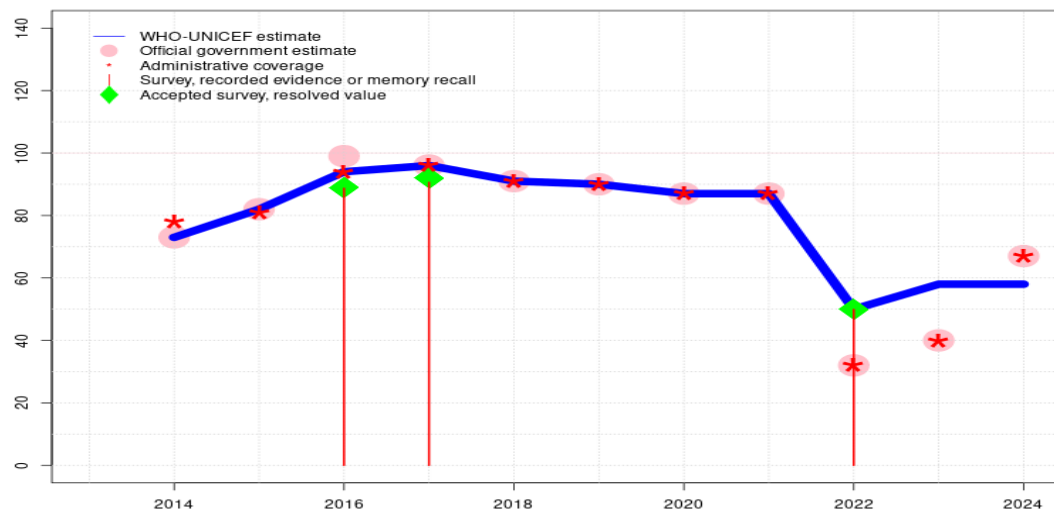
2015: Estimate informed by reported data. GoC=R+ S+ D+

2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. GoC=R+ S+ D+

2013: Estimate informed by reported data supported by survey.Survey evidence of 87 percent based on 1 survey(s). Zambia Demographic and Health Survey, 2013-14 record or recall results of 86 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 79 percent and 3rd dose record only coverage of 72 percent. Estimate challenged by: D-

# Zambia - ROTAC

ZMB - ROTAC



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	73	82	94	96	91	90	87	87	50	58	58
Estimate GoC	-	•	•••	•••	•••	•••	•	•	•	•	•	•
Official	-	73	82	99	96	91	90	87	87	32	40	67
Administrative	-	78	81	94	96	91	90	87	87	32	40	67
Survey	-	-	-	89	91	-	-	-	-	50	-	-

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.

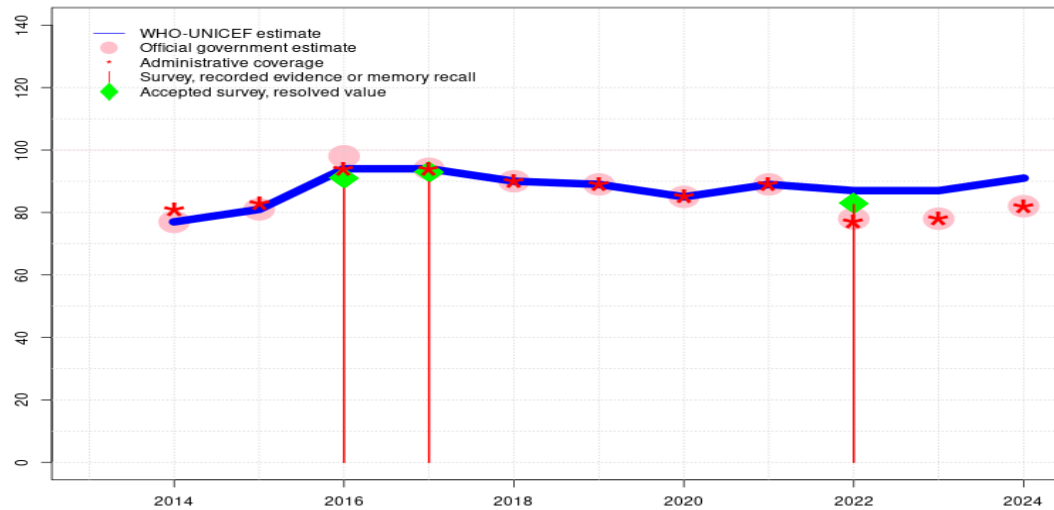
## Description:

- 2024: Reported data calibrated to 2022 levels. Reported data excluded due to sudden change in coverage from 40 to 67 percent. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Estimate of 58 percent changed from previous revision value of 40 percent. Estimate challenged by: R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 50 percent based on 1 survey(s). Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. Estimated coverage may overestimate actual coverage. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Programme reports four months vaccine stockout at national and subnational levels. Estimate of 50 percent changed from previous revision value of 32 percent. Estimate challenged by: R-
- 2021: Estimate based on the reported data. Programme reports a four months vaccine stockout. Estimate challenged by: D-S-
- 2020: Estimate informed by reported data. Estimate challenged by: D-S-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Zambia Demographic and Health Survey 2018 record or recall results of 91 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 73 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Reported official government estimates are based on unexplained adjustments to the administrative coverage. Estimate of 94 percent changed from previous revision value of 90 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Rotavirus vaccine introduced in 2013. Reporting began during 2014. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. Estimate challenged by: S-



# Zambia - PCV3

ZMB - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	77	81	94	94	90	89	85	89	87	87	91
Estimate GoC	-	•	•	•••	•••	•••	•••	•	•	•	•	•
Official	-	77	81	98	94	90	89	85	89	78	78	82
Administrative	-	81	83	94	94	90	89	85	89	77	78	82
Survey	-	-	-	88	90	-	-	-	-	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.

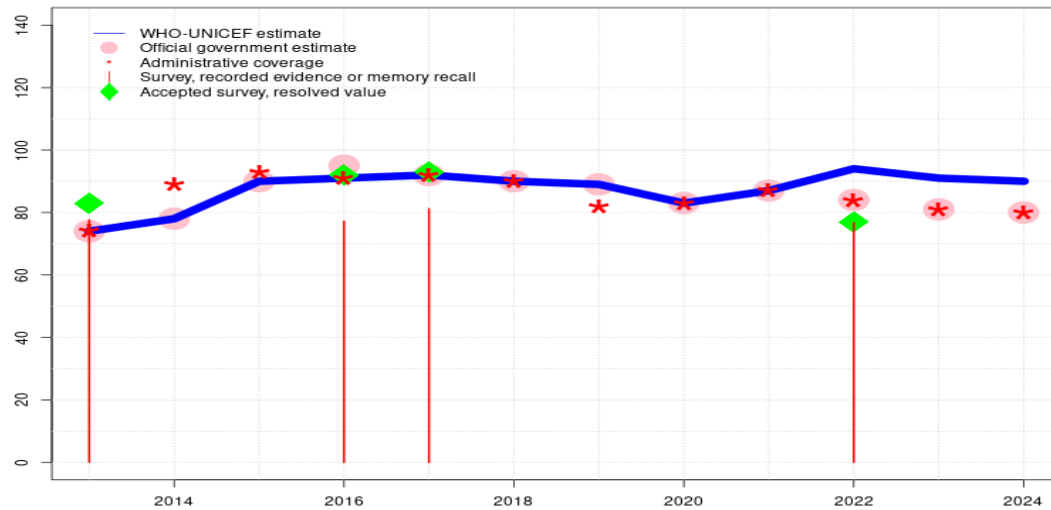
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Programme reports less than one month vaccine stockout at national level. Estimate of 87 percent changed from previous revision value of 78 percent. Estimate challenged by: D-R-
- 2022: Estimate of 87 percent assigned by working group. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate corrected for recall bias based on the difference between DTP1 and DTP3 in admin data applied to survey results by card or recall. Programme reports one month vaccine stockout at national and subnational levels. Estimated coverage may overestimate actual coverage. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. Estimated coverage may overestimate actual coverage. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Consistency with other vaccine doses. Estimate of 87 percent changed from previous revision value of 78 percent. Estimate challenged by: D-R-
- 2021: Estimate based on the reported data. Programme reports a one month vaccine stockout. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Zambia Demographic and Health Survey 2018 record or recall results of 90 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 72 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Zambia Demographic and Health Survey 2018 record or recall results of 88 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 67 percent and 3rd dose record only coverage of 63 percent. Reported official government estimates are based on unexplained adjustments to the administrative coverage. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Estimate challenged by: D-S-
- 2014: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in 2014. Reporting started in 2014. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. Estimate challenged by: S-

# Zambia - POL3

ZMB - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	74	78	90	91	92	90	89	83	87	94	91	90
Estimate GoC	•	•	•••	•••	•••	•••	•	•	•	•	•	•
Official	74	78	90	95	92	90	89	83	87	84	81	80
Administrative	74	89	93	91	92	90	82	83	87	84	81	80
Survey	78	-	-	77	81	-	-	-	-	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.

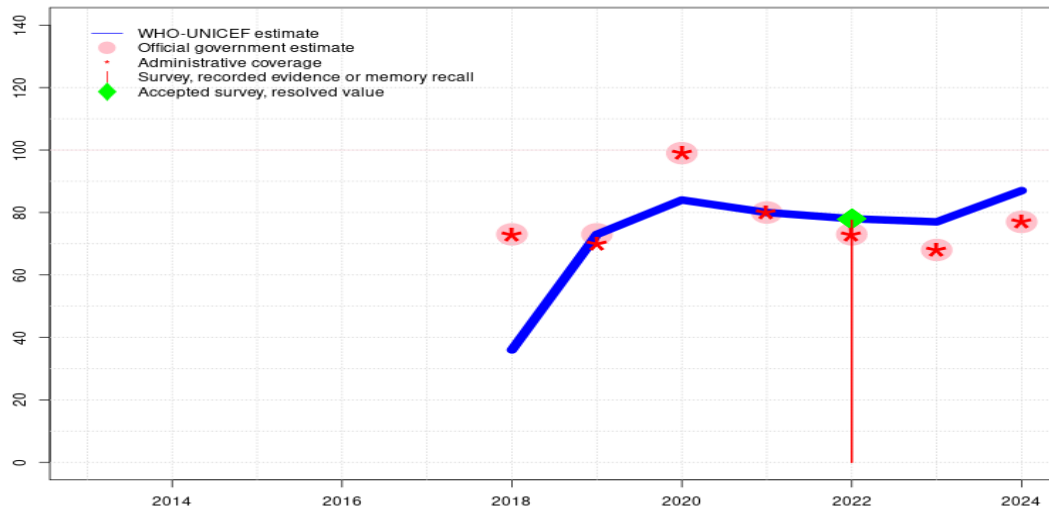
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-S-
- 2023: Reported data calibrated to 2022 levels. Estimate of 91 percent changed from previous revision value of 81 percent. Estimate challenged by: D-R-S-
- 2022: Estimate of 94 percent assigned by working group. Recall-bias adjustment based on recall among children with cards not possible to calculate from the DHS Key Indicators report. Survey coverage estimate corrected for recall bias based on the difference between DTP1 and DTP3 in admin data applied to survey results by card or recall. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. Estimated coverage may overestimate actual coverage. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Estimate of 94 percent changed from previous revision value of 84 percent. Estimate challenged by: D-R-S-
- 2021: Estimate based on the reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Zambia Demographic and Health Survey 2018 record or recall results of 81 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 73 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data supported by survey.Survey evidence of 92 percent based on 1 survey(s). Zambia Demographic and Health Survey 2018 record or recall results of 77 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 67 percent and 3rd dose record only coverage of 64 percent. Unexplained increase in reported coverage data. Reported official government estimates are based on unexplained adjustments to the administrative coverage. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Vaccine to vaccine consistency. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. Estimate challenged by: D-S-
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 83 percent based on 1 survey(s). Zambia Demographic and Health Survey, 2013-14 record or recall results of 78 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 80 percent and 3rd dose record only coverage of 69 percent. Estimate challenged by: D-

# Zambia - IPV1

ZMB - IPV1



## Description:

- 2024: Estimate is based on the relationship between reported admin coverage for DTP3 and IPV1 applied to the DTP3 estimated coverage. Estimate challenged by: D-R-
- 2023: Estimate is based on the relationship between reported admin coverage for DTP3 and IPV1 applied to the DTP3 estimated coverage. Estimate of 77 percent changed from previous revision value of 68 percent. Estimate challenged by: D-R-
- 2022: Estimate of 78 percent assigned by working group. Estimate based on survey results. Programme reports less than one half month vaccine stockout at national level. Decline in reported coverage partially explained by a 7.9 percent increase in reported target population from 2021 to 2022. Programme notes that the target population is extrapolated from the 2010 census. Estimated coverage may overestimate actual coverage. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Estimate of 78 percent changed from previous revision value of 73 percent. Estimate challenged by: D-R-
- 2021: Estimate based on the reported data. Estimate challenged by: D-
- 2020: Estimate based on DTP3 coverage estimates. This may underestimate IPV coverage given intensification of vaccination activities conducted in 2020 with a focus on children aged 3 to 59 months for IPV. Reported data excluded due to an increase from 73 percent to 99 percent with decrease to 80 percent. Estimate challenged by: D-R-
- 2019: Estimate informed by reported data following introduction. Estimate challenged by: R-
- 2018: Programme reports 73 percent coverage achieved among 50 percent of the target population. Estimate based on that achieved in the annualized national target population. Inactivated polio vaccine introduced in 2018. Programme reports IPV stockout for unspecified period of time. Estimate challenged by: R-

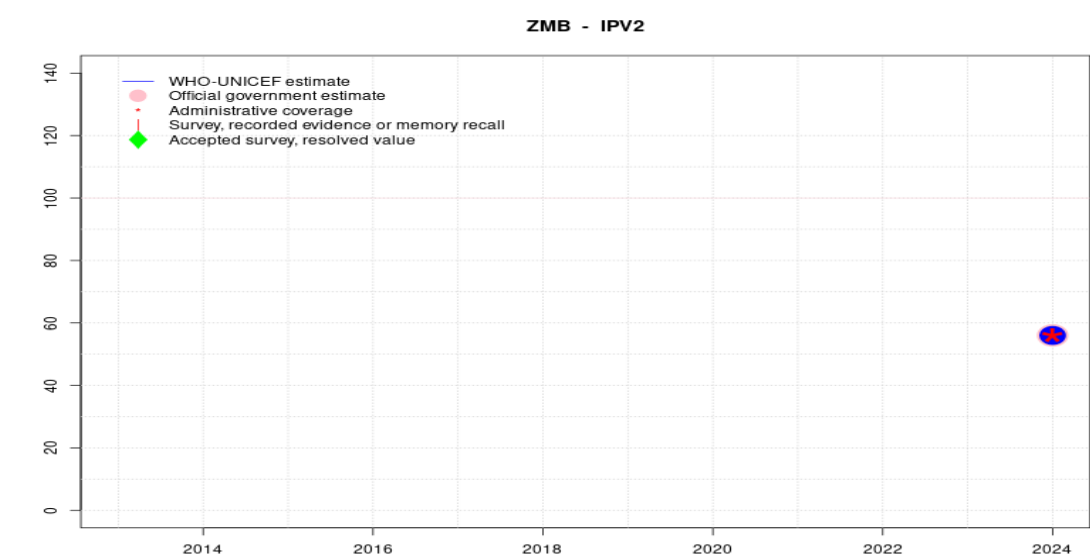
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	36	73	84	80	78	77	87
Estimate GoC	-	-	-	-	-	•	•	•	•	•	•	•
Official	-	-	-	-	-	73	73	99	80	73	68	77
Administrative	-	-	-	-	-	73	70	99	80	73	68	77
Survey	-	-	-	-	-	-	-	-	-	78	-	-

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

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

# Zambia - IPV2



Description:

2024: Estimate informed by reported data. IPV2 at 9 months of age introduced in 2024. Estimate challenged by: D-

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

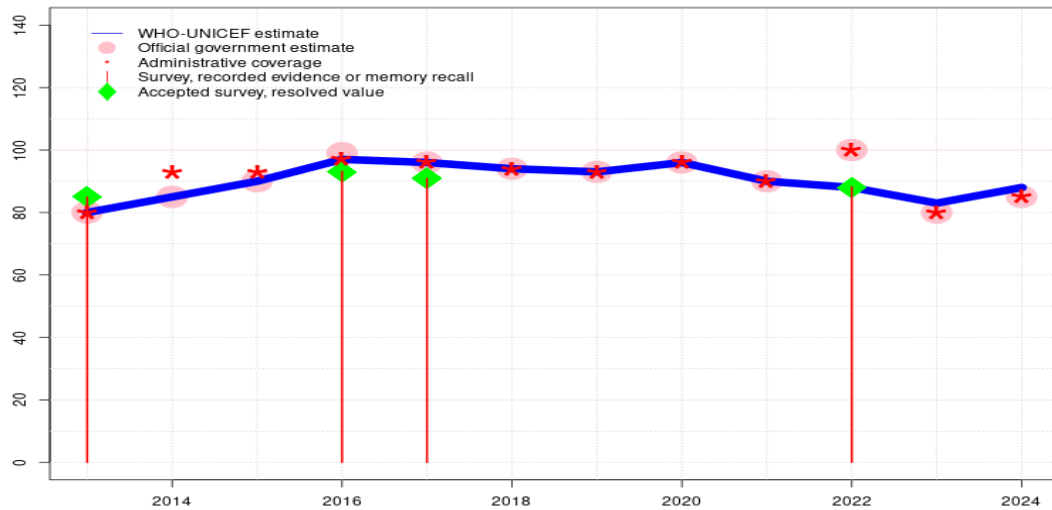
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Zambia - MCV1

ZMB - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	80	85	90	97	96	94	93	96	90	88	83	88
Estimate GoC	●	●	●●●	●●●	●●●	●●●	●	●	●	●	●	●
Official	80	85	90	99	96	94	93	96	90	100	80	85
Administrative	80	93	93	97	96	94	93	96	90	100	80	85
Survey	85	-	-	93	91	-	-	-	-	88	-	-

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

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

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

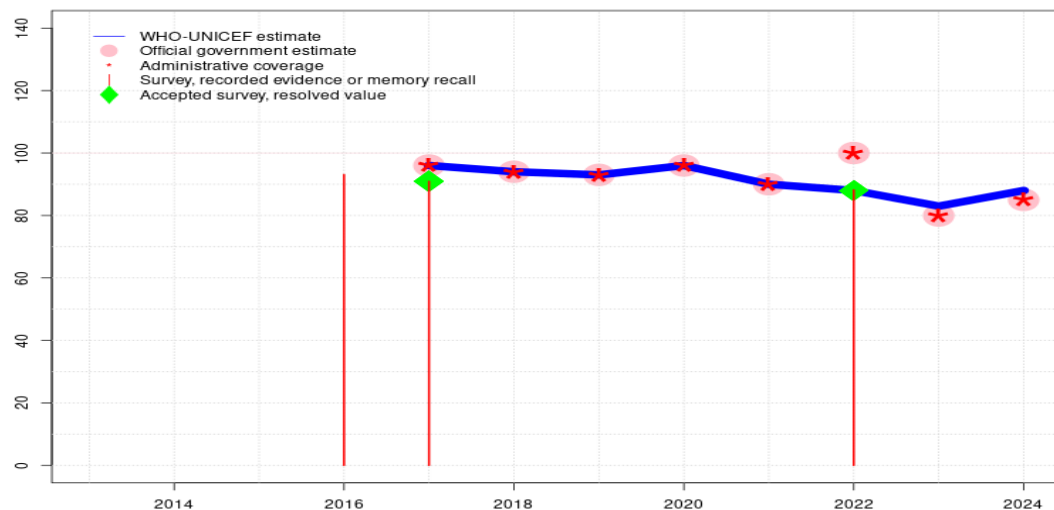
## Description:

- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Reported coverage appears lower than that for 2021 due largely to recent fluctuations in reported target population size rather than changes in the number of doses administered which were similar in 2023 compared to 2021. Estimate of 83 percent changed from previous revision value of 90 percent. Estimate challenged by: D-R-
- 2022: Estimate of 88 percent assigned by working group. Estimate based on survey results. Reported data excluded. Unexplained and inconsistent trend in reported measles coverage between first and second dose. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Estimate of 88 percent changed from previous revision value of 90 percent. Estimate challenged by: D-R-
- 2021: Estimate based on the reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports vaccine stockout of unspecified duration. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Unexplained increase in reported coverage data. Reported official government estimates are based on unexplained adjustments to the administrative coverage. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. Estimate challenged by: D-
- 2013: Estimate informed by reported data supported by survey.Survey evidence of 85 percent based on 1 survey(s). Estimate challenged by: D-



# Zambia - RCV1

ZMB - RCV1



## Description:

- 2024: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2023: Estimate based on estimated MCV1. Estimate of 83 percent changed from previous revision value of 90 percent. Estimate challenged by: D-R-
- 2022: Estimate based on estimated MCV1. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Estimate of 88 percent changed from previous revision value of 90 percent. Estimate challenged by: D-R-
- 2021: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2019: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2017: Estimate based on estimated MCV1. Rubella containing vaccine introduced in 2017 as Measles-Rubella vaccine. 2018 DHS Key Indicators Report coverage of 91. GoC=R+ S+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	96	94	93	96	90	88	83	88
Estimate GoC	-	-	-	-	•••	•••	•	•	•	•	•	•
Official	-	-	-	-	96	94	93	96	90	100	80	85
Administrative	-	-	-	-	96	94	93	96	90	100	80	85
Survey	-	-	-	93	91	-	-	-	-	88	-	-

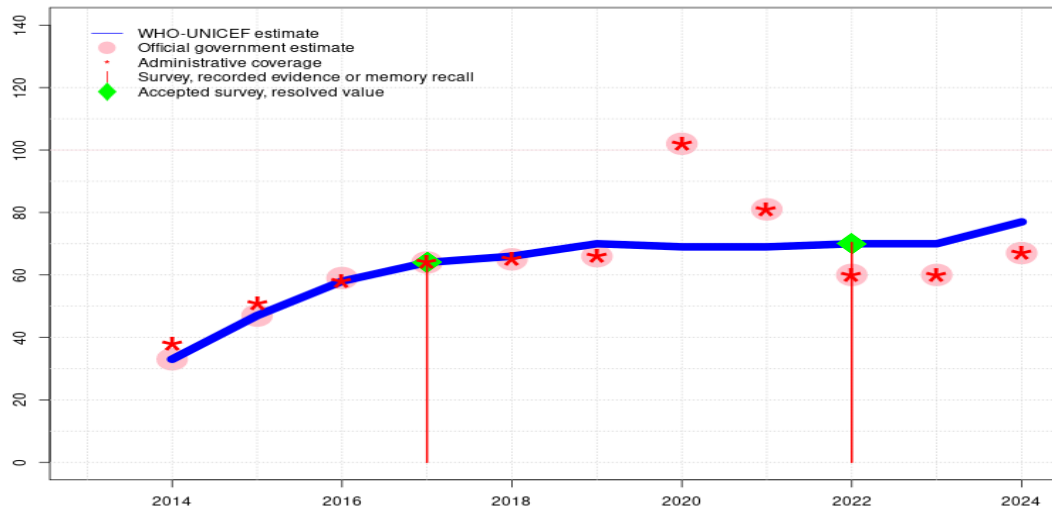
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

# Zambia - MCV2

ZMB - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	33	47	58	64	66	70	69	69	70	70	77
Estimate GoC	-	••	•	•••	•••	•	•	•	•	•	•	•
Official	-	33	47	59	64	65	66	102	81	60	60	67
Administrative	-	38	51	58	64	65	66	102	81	60	60	67
Survey	-	-	-	-	64	-	-	-	-	70	-	-

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 2022 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Inconsistent trend in reported measles coverage between first and second dose since 2020. Decline in reported coverage partially explained by a 40 percent increase in reported target population from 2021 to 2022 while doses administered increase slightly. Programme notes that the target population is extrapolated from the 2010 census. Estimate of 70 percent changed from previous revision value of 75 percent. Estimate challenged by: R-
- 2022: Estimate of 70 percent assigned by working group. Estimate based on survey results. Inconsistent trend in reported measles coverage between first and second dose since 2020. Decline in reported coverage partially explained by a 40 percent increase in reported target population from 2021 to 2022 while doses administered increase slightly. Programme notes that the target population is extrapolated from the 2010 census. Country indicates that in the absence of projections from the 2022 census, the target population of surviving infants used was derived from polio campaign microplanning. This may explain some level of overestimation. Estimate of 70 percent changed from previous revision value of 72 percent. Estimate challenged by: R-
- 2021: Estimate of 69 percent assigned by working group. Estimate is informed by relationship between estimated coverage and reported doses administered in 2019 applied to reported doses administered in 2021. Reported data excluded. Inconsistent trend in reported measles coverage between first and second dose since 2020. Reported coverage appears greater than that in 2019 largely due to a reported target population that is 15 percent lower than that reported in 2019. Estimate challenged by: R-
- 2020: Reported data calibrated to 2017 and 2021 levels. Reported data excluded. Reported data appear to include doses administered during intensification of vaccination activities conducted in 2020. Reported data excluded because 102 percent greater than 100 percent. Reported data excluded due to an increase from 66 percent to 102 percent with decrease to 81 percent. Estimate of 69 percent changed from previous revision value of 66 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2021 levels. Estimate of 70 percent changed from previous revision value of 66 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2017 and 2021 levels. Programme reports vaccine stockout of unspecified duration. Estimate of 66 percent changed from previous revision value of 65 percent. Estimate challenged by: R-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 64 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by reported administrative data. Estimate informed by reported data following introduction. Reported official government estimates are based on unexplained adjustments to the administrative coverage. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Increase following introduction. Estimate challenged by: S-
- 2014: Estimate informed by reported data. Second dose of measles containing vaccine introduced

# Zambia - MCV2

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in 2014. Official reported estimate is based on the results of the 2014 Demographic and Health Survey. GoC=R+ D+

# Zambia - 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.

## 2022 Zambia Demographic and Health Survey (Key Indicators Report) 2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	94.7	12-23 m	1693	75
DTP1	Record or Recall	98.2	12-23 m	1693	75
DTP3	Record or Recall	88	12-23 m	1693	75
HEPB1	Record or Recall	98.2	12-23 m	1693	75
HEPB3	Record or Recall	88	12-23 m	1693	75
HIB1	Record or Recall	98.2	12-23 m	1693	75
HIB3	Record or Recall	88	12-23 m	1693	75
IPV1	Record or Recall	77.5	12-23 m	1693	75
MCV1	Record or Recall	88.2	12-23 m	1693	75
MCV2	Record or Recall	70.4	24-35 m	1577	69
PCV1	Record or Recall	97.3	12-23 m	1693	75
PCV3	Record or Recall	82.5	12-23 m	1693	75
POL1	Record or Recall	98.2	12-23 m	1693	75
POL3	Record or Recall	76.7	12-23 m	1693	75
RCV1	Record or Recall	88.2	12-23 m	1693	75
ROTAC	Record or Recall	49.9	12-23 m	1693	75

## 2018 Post Coverage Measles-Rubella Campaign Evaluation Survey, Ministry of Health Zambia, 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	25.7	12-71 m	4590	-
BCG	Record	65.4	12-71 m	4590	-
BCG	Record or Recall	91.2	12-71 m	4590	-
DTP1	Recall	25.8	12-71 m	4590	-
DTP1	Record	65	12-71 m	4590	-
DTP1	Record or Recall	90.7	12-71 m	4590	-
DTP3	Recall	26.1	12-71 m	4590	-
DTP3	Record	63	12-71 m	4590	-
DTP3	Record or Recall	89.1	12-71 m	4590	-
HEPB1	Recall	25.8	12-71 m	4590	-
HEPB1	Record	65	12-71 m	4590	-
HEPB1	Record or Recall	90.7	12-71 m	4590	-
HEPB3	Recall	26.1	12-71 m	4590	-
HEPB3	Record	63	12-71 m	4590	-
HEPB3	Record or Recall	89.1	12-71 m	4590	-
HIB1	Recall	25.8	12-71 m	4590	-
HIB1	Record	65	12-71 m	4590	-
HIB1	Record or Recall	90.7	12-71 m	4590	-
HIB3	Recall	26.1	12-71 m	4590	-
HIB3	Record	63	12-71 m	4590	-
HIB3	Record or Recall	89.1	12-71 m	4590	-
MCV1	Recall	25.7	12-71 m	4590	-
MCV1	Record	62.8	12-71 m	4590	-
MCV1	Record or Recall	88.5	12-71 m	4590	-
MCV2	Recall	25.7	12-71 m	4590	-
MCV2	Record	54.6	12-71 m	4590	-
MCV2	Record or Recall	80.3	12-71 m	4590	-

## 2017 Zambia Demographic and Health Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	21.6	12-23 m	440	77
BCG	Record	75.9	12-23 m	1450	77
BCG	Record or Recall	97.5	12-23 m	1891	77
BCG	Record or Recall<12m	97	12-23 m	1891	77
DTP1	Recall	21.5	12-23 m	440	77
DTP1	Record	76.4	12-23 m	1450	77

# Zambia - Survey Details

DTP1	Record or Recall	97.9	12-23 m	1891	77
DTP1	Record or Recall<12m	97.6	12-23 m	1891	77
DTP3	Recall	18.3	12-23 m	440	77
DTP3	Record	73.8	12-23 m	1450	77
DTP3	Record or Recall	92.1	12-23 m	1891	77
DTP3	Record or Recall<12m	91.4	12-23 m	1891	77
HEPB1	Recall	21.5	12-23 m	440	77
HEPB1	Record	76.4	12-23 m	1450	77
HEPB1	Record or Recall	97.9	12-23 m	1891	77
HEPB1	Record or Recall<12m	97.6	12-23 m	1891	77
HEPB3	Recall	18.3	12-23 m	440	77
HEPB3	Record	73.8	12-23 m	1450	77
HEPB3	Record or Recall	92.1	12-23 m	1891	77
HEPB3	Record or Recall<12m	91.4	12-23 m	1891	77
HIB1	Recall	21.5	12-23 m	440	77
HIB1	Record	76.4	12-23 m	1450	77
HIB1	Record or Recall	97.9	12-23 m	1891	77
HIB1	Record or Recall<12m	97.6	12-23 m	1891	77
HIB3	Recall	18.3	12-23 m	440	77
HIB3	Record	73.8	12-23 m	1450	77
HIB3	Record or Recall	92.1	12-23 m	1891	77
HIB3	Record or Recall<12m	91.4	12-23 m	1891	77
MCV1	Recall	19.2	12-23 m	440	77
MCV1	Record	71.7	12-23 m	1450	77
MCV1	Record or Recall	90.9	12-23 m	1891	77
MCV1	Record or Recall<12m	85.6	12-23 m	1891	77
MCV2	Recall	18.4	24-35 m	604	-
MCV2	Record	45.4	24-35 m	1258	-
MCV2	Record or Recall	63.8	24-35 m	1862	-
MCV2	Record or Recall<12m	62	24-35 m	1862	-
PCV1	Recall	21.3	12-23 m	440	77
PCV1	Record	76.3	12-23 m	1450	77
PCV1	Record or Recall	97.6	12-23 m	1891	77
PCV1	Record or Recall<12m	97.4	12-23 m	1891	77
PCV3	Recall	17.8	12-23 m	440	77
PCV3	Record	72	12-23 m	1450	77
PCV3	Record or Recall	89.8	12-23 m	1891	77
PCV3	Record or Recall<12m	89.2	12-23 m	1891	77
POL1	Recall	20.1	12-23 m	440	77
POL1	Record	76.4	12-23 m	1450	77

POL1	Record or Recall	96.5	12-23 m	1891	77
POL1	Record or Recall<12m	96.2	12-23 m	1891	77
POL3	Recall	8.4	12-23 m	440	77
POL3	Record	72.8	12-23 m	1450	77
POL3	Record or Recall	81.2	12-23 m	1891	77
POL3	Record or Recall<12m	80.6	12-23 m	1891	77
RCV1	Recall	19.2	12-23 m	440	77
RCV1	Record	71.7	12-23 m	1450	77
RCV1	Record or Recall	90.9	12-23 m	1891	77
RCV1	Record or Recall<12m	85.6	12-23 m	1891	77
ROTAC	Recall	17.9	12-23 m	440	77
ROTAC	Record	72.7	12-23 m	1450	77
ROTAC	Record or Recall	90.6	12-23 m	1891	77
ROTAC	Record or Recall<12m	89.6	12-23 m	1891	77

## 2016 Zambia Demographic and Health Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30.7	24-35 m	604	-
BCG	Record	66.6	24-35 m	1258	-
BCG	Record or Recall	97.3	24-35 m	1862	-
BCG	Record or Recall<12m	96.1	24-35 m	1862	-
DTP1	Recall	30.2	24-35 m	604	-
DTP1	Record	67.3	24-35 m	1258	-
DTP1	Record or Recall	97.5	24-35 m	1862	-
DTP1	Record or Recall<12m	97	24-35 m	1862	-
DTP3	Recall	26.1	24-35 m	604	-
DTP3	Record	64.8	24-35 m	1258	-
DTP3	Record or Recall	90.9	24-35 m	1862	-
DTP3	Record or Recall<12m	88.7	24-35 m	1862	-
HEPB1	Recall	30.2	24-35 m	604	-
HEPB1	Record	67.3	24-35 m	1258	-
HEPB1	Record or Recall	97.5	24-35 m	1862	-
HEPB1	Record or Recall<12m	97	24-35 m	1862	-
HEPB3	Recall	26.1	24-35 m	604	-
HEPB3	Record	64.8	24-35 m	1258	-
HEPB3	Record or Recall	90.9	24-35 m	1862	-
HEPB3	Record or Recall<12m	88.7	24-35 m	1862	-
HIB1	Recall	30.2	24-35 m	604	-



# Zambia - Survey Details

HIB1	Record	67.3	24-35 m	1258	-	BCG	Recall	17	12-23 m	506	80
HIB1	Record or Recall	97.5	24-35 m	1862	-	BCG	Record	77.8	12-23 m	2069	80
HIB1	Record or Recall<12m	97	24-35 m	1862	-	BCG	Record or Recall	94.9	12-23 m	2575	80
HIB3	Recall	26.1	24-35 m	604	-	BCG	Record or Recall<12m	94.1	12-23 m	2575	80
HIB3	Record	64.8	24-35 m	1258	-	DTP1	Recall	16.9	12-23 m	506	80
HIB3	Record or Recall	90.9	24-35 m	1862	-	DTP1	Record	79.1	12-23 m	2069	80
HIB3	Record or Recall<12m	88.7	24-35 m	1862	-	DTP1	Record or Recall	95.9	12-23 m	2575	80
MCV1	Recall	28.9	24-35 m	604	-	DTP1	Record or Recall<12m	94.8	12-23 m	2575	80
MCV1	Record	64.2	24-35 m	1258	-	DTP3	Recall	14.4	12-23 m	506	80
MCV1	Record or Recall	93.1	24-35 m	1862	-	DTP3	Record	71.5	12-23 m	2069	80
MCV1	Record or Recall<12m	82.6	24-35 m	1862	-	DTP3	Record or Recall	85.8	12-23 m	2575	80
PCV1	Recall	29.7	24-35 m	604	-	DTP3	Record or Recall<12m	82.4	12-23 m	2575	80
PCV1	Record	66.8	24-35 m	1258	-	HEPB1	Recall	16.9	12-23 m	506	80
PCV1	Record or Recall	96.5	24-35 m	1862	-	HEPB1	Record	79.1	12-23 m	2069	80
PCV1	Record or Recall<12m	95.8	24-35 m	1862	-	HEPB1	Record or Recall	95.9	12-23 m	2575	80
PCV3	Recall	24.9	24-35 m	604	-	HEPB1	Record or Recall<12m	94.8	12-23 m	2575	80
PCV3	Record	62.8	24-35 m	1258	-	HEPB3	Recall	14.4	12-23 m	506	80
PCV3	Record or Recall	87.7	24-35 m	1862	-	HEPB3	Record	71.5	12-23 m	2069	80
PCV3	Record or Recall<12m	86.1	24-35 m	1862	-	HEPB3	Record or Recall	85.8	12-23 m	2575	80
POL1	Recall	28.8	24-35 m	604	-	HEPB3	Record or Recall<12m	82.4	12-23 m	2575	80
POL1	Record	67.1	24-35 m	1258	-	HIB1	Recall	16.9	12-23 m	506	80
POL1	Record or Recall	95.9	24-35 m	1862	-	HIB1	Record	79.1	12-23 m	2069	80
POL1	Record or Recall<12m	95.5	24-35 m	1862	-	HIB1	Record or Recall	95.9	12-23 m	2575	80
POL3	Recall	13.6	24-35 m	604	-	HIB1	Record or Recall<12m	94.8	12-23 m	2575	80
POL3	Record	63.6	24-35 m	1258	-	HIB3	Recall	14.4	12-23 m	506	80
POL3	Record or Recall	77.2	24-35 m	1862	-	HIB3	Record	71.5	12-23 m	2069	80
POL3	Record or Recall<12m	75.3	24-35 m	1862	-	HIB3	Record or Recall	85.8	12-23 m	2575	80
RCV1	Recall	28.9	24-35 m	604	-	HIB3	Record or Recall<12m	82.4	12-23 m	2575	80
RCV1	Record	64.2	24-35 m	1258	-	MCV1	Recall	15.2	12-23 m	506	80
RCV1	Record or Recall	93.1	24-35 m	1862	-	MCV1	Record	69.7	12-23 m	2069	80
RCV1	Record or Recall<12m	82.6	24-35 m	1862	-	MCV1	Record or Recall	84.9	12-23 m	2575	80
ROTAC	Recall	25.8	24-35 m	604	-	MCV1	Record or Recall<12m	72.5	12-23 m	2575	80
ROTAC	Record	62.9	24-35 m	1258	-	POL1	Recall	16.7	12-23 m	506	80
ROTAC	Record or Recall	88.7	24-35 m	1862	-	POL1	Record	79.6	12-23 m	2069	80
ROTAC	Record or Recall<12m	85.8	24-35 m	1862	-	POL1	Record or Recall	96.3	12-23 m	2575	80
2013 Zambia Demographic and Health Survey, 2013-14						POL3	Recall	8.2	12-23 m	506	80
						POL3	Record	69.3	12-23 m	2069	80
						POL3	Record or Recall	77.6	12-23 m	2575	80

Vaccine   Confirmation method   Coverage   Age cohort   Sample   Evidence seen

# Zambia - Survey Details

## 2012 Zambia Demographic and Health Survey, 2013-14

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	94.5	24-35 m	2507	-
DTP1	Record or Recall<12m	94.3	24-35 m	2507	-
DTP3	Record or Recall<12m	84.5	24-35 m	2507	-
HEPB1	Record or Recall<12m	94.3	24-35 m	2507	-
HEPB3	Record or Recall<12m	84.5	24-35 m	2507	-
HIB1	Record or Recall<12m	94.3	24-35 m	2507	-
HIB3	Record or Recall<12m	84.5	24-35 m	2507	-
MCV1	Record or Recall<12m	72.5	24-35 m	2507	-
POL1	Record or Recall<12m	95.1	24-35 m	2507	-
POL3	Record or Recall<12m	76.5	24-35 m	2507	-

## 2011 Zambia Demographic and Health Survey, 2013-14

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	91.5	36-47 m	2447	-
DTP1	Record or Recall<12m	91.8	36-47 m	2447	-
DTP3	Record or Recall<12m	80.5	36-47 m	2447	-
HEPB1	Record or Recall<12m	91.8	36-47 m	2447	-
HEPB3	Record or Recall<12m	80.5	36-47 m	2447	-
HIB1	Record or Recall<12m	91.8	36-47 m	2447	-
HIB3	Record or Recall<12m	80.5	36-47 m	2447	-
MCV1	Record or Recall<12m	73.8	36-47 m	2447	-
POL1	Record or Recall<12m	91.8	36-47 m	2447	-
POL3	Record or Recall<12m	71.8	36-47 m	2447	-

## 2010 Expanded Program on Immunization Survey using the cluster survey methodology, Zambia, 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	73.4	12-23 m	1890	77
BCG	Record or Recall	98.3	12-23 m	1890	77
DTP1	Record	72.7	12-23 m	1890	77
DTP1	Record or Recall	98.2	12-23 m	1890	77

DTP3	Record	70.8	12-23 m	1890	77
DTP3	Record or Recall	92.5	12-23 m	1890	77
HEPB1	Record	72.7	12-23 m	1890	77
HEPB1	Record or Recall	98.2	12-23 m	1890	77
HEPB3	Record	70.8	12-23 m	1890	77
HEPB3	Record or Recall	92.5	12-23 m	1890	77
HIB1	Record	72.7	12-23 m	1890	77
HIB1	Record or Recall	98.2	12-23 m	1890	77
HIB3	Record	70.8	12-23 m	1890	77
HIB3	Record or Recall	92.5	12-23 m	1890	77
MCV1	Record	67.3	12-23 m	1890	77
MCV1	Record or Recall	90.3	12-23 m	1890	77
POL1	Record	73.1	12-23 m	1890	77
POL1	Record or Recall	97.9	12-23 m	1890	77
POL3	Record	69.8	12-23 m	1890	77
POL3	Record or Recall	90.2	12-23 m	1890	77

## 2010 Zambia Demographic and Health Survey, 2013-14

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	93.1	48-59 m	2627	-
DTP1	Record or Recall<12m	93	48-59 m	2627	-
DTP3	Record or Recall<12m	81.3	48-59 m	2627	-
HEPB1	Record or Recall<12m	93	48-59 m	2627	-
HEPB3	Record or Recall<12m	81.3	48-59 m	2627	-
HIB1	Record or Recall<12m	93	48-59 m	2627	-
HIB3	Record or Recall<12m	81.3	48-59 m	2627	-
MCV1	Record or Recall<12m	69.5	48-59 m	2627	-
POL1	Record or Recall<12m	93.7	48-59 m	2627	-
POL3	Record or Recall<12m	70.1	48-59 m	2627	-

## 2006 Zambia Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	16.4	12-23 m	1272	78
BCG	Record	75.9	12-23 m	1272	78
BCG	Record or Recall	92.3	12-23 m	1272	78

# Zambia - Survey Details

BCG	Record or Recall<12m	90.3	12-23 m	1272	78
DTP1	Recall	16.3	12-23 m	1272	78
DTP1	Record	76.1	12-23 m	1272	78
DTP1	Record or Recall	92.3	12-23 m	1272	78
DTP1	Record or Recall<12m	91.4	12-23 m	1272	78
DTP3	Recall	12.8	12-23 m	1272	78
DTP3	Record	66.9	12-23 m	1272	78
DTP3	Record or Recall	79.7	12-23 m	1272	78
DTP3	Record or Recall<12m	77.3	12-23 m	1272	78
HEPB1	Recall	16.3	12-23 m	1272	78
HEPB1	Record	76.1	12-23 m	1272	78
HEPB1	Record or Recall	92.3	12-23 m	1272	78
HEPB1	Record or Recall<12m	91.4	12-23 m	1272	78
HEPB3	Recall	12.8	12-23 m	1272	78
HEPB3	Record	66.9	12-23 m	1272	78
HEPB3	Record or Recall	79.7	12-23 m	1272	78
HEPB3	Record or Recall<12m	77.3	12-23 m	1272	78
HIB1	Recall	16.3	12-23 m	1272	78
HIB1	Record	76.1	12-23 m	1272	78
HIB1	Record or Recall	92.3	12-23 m	1272	78
HIB1	Record or Recall<12m	91.4	12-23 m	1272	78
HIB3	Recall	12.8	12-23 m	1272	78
HIB3	Record	66.9	12-23 m	1272	78
HIB3	Record or Recall	79.7	12-23 m	1272	78
HIB3	Record or Recall<12m	77.3	12-23 m	1272	78
MCV1	Recall	15.1	12-23 m	1272	78
MCV1	Record	69.8	12-23 m	1272	78
MCV1	Record or Recall	84.9	12-23 m	1272	78
MCV1	Record or Recall<12m	68.8	12-23 m	1272	78
POL1	Recall	16.5	12-23 m	1272	78
POL1	Record	77	12-23 m	1272	78
POL1	Record or Recall	93.5	12-23 m	1272	78
POL1	Record or Recall<12m	92.3	12-23 m	1272	78
POL3	Recall	9.2	12-23 m	1272	78
POL3	Record	67.9	12-23 m	1272	78
POL3	Record or Recall	77	12-23 m	1272	78
POL3	Record or Recall<12m	74.2	12-23 m	1272	78

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	16	12-23 m	1299	80
BCG	Record	78	12-23 m	1299	80
BCG	Record or Recall	94	12-23 m	1299	80
BCG	Record or Recall<12m	90.7	12-23 m	1299	80
DTP1	Recall	15.8	12-23 m	1299	80
DTP1	Record	78.3	12-23 m	1299	80
DTP1	Record or Recall	94.1	12-23 m	1299	80
DTP1	Record or Recall<12m	91.9	12-23 m	1299	80
DTP3	Recall	9.2	12-23 m	1299	80
DTP3	Record	70.9	12-23 m	1299	80
DTP3	Record or Recall	80	12-23 m	1299	80
DTP3	Record or Recall<12m	73.8	12-23 m	1299	80
MCV1	Recall	13.9	12-23 m	1299	80
MCV1	Record	70.5	12-23 m	1299	80
MCV1	Record or Recall	84.4	12-23 m	1299	80
MCV1	Record or Recall<12m	70.2	12-23 m	1299	80
POL1	Recall	16.8	12-23 m	1299	80
POL1	Record	78.7	12-23 m	1299	80
POL1	Record or Recall	95.6	12-23 m	1299	80
POL1	Record or Recall<12m	93.6	12-23 m	1299	80
POL3	Recall	9.1	12-23 m	1299	80
POL3	Record	71.1	12-23 m	1299	80
POL3	Record or Recall	80.2	12-23 m	1299	80
POL3	Record or Recall<12m	73.4	12-23 m	1299	80

## 2000 Zambia EPI Cluster Survey Report 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	92	12-23 m	221	83
DTP1	Record or Recall	93	12-23 m	221	83
DTP3	Record or Recall	77.8	12-23 m	221	83
MCV1	Record	85	12-23 m	221	83
POL1	Record or Recall	92	12-23 m	221	83
POL3	Record or Recall	79	12-23 m	221	83

2001 Zambia Demographic and Health Survey 2001-2002

1998 Zambia Multiple Indicator Cluster Survey 1999

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Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen	MCV1	Recall	17.1	12-23 m	328	-
BCG	Recall	13.1	12-23 m	328	-	MCV1	Record	57.2	12-23 m	328	-
BCG	Record	51.5	12-23 m	328	-	POL1	Recall	21.8	12-23 m	328	-
DTP1	Recall	20.6	12-23 m	328	-	POL1	Record	63.7	12-23 m	328	-
DTP1	Record	60.9	12-23 m	328	-	POL3	Recall	16.9	12-23 m	328	-
DTP3	Recall	8.2	12-23 m	328	-	POL3	Record	58.9	12-23 m	328	-
DTP3	Record	56	12-23 m	328	-						

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