Afghanistan: WHO and UNICEF estimates of immunization coverage: 2019 revision

July 6, 2020; page 1

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2021
data received as of June 29, 2020
**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 the 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 the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

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:

Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around* 

**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 12-23 months 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 the period of data collection.

**ABBREVIATIONS**

**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 among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the 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.

**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 nor are the data represented in the accompanying graph and data table.

**HepBB:** 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.

**PeV:** 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 PeV prior to the 1st birthday.

**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.

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children’s Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children’s Fund be liable for damages arising from its use.
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: 2019 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:

2019: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained year-to-year relative changes in target population while reported numerator data suggest little change or slight increases. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Reported data excluded. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 78 percent based on 1 survey(s). Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R-

2015: Reported data calibrated to 2014 and 2016 levels. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Programme reports a two month stock-out of BCG vaccine at the national level. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 78 percent based on 1 survey(s). Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. Estimate challenged by: D-R-
2011: Estimate of 71 percent assigned by working group. Following the trend in administrative levels from 2010. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-

2010: Afghanistan Multiple Indicator Cluster Survey 2010-2011 results ignored by working group. Card only data suggest no drop out. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-

2009: Estimate based on coverage reported by national government. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-

2008: Estimate based on coverage reported by national government. Estimate challenged by: D-
Description:

2019: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained year-to-year relative changes in target population while reported numerator data suggest little change or slight increases. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Reported data excluded. Estimate challenged by: D-R-

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2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R-

2015: Reported data calibrated to 2014 and 2016 levels. Reported data excluded because 109 percent greater than 100 percent. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate challenged by: D-R-

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2011: Reported data excluded. Unexplained year-to-year relative changes in target population while reported numerator data suggest little change or slight increases. Estimate challenged by: D-R-

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

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

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.
doses administered. Estimate challenged by: D-R-

2011: Reported data calibrated to 2003 and 2012 levels. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Following the trend in administrative levels from 2010. Estimate challenged by: D-R-

2010: Reported data calibrated to 2003 and 2012 levels. Afghanistan Multiple Indicator Cluster Survey 2010-2011 results ignored by working group. Card only data suggest no drop out. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-R-

2009: Reported data calibrated to 2003 and 2012 levels. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-R-

2008: Reported data calibrated to 2003 and 2012 levels. Estimate challenged by: R-
**Afghanistan - DTP3**

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

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2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 66 percent based on 1 survey(s). Afghanistan Health Survey 2018 card or history results of 61 percent modified for recall bias to 66 percent based on 1st dose card or history coverage of 73 percent, 1st dose card only coverage of 50 percent and 3rd dose card only coverage of 45 percent. Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R-

2015: Reported data calibrated to 2014 and 2016 levels. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Afghanistan Demographic and Health Survey 2015 card or history results of 58 percent modified for recall bias to 62 percent based on 1st dose card or history coverage of 73 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 47 percent. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey...
Afghanistan - DTP3

evidence of 67 percent based on 1 survey(s). Afghanistan National EPI Coverage Survey, 2013 card or history results of 60 percent modified for recall bias to 67 percent based on 1st dose card or history coverage of 78 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 54 percent. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. Estimate challenged by: D-R-

2011: Estimate of 68 percent assigned by working group. Following the trend in administrative levels from 2010. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-

2010: Afghanistan Multiple Indicator Cluster Survey 2010-2011 results ignored by working group. Card only data suggest no drop out. Afghanistan Multiple Indicator Cluster Survey 2010-2011 card or history results of 40 percent modified for recall bias to 58 percent based on 1st dose card or history coverage of 58 percent, 1st dose card only coverage of 32 percent and 3rd dose card only coverage of 32 percent. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-

2009: Estimate based on coverage reported by national government. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-

2008: Estimate based on coverage reported by national government. Estimate challenged by: D-
**Afghanistan - Pol3**

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- **2018:** Reported data calibrated to 2016 levels. Reported data excluded. Estimate challenged by: D-R.
- **2017:** Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R.
- **2016:** Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Afghanistan Health Survey 2018 card or history results of 71 percent modified for recall bias to 73 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 45 percent. Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R.
- **2015:** Reported data calibrated to 2014 and 2016 levels. Estimate of 69 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R.
- **2014:** Estimate of 62 percent assigned by working group. Estimate based on estimate for DTP3. Survey estimates may include OPV campaign doses. Afghanistan Demographic and Health Survey 2015 card or history results of 65 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 48 percent. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate of 62 percent changed from previous revision value of 58 percent. Estimate challenged by: D-R.
- **2013:** Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate of 64 percent based on 1st dose card or history results modified for recall bias to 73 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 45 percent. Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R.

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

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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.
Afghanistan - Pol3

percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 67 percent based on 1 survey(s). Afghanistan National EPI Coverage Survey, 2013 card or history results of 64 percent modifed for recall bias to 67 percent based on 1st dose card or history coverage of 78 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 54 percent. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. Estimate challenged by: D-R-

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2010: Afghanistan Multiple Indicator Cluster Survey 2010-2011 results ignored by working group. Card only data suggest no drop out. Afghanistan Multiple Indicator Cluster Survey 2010-2011 card or history results of 48 percent modified for recall bias to 71 percent based on 1st dose card or history coverage of 71 percent, 1st dose card only coverage of 30 percent and 3rd dose card only coverage of 30 percent. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. Polio coverage may reflect campaign doses. Estimate challenged by: D-

2009: Estimate based on coverage reported by national government. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-

2008: Estimate based on coverage reported by national government. Estimate challenged by: D-
Afghanistan - IPV1

**Description:**

Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative’s Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of IPV into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

2019: Estimate based on extrapolation from 2016. Reported data excluded. Unexplained year-to-year relative changes in target population while reported numerator data suggest little change or slight increases. Estimate challenged by: D-R-

2018: Estimate based on extrapolation from 2016. Reported data excluded. Estimate challenged by: D-R-

2017: Estimate based on extrapolation from 2016. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-

2016: Inactivated polio vaccine introduced in September 2015. Estimate based on estimated DTP3 coverage. Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Inactivated polio vaccine in September 2015 with reporting starting in 2016. Estimate challenged by: D-R-

The WHO and UNICEF estimates of national immunization coverage (vwenic) 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: 2019 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.

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**Table:**

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<th>Administrative GoC</th>
<th>Survey GoC</th>
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WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2021

data received as of June 29, 2020
Afghanistan - MCV1

Description:

2019: Reported data calibrated to 2016 levels. Reported data excluded. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Reported data excluded. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R-

2015: Reported data calibrated to 2014 and 2016 levels. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 60 percent based on 1 survey(s). Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 59 percent based on 1 survey(s). Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. Estimate challenged by: D-R-

2011: Reported data calibrated to 2010 and 2012 levels. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to ad-

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: 2019 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.
ministrative coverage levels. Following the trend in administrative levels from 2010.
Estimate challenged by: D-R-

2010: Afghanistan Multiple Indicator Cluster Survey 2010-2011 results ignored by working group. Card only data suggest no drop out. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-

2009: Estimate based on coverage reported by national government. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-

2008: Estimate based on coverage reported by national government. Estimate challenged by: D-
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: 2019 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:

Coverage estimates for the second dose of measles containing vaccine are for children by the nationally recommended age.

#### 2019:
- Reported data calibrated to 2012 levels. Reported data excluded. Estimate challenged by: D-R-

#### 2018:
- Reported data calibrated to 2012 levels. Reported data excluded. Estimate challenged by: D-R-

#### 2017:
- Reported data calibrated to 2012 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-

#### 2016:
- Estimate is based on extrapolation from prior year estimate. Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R-

#### 2015:
- Reported data calibrated to 2012 levels. Estimate challenged by: R-

#### 2014:
- Reported data calibrated to 2012 levels. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate challenged by: D-R-

#### 2013:
- Reported data calibrated to 2012 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-

#### 2012:
- Estimate of 33 percent assigned by working group. Estimates follows reported data calibrated based on MCV adjustment factor. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. Estimate challenged by: D-R-

#### 2011:
- Estimate of 31 percent assigned by working group. Estimates follows reported data cal-
ibrated based on MCV adjustment factor. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-

2010: Estimate of 29 percent assigned by working group. Estimates follows reported data calibrated based on MCV adjustment factor. Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-R-

2009: Estimate of 24 percent assigned by working group. Estimates follow reported data calibrated based on MCV adjustment factor. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-R-

2008: Estimate of 23 percent assigned by working group. Estimates follow reported data calibrated based on MCV adjustment factor (difference between reported administrative and official coverage). Estimate challenged by: D-R-
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: 2019 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.
Afghanistan - HepBB

The WHO and UNICEF estimates of national immunization coverage (wunie) 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: 2019 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:

2019: Estimate is based on the relative relationship between estimated and reported coverage for BCG applied to the reported data for HepBB. Reported data excluded. Estimate challenged by: D-R-

2018: Estimate is based on the relative relationship between estimated and reported coverage for BCG applied to the reported data for HepBB. Reported data excluded. Estimate of 30 percent changed from previous revision value of 18 percent. Estimate challenged by: D-R-

2017: Estimate is based on the relative relationship between estimated and reported coverage for BCG applied to the reported data for HepBB. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate of 25 percent changed from previous revision value of 18 percent. Estimate challenged by: D-R-

2016: Estimate is based on the prior year estimate. Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2015: Estimate based on coverage reported by national government. Reported coverage using national target population. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2014: Estimate based on reported administrative estimate. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Hepatitis B birth dose introduced during August 2014. Primarily administered to infants born in health facilities. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

The WHO and UNICEF estimates of national immunization coverage (vaccine) 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: 2019 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:

2019: Reported data calibrated to 2016 levels. GoC=No accepted empirical data
2018: Reported data calibrated to 2016 levels. Reported data excluded. Estimate challenged by: D-R-
2017: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-
2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 66 percent based on 1 survey(s). Afghanistan Health Survey 2018 card or history results of 61 percent modified for recall bias to 66 percent based on 1st dose card or history coverage of 73 percent, 1st dose card only coverage of 50 percent and 3rd dose card only coverage of 45 percent. Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012. WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R-
2015: Reported data calibrated to 2014 and 2016 levels. Estimate challenged by: D-R-
2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Afghanistan Demographic and Health Survey 2015 card or history results of 58 percent modified for recall bias to 62 percent based on 1st dose card or history coverage of 73 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 47 percent. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-
2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 67 percent based on 1 survey(s). Afghanistan National EPI Coverage Survey,
2013 card or history results of 60 percent modified for recall bias to 67 percent based on
1st dose card or history coverage of 78 percent, 1st dose card only coverage of 63 percent
and 3rd dose card only coverage of 54 percent. Unexplained inconsistency in adjustments
to administrative coverage levels. Beginning around 2012, immunization became an im-
portant indicator for performance monitoring of the service providing NGOs and may
be associated with gradual improvements in service delivery as reflected by the trend in
reported number of doses administered. Estimate challenged by: D-R-

2011: Estimate of 68 percent assigned by working group. Following the trend in administra-
tive levels from 2010. Apparent increase in official reported data between 2010 to 2011
is unexplained as is the inconsistency in adjustments to administrative coverage levels.
Estimate challenged by: D-R-

2010: Data quality self-assessment conducted in 22 provinces found instances of over reporting
and errors in recording and reporting. Estimate challenged by: D-

2009: Estimate based on reported data. Data quality self-assessment conducted in 12 provinces
found instances of over reporting and errors in recording and reporting. Estimate chal-
lenged by: D-

2008: Estimate based on reported data. See comment for 2007 estimates. Estimate challenged
by: D-
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: 2019 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:

2019: Reported data calibrated to 2016 levels. GoC=No accepted empirical data
2019: Reported data calibrated to 2016 levels. Reported data excluded. Estimate challenged by: D-R-
2017: Reported data calibrated to 2016 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-
2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 66 percent based on 1 survey(s). Afghanistan Health Survey 2018 card or history results of 61 percent modified for recall bias to 66 percent based on 1st dose card or history coverage of 73 percent, 1st dose card only coverage of 50 percent and 3rd dose card only coverage of 45 percent. Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R-
2015: Reported data calibrated to 2014 and 2016 levels. Estimate challenged by: D-R-
2014: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Afghanistan Demographic and Health Survey 2015 card or history results of 58 percent modified for recall bias to 62 percent based on 1st dose card or history coverage of 73 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 47 percent. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate challenged by: D-R-
2013: Reported data calibrated to 2012 and 2014 levels. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. In 2013 a multi-antigen SOS-like intervention (except BCG) was implemented in high and intermediate risk districts. Estimate challenged by: D-R-
2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 67 percent based on 1 survey(s). Afghanistan National EPI Coverage Survey, 2013 card or history results of 60 percent modified for recall bias to 67 percent based on...
1st dose card or history coverage of 78 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 54 percent. Unexplained inconsistency in adjustments to administrative coverage levels. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery as reflected by the trend in reported number of doses administered. Estimate challenged by: D-R-

2011: Estimate of 68 percent assigned by working group. Following the trend in administrative levels from 2010. Apparent increase in official reported data between 2010 to 2011 is unexplained as is the inconsistency in adjustments to administrative coverage levels. Estimate challenged by: D-R-

2010: Data quality self-assessment conducted in 22 provinces found instances of over reporting and errors in recording and reporting. Estimate challenged by: D-

2009: Estimate based on reported data. Data quality self-assessment conducted in 12 provinces found instances of over reporting and errors in recording and reporting. Hib vaccine introduced in 2009 Vaccine presentation is DTP-HepB-Hib. Trend in official government estimate follows trend in administrative data. There is substantial uncertainty in the provisional estimate due to uncertainty in denominator (last census in 1979) and difficulties in recording and reporting the number of vaccinations delivered by some service providers. Estimate challenged by: D-
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: 2019 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; \([R+], [S+], [D+]\); and no data source; \([R-], [D-], [S-]\); 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.
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

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

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:

2019: Reported data calibrated to 2015 levels. Reported data excluded. Unexplained year-to-year relative changes in target population while reported numerator data suggest little change or slight increases. Estimate challenged by: D-R-

2018: Reported data calibrated to 2015 levels. Reported data excluded. Estimate challenged by: D-R-

2017: Reported data calibrated to 2015 levels. Reported data excluded. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-

2016: Reported data calibrated to 2015 levels. Reported data excluded. Programme reports declines in number of children vaccinated and in target population size for 2016 compared to prior years following data quality focused corrective activities. Programme expresses concerns about adverse implications for performance based financing because of perceived declines resulting from data related changes. Consistent with SAGE recommendations from November 2011 published in the WER January 2012, WHO and UNICEF caution against use of these estimates as the basis for performance based financing decisions. Estimate challenged by: D-R-S-

2015: Estimate of 65 percent assigned by working group. Estimate based on DTP3 coverage. Because reported doses of PcV3 did not reach levels of DTP3, coverage may be overestimated. Reported data excluded due to an increase from 63 percent to 89 percent with decrease 77 percent. Estimate challenged by: D-R-S-

2014: Estimate of 40 percent assigned by working group. Pneumococcal conjugate vaccine introduced during 2014. Estimate is based on calibrated DTP3 level. Afghanistan Demographic and Health Survey 2015 card or history results of 45 percent modified for recall bias to 49 percent based on 1st dose card or history coverage of 63 percent, 1st dose card only coverage of 48 percent and 3rd dose card only coverage of 37 percent. Reported official government estimate is based on a recomputed target population by the Ministry of Public Health using a year-to-year growth rate of 2.7 percent. Estimate is based on trend in reported number of doses administered. Beginning around 2012, immunization became an important indicator for performance monitoring of the service providing NGOs and may be associated with gradual improvements in service delivery. Estimate challenged by: D-R-
### 2016 Afghanistan Health Survey 2018

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### 2013 Afghanistan Demographic and Health Survey 2015

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July 6, 2020; page 24

WHO and UNICEF estimates of national immunization coverage - next revision available July 15, 2021

Data received as of June 29, 2020
### Afghanistan - survey details

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### Afghanistan - survey details

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### 2007 National Risk and Vulnerability Assessment 2007/8: A profile of Afghanistan

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### 2005 Afghanistan Health Survey 2006

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### 2002 Moving Beyond 2 decades of war: Progress of Provinces

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### 1999 Afghanistan Multiple Indicator Cluster Survey, 2000, East of Afghanistan

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Further information and estimates for previous years are available [here](#).
Afghanistan - survey details

http://www.data.unicef.org/child-health/immunization